

INFORMATION PACKET:

Abusive Head Trauma (Shaken Baby Syndrome)

This self-study was put together by ACRF in August 2013, updated April 2023

ITP Topic: Child Abuse/Domestic Violence/Neglect

CREDITS:

A Journalist's Guide to Shaken Baby Syndrome: A Preventable Tragedy (A Part of CDC's "Heads Up" Series, 2010 Reviewed 2011) National Center for Injury Prevention and Control, U.S., Center for Disease Control and Prevention (CDC), Stacks Public Health Publications. Retrieved from <https://stacks.cdc.gov/view/cdc/5865>

Abusive Head Trauma (Shaken Baby Syndrome) Nemours KidsHealth, Reviewed for revision by: Stephanie A. Deutsch, MD, (March 2021). Retrieved from: <https://kidshealth.org/en/parents/shaken.html?ref=search>

Why Does My Baby Cry so Much? Ronald G. Barr, The Period of PURPLE Crying. Retrieved from: <http://purplecrying.info/sub-pages/crying/why-does-my-baby-cry-so-much.php>

The following packet contains information on the above topic. If you wish to receive training credit for reading this packet, please fill out the "Information Packet Questionnaire" at the back of this packet. Return your completed questionnaire to the Alaska Center for Resource Families for 1.0 training credit. The articles are yours to keep for further reference.

For more information about this topic or other topics related to foster care and adoption, please contact:

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3429 Airport Way Suite 202A
Fairbanks, AK 99709

1-800-478-7307
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www.acrf.org



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A Journalist's Guide to **Shaken Baby Syndrome:**

A Preventable Tragedy

A part of CDC's "Heads Up" Series



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



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For more information—as well as radio PSAs and broadcast-quality video that includes B-Roll, full-screen tips, and downloadable scenarios—please visit: www.cdc.gov/TraumaticBrainInjury.

To access radio PSAs that offer tips for coping with a crying baby, please visit: www.cdc.gov and click on Podcasts.

The What:

Shaken Baby Syndrome

Shaken Baby Syndrome (SBS) is a preventable, severe form of physical child abuse resulting from violently shaking an infant by the shoulders, arms, or legs. SBS may result from both shaking alone or from shaking with impact.

SBS is not just a crime—it is a public health issue. SBS resulting in head injury is a leading cause of child abuse death in the United States. Nearly all victims of SBS suffer serious health consequences and at least one of every four babies who are violently shaken dies from this form of child maltreatment.¹

From a public health perspective, creating greater awareness about SBS is important. Helping people understand the dangers of violently shaking a baby; the risk factors associated with SBS; the triggers for it; and ways to prevent it may help reduce the number of babies affected by SBS. Everyone, from caregivers to bystanders, can do something to help.

The bottom line is that vigorously shaking a baby can be fatal or result in a permanent disability. Shaking most often occurs in response to a baby crying, or other factors that can lead the person caring for a baby to become frustrated or angry. All babies cry and do things that can frustrate caregivers; however, not all caregivers are prepared to care for a baby.

Babies, newborn to one year (especially babies ages 2 to 4 months), are at greatest risk of injury from shaking. Shaking them violently can trigger a “whiplash” effect that can lead to internal injuries—including bleeding in the brain or in the eyes. Often

there are no obvious external physical signs, such as bruising or bleeding, to indicate an injury.

In more severe cases of SBS, babies may exhibit the following:^{3,4}

- Unresponsiveness
- Loss of consciousness
- Breathing problems (irregular breathing or not breathing)
- No pulse

Babies suffering lesser damage from SBS may exhibit some of the following:^{5,6}

- Change in sleeping pattern or inability to be awakened
- Vomiting
- Convulsions or seizures
- Irritability
- Uncontrollable crying
- Inability to be consoled
- Inability to nurse or eat

SBS can potentially result in the following consequences:

- Death
- Blindness
- Mental retardation or developmental delays (any significant lags in a child’s physical, cognitive, behavioral, emotional, or social development, in comparison with norms)⁷ and learning disabilities
- Cerebral palsy
- Severe motor dysfunction (muscle weakness or paralysis)
- Spasticity (a condition in which certain muscles are continuously contracted—this contraction causes stiffness or tightness of the muscles and may interfere with movement, speech, and manner of walking)⁸
- Seizures

¹Carbaugh SF. Understanding shaken baby syndrome. *Adv Neonatal Care* 2004;4(2):105–16.

²Lee C, Barr RG, Catherine NM, Wicks A. Age-related incidence of publicly-reported shaken baby syndrome cases: Is crying a trigger for shaking? *J Dev Behav Pediatr* 2007;28(4):288–93.

³Miehl NJ. Shaken baby syndrome. *J Forensic Nurs* 2005;1(3):111–7.

⁴Carbaugh SF. Understanding shaken baby syndrome. *Adv Neonatal Care* 2004;4(2):105–16.

⁵Ibid.

⁶Miehl NJ. Shaken baby syndrome. *J Forensic Nurs* 2005;1(3):111–7.

⁷Encyclopedia of Children’s Health. Developmental delay [online]. [cited 2008 Oct 16.] Available from URL: <http://www.healthofchildren.com/D/Developmental-Delay.html>.

⁸National Institutes of Health, National Institute of Neurological Disorders and Stroke. NINDS spasticity information page [online]. 2007. [cited 2008 Oct 16.] Available from URL: <http://www.ninds.nih.gov/disorders/spasticity/spasticity.htm>.



The Who: Facts & Figures

- It is difficult to know the exact number of SBS cases per year because many cases of SBS are underreported and/or never receive a diagnosis. However, a study of North Carolina SBS cases suggests that as many as three to four children a day experience severe or fatal head injury from child abuse in the United States.⁹
- Babies less than 1 year of age¹⁰ (with the highest risk period at 2 to 4 months) are at greatest risk for SBS because they cry longer and more frequently, and are easier to shake than older and larger children.¹¹
- SBS injuries have been reported in children up to age 5.¹²
- SBS is the result of violent shaking that leads to a brain injury, which is much

like an adult may sustain in repeated car crashes. It is child abuse, not play. This is why claims by perpetrators that the highly traumatic internal injuries that characterize SBS resulted from merely “playing with the baby” are false. While jogging an infant on your knee or tossing him or her in the air can be very risky, the injuries that result from SBS are not caused by these types of activities.¹³

- The most common trigger for shaking a baby is inconsolable or excessive crying—a normal phase in infant development.^{14, 15, 16}
- Parents and their partners account for the majority of perpetrators. Biological fathers, stepfathers, and mothers’ boyfriends are responsible for the majority of cases, followed by mothers.¹⁷
- In most SBS cases there is evidence of some form of prior physical abuse, including prior shaking.^{18, 19}

⁹Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF. A population-based comparison of clinical and outcome characteristics of young children with serious inflicted and noninflicted traumatic brain injury. *Pediatrics* 2004;114(3):633–9.

¹⁰Dias MS, Smith K, deGuehery K, Mazur P, Li V, Shaffer ML. Preventing abusive head trauma among infants and young children: A hospital-based, parent education program. *Pediatrics* 2005;115(4):e470–7.

¹¹Miehl NJ. Shaken baby syndrome. *J Forensic Nurs* 2005;1(3):11–7.

¹²American Academy of Pediatrics Committee on Child Abuse and Neglect. Shaken baby syndrome: Rotational cranial injuries—technical report. *Pediatrics* 2001;108(1):206–10.

¹³Hoffman JM. A case of shaken baby syndrome after discharge from the newborn intensive care unit. *Adv Neonatal Care* 2005;5(3):135–46.

¹⁴Ibid.

¹⁵Miehl NJ. Shaken baby syndrome. *J Forensic Nurs* 2005;1(3):11–7.

¹⁶Carbaugh SF. Understanding shaken baby syndrome. *Adv Neonatal Care* 2004; 4(2):105–16.

¹⁷Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF. A population-based comparison of clinical and outcome characteristics of young children with serious inflicted and noninflicted traumatic brain injury. *Pediatrics* 2004;114(3):633–9.

¹⁸Alexander R, Crabbe L, Sato Y, Smith W, Bennett T. Serial abuse in children who are shaken. *Am J Dis Child* 1990;144(1):58–60.

¹⁹Ewing-Cobbs L, Kramer L, Prasad M, Niles Canales D, Louis PT, Fletcher JM, et al. Neuroimaging, physical, and developmental findings after inflicted and non-inflicted traumatic brain injury in young children. *Pediatrics* 1998;102(2):300–7.

The Why: Triggers & Risk Factors

The crying...the late-night feedings...the constant changing of diapers...the resulting exhaustion...

The fact is that many new parents and caregivers find themselves unprepared for the realities of caring for a baby and the stress and aggravation that can accompany those realities.

Add to these stresses at home, the outside stressors created by work, social, and/or financial challenges, and you have a potentially combustible combination. It's a mix that in some situations leads to violent behavior by the caregiver and can result in fatal or debilitating injuries for a baby.

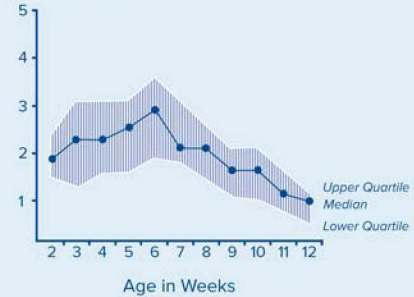
Following is a brief discussion of inconsolable crying, the primary trigger for SBS and risk factors for SBS perpetrators and victims.

Inconsolable Crying

If you've ever been around a baby who won't stop crying, you likely know that there is potential to get frustrated.

The fact is that crying—including prolonged bouts of inconsolable crying—is normal developmental behavior in babies. It helps to think of crying as one of the ways babies communicate. Research also shows that most babies who cry a great deal are healthy and stop crying for prolonged periods of time after 4 months of age.²⁰

Hours of Fussing per 24 Hours



Summary of the total crying time of the 80 infants studied.

What most people don't realize is that there is a normal crying curve for babies. Recent studies show that crying begins to increase around 2 to 3 weeks of age, and peaks around 6 to 8 weeks of age, as illustrated above. It then tapers off, and usually ends, when the baby is 3 to 4 months old.²¹

The key here is that crying is *normal* and is not the problem.

The problem is how caregivers respond to a baby's cry.

Picking up a baby and shaking, throwing, hitting, or hurting him/her is never an appropriate response. It is important for parents and caregivers to know how they can cope if they find themselves becoming frustrated (see tips on page 6).

²⁰St. James-Roberts, I. Effective services for managing infant crying disorders and their impact on the social and emotional development of young Children. In: Tremblay RE, Barr RG, Peters RDeV, eds. Encyclopedia on Early Childhood Development [online]. 2004:1-6. Available at: <http://www.child-encyclopedia.com/documents/StJames-RobertANGxp.pdf>.

²¹Lee C, Barr RG, Catherine NM, Wicks A. Age-related incidence of publicly-reported shaken baby syndrome cases: Is crying a trigger for shaking? *J Dev Behav Pediatr* 2007;28(4):288-93.

²²Hoffman JM. A case of shaken baby syndrome after discharge from the newborn intensive care unit. *Adv Neonatal Care* 2005;5(3):135-46.

²³Black DA, Heyman RE, Smith Slep AM. Risk factors for child physical abuse. *Aggress Violent Behav* 2001;6(2-3):121-88.

²⁴Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF, Sinal SH. A population-based study of inflicted traumatic brain injury in young children. *JAMA* 2003;290(5):621-6.

²⁵Hoffman JM. A case of shaken baby syndrome after discharge from the newborn intensive care unit. *Adv Neonatal Care* 2005;5(3):135-46.

²⁶Black DA, Heyman RE, Smith Slep AM. Risk factors for child physical abuse. *Aggress Violent Behav* 2001;6(2-3):121-88

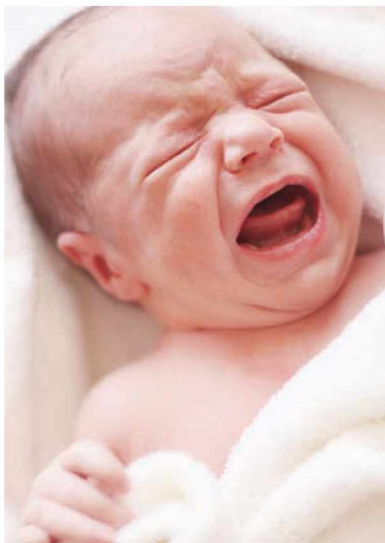
²⁷Keenan HT, Runyan DK, Marshall SW, Nocera MA, Merten DF, Sinal SH. A population-based study of inflicted traumatic brain injury in young children. *JAMA* 2003;290(5):621-6.

While no one wakes up and says, “Today I plan to shake or harm a baby,” excessive frustration and exhaustion can lead individuals to a breaking point. However, there are other factors that can also increase the risk for an action that can harm a baby. These factors include:^{22, 23, 24}

- Having unrealistic expectations about child development and child-rearing
- Having been abused or neglected as a child
- Being a victim or witness to domestic violence
- Being a single parent

The following increases an infant’s risk for being shaken^{25, 26, 27} particularly when combined with a parent or caregiver who’s not prepared to cope with caring for a baby:

- A history of previous child abuse
- Infant prematurity or disability
- Being one of a multiple birth
- Being less than 6 months of age
- Inconsolable and/or frequent crying



The When (& How): Tips for Accurate Reporting

SBS is more than a story for the Metro section editor or crime reporter—it’s a health story about a tragedy that can be prevented by greater community awareness. Prevention is a community effort that includes recognizing and communicating the risk factors and common characteristics of perpetrators and victims, and also sharing ways to lessen the load on stressed out parents and caregivers.

Following are tips and recommendations to consider as you craft your story.

Tips

- Examine SBS as a public health issue versus solely reporting it from a criminal perspective.
- Reinforce prevention messages for parents and caregivers (see tips on page 6).
- Connect the dots between a parent’s or caregiver’s loss of control and other factors in his/her life and/or community that increase risk or build protection (include history of abuse in the family or lack of support or isolation). Also outline the types of stressors that trigger behavior that can lead to SBS.
- Emphasize that everyone has a role in preventing SBS through better education, awareness within the community, and better support for parents and caregivers.
- Provide your audience with resources for additional information to help them prevent SBS.
 - ◆ Promote local parenting helplines
 - ◆ Highlight child maltreatment programs in your community

A list of tips for parents and other caregivers follows. Also see the list of resources in the next section—The Where: CDC Experts & Other Sources.

Recommendations for Your Readers/Viewers:

If you are the parent or caregiver of a baby:

- Babies can cry a lot in the first few months of life and this can be frustrating. But it will get better.
- Remember, you are not a bad parent or caregiver if your baby continues to cry after you have done all you can to calm him/her.
- You can try to calm your crying baby by:
 - ◆ Rubbing his/her back
 - ◆ Gently rocking
 - ◆ Offering a pacifier
 - ◆ Singing or talking
 - ◆ Taking a walk using a stroller or a drive with the baby in a properly-secured car seat.
- If you have tried various ways to calm your baby and he/she won't stop crying, do the following:
 - ◆ Check for signs of illness or discomfort like diaper rash, teething, or tight clothing
 - ◆ Call the doctor if you suspect your child is injured or ill
 - ◆ Assess whether he/she is hungry or needs to be burped
- If you find yourself pushed to the limit by a crying baby, you may need to focus on calming yourself. Put your baby in a crib on his/her back, make sure he/she is safe, and then walk away for a bit and call a friend, relative, neighbor, or parent helpline for support. Check on him/her every 5 to 10 minutes.
- Understand that you may not be able to calm your baby and that it is not your fault, nor your baby's. It is normal for healthy babies to cry much more in the first 4 months of life. It may help to think of this as the Period of **PURPLE** Crying® as defined by the National Center for Shaken Baby Syndrome (NCSBS). **PURPLE**, stands for:

Peak Pattern: Crying peaks around 2 months, then decreases.

Unpredictable: Crying for long periods can come and go for no reason.

Resistant to Soothing: The baby may keep crying for long periods.

Pain-like Look on Face.

Long Bouts of Crying: Crying can go on for hours.

Evening Crying: Baby cries more in the afternoon and evening.

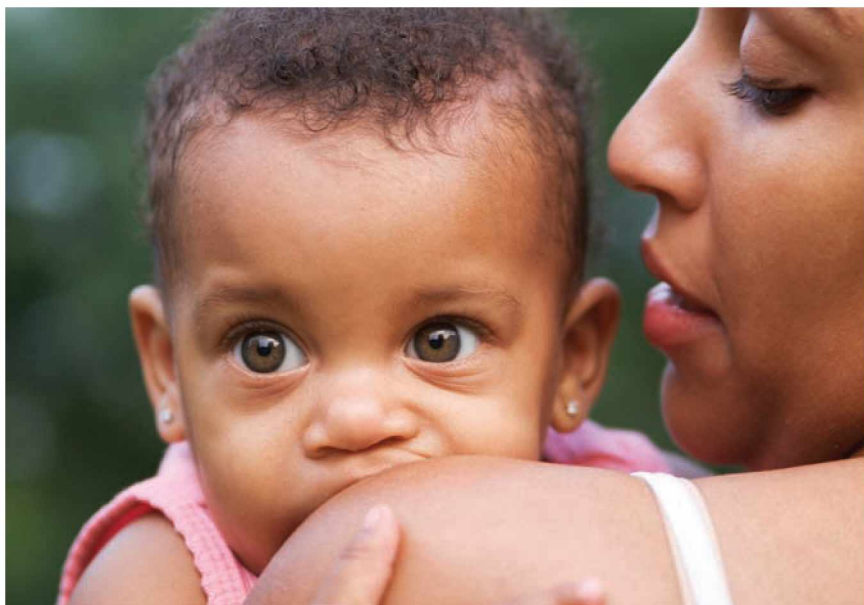
For more information about the Period of **PURPLE** Crying® and NCBS, visit: www.dontshake.org.

- Tell everyone who cares for your baby about the dangers of shaking a baby and what to do if they become angry, frustrated, or upset when your baby has an episode of inconsolable crying or does other things that caregivers may find annoying, such as interrupting television, video games, sleep time, etc.
- Be aware of signs of frustration and anger among others caring for your baby. Let them know that crying is normal, and that it will get better.
- See a health care professional if you have anger management or other behavioral concerns.

If you are a friend, family member, health care professional or observer of a parent or other caregiver:

- Be aware of new parents in your family and community who may need help or support.
- Provide support by offering to give them a break, sharing a parent helpline number, or simply being a friend.
- Let the parent know that the crying can be very frustrating, especially when they're tired and stressed. Reinforce that crying is normal and that it will get better.
- Tell the parent how to leave his or her baby in a safe place while he or she takes a break.
- Be sensitive and supportive in situations when parents are trying to calm a crying baby.
- Think about policies or services that could be resources for new parents in your community—advocate for those that don't exist.





The Where: CDC Experts & Other Sources

CDC encourages you to contact its National Center for Injury Prevention and Control (Injury Center) if you have any questions about SBS or would like to interview one of its experts. The Injury Center Press Officer can be contacted at (770) 488-4902 between 9:00 am and 5:00 pm EST. If there is an after-hours emergency, please call (404) 639-2888 to contact the on-call press officer.

Other Sources:

American Academy of Pediatrics

Phone: (847) 434-4000

Fax: (847) 434-8000

www.aap.org

National Center on Shaken Baby Syndrome

Phone: 801-627-3399

Toll Free: 888-273-0071

Fax: 801-627-3321

www.dontshake.org

Pennsylvania Shaken Baby Prevention and Awareness Program

Phone: 717-531-7498

Fax: 717-531-0177

[www.hmc.psu.edu/shakenbaby/team/
index.htm](http://www.hmc.psu.edu/shakenbaby/team/index.htm)

Period of **PURPLE Crying®: Keeping Babies Safe in North Carolina**

Phone: 919-419-3474

Fax: 919-419-9353

www.purplecrying.info

Prevent Child Abuse America

Phone: 312-663-3520

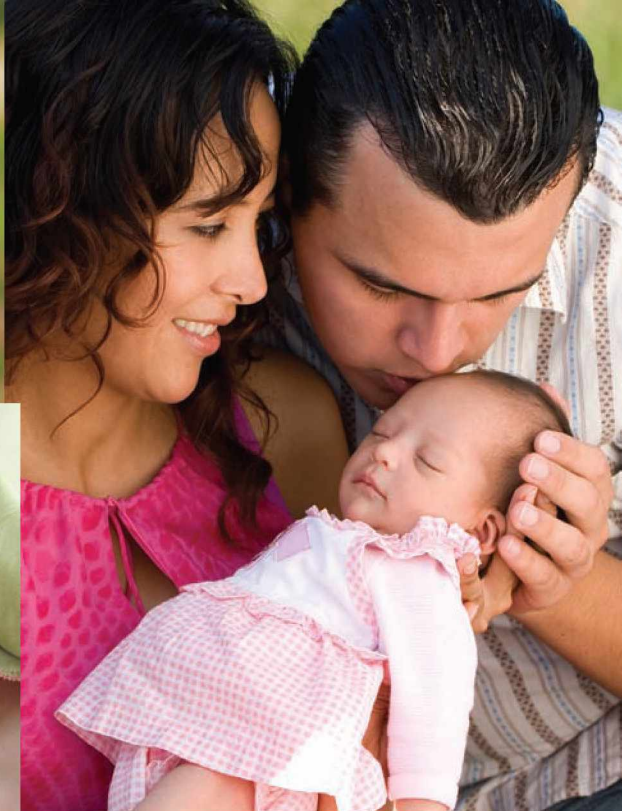
Fax: 312-939-8962

www.preventchildabuse.org

Your state or local health department and community organizations can also serve as good resources.

For more information on SBS and Child Maltreatment, visit: www.cdc.gov/injury.





Helping All People Live to Their Full Potential



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Abusive Head Trauma (Shaken Baby Syndrome)

What Is Abusive Head Trauma?

Abusive head trauma is a head or neck injury from physical child abuse. It happens when someone shakes a baby or hits the baby against something hard. Most cases happen when a parent or caregiver is angry, tired, or upset because a baby won't stop crying or the child can't do something they expect, like toilet train.

These injuries can cause permanent brain damage or death. People should never shake a baby for any reason.

Which Children Are at Risk for Abusive Head Trauma?

Most cases of abusive head trauma (also called shaken baby syndrome) happen to babies and toddlers younger than 2 years old. Rarely, it can happen in children up to 5 years old. It can happen to boys or girls in any family.

At special risk for abuse are children who have a lot of special needs or health problems that make them cry a lot, like colic and GER.

How Does Abusive Head Trauma Happen?

Things like gently bouncing a baby on a knee or riding in a bumpy car won't cause the problems seen in abusive head trauma.

Abusive head trauma happens when someone:

- uses force to shake a child
- uses force to throw or drop a child on purpose
- hits the child's head or neck against an object, like the floor or furniture, or hits the child's head or neck with an object

Shaking a baby is so harmful because:

- Infants have poor neck strength and their heads are large compared with the size of their bodies. This lets the head move around a lot when shaken.
- When the head moves around, the baby or child's brain moves back and forth inside the skull. This can tear blood vessels and nerves inside or around the brain, causing bleeding and nerve damage.
- The brain may hit against the inside of the skull, causing brain bruising and bleeding on the outside of the brain.
- Brain swelling builds pressure in the skull. This pressure makes it hard for blood, carrying oxygen and nutrients, to reach the brain, further harming it.

What Are the Signs of Abusive Head Trauma?

In the most severe cases, babies and children may come to the ER, hospital, or doctor's office not awake, having seizures, or in shock.

In less severe cases, a shaken child may:

- move less than usual
- be cranky and hard to comfort
- throw up
- have trouble sucking or swallowing
- eat less than usual
- not smile or coo
- seem stiff
- have seizures
- have trouble breathing
- have skin that looks blue
- have pupils (the dark spots in center of the eyes) that aren't the same size
- be unable to lift their head
- have trouble focusing their eyes or tracking movement

How Is Abusive Head Trauma Diagnosed?

Parents or caregivers often won't say that the child was shaken or hit, so doctors may not know to check for head injury. Many signs of abusive head trauma, like fussiness and throwing up, are common in routine childhood illnesses. So it can be hard for doctors to figure out that a baby was harmed.

If abusive head trauma is suspected, doctors will:

- Do an eye exam to look for bleeding inside the eyes.
- Order X-rays of all the bones to look for new or healing breaks, which happen most in the arms, legs, skull, and ribs.
- Order a CT or MRI of the head to look for:
 - broken bones in the head (skull fractures)
 - brain swelling
 - brain bleeding

What Can Happen to a Baby With Abusive Head Trauma?

Abusive head trauma often causes life-long harm to the brain and, sometimes, death.

Babies and children who survive may have:

- poor eyesight or blindness
- hearing loss
- seizures
- delayed development
- problems with speech and learning
- problems with memory and focus
- cerebral palsy
- weakness or problems moving parts of the body
- problems with hormones controlled by the brain

If a child's problems are mild, they might not be noticed until the child starts school and has problems with learning, focus, or behavior.

What Can Help a Child With Abusive Head Trauma?

After abusive head trauma, a child may need long-term care from a team of health experts, such as:

- brain doctors (neurology)
- brain surgeons (neurosurgery)
- eye doctors (ophthalmology)
- hormone doctors (endocrinology)

They also need a pediatrician who can manage their ongoing complex care. They also might need support from therapists, such as:

- rehab medicine
- speech-language therapy
- physical therapy (PT)
- occupational therapy (OT)

Before age 3, a child can receive free speech therapy or physical therapy through state-run programs. After age 3, the child's school district provides any needed special educational services.

As kids get older, they may need special schooling and ongoing help to build language and daily living skills, like dressing.

What Else Should I Know?

Abusive head trauma is 100% preventable. A key part of prevention is increasing awareness of the dangers of shaking:

- Tell people caring for your baby to never shake the baby.
- Talk about normal crying so a caregiver is less likely to get upset.
- Talk about safe ways to calm a baby, such as swaddling, rocking, or singing.
- Let caregivers know it's OK to put the baby or child in a safe place, walk away and take a break.

Reviewed by: Stephanie A. Deutsch, MD

Date reviewed: March 2021

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.
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Why Does My Baby Cry So Much?

Author: Ronald G. Barr, MDCM, FRCP(C)

Search

Perhaps the easiest way to think about early crying is to describe the features that parents don't expect. Of course, all babies cry; everyone is willing to say that. But accepting that all babies cry is one thing; accepting that they cry "like this" is another.

The first feature that really frustrates parents is that the amount of crying that happens in a day tends to increase and increase in the first two (or sometimes three) months of life. Then it reaches its highest point, and begins to decrease. This is the basic peak pattern of crying in infants. However, although they all do it, there are lots of differences between one infant and another.

For example, some infants might have their "peak" at 3 weeks of age, while others have it at 8 weeks of age. For some infants, the amount of crying that infants do at the peak might be 1 hour a day; for others, the amount of crying might be 5 hours.

In addition, we often divide overall crying into fussing, crying and inconsolable crying. Inconsolable crying is the most difficult, because (as the name implies) nothing that you do will calm your infant. For some infants, more of the overall crying will be fussing; for other infants, more of the overall crying will be inconsolable. These are all individual differences from one infant to another, and the range is pretty wide. These differences in crying behavior are very similar to differences between infants in height or weight; some are taller or heavier, and some are shorter or lighter.

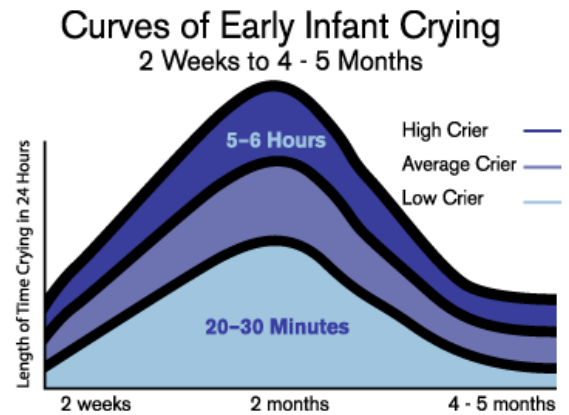
But why is this crying feature so frustrating? There are two main reasons. The first is that there is probably nothing more frustrating than the fact that it gets worse and worse (as crying does in the first couple of months) when there is nothing that you can do about it; even if it is normal! The second is that most parents do not know that this basic peak pattern will occur. If they knew ahead of time that it would get worse before it gets better, it would be easier to deal with even though it was not much fun while it was getting worse.

The second feature that parents don't expect is that some of these crying times start and stop for no apparent reason at all. They are unrelated to anything the parent does, either to begin the crying or to bring it to an end. Consequently, your baby can be completely happy and content one minute, and then a minute later can be crying out loud for minutes or even hours before it comes to an end. We are all very uncomfortable with behaviors that happen when there is no apparent reason for them happening. We like to have explanations. And we especially like to think we can influence when crying starts or, especially, stops. For many crying times, you can do that; but for some of them in the first few months of life, you can't.

"Your baby can be completely happy and content one minute, and then a minute later can be crying out loud for minutes or even hours before it comes to an end."

The third frustrating feature is that some of these crying times include crying that is unsoothable, no matter what you do. That isn't true of all crying. But about 10% of the time, the crying can go on and on no matter what you do. If we use the distinction we made before among fussing, crying and unsoothable crying, it helps us to understand why things that you do to soothe your infant can work sometimes, and not at other times. If a baby is fussing (even for half an hour), doing something soothing will often work; but if a baby is in a period of unsoothable crying, then nothing that you do is likely to work. Alternatively, some things (like feeding your baby) may work for a few minutes, but as soon as you are finished, the crying begins again. Here is a general way of thinking about soothing: some things work some of the time, but nothing works every time.

This unsoothability feature of early infant crying is one of the most misunderstood parts of the experience for parents. Understandably, there are all kinds of advice, and sometimes even promises, available to parents that if only you do such and such a soothing method, you will be able to calm your infant. Sometimes advice articles claim that you have to find out what works for your baby, and when you do, you will be able to calm your



baby. As you might expect, some of these soothing techniques will work some of the time or, in some babies, even most of the time. It is great when they do. The trouble is that they won't work all of the time, and especially when your baby is having an unsoothable crying time.

But here is the problem: if parents expect that they should be able to soothe their infants, and then the soothing fails, it can be even more frustrating. Consequently, it is very important for parents to realize that, for some of the crying times, they will not be able to soothe their infants. But that is OK; their baby (and they) are still acting normally.

The fourth feature is that crying infants look like they are in pain, even when they are not. No wonder this is frustrating to parents. If the infant is in pain because you prick its heel, or if the infant is hungry but not in pain, the crying will look and sound similarly. Of course, if you see the infant being pricked, it is easy to understand that the infant is in pain. But if you don't see the pin prick — which is what happens most of the time — and the infant is just crying, it is very difficult to know the cause. Unfortunately, despite lots of misleading suggestions in the advice literature, there is nothing in the cry sound, in the facial expression or in the baby's activity that lets you know whether or not the infant is in pain.

We will talk more later about why we know the infant is not always in pain when it cries. ([Why We Know Your Infant is Not in Pain](#)) For now the important point is to understand that there is nothing "specific" about crying; that is, crying does not always indicate pain. Certainly, infants cry when they are in pain, but they are not always in pain when they cry. They can cry for many reasons.

The fifth feature is that crying can go on and on for long periods of time. In fact, infants cry more and for longer periods in the first three or four months than they ever do again. In one study, the average length of crying times was 35 minutes. However, the "average" includes both very long and very short crying times. In this study, the lengths of crying times were often 5 minutes and sometimes over 2 hours. As with all other features of crying, this can vary a lot between one infant and the other. But in all infants, they are likely to cry more and for longer in the first few months than they ever do again.



*"Sometimes my baby cries for hours at a time and it can be so frustrating.
Will this ever come to an end?"*

Are you frustrated with your baby's crying?



The sixth unexpected feature is that the increased crying tends to happen in the late afternoon and the evening. In fact, any of the features that we have talked about can occur at any time of day or night. Some infants (but not most) have a particular time of day when the increased crying seems to occur; like clockwork. However, for most infants on most days, most of the increased crying will occur in the late afternoon or evening.

*"She only cries in the afternoon when you get home!
It must be you. She doesn't cry like this during the day!"*

This can be frustrating and misinterpreted by both mothers and fathers. Mothers or fathers may think that it has something to do with coming home from work. Mothers may feel that the infant is getting tired or bored with them; fathers may feel that their infant is doing it "on purpose." But they are not. This occurs whether or not parents work, and whether or not parents are doing everything they can think of that is right for their baby.

These are features of crying that can make parents very frustrated. However, it is worth pointing out that not all parents will experience all of these features. IF they have a relatively "quiet" baby, then they might not notice that the overall amount of crying follows a peak pattern. Some babies cry a lot for one or two days, and then not so much for the next three. Over weeks, it gradually increases, but it does not increase in a straight line. If they are lucky, and their infant only cries for one hour when it reaches its peak, then they may not have noticed the gradual increase before it goes down. They may notice some unsoothable crying, some evening clustering, and some crying that reminds them of pain, but they may not notice the peak or the prolonged crying as much. That's fine. Any one of these features, or any combination of them, can be frustrating if parents do not expect them. The main thing is to understand that they happen, that they differ from infant to infant and that, most of all, having these crying features are a completely normal part of infant behavior in the first few months of life.

Many of you came to this website because you heard about the *Period of PURPLE Crying*, so this is a good place to connect this phrase to what we have been describing about the crying of normal infants in the first weeks and months of life. The *Period of PURPLE Crying* is the phrase that the National Center on Shaken Baby Syndrome have adopted to help capture for parents what the typical features of crying are in normal infants. As described elsewhere in the website, the letters of the word *PURPLE* each refer to one of these features:

The Letters in **PURPLE** Stand for

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why	Your baby may not stop crying no matter what you try	A crying baby may look like they are in pain, even when they are not	Crying can last as much as 5 hours a day, or more	Your baby may cry more in the late afternoon and evening

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

The other important word is "period;" because it makes it clear that these crying features do not last forever, and will come to an end after three to five months of age.

We hope and expect that it will be helpful to parents, care givers, relatives, health care professionals...in fact, anyone...to understand that these features of crying are typical parts of the behavior of normal infants growing up.

What is PURPLE?

What is the Period of PURPLE

Crying?

Sleeping

Soothing

Crying

Protecting

Information for Dads

Additional Information

Articles and Authors

Frustrated With Your Baby's Crying?

Real-Life Challenges of Infant Crying

Helpful Informational Sites



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Fax: 801-447-9364

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INFORMATION PACKET QUESTIONNAIRE

Abusive Head Trauma (Shaken Baby Syndrome)

1.0 Credit

NAME: _____ PHONE NO.: _____

Only one person per questionnaire. Feel free to make additional copies if needed.

ADDRESS: _____
Street or Post Office City/State Zip

EMAIL: _____

YES! I would like to receive ACRF email. *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)*

Are you a foster parent? YES NO If YES, what is your Foster Home License #: _____

If NO, please check one: Pending Foster Parent OCS Birth Parent Adoptive Parent

Residential Treatment Facility (License #: _____) Agency: _____

Other *(please specify)*: _____

Please read the information packet. Then fill out this questionnaire and RETURN TO: ACRF, 3429 Airport Way, Suite 202A, Fairbanks, AK 99709. Or email to acrf@nwresource.org or fax it to: 907-290-8765. You will be credited with 1.0 Credit for completion of this questionnaire.

1. This information packet presents concepts and ideas that may be useful to your foster parenting experience. Please list two (2) specific ideas or concepts that you learned or reaffirmed from reading this booklet. Write a short sentence or two describing how you can use them in your family.

a)

b)

Please see reverse side

INFORMATION PACKET QUESTIONNAIRE

2. List each title in this packet. In a few sentences, summarize the main purpose or key points for each section in this booklet:

INFORMATION PACKET QUESTIONNAIRE

Abusive Head Trauma (Shaken Baby Syndrome)

1.0 Credit

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Only one person per questionnaire. Feel free to make additional copies if needed.

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Street or Post Office City/State Zip

EMAIL: _____

YES! I would like to receive ACRF email. (*Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families*)

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