

# NAPNAP Position Statement on Corporal Punishment

The National Association of Pediatric Nurse Practitioners (NAPNAP) is committed to promoting quality health care for children, including the provision of a safe and healthy environment in which children can grow and develop. NAPNAP believes that to achieve a healthy environment for children, it is necessary to eliminate corporal punishment (CP) in schools and other settings where children are cared for or educated. In addition, parents must be educated about harmful effects of CP and instructed about effective alternative forms of discipline.

CP is defined as “the use of physical force with the intention of causing a child to experience pain, but not injury, for the purpose of correction or control of the child’s

behavior” (Straus, 1994). CP can range from slapping a child’s hand or buttocks to identifiable child abuse. Studies have found that many parents use CP as the primary means of disciplining children (Graziano, Hamblen, & Plante, 1996; Mahoney, Donnelly, & Lewis, 2000; Straus & Stewart, 1999). Although CP is widely used by many American families, it has been found that CP is more prevalent among African American and low socioeconomic status parents, in the South, for boys, and by mothers (Pinderhughes, 2000; Straus and Stewart, 1999).

Spanking is a common form of CP (Graziano, Hamblen, & Plante, 1996). Despite its common acceptance, spanking is a less effective strategy than time-out or removal

of privileges for reducing undesired behavior in children. Some studies suggest that the use of CP to reduce anti-social behavior has opposite effects (Eron, 1996; Straus, Sugarman, & Giles-Sims, 1996; Straus & Mouradian, 1998). Larzelere (2000) suggests that frequent use of physical punishment leads to detrimental outcomes.

Straus, Sugarman, and Giles-Simms (1996) suggest that parents should replace CP with nonviolent modes of discipline, thus reducing antisocial behavior among children. CP provides a poor model for solving interpersonal problems, leads to a pro-violence attitude, and contributes to the cycle of abuse (Center for Effective Discipline, 1999). When parents or teachers hit children for misbehaving, it models violence as a means to solve problems. CP also creates resentment and anger in many children, which further increases the possibility of violence (Straus & Stewart, 1999). CP is an important risk factor for children developing a pattern of impulsive and antisocial behavior which, in turn, may contribute to the level of violence and other crime in society (Straus and Mouradian, 1998).

PNPs who work with families are in a strategic position to assess the discipline practices of the families they see, to counsel parents to avoid those that are harmful, ineffective, or abusive, and to educate parents on effective, age-appropriate alternative strategies. Health care providers can assist parents during health maintenance visits by looking for and acknowledging effective discipline techniques and providing anticipatory guidance regarding age-specific expectations of behavior.

As advocates for children, NAPNAP:

1. Opposes the use of CP in schools and all other institu-

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tions where children are cared for or educated.

2. Encourages the education of parents, teachers, and other child caregivers on alternative forms of discipline.
3. Advocates child-rearing practices that develop caring, responsible, and self-disciplined adults.
4. Promotes the support of governmental restrictions prohibiting CP in the school system.
5. Encourages members to participate in public education and advocacy to change cultural attitudes about discipline.
6. Supports research to further explore effective parental discipline techniques that produce positive child outcomes.
7. Oppose legislation that may shield school personnel from civil liability for illegal CP.
8. Opposes, without exception, the use of objects such as belts and switches to inflict pain and punishment on children.

In summary, despite recent longitudinal research demonstrating that CP is harmful to children, it continues to be widespread and a major component of discipline of

children in America. As advocates for children, NAPNAP opposes the use of CP in public and private schools, and supports the use of alternative, non-violent, age-appropriate discipline strategies.

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## REFERENCES

Center for Effective Discipline (EPOCH-USA). (1999). *Fall, 1999 Newsletter*, 1 (4), 3.

Eron, L. D. (1996). Research and public policy. *Pediatrics*, 98, 821-823.

Graziano, A. M., Hamblen, J. L., & Plante, W. A. (1996). Subabusive violence in child rearing in middle-class American families. *Pediatrics*, 98, 845-848.

Larzelere, R. E. (2000). Child outcomes of nonabusive and customary physical punishment by parents: An updated literature review. *Clinics of Child and Family Psychology Review*, 3, 199-221.

Mahoney, A., Donnelly, W. O., & Lewis, T. (2000). Mother and father self-reports of corporal punishment and severe physical aggression toward clinic-referred youth. *Journal of Clinical Child Psychology*, 29, 266-281.

Pinderhughes, E. E., Dodge, K. A., & Bates, J. E. (2000). Discipline responses: Influences of parents' socioeconomic status, ethnicity, beliefs about parenting, stress, and cognitive-emotional processes. *Journal of Family Psychology*, 14, 380-400.

Straus, M. A., & Mouradian, V. E. (1998). Impulsive corporal punishment by mothers and antisocial behavior and impulsiveness of children. *Behavioral Science Law*, 16, 353-374.

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. *Clinics of Child Family Psychology Review*, 2, 55-70.

Straus, M. A., Sugarman, D. B., & Giles-Sims, J. (1996). Spanking by parents and subsequent antisocial behavior of children. *Archives of Pediatric Adolescent Medicine*, 151, 767-781.

Straus, M. A. (1994). *Beating the devil out of them: Corporal punishment in American Families*. San Francisco, CA: Jossey-Bass Publishers Inc.