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Vice President, American Professional Society for the Abuse of Children

Executive Director, New Orleans Children's Advocacy Center

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Former Assistant District Attorney

Chief of Felony Child Abuse and Domestic Violence

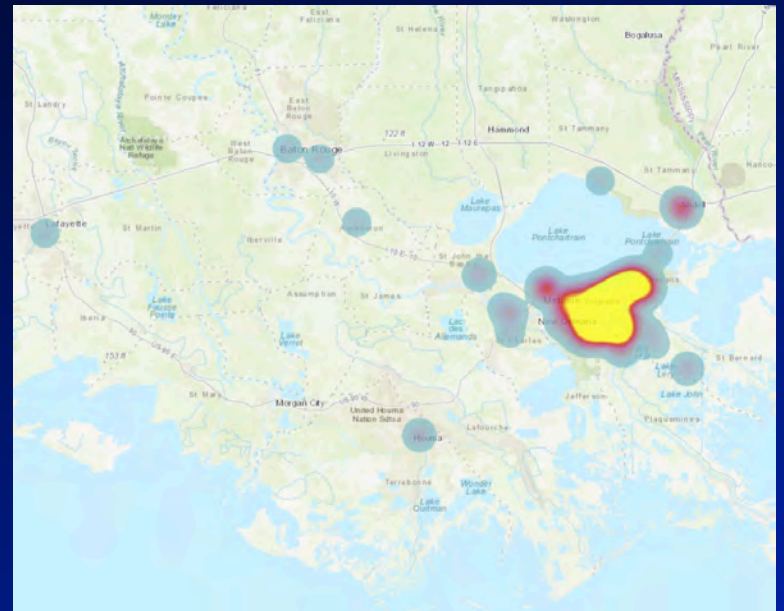




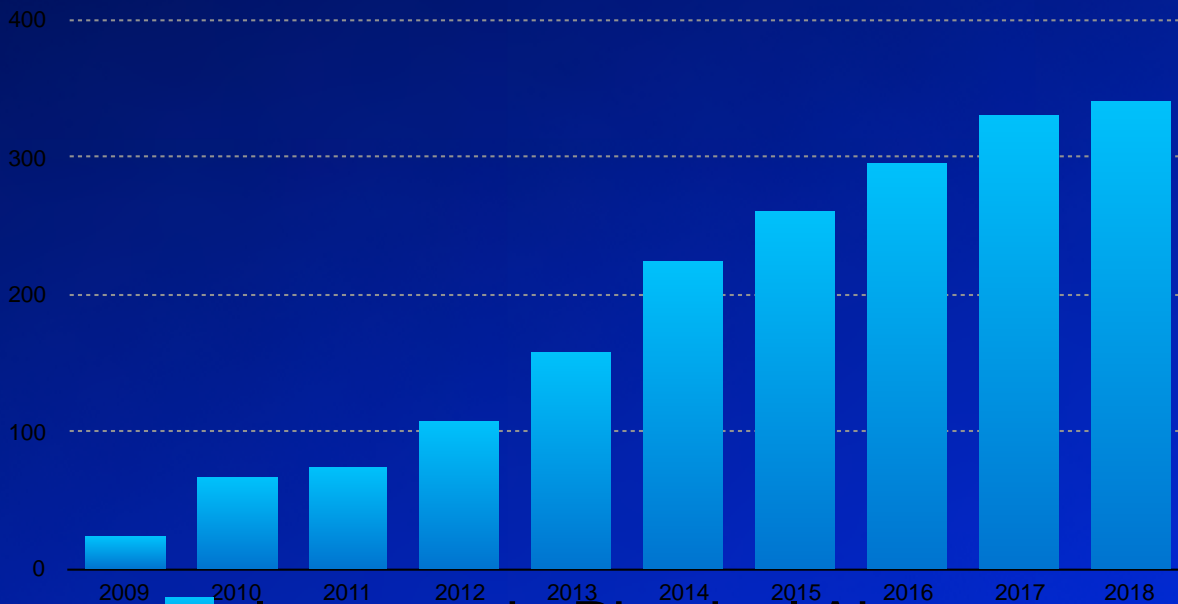


Check Out the Checkup

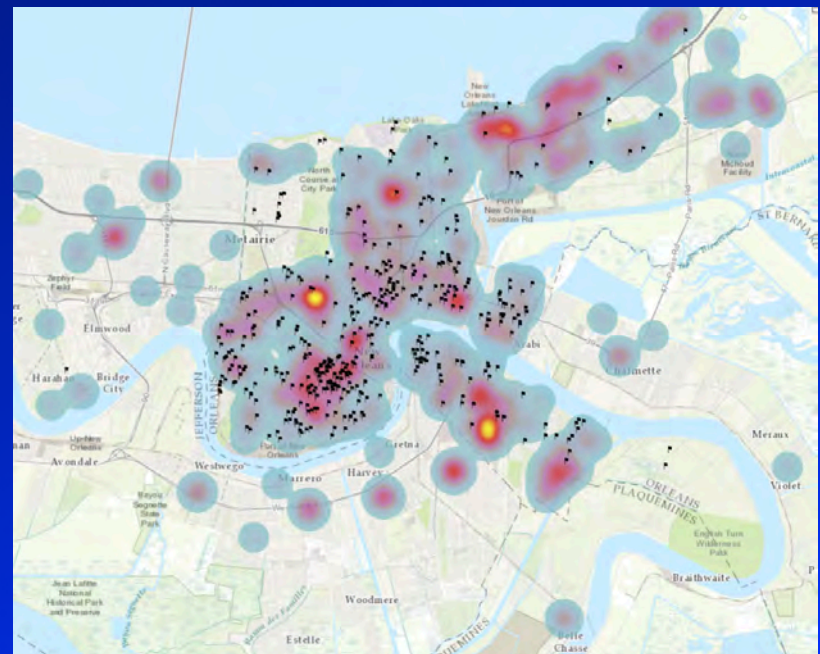
Stacie LeBlanc, M.Ed., J.D., Adrienne Atzemis, M.D., Yameika Head, M.D. and Neha Mehta, M.D.



Orleans Parish Types of Reported Abuse since May 2008



Increase in Physical Abuse



Child abuse deaths should make us question whippings | Opinion

Posted on October 6, 2017 at 2:51 PM



Gallery: Child Abuse fatalities

71     683 shares

By **Jarvis DeBerry, columnist**, jdeberry@nola.com,
NOLA.com | The Times-Picayune

Just like gun partisans don't want to talk about the proliferation of guns after mass shooting, the "spare the rod, spoil the child" crowd doesn't want to talk about the prevalence of "whippings" after yet another child had died from his or her pa

Waggaman boy beaten by father has died, authorities say



Malen Daniel, 14, was pronounced brain dead on Monday (Feb. 8) two days after he was hospitalized with grave injuries. Authorities said he received at the hands of his father, Furrell Daniels, 43. (LaTonya Kelly)

Winner 2009
"Best En
Winner 2009 Artistic
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-Time
"Stun
-Curt

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Spanking related to Physical Abuse

- Spanking raises odds of child physical abuse by 3x (OR=2.7)
 - Spanking with an object raises odds by 9x (OR=8.9)
- Zolotor, 2008

Speak Softly—and Forget the Stick **Corporal Punishment and Child Physical Abuse**

Adam J. Zolotor, MD, MPH, Adrea D. Theodore, MD, MPH, Jen Jen Chang, PhD, Molly C. Berkoff, MD, MPH,
Desmond K. Runyan, MD, DrPH

Child Maltreatment

<http://cmx.sagepub.com>

Primary Prevention of Child Physical Abuse and Neglect: Gaps and Promising Directions

Joanne Klevens and Daniel J. Whitaker

Child Maltreat 2007; 12; 364

DOI: 10.1177/1077559507305995

“Social norms regarding physical discipline may be the most prevalent risk factor for child abuse in the United States.”

– Klevens and Whitaker, p.371



HITTING HARMS. PAINLESS PARENTING WORKS.

Countries Outlawing Physical Punishment of Children



Currently **54** Countries prohibit corporal punishment in all settings, including the home.
 54 Of 195 = 28 % of all countries

Prohibiting all corporal punishment of children: progress and delay



More than half of UN member states have prohibited all corporal punishment or are committed to doing so

2030 Agenda for Sustainable Development, target 16.3 on ending all forms of violence against children – a new context for prohibiting and eliminating violent punishment of children

Briefing prepared by the
 Global Initiative to End All Corporal
 Punishment of Children
www.endcorporalpunishment.org
 March 2016 edition



Childhoods free from corporal punishment – prohibiting and eliminating all violent punishment of children

2016 annual progress report prepared for the 10th anniversary of the global initiative to end all corporal punishment of children



* Information on the number of countries that have prohibited all corporal punishment in all settings is based on the 2016 annual progress report prepared for the 10th anniversary of the global initiative to end all corporal punishment of children.
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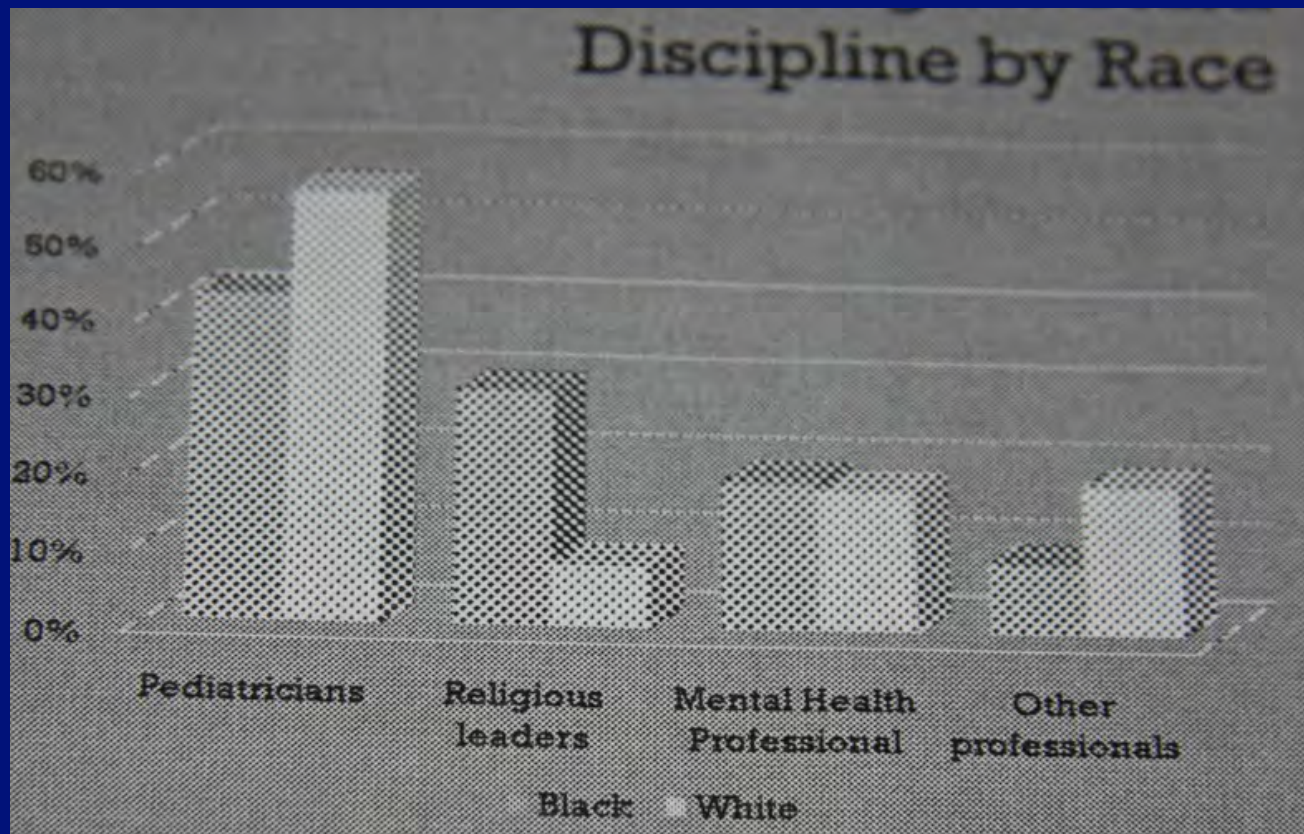
Clinical Pediatrics

<http://cpj.sagepub.com/>

Parents' Professional Sources of Advice Regarding Child Discipline and Their Use of Corporal Punishment

Catherine A. Taylor, William Moeller, Lauren Hamvas and Janet C. Rice
CLIN PEDIATR published online 26 November 2012
DOI: 10.1177/0009922812465944

The online version of this article can be found at:
<http://cpj.sagepub.com/content/early/2012/11/20/0009922812465944>



HITTING HARMS. PAINLESS PARENTING WORKS.



DEAR WORLD
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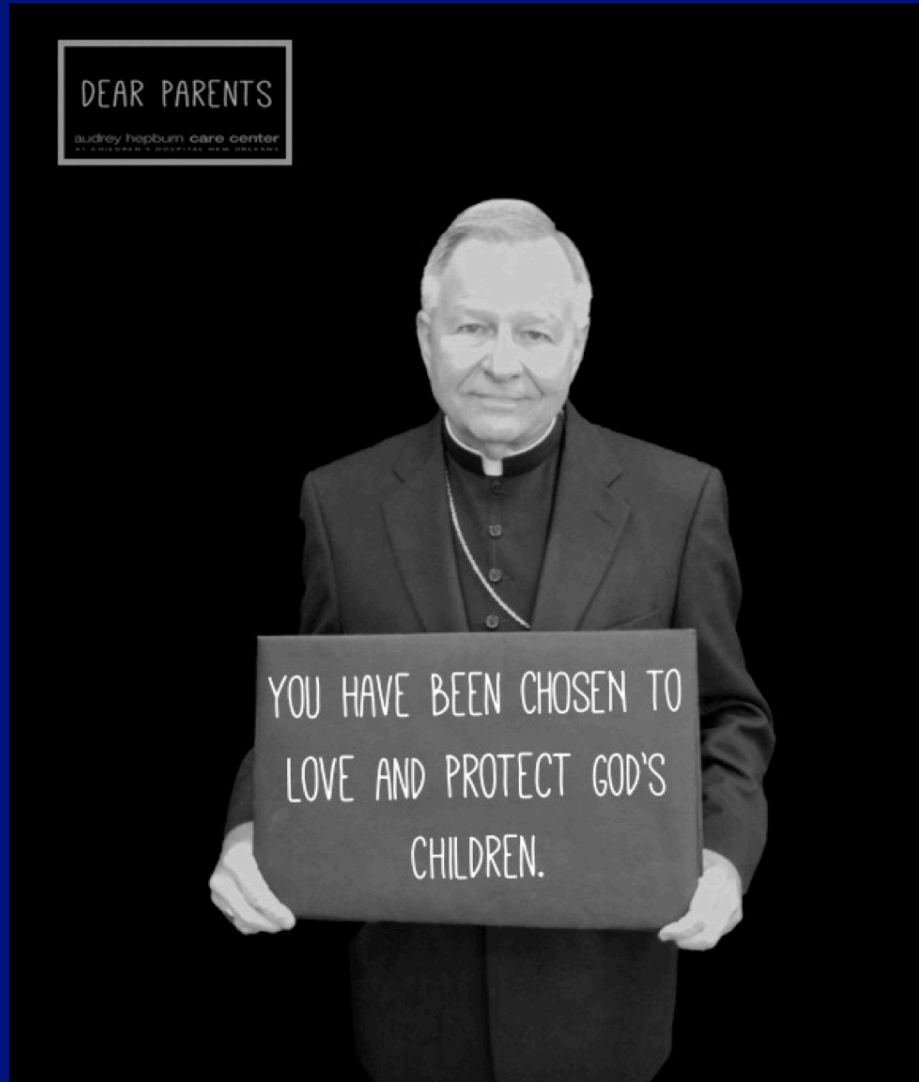
DEAR PARENTS

A NEW STRATEGY TO END PHYSICAL DISCIPLINE

Dear Parents began as an idea inspired by the Dear World campaign that originated in the city of New Orleans post-Katrina. The New Orleans Children's Advocacy Center has partnered with Professor Cathy Taylor of Tulane University and her team of researchers to create an innovative new approach to dissuade parents from using physical discipline.

Each message is supported by vast amounts of peer-reviewed research and evidence in order to establish strong building blocks for the Dear Parents campaign. Past and current research has shown that physical discipline is less effective in the long run and is a major risk factor for physical abuse. Despite these facts, physical discipline remains widely practiced and is seen as acceptable by the American public.

After reviewing a Dear World campaign at the New Orleans Jazz & Heritage Festival, Stacie Leblanc gathered the NOCAC team and their children to take photos with powerful messages written on their body to dissuade parents from using physical abuse. In response to the prevalence of physical discipline in Louisiana, the Dear Parents campaign uses powerful images of messages written on children, parents, and community leaders to promote change and education on the facts about physical discipline.



Spanking and Child Outcomes: Old Controversies and New Meta-Analyses

Elizabeth T. Gershoff
University of Texas at Austin

Andrew Grogan-Kaylor
University of Michigan

Table 2
Summary of Spanking Meta-Analyses by Outcome

Detrimental child outcome	<i>K</i>	Spank <i>n</i>	No Spank <i>n</i>	<i>d</i>	95%
Immediate defiance	5	120	30	.14	-.19
Low moral internalization	8	745	84	.38	.11
Child aggression	7	4,534	1,069	.37	.13
Child antisocial behavior	9	5,725	1,086	.39	.24
Child externalizing behavior problems	14	25,988	1,086	.41	.32
Child internalizing behavior problems	8	12,413	3,486	.24	.13
Child mental health problems	10	5,122	1,313	.53	.42
Child alcohol or substance abuse	3	6,621	90,359	.09	-.11
Negative parent-child relationship	5	755	0	.51	.36
Impaired cognitive ability	8	8,358	11	.17	.01
Low self-esteem	3	766	990	.15	.04
Low self-regulation	3	2,525	0	.30	-.07
Victim of physical abuse	8	3,334	996	.64	.39
Adult antisocial behavior	3	985	4,206	.36	.06
Adult mental health problems	8	1,855	4,707	.24	.09
Adult alcohol or substance abuse	4	2,596	4,796	.13	-.08
Adult support for physical punishment	5	1,016	177	.38	.15
Overall effect size	111	89,638	114,722	.33	.29

Note. *K* = number of effect sizes in the meta-analysis; *d* = mean weighted effect size; *Z* = significance test in the mean effect size attributable to heterogeneity. Bolded effect sizes are significantly different from zero. **p* < .05. ***p* < .01. ****p* < .001.





Changing social norms that accept or allow indifference to violence is very important to the prevention of child abuse and neglect.

Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities

19

- **Physical abuse** is the use of physical force, such as hitting, kicking, shaking, burning, or other shows of force against a child.

The Strong Evidence Against Spanking

Journal of Family Psychology

© 2016 American Psychological Association
0893-3200/16/\$12.00 <http://dx.doi.org/10.1037/fam0000191>

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A new study finds that children who are spanked exhibit anti-social behaviors.



On this topic, research shows that spanking is harmful to children's mental health, and that parents who spank their children are more likely to have children with behavioral problems.



POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Effective Discipline to Raise Healthy Children

Robert D. Sege, MD, PhD, FAAP,¹ Benjamin S. Siegel, MD, FAAP,^{2,3} COUNCIL ON CHILD ABUSE AND NEGLECT, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH



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Pediatric spankin

by Jeremy Miller | Mond

THE academy says:
update. It says sp
especially those w
it can lead to shor
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Spanking Is Ineffective and Harmful to Children, Pediatricians' Group Says

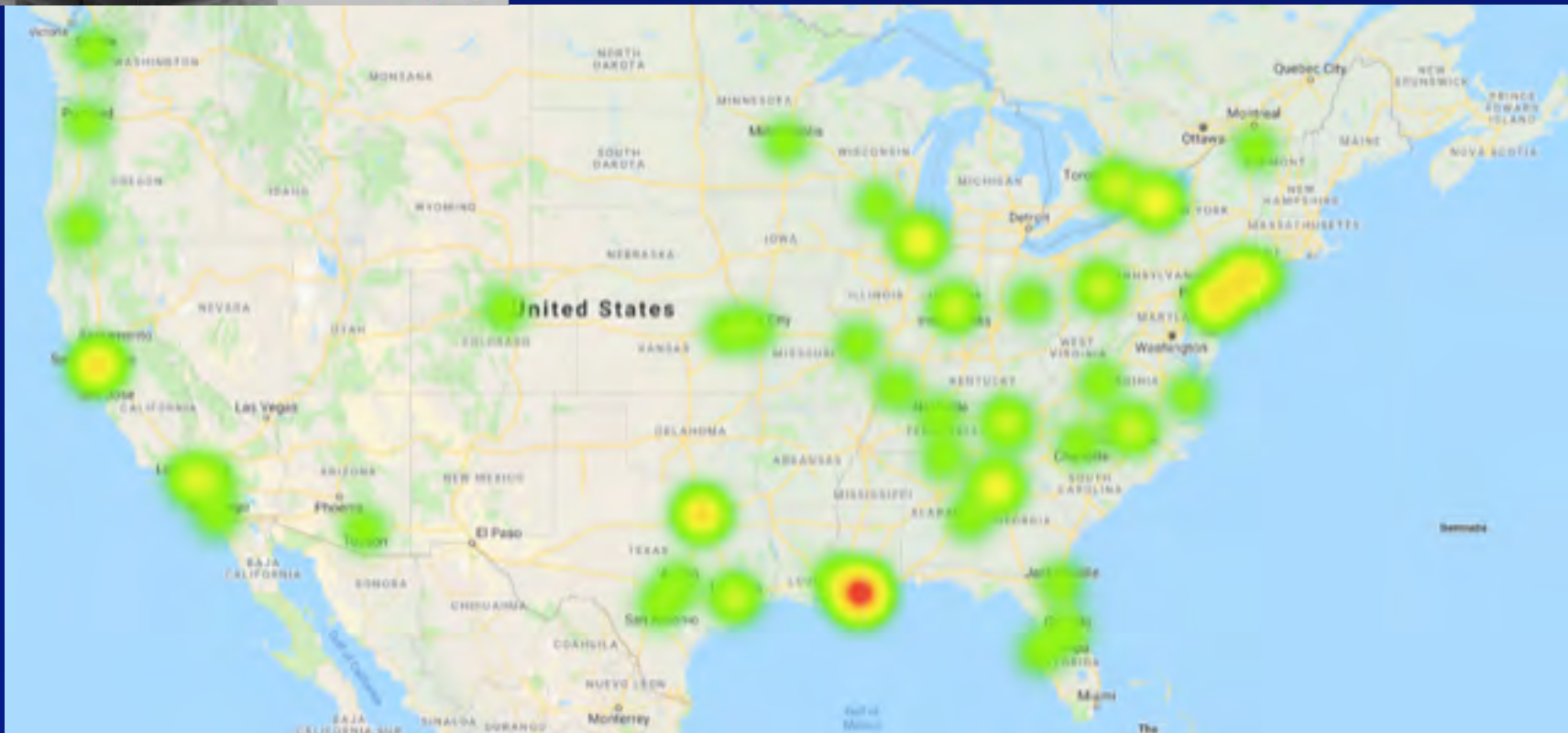
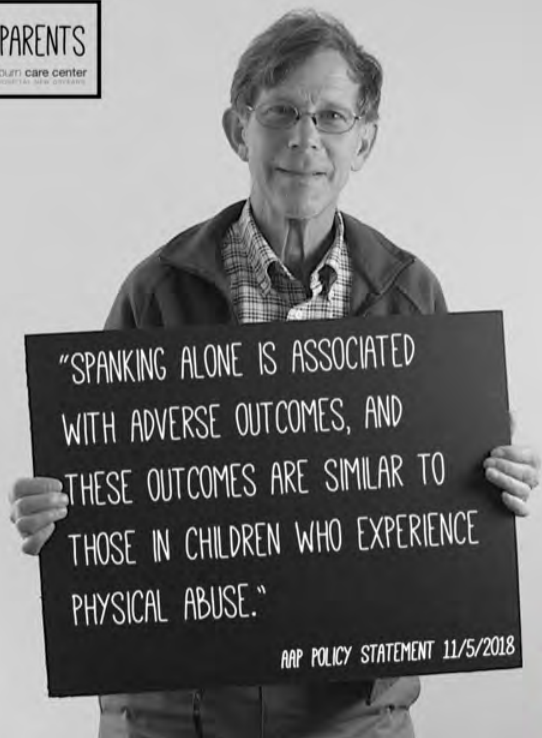


The American Academy of Pediatrics on Monday issued its most strongly worded policy statement against spanking children. Joy Elizabeth/Getty Images

By **Christina Caron**

Nov. 5, 2018

Facebook icon, Twitter icon, Email icon, Share icon, Comment bubble with '352'



2019

Impact of Physical Discipline on Children May Be Harmful in the Long Term, According to APA Resolution

Association adopts policy calling for use of alternatives that foster supportive family environment

February 18, 2019

Professional and public health organizations with policies that parents not use physical discipline:

2/19.....The American Psychological Association

11/18.....The American Academy of Pediatrics

The American Academy of Child and Adolescent Psychiatry

The American College of Emergency Physicians

The American Medical Association

The American Professional Society on the Abuse of Children

The U.S. Centers for Disease Control

The Association for Child and Adolescent Counseling

The National Association of Counsel for Children

The National Association of Pediatric Nurse Practitioners

The National Foster Parent Association



Creating a Safe Place for Pediatric Care: A No Hit Zone

AUTHORS

Erin R. Frazier, MD,¹ Gilbert C. Liu, MD, MS,² and Kelly L. Dauk, MD³

¹Division of General Pediatrics, Child and Youth Project,

²Division of General Pediatrics, and

³Pediatric Hospital Medicine, University of Louisville, Louisville, Kentucky

abstract

OBJECTIVES: Our goal was to create and implement a program, Kosair Children's Hospital's No Hit Zone, which trains health care workers in de-escalation techniques to address parental disruptive behaviors and physical discipline of children commonly encountered in the hospital environment.

METHODS: The Child Abuse Task Force, a multidisciplinary group, along with key hospital administrators developed specific content for the policy, as well as marketing and educational materials. The No Hit Zone policy designates Kosair Children's Hospital as "an environment in which no adult shall hit a child, no adult shall hit another adult, no child shall hit an adult, and no child shall hit another child. When hitting is observed, it is everyone's responsibility to interrupt the behavior as well as communicate system policy to those present."

RESULTS: Via a multidisciplinary, collaborative approach, the No Hit Zone was successfully implemented at Kosair Children's Hospital in 2012. Cost was nominal, and the support of key hospital administrators was critical to the program's success. Education of health professionals on de-escalation techniques and intervention with families at the early signs of parental stress occurred via live sessions and online training via case-based scenarios.

CONCLUSIONS: The No Hit Zone is an important program used to provide a safe and caring environment for all families and staff of Kosair Children's Hospital. Demand for the program continues, demonstrated by the establishment of No Hit Zones at other local hospitals and multiple outpatient clinics. This article offers information for other organizations planning to conduct similar initiatives.



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Erin R. Frazier, Gilbert C. Liu and Kelly L. Dauk
Hospital Pediatrics 2014;4:247
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The online version of this article, along with updated information and services, is located on the World Wide Web at:
<http://hosppeds.aappublications.org/content/4/4/247>



HITTING HARMS. PAINLESS PARENTING WORKS.

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The American Academy of Pediatrics recommends against the use of physical discipline.¹ Multiple studies demonstrate the negative relationship between physical discipline and health-related outcomes. The Adverse Childhood Experiences study provides evidence that exposure to adverse childhood experiences, including physical, emotional, or sexual abuse or household dysfunction, has a strong additive relationship to the presence of adult diseases.² The Fragile Families and Child Well-Being study showed that frequent use of corporal punishment, more than twice a month at age 3 years, is associated with a significantly increased risk of aggression when the child is 5 years of age.³ More recent data suggest a relationship between physical punishment and mental disorders⁴ as well as a negative association of spanking and cognitive development.⁵ Spanking/hitting increases aggression and anger instead of teaching responsibility, confuses



A short-term evaluation of a hospital no hit zone policy to increase bystander intervention in cases of parent-to-child violence

Elizabeth T. Gershoff^a  , Sarah A. Font^b  , Catherine A. Taylor^c  , Ann Budzak Garza^d  , Denyse Olson-Dorff^d  , Rebecca H. Foster^{e, f}  

No Hit Zones study demonstrated:

NHZs have considerable promise for changing attitudes about and increasing intervention around parent-to-child hitting.”





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No Hit Zones study demonstrated:

“(NHZs) are a promising means of changing medical staff attitudes and behaviors around parent-to-child hitting at medical centers.





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Reasons for NHZ in medical centers:

1. Medical professionals are key informants

more generally. First, medical professionals are important influences on parents' attitudes about and use of physical punishment. When parents are asked whom they trust for advice on discipline, they rate doctors and medical professionals as highly trustworthy (Taylor, Moeller, Hamvas, & Rice, 2013), so much so that parents' perceptions of these professionals' approval or disapproval of physical punishment predict their own approval of physical punishment (Taylor, McKasson, Hoy, & Dejong, 2017).

A second reason is that parent-to-child hitting is common in medical settings. A survey of staff from two medical centers found that 50% of physicians, 25% of nurses, 27% of other direct-care staff, and 17% of non-direct care staff had witnessed at least one incident of parent-to-child hitting in the previous year (Font et al., 2016). However, many staff are unsure whether or how they should intervene. In that same study, two thirds of direct-care staff took action when they saw parent-to-child hitting, but only 38% of non-direct care staff did so (Font et al., 2016). These findings make clear that medical center staff are often bystanders of parent-to-child hitting but not all intervene.

Third, medical centers are important settings to reduce parent-to-child hitting because witnessing violence can be upsetting and stressful (Kennedy & Ceballo, 2014). Exposure to violence in a medical setting will be especially upsetting to any patients with a history of violence victimization and particularly to those who are in the hospital for injuries sustained from being a victim of violence. Because staff are tasked with promoting the health, healing, and safety of all patients, they have an obligation to prevent all forms of potential violence exposure by their patients.

A final reason for intervention in medical settings is that intervening in cases of parent-to-child hitting is increasingly seen as a professional and ethical obligation for medical staff. Several major medical professional organizations have urged their members to prevent parent-to-child hitting, including spanking, in all settings. Specifically, the American Academy of Pediatrics (1998, 2014), the Canadian Paediatric Society (2016), the National Association of Pediatric Nurse Practitioners (2011), and the American Academy of Child and Adolescent Psychiatry (2012) have each advised their members to discourage parents from spanking and to promote disciplinary alternatives. All medical staff are also mandated reporters of suspected child abuse or neglect (Child Welfare Information Gateway, 2016b). A bystander intervention for parent-to-child hitting takes this responsibility one step further by asking staff to prevent abuse if they witness a situation likely to escalate and to capitalize on parents' trust by taking the opportunity to educate them about the harms of hitting children and what they can do instead.

There is thus a need to educate medical center staff about the harms of physical punishment, the circumstances in which they should intervene, and the ways in which they can intervene effectively. The No Hit Zone initiative was created to accomplish these goals.



HITTING HARMS. PAINLESS PARENTING WORKS.

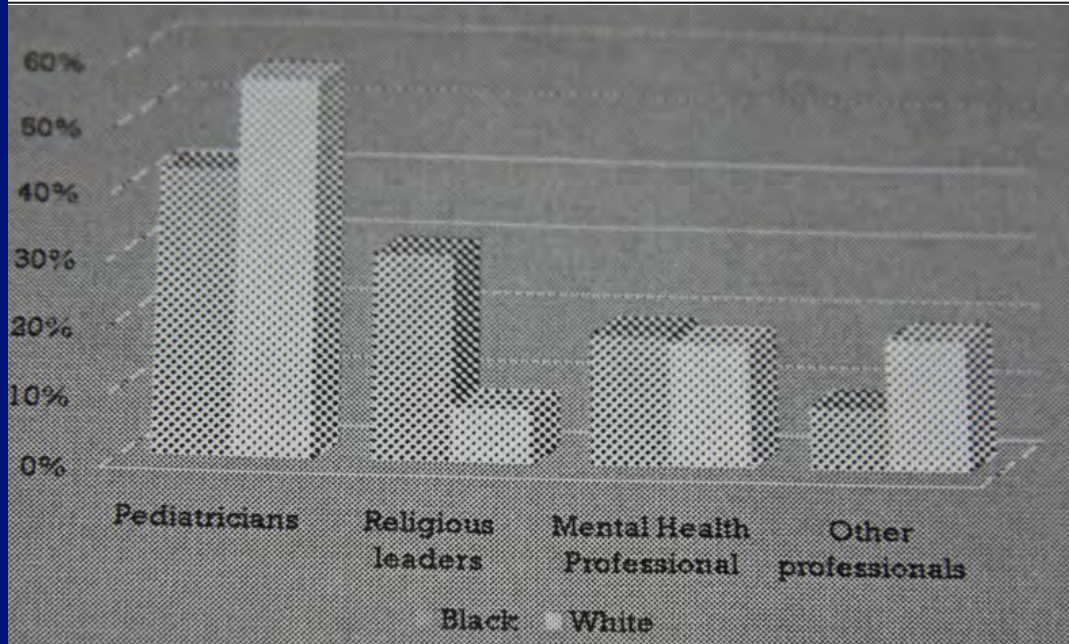
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Treat corporal punishment as a risk factor

BY CHRISTINE KILGORE

EXPERT ANALYSIS FROM THE AAP NATIONAL CONFERENCE

WASHINGTON - The legal definition of what

Pediatric News

pediatricnews.com

The Leading Independent Newspaper for the Pediatrician—Since 1967

DEAR PARENTS
Audrey Hepburn Care Center

SPANKING IS HARMFUL EVEN IF PARENTS ARE WARM AND LOVING.

Lansford, J. E., Sharma, C., Malone, P. S., Woodlief, D., Dodge, K. A., Oburu, P., ... Di Giunta, L. (2014). Corporal punishment, maternal warmth, and child adjustment: A longitudinal study in eight countries. *Journal of Clinical Child & Adolescent Psychology*, 43(4), 670-685.

3/4 of pediatricians do not support the use of spanking
80% don't expect positive outcomes from spanking

US Pediatricians' Attitudes, Beliefs, and Perceived Injunctive Norms About Spanking

Catherine A. Taylor, PhD,* Julia M. Fleckman, PhD,* Seth J. Scholer, MD,† Nelson Branco, MD‡

ABSTRACT: *Objective:* To assess United States pediatricians' attitudes, beliefs, and perceived professional injunctive norms regarding spanking. *Method:* A self-administered questionnaire was mailed to a nationwide random sample of 1500 pediatricians in the US, drawn from a database maintained by IMS Health. Four survey mailings were conducted and cash incentives of up to \$20 were provided. The response rate was 53% (N = 787). *Results:* Most respondents were members of the American Academy of Pediatrics (85%), had been practicing physicians for 15 years or more (66%), and were white (69%) and female (59%). All US regions were represented. About 3-quarters of pediatricians did not support the use of spanking, and most perceived that their colleagues did not support its use either. Pediatricians who were male, black, and/or sometimes spanked as children had more positive attitudes toward spanking and expected more positive outcomes from spanking than their counterparts. Nearly 80% of pediatricians never or seldom expected positive outcomes from spanking, and a majority (64%) expected negative outcomes some of the time. *Conclusion:* The majority of pediatricians in the US do not support the use of spanking with children and are aware of the empirical evidence linking spanking with increased risk of poor health outcomes for children. Pediatricians are a key, trusted professional source in advising parents about child discipline. These findings suggest that most pediatricians will discourage the use of spanking with children, which over time could reduce its use and associated harms in the population. This is of clinical relevance because, despite strong and consistent evidence of the harms that spanking raises for children, spanking is still broadly accepted and practiced in the US

(*J Dev Behav Pediatr* 39:564–572, 2018) **Index terms:** spanking, child discipline, attitudes, norms, child physical abuse.

“Pluralistic ignorance” or Silent Majority

US pediatricians' attitudes have changed substantially about this issue over the past couple of decades.

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Sizable amount believed that their colleagues had more favorable views of Corporal Punishment.

This discrepancy might make some pediatricians (who are opposed to CP) less likely to make their opinions on this topic known to their colleagues as some of them may be experiencing some “pluralistic ignorance.”



HITTING HARMS. PAINLESS PARENTING WORDS.



A short-term evaluation of a hospital no hit zone policy to increase bystander intervention in cases of parent-to-child violence

Elizabeth T. Gershoff^{a,*}, Sarah A. Font^b, Catherine A. Taylor^c, Ann Budzak Garza^d, Denyse Olson-Dorff^e, Rebecca H. Foster^{a,f}

Reasons for NHZ in medical centers:

2. Parents hitting children is common in medical settings.

- 50% physicians**
- 27% nurses & direct staff**
- 17% non-direct staff**

Report witnessing hitting and unsure what to do.

more generally. First, medical professionals are important influences on parents' attitudes about and use of physical punishment. When parents are asked whom they trust for advice on discipline, they rate doctors and medical professionals as highly trustworthy (Taylor, Moeller, Hamvas, & Rice, 2013), so much so that parents' perceptions of these professionals' approval or disapproval of physical punishment predict their own approval of physical punishment (Taylor, McKasson, Hoy, & Dejong, 2017).

A second reason is that parent-to-child hitting is common in medical settings. A survey of staff from two medical centers found that 50% of physicians, 25% of nurses, 27% of other direct-care staff, and 17% of non-direct care staff had witnessed at least one incident of parent-to-child hitting in the previous year (Font et al., 2016). However, many staff are unsure whether or how they should intervene. In that same study, two thirds of direct-care staff took action when they saw parent-to-child hitting, but only 38% of non-direct care staff did so (Font et al., 2016). These findings make clear that medical center staff are often bystanders of parent-to-child hitting but not all intervene.

Third, medical centers are important settings to reduce parent-to-child hitting because witnessing violence can be upsetting and stressful (Kennedy & Ceballo, 2014). Exposure to violence in a medical setting will be especially upsetting to any patients with a history of violence victimization and particularly to those who are in the hospital for injuries sustained from being a victim of violence. Because staff are tasked with promoting the health, healing, and safety of all patients, they have an obligation to prevent all forms of potential violence exposure by their patients.

A final reason for intervention in medical settings is that intervening in cases of parent-to-child hitting is increasingly seen as a professional and ethical obligation for medical staff. Several major medical professional organizations have urged their members to prevent parent-to-child hitting, including spanking, in all settings. Specifically, the American Academy of Pediatrics (1998, 2014), the Canadian Paediatric Society (2016), the National Association of Pediatric Nurse Practitioners (2011), and the American Academy of Child and Adolescent Psychiatry (2012) have each advised their members to discourage parents from spanking and to promote disciplinary alternatives. All medical staff are also mandated reporters of suspected child abuse or neglect (Child Welfare Information Gateway, 2016b). A bystander intervention for parent-to-child hitting takes this responsibility one step further by asking staff to prevent abuse if they witness a situation likely to escalate and to capitalize on parents' trust by taking the opportunity to educate them about the harms of hitting children and what they can do instead.

There is thus a need to educate medical center staff about the harms of physical punishment, the circumstances in which they should intervene, and the ways in which they can intervene effectively. The No Hit Zone initiative was created to accomplish these goals.



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Reasons for NHZ in medical centers:

3. Witnessing violence can be upsetting and stressful

4. Professional and ethical obligation to intervene

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Denyse Olson-Dorff^e, Rebecca H. Foster^{e,f}

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ABSTRACT

This study used a pre/post design to evaluate the implementation of a hospital-wide No Hit Zone (NHZ) bystander intervention around parent-to-child hitting. A total of 2326 staff completed the pre-NHZ survey and received training about the NHZ policy; 623 staff completed the post-test survey 10 months later. A group of 225 parents participated in the pre-NHZ survey and a second group of 180 participated in the post-NHZ survey, also 10 months later. Compared to staff in the pre-NHZ group, staff in the post-NHZ group had more negative attitudes about spanking and more positive attitudes about intervention when parents hit children in the hospital. Few differences were found among the parent pre- and post-groups. **This study demonstrated that NHZs are a feasible way to inform and train hospital staff in ways to intervene during incidents of parent-to-child hitting to promote a safe and healthy medical environment.**

“Study has demonstrated that NHZs have considerable promise and more needs to be done to publicize the NHZ and make the materials visible and available to all families and visitors.”



HITTING HARMS. PAINLESS PARENTING WORKS.

Want to become a No Hit Zone?

REGISTER
www.EndHitting.org/No-Hit-Zone



Tool Kit

- Sample Policy
- Signage
- Parenting Resources
- Consulting

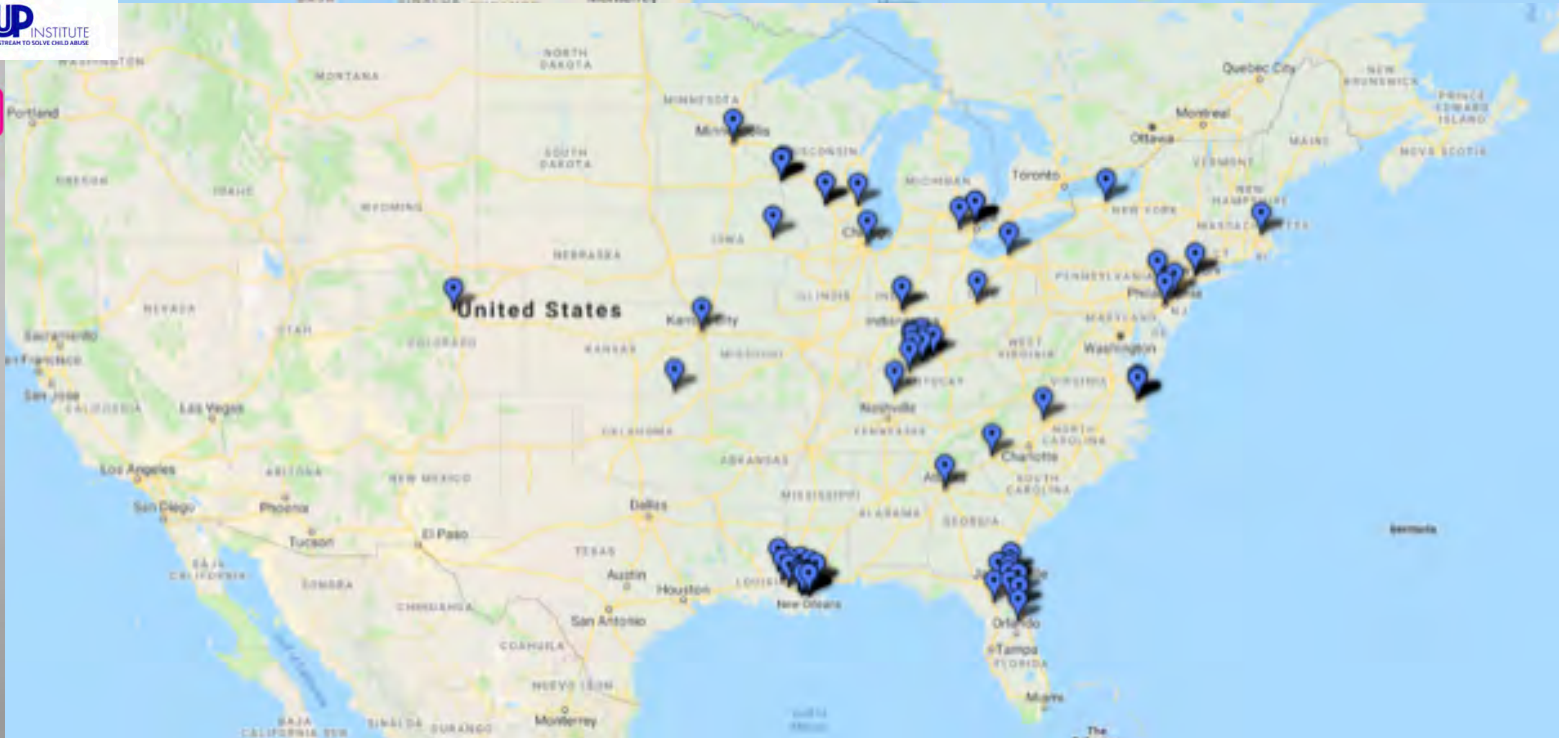
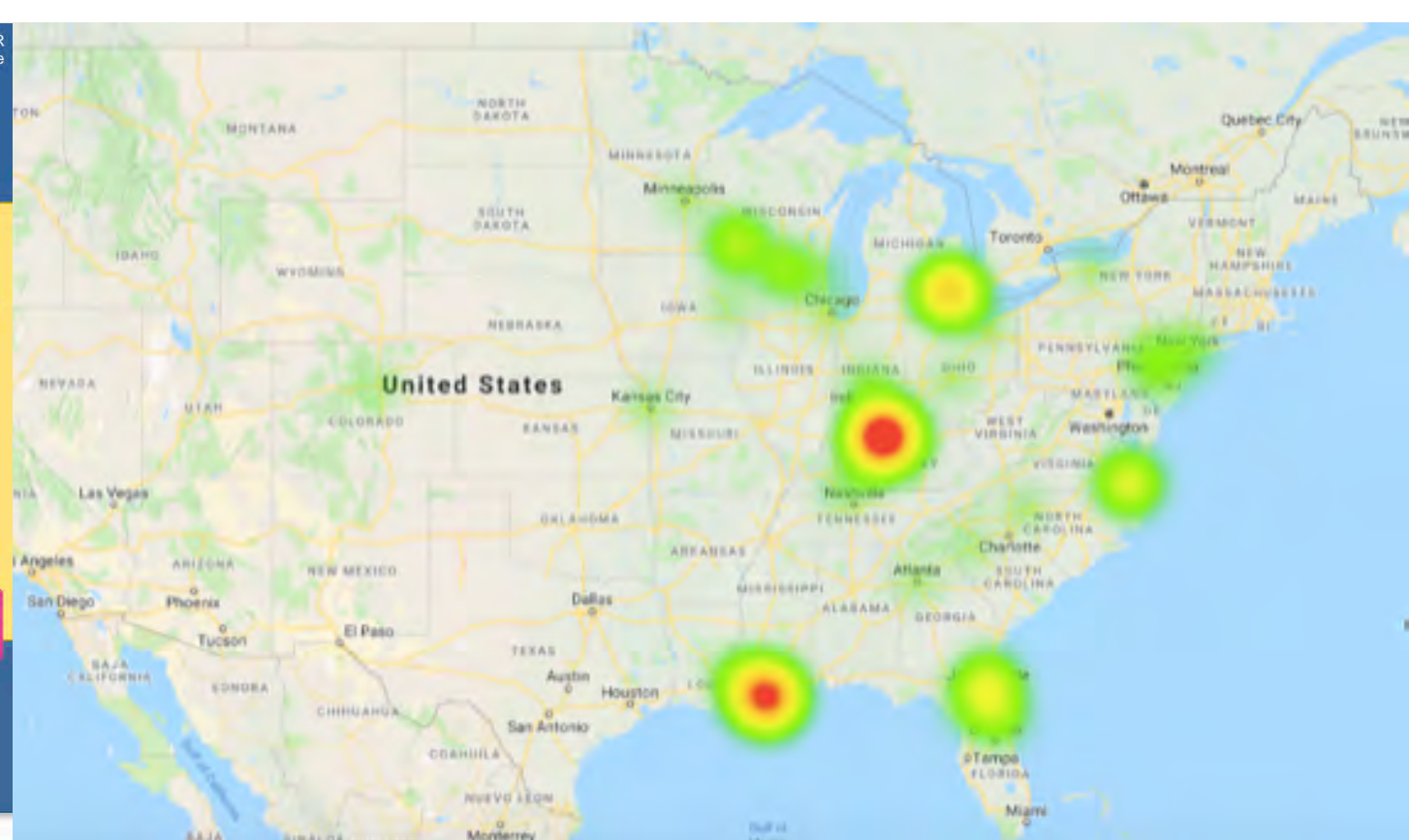
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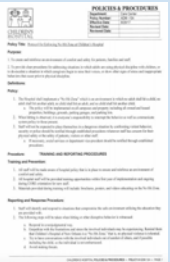







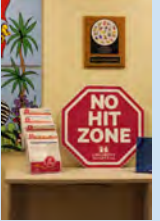








- Creates an environment of comfort and safety for parents, families, and staff
- Sets precedent within community to reduce the harm of hitting children
- Reduces most prevalent risk factor for child maltreatment
- Promotes effective parenting techniques



For more information, please contact StopSpanking at:

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Name, Date, & Location	Policy	Education for Staff	Resources / Pledge for Parents	Resources for Children	Promotional Materials	Other Educational Material	Media Coverage
<p>Children's Hospital New Orleans via Audrey Hepburn CARE Center and New Orleans Children's Advocacy Center (NOCAC)</p> <p>8/28/2017</p> <p>New Orleans, LA</p> <p>Level: Regional</p> <p>1101 Calhoun St.</p> <p>Children's Hospital at Calhoun Campus</p> <p>17 Clinics - 2 New Orleans, 5 Metairie, 1 Westbank, 1 North Shore, 1 River Ridge, 1 Destrehan, 2 LaPlace</p> <p>How to Register:</p> 	 <p>School Policies</p> <p>Church Policies</p>	 <p>No Hit Zone Training Video</p>  <p>Training Schedule</p> 	 <p>PAINLESS PARENTING PLEDGE</p>  	 <p>Exterior Quantity: 25</p>  <p>Interior Quantity: 180 Signage</p>  <p>Material Folder</p>  <p>Badge Stickers</p>  <p>Magnets</p>	<p>500 images of key informants translating research for screensavers</p>   	<p>WWL-TV News Video</p> <p>Healthcare Journal of New Orleans</p> <p>Children's Hospital New Orleans Publication</p>  	

The Spectrum of Prevention

Influencing Policy & Legislation

Changing Organizational Practices

Fostering Coalitions & Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge & Skills



To Change a Cultural Norm Policy



CHILDREN'S
HOSPITAL

POLICIES & PROCEDURES

Department:	Care Center
Policy Number:	ADM-154
Effective Date:	8/28/17
Revised Date:	
Reviewed Date:	

Policy Title: Protocol for Enforcing No Hit Zone at Children's Hospital

Purpose:

1. To create and reinforce an environment of comfort and safety for patients, families and staff.
2. To provide clear procedures for addressing situations in which adults are using physical discipline with children, or to de-escalate a situation in which caregivers begin to raise their voices, or show other signs of stress and inappropriate behaviors that occur prior to physical discipline.

Definitions:

Policy:

1. The Hospital shall implement a "No Hit Zone" which is an environment in which no adult shall hit a child, no adult shall hit another adult, no child shall hit an adult, and no child shall hit another child.
 - a. The policy will be implemented on all campuses and property including all owned and leased properties, buildings, grounds, parking garages, and parking lots.
2. When hitting is observed, it is everyone's responsibility to interrupt the behavior as well as communicate system policy to those present.
3. Staff will not be expected to place themselves in a dangerous situation by confronting violent behavior; security or police should be notified through established procedures whenever staff has concern for their physical safety or the safety of patients, visitors or other staff.
 - a. If necessary, social services or department vice-president should be notified through established procedures.

Procedure: TRAINING AND REPORTING PROCEDURES

Training and Prevention:

1. All staff will be made aware of hospital policy that is in place to ensure and reinforce an environment of comfort and safety.
2. All hospital staff will be provided training opportunities within first year of implementation and ongoing during CORE orientation for new staff.
3. Materials provided during training will include: brochures, posters, and videos educating on the No Hit Zone.

Reporting and Response Procedure:

1. Staff will identify and respond to situations that compromise the safe environment utilizing the education they are provided with.
2. The following steps will be taken when hitting or other disruptive behavior is witnessed:
 - a. Respond in a nonjudgmental way.
 - b. Empathize with the frustrations and stress the involved individuals may be experiencing. Remind them that Children's Hospital of New Orleans is a "No Hit Zone," that is, no physical violence is tolerated.
 - c. Try to have conversations with the involved individuals out of earshot of others, and if possible including the child, so the individual is not embarrassed.
 - d. Avoid making threats.

The Spectrum of Prevention

Influencing Policy & Legislation

Changing Organizational Practices

Fostering Coalitions & Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge & Skills

Quality Permanent Signage



The Spectrum of Prevention



CHILDREN'S HOSPITAL IN NEW ORLEANS IS A NO HIT ZONE.

WHY A "NO HIT ZONE"?

No Hit Zones create an environment of comfort and safety for parents, families, and staff present in our facility. No Hit Zones set a precedent within the community and establish a commitment to the promotion of effective parenting techniques.



DID YOU KNOW...

As of 2016, the CDC defines physical abuse as "the use of physical force, such as hitting, shaking, burning, or other shows of force against a child."

Hitting includes spanking, slapping, tapping, whooping, smacking, and paddling.

Even though physical harm may not be intended, hitting children, including spanking, hurts them both physically and emotionally.

DEAR PARENTS

The way you respond and react to your child sets the standard for your relationship with them.

Corporal punishment — no matter the intent — strains the parent-child relationship by creating an environment of fear, confusion, and anxiety instead of one of guidance and respect.

—DOBBS, SMITH, & TAYLOR, 2006

In the moment, the fear caused by spanking may make your child listen, but will not change how they act in the future.

— GERSHOFF & GROGAN-TAYLOR, 2016

Children want to please you, so clearly and calmly help them understand why their behavior is wrong.

—DOBBS, SMITH, & TAYLOR, 2006

DIFFERENT METHODS WORK FOR DIFFERENT AGES AND DEVELOPMENTAL LEVELS. WHEN DECIDING ON A PUNISHMENT, BE...

- REASONABLE
- RESPECTFUL
- RELATE IT TO THE BEHAVIOR
- REVEAL IT IN ADVANCE



- NO ADULT SHALL HIT A CHILD
- NO CHILD SHALL HIT AN ADULT
- NO ADULT SHALL HIT ANOTHER ADULT
- NO CHILD SHALL HIT ANOTHER CHILD

THE COMMUNITY IS GOING PINK

TO ADDRESS THE MOST PREVALENT RISK FACTOR FOR CHILD ABUSE.



The Spectrum of Prevention

Influencing Policy & Legislation

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Staff Training



Painless Parenting Training

Provides training for pediatricians and professionals on how to talk to parents about No Hit Zones

Practice communicating three messages:

1. Spanking is harmful
2. Spanking is ineffective
3. There are effective alternatives



HITTING HARMS. PAINLESS PARENTING WORKS.



'Help, not punishment': Moving on from physical punishment of children

Renata Porzig-Drummond

Children Australia / Volume 40 / Issue 01 / March 2015, pp 43 - 57

DOI: 10.1017/cha.2014.47, Published online: 14 April 2015

Link to this article: http://journals.cambridge.org/abstract_S1035077214000479

Love, not Slaps'

Communication must include education on:

- ineffectiveness of physical punishment as a parenting strategy,
- the adverse psychological effects of physical punishment on children, and
- the benefits of alternative disciplining strategies (APS, 2014; CCCH, 2010; Oates, 2010; RAC

Essential to provide parents with free and convenient access to education about new disciplining and emotion-regulation strategies.

Despite Triple-P's strong evidence base, Australian community service agencies suggest that no single parent-ing is suitable for all parents and, therefore, advocate the funding of a variety of parenting programs (Horin, 2009).


Parents' attitudes toward physical punishment of children are influenced by professionals' opinions (Taylor et al., 2011)



Top 10 Painful Parenting Excuses


“I turned out ok”	...We will never know how good you could have been. Are there other risky things your parents did that you don't do?
“Tried everything else”	Tell me about that...
“Teaches respect”	Respect or Fear?
“Kids need discipline “	Yes, kids need guidance that works.
”Get's the point across”	Hitting doesn't teach
“Kids need consequences”	Yes, children need to learn.
“Spanking does not hurt”	Even without injury, it causes harms.
“Some kids need it”	Yes, kids need special guidance.
”It's my business- don't judge me.”	I don't judge or shame parents who don't know the scientific brain and health harm.
Spare the Rod, Spoil the...”	The Rod...the Staff comfort and guide.





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**Why Have a No Hit Zone:
This is a safe place**

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What You Can Do: Offer to Help in a Kind, Compassionate Way



DAVID FINKLEHOR, PhD

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When threats or hitting is
observed
it is our responsibility to
intervene and communicate our
policy.

See something.

Say something.



Respond in a
nonjudgmental way.



See something.

Say:

“For the safety and protection of everyone, we are a No Hit Zone.”



“I am obligated to say something.”

Offer help:

“What can I do to help you?”

If you have a cause believe that a child has been injured or the discipline is unreasonable, intervene (ADM 132) and immediately report (ADM 18) to social services during the day and nursing supervisors nights and weekends.



Remind them that
“This is a
No Hit Zone.”



Thank you for being
a part of the
solution.





MAKING A DIFFERENCE

WE ARE A NO HIT ZONE

**See
something,**

**Say
something...**

Intervene

**Recognize
the situation**

**Respect
their role**

**Remind:
This a No
Hit Zone**

**Respond
with
resources**

**“Waiting is hard”
“Parenting is hard”**

**“You are the parent.
We are not trying to step
into your role”**

**“For the safety and
protection of everyone, We
are a No Hit Zone .
I am obligated to say
something”**

“How can I help you?”

Scenario: Waiting Stress

You see a parent in the waiting room grab child and raise hand to hit.

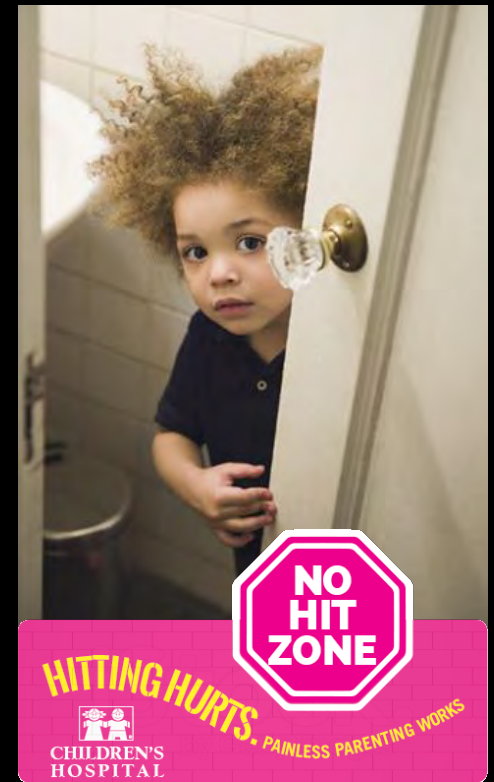
- A. Shame the parent as a bully and tell then they need parenting classes.
- B. Scream stop hitting or I will call child protection.
- C. It is not my place to approach them.
- D. Approach calmly and say this is a No Hit Zone and ask how you can help.**



Scenario: Bathroom

In the bathroom and you hear a parent raising their voice and threatening to spank a child.

- A. Don't say or do anything. It's not my business.
- B. Ask: "Is there anything I can do to help? I am obligated to let you know this is a no hit zone."**
- C. Suggest that the yelling is not helping.
- D. Say: "If you hit your child, we call child protection."



Scenario: Observe Parental Stress

The parent is obviously stressed, frustrated, raising voice at whining child who won't sit still.

- A. Ignore the behavior until it escalates to hitting.
- B. **Approach calmly. Ask how can help. Offer to get them No Hit Zone distraction materials.**
- C. Give suggestions on how to be a better parent by coming prepared with toys and snacks.
- D. Tell them if the child is hit that child protection will be called.



Scenario:

You are in the parking garage and you see a parent struggling to get a child into the clinic and threatening to spank.

What do you do?

A. It isn't inside so ignore.

B. You didn't see what the child did so you can't say anything.

C. Explain that Children's Hospital property is a No Hit Zone and offer to help them get into the building.

D. Pretend like you didn't see anything so you don't embarrass them.



Scenario: Waiting Stress



Do**Don't**

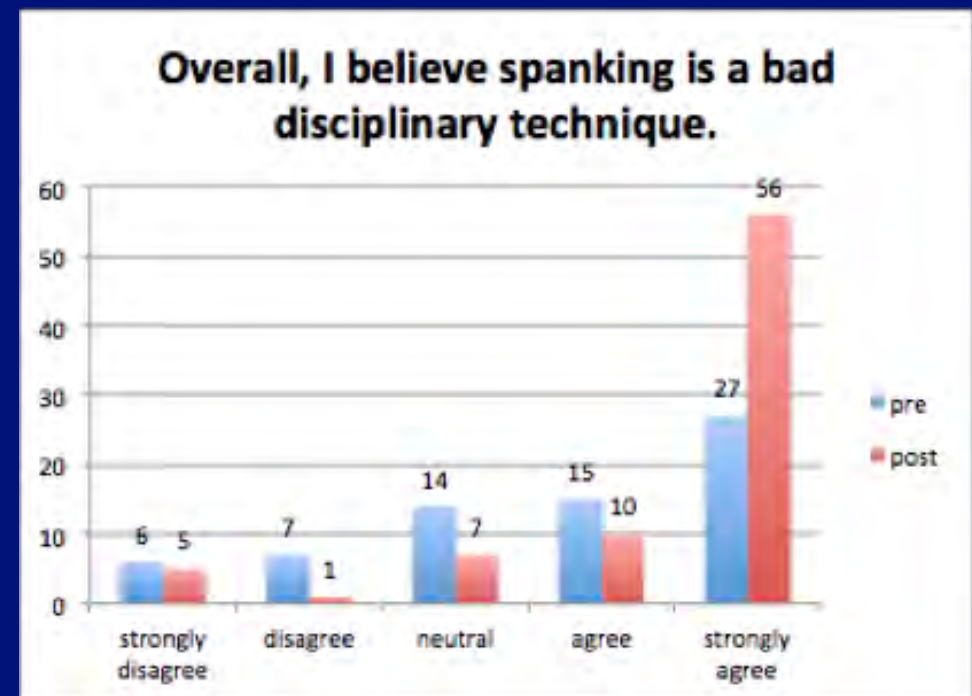
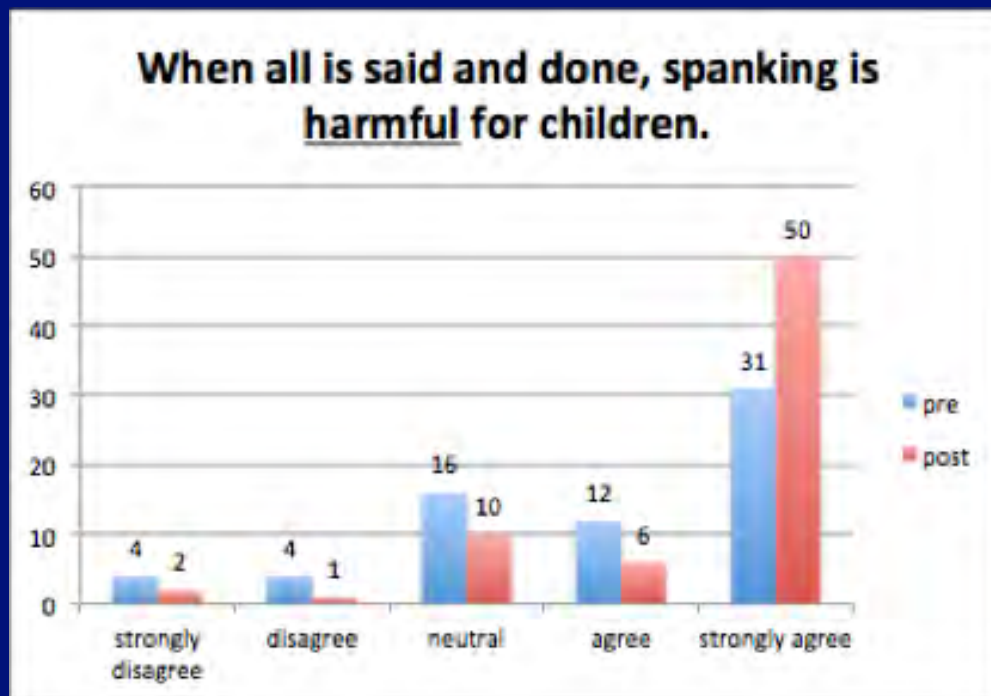
Respond with compassion	“Hi, How can I help?”	Don't Judge
Recognize the situation	“Waiting is hard”	Don't Threaten
Remind privately	“This a no Hit Zone”	Don't Shame
Respect	“Thank You for respecting our policy”	Don't Blame
Respond with Resources	“Check these out”	Don't Threaten
Recommend alternatives	Offer distraction game like I spy or Guess what animal I am think of..	Don't Shame
Report if needed	Call Social Services, nursing supervisor or security only if needed	Don't Threaten with reporting

Preliminary results suggest that the No Hit Zone training video with scenarios are effective in changing attitudes and beliefs.

Showing:

Decreased positive attitudes towards CP

Increased negative attitudes towards CP



The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills

Informing key providers who will transmit skills and knowledge to others
 Reaching groups with information and resources
 Enhancing an individual's capability of prevent injury and promote safety

NO HIT ZONE

INFANTS

PAINLESS PARENTING WORKS. HITTING HARMS.

Crying & Fussing
Babies cry and fuss to communicate their needs - hunger, sleepiness, diaper change. They need to be held and cuddled to help them feel safe and secure.

TRY TO SAY / DO	INSTEAD OF
Check to see if baby's diaper needs to be changed, offer a bottle or breast to feed them, or just pick them up and cuddle them.	DO NOT shake baby. DO NOT hit baby. DO NOT toss baby into the air.
Try a swaddle . 	Ignore baby's crying.
Try a belly hold to help your baby pass gas. 	Hitting baby's butt.
Try taking a walk outside , or a car ride around the block. Try a pacifier , wearing baby in a sling or carrier. Gentle rocking or swinging and walking calms baby down.	NEVER leave baby alone in a car.

Putting Everything into Mouth
Child is learning hand-mouth co-ordination, or is teething and needs safe objects to chew on.

TRY TO SAY / DO	INSTEAD OF
"Here is a binky instead!" "Look at this cool [safe] teething toy !" Put a damp washcloth into freezer for baby to chew on. Child-proof by removing small, chokable objects from reach.	Hitting baby's hand.

Baby Won't Stop Crying No Matter What You Try

TRY TO SAY / DO	INSTEAD OF
1) Place baby safely in a crib without any blankets or pillows 2) Leave the room to take a short break - take deep breaths. 3) Ask for help from a partner, family member or call a friend.	DO NOT hit or shake baby.

NO HIT ZONE

TODDLER

PAINLESS PARENTING WORKS. HITTING HARMS.

Stop opening the cabinets!
"You are so naughty!"
"Don't play with this."

Stop crying right now!
"You are so bad!"
"I really hate when you act like this."

Stop throwing that!
"You are so bad!"
"I'm going to take your toys away!"

Stop fighting right now!
"You are so mean, stop hitting!"
"You are a bad boy/girl!"
"Don't hit!"

NO HIT ZONE

SCHOOL AGE

PAINLESS PARENTING WORKS. HITTING HARMS.

You are so stupid!
"You are not good at [**reading**] at all."
"This is so easy, why are you so bad at this?"
"You are no good."
"Let me give you a whooping so you can remember to behave next time."

You are stupid for getting into trouble!
"You are heading straight for jail!"
"Let me give you a whooping so you can remember to behave next time."

Stop fighting right now!

No-TV for a month!

NO HIT ZONE

TWEEN/TEEN

PAINLESS PARENTING WORKS. HITTING HARMS.

You are heading straight for jail!
"You are a whore!"
"Stop sexting with [**them**]!"

I'm gonna spank you for not answering!
"Give me that phone!"
"You are a bully!"

You dress like a slut!
"You are asking to get raped wearing that."
"I will beat this nonsense right out of you!"

You are so stupid. I can't believe you did that!
"I'm gonna whoop your butt if you are late again."
"Don't talk to me that way!"

NO HIT ZONE

Did you know...

Harvard Medical School found that kids who are spanked just once a month had **14-19% smaller** brains in the decision-making area.¹

Did you know... 1,574 studies showed spanking is harmful²

Spanking is significantly correlated with.....

- 10 studies showed children who are spanked exhibit mental health problems^{3, 4, 5, 6, 7, 8, 9, 10, 11, 12}
- 9 studies showed children who are spanked exhibit anti-social behavior^{7, 13, 14, 15, 16, 17, 18, 19, 20}
- 9 studies showed children who are spanked exhibit child aggression^{5, 12, 13, 14, 15, 21, 22, 23, 24}
- 5 studies showed children who are spanked exhibit negative parent-child relations^{5, 25, 26, 27, 28}
- 3 studies showed children who are spanked exhibit low self-esteem^{5, 29, 29}
- 13 studies showed children who are spanked exhibit externalizing behavior^{24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41}
- 4 studies showed children who are spanked exhibit substance abuse^{42, 43, 44, 45}
- 11 studies showed children who are spanked exhibit low self-control & delinquent behavior^{5, 18, 38, 42, 46, 47, 48, 49, 50, 51, 56}
- 7 studies showed children who are spanked are victims of physical abuse^{4, 52, 53, 54, 55, 56, 57}

Spanking shrinks brains

1,574 studies showed spanking is harmful²

Spanking is significantly correlated with.....

Mental Health Problems^{3, 4, 5, 6, 7, 8, 9, 10, 11, 12}

Anti-Social Behavior^{7, 13, 14, 15, 16, 17, 18, 19, 20}

Child Aggression^{5, 12, 13, 14, 15, 21, 22, 23, 24}

Negative Parent-Child Relations^{5, 25, 26, 27, 28}

Low Self-Esteem^{5, 29, 29}

Child Externalizing Behavior^{24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41}

Substance Abuse^{42, 43, 44, 45}

Low Self-Control & Delinquent Behavior^{5, 18, 38, 42, 46, 47, 48, 49, 50, 51, 56}

Physical Injury^{4, 52, 53, 54, 55, 56, 57}

Spanking negatively effects IQ

University of New Hampshire found that American children who are spanked at ages 2-4 have **5 less IQ points** and ages 5-9 have **2.8 less IQ points** years later than non-spanked children.⁵⁸



HITTING HARMS. PAINLESS PARENTING WORKS

An Easy Way to Start the Conversation...

Simply hand parents a [helper card!](#)



HANDS ARE FOR HOLDING
STOPSPANKING.ORG



U.S. ALLIANCE
TO END THE HITTING OF CHILDREN



Parenting is hard!

Exhale slowly

You are enough

...and so is your child

Peaceful Parenting
helps kids feel better
so they do better!



www.stopspanking.org/RESOURCES

SPANKING IS HARMFUL

AND SHOULD BE CONSIDERED AN ADVERSE CHILDHOOD EXPERIENCE (ACE)



AT RISK NOW...



aggression



mental illness



lower IQ

AND LATER...



street drug use



alcohol abuse



suicide attempt

Distraction Materials for Children

NO HIT ZONE DISTRACTIONS
PAINLESS PARENTING WORKS. HITTING HARMS.

Save Bailey

5 Things that Make Me Smile

1. Hug from a friend
2. Listening to a favorite song
- 3.
- 4.
- 5.

NO HIT ZONE DISTRACTIONS
PAINLESS PARENTING WORKS. HITTING HARMS.

Finish drawing my face!

Tic Tac Toe...

Spot the differences

Answer key: Nose color, ear color, front leg missing

Play "I Spy..." around the room with a parent or a friend.

NO HIT ZONE DISTRACTIONS
PAINLESS PARENTING WORKS. HITTING HARMS.

Resiliency Word Search

E	M	P	O	W	E	R	D	G	D	T	S	H	K	R	E	S	I	E	N	C	E	
X	W	L	L	B	E	I	N	G	M	O	S	R	K									
V	Q	H	X	C	O	N	F	I	D	E	N	C	E	J								
H	O	P	E	G	F	O	P	T	I	M	I	S	M	O								
S	U	P	P	O	R	T	H	V	E	K	Y	U	F	L								
W	B	G	A	G	Y	T	A	E	N	E	M	K	O	X								
J	V	K	B	H	G	N	T	M	J	S	F	W	K	K								
J	E	T	Z	N	H	S	X	A	A	I	A	K	O	V								
F	T	O	E	T	E	S	C	Q	N	L	U	U	H	W								
P	U	R	S	F	P	O	S	I	T	I	V	I	T	Y								
B	T	N	L	H	J	T	B	C	M	E	S	D	F	W								
S	G	E	E	O	Q	R	K	V	C	N	I	V	N	G								
G	S	H	K	H	V	Y	X	C	A	C	A	K	V	C								
B	L	L	U	B	M	E	M	J	E	Y	C	A	R	E								
R	E	X	I	M	L	P	Z	L	A	G	F	K	B	Z								

RESILIENCY
STRENGTH
SUPPORT
HOPE
SELFESTEEM
CONFIDENCE
WELLBEING
CARE
LOVE
POSITIVITY
OPTIMISM



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New Orleans Children's Advocacy Center

March 20, 2018 · 🌐

Want to be a part of the solution to reduce the most prevalent risk factor for child abuse? Join Children's Hospital New Orleans movement and become a No Hit Zone school, church, shelter, organization, restaurant, business ... home? Sign up @ www.bit.ly/NHZRegistration for customized policy, materials, training and signage. Freely share our NOCAC Painless Parenting materials and with permission you may add your logo to the materials. Feedback is appreciated and will be incorporated as the materials are tested and evaluated. #NoHitZone #DearParents #NOCAC_NoHitZones

Check Out our No Hit Zone training video: <http://bit.ly/NHZTraining>

<http://www.bit.ly/NOCACNHZ>

NO HIT ZONE
PAINLESS PARENTING WORKS. HITTING HARMS.

Register here:
<http://www.bit.ly/NHZRegistration>

Tool kit includes:
- Parenting guide
- Parenting curriculum
- Parenting manual

Benefits of being NO HIT ZONE:
- Reduces the risk of child abuse
- Reduces the risk of child neglect
- Reduces the risk of child maltreatment
- Reduces the risk of child sexual abuse
- Reduces the risk of child trafficking

Did you know? Spanking shrinks brain
Harvard Medical School found that kids who are spanked just once a month had of 14-19% smaller brains in the decision-making area.

Did you know? 1,574 studies proved spanking is harmful
Spanking is significantly correlated with.....

- 10 studies showed children who are spanked exhibit mental health problems
- 9 studies showed children who are spanked exhibit anti-social behavior
- 9 studies showed children who are spanked exhibit child aggression
- 5 studies showed children who are spanked exhibit negative parent-child relations
- 3 studies showed children who are spanked exhibit low self-esteem
- studies showed children who are spanked exhibit externalizing behaviors

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Effectiveness of NHZ Materials

The parents who reported that they had spanked their children were even more likely to say that their attitudes about discipline had changed after reading NHZ materials (36.4%, compared to 20% among non-spankers),

to now think spanking is harmful (36.4% vs. 21% among non-spankers),

to now think there are better ways to discipline than spanking (50% vs 29% among non-spankers), and

to think medical staff should intervene when parents hit children (45.5% vs 25.7% of non-spankers).

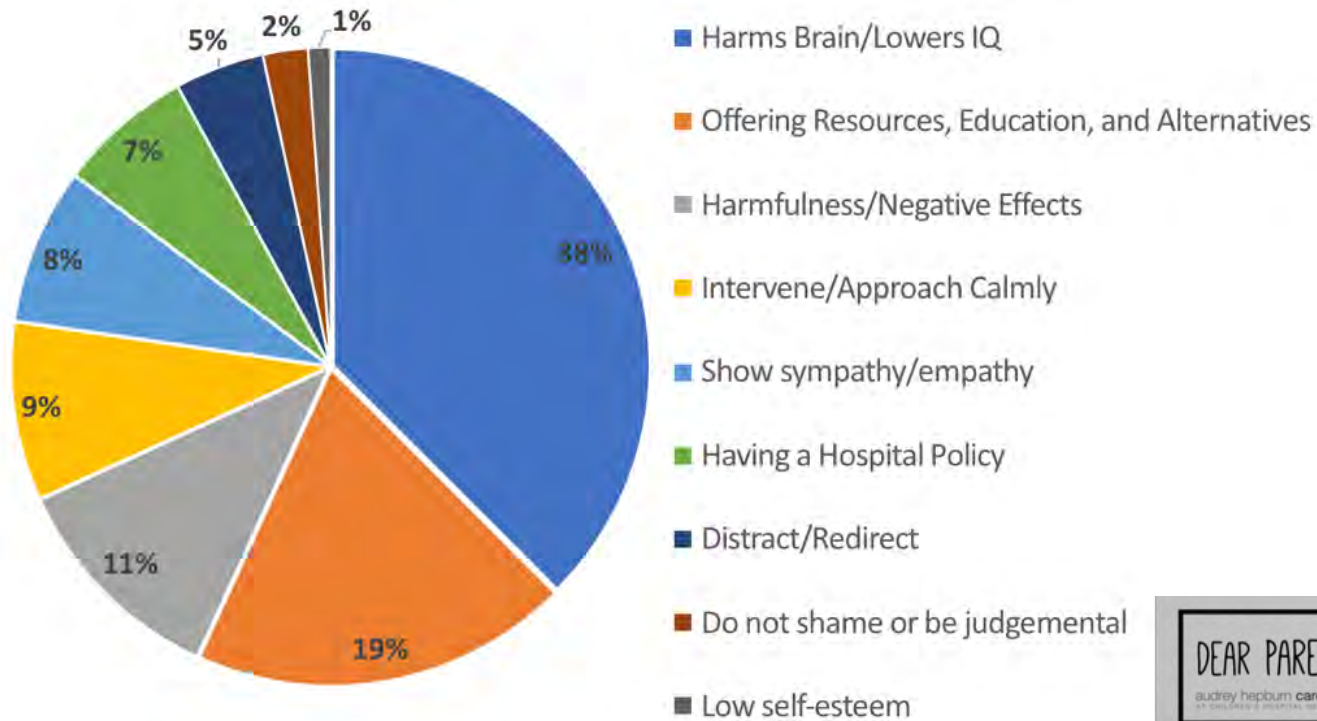


NO HIT ZONE	INFANTS	TODDLER	SCHOOL AGE	TWEEN/TEEN	
	<p>Crying & Fussing Babies cry and fuss to communicate their needs - hunger, sleepiness, diaper change. They need to be held and cuddled to help them feel safe and secure.</p> <p>TRY TO SAY / DO</p> <p>Check to see if baby's diaper needs to be changed, offer a bottle, or breast to feed them, or just pick them up and cuddle them.</p> <p>Try a swaddle.</p> <p>Try a belly hold to help your baby pass gas.</p> <p>Try taking a walk outside, or a car ride around the block. Try a pacifier, wearing baby in a sling or carrier. Consider rocking or swinging and walking when baby down.</p>	<p>INSTEAD OF</p> <p>DO NOT shake baby. DO NOT hit baby. DO NOT toss baby into the air.</p> <p>Ignore baby's crying.</p> <p>Hitting baby's head.</p> <p>NEVER leave baby alone in a car.</p>	<p>INSTEAD OF</p> <p>"Stop opening the cabinets!" "You are so stupid!" "You are so naughty!" "Don't play with this."</p> <p>Use help to calm down.</p> <p>"Stop crying right now!" "You are so bad!" "I really hate when you act like this."</p> <p>Use safe place to throw.</p> <p>"Stop throwing that!" "You are so bad!" "I'm going to take your toys away!"</p> <p>Get away from others' hands.</p> <p>"You are so mean, stop hitting!" "You are a bad boy/girl!" "Don't hit!"</p>	<p>INSTEAD OF</p> <p>"You are heading straight for jail!" "You are a whore!" "Stop scolding with [name]!" "You are so stupid!" "This is so easy - why are you so bad at this?" "You are so good!" Use a reward system for ages 6-13, mark and praise.</p> <p>Use behavioral challenges.</p> <p>"You are stupid for getting into trouble!" "You are heading straight for jail!" "Let me give you a whooping so you can remember to behave each time."</p> <p>Use safe place to throw.</p> <p>"Stop fighting right now!"</p>	<p>INSTEAD OF</p> <p>"You are heading straight for jail!" "You are a whore!" "Stop scolding with [name]!" "You are so stupid!" "This is so easy - why are you so bad at this?" "You are so good!" Use a reward system for ages 6-13, mark and praise.</p> <p>Use behavioral challenges.</p> <p>"You are stupid for getting into trouble!" "You are heading straight for jail!" "Let me give you a whooping so you can remember to behave each time."</p> <p>Use safe place to throw.</p> <p>"Stop fighting right now!"</p>
	<p>Putting Everything into Mouth Child is learning hand-mouth co-ordination, or is teething and needs safe objects to chew on.</p> <p>TRY TO SAY / DO</p> <p>"Here is a lolly molly!" "Look at this cool [safe chewing toy]!" Put a damp washcloth into freezer for baby to chew on. Choke-proof by removing small, chokeable objects from reach.</p>	<p>INSTEAD OF</p> <p>Hitting baby's hand.</p>			
	<p>Baby Won't Stop Crying No Matter What You Try</p> <p>TRY TO SAY / DO</p> <p>1) Place baby safely in a crib without any blankets or pillows. 2) Leave the room to take a short break. Take deep breathes. 3) Ask for help from a partner, family member or call a friend.</p>	<p>INSTEAD OF</p> <p>DO NOT hit or shake baby.</p>			

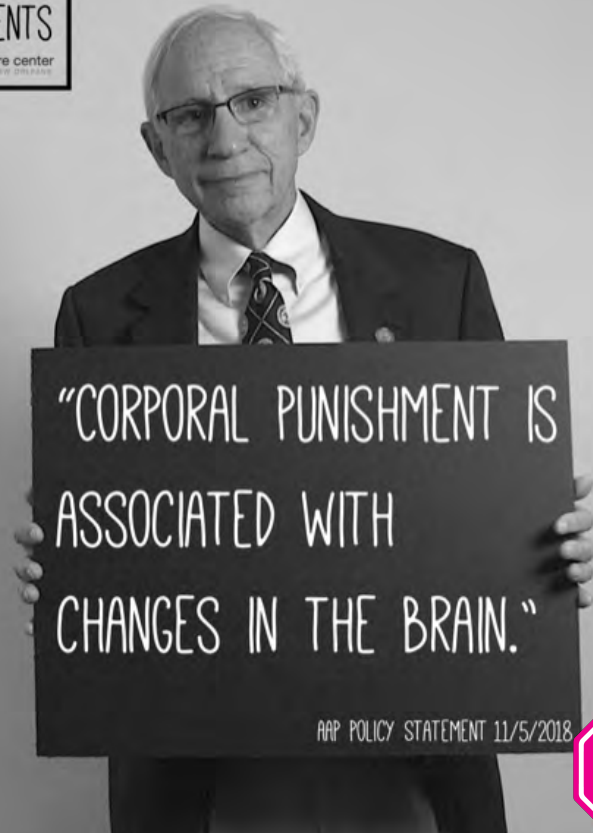
A short-term evaluation of a hospital no hit zone policy to increase bystander intervention in cases of parent-to-child violence

Elizabeth T. Gershoff^{a,*}, Sarah A. Font^b, Catherine A. Taylor^c, Ann Budzak Garza^d, Denyse Olson-Dorff^{e,d}, Rebecca H. Foster^{e,f}

Figure 3. What did you learn today that you believe would most influence parents' attitude towards spanking?



DEAR PARENTS
audrey hepburn care center
AT CHILDREN'S HOSPITAL NEW ORLEANS



AAP POLICY STATEMENT 11/5/2018



Reduced Prefrontal Cortical Gray Matter Volume in Young Adults Exposed to Harsh Corporal Punishment

Akemi Tomoda, MD, PhD^{1,2,3}, Hanako Suzuki, MA^{2,3}, Keren Rabi, MA², Yi-Shin Sheu, BS², Ann Polcari, PhD^{1,2}, and Martin H. Teicher, MD^{1,2}

¹ Department of Psychiatry, Harvard Medical School, Boston, MA, USA

Defined Harsh Corporal punishment :

- 12x per year for at least 3 years
- object used 1x/year such as belt, hairbrush, or paddle
- disciplinarian was a custodial adult

Excluded:

- physical abuse that resulted in injury
- CP used for discipline, with parents not in emotional control, and striking out of anger

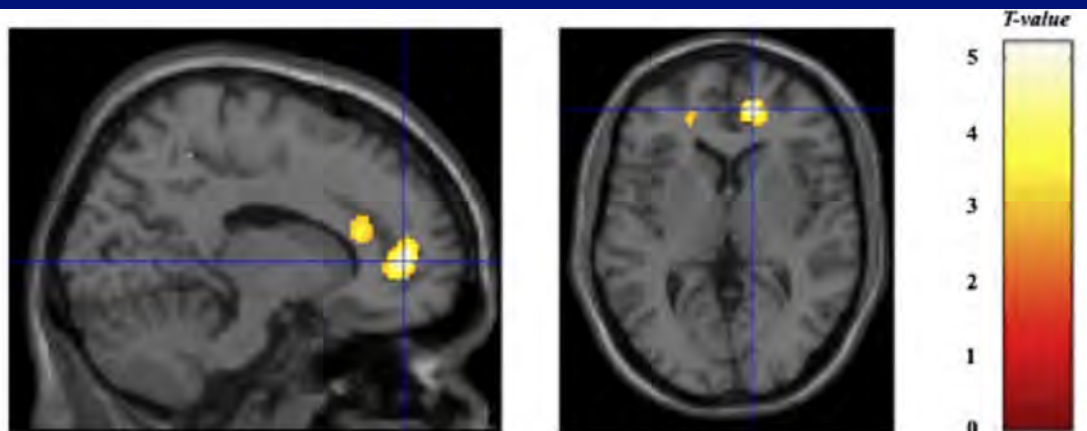


Fig. 1. Significant differences between corporal punishment (CP) subjects and controls. Significantly lower gray-matter densities in CP subjects were measured in the right medial frontal gyrus (medial prefrontal cortex, BA10). Crosshairs placed at $x=14, y=47, z=1$, the right medial prefrontal cortex. Color scale: 0–5 represent t -values.

Results—Gray Matter was reduced by

- 19.1% in the right medial frontal
- 14.5% in the left medial frontal
- 16.9% in the right anterior
- Significant correlations between these regions and performance IQ on the WAIS-II





PAINLESS PARENTING WORKS. HITTING HARMS.

Did you know...

Spanking shrinks brains

Harvard Medical School found that kids who are spanked just once a month had 14-19% smaller brains in the decision-making area.¹

Did you know... 1,574 studies showed spanking is harmful²

Spanking is significantly correlated with.....

Mental Health Problems

10 studies showed children who are spanked exhibit mental health problems^{3, 4, 5, 6, 7, 8, 9, 10, 11, 12}

Anti-Social Behavior

9 studies showed children who are spanked exhibit anti-social behavior^{7, 13, 14, 15, 16, 17, 18, 19, 20}

Child Aggression

9 studies showed children who are spanked exhibit child aggression^{6, 12, 13, 14, 15, 21, 22, 23, 24}

Negative Parent-Child Relations

5 studies showed children who are spanked exhibit negative parent-child relations^{6, 25, 26, 27, 28}

Low Self-Esteem

3 studies showed children who are spanked exhibit low self-esteem^{8, 26, 29}

Child Externalizing Behavior

13 studies showed children who are spanked exhibit externalizing behavior^{24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41}

Substance Abuse

4 studies showed children who are spanked exhibit substance abuse^{42, 43, 44, 45}

Low Self-Control & Delinquent Behavior

11 studies showed children who are spanked exhibit low self-control & delinquent behavior^{6, 18, 38, 43, 46, 47, 48, 49, 50, 51, 56}

Physical Injury

7 studies showed children who are spanked are victims of physical abuse^{4, 52, 53, 54, 55, 56, 57}

Did you know...

Spanking negatively effects IQ

University of New Hampshire found that American children who are spanked at ages 2-4 have 5 less IQ points and ages 5-9 have 2.8 less IQ points years later than non-spanked children.⁵⁸



HITTING HARMS. PAINLESS PARENTING WORKS.



Facebook: <https://www.facebook.com/NOCAC/>
Instagram: [@no-hit-zone](https://www.instagram.com/NOCAC/)
To register to be a No Hit Zone or No Hit Home:
www.bit.ly/NH2Registration

Dear Parents,

Spanking increases anxiety and aggression over time. Children spanked frequently by parents are twice as likely to be more aggressive than other children.

Shawna J. Lee, PhD
Catherine A. Taylor, PhD

In the moment, the fear caused by spanking may make your child listen, but it will not change how they act in the future.

Elizabeth T. Gershoff PhD

While plenty of studies have shown the harms of spanking, no studies have shown that hitting children has positive effects or leads to improved behavior.

Check out
Painless Parenting
nohitzone@lcmchealth.org
NOCAC.net/no-hit-zone



Stacie LeBlanc, JD, M.Ed.

Nurturing after spanking does not counteract the negative effects. For children whose mothers frequently comforted after spanking, anxiety in the children increased over time.

Jennifer E. Lansford, PhD

Often children tell me the reason why they did not disclose sexual abuse was fear of being spanked or whooped.

Neha Mehta, M.D., FAAP

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HOME

NOSPANKCHALLENGE

WHAT TO DO INSTEAD!

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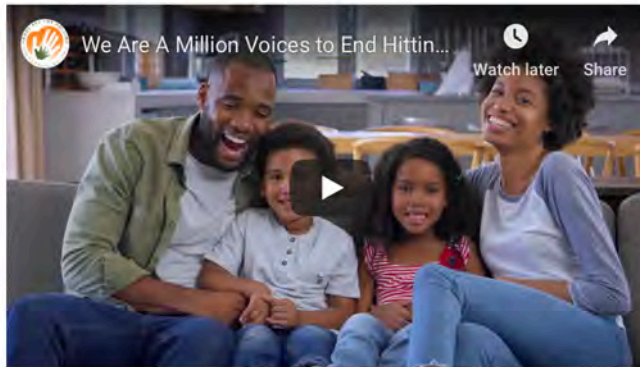
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We are a million voices to end spanking! Use Yours.



HOME

NOSPANKCHALLENGE

WHAT TO DO INSTEAD!

RESEARCH

PROFESSIONAL TRAINING

These cards link to online resources so parents can...

- Surf excellent parenting websites
- Join a LIVE Facebook parenting support groups
- Watch a free webinar on peaceful parenting

Parenting is hard!
Exhale slowly
You are enough
...and so is your child

Peaceful Parenting
helps kids feel better
so they do better!

www.stopspanking.org/RESOURCES

SPANKING IS HARMFUL
AND SHOULD BE CONSIDERED AN ADVERSE CHILDHOOD EXPERIENCE (ACE)

SPANKING
leads to

EMOTIONAL ABUSE PHYSICAL ABUSE

AT RISK NOW... AND LATER...

- aggression
- mental illness
- lower IQ
- street drug use
- alcohol abuse
- suicide attempt

Parents can scan the QR Code on the Helper Cards with their phone.





Spanking is an ACE

To determine if spanking should be considered an ACE, this study aimed to examine 1): the grouping of spanking with physical and emotional abuse; and 2) if spanking has similar associations with poor adult health problems and accounts for additional model variance. Spanking was associated with increased odds of suicide attempts, moderate to heavy drinking, and the use of street drugs in adulthood over and above experiencing physical and emotional abuse. Spanking is empirically similar to physical and emotional abuse and including spanking with abuse adds to our understanding of these mental health problems. Spanking should also be considered an ACE and addressed in efforts to prevent violence.



Child Abuse & Neglect

Available online 23 January 2017

In Press, Corrected Proof — Note to users



Spanking and adult mental health impairment: The case for the designation of spanking as an adverse childhood experience

Tracie O. Afifi^a, Derek Ford^b, Elizabeth T. Gershoff^c, Melissa Merrick^d, Andrew Grogan-Kaylor^e, Katie A. Ports^f, Harriet L. MacMillan^g, George W. Holden^h, Catherine A. Taylorⁱ

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<http://dx.doi.org/10.1016/j.chiabu.2017.01.014>

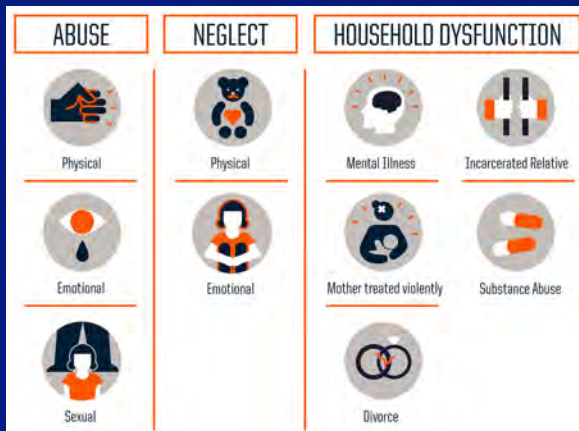
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Abstract

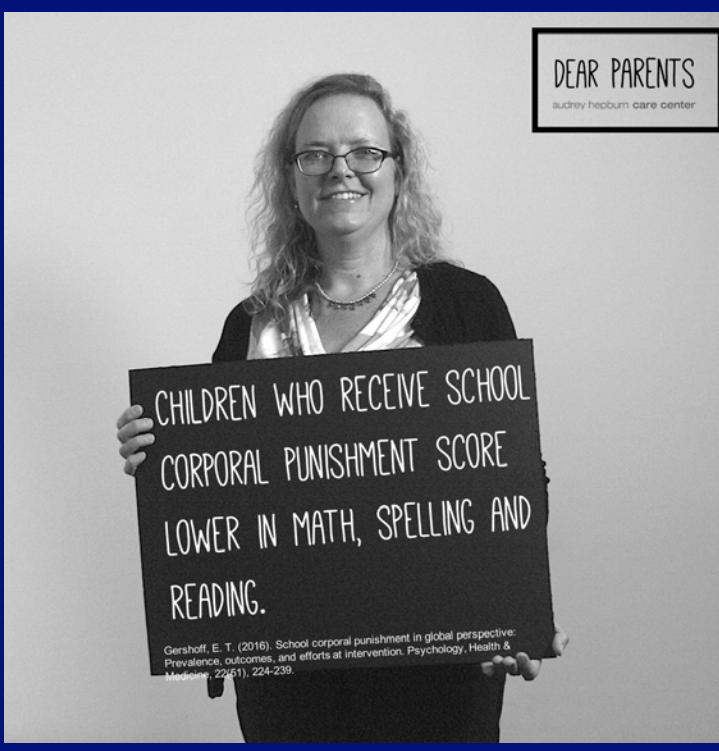
Adverse Childhood Experiences (ACEs) such as child abuse are related to poor health outcomes. Spanking has indicated a similar association with health outcomes, but to



The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills

**Organization
Practice:
Screen Savers**



HITTING HARMS. PAINLESS PARENTING WORKS.

Want to become a No Hit Zone?

REGISTER
www.EndHitting.org/No-Hit-Zone



Tool Kit

- Sample Policy
- Signage
- Parenting Resources
- Consulting

Benefits

- Creates an environment of comfort and safety for parents, families, and staff
- Sets precedent within community to reduce the harm of hitting children
- Reduces most prevalent risk factor for child maltreatment
- Promotes effective parenting techniques



For more information, please contact StopSpanking at:

Oregon Office:

Robbyn Peters Bennett, LPC

robbynpeters@outlook.com

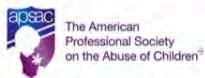
360-325-3095

New Orleans Office:

Stacie LeBlanc, JD

Stacie@theupinstitute.com

504-343-5899



Trainings Available:

1. No Hit Zone
Presentations for Staff

2. Role Play Workshop:
Painless Parenting

Email Stacie@theUPinstitute



No Hit Zones: A Simple Solution to Address the Most Prevalent Risk Factor in Child Abuse

Key words: No Hit Zone(s), Corporal Punishment, Spanking

Stacie Schrieffer LeBlanc, JD, MEd

Randell Alexander, MD, PhD

Madison Mastrangelo

Hannah Gilbert

Is your workplace a No Hit Zone? Are adults allowed to hit adults? Are adults allowed to hit children? Is there a policy that prohibits hitting? While many people instinctively respond that hitting is not allowed in their workplace, most institutions do not have policies, signage, or practices to support this assumption or to assist staff in effectively intervening and de-escalating when hitting is observed. Witnessing parents threatening and hitting children is common in child-serving organizations, such as hospitals (Font et al., 2016). Is smoking allowed? Is there signage and a policy? While it is now rare for people to light a cigarette in hospitals and child serving organizations, signage is still highly visible because it works.

Many mistakenly assume spanking cannot be restricted because it is legal. Yet, there are many legal behaviors that are restricted for the health and safety of all, from prohibiting certain attire to banning cell phone use and smoking. Smoking restrictions are attributed as one of the tools that decreased smoking. Similarly, with increased awareness of the harms associated with hitting children, No Hit Zones (NHZs) provide one tool to reduce the use of corporal punishment (CP) and to increase the use of alternative parenting strategies.

NHZs offer a simple solution to assist in the

difficult task of shifting long-standing social norms surrounding the use of CP as an acceptable form of child discipline. Although a large body of research establishes CP as a significant risk factor for physical abuse and a cause of unintended harm to children, it is legally tolerated and accepted across cultures in the United States. Surveys of approval of CP (defined as a good hard spanking) show only minor variations and fluctuations between cultures. The vast majority of American parents (over 66% of women and 76% of men) condone CP, and the decline in CP approval over time has been slow (Child Trends, 2018).

NHZs are areas that are publicly noticed as being out of bounds for spanking, slapping, CP, or any euphemism for hitting. The purpose of a NHZ is to create and reinforce an environment of comfort and safety for children, adults, families, and staff working at any given facility or organization. While much of the initial impetus for NHZs has been to protect children, the effort has expanded to include violence prevention for all ages. Figure 1 sums up the mantra by signs, teaching, and policy to affirmatively state what the organization intends on its premises.

Like no smoking zones, the concept of NHZs is not complex. The key elements of a NHZ are seen in Figure 2.

Beyond a tool to create public awareness of the harms of CP and discussion among families, NHZs are a mission statement by the organization against

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