

Corporal Punishment Position Statement

Problem Statement

The International Association of Forensic Nurses (IAFN) recognizes that the use of corporal punishment is consistently associated with a variety of negative consequences for children, most significantly increasing their risk of experiencing physical abuse (Gershoff & Grogan-Kaylor, 2016; Gagne et al, 2007; Zolotor, et al, 2008). Corporal punishment is not an effective method of discipline. Although corporal punishment may result in immediate compliance, children do not internalize morals and values, hence any behavioral change is short-lived (Gershoff, Lee, & Durrant, 2017). However, many American parents continue to use physical methods when disciplining their children. Over 90% of American parents report having used corporal punishment at least once, and 40% to 70% report having used corporal punishment in the past six months (Straus, 2010). Approval of corporal punishment use is very high among adults in the United States, with most men (76%) and women (65%) endorsing that corporal punishment is a necessary form of child discipline (Child Trends Databank, 2015). Despite American acceptance of corporal punishment use, 51 countries have legally prohibited all physical punishment of children (Global Initiative to End All Corporal Punishment of Children, 2017). In 1973, Sweden became first country to ban the use of corporal punishment and a generational shift in parental attitudes towards and use of corporal punishment has been noted in that country. (Center for Effective Discipline, 2017). Swedish parents no longer endorse the use of corporal punishment. The United Nations has stated that all forms of physical punishment of children violates children's right to protection from violence and has called for its elimination (United Nations and Committee on the Rights of the Child, 2007).

Association's Position

Therefore, the International Association of Forensic Nurses:

1. Opposes the use of corporal punishment in all settings (NAPNAP, 2011; APSAC, 2016).
2. Encourages forensic nurses to universally screen parents and pediatric patients regarding discipline techniques used in the home (Holland & Holden, 2014).
3. Encourages forensic nurses to provide education to parents regarding the negative consequences of corporal punishment use, positive parenting and effective discipline (Seay, Freysteinson, & McFarlane, 2014).
4. Encourages the use of effective non-physical methods of discipline including: distraction, time-out, loss of privileges, house rules, and logical consequences (Seay, et al., 2014).

5. Encourages IAFN members to participate in public education and advocacy to change attitudes about corporal punishment (Center for Effective Discipline, 2017).
6. Support public policy that eliminates corporal punishment use in school settings (Center for Effective Discipline, 2017).
7. Supports the establishment of No Hit Zones in pediatric hospitals and other institutions caring for children (Fraizer, Gilbert, & Dauk, 2014).

Rationale

Corporal punishment is defined 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 behavior” (Straus, 2001, p.2). Most commonly corporal punishment involves spanking, hitting, or smacking, but can also include pinching, kicking, pulling hair, or hitting with an object such as belt, cord, or stick (Zolotar & Puzia, 2010).

Children who experience corporal punishment may be less likely to disclose child sexual abuse (Bottoms, et al, 2016; Tashjian, et al, 2016). Spanking is the most normative form of corporal punishment. Yet spanking on the buttocks with a hand has been found to place a child at increased risk of experiencing physical abuse (Taylor, Heckman, & Lee, 2017). Spanking has also been linked to a variety of other negative consequences for children including: child aggressive behaviors (Gershoff & Grogan-Kaylor, 2016; Gershoff et al, 2010; Westbrook et al, 2013); child internalizing behaviors (anxiety, depression, fearfulness, over sensitivity) (Gershoff & Grogan-Kaylor, 2016; Maguire-Jack, Gromuske, & Berger, 2012; Hesketh, et al, 2011); child mental health problems (Gershoff & Grogan-Kaylor, 2016; Lynam, et al, 2009); child antisocial behavior (Gershoff & Grogan-Kaylor, 2016; Jackson, Preston, & Fraklin, 2010; Boutwell, et al, 2011); child externalizing behaviors (aggression, disobedience, cheating, stealing) (Gershoff & Grogan-Kaylor, 2016; Barnes, et al, 2013; Choe, Olson, & Sameroff, 2013); child alcohol or substance abuse (Gershoff & Grogan-Kaylor, 2016; Alati et al, 2010; Lau et al, 2005); and negative parent-child relationships (Gershoff & Grogan-Kaylor, 2016; Coyl, Roggman, & Newland, 2002). Afifi, et al (2017) concluded that spanking should be considered an adverse childhood experience. Data from Wave II of the CDC-Kaiser Adverse Childhood Experiences Study (ACES), a self-report from adult members of a large health maintenance organization (n=8316), was analyzed. Participants were queried regarding the original ACE topics and also spanking. Spanking was found to have associations with poor adult outcomes similar to other ACEs especially physical and emotional abuse. In fact, spanking was associated with increased odds of suicide, moderate to heavy alcohol use, and the use of street drugs in adulthood higher than that of physical and emotional abuse (Afifi, et al, 2017).

Changing parental use of spanking and other forms of corporal punishment will require changing parental attitudes and beliefs regarding corporal punishment. Parental attitudes toward corporal punishment are influenced by many factors including discussions with pediatric health care providers (Hornor, Bretl, Chapman, et al, 2015) yet pediatric health care providers are not consistently discussing discipline methods with parents (Hornor, et al, 2015; Hornor, Bretl, Chapman, et al, 2017). Witnessing or experiencing domestic violence can result in a more favorable attitude towards and increased use of

corporal punishment. (Landsfrod, et al, 2014; Bell & Romano, 2012). There is currently a national initiative, the No Hit Zone, to eliminate parental use of corporal punishment within pediatric hospitals and other institutions caring for children. This aim is accomplished by educating pediatric health care providers and parents regarding potential consequences of corporal punishment use and empowering staff to intervene when parental use of corporal punishment is observed. No Hit Zones have been implemented in many pediatric hospitals and other institutions across the country. No Hit Zones have resulted in significant reductions in staff support for corporal punishment and significant increases in their likelihood to intervene when physical punishment is observed (Gershoff et al, 2017).

Forensic nurses care for children who are vulnerable to experience corporal punishment. Forensic nurses can make a difference in the lives of the children they care for by adopting individual practice behaviors that include consistent screening of parents and children for the use of corporal punishment, educating parents about negative consequences of corporal punishment use, and encouraging non-physical methods of discipline and other positive parenting practices. Forensic nurses are well seated to become involved in public education and advocacy to change attitudes and beliefs about corporal punishment. Forensic nurses can play a vital role in ensuring the health and safety of children by advocating for the elimination of corporal punishment.

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