

# Shaken Baby Syndrome/ Abusive Head Trauma

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Shaken baby syndrome is the term for injuries caused by shaking an infant or young child.

# Warning

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The following video and some images are graphic in nature and may be disturbing to some people.



# Shaken Baby Syndrome

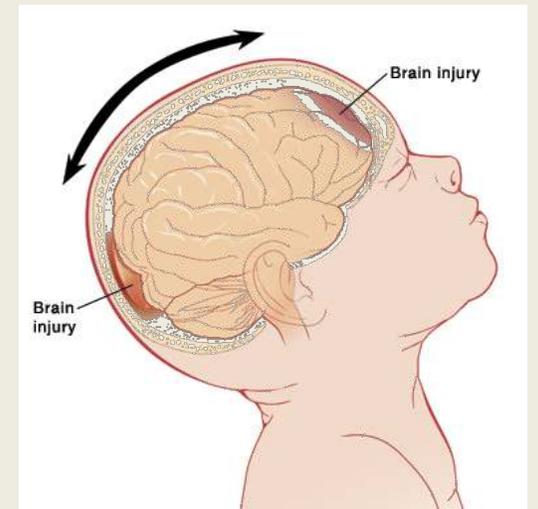
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- ❖ Less severe cases may never be diagnosed unless brought to the attention of a medical professional.
- ❖ In most severe cases, which usually result in death or severe neurological consequences, the child usually becomes immediately unconscious and suffers rapidly escalating, life-threatening central nervous system dysfunction.

# What happens...

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- ❖ The brain rotates and or hits the walls within the skull cavity, also known as Coup Contre-coup Injury, which can cause axonal shearing and destroy brain tissue.
- ❖ When shaking occurs, blood vessels feeding the brain are torn, leading to bleeding around the brain.
- ❖ Blood pools within the skull, sometimes create more pressure and cause additional brain damage.
- ❖ Retinal bleeding (back of the eye) may also occur.



# Why...

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- ❖ Babies' heads are relatively large and heavy, making up 25% of their body weight. Their neck muscles are too weak to support such a disproportionately large head.
- ❖ Babies' brains are immature and more easily injured by shaking.
- ❖ Babies' blood vessels around their brain are more susceptible to tearing than older children or adults.

# Immediate Consequences of SBS

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- ❖ Breathing may stop or be compromised
- ❖ Extreme irritability
- ❖ Seizures
- ❖ Limp arms and legs or rigidity
- ❖ Decreased level of consciousness
- ❖ Vomiting; poor feeding
- ❖ Inability to suck or swallow
- ❖ Heart may stop
- ❖ Death

# Long-Term Consequences of SBS

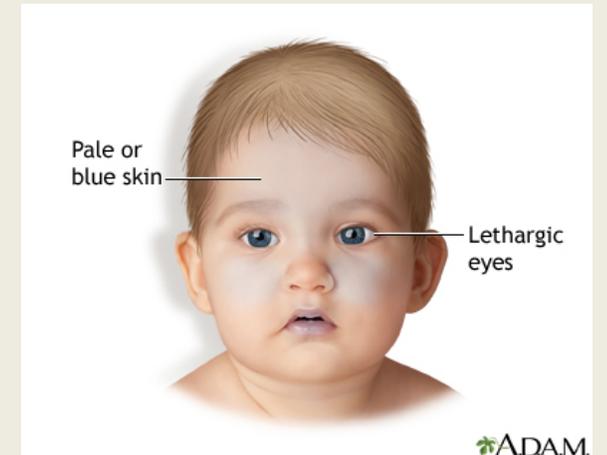
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- ❖ Learning disabilities
- ❖ Physical disabilities
- ❖ Visual disabilities or blindness
- ❖ Hearing impairment
- ❖ Speech disabilities
- ❖ Cerebral Palsy
- ❖ Seizures
- ❖ Cognitive impairment
- ❖ Death

# Symptoms to be aware of with Shaken Baby Syndrome

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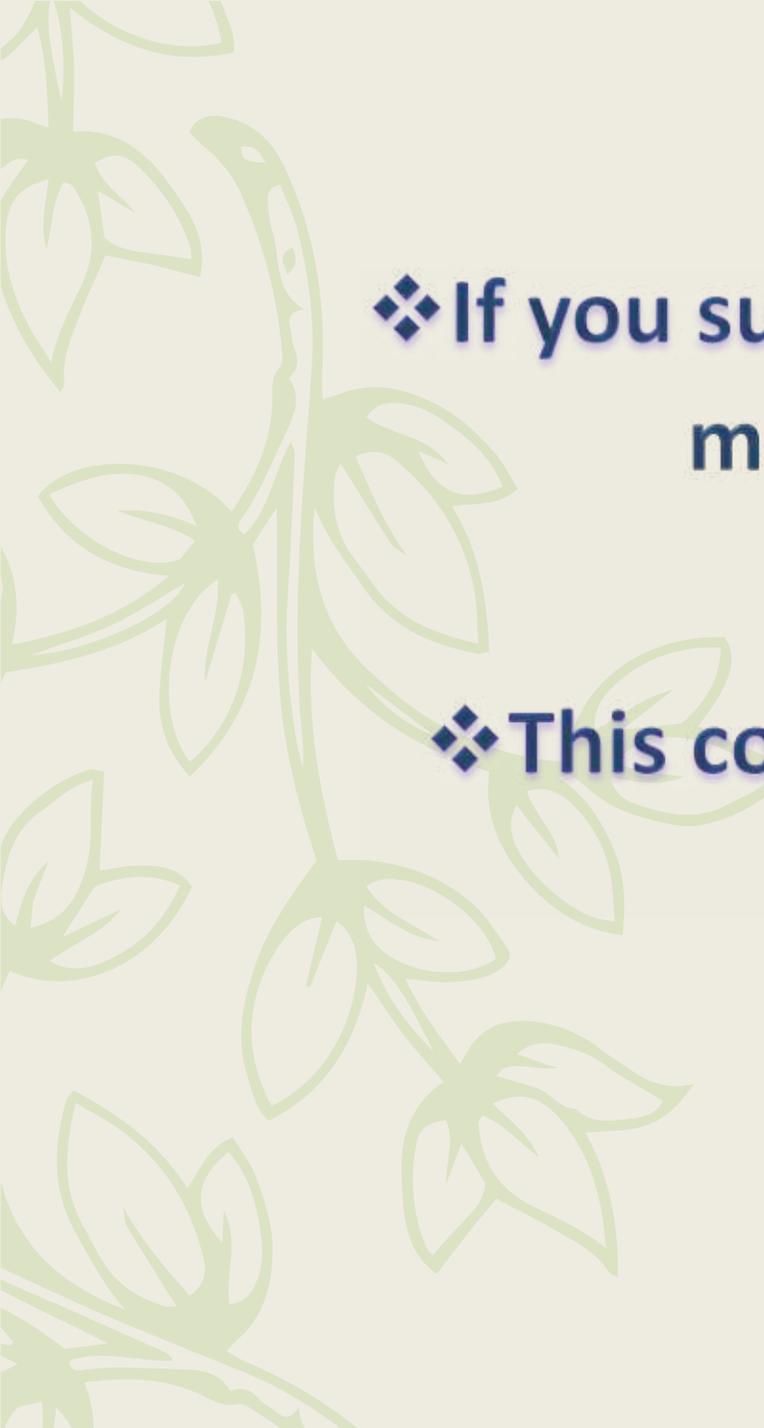
- ❖ Lethargy/decreased muscle tone
- ❖ Extreme irritability
- ❖ Decreased appetite, poor feeding or vomiting for no apparent reason
- ❖ Grab-type bruises on arms or chest
- ❖ No smiling or vocalization
- ❖ Poor sucking or swallowing
- ❖ Rigidity



# Symptoms to be aware of with Shaken Baby Syndrome

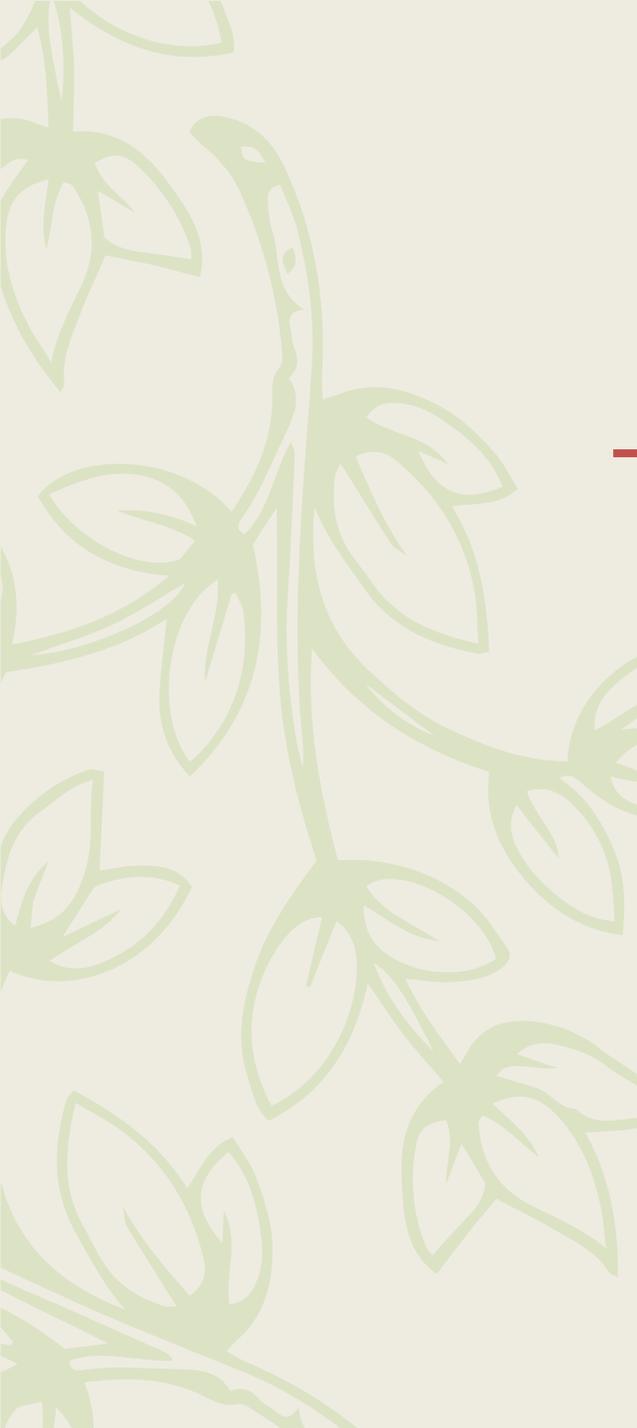
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- ❖ Difficulty breathing
- ❖ Seizures
- ❖ Head or forehead appears larger than usual
- ❖ Soft-spot on head appears to be bulging
- ❖ Inability to lift head
- ❖ Inability to focus eyes or track movement
- ❖ Unequal size of pupils



**❖ If you suspect a child has been shaken, seek medical attention immediately.**

**❖ This could be the difference between life and death.**



# Helping Parents and Caregivers Understand Crying Behavior

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- ❖ The “normal crying curve” is the period of time when an infants overall amount of crying per day increases peaking around two months old and then decreasing again around four to five months old.
- ❖ Many of these crying bouts are unexpected and unpredictable, starting and stopping for no apparent reason, unrelated to anything that is going on in the environment.
- ❖ These crying bouts are resistant to soothing.
- ❖ The infant appears to be in pain, even when it is not.
- ❖ The crying bouts are longer at this age than at any other time, lasting 35 to 40 minutes on average, and sometimes one to two hours.
- ❖ The crying tends to cluster in the late afternoon or evening.

# Helping Parents and Caregivers Understand Crying Behavior

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- ❖ Researchers have found that this is a completely normal part of development for infants.
- ❖ Over 95% of infants with increased crying or colic are normal infants with normal behavioral development.
- ❖ The crying curve can be seen in all cultures with different parenting styles.
- ❖ The crying curve can also be seen in other mammals.

# The Period of Purple Crying

The Letters in **PURPLE** Stand for

**PURPLE**

**PEAK OF  
CRYING**

Your baby may cry more each week, the most in month 2, then less in months 3-5

**UNEXPECTED**

Crying can come and go and you don't know why

**RESISTS  
SOOTHING**

Your baby may not stop crying no matter what you try

**PAIN-LIKE  
FACE**

A crying baby may look like they are in pain, even when they are not

**LONG  
LASTING**

Crying can last as much as 5 hours a day, or more

**EVENING**

Your baby may cry more in the late afternoon and evening

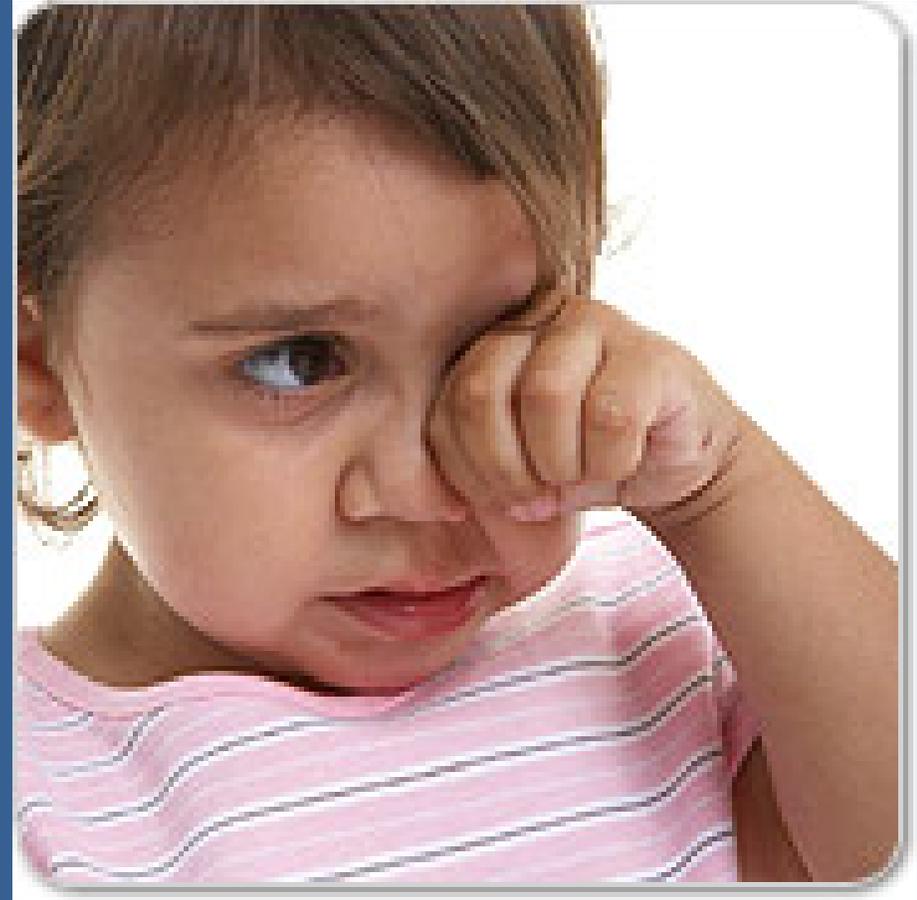
The word *Period* means that the crying has a beginning and an end.

Encourage parents and caregivers to take a break if needed

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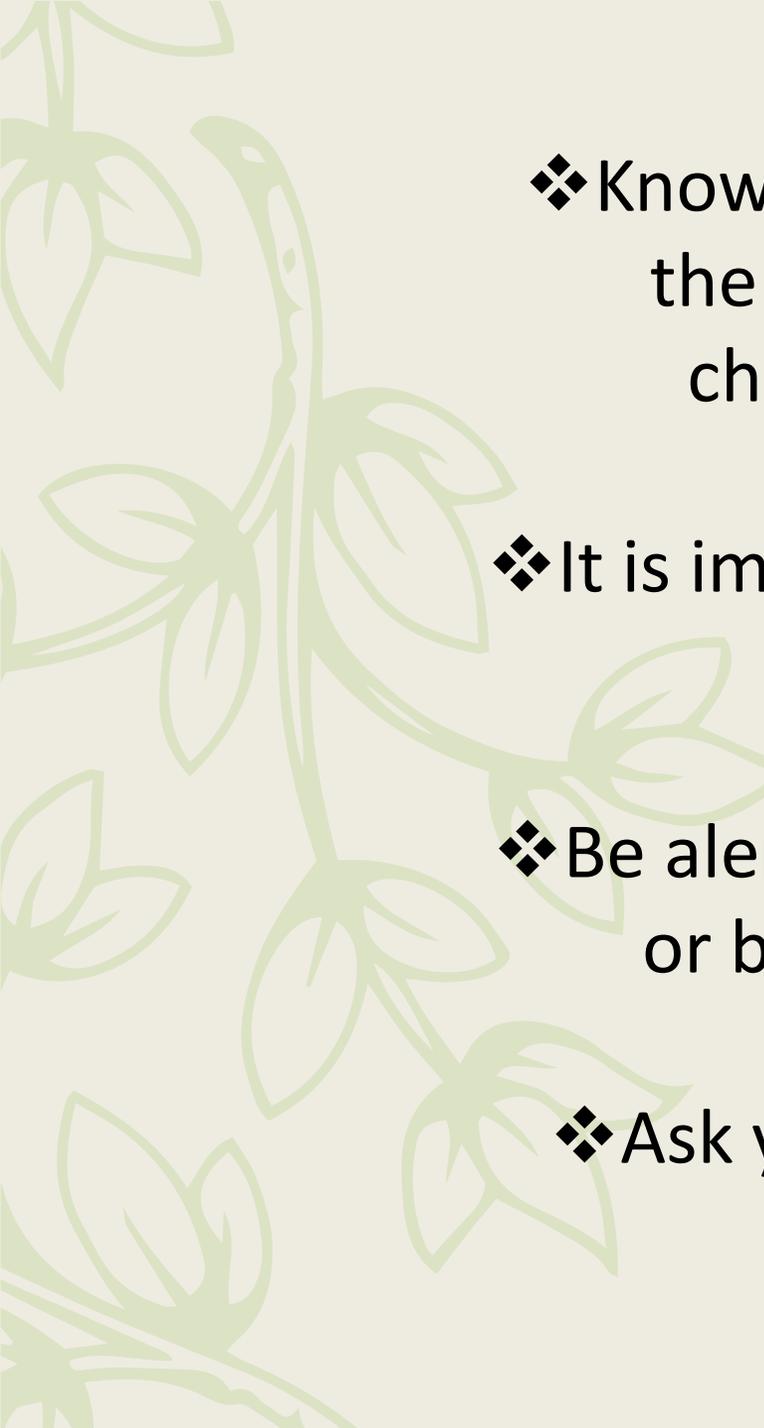
Child Abuse and Neglect  
Reporting for Infant &  
Toddler Care Givers

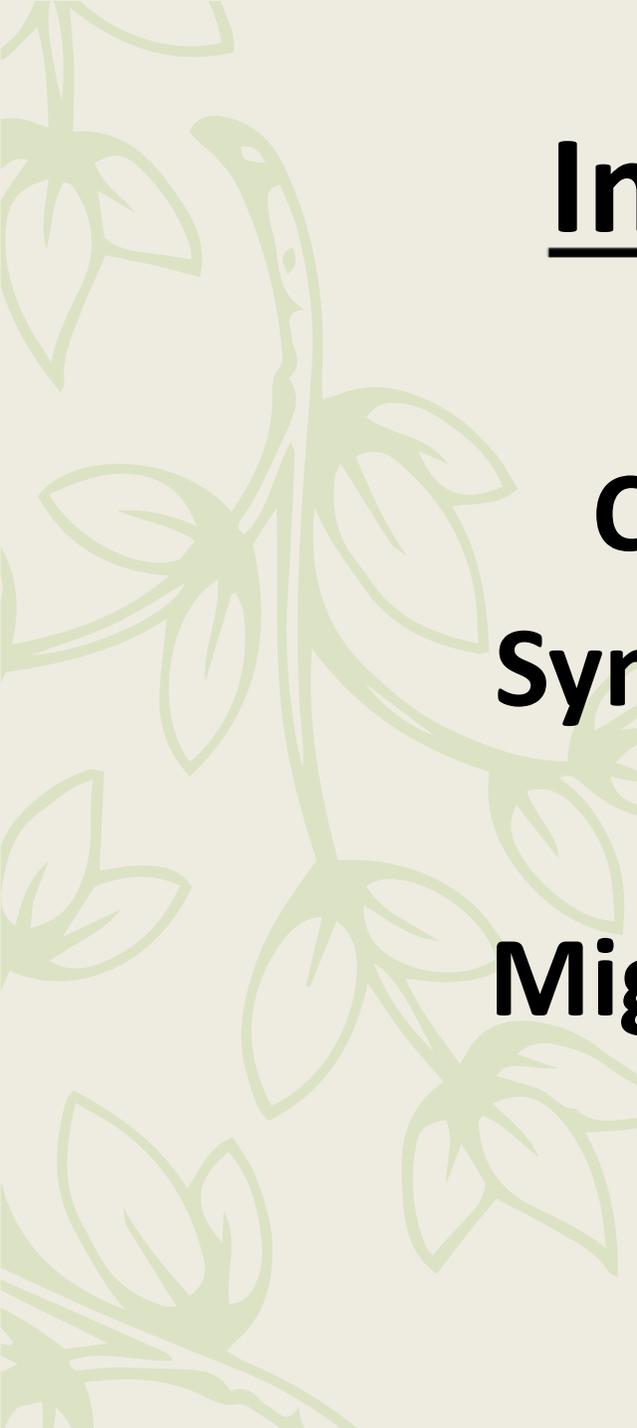


# Warning Signs of Abuse With Young Children

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- ❖ Many signs and symptoms seen in very young children are “non-specific” meaning the same symptoms may be seen in response to many different problems
- ❖ Symptoms seen in infants and toddlers that have been abused are similar to symptoms seen when they are experiencing stress, or mental, or physical health problems
- ❖ This can pose a challenge when working with young children

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- ❖ Knowing the child, the family situation, and the parents is helpful in determining if a child could be at risk of being abused.
  - ❖ It is important to know what is normal for the child.
  - ❖ Be alert for changes in the child's appearance or behaviors which could indicate stress.
  - ❖ Ask yourself if this is unusual for a child at the same developmental level.



# **Important to Remember**

**Combinations of Symptoms,  
Symptoms Seen in Patterns, and  
More Severe Symptoms  
Might Indicate Abuse or Neglect.**

# When Young Children Disclose Abuse

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- ❖ Some toddlers and preschool age children have the language ability to let us know that something is wrong or that they are being neglected or abused.
- ❖ Very young children are unlikely to make up stories about being injured or neglected due to their level of cognitive development.

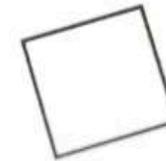
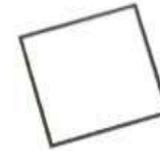
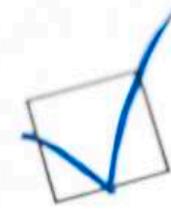
# When Young Children Disclose Abuse

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- ❖ It is important to pay attention and make a report if a child discloses they are being abused.
- ❖ Young children are unlikely to give a lot of detail.
- ❖ Care givers can say to the child, “Tell me more.”
- ❖ This gives the child a chance to tell more about the experience without leading him or her to say things that are inaccurate. This is not investigating.

# Making a Report

## KCI Policy



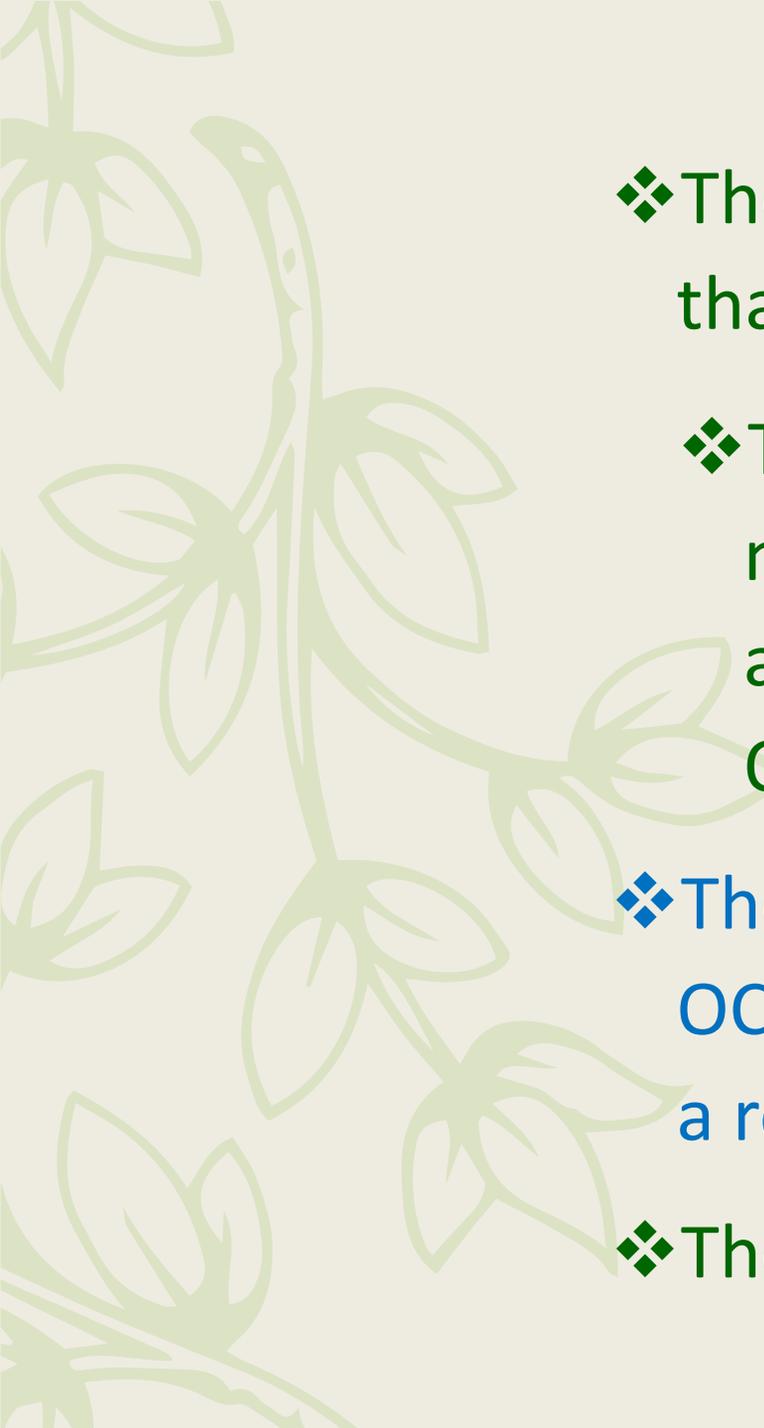
# What to do if you suspect abuse or neglect...

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- ❖ At your earliest opportunity contact:
  - ❖ (1) Your Center Director
  - ❖ (2) Family Services Coordinator
  - ❖ (3) Family Services & Health Manager
  - ❖ (3) The Education Manager

**This must be done before you leave work for the day!**

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- ❖ The staff and the CD, FSC, or Managers will determine whether a report needs to be submitted to OCS.
  - ❖ If a report of harm needs to be filed, the staff member closest to the incident will complete the “Referral for Suspected Child Abuse and Neglect” available from the CD or FSC
  - ❖ Be sure to include:
    - ❖ A synopsis of what the child told you.
    - ❖ Use the child’s words when documenting the conversation
    - ❖ A description of the injury including placement, size, color, does it look new or several days old?

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- ❖ The CD or FSC will call OCS to inform them that the report will be made.
  - ❖ The staff member who completed the form needs to be present for this to provide answers to follow up questions from the OCS intake worker.
  - ❖ The CD or FSC will fax or email the form to OCS and record in the family contact log that a report has been faxed or emailed.
  - ❖ The CD will then send the form to the FSC

# What to do...

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- ❖ **Make protecting children your number one priority.** Do not wait to file the OCS report for when you have the time. Do it immediately.
- ❖ **Take what the child says seriously.** Do not disregard what a child discloses to you even if you think it might not be true (we are not trained to investigate).
- ❖ **Keep the child safe.** Do not tell a parent you are reporting them to OCS; especially if the child is leaving with them (this can place a child in an unsafe situation).
- ❖ **Maintain confidentiality.** Do not keep a copy of the OCS report or make the report in public places where others can overhear you.
- ❖ **Uphold professionalism.** Do not talk about the situation with coworkers or in the community. If you need support or someone to talk to tell your supervisor.
- ❖ **Let the experts investigate.** Do not investigate the situation yourself. You may unintentionally harm the child further.
- ❖ **You may tell the child you are sorry they experienced that.** Do not bargain with the child for more information or tell them you will keep the information secret.

# Remember...

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- ❖ A child does not necessarily have to tell you that they were abused to make a report
- ❖ You need to make a report if a child discloses they were abused even if there is no visible mark
- ❖ Witnessing domestic violence is a reportable offence
- ❖ Sometimes OCS will want to interview the children before they go home for the day so you want to make the report as soon as possible
- ❖ If you are unsure of a situation or something a child tells you let your supervisor know or call the Family Services Coordinator

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- ❖ Reports are confidential. The OCS investigator will not tell the parent who filed the report
  - ❖ Our reporting policy is in the parent handbook and parents are required to sign off that they are aware of it (included in your packet)
  - ❖ OCS does not want to remove children from their home and only does so as a last resort
  - ❖ You may not hear back after you file a report, this does not mean that the report has not been investigated.
  - ❖ If you have any questions the Family Services Coordinator is available to help.

KIDS' CORPS, INC. HEAD START  
REFERRAL FOR SUSPECTED CHILD ABUSE OR NEGLECT

Mail To: Office of Children's Services  
323 E. 4th Avenue Attn.: Intake Dept.  
Anchorage, AK 99501 Phone: 1.800.478.4444 FAX: 269-3939 email: ReportChildAbuse@alaska.gov  
(907) 269-4000

Telephone Report Made to \_\_\_\_\_ on \_\_\_\_\_  
Name of Person/Title Date/Time

OR -- Messages Left at \_\_\_\_\_  
Record the time each message is left for OCS to return your call

Name of Child \_\_\_\_\_

Birth Date \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father Mother

Name(s) of other sibling(s) \_\_\_\_\_

Describe observations, statements made by the child, and names of any other persons who have any relevant information. Include time and date of alleged abuse, names of alleged abuser, and relationship to child. Describe facts, injuries, and circumstances which give reasonable cause to suspect abuse or neglect.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report completed and mailed by \_\_\_\_\_  
Signature and Title

On \_\_\_\_\_  
Date/Time Center Name Center Phone Print Name of Reporter

Name of Reporter to remain confidential? Yes  No \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Manager/Designee Signature Title

Return original to Family Services Coordinator.

Child File Note: Document date and name of the OCS intake caseworker to whom the report was made. Do not place referral in Child File. Do not copy this form.

# KCI Child Abuse & Neglect Report

- ❖ Located in Shared Drive
- ❖ Family Services Folder
- ❖ CAN (Child Abuse Neglect) Reporting Folder
- ❖ Fillable CAN Report PDF or CAN Report
- ❖ Email: [ReportChildAbuse@Alaska.gov](mailto:ReportChildAbuse@Alaska.gov)
- ❖ Fax: 269-3939
- ❖ Contact OCS that report was sent 907-269-4000
- ❖ Send Originals to FSC when Report is complete

# Mandated Reporting Training & Quiz

Complete the State of Alaska Mandated Reporter Training

<http://training.dhss.alaska.gov/mandatoryreporter/training/multiscreen.html>

and email [katrina@kcialaska.org](mailto:katrina@kcialaska.org) your certificate

## Training



Alaska Mandatory Child Abuse Reporter Training [Start Course](#)

NAVIGATOR TIPS REFERENCES RESOURCES LAW LINKS TEST YOUR KNOWLEDGE Office of Children's Services | Alaska Children's Justice Act Task Force

## Quiz



**Quiz Instruction**

Congratulations, you have reached the end of the lesson portion of this training. The next required step is completion of a final quiz. You must receive a score of 80% or greater in order to access a certificate. Once you begin the test, you will be unable to navigate back to the lesson portion of the training. If for some reason you navigate away from the test, start again from the beginning in order to ensure a score from all test question. There are 25 questions in this quiz.

[PREVIOUS](#) [NEXT](#)

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A decorative illustration of a green leafy branch with several leaves, positioned on the left side of the slide.

Questions?