

“PSST...Period of PURPLE Crying...Pass It On”

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Abstract

Purpose: Novel distribution of abusive head trauma prevention material to all caregivers of infants, not just mothers

Brief Background: Abusive head trauma is the leading cause of child abuse deaths nationally. Each year, hundreds of infants are killed and thousands more are irreparably damaged when caregivers shake and/or slam them, often out of frustration attributed to infant crying. Evolving research has shown that crying, long known to be normal infant behavior, follows a predictable, age-related pattern and that what used to be thought of as pathologic crying (*i.e.*, colic) is, in fact, an extreme end of the normal crying spectrum. Caring for a crying infant can be frustrating, and parents often receive good-intentioned but ultimately unhelpful advice, frequently increasing their frustration.

Abusive head trauma prevention programs exist in many areas around the country and often target moms in the newborn period. Many states statutorily require abusive head trauma prevention despite the existence of little data to support the effectiveness of existing programs and no requirement for education of anyone besides the mother. Sadly, mothers are not the only perpetrators of this type of abuse. Fathers (or father-figures, such as step-fathers or mother’s boyfriends), babysitters, or other family members responsible for caring for infants have injured or killed infants in their care¹. A truly successful prevention program should deliver the “crying is normal, shaking a baby can be lethal” message to *all* who may care for infants.

Program: PURPLE is an acronym for **P**eak of Crying, **U**nexpected, **R**esists Soothing, **P**ain-like Face, **L**ong Lasting, **E**vening. PURPLE is a DVD and booklet bundle that has been tested in a number of settings in the US and Canada and has been found to be acceptable to a wide variety of audiences of many cultural and ethnic backgrounds. It is easily understood and can effectively change knowledge and attitudes about crying in infants and the dangers of shaking a baby, and it is easy to deliver in a timely fashion to mothers with newborns. Currently, PURPLE has only been given to mothers, not to the other caregivers noted above.

What Makes Our Program Unique: We are using a novel approach to disseminate the abusive head trauma prevention message beyond just moms to the other caregivers who might spend time with a baby. Working in partnership with Marion County Women, Infants and Children (WIC) offices and the Indiana University Medical Group-Primary Care Clinics (IUMG-PC), we are

¹ In Indiana in the last year, more than 40 cases of abusive head trauma in infants were evaluated by the Child Protection Team of IU School of Medicine. Perpetrators most often were boyfriends of mother, the father, a babysitter, or the mother.

going to provide the PURPLE Prevention material to new moms and create a “word of mouth” campaign targeting other caregivers in their infants’ lives.

Target Audience: New mothers attending one of the WIC clinics or IUMG-PC sites in Marion County. Based on the data currently available for the first 4 primary care clinics we are targeting, there are over 1000 infants eligible to participate in this program in a calendar year. Because this is a word of mouth campaign, there is the potential to affect even more as the message is spread to other infant caregivers. We are able to provide materials to both English and Spanish speakers, as well as the hearing impaired. In addition to the new mothers, the mother receives additional materials to “pass on” to other caregivers whom she identifies. Because our goal is to deliver this crucial prevention message to as many mothers as possible, the PURPLE kits are being provided to all mothers approached by our research assistants regardless of whether they choose to participate in this novel aspect of our program (the word of mouth campaign).

Program Partners: IUMG Clinics, Department of Communications, Department of Pediatrics, WIC clinics

Outcomes: Because this is the first project to propose using PURPLE for abusive head trauma prevention beyond the mother, it is crucial that we collect outcomes data. These data will directly lead to the expansion of the program to other arenas (both locally and nationally) or to the fine-tuning of the program to optimize success. Data to be collected will include a standardized knowledge and attitudes survey about crying in infants and the dangers of shaking an infant. This instrument will be used for the mothers, as well as for the word of mouth contacts. We will also report the acceptability of the word of mouth concept among both the mothers and the recipients of the word of mouth materials. Qualitative measures will be collected on how mothers felt about “passing it on” and what can be done to further facilitate this process. Likewise, qualitative measures will be collected from word of mouth candidates on how they felt about receiving the information and how they might be able to “pass it on”. All qualitative measures and survey questions on knowledge and attitudes will be collected through phone calls to participants using information collected during their clinic contacts. Discussion with Dr. Barr on planning and implementation has emphasized the importance of this portion of the project. The potential for widespread adoption of this word of mouth technique is enormous and there is much interest in the child abuse prevention community in the outcomes of our efforts. As noted above, we also will collect information on the number of mothers reached by our prevention program regardless of their participation in the overall project.

Future Directions: The potential impact of this program is great. Because of the widely known gap in our ability to reach caregivers beyond the mother, the success of this approach will allow the widespread dissemination of this important prevention message. To the best of our knowledge (and Dr. Barr’s), this is the only project exploring how to reach non-maternal caregivers. Success with this program will lead directly to testing of PURPLE word of mouth campaigns among other populations of mothers (*e.g.*, those in private practice clinical environments, hospital-based settings, infant care classes) and in other communities, including rural ones, around the country.