Harms Linked to Corporal Punishment of Children:
A Public Health Issue

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What is corporal punishment?

“...‘corporal’ or ‘physical’ punishment [is] any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.”

Why is corporal punishment a public health issue?

Corporal punishment is prevalent. It physically injures children. It impairs development. It is universally harmful. It is costly to society.
Corporal punishment is prevalent around the world

63% of 2- to 4-year-old children around the world are corporally punished by their parents.

Corporal punishment physically injures children

• Corporal punishment is a form of violence against children (UN Committee on the Rights of the Child, 2007).

• In countries that distinguish corporal punishment from physical abuse, the majority of physical abuse starts out as intentional corporal punishment (Durrant et al., 2006).

• Interviews with children confirm that corporal punishment is physically painful (Dobbs, 2007; Willow & Hyder, 1998).

• There is ample evidence from a range of countries that school corporal punishment results in sometimes severe injuries to children (Gershoff, 2017).
Corporal punishment physically injures children

The prevention of child maltreatment has been recognized as a public health issue because it leads to a range of physical and mental health problems (Zimmerman & Mercy, 2010).

The U.S. Centers for Disease Control and Prevention (CDC) has stated that eliminating corporal punishment is a key way to prevent physical abuse and injury to children.
Corporal punishment is an Adverse Childhood Experience comparable to maltreatment

Adverse Childhood Experiences (ACEs) have become a focus of concern in public health and medicine.

The original ACEs study asked participants whether they had been corporally punished as a child, but the data had never been analyzed. I collaborated with colleagues at the CDC to analyze the data (Merrick, Ports, Ford, Afifi, Gershoff, & Grogan-Kaylor, 2017).
<table>
<thead>
<tr>
<th>ACE Exposure</th>
<th>Drug Use</th>
<th>Moderate to Heavy Drinking</th>
<th>Suicide Attempt (lifetime)</th>
<th>Depressed Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR&lt;sub&gt;adj&lt;/sub&gt;</td>
<td>OR&lt;sub&gt;adj&lt;/sub&gt;</td>
<td>OR&lt;sub&gt;adj&lt;/sub&gt;</td>
<td>OR&lt;sub&gt;adj&lt;/sub&gt;</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>1.48</td>
<td>1.35</td>
<td>2.31</td>
<td>1.18</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td></td>
<td></td>
<td></td>
<td>2.27</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>1.29</td>
<td>1.19</td>
<td></td>
<td>1.33</td>
</tr>
<tr>
<td>Corporal punishment</td>
<td>1.42</td>
<td>1.29</td>
<td>1.39</td>
<td></td>
</tr>
<tr>
<td>Physical neglect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional neglect</td>
<td></td>
<td></td>
<td>1.65</td>
<td>1.38</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household mental illness</td>
<td>1.42</td>
<td></td>
<td>3.41</td>
<td>1.65</td>
</tr>
<tr>
<td>Incarcerated household member</td>
<td></td>
<td></td>
<td></td>
<td>1.50</td>
</tr>
<tr>
<td>Household substance abuse</td>
<td>1.55</td>
<td>1.82</td>
<td></td>
<td>1.23</td>
</tr>
<tr>
<td>Parental separation/divorce</td>
<td></td>
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</tr>
</tbody>
</table>

Reanalysis of Original ACES Study Data (Merrick et al., 2017)
Corporal punishment impairs development

There have been hundreds of studies of child outcomes associated with corporal punishment.

My colleagues and I conducted a systematic review, focusing on longitudinal studies that examined change in the outcome over time.
Of the 98 effect sizes we examined, NONE found an overall beneficial effect of corporal punishment on children.

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**Table: Overview of included studies, by child outcome**

<table>
<thead>
<tr>
<th></th>
<th>Detrimental outcomes</th>
<th>Beneficial outcomes</th>
<th>No significant associations</th>
<th>Mixed findings*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Externalising behaviours</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Externalising behaviour</td>
<td>27</td>
<td>13</td>
<td>3</td>
<td>3 (Det/NS)</td>
</tr>
<tr>
<td>Aggressive behaviour</td>
<td>20</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Antisocial behaviour or conduct problems</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>1 (Det/NS)</td>
</tr>
<tr>
<td><strong>Internalising behaviours</strong></td>
<td>15</td>
<td>5</td>
<td>3</td>
<td>2 (Ben/NS)</td>
</tr>
<tr>
<td>Total behaviour problems (externalising and internalising)</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>1 (Det/NS)</td>
</tr>
<tr>
<td>Prosocial behaviour or social competence</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Inattention or ADHD symptoms</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cognitive abilities</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>3 (Det/NS)</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1 (Det/NS)</td>
</tr>
<tr>
<td>Stress reactivity</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Involvement with CPS†</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>98</td>
<td>38</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>

Det = detrimental, Ben = beneficial, NS = not significant. ADHD = attention-deficit hyperactivity disorder. CPS = child protective services. †Differential findings across measures or subgroups within the same study or across studies within the same dataset. †Only one of the independent samples examining child abuse or neglect controlled for previous maltreatment.
Corporal punishment impairs development

Our study, and the last sentence in the article, was featured on the cover of *The Lancet* the week our article appeared:

“There is no time to waste—all countries should heed the UN’s call to uphold children’s human rights and promote their wellbeing by prohibiting physical punishment in all forms and all settings.”
Several recent papers have used econometric methods to approximate experimental conditions to study the impacts of corporal punishment on children.

I’ve published 3 papers using a method known as propensity score matching that statistically matches spanked and no-spank groups so that spanking is the only difference between them. All 3 have shown that children in the spanked group have more behavior problems, more mental health problems, and more cognitive problems.

Is corporal punishment the cause of these negative outcomes?
Corporal punishment is universally harmful.

The experience of pain and the physiological processes that follow it are universal across children.

Corporal punishment has been linked with entirely negative outcomes for children across countries and cultures.
Physiological basis for impacts of corporal punishment

Child is hit

Physiological reaction
Child’s feels physical pain

Emotions
Fear
Anger

Cognitive processing

Flight
stop pain by fleeing from its source (parents)

Fright
stress response system is activated

Fight
aggress against the source of the pain

Repeated hitting continues to activate and overtax these systems, leading to:

- Poor relationships with parents
- Risk behaviors
- Anxiety
- Depression
- Aggression
- Conduct disorder
In a study of mothers and their children in China, India, Italy, Kenya, Philippines, and Thailand, my colleagues and I found that corporal punishment predicted higher aggression and more anxiety problems in all countries (Gershoff et al., 2010).

In multiple studies, corporal punishment is linked with negative outcomes for children regardless of country and regardless of how prevalent it is.
Summary

Corporal punishment is a public health issue because it is prevalent and harmful—universally harmful.

Because it is linked with costs related to mental health care and physical health care in adulthood, corporal punishment is costly to society.

Yet there is good news – corporal punishment and the harms linked with it are entirely preventable. Law reform and parenting education can prevent corporal punishment and its negative outcomes.
References


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