A study undertaken in the US has shown a link between harsh physical punishment and anxiety disorders, substance abuse and personality disorders in a general population.

**Linking physical punishment in children to adult mental health**

Physical punishment (also referred to as smacking) involves hitting a child as a means of discipline.

It is distinct from child maltreatment (physical abuse, sexual abuse, emotional maltreatment, and physical and emotional neglect), which has been associated with adult mental disorders. However, while the relationship between physical punishment and mental health remains uncertain, the use of physical punishment to discipline children is controversial.

Currently children are not protected by law from all corporal punishment in the UK, US and Canada.

In the UK, physical punishment is prohibited in all maintained and full-time independent schools, in children’s homes, in local authority foster homes and early years provision.

Any use of force against children can be charged as a criminal offence. However, the reasonable punishment defence can be used in cases where the punishment is considered to be mild and where the person administering it is a parent or acting in place of a parent, and they are able to argue that they administered a “reasonable punishment” (Department for Education, 2016).

**New evidence**

A cross-sectional study analysed data from the US National Epidemiologic Survey on Alcohol and Related Conditions for 24,653 adults aged 20 years and older (Afifi et al, 2012). It aimed to investigate the possible link between harsh physical punishment as children, in the absence of more severe child maltreatment, and mental health disorders in adulthood.

The survey, conducted with a representative population sample in the US, asked the question: “As a child, how often were you ever pushed, grabbed, shoved, slapped or hit by your parents or any adult living in your house?” Respondents who answered “sometimes” or greater were considered to have experienced harsh physical punishment. Respondents who reported child maltreatment were excluded.

Of the 20,607 eligible after exclusions, 5.9% of respondents (1,258) reported experiencing harsh physical punishment, the majority of whom were men (59.4%). Further analysis showed harsh physical punishment to be associated with mood disorders, anxiety disorders, substance abuse/dependence, and personality disorders in a general population sample.

The cross-sectional design precludes definitive conclusions about the link between harsh physical punishment and mental disorders. However, the researchers emphasise the need for paediatricians and other healthcare providers to be aware of the link between them. It also noted that reducing physical punishment may help to decrease the prevalence of mental health disorders in the general population.

The authors call for guidance to explicitly state that physical punishment should not be used with children of any age, and to provide more information about alternative discipline strategies, such as positive reinforcement.

**COMMENTARY**

Ruth Gilbert, Professor of clinical epidemiology and Annie Herbert, PhD student; both at Institute of Child Health, University College London

This study provides strong evidence that responder recall of harsh punishment, in the absence of child maltreatment, is associated with mental health problems in adulthood. If this association is causal, 2-7% of associated mental health problems could be prevented by avoiding harsh physical punishment of children, including teenagers. The study is highly relevant to the UK, which has a similar prevalence and spectrum of harsh physical punishment and personality disorders.

This study provides further evidence that harsh physical punishment has adverse outcomes for children and adolescents. It should encourage community services, such as teachers and clinicians, to promote non-violent positive parenting methods.

Substance abuse was found to be associated with physical punishment

References


Adapted from Eyes on Evidence (March 2013), a bulletin produced by the National Institute for Health and Clinical Excellence. Available at tinyurl.com/EOE-march2013

Reproduced with permission.

Carmel Thomason is senior publishing manager, evidence resources, at the National Institute for Health and Care Excellence

Available at tinyurl.com/EOE-punishment