



Joint Statement on Traumatic Head Injury due to Child Maltreatment

An update to the Joint Statement on Shaken Baby Syndrome



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The Joint Statement on Shaken Baby Syndrome (SBS), originally published in 2001, was a national collaboration to recognize and provide guidance on this important public health issue. The Joint Statement on SBS required revisions to reflect developments in knowledge, understanding and practice within and between sectors. The purpose of this revised Joint Statement is to outline the key principles underpinning professional practice in Traumatic Head Injury due to Child Maltreatment (THI-CM) in Canada.

To achieve this goal, this Joint Statement on THI-CM includes:

1. Multi-sectoral foundation statements on the medical and public health issues related to traumatic head injuries in children when child maltreatment is a possible cause;
2. Updated terminology and approach to communication about THI-CM; and
3. Recommendations to assist in implementing the updated terminology and approach to THI-CM.

Specific guidance for professionals on the approach to, or management of, individual cases is beyond the scope of this document. It is anticipated that relevant sectors will develop, update, and/or revise their guidance documents based on these foundation statements.

BACKGROUND

Traumatic head injuries comprise a small proportion of child maltreatment (abuse, neglect and exposure to intimate partner violence) cases in Canada. However, THI-CM may result in permanent disability or death, and represents a significant and preventable burden to families and society.

Revision Process

To inform the revision of the Joint Statement, the Public Health Agency of Canada, in partnership with the Canadian Paediatric Society, conducted an environmental scan and literature review in 2012. A facilitated expert roundtable and the establishment of a multi-sectoral advisory group followed. This advisory group reviewed the content and structure of the original Joint Statement on SBS to determine its relevance and the requirements for updating.

The literature review was updated and a revision of the Joint Statement began in 2015. An Expert Advisory Committee, spanning multiple sectors, provided feedback and advice on the process and content of the revision. This Committee was comprised of members of the medical, legal, law enforcement, judicial, child welfare, public health and health promotion sectors, with representatives from across Canada. (A list of experts can be found in Appendix A.) Consultations were held in both English and French with particular attention given to terminology issues between languages.

It was recommended that the terminology of *Shaken Baby Syndrome* be changed as outlined in this document. The terminology was chosen through an iterative process with attention to the meanings of various terms that have been used in the literature to date and how these terms are interpreted within different disciplines and sectors. The term, THI-CM, is believed to reflect the current language used by health professionals (traumatic head injury) and aids to separate the diagnosis (traumatic head injury) from opinion on the cause of injury (child maltreatment). This issue will be addressed more thoroughly in a companion document.

THI-CM may result in permanent disability or death, and represents a significant and preventable burden to families and society.

The Expert Advisory Committee developed a series of foundation statements. These statements are intended to summarize areas of content agreement and to serve as the underpinnings for professionals working with children and families affected by THI-CM. A series of recommendations was also developed to encourage future work and implementation of the Joint Statement on THI-CM.



FOUNDATION STATEMENTS

i. Terms and Definitions

- > THI-CM is defined broadly to include traumatic injury to the head (skull and/or brain and/or intracranial structures), which may also be accompanied by injury to the face, scalp, eye, neck or spine, as a result of the external application of force from child maltreatment.
- > THI-CM is the preferred term in Canada for research, public health, policy and prevention initiatives.
- > For clinicians recording a diagnosis in the health record, Traumatic Head Injury (THI) can be used along with a list of key medical findings (e.g.: scalp hematoma, skull fracture, subdural hemorrhage).
- > The diagnosis of THI can be followed by a statement of concern for THI-CM as a possible cause alongside other relevant differential diagnoses (traumatic and or medical). THI-CM should not be communicated as a definitive diagnosis based solely on initial medical information.
- > The determination of and use of the term, THI-CM, as a final opinion in an individual case should be made based on consideration of the combined information from the medical, child welfare and/or legal sectors.

ii. Epidemiology

- > THI-CM is relatively uncommon in Canada and is present in a small proportion of cases of child maltreatment. However, it accounts for significant morbidity and mortality.
- > The recognition of THI-CM is often challenging. These cases are frequently not recognized or are misdiagnosed as conditions other than head injury. Statistics on the frequency of THI-CM likely underestimate the scope of the problem.
- > THI-CM is most commonly diagnosed in infants less than 1 year of age, but can also be seen in older children.

iii. Causes, Injuries, and Outcomes

- > THI-CM can result from blunt force impact, compression or crushing force, penetrating force and/or inertial forces, such as those that occur with shaking or whiplash.
- > A variety of head, eye, neck and spine injuries can occur with THI-CM. While some types of injuries have a higher likelihood of being the result of maltreatment, no one medical finding or constellation of findings is exclusively caused by THI-CM.

- > Brain and eye injuries can result from both the traumatic event (primary effect) and the body's response to the traumatic event (secondary effect). Health outcomes, including death, can also be related to both primary and secondary effects of THI-CM.
- > The outcomes of THI-CM may be severe and often include death or long-term disability. Children who survive THI-CM may require long-term rehabilitation, medical, educational, social, child welfare and legal supports. Their families may also require services and supports.

iv. Prevention

- > It is essential that all involved sectors recognize the importance of the prevention of THI-CM. The development and evaluation of current and future prevention efforts should be evidence-based and should consider prevention of maltreatment in the context of optimal health and well-being of children and families.
- > There is insufficient evidence for the recommendation of specific programs and strategies for the prevention of child maltreatment at this time. While the evidence base continues to develop, programs that recognize risk and protective factors, promote early intervention, provide additional supports to families and reduce stressors for families may be useful.
- > THI-CM can be associated with caregivers' responses to infant crying. Education programs for new parents on infant crying and ways to soothe a crying infant can be effective at increasing parents' knowledge, yet the evidence is conflicting about whether such knowledge reduces the incidence of THI-CM.

v. Role of Professionals

- > It is the responsibility of all people in Canada, including professionals, to report suspected harm or risk of harm to children from child maltreatment to child welfare authorities according to legislative requirements.
- > Professionals in all sectors have important and complementary roles in cases of THI-CM. Professionals from each sector should respect the breadth and limits of their areas of expertise. In addition, they should work collaboratively with colleagues in other sectors, recognizing the child's health and well-being as central to their work.
- > While research has answered many important scientific questions about THI-CM, some questions remain where the research findings are less certain or where the area has not been adequately studied. It is important that professionals involved in the investigation, assessment and management of THI-CM consider and communicate the strengths, limitations and areas of uncertainty within the evolving scientific knowledge base about THI-CM.
- > When the opinion of a medical professional leads to considering THI-CM as a cause for a child's head injury, the opinion is to be informed by current scientific evidence. Physicians providing expert opinions on THI-CM as a cause of injury require adequate training, knowledge and experience. They must also be familiar with their role in relation to the child welfare and the legal system and engage in peer review and/or quality assurance practices.



RECOMMENDATIONS

1. Adopt standardized terminology and definitions of THI-CM and its associated injuries to facilitate clear communication across sectors, which will allow for consistent identification of THI-CM for research and quality assurance purposes.
2. Professionals and professional organizations in relevant sectors recognize the child's health and well-being as central to the process, and activities of their work in THI-CM, and they use practices that minimize harm to the child.
3. Continue to develop, rigorously evaluate and prioritize THI-CM prevention programs.
4. Encourage further research in THI-CM and maltreatment. This could include scientific research, program evaluation and/or legal analysis, within or across sectors.
5. Adequately educate and train professionals working in the field of THI-CM and child maltreatment in order for them to fulfill their professional roles and responsibilities.
6. Professionals working in the field of THI-CM develop collaborations and participate in multi-sectoral training to ensure adequate understanding of the roles and responsibilities of professionals in other relevant sectors.
7. Use and adapt the content of this Joint Statement on THI-CM across sectors to inform the practices and activities in clinical services, research, legal practice, policy development, public education, prevention and health promotion on the topic of THI-CM.

KEY REFERENCES & RESOURCES

The following selected references and resources include clinical guidance, narrative reviews, evaluation studies, international perspectives and other topics for readers' interest and do not reflect the full scope of the relevant literature.

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APPENDIX A

Acknowledgements

This Joint Statement on THI-CM was a collaboration between the Public Health Agency of Canada and the Canadian Paediatric Society. Members of the *Expert Advisory Committee* included:

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Over several years, the Expert Advisory Committee received guidance from international, national and regional experts through two expert roundtables, a multi-sectoral review committee and a working group on language and terminology. These [expert contributors](#) represented a variety of sectors, including; the medical (pediatrics, family practice, ophthalmology, forensic pathology, northern medicine, coroner and medical examiner systems, psychiatry, nursing, medical research and prevention), legal, law enforcement, judicial, child welfare, public health and health promotion sectors.