



Intervention type matters in primary prevention of abusive head injury: Event history analysis results

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ABSTRACT

Purpose: The current study sought to compare interventional materials intended to raise public awareness of the caregiving practices connected to Shaken Baby Syndrome (SBS). Two hundred and sixty four adults (mean age 32 years) were recruited for participation through convenience sampling at a large Northeastern university. Participants fell into two groups—those who regularly cared for children (46%) and those who did not (54%).

Methods: SBS awareness was surveyed prior to an educational intervention and at three times points (2, 6, and 12 weeks post-intervention) longitudinally. Three intervention levels were used: Two different video conditions, each with an informational brochure, and the brochure-only condition. Survey responses were combined into five factor scores. Changes in factor score over time were modeled using event history analysis to predict the conditional probability of change in awareness as a discreet event.

Results: The resulting models show consistent results for three of the five factors, predicting the highest likelihood of increased awareness for a teaching video intervention, followed by a testimonial video, and the lowest probability for increased awareness for the use of an intervention using only a brochure. Negative change, or decreased awareness, was not predicted by the type of intervention materials. Demographic variables were not significant predictors of either positive or negative change.

Conclusion: The results indicate that the addition of video materials, and in particular material focusing on teaching alternative behaviors, significantly increases the likelihood of positive changes in SBS awareness over interventions which use only a brochure.

Implications for practice or research: The present study uses a two by three design to describe levels of improved awareness of Shaken Baby Syndrome across two groups of participants (those who regularly care for children and those who do not) and type of educational material (a brochure versus two different videos each in combination with the brochure). Results show a differential effect for each intervention level, and indicate a need for careful selection of educational materials for intervention programs concerned with preventing SBS through public awareness.

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Introduction

Ten percent of all serious physical abuse in children younger than 2 years of age is conservatively estimated to involve abusive head trauma—including Shaken Baby Syndrome (SBS) (Bugental et al., 2002). Twenty five to 30% of SBS children die as a result of their injuries, and only 15% survive with no lasting morbidity (Centers for Disease Control, 2007).

Like most incidents of child abuse, there are multiple factors leading to the outcome of a shaken baby. These include patterns of infant-caregiver interactions, child and perpetrator characteristics, and environmental factors (Cicchetti & Carlson, 1989). Although it is estimated that male perpetrators are charged with nearly 70% of the incidence of fatal traumatic injury in childhood, an even split on sex as a predictive characteristic of SBS perpetration seems to be more realistic (Lazoritz & Palusci, 2001; for further data on sex as a demographic predictor, see Starling, Holden, & Jenny, 1995). As with more general child abuse, caregiver depression (and more broadly, psychopathology), drug use, isolation, and lack of social support are likely risk factors for shaken baby incidents (Fulton, 2000). Caregivers convicted of abuse by shaking an infant report the incident as an attempt to respond to the infant, indeed “crying is the only child specific variable consistently identified as important in the cycle of [emotional] escalation to shaking” (Lazoritz & Palusci, 2001, p. 46; see also Barr, Trent, & Cross, 2006 for empirical evidence). Considering the majority of child abuse is committed by parents or caregivers in near-parent roles (e.g., mother’s live-in boyfriend) (Administration for Children & Families, 2007), caregiver education that targets self-control and developmentally appropriate discipline practice seems a promising mode of intervention to decrease the occurrence of physical child abuse (Cowen, 2001).

Prevention programs focused on parent-child interactions provide specific skills and strategies that support children’s development. These programs have been both statistically and clinically significant in supporting positive change in parenting outcomes including: self efficacy, personal self-control, self-confidence, self-esteem, and acceptance of and insight into child behavior (Adams, 2001; Allan, 1994; Brooks et al., 1988; Kaiser et al., 1999; McKenry, Clark, & Stone, 1999; Noller & Taylor, 1989; Snow, Kern, & Curlette, 2001; Webster-Stratton & Reid, 2003; Webster-Stratton, Reid, & Hammond, 2001). However, rates of child abuse post-intervention are rarely measured (Chaffin, Bonner, & Hill, 2001). Results from the prevention literature on parent education suggest that, in general, providing parents with skill-building opportunities and information on promoting healthy interactions and child development can create positive change in parents’ reports of their attitudes and behavior over time. Few studies, however, can address the degree of change (given a lack of pre-intervention measurement), or the specific components of the program that support these changes (Kaiser et al., 1999).

When considering interventions specific to SBS, very few programs have published evaluations despite an increase in public interest in SBS over the last 15 years. This means that while many people are concerned with SBS and may be active in efforts to study and prevent it, there is little published literature to guide intervention attempts. When SBS began to gain public attention in the early 1990s, results from a pivotal study by Showers (1992) provided national data that indicated that as few as one third and as many as approximately one half of Americans had never heard about the dangers of shaking an infant. Subsequently, many intervention efforts in the last decade focused on raising awareness as an approach to preventing shaking; more recent yet localized attempts to raise SBS awareness have found considerably higher awareness rates of over 90% (Dias et al., 2005). Data from the present study support these increased rates, finding that over 80% of those surveyed had some degree of familiarity with SBS (Russell & Britner, 2006). Another common thread through all published interventions for the prevention of SBS is the focus on caregivers’ soothing attempts; typically, no information is gathered on whether these attempts are believed safe or effective, nor on beliefs about discipline practice. The same methodological flaw in the larger parent education literature applies to SBS prevention efforts: very little pre- and post-test data are collected, making attributions on the presence or mechanism of change impossible.

The notion that awareness of risk or benefit serves to protect against potentially harmful behavior remains largely untested. Rates of abusive head injury in infancy remain stable despite awareness-raising campaigns (Dias et al., 2005), with the notable exception of Dias et al. (2005) who reported lower incidence of abusive head injuries following a hospital-based intervention. On a more detailed methodological note, there remains a crucial set of questions concerning the efficacy of most educational interventions targeting SBS: Do caregivers, for whom the task of protecting the children in their care carries heightened salience, and non-caregivers retain educational materials similarly? Are there differences in information retention driven by the type of educational materials? Can awareness of the specific caregiving behaviors and attitudes that underlie SBS be increased through a short, single dose intervention? These questions are at the core of this exploratory work on increasing SBS awareness. Accordingly, we hypothesized the following: (1) Caregivers’ attitudes will change more rapidly after presentation of intervention materials compared to non-caregivers, for whom these materials may carry less salience; (2) The type of materials used in an intervention (brochure only versus video material, for example) will affect persistence in participants’ attitude change; and (3) Single dose interventions can promote change in attitude.

Methods

Sample

Two independent samples, parents and non-parents, were recruited for this longitudinal intervention; a total of 264 adults participated during 2004–2005. Adults over the age of 18 from varied demographic backgrounds were invited to participate through convenience and snowball sampling at the University of Connecticut community; no restrictions were placed on

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