

PHYSICAL PUNISHMENT AND CHILDREN'S HEALTH

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Once a common and accepted "parenting practice," the physical punishment of children is rapidly being recognized and reconceptualized as a public health issue. Many readers will remember a time when spankings were common in public places and straps hung in many school principals' offices. The "good parent" was one who "disciplined" (i.e., spanked) children to maintain control and deter misbehaviour. Physical punishment was, in fact, prescribed by some health professionals (until quite recently, in some cases) as an effective means of gaining children's compliance.

As a result of several converging forces, that picture has changed dramatically. Few health professionals today would advise parents to strike their children. In fact, physical punishment is increasingly being viewed as a risk to children's mental and physical health. Among the factors that have contributed to this shift are: (1) the birth and growth of paediatric psychology; (2) better understanding of the dynamics and impact of parental violence against children; (3) a growing recognition of the need for violence prevention and children's mental health promotion; and (4) the global trend toward de-legitimizing physical punishment. We will summarize the state of knowledge regarding each of these factors, in turn.

The birth and growth of paediatric psychology

The field of developmental research is a relatively recent one, and the full recognition of its relevance to paediatrics is even newer. It was as recently as 1965 that Jerome Kagan first called for "a new marriage" of paediatrics and psychology, pointing out the important role that knowledge of child development could play in paediatric practice. Since then, the field of paediatric psychology has expanded rapidly, bringing with it a growing understanding of the relationship between parenting and children's mental health.

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Children's Hospital of Eastern Ontario
Child Welfare League of Canada
Family Service Canada
Canadian Child Care Federation
Canadian Institute of Child Health
Canadian Public Health Association
Canadian Association for Young Children

An area that has received ever-increasing research attention over the past few decades is parental physical punishment of children. As the number of studies has steadily grown, the

consistency of their findings has become increasingly evident. By the late 1990s, 88 systematic studies had been conducted on the developmental outcomes associated with common forms of physical punishment used on children.

A 2002 meta-analysis of this body of research demonstrated that, almost without exception, this approach to managing children's behaviour predicts negative outcomes (Gershoff 2002). While physical punishment can induce short-term compliance, this apparent immediate gain can come at a high long-term cost. For example, even at two years of age, children who are physically punished are more likely to avoid their parents (Crockenberg 1987), a process that can erode attachment and the parent-child relationship. Physical punishment has been consistently associated with poorer child mental health, including depression (Turner & Finkelhor 1996, Csorba et al. 2001), unhappiness and anxiety (Eamon 2001, Lau et al. 1999), and feelings of hopelessness (DuRant et al. 1994). And while some parents might believe that physical punishment teaches children right from wrong, most studies in this area have shown that the opposite is more likely the case. Children who are physically punished are actually less likely to internalize moral values (e.g., empathy, altruism, resistance to temptation) than those who are not physically punished (Lopez, Bonenberger & Schneider 2001). It is therefore not surprising that physical punishment consistently predicts increased levels of aggression and antisocial behaviour in children (McCabe & Clark 1999, Simons, Lin & Gordon 1998, Ulman & Straus 2003).

These findings indicate that the often-held belief that "spanking/the belt/the ruler didn't do me any harm" is most often unfounded. While some children who are physically punished may be resilient to the experience, many are not. In fact, physical punishment is far more likely to be a risk factor than a benign factor in children's lives (for a more complete summary of research on physical punishment, see Durrant, Ensom & Coalition on Physical Punishment of Children and Youth 2004).

The dynamics of parental violence against children

In this era of family violence awareness, anti-violence initiatives, and non-violent conflict resolution, we sometimes forget that child physical abuse was only identified as a medical and social problem in the 1960s. As the layers of child maltreatment (physical, sexual, neglect, emotional) were peeled away, there was a concurrent

search for the causes of this apparently aberrant parental behaviour. The first phase of research focused on identifying underlying parental psychopathology, but this search turned out to be mostly fruitless (e.g., Gelles 1973). The second phase targeted the sociocultural characteristics of violent parents (e.g., Garbarino & Stocking 1980). While poverty, unemployment, and family stress were identified as risk factors, this research brought with it a realization that there are violent parents in all social classes. In the third phase, researchers examined the bidirectional dynamics of parental beliefs and child characteristics, and the development of coercive family processes underlying violent episodes (e.g., Wolfe 1987).

Throughout this investigative journey, the role of physical punishment in child maltreatment has been repeatedly identified. For example, more than 30 years ago, David Gil (1970) conducted a landmark study. He examined, in detail, the dynamics underlying physical abuse incidents and concluded that the majority developed “out of disciplinary action taken by caretakers” (p. 126). Gil’s conclusions were supported by Kadushin and Martin (1981) who studied more than 800 cases of substantiated non-sexual abuse. They found that almost all the parents defined their harmful actions as disciplinary measures that were required in response to their child’s behaviour. These findings have been repeatedly replicated (e.g., Margolin 1990, Trocmé et al. 2001, Trocmé et al. 2002). Time and again, researchers have found that most of what we call “child physical abuse” is inflicted in the name of, or intended to be, physical punishment.

Most recently, the findings of the second cycle of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003, Trocmé et al. 2005) demonstrated once again that most physical abuse takes place in a punitive context. Several particularly important findings were revealed (Durrant et al. 2006):

- 25,141 cases of physical maltreatment of children were substantiated in Canada in 2003
- of these, 75% were incidents of physical punishment
- across all ages (under 1 to 15 years of age), the most common type of physical maltreatment is hitting with the hand
- in the majority of families for whom physically punitive violence was substantiated, spanking was typically used as a form of discipline; and
- physically punitive violence was more strongly related to inadequate social support than to caregiver mental health, cognitive impairment, or alcohol/drug abuse

Because child physical maltreatment most often results from an intent to teach, rather than to harm, it is only by fully recognizing the importance of this dynamic that we will begin to effectively reduce parental violence against children.

Violence prevention and children’s mental health promotion

At this time, Canadian programs aimed at reducing the prevalence of child maltreatment are largely, if not exclusively, targeted at “high risk” parents. Most often, a parent’s risk level is assessed primarily on the basis of demographic characteristics. For example, the Nobody’s Perfect program, which provides support and

education for parents of children aged 0 to 5 years, “is designed to meet the needs of parents who are young, single, socially or geographically isolated or who have low income or limited formal education” (Public Health Agency of Canada, www.phac-aspc.gc.ca/dca-dea/family_famille/nobody_e.html). Yet we know that physical punishment accounts for most child physical abuse and that its best predictor is not age, marital status, education or income, but rather approval of its use (Durrant, Ensom & Coalition on Physical Punishment of Children and Youth 2004). The more strongly parents approve of it, the more likely they are to use it — and the more they use it, the harsher it becomes (Clément et al. 2000, Corral-Verdugo et al. 1995, Lenton 1990, Moore & Straus 1987, Vasta 1982).

Aggressive parental responses can escalate in several ways. In one scenario, parents who believe that physical punishment is an acceptable and effective response to conflict with their children will try to use it in an apparently rational way. But in many cases the child will not respond, often due to developmental limitations. When this happens, the parent, believing that physical punishment should work, increases its intensity. In a second scenario, the caregiver might, intellectually, have a disciplinary motive, but reason is overcome by emotion. In this case, the parent might intend to slap the child, but frustration, anger, and stress increase the level of force beyond what was intended and a slap becomes a punch.

In a third scenario, a parent who feels powerless in the situation strikes the child out of desperation. If the child resists, the parent may feel “cornered” and see no choice but to strike harder. In a fourth scenario, the parent is not motivated to strike the child out of an intent to discipline, but rather out of a desire for retaliation for the child’s behaviour. In this situation, the parent’s intent is to assert power and control — to let the child know “who’s the boss.”

Each of these scenarios might present itself to any parent at any time. In each, the only means of preventing a violent incident is to inhibit the parent’s immediate urge to strike the child and/or to ensure that the parent’s first reaction is a positive and effective disciplinary measure. Parental violence will only be significantly reduced, and the mental health risks associated with physical punishment will only be eliminated, if we are able to identify avenues to helping parents inhibit the impulse to strike in a moment of conflict and develop repertoires of constructive approaches to resolving conflict with their children.

The global trend toward de-legitimizing physical punishment

In a growing number of countries, proactive initiatives are being undertaken to provide the inhibitory mechanisms necessary for parents to quell the urge to strike their children, as well as the supportive information needed to encourage constructive responses. One such measure is public education to inform parents of the

Countries in which all forms of physical punishment are abolished:

- Sweden
- Finland
- Norway
- Austria
- Cyprus
- Denmark
- Latvia
- Croatia
- Israel
- Germany
- Bulgaria
- Iceland
- Ukraine
- Hungary
- Romania

risks of physical punishment and provide resources to encourage positive and effective approaches (e.g., New Zealand's Strategies for Kids and Parents or SKIP program). It is increasingly recognized that such programs must be aimed at entire populations, not solely at parents deemed to be at-risk (Nelson, Laurendeau, Chamberland & Peirson 2001). Targeted approaches assume that the factors motivating physical punishment are primarily within the particular parent, such as limited parenting knowledge, poor anger management, or stress. While such individual factors may indeed play a role (Ateah & Durrant 2005), an exclusive focus on this level will neglect the roots of the most powerful factor — approval — which is based in and reinforced by cultural beliefs about children (Belsky 1980, Durrant, Rose-Krasnor & Broberg 2003, Garbarino 1977). Approval of physical punishment will only be effectively reduced through a process of de-legitimizing physical punishment across society as a whole (Ateah, Durrant & Mirwaldt 2004).

A second measure being undertaken in a growing number of countries is removal of long-standing legal protection for parents, teachers, and others acting in the place of parents who use corrective force on children. In at least 17 countries, children are provided with the same level of protection from assault that is taken for granted and enjoyed by adults. That is, there is no corporal punishment defense in the criminal law; rather, the laws on assault (and accompanying investigative and prosecutorial discretion) apply equally whether the victim is a child or an adult. And in 15 of these countries, explicit bans on all forms of physical punishment have been enacted (see box). The purposes of these bans are to affirm children's full rights to protection, to set a childrearing standard, to make an unambiguous statement that children may not be hit, and to support public education messages and efforts. For example, Sweden's Parenthood and Guardianship Code states:

Children are entitled to care, security and a good upbringing. Children are to be treated with respect for their person and individuality and may not be subjected to corporal punishment or any other humiliating treatment.

In contrast, Canadian law provides a defense for parents who strike their children. Section 43 of the Criminal Code states:

Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances.

This law was recently challenged in the courts on constitutional grounds and ultimately found by the Supreme Court of Canada, in a split decision, to be constitutional. The court, however, limited the circumstances under which an adult's use of force on a child will now be permitted by Section 43. Specifically, physical punishment will *not* be considered reasonable if it is administered:

- by anyone other than a parent
- to a child under 2 or over 12
- to a child who is incapable of learning from it
- with a force of more than "a transitory and trifling nature"

- with an object
- to the child's head or face
- in a way that is degrading, inhuman or harmful
- as a result of "the caregiver's frustration, loss of temper or abusive personality"

The court also ruled that the seriousness of the child's behaviour is not relevant to deciding whether the punishment was reasonable, and that the punishment must be considered in light of all circumstances of the case (Canadian Foundation for Children, Youth and the Law v. Canada (Attorney General), 2004; S.C.J. No. 4). (For full discussions of the constitutional challenge to Section 43, see Bernstein 2004, Carter 2004, 2005, Grover 2003, McGillivray & Durrant 2006, Vatcher 2000, Watkinson 2006.)

While, at first glance, these limitations may appear to form a rational compromise between allowing undefined corrective force and removing the defence altogether, they have created three thorny problems. First, they have actually increased public and professionals' confusion about permitted/prohibited use of force on children (Bernstein 2004, Durrant, Sigvaldason & Bednar 2006). Second, the legally-permitted use of force on children between the ages of 2 and 12 years suggests that children of these ages are somehow immune to the risks of physical punishment. There is no research evidence to support this notion; in fact, the overwhelming weight of evidence contradicts it (Gershoff 2002).

Third, continuing legal permission for using physical punishment undermines public education messages aimed at reducing it. For example, the Public Health Agency of Canada produced a booklet in 2004 called, "What's Wrong with Spanking?" (www.phac-aspc.gc.ca/dca-dea/publications/spanking_e.html). The booklet contains the following statements:

- *Spanking can lead to anger and resentment and can cause children to lose trust in their parents*
- *Spanking teaches that hitting others is okay. In the long run, spanking makes children's behaviour worse, not better*
- *Never spank! It simply doesn't work — for the child or the parent*

Clearly, these statements are at odds with the Supreme Court's decision to uphold the law that justifies the physical punishment of children. The effectiveness of efforts to eliminate the social acceptability of physical punishment, and thereby reduce violence against children, will continue to be limited as long as the law contradicts them.

Summary and recommendations

Health professionals are increasingly aware of the importance of discouraging all forms of physical punishment. For example, as of 2004,

the Canadian Paediatric Society . . . recommends that physicians strongly discourage disciplinary spanking and all other forms of physical punishment (Canadian Paediatric Society 2004, p. 40).

Also in 2004, the Canadian Psychological Association adopted a position that includes the following statements:

Physical punishment has been consistently demonstrated to be an ineffective and potentially harmful method of managing children's behaviour. . . . Public awareness campaigns must deliver a clear message consistently and persistently that hurting children as punishment is unacceptable and places them at risk of physical and psychological harm (Canadian Psychological Association, 2004, p. 1).

Such clear statements from the health sector reflect a growing awareness of the importance of addressing physical punishment within a public health framework. They provide support to professionals and to parents who are searching for clear, evidence-based information related to children's mental and physical health. This approach to preventing physical punishment must now be expanded and reinforced. We propose the following strategies to reduce physical punishment, prevent violence against children, foster effective parenting, and promote child health:

First: Education and support must be provided to all parents, not only those in particular demographic groups. Universal parenting programs should: (1) inform all parents about the developmental risks associated with physical punishment; (2) provide guidance to all parents with regard to dealing effectively with parent-child conflict; and (3) educate all parents about the normal stages of child development. National, provincial, and territorial governments share responsibility for leadership in this area.

Second: Ministries of education, health and social services should implement awareness-raising strategies and provide information and support to parents through existing programs and services. For example: (1) education about child development should be provided in schools; (2) information about the risks of physical punishment should be provided to parents in neonatal and paediatric units of hospitals; and (3) information about the research on physical punishment should be provided to health profession students.

Third: Child- and family-serving organizations should develop clear positions on physical punishment (see box). Students in the health professions should be trained in child development and effective methods of guiding and socializing children. Professionals should give clear messages to parents, help them understand physical punishment's risks, and support them in developing parenting competence.

Fourth: Child welfare intervention should be proactive and educational, aimed at reducing the need for placing children in care and reducing the need for criminal prosecution of parents. To achieve this goal, child welfare services eligibility/intervention and

investigative protocols must be reviewed and sufficiently resourced to facilitate early supportive and preventive services.

Fifth: Children in Canada must be given the same protection from physical assault as that given to Canadian adults. Federal, provincial, and territorial laws must be consistent, setting a clear standard of caregiving. Canadian laws must also be consistent with the United Nations Convention on the Rights of the Child, ratified by Canada in 1991. The law should not undermine public education efforts.

In conclusion, professionals working in all areas of children's health should place priority on reducing physical punishment on the basis of its strong associations with both physical harm and impaired mental health in children. By doing so, they will have a substantial impact on reducing violence against children and the huge economic and social costs that it entails.

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More than 200 Canadian organizations and institutions have taken this important step by endorsing the Joint Statement on Physical Punishment of Children and Youth (www.cheo.on.ca). Endorsers from the health sector include: Association des médecins en protection de l'enfance du Québec • BC Children's Hospital • Canadian Academy of Child and Adolescent Psychiatry • Canadian Association of Child Life Leaders • Canadian Association of Occupational Therapists • Canadian Association of Paediatric Health Centres • Canadian Dental Association • Canadian Institute of Child Health • Canadian Nurses Association • Canadian Paediatric Society • Canadian Physiotherapy Association • Canadian Psychological Association • Canadian Public Health Association • Canadian Red Cross • Centre de santé communautaire de l'Estrie • Carleton Place & District Memorial Hospital • Child & Youth Health Network for Eastern Ontario • Children's Hospital of Eastern Ontario • Children's Hospital of Winnipeg, Child Protection Centre • College of Family Physicians of Canada • Infant Mental Health Promotion • IWK Centre • Kingston General Hospital • McMaster Children's Hospital Child Advocacy and Assessment Program • SMARTRISK (The complete endorsers' list can be viewed at www.cheo.on.ca/english/pdf/js_endorsers_e.pdf).

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