



## NAPNAP Position Statement on Using Positive Parenting to Eliminate Corporal Punishment

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The National Association of Pediatric Nurse Practitioners (NAPNAP) is committed to promoting child and family health, including advocating for the provision of a safe and positive environment where every child can thrive and develop to their fullest potential. To this end, parents must be educated regarding the principles of positive parenting,

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which includes discouragement of corporal punishment (CP) while encouraging effective alternative forms of discipline. NAPNAP recognizes that social stresses, such as the coronavirus disease pandemic, including social isolation and economic hardships, have placed children at increased risk for experiencing harsh discipline and other negative parenting practices. NAPNAP believes it is necessary to eliminate CP in the home, schools, and other settings where children are cared for or educated through consistent encouragement of positive parenting.

Pediatric-focused advanced practice registered nurses (APRNs) are in an ideal position to promote positive parenting, which is defined "as the continual relationship of a parent(s) and a child or children that includes caring, teaching, leading, communicating, and providing for the needs of a child consistently and unconditionally" (Seay, Freysteinson, & McFarlane, 2014). Key principles of positive parenting include creating a safe and engaging environment, using positive, not physical discipline, having realistic expectations of children and parenting, and taking care of oneself as a parent (Lohan, Mitchell, Filus, Sofronoff, & Morawska,

2016). A core value embedded in positive parenting is that positive discipline techniques teach children to be responsible for their actions, recognizing that those actions have consequences (Silm, 2013). CP, by contrast, uses fear to teach children to avoid behaviors caregivers want to discourage. It is the use of physical force with the intention of causing a child to experience pain but not injury for correction or control of the child's behavior (Lansford et al., 2010; Simons & Wurtele, 2010). Spanking is the most common form of CP (Kelly, 2011) and is widely accepted in American society (Taylor, Fleckman, & Lee, 2017).

In keeping with positive parenting values, parents must be educated regarding potential negative consequences to their children from experiencing CP. Children who experience CP are at increased risk of experiencing physical abuse at the hand of their caregiver (Knox, 2010). In most situations, the adult initiates the episode with the intention of disciplining the child with a spanking. As the discipline progresses, it often escalates into the adult becoming angrier and more frustrated, leading to a more severe punishment than originally intended, often resulting in serious injuries (Knox, 2010). CP can have a negative impact on the parent-child relationship and lead to behavioral and mental health problems for children (Gershoff & Grogan-Kaylor, 2016) and is a significant risk factor for children developing a pattern of aggressive and antisocial behavior (Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016). Further, children who experience CP are more likely to engage in violent behaviors in adulthood (Gershoff & Grogan-Kaylor, 2016; Lansford & Dodge, 2008). Research findings have also shown that children who consistently experience harsh CP demonstrate a reduction in prefrontal gray matter as shown on magnetic resonance imaging; this finding is associated with addiction, depression, suicidal ideation, antisocial behavior, and post-traumatic stress disorder (Affi, Fortier, Sareen, & Taillieu, 2019; Bär et al., 2007; Geuze et al., 2007; Tomoda et al., 2009).

Another concern with CP is that it is not an effective form of discipline. Although it may immediately result in a child stopping misbehavior (Durrant & Ensom, 2012; Gershoff, 2013; Gershoff & Grogan-Kaylor, 2016; Hineline & Rosales-Ruiz, 2012), it does not have long-term positive effects on children's adaptive behavior (Gershoff & Grogan-Kaylor, 2016; Knox, 2010). Children who are hit are less likely to learn the lessons their parents intend to teach (Durrant & Ensom, 2012; Gershoff, 2002; Gershoff, 2010; Gershoff, 2013; Gershoff & Grogan-Kaylor, 2016; Hineline & Rosales-Ruiz, 2012).

Positive parenting uses positive discipline techniques and strategies. Positive discipline involves parents having developmentally appropriate behavioral expectations of children, discussing with their children what those behavioral expectations are, what the consequences for not meeting behavioral expectations will be, and being consistent with both expectations and consequences (Lohan et al., 2016). Examples of positive discipline methods include time-out, loss of privileges, grounding, and natural consequences. Studies indicate

that children who experience positive discipline are more likely to learn from their mistakes, not repeat them, and want to behave because they do not want to disappoint their parents (Lohan et al., 2016).

APRNs who care for children and families are in an excellent position to educate parents and reinforce positive parenting. Children are seen at least annually, if not more often, in their primary care office or the acute care setting. This offers an opportunity to address behavior and discipline as part of the visit (Hornor et al., 2020).

As experts in pediatrics and advocates for children, NAPNAP:

1. Opposes the use of CP and supports the prohibition of it in the home, schools, and all institutions where children are cared for or educated.
2. Opposes, without exception, the use of objects such as belts, cords, switches, and paddles to inflict pain and punishment on children.
3. Advocates for childrearing and positive parenting practices that develop caring, responsible, and self-disciplined adults.
4. Supports research to further explore effective parental discipline techniques that produce positive child outcomes.
5. Supports universal screening of parents and pediatric patients regarding discipline techniques used in the home.
6. Encourages educating parents, teachers, and other child caregivers on alternative forms of discipline.
7. Encourages NAPNAP members to participate in public education and advocacy to change cultural attitudes about discipline.
8. Encourages anticipatory guidance on CP with families to acknowledge cultural perspectives, attitudes, beliefs, and past experiences.
9. Recognizes that children in foster care with developmental delays and special needs may need additional resources.

In conclusion, CP continues to be a widespread component of the discipline of children in America. Research shows that the use of it does not promote long-term positive effects on children's adaptive behavior and can possibly produce harmful consequences. As experts in pediatric health care and advocates for children, NAPNAP's mission is to empower pediatric-focused APRNs and key partners to optimize child and family health. NAPNAP supports positive parenting and positive nonphysical discipline strategies and opposes CP in the home and schools. Finally, anticipatory guidance encouraging the use of positive parenting should begin in infancy and continue through adolescence.

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