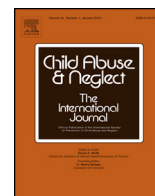




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Child Abuse & Neglect



Spanking and adult mental health impairment: The case for the designation of spanking as an adverse childhood experience

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ABSTRACT

Adverse Childhood Experiences (ACEs) such as child abuse are related to poor health outcomes. Spanking has indicated a similar association with health outcomes, but to date has not been considered an ACE. Physical and emotional abuse have been shown in previous research to correlate highly and may be similar in nature to spanking. To determine if spanking should be considered an ACE, this study aimed to examine 1) the grouping of spanking with physical and emotional abuse; and 2) if spanking has similar associations with poor adult health problems and accounts for additional model variance. Adult mental health problems included depressive affect, suicide attempts, moderate to heavy drinking, and street drug use. Data were from the CDC-Kaiser ACE study ($N = 8316$, response rate = 65%). Spanking loaded on the same factor as the physical and emotional abuse items. Additionally, spanking was associated with increased odds of suicide attempts (Adjusted Odds Ratios (AOR) = 1.37; 95% CI = 1.02 to 1.86), moderate to heavy drinking (AOR) = 1.23; 95% CI = 1.07 to 1.41), and the use of street drugs (AOR) = 1.32; 95% CI = 1.4 to 1.52) in adulthood over and above experiencing physical and emotional abuse. This indicates spanking accounts

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for additional model variance and improves our understanding of these outcomes. Thus, spanking is empirically similar to physical and emotional abuse and including spanking with abuse adds to our understanding of these mental health problems. Spanking should also be considered an ACE and addressed in efforts to prevent violence.

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1. Introduction

A growing body of literature has examined the long-term impacts of adverse childhood experiences (ACEs) on poor adult health outcomes. The adverse experiences assessed in the original ACEs study included child maltreatment (i.e., physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, and exposure to mother being treated violently) and household challenges (i.e., parental divorce or separation, parental incarceration, and a household member with substance abuse problems, mental illness, and/or suicide attempt). Typically research in this area has used an index that combines both child maltreatment ACEs and ACEs related to household challenges to create a cumulative count of how many ACEs an individual has experienced (Dube et al., 2001; Dube, Felitti, Dong, Giles, & Anda, 2003; Felitti et al., 1998). ACEs are common in North America, with a majority of adults reporting that they experienced at least one ACE (52.1%–67.3%), two or more ACEs (25.6%–41.7%), and even as many as four or more ACEs (6.2%–16.3%) (Afifi et al., 2011; Dong et al., 2004; Dube et al., 2001; Dube, Anda, Felitti, Edwards, & Croft, 2002; Dube, Anda, Felitti, Edwards, & Williamson et al., 2002; Dube, Felitti, Dong, Chapman, Giles, & Anda et al., 2003; Dube, Felitti, Dong, & Giles et al., 2003; Felitti et al., 1998).

Although these studies included questions about exposure to physical abuse, which was defined as pushing, grabbing, shoving, slapping, as well as hitting so hard to leave marks or cause injury; to date, spanking has not been included as an ACE. This is an important limitation because, although spanking is common, normative, and legal in North America (Clément & Chamberland, 2014; Lee et al., 2014; Straus & Stewart, 1999; Zolotor, Robinson, Runyan, Barr, & Murphy, 2011), the practice of spanking as a form of discipline has been found to be potentially harmful (Altschul, Lee, & Gershoff, 2016; American Academy of Child and Adolescent Psychiatry, 2012; Gershoff, 2013; Gershoff & Grogan-Kaylor, 2016; Gershoff, 2002; Lee, Taylor, Altschul, & Rice, 2013; Wolraich et al., 1998) and is now banned in 51 countries or areas worldwide (Global Initiative to End Corporal Punishment of Children, 2016). Further examination of spanking, alongside child maltreatment ACEs, also will help to inform the United Nations Sustainable Development Goals (SDG), specifically the goals to end all forms of violence against children and to promote well-being for all across the lifespan (United Nations, 2016).

Spanking, is typically 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” (Donnelly & Straus, 2008; p. 3). Reports of spanking have also shown an association with increased risk that a child will be physically abused (Gershoff, 2013; Global Initiative to End Corporal Punishment of Children, 2016; Lee et al., 2013; Zolotor, Theodore, Chang, Berkoff, & Runyan, 2008). Further, child protection investigations have revealed a relation between parents’ attempts to discipline their children with corporal punishment and physical abuse (Durrant, Trocmé, Fallon Barbara, Black, & Knoke, 2006). As such, it is likely that parents who rely on spanking as an acceptable and necessary approach to controlling children’s behavior may be more likely to physically abuse their children. Spanking also is associated with risk for experiencing other forms of maltreatment, including psychological aggression, sexual abuse, as well as acts of physical and emotional neglect (Lee et al., 2014; Taylor, Guterman, Lee, & Rathouz, 2009). Previous research has indicated that harsh physical punishment including pushing, grabbing, shoving, hitting or slapping is associated with increased odds of physical abuse, sexual abuse, emotional abuse, emotional neglect, physical neglect, and exposure to intimate partner violence with the greatest odds found between harsh physical punishment and physical and emotional abuse (Afifi, Mota, Sareen, & MacMillan, under review).

Child maltreatment has been consistently associated with a broad range of mental health problems, including depression or depressed mood (e.g., Afifi, Brownridge, Cox, & Sareen, 2006; Anda et al., 2002; Chapman et al., 2004; Schilling, Aseltine, & Gore, 2007), personality disorders (Afifi et al., 2011), suicidal ideation and/or attempts (e.g., Afifi et al., 2014; Enns et al., 2006; Felitti et al., 1998), and substance use in adulthood (e.g., Afifi, Henriksen, Asmundson, & Sareen, 2012; Afifi et al., 2006; Schilling et al., 2007). Similarly, numerous studies over the past 20 years have also found spanking to be associated with similar mental health problems in childhood and adulthood, including depression or depressed mood (e.g., Fergusson, Boden, & Horwood, 2008; MacMillan et al., 1999; McLoyd, Kaplan, Hardaway, & Wood, 2007), personality disorders (Lynam, Miller, Vachon, Loeber, & Stouthamer-Loeber, 2009), suicidal ideations and/or attempts and self-injurious behaviour (Fergusson et al., 2008), and substance use (Fergusson et al., 2008; Lau et al., 2005). However, some of these studies are limited by not simultaneously accounting for other adverse childhood experiences.

Importantly, there are no studies showing that spanking enhances children’s development or physical or mental health (Durrant & Ensom, 2012; Gershoff & Grogan-Kaylor, 2016). Given that both spanking and physical abuse involve the use of physical force and the infliction of pain and are linked with similar mental health outcomes, it raises the question of whether spanking should be considered another ACE. Previous research has indicated that ACEs can be grouped into a three factor structures: a) Physical/Emotional abuse factor; Sexual Abuse factor; and Household Challenges factor (e.g., parental substance use, parental divorce) (Ford et al., 2014). Spanking may be functionally similar to the Physical/Emotional abuse factor and statistically factor together reflecting underlying processes that have created the correlations among them Tabachnick and

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