

Corporal Punishment



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KEYWORDS

- Corporal punishment • Spanking • Discipline • Behavior

KEY POINTS

- Corporal punishment is extremely common.
- Corporal punishment is associated with physical abuse in many studies.
- Anticipatory guidance around discipline should focus on building the skills to employ a variety of healthier techniques in an effective and consistent manner.
- Parents using escalating and ineffective discipline or those with psychosocial comorbidities will require additional resources.
- Systematic approaches to addressing discipline in the pediatric office setting can increase effectiveness and consistency.

INTRODUCTION

Corporal punishment (CP) includes use of any physical punishment against a child in response to perceived misbehavior. In the United States, this most often takes the form of spanking, but many other forms of CP are widely practiced in the United States and abroad. There can be a fine line between corporal punishment and physical abuse. In the United States, spanking and hitting with an object (such as a belt or switch) in the home are legal, if no significant injury occurs. For practical purposes, some child protective services agencies and consulting physicians use a 24-hour rule; that is, if a mark from CP lasts greater than 24 hours, injury is said to have occurred, and the fine line between CP and physical abuse has been crossed.¹ CP should be considered in the context of discussions of child abuse for several reasons:

It is associated with numerous harms to the well-being of the child, including adverse developmental and behavioral harms.

It is closely associated with child physical abuse.

It is considered by many child rights advocates to be a form of physical abuse.

This article will consider the harms associated with CP, the clinical context for discussing CP, and the prevention of CP.

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Pediatr Clin N Am 61 (2014) 971–978

<http://dx.doi.org/10.1016/j.pcl.2014.06.003>

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EXTENT OF CP

CP is widespread in the US. Population-based data on spanking is often difficult to compare based on differences in methodology and sampling. The most systematically comparable data on corporal punishment over time comes from the 1975 and 1985 National Family Violence Surveys and the 1995 Gallup survey on discipline.^{2,3} A recent report compared the results from those studies over three decades to 2002 data from North and South Carolina to demonstrate a decline of 18% in spanking over nearly four decades. Analysis was restricted to children between ages three and 11 because spanking very young and older children is less common. Overall rates of spanking have declined 18% from 76.5% (1975—national sample) to 62% (2002—Carolinas) of children three to 11. Spanking peaks among three to 5 year olds, with a rate of 78.8% in 2002, down 4% from 82.2% in 1975. However, this still indicates that a large majority of preschool aged children are spanked. Hitting with an object is reported less often, with a rate of 33.2% in 2002. This type of punishment peaks somewhat later, with nearly 50% of 7–9 year olds being hit in the past year.⁴ It should be noted that this data comes from parent self-report. Therefore the decline might be a real decline in the use of spanking, but it also may reflect a decline in the social acceptability of spanking; increasingly, parents may be reluctant to disclose their use of CP. A more recent study of CP of children less than two demonstrated that 30% of children were spanked in the past year. Further, when analyzed by month of age, 50% of 17 month olds and 70% of 23 month olds were spanked in the last year.⁵

SEQUELAE OF SPANKING AND HITTING

Many experts and advocates recommend corporal punishment as an option for discipline or even a necessary part of good parenting.^{6–8} It is clear that corporal punishment can be effectively used to alter immediate compliance, but this effect is short-lived.⁹ However, it is also clear that corporal punishment has many unintended consequences. A systematic review of over 300 original articles on corporal punishment demonstrated that corporal punishment has adverse associations in childhood including: moral internalization (i.e. a belief by the child that she/he is bad), aggression, delinquent and antisocial behavior, decreased quality of parent-child relationship, and behavioral problems. In addition, corporal punishment during childhood is associated with long-term consequences later in adulthood: aggression, criminal and antisocial behavior, worse mental health, and abuse of one's own child and spouse.⁹

Spanking is associated with an increased risk of physical abuse. Previous research has shown that protective services substantiated abuse often results from escalated spanking¹⁰ and is usually in response to perceived misbehavior.¹¹ Other studies have shown that abusive parents are 3–5 times more likely to spank than non-abusive parents.^{12,13} If a child is spanked often, spanking will become less effective at modifying behavior. If spanking is ineffective, a parent may spank more, harder, or use an object.^{10,14,15} A recent study reported that spanking frequency and intensity (use of an object) are associated with increasing probability of parents' reporting that they abused the child.¹⁶

Spanking very young children may have particularly important consequences. One longitudinal study of CP at age three found that, among girls, CP was associated with a lower IQ.¹⁷ A subsequent study with a much larger sample and more effective control of confounding variables reported that spanking at 1 year of age was associated with aggressive behavior at 2 years of age and lower developmental scores at three

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