Chapter 6 Corporal Punishment and Children's Mental Health: Opportunities for Prevention

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Introduction

Many genetic, epigenetic, and environmental factors play a role in children's emotional and cognitive development. The social environment into which children are born interacts with these other factors, and helps determine critical mental processes including the ability to regulate emotional states, the ability to maintain the body's internal systems in the face of stressors, and the ability to effectively take part in interpersonal relationships (Repetti et al. 2002). Children take in much of this social environment through observation and participation, but they also experience it through formal teaching and their parent's or parental surrogates to discipline.

In its broadest sense, discipline involves the processes by which parents or surrogates help children acquire knowledge of the values and normative behaviours of the society in which they will function as adults. This is very positive. Along with this knowledge comes the ability to self-regulate and maintain behaviour within the scope of those values and norms (Cherlin 1996). In this broad definition, the discipline process includes explicit teaching, modelling, coaching, and consequences (both positive and negative) designed to shape the child's behaviour (Committee on Psychosocial Aspects of Child and Family Health 1998).

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In common parlance, however, the term "child discipline" is synonymous with punishment, either emotional, physical, or a combination of the two. The United Nations Committee on the Rights of the Child (2007) defined physical (or "corporal") punishment of children as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. The Committee included in this definition hitting children with the hand or an implement, but also other forms of inflicting pain and discomfort, such as shaking, biting, hair pulling, or forcing children to eat or mouth bad-tasting materials. The committee felt that all of these forms of punishment were inherently degrading, and therefore, by extension, put physical punishment in the same class as non-physical punishments that humiliated, threatened, intentionally frightened, or denigrated a child.

The use of physical punishment as a central tool for shaping child development has a very long history in many civilizations, and is condoned or recommended in many pre-Biblical and Biblical sources within Judean-Christian tradition (Pinker 2011: 429). In European culture, by the seventeenth century, views of children as being either inherently evil, imminently corruptible, or in need of toughening, gave way in part to beliefs that children were inherently good and should be sheltered and positively nurtured. By the late nineteenth century, movements emerged to protect children from hard labour and outright abuse. Despite an expanding consensus among international bodies and professional groups that physical punishment of children does not have a role in child discipline (Gershoff and Bitensky 2007), it continues to be supported and practiced by many parents and begins early in childhood (Gallup Organization 1995; Orpinas 1999; Zolotor et al. 2011; Taylor et al. 2010).

Internationally, the proportion of adults who say they approve of physically punishing children has been trending down in the last 50–60 years, with increasing differentiation between acceptable "mild" physical punishment and more severe and unacceptable forms of violence (Pinker 2011: 439). There has also been an increasing differentiation made between the prerogatives of parents or surrogates use physical punishment with their own children and the inappropriateness of physical punishment by other caretakers such as teachers or correctional officials. For example, currently 31 of the 50 US states, plus the District of Columbia, have standing laws or regulations banning the use of physical punishment in schools (Centre for Effective Discipline 2012). In contrast, a national survey of US school administrators published in 1984 found that 74.0 % (84.0 % in elementary schools) reported the use of physical punishment in their institutions (Rose 1984). At that point in time, in the state of Florida, where central records of paddling were kept, just over 10.0 % of the state's 1.5 million public school students were said to have been paddled at least once during the 1983–1984 academic year (Maeroff 1985). Unfortunately, this is not so case in some European countries, e.g. in the UK and in Eastern European countries?

Why Try to Reduce the Use of Physical Punishment?

At least 1 motivation for reducing the use of physical punishment is independent of evidence that the practice is itself harmful to children. That argument, among those advanced by international bodies, is that children, like adults, have a right to be protected from all forms of violence (Committee on the Rights of the Child 2011). Permitting physical punishment is inconsistent with this right, even within the protected space of parental rights to raise their children as they see fit.

Following on this line of reasoning, one might also advise against physical punishment if it seemed to be no more effective than other approaches to child discipline. While physical punishment does, in fact, effectively reduce the short-term incidence of target behaviours (Patterson 1982), it seems to do a poor job of helping children internalize the interpersonal values underlying those behaviours (Gershoff 2002), and, at least for young children, may not be any more effective than methods that do not involve inflicting pain (Roberts and Powers 1990).

Despite some inconsistencies in findings, adverse outcomes associated with physical punishment have been demonstrated in many cultures, although data do come mostly from higher resource countries (for a meta-analysis see Gershoff 2002). Some of these adverse outcomes include increased aggression toward child peers (Weiss et al. 1992), increased externalizing behaviours generally (including aggression and delinquency) (Edwards et al. 2010), increased prevalence of mood problems later in life (Turner and Muller 2004), greater physiologic markers of stress (Bugental et al. 2003), and impaired cognitive development (Smith and Brooks-Gunn 1997; Berlin et al. 2009). At least when using externalizing behaviour as an outcome, there appears to be linear relationship between the frequency of use of physical discipline and the subsequent severity of child problems (Edwards et al. 2010). That is, if there is a threshold under which physical discipline is not linked to increase externalizing behaviour, it is at a relatively low level.

Other studies have suggested that use of physical punishment in childhood underlies intergenerational transmission of norms that condone interpersonal violence (Fry 1993). Studies across several cultures suggest that there is a correlation between the prevalence of use of physical punishment for children in a society and greater prevalence and acceptance of violence in the society overall (Lansford and Dodge 2008). Thus, it is posited, children who are physically punished grow up not only more likely to use physical punishment with their own children but to tolerate interpersonal violence of other kinds between adults and children and among adults.

Another argument against the use of physical punishment is that, if administered at a time when parents are angry, there is a risk of its escalation to more physically-harmful levels of violence. Although as a group parents or surrogates who spank their children do seem to be at a higher risk of also being physically abusive, this risk may be much greater among those who administer physical punishment with an object than among those who administer punishment with only their hand (Zolotor et al. 2011).

Physical Punishment and Confounding Factors

One of the major rebuttals to these findings of negative outcomes is that studies fail to control adequately for the context in which physical punishment has been delivered. Punishment may be given in the context of a warm environment or one that is harsh in other ways, and it may be seen as normative or unusual by the child, parent or surrogate, or both (Larzelere 1996; Socolar 1997). One longitudinal study conducted in the USA (Gunnoe and Mariner 1997) found that spankings were associated with children's aggressive behaviour in some families but not in others. The study examined children ages 4–11 years, and found overall no significant relationship between being spanked and subsequent aggressive behaviour. However, 2 subgroups of children, African-American girls and White boys, had opposite associations between spanking and behaviour: among the girls, spanking was associated with decreased aggression, while for boys aggression was increased. The authors concluded that depending on culture and gender, children may perceive physical punishment as more or less legitimate, and respond accordingly. In contrast, a retrospective study of US university students did not find that perceived norms about the use of physical punishment did not moderate the relationship between experiencing it and subsequent symptoms of depression (Turner and Muller 2004).

If overall parenting context does play a role in the sequelae of physical punishment, one mechanism may be Rohner et al. "parental acceptance-rejection theory," which posits that corporal punishment exerts its long-term negative effects by adding a hostile dimension to parental rejection of children (Rohner et al. 1996). Rohner et al. studies find, across cultures, a strong impact of parental rejection on subsequent child development, the most strongly supported being a personality profile that includes increased hostility and negativity, decreased self-esteem and self-adequacy, emotional instability, and dependence (Rohner and Britner 2002). Thus, one could propose, if most physical punishment were delivered in the context of nurturing parental relationships, overall it might have few adverse effects.

One study, conducted in the USA, attempted to look at the context of physical punishment in a national sample of parents of children younger than 3 years of age (Wissow 2001). About 40.0 % of the sample of some 2,000 parents said that they had spanked their child at least once, and over 80.0 % said that they played with and hugged or cuddled their children daily or more frequently. When the parents were grouped, using the statistical procedure known as "cluster analysis", those who spanked the most (a group in which 93.0 % of the parents said they had spanked their child at least once) were most likely to say that they were frustrated with their child once or more a day, most likely to say that they sometimes or often yelled at their child, and least likely to read to their child (only 3.0 % said they did so). The group with the second highest use of spanking (78.0 % said they had done so at least once) included the parents who were most likely (93.0 %) experiencing symptoms of depression. These 2 groups made up about 38.0 % of the population of parents

who spanked; thus, while much physical punishment of young children may take place in relatively neutral or nurturing contexts, a substantial minority of parents who spank may do so in a context marked by other adverse patterns of parent-child interaction.

Genetic variation may also have an impact on how children respond to physical punishment. One focus of investigation has been on the monoamine oxidase gene located on the X chromosome. Variations in the number of nucleotide repeats in the promoter region of this gene have been related to variation in gene expression. In one longitudinal study of boys recruited at registration for kindergarten, having a low-expression variation of the promoter region was not related to the risk of being exposed to physical punishment, but was associated with an increased risk of developing delinquent behaviour if the child was physically punished (Edwards et al. 2010). Exposure to physical punishment increased the risk of delinquent behaviour for boys with and without the variant, but the effect was much stronger among boys with the low-expression variation. In the population studied, which had been intended to represent a range of socio-economic backgrounds and was relatively diverse ethnically, about 30.0 % of boys had the low-expression gene variant. Thus, if gene-environment interactions exacerbate the adverse effects of physical punishment, the impact could be important at a population level.

Approaches to Preventing the Use of Physical Punishment

Ideally, approaches to preventing the use of physical punishment should be based on theory and data about the factors that lead parents or surrogates to its use. Bell and Romano (2012), based on Canadian data, propose an ecologic framework – social norms, stresses and supports in the parents' immediate social network, and the parent's own experience of physical punishment as a child – contributing to the use of physical punishment. While there is evidence (Woodward and Fergusson 2002) that physical punishment in childhood and problematic parent-child relationships promote adults adopting the use of physical punishment once they are themselves parents, those parents may not necessarily endorse its use or oppose policies that seek to reduce it. Many parents who use physical punishment say that they would like to avoid doing so and are saying they are open to learning about viable alternatives, if this can be done in a non-threatening way (Wissow and Roter 1994). In contrast, if a parent's experiences as a child were that their own physical punishment was delivered by a parent who was overall warm, and if there was not humiliation or threat at the time of punishment, then the parent may be more favourable to its use by others. In Bell and Romano's study of Canadian university students, those who were spanked but not exposed to other violence as children were more likely to oppose changing a Canadian law that is permissive of physical punishment of children ages 2-12 years old.

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Population-based approaches: national legislation has been enacted in a number of countries around the world to remove exceptions to criminal assault laws that protected parents' use of physical punishment and to specifically prohibit the practice in schools or universally (Gershoff and Bitensky 2007). Legislation appears to be an important component of efforts to reduce the acceptability of physical punishment, although it may influence attitudes and practices not so much through enforcement efforts, but rather as a component of broadly-based efforts to develop new social norms toward child rearing in general and disciplinary practices in particular (Durrant 2003). The impact of laws prohibiting physical punishment may be directly proportional to the percentage of parents of young children who know about the law and who have access to information about alternative methods of discipline (Durrant 2003; Gershoff and Bitensky 2007).

The "Triple-P" program, developed in Australia but implemented in several countries, operates in its full form at 5 levels ranging from information directed to the general population to a choice of intensive interventions targeting individual families, 2 of which target parents at particular risk of using physical punishment (Sanders 2012). Triple-P promotes and teaches a set of core parenting skills with a strong evidence base for the effectiveness in both controlling child behaviour and also promoting healthy psychosocial development. It thus offers families alternatives to the use of physical punishment and helps to develop social norms that re-enforce the acceptability of those alternatives.

Impact of early childhood education and family support: A randomized trial of the national "Early Head Start" program in the USA found that participating parents had a small but significantly lower (47.0 % versus 54.0 %) likelihood of reporting that they had spanked their child in the week before program outcomes were measured (Love et al. 2005). Early Head Start enrols parents of infants and toddlers and serves them until the child is age 3, at which point they are eligible for pre-school programs. The program includes child care, but also may involve home visits, parenting education, health care and referrals, and other forms of family support; implementation varies by site. The trial found that the impact on physical punishment (as well as many other outcomes) was largest at sites that used a mix of centre and home-based services, rather than just one or the other.

Individual/clinical interventions: A number of parenting programs have demonstrated the potential to reduce the use of aversive parenting approaches as well as increasing the use of positive approaches (see Gershoff (2002) for a review). Bugental and Schwartz (2009) developed a program that targeted at-risk families, some with difficult-to-parent infants. The program was based on shifting parents' cognitive appraisal of children's behaviour and the parents' own difficulties mastering the situation. Parents were helped both to analyse situations in which problematic child behaviour occurred and to find ways to cope with the behaviour and its associated stress. Compared to a "treatment as usual" home visiting intervention, the appraisal-based approach, when added to home visiting, resulted in a reduced rate of parents' use of physical punishment.

In a program targeting families in which a child had developed conduct problems early in life, Beauchaine et al. (2005) found that parents were able to reduce their use of harsh and/or ineffective parenting practices. These reductions were then linked to better child behaviour. Although, on average, parenting improved across participants, parents who benefited most were those who were, relative to the group, those who used relatively little harsh punishment at baseline.

Interventions in primary care: Children's primary medical care offers a possible venue for the primary or secondary prevention of the use of physical punishment. As noted above, parents' attitudes toward child discipline are likely forming prior to childbirth, and the use of physical punishment often begins in the child's first years of life. In many countries, children are seen frequently and routinely for health maintenance services. Studies suggest that primary care providers themselves (Scholer et al. 2010) or trained nurses placed in primary care practices (Kolko et al. 2010) may be able to have an impact on parent attitudes toward discipline practices and on the levels of child behaviour problems. However, primary care practices may have to reorganize to be able to provide the time, privacy, and expertise required to successfully engage and counsel parents about child discipline (López Stewart et al. 2000).

Conclusion

Many parents continue to have positive attitudes toward the use of physical punishment. Parents' own experiences as children, their mood and sense of stress as adults and prevailing social norms all influence the likelihood that they will use physical punishment with their own children. A number of arguments can be advanced for reducing the use of physical punishment; some are based on views of the rights of children, some are based on the evidence for adverse psychosocial outcomes, and some on the role that physical punishment may play in the overall level of violence in a given society. Studies suggest that the use of physical punishment in a given society can be reduced through broad efforts to change normative parenting behaviours; parenting training of various kinds seems capable of reducing the use of harsh punishment, and offers parents the opportunity to learn techniques that are not only less coercive but that seem to be associated with long-term psychosocial benefit.

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