



**PROMOTING HEALTHY PARENTING PRACTICES
ACROSS CULTURAL GROUPS:
A CDC RESEARCH BRIEF**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Promoting Healthy Parenting Practices Across Cultural Groups: A CDC Research Brief is a publication of the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion, the National Center for Injury Prevention and Control, and the Adolescent Goals Team.

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH, Director

**Coordinating Center for Environmental
Health and Injury Prevention**

Henry Falk, MD, MPH, Director

National Center for Injury Prevention and Control

Ileana Arias, PhD, Director

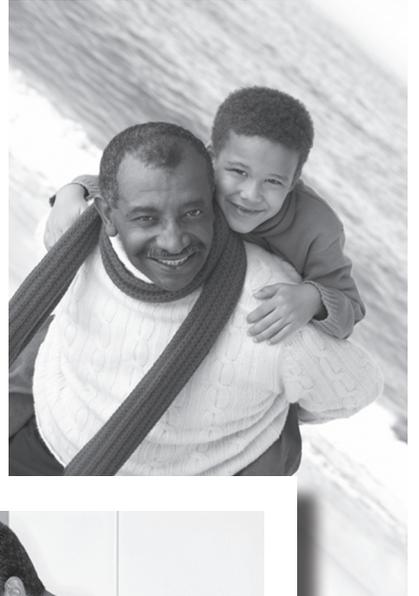
Division of Violence Prevention

W. Rodney Hammond, PhD, Director

Authors

Keri M. Lubell, PhD
Teresa Lofton, PhD, MPH
Helen Harber Singer, MPH

Suggested citation: Lubell KM, Lofton T, Singer HH. *Promoting Healthy Parenting Practices Across Cultural Groups: A CDC Research Brief*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.



Introduction

The development and maintenance of positive and supportive family relationships to prevent violence, including child maltreatment, youth violence, and intimate partner violence is a priority for the Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC), Division of Violence Prevention (DVP). Child development experts have long recognized the central influence that family relationships—especially the relationship between parent and child—have on the healthy growth and socialization of individuals (Parke and Buriel, 1998). Research has also suggested that adverse childhood experiences—including family violence—are significant predictors of many adverse health effects and behaviors. Generally positive childhood experiences and relationships lessen the risk for heart disease, hypertension, diabetes, and mental illness, among others (Felliti et al. 1998).



Several familial factors have been proposed to potentially buffer against risks and lower the likelihood that a child will become involved in violence. These factors include connectedness to family; stable family relationships; family and community support; clear and age-appropriate rules and expectations for children; conflict resolution and problem-solving skills; shared activities with parents; and community and cultural beliefs that support parents and families (CDC 2007a, 2007b, 2007c). Common strategies for strengthening these protective factors include parent training programs; public health messages that promote healthy parenting; and a variety of other parent support and intervention programs (Gorman and Balter 1997).

The White, middle-class majority in American culture has largely influenced the development and delivery of healthy parenting messages and programs (Gorman and Balter 1997; Kumpfer et al. 2002). These messages do not reflect the cultural-diversity found in this society today. For example, children of immigrant parents are one of the fastest growing groups in the United States (Melendez 2005). As the Social Ecological Theory (Bronfenbrenner, 1977, 1986) emphasizes, families are embedded in larger social systems, including cultural systems. Cultural norms about parenting practices play an important role in how children are raised. They influence what values parents teach their children, what behaviors are considered appropriate, and which methods are used to teach these values and behaviors (Pinderhughes et al. 2000; Varela et al. 2004; Melendez 2005; Singh and Clarke 2006; Kim and Hong 2007). Cultural norms can influence the

acceptance, delivery, and/or effectiveness of healthy parenting programs or interventions (Gorman and Balter 1997; Kumpfer et al. 2002).

Because culture has such a powerful influence on parenting values and practices, research in this area has gained momentum in recent years (Melendez 2005; MacEvoy et al. 2005). Early emphasis was placed on a “deficit model” for minority groups, which stressed risks rather than protective or coping factors and anticipated more rigid and potentially abusive discipline practices by these groups (Guilamo-Ramos et al. 2007; Maiter et al. 2004).



In contrast, recent studies suggest that parents across cultural groups believe that it is unacceptable to abuse children and agree on the types of practices that constitute extreme forms of abuse (Maiter et al. 2004; Medora et al. 2001). How different cultural groups define “good” and “bad” child behavior and the strategies that parents find acceptable in response to “bad” or “inappropriate” behavior across groups

is less clear. By being aware of cultural norms and by developing cultural competency, i.e., understanding and respect for culturally-based values, beliefs, and behaviors, program planners and practitioners can better design, disseminate and implement effective parenting messages and programs for various cultural groups (Gorman and Balter 1997; Kumpfer et al. 2002). Uncovering the differences and commonalities in values, normative practices, and child-rearing goals across cultural groups is an important step in developing culturally-competent and effective programs and support for parents of all cultural backgrounds in the United States.

To explore these cultural issues around parenting strategies and values, CDC researchers with Westat, Inc., a private research firm, invited individuals from five cultural groups: African-Americans, American Indians, Asian-Americans, Hispanic-Americans, and non-Hispanic Whites to participate in a series of focus groups. Participants discussed cultural values around child-rearing—the ways that parents respond to children’s behavior and their views of desirable or undesirable parenting practices. To reflect the study’s focus on shared traditions, values, and rituals, the researchers used the term cultural group to categorize the participants while recognizing the presence of subcultural and within-group differences.

CDC's Healthy Parenting Cultural Norms Study

Methods

Research staff completed an extensive review of the literature on cultural/ethnic group differences in parental values and practices. They then conducted a series of 40 focus groups in six U.S. cities: Atlanta, Houston, Chicago, New York, Los Angeles, and Billings, Montana. Focus groups were conducted in Billings to gain insight from American Indians living in reservation communities. Eight focus groups were conducted with parents from each of five cultural groups: African-Americans, Asian-Americans, Hispanics/Latinos, American Indians, and non-Hispanic Whites (total number of focus group discussions=40). Each discussion group consisted of 6-9 parents.

All focus group participants were between 18 and 50 years old and had at least one child between the ages of 3 and 10 who lived with them on a regular basis. All indicated they were comfortable speaking and reading in English. Discussions with mothers and fathers were held separately. Focus group moderators were matched with participants who shared their cultural groups and gender and were also parents themselves.

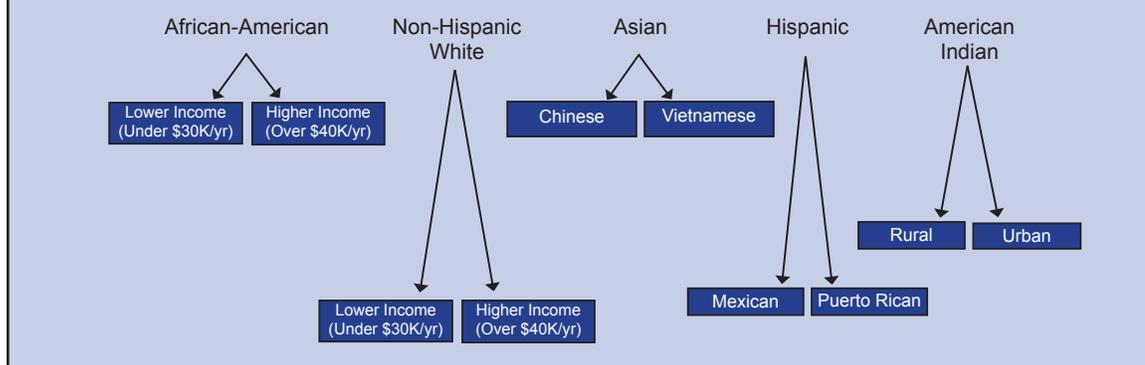
Consultants from each cultural group provided guidance on the discussion questions that were included and on the structure of the groups to effectively control for key demographic differences. Based on information gathered in these interviews, each cultural group was further subdivided by an additional criterion. African-Americans and non-Hispanic Whites were subdivided by income; Asian-Americans and Hispanic/Latino by country of origin to avoid lumping varying cultures together based only on shared language; and American Indians by groups living in urban areas and on reservations/tribal lands because of differences with acculturation and traditional values. The Asian-American participants were divided into Chinese and Vietnamese heritage groups; and Hispanics/Latinos were divided into Mexican and Puerto Rican heritage groups.

The focus group stratification scheme is illustrated in Figure 1.



Figure 1. Focus Group Stratification Scheme

(Total groups = 40; 8 in each ethnic/racial group)



The research team analyzed the transcripts from the focus groups and identified parts of each discussion that appeared to capture participants' values, beliefs, experiences, opinions, and norms. The team then sorted the information, systematically comparing responses within and across discussion groups to determine which ones were most or least commonly expressed and to discover possible differences by subcultural groups (e.g., Mexican and Puerto Rican Americans).

Findings

Overall, parents from all cultural backgrounds held many similar views about which child behaviors were good or bad. For example, there was consensus that children should be obedient and not “talk back;” show respect for adults, parents, and elders; be polite, have good manners, and not interrupt others, particularly adults; and share, be honest, and do well in school. Likewise, parents in all groups reported disliking their children's disobedience, temper tantrums, or fights with siblings.

Parents occasionally differed in the extent to which they emphasized certain behaviors as desirable or problematic. For example, African-American, Latino, and American Indian fathers thought it was important for children to have a religious or spiritual foundation; Asian and White parents stressed the need for children to exercise self-control; Asian, Latino, and African-American fathers wanted children to be assertive, independent, and to take responsibility for their mistakes. Tables 1 and 2, respectively, show the types of “good” and “bad” behaviors mentioned by different groups of parents when asked for their “top-of-mind” responses (i.e., these were not prompted by any lists, suggestions, or choices provided by the moderator, but were the spontaneous responses of the participants when asked for examples of “good” and “bad” behavior). A missing x in a row or column in Tables 1 and 2 indicates that the groups did not volunteer the particular behavior; it does not imply that they did not value or dislike the behavior. This accounts for discrepancies when comparing across the two tables, i.e., a group may have mentioned respect for elders as a good behavior but not have explicitly mentioned disrespect as a bad behavior. Though the focus groups were subdivided by other criteria, to capture nuanced distinctions, this paper mainly addresses the subcategory of mother/father role in highlighting the differences among cultural groups.

Across cultural groups, parents were very thoughtful about how they and their communities respond to misbehavior. When assessing whether a particular parental response was appropriate, parents stressed the nature of misbehavior (was it mainly annoying or could it bring harm or injury to the child or someone else?); the characteristics of the child (age, gender, personality); and the setting (home, restaurant, store).



Generally, all parents said they preferred to talk to their children at the first sign of misbehavior or before a problem occurred. They agreed that it was imperative to set behavioral limits and to establish expectations and consequences (“family rules”) appropriate to the child’s age.

As children matured, it was also necessary to communicate why certain behaviors were unacceptable. Principally, parents wanted their actions to be seen as rational and fair when children had to be corrected or punished. Depending on the cultural group, the need to “explain and understand” was motivated by different perspectives and experiences; the ways they established communication varied as well. Many Latino and Asian-American parents talked about moving beyond the previous generation’s emphasis on the father as an authority figure and favored more expressions of affection and playfulness. African-Americans believed in very strong disciplinary messages and communicated deep affection and clear rules and agreements that they and their children would be bound to uphold. More so than others, White parents were focused on “teaching moments,” probing for motives and causes of misbehavior, and negotiating consequences. Some American Indian fathers believed that troubled or misbehaving children could be guided, not only by “talking,” but also by just being with trusted members of the extended family.



When conversation with children did not work, parents described using a series of alternative strategies. While the following list is not exhaustive, it illustrates some of the approaches often mentioned by the groups. Note that

Table 1. What Parents Consider Good Behavior Among Children

Ethnicity SES/Income Country of Origin	African-American		Non-Hispanic White		Asian		Hispanic		Native American		Group Distinctions Noted
	Under \$30K	Over \$40K	Under \$30K	Over \$40K	China	Vietnam	Mexico	Puerto Rico	Rural	Urban	
	N/A		N/A		N/A		N/A		Moms	Dads	
Obedience, not talking back	x	x	x	x	x	x	x	x	x	x	ND
Respecting adults/parents/elders	x	x	x	x	x	x	x	x	x	x	ND
Manners/Politeness/Courtesy/Not interrupting	x	x	x	x	x	x	x	x	x	x	ND
Behaving appropriately (self-control, no tantrums)		x		x		x		x			Eth, Cou, Gen
Being respectful to other children (siblings, friends)		x		x		x		x			SES, Gen, Cou
Sharing, generosity	x	x	x	x	x	x	x	x	x	x	ND
Honesty	x	x	x	x	x	x	x	x	x	x	Eth, Cou
Being responsible	x			x		x		x			Unc
School achievement/Good grades, working hard	x	x	x	x	x	x	x	x	x	x	ND
Going to church		x		x		x		x			Eth, Gen
Doing chores/Household duties/Clean room	x	x	x	x	x	x	x	x	x	x	Eth, SES, Urb
Keeping yourself clean/Good hygiene		x		x							Eth, Gen
Respect for animals									x		Eth, Gen
Showing love/Being loving								x		x	Eth
Independence, assertiveness		x		x		x					Eth, Gen
Admitting wrongdoing/Feeling guilty for mistake						x				x	Eth, Gen
Appreciating what you have/Not whining for things			x	x		x		x		x	Eth, Gen, Urb

ND=No distinction
Gen=Gender (Moms vs. Dads)
Unc=Unclear, either across ethnic/cultural groups or within ethnic/cultural groups
x= Mentioned at least once by at least one member of group
(Note: A missing x in Tables 1 & 2 indicates that the groups did not volunteer the particular behavior; it does not imply that they do not value or dislike the behavior. This accounts for discrepancies when comparing across the two tables.)

Eth=Ethnicity/cultural group
Urb=Rural vs. Urban
SES=Socioeconomic status
Cou=Country of origin

Table 2. What Parents Consider Bad Behavior Among Children

Ethnicity SES/Income	African-American		Non-Hispanic White		Asian		Hispanic		Native American		Group Distinctions Noted
	Under \$30K		Over \$40K		N/A		N/A		N/A		
	Moms	Dads	Moms	Dads	Moms	Dads	Moms	Dads	Moms	Dads	
Talking back, not listening, being disobedient, disrespectful	x	x	x	x	x	x	x	x	x	x	ND
Fighting with other children		x	x	x	x	x	x	x	x	x	SES
Fighting with, ignoring, not defending siblings			x				x				Eth, Gen
Bullying, picking on others, being mean	x		x	x					x	x	Eth
Selfishness, greediness, being manipulative		x		x	x	x				x	Eth, SES
Laziness		x		x	x	x					Eth, SES, Gen
Dishonesty, lying, stealing	x	x	x	x	x	x	x	x	x	x	Unc
Not doing homework, being truant, cheating at school		x		x	x	x	x	x	x	x	SES, Urb
Not cleaning up				x		x					Eth
Tantrums, having a temper, yelling	x	x	x	x	x	x	x	x	x	x	ND
Cursing	x	x	x	x	x	x	x	x	x	x	Eth, Gen
Being wasteful, irresponsible				x		x			x	x	Eth, Cou
Bad manners, rude behavior				x	x	x	x	x	x	x	Eth, Urb
Whining				x					x		Gen
Weak sense of self (e.g., being a quitter, follower, giving in to peer-pressure)		x									Eth, Gen
Jealousy						x					Eth, Gen
Tattling, gossiping, being nosy										x	Eth, Gen
Bragging/Showing off										x	Eth, Gen, Cou, Urb

ND=No difference
Gen=Gender (Moms vs. Dads)
Unc=Unclear, either across ethnic/cultural groups or within ethnic/cultural groups
x= Mentioned at least once by at least one member of group

Eth=Ethnicity/cultural group
Urb=Rural vs. Urban

SES=Socioeconomic status
Cou=Country of origin

not all strategies were mentioned by all groups and that many parents described using multiple strategies.

- Signaling (e.g., giving a child “the look” or using a certain tone). Parents from all cultural groups believed this was a good response.
- Attention-related responses (e.g., redirecting their own or the child’s attention, ignoring misbehavior). Many White parents and some Asian-American, Latino and American Indian parents (primarily mothers) favored redirecting a child’s attention, changing the situation, or ignoring negative attention-seeking. In contrast, some African-American parents (both mothers and fathers) preferred a more direct and immediate response to misbehavior.
- Verbal responses (e.g., corrections, warnings, threats, and yelling). Parents in all groups approved of verbal reprimands, and many admitted to yelling and making empty threats—responses that they suggested were negative and ineffective, but not really harmful. Parents, however, distinguished these moderate verbal responses from verbal abuse (cursing, screaming, bullying, and humiliation), which all groups agreed was destructive to a child’s self-esteem and, as one American Indian father described it, “breaks the spirit.”
- Emotional control (e.g., guilt, shaming, embarrassment, rejection). American Indian, White, and African-American parents and some Asian-American mothers believed that inducing guilt was a good response. As one White father said, “We’ve never hit (our daughter) or spanked her, whatever, simply because the guilt thing works so well...”



There were also times when parents felt the need to engage in more punitive behaviors with misbehaving children. But they explained that they moved in this direction only



when other strategies failed or for more severe misbehavior. Their most common approaches were taking away a special activity, gift, regular privilege or toy; temporary isolation from parental attention (e.g., “time-out”); and physical punishment (e.g., spanking). Overall, each of these strategies was endorsed by all cultural groups, but with some caveats. For example, temporary isolation, most often mentioned by White par-



ents, was a common response to misbehavior by all participating cultural groups. However, some African-American fathers and a few Latino mothers preferred not to use time out. African-American fathers viewed it as a weaker form of punishment that protracted the whole process and often resulted in poorly disciplined and spoiled children: “Time out, my son just sits there for a few minutes and then he goes right back to doing the same old thing.” An objecting Mexican-American mother felt that such isolation was ineffective and made children “very insecure.” The general consensus among most groups, however, was that although young children often cried or were upset by “time out,” it was an effective punishment because it allowed children to calm down and reflect on what they had done wrong.

Taking away privileges and eliminating rewards were the most common and favored punishments for bad behavior used by members of all cultural groups. Parents said they often warned children that continued misconduct would result in loss of prized objects, routines, or special activities. However, there was some disagreement between and within cultural groups, on the boundaries of “taking away.” Many parents across groups suggested that this method of punishment should never include the removal of “love” or “basic needs,” while a few felt that “no kiss–no goodnight kiss” or “sending children to bed without supper” were appropriate responses to misbehavior. These areas of disagreement did not reflect any identifiable pattern related to cultural groups, but illustrated that parents from the same group could disagree about appropriate responses.

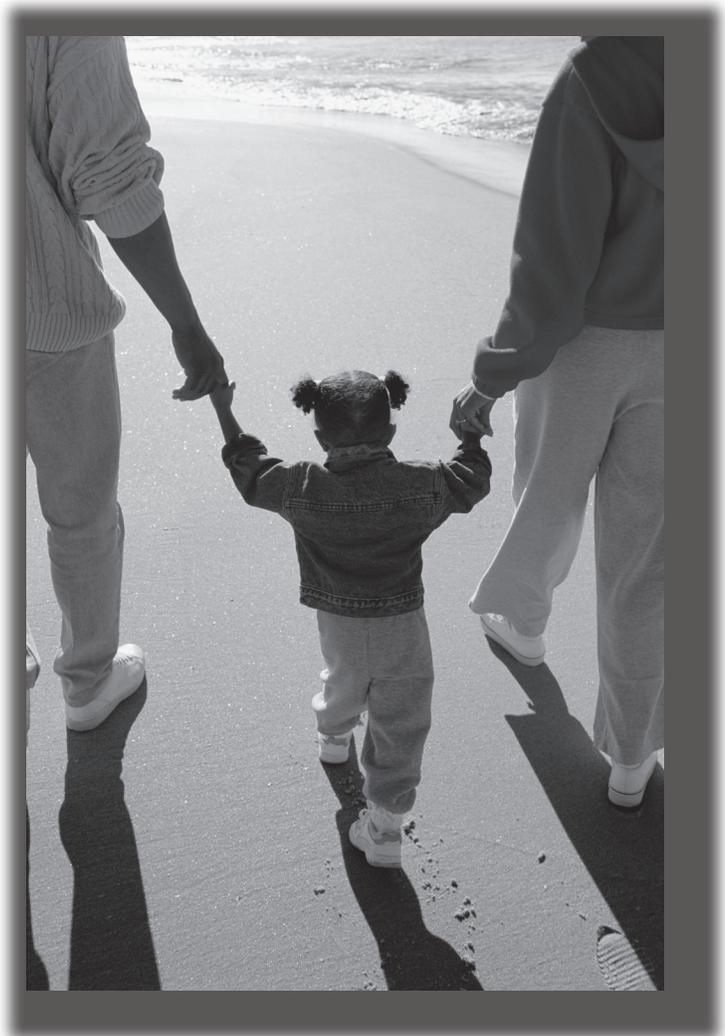
Physical punishment was mentioned by all groups and nearly all participants said their communities found it acceptable, especially if the transgression was severe or if other strategies did not work. Spanking was the most commonly accepted form of physical punishment. Most thought it was effective for younger children, but inappropriate for older children because its effects were short-lived. All groups said they used spanking as a “last resort” (“You don’t start with spanking”).



All agreed that spanking was a tap on the hand (for small infractions) or a smack (usually no more than three) on the bottom with an open hand for more serious behavior. According to most parents, spanking should be of short duration and not very forceful because its purpose was to “get attention” and cause only a little discomfort. To offset any negative effects of physical punishment, parents across cultural groups also reported giving their children hugs and reassurances after the punitive action was completed.

Whereas parents supported physical punishment, there were some differences across cultural groups regarding the context of its use. For example, African-American parents emphasized the need to respond to a child’s misbehavior immediately to ensure compliance and learning. They were, therefore, willing to spank a child in a public setting where others could see. Offering her rationale for immediate consequences, an African-American mother said, “They are having a tantrum in the store, you don’t wait two hours and talk about it. He will forget. Nip it in the bud. Don’t get mad and whip them for everything they did two weeks ago.” White and American Indian parents, conversely, were uncomfortable spanking in public. In a restaurant (a situation that came up often in the discussions), White parents often talked about taking the child to the bathroom for spanking, while American Indian parents said they preferred to delay it until the family returned home.

Whether spanking should be done with an object was the second issue that elicited differences of opinion among parents. Some African-American, Latino and White parents felt that it was appropriate to spank with a belt or strap for serious infractions. In contrast, Asian-American and American Indian parents generally rejected the idea of hitting with objects. In some of the groups, there was specific discussion and debate about spanking with an object versus a hand. One White mother remembered being told that it was better to spank with an object “because hands are for loving.” An



African-American mother reported a similar idea, “I’ve been told don’t spank with your hand, because that shows them that, that they can, you know, hit people with their hands.” However, the ideas expressed by these individuals were not common enough to establish a clear, culturally-based pattern of response.

Discussion

Parents from five cultural groups participated in this study. In addition to differences between cultural groups, there were variations within each group, including country or tribe of origin, levels of acculturation, socioeconomic status, and education. Although the parent groups were very diverse, the results of

this study show that mothers and fathers from different cultural backgrounds share many similar values and norms about how children should behave and what parents should do to address misbehavior. All parent groups wanted their children to be respectful, obedient, and polite; to share and to do well in school; and expressed displeasure with their children being disrespectful, disobedient, selfish, dishonest, or having temper tantrums. All groups also agreed that when children misbehaved, disciplinary tactics such as signaling disapproval, explaining, and setting limits should be attempted before resorting to more punitive practices such as isolation, taking away privileges, or spanking. Nonetheless, the groups did express some distinct preferences for and comfort levels with certain kinds of responses, such as time-out, emotional control, ignoring, and physical punishment. More-

over, not all parenting strategies that address misbehavior have the same meanings across cultural groups. In particular, parents in the focus groups described unique circumstances that guided how and when they think physical discipline should be used.

Cultural differences such as these do not necessarily mean that effective parenting strategies should be excluded from programs that target members from different cultural groups.



However, discussing how different strategies “fit” with parents’ cultural beliefs or re-framing effective strategies in a way that makes them more consistent with parenting



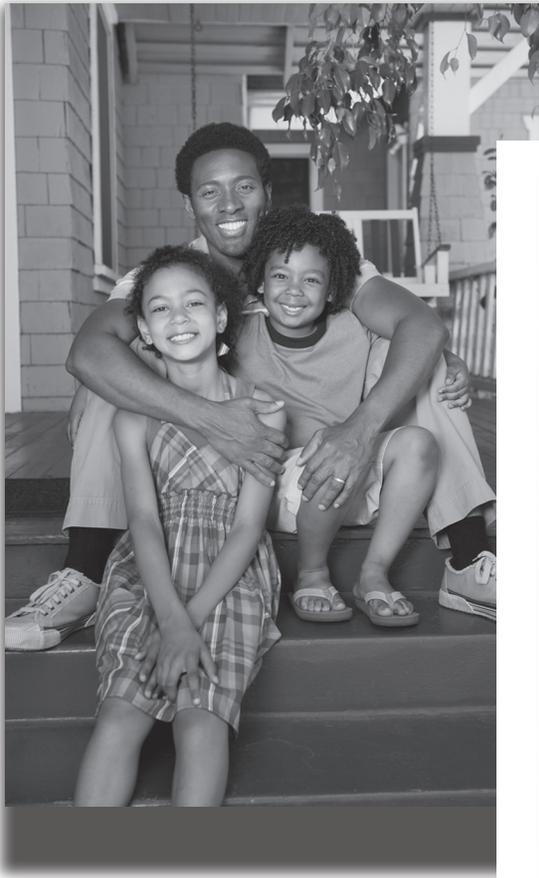
values may be a more successful approach for addressing different groups. For example, “ignoring minor misbehavior,” which was viewed by some groups as not being proactive and responsive enough, can be reframed as “giving children the silent treatment,” which may be interpreted as a more active, stronger response, and therefore, more appropriate in the view of these groups. Differing values may give unique cultural and social meaning to the same disciplinary practices, and evidence suggests that differences in meanings may yield different social, emotional, and developmental outcomes (Lansford et al. 2005). Thus, when offering parent training, practitioners should ensure that the program they are considering is sensitive to the culture of the intended audience.

The value and effectiveness of universal-prevention programs versus those that are culturally adapted versus more ethnocentric, culturally specific programs have been debated for a long

time (Gorman and Balter 1997; Kumpfer 2002; McEvoy et al. 2005). The prospect of adapting parenting interventions to specific cultural groups can be quite daunting: there are more than 50 Latino groups, 60 Asian or Pacific-Islander groups, more than 500 American Indian tribes and sub-clans, and many mixed-race, people-of-color with varying levels of acculturation to the White majority culture (Kumpfer 2002). While the findings from this study highlight some interesting and important differences among cultures regarding parenting values and disciplinary practices, parents agreed about universal characteristics of the best strategies for dealing with misbehavior. Parents should be proactive, and if punishment becomes necessary, it should be done by a calm parent who is not acting from their own anger. These basic commonalities suggest that it is possible to reach multicultural groups with consistent healthy parenting messages



and programs that contain the same core components. The differences uncovered across groups in terms of preference for and interpretation of specific behaviors and responses suggest the need for flexibility in understanding parents' goals and values. Prevention strategies must help parents solve problems that are relevant and challenging to them.



Limitations

The findings presented here are subject to some important limitations. First, the results may not be generalized to parents who do not meet the criteria for the study, such as those younger than 18, who have children younger than three, or who are at higher risk for mistreating their child and, therefore, more likely to be the focus of parenting programs. Second, parents who came to the focus groups were likely motivated, at least in part, by the topic. They may under-represent the larger group of parents with mixed levels of investment in parenting. Further, the findings and conclusions should not be generalized to



all members of the broad cultural groups represented in this study. Differences within each grouping, such as acculturation, country or tribe of origin, etc., may affect their parenting attitudes and behaviors. Rather, the results and conclusions regarding the different groups can be taken as documentation of general patterns of attitudes and behaviors toward parenting that may be useful in further work with similar cultural groups. Finally, we did not collect information about exposure to parent training programs. As a result, we cannot draw any conclusions about whether or not parent training programs did or would affect parenting cultural norms or values.

Summary

Healthy parenting messages and programs that strike a balance between promoting effective strategies and maintaining sensitivity to cultural norms may contribute to increasing strong, secure, nurturing family relationships across cultures. Ultimately, these relationships can strengthen personal, family, and community resilience and become an important building block in the prevention of violence and the improvement of public health.

References

Bronfenbrenner U. Toward an experimental ecology of human development. *Am Psychol* 1977;32:513-30.

Bronfenbrenner U. Ecology of the family as a context for human development: research perspectives. *Dev Psychol* 1986;22(6):723-42.

Centers for Disease Control and Prevention (CDC). (2007a). National Center for Injury Prevention and Control (NCIPC). Youth violence prevention scientific information. Atlanta (GA): Department of Health and Human Services (US), CDC; 2007a. Available from URL: www.cdc.gov/ncipc/dvp/YVP/YVP-risk-p-factors.htm.

Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC). Suicide prevention scientific information. Atlanta (GA): Department of Health and Human Services (US), CDC; 2007b. Available from URL: www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC). Child maltreatment prevention scientific information. Atlanta (GA): Department of Health and Human Services (US), CDC; 2007c. Available from URL: www.cdc.gov/ncipc/dvp/CMP/CMP-risk-p-factors.htm.

Felleti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of deaths in adults. The Adverse Childhood Experience (ACE) Study. *Amer J Prev Med* 1998;14(4):245–58.

Gorman J, Balter L. Culturally sensitive parent education: a critical review of quantitative research. *Rev Educ Res* 1997;67(3):339-69.

Guilamo-Ramos V, Dittus P, Jaccard J, Johansson M, Bouris A, Acosta N. Parenting practices among Dominican and Puerto Rican mothers. *Soc Work* 2007;52(1):17-30.

Kim E, Hong SH. First generation Korean American parents' perceptions of discipline. *J Prof Nurs* 2007;27(1):60-8.

Kumpfer KL, Alvarado R, Smith P, Bellamy N. Cultural sensitivity and adaptation in family-based prevention interventions. *Prev Sci* 2002;3(3):241-6.

Lansford JE, Dodge KA, Malone PS, Bacchini D, Zelli A, Chaudhary N, et al. Physical discipline and children's adjustment: cultural normativeness as a moderator. *Child Dev* 2005;76(6):1234-46.

MacEvoy M, Lee C, O'Neill A, Groisman A, Roberts-Butelman K, Kishwar D, et al. Are there universal parenting concepts among culturally diverse families in an inner-city pediatric clinic? *J Pediatr Health Care* 2005;19(3):142-50.

Maiter S, Alaggia R, Trocme N. Perceptions of child maltreatment by parents from the Indian subcontinent: challenging myths about culturally based abusive parenting practices. *Child Maltreat* 2004;9(3):309-24.

Medora NP, Wilson S, Larson JH. Attitudes toward parenting strategies, potential for child abuse, and parental satisfaction of ethnically diverse, low-income U.S. mothers. *J Soc Psychol* 2001;141(3):338-48.

Melendez L. Parental beliefs and practices around early self-regulation: the impact of culture and immigration. *Infants Young Child* 2005;18(2):136-46.

Parke RD, Buriel R. Socialization in the family: ethnic and ecological perspectives. In: Damon W, Lerner RM, editors. *Handbook of child psychology*. Volume 3. New York: Wiley Publishing; 2006. pp. 463-552.

Pinderhughes EE, Dodge KA, Bates JE, Pettit GS, Zelli A. Discipline responses: influences of parents' socioeconomic status, ethnicity, beliefs about parenting, stress, and cognitive-emotional processes. *J Fam Psychol* 2000; 14(3):380-400.

Singh R, Clarke G. Power and parenting assessments: the intersecting levels of culture, race, class, and gender. *Clin Child Psychol Psychiatry* 2006;11(1):9-25.

Varela RE, VernBerh EM, Sanchez-Sosa JJ, Riveros A, Mitchell M, Mashunkashey J. Parenting style of Mexican, Mexican American, and Caucasian-Non-Hispanic families: social context and cultural influences. *J Fam Psychol* 2004;18(4):651-7.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



National Center for Injury Prevention and Control
1-800-CDC-INFO • www.cdc.gov/injury • cdcinfo@cdc.gov