

Paediatric Society of New Zealand Submission to *The Justice and Electoral Select Committee on the Crimes (Abolition of Force as a Justification for Child Discipline) Amendment Bill*

This submission is also supported by the organisation Doctors for Sexual Abuse Care (DSAC)

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Oral Submission

The Paediatric Society of New Zealand requests the opportunity to make an oral submission to the committee.

1. The Paediatric Society of New Zealand (PSNZ)

The PSNZ is a not-for-profit charitable organisation founded in 1947 in recognition of the special health and developmental needs of children. Until 2000 it remained largely a professional support organisation for paediatricians. In 2000 the membership voted by a large majority for the Society to become a multidisciplinary organisation in recognition of the crucial role that is played by all groups of professionals in achieving its mission. Currently 70 % of the 391 members are paediatricians, 16% are nurses and the other 14% represent allied areas of paediatric health care. The society is committed to improving the health of New Zealand children and young people. In order to do this the society has set up a number of speciality sub-committees. This submission has been prepared by members of the child abuse and neglect subcommittee of the society on behalf of the society. The organisation Doctors for Sexual Abuse Care (DSAC) is represented on this committee.

This submission will focus on the relevance of this piece of legislation to the members of the Paediatric Society who are concerned on a day-to-day basis with three aspects of the care of children that are pertinent to this act.

- The use of discipline as a parenting strategy
- The adverse health outcomes associated with the use of physical punishment in childhood
- The medical assessment of children alleged to have sustained inflicted injury

In this submission the following definitions are used:

<i>Discipline:</i>	The system of teaching and nurturing that prepares children to achieve competence, self-control, self-direction, and caring for others ¹
<i>Punishment:</i>	The application of a negative stimulus to reduce or eliminate a behaviour ¹
<i>Corporal punishment:</i>	The use of physical force with the intention of causing a child to experience pain but not injury, for the purposes of correction or control of the child's behaviour ²
<i>Physical punishment:</i>	This term is used interchangeably with the term 'corporal punishment' in this submission
<i>Physical abuse:</i>	Any act or acts that result in inflicted injury to a child or young person
<i>Spanking:</i>	A form of corporal punishment administered with an open hand to the extremities or the buttocks and intended to be physically non-injurious ³

2. The Paediatric Society's position on section 59 of the Crimes Act 1961

- The Paediatric Society of New Zealand strongly supports the recommendation to repeal Section 59 of the Crimes Act 1961.
- The Paediatric Society of New Zealand believes that New Zealand children and young people have as much right as the adults and animals who live in this country to be protected from physical punishment and assault and that this right should be made unequivocally clear in our law.
- The Paediatric Society of New Zealand has significant concern with regard to the application of this act as it currently stands that there is no guidance provided about how to determine whether the application of discipline used in a particular instance to correct the child may or may not be deemed appropriate.
- The Paediatric Society of New Zealand asserts that section 59 of the Crimes Act 1961 is untenable because there are no guidelines available to those assessing injury after the use of physical punishment or assault to determine what degree of force can be considered 'reasonable'.
- The Paediatric Society of New Zealand further asserts that in the absence of evidence that physical punishment is an effective form of discipline for children and young people and because of concerns about the adverse affects of physical punishment, it cannot at any time be considered 'justified' in the context of Section 59 of the Crimes Act 1961.

3. International medical opinion on the use of corporal punishment in childhood

In 1996 a supplement to *Pediatrics*, the official journal of the American Academy of Pediatrics, explored the topic of corporal punishment. Associated consensus statements highlight the effectiveness of non-physical methods of discipline in childhood and express concern about the effects of corporal punishment.³ Consensus statement 13 reads as follows:

“Concerning forms of corporal punishment more severe than spanking, in infants, toddlers and adolescents, the data suggest that the risk of psychological or physical harm outweigh any potential benefits”

In 1998 an American Academy of Pediatrics guideline entitled ‘Guidance for Effective Discipline’ was published.¹ Physical punishment is not rated as an effective form of discipline in this document and the Academy recommends that:

“.. parents be encouraged and assisted in developing methods other than spanking in response to undesired behaviour”

In 1998 the Royal College of Paediatrics and Child Health in the United Kingdom joined “Children are Unbeatable!” an alliance of over 250 organisations supporting the outlawing of all forms of physical punishment. In 2000 a review article examining the evidence that led to the College making this decision was published in *Archives of Disease in Childhood*.⁴ Advocacy for repeal of legislation similar to Section 59 in Britain, and also the banning of corporal punishment has been reported in the *British Medical Journal* as being supported by British MPs as well as physicians working in public health and paediatrics.⁵⁻⁷

In Australasia the Royal Australasian College of Physicians has published a policy on “Physical Punishment and Discipline (including smacking)” stating that: ^a

“The Paediatrics and Child Health Division (of the College) believes that the use of force, either physical force and/or psychological threats, is an ineffective and unhelpful method of punishment and discipline of children”

4. The use of physical and non-physical discipline as a parenting strategy

4.1. Discipline is an important part of normal child development

Child disobedience and non-compliance is a problem frequently brought to the attention of paediatricians and others working with children and their parents or caregivers. It is also usual practice for paediatricians and paediatric nurses to discuss the appropriate use of discipline with parents as part of anticipatory guidance. Paediatricians, paediatric nurses and others who work with children within the healthcare system support the use of appropriate discipline in the ongoing parental guidance of children. The American Academy of Paediatrics guideline on effective discipline states the following:

^a <http://www.racp.edu.au/hpu/paed/punishment/index.htm>

“An effective discipline system must contain three vital elements: 1) a learning environment characterized by positive, supportive parent-child relationships; 2) a strategy for systematic teaching and strengthening of desired behaviours (proactive); and 3) a strategy for decreasing or eliminating undesired or ineffective behaviours (reactive). Each of these components needs to be functioning adequately for discipline to result in improved child behaviour”¹

To be able to respond appropriately to infant and child behaviour the adult caregiver must have an understanding of the developmental abilities of the child. For example it is not appropriate to physically discipline a toddler child for touching a heater. A toddler is by nature exploratory and has little ability to perceive the possible dangers of the home environment. Rather than allowing exposure to a heater and punishing a child for touching it, a more appropriate response is to place a barrier between the child and the fire. If a toddler runs out on to the road because the gate has been left open who has committed the misdemeanour? Children who put themselves unknowingly in danger can be placed away from that danger without being physically struck.

The older child should have a clear explanation given to them about what they have done wrong and how they can make things right. Physical punishment, however, is often accompanied by negative verbal abuse about the ‘badness’ of the child that is demeaning to a child. Usually the child is displaying a range of age appropriate behaviour and may be confused about what they have done wrong.

Attention must be given to responding positively to good behaviour as well as to responding to reduce and eliminate undesirable behaviour. Physical punishment is often given in anger without explanation to the child about what their specific transgression has been and how their behaviour should be modified to gain parental approval. Physical punishment also does not allow children a chance to explain a reason for their behaviour that may allow some negotiation about the disciplinary outcome.

4.2. How common is the use of physical punishment in New Zealand?

Ritchie and Ritchie reported on parent interviews undertaken in the 1960s indicating that only 1% of parents in the sample used no physical punishment at all and at the other extreme, 1% of parents beat their child regularly and severely.⁸ Daily spankings were reported by 23%, monthly spankings by 40% and spankings less than monthly by 33%.

In 1996 a study from the Commissioner for Children’s office reported on school-aged children’s experiences of violence. In this group of 10-13 year-olds, 64% reported ever being punished by smacking by an adult, 16% reported being punched, kicked, beaten or hit by an adult and 16% reported ever being punished by belting by an adult. Whether the adult was a parent was not specified.

The Christchurch Health and Development Study asked just over 1000 18-year-olds about childhood experiences related to abuse.⁹ In this group 78% reported receiving physical punishment infrequently, 8% reported that their parents used physical punishment regularly and 4% reported that their parents used physical punishment too often or too severely or treated them in a harsh or abusive way.

Recently data on 962 26-year-olds from the Dunedin Multidisciplinary Health and Development Study has been published.¹⁰ Regular use of physical punishment was reported by 71% and 6% reported experiencing severe physical punishment.

In a group of 31 New Zealand 12-14 year olds interviewed in 2004, 77% reported being physically punished when younger and 29% reported being physically punished at their present age.¹¹ Rates of experience of physical punishment were less in the 5 to 7-year-old and 9 to 11-year-old age groups (58% and 42% respectively). In the total group of 5-14 year-olds in this study, 92% reported ever being smacked.

These data indicate that use of physical punishment is still a common experience for New Zealand children with 4-16% of children reporting experience of severe forms of physical punishment. This percentage may also be higher in areas of New Zealand that have a more adverse socio-economic environment than that of Christchurch and Dunedin where the main New Zealand population-based studies have been sited.

4.3. What influences parental discipline practices?

Historically some parents have used corporal punishment because they do not know about other alternatives of discipline.¹² Parents who experienced physical punishment themselves as a child and those who devalue children are more likely to use physical punishment.^{13, 14} Young adults who had experienced a specific form of discipline as children were less likely to label that form of discipline abusive.¹⁵ Christchurch young people who experienced severe or harsh physical punishment were more likely to come from socially disadvantaged, dysfunctional or compromised childhood environments.⁹

A history of physical abuse in childhood has long-term effects on women's behaviour including depression and alcohol consumption, which in turn result in women's punitive behaviour towards their children.¹⁶ Parents who use physical punishment often do so in the context of anger and male caregivers are more likely than female to deliver extreme punishment.^{10, 14}

Public support for the use of corporal punishment has decreased in Sweden since law change occurred there in 1957.¹⁷ Whether or not one agrees that this is a direct effect¹⁸ it is clear that achieving attitudinal change requires a multi-faceted approach which includes attention to both education of parents and children's rights.

4.4. Is physical punishment an effective form of discipline?

The evidence in the literature has been recently reviewed by the Paediatric and Child Health Division of the Royal Australian College of Physicians (RACP).¹⁹ The College's policy statement entitled "Physical punishment and Discipline including smacking" that is based on this review concludes the following as previously stated:

"... the use of force, either physical force and / or psychological threats, is an ineffective and unhelpful method of punishment and discipline of children"

The College's policy cites a systematic review on the short and long-term effects of corporal punishment undertaken by Gershoff.²⁰ This review found that although children are more likely to comply with adults' demands following physical punishment in the short term, they do not actually learn the desired good behaviour. The conclusions of the review as reported in the policy were that:

“..repeated and escalating levels of physical punishment may then occur in the longer term to force the children to maintain the good behaviour. This increases the risk of physical injury to children, may lead to severe child abuse and reinforces in children a model of parenting which relies on physical punishment.”

Physical discipline is commonly used in anger, rather than with the intent of correcting behaviour. For example, around 50% of American mothers in one study reported experience of using corporal punishment because they had ‘lost it’.² In this seminal study the tendency for corporal punishment to be associated with higher child antisocial behaviour and impulsiveness was found within all age groups and all levels of maternal nurturance. This could be interpreted as being because the child is more aggressive and therefore more in need of discipline. Even if that could be proven to be true, this finding clearly indicates that increased use of corporal punishment does not, at a minimum, improve child behaviour suggesting that it is an ineffective form of discipline. It also does not support the view that corporal punishment has no harmful side effects if applied to children by loving parents. The review by the Royal Australasian College of Physicians also noted a range of adverse consequences associated with physical punishment, including increases in physical abuse and increased prevalence of disruptive behaviour (oppositional defiant disorder and conduct disorder).

4.5. What do children report about physical punishment?

Terry Dobbs has recently reported on New Zealand children’s views about physical punishment. In her study of 80 children aged between 5 and 14, 92% of children reported having ever been smacked.¹¹ Children reported they often did not understand what they were being disciplined about and that physical punishment was often associated with parental anger. A significant number of children in all age groups reported being hit around the face, head or back and 6 of the 12-14 year olds reported getting their mouths washed out with soap or being made to ingest mustard. A variety of implements had been used against children. When asked what it feels like to be smacked younger children were more likely to report on the physical outcome of redness and discomfort, while older children were more likely to report on the emotional effects including sadness and rejection. Most children did not think smacking was an appropriate form of discipline and their most common reason for saying this was because it hurt.

4.6. What alternative methods of discipline are available?

Methods listed in the RACP policy on Physical Punishment and Discipline include:

- Parents responding positively, rewarding desired behaviour combined with ignoring undesirable behaviour
- Setting appropriate limits and applying fair consequences for breaking them, related logically to the misdemeanour where possible.

These methods are in line with the American Academy of Pediatrics (AAP) recommendations and with what children report is effective. The AAP guideline lists the following factors as being thought to increase the effectiveness of efforts to reduce and eliminate undesirable behaviours:

- Clarity on the part of the parent about what the problem behaviour is and what consequence the child can expect when this behaviour occurs

- Providing a strong and immediate initial consequence when the targeted behaviour first occurs
- Consistently providing an appropriate consequence each time a targeted problematic behaviour occurs
- Delivering instruction and correction calmly and with empathy
- Providing a reason for a consequence for a specific behaviour, which helps children beyond toddler age to learn the appropriate behaviour and improves their overall compliance with requests from adults¹

These strategies are often used with time-out or removal of privileges. If done so there needs to be a consistency in response from the adult caregiver. Failure to be consistent in response to undesirable behaviour will confuse the child and lead to a perception by the parent that these strategies for modifying child behaviour are ineffective. Providing appropriate education for parents on alternative methods of discipline and how to make them effective in their own family situation is critical to the successful eradication of physical punishment as a form of discipline in New Zealand.

4.7. What can we conclude about the use of physical punishment as a form of discipline?

Bauman discusses the difficulty with interpreting some of the literature in this area to get a clear idea about what we should conclude about the role of corporal punishment as a form of discipline.²¹ Bauman states that in the absence of the rigorous evidence of a randomised controlled trial of effect three questions should be asked much as one would in trialing a new drug preparation. The questions are:

- Is it safe?
- Is it effective?
- Is it safer and more effective than alternatives?

Given the evidence above, corporal punishment does not seem to reach a positive pass on any of these three questions.

5. The relationship of physical punishment in childhood to adverse societal and personal health outcomes

It is very difficult to design research studies that allow for the confounding family and environmental factors that impinge on a child's long-term development.²¹ Physical punishment is often associated with verbal abuse which has an emotionally abusive component that may in itself have a detrimental effect on the child.²² When assessing the adverse outcome of physical punishment in childhood it is important to have data from our own social and ethnic environment and longitudinal studies that allow a range of potentially confounding family and social factors to be documented prospectively.

In the recent report from the Dunedin Multidisciplinary Study, analysis of interviewer notes relating to study member distress found that it was higher in the extreme physical punishment group (22%) than in those hit with an object (2%) or in the smacking or no physical punishment groups (each 1%).¹⁰ A range of adverse outcomes after exposure to severe or harsh physical punishment treatment during children were found in the Christchurch Health and Development Study birth cohort.⁹ When social and contextual factors were controlled for, relationships between severe or harsh physical punishment and violent offending, suicide attempts, being a victim of violence and alcohol abuse persisted. Rates of property offending increased with increasing amount of exposure to

physical punishment. This dose-response relationship of increased risk of adverse outcome with increased amount of physical punishment exposure in childhood was shown for all significant adverse associations. The participants in this study were aged 18 years at the time that these adverse outcomes were documented indicating that they were mediated by childhood experiences not those of adult life.

A review of overseas studies found associations between use of corporal punishment and delinquency, criminal arrests, assault of a non-family members, use of corporal punishment, physical abuse of children, intimate partner abuse and physical assault of another parent.²³ Straus also found that countries or states that exhibit greater authorisation of use of corporal punishment have higher rates of violence and homicide. These outcomes correlate with data from a sample of 299 American prison inmates.²⁴ Although high rates of physical punishment in childhood characterised the sample, those inmates charged with non-homicidal violent crimes, including violent sexual offences, reported more severely punitive childhood histories than those charged with non-violent offences and non-injurious sex offences.

6. The medical assessment of children alleged to have sustained inflicted injury

The defining point that paediatricians use to determine when physical punishment constitutes physical abuse is whether an injury has been sustained. When providing a medical assessment in the context of alleged physical abuse the paediatrician is asked to determine:

1. Whether an injury has been sustained – delay in presentation may make it difficult to provide a definitive opinion on this point
2. Whether that injury is consistent with the history provided – e.g. a history of falling off a coffee table is not the likely explanation for a severe head injury
3. Whether any history provided that suggests the injury has been sustained accidentally, is consistent with the developmental ability of the child – e.g. a history of a child rolling onto the floor after being left in the middle of a double bed is not consistent with the developmental abilities of a 6-week-old infant
4. Whether the injury has specific characteristics that clearly indicate that it has been inflicted e.g. pattern bruising, pattern burns, fractures of varying ages not previously reported.

The Police do not put forward for prosecution cases of physical abuse unless they feel that they can present evidence to the level required by a criminal court that there is a case to answer. Often there is physical evidence of abuse that is supported by photographic record and the expert opinion of a paediatrician with experience in the assessment of inflicted injury in children. Despite this members of our Society have been involved in cases in New Zealand where Section 59 of the Crimes Act has been invoked as a successful defence that a caregiver who has physically punished a child to the extent that considerable bruising have been documented, did so with reasonable force in the context of discipline. One such case was the subject of a press release by the Society in 2001.^b In February 2001 a 41-year-old Hawkes Bay man was acquitted on a charge of assaulting his son aged 8 years. The child had been beaten 6 to 8 times on the buttocks with a piece of wood about one foot long. The beating was inflicted

^b www.paediatrics.org.nz/PSNZold/new/lawchange.html

through thick clothing but extensive bruising of the buttocks was still visible between one and two days later when a paediatrician examined the child. The bruising extended up onto the lower back. The jury in this case decided that reasonable force had been used. It is of great concern to paediatricians working in this area of paediatric practice, that juries continue to deliver verdicts that demonstrate they are unable to accurately discriminate between physical punishment and physical abuse.

For paediatricians the primary issue of concern is not about whether the adult perpetrator is convicted and punished for the physical abuse. The main concern is that a jury decision determining that this is reasonable force and appropriate in the context of parental discipline means that the child is likely to return to the home environment and to be subjected to discipline of equal severity in the future. In our experience and that of our colleagues worldwide, this will greatly increase the likelihood that when the child next presents for medical care for inflicted injury the injuries sustained will be more severe and possibly fatal. This has been clearly documented in New Zealand in the histories of James Whakaruru and the Aplin sisters.^{25, 26}

7. Summary

- The appropriate use of discipline by parents and other caregivers is an integral part of child development and learning
- There is no evidence that physical punishment, whether it be light smacking or hitting the child with an object, is an effective form of discipline
- There is now considerable evidence in the medical and social science literature that the use of physical punishment in the discipline of children is associated with a number of adverse health and social outcomes that extend into adulthood
- The Paediatric Society strongly recommends that serious attention be given to the education of New Zealand parents and caregivers regarding the following:
 - Smacking and other forms of physical punishment are not effective forms of discipline
 - Other more appropriate forms of discipline can be used and be made effective within families
 - For discipline to be effective, children need to understand why they have been disciplined
 - There is a relationship between physical punishment and parental anger
 - There is a risk of being on a continuum that starts with smacking and ends in a serious physical assault
 - There are adverse health and social outcomes associated with the more severe forms of physical punishment
- Paediatricians and other health workers caring for children and young people follow standard guidelines in considering what constitutes abusive physical punishment
- Paediatricians who assist the Crown in providing evidence regarding the nature of a child's injuries in Court do so because they believe a significant physical assault has taken place
- Failure of jury members to accurately discriminate between physical punishment and physical abuse can mean that children are returned to an abusive home environment

- Children who have already sustained an inflicted injury in an adverse home environment are at increased risk of sustaining a more serious or fatal injury when returned to that environment
- The Paediatric Society is aware that we live in violent times in a violent society. Sweden has no Section 59 equivalent, has banned corporal punishment and has very low rates of fatal inflicted injury in childhood. New Zealand still has Section 59, has not banned corporal punishment of children and has the third highest rate of fatal inflicted injury in childhood of all OECD countries. The evidence presented suggests that these facts are highly correlated through an intergenerational effect of the adverse effects of physical punishment in childhood
- For the health and well-being of our society in the future the issue of family violence within the home, and in particular towards children, must be addressed

8. Recommendations

The Paediatric Society of New Zealand recommends that:

- (1) **The Crimes (Abolition of Force as a Justification for Child Discipline) Amendment Bill be adopted without amendment**
- (2) **The use of physical or corporal punishment against children and young people should not be supported in New Zealand**
- (3) **Considerable effort should be put into the education of parents and caregivers about alternative forms of discipline for use in childhood and adolescence**
- (4) **Parents and caregivers should be held accountable within the law for physical injuries inflicted on children in their care**
- (5) **The primary focus of this accountability should be on the care and protection needs of the child rather than the punishment of the caregiver**
- (6) **No penalties should be applied to parents and caregivers who continue with the infrequent use of physical discipline that is not injurious to the child but they should be educated and encouraged in the use of alternative non-physical forms of discipline.**

9. References

1. American Academy of Pediatrics, Committee on Psychosocial Aspects of Child and Family Health.. Guidance for effective discipline. *Pediatrics* 1998;**101**:723-728.
2. Straus M, Mouradian V. Impulsive corporal punishment by mothers and antisocial behaviour and impulsiveness. *Behav Sci Law* 1998;**16**:353-374.

3. Consensus statements. *Pediatrics* 1996;**98**:853.
4. Elliman D, Lynch M. The physical punishment of children. *Arch Dis Child* 2000;**83**:196-198.
5. Stewart-Brown S. Legislation on smacking. A complete ban would help improve parenting practices. *BMJ* 2004;**329**:1195-1196.
6. Kmietowicz Z. MPs call for smacking to be outlawed. *BMJ* 2003;**326**:1414.
7. Waterston T. Giving guidance on child discipline. Physical punishment works no better than other methods and had adverse effects. *BMJ* 2000;**320**:261-262.
8. Ritchie J, Ritchie J. *Child rearing patterns in New Zealand*. 2nd ed. 1972, Wellington: AH & AW Reed.
9. Fergusson D, Lynskey M. Physical punishment / maltreatment during childhood and adjustment in young adulthood. *Child Abuse & Neglect* 1997;**21**:617-630.
10. Millichamp J, Martin J, Langley J. On the receiving end: young adults describe their parents' use of physical punishment and other disciplinary measures during childhood. *NZ Med J* 2006;**119**:<http://www.nzma.org.nz/journal/119-1228/1818/>.
11. Dobbs T. *Insights. Children and Young People speak out about family discipline*. 2005, Wellington: Save the Children New Zealand.
12. Davis P, Chandler J, Larossa R. "I've tried the switch but he laughs through the tears:" The use and conceptualization of corporal punishment during the Machine Age, 1924-1939. *Child Abuse & Neglect* 2004;**28**:1291-1310.
13. Rodriguez C, Sutherland D. Predictors of parents' physical disciplinary practices. *Child Abuse & Neglect* 1999;**23**:651-657.
14. Jackson S, Thompson R, Christiansen E, et al. Predicting abuse-prone parental attitudes and discipline practices in a nationally representative sample. *Child Abuse & Neglect* 1999;**23**:15-29.
15. Bower M, Knutson J. Attitudes toward physical discipline as a function of disciplinary history and self-labelling as physically abused. *Child Abuse & Neglect* 1996;**20**:689-699.
16. Frias-Armenta M. Long-term effects of child punishment on Mexican women: a structural model. *Child Abuse & Neglect* 2002;**26**:371-386.
17. Durrant J. Evaluating the access of Sweden's corporal punishment ban. *Child Abuse & Neglect* 1999;**23**:435-448.
18. Roberts J. Changing public attitudes towards corporal punishment: the effects of statutory reform in Sweden. *Child Abuse & Neglect* 2000;**24**:1027-1035.

19. Division of Paediatrics and Child Health. Physical punishment and Discipline (including smacking). 2004, Royal Australasian College of Physicians. <http://www.racp.edu.au/hpu/paed/punishment/index/htm>.
20. Gershoff E. The short- and long-term effects of corporal punishment on children: a meta-analytical review, in *The physical punishment of children*, D. Elliman and M. Lynch, Editors. 2000. p. 196-198.
21. Bauman L. Assessing the causal effect of childhood corporal punishment on adult violent behavior: Methodological challenges. *Pediatrics* 1996;**98**:842-844.
22. Youssef R, Attia M, Kamel M. Children experiencing violence I: Parental use of corporal punishment. *Child Abuse & Neglect* 1998;**22**:959-973.
23. Straus M. Spanking and the making of a violent society. *Pediatrics* 1996;**98**:837-842.
24. Miller K, Knutson J. Reports of severe physical punishment and exposure to animal cruelty by inmates convicted of felonies and by university students. *Child Abuse & Neglect* 1997;**21**:59-82.
25. Final report on the investigation into the death of James Whakaruru. 2000, Office of the Commissioner for Children: Wellington.
26. Report of the investigation into the deaths of Saliel Jalessa Aplin, Olympia Mariso Aplin. 2003, Office of the Commissioner for Children: Wellington.