THE ROLE OF PROFESSIONAL PERSONNEL IN CHANGING ATTITUDES ABOUT PHYSICAL PUNISHMENT OF CHILDREN

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<u>Introduction</u>

This conference is about child abuse and its prevention. The link between physical punishment and child abuse is well established. In a recent publication Penelope Leach (Leach, 1999) reviewed research related to physical punishment of children and addressed the question, *How is physical punishment linked to abuse?* She quotes the General Secretary of the British Association of Social workers. *It is very noticeable that parents who injure their children, at whatever age and however seriously, more often than not relate the event to the concept of punishment, even when they accept that they went 'too far'.* There have been a number of recent, tragic deaths of children in New Zealand that have been explained as attempts to 'discipline the child'.

Penelope Leach reports that the literature leaves no doubt that all physical punishment carries an in built risk of escalation. Leach reminds us that any child, who shows signs of physical punishment, a red thigh for example, may be at risk of physical abuse. In many families children are regularly hit in ways which can only be labeled 'abusive'.

In both New Zealand and Australia it is legal to hit children in the course of domestic discipline and this in itself gives a very mixed message to parents. This law does not enhance the status of children or their rights.

The value of changing the law has been demonstrated in Sweden, the first country in the world to ban physical punishment, in 1979. A very recent analysis of the effects of this ban was recently published in the journal 'Child Abuse and Neglect' (Durrant, 1999). The author, Joan Durrant, evaluated data from official Swedish sources on: public support for corporal punishment, reporting of child physical assault, child abuse mortality, prosecution rates, and intervention by the social authorities. Her findings are: public support for corporal punishment has declined, identification of children at risk has increased, child abuse mortality is rare, prosecution rates have remained steady, and social service intervention has become increasingly supportive and preventive.

In New Zealand attitudes are changing slowly (Wood, 1998). There have been a number of major campaigns discouraging the use of physical punishment. However support for a change in the law is low. Despite there being considerable government effort aimed at reducing domestic violence, including child abuse, there us no political will to change our legislation (Wood, 1998). There are still a number of barriers to overcome in our efforts to change attitudes about the use of physical punishment.

<u>Societal barriers</u>

Some of the adults who oppose physical punishment do not want to see a law change because they wrongly fear that prosecutions of parents would increase. This is not the experience in countries that have changed their legislation (Freeman, 1999). In time there should be less prosecutions of parents as less children are seriously injured because they have been disciplined physically.

Many people who abhor 'violence' do not consider hitting a child an act of violence. But where do you draw the line and what are you modeling for a child when you strike them?

There is also a very active lobby in society who believe that parents have the right to do what they believe is best with their children and that this should not be questioned. These are the same people who see the United Nations Convention on the Right's of the Child as an unacceptable intrusion into family life. A civil society does set standards in law for many aspects of behaviour, including some of the decisions parents make about how they raise their children.

New Zealanders are still slowly and painfully coming to terms with the damage that European colonizers have inflicted on indigenous cultures and people and we hesitate to challenge the behaviours of other cultures, some of whom are said to endorse physical punishment of children. Some leaders and spokespersons in the major ethnic groups in New Zealand condemn violence including physical punishment.

Many parents still do not understand the dangers and disadvantages of physical punishment or know of the effective alternatives that exist.

Many individuals and agencies work with children and families, in schools and early childhood settings, in health settings, in care and protection agencies, in family support agencies and in agencies addressing domestic violence. Many lawyers and judges deal with family issues as do church leaders. Those who educate the professionals who work with children play an important part in shaping the attitudes of the people they teach. Some professionals have a very constrained view of their roles and responsibilities where children's rights and interests are concerned. They see their responsibilities ending with the discharge of their particular professional responsibilities.

Bringing about change

EPOCH New Zealand is an organisation that lobbies to have the law changed and works to change public attitudes about the use of physical punishment of children. We are therefore interested in how change happens. In this paper I look briefly at a number of 'change' models and how EPOCH is interpreting them in practice to change attitudes about physical punishment. Each has its place in what we are trying to achieve.

In order to achieve social change, and recruit people to our movement we must first change individual attitudes, and elicit the support of those with power and influence. To do this we must persuade them to hear our messages and persuade them to join us. In order to protect children we must change the attitudes of their parents and caregivers. I am convinced that, that at least with families, messages which are delivered personally, or from within close communities will be most effective. I was therefore interested, as part of the background to this paper, to canvass the views of some professional personnel who work with children and families about their responsibilities.

Social movements and social change

Social movements are organised collective activities undertaken by people to promote or resist social change (Doob, 1994). Members of the movement share an ideology that justifies their actions, have a sense of unity and have a set of norms to guide their behaviour. In New Zealand there is a growing social movement advocating children's rights and children's protection across a variety of interests. Ending physical punishment is part of this.

- In order to facilitate its part in this social movement EPOCH has established a 'network' of organisations to support and give credibility to ending physical punishment. That there has been a good response from organisations to the invitation to be part of the movement to end physical

punishment of children demonstrates a growing interest on the part of the managers and leaders of the member organisations in taking their responsibilities broadly. In Britain similar efforts have resulted in a very extensive alliance of organisations and individuals committed to ending physical punishment. This should influence the government there which is having to reconsider its legislation in light of an expensive European Court of Human Rights judgement against the British Government that was found to have inadequate legislation to protect a child from cruel and inhumane punishment (Freeman, 1998).

Social movements are one of the sources of social change (Doob, 1994). Other sources of social change include cultural innovation, population pressures and environmental pressures. Of these cultural innovation is most relevant to our issue. Cultural innovation is the recognition or development of new material or non-material elements in a culture. Diffusion is one of the processes by which innovation takes place. It is a process by which traits move from one culture to another or from one part of the culture to another. Belief systems spread less easily than material objects. Some members of society are highly resistant to new theories and concepts.

Social movements are more likely to be effective where there is a coherent ideology, where there is action, communication, and support from influential people and evidence that social change is possible. In our attempts to promote children's rights we need the support and involvement of professions who work with children and families. How then do we influence the influential?

- Exposing people to important new information, during training, at professional gatherings, such as child abuse conferences is one way of doing this. The other is in writing and publishing articles in relevant journals. EPOCH publishes a regular newsletter that is widely distributed and keeps the issue alive. It shares up-to-date research findings, the outcomes of relevant court cases, and international activities.

Individual change

Professional identification, and sometimes power, is grounded in the possession of a body of knowledge (Turner, 1987). There is some temptation within a profession to maintain closure to new ideas in an attempt to maintain status and avoid contamination by other groups. At an individual level we may resist new ideas because to take them on board means we have to behave differently and perhaps even take on new responsibilities.

There are various models for understanding individual change. They all involved the individual first learning of an innovation, the individual then seeking or having new information imposed on him/her, the individual evaluating this information, perhaps in discussion, trialing it and then adopting or rejecting it (Bunton, 1992).

Where change process is applied to coming to terms with child abuse it has been described in various ways – perhaps the simplest being the so-called *discount hierarchy*. This describes the ways in which an individual worker comes to terms with their individual responsibility for taking action in relation to child abuse and neglect. The individual starts by denying the existence of a child abuse or its significance, then moves in to denying that there are solutions to the issue and only finally moves into taking personal responsibility individually and in the community (NSW Child Protection Council, 1990).
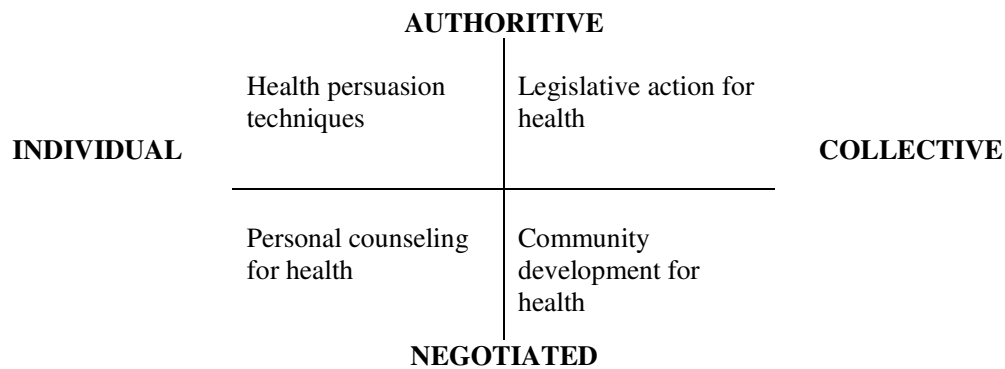
- The discount hierarchy focuses particularly on the issue of professional change in relation to taking responsibility. Clearly ensuring that professional personnel are exposed to the new information is again the intervention needed here. The value of teaching settings lie in the

opportunity they present for the discussion and processing of information and these processes are important in incorporating new material.

- When we think about individual change, particularly say change on the part of a parent, exposure to new information is not the only element we take into account. Such change may take place best within the context of a supportive relationship, with a counselor for example, or within the relationship a parent has with a trusted early childhood teacher. EPOCH has developed parent education material that we distribute to people who work with children and families. We encourage these people to use our material in an informative and supportive way with the parents they work with. This was one of the factors I had in mind when I asked a series of questions of professionals who worked with children and families.

Health promotion models

The final model I have considered when thinking about how to move attitudinal changes along is a health promotion one. I am interested in this not so much from the professional change point of view but from how the professional, once they have taken on board responsibility for bringing about change with the communities and individuals they work with, can best be effective. A map of health promotion options identifies four quadrants (Gabe, 1991)

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AUTHORITIVE

Health persuasion techniques	Legislative action for health

INDIVIDUAL   **COLLECTIVE**

Personal counseling for health	Community development for health

NEGOTIATED

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Each of these dimensions has their place. Interestingly it is the top left quadrant (the mass media campaign for example) on which we so often fall back, but repeated evaluations have not shown particularly useful long-term results, especially within the communities in which change is most needed (MacIntyre, 1997). Evaluations are increasingly showing the value of the bottom two, in particular the personal contact dimension. The value of personal counseling dimension in addressing parenting behavior has been well supported by the positive outcomes shown in evaluations of intensive home visiting programmes (American Academy of Pediatrics, 1998).

A survey of people who work with children and families

The results of this small survey are interesting because of the views they share. They are not particularly valid because I suspect the converted responded and the multitude, some of whom may still be at the stage of denial on the discount hierarchy, did not send back the questionnaire. Over 80 questionnaires were distributed, by hand, through personal contacts to teachers, early childhood teachers, social workers, health workers, and family violence workers. Twenty-five questionnaires were returned. Participants were given the option of returning the questionnaire uncompleted because

they believe physical punishment has a part to play in discipline and they do not want to intervene to change its use. There were no such returns.

Occupation of respondents

Teachers	4
Early childhood teachers	7
Teacher educators	2
Counselors/social workers	4
Health professionals	4
Agency managers	2
Unstated	2

Gender

Women	22
Men	1
Unstated	2

Age

20-30	4
30-40	3
40 +	16
Unstated	2

Awareness of the use of physical punishment and response to it

- I never come across the issue of physical punishment in my work   1
- I come across the issue but it is insignificant compared with other issues I work with   3
- I consider physical punishment of the children I work with a significant issue and I believe I can, or should be, taking some action reducing its incidence   20
- other   1

Ways in which you currently take action to reduce physical punishment?

1. The most common response to this question was supplying parents with information in a variety of ways. Twenty-two respondents claimed to be doing this either through personal discussion with parents and by giving them information on alternatives or through distributing parent education material.

2. Other sources of action included referring parents to parenting classes or other agencies for support in parenting, referral to the care and protection service when punishment was severe, modelling non-violent discipline, staff training and establishing a non-violent culture in their centre.

3. Only one respondent referred to lobbying for political change.

4. One referred to community development and discussion on the issue.

What are some of the other ways in which you, or the organisation you work for, might take action (not currently happening)?

1. Here respondents focused largely on having more resources and education opportunities available for parents including the need to have material available for parents of Maori and Pacific cultures.

2. A small number mentioned needing to provide more staff training and the need to establish 'no-hitting zones'.

3. Only one respondent referred to the need to take political action.

4. Some felt that more referrals should be made including to the care and protection agency.

The barriers professionals experience or anticipate when they want to do something about reducing physical punishment of children?

1. Sensitivity about parents feelings and beliefs were significant for a number of respondents. Respondents feared making parents feel inadequate or doubted their right to question other peoples' traditions and beliefs. This is particularly true in relation to perceived cultural beliefs.

2. Some staff feared reprisals from parents if they challenged their behavior – this included loss of trust and relationships with parent and fear the parent would not stay involved with the agency.

3. Others feared that they might make the situation worse for the children involved if they challenged the parents' discipline. Some reported seeing children verbally and emotionally abused and fear that parents who stop hitting might use equally violent non-physical methods of controlling behaviour.

4. Time pressures and the precedence of other issues were also mentioned as barriers.

5. A small number of respondents believed that denial of the issue was a barrier.

6. Others felt that lack of skill and expert support in dealing with issue could be a barrier.

7. Some were concerned about the lack of resources available for families who needed help with parenting or with other social issues.

8. Two respondents believed that lack of focus on children's rights/child advocacy was a barrier and one of these believed that this was particularly true within domestic violence treatment centres where women's needs take precedence.

9. Two respondents also saw existing legislation as a barrier to action.

Responses to the survey reflect the busy and intimate nature of the work of professionals whose clients are children and families. The responses and the barriers identified are not surprising. The responses should remind managers and policy makers of the importance of providing staff who work with children with the skills, support and environment they need to promote the growth of children and families.

The emphasis placed on providing personalised support and education to parents is pleasing given the recognised efficacy of these means of giving information. Of interest to me is that there is little awareness and focus on a number of strategies which I think might be useful in changing attitudes about physical punishment. These include having clear policies and protocols on the matter, including the topic in professional conferences and meetings, writing letters to newspapers when related events arise, writing submissions and encouraging groups in local communities to address the issue. The fact that some of these interventions are not identified may reflect the roles of those who responded.

Conclusion

To finish I want to refer first to the words of a respondent. She says, *The parents' or caregiver's right to 'discipline' a child, and their perceived duty to 'punish' the child in order to teach it a lesson or whatever, is locked in a violent framework. By making sure schools, or at least the staff, are non-violent, physically and verbally, to children, we can help to change the framework.* This respondent reminds us of the place organisations can play in promoting non-violent environments for the children they provide services for – this does not always happen and incidents of physical and verbal violence in schools for example are very common and still not addressed as well as they might be.

The respondent has generously agreed to share her poetry.

He said, looking into my eyes
'You are a violent woman"
I gaped at pain
'How can you tell' I denied
Negating intuitiveness
A man after all.

Denial continued till now.
Two days post another child-beating
no bruising episodic encountering
me beating her screaming.
Forgiving me
after.

Retching aside,
this is progress.

I am a violent woman.
I gape and remember
run the cerebral videos
locked in the most secret files.
Worst of all is the children
abuse of my children by
beating no bruising.

I'm beginning by owning.
Acknowledgement precedes cure.

Another reminder - we must continue to see changing attitudes about physical punishment within the context of changing the way we teach our children to express anger. Physical punishment is part of a cycle of violence linked to attitudes that do little to reduce child abuse.

In New Zealand our care and protection agency is currently conducting a multi-million dollar campaign to raise awareness of issues of child neglect and included in this are efforts to increase professional awareness and responsibility. Are we professionals guilty of child neglect if we do not address the ways in which parents discipline children?

In this paper I have looked some theory about change and at associated strategies. I have reported on the personal views and experience of some committed professionals. From these people we learn that although they counsel and support parents, and offer alternatives to physical violence in disciplining children, they feel restrained by their professional roles, their perceived need for more skills and respect for others' cultures and traditions. As the network of organisations that support ending physical punishment grows, and as organisations are more willing to become public on this issue, neutrality on the subject is less acceptable. In time it may be easier for us to understand that leaving the hard work of achieving social change to someone else is unhelpful. We can all play a part. *We must rid ourselves of our habit of hitting children because it is wrong. It is wrong to hit children, as it is wrong to hit adults* (Freeman, 1998).

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