



# Clinicians Beliefs About the Use of Corporal Punishment

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## Introduction

Corporal punishment (CP) is defined as,

*“as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (“smacking”, “slapping”, “spanking”) children, with the hand or with an implement - a whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (for example, washing children’s mouths out with soap or forcing them to swallow hot spices)”* (UN Committee on the Rights of the Child, 2006).

The past 20-30 years of research have examined the impact of corporal punishment on childhood outcomes (Durrant & Ensom, 2012; Gershoff et al., 2017). Most notably, CP has shown to:

- Increase aggressive behavior in children
- Increase learning problems
- Increase delinquency
- and increase risk for domestic violence into adulthood (Durrant & Ensom, 2012; Gershoff, 2013).

Because of the wide use of CP,\*\*\* it has been identified as a public health issue (Runyan & Runyan, 2019). \*\*\* Prevalence rates in our previous study were 52% of moms spanked or slapped their child (2-5-year-old) within the past month (Kelly et al., under review).

Even with recommendations and evidence of harm to the child, parents continue to endorse use of CP as a primary form of discipline (Lansford & Deater-Deckard, 2012).

Those that endorse CP as a discipline strategy often argue that it was effective for them growing up (Gagné et al., 2007), and that it is necessary for a child to learn and develop (Child Trends, 2010).

Attitudes and beliefs such as this are difficult to navigate and are embedded within family culture (Hoffmann et al., 2017), and therefore take a strategic approach to address.

Families often seek outside support for behavioral issues of their children and therefore family service professionals’ attitudes and beliefs about CP are crucial in disseminating accurate data and information regarding outcomes of CP on children to parents and families.

Taylor et al (2011) found that the strongest predictor of a parent’s positive attitude toward CP use was their perception that the professionals they used for services about child discipline approved of CP. Therefore, understanding family clinicians’ beliefs and attitudes about CP use is essential.

Perceptions of family clinicians may pose potential barriers to shifting the culture of discipline strategies and alternatives provided.

### Association Statements against the use of Corporal Punishment

In 2006, the UN Committee on the Rights of the Child agreed to issue a series of general comments regarding violence against children. The committee’s first general comment regarding the issue of CP states: *“The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment”*

The Association of Child and Adolescent Counseling articulated their position statement on CP and stated, *“The Association for Child and Adolescent Counseling opposes spanking, hitting, and other forms of corporal punishment against children in any setting for any reason”* (ACAC, 2015).

Recently, The American Association of Pediatrics (2018) issued a statement against the use of CP.

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## Method

This research study is part of a larger research project aimed at examining the beliefs of clinicians about the use of CP.

### The goals for the full project focused on

- Understanding perceptions of normative attitudes towards CP use among colleagues
- Understanding counselors’ expected child outcomes of CP
- Exploring demographic variations across these constructs
- [Exploring counselors’ personal attitudes towards CP use](#)

Along with survey data collected through several measures, participants were asked to report in narrative form on their beliefs about CP.

Participants specifically responded to the question: What are your beliefs about corporal punishment (spanking) as a form of parental discipline?

### Sample

Participants were 83 licensed clinicians (LMFT, LPCC, LMSW).

Participants were predominately from New Mexico (62%); however, 20 other states were represented in the sample. Clinicians reported an average of 11.33 years (SD-10.7) practicing as a clinician.

The majority of participants worked in a private practice setting (48%) and several others reported working at a community agency (41%) or another practice setting (9%).

Participants were recruited by email through local and national agencies, professional association listservs and national advertisements in order to obtain a national sample.

## Analysis

Thematic analysis methods were used for identifying, analyzing, and reporting patterns that emerged in clinicians’ brief descriptions of their beliefs (Braun & Clarke, 2006).

Although there are limitations to its use due to lack of a specific epistemological lens, thematic analysis allows for the flexibility of coding required for this data (Braun & Clarke 2006).

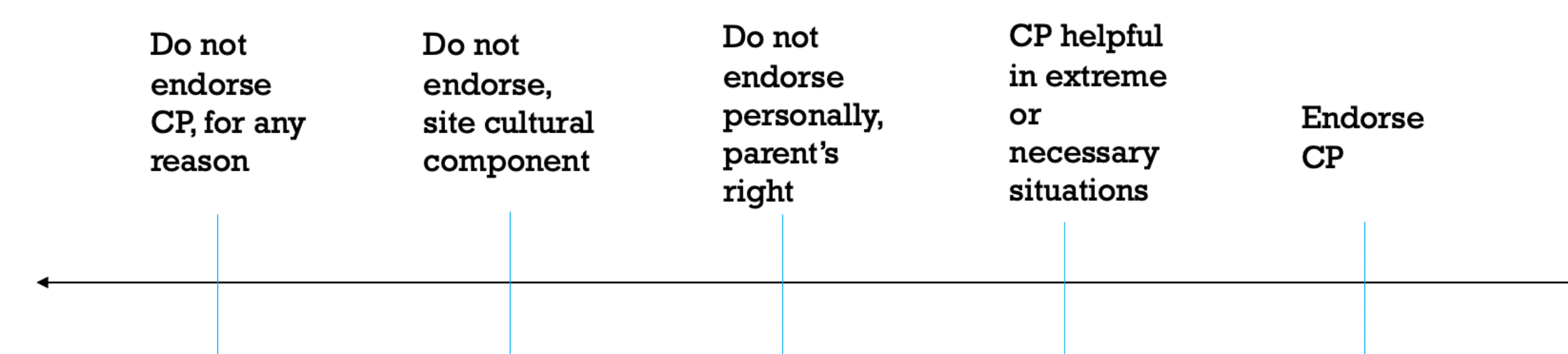
Thematic analysis is an iterative process (Braun & Clarke 2006) that started with reading all of the clinician’s descriptions about their beliefs about CP.

Each statement was read and re-read for initial categories, and a list of categories was developed.

Statements were read again using the list of categories as a guide.

Five categories that seemed to fall on a continuum of beliefs were developed from the statements.

## Continuum of Beliefs: Categories



## Categories, Definitions, Example Quotes

Categories	Definitions	Example Quotes
Endorse Corporal Punishment use (21% of clinicians)	Endorsement of CP use was described as helpful by clinicians for a variety of reasons including personal experiences of its effectiveness, clinicians outlined that it was helpful to extinguish behavior immediately and as a way to show power within the parent-child relationship.	<i>“I believe it is okay if it is done in an appropriate manner. I was spanked as a child and I feel it was fine.”</i>  <i>“I sometimes feel as though it can be powerful for parents to take control of their family and for kids to know a lower place along the family hierarchy.”</i>  <i>“I think spanking can be a tool for parents to use sparingly with young children to teach them “healthy fear” and help them accept parental authority.”</i>
Endorse Corporal Punishment use in necessary or extreme situations (10% of clinicians)	Several clinicians endorsed CP use for extreme or necessary situations was described by clinicians. The type of situations that may be a last resort were not articulated.	<i>“I agree with the use of spanking as a last resort.”</i>  <i>“It can sometimes be helpful in extreme circumstances.”</i>  <i>“I would only spank if it was really necessary.”</i>
Do not endorse Corporal Punishment use, but site parent’s right (3% of clinicians)	A few clinicians did not endorse CP use, but with the caveat that parents have the right to discipline their children. These therapists described their personal beliefs while also acknowledging the limits to putting their beliefs on other parents.	<i>“Placing this decision on parents is not my job...”</i>  <i>“...I also believe a parent has a right to discipline their children as they see fit.”</i>
Do not endorse Corporal Punishment use, but site cultural component (6% of clinicians)	Clinicians also described not endorsing CP use but noting that it is cultural for many families.	<i>“I know several cultures incorporate spanking, so I believe it needs to be viewed within context, degree, and setting.”</i>  <i>“I also know that spanking can be a culturally embedded practice and deserves a level of sensitivity and non-judgment.”</i>
Do not endorse Corporal Punishment use for any reason (60% of clinicians)	The majority of clinicians described CP use as negative and harmful and to not be used for any reason.	<i>“Physical punishment is harmful to the mental health of the child.”</i>  <i>“Children just learn to avoid being assaulted instead of processing their problematic behavior.”</i>

## Conclusion/Future Questions

Corporal punishment research implications have provided insight into the role family clinicians can play as advocates and through psychoeducation. Unfortunately, the extant research has appeared to primarily focus on pediatricians’ attitudes and beliefs about CP and few studies have focused on beliefs about other family service professionals such as family clinicians.

In this sample 31% of clinicians described endorsing corporal punishment use. These values and beliefs have an impact on the children and families they serve. Perceptions of CP use by family clinicians may pose potential barriers to shifting the culture of discipline strategies and alternatives provided.

With the UN Committee on the Rights of the Child, along with the Association of Child and Adolescent Counseling and the American Association of Pediatrics articulating their stance on CP, it would be helpful for further associations that pertain to family service professionals to issue statements regarding their stance on the issue, as well as ideas of how family professionals can navigate this delicate and important topic with families.

Several questions were prompted by this study:

- What does it mean for CP to be used appropriately/done properly? What does “using CP when necessary” mean?
- What are the factors that may predict clinicians’ beliefs about use of CP? Religiosity, parents use of CP?
- How much training do therapists receive on navigating such a delicate topic?