

# On Hitting Children: A Review of Corporal Punishment in the United States

Michele Knox, PhD

## ABSTRACT

Research has clearly demonstrated associations between corporal punishment of children and maladaptive behavior patterns such as aggression and delinquency. Hitting children is an act of violence and a clear violation of children's human rights. In this article, the position of the United States on corporal punishment of children is discussed. Professional and international progress on ending corporal punishment is explained, and the relationship between corporal punishment and child abuse is discussed. An appeal is made for prevention efforts such as parent education and removal of social sanctions for hitting children that may hold significant promise for preventing child maltreatment. *J Pediatr Health Care.* (2010) 24, 103-107.

## KEY WORDS

Parenting, violence, corporal punishment

Over a century ago, in the United States of America, it was legal for men to hit their wives. Men could strike their wives at will, and women had no legal recourse. The practice was widely accepted and practiced in many areas of the country. In fact, hitting wives was legal until the 1870s, when U.S. courts stopped recognizing the common-law principle that husbands had

the right to physically chastise their wives. Although broad acceptance and enforcement of sanctions against domestic violence toward women have been slow to emerge, now, when a man hits his wife, it generally is considered an illegal and contemptible practice.

The issue of violence against women is far from resolved. However, educating the public and removing social and legal sanctions for violence against women were giant steps forward in reducing violence against women. Research has clearly established that attitudes and beliefs supporting violence are highly correlated with violent behavior, and disposing of beliefs supportive of the use of violence is a critical step in violence prevention as well as treatment efforts (Anderson, Benjamin, Wood, & Bonacci, 2006; Baron, Straus, & Jaffe, 1988). A key step in treating violent individuals, in fact, is to confront, dispute, and develop alternatives to these beliefs. On a societal level, removal of sanctions for spousal aggression achieves just this—a reduction in attitudes that support and contribute to aggression against women.

In contrast to the growing disapproval of violence against women, social sanctions for violence against children still remain strong in the United States. In the United States, it is against the law to hit prisoners, criminals, or other adults. Ironically, the only humans it is still legal to hit are the most vulnerable members of our society—those we are charged to protect—children. Although the labels commonly used for hitting children soften their true meaning, “spanking,” “paddling,” and “whuping” are, by definition, hitting, either with a hand or with an instrument. Hitting children is at least as cruel and harmful an act as hitting adult women. However, in the United States, children have not enjoyed the same protections that women have received.

Michele Knox, Associate Professor of Psychiatry, University of Toledo College of Medicine, Toledo, OH.

Correspondence: Michele Knox, PhD, University of Toledo College of Medicine, 3130 Glendale Ave, Toledo, OH 43614; e-mail: michele.knox@utoledo.edu.

0891-5245/\$36.00

Copyright © 2010 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

doi:10.1016/j.pedhc.2009.03.001

Substantial contradictions exist within the U.S. legal system with respect to protecting children from corporal punishment (CP). In most settings, such as child care settings, as well as schools in more than half of the United States, CP is not permitted (Bitensky, 2006). In contrast, CP is permitted in the home, largely because of strongly held beliefs about parents' rights to discipline as well as a societal view of parents as "owners" of children. This perspective of children as "property" may serve to maintain individual and societal beliefs that condone and perpetuate violence toward children.

Research findings on the physical discipline of children have established scientific grounds for opposition to hitting children. That is, research now shows that spanking and other forms of CP of children are likely more harmful than helpful. Specifically, recent research shows that non-abusive CP, including spanking, is associated with increased aggressive behavior and delinquency in children. That is, children who have been spanked have a higher likelihood of engaging in aggressive and delinquent behaviors, not just in the short run, but even later in life. Meta-analyses conducted by Elizabeth Thompson-Gershoff (2002), representing research on more than 36,000 individuals and 88 studies on the topic, confirmed that spanking and other forms of CP are related to increased aggressive and delinquent behavior in children, poorer parent/child relationships, worse child mental health, increased physical abuse of children, increased adult aggression and criminal behavior, decreased adult mental health, and increased risk of abusing one's own spouse or child as an adult.

At this point, the results of research on CP are strong enough that many professional organizations are taking a strong stance against spanking. The National Association of Pediatric Nurse Practitioners (NAPNAP) released a statement stating that parents must be educated about the harmful effects of CP and instructed about alternative forms of discipline (NAPNAP, 2006). In addition, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the National Association of Social Workers have advised against such practices, suggesting that parents use other approaches. The United Methodist Church, the second largest protestant denomination in the United States, has called for a ban on CP of children in homes and other settings.

In contrast to its status in the United States, CP of children is rapidly gaining disfavor in many places

across the world. The Canadian government has set strict limits on CP in the home. These limits include a ban on CP of children younger than 2 years or older than 12 years, degrading, inhuman, or harmful conduct, discipline using objects, and blows or slaps to the head. The following 24 nations have abolished all CP of children in the home: Sweden, Finland, Denmark, Norway, Austria, Cyprus, Croatia, Latvia, Israel, Germany, Bulgaria, Iceland, Romania, Ukraine, Hungary, Greece, the Netherlands, New Zealand, Portugal, Chile, Spain, Venezuela, Uruguay, and Costa Rica. In addition, the Council of Europe Committee on Social Rights has declared that court rulings in Italy prohibit all CP of children (Center for Effective Discipline, n.d.). In some nations, CP of children now falls under assault laws. In most cases, however, the ban is educational; there are no provisions for criminal penalties, but rather for public education and for help and support for parents. Evidence exists to suggest that such legislation is effective: in Sweden, decades after the enactment of a ban on CP, there is now evidence of significantly reduced support and use of CP of children (Durrant, 2003).

Much of the movement toward ending CP of children has been a result of the recognition of the practice of intentionally inflicting pain on children as a violation of children's human rights. Furthermore, spanking clearly falls under the construct of "violence," which is defined as "an act carried out with the intention, or perceived intention, of causing physical pain or injury to another person" (Straus & Donnelly, 2001, p. 4). The concept of human rights certifies that everyone, including the youngest among us, is entitled to freedom from violence. An exhaustive review of international law clearly illustrates that CP of children violates international human rights laws (Bitensky, 2006). In keeping with this, the United Nations (UN) Secretary General's Study on Violence Against Children recently has called for explicit "prohibition of corporal punishment and other forms of cruel or degrading punishment" (UN, 2006). The report refutes historical justifications of violence toward children, asserting that "No violence against children is justifiable; all violence against children is preventable. The study marks the end of adults' justification of violence against children, whether accepted as tradition or disguised as discipline" (UN, 2006, p.17).

The reluctance of the U.S. government to protect children's rights to freedom from violence is made clear in its position regarding the UN Convention on the Rights of the Child. The UN Convention on the Rights of the Child, Article 19, states that "parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of corporal and mental violence" (UN, 2006). All of the member nations of the UN have formally ratified the agreement, except for two nations. The only two countries that have failed to ratify this are Somalia and the United States. This remains the case despite the fact that rates of death

...children who have been spanked have a higher likelihood of engaging in aggressive and delinquent behaviors, not just in the short run, but even later in life.

from maltreatment for U.S. children younger than 15 years are 10 to 15 times the average rate for wealthy nations (UNICEF, 2003).

Perhaps the most compelling argument against CP stems from the fact that CP of children plays a key role in physical child abuse. The most recent report by the U.S. Department of Health and Human Services indicates that 2.1 of every 1000 children experiences substantiated physical abuse (U.S. Department of Health and Human Services, 2006). It is estimated that many times more children suffer abuse that goes unreported. The youngest children suffer the most; rates of physical abuse are highest for children younger than 5 years. In the majority of child abuse cases, CP of children is the first step in the abuse cycle. That is, abusers rarely go into an abusive incident planning to abuse a child. In the majority of cases, the abuser enters the incident planning to discipline the child for a perceived wrong (Coontz & Martin, 1988; Gill, 1973; Kadushin & Martin, 1981). Typically, someone in charge of caring for the child tries to discipline the child, often using a socially sanctioned method, like spanking (Straus, 2000). The caregiver starts spanking to teach the child a lesson, but as the disciplinary incident progresses, the adult's anger becomes stronger, the hitting becomes harder, and the child ends up seriously hurt. If spanking is often the first step in the cycle of child abuse, then it should be a primary target in abuse prevention efforts.

One of the problems with ending spanking is that parents are not aware of or fail to use alternatives. Behavioral methods such as positive reinforcement of prosocial behavior and consequences such as removal of privileges and time-out are highly effective alternatives. However, these techniques (in particular positive reinforcement) are used infrequently, likely because of the greater time and effort required from parents to use them successfully. Another obstacle to parents' discontinuation of hitting children involves persistent beliefs that spanking "works." In fact, spanking does relate to very short-term immediate compliance (Newsom, Flavell, & Rincover, 1983). However, spanking works in stopping misbehavior immediately about as well as nonviolent punishment such as confinement to the bedroom (Day & Roberts, 1983). Furthermore, research indicates that spanking does not have long-term positive effects on children's adaptive behavior. It also should be noted that a discipline technique "works" when a child learns from it and engages in more adaptive behavior in the future because of it. However, as previously discussed, research indicates that children who are hit are more likely to engage in maladaptive behaviors such as aggression and delinquency. Moreover, the very act of hitting a child may provide an effective model for imitation, thereby teaching children to hit.

Furthermore, when children are hurt physically, their brains and bodies enter a state of physiological arousal that causes them to focus almost entirely on themselves.

That is, hitting children leads them to focus on making themselves better, not on what parents are trying to teach them; children simply are not learning when they are being hit (Eisenberg et al., 1988; Perry, 2001). This situation may account for the finding that CP is related to lower rates of internalization of morals and values (e.g., Zahn-Waxler, Radke-Yarrow, & King, 1979). That is, in contrast to the parents' intention when using CP, children who are hit are in fact less likely to learn the lessons parents are trying to teach.

...in contrast to the parents' intention when using CP, children who are hit are in fact less likely to learn the lessons parents are trying to teach.

Professionals who are committed to ending human suffering have the responsibility of taking all needed steps to end violence against vulnerable members of our society. As such, we must stop endorsing practices that contribute to serious negative outcomes, human rights violations, and abuse. Taking a stand against hitting children is a great place to start. How do we do this? Several possible avenues should be considered. First, public media campaigns that reduce or eliminate social sanctions for hitting children could be implemented. These campaigns should be based on methods proven effective in changing parenting beliefs and practices (e.g., Evans et al., 2006; Showers, 1992). Parents need to be educated about the potential negative outcomes of hitting children and be provided with alternatives. Parent education focusing on nonviolent discipline should be widely available and made more accessible through the use of alternative media (e.g., DVDs, public service announcements, and billboards). Parent training has been found to be a cost-effective method of addressing child discipline problems (Thompson, Ruma, Schuchmann, & Burke, 1996). However, obstacles to involvement in parenting education programs, such as lack of transportation and child care, need to be overcome. For example, existing programs such as Help Me Grow (Bogin, 2006), a comprehensive system of early identification and referral for children at risk for developmental or behavioral problems, could be broadened to include a strong emphasis on nonviolent parenting. Cultural competency needs to be emphasized so that parents in such programs feel comfortable and respected throughout the process. Where possible, parent education programs should be provided within the family's community (Harvard Family Research Project, 2006). Improving social support and reducing stress and isolation in families with young children would reinforce any gains made in the program. This goal may be achieved by holding regular community forums that support nonviolent parenting as well as informal gatherings for program graduates.

Lastly, the potential impact of early childhood professionals and community leaders on parents' disciplinary practices cannot be overstated. Health care providers, preschool teachers, child care providers, religious leaders, and others involved in the lives of young children need to be educated to effectively address the issue of hitting children proactively with parents. Furthermore, those charged with protecting children from abuse, such as Child Protective Services policy makers and staff, need to be informed about the gravity of this issue and guided to respond more strictly to reports of harsh discipline.

Many parents and caregivers are in need of help with discipline, and pediatric nurse practitioners and other pediatric health care providers can be highly effective educators for parents for multiple reasons. General pediatric health care providers have access to a broad range and a large number of children, including disenfranchised families who are not in contact with any other providers. Furthermore, they enjoy a position of trust and authority and are therefore key informants for parents seeking advice. In fact, pediatric health care providers are the professionals whom parents approach most frequently for help with child rearing (Prevent Child Abuse America, 2003). Furthermore, in one study, the large majority of parents interviewed reported a need for more information and support on common child-rearing issues such as discipline and methods to encourage children to learn (Young, Davis, Schoen, & Parker, 1998). Results of a national survey documented that more than 94% of parents reported significant unmet needs for parenting guidance or screening by pediatric providers (Bethell, Reuland, Halfon, & Schor, 2004).

This set of circumstances provides a matchless opportunity for effectively steering parents away from the use of CP and toward more effective discipline methods. When parents and caregivers report concerns about child misbehavior and/or ask questions about discipline, the provider should advise against CP and provide effective alternatives and parenting resources (e.g., Kazdin & Rotella, 2008; Phelan, 2003).

Even in the absence of parent's queries, the issue of CP can be appropriately addressed by the pediatric care provider. "Anticipatory guidance" (Price & Gwin, 2007) is a method of preventing and managing health and injury-related problems using concise and

effective discussions with parents and other caregivers, typically before major health problems occur. Anticipatory guidance can be used as a preventive method of securing nonviolent parenting skills and commitment of parents to never hit, shake, or spank their child. This commitment may be obtained very early in the child's life; optimally, before child abuse begins. Research on parent counseling at well-care visits addressing issues such as securing firearms and preventing violent media exposure suggests that such interventions can be both very brief and very effective (Barkin et al., 2008). These efforts, best implemented when the child is very young and before hitting starts, may hold significant promise for preventing maltreatment in the lives of children.

## REFERENCES

- Anderson, C. A., Benjamin, A. J., Wood, P. K., & Bonacci, A. M. (2006). Development and testing of the Velicer Attitudes Toward Violence Scale: Evidence of a four-factor model. *Aggressive Behavior, 32*, 122-136.
- Baron, L., Straus, M. A., & Jaffee, D. (1988). Legitimate violence, violent attitudes, and rape: A test of the cultural spillover theory. *Annals of the New York Academy of Sciences, 528*, 79-110.
- Barkin, S. L., Finch, S. A., Ip, E. H., Schneindlin, B., Craig, J. S., Teffes, J., et al. (2008). Is office-based counseling about media use, timeouts and firearm storage effective? Results from a cluster-randomized controlled trial. *Pediatrics, 122*, e15-e25.
- Bethell, C., Reuland, C. P., Halfon, N., & Schor, E. L. (2004). Measuring the quality of preventive and developmental services for young children: National estimates and patterns of clinicians' performance. *Pediatrics, 113*(Suppl.), 1973-1983.
- Bitensky, S. H. (2006). *Corporal punishment of children: A human rights violation*. Ardsley, N.Y.: Transnational Publishers, Inc.
- Bogin, J. (2006). Enhancing development services in primary care: The Help Me Grow experience. *Journal of Development & Behavioral Pediatrics, 27*(Feb), S8-S12.
- Center for Effective Discipline. (n.d.) Discipline and the law. Retrieved from [www.stophitting.org](http://www.stophitting.org)
- Coontz, P. D., & Martin, J. A. (1988). Understanding violent mothers and fathers: Assessing explanations offered by mothers and fathers of their use of control punishment. In G. T. Hotaling, D. Findelhor, J. T. Kirkpatrick & M. A. Straus (Eds.), *Family abuse and its consequences: New directions in research* (pp. 77-90). Newbury Park, CA: Sage.
- Day, D. E., & Roberts, M. W. (1983). An analysis of the physical punishment component of a parent-training program. *Journal of Abnormal Child Psychology, 11*, 141-152.
- Durrant, J. E. (2003). Legal reform and attitudes toward physical punishment in Sweden. *International Journal of Children's Rights, 11*, 147-174.
- Eisenberg, N., Fabes, R. A., Bustamante, D., Mathy, R. M., Miller, P. A., & Lindholm, E. (1988). Differentiation of vicariously induced emotional reactions in children. *Developmental Psychology, 24*, 237-246.
- Evans, A. E., Dave, J., Tanner, A., Duhe, S., Condrasky, M., Wilson, D., et al. (2006). Changing the home nutrition environment: Effects of a nutrition and media literacy pilot intervention. *Family & Community Health, 29*, 43-54.
- Gershoff, E. (2002). Corporal punishment by parents and associated child behaviors and experiences. A meta analytic and theoretical review. *Psychological Bulletin, 128*, 539-579.

Anticipatory guidance can be used as a preventive method of securing nonviolent parenting skills and commitment of parents to never hit, shake, or spank their child.

- Gill, D. G. (1973). *Violence against children: Physical abuse in the United States*. Cambridge, MA: Harvard University Press.
- Harvard Family Research Project. (2006). *Lessons from family-strengthening interventions: Learning from evidence-based practice*. Cambridge, MA: Harvard Graduate School of Education.
- Kadushin, A., & Martin, J. A. (1981). *Child abuse: An interventional event*. New York: Columbia University Press.
- Kazdin, A., & Rotella, C. (2008). *The Kazdin method for parenting the defiant child*. New York: Houghton Mifflin.
- National Association of Pediatric Nurse Practitioners. (2006). NAP-NAP Position Statement on Corporal Punishment. *Journal of Pediatric Health Care, 20*, A43-A44.
- Newsom, C., Flavell, J. E., & Rincover, A. (1983). The side effects of punishment. In S. Axelrod & J. Apsche (Eds.), *The effects of punishment on human behavior* (pp. 285-316). New York: Academic Press.
- Perry, B. D. (2001). The neurodevelopmental impact of violence in childhood. In D. Schetky & E. Benedek (Eds.), *Textbook of child and adolescent forensic psychiatry*. Washington, DC: American Psychiatric Press.
- Phelan, T. W. (2003). *1-2-3 Magic: Effective discipline for children 2-12*. Glen Ellyn, IL: ParentMagic, Inc.
- Prevent Child Abuse America. (2003). *Lookin' up Newsletter*. Retrieved from [http://www.preventchildabuse.org/publications/lookin\\_up/downloads/win03.pdf](http://www.preventchildabuse.org/publications/lookin_up/downloads/win03.pdf)
- Price, D. L., & Gwin, J. F. (2007). *Pediatric nursing: An introductory text*. Philadelphia, PA: Elsevier Health Sciences.
- Showers, J. (1992). "Don't Shake the Baby": Effectiveness of a Prevention Program. *Child Abuse & Neglect, 16*, 11-18.
- Straus, M. A. (2000). Corporal punishment and primary prevention of physical abuse. *Child Abuse & Neglect, 24*, 1109-1114.
- Straus, M. A., & Donnelly, D. (2001). *Beating the devil out of them*. New Brunswick, NJ: Transaction Publishers.
- Thompson, R. W., Ruma, P. R., Schuchmann, L. F., & Burke, R. V. (1996). A cost-effectiveness evaluation of parent training. *Journal of Child and Family Studies, 5*, 415-429.
- UNICEF. (2003). *A league table of child maltreatment deaths in rich nations*. Florence, Italy: Innocenti.
- United Nations. (2006). *World report on violence against children*. Geneva, Switzerland: United Nations Publishing Services.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2006). *Child maltreatment 2004*. Washington, DC: U.S. Government Printing Office.
- Young, K. T., Davis, K., Schoen, C., & Parker, S. (1998). Listening to parents: A national survey of parents with young children. *Archives of Pediatrics & Adolescent Medicine, 152*, 255-262.
- Zahn-Waxler, C., Radke-Yarrow, M., & King, R. A. (1979). Child rearing and children's prosocial initiations toward victims of distress. *Child Development, 50*, 319-330.