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Parenting without physical punishment

OVERVIEW

Toward violence-free childhood

REVIEW

Discipline doesn't have to hurt

Summer



Centre

About the Children's Health Policy Centre

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. We aim to improve children's social and emotional health and reduce health disparities starting in childhood. To learn more about our work, please see <u>childhealthpolicy.ca</u>.

About the Quarterly

The Quarterly provides summaries of the best available research evidence on a variety of children's mental health topics, prepared using systematic review and synthesis methods adapted from the <u>Cochrane Collaboration</u> and <u>Evidence-Based Mental Health</u>. Our goal is to improve outcomes for children by informing policy and practice. The BC Ministry of Children and Family Development funds the Quarterly.

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SIMON FRASER UNIVERSITY ENGAGING THE WORLD

This Issue



Overview 3

Toward violence-free childhood

While physical punishment used to be commonplace, fewer and fewer parents are using this form of discipline. We explore the reasons behind this trend and what the research evidence has to say about the impact of physical punishment on children.



Review 7

Discipline doesn't have to hurt

Can parenting programs reduce physical punishment? We examine how three different programs affected parents' use of discipline and children's mental health.

Methods 13 References 14

Links to Past Issues 16



NEXT ISSUE

Preventing eating disorders

Anorexia, bulimia and binge eating disorder can have devastating consequences for young people. We review what can be done to prevent these eating disorders.

How to Cite the Quarterly

We encourage you to share the *Quarterly* with others and we welcome its use as a reference (for example, in preparing educational materials for parents or community groups). Please cite this issue as follows:

Schwartz, C., Waddell, C., Barican, J., Andres, C., & Gray-Grant, D. (2015). Parenting without physical punishment. *Children's Mental Health Research Quarterly*, 9(1), 1–16. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University.

Toward violence-free childhood

There's got to be some other ways to discipline rather than hitting kids. You never forget what happened when you were younger.

— Fourteen-year-old girl¹

When I saw her smacking that doll, she couldn't have been more than 16 or 18 months. I went ... and told my husband we are not going to do this.

— Mother of two²

primary task of parenthood is teaching children how to manage their own behaviour. Still, no matter how skilled the parenting, children will inevitably misbehave. When parents respond by using appropriate discipline, and using it consistently, they support their children in two important ways. They protect their children from engaging in potentially dangerous behaviour and they help them develop critical skills such as self-control.

Many Canadian parents use effective disciplinary strategies, including modelling positive behaviours, negotiating limits and setting age-appropriate expectations. Some parents also resort to physical punishment.³ Spanking is the most common type.⁴ Slapping, pinching, twisting ears and even placing badtasting substances in the child's mouth are sometimes used as well.^{4–5}

How common is physical punishment?

In a 1999 representative population survey of more than 1,600 Canadian parents of children under six, 51% acknowledged using some form of physical punishment at least occasionally.⁶ Compared to those who never used physical punishment, parents who did also displayed less warmth toward their children, managed their children's behaviour less effectively, and used other punitive strategies more often, such as yelling or calling their children "bad."⁶ Parents who used physical punishment also had lower levels of education, more children in the home, and more challenging family interactions, such as people not getting along well.⁶



Physical punishment has been linked to children experiencing poorer mental health and cognitive outcomes.

Many Canadian parents use effective disciplinary strategies, including modelling positive behaviours, negotiating limits and setting ageappropriate expectations. A more recent (2012–13) survey of more than 2,300 Canadian parents of two- to 12-year-olds found that only 26% of respondents reported spanking their children.⁷ This survey also found that the use of spanking was associated with the following variables: positive attitudes toward this form of punishment, children being younger, parents having lower levels of education, and low family income.⁷ Still, it needs to be recognized that many mothers and fathers who do experience disadvantages skillfully and capably parent their children.

It's also important to understand that these figures likely underestimate the true rate of physical punishment. This is because the two surveys depended on parent reports, and parents may not recall things accurately — or may not admit to using physical punishment.⁵

The available evidence from other countries suggests that the use of physical punishment is on the decline — based on child reports. For example, a nationally representative survey of German adolescents found that "light" slaps in the face decreased from 81% to 69% and severe slaps decreased from 44% to 14% between 1992 and 2002.⁸ Notably, this decline coincided with the German legal ban in 2000 on the use of physical punishment.^{8–9}

Similarly, a representative sample of Finns born between 1931 and 1970 found that 35% had been slapped during their childhood.¹⁰ This number decreased to 23% for those born between 1971 and 1996, a reduction that coincided with a 1983 law banning the use of physical punishment.¹⁰

Good reasons for avoiding physical punishment

There are many compelling reasons for parents to not use physical punishment. Key is the fact that physical punishment has been linked to children experiencing poorer mental health and cognitive outcomes. A recent and rigorous systematic review of 45 longitudinal studies examined differences between children who had been physically punished and those who had not.¹¹ The researchers categorized physical punishment as either spanking or other forms of physical punishment, such as pushing, shoving and slapping. They found the following significant associations:

- Spanking was associated with children experiencing emotional problems.
- Spanking and other forms of physical punishment were associated with children experiencing behaviour problems.
- Other forms of physical punishment were associated with children experiencing reduced cognitive performance.¹¹

Although <u>effect sizes</u> were quite small (ranging from 0.07 to 0.11), the findings were particularly compelling given this review's rigour. Specifically, most studies controlled for factors that could have affected the relationship between physical punishment and later negative outcomes. These factors included differences in levels of emotional support and cognitive stimulation that parents provided, as well as differences in families' socio-economic status.^{11, 15}

Physical punishment or physical abuse?

There is no universal standard defining the point when physical punishment becomes physical abuse.⁵ Even when researchers study physical abuse, definitions vary. For example, one Canadian study included acts such as pushing, grabbing or shoving in their definitions of physical abuse but excluded slapping and spanking.¹² In contrast, another Canadian study included slapping on the face, head or ears.¹³

Government guidelines for defining physical abuse also vary. In BC, physical abuse is defined as "a deliberate physical assault or action by a person that results in, or is likely to result in, physical harm to a child."¹⁴ The BC guidelines also specifically note that physical abuse includes "the use of unreasonable force to discipline a child."¹⁴

Although consensus may still be lacking on when physical punishment becomes physical abuse, it is nevertheless clear that there are more humane and safer ways to guide children's behaviour than through the use of physical punishment. Physical punishment also puts children at risk for serious physical injuries. A Canada-wide survey of substantiated physical abuse cases found that for 74%, child maltreatment occurred within the context of physical punishment.¹⁶ Similarly, a survey of American mothers found that children who were spanked were nearly three times more likely to also be seriously physically abused (i.e., beaten, burned, kicked or shaken), compared with children who were not spanked.¹⁷

Beyond the harms to children, research evidence suggests that physical punishment is simply ineffective. A recent review of existing studies evaluating the efficacy of physical punishment found that it was not more effective than other disciplinary methods.¹⁸ In fact, one study from this review found that an average of eight spankings was needed before children would comply.¹⁹ On balance, the available data suggest that not only is physical punishment ineffective in modifying child behaviour, but also parents may escalate their use of it when children do not immediately comply.⁵

Legislating better parenting

Legislation likely influences parents' use of physical punishment. Currently, more than 40 countries have laws prohibiting the use of physical punishment (see sidebar, below).⁹ While most of these countries are European, nations from around the globe are represented. Notably, Canada is not.

Although the legislation in those countries varies considerably, the typical intent is to support families, not to criminalize parents.⁴ A review of such legal bans found that they were closely associated with decreases in the actual use of physical punishment, as well as decreases in popular support for it.⁴ Still, it remains unclear whether legal bans actually precede declines in popular support for physical punishment or follow from it.⁴ Either way, this approach has clearly benefited children.

Countries with legal bans on physical punishment

	ry 9, 2015, the fol Inishment: ⁹	lowing 45 countri	es have legally banned
Albania	Denmark	Luxembourg	South Sudan
Angola	Estonia	Macedonia	Spain
Argentina	Finland	Malta	Sweden
Austria	Germany	Moldova	Тодо
Bolivia	Greece	Netherlands	Tunisia
Brazil	Honduras	New Zealand	Turkmenistan
Bulgaria	Hungary	Nicaragua	Ukraine
Cabo Verde	Iceland	Norway	Uruguay
Congo	Israel	Poland	Venezuela
Costa Rica	Kenya	Portugal	
Croatia	Latvia	Romania	
Cyprus	Liechtenstein	San Marino	

Beyond the harms to children, research evidence suggests that physical punishment is simply ineffective.

What more can be done?

Given that some children continue to be physically punished, more needs to be done to prevent this harmful approach. How might we achieve this goal? Educating parents would be a helpful starting point. For example, public awareness campaigns could provide information on the harm that physical punishment causes children, as well as its ineffectiveness.⁵

Education efforts could also target specific groups. For instance, training programs for health care providers could include information about the research evidence on physical punishment.²⁰ As well, public health practitioners and primary care providers could provide expectant and new parents with information about the harms associated with physical punishment. These efforts could also highlight effective ways of supporting children and managing their behaviour. Our upcoming <u>Review</u> article highlights some particularly successful parenting programs.

Finally, Canada could follow the lead of the many nations protecting children from physical violence through federal legislation.⁵ This would involve enacting laws that prohibit all forms of physical punishment with children. Similar to the legislation enacted in many other countries, the focus needs to be on informing and supporting parents to use non-violent approaches.³

Most vulnerable, least protected

In 1892, the first Criminal Code of Canada provided a legal defence to adults who used physical force against a child. Since then, there have been very few changes to the law (Section 43), which states that "every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child ... if the force does not exceed what is reasonable under the circumstances."²¹

Still, concerned citizens have made efforts to give children the same legal protection against physical violence that adults have. A 2004 Supreme Court challenge led to some additional limitations on the use of physical punishment – namely, restricting the application of physical punishment to a child's head and restricting the use of objects such as belts.²¹ As well, children under two and those with particular disabilities were granted protection from physical punishment as they were deemed unable to have the capacity to understand and benefit from "the correction."²¹ Because the justices also recognized that physical punishment can induce aggressive or antisocial behaviour in adolescents, they, too, were protected.²¹ But the court failed to offer the same rights to children between two and 12 years of age, despite the evidence of harm that can occur for these children, too.^{11, 16}

Some provinces have taken additional steps. For example, BC has banned the use of physical punishment by foster parents and in provincially licensed child care programs and schools.⁵ Still, additional legislative changes need to occur if Canada is to uphold its commitment to the United Nations Convention on the Rights of the Child, which mandates the protection of all children from all forms of physical violence.²¹

Discipline doesn't have to hurt

an parenting programs reduce the use of physical punishment with children? Beyond this, can these programs help parents learn new approaches to discipline? And do they have a positive impact on children's mental health? To answer these questions, we conducted a systematic review of parenting interventions, seeking randomized controlled trial (RCT) evaluations that included measures of parents' use of physical punishment and children's well-being. (Please see our methods for more information.)

We accepted five evaluations assessing three programs:

- *Chicago Parent Program* (researchers combined data from two separate RCTs into a single evaluation)^{22–24}
- *Incredible Years* (one RCT using the standard program and one using an enhanced version)²⁵⁻²⁹
- Triple P Positive Parenting Program (this program has five levels, ranging in intensity from level 1, comprising media campaigns, to level 5, comprising intensive parenting programs.³⁰ One RCT used level 3 and one used level 4.)³¹⁻³⁵

All three programs included parenting sessions aimed at helping mothers and fathers reduce negative interactions with their children. Specifically, facilitators taught parents to consistently use positive discipline strategies and encouraged them to reduce their use of coercive discipline.²⁴ All three programs also aimed to help participants develop confidence in their parenting skills.²⁴ These participating parents did not have a history of perpetrating child maltreatment. (For information on interventions aimed a preventing maltreatment, please see our past issue <u>Preventing and Treating Child Maltreatment</u>.) Despite these similarities, program intensity varied considerably, with the number of parenting sessions ranging from four (for *Triple P*) to 27 (for an enhanced version of *Incredible Years*).

Targeted or universal?

All three programs were delivered in targeted formats, focusing on parents whose children were either at risk of developing behaviour problems or already had them. Risk was based on families living in low-income communities (*Chicago Parent Program* and standard *Incredible Years*),^{24, 29} families having an older child in the justice system (enhanced *Incredible Years*),²⁷ or children having established behavioural problems (standard *Incredible Years* and level 3 *Triple P*).^{29, 35} Level 4



Parenting programs can reduce the use of problematic discipline.

Teaching parents in culturally acceptable ways

he Chicago Parent Program was specifically designed for African-American and Latino families. To ensure that parenting strategies being taught were culturally acceptable, developers sought input from parents within these communities.^{22, 24} As well, when delivering the parenting sessions, facilitators addressed concepts in culturally sensitive ways. For example, as part of the dialogue on stress management, parents were encouraged to speak about the effects of racism and its impact on parenting.²² In BC, with our diversity of communities including First Nations, Asian and South Asian families - practitioners could take similar approaches in checking with participants and carefully incorporating their feedback to ensure that programs are culturally sensitive and acceptable.

Triple P was the only program delivered in a universal format.³³ Table 1 provides additional information about the programs and the participants.

Program Country	Components ⁱ Targeted	Child ages Number of parent
Chicago Parent Program ^{22,24} United States	 12 group parenting sessions (2 hrs each) on building positive parent-child relationships by teaching behaviour management, problem-solving + stress management skills using videotaped vignettes, group discussions + homework assignments 	2–4 years 330 intervention + 283 control
Incredible Years (Standard) ²⁹ United Kingdom	 12 group <i>parenting sessions</i> (2.5 hrs each) on promoting positive child behaviours by teaching behavioural management strategies using videotaped vignettes, group discussion + role plays 10-week <i>literacy program</i> teaching parents to foster children's reading skills using role play, family literacy workshops + 2 home visits by facilitator 	5–6 years 61 intervention + 51 control ⁱⁱ
Incredible Years (Enhanced) ²⁷⁻²⁸ United States	 27 group parenting sessions (1.5 hrs each) as described above 27 guided parent-child sessions (30 mins each) with facilitators coaching parents on using specific skills, such as praise + time outs 12 home visits (1.5 hrs each) by facilitators to help parents implement skills 1 school visit (2 hrs) by facilitator to assist children's transition to school Additional contact (as needed) to respond to family requests for support 	2–5 years 47 intervention + 45 control ⁱⁱⁱ
Triple P (Level 3) ³⁴⁻³⁵ Netherlands	• 4 <i>individual parenting sessions</i> (30 mins each) on managing a specific behavioural problem by teaching behavioural tracking + by developing + implementing a parenting plan using advice, rehearsal + self-evaluation	9–11 years 47 intervention + 46 usual care [™]
	Universal	
Triple P (Level 4) ^{31,33} Germany	 4 group parenting sessions (2 hrs each) on promoting positive parenting by teaching behaviour management skills + self-regulation using dyadic instruction + a workbook 4 phone calls (15 mins each) by facilitators were offered to discuss progress, address challenges + respond to questions 	2–6 years 186 intervention + 94 control

iii Control group parents were provided with brief monthly phone calls, including referrals when needed.

iv Usual care consisted of community nurses providing parenting support, ranging from advice to four home visits.³⁵

Teaching more than parenting

While all three programs focused on parenting skills, three of the five RCTs included supplemental interventions. Given the link between poor reading ability and behaviour problems, the standard *Incredible Years* evaluation added a 10-week program to teach parents ways to improve their children's literacy skills.²⁹

The enhanced *Incredible Years* evaluation, meanwhile, enriched the basic program by adding 10 more sessions and by adding five booster sessions to help maintain gains.²⁷ Researchers further enriched the program by adding 27 facilitator-guided parent-child sessions to bolster parents' use of specific skills, such as giving praise.²⁷ Facilitators also provided 12 home visits to help parents

implement their new skills.²⁷ During these visits facilitators helped parents develop and follow behavioural plans to address common hurdles, such as creating safe play environments.²⁷

Finally, the level 4 *Triple P* evaluation supplemented parenting sessions with up to four phone calls from facilitators to address any challenges participants were experiencing.³³

Benefits to children with improved parenting

The *Chicago Parent Program* led to many significant improvements for both parents and children compared with controls. One year after completing the program, intervention parents used less physical punishment, used positive discipline more consistently, and felt more confident in their skills.²⁴ Children of intervention parents also had fewer behavioural problems (by teacher ratings, although not by parent or researcher ratings) and fewer emotional problems.²⁴ As well, the behavioural challenges these children did experience were less intense.²⁴

Standard *Incredible Years* coupled with child literacy programming also led to significant gains for both parents and children compared with controls. Four months after completing the program, intervention parents used less problematic discipline (e.g., spanking and prolonged exclusion) and were less critical of their children.²⁹ Intervention parents also increased their use of positive discipline — including making more attempts to gain their child's cooperation as well as using rewards, praise and time outs more frequently.²⁹ (See adjacent sidebar for more information on how *Incredible Years* teaches the time-out technique.) Intervention parents also paid more attempt to their children, played with them more, and showed more warmth toward them.²⁹ Children of intervention parents, meanwhile, were nearly 1.7 times less likely to be diagnosed with oppositional defiant disorder compared with controls (31% versus 53%).²⁹ They also had fewer attention-deficit/hyperactivity disorder (ADHD) and behaviour symptoms and their reading improved.²⁹

Enhanced *Incredible Years* also produced significant improvements for parents and children compared with controls. Eight months after the program ended, intervention parents were more responsive, including using more praise and rewarding their children's good behaviour more often.²⁷ As well, intervention children used aggression five times less frequently (by researcher ratings, although not by parent ratings).²⁷

The gains made by families in all three of these evaluations were remarkable given that attendance rates ranged from only 50% to 55%.^{24, 27, 29} Parent satisfaction with the programs was not likely the problem because despite the low attendance, most parents still described their experience with the groups as positive.^{24, 29}

How to give a time out

n recent years, the time-out technique has been controversial. Some organizations have expressed concern about it being used inappropriately, for example, for overly long time periods or with very young children.³⁶ To ensure that parents use this technique safely and effectively, the Incredible Years curriculum specifically teaches parents how to use time outs appropriately. Parents are taught to ensure that time outs are brief (e.g., four to five minutes only for a child between the ages of four and eight). As well, parents are taught to praise the child for their first positive behaviour after a time out.37

> Parenting programs can significantly enhance children's mental health.

When gains were limited

Outcomes for the two *Triple P* evaluations were less promising. One year after parents completed the targeted level 3 version of *Triple P*, neither they nor their children made any significant gains compared to "control" parents who received support from community nurses.

Four years after parents completed the universal level 4 version of *Triple P*, all parents — both intervention and control — engaged in less "positive parenting" over the follow-up period, such as cuddling with their child. However, for *Triple P* fathers (but not mothers), this decline was significantly less than for control fathers. The studies found no other significant differences between intervention and control parents or children. Table 2 summarizes all parent and child outcomes at final follow-up for each RCT.

Teaching better ways to discipline

The results of this systematic review allow us to answer several questions about improving the way parents use discipline. First, parenting programs can reduce the use of problematic discipline. The *Chicago Parent Program* resulted in parents using less physical punishment — even though the program emphasized a range of alternative strategies rather than specifically discouraging physical punishment.²⁴ Standard *Incredible Years* also reduced problematic discipline, including spanking.

Second, these programs can lead to parents using more effective and positive forms of discipline. The *Chicago Parent Program* resulted in parents being more consistent in their use of discipline. Both versions of *I*

consistent in their use of discipline. Both versions of *Incredible Years* also led to parents using more praise and rewards and giving their children more attention.

Finally, parenting programs can significantly enhance children's mental health. Children of parents who took the *Chicago Parent Program* had fewer emotional and behaviour problems. Similarly, children of parents who participated in both versions of *Incredible Years* made gains. After parents took standard *Incredible Years*, diagnostic rates of oppositional defiant disorder dropped by nearly half and ADHD symptoms reduced. Meanwhile, the enhanced *Incredible Years* resulted in children being less aggressive.

Taking a closer look at Triple P

B oth *Triple P* evaluations featured in this review failed to produce significant improvements in either parents' use of discipline or children's outcomes. There were two likely reasons for this. With the targeted *Triple P* RCT, parents in the comparison group actually received an intervention – four sessions with a community nurse. So while parenting skills and children's behaviours did improve for *Triple P* families, working with a community nurse led to similar gains.³⁵

With the universal *Triple P* RCT, some participants may not have needed the program because they already had effective parenting skills, or because their children had no behaviour problems. Producing even small effects can be a challenge with universal programs.³⁸ As well, this evaluation assessed outcomes four years after the program ended, which was at least three years longer than for the other evaluations. So it is possible that program benefits faded over time. (Earlier publications may have reported different findings, but these were not available in English and were therefore outside the scope of our review.)

It is also important to recognize that *Triple P* has shown significant positive benefits in other RCTs. (For example, two RCTs did not meet criteria for our systematic review because they did not include a measure of physical punishment, although one assessed the broader category of child maltreatment.) Specifically, a Swiss RCT found that *Triple P* reduced parents' use of overly authoritarian discipline.³⁹ As well, an <u>American RCT</u> found that *Triple P* decreased rates of substantiated child maltreatment and out-of-home placements.⁴⁰ So *Triple P* can have positive benefits for both parents and children.

Program (Follow-up)	Significant improvements compared with controls ¹	No significant differences compared with controls
	Targeted	
Chicago Parent Program ²⁴ (1 year)	 Parenting ↓ Physical punishment ↑ Consistency in discipline ↑ Confidence in parenting skills Child ↓ Behaviour problems (teacher rated only) ↓ Intensity of behaviour problems ↓ Emotional problems 	ParentingWarmth toward childNumber of commands to childPraise of child
Incredible Years (Standard) (4 months) ²⁹	 Parenting ↓ Problematic discipline (observer rated only; e.g., spanking + prolonged exclusion) ↓ Criticism of child ↑ Attempts to gain child's cooperation ↑ Use of rewards ↑ Playing with child ↑ Praise of child ↑ Warmth toward child ↑ Attention toward child ↑ Use of time outs Child ↓ Oppositional defiant disorder diagnoses ↓ Behaviour problems (parent rated only) ↓ Attention-deficit/hyperactivity disorder symptoms ↑ Reading ability 	 Parenting Appropriate discipline + positive involvement Use of consequences Number of commands issued to child Child Emotional problems
Incredible Years (Enhanced) (8 months) ²⁷	 Parenting ↑ Responsive parenting (e.g., using praise and affection) Child ↓ Aggression (observer rated only) 	 Parenting Problematic discipline (e.g., spanking + raising voice)
Triple P (Level 3) (1-year) ³⁵	Parenting None Child None	 Parenting Problematic discipline (e.g., spanking + long lectures) Response to difficult parenting situations Child Behaviour and/or emotional problems
	Universal	
Triple P (Level 3) (4 years) ³³	 Parenting ↓ Decline in positive parenting (father rated only; e.g., cuddling with child) Child None 	 Parenting Problematic discipline (e.g., spanking + long lectures) Child Behaviour problems

rating only where there were multiple informants and where the outcome was significant for one informant but not others.

Overall, there is strong evidence that programs such as the *Chicago Parent Program* and *Incredible Years* can be highly effective in teaching practical parenting skills. These programs not only reduced the use of harmful forms of discipline, such as physical punishment, but also provided parents with better ways of guiding their children's behaviour — with concomitant improvements in children's mental health. These programs therefore offer a way to "spare the rod" and avoid the harms that come with it for children.

From research to policy and practice

Physical punishment can cause considerable harm to children. So it is welcome news that interventions such as the *Chicago Parent Program* and *Incredible Years* can be highly effective — not only reducing physical punishment and other problematic forms of discipline, but also enhancing positive parenting. The direct benefits for children's mental health were evident with both of these targeted programs, along with an academic benefit (reading) in the one RCT that assessed this. *Triple P*, in contrast, did not significantly influence the use of physical punishment in either targeted or universal formats.

Two crucial characteristics likely contributed to the success of these programs:

- 1. Being delivered in targeted formats to parents experiencing disadvantages such low income
- 2. Being intense and multi-faceted, providing between 12 and 27 parenting sessions, coupled with supplementary interventions such as home visiting and child literacy programming

What should the next steps be for policymakers and practitioners concerned with reducing physical punishment of children? The *Chicago Parent Program* has not been tested outside the US, where baseline health and social services differ markedly from those in Canada. So evaluations are warranted if the program is implemented here. But evaluations of *Incredible Years* have not been limited to the US. The program has also been tested in the UK, where baseline services are more similar to those in Canada. So implementation could proceed here. For communities that cannot directly deliver these programs, efforts should at least be made to emulate their crucial characteristics.

The main reason for implementing effective programs to reduce child physical punishment is ethical: this form of discipline harms children. Furthermore, this review demonstrates that parents can learn effective alternatives. In addition, parenting programs such as those we describe here have the potential to reduce or prevent children's mental health problems, a major population health and clinical goal.⁴¹ Economic arguments should not be required when children's wellbeing and safety is at stake. But effective programs could also contribute to fewer children needing mental health services. Costs associated with delivering these higher-intensity parenting programs could therefore potentially be recouped over the long term.

The main reason for implementing effective programs to reduce child physical punishment is ethical: this form of discipline harms children. e conducted a comprehensive search to identify high-quality research evidence on the effectiveness of programs aimed at reducing parents' use of physical punishment and improving children's well-being. We used methods adapted from the <u>Cochrane Collaboration</u> and <u>Evidence-Based Mental Health</u> and applied the following search strategy:

Table 3: Search Strategy		
Sources	CINAHL, ERIC, Medline, PsycINFO and Web of Science	
Search Terms	Child rearing, corporal punishment, punishment and prevention	
Limits	Peer-reviewed articles published in EnglishChildren aged 18 years or youngerRandomized controlled trial (RCT) methods used	

We then searched for RCTs on specific well-known parenting programs, such as *Triple P* and *Incredible Years*. We also hand-searched reference lists of relevant articles to identify additional RCTs. Using these approaches, we found 48 RCTs. Two team members then assessed each study, finding only five that met all our inclusion criteria, detailed in Table 4.

Table 4: Inclusion Criteria for RCTs

- · Interventions aimed at parents with no history of child maltreatment
- · Clear descriptions of participant characteristics, settings and interventions
- Random assignment to intervention and control groups at study outset
- Follow-up of three months or more (from the end of intervention)
- Attrition rates below 20% at follow-up or use of intention-to-treat analysis
- Outcome indicators included both physical punishment and children's well-being
- Reliability and validity of all primary outcome measures documented
- · Levels of statistical significance reported for primary outcome measures

For more information on our research methods, please contact

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- 1. Dobbs, T. (2007). What do children tell us about physical punishment as a risk factor for child abuse? *Social Policy Journal of New Zealand, 30,* 145–162.
- Davis, P. W. (1999). Corporal punishment cessation: Social contexts and parents' experiences. *Journal of Interpersonal Violence*, 14, 492–510.
- Straus, M. A. (2010). Prevalence, societal causes, and trends in corporal punishment by parents in world perspective. *Law and Contemporary Problems*, 73, 1–30.
- 4. Zolotor, A. J., & Puzia, M. E. (2010). Bans against corporal punishment: A systematic review of the laws, changes in attitudes and behaviours. *Child Abuse Review*, *19*, 229–247.
- Durrant, J., Ensom, R., and Coalition on Physical Punishment of Children and Youth. (2004). *Joint* statement on physical punishment of children and youth. Ottawa, ON: Coalition on Physical Punishment of Children and Youth.
- 6. Oldershaw, L. (2002). *A national survey of parents of young children.* Toronto, ON: Invest in Kids.
- Perron, J. L., Lee, C. M., LaRoche, K. J., Ateah, C., Clement, M., & Chan, K. (2014). Child and parent characteristics associated with Canadian parents' reports of spanking. *Canadian Journal of Community Mental Health*, 33, 31–45.
- 8. Bussmann, K. D. (2004). Evaluating the subtle impact of a ban on corporal punishment of children in Germany. *Child Abuse Review*, *13*, 292–311.
- Special Representative of the Secretary-General on Violence Against Children. (2014). *Children's world map.* Retrieved December 1, 2014, from http://srsg. violenceagainstchildren.org/page/children_world_map
- Österman, K., Björkqvist, K., & Wahlbeck, K. (2014). Twenty-eight years after the complete ban on the physical punishment of children in Finland: Trends and psychosocial concomitants. *Aggressive Behavior, 40,* 568– 581.
- Ferguson, C. J. (2013). Spanking, corporal punishment and negative long-term outcomes: A meta-analytic review of longitudinal studies. *Clinical Psychology Review*, 33, 196–208.
- MacMillan, H., Boyle, M., Wong, M., Duku, E., Fleming, J., & Walsh, C. (1999). Slapping and spanking in childhood and its association with lifetime prevalence of psychiatric disorders in a general population sample. *Canadian Medical Association Journal, 161*, 805–809.

- Afifi, T., Mota, N., Dasiewicz, P., MacMillan, H., & Sareen, J. (2012). Physical punishment and mental disorders: Results from a nationally representative US sample. *Pediatrics*, 130, 1–9.
- British Columbia. Ministry of Children and Family Development. (2014). *The BC handbook for action on child abuse and neglect: For service providers*. Retrieved November 21, 2014, from http://www.mcf.gov.bc.ca/ child_protection/pdf/handbook_action_child_abuse.pdf
- Straus, M. A., Sugarman, D. B., & Giles-Sims, J. (1997). Spanking by parents and subsequent antisocial behavior of children. *Archives of Pediatrics and Adolescent Medicine*, *151*, 761–767.
- 16. Jud, A., & Trocmé, N. (2012). Physical abuse and physical punishment in Canada. Retrieved November 11, 2014, from http://cwrp.ca/infosheets/physical-abuse-andphysical-punishment-canada
- Zolotor, A. J., Theodore, A. D., Chang, J. J., Berkoff, M. C., & Runyan, D. K. (2008). Speak softly—and forget the stick: Corporal punishment and child physical abuse. *American Journal of Preventive Medicine*, *35*, 364–369.
- Durrant, J., & Ensom, R. (2012). Physical punishment of children: Lessons from 20 years of research. *Canadian Medical Association Journal*, 184, 1373–1377.
- Day, D. E., & Roberts, M. W. (1983). An analysis of the physical punishment component of a parent training program. *Journal of Abnormal Child Psychology*, 11, 141–152.
- Durrant, J., Ensom, R., and Coalition on Physical Punishment of Children and Youth. (2006). Physical punishment and children's health. *Infant Mental Health Promotion*, 45, 1–5.
- Barnett, L. (2008). *The "spanking" law: Section 43 of the Criminal Code.* Retrieved November 11, 2014, from http://www.parl.gc.ca/content/lop/researchpublications/ prb0510-e.htm
- Gross, D., Garvey, C., Julion, W., Fogg, L., Tucker, S., & Mokros, H. (2009). Efficacy of the Chicago Parent Program with low-income African American and Latino parents of young children. *Prevention Science*, 10, 54–65.
- Gross, D., Johnson, T., Ridge, A., Garvey, C., Julion, W., Treysman, A. B., ... Fogg, L. (2011). Cost-effectiveness of childcare discounts on parent participation in preventive parent training in low-income communities. *Journal of Primary Prevention, 32*, 283–298.
- Breitenstein, S. M., Gross, D., Fogg,
 L., Ridge, A., Garvey, C., Julion, W., &
 Tucker, S. (2012). The Chicago Parent

Program: Comparing 1-year outcomes for African American and Latino parents of young children. *Research in Nursing and Health, 35,* 475–489.

- 25. Brotman, L. M., Gouley, K. K., Chesir-Teran, D., Dennis, T., Klein, R. G., & Shrout, P. (2005). Prevention for preschoolers at high risk for conduct problems: Immediate outcomes on parenting practices and child social competence. *Journal of Clinical Child and Adolescent Psychology, 34*, 724–734.
- 26. Brotman, L. M., Gouley, K. K., Huang, K. Y., Kamboukos, D., Fratto, C., & Pine, D. S. (2007). Effects of a psychosocial family-based preventive intervention on cortisol response to a social challenge in preschoolers at high risk for antisocial behavior. *Archives of General Psychiatry*, 64, 1172–1179.
- Brotman, L. M., Gouley, K. K., Huang, K. Y., Rosenfelt, A., O'Neal, C., Klein, R. G., & Shrout, P. (2008). Preventive intervention for preschoolers at high risk for antisocial behavior: Long-term effects on child physical aggression and parenting practices. *Journal of Clinical Child and Adolescent Psychology, 37*, 386–396.
- Brotman, L. M., O'Neal, C. R., Huang, K. Y., Gouley, K. K., Rosenfelt, A., & Shrout, P. E. (2009). An experimental test of parenting practices as a mediator of early childhood physical aggression. *Journal of Child Psychology and Psychiatry*, 50, 235–245.
- Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C., & Landau, S. (2010). Randomised controlled trial of parent groups for child antisocial behaviour targeting multiple risk factors: The SPOKES project. *Journal of Child Psychology and Psychiatry*, 51, 48–57.
- 30. Triple P. (2014). *The system explained*. Retrieved November 3, 2014, from http://www.triplep.net/glo-en/ the-triple-p-system-at-work/the-system-explained/level-1
- 31. Hahlweg, K., Heinrichs, N., Kuschel, A., Bertram, H., & Naumann, S. (2010). Long-term outcome of a randomized controlled universal prevention trial through a positive parenting program: Is it worth the effort? *Child* and Adolescent Psychiatry and Mental Health, 4, 14.
- Heinrichs, N., Bertram, H., Kuschel, A., & Hahlweg, K. (2005). Parent recruitment and retention in a universal prevention program for child behavior and emotional problems: Barriers to research and program participation. *Prevention Science, 6*, 275–286.
- 33. Heinrichs, N., Kliem, S., & Hahlweg, K. (2014). Fouryear follow-up of a randomized controlled trial of Triple P

group for parent and child outcomes. *Prevention Science*, *15*, 233–245.

- 34. Spijkers, W., Jansen, D. E., de Meer, G., & Reijneveld, S. A. (2010). Effectiveness of a parenting programme in a public health setting: A randomised controlled trial of the positive parenting programme (Triple P) level 3 versus care as usual provided by the preventive child healthcare (PCH). *BMC Public Health, 10,* 131–136.
- 35. Spijkers, W., Jansen, D. E., & Reijneveld, S. A. (2013). Effectiveness of Primary Care Triple P on child psychosocial problems in preventive child healthcare: A randomized controlled trial. *BMC Medicine*, 11, 240– 247.
- 36. Australian Association for Infant Mental Health Inc. (AAIMHI). (2009). *Position paper 3: Time out*. Retrieved November 11, 2014, from http://www.aaimhi.org/ inewsfiles/Position%20Paper%203.pdf
- 37. Incredible Years. (2014). *Time out for aggression*. Retrieved November 3, 2014, from http://www.incredibleyears. com/download/resources/iy_time-out-forms.pdf
- 38. Offord, D., Kraemer, H., Kazdin, A., Jensen, P., & Harrington, R. (1998). Lowering the burden of suffering from child psychiatric disorder: Trade-offs among clinical, targeted, and universal interventions. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 686–694.
- Bodenmann, G., Cina, A., Ledermann, T., & Sanders, M. (2008). The efficacy of the Triple P Positive Parenting Program in improving parenting and child behavior: A comparison with two other treatment conditions. *Behaviour Research and Therapy, 46,* 411–427.
- Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10, 1–12.
- Waddell, C., Shepherd, C., Schwart, C., & Barican, J. (2014). *Child and youth mental disorders: Prevalence and evidence-based interventions.* Vancouver, BC: Children's Health Policy Centre, Simon Fraser University.

LINKS TO PAST ISSUES

2014 / Volume 8

- 4 Enhancing mental health in schools
- 3 Kinship foster care
- 2 Treating childhood obsessive-compulsive disorder
- 1 Addressing parental substance misuse

2013 / Volume 7

- 4 Troubling trends in prescribing for children
- 3 Addressing acute mental health crises
- 2 Re-examining attention problems in children
- 1 Promoting healthy dating

2012 / Volume 6

- 4 Intervening after intimate partner violence
- 3 How can foster care help vulnerable children?
- 2 Treating anxiety disorders
- 1 <u>Preventing problematic anxiety</u>

2011 / Volume 5

- 4 Early child development and mental health
- 3 Helping children overcome trauma
- 2 Preventing prenatal alcohol exposure
- 1 Nurse-Family Partnership and children's mental health

2010 / Volume 4

- 4 Addressing parental depression
- 3 Treating substance abuse in children and youth
- 2 Preventing substance abuse in children and youth
- 1 The mental health implications of childhood obesity

2009 / Volume 3

- 4 Preventing suicide in children and youth
- 3 Understanding and treating psychosis in young people
- 2 Preventing and treating child maltreatment
- 1 The economics of children's mental health

2008 / Volume 2

- 4 Addressing bullying behaviour in children
- 3 Diagnosing and treating childhood bipolar disorder
- 2 Preventing and treating childhood depression
- 1 Building children's resilience

2007/Volume 1

- 4 Addressing attention problems in children
- 3 Children's emotional wellbeing
- 2 Children's behavioural wellbeing
- 1 Prevention of mental disorders