Attitudes towards corporal punishment and reporting of abuse

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Abstract

Objectives: To assess physicians’ attitudes towards corporal punishment in childhood and their subsequent actions regarding the reporting of child abuse.

Participants: 107 physicians (95 pediatricians and 12 family practitioners) who work in hospitals and community clinics in northern Israel were interviewed. Of the participants, 16\% were new immigrants.

Procedure: A structured interview was conducted by one of two pediatric residents.

Results: Attitudes towards corporal punishment were not influenced by the physicians’ sex or specialty. Corporal punishment was approved by 58\% of the physicians. A significant difference in attitudes towards corporal punishment between immigrants and Israeli born physicians was found ($p = .004$). Family practitioners and especially senior ones were found significantly less tolerant towards corporal punishment than pediatricians ($p = .04$). While reporting behavior was not found to be associated with parental status and the past experience of the physicians with child abuse, a significant effect of attitudes towards corporal punishment on reporting behavior was found ($p = .01$).

Conclusions: (1) Corporal punishment is still perceived as an acceptable disciplinary act by a significant proportion of physicians responsible for the health care of children in our area. (2) Attitudes towards corporal punishment are different between immigrants and native born Israeli trained doctors and, unexpectedly, pediatricians were more tolerant of corporal punishment than family practitioners.

Keywords: Attitudes; Corporal punishment; Abuse

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Introduction

In Israel the reporting of child abuse has been mandatory since 1989. Previous studies from other communities have suggested that reporting behavior may be affected by a variety of factors (Warner & Hansen, 1994). The physicians’ sex and age were found to be related to reporting behavior, that is, female physicians tended to report suspected child abuse with greater alacrity than their counterparts. Younger physicians reported more frequently than older physicians (Ladson, Doty, & Johnson, 1987). Attitudes towards various aspects of child abuse differ between medical specialties and were also found to be related to the physicians’ age and sex (Marshel & Locke, 1997).

The reporting rate within the medical profession varied, when pediatricians were compared to other physicians also dealing with children (Chang, Oglesby, & Wallace, 1976). Previous data indicated that 90% of pediatricians in the USA include advice about disciplining practices when providing anticipatory guidance to families (McCormick, 1992). Although corporal punishment was not equated with child abuse among physicians in a previous report (McCormick, 1992), a correlation between the level of acceptability of corporal punishment and the subsequent likelihood of reporting suspected child abuse was evident (Morris, Clarsen, & Johnson, 1985). Evidence for a link between corporal punishment and child abuse has been reported by various investigators (Krugman, Krugman, & Leonardo, 1992; Straus & Yodanci, 1994). Concerns regarding the practice of corporal punishment in school, which is sanctioned in 30 states in the United States, have also been raised (Poole et al., 1991). The American Academy of Pediatrics has issued guidance for effective discipline in which physicians are urged to recommend disciplinary methods other than corporal punishment (Guidelines for Effective Discipline, American Academy of Pediatrics, 1998).

As the attitude and use of corporal punishment is also apparently culture dependent (Socolar & Stein, 1996; Straus & Yodanci, 1994) it is conceivable that in societies in transition such as the Israeli society, these attitudes will vary between physicians of different origins, that is, those born in Israel or elsewhere. Understanding the effect of the cultural and professional background on attitudes towards corporal punishment could influence medical educational and training programs in societies in transition. The relatively small population of Israel with the recent waves of immigration provides an unique opportunity to examine these issues. The hypotheses underlying this study were:

1. Attitudes towards corporal punishment are related to the physicians’ sex, age, parental status, and cultural background, that is, where the person was raised and received his medical training.
2. Attitudes towards corporal punishment will affect the threshold of reporting suspected child abuse to the authorities.

Methods

Subjects

All pediatricians and family medicine residents in the three (of the six public) general hospitals and three community clinics in Northern Israel were asked to participate in the study.
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