



# NO HIT ZONE

Caring communities. Healthy kids.

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KS Chapter AAP Progress in Pediatrics, Fall 2019

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## What is a No Hit Zone?

A **No Hit Zone** is an environment that supports a culture of safety and health where:

- No adult shall hit another adult
- No adult shall hit a child
- No child shall hit an adult
- No child shall hit another child



<https://wesleymc.com/campaigns/no-hit-zone>

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## No Hit Zone Momentum

- Began primarily in Children's Hospital settings
- Has expanded to include community-based organizations and system-wide implementation



# GUNDERSEN

## NATIONAL CHILD PROTECTION TRAINING CENTER

- Inquiries from other organizations led to **No Hit Zone** implementation training and resources to:
  - Unify goals
  - Deliver consistent messaging
  - Support successful implementation
  - Strengthen collaborative work



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## No Hit Zone Key Messages

- **No Hit Zones** support safe, healthy and nurturing relationships and environments across the lifespan.
- **No Hit Zones** focus on prevention and supportive intervention at the identification of early distress.
- **No Hit Zones** promote nonviolent conflict resolution skills, a primary piece of all healthy relationships.



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## Primary Goal

Support discipline strategies that encourage positive child development

- Increase parental awareness about the increased physical and mental health risk of hitting or spanking a child as a form of punishment
- Promote the use of safe, healthy, and effective discipline strategies that do not involve hitting



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## Defining Corporal, or Physical Punishment

- Any punishment in which physical force is intended to cause some degree of pain or discomfort.<sup>5</sup> This includes spanking or hitting a child with an open hand or object as a form of physical punishment.
- How common is spanking?



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## How Common is Physical Punishment?

- Majority of parents in the U.S. physically punish their children
- Nearly 2/3 of parents of very young children (1 and 2 year olds) reported using physical punishment; 2% have spanked a child < 6 mos.
- By 5<sup>th</sup> grade: 80% have been hit; by high school it's 85% (over 50% report having been hit with a belt or similar object)



## American Academy of Pediatrics 1998 Policy Statement

“Despite its common acceptance, and even advocacy for its use, spanking is a less effective strategy than time-out or removal of privileges for reducing undesired behavior in children. Although spanking may immediately reduce or stop an undesired behavior, its effectiveness decreases with subsequent use. The only way to maintain the initial effect of spanking is to systematically increase the intensity with which it is delivered, which can quickly escalate into abuse. Thus, at best, spanking is only effective when used in selective infrequent situations.”



Committee on Psychosocial Aspects of Child and  
Family Health, Pediatrics, 1998

## Does Spanking Lead to Better Behavior?

Meta-analysis of 88 studies covering 62 years of data:

- Corporal punishment leads to immediate compliance
- Association with physical abuse
- Association with aggression, mental health problems, and likelihood of abusing your own child
- Does not result in internalization of moral values and lasting change in behavior

Gershoff, E. T. Corporal punishment by parents and associated child behaviors and experiences: A meta-analysis and theoretical review. *Psychological Bulletin*, 2002



## What is the Effect of Spanking on the Parent-Child Relationship?

- New Zealand 2006 study of 80 children; ages 5-14  
(*International Journal of Children's Rights*):  
Many reported feeling sad, angry, fearful and estranged from their parents after being physically punished
- Longitudinal study of adolescents, (2006, Bender, et.al.; *Development and Psychopathology*):  
Those who were physically punished as children were less warm toward, open with and close to their parents



## What we have learned about spanking from research informed a new policy:

- Spanking does *not* improve child behavior and learning long-term; instead, spanking actually increases the risk for negative outcomes, including:<sup>2</sup>
  - Mental health problems
  - Antisocial behavior
  - Negative relationships with parents
  - Externalizing and internalizing problems
- Spanking makes it more, not less, likely that children will be defiant and aggressive in the future.<sup>1</sup>
- Children who are spanked have a greater risk of serious injury and physical abuse.<sup>1</sup>
- Support for the use of spanking is passed down through generations.<sup>4</sup>



More research summaries on risk associated with corporal punishment can be found on <https://wesleymc.com/campaigns/no-hit-zone>

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## What is the Evidence?

- Adverse Childhood Experiences Studies have linked ACEs to biological disruptions and increased risk for a variety of chronic diseases in adulthood
  - 2 of the 10 questions on the ACE Survey deal with harsh physical treatment and abuse
- Better understanding of the biology of stress led to studies that show toxic stress in young children can lead to permanent changes in brain structure and function
  - Working from this Eco-Bio-Developmental framework should inform early childhood policies/programs (AAP)



<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

## Emotional/Psychological Considerations

- Intentional physical punishment by parents can be psychologically destructive to the child:
  - Poor self-concept (I am a bad person)
  - Leads to social incompetence
- The emotional consequences of physical punishment are critical – children who behave out of fear:
  - Are more likely to be resentful, evasive and lie to get out of trouble
  - May want to strike back at parents/others
- Words hurt, too



## AAP 2018 Policy Statement

Parents, other caregivers, and adults interacting with children and adolescents should not use corporal punishment (including hitting and spanking), either in anger or as a punishment for or consequence of misbehavior, nor should they use any disciplinary strategy, including verbal abuse, that causes shame or humiliation.



*Pediatrics*, December 2018, Vol. 142/Issue 6



## AAP 2018 Policy Statement

- Agencies that offer family support (state- or community-supported family resource centers, schools, or other public health agencies) are strongly encouraged to provide effective alternatives to corporal punishment to parents and families:
  - effective strategies to help parents teach children acceptable behaviors and protect them from harm;
  - information concerning the risks of harmful effects and the ineffectiveness of using corporal punishment; and
  - the insight that although many children who were spanked become happy, healthy adults, current evidence suggests that spanking is not necessary and may result in long-term harm.



## The Condensed Version

- There is little evidence that physical punishment improves children's behavior
- There is substantial research evidence that physical punishment makes it more likely that children will be defiant and aggressive
- There is clear evidence that physical punishment puts children at risk for negative outcomes
- There is consistent evidence that children who are physically punished are at increased risk of serious injury and physical abuse.



More research summaries on risk associated with corporal punishment can be found on <https://weslevmc.com/campaigns/no-hit-zone>

## So... What Can We Do?

Get beyond our biases and take a stand:

It's never okay to hit a child (it's not illegal, it's just not a good thing to do, it's not effective, and it can be harmful)



## So... What Can We Do?

- Educate parents about child development in order to help them accept the **normal**, but frustrating behaviors of children
- Help parents with “Words to Live By”
  - Engage the world from the child’s point of view
  - Prevent making mountains out of mole hills
  - Empower children and encourage self-discipline
  - Recognize who has the problem
  - Recognize what you are doing when you act out of anger
  - Break the stereotypical response of hitting



## Reminders for Ourselves and the Parents of Children We See

- Children learn as much from how we behave as from what we tell them
- Spanking does not teach values or how to control impulses; it makes parents look out of control
- Spanking teaches children to use violence to solve problems; it is confusing to then tell them to not hit
- If you are spanking often, it isn't working
- Spanking makes children sad, angry or embarrassed and more likely to retaliate



## Appropriate Disciplinary Techniques: Rejecting Spanking ≠ Permissiveness

- Most important is modeling the behavior you want to see in your child
- Prevent misbehavior; positive attention
- Developmental accommodations
- Distraction
- Time-out
- Sticker charts
- House rules
- Logical/Natural consequences
- Behavioral contracts
- Consistency



## How to Implement a No Hit Zone

### Four Strategies to Influence Change:

- Provide information
- Promote safe places
- Build skills
- Establish a policy



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## Strategy 1: Provide Information



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## Strategy 2: Promote Safe Places

- What can be done in your physical environment to prevent high risk behaviors?
- What promotes positive behavior options?



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## Strategy 3: Build Skills

For Staff this means:

- Staff education on supportive communication and productive intervention strategies
- Goal will be to use the de-escalation skills to prevent problems through early intervention



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## Strategy 3: Build Skills

For Parents and Caregivers this means:

Encourage parent/caregiver  
education and skill building  
of discipline strategies that  
support positive child  
development & learning



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## Strategy 4: Implement a No Hit Zone Policy

### POLICY:

When hitting is observed or threatened, everyone is empowered to intervene and communicate the **No Hit Zone** policy

### PROCEDURE:

- All staff will be made aware of the **No Hit Zone** policy to ensure and reinforce an environment of safety
- Staff will identify and respond, within their comfort zone, to situations that compromise the safe environment by utilizing the de-escalation skills practiced through training
- If appropriate, additional intervention will be provided dependent on the level of severity and need



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## No Hit Zone Strategies for Change

The No Hit Zone Strategies for Change document is a guide for discussion and planning for program implementation in your area within the hospital or facility in which you work.



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## The Role of the Professional in No Hit Zones

1. Supportive communication
2. Effective intervention strategies
3. Promotion of a safe and healthy environment



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## Supportive Communication

- **Voice** – tone, volume, pitch, speech, and rate
- **Body** – be aware of body positioning, facial expressions and gestures
- **Use supportive intervention strategies** – identify thoughts/feelings, reflect language/statements, be aware of personal space
- **Have a plan** – practice interventions skills, improve communication awareness, debrief with your team to identify strengths and weaknesses of intervention



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### Supports Effective Intervention

- Respect personal space
- Be aware and work to convey supportive nonverbal messages
- Remain calm
- Intervene early and appropriately
- Strive for an empathetic, nonjudgmental approach
- Redirect away from challenges that attempt to engage in a power struggle
- When appropriate, point out expected developmental behaviors
- Provide choices and set limits consistent with agency policy
- Model productive behaviors (distraction, redirecting)

### Inhibits Effective Intervention

- Use of confrontational language ("Didn't you see the No Hit Zone signs?" or "You need to ...")
- Invasion of personal space
- Engaging in situations that jeopardize personal safety
- Engaging in escalating traps that lead to power struggles
- Over-reaction
- Defensive reactions
- Mismatched body language and words
- Condescending or sarcastic tone of voice
- Displaying anger



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**“You must manage yourself before you can lead  
someone else.”**

Zig Ziglar, Author and Motivational Speaker



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## **“Lead in” to Supportive Intervention**

- May I help you with something?
- Most 2 year olds find it hard to sit for long periods. Would it help if I found something for him to play with?
- You’ve been waiting for awhile. Could I bring her a drink of water?
- After the lead-in, it may be appropriate to share the **No Hit Zone** policy



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## Practice De-escalation to Support Successful Intervention

- Goal is to **prevent** the situation from escalating through interruption
- **Early intervention at first signs** of caregiver stress is key to preventing physical punishment or violence
- A **calm, sympathetic presence** is often the most effective strategy to prevent escalation
- **Have a plan** for identified high-risk times and places



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## Scenarios & Discussion



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### **Scenario #1:**

You observe a caregiver raising her voice at her 3 year old child in the waiting area. The adult is showing increasing signs of stress and anger toward the child.



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### **Scenario #2:**

You see a woman in the waiting area with 3 children. As you are observing the family, one of the older children shoves the youngest child in the back. You see this happen a few times while the mother does not say anything to her children.



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### **Scenario #3:**

You hear crying coming from a room as you pass by. You can tell there is a child and caregiver in the bathroom. You can hear the caregiver verbally scolding the child and the child is crying. You think you hear the caregiver hitting the child.



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### **Scenario #4:**

A family consisting of 2 adults and 3 children is observed in your facility. The adult male looks angry and has begun to swear at the adult female. The children look visibly shaken and the youngest starts to cry.



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**Let's foster safe and healthy  
environments for people of all ages  
to thrive!**



Learn more at:

<https://wesleymc.com/campaigns/no-hit-zone>

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## **Resources for Professional and Parent Education**

- Play Nicely Program: <http://playnicely.vueinnovations.com/>
  - English and Spanish; online and CD; video and written info
- Safe Environment for Every Kid (SEEK):  
<https://www.cebc4cw.org/program/safe-environment-for-every-kid-seek-model/detailed>
  - Training program for professionals to assess risk and provide intervention
- HealthyChildren (AAP): <https://www.healthychildren.org>
  - Parent resources for variety of health/development topics
- Video Interaction Project: <https://www.videointeractionproject.org/>
  - Parent education program



## References

<sup>1</sup>Gershoff, E. T. (2008). *Report on physical punishment in the United States: What research tells us about its effects on children*. <http://www.nospank.net/gershoff.pdf>

<sup>2</sup>Gershoff, E. T., & Grogan-Kaylor, A. (2016, April 7). Spanking and Child Outcomes: Old Controversies and New Meta- Analyses. *Journal of Family Psychology*. <http://dx.doi.org/10.1037/fam0000191>

<sup>3</sup>Mehrabian, A. (1981). *Silent messages: Implicit communication of emotions and attitudes*. Belmont, CA: Wadsworth

<sup>4</sup>Simons, D. A., & Wurtele, S. K. (2010). Relationships between parents' use of corporal punishment and their children's endorsement of spanking and hitting other children. *Child Abuse & Neglect*, 34, 639-646. doi:10.1016/j.chiabu.2010.01.012

<sup>5</sup>United Nations Committee on the Rights of the Child. (2006). *General Comment No. 8: The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment*. <http://www.refworld.org/docid/460bc7772.html>

