



Published in final edited form as:

Child Adolesc Social Work J. 2019 February ; 36(1): 19–28. doi:10.1007/s10560-018-0591-z.

Commonalities and Differences in Social Norms Related to Corporal Punishment Among Black, Latino and White Parents

Joanne Klevens¹, Laura Mercer Kollar¹, Genevieve Rizzo², Gerard O'Shea³, Jessica Nguyen³, Sarah Roby¹

¹Division of Violence Prevention, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, Mailstop F63, Atlanta, GA 30341, USA

²Rollins School of Public Health, Emory University, Atlanta, GA, USA

³Applied Curiosity Research, Long Island City, NY, USA

Abstract

To establish commonalities and differences in social norms related to corporal punishment among Black, Latino, and White parents, we first examine survey data from a random sample of a nationally representative opt-in internet panel ($n = 2500$) to establish the frequency of corporal punishment among parents of children under five ($n = 540$) and their perceptions of the frequency of use of corporal punishment in their community and whether they ought to use corporal punishment. We disaggregate by race/ethnicity and education to identify higher risk groups. To better understand the beliefs underlying these perceptions among the higher risk group (i.e., less educated), we used a grounded theory approach to analyze data from 13 focus groups ($n = 75$) segmented by race/ethnicity (i.e., Black, Latino, or White), gender (i.e., mothers or fathers), and population density (i.e., rural or urban). Survey findings revealed that 63% of parents spanked, albeit the majority seldom or sometimes. Spanking was most frequent among Latinos (73%) and lowest among White parents (59%). While all participants across racial/ethnic groups believed the majority of parents spanked, even more than the proportion that actually do, about half believed they ought to spank. Perceptions of the frequency and acceptability of corporal punishment were associated with use of corporal punishment. The qualitative findings highlight more similarities than differences across Black, Latino, and White communities. The findings suggest social norms change efforts might focus on parents with less education and influencing perceptions around whether they ought to spank.

Keywords

Social norms; Corporal punishment; Children

Joanne Klevens, jklevens@cdc.gov.

Disclosure The authors have no financial relationships relevant to this article to disclose.

Conflict of interest The authors declare that they have no conflicts of interest.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Publisher's Disclaimer: The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Although social norms shape parenting behaviors, few studies have explored the social norms surrounding corporal punishment of children, especially among a racially and ethnically diverse sample of participants. Corporal punishment (e.g., spanking, slapping, swatting, “whupping”, and other forms of hitting a child) is harmful for children. A rigorous meta-analysis of 75 studies including almost 161,000 children found a consistent association between corporal punishment (CP) and increased risk of detrimental outcomes for children, even after studies examining child maltreatment were excluded (Gershoff & Grogan-Kaylor, 2016). Despite the research and recommendations from pediatricians (Sege, Siegel, Council on Child Abuse and Neglect, & Committee on Psychosocial Aspects of Child and Family Health, 2018), the majority of adult Americans believe CP is necessary. A 2016 nationally representative survey found that 69% of adult Americans agree “sometimes children need a hard spanking”. A slightly higher percentage of Blacks and a slightly lower percentage of Latinos agreed with this statement compared to Whites (NORC, 2018).

Actual use of CP also varies between racial and ethnic groups. Most studies report higher percentages of use of CP in Black families than in non-Latino White and Latino families, even after controlling for socioeconomic status (Berlin et al., 2009; Grogan-Kaylor & Otis, 2007; Lorber, Leary, & Smith Slep, 2011; MacKenzie, Nicklas, Brooks-Gunn, & Waldfogel, 2011; Regalado, Sareen, Inkelas, Wissow, & Halfon, 2004; Wissow, 2001). These differences between racial and ethnic groups have been associated with parental stress, parents’ cognitive-emotional processing of children’s misbehavior, negative perceptions of the child, beliefs of the effectiveness of CP (Pinderhughes, Dodge, Bates, Pettit, Zelli, 2000), valuing of obedience (Friedson, 2016), and positive attitudes towards CP (Chung et al., 2009; Lorber et al., 2011).

There is little research on how social norms may contribute to racial or ethnic differences in the use of CP. We define social norms as beliefs about what others do and what others think one should do (Mackie, Moneti, Denny, & Shakya, 2012). In other words, social norms are what a group believes is typical (i.e., descriptive norms) or appropriate behavior (i.e., injunctive norms) in their group (Paluck & Ball, 2010). Social norms have been associated with positive attitudes towards CP. For example, a random digit dial survey of parents in an urban southern community found perceived approval of CP by professionals, family, and friends as well as perceived frequency of CP use among their social network to be important predictors of positive attitudes towards CP (Taylor, Hamvas, Rice, Newman, & DeJong, 2011). However, differences by race or ethnicity were not examined in this sample.

Changing social norms that accept violence against children is proposed as an important strategy for the prevention of child abuse and neglect (Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016). To change social norms, messages should be tailored for different audiences (Silk, Atkin, & Salmon, 2011). This study aims to contribute to a better understanding of the beliefs and social norms around CP among Blacks, Latinos, and Whites in order to inform the development of public health education strategies that aim to change social norms. In the first study, we establish racial and ethnic differences in: (a) the frequency of corporal punishment, (b) perceptions of the frequency of use of corporal punishment in their communities (i.e., the descriptive norm), and (c) perceptions of whether they ought to use corporal punishment (i.e., the injunctive norm) for parents of children

under five. In the second study, we conducted focus groups to better understand underlying beliefs on harms and benefits of corporal punishment.

Study 1

Methods

We conducted secondary data analyses of survey data collected by YouGov (an international Internet-based market research and data analytics firm; <https://today.yougov.com/about/about/>) through their proprietary opt-in Internet panel. The YouGov opt-in survey panel is comprised of 1.2 million U.S. residents who have agreed to participate in YouGov's web surveys. Panel members are recruited by a number of methods (e.g., web campaigns using internet banners, pop-ups, e-mails, permission-based email campaigns, partner-sponsored solicitations, telephone-to-web recruitment such as random-digit-dial-based sampling, and mail-to-web recruitment using voter registration based sampling) to help ensure diversity in the panel population and engage hard-to-reach populations. Participants are not paid to join the YouGov panel, but do receive incentives through a loyalty program to take individual surveys. The YouGov Panel Management team ensures the quality of the panel by removing panelists who speed through surveys or answer in ways that are determined to be obviously not genuine.

YouGov's sampling frame is constructed using demographic information from the American Community Survey; voter registration data; and, computer internet, and smart-phone usage data from the Bureau of Labor Statistics' Population Survey. YouGov recruits a random stratified sample from their sampling frame for specific surveys. Individuals responding to YouGov's invitation are matched to the most similar member of the YouGov panel using propensity scores. YouGov has shown that their methods generate nationally representative samples and estimates that are closer to real percentages than other methods such as RDD surveys (Kellner, 2004; Rivers & Bailey, 2009). A more detailed description of YouGov's U.S. panel and sampling strategy is available elsewhere (Rivers & Bailey, 2009).

For this survey, YouGov invited a random stratified sample ($n = 5709$) of their panel members and received 3566 responses (62.5%) of which 3043 (53.3% of those invited) completed the survey. Respondents completing the survey were then matched down to a sample of 2500 using YouGov's sampling frame and matching methods as described above. There were some demographic differences between the YouGov sample and the U.S. population (Table 1); specifically, the YouGov sample has slightly more women, is older, less educated, and has somewhat lower incomes. There were also more women and participants with lower income among caregivers in the YouGov sample and caregivers were also younger compared to the U.S. population.

Measures—YouGov asked their sample of panelists to think about the majority of parents in [their state] and asked, “how often do you think they spank their child on the bottom with their hand?” (“Perceived frequency of spanking among caregivers”). Panelists with children under five were also asked how often they had spanked their child on the bottom with their hand in the past year (“Frequency of spanking”). Response options for these two questions were every day, almost every day, sometimes, seldom, and never. Finally, panelists were

asked to think about people whose opinions they respected and asked how strongly these people would agree or disagree (five-point Likert scale) with the statement “spanking your child on the bottom is a necessary part of parenting” (“Ought to spank”).

Analyses—We stratified the CP survey data by race/ethnicity and then examined differences in distributions of the three CP questions by education. We used Chi square to determine whether variations in these distributions were statistically significant. We used Pearson correlation coefficients to determine if the frequency of spanking was associated with the perceived frequency and perceived beliefs of people whose opinion they respected. Missing data (2–5 respondents for CP variables) were treated as missing.

Results

Overall, there were more similarities than differences between the three groups. The majority of parents (63%), regardless of race/ethnicity used CP with proportions lowest among Whites (59%) and highest among Latino (73%; Table 2). However, most used it seldom or sometimes, with variations in frequency of use by education levels statistically significant for Blacks, $X^2(8, N = 69) = 21.37, p = .006$, and Whites, $X^2(12, N = 307) = 24.89, p = .015$. Specifically, Blacks with high school degrees or less and Whites with graduate degrees or more were 1.3 and 1.4 times more likely to report never spanking.

Caregivers across race/ethnicity believe CP is used in higher proportions (89–91%) and with greater frequency by other parents in their community (Table 2). Variations in this perception by educational attainment was only statistically significant among White caregivers ($X^2(12, N = 314) = 24.34, p = .018$), with the least educated and most educated believing more parents used CP.

The YouGov survey asked respondents to think of people whose opinion they respected and asked how strongly these people would agree or disagree (five-point Likert scale) with the statement “spanking your child on the bottom is a necessary part of parenting”. Sixty-nine percent of Blacks, 50% of Whites, and 47% of Latinos believed that people whose opinion they respected would agree or strongly agree with this statement (Table 2). Differences in agreement by education were statistically significant for Latinos, $X^2(12, N = 112) = 23.24, p = .026$, and Whites, $X^2(12, N = 307) = 25.77, p = .012$. Specifically, Latinos with a graduate degree were much less likely to believe they ought to spank. Among Whites, those with some college but no degree and less education were more likely to believe they ought to spank.

Finally, Table 3 presents bivariate correlations between use of CP and perceived frequency of use and perceived opinion of people respondents respected (i.e., ought to spank). Overall, correlations between use of CP and perceived frequency of use ($r = .35$) and perceived opinion of CP by people respondents respected ($r = .43$) were statistically significant ($p = .000$). When examined by race/ethnicity, the strength of these correlations were higher for Blacks and Latinos and lower for Whites.

Study 2

Methods

To better understand beliefs underlying the use of corporal punishment among those with lower education (i.e., the higher risk group), we conducted and analyzed data from 13 focus groups (n = 75; ranging from 2 to 9 participants) segmented by race/ethnicity (i.e., Black, Latino, or White), gender (i.e., mothers or fathers), and population density (i.e., rural or urban). Participants were recruited in five different states (i.e., Maine, New York, Connecticut, North Carolina, Florida) from a variety of community-based organizations and educational institutions that serve low-income families, including a Parent Resource Center, early childcare center, Head Start Center, elementary schools, and a YMCA. Parents were recruited via word of mouth from staff and through flyers that were distributed in printed versions to parents and posted on sites' social media accounts. The recruitment flyer indicated: (a) that we were looking for parents of children from 0 to 5 years of age for a group discussion on different ways of managing children's behaviors; (b) this discussion would last about an hour and a half; (c) onsite childcare would be available, if needed; (d) participants would be paid \$50 for attending a group; and (e) the date, time, and place of this group discussion.

Interested parents were asked to respond to a screener which asked: (1) whether the participant was a mother or father; (2) race/ethnicity; (3) approximate household income; (4) level of educational attainment; (5) marriage status; (6) age of youngest child; and (7) contact information so that the research team could follow up to confirm their participation. To qualify for the study, parents had to have at least one child under six, a total household income below \$60,000; and could not have obtained a degree beyond an Associate's Degree (although two exceptions were made). Parents could provide their answers to this screener via phone, email, website, or as a paper version attached to the flyer. Eight to 10 eligible parents were invited to participate in each focus group with the goal of having eight parents per group.

Facilitators conducting focus group discussions had previous experience conducting research with low-income parents and were matched to the gender, language, and race/ethnicity of participating parents. Facilitators participated in a 3-h training session, conducted via video call with live mock participants, in which they practiced excerpts of the discussion guide.

Another trained researcher observed each discussion group and recorded relevant data such as nonverbal communication, body language, and participant discomfort that would not otherwise be captured by a recorder.

Before starting each focus group, participants read (or were read) the consent form explaining what they would be asked to do, that the discussion would be recorded, the risks and benefits of participating, how their privacy would be protected, and their right to choose or not to participate and asked to sign the form. During each session, parents were provided with notecards to record thoughts or opinions they were uncomfortable sharing aloud and a manila envelope with which to return their comments anonymously. The focus group research protocol was approved by CDC's IRB.

We developed a focus group discussion guide to ensure that all groups covered the same topics. The discussion guide asked about methods parents used to discipline their children and probed the benefits and harms of different methods, especially hitting young children. It also asked how common hitting children was in their community, the situations in which it occurred, and the age when parents usually began hitting.

Focus group discussions were transcribed verbatim. Observers' notes were added to the transcripts. Analysis was guided by principles of *Grounded Theory* (e.g. Pidgeon & Henwood, 2009). As such, concepts and categories emerged from the data (i.e., they were not preconceived or defined beforehand), and similarities and differences were identified by comparing groups. Four trained members of the research team identified the concepts and categories to code for following an iterative process with input from other members of the project team. First, the research team independently reviewed a sample of three transcripts, which included representation from all key audience variables, and generated a proposed list of codes. These code lists were compiled and compared at a qualitative debrief meeting, which resulted in an initial list of 51 unique codes. Further pruning based on a careful comparison of codes to the research objectives and feedback from the research team resulted in a list of 31 codes. Using this revised list, four of the researchers analyzed a sample transcript to pilot test the codebook. Inter-rater reliability was generally low across all research pairs at the sentence level (Cohen's Kappa between .25 and .41). Further revisions were made to the codebook to: (a) eliminate redundant and unclear codes; (b) refine codes that were too broad or general; and (c) provide additional details and examples that would guide accurate coding. The result was a final codebook with 28 codes.

Two additional rounds of coder calibration were conducted using excerpts from different transcripts, with qualitative debrief meetings following each to discuss challenges interpreting specific codes, difficult passages, and inter-rater reliability. In each round, the research team made further clarifications to the codebook to better guide the interpretation and application of qualitative codes in order to increase coder reliability. Following the second round of calibration, an adequate Cohen's Kappa was obtained for each pair of coders (over 0.55). After inter-rater reliability was reached the research team started coding full transcripts.

Three authors coded between 3 and 11 transcripts each, with two authors independently coding each transcript. Inter-rater reliability was high across the three pairs (weighted mean = .81 using the total number of sentences coded by each research pair) on the final coding, ranging from .78 to .82. Inter-rater reliability was also consistently high across all 27 codes in the full analysis sample, ranging from an average of .73–.91. Finally, three authors independently identified similarities and differences by race/ethnicity within each code. Cohen's Kappa for each pair of coders ranged from .76–.88. Disagreements were discussed until a consensus was reached.

Results

Focus group participants also expressed infrequent use of CP. Many parents in the focus group discussions reported only using CP after other strategies had failed. As this Black dad said, "That [CP] shouldn't be your go-to." However, for the most part, parents felt use of CP

depended on the seriousness of the behavior. Examples of “serious” behavior included danger to the child (e.g., rushing out into a busy street, reaching out to touch a hot stove, hitting another child), tantrums, biting or pulling parent’s hair, being disrespectful with parent, persistent disobedience, and stealing. Parents also mentioned trying different strategies to find what works and recognizing that children are different. This White dad’s words exemplify this approach, “You have to find what works with each child. Not saying that you have to spank them, or that’s the other alternative, but not every punishment works the same with each kid all the way up through.”

Parents differed as to when it was appropriate to start using CP. The earliest age proposed was a White mom who mentioned slapping her 11-month-old on the hand. Another White mom said she had spanked her 1 year old “the first time she told me “no”. White fathers, on the other hand, thought three or four-year old children was when it was appropriate because “...once they get older and can understand why it’s bad”. Black parents agreed the time to start using CP was when children started walking because that was when “they start touching everything”. On the other hand, the ages mentioned by Latino parents for starting CP varied from one and half years old to 5 years old.

Reasons Why CP is Used—Blacks, Latinos and Whites believe some parents use CP because that was how they had been parented and maybe had no knowledge of other disciplinary strategies. White and Latino parents also felt some parents used CP because of stress, drug addiction, parental conflict, or poor impulse control. A Black dad suggested it might be a lack of self-reflection. He said, “I think sometimes you’ve just got to self-reflect on yourself and what you’re doing or what they see you doing... Was I paying attention to her?... What were the steps I took before this beating happened? I feel like we’ve got to pay attention to what’s going on.” A White dad thought if you threaten to spank you have to follow through. He explained, “Definitely have to follow through each time you say you’re going to do it, or it’s not effective.” A Black mom added a single mom resorting to spanking because it was too much to handle. She said single moms spank because she’s “going crazy with them because she has to take care of them by herself”. Black parents also mentioned other parents pressuring them to hit their children or a misbehaving child reminding them of their ex as reasons for using CP.

Perceived Harms of CP—Some Black and Latino parents felt CP made things worse. For example, this Latina mom said, “Because if you spank them... I believe they get even worse” and another mom chimed in, “Yes, more rebellious”. White and Latino parents were concerned that hitting children would make children think hitting was acceptable. All groups identified potential negative effects of CP such as leading to anger issues, low self-esteem, depression, violence, rebelliousness, or “growing up with hard feelings toward you”. For example,

“That’s why kids grow up angry, being bullies. You whip your kid’s a** every day because they are doing something wrong, that means you’re doing something wrong too, parenting wise because they shouldn’t be acting like this.”

(Black dad)

“I’ve seen kids that were my age that were abused that it made evil. It made them bad people. It made them gangsters on the streets and stuff like that.”

(White dad)

In sum, these parents thought CP could lead to negative behaviors such as aggression, disobedience, and delinquency.

When CP is Unacceptable—There was at least one parent in each focus group, except for the black urban moms, who did not feel CP was acceptable, especially for babies or if the child had an accident or did not know any better. Several Black, Latino, and White parents reflected on their experiences with CP as children and not wanting that for their children. As one Black dad said, “a lot of parents think too that they got beaten when they were young so they don’t want to beat their kids now because they got beaten so bad.” And a White dad who is a firefighter said, “I couldn’t hit my kid because of what I had growing up. Not even a simple tap. As manly as I am, all the stuff I fear, fires in my face, I’m probably one of the toughest guys in the world when it comes down to fighting a fire but when I’m facing my kids I melt.” Parents’ childhood experiences with CP led them to not using it with their own children.

Black, Latino and White parents identified CP as a private, family matter that happened “behind closed doors” although sometimes it occurred in semi-public places such as a restroom or dressing room because they feared being reported to authorities. This Black dad is clearly scared of child protective services. He said, “ACS [local child protective service agency] is a scary game nowadays. Anything can cause you to have a case and get your children taken.” Black, Latino and White parents also talked about social pressures, in general, to not hit a child in public due to other adults being judgmental or interfering. Similarly, Black moms also mentioned not being able to use a belt because children would be taken away and White dads felt hitting a child with a closed fist was cause for reporting a parent to authorities.

Alternatives to CP—All focus groups identified positive alternatives to CP that included distracting or redirecting, removing dangerous objects, ignoring (e.g., tantrums), clarifying expectations and consequences beforehand, reasoning with child, looking at the child at eye level and explaining in a serious tone why behavior needs to change, sticking to schedules, taking away privileges (e.g., screen time), praising for good behavior, and time out (although with some ambivalence around its effectiveness). This Black mom’s explanation illustrates her effort to understand the child’s perspective and use dialogue.

“Sometimes talking doesn’t work, but you’ve got to come down to their level and make them understand, ‘I understand you may be feeling this way or that way, but we’ve got to figure out another way to communicate or understand what you’re doing and what you’re saying is not okay.’ You’ve got to break it down. Sometimes, I think, as a parent, we don’t realize maybe something that we’re doing might be setting them off or doing something and we’re not realizing it..”

Some creative alternatives to CP mentioned were mimicking the child’s tantrum and overdramatizing child’s behavior (e.g., pretending to get burnt by touching the stove). They

also mentioned other alternatives such as rewarding with junk food or bribing with buying a toy. As a White dad put it, "...there are many ways [of disciplining]. Hitting is just out, that's old school".

Perceived Frequency of CP in Their Community—While all groups believed CP was common, Black and White focus group participants believed it was less so than before. For example,

"Depends on the era. When we were younger it was more so. Nowadays, you can't do that."

(Black dad)

"The younger parents, I don't think use it as much. I think it's a tool that's outdated to them".

(White dad)

All groups made the connection that use of CP may have decreased due to fear of child protective services. Black and Latino parents also expressed beliefs that CP was more common in their communities than in White communities. For example,

"...because White folks, they don't beat their kids. You can tell just by seeing them. They talk back."

(Black mom)

"Here, they care a lot for their children. Maybe that [CP] happens a lot in our countries."

(Latino dad)

White parents did not share their perceptions of how frequent it was in other communities.

Ought to Use CP—Focus group participants were not asked about injunctive social norms. However, participants across race/ethnicity expressed respecting other parents' experiences more than doctors', teachers' or other experts' recommendations. Among White moms, there was also respect for parents' experiences on the internet. One mom commented, "I used to Google a lot, too. (Laughter.) I'd Google everything. I'm like, "He won't go to sleep. He won't stop crying. What do I do?" To which another responded, "I know. Like those mom websites. I used to use those a lot. I'd be up at 2:00 in the morning feeding, reading them. And another felt, "They're so informative. They're really effective."

When asked what they were being taught in parenting classes, several Black parents appeared distrustful of what they believed were White recommendations. For example, this Black mom stated:

"...not to be racist, but I think they're teaching you the white way how to raise your kids. Because you know how they say white people don't beat their kids, or discipline their kids".

So this Black mom felt not using CP was a "white way" to raise children.

Discussion

This mixed-methods study found CP to be used by the majority of parents albeit infrequently and mainly as a last resort with highest proportions among Latino caregivers. Across the three racial/ethnic groups, survey participants believed a greater proportion of parents used CP than what they themselves reported using and believed people whose opinion they respected would find it acceptable. Perceived frequency of use of CP in the community and acceptability were significantly associated with use of CP. We also heard that Blacks, Latinos and Whites believe parents use CP because that was how they had been parented and maybe had no knowledge of other disciplinary strategies. However, all groups mentioned CP's negative effects and identified non-physical and more positive strategies.

Before discussing potential implications of these findings, several limitations with both the survey and focus groups must be acknowledged. The demographics of YouGov's random sample from their opt-in internet panel was slightly different from the U.S. population, even after weighting the sample using demographic information from various sources and propensity scores and therefore, the findings may not be nationally representative. In addition, just over half of those invited to participate responded and completed the survey so self-selection bias may be an issue. Survey responses are also subject to social desirability biases, which were not measured in this survey. As for the focus groups, although these were conducted in five different states, these were limited to the eastern coast thus our findings may not be relevant in communities in other geographic regions with different cultural norms, values, and beliefs. In addition, our Latino focus group participants in the rural area were mostly of Mexican origin; in both urban and rural Latino focus groups there was some variability in the number of years in the U.S. Given great heterogeneity among Latinos based on country of origin and acculturation status, our findings may not be generalizable to some Latino populations. For example, Lee and Altschul (2015) found that immigrant Latino parents were less likely to spank their young children than Latinos born in the U.S. Future research might focus on similar questions with other Latino communities with different levels of acculturation.

Despite these limitations, these findings are supported by several strengths of the study such as its use of mixed methods; large sample size for the survey; homogeneity within focus groups in terms of race/ethnicity, gender, and level of education, diversity across focus groups in terms of race/ethnicity, urban/rural, and geographic region; matching of focus group facilitators by race/ethnicity and gender; and high rates of reliability in the coding of focus group transcripts.

The survey findings show higher proportions of caregivers using CP compared to other studies (Regalado, et al., 2004; Slade & Wissow, 2004; Wissow, 2001) but these other studies examined the issue in younger age groups. Contrary to most studies which find use of CP to be higher among Blacks (Berlin et al., 2009; Grogan-Kaylor, & Otis, 2007; Lorber et al., 2011; MacKenzie et al., 2011; Regalado et al., 2004; Wissow, 2001), we found Latinos reporting use of CP in higher proportions than Blacks or Whites. This may be an artifact of US-born Latinos having greater access to the internet (Brown, López, & López, 2016) and therefore being able to opt in to participate in online surveys more than foreign-born

Latinos. As mentioned before, foreign-born Latino parents are less likely to spank their young children than Latinos born in the U.S. (Lee, & Altschul, 2015).

On the other hand, our qualitative findings are consistent with other research showing CP is widely accepted in certain situations (Lubell, Lofton, & Singer, 2008; Taylor, Hamvas, & Paris, 2011). Similarly, our focus group participants also mentioned situational factors in which CP might be used such as stress, seriousness of the transgression committed by the child, and repeated child misbehavior as well as perceived high frequency of use in their community (Taylor et al., 2011). However, our focus group participants also noted some negative effects of CP such as teaching children that hitting is acceptable and noted many positive, non-physical alternatives. Interestingly, focus group participants perceived use of CP declining and some referred to its use as “outdated”. This might suggest that parents are already learning about better alternatives for disciplining children. Changing social norms is a promising strategy for reducing CP and preventing child abuse (Fortson et al., 2016). Educational campaigns to change social norms might take advantage of this perception of CP being outdated and newer methods being more effective.

Randomized controlled trials (RCTs) have shown the effectiveness of delivering information on the risks of CP and alternative non-violent disciplinary strategies in home visits (Minkovitz et al., 2003) and primary care settings (Chavis et al., 2013; Holden, Brown, Baldwin, & Croft Caderao, 2014; Scholer, Hamilton, Johnson, & Scott, 2010), even more so when discussed with a clinician (Scholer, Hudnut-Beumler, & Dietrich, 2011). However, mass media educational campaigns might be more effective at changing social norms and reducing support for CP at the population level. We are not aware of any mass media campaign in the US focused on changing social norms around CP. However, there is increasing evidence for the effectiveness of mass media campaigns to change behaviors in other areas of public health such as tobacco, nutrition, physical activity, birthrate reduction, and road safety, particularly when campaigns are combined with complementary policies that support behavior change such as an excise tax or other disincentives to engaging in the behavior (Wakefield, Loken, & Hornik, 2010). Nevertheless, campaign messages need to be tested for their effectiveness on changing social norms and behavior change. For example, a pre-post evaluation showed a media campaign in Canada reduced approval of CP but may not have reduced the use of CP (McKeown, 2006). Perhaps testing messages in RCTs before engaging in a campaign can help identify more effective messages (e.g., Evans, Falconer, Khan, & Ferris, 2012).

In addition to testing messages, credible messengers for different racial and ethnic groups might also be tested. Focus group participants reported trusting other parents’ recommendation more than doctors’ or experts but Latinos and Whites also mentioned trusting academic institutions. A RCT could establish which messenger is most effective in changing social norms and reducing the use of CP. Such efforts could help reduce the frequency of CP and its negative consequences.

In sum, we found many more similarities than differences between Black, Latino, and White parents in regards to their use, perceived use, and necessity of use regarding CP (i.e., “ought to use”). The findings suggest social norms change efforts might focus on parents with less

education and influencing perceptions around whether they ought to spank. Changing social norms around whether parents ought to use CP may encourage some parents to seek information on alternative strategies. Instead of CP, positive parenting strategies could be more widely disseminated (e.g., Centers for Disease Control and Prevention, 2014). However, while parenting practices are important for raising well-behaved children, it may also be important to recognize, understand, and improve the context in which some parents are raising their children. Structural interventions such as strengthening household economics and family-friendly work have the potential to improve the context and increase safe, stable, nurturing relationships and environments for all children (Fortson et al., 2016).

Funding

Centers for Disease Control and Prevention Contract No. HHSD2002015M88152B.

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Table 1

Distribution (%) of sex, age, race, ethnicity, education, and income in the US, 2016, the YouGov 2016 sample, and caregivers of children under five in the YouGov sample

Demographics	US (%)	YouGov N = 2500 (%)	Caregivers of children < 5 N = 540 (%)
Sex			
Female	52	51	58
Age ^a			
18–34	27	29	42
35–54	33	37	37
55 +	40	35	20
Race ^a			
White	78	77	73
Black	14	13	16
Other	6	7	8
2 + races	2	3	2
Ethnicity ^a			
Latino	14	18	21
Education among adults 25 ^b			
High school	43	40	40
Some college but no degree	21	17	27
2- or 4- year college degree	27	31	27
Graduate degree	10	13	6
Income ^b			
< \$20,000	16	11	22
\$20,000–39,999	24	17	28
\$40,000–59,999	16	15	17
\$60,000–79,999	13	13	16
\$80,000–99,999	6	11	4
\$100,000 +	11	33	13

^aUS Census Bureau (2016)

^bU.S. Census Bureau, Current Population Survey (2016) Annual Social and Economic Supplement

Table 2

Frequency of spanking, perceived frequency of majority of caregivers, and agreement that people whose opinion they respect think spanking is necessary among caregivers of children < 5 years of age (i.e., ought to spank) by education among Blacks, Latinos, and Whites, YouGov sample, 2016

Race/ethnicity and level of education	Frequency of spanking, % (number)			Perceived frequency of spanking of the majority of caregivers in their state, % (number)			Agree ought to spank, % (number)	
	Everyday/almost every day	Sometimes	Seldom	Never	Everyday/almost every day	Sometimes	Seldom	Never
Black (n = 69)								
High school	8% (27)	8% (2)	24% (6)	60% (15)	13% (3)	33% (8)	50% (12)	4% (1)
Some college	0% (0)	63% (15)	21% (5)	17% (4)	0% (0)	54% (13)	33% (8)	13% (3)
2- or 4-year degree	15% (3)	30% (6)	25% (5)	30% (6)	14% (3)	57% (12)	19% (4)	10% (2)
Graduate degree	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Total	4% (5)	33 (23)	23% (16)	36% (25)	9% (6)	48% (33)	35% (24)	9% (6)
Latino (n = 112)								
High school	23% (15)	33% (22)	15% (10)	29% (19)	33% (22)	41% (27)	9% (6)	17% (11)
Some college	68% (19)	7% (2)	4% (1)	21% (6)	50% (14)	46% (13)	4% (1)	0% (0)
2- or 4-year degree	21% (3)	14% (2)	36% (5)	29% (4)	29% (4)	57% (8)	7% (1)	7% (1)
Graduate degree	50% (2)	0% (0)	25% (1)	25% (1)	50% (2)	50% (2)	0% (0)	0% (0)
Total	35% (39)	23% (26)	15% (17)	27% (30)	10% (11)	28% (31)	7% (8)	11% (12)
White (n = 307)								
High school	11% (12)	27% (29)	22% (24)	40% (44)	11% (12)	62% (71)	24% (27)	4% (4)
Some college	23% (18)	20% (16)	23% (18)	34% (27)	19% (15)	46% (37)	21% (17)	14% (11)
2- or 4-year degree	4% (4)	23% (22)	30% (29)	43% (42)	9% (9)	55% (54)	24% (23)	12% (12)
Graduate degree	9% (2)	18% (4)	18% (4)	55% (12)	9% (2)	82% (18)	9% (2)	0% (0)
Total	12% (36)	23% (71)	24% (75)	41% (125)	12% (38)	57% (180)	22% (69)	9% (27)
Full sample (n = 540)	8% (81)	25% (134)	23% (122)	37% (198)	18% (94)	52% (279)	21% (110)	10% (55)

Table 3

Bivariate correlations (r) between use of corporal punishment and perceived frequency of use and perceived opinion of people respondents respected (e.g., ought to spank) among Blacks, Latinos, and Whites, YouGov, 2016

Race/ethnicity	Perceived frequency of use	Ought to spank
Black	.46***	.57***
Latino	.64***	.56***
White	.17**	.37***
Full sample	.35***	.43***

**
p < .01;

p < .001