

Harsh Physical Punishment and Appropriate Spanking Are Very Different

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The article entitled "Physical Punishment and Mental Disorders" by Dr. Tracie Afifi (1) in the July Pediatrics takes a misleading "bait and switch" approach in opposing all use of disciplinary spanking with children. The authors discover an association (not causation) between an adult's retrospective recall of receiving "harsh physical punishment" and the presence of an adult mental disorder. The survey asked whether they were "pushed, grabbed, shoved, slapped, or hit by their parents" during their childhood. Remarkably, the survey neither included the term "spanking" nor limited the survey to the conventional definition of spanking: "striking a child with an open hand on the buttocks or extremities with the intention of modifying behavior without causing physical injury." (2)

Furthermore, participants in the study were most likely recalling experiences as teens, since retrospective reports correlate highest with events occurring at ages 12 to 14 years, more so than for earlier ages. (3) Adolescence is certainly not a recommended age for the use of spanking, let alone the use of harsh physical punishment.

Remarkably, the researchers gloss over their finding that "individuals with a family history of dysfunction were more likely to experience harsh physical punishment." That may be a better explanation for the mental illness association than the one they postulate. The use of harsh discipline is often a marker for troubled families and such an unhealthy environment takes its toll on a child. It is also suspicious that they control separately for gender (aOR-1 in their Tables 2 and 3) or this family history (aOR-2), but never together. It is possible that controlling for both reduces the odds ratios for most mental illnesses to a non-significant level.

After baiting the reader with an extensive and exclusive discussion of the use of "harsh physical punishment," the authors make the switch and conclude that all "physical punishment (i.e., spanking, smacking, slapping) should not be used with children of any age." So, they study the use of inappropriate harsh physical punishment with an inappropriate age group (teenagers) within dysfunctional families and then draw a conclusion that ordinary spanking of a young unruly child should be proscribed. In interviews following the release of this study, the authors failed to make the distinction between the harsh punishment studied and ordinary spanking of children leading the media to announce that "Children who are spanked, hit, or pushed as a means of discipline may be at an increased risk of mental problems in adulthood." (4)

This study by Dr. Afifi and her colleagues cannot draw any conclusion about whether the most appropriate kind of spanking (e.g., two open-handed swats to the buttocks) should remain an available option for parents when children of an appropriate age (about 2 to 7 years) defiantly refuse to cooperate with milder disciplinary measures, such as time out. That limited use of spanking, when

directly compared to alternative disciplinary tactics, has actually been shown to lead to improved compliance and less aggression in children. (5) Sadly, this study says nothing about the effects of appropriate disciplinary spanking, adds to the growing confusion surrounding the topic of child discipline, and furthers an unscientific bias against corrective disciplinary measures employed by parents.

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Conflict of Interest:

None declared

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