

aces aware

CERTIFIED

ENDING CORPORAL PUNISHMENT AS ACE PREVENTION - NO HIT ZONES

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Institute for Child Abuse Prevention



ADVANCING HEALTH EDUCATION & RESEARCH



DEFINITIONS

- Spanking: hitting with a hand or object with the stated intent of causing pain and therefore discipline
- Corporal or physical punishment: spanking and any other physical hitting with the stated intent of causing pain and therefore discipline

ADVERSE CHILDHOOD EXPERIENCES AND THEIR RELATIONSHIP TO ADULT HEALTH AND WELL-BEING

A collaborative effort of Kaiser Permanente and The Centers for Disease
Control and Prevention

www.acestudy.org

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.

SPANKING AS PART OF THE LANDMARK CDC/KAISER PERMANENTE ACE STUDY DATA SET

- Felitti et al 1998:
 - Spanking was not included as one of the 10 categories of ACEs
 - Spanking was not included within the physical or emotional abuse categories.
- Afifi et al 2017 did a separate analysis using data on spanking collected as part of the CDC/Kaiser Permanente ACE Wave II study data (N = 8316)

Afifi T, Ford D, Gershoff E, Merrick M, Grogan-Kaylor A, Ports K, MacMillan H, Holden G, Taylor C, Lee S, Peters Bennett R. Spanking and adult mental health impairment: The case for the designation of spanking as an adverse childhood experience. *Child Abuse & Neglect*. 2017. 71:24-31.

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*. 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.

SPANKING AS PART OF THE LANDMARK CDC/KAISER PERMANENTE ACE STUDY DATA SET

- Spanking:
 - “Sometimes parents spank their children as a form of discipline. While you were growing up during your first 18 years of life how often were you spanked?”
 - Spanking was coded as a “yes” if more than a few times per year
- 54.8 % of the respondents reported being spanked

SPANKING AS PART OF THE LANDMARK CDC/KAISER PERMANENTE ACE STUDY DATA SET

Physical/emotional abuse:

- While growing up, during your first 18 years of life, how often did a parent, stepparent, or adult living in your home do the following.
 - (physical abuse)
 - pushed, grabbed, shoved, slapped you or threw something at you and
 - hit you so hard that you had marks or were injured?
 - (emotional abuse)
 - swore at you, insulted you, or put you down
 - acted in a way that made you afraid that you might be physically hurt.

SPANKING AS PART OF THE LANDMARK CDC/KAISER PERMANENTE ACE STUDY DATA SET

Associations between spanking and physical/emotional abuse
with poor mental health outcomes

	Spanking Odds Ratio (95% CI)	Physical/emotional abuse Odds Ratio (95% CI)
Depressed affect	1.25 (1.11-1.42)	1.23 (1.18-1.28)
Suicide attempt	2.27 (1.73-3.00)	1.57 (1.45-1.70)
Moderate/heavy drinking	1.38 (1.22-1.58)	1.16 (1.11-1.21)
Drug use (lifetime)	1.65 (1.44-1.89)	1.26 (1.21-1.32)

SPANKING AS PART OF THE LANDMARK CDC/KAISER PERMANENTE ACE STUDY DATA SET

- Spanking accounted for additional statistical model variance beyond physical and emotional abuse

Afifi T, Ford D, Gershoff E, Merrick M, Grogan-Kaylor A, Ports K, MacMillan H, Holden G, Taylor C, Lee S, Peters Bennett R. Spanking and adult mental health impairment: The case for the designation of spanking as an adverse childhood experience. Child Abuse & Neglect. 2017. 71:24-31.

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 in emotional control, and not striking out in anger

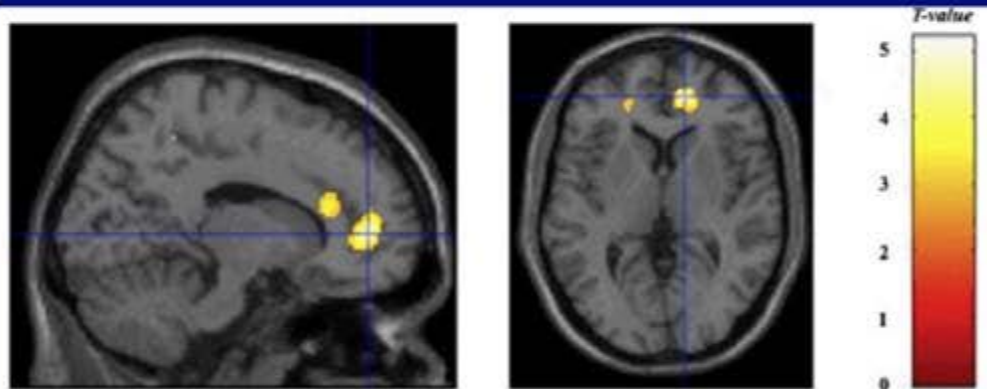


Fig. 1. Significant differences between corporal punishment (CP) subjects and controls. Significantly lower gray-matter densities in CP subjects were measured in the right medial frontal gyrus (medial prefrontal cortex, BA10). Crosshairs placed at $x=14, y=47, z=1$, the right medial prefrontal cortex.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

[NeuroImage](#). 2009.
47:T66-T71





RESEARCH ON SPANKING AND ITS IMPLICATIONS FOR INTERVENTION



Elizabeth Gershoff, Ph.D.

*Professor of Human Development & Family Sciences
The University of Texas at Austin*

Gershoff, E. T., & Grogan-Kaylor, A. (2016). Spanking and child outcomes: Old controversies and new meta-analyses. *Journal of Family Psychology*, 30(4), 453-469. doi:10.1037/fam0000191
Gershoff E. Report on physical punishment in the United States: what research tells us about its effects on children. Center for Effective Discipline. 2008. <http://www.nospank.net/gershoff.pdf>

CMAJ 2012

Key points

- Numerous studies have found that physical punishment increases the risk of broad and enduring negative developmental outcomes.
- **No** study has found that physical punishment enhances developmental health.
- Most child physical abuse occurs in the context of punishment.



Durrant and Ensom, 2012



UNIVERSITY OF MANITOBA | Rady Faculty of Health Sciences

Department of Community Health Sciences
MAX RADY COLLEGE OF MEDICINE

Durrant J, Ensom R. Physical punishment of children: lessons from 20 years of research. CMAJ. 2012. 184:1373-1377. DOI:10.1503/cmaj.101314

American Academy of Pediatrics Policy Statement - 2018

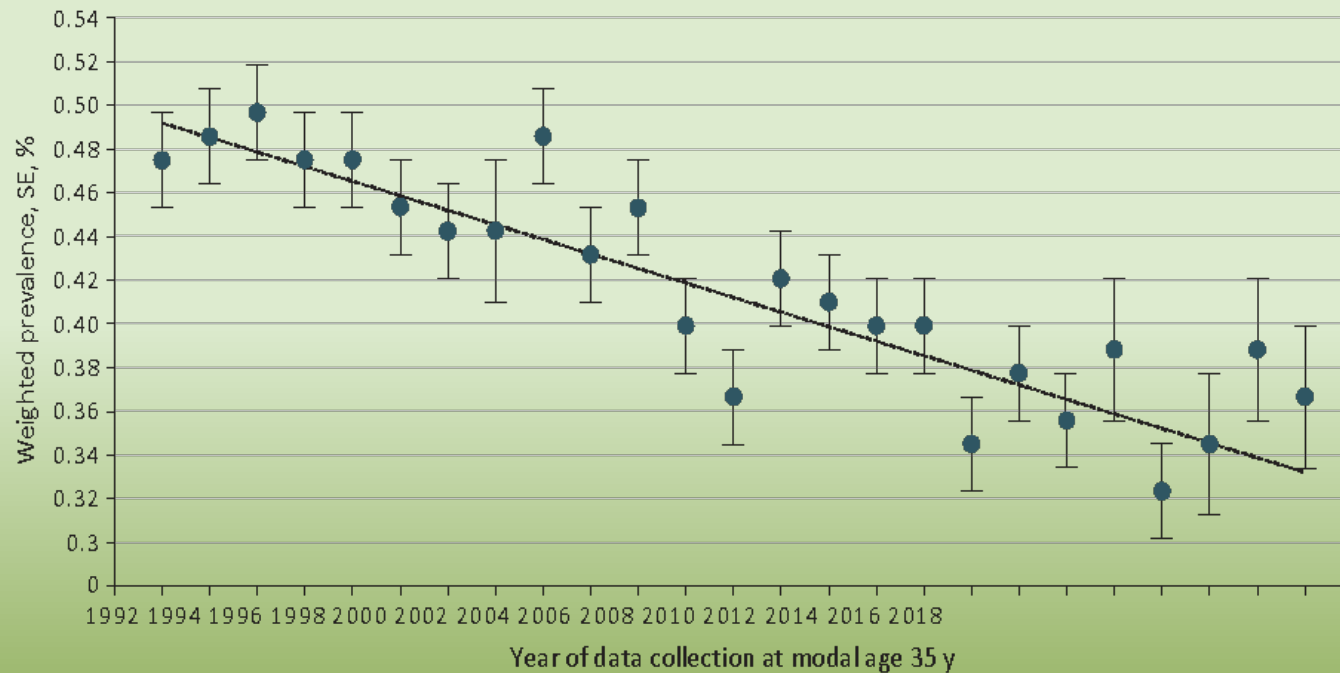
“Aversive disciplinary strategies, including all forms of corporal punishment and yelling at or shaming children, are minimally effective in the short-term and not effective in the long-term. With new evidence, researchers link corporal punishment to an increased risk of negative behavioral, cognitive, psychosocial, and emotional outcomes for children.”

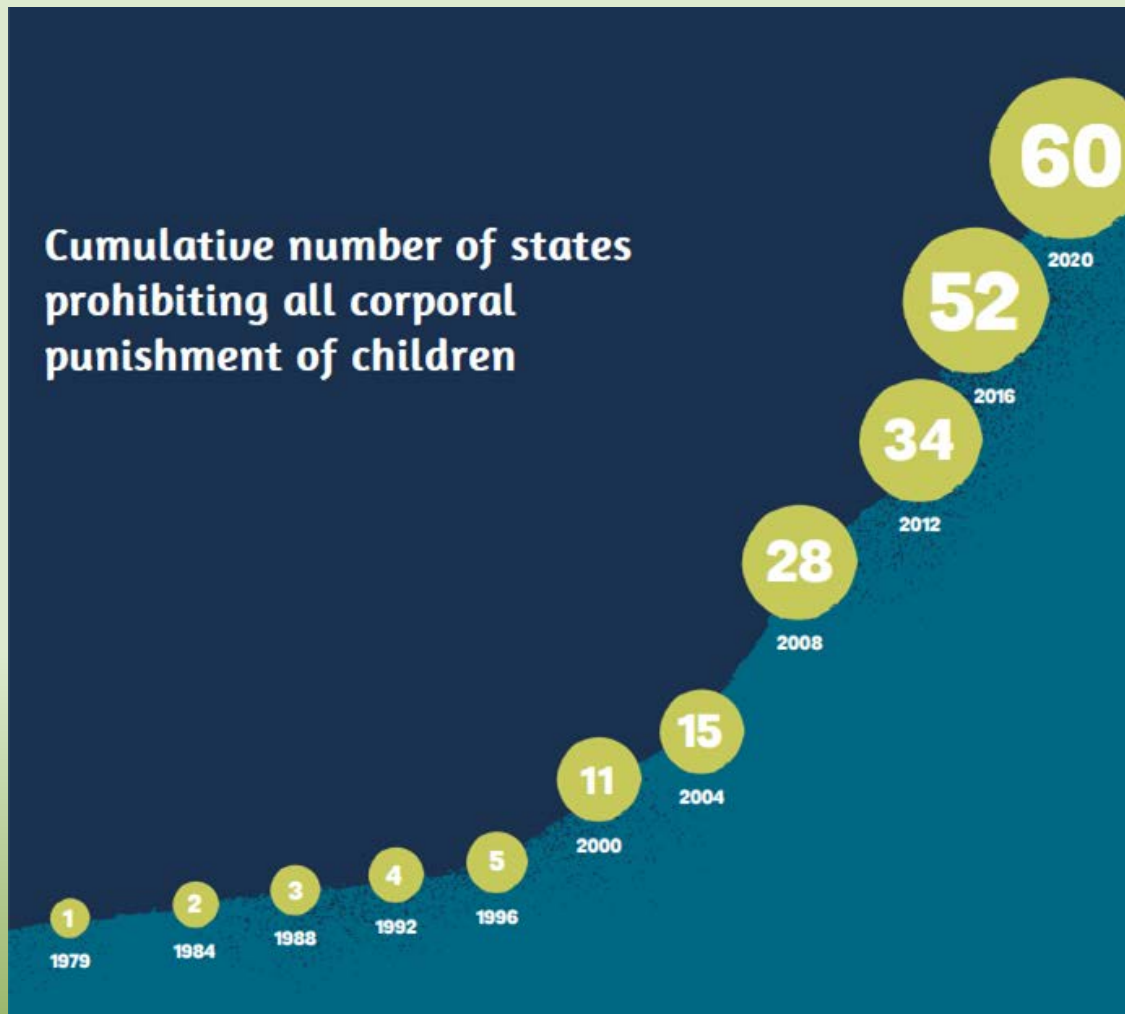
“Spanking alone is associated with adverse outcomes, and these outcomes are similar to those in children who experience physical abuse”

TRENDS ABOUT SPANKING

SPANKING DECREASING OVER TIME

Figure. Trend in Prevalence of Spanking Within the Past Year Among US Parents at Modal Age 35 Years From 1993 to 2017





61 COUNTRIES
PROHIBIT
CORPORAL
PUNISHMENT.

SERBIA, JAPAN
AND SEYCHELLES
ARE THE MOST
RECENT

SOCIAL NORM CHANGE

- Social norm change is key to preventing corporal punishment and its adverse consequences
- Laws in some countries help to accelerate such changes
- **No Hit Zones** are one way to attempt to create new social norms.
- Like No Smoking zones

NO HIT ZONES

- Sometimes called “Hit Free Zones”
- Spanking is hitting

IMPLEMENTATION

- Signage
- Policy if applicable
- Train the staff about what this is
- APSAC Advisor article

LeBlanc S, Alexander R, Mastrangelo M, Gilbert H. No Hit Zones: A Simple Solution to Address the Most Prevalent Risk Factor in Child Abuse. The Advisor. 2019; 31(1): 37-51.

https://docs.wixstatic.com/ugd/4700a8_9e3d91c8fcae403b8eeb43ab2362e42a.pdf

ELEMENTS OF A HIT FREE ZONE IN HOSPITALS

- Team member education/engagement
- Distraction tools/training on de-escalation
- Hospital website and brochure to include local and online resources for parents related to positive parenting and non-physical discipline techniques
- Posters/clings
- Brochures
- Social Media

THE ROLE OF STAFF IN HIT FREE ZONES

Promote a welcoming, safe, and healthy environment

Learn and use supportive communication strategies to provide support and prevent problem escalation

Supportive interventions when early signs of stress are identified

TEAM MEMBER EDUCATION AND ENGAGEMENT

Team member education

- 1-1.5 hour live training for specific staff-nurse managers, social work, security, child life, pastoral care, residents
- Training includes overview of hospital policy, explanation of HFZ, research on negative effects of corporal punishment, scenarios and role play
- Online module for all other team members

COLLATERAL NEEDS

- Posters placed in parking garage and in hospital explaining that we are a HFZ and what that means (English, Spanish)
- Brochures that trained staff can provide to families with information on discipline alternatives and community resources that are available for families that need help.
- Hospital admission and discharge packets

EXAMPLES OF SIGNAGE

POSTER EXAMPLES

NOTE THE REFERRAL TO A WEBSITE
ABOUT ALTERNATIVES



We are a Hit-Free Zone.

That means we won't tolerate:

- An adult hitting a child.
- An adult hitting another adult.
- A child hitting an adult.
- A child hitting another child.

**I am little and am still learning.
Love me. Don't hit me.**

Find out more about positive parenting solutions at wolfsonchildrens.org/positiveparenting



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DOMESTIC VIOLENCE

We are a
Hit-Free
Zone.

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Love me. Don't hit me.



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Love me. Don't hit me.



ELDER ABUSE

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Floor stands

11 x 17



17 x 11 sign
\$70 each



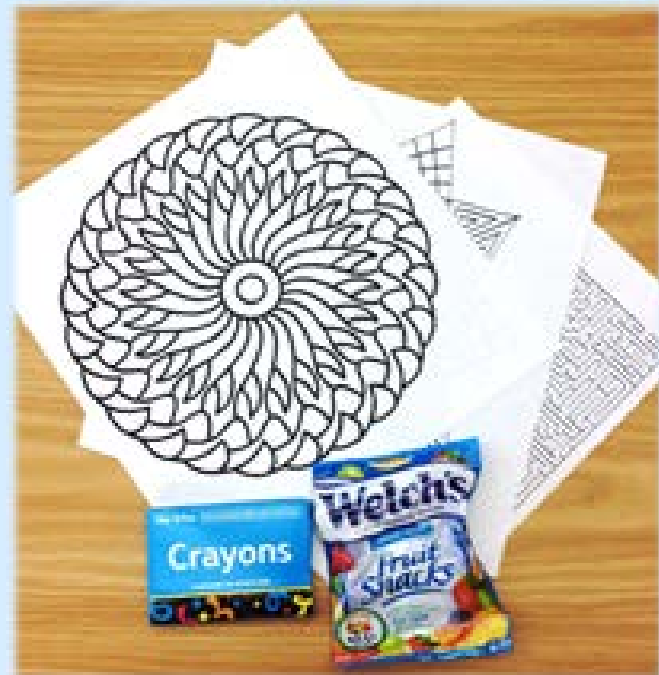
RESOURCES

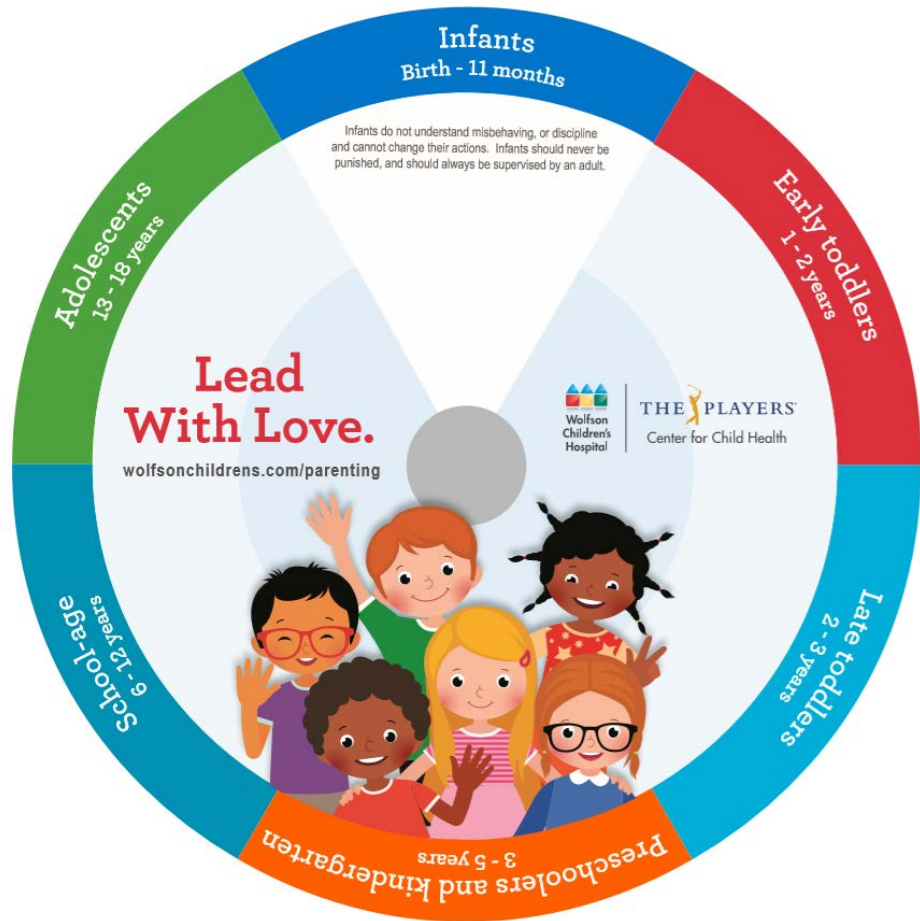
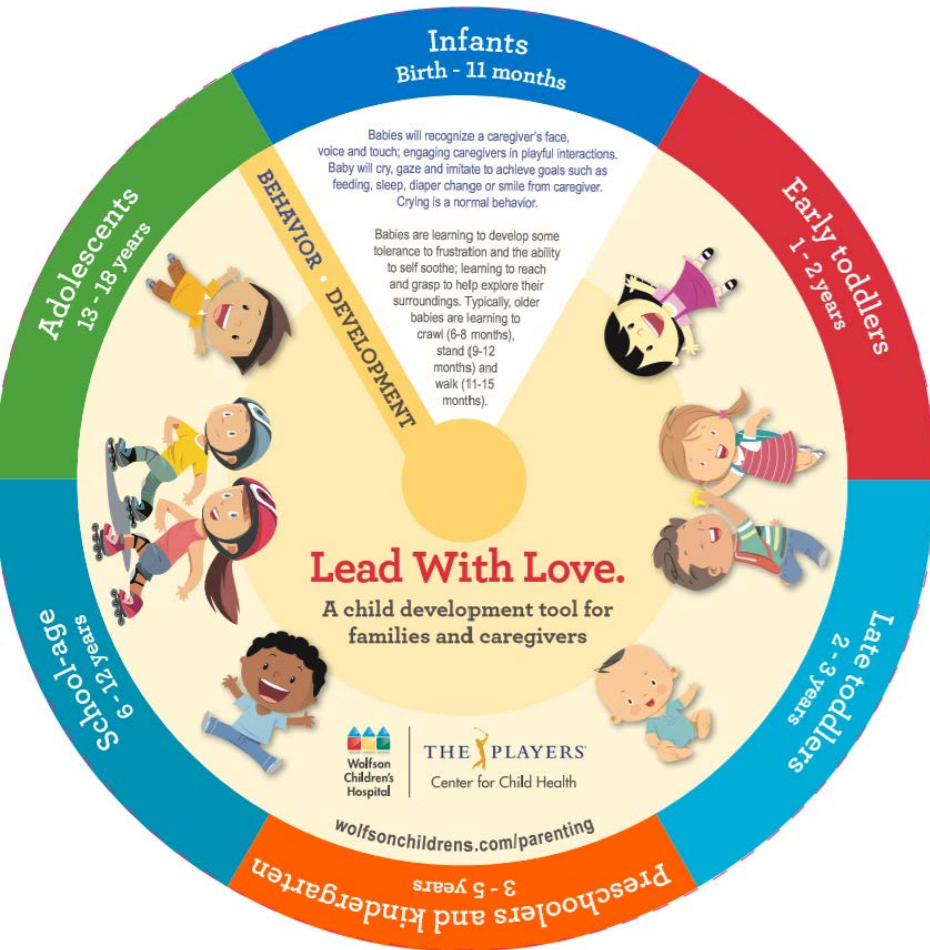
Age-Appropriate Distraction Packets



3-6 years

7-10 years





Level

No Hit Zone Development

1

Concept

At least one person formulating plan on how the organization can implement the NHZ .
Lead person has discussed creating a NHZ with other colleagues within their organization.
Have attended a NHZ presentation and/or established communication with other NHZs.

2

Progress

More than one person working on the NHZ.
Working on an implementation plan to develop materials and training.
Gained support for implementation from organizational leadership.
Communication with other NHZs (e.g. listserv and private Facebook group)

3

Basic

Training underway for personnel.
On-going training plan.
Signage and other declaration that the facility/organization is a NHZ.

4

Complete

Established training of all staff and training for new staff.
Prominent signage and notification that the facility/organization is a NHZ.
At least one person has NHZ as part of their job description.
Community awareness that facility is a NHZ.

5

Regional

Established organized training of all staff and training for new staff.
Prominent signage and notification that the facility/organization is a NHZ.
At least one person has NHZ as part of their job description.
Community awareness that facility/organization is a NHZ.
Provides outreach education about NHZ.
Enlists other organizations in the community/region to be a NHZ.

TOOLKIT

<https://nohitzone.com/no-hit-zone-toolkit>

- Sample policies
- Training resources
- Materials and signage



**NO HIT
ZONE**

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

TOOLKIT

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NEW! RESOURCES FOR FAMILIES YOU SERVE!

APSAC is proud to offer a series of parenting tips designed to address the *most prevalent risk factor for child abuse: social norms around corporal punishment.**

These materials include:

- effective alternatives by developmental age and stage
- a pledge to become a No Hit Home
- latest research on harms of spanking



Tips for Parents of Infants (0-18 months)	Young Toddlers (19-24 months)	Older Toddlers (25-36 months)	Preschoolers (3-5 years)	School Age Children (6-12 years)	Twens/Teens (13-19 years)
<p>Best Adult Strategy for Spanking:</p> <ul style="list-style-type: none"> • Do not spank. • Use positive discipline techniques. <p>Spanking Risks for the Child:</p> <ul style="list-style-type: none"> • Increased risk of mental health problems. • Increased risk of physical health problems. • Increased risk of academic problems. • Increased risk of delinquency. • Increased risk of substance use. • Increased risk of violence. 	<p>Best Adult Strategy for Spanking:</p> <ul style="list-style-type: none"> • Do not spank. • Use positive discipline techniques. <p>Spanking Risks for the Child:</p> <ul style="list-style-type: none"> • Increased risk of mental health problems. • Increased risk of physical health problems. • Increased risk of academic problems. • Increased risk of delinquency. • Increased risk of substance use. • Increased risk of violence. 	<p>Best Adult Strategy for Spanking:</p> <ul style="list-style-type: none"> • Do not spank. • Use positive discipline techniques. <p>Spanking Risks for the Child:</p> <ul style="list-style-type: none"> • Increased risk of mental health problems. • Increased risk of physical health problems. • Increased risk of academic problems. • Increased risk of delinquency. • Increased risk of substance use. • Increased risk of violence. 	<p>Best Adult Strategy for Spanking:</p> <ul style="list-style-type: none"> • Do not spank. • Use positive discipline techniques. <p>Spanking Risks for the Child:</p> <ul style="list-style-type: none"> • Increased risk of mental health problems. • Increased risk of physical health problems. • Increased risk of academic problems. • Increased risk of delinquency. • Increased risk of substance use. • Increased risk of violence. 	<p>Best Adult Strategy for Spanking:</p> <ul style="list-style-type: none"> • Do not spank. • Use positive discipline techniques. <p>Spanking Risks for the Child:</p> <ul style="list-style-type: none"> • Increased risk of mental health problems. • Increased risk of physical health problems. • Increased risk of academic problems. • Increased risk of delinquency. • Increased risk of substance use. • Increased risk of violence. 	<p>Best Adult Strategy for Spanking:</p> <ul style="list-style-type: none"> • Do not spank. • Use positive discipline techniques. <p>Spanking Risks for the Child:</p> <ul style="list-style-type: none"> • Increased risk of mental health problems. • Increased risk of physical health problems. • Increased risk of academic problems. • Increased risk of delinquency. • Increased risk of substance use. • Increased risk of violence.

These materials were produced by the experts who serve on the National No Hit Zone Committee of the National Initiative to End Corporal Punishment. Bulk pricing designed to be less expensive than individual printing.

50 sets of 8	\$315.00
100 sets of 8	\$520.00
250 sets of 8	\$950.00
500 sets of 8	\$1,100.00
1000 sets of 8	\$1,750.00
1 age PDF file	\$25.00
Entire PDF set	\$100.00

To order and add your logo:
www.bit.ly/APSACNHZ

*Klervans, J. & Whitaker, D. J. (2007). Primary prevention of child physical abuse and neglect: Gaps and promising directions. *Child Maltreatment*, 12(4), 364-377.



CERTIFIED

NO HIT
ZONE

ADVOCATE

ADDITIONAL REFERENCES

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- Gershoff, E., Taylor, C. (2017). No Hit Zone Staff and Parent Evaluation Measures. Austin: University of Texas at Austin.
- Font, S., Gershoff, E., Taylor, C., Terreros, A., Nielsen-Parker, M., Spector, L., Foster, R., Garza, A., & Olson-Dorff, D. (2016). Staff intervention attitudes and behaviors when parents hit children in a hospital setting. *Journal of Developmental and Behavioral Pediatrics*, 37, 730-736.
- Gershoff, E., Font, S., Taylor, C., Foster, R., Garza, A., Olson-Dorff, D., Terreros, A., Nielsen-Parker, M., & Spector, L. (2016). Medical center staff attitudes about spanking. *Child Abuse and Neglect*. 61, 55-62.
- Holden, G., Coleman, S., Schmidt, K. (1995). Why 3-year-old children get spanked: Parent and child determinants as reported by college-educated mothers. *Merrill-Palmer Quarterly*, 41, 431-452.