

CHAPTER 18

Discipline by Parents and Child Psychopathology

Emily M. Douglas

Bridgewater State College, USA

and

Murray A. Straus

University of New Hampshire, USA

There is wide consensus that parental discipline can have important affects on the psychological well-being of children, but there is little consensus on what constitutes discipline. For many parents, 'discipline' is a euphemism for spanking and other legal and culturally approved forms of corporal punishment. At the other extreme, for many professionals, 'discipline' is anything done to raise a well-adjusted child. The first of these conceptualizations of discipline is too narrow because spanking is only one of many modes of correcting misbehavior. The second conceptualization is too broad. It covers almost everything done as a parent. This chapter addresses how the topic of discipline is handled in psychiatric and other professional sources and presents a definition that avoids the two extremes. The chapter emphasizes research on a specific form of discipline, corporal punishment, because there is sufficient research to support an evidence-based analysis and because it is an aspect of discipline that has been the focus of controversy and legislation in many nations.

DEFINITION OF DISCIPLINE

We examined 10 child psychiatry textbooks published between 1996 and 2006, and found that none defined it. Parallel to the absence of a definition is the disparate content discussed under 'discipline'. It ranges from anything parents do to bring up a well-behaved child, such as providing love and support and moral guidance, to specific acts in response to misbehavior such as explaining, spanking or scolding. Although none of the 10 child psychiatry textbooks defined discipline, seven included a discussion of discipline. The most frequently occurring theme was the importance of avoiding harsh punishment, including spanking. We also

examined 10 ‘child development’ and child psychology textbooks and found that three included a definition of discipline. All of the three, however, equate discipline with whatever it takes to bring up a child ‘properly’. For example, ‘The word discipline means instruction or training. In the field of child development, discipline refers to methods of modeling character and of teaching self-control and acceptable behavior’ (Papalia, Wendkos Olds & Duskin Feldman, 2006).

Defining discipline as anything a parent does that affects a child’s moral and psychological development is too encompassing to be useful. Therefore, for purposes of this chapter, discipline is defined as *behavior by parents in response to and intended to correct misbehavior by the child*. Examples of such corrective behavior by parents include spanking, deprivation of privileges or material objects, diversion to socially acceptable tasks, explaining and instructing, ignoring misbehavior in order to not reinforce it, psychological aggression such as yelling and screaming at the child and rewarding the child for ceasing misbehavior. One of the strengths of using this definition is that it refers to specific parent behaviors that can be objectively measured (Straus, 2006). The focus on discipline as behaviors intended to correct a child’s misbehavior does not deny that almost everything parents do can affect the psychological development and mental health of a child. What this definition does is to identify one type of parent behavior as discipline so that readers can know what is being discussed.

COVERAGE OF DISCIPLINE IN CHILD PSYCHIATRY TEXTBOOKS

We used this definition as the basis for examining the discussion of discipline in our sample of 10 child psychiatry textbooks. Of the seven that discussed discipline, all focused on the authoritarian, permissive and authoritative parenting styles identified by Diana Baumrind (1991) and the effect of these styles on child mental health. Discipline in the sense of actions taken to correct misbehavior is a key component of these parenting styles, but is only one of the components of parenting styles. Other components include parental warmth, acceptance and sensitivity to the child’s needs, and the degree to which parents grant autonomy to the child. The Baumrind parenting styles thus encompass more than discipline as defined for this chapter. Consequently, links between these parenting styles and mental health problems, although extremely important, do not provide evidence on the effects of the discipline component per se. When diagnosing and treating child mental health problems, it is important to be able to identify both the overall parenting style and also specific components such as discipline.

CORPORAL PUNISHMENT

Corporal punishment such as spanking and slapping a child is the component of parenting that has been the most consistently controversial aspect of discipline. Corporal punishment (CP from here on) is ‘the use of physical force with the intention of causing the child to experience pain, but not injury, for purposes of correction or control of the child’s behavior’ (Straus, 2001). In practice, the difference between corporal punishment and physical abuse

hinges on whether the child is injured seriously enough for the case to be classified as 'abuse' by child protective services, regardless of the intent of the parent. This is shown by research showing that about two-thirds of cases of physical abuse begin as corporal punishment, but due to circumstances such as a defiant child or the child hitting the parent, escalate out of control and the child is injured (Straus, 2001). This chapter focuses on CP rather than physical abuse for several reasons.

First, CP is used by almost all parents, although the frequency and severity varies greatly. Study after study has shown that over 90 % of parents in the United States and the United Kingdom use CP with children ages 2–5 (Newson & Newson, 1968; Straus & Stewart, 1999) and several studies show that at least a third of parents in the US and the UK slap or spank infants (Newson & Newson, 1963; Straus & Stewart, 1999). Therefore, it is important for child psychiatrists, and mental health professionals, in general, to have more information about something this widespread, and potentially harmful, in the lives of children.

Second, in contrast to other discipline behaviors, there is a large body of high-quality and well-controlled research showing adverse mental health effects of CP, including prospective studies. This enables evaluation of this mode of discipline to be evidence-based.

Third, a focus on CP is necessitated by the public health principle that removing a risk factor with a small effect size, but which is broadly prevalent (such as CP), can result in a much larger reduction in illness rates than removing a risk factor such as physical abuse, which has more damaging effects on individuals, but occurs relatively rarely (Rose, 1985).

Fourth, is the cultural myth that CP is 'sometimes necessary'. This is based on the belief that CP is effective when other methods have failed. We label this as a myth because research shows that, although CP is effective in stopping misbehavior in the immediate situation, these studies also show that it is not more effective than other modes of discipline, even in the immediate situation. Well-designed and executed research, including experimental studies that randomly assigned some parents to a spanking condition find that, even when the criterion is immediate compliance, nonphysical strategies work just as well as corporal punishment (Larzelere *et al.*, 1996, 1998; Roberts, 1988; Roberts & Powers, 1990). Moreover, in the longer run, CP is not only less effective; it is counter-productive, as will be explained in the section on longitudinal studies. The belief that spanking is sometimes necessary persists because it is deeply ingrained in the culture of most societies and because the results of research which shows that other methods of discipline work just as well as CP are not reported in child development and child psychiatry textbooks. Child psychiatrists and other professionals who work with parents need to know the results of this extensive body of research.

Finally, CP was discussed in seven of the 10 child psychiatry textbooks we surveyed, indicating its importance of CP for child psychiatry. Despite this, none of the 10 child psychiatry textbooks covered the extensive body of high-quality research on CP. The same situation applies to child psychology textbooks. This chapter is intended to help fill that gap.

CORPORAL PUNISHMENT AND PSYCHOPATHOLOGY

It is well established that 'physical abuse' of a child results in psychological, as well as physical injury. Attitudes toward less severe parental violence in the form of CP, however, vary considerably. During the past three decades, there has been a large increase in research

on CP. Using a large social science referencing database, we determined that between 1976 and 1986, only 60 articles with 'CP' or synonyms in the title were published in peer-reviewed sources. In the next decade, 1986–96, this number increased to 137. In the most recent decade, 1996–2006, 240 articles with 'CP' in the title were published. There were likely many more publications that addressed CP, but were not indicated in the title. Despite the large body of evidence about the short- and long-term negative effects of CP, the research on the adverse mental health effects of CP, as previously noted, has not found its way into child psychiatry or child development textbooks.

The studies reviewed in the following sections are restricted to those that assessed legal CP. To do this, studies that included parents who engaged in acts with a high risk of causing injury, such as kicking, punching or burning a child were excluded. The intent of the parents in these studies was not explicitly investigated. Rather, if the acts were legal forms of CP such as slapping or spanking a child, it is assumed that the intent was to cause pain for purposes of correction and control, and not to injure. Obviously, there are many cases of mixed motives because parents typically spank when they are angry and frustrated, and they may be motivated as and derive satisfaction from causing the child to experience pain, as well as being motivated to correct and control.

Meta-analysis

The most comprehensive overview of the effects of CP by parents is a meta-analysis of 88 studies by Gershoff (2002), where there were a number of important findings concerning CP and psychopathology. Twelve of the studies examined the relation of CP to mental health problems of children, such as anxiety and depression, and eight examined the relation of childhood CP to adult mental health problems. Without exception, these 20 studies found that CP was associated with an increased probability of mental health problems. Thirteen studies investigated delinquent behavior. It is widely believed that CP 'teaches the child a lesson' and therefore reduces delinquency. Instead, in 12 of the 13 studies CP was found to be associated with a higher probability of delinquent and antisocial behavior. The same results were found for four of the five studies which investigated the relation between CP as a child and adult criminal behavior. The following sections describe and illustrate some specific studies of the relation of CP to child mental health problems.

General Population Studies

Coyl, Roggman and Newland (2002) examined the relation of spanking and infant attachment for 169 mothers of 14-month-old children. They found that the more spanking within the past week, the less securely attached children were to their mothers. This has important mental health implications because of the research showing that a secure attachment is related to less problem behavior later in childhood (Elicker, Englund & Sroufe, 1992).

Turner and Finkelhor (1996) studied 2000 youth who participated in the National Youth Victimization Prevention Study. They found that approximately 30 % had experienced CP within the past year, of which only 17 % experienced very low levels of CP, defined as once or twice within the past year. After controlling for parental income, physical abuse (such as a beating), and the sex and age of the child, even modest levels of CP were associated

with greater psychological distress including depressive symptoms. Moreover, children who experienced frequent CP from parents who they described as supportive were more likely to experience psychological distress than children who experienced lower levels of CP in combination with high levels of parental support. These findings dispute the notion that CP conducted in the context of a loving, supportive home environment is not harmful.

A study of 134 adolescents, aged 10–15, from urban and suburban offices of pediatricians (Ohene *et al.*, 2006) found that the more CP these adolescents experienced, the more likely they were to approve of peer violence. While approval of peer violence is not psychopathology, it is part of a constellation of cognitive and behavioral characteristics, such as negative attributions about the behavior of peers and physical aggression that can set in motion a developmental trajectory that is associated psychopathology.

Using data from the 1985 National Family Violence Survey, Straus and Yodanis (1996) found that women who experienced CP as an adolescent by either their mothers or fathers, had an increased probability of depression during adulthood. Men who experienced CP during adolescence by their mothers, but not their fathers, had a smaller, but still statistically significant, increase in the probability of depression during adulthood. These analyses controlled for socioeconomic status, race and age. Using this same dataset and demographic controls, Straus and Kantor (1994) found that CP was associated with suicidal thoughts, alcohol abuse and perpetration of child abuse. Another retrospective study of 277 adults found that those who had experienced CP in childhood were more likely to report feelings of depression, attempted suicide and to report feelings that are consistent with being detached from or unconcerned with their life events (Good, 1999).

A study of a representative sample of 933 mothers of children age 2–14 in two American cities (Straus & Mouradian, 1998) found that the more CP experienced by the child, the greater the tendency for the child to engage in antisocial behavior and to act impulsively. These relationships held after controlling for family socioeconomic status, the age and sex of the child, nurturance by the mother and the level of noncorporal intervention by the mother. When CP was carried out impulsively, the link between CP and child impulsiveness and antisocial behavior was stronger. This study indicates that the harmful effects of CP are increased when the violence is impulsive and expressive of anger, even though the intent was also to train and educate the child.

Clinical Populations

Studies have found that highly aggressive and antisocial children have typically experienced exceptionally high rates of corporal punishment (Capaldi *et al.*, 2003; Patterson, 1995; Patterson, Reid, & Dishion, 1992; Webster-Stratton, 1990; Welsh, 1976). For example, Mahoney and colleagues assessed the prevalence of CP among 390 clinic-referred youth, ages 2–17, whose problems included adjustment disorder, ADHD/disruptive behavior disorder and mood/anxiety disorder (Mahoney *et al.*, 2000). When compared with a 1995 national sample that used the same instrument to measure CP, the clinic sample was much more likely to have experienced CP than the national sample. Multivariate analysis found that the more CP experienced, the higher the child's externalizing behavioral problems. It is possible that clinic-referred youth are more difficult to parent and may elicit more harsh parenting styles. In fact there are a number of studies have found that children with a more difficult temperament are at a higher risk for being maltreated by their parents or

the recipients of dysfunctional parenting (Blackson, Tarter & Maezzich, 1996; Engfer & Schneewind, 1982; Sherrod *et al.*, 1984; Tourigny, 2006). Some research has demonstrated that training parents to avoid corporal punishment may be one of the key components to more successfully parenting a 'difficult child' (Patterson, 1995; Patterson *et al.*, 1992; Webster-Stratton, 1990).

Cultural Context Effects

Somewhat paradoxically, it is possible that the adverse effects of CP on mental health found in so many American studies result from the fact that the former universal approval of CP is on the decline. Consequently, children who are currently being spanked may perceive this as rejection rather than legitimate discipline. A 1968 survey of a large and representative national sample found that 94 % of American adults agreed that 'a good hard spanking is sometimes necessary'. By 1999 the percentage had dropped by almost half, but was still a majority – 52 % (Straus & Yodanis, 1996). There have probably been further decreases since then.

A much larger proportion of African Americans believe in the necessity of CP (Straus & Mathur, 1996). It has been argued that in such a cultural context, CP is not harmful because children will not mistake it for rejection. Some studies have tested the mitigating effect of a cultural context in which CP is the cultural norm, and have found results that are consistent with the theory, but most of the studies have found harmful effects, including studies of African American children. For example, DuRant and colleagues (1995) examined the role of CP in the overall well-being of 225 low-income, black youth living in and around public housing, they found that CP was a stronger predictor of depression than any of the other hypothesized risk factors, including family conflict, education level of the head of household, the child's perception of the probability of being alive at age 25, witnessing community violence and unemployment of parent.

Another study that examined the role of CP in the adjustment of African American youth (McCabe, Clark & Barnett, 1999) examined a smaller but more economically diverse sample than the previously mentioned study. They studied 64 sixth-grade children and found that parents who used more CP were more likely to describe their children as having behavioral, acting-out problems. They found no relationship between CP and shy or anxious behavior, or in having a social skills deficit.

Adverse effects on children's psychological well-being have also been demonstrated outside of the United States and in cross-national comparative studies. Lau and colleagues (1999) examined a sample of 3355 Chinese adolescents. Students who had experienced CP were more likely to suffer from indicators of anxiety and stress, and were more likely to report problems concerning feelings of happiness, feelings of worthiness and anxiety regarding puberty. Students who experienced CP were also more likely to engage in risky behavior and to report suffering from a host of physical conditions. These students were more likely to consume alcohol, to smoke and to have engaged in physical fights with others. Moreover, these students were more at risk for experiencing a host of health problems including asthma, anxiety, dizziness, to have been sick with a common cold or the flu, to have fallen down, to have burned oneself, or to have been hospitalized within the past three months. All of the analyses controlled for the gender and age of the student.

Rohner, Kean and Cournoyer (1991) studied 349 children age 9 to 16 in St. Kitts, West Indies. They found that, after controlling for many other variables, CP was associated with an increase in feelings of rejection by the child. This study is particularly important because the right of parents, in fact the obligation, to use CP is strongly embedded in the culture of that society, and many of the children shared this cultural belief. They found that the tendency for CP to be associated with feelings of rejection applied regardless of whether the children studied accepted the cultural belief that CP is appropriate.

A study of 336 children in China, India, Italy, the Philippines and Kenya examined the relation of CP to anxiety and aggressiveness of the children (Lansford *et al.*, 2005) and found that countries with the lowest use of physical discipline demonstrated the strongest relationship between mothers' use of CP and children's behavior problems. In all countries, however, higher use of physical discipline was associated with more child aggression and more anxiety.

Finally, a study that used macro-level data from the International Dating Violence Study, and that was based on more than 9500 university students from 19 nations, examined the link between CP experienced prior to age 12 and later-life partner violence. The findings indicated that the higher the rate of CP prior to age 12, the higher the rate of hitting a dating partner in the past year. This finding applied to both males and females. The rate of injuries inflicted by females on their partners was lower than the rate of injuries inflicted by males, the relationship between CP and injury was stronger for females than for males (Douglas & Straus, 2006).

Longitudinal Studies

Although many of the studies reviewed up to this point controlled for possible confounds, none were prospective studies in the sense of being able to control for the Time 1 level of aggression that might have led parents to use CP. Consequently, a major problem is that the child's subsequent behavior problem, rather than being an effect of CP, may reflect a pre-existing behavior problem which led the parents to use CP. The publication of six longitudinal studies since 1997 that controlled for the child's problem behavior at Time 1, therefore, constitutes a landmark in scientific knowledge of the unintended effects of CP. All six were based on large and nationally representative samples of children, and none were adult retrospective studies. All six show that CP has an adverse effect on child mental health.

CP And Subsequent Antisocial Behavior

This research studied over 3000 children in the National Longitudinal Survey of Youth (Straus, Sugarman & Giles-Sims, 1997). The children were in three age groups: 3–5, 6–9 and 10–14. The mothers of all three groups of children were interviewed at the start of the study in 1988 to find out how often the focal child had been spanked in the seven days prior to the interview. The study controlled several variables that could affect antisocial behavior by the child: the sex of child, cognitive stimulation provided by the parents, emotional support by the mother, ethnic group of the mother and socioeconomic status of the family.

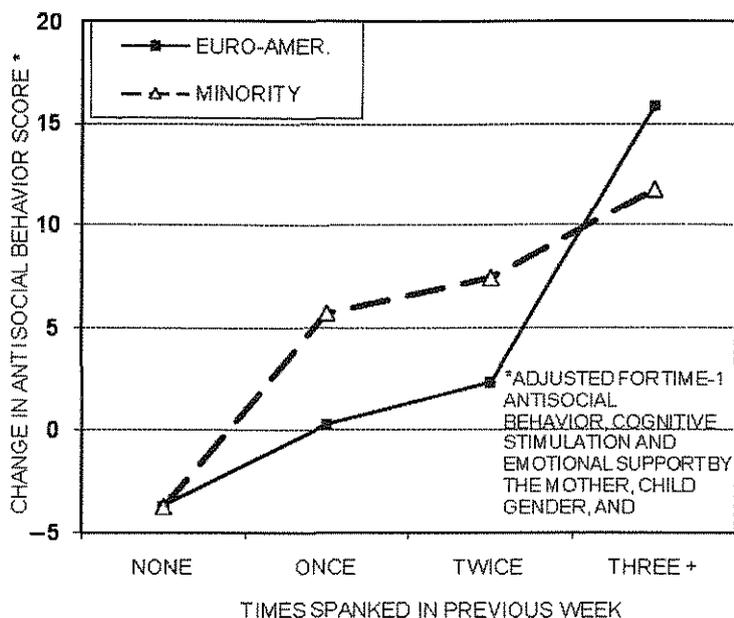


Figure 18.1 Change in antisocial behavior from 1988 to 1990 by spanking in 1988 (children age 6–9)

Figure 18.1 shows that the more CP used during the first year of the study, the greater the tendency for antisocial behavior to have *increased* two years later. It also shows that this effect applied to both Euro American children and children of other ethnic groups.

A Second Study of CP and Antisocial Behavior

Gunnoe and Mariner (1997) analyzed data from another large and representative sample of American children. They studied 1112 children in two age groups: 4–7 and 8–11. The parents were first interviewed in 1987–8, and then five years later. The measure of CP was the same as in the previously described study. They found that the more CP in 1987–8, the greater the amount of fighting at school five years later. However, for toddlers and for African American children, they found the opposite, that is, CP is associated with *less* fighting five years later. The opposite finding for these two subgroups might have occurred because CP of toddlers and African American children is so nearly universal in the USA that no CP might indicate a lack of guidance and nonphysical discipline. Gunnoe and Mariner also examined the relation of CP to score on an antisocial behavior scale. They found that the more CP experienced in year 1, the *higher* the level of antisocial behavior five years later. Moreover, they found that the harmful effect of CP applies to all children regardless of age, races and gender. Thus, the antisocial behavior part of Gunnoe and Mariner's study, like the previously described study found that, although CP may work in the short run, in the long run it can boomerang and increase the probability of behavior problems.

CP and Child-to-Parent Violence

Brezina (1999) analyzed data on a nationally representative sample of 1519 adolescent boys who participated in the Youth in Transition Study. This is a three-wave panel study that was begun in 1966. CP was measured by asking the boys 'How often do your parents actually slap you?' The response categories ranged from 1 (never) to 5 (always). Twenty-eight percent of the boys reported being slapped by their parents during the year of the first wave of the study when their average age was 15, and 19 % were slapped during the wave 2 year (a year and half later). Brezina found that CP at Time 1 was associated with an increased probability of a child assaulting the parent a year and a half later. As with the other three prospective studies, the data analysis controlled for socioeconomic status and race of the family, the age of the parents, the child's attachment to the parent, child's attitude toward aggression and child's physical size.

CP and Dating Violence

Simons, Lin and Gordon (1998) tested the theory that CP by parents increases the probability of later hitting a partner in a dating relationship. They studied 113 boys in a rural area of the state of Iowa, beginning when the boys were in the seventh grade or about age 13. The mothers and the fathers of these boys were asked how often they spanked or slapped the child when he did something wrong, and how often they used a belt or paddle for CP. More than half of the boys experienced CP during those years. Consequently, the findings about CP apply to the majority of boys in that community, not just to the children of a small group of violent parents. The study controlled for delinquency at Time 1 and the extent to which the parents showed warmth and affection, were consistent in their discipline, monitored and supervised the child, explained rules and expectations, and also controlled for witnessing violence between the parents. Simons and colleagues found that the more CP, the greater the probability of the boys subsequently assaulting a girlfriend.

CP and Cognitive Development

A study by Straus and Paschall (2007) was prompted by research showing that talking to children (including pre-speech infants) is associated with an increase in neural connections in the brain and in cognitive performance (Blakeslee, 1995). Straus and Paschall assumed that when parents avoid corporal punishment, they are more likely to engage in verbal methods of behavior control such as explaining to the child. If that is correct, the increased verbal interaction with the child will enhance the child's cognitive ability. This theory was tested on 806 children of mothers in the National Longitudinal Study of Youth who were age 2 to 4 in the first year of the study and for 704 children who were age 5 to 9 in the first year. Corporal punishment was measured by whether the mother was observed hitting the child during the interview and by a question on frequency of spanking in the past week. Cognitive ability was measured in year 1 and two years later by tests appropriate for the age of the child at the time of testing such as the Peabody Picture Vocabulary Test. The study took into account the mother's age and education, whether the father was present

in the household, number of children in the family, mother's supportiveness and cognitive stimulation, ethnic group, and the child's age, gender and birth weight.

The 2-to-4-year-old children in the high CP group experienced a slower rate of cognitive development than did the children in the middle CP group. The children in the low CP group experienced slightly faster than average cognitive development. The most dramatic results were for the small minority of children (10 %) who were not hit in either of the two baseline weeks. They gained an average of 5.5 points relative to the average cognitive ability of children their age. Similar but less strong relationships were found for the 5-to-9-year-old children. Maximizing cognitive ability is extremely important for many reasons, not the least of which is that lower than average cognitive ability is a risk factor for many types of psychosocial and psychiatric problems, both in childhood and adulthood (David *et al.*, 1997; Gjaerum & Bjornerem, 2003; Kjelsberg, 1999; Taylor *et al.*, 1991; Woodward & Fergusson, 2000).

CP and Child Behavior Problems

An analysis of over 11,000 children aged 4 to 11 in the Canadian Longitudinal Study of Children (Millar, 2006) measured change in child behavior problems subsequent to CP at Time 1. The study also examined the effect of and controlled for five other variables: parental socioeconomic status; maternal depression; yelling at the child; consistency of discipline; and positive interaction with the child. After controlling for all these variables, children who were spanked had increases in emotional disorder, physical aggression and property offenses. In fact, the increase in physical aggression associated with spanking was greater than the increase associated with any of the other five risk factors.

The literature reviewed indicates that CP is a risk factor for many psychological problems, both externalizing and internalizing problems, that can manifest during childhood, adulthood, or both. The research consistently shows that multiple types of problems can develop, but there has been little research that has explored to what extent and under what conditions externalizing or internalizing problems are more or less likely to develop. Future research in this area is clearly needed to better understand the effects of CP.

LEGAL STATUS OF CORPORAL PUNISHMENT

Corporal punishment in schools, once almost universally practiced, is now banned by most industrial societies and half the states in the United States. However, CP by parents is legal in every American state and in most other nations. Americans remain committed to the idea that CP by parents may 'sometimes be necessary'. Despite the reluctance of the United States to embrace a position of no physical discipline by parents, many other countries have done so. The organization EPOCH-Worldwide (End Physical Punishment of Children Worldwide) (<http://stophitting.org/laws/>) and the Global Initiative to End All Corporal Punishment (www.endcorporalpunishment.org) indicate that 15 countries have outlawed the use of corporal punishment over the last three decades: Austria (1989), Finland (1983), Latvia (1998), Croatia (1999), Germany (2000), Norway (1987), Cyprus (1994), Israel (2000), Sweden (1979), Denmark (1997), Iceland (2003), Ukraine (2004), Romania (2004), Bulgaria (2000) and Hungary (2005). Moreover, case law in Belgium, Italy and

Portugal indicate that these countries may be moving toward a position of no tolerance of CP. Ending the use of CP is also supported by the United Nations Educational, Scientific, and Cultural Organization (Hart *et al.*, 2005). In June 2006, the United Nations Committee on the Rights of the Child issued a statement declaring that it is 'the obligation of all States parties to move quickly to prohibit and eliminate all corporal punishment and all other cruel or degrading forms of punishment of children' (United Nations Committee on the Rights of the Child, 2006, pp. 2–3). The Committee also outlines necessary legislative and public education steps that should be taken in order to eliminate corporal punishment in all settings, including families and schools.

The effect of these laws and their ability to change attitudes and parental behavior is not well known. Sweden was, in 1979, the first country to ban CP by parents. Studies have found large decreases in both the approval of and actual use of CP (Durrant, 1999). These decreases, however, could reflect a continuation of a trend that originated decades earlier rather than an effect of the legislation (Roberts, 2000). In Sweden, the ban on CP is part of the civil code, not the criminal code, and there is no criminal penalty for using CP. Even where the criminal code has been revised to remove the exemption of parents from prosecution for assault (as in Germany), the value may not be as a threat of prosecution, but as a means to educate parents and caregivers about the harmful effects of CP.

CONCLUSIONS

In light of the overwhelming empirical evidence on the harmful effects of CP, textbooks and other professional sources appear to inadequately prepare mental health professionals to help parents avoid using CP. In 1988, the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association issued a strong statement against the use of CP in schools. It is argued that children who are subjected to CP by teachers may learn to settle interpersonal disputes through the infliction of physical force and pain on others (American Academy of Child and Adolescent Psychiatry, 1988; American Psychiatric Association, 1988). Neither, however, mentions the use of CP by parents or family caregivers. None of the 10 child psychiatry textbooks examined for this chapter advised telling parents to 'never spank' their children. An article by Banks in *American Family Physician* (2002) states that other methods of discipline are more effective and cites numerous studies that have linked negative outcomes to CP. Yet, he also states that 'spanking is inappropriate in children younger than 18 months' (p. 1450). This implies that it is appropriate for children over the age of 18 months. Similarly, Forehand and McKinney (1993) provide an historical overview of child discipline in the United States and the role that mental health professionals can potentially play in shaping public understanding of the harmful effects of corporal punishment. But they too fail to suggest that mental health professionals embrace the policy of advising parents and caregivers to never hit a child as a form of discipline, unlike the 'never shake a child' public education campaigns supported by professional medical associations (American Academy of Pediatrics, n.d.; Canadian Paediatric Society Psychosocial Paediatrics Committee, 1997). A start in that direction, however, was made by the American Academy of Pediatrics which published 'Guidelines for Effective Discipline' that advises parents to avoid spanking (American Academy of Pediatrics, 1998).

It is important to recognize that not all research shows a link between CP and psychopathology. Moreover, even the six longitudinal studies reviewed in this chapter have

their imperfections and they could be picked apart one by one by their ideological critics, as can most epidemiological studies. This is what the tobacco industry did for many years (Geyelin, 1996a, 1996b; Ong & Glantz, 2000). In 1964 the US Surgeon General's Committee on Smoking and Health, however, did the opposite. Their review of the research acknowledged the limitations of the studies when taken one by one. But the committee concluded that despite the defects of the individual studies, the cumulative evidence indicated that smoking is a risk factor for lung cancer and other diseases and called for an end to smoking (US Surgeon General, 1964). As a result, today, no health professional would shrink from advising a patient to never, under any circumstances, smoke. The cumulative weight of the evidence indicates a need for psychiatrists to take the same approach in respect to corporal punishment, as we have taken for smoking and shaking a baby.

REFERENCES

- American Academy of Child and Adolescent Psychiatry (1988). *Policy Statement: Corporal Punishment in Schools*. Retrieved June 5, 2006, from <http://www.aacap.org/publications/policy/ps14.htm#TOP>.
- American Academy of Pediatrics (1998). Guidance for effective discipline (RE9740). *Pediatrics*, **101**(4), 723–8.
- American Academy of Pediatrics. (n.d.). *Shaken Baby Syndrome*. Retrieved September 3, 2006, from http://www.aap.org/pubed/ZZZM8JMMH4C.htm?&sub_cat=355.
- American Psychiatric Association (1988). *Corporal Punishment in Schools: Position Statement*. Retrieved June 5, 2006, from http://www.psych.org/edu/other_res/lib_archives/archives/198901.pdf.
- Banks, J.B. (2002). Childhood discipline: challenges for clinicians and parents. *American Family Physician*, **66**(8), 1447–52.
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, **11**, 56–95.
- Blackson, T.C., Tarter, R.E. & Macczich, A.C. (1996). Interaction between childhood temperament and parental discipline practices on behavioral adjustment in preadolescent sons of substance abuse and normal fathers. *American Journal of Drug and Alcohol Abuse*, **22**(3), 335–48.
- Brezina, T. (1999). Teenage violence toward parents as an adaptation to family strain: evidence from a national survey of male adolescents. *Youth and Society*, **30**(4), 416–44.
- Canadian Paediatric Society Psychosocial Paediatrics Committee (1997). *Never Shake a Baby*. Retrieved September 3, 2006, from <http://www.caringforkids.cps.ca/babies/SBS.htm>.
- Capaldi, D.M., Pears, K.C., Patterson, G.R. & Owen, L.D. (2003). Continuity of parenting practices across generations in an at-risk sample: a prospective comparison of direct and mediated associations. *Journal of Abnormal Child Psychology*, **31**(2), 127–42.
- Coyl, D.D., Roggman, L.A. & Newland, L.A. (2002). Stress, maternal depression, and negative mother–infant interactions in relation to infant attachment. *Infant Mental Health Journal*, **23**(1), 145–63.
- David, A.S., Malmberg, A., Brandt, L. *et al.* (1997). IQ and risk for schizophrenia: a population-based cohort study. *Psychological Medicine*, **27**(6), 1131–3.
- Douglas, E.M. & Straus, M.A. (2006). Assault and injury of dating partners by university students in 19 nations and its relation to corporal punishment experiences as a child. *European Journal of Criminology*, **3**, 259–92.
- DuRant, R.H., Getts, A., Cadenhead, C. & Emans, S.J. (1995). Exposure to violence and victimization and depression, hopelessness, and purpose in life among adolescents living in and around public housing. *Journal of Developmental and Behavioral Pediatrics*, **16**(4), 233–7.
- Durrant, J.E. (1999). Evaluating the success of Sweden's corporal punishment ban. *Child Abuse and Neglect*, **23**(5), 435–48.

- Elicker, J., Englund, M. & Sroufe, L.A. (1992). Predicting peer competence and peer relationships in childhood from early parent-child relationships. In P. Parke & G. Ladd (eds.), *Family-Peer Relationships: Models of Linkage*. Hillsdale, NJ: Erlbaum.
- Engfer, A. & Schneewind, K. (1982). Causes and consequences of harsh parental punishment: an empirical investigation in a representative sample of 570 German families. *Child Abuse and Neglect*, **6**(2), 129-39.
- Forehand, R. & McKinney, B. (1993). Historical overview of child discipline in the United States: implications for mental health clinicians and researchers. *Journal of Child and Family Studies*, **2**(3), 221-8.
- Gershoff, E.T. (2002). Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychological Bulletin*, **128**(4), 539-79.
- Geyelin, M. (1996a, October 1). Papers dispute tobacco research claims. *Wall Street Journal*, p. B6.
- Geyelin, M. (1996b, May 6). RJR ordered to turn over documents on tobacco industry-funded research. *Wall Street Journal*, p. B5.
- Gjaerum, B. & Bjornerem, H. (2003). Psychosocial impairment is significant in young referred children with and without psychiatric diagnoses and cognitive delays: applicability and reliability of diagnoses in face of co-morbidity. *European Child and Adolescent Psychiatry*, **12**(5), 239-48.
- Good, J.A. (1999). *Shame, Images of God and the Cycle of Violence in Adults who Experienced Childhood Corporal Punishment*. Lanham, MD: University Press of America.
- Gunnoe, M.L. & Mariner, C.L. (1997). Towards a developmental-contextual model of the effects of parental spanking on children's aggression. *Archives of Pediatric and Adolescent Medicine*, **151**, 768-75.
- Hart, S.N., Durrant, J., Newell, P. & Power, F.C. (eds.). (2005). *Eliminating Corporal Punishment: The Way Forward to Constructive Child Discipline*. Paris: UNESCO.
- Kjelsberg, E. (1999). A long-term follow-up study of adolescent psychiatric in-patients. Part III. Predictors of disability. *Acta Psychiatrica Scandinavica*, **99**(4), 243-6.
- Lansford, J.E., Chang, L., Dodge K.A. et al. (2005). Physical discipline and children's adjustment: cultural normativeness as a moderator. *Child Development*, **76**(6), 1234-46.
- Larzelere, R.E., Sather, P.R., Schneider, W.N. et al. (1998). Punishment enhances reasoning's effectiveness as a disciplinary response to toddlers. *Journal of Marriage and the Family*, **60**(2), 388-403.
- Larzelere, R.E., Schneider, W.N., Larson, D.B. & Pike, P.L. (1996). The effects of discipline responses in delaying toddler misbehavior recurrences. *Child and Family Therapy*, **18**, 35-7.
- Lau, J.T.F., Liu, J.L., Cheung, J.C. et al. (1999). Prevalence and correlates of physical abuse in Hong Kong Chinese adolescents: a population-based approach. *Child Abuse and Neglect*, **23**(6), 549-57.
- Mahoney, A., Donnelly, W.O., Lewis, T. & Maynard, C. (2000). Mother and father self-reports of corporal punishment and severe physical aggression toward clinic-referred youth. *Journal of Clinical Child Psychology*, **29**(2), 266-81.
- McCabe, K.M., Clark, R. & Barnett, D. (1999). Family protective factors among urban African American youth. *Journal of Clinical Child Psychology*, **28**(2), 137-50.
- Millar, P. (2006). *The Effect of Family Law on Canadian Children*. Calgary, Canada: University of Calgary.
- Newson, J. & Newson, E. (1963). *Patterns of Infant Care in an Urban Community*. Baltimore, MD: Penguin.
- Newson, J. & Newson, E. (1968). *Four Years Old in an Urban Community*. London: George Allen and Unwin.
- Ohene, S.-A., Ireland, M., McNeely, C. & Borowsky, I. W. (2006). Parental expectations, physical punishment, and violence among adolescents who score positive on a psychosocial screening test in primary care. *Pediatrics*, **117**(2), 441-7.
- Ong, E.K. & Glantz, S.A. (2000). Tobacco industry efforts subverting International Agency for Research on Cancer's second-hand smoke study. *Lancet*, **355**(9211), 1253-9.
- Papalia, D.E., Wendkos Olds, S. & Duskin Feldman, R. (2006). *A Child's World Infancy Through Adolescence*, 10th edition. New York: McGraw-Hill.
- Patterson, G.R. (1995). Coercion - a basis for early age of onset for arrest. In J. McCord (ed.), *Coercion and Punishment in Long-Term Perspective* (pp. 81-124). New York: Cambridge University Press.

- Patterson, G.R., Reid, J.B. & Dishion, T.J. (1992). *Antisocial Boys: A Social Interactional Approach* (Vol. 4). Castalia Publishing Company.
- Roberts, J.V. (2000). Changing public attitudes toward corporal punishment: the effects of statutory reform in Sweden. *Child Abuse and Neglect*, **24**(8), 1027–35.
- Roberts, M.W. (1988). Enforcing timeouts with room timeouts. *Behavior Modifications*, **4**, 353–70.
- Roberts, M.W. & Powers, S.W. (1990). Adjusting chair timeout enforcement procedures for oppositional children. *Behavior Therapy*, **21**, 257–71.
- Rohner, R.P., Kean, K.J. & Cournoyer, D.E. (1991). Effects of corporal punishment, perceived caretaker warmth, and cultural beliefs on the psychological adjustment of children in St. Kitts, West Indies. *Journal of Marriage and Family*, **53**, 681–9.
- Rose, G. (1985). Sick individuals and sick populations. *International Journal of Epidemiology*, **14**(1), 32–8.
- Sherrod, K.B., Altemeier, W.A., O'Connor, S. & Vietze, P.M. (1984). Early prediction of child maltreatment. *Early Child Development and Care*, **13**(3–4), 335–50.
- Simons, R.L., Lin, K. & Gordon, L.R. (1998). Socialisation in the family of origin and male dating violence: A prospective study. *Journal of Marriage and Family*, **60**, 467–78.
- Straus, M.A. (2001). *Beating the Devil Out of Them: Corporal Punishment in American Families and its Effects on Children*. New Brunswick, NJ: Transaction Publishers.
- Straus, M.A. (2006). *Manual for the Dimensions of Discipline Inventory*. Durham, NH: Family Research Laboratory, University of New Hampshire.
- Straus, M.A. & Kantor, G.K. (1994). Corporal punishment of adolescents by parents: a risk factor in the epidemiology of depression, suicide, alcohol abuse, child abuse, and wife beating. *Adolescence*, **29**(115), 543–61.
- Straus, M.A. & Mathur, A.K. (1996). Social change and trends in approval of corporal punishment by parents from 1968 to 1994. In D. Frehsee, W. Horn & K.-D. Bussmann (eds.), *Family Violence Against Children: A Challenge for Society* (pp. 91–105). New York: Walter deGruyter. Also an updated version in M.A. Straus & R.A. Maderios (eds.), (in press). The decline in public support. *The Primordial Violence: Corporal Punishment by Parents, Cognitive Development, and Crime*. Walnut Creek, CA: AltaMira Press.
- Straus, M.A. & Mouradian, V.E. (1998). Impulsive corporal punishment by mothers and antisocial behavior and impulsiveness of children. *Behavioral Sciences and the Law*, **16**(3), 353–74.
- Straus, M.A. & Paschall, M.J. (2007). Corporal punishment by mothers and children's cognitive development: A longitudinal study of two age cohorts. In M.A. Straus & R.A. Maderios (eds.), *The Primordial Violence: Corporal Punishment by Parents, Cognitive Development, and Crime*. Walnut Creek, CA: AltaMira Press.
- Straus, M.A. & Stewart, J.H. (1999). Corporal punishment by American parents: national data on prevalence, chronicity, severity, and duration, in relation to child, and family characteristics. *Clinical Child and Family Psychology Review*, **2**(2), 55–70. Also an updated version in M.A. Straus & R.A. Maderios (eds.), (in press). Prevalence, chronicity, and severity. *The Primordial Violence: Corporal Punishment by Parents, Cognitive Development, and Crime*. Walnut Creek, CA: AltaMira Press.
- Straus, M.A., Sugarman, D.B. & Giles-Sims, J. (1997). Spanking by parents and subsequent antisocial behavior of children. *Archives of Pediatric and Adolescent Medicine*, **151**, 761–7. Also an updated version in M.A. Straus & R.A. Maderios (eds.), (in press). The boomerang effect. *The Primordial Violence: Corporal Punishment by Parents, Cognitive Development, and Crime*. Walnut Creek, CA: AltaMira Press.
- Straus, M.A. & Yodanis, C.L. (1996). Corporal punishment in adolescence and physical assaults on spouses in later life: What accounts for the link? *Journal of Marriage and the Family*, **58**(4), 825–41.
- Taylor, C.G., Norman, D.K., Murphy, J.M. et al. (1991). Diagnosed intellectual and emotional impairment among parents who seriously mistreat their children: prevalence, type, and outcome in a court sample. *Child Abuse and Neglect*, **15**(4), 389–401.
- Tourigny, J.A. (2006). *High-risk Environments and Infant Health: Predicting Psychological and Physical Health Outcomes with Maternal, Child, and Parenting Variables*. University of Saskatchewan, Canada.

- Turner, H.A. & Finkelhor, D. (1996). Corporal punishment as a stressor among youth. *Journal of Marriage and the Family*, **58**(1), 155–66.
- US Surgeon General (1964). Reducing the health consequences of smoking. Retrieved September 3, 2006, from http://www.cdc.gov/tobacco/sgr/sgr_1964/sgr64.htm.
- United Nations Committee on the Rights of the Child. (2006). The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment; General comment no. 8. Retrieved June 28, 2006, from <http://www.ohchr.org/english/bodies/crc/docs/co/CRC.C.GC.8.pdf>.
- Webster-Stratton, C. (1990). Enhancing the effectiveness of self-administered videotape parent training for families with conduct-problem children. *Journal of Abnormal Child Psychology*, **18**(5), 479–92.
- Welsh, R.S. (1976). Severe parental punishment and delinquency: a developmental theory. *Journal of Clinical Child Psychiatry*, spring, 17–21.
- Woodward, L.J. & Fergusson, D.M. (2000). Childhood and adolescent predictors of physical assault: a prospective longitudinal study. *Criminology*, **38**(1), 233.