

The smacking controversy: what advice should we be giving parents?

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Background. Even among countries that have ratified the United Nations Convention on the Rights of the Child there is much disagreement about corporal punishment of children. Last year the Scottish Executive proposed a new law banning the smacking of children under the age of three, becoming the tenth European nation to do so. The proposal, currently abandoned whilst ostensibly still under debate, has raised a wave of controversy in child protection circles. In the nearest neighbouring country, England, a similar proposal was robustly rejected.

Purpose of the paper. Given an increasing family and community focus in nursing, the implications of the debate for the profession cannot be ignored. What should we be telling 'ordinary' families about smacking? Thus this paper presents a positional statement on the smacking controversy and outlines some pointers for practice.

Discussion. While for many the legislation proposed does not go far enough, others decry it as a breach of parental rights and, thus, the issue has become hugely controversial. Media opinion and various opposing campaigns dominate both public and professional spheres. Rights, responsibilities, examples from other countries, culture and gender are all used as fodder in the debate. Extreme examples are cited by both sides and used as grist for what are at times tenuous arguments. As there is even a division within child protection arenas, practising professionals may struggle to find a way through the maze of seemingly contradictory findings from research, policy and opinion.

Conclusions. A wide range of literature suggests that both public and professional opinion is divided on the use of smacking as a form of discipline of young children. Opinion is also divided on the ability of legislation to bring about change in social attitudes and behaviour. Health care professionals need to be in a position to recommend best practice and to do so consistently.

Keywords: smacking, corporal punishment, human rights, parents, health visiting, nursing

Introduction

Prompted by contemporary legislative proposals to change the law on corporal punishment of children in Scotland, tides of debate on the topic have swept through not only child protection circles, but also professional, media and lay audiences. This is a topic on which everyone has an opinion

and, reflecting such diversity, it is likely that nurses and midwives are divided on the issue. Given that branches of the profession interact frequently with parents who are seeking clear advice, what are the messages that we should be conveying? The United Nations (1989) Convention on the Rights of the Child discourages corporal punishment, yet many ratifying countries allow it by law. In view of this

paradox, what advice should health visitors give? Adding further to the mix are the personally held beliefs and values of the advising professional. Moreover, we know that we need to base our judgements and advice on the evidence, even if this is sometimes ahead of current legislation.

This paper is not directed at the gross physical abuse of children. Rather it is concerned with the smack that is often part and parcel of parental discipline and behaviour. In a Scottish survey (Scottish Law Commission 1992) 83% of respondents thought that it should be lawful to smack a naughty 3-year-old with an open hand in such a way as not to cause lasting injury. Additional data relating to smacking older children also demonstrated that the majority of parents believed that smacking should be lawful (Scottish Executive 2000).

Implications for the profession and, thus, the impetus for this paper are twofold. It is always difficult to give advice that is contrary to one's personal belief system, as measles mumps and rubella (MMR) vaccinations have shown (Bedford *et al.* 2002). By opening a debate within a specific nursing arena, both sides of the argument can be aired and individual practitioners can form their own opinions. Examining one's own value base is a crucial part of the process. Advice that is given to parents can then be based on professional evidence rather than necessarily on personal inheritance and socialization.

In order to meet these aims, this paper starts with the contextual situation regarding corporal punishment of children. Proposals to ban smacking are then examined from the viewpoint of those who think that such an idea is a bridge too far, as well as from the perspective of those who do not think such proposals are far-reaching enough. Whilst such arguments have been well-rehearsed elsewhere (see, for example, Waterston 2000, Save the Children 2001, NSPCC 2002, Straus 2002, Benjet & Kazdin 2003), they have received relatively little attention in nursing. The implications of this are considered in a later section of the paper. Although we attempt to give a balanced view, it is only fair that we declare our position from the start. It is acknowledged that whilst most parents would never harm their children, sometimes things can go wrong. We believe that, in order to protect children effectively we need to give clear advice. As parenting is now a political issue, it would be useful to have a consistent line for health professionals to follow (Waterston 2000).

The context

Having an interest in the topic, we began by asking groups of health visitors, social workers, general practitioners, midwives and school nurses what they thought ($n = c.$ 200).

Whilst we cannot claim that this was a rigorous empirical study, these focused accounts suggested that the large majority of such professionals saw little wrong with a 'gentle' smack to a child, either as a corrective or warning device or, sometimes, as punishment. Furthermore, younger professionals (i.e. those more likely to be raising young children) were more inclined to approve of parental corporal punishment than those who were older. Moreover, it appeared that older parents had changed their views. While they may have hit their own children, as practising health visitors (for example), they no longer condoned smacking as a legitimate parental practice. Although interesting, such accounts do not constitute evidence. They do, however, reflect the two sides of the debate.

Most British parents, about 75%, use physical discipline on their children (Nobes & Smith 1997). A poll in the United States of America (USA) similarly found that some 89% of parents smack their children regularly (Gallup Organization 1995). Indeed, worldwide, it is probably reasonably common. In 1993, Judge Ian McLean commented: 'if a parent cannot slipper a child, the world is going potty' (Boseley 1999, p. 2) and allowed the appeal of a woman convicted of common assault for spanking her daughter's bare bottom. More recently, a primary school teacher spanked his daughter's bare buttocks in a dentist's waiting room. He was still hitting her when she ran and hid behind a member of staff. He was found guilty of assault at Hamilton Sheriff Court (Boseley 1999). There was public outrage, reflecting surveys that show that 88% of respondents thought it necessary sometimes to smack a naughty child (Department of Health 2000). It sometimes seems that hitting animals is less acceptable than hitting children (Roberts 2000) and emotive language is often used:

Practically everyone wants greater protection for foxes than for children, as that is the British Way. (Chancellor 2000, p. 6)

Current law in the United Kingdom (UK) is based on the principle of 'reasonable chastisement' and has been challenged in the European courts. In the 1998 case of *A versus UK* (repeated beating of a young boy by his stepfather with a garden cane) the European Court of Human Rights stated that UK law did not adequately protect children. The court found that this treatment was inhuman and degrading and was in breach of the boy's human rights (Scottish Executive 2000).

Despite such cases, and growing opposition to the notion of physical punishment of children, recent reviews and consultations on this issue in the UK have rejected any call for a change in proposals. Most would agree, however, that rewarding good behaviour is probably better than punishing

bad. Consultation on the issue in England and Wales during 2000 did not change the status quo on corporal punishment of children (Department of Health 2000). Scotland went a little further, making moderate proposals to make it illegal to hit or shake a child under three and to hit a child of any age on the head or with implements (such as canes and belts). However, none of the UK countries have proposed an outright ban in the way that Sweden did in 1979. Despite extremely positive evaluations of the impact of this ban, based on many child protection indicators (Durrant 1997, Durrant 2000, Save the Children Sweden 2002), it seems unlikely that the UK will follow suit. Even Scotland has reneged on earlier proposals and cannot find consensus on the ban.

Support to parents has been the cornerstone of health visitor activity (Whitaker and Cowley 2003) and, as such, there may be a need to establish a professional position as regards smacking. This could be seen as twofold: first in advocating professional support for the introduction of legislation and second, crucially, in terms of the quality of advice and information used to support parents. Appropriate parenting involves setting clear boundaries for children and responding appropriately to their behaviour; indeed, it could be seen as neglectful to do otherwise. On the other hand, discipline that is too harsh can be both emotionally and physically damaging (Scottish Executive 2000). What is crucial, and often overlooked, is that proposals to ban smacking are not proposals to stop discipline or 'reasonable chastisement' of children. Smacking children, as shown in the courts, is first and foremost a human rights issue (Roberts 2000).

A bridge too far?

Do not withhold discipline from a child; if you punish him with the rod he will not die. Punish him with the rod and save his soul from death. (Proverbs 23: 14)

There are many who suggest that banning corporal punishment is going too far. In the Scottish consultations, Jim Wallace echoed a popular view by stating that outlawing physical punishment would be intrusive and incompatible with the government's aim of helping parents in their role (Scottish Executive 2000). Surveys show that most people support the right of parents to smack their children (Department of Health 2000) and they do not want undue interference from government or to have values imposed on them (Fry 2000).

Equally, there are concerns that such a ban would lead to a lowering of standards. Independent schools, for example, say that since the ban was introduced in state schools standards

have plummeted and there has been an increase in classroom violence (Branigan 2001). In 2001, in the UK, the Christian Independent Schools asked the High Court for the right, as part of their Christian doctrine, to smack children on biblical grounds. Banning corporal punishment, they argued, is a breach of human rights to practice religious freedom (Branigan 2001).

It is true that many people become offended at the suggestion that they should not smack their children. Dr John Champion, spokesperson for Family and Youth Concern, is quoted as saying:

It is outrageous arrogance to say that I, a PhD in psychology and a good father, am committing an offence for an innocuous smack. (Thomas 1999, p. 9)

There is support for this kind of view within the nursing profession; smacking is described as 'an act of love' (Scholes 1999), and laws that discourage people from hitting are accused of racial, gender and class bias (Wadson 1993). Authors writing from a medical perspective highlight the disruption caused in public places by children who are not disciplined adequately (Duff 2000, Philips 2000) and, indeed, point out that smacking provides a structured outlet for parental anger, acting as a 'safety valve' (Alcorn 2000). Inhibiting smacking is, thus, seen as having the potential to encourage other more harmful sorts of parental behaviour (Price 2000).

Those who argue that proposals to legislate against smacking are a bridge too far make the case that ordinary physical punishment is not actually harmful to children (Larzelere 1996, Baumrind *et al.* 2002). Moreover, it is suggested that the evidence to support such a ban is very weak (Larzelere 2000; Philips 2000). A smack is rarely a wild assault, resulting in actual bodily or psychological damage. Arguably, a smack and 'moving on' is less damaging than the 'withdrawal of love' approach sometimes favoured by those who reject physical punishment (Larzelere 1996).

Thus, the main arguments propounded are: firstly, that there are no adverse effects to smacking as a consistent and measured strategy for discipline; secondly, that alternative measures simply do not work. As such, should legislators seek to deskill parents by overturning the concept of 'reasonable response'?

Not far enough?

For every person who sees a ban on physical discipline as an infringement of parental freedom, there are others who are concerned that proposals to ban corporal punishment of children do not go far enough.

The main argument for advising strongly against smacking is based on the issue of human rights of the child. For proponents it seems unbelievable that the smallest and weakest members of societies are the only ones not fully protected by law. Should we recommend something that we would not apply to another age group? (Waterston 2000).

Even in the recent past, physical punishment was a widespread, and hence accepted, phenomenon. Twenty years ago society would have ignored a woman being hit by her partner, seeing it as the man's right to discipline his wife (Children are Unbeatable! Alliance 2000). The police were notably reluctant to get involved in domestic disputes. However, cultures change and domestic abuse is no longer viewed in the same way. In Sweden, 25 years of prohibition have resulted in only 6% of people under the age of 35 supporting smacking (Walker 2000). If the corporal punishment of children were banned, it is most likely that chaotic, uncontrolled smacking would still happen, but at least it would not be socially acceptable (Webb 2000).

If people are honest, smacking is very rarely carried out in any measured circumstances. Most parents either lose control when they smack, driven by frustration, or because they just do not know what else to do (Waterston 2000). Sometimes it is because they are unsure about the limits of 'reasonable chastisement' (Lyon 2000). In this view, smacking is neither effective nor safe (Spencer 2000). Moreover, government surveys have so far sought the views of parents but have omitted to do the same with children, and, therefore, it might be claimed that they have misread the full range of public opinion (Children are Unbeatable! Alliance 2000). Research for the Children's Bureau, which asked children what they thought, showed not just that children did not want to be hit because it hurt (as one would expect), but that it 'hurt deep inside' (Willow and Hyder 1998, p. 3).

Furthermore, in terms of behavioural effects, countries where smacking is banned are not overrun with sociopathic youngsters (Roberts 2000). The Swedish experience is salutary. During the 1980s, no Swedish child died as a result of physical abuse, only one was killed by parental hands in the period 1990–1996, and the number of children coming into care has decreased by 26% since 1982 (Durrant 2000). Compare this with Scotland's figures (and make proportionate

estimates for the whole UK), where 10 children died as a result of homicide in the year 2000 alone and the percentage of children subject to care and protection referrals increased by 238% between 1989 and 2000 (Scottish Executive 2000). In Britain as a whole, one to two children die every week from physical injuries inflicted by an adult (Chancellor 2000). The differences in Swedish and Scottish figures are illustrated in Table 1.

Additionally, while there is a widespread belief that little harm results from physical punishment, such claims are, arguably, dangerous to both policy and practice (Roberts 2000). Many would argue that there is substantial evidence of the harmful effects of smacking (Leach 1999; Gershoff 2002a, 2002b). The intricacies of argument and counterargument were recently rehearsed in the *Psychological Bulletin* (Baumrind *et al.* 2002, Gershoff 2002a, 2002b, Holden 2002) and leave little doubt of the scale of evidence for harmful effects. Indeed most studies show that violence inevitably leads to more violence (Children are Unbeatable! Alliance 2000). Interestingly, in most interventions the onus is on proof of not being harmful rather than to the contrary. Whilst most would probably agree that occasional and mild smacking does no harm, as professionals advising parents it is important to know where to draw the line.

What advice should we be giving parents?

The whole notion of parenting has moved from the private arena of the family into one that features regularly in the political domain. While there might be agreement within families and among health care professionals that disruptive child behaviour needs to be dealt with, there is need for a consistent line from health care professionals on smacking and the alternatives (Waterston 2000).

Unfortunately, there is a paucity of literature about what health care professionals such as health visitors actually do in working with and empowering parents to use alternatives to smacking. For example, parenting classes remain a popular and arguably successful tool for parents (Hoghughli & Speight 1998; Patterson *et al.* 2002; Spencer 2000), but it is difficult to find explicit directives about health professionals' position on smacking. In fact, it is not so long ago that one of

Year 2001	Sweden	Scotland
Child deaths due to homicide (almost always by a parent)	0	10
Child deaths due to homicide in the last 20 years	1	200
Percentage increase/decrease in numbers of children coming into care in the last 20 years	26% decrease	238% increase

Table 1 Sweden and Scotland: some comparative data on child deaths/protection

us encountered parents who viewed health visitors as a positive aid to their disciplinary regime, and who told their children that 'the health visitor will smack you when she visits'. Whilst remembering this with horror, we have to acknowledge that there is a recent legacy of this attitude in the way that health visitor roles are both perceived and played out. Should the health visitor be a tool used to promote strict physical discipline?

The attitudes of health care professionals such as health visitors, school nurses and paediatricians on the issue of smacking children for disciplinary purposes are varied (Gleeson 2002). This is hardly surprising since, as members of the public, they too have been subject to the influences of socialization within contemporary society and have interpreted their own experiences as children and/or parents. A range of issues about smacking has been raised in the nursing and medical literature in recent years, and does seem to indicate that health care professionals are as divided and as inconsistent in their views as the general public. What seems to be missing in the nursing literature, however, is any sustained debate, or direction at anything more than a superficial level.

Where there is engagement in the debate, it seems that there is concern among some health visitors that action to prevent children being smacked might undermine their relationship with the family (Cottam 2000). Moves to end smacking as a form of child discipline might be seen as an unwelcome intrusion into family life. To help and empower families, Cottam argues the importance of developing a professional relationship based on mutual trust and non-judgemental interaction. Rather than imposing personal beliefs on a family, which may undermine parental decision-making, it is more important for the health visitor to support the preferred method of child discipline, while putting the well-being of the child first (Cottam 2000). Whilst these ideas are altruistic, the notion of support is not made explicit and a number of questions can be posed, such as: What exactly might this 'support' entail? and How effective is health visitor intervention and how might this be assessed? It is extremely important that health visitors provide and assess outcomes in their practice (Elkan *et al.* 2000) and Cottam's somewhat vague notion of what health visitors provide is not particularly helpful. It is not clear how the well-being of the child can be of paramount importance when, at the same time, smacking can be condoned if the health visitor feels it is both reasonable and justified by the circumstances. Thus, it could be asked: Does smacking undermine the rights of the child? If so, Does this affect the child's well-being?

A contrasting perspective on smacking, held by some health visitors, suggests that it is the moral duty of health

visitors to safeguard the interests of vulnerable clients (Bidmead & Cottam 2000). Since, they argue, smacking is an abuse of adults' power, it is part of the nurse's role to act as an advocate for the disempowered and, thus, smacking has to be opposed. From Bidmead and Cottam's perspective, children are considered to have the same rights as adults with regard to freedom from physical violence. This view is supported by the UN Convention on the Rights of the Child (United Nations 1989), which states that traditional practices that are detrimental to the health of children should be abolished. Smacking is included in the Convention as being prejudicial to the health of the child, because it represents a parental role model that conveys to the child that hitting is an appropriate way to express negative feelings (Bidmead & Cottam 2000). Nonetheless, parents who use corporal punishment to discipline their children are not all abusers; neither do health care professionals have a monopoly on wisdom or behavioural insights.

The debate in health care arenas distills the issue further and has two main elements. First, whether or not it is morally or ethically right to use smacking as a form of discipline; and, second, the related question of whether the use of legislation to outlaw smacking is appropriate. The relative positions taken by health care professionals on these issues are illuminative.

The Children are Unbeatable! Alliance is comprised of over 220 organizations, including five royal colleges and a raft of children's organizations, and campaigns for the ending of corporal punishment to children (Children are Unbeatable! Alliance 2000):

We believe it is both wrong and impracticable to seek to define acceptable forms of corporal punishment of children. Such an exercise is unjust. Hitting children is a lesson in bad behaviour. (Children are Unbeatable! Alliance 2000, p. 22)

The Community Practitioners' and Health Visitors' Association (CPHVA) has an anti-smacking policy and supports the introduction of legislation to ban this behaviour (CPHVA 2001). The CPHVA are signatories to the Children are Unbeatable! Alliance and feel that the government, in their consultation paper, *Protecting Children, Supporting Parents* (Department of Health 2000) have missed an opportunity to outlaw smacking once and for all, in their attempt to balance child protection with parental rights to bring up their children as they think best without state interference. The Royal College of Midwives is also a supporter of the Alliance's aims. The Health Select Committee's (2003) Report on the Victoria Climbié Inquiry is stark in its recommendations: make smacking illegal to protect children from abuse.

On the other hand there are agencies, such as the Royal College of Nursing Child Protection Forum, that do not favour the use of legislation as a means of changing societal attitudes towards smacking children. The CPHVA (2001) emphasises the anomaly of creating legislation, which according to the Children are Unbeatable! Alliance, is not likely to be implemented by the majority of parents who use non-injurious smacking as a form of discipline. They argue, therefore, that such legislation is unlikely to result in a change in the practice of health care professionals. However, some health visitors are concerned that, if legislation outlaws smacking, they will be required to contact the police should they witness it, and that the consequences of this may prove to be more injurious to the child than the smack (Gulland 1999).

There is a clear paradox in the line that our professional bodies take and it is, therefore, not surprising that this is echoed in the apparent confusion of practising professionals. It is always useful to seek guidance from advisory bodies and, thus, not giving out clear messages is unhelpful. For those health care and child care agencies that believe that there should be an end to the smacking of children (and there are many of them), there is clearly an enormous task ahead if public opinion is to be changed. However, this is not impossible; the Swedes did it by using promotional material on milk bottles (Save the Children Sweden 2002).

In the UK, we love our children yet sanction violence against them (Walker 2000). Children's rights always proceed slowly; it took until 1986 to stop physical punishment in schools in the UK. Most Western countries prohibit corporal punishment in school. Exceptions are the USA (although it is banned in 27 states), Canada and some states in Australia (Branigan 2001). Children are protected by law from corporal punishment, both at school and in the home, in 10 countries. However, schools in the UK have argued that such a ban is illogical because parents are legally allowed to delegate their right to discipline their children physically to other adults, such as childminders (Branigan 2001). It is probable that a change in the law alone (even if this were forthcoming) is not enough to change the public's views on the use of smacking to control undesirable child behaviour. A wide-ranging public health approach to effective discipline is also required (Waterston 2000). Those agencies which support the use of legislation to bring about changes in societal attitudes point to the law that enforced the use of car seat belts as a successful example of bringing about not only behavioural change, but also transformation in public opinion.

Wadson (1993) and Hain (2000) argue that, because most parents smack as a last resort when they have lost control rather than as a planned, consistent strategy for discipline, changes to

legislation that make smacking illegal are unlikely to be effective. This is a crucial point and one that underpins the role of health care professionals who work with families and communities. These are the very professionals who are pivotal in helping to bring about changes in attitudes towards smacking through public health intervention or, at the individual level, in enabling and educating parents about positive and workable alternatives. Gleeson (2002) suggests that paediatric nurses, health visitors and school nurses are ideally placed to give such guidance to parents as a key component of their professional education is about placing childhood behaviours within the context of child development.

Conclusion

There are still many gaps in our knowledge about the potentially harmful effects of smacking on children. There is also a long way to go before we can be sure that the interventions we use with parents and children are effective (Elkan *et al.* 2000, Spencer 2000). However, we have a duty of care to children that means that all our advice and action should be based on protecting them from harm. As health care professionals, we need to provide consistent advice and base practice on what is best for children. Consistency in advice and public health promotion may influence public perceptions and, consequently, impact on legislation. The forthcoming UK Green Paper (government consultative document) on children at risk provides an ideal opportunity to comment.

Since the evidence against smacking appears to outweigh evidence to the contrary, the implications for health care professionals who are committed to evidence-based practice are fairly obvious: when working with families and communities, advice should be concentrated on developing interventions that empower parents to choose not to smack by helping them to develop effective strategies for dealing with stress and by raising self-esteem (Smith 2003).

The evidence suggests that smacking is detrimental to child health and well-being and, in some cases, may be a catalyst for progressive abuse. It can, therefore, be argued that, although health and social care professionals have personal beliefs and attitudes about the use of smacking, it is both unprofessional and perhaps even unethical to allow these personal beliefs to influence practice. The logical inference is that, by giving inconsistent advice to parents about the use of smacking, health care professionals may inadvertently be contributing to the unacceptably high level of child abuse in the UK.

The originator of the term 'battered baby syndrome', Henry Kempe, 'may have been wrong when he suggested that child abuse is the difference between a smack on the bottom

What is already known about this topic

- Professional and public opinion about corporal punishment of children is diverse.
- There is agreement that child behaviour can cause difficulties within home and school environments.
- More than 75% of parents in the United States of America and United Kingdom apparently use physical discipline with their children.
- There is little empirical evidence on the views of health care professionals about the use of smacking by parents.

What this paper adds

- This position paper debates controversial issues about the use of legislation to bring about change in social attitudes towards smacking.
- It raises some of the issues presented by both supporters of smacking as a form of child discipline and those who are opposed to it.
- It begins to redress the imbalance between the scant attention paid to the issue in the nursing literature and its great relevance to all who deal with parents and children.
- It identifies a need for consistent guidelines for health and social care professionals when advising parents about alternatives to smacking.

and a fist in the face. They may simply be different parts of the same distribution' (Roberts 2000 p. 262).

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