



## Commentary: Changing the Social Norm about Corporal Punishment

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### Abstract

Evidence for the detrimental effects of corporal punishment (CP) on children has been borne out by more than 50 years of empirical research. However, in the United States, many parents continue to use and have favorable attitudes toward CP, reflecting an entrenched social norm. This commentary provides a review of the findings from two studies on how parents' perceptions of CP are influenced by social norms (Fleckman, Taylor, Theall, & Andrinopoulous, *Child Adol Soc Work J.* <https://doi.org/10.1007/s10560-018-0581-1>, 2019; Klevens, Kollar, Rizzo, O'Shea, Nguyen, & Roby, *Child Adol Soc Work J.* 2019). We briefly describe how these articles fit into the considerable body of CP literature. We then examine some of the findings and strengths of the studies, as well as suggest future research inquiries. Next, we describe the current efforts to change the social norms regarding the reliance on CP in the United States, including the recent statement by the American Academy of Pediatrics opposing CP. Finally, we conclude with a discussion of an emerging, yet promising practice towards changing beliefs and behaviors—the establishment of No Hit Zones (NHZs).

Corporal punishment (CP) has negative physical and cognitive effects on children and can lead to child maltreatment (Gershoff & Grogan-Kaylor, 2016). Despite the many risk factors that have been identified in the research literature, arguably the single greatest risk factor for children is society's attitude about physical discipline (Klevens & Whitaker, 2007). Many people may have forgotten that just 30 years ago anyone could smoke cigarettes anywhere—including on planes and even in hospital rooms with the patients present! Yet, mass media implemented public awareness campaigns to effectively change attitudes toward smoking as well as practices. Such a change is needed now with CP.

Each year for the past several years, more than 100 new studies appear in journals concerning the CP of children. Those new studies build on the more than 1200 that have already appeared on the topic since the 1940s. The vast majority of the studies address parental CP but more attention is beginning to focus on paddling and other forms of CP in the school, both in the U.S. (e.g., Gershoff & Font, 2016) and around the world (e.g., Deb, Kumar, Holden, & Simpson Rowe, 2017). Depending on the sample characteristics somewhere between 70 and 90% of parents report spanking their young children (e.g., Zolotor, Robinson, Runyan, Barr, & Murphy, 2011). Data from the General Social Survey indicates that 70% of adults agree that a “good hard spanking” is sometimes necessary (Child Trends, 2015). Nineteen states continue to allow students in public schools to be hit as a form of discipline (Gershoff & Font, 2016).

The two studies in this issue address the problem of harsh punishment by examining social norms related to CP. To put the articles in context, we will briefly describe how these articles fit into the larger corpus of CP research. We then briefly highlight some of the strengths and findings of the articles, along with comments about some future research directions. Next, we discuss the current status of the ongoing effort to change the social norm with regard to ending CP in the United States. We end our commentary with a description of one especially promising approach to change beliefs and behavior—establishing *No Hit Zones* (NHZs).

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## The Two Articles on Social Norms

Most of the existing research into CP of children can be grouped into three categories. The largest category consists of studies examining the links between use of CP and child outcomes. Some of these studies are reviewed in one or more of the meta-analyses published on the topic (e.g., Gershoff & Grogan-Kaylor, 2016). Those reviews indicate the research findings are strikingly consistent: CP is associated with a large number of child and family problems. A second category concerns determinants of or predictors of CP. This group of studies focuses on the demographic, child, and parent characteristics that are associated with positive attitudes toward CP or its use (Benjet & Kazdin, 2003). A wide range of determinants have been identified that include demographic variables (e.g., living in a southern state), child characteristics (e.g., toddlers, challenging children), parent variables (e.g., stressed, young, Biblical literalists). A third group of studies, reflecting the newest area of research, focuses on the best ways of changing parental behavior. For example, a recent article describes more than 10 approaches that have been developed with the goal of changing attitudes toward CP (Gershoff, Lee, & Durrant, 2017).

The two empirical articles in this issue (Fleckman, Taylor, Theall, & Andrinopoulos, 2019; Klevens, Kollar, Rizzo, O'Shea, Nguyen, & Roby, 2019) contribute to the second category of CP research: understanding the determinants of CP. Demographic characteristics studied to date include such variables as the age and sex of parent and child, region of country, religious beliefs, race/ethnicity, and socio-economic status. Some of the parent characteristics that have been investigated include stress, intergenerational transmission, outcome expectancy beliefs, and perceptions of child difficulty. The studies by Klevens et al. and Fleckman et al. focus on better understanding perceptions of social norms linked to CP.

The role that perceptions of social norms play as a psychological determinant of CP is one of the newer variables to be investigated. The Theory of Planned Behavior (e.g., Fishbein & Ajzen, 2011) identified social norms as a key determinant of behavior. Norms refer to individuals' perceptions of what is normal or usual behavior. There are two basic types of norms: *descriptive norms*, referring to an individual's perceptions of how others are acting, and *injunctive norms*, defined as an individual's views about how one is supposed to act. In one of the first studies to collect data linking perceived social norms with an individual's attitudes toward CP, Taylor and her colleagues (Taylor, Hamvas, Rice, Newman, & Dejong, 2011) found that descriptive norms as well as perceived approval from professionals, and family and friends were the strongest predictors of positive CP attitudes.

This is the context to which these two new empirical studies fit. The first study, by Klevens and her colleagues, is a mixed method report containing two investigations. The first investigation uses an internet sample of 540 parents of children under 5 years old, to assess frequency of reported spanking and views about injunctive norms in three racial/ethnic groups: Whites, Black, and Latinos. In the second study, a series of focus groups were held with 75 low-income parents to get a better understanding of their beliefs and perceptions about CP.

The findings from the Klevens et al. study is the first investigation to look at differences in descriptive and injunctive social norms across three racial/ethnic groups. For example, they found that Latinos perceptions of descriptive norms of the rate of parental use of CP were higher than Blacks or Whites. However, Blacks reported the highest rate of injunction norms. At least two surprising results were found: Blacks who had no more than a high school education were the most likely respondents to report they never spanked, while Latinos reported the most frequent use of spanking. However, the "Latino" label is a heterogeneous one, we do not know their country of origin, or immigrant status, or generation in the U.S. For example, parents from the Caribbean may have a different orientation to CP than those from Chile (e.g., Bailey, Robinson, & Coori-Desai, 2014; Ma, Han, Grogan-Kaylor, Delva, & Castillo, 2012). Or, as one study found, Latino immigrants may engage in more CP than foreign born Latinos from the same country (Lee & Altschul, 2015).

The second investigation by Klevens et al. was a qualitative study using focus groups to better understand parents' thoughts about CP. Descriptions of the conversations revealed interesting results. For example, when asked about the underlying causes of spanking, respondents indicated it was due to modeling how they were parented or the parent was unaware of alternative approaches. The parents believed that those who spanked were likely to be dealing with problems, such as high stress, drug addiction, parental conflict, or poor impulse control. One novel finding concerned an injunctive norm. Some Black parents viewed the parenting without spanking approach as a "white way" to rear children.

The second study, authored by Fleckman et al. took a different tack. They examined the perception of two types of neighborhood influences on attitudes. The sample, from New Orleans, was impressive: it was comprised of 436 predominantly Black low-income women who were either mothers or primary caregivers of young children. Data were collected on caregivers' attitudes toward and their reported use of CP as well as their perceptions of two types of neighborhood influences. The participants reported on their perceptions of injunctive norms. They also reported on whether their neighbors believed they had good control of children (parenting-specific collective efficacy). The authors also assessed and

controlled for a number of potential confounding variables (such as the women's mental health and experiences with violence).

Fleckman and colleagues found that about 75% of the women who perceived high approval of CP by neighbors had positive attitudes toward CP. These women were more likely to report more frequent use of CP than the other women. When computed as odds ratios, the caregivers who perceived at least moderate support of CP were 2.14 times more likely to hold positive attitudes toward CP than caregivers who did not perceive neighborhood support for CP. However, no significant influence of perceived collective efficacy and attitudes toward CP was found.

These two studies add to our understanding of the influences on use of CP. They also provoke new questions to address. For example, the Klevens et al. study found reports of spanking to be highest among Latino parents. That finding differs from other reports which tend to find few group differences between Latinos and Blacks or Whites (e.g., Coley, Kull, & Carrano, 2014; Halgunseth, Ispa, & Rudy, 2006). Whether there are systematic racial/ethnic group differences in the perceptions or use of spanking needs further investigation. In the Fleckman et al. study, one wonders what are some of the individual difference variables that enable them to resist the pressure from their neighbors' injunctive norms? To what extent are the perceptions about injunctive social norms accurate? Or are the perceived norms influenced by just one or two key individuals in the neighborhood?

## Current Efforts in the U.S. to Change the Social Norm

Both of these studies serve to highlight the importance of social norms in influencing child-rearing behavior. Toward that end, there is an expanding movement now in the United States working to change the social norm. Although there have been periodic efforts through the history of the United States to end CP of children in schools and homes (for a history of the efforts, see Holden, Wright, & Sendek, 2019), there has been a significant increase in the organization of the efforts beginning in 2011 with a conference in Dallas, TX. One of the outcomes of that conference was the establishment of the *U.S. Alliance to End the Hitting of Children*. A second conference has held in Chicago in 2014, organized by the *U.S. Alliance* and the *Center for the Human Rights of Children* at Loyola University in Chicago. Those first two conferences served to identify and begin coordinating the efforts of individuals across the country who were committed to protecting children by ending the practice of CP. Then in the fall of 2017, *The American Professional Society on the Abuse of Children* (APSAC) teamed up with the

*U.S. Alliance* and the *New York Foundling* to hold a meeting designed to begin to develop a national strategy for the movement.

The National Summit to End Corporal Punishment brought together a multidisciplinary group of 40 leading experts, researchers, and advocates in the areas of CP and violence against children from multiple disciplines, including public health, medicine, social work, psychology, and law. These individuals worked in professional organizations, government agencies, foundations, universities, and marketing firms. The primary goal of the Summit was to develop a national strategy to reduce and eventually eliminate CP in the United States.

Shortly before the Summit, APSAC released a policy statement calling for the "elimination of all forms of CP and physical discipline of children in all environments, including in schools and at home." APSAC has committed itself to take an active role in educating professionals, policy makers, and the general public about the harmful outcomes of CP and positive parenting alternatives.

By focusing on ways to reduce and eliminate the use of CP, the initial Summit objectives included: (1) creating a national consensus on general guidelines for reduction; (2) developing a public education campaign to educate both professionals and parents about the harmful outcomes of CP as well as positive alternatives to include changing social norms; (3) developing a plan to implement and disseminate information about evidence-based training programs that help promote positive parenting including the prevention of child abuse and neglect; (4) identifying funding and organizational resources to support public education and training initiatives; (5) encouraging organizations and professional groups to adopt policies and position papers; (6) creating the framework for a national public health campaign; and (7) developing a systems approach for the prevention of CP including the establishment of *No Hit Zones*.

During the year following the Summit, committees were created and have diligently worked toward accomplishing these objectives. For example, the resource committee collected and created a resource bank for parents and professionals. The fundraising committee, in partnership with the *U.S. Alliance to End the Hitting of Children*, launched a successful membership drive inaugurating lifetime ambassadors for the cause. In addition, with financial support from the *New York Foundling*, a professional marketing team was hired to develop a media campaign on ending CP. Accordingly, a post-Summit meeting was held in June 2018 at APSAC's Annual Colloquium in New Orleans. That event was used as an opportunity to generate more interest in the movement, to report on progress made since the Summit, to review the strategic goals, and to further develop the national strategy.

An additional landmark event occurred in early November of 2018 when the *American Academy of Pediatrics* released their new policy on CP (Sege et al., 2018). In that policy, the association of some 67,000 pediatricians called for parents to stop using CP. That release was accompanied by much media coverage and multiple op-ed articles in newspapers around the country. Also during the fall of 2018, the concept of *No Hit Zones* caught fire and proliferated around the country. We now turn our attention to *NHZs* as a key way of changing social norms.

## No Hit Zones

At the core, *NHZs* promote a culture of safety and health for children, adults, families, and communities by clearly communicating the fundamental mantra: no adult shall hit an adult, no child shall hit an adult, no child shall hit a child, and no adult shall hit a child. Similar to no smoking bans which flourished in hospital and other settings leading to a reduction in smoking, *NTZs* display signage and materials clearly state that the organizational space is a “No Hit Zone” or “Hit Free Zone.” Beyond signage, *NHZs* have evolved into a preventative platform for organizational policy, practice, coalition building, and training for staff, communities, and parents to shift attitudes on spanking, educate on the harms of hitting, provide non-shaming strategies for intervening and effective parenting alternatives.

The *NHZ* concept was originally created in 2005 by leaders of a child abuse program at Rainbow Babies Children’s Hospital in Cleveland, Ohio. Other professionals gradually learned of the approach to preventing child abuse and followed their lead. Today, *NHZs* have expanded throughout the country beyond pediatric hospital settings to include adult hospitals, domestic violence shelters, a District Attorney’s office (Dane County, Wisconsin), a large Baptist church (Shiloh, New Jersey), a medical examiner’s office (Jacksonville, Florida) and schools (including 80 schools in the New Orleans Catholic Archdioceses).

Research into the effectiveness of *NHZs* in medical environments has begun to appear in the literature. Gershoff and colleagues (2018) concluded that “the implementation of a *NHZ* is a feasible and potentially effective way to inform medical center staff and parent visitors about harms linked to spanking and to train staff in ways to intervene during incidents of hitting in order to promote a safe and healthy medical environment for patients, families, and staff” (p. 161). Irons and colleagues (2018) also noted an important opportunity for pediatric medical action to break the cycle of spanking after finding that over half the parents surveyed indicated that they had not received advice from their pediatrician on dealing with child behavior. They suggested that the “first salient step” in reducing spanking is to

provide a clear message that spanking will not be tolerated. *No Hit Zones* accomplish that by posting signage and teaching staff interventional techniques so that parents receive a clear and consistent message that all hitting is unacceptable.

Beyond reducing the use of spanking, *NHZs* serve the purpose of reducing the stress of staff and visitors who witness parents threatening and hitting children (Gershoff et al., 2018). Spanking is common and often observed in public settings. A survey of staff from two medical centers found that 50% of physicians, 25% of nurses, 27% of other direct-care staff, and 17% of non-direct care staff had witnessed at least one incident of parent-to-child hitting in the previous year estimating at least two observed incidents a day (Font et al., 2016). Font also found that those staff with a strategy were more likely to intervene, illustrating the need for training of staff in *NHZs* regarding how to effectively intervene (Font et al., 2016).

Intervention in medical settings is an important venue for educating parents. Numerous studies have found that nurses, medical students, residents, and other hospital staff were more likely to intervene when provided brief education on the harms of spanking (Burkhart, Knox, & Hunter, 2016; Hornor et al., 2015; Scholer, Brokish, Mukherjee, & Gigante, 2008). Prior to *NHZ* implementation, medical staff reported not knowing what to do or say as the most common reason that they did not intervene despite high prevalence of witnessing parental hitting (Font et al., 2016).

*No Hit Zones* address both descriptive and injunctive norms by establishing how others act and how one is supposed to act. At minimum, signage visibility inside and outside of facilities and distribution of resources provides a mechanism to establish clear messaging of expected behavior. Moving *NHZs* beyond hospital settings to communities, churches, playgrounds, neighborhoods, and homes has the potential to impact perceptions of parents’ attitudes regarding spanking in the neighborhood, which influence parents’ attitudes and use of spanking (Fleckman et al., 2019).

Gershoff et al.’s (2018) evaluation of *NHZs* also found that parents who read the materials that were provided were more likely to report changes in discipline attitudes. After *NHZ* exposure, parents were more likely to think spanking is harmful and that there are better alternatives than spanking. In addition to impacting parenting attitudes, ten months later staff attitudes continued to remain be less supportive of spanking than their original attitudes had been (Gershoff et al., 2018).

As a result of the research findings and increasing organizational demands requesting assistance to become a *NHZ*, multiple children’s hospitals around the country (e.g., Gunderson, Hampton Roads, Kosair, New Orleans, & Wolfson) have begun to join the effort. These hospitals have contributed to the movement by creating tool kits including polices, signage, training materials, and

resources for help with dissemination. The *NHZ* initiative and the tool kits that have been created target the six levels of the Spectrum of Prevention (SOP): (1) influencing policy; (2) changing organizational practices; (3) fostering coalitions; (4) educating health and other providers; (5) promoting community education; and (6) improving individual skills and knowledge (Cohen & Swift, 1999). The SOP provides a proven comprehensive action plan building on existing efforts and mobilizing a broad group of individuals, whose collaborative efforts are complimentary, synergistic and likely to affect environments, systems, and in turn, norms.

Those seeking to implement *NHZs* are encouraged to register for assistance and tracking purposes and to include the full spectrum of prevention in each implementation <http://www.bit.ly/NHZRegistration>. Five principles should be kept in mind for effective and sustain implementation. As indicated by the highest level of the spectrum, it is important to seek policy and governing support as Frazier et al. (2014) illustrated the crucial role of hospital administrative support. There have been anecdotal reports of initiation of *NHZs* with ample signage that were not sustainable in the absence of administrative long-term commitment, signed policy, or clear communication of continuing commitment. Second, to change organizational practice, the intent to reduce spanking must be clearly communicated and apparent via signage and materials. Third, fostering coalitions is extremely helpful to secure buy-in and action. Fourth, educating staff and providers is crucial for their essential role as key informants. *NHZs* also provide essential guidance on how to intervene without causing families embarrassment, shame or blame. *No Hit Zones* create an opportunity to provide community education and staffing for such plus press releases and materials make this an added bonus for institutions who implement *NHZs*. And fifth, improving parental child behavior management and knowledge on the dangers of CP is the ultimate goal and success intervention requires access to parent-friendly information and clear messaging.

When the National Summit to End Corporal Punishment convened in October of 2017, there were 12 established *NHZs*. With the assistance of the Summit's *NHZ* Committee providing sample policies, materials, support, and mapping that, number has grown to over 50 (Mastrangelo, 2018). With the ultimate goal to inspire a movement from *NHZs* to no hit homes, the *U.S. Alliance to End the Hitting of Children* and the *National Initiative to End Corporal Punishment* have joined forces to reduce the most prevalent risk factor for child abuse in the US: social norms around CP (Klevens & Whitaker, 2007). While the campaign to change social norms around CP will have to include many efforts, *NHZs* have been shown to be a promising tool in the journey.

## Conclusion

As the two articles in this issue indicate, social norms provide an important determinant of CP. Most parents in the U.S. continue to believe CP is a necessary form of discipline even when it does not result in the desired outcome. It is time for parents to recognize that what they consider to be their child's "misbehavior" is not based on bad intentions, disrespect, or ill will towards the parent and the CP is not an effective way to discipline their children. Parents need to learn about normal child behavior, the importance of the development of autonomy, and evidence-based alternatives to CP. More broadly, the challenges of parenting inherent in childrearing need to be better articulated along with techniques to weather the challenges. Changing the social norm is a difficult task, given how entrenched CP is for many parents. Yet, for the sake of all of our children, it must be done.

## Compliance with Ethical Standards

**Conflict of interest** All authors serve on the executive committee of the National Initiative (Summit) to End Corporal Punishment. In addition, Author 1 is President Emerita of the American Professional Society on the Abuse of Children. Author 2 is President of the U.S. Alliance to End the Hitting of Children. Author 3 is Vice President of the American Professional Society on the Abuse of Children and leads the committee for the No Hit Zone initiative.

**Ethical Approval** This article does not contain any studies with human participants or animals performed by any of the authors.

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