WHY AND HOW WE CAN REDUCE PHYSICAL PUNISHMENT IN MEDICAL AND COMMUNITY SETTINGS

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Disclosure

• I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
The Committee defines “corporal” or “physical” punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.


The most common form of physical punishment used by parents in the United States is spanking.

http://www.refworld.org/docid/460bc7772.html
“Spanking” is a euphemism for “hitting”. (Gershoff, 2013)

In a recent study, my colleagues and I asked parents to define “spanking”.

The majority used terms such as “hitting”, “smacking”, “swatting” or “striking.”

In other words, they could not define spanking without using a term of violence.

Physical Punishment is Prevalent

63% of 2- to 4-year-old children around the world are physically punished by their parents.


Common Arguments Parents Use to Defend Spanking

- It works!
- I don’t believe there are any downsides to spanking.
- Spanking is not hitting – and certainly not abuse.
- It is a normal and necessary part of parenting in my culture or community.
- I only spank occasionally and am otherwise warm and responsive with my child.
Does Spanking Improve Children’s Behavior?

75 studies, over 50 years, from 13 different countries

160,927 children were included

This article developed out of a report from the Task Force on Physical Punishment of Children created by APA Divisions 7 (Developmental Psychology) and 37 (Society for Child and Family Policy and Practice).

Does Spanking Improve Children’s Behavior?

Spanking does not make children more compliant in the short term.

Spanking is also not linked with reductions in aggression or antisocial behavior.

Spanking is not linked with long-term compliance or internalization of morals.

Does Spanking Improve Children’s Behavior?

Instead, spanking is linked with worse, not better, behavior in children.

In our meta-analyses, we found that spanking was associated with significantly more aggression and antisocial behavior problems.

None of the studies showed a link between spanking and better behavior.

Is Spanking Linked with Unintended Negative Outcomes in Childhood?

• Our meta-analyses revealed that spanking is linked with several unintended outcomes:
  • Mental health problems
  • Difficult relationships with parents
  • Lower self-esteem
  • Lower academic performance
Is Spanking Linked with Unintended Negative Outcomes in Adulthood?

• Our meta-analyses revealed that adults who report a history of spanking in childhood report:

  • More mental health problems
  • More antisocial behavior
  • More positive attitudes about and use of corporal punishment with their own children.
    – Cycle of violence from generation to generation.
Can Spanking Lead to Physical Abuse?

Spanking is hitting.

Family violence experts consider spanking and physical abuse to be on a continuum of violence against children.

Can Spanking Lead to Physical Abuse?

A review of child maltreatment cases in Canada determined that 75% of substantiated physical abuse cases involved intentional physical punishment.

Can Spanking Lead to Physical Abuse?

My colleague and I found a strong, statistically significant association between spanking and the risk of physical abuse.

In studies that looked at both spanking and abuse, the size of the association between spanking and negative outcomes was two thirds the size of the association for physical abuse and those same outcomes.

Can Spanking Lead to Physical Abuse?

Several state laws say, “Yes”:

Physical abuse can include:

“cruel punishment” in Connecticut and Ohio

“excessive corporal punishment” in Illinois, Nevada, New Jersey, New York, Rhode Island, South Carolina, West Virginia

“excessive or unreasonable corporal punishment” in Wyoming

A common argument is that, because rates of spanking vary across cultures, the effects of spanking will vary according to how “normative” it is.

--This argument is known as the “cultural normativeness” theory.

Although initial studies in the US found the effects of spanking to be different for Black and White families, many later studies have failed to replicate these findings.
Do the Outcomes Linked with Corporal Punishment Vary by Country or Culture?

In a study of mothers and their children in China, India, Italy, Kenya, Philippines, and Thailand, we found that spanking predicted higher aggression and more anxiety problems in children.

Even when children or parents believed most people in their communities used spanking (ie it was normative), it was still linked with these negative outcomes, just to a slightly lesser degree.

Do the Outcomes Linked with Corporal Punishment Vary by Country or Culture?

In a study of over 11,000 children, the majority of all groups spank:

- 89% of Black parents
- 80% of Latino parents
- 78% of White parents
- 73% of Asian parents

Do the Outcomes Linked with Spanking Vary by Country or Culture?

Black parents reported more frequent use of spanking than parents from the other three race and ethnic groups.

Yet despite these differences across these groups in frequency of spanking, we did not find any differences in outcomes.

Spanking predicted increases in children’s behavior problems over time, over and above children’s initial behaviors, for all four U.S. cultural groups.

Do the Outcomes Linked with Corporal Punishment Vary by the Warmth of the Parent?

• In a long-term study of 3,000 children in the U.S., we found that spanking at age 3 predicted increases in children’s aggression from age 3 to age 5 for all children.
  • The warmth of the parents did not buffer the negative effects linked with spanking.
• We also found that the more warm parents are, the better behaved their children are.
  • The opposite was true for spanking.

So How Did These Argument Fare?

- Spanking does not promote positive child behavior.

- Spanking increases the risk of a range of negative outcomes, including mental health problems, behavior problems, and lower cognitive ability.

- **Spanking is hitting** and does increase the chance of physical abuse.

- Spanking has been linked with the same negative outcomes for children across cultures and communities.

- Spanking has been linked with the same negative outcomes for children regardless of how warm parents are with their children.
Physical Punishment is A Violation of Children’s Human Rights

• The U.N. has stated that physical punishment of children is a form of violence that is inconsistent with the Convention on the Rights of the Child.

• The U.N. has called on all countries* that have ratified the Convention to prohibit all forms of physical punishment.

*In other words, all countries in the world, except the U.S.

### 54 Countries Have Banned All Physical Punishment of Children

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal</td>
<td>2018</td>
</tr>
<tr>
<td>Paraguay</td>
<td>2016</td>
</tr>
<tr>
<td>Ireland</td>
<td>2015</td>
</tr>
<tr>
<td>Andorra</td>
<td>2014</td>
</tr>
<tr>
<td>San Marino</td>
<td>2014</td>
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<tr>
<td>Brazil</td>
<td>2014</td>
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<tr>
<td>Honduras</td>
<td>2013</td>
</tr>
<tr>
<td>Albania</td>
<td>2010</td>
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<tr>
<td>Tunisia</td>
<td>2010</td>
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<tr>
<td>Luxembourg</td>
<td>2008</td>
</tr>
<tr>
<td>Togo</td>
<td>2007</td>
</tr>
<tr>
<td>Uruguay</td>
<td>2007</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2007</td>
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<tr>
<td>Romania</td>
<td>2004</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>2002</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>2000</td>
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<tr>
<td>Denmark</td>
<td>1997</td>
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<tr>
<td>Norway</td>
<td>1987</td>
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<tr>
<td>Lithuania</td>
<td>2017</td>
</tr>
<tr>
<td>Mongolia</td>
<td>2016</td>
</tr>
<tr>
<td>Benin</td>
<td>2015</td>
</tr>
<tr>
<td>Estonia</td>
<td>2014</td>
</tr>
<tr>
<td>Argentina</td>
<td>2014</td>
</tr>
<tr>
<td>Malta</td>
<td>2014</td>
</tr>
<tr>
<td>TFYR Macedonia</td>
<td>2013</td>
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<tr>
<td>Congo, Republic of</td>
<td>2010</td>
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<tr>
<td>Poland</td>
<td>2010</td>
</tr>
<tr>
<td>Republic of Moldova</td>
<td>2008</td>
</tr>
<tr>
<td>Spain</td>
<td>2007</td>
</tr>
<tr>
<td>Portugal</td>
<td>2007</td>
</tr>
<tr>
<td>Greece</td>
<td>2006</td>
</tr>
<tr>
<td>Ukraine</td>
<td>2004</td>
</tr>
<tr>
<td>Germany</td>
<td>2000</td>
</tr>
<tr>
<td>Croatia</td>
<td>1999</td>
</tr>
<tr>
<td>Cyprus</td>
<td>1994</td>
</tr>
<tr>
<td>Finland</td>
<td>1983</td>
</tr>
<tr>
<td>Montenegro</td>
<td>2016</td>
</tr>
<tr>
<td>Slovenia</td>
<td>2016</td>
</tr>
<tr>
<td>Peru</td>
<td>2015</td>
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<tr>
<td>Nicaragua</td>
<td>2014</td>
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<tr>
<td>Bolivia</td>
<td>2014</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>2013</td>
</tr>
<tr>
<td>South Sudan</td>
<td>2011</td>
</tr>
<tr>
<td>Kenya</td>
<td>2010</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>2008</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>2008</td>
</tr>
<tr>
<td>Venezuela</td>
<td>2007</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2007</td>
</tr>
<tr>
<td>Hungary</td>
<td>2005</td>
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<tr>
<td>Iceland</td>
<td>2003</td>
</tr>
<tr>
<td>Israel</td>
<td>2000</td>
</tr>
<tr>
<td>Latvia</td>
<td>1998</td>
</tr>
<tr>
<td>Austria</td>
<td>1989</td>
</tr>
<tr>
<td>Sweden</td>
<td>1979</td>
</tr>
</tbody>
</table>
Legal Status of Corporal Punishment Around the World

www.endcorporalpunishment.org
Why does all of this matter for medical professionals?

There are a few reasons...
Reason #1: Spanking is an Adverse Childhood Experience (ACE).
Spanking is an ACE

Adverse Childhood Experiences (ACEs) have become a focus of concern in public health and medicine.

The original ACEs study asked participants whether they had been spanked as a child, but the data had never been analyzed.
Spanking is an ACE

We collaborated with the CDC to examine data from the original ACES study:

# Reanalysis of Original ACES Study Data

<table>
<thead>
<tr>
<th>ACE Exposure</th>
<th>Drug Use</th>
<th>Moderate to Heavy Drinking</th>
<th>Suicide Attempt (lifetime)</th>
<th>Depressed Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\text{OR}_{\text{adj}}$</td>
<td>$\text{OR}_{\text{adj}}$</td>
<td>$\text{OR}_{\text{adj}}$</td>
<td>$\text{OR}_{\text{adj}}$</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>1.48</td>
<td>1.35</td>
<td>2.31</td>
<td>1.18</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td></td>
<td></td>
<td>2.27</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>1.29</td>
<td>1.19</td>
<td>1.33</td>
<td></td>
</tr>
<tr>
<td>Spanking</td>
<td>1.42</td>
<td>1.29</td>
<td>1.39</td>
<td></td>
</tr>
<tr>
<td>Physical neglect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional neglect</td>
<td></td>
<td></td>
<td>1.65</td>
<td>1.38</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household mental illness</td>
<td>1.42</td>
<td></td>
<td>3.41</td>
<td>1.65</td>
</tr>
<tr>
<td>Incarcerated household member</td>
<td></td>
<td></td>
<td></td>
<td>1.50</td>
</tr>
<tr>
<td>Household substance abuse</td>
<td>1.55</td>
<td>1.82</td>
<td>1.23</td>
<td></td>
</tr>
<tr>
<td>Parental separation/divorce</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adjustment factors included in the model: age, race, sex, educational attainment, and marital status

Reason #2: Medical and Public Health Organizations Have Taken Public Stands Against Physical Punishment
The AAP recommends that parents do not use spanking, hitting, slapping, threatening, insulting, humiliating, or shaming.

Five organizations have published policy statements that recommend parents not spank their children and call on professionals to discourage it:

- American Academy of Pediatrics
- American Academy of Child and Adolescent Psychiatry
- American Professional Society on the Abuse of Children
- National Association of Pediatric Nurse Practitioners
- And, as of two weeks ago, the American Psychological Association
In a report issued in April 2016, the **Centers for Disease Control and Prevention** called for educational and legislative interventions to reduce support for and use of physical punishment as a means of preventing physical abuse of children.

Reason #3: Parents Trust Medical Professionals for Advice on Discipline.
Parents Trust Pediatricians for Discipline Advice

- When asked how likely they would be to follow discipline advice from various sources, parents ranked pediatricians only behind their spouses and their own parents in how much they trust their advice.

Reason #4: Parents Do Hit Children in Medical Settings.
My colleagues and I surveyed staff at two health systems to find out how often they saw parents hitting their children and how they react when they do:
How often do staff witness parent-to-child hitting in the hospital?

<table>
<thead>
<tr>
<th>Witness a few times each year</th>
<th>Direct care staff $n = 1,616$</th>
<th>Other staff $n = 1,584$</th>
<th>Significance of group differences ($p$ values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.4%</td>
<td>15.5%</td>
<td>$.001</td>
<td></td>
</tr>
<tr>
<td>Witness almost every month</td>
<td>1.9%</td>
<td>1.0%</td>
<td>$.050</td>
</tr>
<tr>
<td>Total</td>
<td>27.3%</td>
<td>16.5%</td>
<td>$.001</td>
</tr>
</tbody>
</table>

Even if each of these staff only saw one incident per year, that would amount to **over 700 incidents of parent-to-child hitting per year** across the two hospitals—in other words, two incidents per day.

If witnessed hitting, whether took action:

<table>
<thead>
<tr>
<th>Action</th>
<th>Direct care staff</th>
<th>Other staff</th>
<th>Significance of group differences (p values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never took action</td>
<td>29.4</td>
<td>61.3</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Sometimes took action</td>
<td>36.1</td>
<td>23.7</td>
<td>&lt;.010</td>
</tr>
<tr>
<td>Always took action</td>
<td>34.5</td>
<td>15.0</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff who did not always intervene ($n = 352$)</th>
<th>Direct care staff $n = 1,616$</th>
<th>Other staff $n = 1,584$</th>
<th>Significance of group differences ($p$ values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons why did not intervene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Did not want to embarrass the parent”</td>
<td>10.7</td>
<td>9.5</td>
<td>.712</td>
</tr>
<tr>
<td>“I was concerned the parent might threaten or harm me in some way”</td>
<td>14.6</td>
<td>9.5</td>
<td>.153</td>
</tr>
<tr>
<td>“I was worried that the parent might get angrier and become more abusive to the child”</td>
<td>32.7</td>
<td>35.4</td>
<td>.599</td>
</tr>
<tr>
<td>“I was not sure what to say or how to stop the parent from hitting their child”</td>
<td>52.7</td>
<td>41.5</td>
<td>&lt;.050</td>
</tr>
<tr>
<td>Other reasons (open-ended)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not think parent was doing anything wrong</td>
<td>5.9</td>
<td>8.2</td>
<td>.397</td>
</tr>
<tr>
<td><strong>Not their place to intervene</strong></td>
<td>2.4</td>
<td>8.8</td>
<td>&lt;.010</td>
</tr>
</tbody>
</table>

How Can Medical Settings be a Context for Intervention?

A few ways have been tried...
Medical Setting-Based Interventions

Several interventions in pediatric offices and health clinics have been found to be effective at reducing positive attitudes about and use of physical punishment:

• The **Play Nicely** program, an interactive multimedia intervention that teaches alternatives to physical punishment (Scholer, Hamilton, Johnson, & Scott, 2010)

• The **Video Interaction Project (VIP)** which has parents view videotaped interactions between the parent and child taken during each pediatric well-child visit (Canfield et al., 2015).

• The **Safe Environment for Every Kid (SEEK)** program which screens for risk factors for maltreatment which are then addressed by a resident physician or social worker (Dubowitz, Lane, Semiatin, & Magder, 2012).
A dozen or so hospitals in the U.S. are implementing **No Hit Zones**.

- No Hit Zones prohibit any kind of hitting, including parents spanking children, in the hospital.

- The goals are to reduce violence in the hospital and to reduce acceptance of hitting children generally.
In our evaluation, we found that after the No Hit Zone was implemented, staff had more negative views of corporal punishment and were more likely to intervene if they saw parents hitting children in the hospital.

Parents were more accepting of doctors intervening in cases of physical punishment but were not less likely to spank.

Most staff comments were positive:

• “It gives me the tools I need to diffuse a situation and hopefully change future behaviors.”

• “Though it is more difficult to intervene than ignore, the NHZ has made it easier to intervene by letting the parent know that this is an organizational policy that I am carrying out rather than my own values being placed on them as parents.”
No Hit Zones Can Be Established Anywhere

Dane County District Attorney Ismael Ozanne is proud to announce that the District Attorney’s Office, including its public lobbies, is now a No Hit Zone. The No Hit Zone initiative stems from the District Attorney’s Office commitment to reducing the use of corporal punishment to discipline children because of the proven negative outcomes associated with such punishments. Today, we know corporal punishment of children puts children at risk of developing increased aggression, antisocial behavior, and mental health problems as well as physical injury. Ending the use of corporal punishment will reduce the risk that any given child will suffer child abuse, or engage in criminal conduct as an adult or juvenile.

No Hit Zones represent an explicit and public call to all people in those environments to refrain from the use of violence. The purpose of the Dane County District Attorney’s Office No Hit Zone is to create and reinforce an environment of safety and comfort for all people who come into the District Attorney’s Office and its public spaces. The District Attorney’s Office invites other agencies, businesses, schools and families to decide that they, too, want to live, work and learn in No Hit Zones.

With this commitment in mind, the Dane County District Attorney’s Office joins children’s hospitals across the country, such as the University of Louisville-Kosair Children’s Hospital, University of Michigan - C.S. Mott Children’s Hospital, Children’s Mercy Hospital in Kansas, and Community Health System in La Crosse, WI, in establishing a safe and violence-free zone, especially for children, with the introduction of the No Hit Zone.

Stoughton 'no hit zone' looks to stop corporal punishment

By: Velena Jones

Posted: Dec 06, 2017 09:40 PM CST  Updated: Dec 06, 2017 09:40 PM CST

STOUGHTON, Wis. - The city of Stoughton is training their staff to help end corporal punishment. The area is the first city in Dane County to become a "no hit zone."

The policy passed City Council in 2016, however city staff just started training on the policy last week.

The concept enables staff to offer help to parents in stressful situations, before they feel the need to use physical discipline.

"We are not standing in judgement of anyone or anything like that. What we are saying is there are alternatives, there are different alternatives. Maybe, we can break this cycle of some degree and end the violence," said police Chief Greg Leck.

Hitting and spanking can lead to violent behavior later in life, according to Leck. "Interruptions" as Leck describes them, could be as simple as distracting a child who is having a tantrum. Leck admits everyone may not agree, but he hopes the policy will start a discussion.

http://www.unifiednewsgroup.com/stoughton_courier_hub/news/no-hit-anti-bullying-measures-are-separate-efforts-at-ending/article_44b1a3ab-20f8-68d1-9159-ce17979fa38.html
Madison Heights officials put up signs for 'no-hit zones' where parents can't spank children

10 city-owned properties designated as 'no-hit zones'

By Shawn Ley - Reporter; Derick Hutchinson

Posted: 7:07 PM, October 05, 2018
Updated: 7:07 PM, October 05, 2018

Going Forward

- Reducing spanking in homes will require
  
  \textit{attitude change}

  \textit{behavior change}

  \textit{policy change}

It’s a slow process, but progress is being made each day.


References (cont’d)


Thank You

Please feel free to contact me with questions or for further information:

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