# Disrupting the Cycle of Physical Abuse Through Prevention

## One Hospital's Establishment of a Universal Hit-Free Intervention

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**Abstract**
Many young children are physically punished as a form of discipline. Yet, research indicates that physical punishment, including spanking, increases risk for physical abuse and many other negative outcomes. Individuals who work with young children hold the essential responsibility of ensuring their well-being. This article describes one hospital's efforts to disrupt the cycle of physical abuse and ensure the safety of all children under their care. This article highlights the importance of trusting relationships and targeted education when tailoring an institutional initiative focused on decreasing physical punishment and increasing positive parenting.

*Gia is an adorable, energetic toddler with a rare blood disorder. She has a full day of medical appointments every other week, she and her mother Paula call it "doctor day." Paula never sleeps well the night before "doctor day," which means she has less patience for Gia, who always seems to have more energy when they are at the hospital. As Gia and Paula enter the clinic waiting room, Gia begins running around and climbing the furniture. Paula firmly tells her to stop, and then more sharply. Gia seems to ignore her mother's commands, instead darting around, rolling on the floor, and reaching for things—demanding toys and snacks. Paula feels herself growing impatient as she struggles to complete paperwork while also trying to manage her daughter's difficult behavior. Gia grabs a toy from another child in the waiting room and Paula is overcome with frustration and embarrassment. She raises her voice, snaps, "I said, stop!" and firmly slaps her daughter's buttocks.*

## Physical Punishment

The above scenario is fictional, yet consistent with observations from clinic waiting rooms, hospital lobbies, early childhood education center hallways, and preschool courtyards across the world. In 2014, UNICEF reported that 80% of children worldwide were spanked. Eight years later their data indicated that likely more than 60% of 2- to 4-year-old children were hit by their parents as a form of discipline (UNICEF, 2022). Although some reports suggest that rates of spanking are declining (Mehus & Patrick, 2020), use of spanking as a punishment for young children remains widespread and worrisome. Indeed, Finkelhor and colleagues (2019) found that approximately half of young children in a nationally representative sample from the United States were spanked in the previous year.

Children who are hit by their parents experience a range of negative outcomes including increased aggression, antisocial behavior, mental health problems, and suicidality, and they have lower cognitive ability when compared to peers who are not physically punished (Gershoff & Grogan-Kaylor, 2016). Long-term impact of spanking includes increased risk of moderate to heavy drinking (29%), illicit drug use (42%), and suicide attempts (39%) later in life (Gershoff & Grogan-Kaylor, 2016). It is important to note that research suggests that eliminating physical punishment as a form of discipline could help eradicate physical abuse, because physical abuse often begins with the intention of discipline (Fortson et al., 2016; Trocmé et al., 2003).

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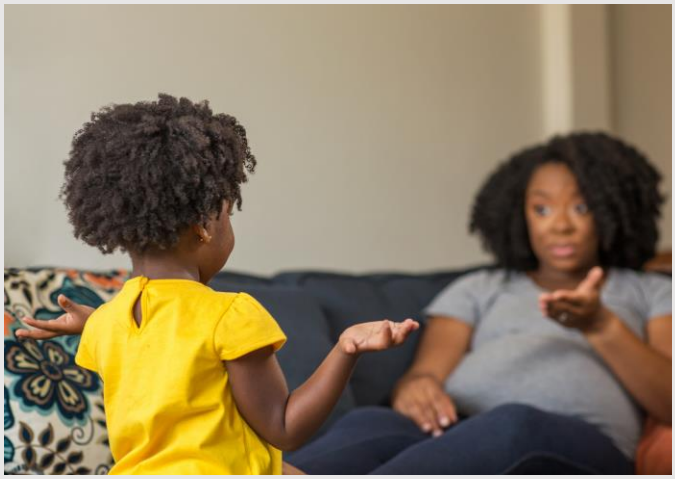
## Losing Control

Let's check back in with Gia and Paula. Suppose their "doctor day" continues with additional frustrations and stressors, and perhaps disappointing news regarding her medical status. Paula loves Gia immensely and is worried about her. Gia, blissfully unaware of the impact of her health condition, enjoys herself as she runs, skips, and jumps through the hospital, singing over clinicians trying to communicate with her mother, and ignoring instructions to sit and quiet herself. Finally at home, Gia shows



The No Hit Zone initiative focuses on preventing physical punishment by encouraging alternatives, such as positive parenting.

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no signs of slowing down. While Paula starts cooking dinner, Gia reaches up toward the hot stove, perhaps to gain her mother's attention. Overcome with fear, Paula yells, "No!" She grabs Gia's arm, turns her body, and begins hitting Gia's upper thighs. Paula's intent is to slap Gia's buttocks once, but the stress of the day gets the best of her, and she squeezes Gia more firmly and hits her harder than she intends. When Paula calms, she notices red marks on Gia's legs and the imprint of a thumb on her arm. The red marks are still there the next day there, along with a faint bruise. Paula did not mean to hurt her daughter.

As before, the above scenario is fictional, though likely similar to the anecdotal experience of many who work with young children and their families. Scenarios like this are consistent with documented circumstances leading to instances of physical abuse. For example, Trocmé and colleagues (2003) found that most substantiated physical abuse cases begin as intentional physical punishment—just as in Paula and Gia's case.

## Disrupting the Cycle

The "No Hit Zone," a grass roots effort started in the hospital setting in 2005 by pediatrician Lolita McDavid, MD, seeks to reduce child abuse by prohibiting hitting (including spanking used as physical punishment) through two simple steps: policy implementation and education. Dr. McDavid was ahead of her time; it was years later that the Centers for Disease Control and Prevention made these exact recommendations in an evidence-based package designed to guide communities in preventing child abuse and neglect (Fortson et al., 2016). The No Hit Zone initiative focuses on preventing physical punishment by encouraging alternatives, such as positive parenting. More specifically, the goals are to decrease physical punishment by interrupting the act and to increase awareness of and supports for positive parenting. The initiative calls for institutional policies that prohibit hitting of any sort (including spanking) by anybody. Equally important, education is provided to all staff, bystanders, and parents related to why physical punishment is harmful, what an individual can do if they see hitting occur or believe hitting is about to occur, and how to effectively offer alternative, positive parenting strategies (No Hit Zone, 2022). Since its inception, the No Hit Zone initiative has gained international momentum. Registered No Hit Zones, including children's hospitals, schools, early childhood education settings, community centers, and even towns, are present in at least 111 countries and 46 states (No Hit Zone, 2022).

## A Controversial Policy

In early 2022, our pediatric hospital joined this international movement, becoming formally designated as a No Hit Zone. It must be stressed that our organization never condoned hitting of any sort. In fact, caregivers are routinely educated on the negative impact and the medical dangers spanking presents for our uniquely vulnerable hematology and oncology populations (e.g., low platelet counts, risk of life-threatening bleeds). In addition, we live in a mandatory reporting state, where any individual who believes a child is being abused is required by law to report the suspected abuse, and our institution has a policy that holds us all accountable to this legal obligation. Despite this, no formal policy that prohibited hitting inclusive of spanking existed prior to 2022. Moreover, no universal training either on how to interrupt caregiver–child interactions that were worrisome for physical punishment or on how to promote positive parenting was available to staff. In fact, hospital staff were not talking about these issues at all outside of clinical interactions. Even so, we (the authors) did not anticipate resistance when we pulled together the interdisciplinary team to build our No Hit Zone policy and education. While most of our 20+ member team—including medical and psychosocial clinicians, administrators, lawyers, security, communications staff, and more—was readily convinced of the need to move forward with this designation, there were some dissenting comments such as "I was spanked as a child," "I spank my kids," "You can't tell parents how to parent." Because a universal prevention initiative like this requires widespread staff buy-in, we did not simply dismiss these dissenting comments. Rather, we listened, respectfully interacted, and invited all team members to actively participate in discussions and policy development. In other words, while holding our ultimate goal in mind, we engaged the entirety of the team to ensure we built a policy with which everyone is comfortable.

Relationships are at the center of everything we do as advocates for young children, and, as Stephen M. R. Covey wrote, "nothing is as fast as the speed of trust" (Covey, 2006). That is, we can affect change much quickly when trust is present in these relationships. Because of the existing trusting relationships with our colleagues, we were able to explore this resistance in a judgement-free space that facilitated understanding. As an example, in a private conversation over coffee, one colleague was able to express their concern that prohibiting spanking is analogous with dictating how parents should discipline their children. Through respectful, open dialogue, as well as the

shared goal of protecting our patients and supporting families, a mutual understanding was developed that led to full support of this policy.

## The Impact of Education

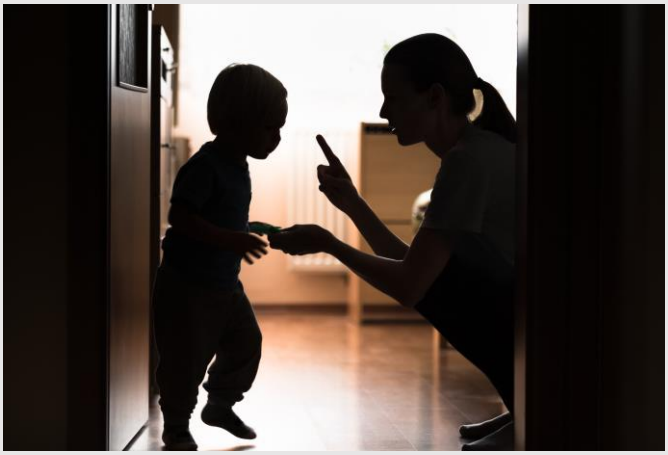
Leveraging relationships was just one way we facilitated buy-in; educational materials were also created with the help of adult learning experts from our nursing education department. These materials included staff newsletters, a blogpost, formal communication from hospital administration, and a virtual learning module that was mandatory for all staff. These materials focused on the importance of this policy and practice shift. The virtual learning module included empirical evidence framed in relatable terms and real-world examples of concerning caregiver–child interactions and practical strategies for interrupting that placed staff from all areas at the point of intervention.

After the virtual training went live, we received feedback from numerous employees across the hospital telling us how much they learned and how helpful the training was. One clinician stated,

> *The training very effectively communicates what the No Hit Zone designation means. It gives people real examples of how they can be champions of this policy throughout the institution. This is going to be such a benefit to our campus culture. Well done!*

A nonclinical professional, who initially raised concerns related to the implementation of the initiative, shared that she "learned a lot" and is now "glad we were able to bring this important initiative to our campus."

An individual from environmental services reached out with questions after completing the training. Following one-on-one discussion, this person stated they could "see the benefit" of the No Hit Zone, and that the training and our conversation gave them a different perspective to consider. Yet another employee from hospital security mentioned how wonderful the training was, commenting on the potential positive impact this training would have beyond patient families, benefiting the children of hospital staff. A basic science post-doctoral fellow shared that he was intrigued by the data presented in the training and requested resources to learn more, even asking how he could get more involved in efforts to diminish physical punishment in the community.



Staff are now empowered to interrupt a potentially problematic encounter in recognition that our seemingly bold action is likely to help protect a child and support a caregiver.

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## Learn More

Additional information related to No Hit Zones:
No Hit Zone | Healthy Kids • Safer Communities
https://nohitzone.com

Creating a Safe Place for Pediatric Care: A No Hit Zone
E. R. Frazier, G. C. Liu, & K. L. Dauk. (2014). *Hospital Pediatrics, 4,* 247–250.

A Short-Term Evaluation of a Hospital No Hit Zone Policy to Increase Bystander Intervention in Cases of Parent-to-Child Violence
E. T. Gershoff, S. A. Font, C. A. Taylor, A. B. Garza, D. Olson-Dorff, & R. H. Foster. (2018). *Children and Youth Services Review, 94,* 155–162.

Commentary: Changing the Social Norm About Corporal Punishment
V. Vaughan-Eden, G. W. Holden, & S. S. Leblanc. (2018). *Child and Adolescent Social Work, 35,* 43–48.

## Empowering Everyone for Positive Change

Ultimately, we were able to harness trusting relationships and deliver targeted education to ignite a meaningful culture and practice change across our institution. We garnered universal support for the No Hit Zone initiative from nearly all employees on our 5,000+ person campus. Even though some might still feel uncomfortable when presented with a real-life scenario like those in our training, we are resolute in our charge to keep children safe. Staff are now empowered to interrupt a potentially problematic encounter in recognition that our seemingly bold action is likely to help protect a child and support a caregiver.

How many of us look the other way when we see parents "disciplining" children in the community? As a community, we must all take responsibility for the well-being of our young children, arguably our most vulnerable members. Certain institutions, such as children's hospitals, have particular responsibility to do so. Thankfully, these special organizations, including schools and churches, also possess a culture of care and trust that provides the foundational relationships to allow their members to intervene for the sake of the child's safety and the caregiver–child relationship.

We recount this story because we believe in the importance of reducing physical punishment and increasing positive

parenting practices. What if hospital staff had been empowered to interrupt the escalation between Gia and her mother Paula? What if, when interrupted, Paula had been given the opportunity to learn positive parenting strategies? Might we have prevented Paula from losing control and hurting her child?

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## References

Covey, S. M. R. (2006). *The speed of trust: The one thing that changes everything*. Free Press.

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. https://psycnet.apa.org/doiLanding?doi=10.1037%2Ffam0000191 https://doi.org/10.1037/fam0000191

Finkelhor, D., Turner, H., Wormuch, B. K., Vanderminden, J., & Hamby, S. (2019). Corporal punishment: Current rates from a national survey. *Journal of Child and Family Studies, 28*(7), 1991–1997. https://link.springer.com/article/10.1007/s10826-019-01426-4 https://doi.org/10.1007/s10826-019-01426-4

Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

Mehus, C. J., & Patrick, M. (2020). Prevalence of spanking in US national samples of 35-year-old parents from 1993–2017. *JAMA Pediatrics, 175(1*), 92–94. https://doi.org/10.1001/jamapediatrics.2020.2197

No Hit Zone. (2022). *No Hit Zone: Healthy kids, safer communities. https://nohitzone.com*

Trocmé, N. M., Tourigny, M., MacLaurin, B., & Fallon, B. (2003). Major findings from the Canadian incidence study of reported child abuse and neglect, *Child Abuse & Neglect, 27*(12), 1427–1439. https://jamanetwork.com/journals/jamapediatrics/fullarticle/2768829 https://doi.org/10.1016/j.chiabu.2003.07.003

UNICEF. (2022, May). *Violent discipline*. https://data.unicef.org/topic/child-protection/violence/violent-discipline

UNICEF. (2014). *Hidden in plain sight: A statistical analysis of violence against children*.