

**Background information for primary care providers and parents  
regarding abusive head trauma in infants and children**

According to the CDC, children between the ages of 0 – 36 months make up a majority of the morbidity and mortality rate for Abusive Head Trauma (AHT). In 2005 there were 1,460 children that died from AHT. Greater than 75% of these deaths occurred in children under four years of age. A total of 872,000 children were reportedly abused in that same time frame. As government agencies vary state-to-state in their data collection techniques, child protective services reported that there were 3.6 million cases of reported child abuse complaints which resulted in discovery of 899,000 cases of child abuse.

Child maltreatment generally includes some combination of physical, verbal, and emotional abuse or neglectful care with physical abuse being the most overt form of child abuse. It is well known that physical abuse can result in brain injury and chronic health problems. What begins as an acute episodic traumatic event often translates into a lifetime of disability. Often the constellation of abuse injuries in children between 0 – 36 months of age includes AHT or Shaken Baby Syndrome (SBS). The CDC reports that the majority of the morbidity and mortality rate from AHT involves children in this age group. The victims of AHT suffer up to a 30% mortality rate; if death does not occur, then 50% of the survivors will likely be left with some degree of permanent brain damage, blindness, neuromuscular disability, paralysis, deafness, learning disabilities and/or a seizure disorder with other associated chronic health

problems.

Dias (2005) reports that parents are often the perpetrators of AHT. Parents may not have adequate preparation and support to deal with the parental demands and responsibilities of raising small children. Studies have shown that all too often the trigger for an abusive parent to inflict AHT in a young child is preceded with the feeling of frustration (accompanied with poor impulse control) in response to inconsolable infantile crying or stress from the disagreeable behavioral feature of a toddler. In any event, once the child is a victim of AHT, the emotional and financial burden inflicted on the victims, their families and society is immeasurable (Dias, 2005).

Well-adjusted parenting and caregiver styles are learned behaviors\*\*. Parents with unrealistic expectations and poor coping skills are at increased risk for engaging in abusive behavior towards children. Abusive parents have risk factors such as substance abuse, low self-esteem, mental or physical disability, depression, history of abuse as a child, poor coping skills, poor impulse control, history of violent behavior or history of being raised in a group setting with no positive parental role. The likelihood of becoming a child abuser increases significantly for the individual that was abused during childhood. Approximately 33% of abused children become abusive adults. Parents with histories of alcohol and substance abuse, criminal activities, sexual promiscuity, poverty and mental health disturbances feature prominently in many child abuse cases. Caregiver strain, familial tendencies and low self-esteem are also risk factors for AHT in

children. A parent may not be prepared for the responsibility of managing an infant that requires continuous sustenance and is prone to inconsolable crying. Children that do not have extended family in close proximity are at increased risk for child abuse. While women are more likely and more frequently the perpetrators of child abuse; men tend to abuse more severely. Male abusers, in particular non-biological males, are more often responsible for severe child abuse outcomes (Dias, 2005).

Society makes a concerted effort at the tertiary level to address child abuse and prevent re-abuse. Most government funds are allocated for child protection agency infrastructure, such as child protection services and the implementation of the Structured Decision Making (SDM) policies and procedures.

More intervention is needed at the primary and secondary level to prevent child abuse. Peddle (2002) reports that in the United States, the Federal government passes the Child Abuse Prevention and Treatment Act, known as CAPTA. Unfortunately, as MacMillan (2002) reports, secondary level methods for screening and risk identification for abuse have yielded unreliable results. This is due to the low sensitivity and specificity with regard to screening tests. To date, longitudinal studies implementing parental education programs have yielded favorable results for primary prevention of AHT (Dias, 2005).