A Short-Term Evaluation of No-Hit-Zone Policy Training for Medical Professionals and Staff: An Innovative Strategy to Change Social Norms about Physical Punishment

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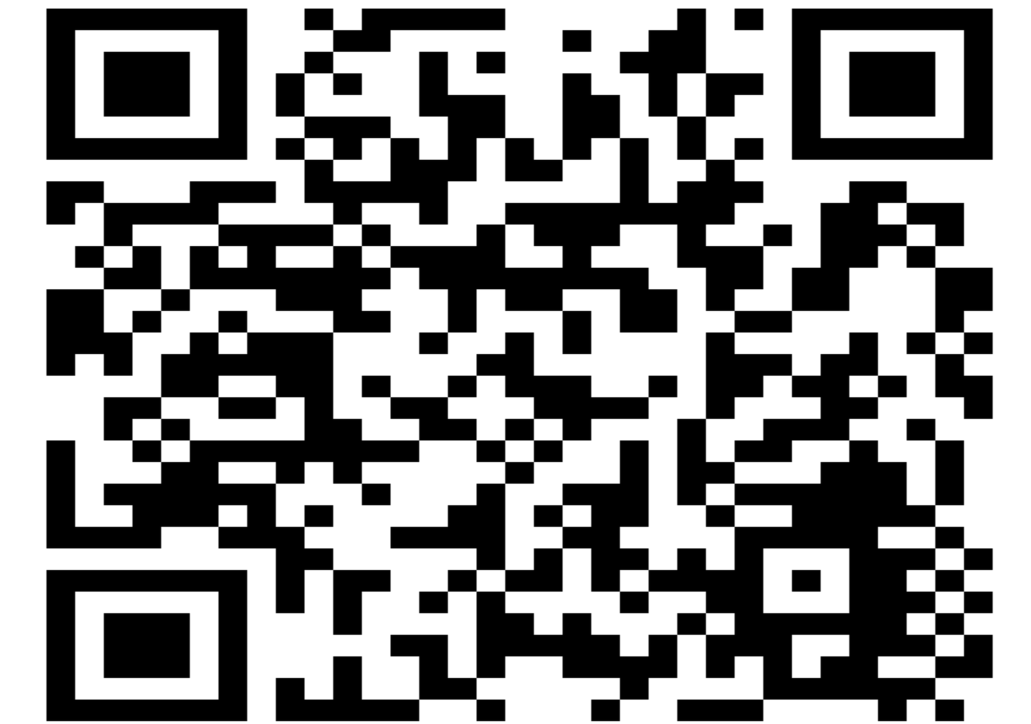

Research Objective

No-Hit-Zones (NHZs) leverage a public health approach to prevent violence against children. NHZs integrate bystander intervention training, educational materials, and enforce an organizational policy prohibiting all forms of physical hitting. This study uniquely evaluates the bystander training in a No-Hit-Zone (NHZ) intervention. It examines changes in medical center staff attitudes and knowledge pre- and post-NHZ training, focusing on: **1)** support for physical punishment, **2)** endorsement of staff intervention in cases of physical punishment, and **3)** understanding of NHZ policy and intervention methods.

Population studied

All staff (medical and non-medical) at Children's Hospital New Orleans, approximately 2,500 individuals, were required to complete the NHZ training within one year as per hospital policy. Participants were required to be at least 18 years old and fluent in English.

Study Design

The study involved univariate and bivariate analyses, including paired t-tests for pre- and post-test comparisons on key outcomes: support for physical punishment, staff intervention, and NHZ policy knowledge. Ordinary Least Square regressions evaluated the influence of demographics on changes in these outcomes.

Principal Findings

Paired Pre-Test v. Post-Test by NHZ Training Outcomes

Survey Scale	Pre-Test Mean (SD)	Post-Test Mean (SD)	Mean Difference	Cohen's d Effect Size
Support for Physical Punishment	17.75 (6.52)	14.01 (5.42)	-3.74***	-.78
Support for Medical Staff Intervention	24.09 (4.01)	27.88 (2.90)	3.79***	1.03
Knowledge about NHZ Policy & How to Intervene	27.26 (4.69)	31.97 (3.33)	4.71***	1.07

Note. Results based on non-missing values.
*p<0.05, **p<0.01, ***p<0.001

- **Decrease in support for physical punishment**: significant change with a large effect size (Cohen's d = 0.78).
- **Gains in staff's support for intervention and knowledge about NHZ policy**: both with large effect sizes (Cohen's d > 1.00)

Multivariate Regressions Predicting Changes in Support for Physical Punishment, Support for Staff Intervening and NHZ Intervention Knowledge by Demographics

Characteristics	Support for Physical Punishment B (SE)	Support for Staff Intervening B (SE)	Knowledge about NHZ policy and How to Intervene B (SE)
R^2	.04	.06	.04
Female	-.15 (.58)	.43 (.42)	.31 (.53)
Race			
Black	-1.64 (.50)***	-.07 (.37)	-1.07 (.45)*
Non-Black/White	-1.32 (.67)	-.62 (.49)	-.11 (.61)
Age	-.01 (.02)	.01 (.01)	.02 (.01)
Education			
High school Completion	-.95 (.55)	.87 (.40)*	.95 (.50)
Graduate Degree	.42 (.46)	-1.36 (.34)***	-.50 (.42)
Religious	-.50 (.47)	-.08 (.35)	.43 (.43)
Facilitator	.43 (.47)	-.09 (.34)	-1.07 (.43)*
Direct Care	-.37 (.59)	1.17 (.43)**	1.43 (.54)*

Note. 1. Results based on non-missing values. 2. Reference groups: male, White, Bachelor's Degree, not religious, facilitator w/more experience, and non-direct care, respectively.
*p<0.05, **p<0.01, ***p<0.001

- Black participants showed a greater decrease in support for physical punishment post-training than White participants.
- Direct-care staff had a more significant increase in support for staff intervention compared to non-direct care staff.
- Lower educational levels correlated with a more significant increase in support for intervention.
- Direct-care staff demonstrated a substantial increase in knowledge about NHZ policy post-training.

Implications for policy and practice

- Utilize study findings to back NHZ training as an effective tool in reducing support for physical punishment.
- Extend NHZ implementations to various institutions, including non-medical settings.
- The NHZ bystander training could equip practitioners with such skills, allowing them to directly influence parents' behaviors, and to potentially reduce harmful social norms, promote healthy parenting practices, and improve the safety and well-being of children.

Acknowledgement

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