

The Physical Punishment of Children: Creating social change

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The 2013 Position Statement from The Royal Australasian College of Physicians (RACP) on the Physical Punishment of Children is relevant to all children with or without an intellectual/developmental disability. It is important for both our youngest citizens and those of the wider world that we demonstrate a commitment to eliminating violence to children (RACP, 2013).

A 2012 report by the Global Initiative to End All Corporate Punishment of Children (GIEACP, 2012) summarises international research and policy on corporal punishment of children with disabilities in the home, school and community. In many countries, the difficulties of growing up with an intellectual disability are compounded by attitudes towards the physical punishment of children that adds another layer of disadvantage.

A study of the Association Between Child Disabilities and Caregiver Discipline and Violence in Low and Middle Income Countries looked at nationally representative samples of children aged 2- 9yrs to examine the relationship between children’s cognitive, language, sensory and motor disabilities and caregivers’ use of discipline and violence and beliefs about the use of corporal punishment (Hendricks et al, 2014).

The findings support the hypothesis that children with disabilities are more harshly treated. This was linked to the work of Whittingham, Wee, Sanders, and Boyd (2011) that analysed responses from focus groups which noted factors around parenting of children with disabilities that are more challenging than parenting children without disabilities. These included time pressure (especially related to time required to take children to medical and therapy appointments), additional parenting tasks related to helping manage the child’s disability, parenting under public scrutiny when the child’s disability draws attention to the family, behaviour management difficulties in determining which behaviours are out of the child’s control versus which are amenable to change, and parenting without a benchmark because typical developmental milestones may not be applicable standards for children with disabilities (see also Weisleder, 2011). Each of these challenges, in turn, might increase parents’ stress and likelihood of responding harshly to the child. The study focused on low/middle income countries as prior to this, research had only been done in

high income countries such as Australia, Canada, Israel, New Zealand, Norway, and Poland. There was considerable variation but no country was clearly doing better than the others in reporting behaviours to children with disabilities. The results were considered in line with research done in the US, Canada and Western European countries, providing further evidence that children with a disability are at a higher risk of harsh parenting practices than those without disability.

The authors note the prevalence of child disabilities is higher in countries with high levels of poverty and deprivation than in more affluent countries and childrearing violence is more prevalent in countries with fewer material resources (Hendricks, Lansford, Deater-Deckard, and Bornstein countries (Dercon & Krishnan, 2009) (Lansford & Deater - see Lansford & Deater-Deckard, 2012).

“Children with disabilities are more harshly treated...”

Although the study focused on whole countries it could be theorised that these socio-economic factors, at a community level within higher income countries, may influence parenting practices.

In Australia, it remains legal to hit a child. Striking an adult is deemed assault and carry’s legal penalties. The RACP Position Statement lays out a range of well researched reasons why this requires challenge and change. The key arguments listed in the paper are the limited efficacy of physical punishment as a method of discipline, the potential adverse long term effects of physical punishment, the difficulty drawing a line between physical punishment and abuse and the responsibilities Australia has as signatories to the Human Rights Convention on the Rights of the Child.

The RACP document makes it clear that discipline is essential in good parenting but physical punishment such as smacking is ineffective. Research has made it clear that physical punishment can be harmful in the long term and

risks escalation into serious violence. An oral submission on repeal of NZ legislation that protects the legal right to use force against children from paediatrician and senior lecturer Dr Dawn Elder highlighted this risk. "The majority of cases of child abuse, including fatal child abuse, that we see and assess as child health professionals, are the result of physical punishment becoming more severe than was intended."

A 2002 survey in Australia found 75% of adults agreed with the notion it is 'sometimes necessary to smack a naughty child'. This dropped to 69% in 2006. In New Zealand, where physical punishment was made illegal in 2007, there was strong evidence of a shift in the attitude and practice of parenting with a reduction in the use of physical punishment. The RACP regards the New Zealand and Swedish experience as an indication that change can be achieved with legislative action influencing attitudes.

There have been attempts to legally define the line between physical punishment and abuse. The RACP note that in a majority of child abuse cases it has been found to have been the result of physical punishment becoming severe assault. While smacking/hitting a child may act as an outlet for parental frustration it is often carried out in moments of anger with the risk of escalation resulting in physical and emotional harm to the child.

A paper in the MJA reporting on child homicide in NSW between 1991- 2005 found fatal child abuse was the most common reason for child homicide, accounting for 36% of deaths. The authors propose that "measures to reduce the rate of physical abuse of children would therefore have the greatest potential to reduce child homicide in NSW" (Nielsen et al, 2009).

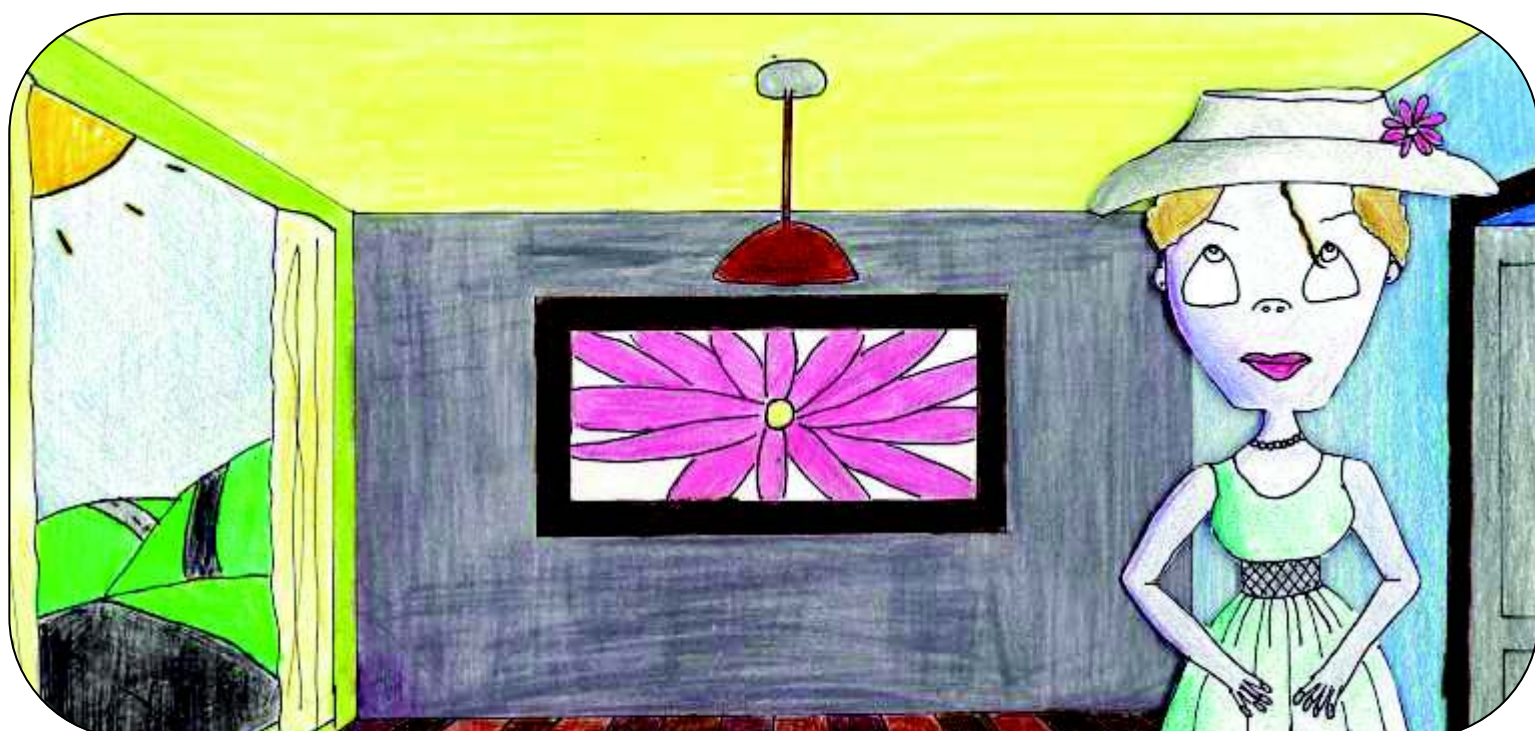
They note how fatal child abuse declined to very low levels in Sweden after corporal punishment of children was outlawed. Following the Swedish example, most countries in

the European Union have adopted a total ban on corporal punishment of children after a Council of Europe 2004 resolution.

The RACP position statement acknowledges that most parents, when physically punishing their children do not actually intend to harm them but believe it to be effective discipline. The RACP refer to a systemic review of the research that showed some very short-term effects but these are not sustained with the child learning to avoid being seen doing the behaviour rather than actually changing through self-control and inductive reasoning. Repeated and escalating physical punishment may become the default response, increasing the risks of serious harm.

The review included studies that showed physical punishment increasing rather than decreasing the likelihood of disruptive and 'bad' behaviour. It cites work by Murray Straus and what he describes as 'cultural spill-over' in which violence within a family is linked. He proposes that using physical punishment to discipline a child thereby providing a model for violence to others is more likely to reinforce the power of violence than reduce it. In his conclusion he states that the "research reviewed suggests that in addition to many other benefits, a society in which parents never spank will be a society with less violence and other crime".

Australia is a signatory to the Human Rights Convention on the Rights of the Child. Most Australian states and territories do not allow physical punishment in schools. It still remains legal for an adult to physically punish a child in Australia, often with legislation that describes a 'reasonable' level of force. The RACP would like consideration given to the New Zealand experience where the Section 59 of the Crimes Act 2007, that allowed for the defence of reasonable force to be used in the defence of child assault charges, was removed from the law. This was accompanied by broad public debate and has seen a measurable shift in attitudes



with 63% of those surveyed in 2012 saying they would never, or only rarely, smack their children since the law change was made.

The RACP would like to see a similar legislative approach in Australia and with its Position Statement is calling for wider support from within the health profession and other sectors such as education, disability and child protection agencies. As a further definitive step towards this goal the RACP has put out a Consensus statement which provides a way for other sectors and agencies to formally align with the college's position on the physical punishment of children. *“Fundamental to this goal is the growing awareness around the world that physical punishment of children is harmful, unnecessary and a breach of children's rights. Australia has committed to protecting children against all forms of violence, including physical violence (UN Convention for the Rights of the Child), yet existing legislation and common law provisions that excuse physical punishment of children clearly contravene that human right”.*

Summary

The consensus statement captures in a few paragraphs the importance of this issue in terms of children's health and welfare. Along with the risks of escalation in physical force when used as punishment the RACP notes the “growing body of research showing that physical punishment is linked to aggressive behaviour in some children in their childhood and adult lives and other negative outcomes”. It points to the 33 nations that have legislated against physical punishment of children and the evidence indicates that legal prohibitions on the use of physical punishment can create a measurable shift in public attitudes.

The consensus statement makes it clear that effective legislation must also be partnered with support and education for parents. Programmes such as Stepping Stones Triple P and Positive Behavioural Support have proven valuable to parents/carers with children with and without an intellectual disability along with an expanding range of positive parenting frameworks in providing effective alternatives to physical punishment. The RACP have provided a list of positive parenting resources and parent support options in the document.

From the perspective of a NZ Registered Social Worker who observed and participated in the debate around the repeal of section 59 in New Zealand (the defence of discipline in child assault cases) the public engagement with the related issues made a significant measurable contribution to a change in attitude. The mislabelling of the legislation as the “anti-smacking bill” by those concerned about the potential loss of their right to hit children was a part of that debate. In NZ the voice of health and other professions on both the risks and rights of children was essential to legislative progress and the RACP consensus statement provides that opportunity for Australia.

Link: <http://www.racp.org.nz/index.cfm?objectid=C27EE461-0D63-6E91-A957F9F7547B74E> For further information please contact RACP Senior Policy Officer Alex Lynch at alex.lynch@racp.edu.au

“Effective legislation must be partnered with support and education for parents...”

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RACP, Royal Australasian College of Physicians. (2013). Accessed 2013 <https://www.racp.edu.au/page/news/announcement&announcementid=5771B329-9A0F-7369-615E9B109A57E85C>

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Reading List

Trollor, J. (2014). Making mental health services accessible to people with an intellectual disability. *Australian and New Zealand Journal of Psychiatry*. Vol 45, Iss 5, Pp, 395-398.

What a great overview. This gives some insight to the current Australian situation and describes the NDIS and current policy around this area.

The three articles below are great background reading for Julian Trollor's article. These three references discuss the upcoming changes in Disability and Beyond.

Commonwealth of Australia. (2011). *National Disability Strategy 2010-2020*. Canberra: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. Available at: www.fahcsia.gov.au/sites/default/files/documents/05_2012/national_disability_strategy_2010_2020.pdf.

Council of Australian Governments. (2012). *The Roadmap for National Mental Health Reform 2012-2022*. Canberra. Available at: www.coag.gov.au/node/482.

Department of Developmental Disability Neuropsychiatry. (2014). *Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers*. Available at: www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs.

Bennett, C. (2014). Understanding systematic problems in providing mental health services to people with an intellectual disability and co-morbid mental disorders in Victoria. *Australasian Psychiatry*. Vol 22, Iss 1, Pp. 48-51.

Pleased to read about an Australian context.

Chaplin, E., McCarthy, J. (2014). *Mental Health in Taggart, L. [Ed] and Cousins, W. [Ed]. (2014). Health promotion for people with intellectual and developmental disabilities*. Pp. 117-127. xiv, 229 pp. Maidenhead, BRK, England: Open University Press; England.

Don't just read the Chapter, read the whole book. This might be one we have to review in our next edition for our dear readers. Its on the list!



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