

# ADVISOR

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## In This Issue

### **CORPORAL PUNISHMENT**

*Special introduction from guest  
editor Shawna J. Lee PhD, MSW, MPP*



The American Professional  
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# ADVISOR

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- page 3 **Introduction to the Special Issue: Evidence Supports APSAC's Position Calling to End Corporal Punishment in all U.S. Homes and Schools** | *Shawna J. Lee*  
Corporal punishment (CP), also called physical punishment, of children is used by the majority of U.S. parents and is legal in public schools in 19 states and in private schools in 48 states. This introduction to the APSAC Advisor provides an overview of the issue of CP in the United States. Research strongly supports APSAC's position statement calling for an end to CP in any circumstances. Other organizations concerned with the welfare of children should follow APSAC's lead and issue statements against the use of any CP or physical discipline of children.
- page 10 **APSAC Members' Responses to a Survey of Attitudes and Beliefs** | *Cathy Taylor & Shawna J. Lee*  
We conducted a survey of the APSAC membership to examine their attitudes, beliefs, and training needs in the area of corporal punishment (CP), also called physical punishment, of children. Fifty-one percent (51%) of the APSAC membership responded to this one-time online survey. The majority of respondents did not condone the use of CP. Results suggested that child welfare professionals may benefit from greater training on how to address the topic of CP with parents, particularly with regard to cultural sensitivity.
- page 12 **APSAC's Position Statement on Corporal Punishment of Children** | *APSAC Prevention Committee*
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Despite the well-documented negative consequences of corporal punishment, it is still legal in public schools in 19 states and in private schools in all but two states. Over 100,000 students received physical punishment during the 2013–2014 school year alone. Among students, corporal punishment in school is disproportionately administered to boys, disabled students, and minority students. Today, there is growing support to end CP in schools from policy makers such as U.S. Secretary of Education John B. King Jr., agencies such as the National Women's Law Center, educators, and the general public.
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With the adoption of the Convention on the Rights of the Child (CRC) in 1989 and its ratification by all United Nation member nations except the United States, obligations have been placed on adults to respect children's physical integrity and human dignity. The Committee on the Rights of the Child, which monitors the implementation of the CRC, has made clear that corporal punishment of children in any context (family, school, juvenile justice) is violence and a violation of Articles 37 and 19 of the CRC. Seeing corporal punishment through the lens of human rights reminds adults to stop isolating children and connects adults to their own childhoods.
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The Dane County District Attorney's Office's Child Abuse Initiative was designed to address use of corporal punishment by caregivers within our community. The intent was initially to expand and enhance diversion programming for caregivers referred for criminal charges related to physical abuse of a child. The initiative expanded to include focused community engagement efforts through conferences addressing the cultural context of corporal punishment, development of the first governmental No Hit Zone, and dialogues on this topic in the surrounding community and nationally. Staff members continually review and augment the initiative while working to promote efforts to eliminate corporal punishment.
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# Evidence Supports APSAC's Position Statement Calling to End Corporal Punishment in All U.S. Homes and Schools

*Guest Editor Shawna J. Lee, PhD, MSW, MPP*

This issue of the *Advisor* highlights the issue of corporal punishment (hereafter, CP), a timely issue for the APSAC membership to consider for several reasons. First, in the summer of 2015, over half of the APSAC membership responded to a survey that Cathy Taylor and I conducted to examine attitudes and beliefs about CP (see *Advisor* article in this issue that summarizes the results of the membership survey). Then, we worked closely with other members of the APSAC Prevention Committee to develop the *ASPAC Position Statement on Corporal Punishment of Children*, which calls for “the elimination of all forms of corporal punishment and physical discipline of children in all environments including in schools and at home.” The ASPAC President and Board approved this statement in July 2016. While a number of organizations such as the American Academy of Pediatrics have statements advising parents and caregivers against the use of CP, relatively few have issued calls to end the practice altogether. In this regard, ASPAC has again shown itself to be a leader in prioritizing the safety and welfare of children. Most recently, in November 2016, APSAC signed an open letter calling for an end to CP in schools (see *Advisor* article in this issue on CP in schools by Rania Hannan).

Thus, in this special issue of the *Advisor*, the Editors sought to highlight the issue of CP in the United States. The research related to CP has not been effectively translated to child welfare professionals, even though child welfare professionals play a critical role in working with caregivers who may benefit the most from parent education on the alternatives to physical punishment. Furthermore, recognizing that professionals are

not unanimous in their opposition to CP, the Editors wanted to provide the APSAC membership with information and resources that address different dimensions of CP. In this introduction to the special issue, I provide an up-to-date, evidence-based overview of research on CP in the U.S. In short, I argue that the strength of the research base strongly supports APSAC's position statement calling for an end to CP in homes and schools. As such, other professional organizations concerned with the welfare of children should follow APSAC's lead and issue policy statements against the use of any CP or physical punishment of children, whether at home, in schools, or elsewhere.

## CP in the United States

As discussed herein, CP is defined as spanking, smacking, physical discipline, physical punishment, or any use of physical force, “with the intention of causing a child to experience pain, but not injury, for the purpose of correcting or controlling the child's behavior” (Donnelly & Straus, 2005, p. 3). (I use the terms *hitting*, *CP*, *physical punishment*, and *spanking* interchangeably.) The majority of U.S. parents use CP toward their children. Large community-based studies show that spanking begins early and often occurs frequently. In one study conducted in North Carolina, about 5% of mothers reported that they had spanked their 3-month old baby (Zolotor, Robinson, Runyan, Barr, & Murphy, 2011), and when looking at children aged 2 years old (<24 months), 70% of mothers said that they had spanked their child at least once (Zolotor et al, 2011). In a community-based study of urban families, 30% of 1-year-old children had been spanked at least once in the past month (Lee, Grogan-Kaylor, & Berger, 2014). Zolotor and colleagues (2011) reported that of the

mothers of 2-year-olds who spanked, 10% said they spanked their child 20 times or more in the past year. In another study, 44% of 3-year-olds were spanked 2 times or more in the past month by one or both parents; only 32% were spanked by neither parent in the past month (Lee, Taylor, Altschul, & Rice, 2013). By the time children are 9 or 10 years old, up to 94% of them have been spanked at least once in their lifetime (Straus & Stewart, 1999; Vittrup & Holden, 2010).

Unfortunately, CP has a host of detrimental effects on child wellbeing. One reason why CP is important to child welfare professionals is because it is linked to greater risk that the child will experience abuse. Although CP in which there are no marks or bruises left on the child is legal in the United States and even in public schools in 19 states, research suggests that children who are physically punished are at greater risk of serious injury and physical abuse (Gershoff, 2008). One study showed that CP raised the odds of physical child abuse by 3 times and by 9 times when an object is used (Zolotor, Theodore, Chang, Berkoff, & Runyan, 2008). In another study, mothers who spanked their child at age 1 were more likely to experience subsequent Child Protective Services involvement (Lee, Grogan-Kaylor, & Berger, 2014).

On the continuum of child wellbeing, the possibility that hitting will escalate to child abuse is clearly a negative outcome for the child. There is considerable evidence to show that CP is harmful to children on other key domains of wellbeing. Gershoff and Grogan-Kaylor published an important meta-analysis that showed that spanking children was associated with numerous negative outcomes across childhood, adolescence, and even into adulthood. For example, CP is associated with increased child aggression and antisocial behavior (Gershoff, Lansford, Sexton, Davis-Kean, & Sameroff, 2012; Grogan-Kaylor, 2005a, 2005b; Gromoske & Maguire-Jack, 2012; Lansford et al., 2011; Lee, Taylor, Alt-

schul, & Rice, 2013; Maguire-Jack, Gromoske, & Berger, 2012; Taylor, Manganello, Lee, & Rice, 2010).

### The Conditional CP Arguments

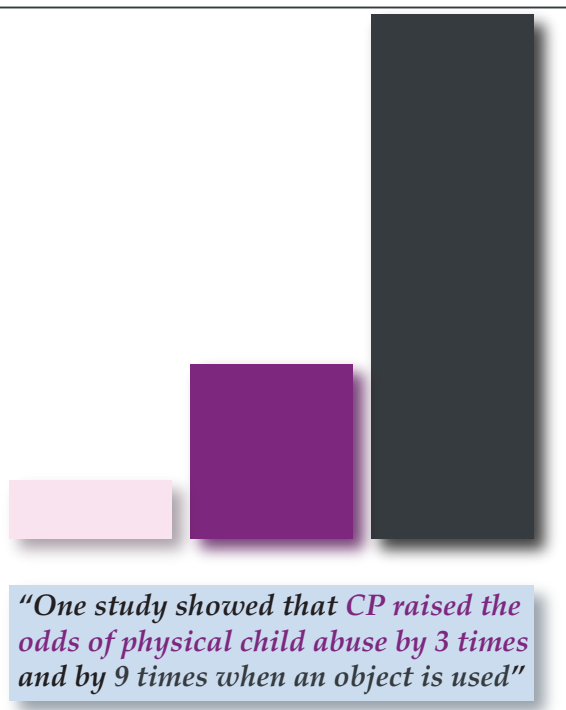
As noted earlier, this research base has not been effectively communicated to child welfare professionals, or to the public in general, perhaps in part because many professionals, parents, and researchers continue to believe that the effects of CP are “conditional” on other aspects of the child environment. In this line of thinking, the effects of spanking are “not necessarily negative or positive, but may be either or both depending on many

other conditions” that characterize the parent-child relationship (Benjet & Kazdin, 2003). Some of the more common conditional CP arguments are that CP is not harmful when it is done in cultural contexts where use of such behavior is normative, when it is done in the context of a warm and loving maternal-child relationship, or when parents use CP in a reasoned or calm manner as opposed to spanking out of parental anger or frustration. Next, I summarize the current literature addressing these arguments. In sum, the research strongly suggests that CP—regardless of the conditions in which it occurs—is harmful to children,

and furthermore, no research to date shows positive effects of CP on child behavior.

### Spanking & Cultural Normativeness

Probably the most persistent, and arguably one of the most pernicious, arguments in support of the use of CP is the “cultural normativeness” argument. In this line of thinking, when a parenting behavior such as spanking is perceived to be culturally normative, it is thus less likely to have negative consequences for children. One early study in particular showed that spanking was linked to externalizing behavior problems for White but not African American children (Deater-Deckard, Bates, Dodge, & Pettit, 1996), which lent credence to



the argument that cultural context may buffer children from experiencing negative effects of physical punishment.

Here it is important to differentiate between two types of research: studies that examine *cultural variations in use of CP* (with culture most often defined by race, ethnicity, or country of origin), and studies that examine cultural normativeness as a *buffer or moderator* of the link between CP and child outcomes. Both U.S.-based studies and international studies have demonstrated that parental CP occurs more frequently in certain cultural contexts and among certain race and ethnic groups (Ellison & Bradshaw, 2009; Gershoff & Grogan-Kaylor, 2016a; Lansford et al., 2010; Lansford et al., 2005; Lansford & Deater-Deckard, 2012; Lansford & Dodge, 2008; Lansford, Wager, Bates, Dodge, & Pettit, 2012; C. Rodriguez, 2008; C. M. Rodriguez & Henderson, 2010). Many have argued that spanking may be more common among African American parents due to cultural factors that emphasize the importance of respecting one's elders and maintaining obedience to protect children from discrimination and physical harm (Dodge, McLoyd, & Lansford, 2005; Ispa & Halgunseth, 2004).

However, research examining whether culture, race, or ethnicity *buffers* the negative consequences of CP on children shows that it does not. Spanking, even when it is culturally normative, still has negative consequences for children (Gershoff & Grogan-Kaylor, 2016a; Gershoff et al., 2010; Gershoff et al., 2012; Lansford et al., 2005). For example, in one study, Black parents reported that they used spanking more often; however, even though the behavior could be described as being more culturally normative for Black parents, spanking still predicted increases in children's externalizing behaviors for Black and White children in this study (Gershoff et al., 2012). Simply experiencing the behavior in a context in which it was normalized did not mitigate its negative consequences for children. In a meta-analysis published in *Family Relations*, Gershoff and Grogan-Kaylor (2016a) examined this issue and concluded that "[c]ontrary to the cultural normativeness perspective, these results demonstrate that spanking is similarly associated with detrimental outcomes for White and Black children in the United States" (p. 498). Similar results are reported in international studies as well (Gershoff et al., 2010).

## Spanking & the Context of Maternal Warmth

Many have argued that CP is not harmful, or is less harmful, when the parent-child relationship is otherwise characterized by high levels of warmth and parental responsiveness (Deater-Deckard, Ivy, & Petrill, 2006; McKee et al., 2007; McLoyd & Smith, 2002). However, recent studies using rigorous longitudinal analytic procedures conducted with large, diverse samples of families suggest that the negative effects of spanking persist, even when accounting for high levels of maternal warmth (Stacks, Oshio, Gerard, & Roe, 2009). This finding was supported in another study that showed that maternal spanking was associated with increased child aggression, and high level of maternal warmth did not buffer against this outcome (Lee, Altschul, & Gershoff, 2013). An international study of parenting in eight countries provided additional evidence in support of the finding that CP was associated with child anxiety and aggression, and that maternal warmth did not, for the most part, moderate those associations; indeed, the authors state, "[O]ur findings suggest that corporal punishment may be *especially harmful* in the context of high warmth" (Lansford et al., 2014, p. 681).

## CP Conducted Within Certain Guidelines

Additionally, an argument commonly posed in support of CP is that it is not harmful to children if done in a reasoned and calm manner. This position holds that providing parents with spanking guidelines (e.g., use with preadolescent children and children over age 2, with an open hand to the buttocks, leaving no mark, as a back-up for less aversive techniques, and not as a primary or the only technique, in conjunction with reasoning, and within a loving family environment) will do more to curb child abuse than outlawing or discouraging spanking (Larzelere, 2000). Unfortunately, research has not supported these claims. As noted earlier, CP is shown to be harmful even in contexts that are high in maternal warmth. Furthermore, one study failed to show that spanking done in a calm and controlled manner was any less harmful than impulsive spanking (Lorber, O'Leary, & Slep, 2011).

Finally, in another study, my colleagues and I wanted to examine whether spanking led to *positive* child behavior. Many parents who use CP feel that it is an effective way to promote children's positive behavior, yet almost no studies had examined whether parental spanking contributed to the development of child social competence. We found that spanking was not associated with children's social competence. Instead, as shown in many prior studies, spanking predicted increases in child aggression. However, maternal warmth and responsiveness to the child *did* predict children's greater social competence. Our study indicated that responding to the child with warmth is a more effective way to promote children's social competence than spanking (Altschul, Lee, & Gershoff, 2016).

### Next Steps

Whereas the use of spanking has been banned in 51 countries (<http://www.endcorporalpunishment.org>), such actions are unlikely in the United States. The General Social Survey indicates that the majority of adults in the U.S. support the use of physical punishment against young children (Straus, 2011). As recently as 2010, 69% of U.S. adults agreed with the statement "[I]t is sometimes necessary to discipline a child with a good, hard spanking" (Lee, Grogan-Kaylor, & Berger, 2014). While the past 24 years have shown a slight decline in how many men (from 84% to 75%) and women (from 82% to 64%) endorse this statement (Child Trends, 2015), shifting attitudes have been primarily in relation to beliefs about CP toward older children. There has been relatively little change in the past 24 years in attitudes supporting use of corporal punishment with young children ( $\leq 5$  years) (Dube, Fairweather, Pearson, Felitti, Anda, & Croft, 2009).

Thus, it is left to organizations such as APSAC, ISPCAN, and others concerned with the welfare of children to take the lead in shifting social norms related to the use of CP. I am grateful that APSAC has done just that, and has released a statement strongly opposing the use of CP in homes and schools. Based on our survey of APSAC members (Taylor and Lee, reported in this issue), while the majority of professionals feel prepared to talk to parents about CP, this tack is not universal. In our survey, respondents pointed to the lack of time, training, and resources, as well as concerns about cul-

tural sensitivity, as barriers that hindered their efforts to provide advice to parents against the use of physical punishment. Thus, to best promote the welfare of children, child welfare agencies should include in their staff training more information about the detrimental effects of CP, so that child welfare professionals are better trained and prepared to address this issue. Such training should include clear, evidence-based information related to the detrimental effects of CP as well as information in helping parents to implement effective alternative disciplinary techniques with their children.

There are multiple benefits of policies from professional organizations against the use of spanking. Such policies call attention to the fact that spanking is an act of violence against children. Statements such as these provide an opportunity to educate professionals who work with children—and who are the most likely to effect change with parents—about the negative consequences of using CP. Organizational policies against the use of CP will begin to shift norms and attitudes that condone the use of violence against children. This is particularly important in the field of child welfare, where professionals work hand in hand with parents who are most likely to benefit from information about the harms of CP and alternative approaches to physical punishment of children. Many—perhaps most—parents think that spanking is a harmless and effective way to discipline children. This brief review of the literature shows that the weight of the evidence suggests that CP is *neither harmless nor is it effective*. Child welfare professionals are in a strong position to educate their colleagues and the parents they work with about effective alternatives to the practice of hitting children for discipline.

### About the Author

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# Evidence Supports APSAC's Position Statement Calling to End Corporal Punishment in All U.S. Homes and Schools

- Altschul, I., Lee, S. J., & Gershoff, E. T. (2016). Hugs, not hits: Warmth and spanking as predictors of child social competence. *Journal of Marriage and Family*, 78(3), 695–714. doi:10.1111/jomf.12306
- Benjet, C., & Kazdin, A. E. (2003). Spanking children: The controversies, findings, and new directions. *Clinical Psychology Review*, 23, 197–224.
- Child Trends Databank. (2015). *Attitudes toward spanking*. Retrieved from: <http://www.childtrends.org/?indicators=attitudes-toward-spanking>
- Deater-Deckard, K., Bates, J. E., Dodge, K. A., & Pettit, G. S. (1996). Physical discipline among African American and European American mothers: Links to children's externalizing behaviors. *Developmental Psychology*, 32(6), 1065–1072.
- Deater-Deckard, K., Ivy, L., & Petrill, S. A. (2006). Maternal warmth moderates the link between physical punishment and child externalizing problems: a parent–offspring behavior genetic analysis. *Parenting: Science & Practice*, 6(1), 59–78.
- Dodge, K. A., McLoyd, V. C., & Lansford, J. E. (2005). The cultural context of physically disciplining children. In V. C. McLoyd, N. E. Hill, & K. A. Dodge (Eds.), *African American family life: Ecological and cultural diversity* (pp. 245–263). New York: Guilford Press.
- Donnelly, M., & Straus, M. A. (2005). *Corporal punishment of children in theoretical perspective*. New Haven, CT: Yale University Press.
- Dube, S., Fairweather, D., Pearson, W. S., Felitti, V. J., Anda, R. F., & Croft, J. B. (2009). Cumulative childhood stress and autoimmune diseases in adults. *Psychosomatic Medicine*, 71, 243–250.
- Ellison, C. G., & Bradshaw, M. (2009). Religious beliefs, socialpolitical ideology, and attitudes toward corporal punishment. *Journal of Family Issues*, 30(3), 320–340. Retrieved from doi:10.1177/0192513X08326331
- Gershoff, E. T. (2008). Report on physical punishment in the United States: What research tells us about its effects on children. Columbus, OH: Center for Effective Discipline.
- Gershoff, E. T., & Grogan-Kaylor, A. (2016a). Race as a moderator of associations between spanking and child outcomes. *Family Relations*, 65, 490–501.
- Gershoff, E. T., & Grogan-Kaylor, A. (2016b). Spanking and child outcomes: Old controversies and new meta-analyses. *Journal of Family Psychology*. doi:10.1037/fam0000191
- Gershoff, E. T., Grogan-Kaylor, A., Lansford, J. E., Chang, L., Zelli, A., Deater-Deckard, K., & Dodge, K. A. (2010). Parent discipline practices in an international sample: Associations with child behaviors and moderation by perceived normativeness. *Child Development*, 81(2), 487–502. doi:10.1111/j.1467-8624.2009.01409.x

- Gershoff, E. T., Lansford, J. E., Sexton, H. R., Davis-Kean, P. E., & Sameroff, A. J. (2012). Longitudinal links between spanking and children's externalizing behaviors in a national sample of White, Black, Hispanic, and Asian American families. *Child Development*, 83(3), 838–843. doi:10.1111/j.1467-8624.2011.01732.x
- Grogan-Kaylor, A. (2005a). Corporal punishment and the growth trajectory of children's antisocial behavior. *Child Maltreatment*, 10(3), 283–292. doi:10.1177/1077559505277803
- Grogan-Kaylor, A. (2005b). Relationship of corporal punishment and antisocial behavior by neighborhood. *Archives of Pediatrics and Adolescent Medicine*, 159(10), 938–942.
- Gromoske, A. N., & Maguire-Jack, K. (2012). Transactional and cascading relations between early spanking and children's social-emotional development. *Journal of Marriage and Family*, 74, 1054–1068.
- Ispa, J. M., & Halgunseth, L. C. (2004). Talking about corporal punishment: Nine low-income African American mothers' perspectives. *Early Childhood Research Quarterly*, 19(3), 463–484.
- Lansford, J. E., Sharma, C., Malone, P. S., Woodlief, D., Dodge, K. A., Oburu, P., . . . Di Giunta, L. (2014). Corporal punishment, maternal warmth, and child adjustment: A longitudinal study in thirteen cultural groups. *Journal of Clinical Child & Adolescent Psychology*, 43, 33.
- Lansford, J. E., Alampay, L. P., Al-Hassan, S., Bacchini, D., Bombi, A. S., Bornstein, M. H., . . . & Oburu, P. (2010). Corporal punishment of children in nine countries as a function of child gender and parent gender. *International Journal of Pediatrics*, 2010, 1–12.
- Lansford, J. E., Chang, L., Dodge, K. A., Malone, P. S., Obuni, P., Palmerus, K., . . . & Quinn, N. (2005). Physical discipline and children's adjustment: Cultural normativeness as a moderator. *Child Development*, 76, 1234–1246.
- Lansford, J. E., Criss, M. M., Laird, R. D., Shaw, D. S., Pettit, G. S., Bates, J. E., & Dodge, K. A. (2011). Reciprocal relations between parents' physical discipline and children's externalizing behavior during middle childhood and adolescence. *Development and Psychopathology*, 23, 225–238. doi:10.1017/S0954579410000751
- Lansford, J. E., & Deater-Deckard, K. (2012). Childrearing discipline and violence in developing countries. *Child Development*, 83(1), 62–75. doi:10.1111/j.1467-8624.2011.01676.x
- Lansford, J. E., & Dodge, K. A. (2008). Cultural norms for adult corporal punishment of children and societal rates of endorsement and use of violence. *Parenting: Science and Practice*, 8(3), 257–270.
- Lansford, J. E., Wager, L. B., Bates, J. E., Dodge, K. A., & Pettit, G. S. (2012). Parental reasoning, denying privileges, yelling, and spanking: Ethnic differences and associations with child externalizing behavior. *Parenting: Science & Practice*, 12(1), 42–56.
- Larzelere, R. E. (2000). Child outcomes of nonabuse and customary physical punishment by parents: An updated literature review. *Clinical Child and Family Psychology Review*, 3(4), 199–221.
- Lee, S. J., Altschul, I., & Gershoff, E. T. (2013). Does warmth moderate longitudinal associations between maternal spanking and child aggression in early childhood? *Developmental Psychology*, 49(11), 2017–2028. doi:10.1037/a0031630
- Lee, S. J., Grogan-Kaylor, A., & Berger, L. M. (2014). Parental spanking of 1-year-old children and subsequent Child Protective Services involvement. *Child Abuse & Neglect*, 38, 875–883. doi:10.1016/j.chia.2014.01.018



- Lee, S. J., Taylor, C. A., Altschul, I., & Rice, J. (2013). Parental spanking and subsequent risk for child aggression in father-involved families of young children. *Children and Youth Services Review*, 35(9), 1476–1485. doi:10.1016/j.childyouth.2013.05.016
- Lorber, M. F., O’Leary, S. G., & Slep, A. M. S. (2011). An initial evaluation of the role of emotion and impulsivity in racial/ ethnic differences in the use of corporal punishment. *Developmental Psychology*, 47(6), 1744–1749.
- Maguire-Jack, K., Gromoske, A. N., & Berger, L. M. (2012). Spanking and child development during the first five years of life. *Child Development*, 83(6), 1960–1977.
- McKee, L., Roland, E., Coffelt, N., Olson, A. L., Forehand, R., Massari, C., . . . & Zens, M. S. (2007). Harsh discipline and child problem behaviors: The roles of positive parenting and gender. *Journal of Family Violence*, 22, 187–196. doi:10.1007/s10896-007-9070-6
- McLoyd, V. C., & Smith, J. (2002). Physical discipline and behavior problems in African American, European American, and Hispanic children: Emotional support as a moderator. *Journal of Marriage and Family*, 64(1), 40–53. doi:10.1111/j.1741-3737.2002.00040.x
- Rodriguez, C. (2008). Ecological predictors of disciplinary style and child abuse potential in a Hispanic and Anglo-American sample. *Journal of Child and Family Studies*, 17, 336–352.
- Rodriguez, C. M., & Henderson, R. C. (2010). Who spares the rod? Religious orientation, social conformity, and child abuse potential. *Child Abuse & Neglect*, 34, 84–94.
- Stacks, A. M., Oshio, T., Gerard, J., & Roe, J. (2009). The moderating effect of parental warmth on the association between spanking and child aggression: A longitudinal approach. *Infant and Child Development*, 18, 178–194.
- Straus, M. A. (2011, June). *History and trends in research on spanking*. Paper presented at the Global Summit on Ending Corporal Punishment and Promoting Positive Discipline, Dallas, Texas.
- Straus, M. A., & Stewart, J. H. (1999). Corporal punishment by American parents: National data on prevalence, chronicity, severity, and duration, in relation to child and family characteristics. *Clinical Child and Family Psychology Review*, 2, 55–70. doi:10.1023/A:1021891529770
- Taylor, C. A., Manganello, J. A., Lee, S. J., & Rice, J. (2010). Mothers’ spanking of 3-year-old children and subsequent risk of children’s aggressive behavior. *Pediatrics*, 125(5), e1057–e1065. doi:10.1542/peds.2009-2678
- Vittrup, B., & Holden, G. W. (2010). Children’s assessments of corporal punishment and other disciplinary practices: The role of age, race, SES, and exposure to spanking. *Journal of Applied Developmental Psychology*, 31(3), 211–220. doi:10.1016/j.appdev.2009.11.003
- Zolotor, A. J., Robinson, T. W., Runyan, D. K., Barr, R. G., & Murphy, R. A. (2011). The emergence of spanking among a representative sample of children under 2 years of age in North Carolina. *Frontiers in Psychiatry: Child and Neurodevelopmental Psychiatry*, 2, 1–8.
- 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(4), 364–369. doi: 10.1016/j.amepre.2008.06.031

# APSAC Members' Responses to a Survey of Attitudes & Beliefs About Corporal Punishment

*Cathy Taylor, PhD, MPH, LCSW  
and Shawna J. Lee PhD, MSW, MPP*

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During the summer of 2015, we conducted a survey of the full membership list of APSAC. Frank Vandervort, President of APSAC, sent an email to all APSAC members inviting them to participate in this survey about corporal punishment (CP), which took ten minutes or less to complete. We had an outstanding response rate! Over half (51%) of the APSAC membership completed this survey. Thanks to all of you who participated! This article reports on the key results of the survey.

## Respondents

The APSAC members who completed this survey (n=569) were mainly counselors and mental health professionals (25.5%), physicians (19.5%), and “other professions” (18.6%), such as forensic interviewers, nurse practitioners, and advocates.

## Attitudes and Beliefs About CP

When asked about their attitudes toward corporal punishment, such as spanking, the majority of respondents did not agree that “spanking is a normal part of parenting” and that “sometimes the only way to get a child to behave is with a spank.” Similarly, the vast majority of respondents agreed that overall “spanking is a bad disciplinary technique” and that it is “harmful for children.” When asked to gauge their colleagues’ attitudes on this topic, respondents rated them as having more moderate views, believing that their colleagues’ views were in the same direction but not as strongly held as their own. Participants were also asked to rate their opinions about both the likely positive and negative outcomes of

CP. Most believed that CP “seldom” or “never” resulted in positive outcomes, such as better self-control, better behavior in the long-term, a better relationship with the parent, or a decreased likelihood of delinquency in the future. And most believed that CP results in more negative outcomes, such as more aggressive behavior, poorer mental health, and poorer cognitive abilities “sometimes” or “most of the time,” and sometimes physical abuse or injury.

## Relevant Training and Practice Needs

The majority of participants reported feeling “extremely” or “very” well-trained, well-supported, and confident in providing advice to parents about child discipline. And the majority felt “extremely” or “very” strongly that providing such advice is a high priority; yet, the majority also felt that parents only “somewhat” valued or followed their advice. Although the majority of respondents felt that responding to child abuse after the fact was emphasized in their professional training, most felt that primary prevention of child abuse (or preventing abuse before it occurs) was emphasized very little or not at all. The majority perceived the following as the main barriers to providing more advice to parents about how best to discipline their children: (1) concerns about cultural sensitivity, (2) lack of time, (3) lack of training, and (4) lack of resources. Yet, the majority of respondents were “extremely” to “very” motivated to learn more about how to better educate and intervene with parents and colleagues, and to promote change within their professions to challenge norms that promote the use of CP.

The results of this survey indicated a strong consensus

among APSAC members that CP is harmful for children and that alternative parenting strategies should be promoted. We found that the professionals in APSAC are well-informed of the emergent scientific consensus on this topic, extremely motivated to learn more and to promote change, and yet feeling constrained in advising parents due to concerns about culture, time, resources, and training.

The results of this survey provided a strong rationale for the APSAC Position Statement on Corporal Punishment of Children, which we formulated with our colleagues who are members of the APSAC Prevention Committee. This important statement, which calls for the elimination of all forms of corporal punishment and physical discipline of children in schools and at home, was accepted by the APSAC Board during the summer of 2016. The full text of the Position Statement on Corporal Punishment of Children is also published in this issue of the *Advisor*.

We hope this survey and the APSAC Position Statement on Corporal Punishment of Children will be of use to professionals as we move the field forward in promoting efforts to prevent child physical abuse.

## About the Authors

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# APSAC's Position on Corporal Punishment

## *APSAC Prevention Committee*

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The American Professional Society on the Abuse of Children (APSAC) is the leading national organization supporting professionals who serve children and families affected by child maltreatment. APSAC works toward a world where all maltreated and at-risk children and their families receive the highest level of professional commitment and service, prioritizing the safety and wellbeing of children. To that end, APSAC calls for the elimination of all forms of corporal punishment and physical discipline of children in all environments including in schools and at home. Corporal punishment is herein defined as “the use of physical force with the intention of causing a child to experience pain, but not injury, for the purpose of correcting or controlling the child’s behavior.”<sup>1</sup> Physical force in the form of hitting is often referred to as spanking, swatting, whipping, whooping, popping, smacking, slapping, or paddling—all of which are behaviors used in the name of child discipline. Studies show that corporal punishment is very common in the U.S.<sup>2,3</sup> In about 50% of families, corporal punishment is used against children by the time they are 1–1/2 years old.<sup>4,5</sup>

APSAC is committed to ending all abuse of children and promoting children’s welfare. Given the research evidence about the harms associated with corporal punishment, APSAC opposes hitting children for discipline or other purposes. APSAC calls for the elimination of all forms of corporal punishment in part because it increases children’s risk for physical abuse.<sup>6,8</sup> The Adverse Childhood Experiences research found that 28% of adults experienced some form of physical punishment as a child, including being pushed, grabbed, slapped, or hit.<sup>9</sup> Consistent with other research, a major Canadian study found that nearly three quarters of all cases of “substantiated physical abuse” began as corporal punishment.<sup>10</sup> Young children who experience corporal punishment are at greater risk for Child Protective Services involvement.<sup>11</sup> Additionally, corporal punishment

is related to a host of negative outcomes for children, including risk for child behavioral problems such as increased aggression and antisocial behavior.<sup>7,12,13</sup> No studies show that corporal punishment has positive effects on children or leads to improved child behavior.<sup>7,14,15</sup>

APSAC members are in an excellent position to educate parents and caregivers of children, as well as individuals who work with children and families, about the negative consequences associated with the use of corporal punishment. APSAC advocates for behaviors and practices that will develop caring and responsible individuals and recommends strategies that will nurture, teach, and guide children and adolescents while supporting and promoting the child’s dignity. APSAC recommends professionals engage in the following:

- Inform parents, caregivers, teachers, and the general public about the harmful effects of corporal punishment;
- Educate parents, caregivers, and teachers about age-specific expectations for child skills, behavior, and development;
- Provide parents, caregivers, teachers, pediatricians, clinicians, and other professionals who work with parents and families with suggestions for positive parenting approaches that use non-physical forms of child guidance, for example, teaching children limit setting, self-regulation, and respect for self and others.

The United Nations Convention on the Rights of the Child (UN CRC), adopted in November 1989, specifies that all governments who ratified the Convention must take appropriate measures to protect children from all forms of physical and mental violence, including corporal punishment. The UN CRC strongly supports parents providing nonviolent guidance and direction to their children. In schools, administrators and teachers are to take into account the child’s “human dignity”

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and eliminate any physical discipline practices that may cause physical or mental harm.<sup>16</sup> Hitting family members other than children, as well as hitting acquaintances or strangers, is considered assault and a crime. Children, too, have the right and need to be afforded the same consideration in all settings.

Research shows that use of corporal punishment varies by culture, nationality, race, and ethnicity—that is, corporal punishment is more commonly used and more accepted in some cultural contexts.<sup>17-19</sup> However, corporal punishment is associated with negative outcomes for children across cultural contexts.<sup>20,21</sup> Globally, there is growing commitment to a universal ban against corporal punishment. As of May 2016, 49 countries worldwide had prohibited all corporal punishment of children, including in the home and at least 54 more countries had expressed a commitment to full prohibition. (For the most current list, see: <http://www.endcorporalpunishment.org/>)

Furthermore, the APSAC position statement is informed by professional position statements against corporal punishment or addressing better alternatives to child discipline issued by:

- American Academy of Child and Adolescent Psychiatry's Maltreatment and Violence Committee
- American Academy of Pediatrics (AAP)
- American Psychoanalytic Association (APsaA)
- National Association of Pediatric Nurse Practitioners (NAPNAP)

- National Partnership to End Interpersonal Violence (NPEIV)
- Save the Children
- Section 37 of the American Psychological Association (APA) – Society for Child and Family Policy and Practice
- The Association for Childhood Education International (ACEI)

Furthermore, the Centers for Disease Control and Prevention has issued a technical package called Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities on strategies and approaches for preventing child abuse and neglect.<sup>22</sup> Legislative bans on corporal punishment, as evidenced in 49 countries worldwide, is an effective strategy proposed by CDC as an approach for changing social norms to support parents and positive parenting.

Therefore, building on the growing global progress toward universal prohibition of corporal punishment of children, in a commitment to promote quality, safe, and nurturing environments where children can grow and develop to their full potential, APSAC calls for the elimination of all forms of corporal punishment of children in all settings including homes and schools. APSAC pledges an active role to inform our allied professionals, policy makers, and the general public about the risk factors associated with the corporal punishment of children.

## References and Citations

### APSAC's Position on Corporal Punishment

- Crawford, A. and Benoit, D. (2009). Caregivers' disrupted representations of the unborn child predict later infant-caregiver disorganized attachment and disrupted interactions. *Infant Mental Health Journal* 30(2), 124-144.
- Donnelly M., Straus M.A. *Corporal Punishment of Children in Theoretical Perspective*. New Haven, CT: Yale University Press; 2005.
- Straus M.A., Stewart J.H. Corporal punishment by American parents: National data on prevalence, chronicity, severity, and duration, in relation to child and family characteristics. *Clinical Child and Family Psychology Review*. 1999;2:55-70.
- Straus M.A. Prevalence, societal causes, and trends in corporal punishment by parents in world perspective. *Law and Contemporary Problems*. 2010;73(1):1-30.

## References and Citations, continued

- Zolotor A.J., Robinson T.W., Runyan D.K., Barr R.G., Murphy R.A. The emergence of spanking among a representative sample of children under 2 years of age in North Carolina. *Frontiers in Psychiatry: Child and Neurodevelopmental Psychiatry*. 2011;2:1-8.
- MacKenzie M.J., Nicklas E., Brooks-Gunn J., Waldfogel J. Who spans infants and toddlers? Evidence from the fragile families and child well-being study. *Children and Youth Services Review*. 2011;33(8):1364-1373.
- Gershoff E.T. Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*. 2002;128(4):539-579.
- Gershoff E.T., Grogan-Kaylor A. Spanking and child outcomes: Old controversies and new meta-analyses. *Journal of Family Psychology*. 2016.
- Anda R.F., Felitti V.J., Bremner J.D., et al. The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*. 2006;256:174-186.
- Trocme N., Fallon B., MacLaurin B., et al. *Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Executive Summary & Chapters 1-5*. Ottawa: Public Health Agency of Canada;2010.
- Lee S.J., Grogan-Kaylor A., Berger L.M. Parental spanking of 1-year-old children and subsequent Child Protective Services involvement. *Child Abuse & Neglect*. 2014;38:875-883.
- Taylor C.A., Manganello J.A., Lee S.J., Rice J. Mothers' spanking of 3-year-old children and subsequent risk of children's aggressive behavior. *Pediatrics*. 2010;125(5):e1057-e1065.
- Maguire-Jack K., Gromoske A.N., Berger L.M. Spanking and child development during the first five years of life. *Child Development*. 2012;83(6):1960-1977.
- Altschul I., Lee S.J., Gershoff E.T. Hugs, not hits: Warmth and spanking as predictors of child social competence. *Journal of Marriage and Family*. 2016;78:695-714.
- Durrant J.E., Ensom R. Physical punishment of children: Lessons from 20 years of research. *Canadian Medical Association Journal* 2012;184(12):1373-1377.
- Child CotRot. *General Comment No. 8 (2006): The right of the child to protection from corporal punishment and/or cruel or degrading forms of punishment* (articles 1, 28(2) and 37). Geneva, Switzerland: United Nations;2006.
- Lansford J.E., Dodge K.A. Cultural norms for adult corporal punishment of children and societal rates of endorsement and use of violence. *Parenting: Science and Practice*. 2008;8(3):257-270.
- Lansford J.E., Alampay L.P., Al-Hassan S.M., et al. Corporal punishment of children in nine countries as a function of child gender and parent gender. *International Journal of Pediatrics*. 2010.
- Lansford J.E., Deater-Deckard K. Childrearing discipline and violence in developing countries. *Child Development*. 2012;83(1):62-75.
- Gershoff E.T., Lansford J.E., Sexton H.R., Davis-Kean P.E., Sameroff A.J. Longitudinal links between spanking and children's externalizing behaviors in a national sample of White, Black, Hispanic, and Asian American Families. *Child Development*. 2012;83(3):838-843.
- Gershoff E.T., Grogan-Kaylor A., Lansford J.E., et al. Parent discipline practices in an international sample: Associations with child behaviors and moderation by perceived normativeness. *Child Development*. 2010;81(2):487-502.
- Fortson B.L., Klevens J., Merrick M.T., Gilbert L.K., Alexander S.P. *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2016.

## Selected Additional Readings on Parental Discipline & Parent Training

### Resources for Parents:

Centers for Disease Control and Prevention, *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*: <http://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>

Centers for Disease Control and Prevention, *Essentials for Parenting*: <http://www.cdc.gov/parents/essentials/index.html>

American Psychological Association, *ACT Raising Safe Kids Parenting Program*: <http://www.apa.org/pi/prevent-violence/programs/act.aspx>

Durrant, J. E. (2013). *Positive Discipline in Everyday Parenting (3rd ed.)*. Sweden: Save the Children. <http://www.positive-disciplineeveryday.com/>

### Primary Prevention – Parent Education and Anticipatory Guidance Approaches

Ateah, C. A. (2013). Prenatal parent education for first-time expantant parents: “Making it through labor is just the beginning...”. *Journal of Pediatric Health Care*, 27(2), 91-97.

Holden, G. W., Brown, A. S., Baldwin, A. S., & Caderao, K. C. (2013). Research findings can change attitudes about corporal punishment. *Child Abuse & Neglect*, 38(5), 902-908.

Reich, S. M., Penner, E. K., Duncan, G. J., & Auger, A. (2012). Using baby books to change new mothers’ attitudes about corporal punishment. *Child Abuse & Neglect*, 36(2), 108-117.

Scholer, S. J., Hudnut-Beumler, J., & Dietrich, M. S. (2010). A brief primary care intervention helps parents develop plans to discipline. *Pediatrics*, 125(2), e242-e249.

Sege, R. D., Perry, G., Stigol, L., Cohen, L., Griffith, J., Cohn, M., & Spivak, H. (1997). Short-term effectiveness of anticipatory guidance to reduce early childhood risks for subsequent violence. *151*, 4(392-397).

Stein, M.T. (2010). Teaching parents effective discipline during a health supervision visit. *Pediatrics*, 125, e442-e443.

### The ACT Program

Knox, M., Burkhart, K. & Cromley, A. (2013). Supporting positive parenting in community health centers: The ACT Raising Safe Kids Program. *Journal of Community Psychology*, 41(4), 395-407.

Knox, M. S., Pelletier, H., & Vieth, V. (2014). Effects of medical student training in child advocacy and child abuse prevention and intervention. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(2), 129-133.

Portwood, S. G., Lambert, R. G., Abrams, L. P., & Nelson, E. B. (2011). An Evaluation of the Adults and Children Together (ACT) Against Violence Parents Raising Safe Kids Program. *The Journal of Primary Prevention*, 32(3-4), 147-160.

### Positive Discipline in Everyday Parenting

Durrant, J. E. (2013). *Positive Discipline in Everyday Parenting (3rd ed.)*. Sweden: Save the Children.

## Incredible Years

Webster-Stratton, C., & Reid, J.M. (2012). *The Incredible Years: Evidence based parenting and child programs for families involved in the child welfare system*. Chapter 2 in *Programs and Intervention for Maltreated Children and Families at Risk* (Editor: Rubin). Chapter is available online through University of Michigan Library System.

## Nurturing Parenting Program (NPP)

Bavolek, S. J. (2000). *The Nurturing Parenting Programs*. Office of Juvenile Justice and Delinquency Prevention Bulletin

Palusci, V. J., Crum, P., Bliss, R., & Bavolek, S. J. (2008). Changes in parenting attitudes and knowledge among inmates and other at-risk populations after a family nurturing program. *Children and Youth Services Review*, 30(1), 79–89.

Bavolek, S.J., & Hodnett, K.H. (2012). *The Nurturing Parent Programs: Preventing and treating child abuse and neglect*. Chapter 19 in *Programs and Intervention for Maltreated Children and Families at Risk* (Editor: Rubin). Chapter is available online through University of Michigan Library System.

## SafeCare Parenting Program

Edwards-Gaura, A., Whitaker, D.J., Lutzker, J.R., Self-Brown, S., & Lewis, E. (2012). *Safe Care: Application of an evidence-based program to prevent child maltreatment*. Chapter 17 in *Programs and Intervention for Maltreated Children and Families at Risk* (Editor: Rubin). Chapter is available online through University of Michigan Library System.

## General Reading on Discipline and Effects on Children

Fontes, L.A., (2005). Physical discipline and abuse (pp. 108–134). *Child abuse and culture: working with diverse cultures*. Guilford Press.

Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128, 539-579.

Gershoff, E. T. (2013). Spanking and child development: We know enough now to stop hitting our children. *Child Development Perspectives*, 7, 133-137.

Gershoff, E.T., Purtell, K.M., & Holas, I. (2015). Corporal punishment in US public schools: Legal precedents, current practices, and future policy. *Springer Briefs in Psychology*, Fiese, B.H. (Ed).

Holden, G. W., Williamson, P. A., & Holland, G. W. O. (2014). Eavesdropping on the family: A pilot investigation of corporal punishment in the home. *Journal of Family Psychology*.

Lee, S. J., Grogan-Kaylor, A., & Berger, L. M. (2014). Parental spanking of 1-year-old children and subsequent Child Protective Services involvement. *Child Abuse & Neglect*, 38, 875-883.

Lee, S. J., Altschul, I., & Gershoff, E. T. (2013). Does warmth moderate longitudinal associations between maternal spanking and child aggression in early childhood? *Developmental Psychology*, 49, 2017-2028.

MacKenzie, M. J., Nicklas, E., Waldfogel, J., & Brooks-Gunn, J. (2013). Spanking and child development across the first decade of life. *Pediatrics*, 132, e1118-e1125.

Taylor, C. A., Manganello, J. A., Lee, S. J., & Rice, J. (2010). Mothers' spanking of 3-year-old children and subsequent risk of children's aggressive behavior. *Pediatrics*, 125, e1057-e1065.

Zolotor, A. J., Robinson, T. W., Runyan, D. K., Barr, R. G., & Murphy, R. A. (2011). The emergence of spanking among a representative sample of children under 2 years of age in North Carolina. *Frontiers in Psychiatry: Child and Neurodevelopmental Psychiatry*, 2, 1-8.



## Community-Level Risk Factors

- Button, D. M. (2008). Social Disadvantage and Family Violence: Neighborhood Effects on Attitudes about Intimate Partner Violence and Corporal Punishment. *American Journal of Criminal Justice*, 33(1), 130–147.
- Grogan-Kaylor, A. (2005). Relationship of corporal punishment and antisocial behavior by neighborhood. *Archives of Pediatrics & Adolescent Medicine*, 159(10), 938–942.
- Molnar, B. E., Buka, S. L., Brennan, R. T., Holton, J. K., & Earls, F. (2003). A multilevel study of neighborhoods and parent-to-child physical aggression: Results from the project on human development in Chicago neighborhoods. *Child Maltreatment*, 8(2), 84–97.

## Culture, Race, Ethnicity, Religion, and Gender

- Fontes, L. A. (2002). Child discipline and physical abuse in immigrant Latino families. *Journal of Counseling and Development*, 80, 31-40.
- Gershoff, E. T., Lansford, J. E., Sexton, H. R., Davis-Kean, P. E., & Sameroff, A. J. (2012). Longitudinal links between spanking and children's externalizing behaviors in a national sample of White, Black, Hispanic, and Asian American Families. *Child Development*, 83(3), 838-843. doi: 10.1111/j.1467-8624.2011.01732.x
- Gershoff, E. T., Grogan-Kaylor, A., Lansford, J. E., Chang, L., Zelli, A., Deater-Deckard, K., & Dodge, K. A. (2010). Parent discipline practices in an international sample: Associations with child behaviors and moderation by perceived normativeness. *Child Development*, 81, 487-502.
- Gershoff, E., et al. (1999). Parenting influences from the pulpit: Religious affiliation as a determinant of parental corporal punishment. *Journal of Family Psychology*, 13, 3(307-320).
- Lansford, J. E., Chang, L., Dodge, K. A., Malone, P. S., Obuni, P., Palmerus, K., . . . Quinn, N. (2005). Physical discipline and children's adjustment: Cultural normativeness as a moderator. *Child Development*, 76, 1234-1246.
- Lee, S.J., & Altschul, I. (2015). Spanking of young children: Do immigrant and U.S. born Hispanic parents differ? *Journal of Interpersonal Violence*, 30(3), 475-498.
- Giles-Sims, J., & Lockhart, C. (2005). Culturally shaped patterns of disciplining children. *Journal of Family Issues*, 26(2), 196.

## Attachment Style:

- Cramer, P., & Kelly, F. D. (2010). Attachment style and defense mechanisms in parents who abuse their children. *The Journal of Nervous and Mental Disease*, 198(9), 619-627.
- Crawford, A. and Benoit, D. (2009). Caregivers' disrupted representations of the unborn child predict later infant-caregiver disorganized attachment and disrupted interactions. *Infant Mental Health Journal* 30(2), 124-144.



# Corporal Punishment in Schools

*Rania Hannan, MSW*

Many people are surprised to learn that the use of corporal punishment (CP) is still legal in public schools in 19 states and in private schools in 48 states. Permissible CP in schools typically refers to “the deliberate infliction of physical pain by hitting, paddling, spanking, slapping, or any other physical force used as a means of discipline” (Texas Education Code, 2013). CP in public schools is more common in Southern states (e.g., Mississippi, Alabama, and Arkansas, where half of all students attend schools that use CP) and, generally speaking, in states with higher proportions of childhood poverty, child death rates, and adults without high school diplomas (Gershoff, Purtell, & Holas, 2015). During the 2013–2014 school year, approximately 109,000 students received CP (Education Week Research Center, 2016).

Studies have shown that CP administered by parents leads to negative child outcomes. Although there are fewer studies on school CP per se, in general these studies show that CP is ineffective at disciplining children and CP by teachers and school administrators can lead to many of the same negative consequences as CP by parents (Gershoff, Purtell, & Holas, 2015). In a meta-analysis of 27 studies, Gershoff (2002) found no evidence that CP is associated with less aggression. In fact, research shows that the more a child receives CP, the more aggressive he or she is likely to be. There is also no evidence that the use of CP is associated with better self-control skills or social skills (Society for Adolescent Medicine, 2003). CP in schools has been associated with problematic physical outcomes and psychological outcomes, including greater use of violence, greater sense of alienation, reduced student self-esteem, and reduced student academic achievement (Hyman, 1995; Hyman & Perone, 1998). Researchers have also found that CP can have long-term consequences. Studies show that use of CP in childhood increased the likelihood of de-

veloping mental health issues, such as antisocial behavior, addiction, mood disorders, and personality disorders (Afifi, Mota, Dasiewicz, MacMillan, & Sareen, 2012; Gershoff, 2002).

CP against students is more common toward boys. Boys are, on average, four times as likely as girls to receive CP in schools (Gershoff & Font, 2016). In North Carolina, 83% of reported discipline cases were male (North Carolina Department of Public Instruction, 2015). CP toward both sexes has gradually decreased over time; however, boys have always constituted a larger proportion at each time point studied (Gershoff, Purtell, & Holas, 2015). Given the association between CP and behavior problems, it is important to note that boys who develop behavior problems in early childhood experience a larger negative impact on high school and college completion rates than girls (Owens, 2016).

Research also shows that the use of CP against students disproportionately affects disabled students and minority students. Black students are twice as likely as white students to receive CP from teachers and school administrators (Gershoff, Purtell, & Holas, 2015). The rate of CP against black students has remained nearly the same over the years, while it has decreased for white students. That is, in 1976, black students were 1.9 times more likely than white students to receive CP; 30 years later, that number actually increased slightly to 2.2.

In fact, 22% of students attending schools that allow CP are black, yet they accounted for 38% of cases of students receiving CP during the 2013–2014 school year (Education Week Research Center, 2016). This disparity is substantially larger in some states. In Maine, black students received physical punishment 8 times more than white students during the 2011–2012 school year (Startz, 2016). One explanation for this discrepancy is that black students are discriminated against when it comes to who receives punishment and to what extent (Eitle & Eitle, 2004). The American Psychological As-

sociation Zero Tolerance Task Force (2008) posits that there is no evidence that black children have higher rates of misbehavior; in actuality, they receive harsher punishment than their white peers for the same misbehaviors.

Documentation of school CP among disabled students is equally disturbing. Data from the 2006–2007 school year show that roughly 42,000 disabled students in public schools received CP (Farmer, 2008). An in-depth investigation discovered that disabled children were receiving physical punishment for displaying behaviors that were symptoms of their disabilities or conditions (including autism, Tourette Syndrome, obsessive compulsive disorder, and dyslexia) (Farmer, 2008). In many states, disabled students are much more likely to receive CP than their non-disabled peers (U.S. Department of Education, 2015; Gershoff, Purtell, & Holas, 2015). As

noted in the November 2016 “Open Letter to Local and State Educational Agencies & Policymakers,” written by the National Women’s Law Center (NWLC) and signed by many other organi-

zations including APSAC, across several states during the 2011–2012 school year, students with disabilities were over 5 times more likely to receive CP than students without disabilities. During the 2005–2006 school year in Arizona, disabled children received CP at a rate that was almost 6 times higher than that for non-disabled children. In other words, disabled students made up only 13% of the total student population in Arizona, while they were 43% of the students receiving CP during that school year.

Many supporters of CP in schools argue that it increases academic success. However, evidence demonstrates a strong correlation between the presence of school corporal punishment and low overall academic achievement (Gershoff, Purtell, & Holas, 2015). Another common argument in favor of CP in schools is that it is an effective last resort method for serious infractions. Yet much of this type of discipline is a result of offenses that are decidedly minor compared with what one would consider a serious infraction. Just a few examples in-

clude the following: running down the hallway, being late to class, mispronouncing words, violating the dress code, talking back to teachers, and sleeping in class (Society for Adolescent Medicine, 2003; Farmer, 2008). A 2013 report released by the North Carolina Department of Public Instruction showed that 48% of cases of CP were for disruptive behavior; 26% for inappropriate language, bus misbehavior, or disrespecting staff; and 25% for fighting or aggression. Other existing evidence makes it clear that school CP is not used only as a last resort for students that misbehave often or for serious offenses (Gershoff, Purtell, & Holas, 2015).

A study of Midwest, South, and Southwest states showed that educators ranked CP as the least effective method of classroom management (Little & Akin-Little, 2008). The fact that the same students receive CP over and over again is just further evidence (Teicher, 2005). To-

day, there is growing support to end CP in schools as educators, policy makers, and the general public become more aware of the indisputable harm of CP against students. As previously noted, the

*“No school can be considered safe or supportive if its students are fearful of being physically punished.”*

NWLC (2016) and over 80 other organizations posted an open letter (2016) calling for the end to CP in schools. That same week, U.S. Secretary of Education John B. King Jr. released a statement addressed to governors and state education administrators also urging the ban of CP in schools. King eloquently summarized the importance of ending CP in schools during a separate press release: “Our schools are bound by a sacred trust to safeguard the wellbeing, safety and extraordinary potential of the children and youth within the communities they serve. No school can be considered safe or supportive if its students are fearful of being physically punished (King, 2016).”

## About the Author

*Rania Hannan, MSW is a graduate from the University of Michigan. Her current research focuses on fatherhood engagement in Flint, MI, and past work includes a thesis on theory of mind across genders and lifespan. Her research interests include fatherhood involvement, second generation Americans, housing insecurity, and mental health.*

# References and Citations

## Corporal Punishment in Schools

- Afifi, T. O., Mota, N. P., Dasiewicz, P., MacMillan, H. L., & Sareen, J. (2012). Physical punishment and mental disorders: results from a nationally representative U.S. sample. *Pediatrics*, 130(2), 184-192.
- Arcus, D. (2002). School shooting fatalities and school corporal punishment: A look at the states. *Aggressive Behavior*, 28(3), 173-183.
- Brookings Institution. (2016). Schools, black children, and corporal punishment. <http://www.brookings.edu/blogs/brown-center-chalkboard/posts/2016/01/14-schools-black-children-corporalpunishment-startz/>
- Education Week (2016). Corporal Punishment Use Found in Schools in 21 States. <http://www.edweek.org/ew/articles/2016/08/23/corporal-punishment-use-found-in-schools-in.html>
- Eitle, T. M. & Eitle, D. J. (2004). Inequality, segregation, and the overrepresentation of African Americans in school suspensions. *Sociological Perspectives*, 47, 269–287.
- Human Rights Watch & ACLU. (2008). Impairing education: Corporal punishment of students with disabilities in U.S. public schools.
- Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychological bulletin*, 128(4), 539.
- Gershoff, E. T., Purtell, K. M., & Holas, I. (2015). Legal and Public Policy Strategies to Reduce or Ban School Corporal Punishment. *Corporal Punishment in US Public Schools*. Springer International Publishing
- Gershoff, E. T., & Font, S. A. (2016). Corporal Punishment in US Public Schools: Prevalence, Disparities in Use, and Status in State and Federal Policy. *Social Policy Report*, 30(1).
- Hyman, I. A. (1995). Corporal punishment, psychological maltreatment, violence, and punitiveness in America: Research, advocacy, and public policy. *Applied and Preventive Psychology*, 4(2), 113-130.
- Hyman, I. A., & Perone, D. C. (1998). The other side of school violence: Educator policies and practices that may contribute to student misbehavior. *Journal of School Psychology*, 36(1), 7-27.
- Little, S. G., & Akin-Little, A. (2008). Psychology's contributions to classroom management. *Psychology in the Schools*, 45(3), 227.
- North Carolina Department of Public Instruction. (2015). Consolidated Data Report, 2013-2014. State Board of Education, Public Schools of North Carolina
- Office for Civil Rights, U.S. Department of Education. (2015). Civil rights data collection: 2011– 2012 national and state estimations.
- Owens, J. (2016). Early childhood behavior problems and the gender gap in educational attainment in the United States. *Sociology of education*, 89(3), 236-258.
- Society for Adolescent Medicine. (2003). Corporal punishment in schools: Position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*, 32(5), 385-393.
- Teicher, S. A. (2005). Fighting over corporal punishment. *Christian Science Monitor*.
- Texas Education Code Title 2 § 37.0011 (2013)

# Corporal Punishment: Evaluation of an Intervention by PNP's

The National Association of Pediatric Nurse Practitioners (NAPNAP) is committed to improving the health of America's children. NAPNAP has long recognized that both physical and emotional/psychological trauma has negative effects on the well being of children. To that end for over ten years NAPNAP has formally opposed the use of corporal punishment (CP) in homes and schools. CP has been linked to a number of negative consequences for children, including physical abuse, externalizing behavioral problems, and slowed cognitive development.

Recognizing that many American parents continue to use CP ten members of NAPNAP's Child Maltreatment Special Interest Group (CM SIG) collaborated on a joint educational / research project. The purpose of the study was to evaluate learner attitude toward CP before and after implementation of a PNP-designed educational intervention and to describe influences upon learner attitudes and beliefs about CP. Learners were the over 700 health care professionals, primarily nurses, who attended the educational intervention (EI). The EI was a 60 minute Power Point presentation which defined discipline and punishment, discussed research related to the effects of CP use on children and global efforts to eliminate its use, and offered alternative methods of discipline. The EI was originally developed as a part of the No Hitting Zone program at Rainbow and Babies Children's Hospital in Cleveland, OH.

Nearly all learners stated that the way their parents disciplined them influenced their attitudes toward CP. Few (14%) learners who were also parents reported that their child's health care provider had ever discussed child discipline with them. Prior to the educational intervention nearly 40% of learners endorsed spanking as sometimes necessary, yet after the intervention only 28% did so. Child discipline management was included in the health care provider education for fewer than half of learners.

It has been well documented that CP has the potential to result in negative consequences for children, yet many American parents continue to use CP as a form of child discipline, and some pediatric health care professionals continue to endorse its use. Pediatric health care providers need to consistently educate patients and families about healthy child discipline and CP.

*This study has been published in the Journal of Pediatric Health Care (2015), 29,526-535.*

## Collaborating Pediatric Nurse Practitioners

Gail Hornor		Nationwide Children's Hospital
Katie Doughty		Nationwide Children's Hospital
Deborah Bretl		Children's Hospital of Wisconsin
Evelyn Chapman		Children's Hospital of Montefiore
Ellen Chiocca		DePaul University
Carrie Donnell		Monroe Carell Jr. Children's Hospital at Vanderbilt
Susan Houser		CASARC Child Advocacy Center of San Francisco
Bridget Marshall		Colorado Mesa University
Kristin Morris		University of Saint Francis
Saribel Garcia Quinones		New York University

# Corporal Punishment of Children & Human Rights: Welcoming Children to the Family of Humanity

*Lucien X. Lombardo, PhD and Karen A. Polonko, PhD*

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Central to the realization of any group's human rights is the right to have respect for one's physical integrity and human dignity. These two dimensions of human rights are central to becoming part of the family of humanity. Unfortunately, such rights do not yet apply to the over 2 billion persons known as children, to which causing pain to the body, corporal punishment, is a regular occurrence supported by law and social custom (UNICEF, 2014).

With the adoption of the Convention on the Rights of the Child (CRC) in 1989 and its ratification by all United Nation member nations except the United States, obligations have been placed on adults to respect children's physical integrity and human dignity. Even though all states in the United States permit corporal punishment of children in the family and 19 states permit corporal punishment in public schools (Center for Effective Discipline, n.d.), progress in recognizing children's right to respect for their physical integrity and human dignity is being made around the world.

The Committee on the Rights of the Child, which monitors the implementation of the CRC, has made clear that corporal punishment of children in any context (family, school, juvenile justice) is violence and a violation of Articles 37 and 19 of the CRC.

Article 37 of the Convention requires States to ensure that "no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment." This is complemented and extended by article 19, which requires States to "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or

abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child." There is no ambiguity: "[A]ll forms of physical or mental violence" does not leave room for any level of legalized violence against children. (U.N. Committee on the Rights of the Child, 2006, General Comment No. 8 ¶18)

By 2016, 51 nations took steps to remove legal supports for corporal punishment, such as removing "reasonable chastisement" exceptions in all contexts including the family, and another 55 countries indicated their intention to do so (Global Initiative ..., n.d.). This progress represents a major paradigm shift toward recognition and respect for the human dignity and physical integrity of children. It is a move away from an adult-centered perspective where children are property of adults to do with as they wish. This shift toward a child-centered, human rights perspective has many dimensions: Mutual respect and value replace inequality and adult dominance; long-term child development goals replace short-term behavioral control; listening to children's voices replaces ignoring their words and ideas; and the science of understanding the impacts of corporal punishment replaces the denial of harm and "for your own good" justification (Lombardo & Polonko, 2005).

A human rights approach to corporal punishment says that culture, religion, and ethnicity are not acceptable justifications for corporal punishment. Parental stress and poverty do not provide acceptable explanations. As a human right, children's freedom from corporal punishment cannot be compromised.

Seeing corporal punishment through the lens of human rights reminds adults to stop isolating children

and connects adults to their own childhoods. A human rights approach is a primary prevention tool that protects and supports children before harm comes to them. A human rights approach is an educational vehicle that helps us question the assumptions of current social and legal support for corporal punishment in the United States, even if the CRC has not yet been codified into law.

Human rights principles recognize children as an oppressed social class as well as individuals and members of families and communities with rights and responsibilities. These same principles provide parents, teachers, and other caretakers with obligations to eliminate the harm they cause to children and to provide nurturing positive environments through personal and political decisions.

A human rights approach also articulates a set of responsibilities and avenues of action (including mass education) for child caretakers, communities, and governments to exercise their individual and collective responsibility to eliminate corporal punishment from interactions with children. Only when violations of children's human dignity and physical integrity are eliminated and NOT THE NORM will children truly become part of the human family! Stated simply, a hu-

man rights approach to corporal punishment of children reflects a new social and legal norm: It's NEVER okay to HIT A CHILD.

## About the Authors

**Lucien X. Lombardo, PhD**, is Professor Emeritus of Criminal Justice at Old Dominion University. He has taught courses on violence in the world of children, the violence process, correctional institutions, and children's rights. His publications also include the area of pedagogical practice relating to violence and interdisciplinary curriculum. His work was recognized with the Lifetime Achievement Award of the Center for Human Rights of Children at Loyola University of Chicago. **Contact:** llombard@odu.edu

**Karen A. Polonko, PhD**, was Professor of Sociology at Old Dominion University. Dr. Polonko passed away in 2016. She taught courses on the sociology of child welfare, marriage and families, and violence in the world of children internationally. She is co-author of the book *The Sexual Bond* and co-editor of a special edition of *Global Bioethics*, *Children in a Changing World* as well as numerous articles and book chapters on families and children, and understanding child maltreatment, especially corporal punishment and its impacts. She was founding faculty member of *In Support of Children*, a student organization at Old Dominion University that for 25 years has advocated for ending corporal punishment and utilizing positive parenting strategies. Dr. Polonko received the Virginia Governor's Award on Child Abuse and Neglect, and the Lifetime Achievement Award of the Center for Human Rights of Children at Loyola University of Chicago.

## References and Citations

### Welcoming Children to the Family of Humanity

Center for Effective Discipline. (n.d.). *Discipline at school*. Retrieved from: <http://www.gundersenhealth.org/ncptc/center-for-effective-discipline>

Global Initiative to End All Corporal Punishment of Children. (n.d.). Retrieved from: <http://www.endcorporalpunishment.org>

Lombardo, L. X., & Polonko, K. A. (2005). A comparative analysis of corporal punishment of children: An exploration of human rights and U.S. law. *International Journal of Comparative and Applied Criminal Justice*, 29(2), 174–200.

U.N. Committee on the Rights of the Child. (2006). *The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment* (General Comment No. 8). Retrieved from: <http://www.refworld.org/docid/460bc7772.html>

UNICEF. (2014). *Hidden in plain sight: A statistical analysis of violence against children, 2014*. Retrieved from: [http://www.unicef.org/publications/index\\_74865.html](http://www.unicef.org/publications/index_74865.html)

# Dane County District Attorney's Office Efforts to Reduce Corporal Punishment Through Criminal Justice Reform & Community Engagement

*Paula Graves, LPC, LMHC*

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The Dane County District Attorney's (DA) Office, in Madison, Wisconsin, is engaged in a mission to reduce the prevalence of, and reliance on, corporal punishment and thereby protect children in the surrounding community (Van Stelle & Goodrich, 2015).

In 2013, after months of research and development, the Dane County District Attorney's Office began working toward integration of a Child Abuse Initiative (DP-CAI) into its already robust Deferred Prosecution Program. Staff observations and referral data collected had revealed that many of the Intentional Physical Abuse of a Child (IPAC) referrals were due to excessive use of corporal punishment by caregivers. Staff members engaged in internal and external analysis to determine ways in which the DA's Office could best address these cases, with the hope of improving outcomes for both children and caregivers. Based on this examination, the office devised an effort to explore whether a paradigm shift from the use of corporal punishment to alternative, healthier parenting methods could not only reduce physical abuse of children but also impact racial disparities and multi-generational system involvement in both the short and long term (Zolotor, Theodore, Chang, Berkoff, & Runyan, 2008). An additional hope was that this model would aid in reducing the potential negative outcomes associated with early trauma and criminal justice involvement for all families (Gershoff, 2008, 2010).

To serve the greatest number of families and ensure that each case receives fair consideration, all IPAC referrals are assessed for program eligibility immediately upon

receipt of referral for charges. If found eligible, the individual is considered for one of three options: a pre-charge referral for which no charges are filed, a post-charge referral for which charges are dismissed upon successful completion, or a reduction referral for which charges are reduced upon successful completion. Following eligibility determination, potential participants proceed through the assessment process with the Child Abuse Specialist. During this process, individuals engage in a bio-psycho-social-based needs assessment, complete an Adverse Childhood Experiences (ACE) screening tool, and engage in additional screening or testing as determined necessary (The Adverse Childhood Experiences Study, 2007). After assessment, if potential participants are found appropriate for the program, they are invited to sign a Deferred Prosecution Agreement (DPA)—a contract detailing individualized requirements the participant must meet to successfully complete the program. The DPA always includes a requirement to refrain from the use of any physical punishment and a requirement to participate in parenting services, but it may also include participation in treatment, educational programming, or other requirements dependent upon individuals' and their families' needs.

An integral component of the DP-CAI is consideration of the child victim's well-being and needs. As such, the DA's Office consistently requests and utilizes forensic interviews to minimize the potential need for additional interviews of children. This also offers an opportunity for multi-disciplinary communication and case planning, service coordination, and linkages to needed services that may not otherwise be accessible to victims or families. Furthermore, services to support and monitor the safety of children are often included as requirements of each participant's DPA.



The DA's Office staff identified additional programming needs following the launch of the program, particularly relating to participants' ability to access affordable parenting and treatment services in the community. Staff members continue to seek more comprehensive solutions to this issue; however, they were able to address part of this challenge by having staff members complete training and certification in the "Adults and Children Together (ACT): Raising Safe Kids" parenting program. The ACT curriculum was implemented as an in-house service starting in August of 2014, and it has been repeated with both co-ed and female-specific groups. These groups are offered free of charge to participants who cannot afford other community-based parenting options due to being uninsured or underinsured. The outcomes of the in-house groups have been positive, matching the current research on ACT nation and worldwide (Knox, Burkhardt, & Cromly, 2013; Knox, Burkhardt, & Hunter, 2010; Weymouth & Howe, 2011). Notably, ACT was also recognized as one of only three parenting programs recommended by the World Health Organization: European Region in a recent report (Hardcastle, Bellis, Hughes, & Sethi, 2015).

The DA's Office has developed and offered the "Cultural Context of Corporal Punishment--Keeping Kids Safe" conference in both 2014 and 2015 to educate professionals on how to better aid families in reducing their use of corporal punishment and physical abuse through culturally responsive assessments, investigations, and interventions. The conferences were possible through collaboration and support from community partners, including the University of Wisconsin School of Medicine and Public Health--Department of Pediatrics, as well as the University of Wisconsin Office of Continuing Professional Development, Bureau of Justice Assistance, American Bar Association, Children's Trust Fund, Dane County Child Protection Collaboration,



Nadine Block, the Green Bay Packers, and American Family Children's Hospital. Both conferences offered participants an opportunity to hear from national and local experts, including Lisa Aronson-Fontes, PhD, Stacey Patton, PhD, Barbara Knox, M, and Victor Vieth, JD. Participants completed "intent to change" forms following both conferences, and responses demonstrated a significant desire and motivation to engage in conversations and work that will enhance service delivery and prevention and intervention services for families in Dane County and surrounding communities.

In addition to traditional learning, conference participants and community members were invited to attend community conversations. These events provided a unique opportunity for members of faith-based commu-

nities and professionals to dialogue about corporal punishment and brainstorm ideas for moving communities toward abandoning this parenting option. It also allowed for the dissemination of research widely accepted by professionals, but which has not yet extended to the general public. The discussions were rich with sharing of personal

experiences, observations, and ideas on how to make progress in communities that often believe in or even embrace the use of physical punishment. The DA's Office continues to support opportunities that educate the community about culturally responsive service delivery and encourage healthy parenting practices. In demonstrating their commitment to this, staff members have engaged in numerous additional community conversations and presentations within faith-based communities, educational institutions, and medical and community service agencies, both locally and beyond.

Stemming from their ongoing commitment to preventing child maltreatment, the Dane County DA's Office also became a leader by developing and implementing the first government-based No Hit Zone (NHZ). In August 2014, staff members in a variety of roles received

## Dane County DA's Office Efforts to Reduce Corporal Punishment

in-depth training on the concept. Further, they were provided with information and tools to enable them to communicate the office NHZ policy and more effectively and meaningfully intervene in difficult situations in which visitors to the office appear to be at risk of escalating to verbal or physical altercations. NHZ signs are visible throughout the public spaces of the office, along with brochures that contain information on corporal punishment as well as helpful local and Web-based resources for families struggling with parenting.

The NHZ magnet, developed by a team member, has proven to be exceptionally popular with office visitors and has become an invaluable part of the office's efforts to diffuse the NHZ concept further. The DA's Office has also provided training on the NHZ to several local law enforcement agencies, community agencies, and educational groups. Staff members have responded to requests for information from professionals around the country, participated in workgroups on the NHZ, and disseminated materials developed in-office to both local and national organizations and agencies.

None of these accomplishments would be possible without an invested leader, and in Dane County, District Attorney Ismael Ozanne is just that. In 2014, he collaborated with American Family Children's Hospital to create a public service announcement educating the public about the negative outcomes associated with

caregiver use of corporal punishment. The PSA aired on local radio stations during the summer of 2014, and since the fall of 2014, the U.S. Alliance to End the Hitting of Children assumed sponsorship. Today, the PSA can be heard on local and national Web sites, during professional trainings, and on the DA's Office Web site.

Currently, the Dane County DA's Office expects to forge ahead in the pursuit of reducing, and ideally ending, the use of corporal punishment locally and beyond. This will be achieved through continued outreach, education, conversation, and development of new and effective programs to address the many challenges families currently face. The Dane County DA's Office is eager to collaborate with and learn from other individuals, groups, and agencies interested in advancing this work.

### About the Author

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## Dane County District Attorney's Office Efforts to Reduce Corporal Punishment Through Criminal Justice Reform & Community Engagement

- Gershoff, E. T. (2008). Report on physical punishment in the United States: What research tells us about its effects on children. Columbus, OH: Center for Effective Discipline.
- Gershoff, E. T. (2010, Spring). More harm than good: A summary of scientific research on the intended and unintended effects of corporal punishment on children. *Law and Contemporary Problems*, 73, 31–56. Retrieved from: <http://scholarship.law.duke.edu/lcp/vol73/iss2/3>
- Hardcastle, K. A., Bellis, M. A., Hughes, K., & Sethi, D. (2015). *Implementing child maltreatment prevention programmes: What the experts say* (Rep.). Retrieved from: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/289602/Maltreatment\\_web.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0009/289602/Maltreatment_web.pdf?ua=1)
- Knox, M., Burkhart, K., & Cromly, A. (2013). Supporting positive parenting in community health centers: The ACT Raising Safe Kids program. *Journal of Community Psychology*, 41(4), 395–407.
- Knox, M., Burkhart, K., & Hunter, K. E. (2010). ACT Against Violence Parents Raising Safe Kids Program: Effects on maltreatment-related parenting behaviors and beliefs. *Journal of Family Issues*, 32(1), 55–74.
- The Adverse Childhood Experiences Study: Springboard to hope. (2007). Web site hosted by Center for Disease Control and Prevention. Retrieved from: <http://www.acestudy.org/the-ace-score.html>
- The Cultural Context of Corporal Punishment: Keeping Kids Safe. (2014, June 11; 2015, November 19–20). Conference sponsored by Department of Pediatrics et al. at University of Wisconsin. Retrieved from: <http://cultureanddiscipline.pediatrics.wisc.edu/>
- The Dane County District Attorney's Office. (n.d.). District Attorney Ismael Ozanne's public service announcement regarding corporal punishment. Retrieved from: [https://www.countyofdane.com/DA/audio/US\\_Alliance\\_PSA.mp3](https://www.countyofdane.com/DA/audio/US_Alliance_PSA.mp3)
- The Dane County District Attorney's Office. (n.d.). *No hit zone*. Retrieved from: <https://www.countyofdane.com/da/nohit.aspx>
- Van Stelle, K. R., & Goodrich, J. (June 2015). *Evaluation of the Dane County Deferred Prosecution Child Abuse Initiative (DPCAI)* (Rep.). Retrieved from: <https://uwphi.pophealth.wisc.edu/about/staff/van-stelle-kit/DPCAIFinalReportJune2015.pdf>
- Weymouth, L. A., & Howe, T. R. (2011). A multi-site evaluation of Parents Raising Safe Kids violence prevention program. *Children and Youth Services Review*, 33, 1960–1967.
- Zolotor A. J., Theodore A. D., Chang J. J., Berkoff M. C., & Runyan D. K. (2008). Speak softly—and forget the stick. *American Journal of Preventive Medicine*, 35(4), 364–369. DOI: 10.1016/j.amepre.2008.06.031

# Shaping Child Welfare Practices in America & Abroad

## Bill Baccaglino

APSAC recently announced an important new partnership—a joint venture with the organization I lead, The New York Foundling. This partnership is an important milestone in The Foundling’s nearly century and a half of working with children and families, but more important, it could become a milestone in the ongoing development of child welfare practices nationwide.

### **Pioneering the Science and the Study of Child Welfare**

Founded in 1869 by the Sisters of Charity to care for Civil War orphans, The Foundling has grown and evolved into one of the largest child welfare agencies in the country, providing a wide range of services to more than 27,000 children and families each year. For nearly 50 years until his death in 2005, our medical director, Dr. Vincent Fontana, stood as a national leader in the recognition and understanding of issues affecting children. The publication of his *New England Journal of Medicine* article, “The Maltreated Syndrome in Children,” in 1963 opened the nation’s eyes to a long-ignored problem. He was one of the first physicians to define this issue and his work, along with that of other pioneers in the field, led to the development of the first child welfare guidelines and programs across the country.

Dr. Fontana’s spirit lives on today in The Foundling’s Vincent J. Fontana Center for Child Protection, led by Dr. Mel Schneiderman, who serves on the board of APSAC. Like its namesake’s, the Fontana Center’s mission includes not only research but also the sharing of best practices, conferences, partnerships, publications, and its exhibit, “A Story of Hope, Healing, and Resiliency:

Honoring the Lives of Survivors of Child Maltreatment.”

### **Demonstrating the Effectiveness of Evidence-Based Practices**

Our efforts to continue leadership in the advancement of child welfare practices have placed us in the forefront of movement to develop and utilize evidence-based practices, and, with the support and partnership of the City of New York, we have achieved exciting results in a number of areas, ranging from juvenile justice to mental health to foster care and education. We are the first agency to subject our work in this field to clinical trials, and more details about these programs will undoubtedly be the subject of future articles. A few preliminary highlights include the following:

- 2016 research showing that clients undergoing Functional Family Therapy® Child Welfare (FFTCW) were 72% more likely to meet treatment goals and 82% less likely to experience repeat maltreatment after 24 months, compared with services as usual.
- FFTCW families requiring 42% fewer days to complete treatment and 74% fewer contacts with treatment staff.
- A juvenile justice program that removes older adolescents incarcerated at Riker’s Island Jail while they await sentencing and places them with specially trained foster parents using Treatment Foster Care Oregon (TFCO).
- Over the summer, the Foundling’s Camp Felix provides youth in the child welfare system with the opportunity to attend an overnight camp, staffed by counselors equipped to meet the needs of children who have experienced trauma or neglect.

- The launch of a mental health program, modeled on our evidence-based programs for child welfare and juvenile justice populations, that is now the first ever to be made available through a commercial insurer to youth in the general population who are desperately in need of help.

## **A Special Focus on Education**

Education is one of the keys to success at The Foundling, and we've been addressing this need for a number of years. We are committed to making a difference, have made significant headway, and are seeing some very promising results.

- Our Road to Success Tutoring program has resulted in an increase from 34% to 55% in the number of youngsters in our care graduating high school—we now have one of the highest rates of college admissions among all New York foster care organizations.
- Students at Haven Academy, a charter school we founded in 2008—two thirds of whom are connected to the child welfare system—are now outperforming not only other schools in the community but also many schools citywide.
- With foundation support, we were chosen to launch and operate a summer immersion program at Queens College (part of the City University of New York) for 40 college-bound and college-ready foster youth. Because of its initial success, the program was extended to span the 2016–2017 school year.

## **Sharing Knowledge, Experience, and Best Practices**

Like APSAC, The Foundling is committed to sharing knowledge and facilitating the advancement of national—and indeed global—best practices in the field. The great value of the type of evidence-based practices we have advocated for many years is that they are adaptable and transferable across geographic and cultural boundaries, as long as the practitioners are committed to the type of rigorous protocols and scientific methodology these programs require.

That philosophy led us to the creation of our Implementation Support Center (ISC), which since 2012, has been training administrators and clinicians from other agencies in the methodology and practical im-

plementation of evidence-based practices and how to sustain them effectively over time. To date, the ISC has collaborated with 16 agencies in New York, as well as with child welfare systems in California, the United Kingdom, and Australia. Having worked with professionals in New South Wales and Victoria in Australia, Glasgow, Scotland, and London, England, The Foundling is guiding the development and implementation of Family Functional Therapy-Child Welfare programs serving children in a number of regions throughout these countries.

The services and resources of the ISC are available to any governmental agency or service provider that wishes to employ EBPs as they seek to advance and improve their child welfare and juvenile justice outcomes.

## **The Future of Child Welfare**

For years, the child welfare system in America has focused on the immediate and urgent needs of the children it served, making sure they live in a safe environment with enough food to eat and clean clothes to wear, while striving to achieve permanent placement with parents, family members, or an adoptive family.

Although those are crucial first steps, they are not enough and never have been. Nationally, only half will graduate from high school and 10% will attend college—but only 3% will graduate. One in four will be incarcerated within two years. One in five will become homeless. And too many of them will move from the child welfare system to the criminal justice system.

We need to think about the well-being of these children more broadly, educate them, and give them the tools they'll need to succeed in life.

The New York Foundling is proud to be one of the organizations, along with many other ASPAC members, that is working to improve the outcomes for those we serve through our educational programs and expanded use of evidence-based practices. We hope to share our experiences through the ASPAC network and engage our colleagues and policy makers across the country in a vitally important discussion about the future of our children.

Guided by the compassion of the Sisters who first put a bassinette on a Greenwich Village street in 1869, and by the conviction of Dr. Fontana that child welfare was

## Shaping Child Welfare Practices in America and Abroad

an issue worthy of study and a data-driven, scientific approach, The Foundling is committed to advancing the identification, development, and replication of evidence-based best practices and the application of those practices to programs that serve children everywhere. We look forward to our joint effort with ASPAC to accomplish that.

### About the Author

*Bill Baccaglini is President and CEO of the New York Foundling. He*

*has led the push toward [evidenced-based practices](#) in The Foundling's programs, increasing the effectiveness of service delivery for the people they serve, and enhancing The Foundling's role as an industry leader. Prior to coming to The Foundling, Bill spent more than twenty years in New York State government, developing programs and policies directly impacting children, youth, and families. He was instrumental in the creation of the N.Y.S. Office of Children and Family Services (OFCS) in Albany, where later he served as Director of the Office of Strategic Planning and Policy Development. In this role, he oversaw the agency development of a new model for funding the state's foster care services and led the agency's initiative to expand mental health services in child welfare and juvenile justice systems.*

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Walsh, W. A., & Jones, L. M. (2016). A statewide study of the public's knowledge of child abuse reporting laws. *Journal of Public Child Welfare*, 10(5), 561–579.

## Legislation Alone May Not Be Enough to Encourage Public Reporting of Suspected Child Maltreatment

*Kelli N. Hughes, JD*

Nineteen U.S. states have enacted legislation requiring universal mandatory reporting of suspected child maltreatment. Through examining public knowledge of child abuse reporting laws in New Hampshire, a state that has adopted universal mandated reporting laws, this study, authored by Dr. Wendy A. Walsh and Dr. Lisa M. Jones and published in the *Journal of Public Child Welfare*, serves as an important reminder that the existence of universal reporting laws does not guarantee that the public is aware of or influenced by them. Implementation science can offer important lessons; robust legislation needs to be coupled with efforts to promote awareness and ensure that the public knows how to use the mechanisms put into place by the laws.

The authors completed 509 telephone interviews with randomly selected adults in New Hampshire seeking to understand the public's knowledge of child maltreatment reporting policies, the important factors that influence the decision to report, and the experience of the public with making a report.

Participants answered six true–false questions related to their knowledge of New Hampshire's universal reporting laws and Child Protective Services (CPS) policies. Responses revealed that a substantial portion of subjects (39%) did not know that they were required to report. More than half of those interviewed (61%) were not aware that they could be charged with a misdemeanor for failing to make a report, and a majority (71%) were unaware that the law does not require the child subject of a report be taken out of the home immediately. Most participants (86%) did know that a member of the public can make an anonymous report, and most (73%) also knew that the person who is reported is not allowed to know the identity of the reporter. Most participants (67%) knew that individuals cannot be sued for making a report when they are wrong about their suspicions.

The interviewees were then asked to discuss important consid-

erations for deciding whether to make a report. More than half (53%) of the participants said concerns that nothing would be done to help the situation would be a key consideration. Other factors, including the amount of time it takes to make a report, the level of discomfort felt for intervening in other families' lives, and that possibility that someone would find out that they made a report, were less important to their considerations.

Finally, interview participants were asked questions to ascertain their experience with making reports. Almost 1 in 5 (19%) of those interviewed had ever made a report. Females (25%) and those with postgraduate educations (35%) were significantly more likely to have made reports than males (13%) or those with less education. Older participants (43%) and males (63%) were more likely to call the police, while younger people (59%) and females (55%) were more likely to call CPS.

Dr. Walsh and Dr. Jones say their results indicate that while the public seems to understand some aspects of the reporting process, there are key aspects of reporting policy and procedures that are not well understood. Recommendations to improve reporting include increasing public awareness about universal reporting responsibilities and increasing education about the process of child abuse investigations. They further suggest that CPS agencies embark on education campaigns to change their public image and target public awareness campaigns by demographics.

The authors conclude that success in improving public reporting may be achieved through improving the public image of CPS agencies and countering misperceptions the public holds about how CPS agencies work with children and families.

### About the Author

Kelli Hughes, JD, is an attorney and policy analyst at the North American Resource Center for Child Welfare. **Contact:** khughes@apsac.org

# News of the Organization

## *Janet F. Rosenzweig, PhD, MPA, Executive Director*

### 2017—The Year of the Member

The vibrancy of APSAC comes from our members. As the premiere professional society dedicated to serving members of all professions involved with the many clinical, legal, and policy aspects of child maltreatment, APSAC attracts an exciting array of practitioners and researchers. The multi-disciplinary perspectives from physicians, attorneys, psychologists, social workers, researchers and others who comprise our membership, and our benefit to each other grow as our membership grows.

To encourage continued growth in our professional society, we are asking our current members to get creative in helping attract new members! Ask your friends and colleagues to join, and when they do, you can receive a discount on your membership. Send me a note at [JFRosenzweig@apsac.org](mailto:JFRosenzweig@apsac.org) with your ideas about what we can do to make it easier for you to recruit new members.

Watch our Web site for special promotional offers or other incentives!

### Welcome, Dr. Jim Campbell!



APSAC has taken an important step in our plans to increase services to members with the addition of Jim Campbell, PhD, to our staff as the training coordinator. Dr. Campbell is a longtime friend of APSAC and has been managing our popular and successful Colloquia since 2004. Jim recently retired

from a faculty appointment in the Division of Continuing Studies at University of Wisconsin–Madison, where he taught and coordinated training for human service workers and served in multiple administrative positions. Jim will be partnering in his work with Jane Campbell; Jim and Jane bring a wealth of knowledge having worked as consultants to various nonprofit organizations on training and conference programming and have planned numerous conferences on best prac-

tics for professionals serving children who have been abused or neglected.

With Jim on board, APSAC can plan exciting and timely training events to augment our popular work on forensic interviewing, and we are now available to help you plan and manage custom training in your community, state, or region! Contact Jim at [JCampbell@apsac.org](mailto:JCampbell@apsac.org).

### Join Us June 21–23, 2017, in Portland, Maine, for Our Advanced Training Summit

As APSAC plans for our 25th anniversary celebration Colloquia in New Orleans in June 2018, we are pleased to offer a special event for 2017. We have gathered the leading national experts on critical issues in child maltreatment research and practice and are proud to offer an Advanced Training Summit! Enjoy workshops and enroll in full and half-day institutes on the following:

- Abusive Head Trauma: Medical and Legal Issues
- Community, National, and Global Solutions for the Prevention of Child Maltreatment
- Identifying, Responding, Investigating, and Prosecuting Child Maltreatment
- Integrative Treatment of Complex Trauma
- Munchausen Syndrome by Proxy
- Psychological Maltreatment
- Religious Issues and Child Maltreatment
- Responding to Immigrant and Refugee Issues
- Trauma-Focused–Cognitive Behavioral Therapy
- Functional Family Therapy

The seaside town of Portland, Maine, is a lovely place to spend the longest day of summer! Check our Web site for updates or email [APSAC@apsac.org](mailto:APSAC@apsac.org) to be included



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on our mailing list and to receive the early bird registration discount!

## The APSAC Forensic Interviewing Clinics

The 2017 schedule for our highly regarded Forensic Interviewing Clinics is in process—meaning there is opportunity to bring our highly skilled training team and innovative curricula to your community.

Interviewing alleged victims of child abuse has received intense scrutiny in recent years and increasingly requires specialized training and expertise. APSAC Forensic Interviewing Clinics focus on the needs of all professionals responsible for conducting investigative interviews.

The comprehensive approach offered by APSAC provides a unique opportunity to participate in an intensive 40-hour training experience and have personal interaction with leading experts in the field of child forensic interviewing. Developed by top national experts, APSAC's curriculum emphasizes state-of-the-art principles of forensically sound interviewing with a balanced review of multiple models. Topics include the following:

- Overview of various interview models and introduction to forensic interview methods and techniques
- How investigative interviews differ from therapeutic interviews
- Child development considerations and linguistic issues
- Cultural considerations in interviewing
- Techniques for interviewing adolescents, reluctant children, and children with disabilities
- Being an effective witness

Special trainings can be tailored specifically for your community. For information, contact Dr. Campbell at [JCampbell@apsac.org](mailto:JCampbell@apsac.org)

## NEW!!! Practice Guidelines for Psychological Maltreatment

APSAC is proud to announce the publication of the *APSAC Practice Guidelines for the Psychological Evaluation of Suspected Psychological Maltreatment in Children*

and *Adolescents*. These guidelines provide essential information about psychological maltreatment and its assessment, prevention, and intervention. Specific attention is given to factors that will help advance the work of child protection professionals responsible for gathering information, carrying out evaluations, and making determinations regarding suspected psychological maltreatment. The guidelines are also intended to advance policies and practices in child custody determinations as well as a wide range of child welfare situations and judicial processes concerning the treatment of children. Many thanks to the APSAC Task Force on Psychological Maltreatment, co-chaired by Marla Brassard, PhD and Stuart Hart, PhD and additional Guidelines contributors (in alphabetic order) Amy J. L. Baker, PhD, Marla Brassard, PhD, Zoe Chiel, and Stuart N. Hart, PhD.

The Guidelines will be available in the members-only section of the APSAC Web site; non-members can purchase a copy for \$10.00 by contacting [APSAC@apsac.org](mailto:APSAC@apsac.org). Interested in bringing a training on psychological maltreatment to your community? Contact [Jcampbell@apsac.org](mailto:Jcampbell@apsac.org)

## APSAC Launches a Policy Center

APSAC, in conjunction with the NY Foundling, is excited to announce the launch of a policy center. We believe that all professionals working with children and families involved in child maltreatment need access to quality information based on the best available data, which they can then translate into useable solutions to solve their most critical practice issues. The overall goal of the policy center is to translate the best available research findings into practical resources. Along with writing and distributing informational white papers or policy papers on critical issues, policy center activities will be targeted to help practitioners, advocates, and policy makers at all levels to apply the information to best advantage for their practice and the children and families they serve.

APSAC will be soliciting input from members as we determine policy issues to consider; we held a focus group at the San Diego International Conference on Child and Family Maltreatment and will be reaching out to members in other ways throughout the year.

Watch future editions of the *Advisor* and the [APSAC web site](#) for updates!

# Washington Update

by *Ruth Friedman, PhD*

So far, 2017 in Washington, D.C., has been largely focused on Cabinet-level nominations, the Affordable Care Act (the ACA, or Obamacare), immigration bans, and a Supreme Court nomination. Action on President Trump's cabinet nominations has been relatively slow, in part because many have been contentious choices.

The new Secretary for HHS, Tom Price, was just confirmed on February 9. Political hires could not move forward at HHS until his confirmation was through the Senate, so there has not been much action within the agency yet, including the Administration for Children and Youth, which manages many of the federal programs related to child maltreatment. That is likely to begin to change now that the Secretary is in place.

## The Affordable Care Act (ACA), Medicaid, and Reconciliation

Congressional Republicans and the President repeatedly stated that repeal of the ACA (i.e., Obamacare) would be a top priority. On January 13, Congress took the first step toward repeal by passing a Budget Resolution, which provided a procedural mechanism—called Reconciliation—for repealing the Affordable Care Act (ACA) with a simple majority vote as opposed to the normal 60-vote threshold in the Senate. On January 20, the President signed an Executive Order (which does not require Congressional consideration) that required Federal agencies to take steps to minimize the “economic burdens” of the ACA pending repeal. Analysts believe this would give HHS authority to stop enforcing the ACA's individual mandate, which is the requirement for all people to have health insurance or face a tax penalty.

Further progress on the ACA repeal appears to have slowed as Republican Leadership decided a replacement for the ACA should coincide with the repeal. Republicans have been unable to coalesce around a replacement plan. However, repealing ACA remains a priority for Republicans and negotiations are ongoing.

The Center on Budget and Policy Priorities, a progressive think tank in D.C., put together a short [summary](#) of some of the impacts possible replacement proposals would have.

Child and family advocates are also [extremely worried](#) about the future of Medicaid. First, many advocates believe the ACA repeal would eliminate the tens of billions of dollars sent to states to expand Medicaid under the ACA. Second, Republican Leaders in the House have proposed changing the financing structure of Medicaid. Advocates believe these changes would mean funding would not keep up with need. Few families who need insurance would have it, and the insurance they have would include less comprehensive coverage. Congress has yet to take any action on this, but advocates are concerned Congress will include these reforms in a reconciliation bill later this year.

Rumors about Republican plans for reconciliation have caused great alarm among child and family advocates. You can find an understandable primer on how the reconciliation process works [here](#). There have been early indications of Republicans being interested in addressing other safety net programs such as SNAP (formerly Food Stamps) and SSI in a reconciliation bill. These concerns are due to proposals included in Speaker Ryan's [A Better Way](#) plan and some initial indication of a desire to move forward on some of the large safety-net program reforms. However, no actual proposals have begun to move forward so at this point, it is speculation.

## Appropriations

The federal government is currently being funded under a short-term Continuing Resolution (CR) that was passed in December 2016. It expires on April 28, 2017, which means Congress must pass a FY17 appropriations bill before that deadline to keep the government running through the end of the fiscal year. The House and Senate Appropriations Committees will need to turn their attention to this in the near future.

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### Possible New Funding Rules for House Laws Overdue for Reauthorization

The House Rules package for the 115th Congress, which passes at the beginning of every new Congress and governs many operational rules in the House (ranging from how to number bills to spending requirements and restrictions), passed on a party-line vote in January. Of particular note, this Congress's package instructed each Committee to report on laws that are overdue for reauthorization (e.g., CAPTA) and plans for those laws. Because some Republicans have recommended defunding any law overdue for reauthorization this new provision in the Rules package has raised concerns for some advocates. *If* the House Leadership chooses to move forward with this type of policy—and there is no indication yet that this is their plan—it is very unlikely it would be done quickly, as there are many large laws that are overdue for reauthorization. Advocates are following closely, but it is premature to worry.

### HHS Release of Child Maltreatment 2015

On January 19, HHS's Administration for Children and Families released the [Child Maltreatment 2015](#) report. The report is from the National Child Abuse and Neglect Data System (NCANDS), a voluntary national data collection and analysis program of state child abuse and neglect information. Among other things, the report shows an increase from FY2014 to 2016 in three key metrics: number of referrals to CPS agencies alleging maltreatment, number of referrals that CPS agencies accepted for investigation or alternative response, and number of children who were the subject of an investigation or alternative response. APSAC, in partnership with Prevent Child Abuse America, is preparing a companion report on using this data for advocacy and messaging.

### Final Rule for the Adoption and Foster Care Analysis and Reporting System

On December 14, 2016, the [final rule](#) for System (AF-CARS) was released by HHS. The final rule aligns closely with what was proposed in the Notice of Proposed Rulemaking (NPRM) in February 2015 and the Supplemental NPRM in April 2015 on ICWA data elements. The rule allows for more comprehensive data collection

and reporting to better understand the experiences of children in foster care, and it also allows for longitudinal data for the first time. Child advocates generally consider this to be a good revision. An overview of the changes, Q&A, talking points, and a summary can be found on [this](#) HHS Web page. We do not know if the new Administration will keep these resources available to the public so recommend you download them soon if they are of interest to you.

### Children's Bureau Guidance on Implementing Plan of Safe Care Requirements

On January 17, the Children's Bureau issued ACF-ACYF-CB-PI-17-02, Program Instruction providing guidance to states on implementing provisions in CAPTA as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA). You can find the Program Instruction and two appendices [here](#).

On January 18, the Children's Bureau issued Information Memorandum ACYF-CB-IM-17-02 concerning high-quality legal representation for all parties in child welfare proceedings. The purpose of this IM is to emphasize the importance of high-quality legal representation in helping ensure a well-functioning child welfare system. It also highlights important research and identifies best practices and strategies to promote and sustain high-quality legal representation for all parents, children and youth, and child welfare agencies in all stages of child welfare proceedings. You can find it [here](#).

### Final Rule on Runaway and Homeless Youth Program

On December 20, the Runaway and Homeless Youth [final rule](#) was released by HHS. The rule became effective January 19, 2017. The final rule reflects existing statutory requirements in the Runaway and Homeless Youth Act and changes made through the Reconnecting Homeless Youth Act of 2008. Specifically, the rule establishes program performance standards for Runaway and Homeless Youth grantees providing services to eligible youth and their families. Revisions have been made to the rule regarding additional requirements that apply to the Basic Center, Transitional Living, and Street Outreach Programs, including non-discrimination, background checks, outreach, and training. The

rule also updates existing regulations to reflect statutory changes made to the Runaway and Homeless Youth Act, and it updates procedures for soliciting and awarding grants.

## Staying Informed

Interested in staying informed and up to date on a regular basis? One tool to help you stay informed about federal happenings impacting children and families is the Coalition for Human Needs, which produces a bi-monthly legislative newsletter as well as action alerts. You can find it [here](#).

## About the Author

*Dr. Ruth Friedman, PhD, is Executive Director of the National Child Abuse Coalition. She is an independent child and family policy consultant and national expert on early education, child welfare, and juvenile justice. She spent 12 years working for Democratic staff of the U.S. House Committee on Education and the Workforce, helping to spearhead early learning, child safety, and anti-poverty initiatives. Dr. Friedman has a PhD in clinical psychology and an MA in public policy. Prior to working for Congress, she was a researcher and therapist, focusing on resiliency in children and families living in high-poverty neighborhoods.*

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### Washington Update

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*Opinions expressed in the APSAC Advisor do not reflect APSAC's official position unless otherwise stated. Membership in APSAC in no way constitutes an endorsement by APSAC of any member's level of expertise or scope of professional competence.*

# Conference Calendar

## March

**March 27–30, 2017**

33rd International Symposium on Child Abuse  
Huntsville, AL  
256-533-5437  
[www.nationalcac.org](http://www.nationalcac.org)

**March 29–31, 2017**

Child Welfare League of America  
Advancing Excellence in Practice and Policy:  
Highlighting Successful Strategies to Address the  
Needs of Children, Youth and Families  
Washington, DC  
202-688-4200  
[Success2017@cwla.org](mailto:Success2017@cwla.org)  
[www.cwla.org/success2017/](http://www.cwla.org/success2017/)

## April

**April 2–5, 2017**

Ray E. Helfer Society Annual Meeting  
Denver, CO  
630-359-4273  
[info@helpersociety.org](mailto:info@helpersociety.org)  
[www.Helpersociety.org](http://www.Helpersociety.org)

**April 6–7, 2017**

Georgetown University  
Moving From Research to Policy and  
Practice to Improve the Lives of Youth  
Washington, DC  
202-687-5932  
<https://mccourt.georgetown.edu/>

## June

**May 31–June 3, 2017**

54th AFCC Annual Conference  
Turning the Kaleidoscope of Family Conflict  
Into a Prism of Harmony  
Boston, MA  
608-664-3750  
[afcc@afccnet.org](mailto:afcc@afccnet.org)

**June 16–18, 2017**

National Council of Juvenile and Family  
Court Judge's 80<sup>th</sup> Annual Conference  
Washington, DC  
775-507-4777  
[contactus@ncjfcj.org](mailto:contactus@ncjfcj.org)  
[www.ncjfcj.org/80th-annual-conference](http://www.ncjfcj.org/80th-annual-conference)

**June 21–23, 2017**

American Professional Society  
on the Abuse of Children  
Advanced Training Summit  
Portland, ME  
877-402-7722  
[apsac@apsac.org](mailto:apsac@apsac.org)  
[www.apsacohio.org/2017-advanced-training-summit](http://www.apsacohio.org/2017-advanced-training-summit)

## July

**July 11–14, 2017**

The 2017 Montana Summer Institute  
Big Sky, MT  
[www.montanainstitute.com](http://www.montanainstitute.com)

## September

**September 21–27, 2017**

22nd International Summit and Training  
on Violence, Abuse and Trauma  
San Diego, CA  
858-527-1860, x 4031  
<http://www.ivatcenters.org>

## October

**October 1–4, 2017**

15th ISPCAN European Regional Conference  
on Child Abuse and Neglect  
720-449-6010  
[ispcan@ispcan.org](mailto:ispcan@ispcan.org)  
<http://www.ispcan.org>

## 2018

**March 9–13, 2018**

National CASA/GAL Annual Conference  
Boston, MA  
800-628-3233  
[www.casaforchildren.org](http://www.casaforchildren.org)