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# Revisiting the measurement of Shaken Baby Syndrome Awareness

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ABSTRACT

In the last 10 years, over 80% of adults surveyed report some familiarity with Shaken Baby Syndrome (SBS) and the dangers of shaking infants younger than 2 years of age (Dias et al., 2005; Russell & Britner, 2006). Hence, in the context of SBS prevention, the question of whether caregivers knew the safety risks of shaking an infant becomes less meaningful than questioning whether caregivers have an awareness of alternate responses they could use to respond safely to the relatively normative occurrence of inconsolable crying (Barr, Trent, & Cross, 2006).

**Objective:** The present work is a continuation of efforts to prevent abusive head injury during infancy particular to SBS by raising awareness and provides prevention professionals with a reliable and shorter, single-page version of the Shaken Baby Syndrome Awareness Assessment (Russell & Britner, 2006).

**Methods:** A sample of 370 adults completed the short version of the measure during 2008.

**Results:** Psychometric results, including Cronbach's alphas and Pearson's correlations, are all significant and meet acceptability standards.

**Conclusion:** These results indicate the short version of the measure is ready for use in the prevention field.

**Practice implications:** The Shaken Baby Syndrome Awareness Assessment – short version is best used to support child abuse prevention professionals in engaging caregivers in a conversation about responding to a crying infant safely. By talking about the responses a caregiver might be willing to use in the high-stress context of an infant's inconsolable crying bout, intervention efforts can be tailored to maximize on caregiver strengths and achieve a high degree of goodness of fit with the values held in the care environment. Increasing the goodness of fit between caregivers' values and the steps recommended through an intervention program supports the likelihood that the behavior described in the program's service plan will be used.

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## Introduction

Interventionists working to reduce abusive head trauma during infancy rely on many of the same public health principles used to prevent a multitude of childhood injuries, the most fundamental of these principles is that awareness of the potential for harm is fundamentally necessary. It has yet to be established whether awareness is sufficient for the prevention of specific behaviors, let alone those that cause abusive head trauma as in the case of Shaken Baby Syndrome (SBS), when injuries are often the result of failures in caregiver impulse control. Traumatic head injuries, including inflicted trauma leading to SBS, is the leading cause of death resulting from child abuse (Reece & Sege, 2000). Of those children diagnosed with SBS, 25–30% die as a result of their injuries – only 15% survive with no lasting morbidity (Kemp, Stoodley, Cobley, Coles, & Kemp, 2003; Starling, Holden, & Jenny, 1995).

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Perpetrators of SBS violence have testified that they shook the infants in their care because they could not stop the infant's cry, or because they "lost control" or "snapped" in the face of an infant's inconsolable cry; unsurprisingly, crying remains the single strongest predictor of a SBS outcome (Barr, Trent, & Cross, 2006; Lazoritz & Palusci, 2001). Historically, the majority of SBS prevention programs survey whether adults are familiar with SBS, or whether they know the risks of shaking an infant. Studies published in the last several years suggest that the majority (over 80%) have this awareness (Dias et al., 2005; Russell & Britner, 2006; Russell, Britner, & Trudeau, 2008). Hence, in the context of improving models for SBS prevention, the question of whether caregivers knew the risks of shaking an infant becomes less meaningful than questioning whether caregivers had an awareness of alternate responses they could use to respond safely to the relatively normative occurrence of inconsolable crying (Barr, Konner, Bakeman, & Adamson, 1991; Barr et al., 2006).

This is not to suggest that measuring an underlying awareness of infant safety and risk is misguided but, rather, that a more effective use of awareness as a dependent variable for prevention is complex: awareness of risk may be both necessary and sufficient for prevention of some behaviors and less so for others (although likely still necessary, at least). In the case of SBS prevention, awareness of safe soothing practices and of safe discipline practices would be a more thorough approach to considering an awareness of the risks of shaking an infant younger than 2 years of age. This acknowledgment of awareness vis a vis SBS is more appropriate for prevention efforts because it yields insight into how participants might (or might not) respond when faced with a crying infant. This knowledge, in turn, lends itself to tailoring intervention efforts to meet the specific needs of individual families.

Before prevention models can take a more nuanced approach to awareness of risk, interventionists must be confident that the measurement of awareness is meaningful in and of itself. Best practice for establishing baseline awareness of any given behavior is, first, accomplished through a needs assessment completed with a sample drawn from the target population of interest. Second, the measurement of awareness should be well-considered. Two salient research questions arise: To what degree is awareness multifaceted? How is knowledge of risk best measured to produce an understanding of how to move forward with prevention efforts?

The present work is a continuation of efforts to prevent abusive head injury during infancy particular to SBS by raising awareness and furthers a previous attempt to answer the research questions presented above. The SBS Awareness Assessment developed through this earlier work (Russell & Britner, 2006) was effectively used to measure significant increases in awareness as a result of an educational intervention (Russell et al., 2008). This study demonstrated differential gains in SBS awareness based on the type of educational materials used in a longitudinal intervention with a 2 by 3 design: Caregivers and non-caregivers of young children of age in 3 materials conditions (a testimonial-focused video condition combined with a brochure, an educational video condition combined with the same brochure, and a brochure condition). Event History Analysis (EHA) results from a sample of over 300 adults (as reported by Russell et al., 2008) indicate that participants in the educational video condition were over 25% more likely to see improved SBS awareness over those in the other film condition or the brochure condition.

While the measurement principles used to develop the Shaken Baby Syndrome Awareness Assessment and the interpretation of the psychometric results were sound, the measure was laid out over 4 pages and was hard to use. The present effort provides prevention professionals with a reliable and shorter, single-page version of the same measure.

### *Measurement factors specific to Shaken Baby Syndrome (SBS) awareness*

There is evidence in the SBS literature suggesting that perpetrators of shaken baby violence shook the infants in their care in order to stop a cry, discipline the child, or in the course of what they believed to be harmless play (Lazoritz & Palusci, 2001). This has led to two common threads through all published SBS prevention efforts: a focus on (1) teaching caregivers the risks of shaking an infant and (2) on infant soothing techniques (note the lack of attention to discipline techniques). As a result of the focus on safety awareness, the proportion of individuals who report having heard of the risks of shaking an infant has risen from less than 50% over 15 years ago (Showers, 1992) to greater than 80% (Dias et al., 2005; Russell & Britner, 2006). This increase is laudable but over the most recent few years rates of traumatic head injury remain stable (Dias et al., 2005), suggesting that assessing knowledge of the risk of injury alone is an insufficient approach to SBS prevention. Concerning the focus on soothing techniques, a specific opportunity for improvement is apparent: no information is typically gathered on whether caregivers would be willing to use any given soothing technique—or whether each is believed effective. Given the connection between caregivers' response to inconsolable infant cries and SBS, measuring specific awareness of appropriate discipline practices and soothing practices—beyond cursory awareness of infant safety—is critical as a means to prevent SBS.

The hypothesis at hand is that awareness related to SBS (including infant safety, plus soothing and discipline practices) is complex and perhaps best understood in the context of all 3 factors. By considering responses on all 3 dimensions at the same time, researchers could honor the complex nature of caring for children younger than 2 years old. When an infant cries, caregiving responses are likely motivated by more than one discrete goal—to soothe or quiet the cry, certainly, but given the testimony of perpetrators of SBS it seems reasonable to acknowledge that caregivers may also be motivated to teach the infant about desirable behavior (more commonly thought of as discipline). Additionally, SBS prevention efforts would clearly be remiss if they fail to engage participants in conversations about infant safety—regardless of whether the driving goal is to soothe a cry, to discipline the infant, or is a combination of the 2.

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