

# Promising intervention strategies to reduce parents' use of physical punishment



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## ABSTRACT

The strong and ever-growing evidence base demonstrating that physical punishment places children at risk for a range of negative outcomes, coupled with global recognition of children's inherent rights to protection and dignity, has led to the emergence of programs specifically designed to prevent physical punishment by parents. This paper describes promising programs and strategies designed for each of three levels of intervention – indicated, selective, and universal – and summarizes the existing evidence base of each. Areas for further program development and evaluation are identified.

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## 1. Introduction

Several decades of research on parents' use of physical punishment have yielded two firm conclusions. First, physical punishment generally, and spanking specifically, are ineffective at improving children's behavior and, in fact, lead to a worsening of it over time (Altschul, Lee, & Gershoff, 2016; Durrant & Ensom, 2012; Gershoff, Lansford, Sexton, Davis-Kean, & Sameroff, 2012; Gershoff & Grogan-Kaylor, 2016). Second, physical punishment places children at risk for a range of detrimental behavioral, mental health, and cognitive outcomes, as well as for physical injury (Gershoff & Grogan-Kaylor, 2016; Lee, Grogan-Kaylor, & Berger, 2014).

The United Nations has unequivocally stated that all physical punishment of children, no matter how 'mild', violates children's right to protection from violence and has called for its elimination (United Nations and Committee on the Rights of the Child, 2007). To date, 51 countries have legally prohibited all physical punishment of children (Global Initiative to End All Corporal Punishment of Children, 2017). The United Nations' position, and the position of many family violence researchers (Durrant & Ensom, 2012; Gelles & Straus, 1988), is that the dichotomy between physical punishment and physical abuse is a false one that legitimates violence against children. Countries that maintain legal distinctions between acceptable and unacceptable physical punishment are coming under increasing international pressure to uphold children's human rights to protection and to dignity, as such distinctions condone some arbitrary level of violence against children. The UN's 2030

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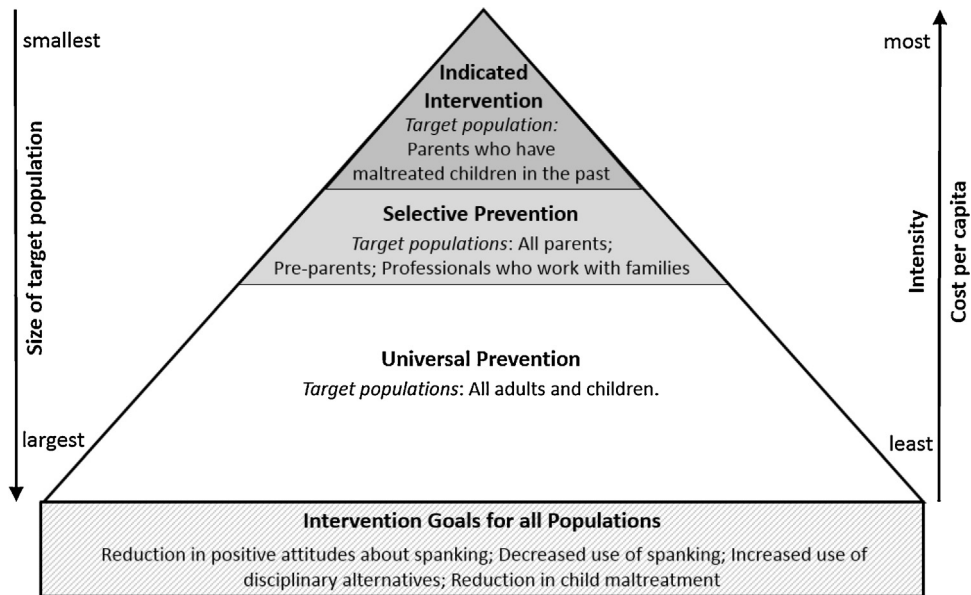


Fig. 1. Levels of and targets for intervention to prevent or reduce physical punishment.

*Agenda for Sustainable Development* identifies a reduction of physical punishment of children as an indicator of achievement of its goal of promoting “peace, justice and strong institutions” (United Nations, 2015, p. 1).

The strength of the evidence demonstrating physical punishment’s risks and the human rights arguments against it have led increasing numbers of professional organizations serving children and families to strongly discourage physical punishment. For example, the American Academy of Pediatrics (1998, 2014) and the Canadian Paediatric Society (2016) have each called upon pediatricians to advise parents against physical punishment. The American Academy of Child and Adolescent Psychiatry (2012), American Professional Society on the Abuse of Children (2016), Canadian Psychological Association (2004), and National Association of Pediatric Nurse Practitioners (2011) have issued similar statements. The U.S. Centers for Disease Control and Prevention recently published a guidance document on the prevention of child maltreatment that called for educational and legislative interventions to reduce support for and use of physical punishment as a strategy to prevent child physical abuse (Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016).

Yet parents continue to physically punish their children. In a national study of families participating in the Early Head Start program in the United States, 34% of mothers reported spanking their 2- and 3-year-olds at least once in the previous week (Berlin et al., 2009). In another large community-based study of urban American families, 53% of mothers and 44% of fathers of 3-year-olds reported that they had spanked their child at least once in the past month (Lee, Altschul, & Gershoff, 2015). Similar rates have been found in Canada. A population survey in Québec found that more than a third of parents reported spanking their children (Clément & Chamberland, 2014). Data from Canada’s National Longitudinal Survey of Children and Youth revealed a decrease in the prevalence and frequency of physical punishment between the first (1994–1995) and final (2008–2009) survey cycles, but one-quarter of parents still reported physically punishing their children in the final cycle (Fréchette & Romano, 2015).

The fact that parents continue to use physical punishment, despite the accumulation of scientific evidence that it is both ineffective and harmful to children, indicates a clear need for strategies to prevent it. There is a particular need for interventions that translate evidence of its harms into parent-friendly messages and that support parents in changing their behavior in ways that promote their children’s healthy development. To date, a variety of approaches has been used to prevent physical punishment, but there have been very few efforts to identify and synthesize these approaches. Indeed, a recent, purportedly comprehensive, review of parenting interventions by the National Academies of Sciences, Engineering, and Medicine (2016) neglected to include interventions aimed at reducing physical punishment. Therefore, professionals do not have a clear picture of the approaches available or of their levels of success.

The purpose of this paper is to provide examples of promising approaches and programs to shift attitudes toward physical punishment and reduce its prevalence. This article is not intended to be a systematic review of all such interventions. Rather, it is intended to describe a range of intervention strategies in order to illustrate the creative and effective methods currently being implemented.

We have organized our review around the three levels of intervention identified by the Institute for Medicine (Mrazek & Haggerty, 1994); namely, indicated intervention programs, selective prevention programs, and universal prevention programs. Fig. 1 organizes these three intervention levels by the narrowness of their target population. *Indicated intervention programs* aim to reduce a negative behavior among a population that has either already displayed the behavior or is at sub-

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