

Corporal Punishment: Evaluation of an Intervention by PNP's

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ABSTRACT

Introduction: Corporal punishment (CP) is defined as the use of physical force with the intention of causing a child to experience pain but not injury for the purpose of correction or control of the child's behavior. CP has been linked to a variety of negative consequences for children, including physical abuse, eternalizing behavioral problems, and slowed cognitive development. Many American children continue to experience CP at the hands of their parents and other caregivers. The purpose of this study was to evaluate learner attitude toward CP before and after implementation of a pediatric nurse practitioner–designed educational intervention and influences upon learner attitude and beliefs about CP.

Method: This study used a pre- and postsurvey design to assess learner attitude about CP before and after participation in an educational intervention. Influences upon learner attitudes and beliefs regarding CP were also described. Learners ($N = 882$) were health care providers.

Results: Nearly all learners ($n = 747$; 84.7%) stated that the way their parents disciplined them influenced their attitudes toward CP. Fewer than one fifth of learners who were also parents ($n = 126$; 14.4%) reported that their child's health care provider had ever discussed child discipline with them. Prior to the educational intervention, more than one third of learners ($n = 351$; 39.88%) endorsed spanking as sometimes necessary, yet significantly fewer learners ($n = 251$; 28.9%; $p < .001$) made this statement after the educational intervention. Child discipline management was included in the health care provider education for fewer than half of learners ($n = 365$; 41.4%).

Discussion: The potential for experiencing CP as a child to result in negative consequences for children has been well documented, yet many American parents continue to use CP as a form of child discipline, and some pediatric health care professionals continue to endorse its use. Pediatric health care professionals, including nurses and pediatric nurse practitioners, need to be educated about child discipline and CP. All pediatric health care providers need to advocate

for the use of positive parenting principles and discourage the use of CP. *J Pediatr Health Care.* (2015) 29, 526-535.

KEY WORDS

Corporal punishment, discipline, child maltreatment

Corporal punishment (CP) is defined as the use of physical force with the intention of causing a child to experience pain but not injury for the purpose of correction or control of the child's behavior (Straus, 1994). CP most commonly involves spanking, smacking, or hitting with a hand, but it can also include pinching, kicking, pulling hair, or hitting with an object such as a belt, cord, or stick (Zolotor & Puzia, 2010). CP use has been linked to a variety of negative consequences for children, including physical abuse, externalizing behavioral problems, and slowed cognitive development (Gershoff, 2002). Many American children continue to experience CP at the hands of their parents and other caregivers.

The National Association of Pediatric Nurse Practitioners (NAPNAP, 2011) and the American Academy of Pediatrics (AAP, 2008) both oppose the use of CP and support the use of nonphysical means of discipline with children. Despite the condemnation by pediatric health care professional organizations, CP use continues to be widespread in the United States and other countries. More than 90% of American parents report using CP at least once, and 40% to 70% report having used CP in the past 6 months (Strauss, 2001). Similarly, 50% to 66% of Canadian parents report CP use (Bell & Romano, 2012). Given the number of children who continue to experience CP, pediatric health care providers, including pediatric nurse practitioners (PNPs), must develop strategies to address the use of CP and to instigate an attitudinal change toward its use.

The purpose of this study was to evaluate the attitude of learners toward corporal punishment before and after implementation of a PNP-designed educational intervention and to describe influences upon learner attitude toward corporal punishment.

BACKGROUND

CP is not an effective method of discipline. CP has been shown to improve immediate compliance but not to achieve a long-lasting change in behavior (Gershoff, 2002; Oas, 2010). CP is associated with a lower rate of internalization of morals and values; CP does not teach children the lessons that their parents want them to learn. CP has been linked with a number of negative consequences for children, including increased risk of experiencing physical abuse (Sanapo & Nakamura, 2011; Zolotor, Theodore, Chang, Berkoff, & Runyan, 2008); externalizing behavioral problems (Mackenzie, Nicklas, Waldfogel, & Brooks-Gunn, 2012); criminal and antisocial behavior (Gershoff, 2002); slower cognitive development (MacKenzie et al, 2012; Straus & Paschall, 2009); and poorer adolescent and adult

mental health outcomes (Afifi, Mota, Dasiewicz, MacMillan, & Sareen, 2012; Mulvaney & Mebert, 2010).

Parental use of CP is affected by a variety of factors. Parents who experienced CP as a child are more likely to use physical methods to discipline their children (Bell & Romano, 2012; Simons & Wurtele, 2010). Conservative religious and political beliefs are linked with the support of CP (Ellison & Bradshaw, 2009). Parental stress influences the use of CP (MacKenzie et al, 2012). In a telephone survey of 500 parents in an urban southern city, Taylor, Hamvas, Rice, Newman, and DeJong (2011) found that the strongest predictor of parents' positive attitude towards CP was their perception that the professional they were most likely to turn to for advice about child discipline approved of CP. Professionals parents were most likely to turn to for advice were pediatricians (48%), religious leaders (21%), and mental health professionals (18%) (Taylor et al., 2011). Parents who did not endorse the use of CP perceived their sources of advice to not support the use of CP. Changing parental and societal attitude regarding CP is the essential first step in changing parental and societal use of CP.

Parents report that they listen to professionals, including pediatric health care providers, regarding child discipline (Taylor et al., 2011). However, in a telephone survey of the parents of 2068 children aged 4 to 35 months examining the use and predictors of discipline practices, Regalado, Sareen, Inkelas, Wissow, and Halfon (2004) found that more than half of the parents surveyed denied discussing discipline with their physician in a health care visit in the past year. Pediatricians report time constraints as a barrier to providing anticipatory guidance related to CP (Sege, Hatmaker-Flanigan, DeVos, Levin-Goodman, & Spviak, 2006). Health care provider attitude toward the use of CP may also be a concern. McCormick (1992), in a study of primary care physicians in Ohio, found that 59% of pediatricians and 70% of family practice physicians supported the use of CP. Fargason, Chernoff, and Socolar (1996) found that 39% of academic pediatricians specializing in child abuse thought that CP was sometimes appropriate and only 29% taught residents how to address parents regarding the use of CP. Although the two studies are admittedly dated, there are legitimate concerns that physician attitude remains essentially unchanged. Tirosh, Shecter, Cohen, and Jaffe (2003) report that 58% of 107 physicians surveyed report support of the use of CP.

Use of CP can result in negative consequences for children. Changing parental and societal attitudes toward the use of CP is

Pediatric health care professionals, including PNPs, need to be vocal supporters of nonphysical methods of discipline.

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