

Abusive Head Trauma

All babies cry. And during the first 3 months of life, they cry more than at any other time. Babies use crying to communicate, such as by telling caregivers around them that they have an empty belly, a wet bottom, cold feet, are tired, or want to be held and cuddled.

Sometimes crying can be due to a problem that might need medical attention, such as an infection, an injury, or other health condition that causes discomfort or pain. In these cases, the crying is usually more severe or prolonged, and the baby often has other symptoms, such as a fever, irritability, extreme tiredness, trouble breathing, coughing, a rash, or others.

It can be hard to stay calm when a baby will not stop crying. Unfortunately, this can sometimes lead to abusive behavior that can cause serious damage to a baby and even death. Injuries from abusive head trauma (sometimes also called shaken baby syndrome) happen when someone (most often a parent or caregiver) cannot get a baby to stop crying and, out of frustration or anger, shakes the baby or strikes the baby's head against a surface. It is important to tell anyone caring for a baby to never shake a child.

What Is Abusive Head Trauma?

Abusive head trauma (AHT) is an injury to a child's brain that happens when someone vigorously shakes a child or strikes the child's head against a surface. In many cases, the caregiver cannot get the baby to stop crying and out of frustration or anger shakes the baby. The baby may cry more at first, but may stop crying as the brain is damaged.



When someone forcefully shakes a baby, the child's head rotates uncontrollably. This is because infants' neck muscles are not well developed and provide little support for their heads. This violent movement pitches the baby's brain back and forth within the skull, sometimes rupturing blood vessels and nerves throughout the brain and tearing the brain tissue. The brain may strike the inside of the skull, causing bruising and bleeding to the brain. The damage can be even greater when a shaking episode ends with an impact (hitting a wall or a crib mattress, for example) because the impact is so much stronger.

What Can Happen to a Baby With Head Trauma?

AHT often causes irreversible damage, and about 1 in every 4 cases results in the baby's death. Children who survive may have partial or total blindness, hearing loss, seizures, developmental delays, speech and learning difficulties,

problems with memory and attention, or cerebral palsy, among other difficulties.

What makes AHT so devastating is that it often involves a total brain injury. For example, a child whose vision is severely impaired will not be able to learn through observation, which decreases the child's overall ability to learn.

The development of language, vision, balance, and motor coordination are particularly likely to be affected in any child who has AHT. Such impairment can require intensive physical therapy and occupational therapy to help the child acquire skills that otherwise would have developed normally.

How Can AHT Be Prevented?

Abusive head trauma is 100% preventable. A key aspect of prevention is increasing awareness of the devastating impacts that shaking a baby can cause.

Another way of preventing AHT is by helping parents and caregivers handle stress, especially at critical moments when a baby is crying. It helps to have a plan of what to do if a baby keeps crying and this causes caregivers to become upset or frustrated. One approach, call the "five S's approach," is a technique to calm a crying baby. It works in the following way:

Shushing: try repetitively shushing near the crying baby or create some sort of rhythmic white noise. A soothing voice, vacuum cleaners, hair dryers, or a white noise machine can all create this effect.

Side/stomach positioning: place the baby on his or her left side to help with digestion or on the belly while holding

him or her. Babies should always be placed on their backs to sleep.

Sucking: give the baby a bottle, pacifier, or clean finger to suck on.

Swaddling: wrap the baby in a blanket like a burrito to help him or her feel more secure and hold the baby near you.

Swinging gently: softly rock with the baby in a chair or while walking back and forth to help duplicate the constant motion the baby felt in the womb.

If a baby in your care will not stop crying, you can also try the following:

- Make sure the baby's basic needs are met (for example, he or she isn't hungry and doesn't need to be changed).
- Check for signs of illness, like fever or swollen gums.
- Walk with the baby.
- Sing or talk to the baby.
- Offer the baby a noisy toy.
- Take the baby for a ride in a stroller or strapped into a child safety seat in the car.
- Hold the baby close against your body and breathe calmly and slowly.
- Give the baby a warm bath.
- Pat or rub the baby's back.
- Call a friend or relative for support or to take care of the baby while you take a break.

If you feel like you are beginning to lose patience, put the baby on his or her back in the crib or another secure place, and stay nearby in case it does not help calm the baby. Call your doctor if nothing seems to be helping the baby, in case there is a medical reason for the fussiness.

Being a caregiver is not always easy. A baby's constant crying can be stressful and cause feelings of frustration. To add on top of that, caregivers are most likely not getting enough sleep while trying to meet a baby's needs around the clock. If you are in this position, try to arrange for regular childcare relief so you can get some rest. Find a friend, family member or someone else you trust who can look after your baby for periods while you get a break. Taking care of a baby can be exhausting. Do not blame yourself or your baby for the constant crying. Try to relax, console your little one, and remember that your baby will eventually outgrow it. Lastly, make sure that everyone in contact with your baby understands the dangers of shaking a baby. This includes older siblings who may accidentally injure the baby in rough play.

Firearm Safety and Storage

For families who have guns in the home, there are some simple steps that caregivers can take to reduce the risk of firearm injury or death, especially for children and teens who may be curious about guns.

- **Store Firearms Safely.** The RFA Written Directives require that caregivers store firearms in a locked gun safe or other locked place. Ammunition must be stored in a locked container separate from the firearms. Firearm locking devices can be obtained through most local police departments.
- **Know the Legal Risks.** In 2013, then-Governor Jerry Brown signed into law the Firearm Safe and Responsible Access Act, which makes it a third-degree misdemeanor to knowingly store a loaded firearm in a place where an unsupervised child is likely to access it—regardless of whether or not the child actually does. Violators risk a potential \$1,000 fine and/or six months in jail.

- **Talk to Children about Firearms.** Children are naturally curious about things they don't know about or think are "forbidden." When a child asks questions or begins to act out "gun play," you may want to address his or her curiosity by answering the questions as honestly and openly as possible. This will remove the mystery and reduce the natural curiosity. Also, it is important to remember to talk to children in a manner they can relate to and understand. This is very important,

SECTION 11-03: Storage Area Requirements

(c) Except as specified in paragraph (1), a Resource Family shall store firearms and other dangerous weapons in a locked container, as defined in Penal Code section 16850, which may include, but not be limited to, a lock box or gun safe.

(1) In lieu of locked storage of firearms, a Resource Family may use locking devices, as defined in Penal Code section 16860, which may include but not be limited to, trigger locks, cable locks, or other firearm safety devices, as defined in Penal Code section 16540.

(2) Ammunition shall be stored in a locked container separate from firearms.

especially when teaching children about the difference between "real" and "make-believe." Let children know that, even though they may look the same, real guns are very different than toy guns. A real gun will hurt or kill someone who is shot.

- **Be a Good Role Model.** Actions speak louder than words and children learn most by observing the adults around them. Parents and gun owners need to set a good example by practicing safe gun handling around children.

Celebrate July Champion Mikesha Thomas

Mrs. Thomas is a devoted advocate, often going above and beyond to make sure all of the needs of children in her care are met. She is committed to permanency while supporting family connections. We are excited to have her as this issue's Champion for Children.

Mrs. Thomas grew up in a big, close-knit family. She was one of five biological children and five foster children. Her father is an Army veteran and unfortunately saw many orphans while deployed. Fostering children became his way of making amends with what he saw. Watching her parents open their home to others and to know what a difference it made in children's lives to have a nurturing environment prepared Mrs. Thomas to also become a supportive caregiver like her parents.

Mrs. Thomas has been a foster parent for over 20 years and cared for over 100 children, providing everything from respite care and emergency placement to longterm care. She is also a social worker so she understands the trauma children suffer from and the importance of providing them with a safe place. Through this, she finds joy in seeing children succeed and live healthy, productive lives.



Being a foster parent doesn't come without challenges. Navigating the system and advocating for children, all the way trying to be in compliance with applicable requirements, can be hard. Regardless, Mrs. Thomas continues to be a fierce advocate for children. She believes in keeping children safe physically and psychologically. "It can be hard when a visit, for example, doesn't go well for a child," she explains. "It is our responsibility to be there for the child so they don't end up saying 'it was my fault' or 'why me'. Being there for them also means we're our children's punching bag. They know they're in a safe place and trust me enough to get out their frustrations." As part of her mission to advocate for having the needs of children met, she started a "Dear Abby"

styled blog where parents can ask her and other caregivers questions they are struggling with. This online community is meant to be a resource for caregivers. "It may very well be that I've see what others are having a hard time with or they may know something I don't and we can learn from each other," says Mrs. Thomas. Parents can participate in the blog by emailing Mrs. Thomas at AskSaraU@gmail.com.

Mrs. Thomas' advises other parents that if they know their calling is to be a caregiver, don't be afraid to open your heart, home, and family. "Be the water for children in your home — pour all of your love out for them, nurture them, and they will blossom. You may see the fruits of your labor in the beginning of the child's journey, in the middle of it, or you may not see it under your watch but know that someone will see it because you sent positive energy out into the world."

The San Francisco Family & Children's Services and the Parenting for Permanency College are thankful for all of Mrs. Thomas' work on behalf of so many children and her dedication to love endlessly. Congratulations to Mrs. Thomas, our July Champion for Children and an amazing caregiver.

K.I.D.S.

Published bimonthly for San Francisco County foster parents, resource families, NREFMs and kin care providers. To suggest a topic, submit an article, promote an event, or provide feedback, email Sharon.Walchak@sfgov.org.

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Newsletter Website: <https://www.sfhsa.org/newsletters>

Helpful Phone Numbers

HSA Operator	(415) 557-5000
CPS Child Abuse Hotline	(800) 856-5553 or (415) 558-2650
Foster Care Ombudsman	(415) 558-2828
Transportation Duty Line	(415) 557-5376
Licensing/RFA/Recruitment Hotline	(415) 558-2200
San Francisco Families Making a Difference	
Mentor Program for Care Providers	(415) 557-5400
Free Foster Parenting Respite Service	(415) 861-4060 x 3035
Community Services	211
Non-emergency Government Services	311

FCS Agency Directory: www.sfhsa.org/174.htm

Dear RFA Families and KIDS Newsletter Readers:

In this space, you normally see a list of available training for the next two months. There are some changes underway that I want to share with you. Since 2000, Bay Area Academy has collaborated with Family and Children's Services to bring you many trainings. June 30 will be the final day BAA holds this responsibility. Over the years, we have developed a wonderful working relationship with BAA and I am sad to see them go.

Starting July 1, Alternative Family Services (AFS) will pick up where BAA left off. They will be producing all of the annual trainings and the two big events, with which so many of you are familiar. They will also further develop the Resource Parent Mentorship Program. We already have a very positive working relationship with AFS that has recently deepened as AFS has been successfully implementing our Emergency Placement Program and many of our RFA Approvals.

I am very pleased that Amabel Baxley, who worked with BAA and so closely with many of you, will continue her important work with our Resource Parents under the umbrella of AFS as their Program Director.

With this, we bid farewell and "thank you" to BAA and we welcome AFS into the FCS family. You will see a list of RFA trainings in the next KIDS Newsletter. If you have any immediate questions about trainings, please do not hesitate to contact your RFA Worker.

Thank you for your service to the children of San Francisco!

Sincerely,



Sophia Isom
RFA Program Director



Amabel Baxley
Program Director for
Alternative Family Services

Special Announcements

Support Group Info: ENGLISH SUPPORT GROUPS

Held every 3rd Tuesday of the month: 5:30 pm refreshments • 6-8 p.m. meeting

SPANISH SUPPORT GROUPS

Held every 3rd Thursday of the month: 5:30 p.m. refreshments • 6-8 p.m. meeting

Join us in welcoming our newest Resource Family Participants

We are excited to congratulate the latest participants from the April 2019 (English), May 2019 (English and Spanish) Resource Family Approval (RFA) PreService training and the March/April Spanish 2019 SA/HIV Infant Training Programs.

Welcome to our network of dedicated Resource Families.

