Corporal Punishment Defined

Corporal Punishment (CP) refers to the intentional use of physical pain as a method for changing behavior and instilling discipline (Greydanus, Pratt, Spates, Blake-Dreher, Greydanus-Gearhart, & Patel, 2003). CP includes paddling, spanking, slapping, and prolonged maintenance of physically uncomfortable positions. Reasonableness is what is said to differentiate CP from abuse. However, there are varying definitions of reasonableness which may explain some of the controversy behind this topic.

Whether or not punishment is “reasonable” can be determined by assessment of: the child’s age, maturity, past behavior, the nature of the offense, the amount and type of harm inflicted on the child, the instrument used, and the motivation of the person.

Approximately 1.5 million cases of physical punishment in United States (U.S.) schools are reported every year (Greydanus et al., 2003). However, many more cases may occur that have not been reported.

Corporal Punishment in U.S. Schools

The United States is one of just a few countries that has not yet abolished corporal punishment in schools. According to educationalworld.com, “every industrialized country in the world except the United States, five Canadian provinces, and one Australian state prohibits corporal punishment in schools.”

Almost have of the states in the United State allow the use of corporal punishment in schools (CNN, 2002; The Center for Effective Discipline, www.stophitting.com). In these states, local districts can ban CP even though there is not a statewide ban. Many school districts and individual schools have banned the use of corporal punishment even though their state does not support the ban (Guthrow, 2002).

Corporal punishment in schools is inclusive of the use of physical methods to deter problematic behaviors. It does not include school administrators and staff using certain methods to maintain a safe school environment. A majority of the states that have banned corporal punishment in schools do allow for reasonable force and restraint when needed, such as: when dealing with threatening physical injury to others, obtaining possession of weapons or other dangerous objects within the control of the student, in self-defense, or for the protection of persons or property (The Center for Effective Discipline, www.stophitting.com).
The Supreme Court of Canada ruled in January 2004 that parents have a limited right to use physical punishment. In addition, school CP in both public and private schools was banned.

The Council of Europe Committee on Social Rights determined that court rulings in Italy (1996) prohibit corporal punishment of children in any setting (i.e. in school or in the home). A Supreme Court ruling also prohibited CP in Nepal in 2005 (The Center for Effective Discipline, www.stophitting.com).

Many countries prohibit the use of corporal punishment in schools, including:
- China
- Egypt
- Germany
- Iraq
- Israel
- Japan
- Kenya
- South Africa
- Thailand
- United Kingdom

For a complete list of countries prohibiting corporal punishment in schools, visit http://www.stophitting.com/laws/legalReform.php

Estimated Number of Students Struck Each Year in Public Schools
(United States Department of Education, 2004)

Gender:
Female = 59,710
Male = 212,318

Ethnicity:
Caucasian (non-Hispanic) = 143,002
African American = 104,627
Hispanic = 17,926
American Indian/Alaska Native = 6,002
Asian/Pacific Islander = 473

Total Students = 272,028

Several National Organizations Opposed to the Use of Corporal Punishment in Schools:
- American Counseling Association
- American Academy of Pediatrics
- American Medical Association
- American Psychiatric Association
- American Psychological Association
- American School Counselor Association
- National Association of School Nurses
- National Association of School Psychologists

(For a complete list go to http://www.stophitting.com/disatschool/usorgs.php)
The Impact of Corporal Punishment

**Mental Health Outcomes**

The use of corporal punishment (CP) likely affects children beyond the temporary pain inflicted. Serious psychological and emotional problems have been found to occur in children who have been the target of CP. These affects can influence one's life well into adulthood.

Corporal punishment by parents has been associated with poorer mental health (i.e. depression, substance use, suicidality, and low self-esteem) in childhood and adulthood (Gershoff, 2002). A positive association has been found between the use of CP and psychological distress, specifically depressive symptoms (Turner & Finkelhor, 1996). According to Straus (2000) CP in childhood is related to depressive symptoms and suicidal thoughts in adulthood. Depression rates increase for adolescents after only one incident of physical discipline (2000). These findings suggest that a child does not need to be physically disciplined numerous times to experience negative consequences.

Students who witness or are victims of CP in school are at risk of developing a range of psychosocial problems, including depression, suicidal ideation and anxiety. CP has been determined to be a risk factor for future development of antisocial and violent behavior (Straus & Mouradian, 1998), and has been linked to impulsive behaviors (1998).

The use of CP may damage the self-worth of a child. If the punishment is viewed as demeaning the child could experience difficulty in developing a sense of positive self-esteem (Dubanoski et al., 1983). Additionally, the use of CP has been associated with anger, fear, and humiliation in the child (Guthrow, 2002). Another concern is the strain in future relationships with adults. Children may fail to develop trusting relationships with adults and become unable to handle situations in non-violent ways (American Psychological Association, 2005).

The term “Educator-Induced Post Traumatic Stress Disorder” (EIPTSD) has been used to describe a student’s posttraumatic symptom response following CP by a teacher (Greydanus et al., 2003). The punishment inflicted causes stress and could lead to the combination of anxiety and depressive symptoms that characterize the disorders. (2003). Symptoms of EIPTSD are similar to those of Posttraumatic Stress Disorder (PTSD), and often include a decline in academic performance and school attendance.

“Corporal punishment is often an outlet for pent-up feelings of adults rather than an attempt to educate children.”

— The Global Initiative to End All Corporal Punishment of Children

**Societal Consequences**

The effects of corporal punishment (CP) on children go beyond mental health risks. The social consequences should be both acknowledged and a matter of concern. According to Dr. Murray A. Straus, Co-Director of the Family Research Laboratory at the University of New Hampshire and former APA Chairperson for the Task Force on Corporal Punishment, “a society that brings up children by caring, humane, and non-violent methods is likely to be less violent, healthier, and wealthier” (1994). A society that does not hit children will likely experience:

- fewer violent marriages
- lower crime rates
- increased economic productivity
- and less money being spent on combating crime (1994).

The promotion of CP in schools may ultimately lead to a more aggressive and violent society. The use of physical punishment in childhood has been linked to future aggressive and / or delinquent behavior (Gershoff, 2002; Guthrow, 2002). In addition, CP in adolescence is associated with greater approval of violence against one’s spouse or partner (Straus & Yodanis, 1996). A review of the literature suggests that those children and adolescents who experience CP are more likely to resort to violence, or have violent tendencies, in the future (Greydanus et al., 2003).
School mental health providers play an important role in the disciplinary measures used in their school. Mental health providers based in the school system can demonstrate non-physical disciplinary methods, educate the school and the community about corporal punishment (CP) and effective discipline strategies, and assist in establishing a positive educational environment.

Modeling non-physical disciplinary methods will demonstrate to students and school staff that conflicts can be solved without violence and aggression. Rather than emphasizing or inadvertently rewarding inappropriate behaviors, providers should instead acknowledge the positive behaviors and progress that students accomplish. School mental health providers can demonstrate the importance of providing students with behavioral expectations by consistently establishing “ground rules” for students (e.g., at the outset of group counseling). Consistent and clear rules provide children and adolescents with guidelines for how they are expected to behave and the types of actions that could result in disciplinary measures.

The absence of CP does not mean that schools lack discipline. Teachers can maximize their time and efforts in the classroom by adopting positive alternatives in school discipline practices (Dubanoski et al., 1983).

Lastly, school mental health providers can proactively reduce disruptive or inappropriate behavior before it starts by assisting in the establishment of a positive school environment. Emphasizing positive educational exchanges between students and those working in the schools can produce a positive atmosphere where students feel a sense of belonging and safety. Providers may also play an integral role in the implementation of universal programs and strategies to promote school connectedness and safety (see CSMH Issue Brief: Enhancing Student Connectedness to Schools, http://csmh.umd.edu/).

(Adapted from National Association of School Psychologists, 2006; www.nospank.net)
Prevention Strategies and Effective Programs

Prevention strategies include:
- Establishing clear behavior expectations and guidelines.
- Focusing on student success and self-esteem.
- Seeking student input on discipline rules.
- Enforcing rules with consistency, fairness, and calmness.
- Planning lessons that provide realistic opportunities for success for all students.
- Monitoring the classroom environment continuously to prevent off-task behavior.
- Providing information on effective discipline programs and resources to parents, other mental health professionals, and school personnel.
- Assisting with development and monitoring of behavioral intervention programs – school-wide, class-wide or individual
- Providing in-service programs on communication, classroom management, understanding of behavior and individual differences, and alternative ways for dealing with misbehavior
- Networking with community groups and mental health agencies to provide programs and support for school staff (National Association of School Psychologists, 2008; www.stophitting.com).

Effective Programs:
(www.stophitting.com)

Social Skills Instruction
These programs help students learn how to make good choices and teach them the social skills they need to behave appropriately, such as listening, asking questions politely, cooperation and sharing.

Character Education Program
The curriculum includes teaching children to think about how their actions affect others, how to manage anger, and how to make good choices.

Student Recognition Program
Commonly held values are taught and recognized including pride, respect, responsibility, and honesty. Awards assemblies are held to honor students who demonstrated these values.

Peer Mediation
Students are given specific instruction in active listening, restating problem situations from their own and disputants’ perspectives, anger management, identifying feelings, brainstorming and developing solutions to problems. Peer mediators are trained to help disputants solve problems that might otherwise escalate into conflict and result in punitive actions.

Positive Behavioral Interventions and Supports (PBIS)
Universal framework for schools to identify, adapt and sustain effective school wide disciplinary practices and to promote positive student mental health.

Behavior Modification
Involves the use of positive reinforcement techniques that reward appropriate behavior. It is a movement towards rewarding appropriate behavior and developing nonviolent methods (Greysanu et al., 2003). Behavior modification techniques can include teacher observations of the child, extinguishing inappropriate behavior, and using a reward system to encourage adaptive behaviors in the classroom (Dubanoski et al., 1983).

Communication Skills
Both educators and students can improve to better solve classroom problems. It is important for teachers to express care for their students, establish expectations for a productive learning environment, and create a comfortable classroom atmosphere (Dubanoski et al., 1983).

The following websites will take you to that organization’s official position on Corporal Punishment:

American Psychological Association
http://www.apa.org/pi/cyf/res_punish.html

American School Counselor Association
http://www.schoolcounselor.org/content.asp?contentid=199

National Association of School Psychologists
http://www.nasponline.org/about_nasp/pospaper_corppunish.aspx

Mental Health America
http://www.mentalhealthamerica.net/go/position-statements/45
Resources for Educators, Mental Health Providers, Youth and Families:

Center for Effective Discipline  
www.stophitting.com

Child Advocate—discusses topics related to the human rights of young people.  
www.childadvocate.org

Family Research Laboratory at the University of New Hampshire  
http://www.unh.edu/ffl/

National Center for Education Statistics  
http://nces.ed.gov/index.asp

National Network for Child Care—provides articles and resources on discipline and guidance  
http://www.nncc.org/

Parents and Teachers Against Violence and Education, Inc.  
www.nospank.net

Twenty Alternatives to Punishment, By Aletha Solter, Ph.D.  
www.awareparenting.com/twenty.htm

University of Missouri article on positive discipline and child guidance  
http://extension.missouri.edu/xplor/hesguide/humanrel/gh6119.htm

References

http://www.psych.org/MainMenu/EducationCareerDevelopment/LibraryArchives/PositionStatements.aspx


*The mission of the Center for School Mental Health (CSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America’s youth. The CSMH has four over-arching goals:*

1. *Further build a community of practice in school mental health (SMH) to facilitate analyses of successful and innovative policies and programs, to enhance collaboration between diverse stakeholders, and to develop strategies to maximize policy and program impact.*

2. *Enhance understanding of successful and innovative SMH policies and programs across urban, suburban, rural and frontier settings, and across local, state, national, and international levels.*

3. *Further develop a rapid, innovative and widespread communications framework to disseminate to all interested stakeholders findings and recommendations on successful and innovative policies and programs in SMH.*

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