

#### About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 17,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

#### Introduction

Child Protection is a priority area for the RCPCH. As a professional body, we are committed to upholding the UN Convention on the Rights of the Child, which includes protecting children from violence. Children should not receive physical assault in any context and whilst historically, corporal punishment was tolerated this is no longer acceptable in today's society.

The RCPCH published a [position statement](#) on corporal punishment in November 2009. The College maintains this position. The proposed Bill is also directly relevant to the [RCPCH State of Child Health call](#) to 'ensure children and young people are educated to understand respectful relationships.' Scotland has already embedded relationships, sexual health and parenthood education within the health and wellbeing curriculum so the mechanism to communicate to children any future changes to legislation is already in place.

#### RCPCH response to the consultation questions

##### **1. The RCPCH are fully supportive of the proposal of giving children equal protection from assault by prohibiting all physical punishment of children.**

The RCPCH is committed to the principles and articles in the UN Convention on the Rights of the Child and wants to see all children given equal protection from all forms of violence. It is not legally justifiable in Scotland to hit a spouse, an elderly relative, an adult with disability, or indeed adults with no particular vulnerability. We consider condoning the hitting of defenceless children to be an unacceptable legal anachronism.

The RCPCH is concerned that the four UK Nations have been so slow to heed the calls of the UN Committee on the Rights of the Child and follow the example of 50 other countries that have banned the physical punishment of children outright. We hope that once Scotland has led the way, other UK nations will follow.

Children learn by example: they mimic behaviour modelled by adults. Hitting or using violence against children models that they should expect to dominate, or be dominated, through physical violence. There is now very extensive evidence that children who experience hitting as a form of physical punishment are at increased risk of developing 'externalising' aggressive and antisocial behaviours themselves, and also at risk of developing 'internalising' behaviours such as anxiety, depression and problems with self-esteem. Individuals may observe that "being smacked never did me any harm".

The fact that some escape harm is no argument for failing to protect the many that do not, given that there is no evidence of any significant benefit from the use of hitting as a form of discipline. For example, in the Growing Up in Scotland study, researchers found that 20.4% of two year olds without behaviour problems had been smacked. They followed the children through to the age of four, and found that those who were reported by their main carer to have been smacked at two were more than twice as likely to display emotional and behavioural difficulties at four as those who had not.

There is extensive research and experience from countries that have legislated to fully protect their children from physical punishment. The RCPCH is frustrated that without this legal protection the wellbeing of our child population will continue to be at risk.

The proposed Bill is directly relevant to the [RCPCH State of Child Health call](#) to 'ensure children and young people are educated to understand respectful relationships.'

## **2. No, the aims of the proposal could not be better delivered in another way (without a Bill in the Scottish Parliament).**

Paediatricians continue in daily practice to encounter parents/carers who are unaware of the evidence relating to the use of physical punishment. For example, a parent may say of a young toddler with learning disability: "I bit him back so he knows what it feels like," unaware that what they are actually modelling is for the child to continue to bite. Surveys estimate that approximately half Scottish preschool/primary school age children experience physical punishment.

There is good evidence that legislation works to change attitudes at a population level. For years, paediatricians counselled individual families about the risks to child health of exposure to second hand smoke, with no detectable beneficial impact. After legislation to ban smoking in public places across Scotland, rates of child asthma admissions fell by as much as 18% in a year, having been climbing prior to the ban. Rates of prematurity, low birthweight and stillbirth also dropped after the UK smoking bans. Legislators should be excited by the potential they have to create such large scale improvements in population health and wellbeing in circumstances where individual clinicians are relatively impotent.

Having a legal framework which categorically states that assaulting a child can be 'justifiable' is hampering those who work with children and families from delivering clear, evidence-based advice. It is important that a campaign of information and support for parents/carers takes place to support the implementation of equal legal protection.

## **3. The main advantages of giving children equal protection from assault by prohibiting all physical punishment of children would be:**

- Children are safeguarded
- Fewer children suffering unnecessary pain and humiliation
- A gradual change in population attitudes toward physical punishment of children, with steadily more people considering it unacceptable
- To demonstrate to today's children (tomorrow's parents) that children are valued and respected by our society
- Empowerment of those who can disseminate knowledge and skills in nurturing discipline in children without the use of violence
- Reduced rates of both externalising (aggressive, antisocial) and internalising (anxiety, low self-esteem) behaviours in children, and in due course adults
- Reduced demands on services that support children/young people with behavioural/conduct difficulties as above
- Fewer child protection cases that are due to escalation of physical punishment

Given that physical punishment of children is still so common in Scotland, the impact of equal protection legislation is likely to be significant.

**4. The main disadvantages:**

The RCPCH can see no justifiable argument for continuing to allow children to be hit.

**Financial Implications**

**5. RCPCH believes the cost implications for this change are likely to be broadly cost neutral.**

The main financial implication in the short term would be investment in a campaign to communicate the change in legislation about equal protection and information and support for parents to discipline their children without the use of physical punishment. In the long term it is important to have continuing support and advice available for parents and carers, but the reduction in demand on services that support/manage children, young people (and, in the longer term, adults) with emotional, behavioural and conduct difficulties is likely to result in very considerable savings overall in the future.

**Equalities**

**6. The proposed bill is likely to have a positive impact for the protected groups listed.**

The current legal position is incontrovertibly discriminatory in terms of age. A child can be 'justifiably' assaulted until they become an adult, at which point they are legally protected. Regarding those with disability, we recall the public outrage when it was discovered that adults with learning disability were being hit at Winterbourne View private hospital, and note that until the day they reached adulthood, those same individuals could 'justifiably' or 'reasonably' be hit, given the current state of legislation in each of the four UK administrations.

**7. The RCPCH would not anticipate a negative impact on any protected group.**

**Sustainability of the proposal**

**8. Yes, the RCPCH considers that the proposed bill can be delivered sustainably.**

**General**

**9. RCPCH General comments:**

Given our professional duty to protect and improve child well-being, and our links to paediatrician colleagues in the many nations that have already experienced the benefit to their child populations of introducing Equal Protection, we are keen to provide whatever support we can to increase the chances of success in equally protecting Scotland's children as soon as possible. Delays in the progress of the proposed Bill will result in prolonging risk exposure in children who need protection.

**For further information about any aspect of this consultation response, please contact**

**Dr Steve Turner, Officer for Scotland at: [s.w.turner@abdn.ac.uk](mailto:s.w.turner@abdn.ac.uk)**



**Dr Steve Turner  
RCPCH Officer for Scotland**