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

Key words: No Hit Zone(s), Corporal Punishment, Spanking

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Is your workplace a No Hit Zone? Are adults allowed to hit adults? Are adults allowed to hit children? Is there a policy that prohibits hitting? While many people instinctively respond that hitting is not allowed in their workplace, most institutions do not have policies, signage, or practices to support this assumption or to assist staff in effectively intervening and de-escalating when hitting is observed. Witnessing parents threatening and hitting children is common in child-serving organizations, such as hospitals (Font et al., 2016). Is smoking allowed? Is there signage and a policy? While it is now rare for people to light a cigarette in hospitals and child serving organizations, signage is still highly visible because it works.

Many mistakenly assume spanking cannot be restricted because it is legal. Yet, there are many legal behaviors that are restricted for the health and safety of all, from prohibiting certain attire to banning cell phone use and smoking. Smoking restrictions are attributed as one of the tools that decreased smoking. Similarly, with increased awareness of the harms associated with hitting children, No Hit Zones (NHZs) provide one tool to reduce the use of corporal punishment (CP) and to increase the use of alternative parenting strategies.

NHZs offer a simple solution to assist in the

difficult task of shifting long-standing social norms surrounding the use of CP as an acceptable form of child discipline. Although a large body of research establishes CP as a significant risk factor for physical abuse and a cause of unintended harm to children, it is legally tolerated and accepted across cultures in the United States. Surveys of approval of CP (defined as a good hard spanking) show only minor variations and fluctuations between cultures. The vast majority of American parents (over 66% of women and 76% of men) condone CP, and the decline in CP approval over time has been slow (Child Trends, 2018).

NHZs are areas that are publicly noticed as being out of bounds for spanking, slapping, CP, or any euphemism for hitting. The purpose of a NHZ is to create and reinforce an environment of comfort and safety for children, adults, families, and staff working at any given facility or organization. While much of the initial impetus for NHZs has been to protect children, the effort has expanded to include violence prevention for all ages. Figure 1 sums up the mantra by signs, teaching, and policy to affirmatively state what the organization intends on its premises.

Like no smoking zones, the concept of NHZs is not complex. The key elements of a NHZ are seen in Figure 2.

Beyond a tool to create public awareness of the harms of CP and discussion among families, NHZs are a mission statement by the organization against

No Hit Zones: A Simple Solution to Address...

Figure 1. Sample Signage Displaying NHZ Mantra



Figure 2. Available Toolkit Samples of NHZ Elements.



physical violence. As more organizations become NHZs, a change in social norms is expected. Years ago, smoking might have occurred in many settings, but now the norm is that smoking is restricted and largely undesired. NHZs have the potential to change the acceptance of hitting, spanking, and slapping, not only in designated areas but also throughout the community in all settings—including the home.

Purpose

Prevent Child Abuse

In 2007, a Child Maltreatment publication on prevention established that “Social norms regarding CP may be the most prevalent risk factor for child abuse in the United States” (Klevens & Whitaker, 2007, p. 371). In addition to risk of physical abuse being the most significant association with parental use of

spanking, as found in Gershoff and Grogan-Kaylor's 2016 meta-analysis, fear of CP is frequently listed as a reason that children delay disclosure or do not disclose sexual abuse, as reported by child abuse pediatricians and forensic interviewers. In one case, a 7-year-old was recorded saying, "I was afraid to tell my mama about my uncle touching me" because I'm "afraid [I] will get in trouble." When asked to tell more about getting in trouble, the child said, "I get a whoopin."

Support Professionals

While the majority of child abuse professionals from the American Professional Society on the Abuse of Children (APSAC) surveyed by Taylor and associates agree that CP is harmful, these professionals assume that others in their field do not concur as strongly, creating a silent majority (Taylor, Fleckman, & Lee, 2017). Similarly, a survey of U.S. pediatricians showed that while their personal opinions have changed, they too believe that their colleagues have more favorable views of CP (Taylor, Fleckman, Scholer, & Branco, 2018). These discrepancies cause "pluralistic ignorance," the mistaken belief that one is in the minority thereby silencing the informed (Taylor et al., 2018). These two surveys also showed a desire among professionals for training and assistance in communicating the harms of CP (Taylor et al., 2017; Taylor et al., 2018).

Recognizing the need for guidance and the influence pediatricians have on parents for anticipatory guidance, the American Academy of Pediatrics (AAP) issued a strong policy statement advising pediatricians to inform parents on the harms of CP and negative shaming discipline and to offer alternatives (Sege, Siegel, AAP Council on Child Abuse and Neglect, & AAP Committee on Psychosocial Aspects of Child and Family Health, 2018). Most medical providers do not receive education on role-playing these difficult communications or extensive education on parenting. NHZs in medical settings provide the simplest solution to accomplish the goals set forth in the AAP policy. After surveying parents and finding that over half had not received advice from their pediatrician on undesired child behavior, researchers recommended that the "first salient step" in reducing CP is to provide clear messaging (Irons, Flatin, Harrington, Vazifedan, & Harrington, 2018). NHZs provide that clarity.

Reduce Harm

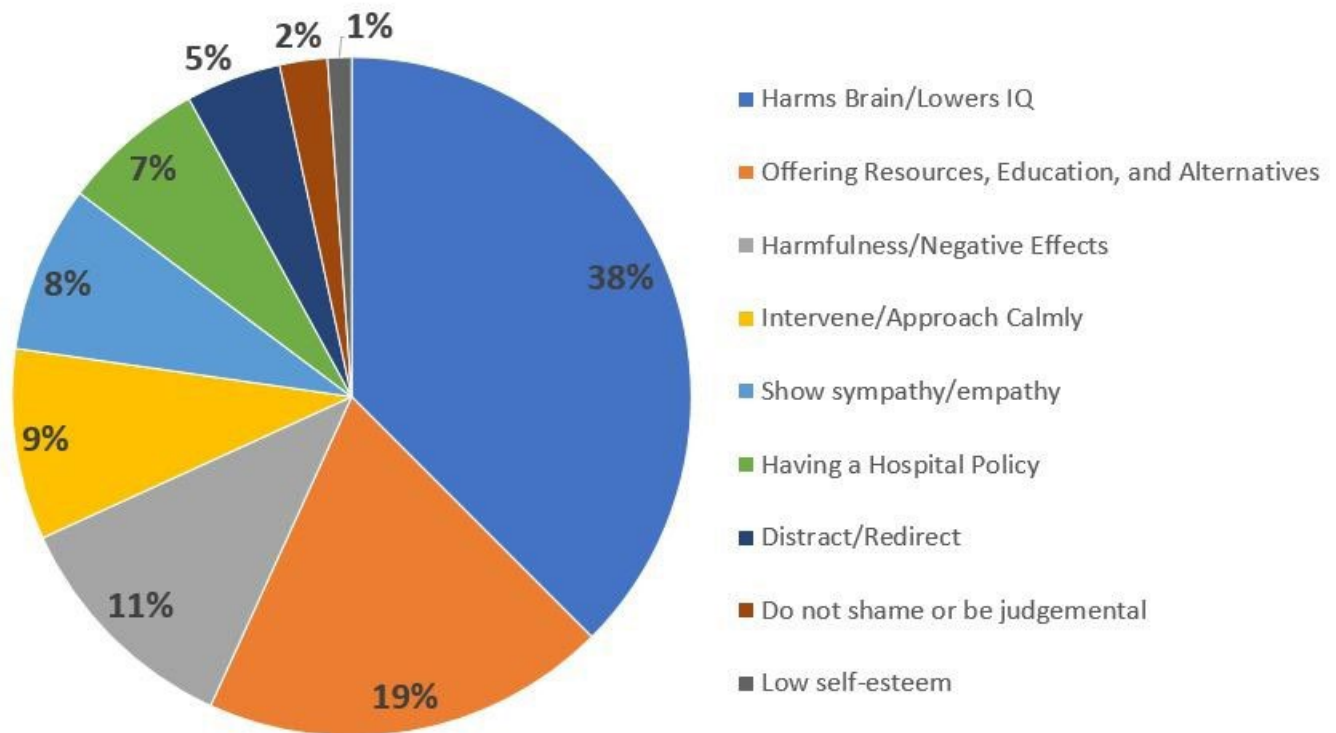
Multiple meta-analyses of CP have established significant correlations with a long list of negative health outcomes for children when they are exposed to CP. Beyond the strong association to physical abuse, spanking has been found to be correlated with mental health problems, antisocial behavior, child aggression, negative child-parent relationship, low self-esteem, child externalizing behavior, substance abuse, low self-control, and delinquent behavior (Gershoff & Grogan-Taylor, 2016).

Even after excluding confounding and demographic factors, significant correlations were found to high levels of childhood aggression by age 5 associated with mother's spanking children at age 3 (Taylor, Manganello, Lee, & Rice, 2010). Due to the strong association of childhood spanking with poor adult health outcomes, including increased odds of suicide attempts and moderate to heavy drinking, researchers concluded that spanking is empirically similar to physical and emotional abuse and that spanking should be considered an adverse childhood experience (ACE) (Afifi et al., 2017). Additionally, studies have found that no moderating factors, such as parental warmth, race, or culture, lessen the negative impact of spanking (Lee, Altschul, & Gershoff, 2013).

Protect Brains

Tomoda and colleagues compared brain scans of young adults who experienced childhood CP to a control group who experienced no CP or had minimal exposure. The study carefully excluded any indication of physical injury and instances in which parents used CP when angry. The study focused on what might be considered "ideal" CP, as was once recommended by the AAP, to only spank with an open hand to the buttocks or extremities and only when under emotional control. However, the brain scans of children who were hit by parents in emotional control (not striking out of anger) at least 12 times a year over a 3-year period where an object was used just once per year revealed a reduction in grey matter in 14.5% to 19.1% in three regions of the brain that are significantly correlated with performance IQ on the WAIS-2 (Tomoda et al., 2009). Similarly, Straus and Paschall (2009) found that spanking had a negative cascading effect on IQ over time. Spanking has

Figure 3. Qualitative Responses on Most Influential Messages in Response to “What Did You Learn Today That You Believe Would Most Influence Parents’ Attitude Toward Spanking?”



negative effects on the cognitive performance of the brain (Ferguson, 2013). These findings of changes to a child’s brain and the ability to learn may have the most potential to impact CP attitudes, and as such, they are frequently highlighted in NHZ training materials and handouts. Survey respondents from a NHZ training study from New Orleans frequently listed the impact on the brain as the most likely reason to change attitudes and behavior about CP and named lower self-esteem as the least likely, as illustrated in Figure 3.

Lessons From Global Progress in Reducing CP

In 1979, Sweden became the first country to ban CP of children entirely. Since then, more than a quarter of the world’s countries (54 countries through the end of 2018) have banned CP in the schools, public areas, and homes. In addition to pure humanitarian reasons, one of the stimuli behind the change has been ratification of the Convention on the Rights of a Child (CRC) (UNICEF, 1989). Respecting the rights of children to have a safe, nurturing, and stable childhood, countries have interpreted banning the hitting of children as

adhering to the CRC. Every country has ratified or adopted the CRC, except the United States.

In 1783, Poland became the first country to ban CP in public schools. In the U.S., currently 19 states still allow CP in schools. However, CP policies in schools are determined at the school district level. Hence, much of Georgia for example does not allow CP, and no school district in North Carolina does despite the state allowing it. Recently, Tennessee and Louisiana passed laws to ban paddling of school children with disabilities. While there have been reductions in the practice, hitting school children with boards is still occurring. In fact, the U.S. Department of Education (USDE) for civil rights reports that over 106,000 school children were beat in their schools during the 2013–2014 school year (USDE, 2013–2014). In the United States, an opportunity exists to decrease CP in schools at the federal, state, or local school district level. In the absence of legal changes at the state or federal level, a social norms strategy, such as No Hit Zones, might set the stage for eventual legal human rights change or make it socially obsolete.

The United States has banned the hitting of children

in some settings, such as detention facilities and Head Start programs, and many professional organizations have issued policy statements condemning the hitting of school children. Yet these professionals receive little advice and support in advising parents. NHZ resources can inform parents not only about the harms of hitting children but also of their parental rights to “opt out” of school CP. NHZ resources and materials can be a vehicle to empower parents who may unknowingly allow CP of their child at school and are uninformed of their rights.

Evaluation of NHZs

Gershoff and other leading CP researchers have evaluated NHZs in hospital settings and concluded that NHZs serve as a “feasible and potentially effective way to inform medical center staff and parent visitors about harms linked to spanking and to train staff in ways to intervene during incidents of hitting in order to promote a safe and healthy medical environment for patients, families, and staff” (Gershoff et al., 2018, p. 161). When NHZs are implemented in conjunction with staff training, significant changes in attitude regarding CP and confidence to intervene occur. Training staff to ensure that interventions are done without shame and blame is crucial to success. Training also has the added benefit of educating staff who may be unaware of the harms of hitting children and inspiring them to intervene effectively. Once staff members are armed with the information and tools, they are able to overcome the anxiety of approaching frustrated parents who may be threatening their child with CP (Gershoff et al., 2018). Evaluations showed that parents who read the NHZ materials were more likely to think spanking is harmful and that there are better alternatives than spanking. Staff attitudes continued to be less supportive of spanking 10 months after training (Gershoff et al., 2018).

An unexpected benefit of NHZs is to address and reduce the stress of staff and visitors who witness CP (Gershoff et al., 2018). Font and colleagues’ previous surveys of medical staff estimated that in medical settings, staff observed at least two incidents per day and that half of the physicians had witnessed at least one incident of hitting in the prior year (Font et al., 2016). Despite the high incidence of witnessing CP

in medical settings and feeling stressed, staff reported not intervening because they did not know what to do (Font et al., 2016). Font and colleagues also found that staff members who had a strategy on how to intervene were more likely to intervene. Other studies have also found that nurses (Hornor et al., 2015) and hospital staff, medical students, and residents (Burkhart, Knox, & Hunter, 2016; Scholer, Brokish, Mukherjee, & Gigante, 2008) were more likely to intervene when they had brief education on the harms of spanking.

While the implementation of NHZs is relatively recent and the evaluations limited at this point, the potential is promising, specifically when staff training, parent materials, and policy indications are included in the NHZ implementation.

How to Create a No Hit Zone

NHZs designed around the six strategies of the Spectrum of Prevention (SOP) model have the most likelihood to move beyond education to shifting cultural norms (Cohen & Swift, 1999). The SOP has proven successful in other injury and violence prevention efforts and lends itself well to the synergy needed to shift the high approval of a “good hard spanking.” Without much additional effort, NHZs can easily address all six levels of the SOP systematic action tool. The SOP model encourages prevention leaders to engage each level of the SOP by influencing policy, changing organizational practices, fostering coalitions, educating health and other providers, promoting community education, and improving individual skills and knowledge (Cohen & Swift, 1999). As such, the following discussion of No Hit Zones addresses implementing all levels.

Policy

An early step in the development of a NHZ is having a clear concept of what is to be accomplished, who will be involved, and what this means to staff. Depending on the organization, the policy may be a mission statement, declaration email, or signed policy that details how the organization intends to implement the program and publicize the policy. Policy will clarify expectations for staff training and staff responsibilities. Having the back-up of organizational policy has also been frequently noted by staff as making it easier to

approach parents and explain, “I am obligated to let you know that this a No Hit Zone.” Mandating training for all is ideal. In a children’s hospital, there may be a series of steps about how staff might anticipate and divert a situation, intervene if safe, or call for help if too risky. Resources about alternative parenting should be an integral part of the overall plan. In other locations, such as the Department of Motor Vehicles, a policy might not be structurally possible (government might not draft policies as such).

Organizational Practice

Highly visible public signage is key. Proudly displaying high-quality, permanent NHZ signage assures a consistent organizational message. Quality and permanent signage installed with hardware or hospital-grade adhesive is ideal. Clever organizational practices also have included magnets, elevator signs, floor talkers, banners, electronic signage, tote bags, pens, yard signs, and screen saver slide shows (Mastrangelo, 2018). The [Dear Parents Campaign](#), developed by the Audrey Hepburn CARE Center, provides black and white images of professionals across the country holding signs with simple translations of the latest research on the harms of CP and effective alternatives. Individuals can freely access, download, and disseminate the images and can participate in the campaign by uploading their own images. Displaying signage, using screensavers, and sharing on social media are easy organizational practices that are scalable.

Coalition Building

Sometimes, it is surprisingly easy to get a commitment. Simply asking an administrator might be enough. Personal relationships may be particularly helpful in generating enthusiasm for the project. The person in charge of an organization might be able to unilaterally implement policy. Other times, a champion may have to build a coalition that will help with momentum.

In large organizations, it may be necessary to start with key mid-level management such as social workers, child life specialists, nurse managers, or pastors. Even if they are not the initial champions, their acceptance is vital in that they may be the ones most tasked to carry out the project and to sustain it. Enlisting a coalition of such partners and then approaching higher management can be more successful than an individual approach. Having resources and the attached map (see Figures 4 and 5) of successfully implemented NHZs, as well as relating the experience that other places have not encountered perceived concerns, might help mollify those who are initially skeptical. The more support from the organization’s mid-level leadership, the more likely that top decision makers will be supportive. A powerful donor, a former organizational leader, or a key person from the outside who has influence can move the program forward at times when traditional approaches would not. NHZs also provide opportunities for marketing, press, branding, and regional leadership. These secondary gains may inspire some organizations.

Figure 4. Heat Map of NHZs.

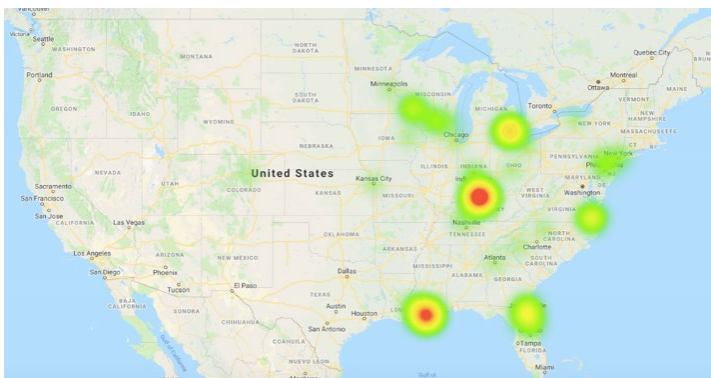
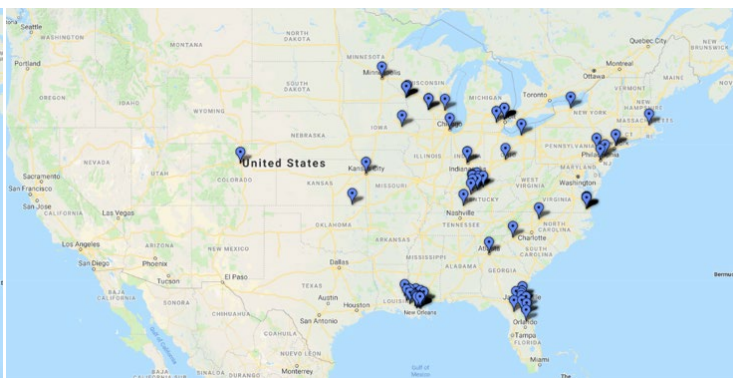


Figure 5. Locations of NHZs.



Training Key Informants

NHZs in hospitals, churches, mental health agencies, and schools provide an ideal tool for delivering messages from those most identified by parents as the key professional

sources they seek regarding information about child discipline. As indicated by a study of an urban community sample, parents indicated that the following professionals in the order listed are the ones from whom they are most likely to seek advice regarding child discipline: pediatricians, religious leaders, mental health professionals, and other professionals (Taylor, Moeller, Hamvas, & Rice, 2013).

Because these professionals may not

understand the potential impact their attitudes have on parents' discipline practices, key informants need to receive training and support. Short doses of No Hit Zone training can increase staff members' confidence and competence and empower them to intervene when they witness hitting. Samples of training materials, such as PowerPoints and videos that have been developed by NHZ champions, are readily available via a [toolkit](#) that has been compiled by the

National Initiative to End CP committee on No Hit Zones. Studies are underway at multiple sites to test materials and training videos. NHZ leaders are eager to share their expertise, and organizations [can register](#) their location or indicate the need for assistance (see

Figure 6).

Figure 6. Sample Registration Flyer.



Community Impact

Despite some extra effort, implementing a NHZ may be easier if more than one organization does so around the same time. This community effort bolsters the resolve of any one organization if it is not seen as doing this alone. For example, in Jacksonville, Florida, several organizations held a press conference announcing they would be NHZs. This diverse group included the following: Wolfson Children's Hospital, the

Medical Examiner's Office, Family Support Services (two counties), the First Coast Child Protection Team (eight counties), and a domestic violence shelter. By working together, the impact on the community was raised in the media and included efforts to enlist other organizations subsequently. Norfolk and New Orleans have similarly enlisted a diverse set of organizations, thereby propelling the awareness and adoption of additional NHZs in their communities. Conversely,

it becomes a selling point that an organization might not want to be seen as being left out—an argument that helped all the child advocacy centers in Florida agree to be NHZs. Because of the pioneering efforts of others, it is becoming increasingly easier to point out the experience of those helping to allay concerns about operational effectiveness and negative community reactions.

Improving Individual Skills and Knowledge

At their core, NHZs provide a unique opportunity to improve all individuals' knowledge about the harms of CP. NHZs create a challenge for parents to practice effective alternatives with the support of trained staff and an initiative for shifting parental attitudes and behaviors on the use of CP. While NHZs focus on settings frequented by families, the larger aim is to dissuade parents from using CP in all settings. To achieve this impact, NHZs provide a variety of ways to communicate the essential messages from highly visible signage, brochures, and electronic resources. NHZs fill gaps in knowledge of alternatives to CP and harms associated with CP, thereby supporting parents and providing a practical solution to a long-standing issue. In addition, NHZ training prepares staff with how to best communicate the three essential components of the program in order to improve individual knowledge.

Communicating the Three Essentials

Studies of countries that have significantly reduced the use of CP have demonstrated that the messaging to parents must include three components: (1) information on the detrimental effects of CP, (2) ineffectiveness of CP as a parenting strategy, and (3) information about effective alternatives (Porzig-Drummond, 2015). Too often key informants, for example pediatricians and parenting literature, highlight alternatives but avoid communicating the harms of hitting, delivering only half of the message. Without explaining the **harms** of hitting, parents will continue to use CP “as a last resort.” This incomplete messaging results in parents using CP when they are most frustrated, angry, and more likely to escalate

the force and severity of CP. Although it may seem preferential to communicate only positive parenting suggestions, the importance of communicating the harms of CP, even as a limited last resort, cannot be disregarded. CP has known risks, and parents have a right, even a responsibility, to at least know those risks. When an exposure is harmful and ineffective, those harms must be communicated clearly in addition to the alternatives. Similar to knowing about exposure to lead paint, asbestos, and second-hand smoke, education on the harms associated with CP is essential to changing long-standing behavior.

Harms

NHZs offer many opportunities to easily communicate and educate parents on the harms of hitting children via signage, resources, and verbal messaging once staff members are trained and confident. (See Figure 2 for sample policies, training materials, and signage.) NHZ materials are designed to communicate without shame and blame. One attached example prefaces all messaging with the following: “Dear Parents, Did you know...” spanking is associated with smaller brain size, childhood aggression, poor mental health outcomes, and a lower IQ? (See Figure 7.)

Pointing out the risk of physical abuse is typically not a persuasive parental deterrent because most parents firmly believe they “know the difference between abuse and spanking.” Parents do not want to injure their children and typically assert that they would never cross over the proverbial abuse line. The training needs to mention that the vast majority of parents who have physically abused their children also never thought they would until in the emotional act of discipline the violence escalates.

While no single message will resonate with all parents, the potential negative impact to brain development has been frequently listed as the most likely to impact parents by survey respondents. In fact, some of the harms of CP, such as fearing a parent and increased child aggression, have been noted by specific respondents as desirable. For example, when surveyed about CP, respondents stated that “it make[s] kids tough,” that they “don’t want to raise a pansy,” and that “kids today need to fear their parents to keep them safe.” Interestingly, the same respondents list harm to

Figure 7. Sample Resources For Parents.

WANT TO BECOME A **NO HIT ZONE?**

Register here:
<http://bit.ly/NHZRegistration>

Tool kit includes:

- sample policy
- signage
- effective parenting resources
- consulting





Benefits of being No Hit Zone:

- Create an environment of comfort and safety for parents, families, and staff
- Set a precedent within the community to reduce the harms of hitting children
- Help reduce the most prevalent risk factor for child maltreatment
- Promote effective parenting techniques

For more information, please contact the New Orleans Children's Advocacy Center at nocac@lcmchealth.org or (504)896-9237.



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[@nocac_dearparents](https://www.instagram.com/nocac_dearparents)



brain as the most likely reason to consider alternatives. While these anecdotal and specific responses are not sufficient to frame communication marketing strategies, they demonstrate that not all messaging resonates the same way with parents and that some messaging can lead to an unintended impact. Hence, it is recommended that NHZ literature and resources include multiple different messages about the known potential risks.

Ineffectiveness

It is equally essential to communicate the ineffectiveness of CP in guiding desirable behavior. Sometimes, it may be as simple as pointing out that hitting a crying baby will cause only more crying. Or perhaps asking a parent, “Have you ever had to spank your child for the same misbehavior more than once?” For those who believe CP works, it is helpful to inquire about that effectiveness. A number of studies have found that spanking does not have the long-term impact desired by parents and that children often repeat the undesired behavior soon after being hit (Gershoff, 2013). One of the easiest ways to initiate this conversation is to ask parents to describe the child behavior that most frustrates them. Using this specific scenario, a provider can explain how causing pain will likely not teach different behavior or stop the undesired behavior, and then one can suggest simple, effective alternatives.

Alternatives

Framing positive parenting methods as effective parenting and consequences that teach will resonate better for parents who resist giving up punishment. Children need parental guidance and parents need easy access to a variety of effective alternatives for each developmental stage, child temperament, and past exposure to trauma. Most families have access to electronic devices, making websites and simple QR links a great tool for providing ample alternatives. NHZ staff training should emphasize communicating positive alternatives. When frustrated, parents may gravitate to negatively reinforcing types of discipline such as time-outs and restrictions, but NHZs are an opportunity to introduce parents to the abundance of well-tested positive parenting methods for guiding children.

Parents who were raised with CP may complain that if you take away the option of spanking, they have nothing left with which to manage their child. “Discipline” to some equals “spanking.” Understanding the parents’ language and parenting repertoire can be important when suggesting better ways. Parents may be completely unfamiliar within their own background about alternatives. Fortunately, a wide variety of resources can be recommended. [The Centers for Disease Control and Prevention \(CDC\)](#), [the American Academy of Pediatrics \(AAP\)](#), [U.S. Alliance to End the Hitting of Children](#), and others provide easy access to those with Internet access, and information can be printed out for parents.

Trainees in health care need modules about how to communicate behavior management as part of their educational programs. Research by Taylor and colleagues shows that parents most want to learn about this from their pediatrician (Taylor et al., 2013). Without training, however, understanding behavior management may be a weak link, but it is one the AAP recommends that all pediatricians address (Sege et al., 2018).

Dispelling Common No Hit Zone Misconceptions

Professionals often have questions about NHZs. In fact, misconceptions surround NHZs and can derail implementation by spreading misinformation about the initiative.

Misconception #1: Expensive

When interviewed as part of a Duke study, the majority of professionals at hospitals, District Attorney’s offices, and other institutions reported that they experienced competing demands on their resources and worried that they did not have the money or time to invest in a NHZ initiative (Mastrangelo, 2018). The experiences of regional NHZ leaders, including Norton Children’s Hospital and Champions For Children: Prevent Child Abuse Hampton Roads, demonstrate the low cost of NHZ implementation. A NHZ represents a flexible initiative that can start small with signage and policy and then become more comprehensive with staff training,

parenting resources, distraction kits, and other materials. NHZ leaders at Norton Children's Hospital stated that the implementation cost was "nominal" and that a \$1,844 budget purchased 4,000 brochures, 1,000 vinyl signs, and 12 posters (Frazier, Liu, & Dauk, 2014). The team designed the materials within the hospital, further reducing the cost. Other NHZ institutions solicited donations and raised money by selling merchandise, such as NHZ coffee mugs, to cover costs (Mastrangelo, 2018).

The time investment in NHZ implementation varies by institution and can be minimized by partnering with existing NHZ institutions. By sharing materials, NHZ champions reduce the upfront time investment (Mastrangelo, 2018). Institutions can utilize similar signage, educational resources, and promotional materials to reduce time and money needed to implement the NHZ.

Misconception #2: Difficult to implement

NHZ implementation starts with a no hitting policy, which represents the core of the initiative, and then involves signage and other materials to clearly communicate the policy to all. Training prepares employees to intervene if they witness hitting or threats of hitting and to discuss parenting alternatives with families.

Obtaining the endorsement of administrators, such as hospital officials, can delay implementation. When pitching a NHZ, champions can focus on the experiences of existing NHZs and connect the nonviolence policy to the organization's stated mission to gain administrator buy-in. For instance, a no hitting policy aligns with the missions of children's hospitals and other organizations that serve children and prioritize their health.

The implementation process can be further simplified with support from existing NHZ institutions. In interviews, individuals who received implementation assistance from an existing NHZ organization reported that the process was "simple" (Mastrangelo, 2018). For instance, Deb Sendek, the champion of the Gunderson implementation, has assisted and connected many champions. Children's Hospital New

Orleans also serves as a regional NHZ leader and has implemented NHZs in schools, shelters, 20 clinics, and in multiple other organizations. Champions who lend time, expertise, and materials to agencies greatly accelerate the growth and potential for norm change.

Misconception #3: Intrudes on parental rights

NHZs support children and families by creating a healthy environment and by promoting alternatives to CP. Some may argue that NHZs strip parents of their right to parent as they chose. However, organizations adopt a number of policies that restrict other rights, such as yelling or cell phone use. NHZs do not govern behavior outside of an institution's space, although they aim to shift social norms away from hitting in all circumstances. NHZs strive to communicate the harms associated with CP but do not penalize the behavior.

Although early adopters feared backlash after implementation, community resistance has not been frequent. Many institutions encounter little or no resistance about the policy from the larger community (Mastrangelo, 2018), and some receive none. For example, the Louisville Bats Slugger Field, home of the minor league baseball team, became a NHZ in 2012 and has not encountered any backlash from or dialogue with fans (Mastrangelo, 2018). Institutions can reduce potential resistance by clearly explaining the policy and quelling any concerns that there will be legal ramifications associated with spanking.

NHZ Targets: The Places We Go

An entity can be a NHZ with minimal effort, or it can be a community leader by working with others to advance the concept. To capture the operational levels by which established programs work, and to document the stage of development of others, a five-tier classification was piloted with eight centers to establish how well the scheme fit. Based on this, entities are classified as seen in Figure 8. This classification allows comparisons between similar entities and perhaps establishes explicit goals to build stronger efforts, if possible, for those at the lower levels.

Figure 8. The Five-Tier Classification of No Hit Zones.

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.

Hospitals

Hospitals have provided the initial impetus for NHZs—reflecting the health mission and need for nonviolence when tending to patients. Gradually, NHZs are expanding beyond children’s hospitals to include adult hospitals as well. Over 20 hospitals are in some stage of implementation, beginning with Rainbow Babies Children’s Hospital in 2005 and Norton Children’s Hospital—University of Louisville in 2012. Some of these hospitals have extended their reach within the community to enlist other

organizations, thereby becoming a Level-5 entity.

Schools

Schools are a logical place not only to ensure that children are not hit on the premise but also to serve as an informational platform for parents struggling with negative reports of behavior and grades. Recent research found a strong connection linking report cards that go home on Friday to increases in reports to CPS for physical abuse due to CP (Bright et al., 2018). NHZs in schools can be bolstered by having

pre-prepared letters that accompany report cards on the harms of hitting, the negative impact to the brain, the fact that CP does not improve grades, and the incredible list of effective alternatives to improve school performance. A New Orleans teacher reported feeling relieved when she was able to stop a parent swinging a belt by explaining the policy and was able to work with the parent on a plan.

Government Entities

Government entities can become NHZs despite state laws allowing CP. Stoughton, Wisconsin, became a NHZ for its city buildings and parks. Similarly, Madison Heights, Michigan, adopted NHZs for its buildings and parks. Prior to that, the Dane County Prosecutor's Office became a NHZ with considerable public awareness. The Alachua County Sheriff's Office (Florida) illustrates the diverse types of government organizations that can adopt this mission.

Churches

Churches provide the ideal setting to involve religious leaders who have been identified as the second professional key informant that African American parents look to for advice on child discipline (Taylor et al., 2013). In addition, church communities and leadership can address one of the common misconceptions that "spare the rod spoil the child" is written in the Bible. Religious scholars have clarified that in fact this phraseology does not appear in the Bible. Additionally, there are no references to any "rods" in the New Testament. The commonly misinterpreted Old Testament references to a "rod" were actually written in Hebrew, and the English translation can be better understood as a "staff," which was utilized by shepherds for guiding sheep by using the hook to bring the sheep closer and keeping the flock safe from predators—not for hitting the sheep. Likewise, NHZs provide a pulpit to keep families of the congregation safe.

Potential Spaces for NHZs

The list of potential other sites for NHZs is endless. Frequently suggested are supermarkets, retail stores, restaurants, airports, playgrounds, amusement parks, recreational facilities, apartments, and of course, ultimately homes.

Conclusion

The crux of NHZs is not to restrict parental rights or create a punitive ban but to build a platform for raising awareness of the harms of CP, the effective alternatives, and how to create a safe space for all children and visiting adults. No Hit Zones provide physical and psychological safe spaces for all served and an opportunity for parents to practice, model, and learn new skills for guiding children without risking the harms of CP.

About the Authors

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