Stacie LeBlanc J.D., M.Ed.
Vice President, American Professional Society for the Abuse of Children
Executive Director, New Orleans Children’s Advocacy Center
Department Head, Audrey Hepburn CARE Center
Former Assistant District Attorney
Chief of Felony Child Abuse and Domestic Violence
“CAREGIVERS SHOULD NOT USE CORPORAL PUNISHMENT ON CHILDREN (INCLUDING HITTING AND SPANKING), IN ANGER OR AS A PUNISHMENT OR CONSEQUENCE FOR MISBEHAVIOR.”

APR POLICY STATEMENT 11/5/2018

WHEN IN DOUBT, TALK IT OUT.

Increase in Physical Abuse

Check Out the Checkup
Stacie LeBlanc, M.Ed., J.D., Adrienne Atzemis, M.D., Yameika Head, M.D. and Neha Mehta, M.D.
Child abuse deaths should make us question whippings | Opinion

Posted on October 6, 2017 at 2:51 PM

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 prevalence of "whippings" after yet another child had died from his or her parents.

Jalen Daniels, 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, Funnell Daniels, 43. (La Tonya Kelly)
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
“Social norms regarding physical discipline may be the most prevalent risk factor for child abuse in the United States.”

- Klevens and Whitaker, p.371
Currently **54** Countries prohibit corporal punishment in all settings, including the home. 54 of 195 = 28 % of all countries.
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

Discipline by Race

- Pediatrists
- Religious leaders
- Mental Health Professional
- Other professionals

- Black
- White
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.
PEDIATRICIANS ADVISE SPANKING HARMs.

YOU HAVE BEEN CHOSEN TO LOVE AND PROTECT GOD'S CHILDREN.
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

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

Note. $K$ = number of effect sizes in the meta-analysis; $d$ = mean weighted effect size; $Z$ = significance test that 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.

- **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

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

Elizabeth T. Gershoff
University of Texas at Austin

Andrew Grogan-Kaylor
University of Michigan

A new study finds that children who are spanked exhibit anti-social behavior.
"AMERICAN PEDIATRICIANS RECOMMEND THAT PARENTS NOT SPANK, HIT, SLAP, OR THREATEN."

"THERE'S NO BENEFIT TO SPANKING."

2018
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
"Spanking alone is associated with adverse outcomes, and these outcomes are similar to those in children who experience physical abuse."

APP POLICY STATEMENT 11/5/2018

"American pediatricians recommend that parents not spank, hit, slap, or threaten."

APP POLICY STATEMENT 11/5/2018
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 P. Frazer, MD; Gilbert C. Liu, MD, MS; and Kelly L. Davis, MD
Division of General Pediatrics, Child and Youth Project, Division of General Pediatrics, and Pediatric Hospital Medicine, University of Louisville:
Hospital Pediatrics 2014;4:247
DOI: 10.1542/hpeds.2013-0106

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://hospeds.aappublications.org/content/4/4/247

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.

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 Adversus 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...
No Hit Zones study demonstrated:

NHZs have considerable promise for changing attitudes about and increasing intervention around parent-to-child hitting.”
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.
Reasons for NHZ in medical centers:
1. Medical professionals are key informants
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

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http://cpj.sagepub.com/content/early/2012/11/20/0009922812465944

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Dear Parents,

Spanking is harmful even if parents are warm and loving.

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.

US pediatricians’ attitudes have changed substantially about this issue over the past couple of decades. 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.”
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.
Reasons for NHZ in medical centers:

3. Witnessing violence can be upsetting and stressful

4. Professional and ethical obligation to intervene
“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.”
Want to become a 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:
Robyn Peters Bennett, LPC
robynpetera@outlook.com
503-325-9098

New Orleans Office:
Stacie LeBlanc, JD
Stacie@thepinstoto.com
504-343-5303

PAINLESS PARENTING WORKS. REGISTER TO BECOME A NO HIT ZONE.
<table>
<thead>
<tr>
<th>Name, Date, &amp; Location</th>
<th>Policy</th>
<th>Education for Staff</th>
<th>Resources / Pledge for Parents</th>
<th>Resources for Children</th>
<th>Promotional Materials</th>
<th>Other Educational Material</th>
<th>Media Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Hospital New Orleans via Audrey Hepburn CARE Center and New Orleans Children's Advocacy Center (NOCAC) 8/28/2017 New Orleans, LA Level: Regional 1101 Calhoun St. Children's Hospital at Calhoun Campus 17 Clinics - 2 New Orleans, 5 Metairie, 1 Westbank, 1 North Shore, 1 River Ridge, 1 Destrehan, 2 LaPlace How to Register:</td>
<td>School Policies</td>
<td>No Hit Zone Training Video</td>
<td></td>
<td></td>
<td></td>
<td>500 images of key informants translating research for screensavers</td>
<td>WWL-TV News Video Healthcare Journal of New Orleans Children's Hospital New Orleans Publication</td>
</tr>
<tr>
<td></td>
<td>Church Policies</td>
<td>Training Schedule</td>
<td></td>
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</tbody>
</table>
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.
2. The policy will be implemented on all campuses and property including all owned and leased properties, buildings, grounds, parking garages, and parking lots.
3. When hitting is observed, it is everyone’s responsibility to immediately report the behavior as well as communicate system policy to those present.
4. 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.
5. 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.
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 rather than one of guidance and respect.

- DOBBs, SMITH, & TAYLOR, 2006

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

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...

- INCLUSIVE
- RESPECTFUL
- RELIEVE IT TO THE BEHAVIOR
- REVEAL IT IN ADVANCE

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

<table>
<thead>
<tr>
<th>Excuse</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I turned out ok&quot;</td>
<td>…We will never know how good you could have been. Are there other risky things your parents did that you don’t do?</td>
</tr>
<tr>
<td>&quot;Tried everything else&quot;</td>
<td>Tell me about that…</td>
</tr>
<tr>
<td>&quot;Teaches respect&quot;</td>
<td>Respect or Fear?</td>
</tr>
<tr>
<td>&quot;Kids need discipline &quot;</td>
<td>Yes, kids need guidance that works.</td>
</tr>
<tr>
<td>&quot;Get’s the point across&quot;</td>
<td>Hitting doesn't teach</td>
</tr>
<tr>
<td>&quot;Kids need consequences&quot;</td>
<td>Yes, children need to learn.</td>
</tr>
<tr>
<td>&quot;Spanking does not hurt&quot;</td>
<td>Even without injury, it causes harms.</td>
</tr>
<tr>
<td>&quot;Some kids need it&quot;</td>
<td>Yes, kids need special guidance.</td>
</tr>
<tr>
<td>&quot;It’s my business- don’t judge me.”</td>
<td>I don’t judge or shame parents who don’t know the scientific brain and health harm.</td>
</tr>
<tr>
<td>&quot;Spare the Rod, Spoil the…”</td>
<td>The Rod…the Staff comfort and guide.</td>
</tr>
</tbody>
</table>
DAVID FINKLEHOR, PhD
• Director, Crimes Against Children Research Ctr.
• Co-Director, Family Research Laboratory
• Professor of Sociology, University of New Hampshire
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.
WE ARE A NO HIT ZONE
MAKING A DIFFERENCE
WE ARE A NO HIT ZONE
<table>
<thead>
<tr>
<th>See something, Say something...</th>
<th>Intervene</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recognize the situation</strong></td>
<td><strong>“Waiting is hard”</strong>&lt;br&gt;<strong>“Parenting is hard”</strong></td>
</tr>
<tr>
<td><strong>Respect their role</strong></td>
<td><strong>“You are the parent. We are not trying to step into your role”</strong></td>
</tr>
<tr>
<td><strong>Remind:</strong>&lt;br&gt;This a No Hit Zone</td>
<td><strong>“For the safety and protection of everyone, We are a No Hit Zone. I am obligated to say something”</strong></td>
</tr>
<tr>
<td><strong>Respond with resources</strong></td>
<td><strong>“How can I help you?”</strong></td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th><strong>Respond with compassion</strong></th>
<th><strong>Do</strong></th>
<th><strong>Don’t</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“Hi, How can I help?”</td>
<td>Don’t Judge</td>
</tr>
<tr>
<td><strong>Recognize the situation</strong></td>
<td>“Waiting is hard”</td>
<td>Don’t Threaten</td>
</tr>
<tr>
<td><strong>Remind privately</strong></td>
<td>“This a no Hit Zone”</td>
<td>Don’t Shame</td>
</tr>
<tr>
<td><strong>Respect</strong></td>
<td>“Thank You for respecting our policy”</td>
<td>Don’t Blame</td>
</tr>
<tr>
<td><strong>Respond with Resources</strong></td>
<td>“Check these out”</td>
<td>Don’t Threaten</td>
</tr>
<tr>
<td><strong>Recommend alternatives</strong></td>
<td>Offer distraction game like I spy or Guess what animal I am think of..</td>
<td>Don’t Shame</td>
</tr>
<tr>
<td><strong>Report if needed</strong></td>
<td>Call Social Services, nursing supervisor or security only if needed</td>
<td>Don’t Threaten with reporting</td>
</tr>
</tbody>
</table>
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

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**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**

---

**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.

1,574 studies showedspanking is harmful.

Spanking is significantly correlated with.....

---

**Mental Health Problems**

- 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

**Child Aggression**

- 3 studies showed children who are spanked exhibit low self-esteem
- 13 studies showed children who are spanked exhibit externalizing behavior

**Negative Parent-Child Relations**

- 4 studies showed children who are spanked exhibit substance abuse
- 11 studies showed children who are spanked exhibit low self-control & delinquent behavior

**Substance Abuse**

- 7 studies showed children who are spanked are victims of physical abuse

---

**Physical Injury**

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.
An Easy Way to Start the Conversation...

Simply hand parents a helper card!

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

HANDS ARE FOR HOLDING STOPSPANKING.ORG

U.S. ALLIANCE TO END THE HITTING OF CHILDREN

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

SPANKING is similar to

EMOTIONAL ABUSE

PHYSICAL ABUSE

AT RISK NOW...
aggression
mental illness
lower IQ

AND LATER...
street drug use
alcohol abuse
suicide attempt
Distraction Materials for Children

**Save Bailey**

1. Draw a box around the area highlighted by the arrow. (I'm lost!)

5 Things that Make Me Smile

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

**Finish drawing my face!**

**Tic Tac Toe...**

**Spot the differences**

Play “I Spy…” around the room with a parent or a friend.

**Resiliency Word Search**

RESILIENCE STRENGTH SUPPORT HOPE SELF-ESTEEM CONFIDENCE WELLBEING CARING LOVE POSITIVITY OPTIMISM

EMPOWERSMARTNESSKNOWLEDGEMENTRESILIENCE
HOPESENGINGSMILESUPPORTDIRECTIVITY
WEBSAFETYPARENTING

JMYKSAFEFRIENDS

GSKREWYXCAKVE

BLIDEMJYACRE

KEXIMLPLZABFEZ
New Orleans Children's Advocacy Center
@NOCAC

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 at 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

If you know, Spanking shrinks brain.

Spelling shrinks brain.

If you know, 1,574 studies proved spanking is harmful.

If you know, Spanking is significantly correlated with.....

Mental Health Problem

Anti-Social Behavior

Child Aggresion

Child Externallizing Behaviors

If you know, children who are spanked exhibit mental health problems.
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).

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\(^*\), Sarah A. Font\(^{1,}\), Catherine A. Taylor\(^{2,}\), Ann Budzak Garza\(^{3,}\), Denyse Olson-Dorff\(^{4,}\), Rebecca H. Foster\(^{1,}\)
Figure 3. What did you learn today that you believe would most influence parents' attitude towards spanking?

- Harms Brain/Lowers IQ: 38%
- Offering Resources, Education, and Alternatives: 11%
- Harmfulness/Negative Effects: 9%
- Intervene/Approach Calmly: 8%
- Show sympathy/empathy: 7%
- Having a Hospital Policy: 6%
- Distract/Redirect: 5%
- Do not shame or be judgemental: 2%
- Low self-esteem: 1%

"Corporal punishment is associated with changes in the brain."

AHP Policy Statement 11/5/2018
Reduced Prefrontal Cortical Gray Matter Volume in Young Adults Exposed to Harsh Corporal Punishment

Akemi Tomoda, MD, PhD1,2,3, Hanako Suzuki, MA2,3, Keren Rabi, MA2, Yi-Shin Sheu, BS2, Ann Polcari, PhD1,2, and Martin H. Teicher, MD1,2

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

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

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.
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 ⁴, ⁵, ⁶, ⁷, ⁸, ⁹, ¹⁰, ¹¹, ¹²

Anti-Social Behavior
9 studies showed children who are spanked exhibit anti-social behavior ⁷, ⁸, ⁹, ¹⁰, ¹¹, ¹², ¹³, ¹⁴, ¹⁵

Child Aggression
9 studies showed children who are spanked exhibit child aggression ⁶, ⁷, ⁸, ⁹, ¹⁰, ¹¹, ¹², ¹³, ¹⁴, ¹⁵

Negative Parent-Child Relations
5 studies showed children who are spanked exhibit negative parent-child relations ⁶, ⁷, ⁸, ⁹, ¹⁰

Low Self-Esteem
3 studies showed children who are spanked exhibit low self-esteem ⁶, ⁷, ⁸

Child Externalizing Behavior
13 studies showed children who are spanked exhibit externalizing behaviors ⁶, ⁷, ⁸, ⁹, ¹⁰, ¹¹, ¹², ¹³, ¹⁴, ¹⁵, ¹⁶, ¹⁷, ¹⁸

Substance Abuse
4 studies showed children who are spanked exhibit substance abuse ⁴, ⁵, ⁶, ⁷

Low Self-Control & Delinquent Behavior
11 studies showed children who are spanked exhibit low self-control & delinquent behavior ⁴, ⁵, ⁶, ⁷, ⁸, ⁹, ¹⁰, ¹¹, ¹², ¹³, ¹⁴

Physical Injury
7 studies showed children who are spanked are victims of physical abuse ⁴, ⁵, ⁶, ⁷, ⁸, ⁹, ¹⁰

Did you know... Spanking negatively affects 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

References:

1. [Source 1]
2. [Source 2]
3. [Source 3]
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5. [Source 5]
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55. [Source 55]
56. [Source 56]
57. [Source 57]
58. [Source 58]
Become an Advocate for Children!

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

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

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

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

Tracie O. Affi\textsuperscript{a,}, Derek Ford\textsuperscript{b}, Elizabeth T. Gershoff\textsuperscript{c}, Melissa Merrick\textsuperscript{d}, Andrew Grogan-Kaylor\textsuperscript{e}, Katie A. Ports\textsuperscript{f}, Harriet L. MacMillan\textsuperscript{b}, George W. Holden\textsuperscript{h}, Catherine A. Taylor\textsuperscript{i},

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
Organization Practice:

Screen Savers

There are better ways than spanking to raise successful children.

APP POLICY STATEMENT 11/5/2018

Spanking is harmful even if parents are warm and loving.


Spanking teens makes them feel infantilized and resentful.


Children who receive school corporal punishment score lower in math, spelling and reading.

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


