

## 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. Parents must be educated about harmful effects of corporal punishment (CP) and effective alternative forms of discipline for home and school. NAPNAP believes it is necessary to eliminate CP in the home, schools, and other settings where children are cared for or educated.

Corporal punishment is the use of physical force with the intention of causing a child to experience pain but not injury for the purposes of correction or control of the child's behavior (Lansford et al., 2010; Simons & Wurtele, 2010; Straus, 1994). Spanking is the most common form of CP (Kelly, 2010). Spanking is hitting with an open hand on the bottom without leaving bruises or lasting marks. CP can range from slapping a child's hand or buttocks to identifiable physical abuse. Spanking or other forms of physical discipline are often the first steps in the cycle of abuse. The majority of the time, the adult enters the incident with the intention of disciplining the child with a spanking, but as the discipline progresses, the adult becomes more angry, she/he hits harder, and the child ends up seriously

hurt (Knox, 2010). Spanking can easily escalate into beating, which is hitting with a fist, belt, cord, switch, or other object; hitting with an open hand anywhere other than the seat of the pants; or a spanking that leaves bruises or lasting marks (Johnson, 2002). The majority of American parents use CP to correct or control their child's behavior (Simons & Wurtele, 2010).

Another problem with CP is that although it may immediately result in stopping misbehavior, it does not have long-term positive effects on children's adaptive behavior (Knox, 2010). Children who are hit are less likely to learn the lessons that their parents are intending to teach. CP is an important risk factor for children developing a pattern of impulsive and antisocial behavior. Studies have shown that the use of CP is related to a higher prevalence of violence at an individual and societal level; children who experience frequent CP as children are more likely to engage in violent behaviors in adulthood (Lansford & Dodge, 2008).

Pediatric nurse practitioners (PNPs) who work with families are in a strategic position to assess the discipline practices of the families they see and to counsel parents to avoid practices that are harmful, ineffective, or abusive. PNPs can educate parents on effective, age-appropriate alternative strategies by assessing discipline practices and encouraging effective discipline techniques while providing anticipatory guidance regarding age-specific expectations of behavior (Hagan & Duncan, 2008).

As advocates for children, NAPNAP:

1. Advocates for child-rearing practices that develop caring, responsible, and self-disciplined adults.
2. Supports research to further explore effective parental discipline techniques that produce positive child outcomes.
3. Supports universal screening of parents and pediatric patients regarding discipline techniques used in the home.
4. Encourages educating parents, teachers, and other child caregivers on alternative forms of discipline.
5. Opposes the use of CP in the home, schools, and all institutions where children are cared for or educated.
6. Supports the prohibition of CP in the school system.

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Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on June 25, 2011. This document replaces the 2006 NAPNAP Position Statement on Corporal Punishment.

All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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7. Encourages NAPNAP members to participate in public education and advocacy to change cultural attitudes about discipline.
8. Opposes, without exception, the use of objects such as belts, cords, switches, and paddles to inflict pain and punishment on children.
9. Opposes, without exception, discipline involving the use of soaps, Tabasco, pepper, or other caustic substances to “wash a child’s mouth.”

In summary, CP continues to be a widespread component of discipline of children in America. As advocates for children, NAPNAP promotes optimal health for children through leadership, practice, advocacy, education, and research. NAPNAP opposes the use of CP in the home and in schools and supports the use of alternative, non-violent, age-appropriate discipline strategies.

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