



HASSENFELD
CHILDREN'S
HOSPITAL
AT NYU LANGONE

38th Annual Michigan
Statewide Conference on Child
Abuse and Neglect: Prevention,
Assessment and Treatment

**"The Global Movement
to End Corporal
Punishment"**

Vincent J. Palusci, M.D., M.S., F.A.A.P.
Professor of Pediatrics
New York University School of Medicine

October 21, 2019
0855-1015 a.m.

1

Faculty Disclosure Information

In the past 12 months, I have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s) discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation

2

Session Summary

- Debates over corporal punishment's effectiveness have come to an end. No study has shown it to have long-term benefits while many have demonstrated substantial and wide-ranging risks. The increasing recognition that children have rights is leading an ever-growing number of countries to legally prohibit corporal punishment of children. In the U.S., prominent professional organizations such as the American Academy of Pediatrics and the American Psychological Association have called for an end to the use of the practice. A growing number of hospitals and communities have designated themselves as "No Hit Zones" to provide education to professionals and parents on how to end the use of corporal punishment. This session will review the history and epidemiology of the use of corporal punishment and physical discipline, the evidence for the short-term and long-term harms, and the alternatives to its use that can be incorporated into professional practice to educate parents and professionals.

3

Learning Objectives

Participants will:

- Review definitions and the history of the use corporal punishment in the U.S. as well as recent changes in its use and acceptance by parents, professionals and countries.
- Understand the evidence for the short-term and long-term harms of corporal punishment and how these outweigh any potential or theoretical benefits from its use.
- Learn about alternatives to the use of corporal punishment that can be incorporated into professional practice to educate parents and professionals and to prevent serious consequences such as child physical abuse.

4



<http://www.nydailynews.com/sports/football/vikings-rb-adrian-peterson-accused-child-abuse-article-1.1937998>

5

Court rules it's 'reasonable use of force' for parents to spank their kids

- NY DAILY NEWS, JULY 20, 2014
- In a ruling Wednesday, the state Appellate Division found that a Long Island father's spanking of an 8-year-old boy "was a reasonable use of force."
- A Suffolk County Family Court judge had determined last year that the father of the boy had abused his son "by inflicting excessive corporal punishment."
- The father allegedly spanked the child with an open hand as punishment for cursing while they were at a party at friend's home back in 2012, the appeals court ruling says.
- "Further, it was alleged that after the father and the child returned home from the party, the father repeatedly struck the child with a belt on the buttocks, legs and arms." the ruling said.
- But while the dad, whose name was withheld, admitted spanking the boy for cursing, he denied hitting him with a belt.
- The Appellate Division said there was insufficient evidence to uphold that charge, and gave him a pass on the spanking.
- "The father's open-handed spanking of the child as a form of discipline after he heard the child curse at an adult was a reasonable use of force and, under the circumstances presented here, did not constitute excessive corporal punishment," the four-judge panel ruled in a unanimous decision.

6

Child Physical Abuse

- ¾ of all cases of “substantiated physical abuse” began as corporal punishment.
- Can cause permanent physical and emotional injury and death
- Is an Adverse Childhood Experience
28% of adults experienced some form of physical punishment as a child, including being pushed, grabbed, slapped, or hit.
- Toxic Stress, with neurodevelopmental, genetic, and epigenetic changes
- Continues an Intergenerational Cycle of Violence

7

How does corporal punishment come to medical attention?

- Acute injury, disclosure or physical symptoms
- Subacute concerns (parent, guardian, report)
- Behavior (inappropriate, aggressive, emotional)
- Incidental result (lab test, xray)

8

Learning Objectives-1

Participants will:

- Review definitions and the history of the use corporal punishment in the U.S. as well as recent changes in its use and acceptance by parents, professionals and countries.

9

The culture of hitting

10

Harsh Parenting

"Harsh parenting" has been defined in research as use one or more of the following practices:

- ☐ Physical discipline
- ☐ Hits, slaps, pokes
- ☐ Physically rough
- ☐ Uses threats
- ☐ Coerces
- ☐ Scolds
- ☐ Controls body
- ☐ Raises voice
- ☐ Teases/mocks child
- ☐ Criticizes failures
- ☐ Blames child
- ☐ Shows disapproval
- ☐ Shares irritation
- ☐ Shows negative emotion

M.L. Rodriguez et al. / Child Abuse & Neglect 34 (2010) 711–723

11

How hard is too hard?

- ☐ Some states have taken abuse laws a step further by specifically defining "how hard is too hard" for spanking. In Texas, for example, disciplinary spanking is confined to the buttocks. A bare hand may be considered abusive, but the use of an instrument, such as a belt, may not so long as injury does not occur. A child who is bruised or requires medical attention may be considered abused.
- ☐ What is clear is that the standard for proving child abuse stemming from corporal punishment is much higher in criminal cases than in family court. So even if hitting or spanking a child for disciplinary purposes may not land you in jail, it could very well impact your ability to maintain custody of your children. The family court judge may require you to attend parenting classes or some type of anger management course.
- ☐ http://gilmerlegal.com/lawyer/2014/02/18/ACS-Cases/Corporal-Punishment-in-New-York-City-Discipline-vs.-Abuse_b111810.htm#sthash.IHFT1ZJ0.dpuf

12

Corporal punishment

- Corporal punishment is the “noninjurious, open-handed hitting with the intention of modifying child behavior.”
- Spanking can be considered a form of physical punishment.
- As Gershoff and Grogan-Kaylor noted most people understand “corporal punishment, physical punishment, and spanking as synonymous.”
- The term “verbal abuse” is used to mean nonphysical forms of punishment as defined above.

Sege RD, Siegel BS. AAP Council on Child Abuse and Neglect, AAP Committee on Psychosocial Aspects of Child and Family Health. (2018). Effective Discipline to Raise Healthy Children. Pediatrics, 142(6), e20183112

13

Corporal punishment

- “The use of physical force with the intention of causing a child to experience pain, but not injury, for the purpose of correcting or controlling the child's behavior.”
- Physical force in the form of hitting is often referred to as spanking, swatting, whipping, whooping, popping, smacking, slapping, or paddling – all of which are behaviors used in the name of child discipline.
- “Spanking” refers to striking a child with an open hand on the buttocks or extremities with the intention of modifying behavior without causing physical injury (AAP).

APSAC POSITION STATEMENT ON CORPORAL PUNISHMENT OF CHILDREN July 26, 2016

14

A pattern of violence against children

15

- 300 million children around the world between 2-4y are subject to physical punishment or verbal abuse from their parents or caregivers.
- Every seven minutes, an adolescent is murdered.
- By the time they reach age 19, fifteen million girls have already experienced forced sexual acts, including rape - inflicted, for the most part, by people they know.

15

Variations in Parenting

16

- Spanking and other forms of corporal punishment are widely accepted and used throughout the world.
- Using a modified parent-child Conflict Tactics Scale to address parental discipline of children in Brazil, Chile, Egypt, India, Philippines, and the United States, nearly all 14,239 mothers surveyed used nonviolent discipline and verbal or psychological punishment.
- Physical punishment was used in at least 55% of the families. Spanking rates (open hand on buttocks) ranged from a low of 1.5% in an educated community in India to a high of 76% in a Philippine community.
- Similarly, there was a wide range in the rates of children who were hit with objects (9% to 74% [median: 39%]) or beaten by their parents (0.1% to 28.5%).

16

DK Runyan, et al., 2009

830

DK Runyan et al. / Child Abuse & Neglect 33 (2009) 826–832

Table 2
Discipline practices, either parent (Russia only for one parent), values in percent.

	Columbia	Egypt	India	Lebanon	Malaysia	Russia	Total	Missing
	N=120	N=121	N=123	N=119	N=125	N=89	N=697	
Practice								
Non-violent discipline (total)	98	96	98	99	79	99	95	1.6
Explained (q8)	91	95	91	97	70	94	90	2.9
Told to stop something (q9)	80	84	83	97	70	98	87	3.3
Time out (q10)	40	29	30	58	14	47	34	4.0
Took away privileges (q29)	72	52	56	65	6	62	52	3.5
Distracted (q14)	65	45	53	83	22	66	55	
Physical discipline (moderate)	66	79	83	75	46	63	69	
Shook child (>2 years) (q11)	39	55	34	33	15	15	39	2.6
Hit on buttocks w/object (q12)	36	30	28	28	15	23	24	1.0
Hit elsewhere violent (q13)	18	26	12	13	14	15	16	1.4
Twisted ear (q15)	12	51	33	35	26	8	27	1.7
Knuckled back of head (q16)	14	33	30	13	29	17	20	2.5
Pulled hair (q17)	18	36	22	28	4	12	19	2.4
Painful knee/instad (q21)	1	2	10	13	2	7	6	2.8
Chill pepper mouth (q22)	0	8	4	11	2	0	4	3.6
Spanked (q25)	54	24	37	60	13	42	37	1.3
Flicked (q31)	19	55	28	33	11	49	25	2.2
Slapped back of head (q32)	13	45	51	22	6	21	25	2.0
Severe physical discipline	10	24	21	17	8	8	15	
Shook child <2 years (total <2 years) (q11)	108 (10)	568 (4)	678 (3)	0 (2)	408 (5)	0 (1)	288 (25)	7.4
Kicked (q21)	5	13	7	10	4	7	7	2.3
Choked (q26)	2	6	2	2	2	1	2	2.7
Smothered (q35)	1	5	1	3	2	0	2	2.9
Burn (q36)	0	17	7	1	2	0	4	3.0
Beat up (q37)	9	12	15	9	0	6	8	3.5
Threaten with knife or gun (q38)	0	3	2	2	0	1	1	4.3
Gave drug, alcohol (q40)	0	0	1	2	0	0	0.5	4.0

17

Variations in Parenting

18

- There is international consensus against using extremely harsh methods of physical punishment, such as burning or smothering, which are rare in all countries. Shaking continues to be used; 20% of parents in 9 communities admitted shaking children younger than 2 years.
- Corporal punishment in schools was prohibited in at least 108 countries worldwide. However, at least 78 of these did not prohibit corporal punishment as a disciplinary measure in penal institutions for children in conflict with the law, and 43 did not prohibit it as a judicial sentence of the courts for young people convicted of an offense.

18

World Health Organization

19

- **Physical Abuse:** Intentional use of force against a child that results in, or has a high likelihood of resulting in, harm to the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. This may or may not be with the objective of punishment.

19

UN Committee on the Rights of the Child

- The definition of corporal or physical punishment adopted by the Committee on the Rights of the Child in its General Comment No. 8 (2006) has the key reference point, 'any punishment in which physical force issued and intended to cause some degree of pain or discomfort, however light.'
- According to the committee, this mostly involves hitting ("smacking," "slapping," or "spanking") children with the hand or with an implement (a whip, stick, belt, shoe, wooden spoon, or similar), but it can also involve, for example, kicking, shaking, or throwing children; scratching, pinching, biting, pulling hair, or boxing ears; forcing children to stay in uncomfortable positions; burning, scalding, or forced ingestion (for example, washing a child's mouth out with soap or forcing them to swallow hot spices).
- Nonphysical forms of punishment that are cruel and degrading and thus incompatible with the convention include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares, or ridicules the child. In the view of the committee, corporal punishment is invariably degrading."

Global Initiative to End All Corporal Punishment of Children. Prohibiting and Eliminating Corporal Punishment: A Key Health Issue in Addressing Violence Against Children. Geneva, Switzerland: World Health Organization; 2015. Available at: www.who.int/topics/violence/global-initiative-end-all-corporal-punishment-children.pdf

20

Declining use in US

- 2004: Two-thirds of parents reported using some form of physical punishment; by fifth grade, 80% of children had been physically punished; 51% of teens reported having been hit with an object or a belt.
- 2013: parents endorsing "a good hard spanking" as "necessary" dropped from 84% in 1986 to 70% in 2012.

Sege RD, Siegel BS. AAP Council on Child Abuse and Neglect, AAP Committee on Psychosocial Aspects of Child and Family Health. (2018). Effective Discipline to Raise Healthy Children. *Pediatrics*,142(6). e20183112

21

Finkelhor et al., 2019

- 2014 cross-sectional telephone survey of a nationally representative sample of US households with children
- The majority of children in the US were not subject to corporal punishment in 2014: 49% in the past year for ages 0-9y, 23% for 10-17y, 37% overall
- Less spanking for girls than for boys, Northeasterners compared to Southerners, whites compared to blacks.
- Less in families with graduate education, <3 children

22

2018

- An opinion poll taken by ABC News in October 2018 found that 65% of the more than 1,000 randomly sampled, nationally representative adults approve of spanking or corporal punishment in the home.
- In contrast to the home, 72% of respondents did not approve of corporal punishment in schools.
- Nineteen states still allowed paddling or corporal punishment in schools.

23

Attitudes and Policies

24

Historical Context in the U.S.

Holden, Wright & Sendek (2019) described three waves social context for spanking or corporal punishment:

- First Wave: Harsh Punishment was endemic in colonial schools and in Puritan homes (Piele, 1979)
- In 1820 there was the beginning of the movement to end “brute force” in schools led by Horace Mann and other educators.

25

Historical Context in the U.S.

- The second wave emerged after the civil war until the Great Depression in the 1920's. In 1867, New Jersey became the first state to ban corporal punishment in the schools.
- The child abuse case of Mary Ellen Wilson in 1874 led to the opening of the first child protection organization in the United States: The New York Society on the Prevention of Cruelty to Children.
- John Dewey and social activist Jane Adams called for the end of harsh punishment in education and childrearing.

26

Historical Context in the U.S.

- The third wave beginning in 1972 was the first wave that was based on research findings and the release of a report from the National Education Association's Task Force on Corporal Punishment which recommended the elimination of school corporal punishment.
- Researchers such as Murray Straus and Irwin Hyman began publishing articles on home and school corporal punishment.
- During this period there began the start of new social media based organizations such as the US Alliance To End the Hitting of Children, StopSpanking.org and parentingbeyondpunishment.com.

27

Some professional organizations that support the elimination and prohibition of physical punishment

- AAP, AAFP, AACAP, NAPNAP, APA, APSAA, APSAC, ABA
- National PTA
- UNICEF
- International Association for Adolescent Health
- International Pediatric Association
- International Society for Social Pediatrics and Child Health
- International Society for the Prevention of Child Abuse and Neglect

28

AAP Policy Statement

- "Spanking refers to striking a child with an open hand on the buttocks or extremities with the intention of modifying behavior without causing physical injury."
- "Striking a child with an object...on parts of the body other than the buttocks or extremity...with such intensity that marks lasting more than a few minutes occur, pulling a child's hair, shaking a child, and physical punishment delivered in anger with intent to cause pain...are unacceptable and may be dangerous to the health and well-being of the child. These types of physical punishment should never be used."

AAP Guidance for Effective Discipline. Pediatrics 1998;101:723-728.

29

AAP Policy Statement

- "Because of the negative consequences of spanking and because it has been demonstrated to be no more effective than other approaches for managing undesirable behavior in children, the American Academy of Pediatrics recommends that parents be encouraged and assisted in developing methods other than spanking in response to undesired behavior."

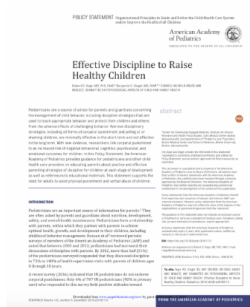
AAP Guidance for Effective Discipline. Pediatrics 1998;101:723-728.

30

Policy Highlights [1]

Recommendation: Do not use spanking, hitting, slapping, threatening, insulting, humiliating, or shaming.

- Spanking linked to increased aggression, defiance, poor parent-child bond, anxiety, alcohol/drug abuse, mental health and cognition problems
- Spanking associated with adverse outcomes similar to those in children who have been overtly abused or neglected.
- CP with verbal abuse associated with changes in brain anatomy that can be visualized by using MRI.



31

American Academy of Pediatrics "Effective Discipline to Raise Healthy Children" Policy Statement

The NAPNAP Executive Board recently voted to endorse the American Academy of Pediatrics "Effective Discipline to Raise Healthy Children" policy statement. The NAPNAP Executive Board wishes to emphasize that pediatric-focused nurse practitioners are important sources of information for parents for the best discipline techniques, and that pediatricians are not the only source of information, as might be construed by the policy statement. "The Effective Discipline to Raise Health Children statement is comprehensive and thoroughly researched," said NAPNAP President Dawn Garzon Maaks, PhD, CNP-PC, PHMS, FAANP. "This information will be helpful to NAPNAP members and others who must teach parents alternative discipline methods while also helping them understand the harms associated with physical punishment and harsh discipline." NAPNAP found that endorsing this policy statement is consistent with the organization's strategic priorities.

32

33

- APSAC calls for the elimination of all forms of corporal punishment and physical discipline of children in all environments including in schools and at home.
- Corporal punishment is herein defined as “the use of physical force with the intention of causing a child to experience pain, but not injury, for the purpose of correcting or controlling the child’s behavior”.

33

American Psychological Association (2019)

- ...BE IT RESOLVED that the American Psychological Association recognizes that scientific evidence demonstrates the negative effects of physical discipline of children by caregivers and thereby recommends that caregivers use alternative forms of discipline that are associated with more positive outcomes for children.
- BE IT FURTHER RESOLVED that the APA engage in competency based public awareness, education and accessible outreach activities to increase public knowledge about the effects of physical discipline on children and knowledge regarding alternative forms of discipline and their effectiveness and outcomes for children and parents.
- BE IT FURTHER RESOLVED that the APA engage in promoting culturally responsive professional training and accessible continuing education activities regarding alternative discipline strategies and their effectiveness.

https://www.apa.org/images/physical-discipline_tcm7-207150.pdf

34

What does the law say?

35

Corporal punishment of children in the USA

LAST UPDATED April 2019
Also available online at
www.endcorporalpunishment.org
Child population 73,169,000 (UNICEF, 2015)



GLOBAL INITIATIVE TO
**End All Corporal
Punishment of Children**

Summary of necessary legal reform to achieve full prohibition

Prohibition is still to be achieved in the home, some alternative care settings, some day care, some schools and some penal institutions.

State laws confirm the right of parents to inflict physical punishment on their children and legal provisions against violence and abuse are not interpreted as prohibiting all corporal punishment in childrearing. The near universal acceptance of corporal punishment in "disciplining" children necessitates a clear statement in law that all corporal punishment, however "light", is prohibited and the repeal of all legal defences for its use.

Alternative care settings – Prohibition should be enacted in legislation applicable to all alternative care settings (foster care, institutions, emergency care, places of safety, etc) throughout the USA.

Day care – Corporal punishment should be prohibited in all early childhood care (crèches, preschools, kindergartens, family centres, etc) and all day care for older children (day centres, after school childcare, childminding, etc) throughout the USA.

Schools – Legislation should prohibit corporal punishment in all schools, public and private, throughout the USA.

Penal institution – Prohibition should be enacted of corporal punishment as a disciplinary measure in all institutions accommodating children in conflict with the law throughout the USA.

36

International Efforts

- The United Nations has stated that spanking or physical punishment is a form of violence.
- Spanking or physical punishment is a violation of children's human rights.
- The United Nations has called on all countries that have ratified the Convention on the Rights of the Child to prohibit all forms of spanking or physical punishment.

37

56 Countries Have Banned All Physical Punishment of Children (as of Sep 2019)

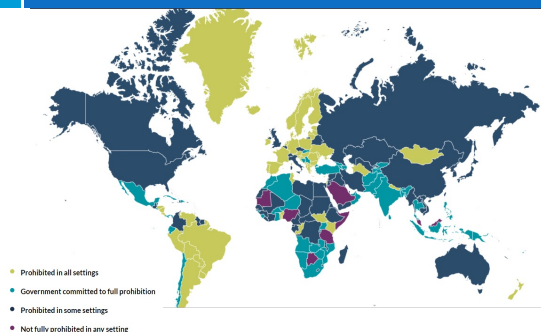
38

France (2019), Kosovo (2019), Nepal (2018), Lithuania (2017), Montenegro (2016), Paraguay (2016), Mongolia (2016), Slovenia (2016), Ireland (2015), Benin (2015), Peru (2015), Andorra (2014), Estonia (2014), Nicaragua (2014), San Marino (2014), Argentina (2014), Bolivia (2014), Brazil (2014), Malta (2014), Cabo Verde (2013), Honduras (2013), TFYR Macedonia (2013), South Sudan (2011), Albania (2010), Congo, Republic of (2010), Kenya (2010), Tunisia (2010), Poland (2010),

Liechtenstein (2008), Luxembourg (2008), Republic of Moldova (2008), Costa Rica (2008), Togo (2007), Spain (2007), Venezuela (2007), Uruguay (2007), Portugal (2007), New Zealand (2007), Netherlands (2007), Greece (2006), Hungary (2005), Romania (2004), Ukraine (2004), Iceland (2003), Turkmenistan (2002), Germany (2000), Israel (2000), Bulgaria (2000), Croatia (1999), Latvia (1998), Denmark (1997), Cyprus (1994), Austria (1989), Norway (1987), Finland (1983), Sweden (1979)

38

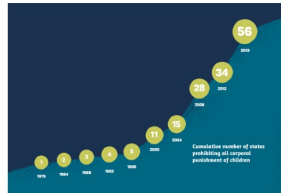
World Map, September 2019



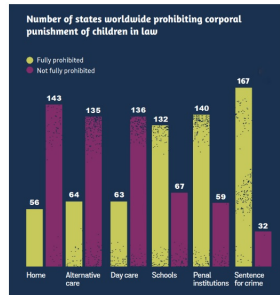
39

Progress

- 56 states have now achieved prohibition in all settings, including the home
- 56 more states have committed to reforming their laws to achieve a complete legal ban. We are reviewing states' commitment to prohibition - find out how you can help!



www.endcorporalpunishment.org



40

Learning Objectives-2

Participants will:

- Understand the evidence for the short-term and long-term harms of corporal punishment and how these outweigh any potential or theoretical benefits from its use.

41

Arguments for Corporal Punishment

- Some longitudinal studies find no short- or long-term detrimental consequences among middle-class, intact families.
- Some studies find that certain factors prevent potential negative consequences of spanking.
- Conflicting interaction between parents and children is common (3-15 times per hour).
- Spanking is universally practiced and supported by parents (>90%).
- Spanking is effective with defiant children to enforce time-out.

42

Arguments against Corporal Punishment

- Child abuse studies suggest sub-abusive corporal punishment can escalate to abuse.
- Some studies report negative consequences.
- While spanking itself is unlikely to produce poor outcomes, other family factors increase risk of harm.
- There is little or no objective data showing the longer-term effectiveness of spanking.

43

Research Findings

Spanking is linked to several unintended negative outcomes:

- Mental health problems
- Difficult relationships with parents
- Lower self esteem
- Lower academic performance
- None of the studies showed links between spanking and better behavior

44

Corporal Punishment

- "Abusive" parents spank their children more times per day (3.82, SD=4.97) than "non-abusive" parents (2.47, SD=1.63, $r=0.573$). (Whipple, *Child Abuse & Neglect* 1997;21:431-444)
- 44% of mothers spank their children, on average 2.1 times per week. Higher levels of spanking were associated with more "anti-social" behavior. (Straus, *Arch Ped & Adol Med* 1997;151:761-7)
- Spanking did not foster aggression in children <6 years, but was associated with increased aggression in 8-11 year males. (Gunnore, *Arch Ped & Adol Med* 1997;151:768-75)
- Gender and poverty are associated with more corporal punishment, with resulting lower IQ, modified by "warmth". (Smith, *Arch Ped & Adol Med* 1997;151:777-86)

45

Research Findings

Does Spanking Improve Children's Behavior?

Research based upon 75 studies over a 50-year time span from 13 different countries including 160,927 children found: (Elizabeth Gershoff 2018).

- Spanking is linked to worse, not better behavior in children.
- Spanking is associated with significantly more aggression and antisocial behavior problems.

46

Research Findings

- Do outcomes linked with spanking vary by culture?
- Although there are differences across cultural groups (African American, Latino, White and Asian parents) in frequency of spanking, there were no differences found in outcomes.

47

Research Findings

Can spanking lead to physical abuse?

- Strong statistically significant association between spanking and the risk of physical abuse.
- A review of child maltreatment cases in Canada found that 75% of substantiated physical abuse cases involved physical punishment or spanking
- One study found the odds of experiencing childhood physical abuse is much higher (OR = 65.3) among respondents reporting frequent corporal punishment during upbringing (King, 2018)

48

Research Findings

**SPANKING ≠
PHYSICAL ABUSE**

49

Recent Studies on CP

- Although some studies have found no relationship between physical punishment and negative outcomes, and others have found the relationship to be moderated by other factors, no study has found physical punishment to have a long-term positive effect, and the vast majority have found negative effects (Durrant, 2017).
- Country prohibition of corporal punishment is associated with less youth violence (Elgar, 2018).
- Harsh physical punishment was associated with increased odds of childhood maltreatment, including emotional abuse, sexual abuse, physical abuse, physical neglect, emotional neglect, and exposure to IPV after adjusting for sociodemographic factors, family history of dysfunction, and other child maltreatment types (range 1.6 to 26.6). Harsh physical punishment was also related to increased odds of experiencing IPV in adulthood (range 1.4 to 1.7) (Afifi, 2017)

50

Learning Objectives-3

Participants will:

- Learn about alternatives to the use of corporal punishment that can be incorporated into professional practice to educate parents and professionals and to prevent serious consequences such as child physical abuse.

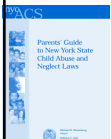
51

What should parents do instead?

52

Common Concerns

- *"My parents beat me and I turned out all right. A little spanking here and there never hurt anyone."*
- *"I discipline my children by hitting them with a belt. This is how I was raised and choose to raise my children. I was told by neighbors that I risk being reported if I continue. Is this true?"*



53

Recent Studies on CP

- Preventing harsh physical punishment and child maltreatment in childhood may reduce antisocial behaviors among adults in the United States (Afifi, 2019).
- HFNY was effective in fostering positive parenting, such as maternal responsivity and cognitive engagement. With respect to negative parenting, HFNY mothers in the High Prevention Opportunity subgroup were less likely than their counterparts in the control group to use harsh parenting, while no differences were detected for the Limited Prevention Opportunity subgroup (Rodriguez, 2010).

54

New Developments in Health-Based Prevention

- Hospital-based parent education programs and “No Hit Zones”
- Office-based programs with anticipatory guidance and responses to infant crying
- Office-based screening and parenting programs
- Improved training for health professionals
- Child fatality review

NACHRI. *Children's Hospitals at the Frontlines: The Prevention of Child Abuse and Neglect*, 2012

55

55

Addressing CP attitudes

Abstract

Introduction: Parenting dysfunction can lead to child abuse and neglect, and parent education programs have been developed to improve parenting attitudes, knowledge and practices. We modified the Family Nurturing Program to be implemented among inmates, parents in substance abuse recovery and other at-risk populations and measured its effects on parenting knowledge and attitudes.

Methods: Multiple groups with 5–30 participants each were held in five different settings: county jail substance abuse rehabilitation program, county jail batterers intervention program, residential substance abuse treatment facility, general community referrals, and community parenting camp program. Baseline risk for potential child maltreatment was measured using the Child Abuse Potential Inventory, and parenting attitudes and knowledge were measured using the revised Adult Adolescent Parenting Inventory (AAPAI-2).

Results: Among 781 participants recruited, 484 were incarcerated. No significant differences in changes in parenting attitudes were noted based on location. Males showed greater improvement in AAPAI-2 scores in all groups, with greater gains in knowledge about empathy, expectations and use of corporal punishment. Those with high abuse potential showed greater improvements.

Conclusions: A parenting program based on the Family Nurturing Program results in improvements in parenting attitudes and knowledge in multiple at-risk populations. While program implementation at the

Palusci, Crum, Bavolek, 2008

56

Improvements by group

Table 5

Mean AAPAI raw sub-scale scores by program group and gender

	Community	Jail	Batterers	Rehab	Camp	Female	Male	Total
A. Expectations								
Pre-test	21.2	20.9	19.6	20.6	21.2	21.6	20.4	20.9
Post-test	24.2	23.6	22.8	20.7 ^a	22.6	23.9	23.0	23.4
Mean difference	3.0 ^b	2.7 ^b	3.2 ^b	0.1	1.4	2.3 ^b	2.6 ^b	2.5 ^b
B. Empathy								
Pre-test	39.5	39.1	38.6	38.2	40.1	40.1	38.3	39.1
Post-test	43.5	42.7	42.2	41.4	42.4	43.6	42.0	42.7
Mean difference	4.0 ^b	3.6 ^b	3.6 ^b	3.2 ^b	2.3 ^b	3.5 ^b	3.7 ^b	3.6 ^b
C. Corporal punishment								
Pre-test	37.9	40.0	38.5	39.1	36.4 ^a	39.9	38.6	39.2
Post-test	44.8	45.5	44.9	43.0	40.0 ^a	44.7	44.8	44.8
Mean difference	6.9 ^b	5.5 ^b	6.4 ^b	3.9 ^b	3.6 ^b	4.8 ^b	6.2 ^{cb}	5.6 ^b
D. Roles								
Pre-test	26.9	24.1	22.9	23.4	26.8 ^a	26.2	23.6 ^c	24.8
Post-test	28.0 ^a	25.9	24.8	23.1 ^a	27.0	27.5	25.0 ^c	26.7
Mean difference	1.1	1.8 ^b	1.9 ^b	-0.3	0.2	1.3	1.4	1.4
E. Independence								
Pre-test	20.9	19.1	19.2	18.4	19.9	20.3	18.9	19.5
Post-test	20.4	19.2	20.1	19.2	18.9	19.6	19.5	19.5
Mean difference	-0.5	0.1	0.9	0.8	-1.0	-0.7	0.6	0.0

^a $P < 0.05$, compared to jail group.

^b $P < 0.01$ post-test compared to pre-test (paired t -test).

^c $P < 0.05$, compared to females.

Palusci, Crum, Bavolek, 2008

57

Prevention in the medical office

- Given prevalence of abuse and neglect and other ACEs, pediatricians should:
 - ▣ Try to ameliorate the consequences in children with known exposure;
 - ▣ Counsel parents to help understand their child may be having a biologically-based maladaptive response to past trauma;
 - ▣ When evaluating a child with behavior problems & disorders, explore past trauma as a cause;
 - ▣ Use trauma-informed office practices and referrals for evidence-based treatments

58

Things pediatricians can do in all levels of child abuse prevention

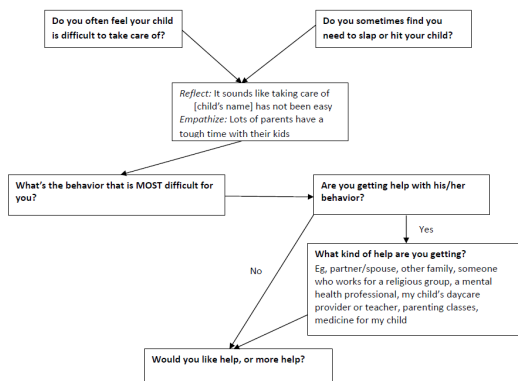
- Use best practices to recognize, report and treat child abuse and neglect
- Incorporate trauma sensitive practices
- Screen for ACEs, IPV and child abuse
- Support and participate in community activities such as child death review
- Inform policymakers about the health harms and important outcomes to be addressed and measured
- Advocate for laws, policies, and programs to prevent and treat violence

APSAC Guideline on Integrating Prevention..., 2010

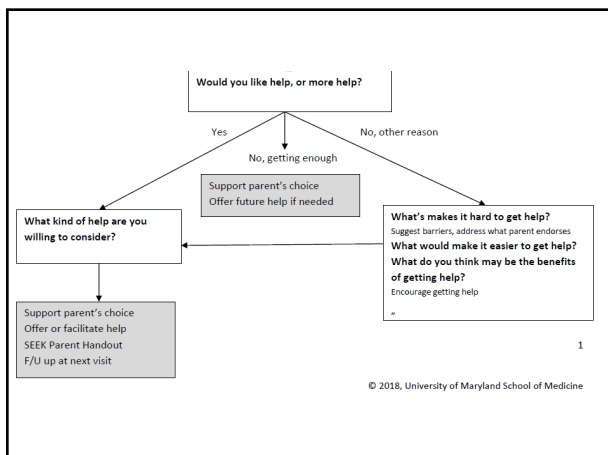
59



Harsh Punishment - Algorithm and Addressing Barriers



60



61



62



63

APSAC recommends that professionals engage in the following:

64

- Inform parents, caregivers, teachers, and the general public about the harmful effects of corporal punishment;
- Educate parents, caregivers and teachers about age-specific expectations for child skills, behavior, and development;
- Provide parents, caregivers, teachers, pediatricians, clinicians, and other professionals who work with parents and families with suggestions for positive parenting approaches that use non-physical forms of child guidance; for example, teaching children limit setting, self-regulation, and respect for self and others.

64

The AAP suggests the following strategies instead of spanking:

- Model appropriate behavior and tell your kids what you expect from them.
- Be clear and consistent when setting limits for your kids, and explain them in age-appropriate ways.
- Explain that there are consequences for breaking rules, and be prepared to follow through (for example, if a child doesn't pick up their toys when asked, the adult will remove the toys from the room for the rest of the day).
- Listen. The AAP notes that this step is important. When we listen to our children's problems, we can talk to them about patterns we are noticing in their behavior.
- Pay attention to them. According to the AAP, "the most powerful tool for effective discipline is attention—to reinforce good behaviors and discourage others."
- Redirect your child if they're misbehaving out of boredom, and plan ahead for situations when you think behaving will be hard for kids. Talk to them beforehand if such a situation is coming up, and let them know what you need from them (for example: "Mom is going to vote tomorrow and you're coming with me. I need you to be really respectful of others at the polling place, and use your library voice."
- Take a time-out when needed. According to the AAP, when a specific rule is broken, a quick timeout (one minute per age of the child) can be effective. The AAP notes times outs work best if we warn our kids before they get a time out, and start the time out without using a lot of words or emotion. (Like, "You broke that item after I asked you not to. Now you'll be in time out for five minutes).

65

Anticipatory Guidance

Effective behavior guidance includes all of the following essential 4 components:

1. A positive supportive loving relationship between the parents and child;
2. Clear expectations communicated to the child in a developmentally appropriate manner;
3. Positive reinforcement strategies to increase desired behaviors;
4. Removal of reinforcements or use of logical consequences to reduce or eliminate undesired behaviors.

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Ed: AAP, 2017.

66

Anticipatory Guidance

- Discipline is a tool parents can use to help modify and structure a child's behavior.
- It encompasses positive reinforcement of admired behavior (e.g. praise for picking up toys) and negative reinforcement of undesirable behavior (e.g. a time out for fighting with a sibling).
- Health professionals should discuss with parents how they were disciplined, how that discipline made them feel, and the most and least effective methods of discipline.

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Ed: AAP, 2017.

67

Anticipatory Guidance

Box 3

Discipline: Key Messages for Parents

- Discipline means teaching, not punishing.
- All children need guidance, and most children need occasional discipline.
- Discipline is about a child's behavior, not about his worth as a person.
- Discipline is effective when it is consistent; it is ineffective when it is not consistent.
- Parents' discipline should be geared to the child's developmental level.
- Discipline is most effective when the parent can understand the child's point of view.
- Discipline should help a child learn from his mistakes. The child should understand why he is being disciplined.
- Disciplinary methods should not cause a child to feel afraid of his parents.
- A parent should not physically discipline a child if the parent feels out of control.

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Ed: AAP, 2017.

68

Anticipatory Guidance

Priorities for the 9 Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- ▶ Social determinants of health* (risks [intimate partner violence], strengths and protective factors [family relationships and support])
- ▶ Infant behavior and development (changing sleep pattern [sleep schedule], developmental mobility and cognitive development, interactive learning and communication, media)
- ▶ Discipline (parent expectations of child's behavior)
- ▶ Nutrition and feeding (self-feeding, mealtime routines, transition to solid foods [table food introduction], cup drinking, plans for weaning)
- ▶ Safety (car safety seats, heatstroke prevention, firearm safety, safe home environment: burns, poisoning, drowning, falls)

*Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

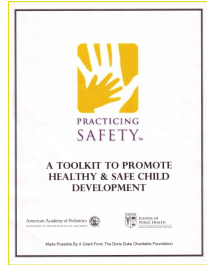
Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Ed: AAP, 2017.

69

AAP Practicing Safety Modules

Practice Guides with:

- Background information about each topic
- Assessment Questions
- Anticipatory Guidance
- Parent Educational Materials
- Office Marketing Tools
- Staff tools
- Moderate Interactives/Tangibles
- Issues Management



70

7 AAP Practicing Safety Modules

Color coded Practice Guides:

- ▣ **Red:** Coping with Crying/SBS Prevention
- ▣ **Purple:** Parenting
- ▣ **Pink:** Safety in Others' Care
- ▣ **Blue:** Family & The Environment
- ▣ **Orange:** Effective Discipline
- ▣ **Green:** Sleeping/Eating Issues
- ▣ **Aqua:** Toilet Training



71

WHAT CAN WE DO TO HELP CHILDREN BEHAVE?

ALTERNATIVES TO CORPORAL PUNISHMENT-- "No Hit Zone"

Corporal Punishment:
An Intervention by Pediatric Nurse
Practitioners



NAPNAP Child Maltreatment Special Interest Group



72

The No Hit Zone

- Developed in response to staff and parent concern regarding the use of CP in the hospital setting.
- Created by Dr. McDavid and Lauren McAliley, PNP from Rainbow Babies and Children's Hospital, Cleveland, OH in 2004
- Consists of PowerPoint presentations as an educational tool for all hospital staff members, and posters, brochures and handouts that address physical discipline.
- Since the implementation of the No Hit Zone at RB&C, there have been over 30 hospitals across the country that have implemented this policy, including Montefiore and St. Barnabas in NYC.

73

NHZ Goals

1. Create a safe and caring environment for children.
2. Reduce the frequency of occurrence of disruptive or abusive discipline in the hospital setting.
3. Let families know our goals and policies with advance notices and signage.
4. Enhance staff comfort, competence and accountability with regard to these issues and intervening in the hospital setting.
5. Improve hospital environment, workforce resource allocation, Family-Patient Centered care

74

The No Hit Zone

- Policy Statements
- Posters
 - Placed throughout the hospital setting: waiting rooms, elevators, patient rooms, clinics...
- Brochures
 - Parent resources focusing on alternatives types of discipline
 - Available throughout the hospital
- Staff education

75

Poster

Child Advocacy & Protection



THIS HOSPITAL IS A "NO HITTING" ZONE

SPANKING VS. BEATING

SPANKING: Hitting with an open hand on the rear of the pants without leaving bruise or lasting marks.

BEATING: Hitting with a fist, belt, cord, switch or other object; hitting with an open hand anywhere other than the rear of the pants; spanking that leaves bruise or permanent marks.

If you choose spanking, use it rarely and only to put a quick stop to dangerous behavior. Other types of discipline work better for other situations.

Many parents spank their children at one time or another, and most children probably don't suffer lasting harm from being spanked. If you choose to spank, keep the following in mind:

- Spanking doesn't make a child respectful. Spanking often makes a child fearful.
- Spanking doesn't teach a child how to behave differently or better next time.
- Spanking doesn't make a child sorry for what he did. Instead, the child may become angry or embarrassed and react in other ways.
- Spanking teaches a child that violence is a good way to solve problems.
- Spanking is ineffective if a child who is being taught that hitting is not right.
- Spanking can get out of hand and cause serious or lasting injury.
- Spanking makes a parent look out of control. It is spanking for the child and others who see or hear the spanking.

Ask a nurse, child life specialist or social worker about **FREE** child discipline information.



 11100 Euclid Avenue, Cleveland, Ohio 44106 | 216-844-RAINBOW | www.rainbowbabies.org

76


Hospital Policy


□ Sample Policy statement:

"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."

77







NO HIT ZONE

This is a **"No Hit Zone"**

A **"No Hit Zone"** is an environment in which no adult shall hit another adult; no adult shall hit a child; no child shall hit an adult; and no child shall hit another child.

Please speak with one of your child's caregivers if you have questions or would like more information.




Physicians
 PEDIATRICS

40246-01 - 10/12

78

The No Hit Zone

- Procedures:
 - ▣ Signage posted in all areas with children and materials provided for child visits and admissions.
 - ▣ All hospital staff will be provided with power point presentation and training that will help them to identify and respond to situations that compromise the safety of patients and employees.
 - ▣ Ongoing managerial support and training.
 - ▣ Ongoing monitoring of staff responses and situations encountered.

79

Cards

Parents Who Spank...

Have **MORE** contact with Child Protective Services

Are **4-9X** more likely to meet criteria for substantiated child abuse

Use **ATTEMPT TO DISCIPLINE DEFENSE** in 75% of physical child abuse cases

Let's solve the problem upstream.

We can prevent child abuse by ending spanking.

The AAP has recently warned that parents should *never* spank their children. You can help spread the word!

80

Cards

Parents just scan the QR Code with their phone to find...

- facts about spanking
- effective alternatives
- immediate online help

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

81

The No Hit Zone

- Staff Guidelines
 - Be nonjudgmental, calm and sympathetic.
 - Model effective alternative interventions (distraction, respond immediately to disruptive behavior to help de-escalate).
 - Be non-confrontational (conversations with caregivers should be in private and away from others).
 - Thank parents for respecting policy.

82

SOME CONCEPTS ABOUT NO HIT ZONES

- Not enough to put up a sign – need to train staff
- Children's Hospitals taking a lead, but not the only ones
- Should the message explicitly say “no hit” or talk about safe places for children?

83

AN AUDACIOUS PLAN

- Identifying hospitals that are “no hit,” in planning stages, or thinking about it
- Presentations by a variety of people to national conferences
- Working with Children's Hospital Association
- Please contact randell.alexander@jax.ufl.edu if you are interested in being part of the master list

84

The National Initiative to End Corporal Punishment

Third National Summit, 2018:

- To develop a multi-year, multi-dimensional strategy to end corporal punishment in the United States.
- Create the framework for a national public health or social media campaign.
- Conceptualize the creation of a coordinating body to train professionals, educate parents and disseminate information about evidence-based parenting programs.

85

The National Initiative to End Corporal Punishment

Seven committees were formed to help achieve the overall strategic goal to end corporal punishment in the United States and implement the strategic goals:

- Policy committee
- Communications and committee
- Resource and Training committee
- No Hit Zone committee
- Fundraising committee
- Faith committee
- Evaluation committee

Summit participants and other professionals volunteered to become committee members.

86

The National Initiative to End Corporal Punishment

Recommendations from the Summit:

- Continue efforts to end corporal punishment in the United States under the direction of the Summit's planning committee and the three co-sponsoring organizations of the summit (APSAC, New York Foundling and the US Alliance to End the Hitting of Children).
- Use seed money donated by New York Foundling to explore the hiring of a social media/communications agency to design a strategic social media plan.
- Focus on activities that do not require major funding, i.e. providing information to organizations about No Hit Zones; provide webinars and trainings, identify resources to make available to professionals.

87

The National Initiative to End Corporal Punishment

One Year Accomplishments of the National Initiative to End Corporal Punishment:

- Creation of a coordinating structure to help develop and lead a national campaign to end corporal punishment in the United States.
- Development of a strategic plan with six strategic goals.
- The Ambassador Drive was launched.

88

The National Initiative to End Corporal Punishment

Accomplishment continued:

- PCI Media, a communications agency was hired to develop a social media strategic plan.
- Efforts continued to establish No Hit Zones with the result of an increase in the number of No Hit Zones adopted throughout the nation.
- The Executive and Policy committee helped support the dissemination of the release of AAP's policy statement through the writing of OP-Ed's that were published in major news outlets across the nation.
- The Resource and Training committee has identified a website (US Alliance to End the Hitting of Children) as a repository for resources for professionals and parents.
- A number of workshops, webinars and trainings have been conducted at the local, state and national level.


89


What you can do...

What you can do to help end corporal punishment in the United States:

- Educate yourself about the problem of corporal punishment. There is no shortage of published research articles on the topic and hundreds are published each year. An in-depth analysis can be found in Gershoff & Grogan-Kaylor (2016) and Gershoff et.al. (2018).
- Speak up and speak out against corporal punishment. Talk to friends and neighbors. For those involved in religious communities, speak with your minister, pastor, priest or rabbi (see article by Victor Vieth in this coming issue of the APSAC Advisor).
- One way to help inform the public and change opinion is to write an op-ed or blog.

90



**APSAC –
New York, Inc.**
In partnership with

Strengthening Practice Through Knowledge

March 19, 2019

An Open Letter to New York Organizations About Corporal Punishment

The American Professional Society on the Abuse of Children's (APSAC) mission is to improve society's response to the abuse and neglect of children by promoting effective interdisciplinary approaches to identification, intervention, treatment and prevention of child maltreatment. It is a national organization composed of members and state chapters with dedicated professionals working in the area of child protection. The New York State Chapter of APSAC has embarked on a very important initiative in collaboration with the American Academy of Pediatrics District 2 comprising AAP Chapters 1, 2 and 3, The New York Foundling, and The New York Society for the Prevention of Cruelty to Children. The goal is to end corporal punishment of children in New York State. **We are writing with the hope that you will join us in this effort.**

94

APSAC-NY

To indicate your organization's endorsement please complete the section below, check the "yes" box and forward to: endcorporalpunishmentNY@gmail.com

☐ Yes, my organization endorses the mission of ending corporal punishment in New York State.

Signature _____

Name _____

Title _____

Organization _____


Email address _____

Phone _____

95

A global movement....

www.endcorporalpunishment.org




GLOBAL INITIATIVE TO
**End All Corporal
Punishment of Children**

[HOME](#)
[PROHIBIT CORPORAL PUNISHMENT](#)
[GLOBAL PROGRESS](#)
[NEWS](#)
[IMPLEMENT PROHIBITION](#)
[RESOURCES](#)
[ABOUT US](#)




Get involved


Find out how you can help to
endcorporalpunishment.org

[READ MORE](#)



96



in partnership with ..

AN AMBASSADOR...

- ✓ defends the right of children to be free from all forms of violence, especially in their home
- ✓ encourages adults to defend a child's right to equal protection under the law from assault
- ✓ encourages community leaders to end the practice of corporal punishment

Join us

Our organizations are committed to ending all hitting of children and youth in all places (i.e., schools and homes). By joining, you are indicating your support to this cause. When you join, you become a lifetime ambassador for the organization and the movement. You do not need to rejoin the organization each year, though we will gladly accept new donations! We will keep you informed through periodic (quarterly is our plan) newsletters.

Select membership level * Mandatory field

☐ Membership level
 ☐ Ambassador - \$25.00 (USD)
 Subscription period: Unlimited
 A lifetime membership that indicates your support for this cause.

☐ <https://usalliance.toendthehittingofchildren.wildapricot.org/Join-us>

97

Acknowledgements

☐ Many thanks to the following individuals and organizations that provided material for this presentation:

- ☐ American Professional Society on the Abuse of Children
- ☐ George Holden and the US Initiative to End Corporal Punishment
- ☐ Anna Henry and the Global Initiative to End Corporal Punishment
- ☐ Stacie LeBlanc, the New Orleans Children's Advocacy Center and Audrey Hepburn CARE Center of Children's Hospital New Orleans
- ☐ Mel Schneiderman & The New York Foundling

98

Key References

APSAC Position Statement on Corporal Punishment of Children. <https://hazalombie.com/wp-content/uploads/2017/01/apsac-position-statement-on-corporal-punishment-of-children-final-approved-7-26-16.pdf>

Durrant, J.E. (2019). Corporal Punishment and the Law in Global Perspective. In J.G. Dwyer, The *Oxford Handbook of Children and the Law*. London: Oxford Handbooks Online. Published online: Apr 2019. DOI: 10.1093/oxfordhb/9780190694395.013.15

Finkelhor, D., Turner, H., Wormuth, 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.

Global Initiative to End All Corporal Punishment of Children. *Prohibiting and Eliminating Corporal Punishment: A Key Health Issue in Addressing Violence Against Children*. Geneva, Switzerland: World Health Organization; 2015. Available at: <https://www.who.int/topics/violence/Global-Initiative-End-All-Corporal-Punishment-children.pdf>

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

Sege RD, Siegel BS, AAP Council on Child Abuse and Neglect, AAP Committee on Psychosocial Aspects of Child and Family Health. (2018). Effective Discipline to Raise Healthy Children. *Pediatrics*, 142(6), e20183112

Vaughen-Eden, V., Holden, G.W., Schneiderman, M. (2019). A national initiative to end corporal punishment. *APSAC Advisor*, 31(1), 28-36.

99

Thank You!

Vincent J. Palusci, M.D.,
M.S., F.A.A.P.
Professor of Pediatrics, NYU
School of Medicine
(212) 562-6073
Vincent.palusci@nyulangone.org



100
