

Corporal Punishment

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By the Child Maltreatment and Violence Committee

Management of children's behavioral problems presents a significant challenge for many families and is often the basis for referral to a child psychiatrist for consultation. The American Academy of Child and Adolescent Psychiatry does not support the use of corporal punishment as a method of behavior modification. Corporal punishment includes a wide variety of discipline methods that employ pain as a negative reinforcement to modify behavior. Corporal punishment includes, but is not limited to spanking, a method used by 65% of parents of young children in the United States. Ineffective discipline methods, including corporal punishment, risk straining the caregiver/child relationship and exacerbating a child's psychiatric symptoms. Although a majority of parents report using corporal punishment as a behavior modification technique, most would rather use other means for behavioral management and discipline.

Extensive research demonstrates that although corporal punishment may have a high rate of immediate behavior modification, it is ineffective over time, and is associated with increased aggression and decreased moral internalization of appropriate behavior. Additional negative outcomes associated with corporal punishment are:

- Increased risk for physical abuse
- Learning that aggression is an acceptable method of problem solving
- Experiencing physical and emotional pain, which decreases learning capacity
- Being less likely to learn why a certain behavior or action was wrong
- Behaving out of fear in the future

When assessing and treating children and families, child and adolescent psychiatrists should provide information to families about the hazards associated with corporal punishment and encourage and assist parents to modify their child's behavior by other methods. To this end, child psychiatrists should know and discuss effective and evidence based methods of behavior management with families. Components common in evidence based parenting programs include appropriate limit setting and use of praise to increase positive behaviors, decreasing hostile or coercive family interactions and enhanced family problem solving. These techniques, based on social, cognitive-behavioral and developmental learning theories tend to improve the parent-child relationship and decrease the need or utility of corporal punishment. When families continue the use of corporal punishment, either as a personal preference or based on specific cultural norms, child psychiatrists should continue to encourage non-physical behavior management techniques and monitor for physical, emotional and behavioral outcomes of corporal punishment. As with all patients, child psychiatrists should regularly assess for increases in violence in the home, and if the history or physical findings are concerning for abuse, then it is the responsibility of the child psychiatrist to make a report to the appropriate state agency. Furthermore, child psychiatrists should engage on the public health level by providing consultation to other pediatric practitioners, advising local school boards and other community organizations focused on children and advocating at a local and state level regarding policy and legislation that is reflective of the best evidence regarding corporal punishment.

References:

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