

## DISCIPLINE OR PUNISHMENT: A CONFERENCE REVIEW

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The “Stop It, It Hurts Me” national seminar was held in Wellington over 18–19 June 2004. The seminar was organised by the Children’s Issues Centre of Otago University in association with the Office of the Commissioner for Children.

Interest in the seminar had gathered momentum through the recent release of the Children’s Issues Centre review of literature *The Discipline and Guidance of Children: A Summary of Research* (Smith et al. 2004). The release was met with protest from supporters of the parent’s right to use physical discipline (e.g. Watkins 2004a, 2004b). Interest in the discipline and punishment of children has gathered through the United Nations Convention on the Rights of the Child (UNCROC),<sup>1</sup> Watson’s (2003) identification of homicide as the third leading cause of death for those aged 0–14 in New Zealand (cited in Smith et al. 2004),<sup>2</sup> and UNICEF’s report *A League Table of Child Maltreatment Deaths in Rich Nations* (UNICEF 2003), in which New Zealand ranked third highest in levels of child abuse.<sup>3</sup>

Primary conference messages were provided by two keynote addresses. Professor Anne Smith’s review of discipline and punishment literature demonstrated that physical punishment is ineffective and had negative psychosocial effects.<sup>4</sup> Professor Joan Durrant promoted Sweden’s anti-punishment legislation and child-centred polices as a possible model for New Zealand. After summarising these key messages, I will explore some of their implications for social policy in New Zealand, and where to from here.

### KEY MESSAGES

There is little evidence to support physical punishment as an effective or useful parenting tool, the only gain being a child’s immediate compliance. Further, physical punishment was purported to inhibit the internalisation of moral development. This reflects Vygotsky’s (1978) position that physical punishment may legitimise violence for children in interpersonal relationships because they internalise the social relations they experience (cited in Smith et al. 2004). Smith et al.’s review of the literature (2004)

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1 Ratified by New Zealand in 1993.

2 Drowning and motor vehicle accidents were first and second.

3 The UNICEF report is based upon a restricted sampling frame and should be viewed with caution.

4 According to Durrant, discipline is guidance of children’s moral, emotional and physical development, enabling children to take responsibility for themselves when they are older. Physical or corporal punishment is the use of force to cause pain, but not injury, for the purpose of correction or control.

outlines a range of negative associations with physical punishment: decreased, insecure and poor parent–child attachment; negative outcomes in social behaviour, including behaviour problems in school, lack of acceptance by peers, crime and delinquency; impaired cognitive and intellectual development; and a range of mental health problems, such as anxiety and depression.

The injurious nature of physical punishment was reiterated and reframed as assault.<sup>5</sup> Further, conference presenters repeatedly called for changes to the status quo, specifically, for New Zealand to repeal section 59 of the Crimes Act 1961.

The repeal of section 59 was seen by conference presenters and workshop attendees as a necessary step to support changes in societal perception. As it stands, section 59 was viewed as supporting abusive acts against the child. Accounts were provided of the Act having been successfully raised in jury trials where parents were prosecuted for hitting their child with a belt, hosepipe or pieces of wood, and chaining a child to prevent them leaving the house. The juries determined, given the parameters of the law, that these actions were reasonable means of domestic discipline towards children (Hancock 2004).

Complementing Anne Smith's address, Joan Durrant provided a where-to-from-here framework based on the exemplar of Sweden as an anti-physical-punishment state. Sweden repealed corporal punishment in schools in 1928, the right to corrective assault in 1957, and the justification for physical punishment in any context in 1979. The Swedish Civil Code states that:

Children are entitled to care, security and a good upbringing. Children are to be treated with respect for their person and individuality and may not be subjected to physical punishment or other injurious or humiliating treatment.

Sweden is an interesting case study in that its social policy places the child's physical and social wellbeing at its centre. It provides valuable lessons for countries that are contemplating changes in physical punishment legislation. Sweden's experience helps resolve "chicken-or-egg" debates about whether priority should be placed on changing legislation or societal attitudes. Following legislative changes in Sweden, public support for physical punishment has steadily declined. For example, in 1965, 53% of Swedes believed that physical punishment was necessary (SIFO 1981 cited by Durrant) yet by 1994 only 11% were inclined towards mild forms of physical punishment (SCB 1996 cited by Durrant). Further, parental use of physical punishment has declined.

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5 Physical punishment includes: spanking, slapping, smacking with the hand; striking with an object (belt, shoe, stick, paddle, ruler, extension cord, hairbrush); forcing a child to hold an uncomfortable position (standing motionless or sit in an invisible chair); forcing a child to kneel on hard objects (floor grate, pencils, uncooked rice); forcing a child to withhold bodily wastes; and forcing a child to ingest foul substances (hot pepper sauce, lemon juice, and/or soap).

According to research cited by Durrant, the majority of children born in the 1950s were hit by their parents, but by the mid-1990s fewer than half of youth surveyed had been struck once or twice (Stattin et al. 1995).<sup>6</sup>

Secondly, according to Durrant, Sweden has married legislative changes with concerted preventive efforts, embracing preventive programmes that are contrary to the use of physical punishment as a corrective tool. While many conference delegates reported having used smacking to deter a child from such endangerment as placing their hand(s) on a hot stove or fireplace, the Swedish approach has invested considerable amounts of money implementing interventions such as stove guards. Other preventive measures include the universal provision of services to all citizens through well-baby clinics, nutrition advice, child proofing, accident prevention and child development. Further, the state appears to have eased stressors that might lead to physical punishment by guaranteeing a 16-month parental leave following a birth or adoption (390 days are paid at 80% of normal salary and the remainder at a flat rate). This leave can be used at any time until the child is eight years old. As a final example, in every family, a parent is entitled to reduce their work day by 25% until the youngest child enters primary school.

The outcome of these measures is seen in extremely low child abuse fatality statistics. While an association only, there appears to be strong support for Swedish anti-physical-punishment legislation and supporting policy when the low levels of child fatalities are appreciated. For instance, five children died as a result of abuse between 1971 and 1975, none died between 1976 and 1990, and there were four child abuse fatalities between 1991 and 1996. The incidence rate returned to zero deaths between 1997 and 2000 (Durrant and Janson in press).

## POLICY IMPLICATIONS

Not discussed at the conference, but implicit in its key messages, is the challenge that universal service provision, such as Sweden's, presents to New Zealand parenting programmes. Universal application requires a move away from New Zealand's reliance on an at-risk framework – an amorphous umbrella term that categorises service recipients according to stigma-related variables such as drug use, criminal history, lower socio-economic levels, poor educational status, and Māori and Pacifica ethnic classifications (e.g., see Swadener and Lubeck 1995, Nash 2001). Such a paradigm shift would remove the stigma that can be associated with targeted at-risk programmes – stigma that can impede programme success.

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6 Whether or not this move away from physical punishment reflects international trends or results from changes to Swedish legislation remains an outstanding issue.

However, movement away from the at-risk model will only be achieved through aligning extant policy models. First, it needs to be recognised that at-risk programme categorisations can hinder the development of bridging social capital espoused by social development exponents. Their rationale does not acknowledge that all parents require education and support, and that universal programmes actually contribute to the development of social capital. Next, there is a need to refrain from justifying the status quo with a reliance on financial considerations – that universal programmes are too expensive. This financial reasoning is not supported by rigorous research and analysis.

### MEDICALISATION OF THE CHILD

Another issue (not presented at the conference) is the danger that the demise of physical punishment, coupled with difficulties of attaining/maintaining an ideal work–life balance, may create a context that medicalises the child – the use of medicine or medical intervention as a corrective measure that opposes a holistic, systems-based analysis and intervention. This is a concern given the experience of North America, where Attention Deficit and Hyperactivity Disorder (ADHD) is seen as over-diagnosed and over-prescribed for (Zito et al. 2000, Diller 2002). ADHD-centred critique focuses on medicalisation, which removes responsibility from the guardian to provide the necessary level of reinforcement and role modelling that parenting dictates. As a preventive measure, holistic community-based initiatives similar to those in Sweden must be considered. To remove physical punishment without supportive universal services could potentially result in risk being transferred from physical to medical abuse.

### WHERE TO FROM HERE

Existing research can only take us so far. Ethical considerations preclude the longitudinal analysis required to determine the associations between physical punishment in childhood and mental health, suicidal ideation and suicidal behaviour in adolescence and adulthood. Rather, it may be more fruitful to focus on gaining support for changes to the Crimes Act and society's use of physical punishment through reviews of countries that have already repealed physical punishment legislation.

What future research can offer is the exploration of a nationwide longitudinal tracking system of child abuse fatalities and a longitudinal survey of New Zealanders' attitudes towards physical punishment and punishment practices. Following the experiences of Sweden, these will provide a strong monitoring framework.

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