CURRENT TOPIC

The physical punishment of children

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In 1998 the Royal College of Paediatrics and Child Health (RCPCH) joined "Children are Unbeatable!", an alliance of over 250 organisations supporting the outlawing of all forms of physical punishment (alliance details from 77 Holloway Road, London N7 8JZ). This article examines the evidence contributing to the College decision.

Defining physical punishment

It is important to know what is meant by the terms "mild" or "severe" "physical punishment", "smacking", "spanking", etc. Paul Boateng, responding as Health Minister to the European Court of Human Rights' ruling on a case of repeated beating of a young English boy by his stepfather, said that "Any case of serious violence against a child ... would horrify parents". However, he went on to say that "... this has nothing to do with the issue of smacking. The overwhelming majority of parents know the difference between smacking and beating."¹ Mr Boateng's confidence is misplaced. Juries, in a string of recent UK cases, have acquitted parents who have hit children with whips, canes, riding crops, electric flexes, belts, and other implements, causing severe bruising, wheals, and cuts.²

Researchers³ in England found that 35% of children in a sample of ordinary two parent families had received "severe" physical punishment, defined as the intention or potential to cause injury or psychological damage, use of implements, repeated use, or use over a long period of time. Parents' views are coloured by their own experiences as children. A study of 11 600 adults⁴ showed that 74% of those who had been punched, kicked, or choked by their parents and almost half of those who had been injured more than once did not consider they had been abused. However, children are quite clear about the intended effect. A 1998 study sought the views of 76 children aged between 5 and 7 years.⁵ When asked "what is a smack", all but one of the children agreed it was a hit, many stressing how much it hurt or physically demonstrating the strength of the blows. One 7 year old observed "parents trying to hit you [but] instead of calling [it] a hit they call it a smack". Surprisingly, children do not necessarily condemn the practice of smacking and accept it as a parental right.⁶

Professor Murray Straus defines corporal punishment as: "the use of physical force with the intention of causing a child to experience pain but not injury, for the purposes of correction

or control of the child's behaviour".⁷ This definition, however, will not help those who believe it is possible to distinguish between the respectable smack and the unacceptable beating.

Some pro-smackers advocate use of a "safe object such as a slipper or wooden spoon"⁸ or rod, using biblical references to defend the latter. Others advise "one or two spanks administered to the buttocks"⁹ as well as, according to press reports, hitting children with a plastic spatula or similar implement which will "inflict pain but not break bones or damage skin tissue".¹⁰ The Babywise¹¹ and Childsense¹² books currently sweeping the United States and now being promoted in the UK recommend starting very young and "swatting" babies' legs or squeezing their hands to cause "discomfort".

The effects of physical punishment

The effects of physical punishments on behaviour and development, and links with aggression, mental health problems, child abuse, and so forth are so interrelated in such a complex manner with so many potential causes that the contribution of physical punishment may seem impossible to unpick. Furthermore, because corporal punishment of children is so common it is hard to identify control groups of non-smackers.

A recent meta-analysis was conducted on short and long term effects of corporal punishment (Gershoff E. The short- and long-term effects of corporal punishment on children: a meta-analytical review. Submitted for publication to *Psychological Bulletin*). The analysis considered 892 papers which had sufficient statistical data to allow estimation of effect size and significance. The researchers concluded that although a child was more likely to comply with parental demands immediately after being hit, he or she did not learn the desired good behaviour and so the threat of further corporal punishment was necessary to maintain it.

The analysis also showed that while not all children experience long term negative effects, overall the negative consequences of corporal punishment outweigh its seemingly positive short term consequences. The use of corporal punishment is associated with significant increases in physical abuse, long term antisocial behaviour, and later as an adult the abuse of a partner or child, as well as significant decreases in beneficial outcomes including moral internalisation, conscience, and empathy.

Studies have shown that smacking can result in short term compliance.¹³⁻¹⁵ The test involved

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Accepted 5 June 2000

was usually the time preschoolers with conduct problems complied with “time out” (itself a form of punishment). The results did not show that smacking was the only or necessarily the most effective measure for securing compliance. A study of over 400 families showed that while corporal punishment did not predict aggressiveness, delinquency, or psychological wellbeing it did relate to the quality of parental involvement.¹⁶

A more recent US study¹⁷ with a large sample of children and two data collection points, two years apart provides some evidence that physical punishment can lead to behaviour problems rather than behaviour problems provoking smacking. While there were factors including maternal warmth that reduced this effect, they did not exclude an independent effect of physical punishment. A study of 4888 Ontario residents under 65 without a history of physical or sexual abuse during childhood, showed that those who reported being slapped or spanked “often” or “sometimes” had significantly higher lifetime rates of anxiety disorders, alcohol abuse, or dependence and one or more externalising problems compared with those who reported “never” being slapped or spanked.¹⁸ The main limitation of the study was the reliance on the respondents’ ability to recall how frequently they were hit in childhood, which may have been over 50 years previously. A recent study by Straus and Paschall¹⁹ seeks to relate the relation between the amount of physical punishment received by toddlers and their cognitive test scores at the age of 4. The effects were not large enough to be significant in the lives of individual children but, as the authors comment, “in epidemiology a widely prevalent risk factor with small effect size (e.g. spanking) can have a much greater impact on public health than a risk factor with a large effect size but low prevalence, such as physical abuse.”

Physical punishment and physical harm

Inflicted or “non-accidental” injuries are an unhappy and time consuming part of paediatricians’ work. Less visible, are accidental injuries of children arising as unintended and secondary consequences of punishment, for example, when a small child loses his balance when hit and is injured by a fall. While official statistics on child accidents do not record physical punishment as a category of cause for child accidents, it should be noted that “person”, as well as “toys”, “furniture”, “carrying equipment”, etc is recorded as one of “products, articles, and features of the home and environment” involved in accidents.²⁰

The proponents of physical punishments all agree that they must be inflicted in a calm, deliberate, and “loving” manner—hitting in anger and hot blood is roundly condemned. Research findings, however, are that children are often hit when parents are angry⁶ and those who, in general, condemn corporal punishment²¹ are often more sympathetic in such circumstances. No physical punishment of children can be said to be completely “safe”. As a Department of Health sponsored leaflet on protection of babies advises: “it’s NEVER OK to shake or smack a baby”.²²

Physical punishment carries an in-built risk of escalation. As the American Academy of Pediatrics puts it: “Although spanking may immediately reduce or stop an undesired behaviour, its effectiveness decreases with subsequent use. The only way to maintain the initial effect of spanking is to systematically increase the intensity with which it is delivered, which can quickly escalate into abuse”.²³ Physical abuse in these circumstances can be seen as the end point of a continuum that begins with physical punishment and goes on to “get out of hand”.^{24 25} In a recent study²⁶ British parents, when asked about physical punishments they had used, described some that could legitimately be classified as abuse. These included pushing, throwing, holding, “punishment by example” (for example, biting, pinching, and squeezing) and the use of some form of ingestion, usually soap and water in the mouth as a punishment for swearing or bad language. However, because physical punishment of children is an almost universal phenomenon; researchers and others prefer to keep child abuse in a separate compartment—something “other people” do. There is a thriving research industry examining child abuse in the context of risk assessment, prediction, and early intervention. Some research suggests that up to 80% of child abuse and neglect could be prevented through application of early intervention.^{27 28} However, the simple preventive strategy of outlawing all forms of physical punishment is seldom advocated.

The Swedish controversy

Sweden fully implemented a ban on all forms of physical punishment in 1979 and the consequences have been the subject of much debate and misinformation. Claims are made by the pro-smackers that the ban has had disastrous repercussions on Swedish society, resulting in parents being criminalised, large numbers of children being removed from their parents, increases in youth crime, etc.

Professor Joan Durrant of the University of Manitoba has conducted a thorough and methodologically sound study of available statistics in Sweden relating to child abuse, parental prosecutions, social work intervention, and antisocial or self destructive behaviour by Swedish youth.^{29 30} Her findings show the claims of the pro-smackers to be unfounded. Prosecutions for assault and child deaths have declined, though not significantly, since the smacking ban, with five children dying as a result of physical abuse in the period 1971 to 1975 in contrast to only four children dying in the first 17 years after the ban. On the other hand, in the UK, examination of criminal statistics over the years has consistently shown that more than one child dies a week as the result of abuse.³¹ An alleged “fourfold” increase in child abuse turns out to relate to reported abuse, and reflects a worldwide increase in awareness of child abuse. Sweden, which has a mandatory reporting law, is no exception to this trend. The decline in prosecutions for serious assaults on children shows a particularly

notable decrease in prosecutions of parents in their 20s who were themselves reared under the no smacking ban.

The claim that families are being victimised by social services since the smacking ban also proves to be false with out of home placements in children's homes or foster care, declining by 26% between 1982 and 1995. There has been indeed an increase in the actual number of children receiving help from social services. However, this relates to the introduction of a new measure, unique to Sweden, the voluntary assignment of an often non-professional "contact person or family" to provide friendship and support to the family. This preventive community based measure is steadily replacing compulsory professional intervention.

In relation to the behaviour of Swedish youth, in contrast to the experience of most other industrialised countries, Durrant's figures show that since the anti-smacking ban, rates of theft, drug, or alcohol use, and suicide for teenagers and young adults have declined in Sweden, as have most offences. The one exception, a rise in reported youth on youth assaults, is thought to be the result of an increasing cultural rejection of violence with a concomitant increase in enforcement. Other work has shown no evidence of an increase in actual assaults.

Conclusion

The evidence presented is not strong enough to permit a conclusion that it has been proven that smacking causes long term adverse effects on children. However, there are good grounds to think it does, and the danger of escalation into full blown child abuse is ever present. Even without cast iron evidence, is it appropriate that we, as professionals dedicated to the welfare of children, can condone the use of violence, however "mild", as a form of education of children when it is not acceptable to use it in respect of any other group in society?

The "Children are unbeatable!" Alliance against smacking includes people who have smacked their children. The Alliance does not seek to denounce or persecute parents who smack; rather it simply wants our society to move along and abandon this particular cultural practice, just as we have relatively recently abandoned wife beating. The ban would not lead to prosecutions of parents who give trivial smacks, any more than adults are prosecuted for trivial assaults on other adults. The purpose of any law would be to redefine what is acceptable, and the reform should be accompanied with a public education campaign on positive parenting. It should not be surprising that paediatricians and other medical practitioners are at the forefront of this campaign. What is surprising is that it has taken us so long to speak out against this unnecessary and unjust infliction of pain and violence on children.

At the time of writing the consultation period on the Department of Health's document on the physical punishment of children³² has ended. A number of questions on "reasonable chastisement" were posed, but the basic premise of the document was that physical

chastisement could be justified in some circumstances. The College, along with a number of bodies, has voiced strong disagreement with this and clearly stated that physical chastisement should never be permissible. Presumably the submitted comments will be collated before a Bill is put to parliament. When the content of the Bill becomes known, individual paediatricians may wish to lobby their Members of Parliament to try and ensure that all physical chastisement becomes illegal.

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