Is the Use of Physical Discipline Associated with Aggressive Behaviors in Young Children?

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Abstract

Objective: To determine the association between use of physical discipline and parental report of physically aggressive child behaviors in a cohort of young children who were without indicators of current or past physical abuse.

Methods: The data for this study were analyzed from an initial cohort of patients enrolled in a prospective, observational, multicenter pediatric emergency department-based study investigating bruising and familial psychosocial characteristics of children younger than 4 years of age. Over a 7-month period, structured parental interviews were conducted regarding disciplinary practices, reported child behaviors, and familial psychosocial risk factors. Children with suspected physical abuse were excluded from this study. Trained study staff collected data using standardized questions. Consistent with grounded theory, qualitative coding by 2 independent individuals was performed using domains rooted in the data. Inter-rater reliability of the coding process was evaluated using the kappa statistic. Descriptive statistics were calculated and multiple logistic regression modeling was performed.

Results: Three hundred seventy-two parental interviews were conducted. Parents who reported using physical discipline were 2.8 (95% confidence interval [CI], 1.7–4.5) times more likely to report aggressive child behaviors of hitting/kicking and throwing. Physical discipline was used on 38% of children overall, and was 2.4 (95% CI, 1.4–4.1) times more likely to be used in families with any of the psychosocial risk factors examined.

Conclusions: Our findings indicated that the use of physical discipline was associated with higher rates of reported physically aggressive behaviors in early childhood as well as with the presence of familial psychosocial risk factors.

Keywords: corporal punishment; psychosocial risk factors; spanking

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What's New

To our knowledge, this is the first study of disciplinary practices of parents of nonphysically abused young children who present to pediatric emergency departments. Parental use of physical discipline is significantly associated with children's aggressive behaviors and familial psychosocial risk factors.

PHYSICAL DISCIPLINE (CORPORAL punishment) is the use of any physical means, such as spanking, to correct or punish behavior. More than 90% of American families report using physical discipline at some time during a child's life although it is less common in very young children.[1] In a nationally representative study, 64% of parents reported spanking children 19 to 35 months of age, and 6% of parents reported spanking infants 4 to 9 months of age.[2]

Despite the widespread use of physical discipline, there is considerable debate about the benefits versus risks of this method of discipline.[3] Proponents state that physical discipline is effective in immediately reducing or stopping the undesired behavior.[4–6] Opponents cite a myriad of deleterious effects in children that can persist into adulthood.[7–10] Spanking has been associated with impaired child–parent relationships, poor child self-esteem, mental health problems in adolescence and adulthood, substance abuse, adult domestic violence, and increased aggressive behavior in children.[3,7–9,11]

Spanking that has escalated is the etiology of many substantiated reports of physical abuse by child protective services.[3,8,9,12] The pediatric emergency department (PED) is a common location for physical child abuse screenings. It is therefore reasonable that such screenings conducted in the PED include questions regarding parental disciplinary practices and descriptors of frustrating child behaviors

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because parental frustration with a behavior (eg, crying) is likely to be associated with an increased risk for abuse.[13] These data could potentially inform points of intervention for parents for whom parental discipline techniques are ineffective or problematic as well as inform future abuse prevention strategies. These questions should be asked across all ages because some parents report spanking young infants.

Familial psychosocial risk factors such as domestic violence, substance abuse, mental illness, child abuse, and police involvement have been linked to child aggressive behavior as well as a host of negative child outcomes, although this link is usually examined in somewhat older children.[7,9,14–17] These risk factors have also been linked to the use of physical discipline in different populations.[7,18–20] Knowledge about the associations between physical discipline, child aggressive behaviors, and psychosocial risk factors in a diverse population that presents to an acute care setting without indicators for physical abuse, a known confounder for child aggressive behaviors, is important for further understanding the influence that family milieu and disciplinary practices have on a child's behaviors. To our knowledge, no study to date has assessed these associations in the diverse setting of the PED among children with nonabuse-related injuries.

The purpose of this investigation was to examine the following hypotheses in a cohort of children from the PED with no known physical abuse. The primary hypothesis was that there would be a significant association between parents' reports of physical discipline and of child aggressive behavior. A secondary hypothesis was that parents who reported using physical discipline would also be more likely to report the presence of familial psychosocial risk factors.

METHODS

PARTICIPANTS AND STUDY DESIGN

The data for this study were analyzed from an initial cohort of patients enrolled in an ongoing, prospective, observational, multicenter study investigating bruising characteristics of children younger than four years of age and familial psychosocial characteristics. Eligibility criteria were age younger than 4 years, presentation to a participating PED, bruising identified by deliberate exam, and no concerns for abuse.[21] Consecutive eligible patients were approached for enrollment during designated research shifts conducted over a 7-month period (September 5, 2012–March 31, 2013). The study was conducted at 3 free-standing PEDs with academic affiliations in different areas of the United States. All 3 PEDs are part of large, urban, tertiary care children's hospitals, and they collectively evaluate more than 50,000 children annually in the study-eligible age range. The use of multiple urban PEDs with large catchment areas was selected to increase the likelihood for diversity of patient demographic characteristics in the study population. Patients undergoing abuse evaluations and those with current or past physical abuse diagnoses were excluded from this cohort study because the purpose was to target a population with no known or suspected physical abuse (Fig). This exclusion is because physical abuse is a known confounder for child aggressive behavioral problems and inappropriate parental disciplinary practices.[9,14] An expert panel process, described in "DETERMINATION OF NONABUSE- AND ABUSE-RELATED-INJURIES," was used to further assure only patients with very low likelihood of physical abuse were included.

Institutional review board approval was obtained before study commencement. Consent was obtained from parents before study participation.

DEVELOPMENT OF INTERVIEW QUESTIONS

Before the start of this study, candidate interview questions were developed regarding parental disciplinary practices, perceptions of the child's attributes, and expectations of the child's capabilities and developmental progress. Questions were also developed regarding familial risk factors that have well established links for potentially negative developmental child outcomes: current or previous familial state social services involvement, domestic violence, police involvement, substance abuse, and mental health issues.[22,23] The candidate interview questions were developed through a working group forum comprised of social work, psychology, and medical personnel. Candidate interview questions were on the basis of existing clinical social work protocols for child abuse assessments at the participating study sites and expanded on the basis of published literature.[22–24] The detailed open-ended questions were designed to meet the constraints of conducting research in the busy emergency department setting, while still paralleling the psychosocial evaluation process outlined by the child abuse pediatrics teams at the participating sites. We aimed to obtain similarly rich information in the PED setting regarding the disciplinary methods, child behaviors, and familial environment of our targeted low-risk population defined as patients without indicators for physical abuse, and for whom there was no known or suspected physical abuse. The candidate questions were piloted in the PED in a separate study of 100 families to establish feasibility of use in the acute care setting (ie, quick, nonintrusive to the clinical process, and not resource-intensive) and parent willingness to answer psychosocial questions. As a result of this piloting, the standardized interview questions for this study were refined and finalized (Table 1). This iterative process was required, because there are no validated psychosocial questionnaires appropriate for the PED setting.

DATA COLLECTION

Data were collected by trained study staff through structured parental interview using the standardized questions. Responses to all nondichotomized questions were documented by the researcher verbatim via free text. After the interview, the child's age, sex, race, ethnicity, and insurance type (as a proxy for family income level) were abstracted from the medical record. Data regarding the patient's previous visits to the PED were also abstracted to determine if any previous medical, trauma, and/or abuse histories were present.

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