



Position Statement on Physical/Corporal Punishment

[This position statement replaces APSA's 2013 position statement on Physical/Corporal Punishment]

The American Psychoanalytic Association (APSA) condemns the use of physical punishment (corporal punishment) in the discipline of children and recommends alternative methods that enhance children's capacities to develop healthy emotional lives, tolerate frustration, regulate internal tensions, and behave in socially acceptable ways.

The Centers for Disease Control and Prevention (CDC, Atlanta, GA) has now formally come out with policy asserting that physical punishment is child abuse (p. 8) and that it should be prohibited (p. 46) (Fortson et al, 2016). This stance is in response to consistent data showing physical punishment to be associated with increased violence and emotional disorders (Durrant and Ensom, 2012; Straus et al, 2013; Gershoff and Grogan-Kaylor, 2016).

The USA has no federal law prohibiting physical punishment. There are still 19 states which permit physical punishment in schools. All this is in contrast to the international response to these data on physical punishment—49 countries have banned physical punishment in all settings, and over 100 countries have banned it in schools.

APSA identifies and advocates for three crucial interventions for the prevention of physical punishment of children:

1. **Education** about the psychological problems caused by physical punishment and about alternative approaches to discipline. Educational efforts should be directed towards parents, caregivers, educators, clergy, legislators and the general public.
2. **Legislation** to protect all children from physical punishment and to aid parents at risk.
3. **Research** about alternative methods of disciplining and managing children and about the best ways to communicate these methods to parents, educators and caregivers.

A Social Problem

Physical punishment is a serious public health problem in the United States, and it profoundly affects the mental health of children and the society in which we live. Studies show that approximately 65% of adults in the United States approve of physical punishment and about 50% of families use physical punishment to discipline children. Yet, research shows that physical punishment is associated with increases in delinquency, antisocial behavior, and aggression in children, and decreases in the quality of the parent-child relationship, children's mental health, and children's capacity to internalize socially acceptable behavior. Adults who have been subjected to physical punishment as children are more likely to abuse their own child or spouse and to manifest criminal behavior (Gershoff 2008).

Spanking is a euphemism for hitting. One is not permitted to hit one's spouse or a stranger; such actions are defined as the crime of assault. Nor should one be permitted to hit a small and more vulnerable child. Hitting a child elicits precisely the feelings one does not want to generate in a child: distress, anger, fear, shame, and disgust. Studies show that children who are hit identify with the

aggressor and are more likely to become hitters themselves, that is, bullies and future abusers of their own children and partners. They tend to learn to use violent behavior as a way to deal with stress and interpersonal disputes.

National and International Trends and Data

By 1990, as scientific research began showing a strong relationship between physical punishment and negative developmental outcomes, four countries (Sweden, Finland, Norway, and Austria) had banned physical punishment in all settings. Internationally, there was increasing consensus that physical punishment of children violated international human rights law. By 2015, convincing evidence about the harm of physical punishment persuaded 49 countries, including Sweden, Germany, Spain, Greece, and Venezuela, to prohibit physical punishment in all settings, including homes. More than one hundred countries have banned physical punishment in schools.

The United States has not banned physical punishment, but public approval of physical punishment in the United States has declined gradually and steadily over the past forty years. However, physical punishment in schools is still legal in nineteen states. The United States has signed, but not ratified, the United Nations Convention on the Rights of the Child (CRC), an international treaty prohibiting all forms of physical or mental violence (Gershoff 2008).

These trends have been presented in five recent watershed studies: Susan Bitensky's examination of international patterns (Corporal Punishment of Children, 2006); meta-analyses and summaries of research by Elizabeth Gershoff (Report on Physical Punishment in the United States, 2008); Joan Durrant and Ron Ensom's review of the research and policies in the Canadian Medical Association Journal ("Physical punishment of children: Lessons from 20 years of research," 2012); Straus, Douglas, and Madeirus' (2013) exploration of the 15 major trends in psychopathology associated with physical punishment; and Gershoff and Grogan-Kaylor's updating of meta-analyses of research on physical punishment (2016).

Effective alternatives to physical punishment exist to help children tolerate frustrations, regulate tension, behave in socially acceptable ways, develop appropriate ethical and moral standards, and improve self-esteem.

The American Psychoanalytic Association joins other mental health and medical organizations in strongly condemning the use of physical punishment with children. The American Academy of Pediatrics concludes: "Corporal punishment is of limited effectiveness and has potentially deleterious side effects. The American Academy of Pediatrics recommends that parents be encouraged and assisted in the development of methods other than spanking for managing undesired behavior" (Am. Acad. Ped. 1995, p. 723).

Defining Physical Punishment

Physical punishment has been defined as "the use of physical force with the intention of causing a Child to experience bodily pain or discomfort, so as to correct or punish the child's behavior" (Gershoff 2008, p. 9). This includes: spanking, hitting, pinching, squeezing, paddling, whipping/"whupping", swatting, smacking, slapping, washing a child's mouth with soap, making a child kneel on painful objects, and forcing a child to stand or sit in painful positions for long periods of time. Physical abuse can be characterized by "the infliction of physical injury as a result of punching, beating, kicking, biting, burning, shaking, or otherwise harming a child" (Nat'l Clearinghouse on Child Abuse and Neglect 2000, as cited in Gershoff 2002, p. 540). Behaviors that cause pain but not physical injury are considered physical punishment, whereas behaviors that risk physical injury are termed physical abuse.

Recent research questions the traditional physical punishment-abuse dichotomy: most physical abuse occurs during episodes of physical punishment. Physical abuse often follows when physical punishment is the intent, form and effect of discipline. Both physical punishment and physical abuse

must be condemned. Alternatives exist which are more effective in enhancing the healthy development of children.

Effective Alternatives to Physical (Corporal) Punishment

These suggested alternatives provide parents and caregivers with greater understanding of children's development, present strategies which can lead to less violent behavior in children and adults, and decrease the frustration and helplessness in parents which often lead to physical punishment (see also Am. Acad. Ped. 1998).

1. **Talking and Listening.** One of the most useful ways to achieve healthy child development is to promote using words instead of actions. Increasing the child's capacity to put words to feelings and actions results in increased tension regulation (awareness of feelings and ability to tolerate them without having to act), self-awareness, and thoughtful decision-making. This process is accomplished by:
 - Talking and using words instead of actions – talk rather than hit. Talk with the child about what behaviors are acceptable or not, what is safe or dangerous, and why.
 - Listening to the child – find out why he/she did or did not do something.
 - Explaining your reasons – this will enhance the child's decision-making capacities.
2. **Discipline as Learning.** The word "discipline" comes from the Latin word for "teaching" or "learning." Children's behaviors have meaning, and behaviors are directly connected to inner feelings. Thus, discipline is a process that focuses on feelings and the behaviors that result from these feelings. Having realistic expectations of the level of self-control, patience and judgment your child has at a given developmental stage greatly enhances effective discipline.
3. **Label Feelings.** Help the child label his or her feelings with words as early as possible. Feelings such as interest, enjoyment, surprise, distress, anger, fear, shame, and disgust should be labeled with words. This facilitates tension regulation and aids the transition to more mature ways of handling emotion.
4. **Positive Reinforcement.** Rewards and praise will enhance the child's self-esteem when appropriate standards are met. Positive reinforcement is more effective in obtaining long-term behavioral compliance than punishments that evoke feelings of fear and shame.
5. **Teach by Example.** Set a good example for the child. The child wants to be like the parents. Children identify with their parents, and they will put feelings and actions into words when they see their parents doing this. Who the parents are, and how they behave, will have a profound impact on the development of their children. A child will follow the parent's lead.
6. **Parents need to care for themselves.** An exhausted, overburdened or stressed parent is less patient and less able to strategize effective non-physical approaches to discipline. Alcohol use also dramatically decreases parental frustration tolerance and increases impulsivity and resorting to violence.

References

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Supporting Research

Gershoff (2002, 2008) examined hundreds of studies and presented the results of meta-analyses of the association between parental physical punishment and child and adult outcomes. She found that in childhood physical punishment was positively associated with aggression, delinquent and antisocial behavior, and being the victim of physical abuse; it was negatively associated with the quality of the parent-child relationship, mental health, and more internalization (child's internalizing of socially acceptable behavior); and associations with immediate compliance were mixed. When measured in adulthood, physical punishment was positively associated with aggression, criminal and antisocial behavior, and adult abuse of one's own child or spouse; physical punishment was negatively associated with mental health.

Gershoff (2002, 2008) also summarized the various demographic and risk factors which are more likely to be associated with use of physical punishment: being single, separated, or divorced; excessive stress from negative life events; maternal depression; lower income, education, and job status; southern part of the United States; and conservative religious beliefs and affiliation.

Bitensky (2006) presented a detailed summary of the international findings regarding physical punishment. She also described the various efforts made by the United Nations to prevent physical punishment.

Durrant and Ensom (2012) have provided an eloquent historical review and summary of recent research. In addition, they outlined the steps necessary to continue the progress toward eliminating physical punishment.

Straus, Douglas, and Madeiros (2013) described the most recent data, summarizing the 15 major trends in psychopathology associated with physical punishment.

Gershoff and Grogan-Kaylor (2016) have updated the meta-analyses of research on physical punishment.

Additional Resources: www.endcorporalpunishment.org, www.stophitting.com

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