

SKIPPER Initiative

Shaking Kills: Instead Parents Please Educate and Remember

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February 25, 2013

Hon. Danté Bartolomeo, Co-Chair
Hon. Diana S. Urban, Co-Chair
Select Committee on Children
Room 011, Capitol Building
Hartford, CT 06106

Re: HR 6464

Dear Senator Batolomeo, Representative Urban and Members of the Committee:

The SKIPPER Initiative was formed when our son "Skipper" was shaken by a child care provider in 2000. Since that time, we have worked with hospitals, child care organizations and federal, state and local agencies to increase awareness of the vulnerability of young children to inflicted head injuries, and to educate parents and caregivers on how they can help keep children in their care safe from injury.

We have submitted testimony to state legislatures in New York, Illinois, Ohio, California, and, most recently, Hawaii in support of legislative efforts to prevent SBS.

Our primary concern is prevention, but please accept this letter as testimony on HR 6464, which proposes to increase the penalty for inflicting injuries on a child by shaking, a form of abusive head injury commonly known as Shaken Baby Syndrome.

We would draw the Committee's attention to the fact that while HR 6464 proposes an increase in the felony classification charged for shaking a child up to age three (3), the American Academy of Pediatrics has issued a technical memoranda on Abusive Head Trauma/Shaken Baby Syndrome that notes children as old as five (5) years of age are vulnerable to this form of inflicted head injury.

- <http://pediatrics.aappublications.org/content/108/1/206.full.html>

We urge that the Committee invite the views of Dr. Carole Jenny, a child abuse physician at Hasbro Children's Hospital and Chair of the AAP Committee on Child Abuse and Neglect, and Dr. John Leventhal, a member of the Department of Pediatrics at Yale University School of Medicine, on whether the bill should be amended to reflect the correct age of vulnerability. Both have substantial experience in child abuse and are familiar with the vulnerability of young children to inflicted head injury.

We also urge the Committee to consider whether Connecticut ought to have legislative provisions that do more than just penalize the consequences.

We are aware that the Children's Trust Fund has worked with hospitals in Connecticut to implement a voluntary education program for new parents. Indeed, we were pleased and delighted to be able to work with the staff at Sharon Hospital in 2004 to implement a program for new parents as part of our efforts to initiative prevention education at all of the hospitals that serve our home county in New York.

In reviewing the 2013 DCF Legislative Update, we learned that DCF has continued to serve at risk populations and provide support for prevention efforts, and we applaud that commitment.

We have learned much in the course of our efforts to increase awareness of the vulnerability of young child to inflicted head injury, and how to educate parents and caregivers so they can help protect children from such injuries. The lessons we have learned were most recently summarized in testimony we offered to the State Legislature of Hawaii when it was considering a bill that would require hospitals to offer prevention education to all new parents. We have attached a copy of that testimony for your review.

The majority of states, covering two-thirds of US births, now have legislation that requires hospitals to provide educational resources to parents.

We urge you to consider similar legislation in Connecticut.

Even though our understanding is that many hospitals continue to work with CTF to provide prevention education, legislation does more than ensure the obligation exists: as our own pediatrician told us after New York legislature passed such a requirement in 2004, it made it much easier for him to offer the education to parents in his practice because he didn't have to explain why he was raising the issue with every family that came to his office. He could just say that it was a state requirement so all new parents would know how to protect their child from injury.

It works in New York.

The Upstate Shaken Baby Syndrome Prevention Project began at Kaleida Children's Hospital in Buffalo, New York in 1998. In 2004, it reported a sustained reduction in abusive injuries in the Buffalo catchment area of 50%, and that experience has continued.

[-http://pediatrics.aappublications.org/content/115/4/e470.full](http://pediatrics.aappublications.org/content/115/4/e470.full)

Of course, there are costs, but a ten year review by the Office of the Child Advocate suggests that three young children will die every year as the result of abuse, and national statistics suggest the number to survive with serious injuries, will be twice that number.

The cost of just one incident, like the child who suffered inflicted injuries in Old Saybrook last year, and who is now in a special foster home placement, could approach \$1 million. Reducing that number by 50% would not only save children's lives, but save the costs of medical care, rehabilitation for survivors, and investigation, prosecution and incarceration of the perpetrators.

In closing, I would like to quote from a story involving Backus Hospital in Norwich. It describes training conducted by the Children's Trust Fund for hospital staff to implement a prevention education program for new parents.

It nicely sums up the essential point – providing education for all new parents normalizes it.

Two factors contribute to shaken baby syndrome: the adult is stressed and frustrated, and these feelings are intensified when the baby is crying.

"No one wakes up in the morning with the intent of harming their baby," said Ms. Rivera. "It's an action that comes on without warning and happens with an adult's momentarily loss of control."

The younger the child, the higher the risk - babies have a large head compared to the rest of their body size, their neck muscles are still loose and their brains are not fully developed.

The biggest risk factor is lack of parent education, said Ms. Rivera.

"They need to know why not to shake their baby; what happens when they do; and that the baby's brain continues to physically grow until the age of five and therefore is susceptible to severe damage from shaking," she said.

All attendees at Tuesday's training program received materials, including videos, posters, talking points and evidence-based prevention programs to bring back to their worksite for educating their co-workers.

It's a message should be universally delivered to every parent to avoid singling anyone out, said Lori Frances Chini, Program Supervisor for the Children's Trust Fund.

"Making it a 'normal' message helps parents receive the information easier. Parents are the most common perpetrators and childbirth is a time of almost universal contact between parents and the medical community. They trust you as the professional," she said.

Connecticut does not legally mandate shaken baby syndrome education in schools, hospitals or daycare facilities, nor does it keep statistics on the number of deaths caused by shaken baby syndrome.

"It is our responsibility to protect our families," said Ms. Dameron.

<http://backushospital.org/backus-educates-on-shaken-baby-syndrome.html>

That article was written in 2006.

I invite the members of the committee to ask someone they know who has given birth recently what they learned about Shaken Baby Syndrome at the hospital where they gave birth, and whether they learned how to talk to the other caregivers of their child about helping to protect that child from injury.

I suspect you will learn there is still work to be done.

We would be pleased to respond to any questions or comments, and provide further information on prevention actions in New York and other states.

Thank you for your consideration.

Sincerely,

George Lithco, Esq.
Prevention Advocate
SKIPPER Initiative
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