

American College of Pediatricians www.BestforChildren.org Patient Information Handout

Discipline of the Child Series: DISCIPLINARY SPANKING

By Den A. Trumbull, MD

Disciplinary spanking is one of several methods of correction in the discipline of a child. When used properly, it can be useful and effective. Like all methods of correction, when used improperly or on impulse, it can be counterproductive and detrimental to the parent-child relationship. *How* a parent uses a corrective measure will often determine its effectiveness. If you choose to use spanking, the following guidelines will help you maximize its effectiveness.

- 1. Typical ages of use and need: 18 months to 6 years, uncommon from 7 to 10 years and rarely, if ever, after 10 years. Spanking is most useful with children from 18 months to 4 years of age, when reasoning and consequences are less effective.
- 2. The spanking should always be a *planned* action by the parent (proactive), not an angry reaction (reactive). Your child should be forewarned of the spank and the reason for it. Never spank on impulse in anger.
- 3. Always administer the spanking in private, i.e. bedroom or restroom, to avoid public humiliation. This is a private matter between you and your child. The walk to the bedroom or bathroom can provide a needed cool-down time for an upset parent.
- 4. The spank must be painful, yet not harmful. Administer one to two spanks to the buttocks only. The older child may occasionally require more spanks, but physical injury should never occur.
- 5. Always follow the spanking (or any disciplinary measure) with a verbal review of the offense, and reassurance of your unconditional love for your child. Offer a hug and clarify your displeasure for the behavior, not your child.
- 6. A spanking should never result in physical injury. A spank to the buttocks should not result in bruising.

When to Spank

- A. When a child's misbehavior could endanger his life and the risks with repeating the behavior are high.
 Examples: A child runs into a busy street, or a toddler persists in playing with an electrical outlet or cord, despite verbal warnings to stop.
- B. When a child refuses to cooperate with milder punishment, despite warnings. Spanking can serve as an effective enforcer of time-out. Example: A toddler refuses to stay in time-out, even after a couple of warnings. A spanking should be administered in private and the child returned to the time-out chair.

This document is provided for educational use only and is not intended to be a substitute for consultation with a physician concerning the issues presented. The information contained within this document has been submitted by a College member and approved by the Board of Directors for distribution, but has not been formally endorsed or validated by the American College of Pediatricians. Reproduction of this document is permitted. AMERICAN COLLEGE OF PEDIATRICIANS® 2006

- C. When a child willfully disobeys and milder forms of punishment have failed. Example: A toddler persistently bites or hits a sibling, despite reprimands and consequences such as time-out.
- D. When a child's misbehavior is blatantly disrespectful toward the parent or deliberately destructive and milder forms of punishment have failed.Example: A 3-year-old in the midst of a temper tantrum resorts to throwing toys, pounding on the door, or sassing the parent. The child should be told to stop and warned of a spanking if the behavior continues. If the misbehavior continues, the child should be spanked. The best approach to the common temper tantrum is to ignore the behavior and allow for its ultimate extinction.

A parent must be under control emotionally and always follow an established procedure for spanking. Spanking on impulse and in anger is unhealthy and less effective; a cool-down period may be required for the angry parent. Not all children will need spankings. Some very compliant children may never need a spanking to change behavior. The particularly contrary child, however, will require more corrective measures, such as spankings.

Reasons for Failure

- 1. **The child's misbehavior is more persistent than the parent's response**. Once punished, the child repeats the misbehavior without a corrective response from the parent. Be persistent with your correction of your child. If consistent and persistent, you can avoid the mistake of increasing your anger or the severity of punishment.
- 2. The parent inconsistently punishes misbehavior. Sometimes the child is punished for a particular act of disobedience and other times the act is ignored. The use of spanking or any other corrective measure should not depend upon your attitude or level of exasperation at the moment. Clearly inform your child of the rules and the consequences of disobedience, and then consistently enforce them.
- 3. **The parent uses improper methodology**. A spanking must be painful, yet not harmful or humiliating. It should always be carefully administered according to a predetermined plan and followed by a review of the offense and a restoration of your relationship with your child. Erratic, temperamental use of spanking is improper and ineffective.
- 4. **Spanking is suddenly initiated** after months or years of permissive parenting. It will take a while before your child responds to any change in your disciplinary approach. Initially, he will test your seriousness about the change. First, explain to your child the reason for the change and then implement the plan with persistence and consistency.
- 5. **Spanking is excessively used as the only form of discipline** and the parent's attitude is negative or authoritarian. Spanking should be one component of a total disciplinary plan and always administered in love for instruction, not retaliation. Other corrective measures would include disapproval, time-out, restraint, and consequences. Praise and encouragement of the child should play a major role in any disciplinary plan.

This document is provided for educational use only and is not intended to be a substitute for consultation with a physician concerning the issues presented. The information contained within this document has been submitted by a College member and approved by the Board of Directors for distribution, but has not been formally endorsed or validated by the American College of Pediatricians. Reproduction of this document is permitted. AMERICAN COLLEGE OF PEDIATRICIANS® 2006