

Physical Punishment: Attitudes, Behaviors, and Norms Associated with Its Use Across the U.S.

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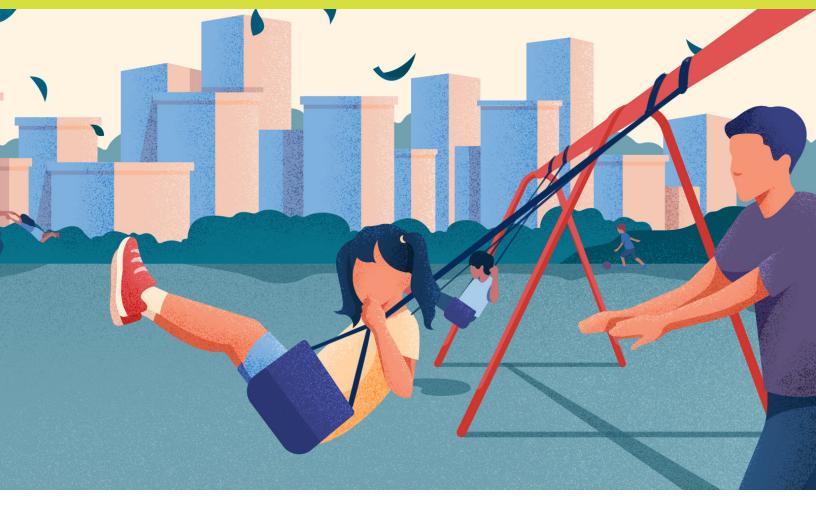


The first few years of life are critical for establishing supportive parenting practices that lay the foundation for healthy child development. We support policies, programs, and strategies that address root causes of trauma and adversity and create the conditions where children and families can thrive. We know, however, that all too many children experience abuse, neglect, and other adversity each year. Creating the conditions for healthy, thriving families through policy and norms change is at the core of our approach for prevention abuse, neglect, and other early adversity.

Physical punishment. The Centers for Disease Control and Prevention (CDC) defines child physical abuse as the "intentional use of physical force against a child that results in, or has the potential to result in, physical injury".¹ Reducing the prevalence of child physical abuse, as a common adverse childhood experience, could dramatically improve the well-being of children.² Physical punishment (PP) is strongly associated with increased risk for child physical abuse.³ PP, also known as spanking, slapping, popping, whooping, or smacking, is defined as the "use of physical force with the intention of causing a child to experience pain, but not injury".⁴ Experiencing PP places a child at risk for many behavioral, mental and physical problems throughout life⁵, and has been shown to be more detrimental than child physical and emotional abuse across some developmental outcomes.⁶ A study by Merrick and colleagues⁷ found that an expanded ACE score that included being spanked as a child was associated with moderate to heavy drinking, drug use, depressed affect, and suicide attempts in adulthood. In the adjusted models, being spanked as a child was significantly associated with all self-reported poor mental health outcomes. Findings such as these have led organizations such as the American Academy of Pediatrics⁸ and the American Psychological Association⁹ to make strong recommendations against the use of PP.

Despite the fact that no research study has documented positive behavioral or health outcomes from PP, surveys examining attitudes and behaviors associated with PP indicate that many adults use and hold favorable attitudes towards PP. For example, work in the late 1990's by Straus and Stewart¹⁰ found that PP was used by approximately 94% of caregivers. A more recent report from Child Trends¹¹ indicated that nearly 76% of men and 65% of women agree that it is sometimes necessary to give a child a good hard spanking. Work by Klevens and colleagues¹² found that approximately 63% of adults reported spanking their children while more than half of caregivers believed that they "ought" to spank their children. Research by Finkelhor and colleagues¹³ found that the prevalence for PP of children ages 0 to 9 years was 49% However, when examining rates for children ages 3 and 4 years of age, the prevalence of PP remained above 60%. A recent study using national panel data from the Monitoring our Future study noted a declining trend in PP over the past 25 years.¹⁴

The declining trend in PP acceptance and use provides optimism for eventually eliminating its use. However, despite the trends away from the use of PP, many states continue to allow PP to be practiced in school settings. PP is still permissible in schools in 19 U.S. states.¹⁵ Effective programs¹⁶ and organizational policies such as "No-Hit-Zones"¹⁷ exist to decrease PP, increase positive discipline strategies, and to shift social norms that allow children to be hit.



Social norms. Research shows that how we think, believe, and act is largely influenced by our perceptions of social norms. Social norms refer to the thoughts, beliefs, and behaviors of a group of people.¹⁸ There are two types of social norms often studied in the research literature: descriptive norms and injunctive norms. Descriptive norms refer to the behaviors that people actually engage in while injunctive norms refer to shared beliefs regarding how an individual should act.¹⁹

Research has explored social norms associated with PP and have found that both injunctive norms and descriptive norms are associated with PP use. For example, Taylor et al.²⁰ found that both positive injunctive and descriptive norms regarding PP were associated with parents' positive attitudes towards the use of PP. Fleckman et al.^{21,22} also found that positive perceived injunctive norms toward PP were associated with both favorable attitudes and use of PP in a sample of mothers at a WIC clinic in the South.

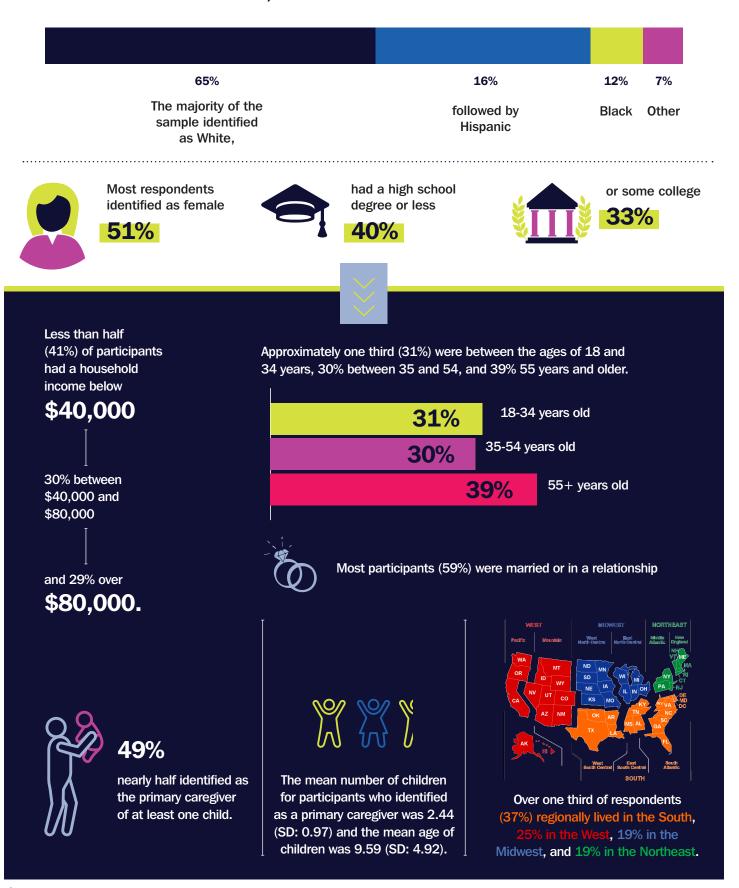
Current survey. The purpose of the current survey was to assess current behaviors, attitudes and norms associated with the use of PP in a national sample of U.S. adults.

Methods: In summer 2020, Prevent Child Abuse America contracted with Dr. Julia Fleckman to develop a questionnaire to assess attitudes, behaviors, and norms associated with PP. Members of the research committee of the National Initiative to End Corporal Punishment (NIECP) provided valuable feedback on the development of the survey. The survey utilized validated measures including attitudes toward PP,²³ perceived injunctive PP norms,^{24,25} frequency of parental use of PP, and attitudes toward policies banning PP. The Institutional Review Board (IRB) at Tulane University approved the survey and protocol for administration.

The survey was administered using an online questionnaire administered to members of the YouGov Plc panel of individuals who provided consent to take part in surveys (n=3049). Emails were sent to panelists selected at random from the YouGov base sample. Demographic information for the sample is provided in the results section.

Results:

In total, **3,049** U.S. adults responded to the survey.





Key Finding #1: Prevalence of Physical Punishment

When asked about their own experiences with PP as children, **87% of adults reported experiencing physical punishment at some point in their childhood.** Nearly one third (31%) of all respondents reported PP at least a few times a month as a child.

Of those individuals currently responsible for at least one child under the age of 18 years ("current caregivers"), **42% reported using PP at least monthly.** Fifty eight percent (58%) reported never using physical punishment with their children.

Of those who reported using PP with their children, thirty two (32%) of current caregivers reported spanking their children on the bottom with a bare hand, **16% with an object (e.g., belt, cord, hair brush)**, and 30% slapped a child on the hand, arm or legs.

For those respondents who reported use of PP, 38% agreed that they did not feel ok about their use.

Key Finding #2: Attitudes, Beliefs, and Perceptions of Physical Punishment

Forty five percent (45%) of respondents felt that it is sometimes necessary to discipline a child with a good hard spanking.

Thirty five percent (35%) believe spanking is necessary to instill proper moral and social conduct.

Forty two percent (42%) believe spanking is sometimes the best way to get a child to listen.

Fifty nine percent (59%) believe it is a parents right to spank their child if they think it is necessary.

Only 14% believe it is ok to discipline a child with an object such as a belt, switch, cord, or hairbrush.

Key Finding #3: Policies Banning Physical Punishment

Only 18% of respondents disagreed with a federal ban on PP in schools.

Fewer respondents disagreed with a federal (47%) or state (46%) ban on PP in the home setting.

Key Finding #4: Future Parents

Only 28% of future parents intend to use PP with their children.

Approximately 22% of future parents were unsure as to whether they would use PP with their children.



Discussion

This report showcases findings from a recent survey of over 3,000 U.S. adults to better understand attitudes, beliefs, behaviors, and perceptions associated with PP. The findings of this survey largely support declining trends in PP identified in prior work yet provide new insights for policy, intervention, and social norms change efforts.

Findings from the current survey provide evidence of a downward trend in acceptance and use of PP. Forty two percent of caregivers reported using PP at least monthly with similar levels of agreement about PP as an effective discipline strategy. While it is encouraging to note the overall downward trend in the use and acceptance of PP when comparing to rates in other surveys, these rates remain unacceptably high. Greater efforts are needed to educate caregivers about the long-term negative effects of PP in hopes of shifting societal acceptance of this harmful practice.

The overwhelming majority of U.S. adults sampled do not support PP in schools. According to our survey findings, only 18% of adults disagreed with banning PP in school settings suggesting a strong norm against this practice. While 19 states in the U.S. continue to allow PP in school settings²⁶, it appears that most U.S. adults do not support this practice. Findings such as these can be used for advocacy purposes at the state and federal level to seek bans on the use of PP in school settings.

However, when asked about parents' rights to be able to use PP with children in the home setting, the majority continue to agree that caregivers have the right to use PP if they so choose. Further, when asked about support for state or federal bans on PP in the home setting, 46% and 47% (respectively) adults were opposed. Together, these findings suggest a strong norm towards parental rights in choosing to use PP in the home setting. Efforts to eliminate the use of PP in home settings must take into account this strong social norm. Using national data like those in this report to help caregivers understand the declining acceptance and use of PP over time, combined with data on the ill-effects of PP on healthy child development may be effective in shifting attitudes, behaviors, and norms associated with PP.

Finally, the results of this survey provide an opportunity to think about points of support and education for caregivers seeking to find alternatives to PP. A high percentage (38%) of caregivers who reported use of PP did not feel good about its use. These caregivers may be receptive to education on positive parenting practices to resolve their ambivalence regarding the use of PP. Through educational materials, parenting classes, and public messaging campaigns, it may be possible to deliver useful information to these caregivers to change their discipline practices.

We also learned that future parents, that is those individuals who do not currently have children but intend to have children in the future, between the ages of 18 and 25 years old largely do not intend on using PP with their children. This finding points to a potential generational shift in attitudes toward PP. Nearly a quarter of respondents were unsure as to whether they would use such practices. Again, through parenting courses, educational materials, and public messaging campaigns, it may be possible to teach these individuals about the harms associated with PP and provide positive parenting strategies as alternatives.

Conclusion

Practices such as PP have been shown to have detrimental short and long-term impacts on healthy child development. Our survey found that in the U.S., there are consistently high patterns of use and acceptance of PP although data are pointing to a historical downward trend. While most adults support a ban of PP in schools, there remains a strong norm towards parents' rights to use PP in home settings. Many future parents do not intend on using PP with their children though some remain unsure. Importantly, many parents who currently use PP do not feel good about its use.

Reducing and ultimately eliminating PP will require understanding and addressing the societal norms that support its use. Children thrive when they are provided with safe, stable, nurturing relationships and environments. Helping parents develop such relationships with their children through evidence-based home visiting programs such as Healthy Families America have the potential to reduce the use and support for PP. Further, informational campaigns and organizational policies, such as No-Hit-Zones²⁷ could further reduce public and professional support for PP.

Together, we can prevent child abuse, America...because childhood lasts a lifetime!

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