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## Research article

# Attitudes, beliefs, and perceived norms about corporal punishment and related training needs among members of the “American Professional Society on the Abuse of Children”

Catherine A. Taylor<sup>a,\*</sup>, Julia M. Fleckman<sup>a</sup>, Shawna J. Lee<sup>b</sup><sup>a</sup> Department of Global Community Health and Behavioral Sciences, Tulane University School of Public Health and Tropical Medicine, United States<sup>b</sup> University of Michigan, School of Social Work, United States

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## ABSTRACT

Hitting children for disciplinary purposes (i.e., spanking or corporal punishment [CP]) is a strong risk factor for child physical abuse and is highly prevalent in the U.S. Yet, little is currently known about the relevant attitudes, beliefs, or training needs of key professionals who often advise parents regarding child discipline strategies. A survey of the American Professional Society on the Abuse of Children (APSAC) membership, comprised of mental health professionals, physicians, child welfare professionals, and other professionals in the child maltreatment field, was conducted to assess attitudes, beliefs, perceived norms, training needs, and motivations to change norms regarding CP ( $N = 571$ , response rate = 51%). Most respondents agreed that spanking is a bad disciplinary technique (82%), is harmful for children (74%), and leads to negative outcomes ( $M = 3.0$ ,  $SD = 0.6$ ) more frequently than positive outcomes ( $M = 2.1$ ,  $SD = 0.6$ ;  $t = 20.8$ ;  $p < 0.0001$ ) for children. Professionals reported perceiving that their colleagues' level of endorsement of CP ( $M = 2.4$ ,  $SD = 1.0$ ) was higher than their own ( $M = 1.9$ ,  $SD = 1.0$ ;  $t(568) = -10.7$ ,  $p < 0.0001$ ) though still below the midpoint. Professionals reported high levels of preparedness to effectively advise parents on non-physical child discipline strategies, but reported perceiving lower levels of preparedness amongst their colleagues. They reported highly valuing giving such advice to parents and being very motivated to participate in activities designed to change social norms regarding CP. Most APSAC members are poised to change these norms and, in doing so, to help reduce rates of child physical abuse in the U.S.

## 1. Introduction

Corporal punishment (CP) is a commonly used form of child discipline in the U.S. and around the globe. CP, referred to more commonly by terms such as spanking, hitting, popping, or whooping, is “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, 2005; p. 3). A majority of children in the U.S. experience CP (Mackenzie, Nicklas, Brooks-Gunn, & Waldfogel, 2015; Taylor, Lee, Guterman, & Rice, 2010; Zolotor, Robinson, Runyan, Barr, & Murphy, 2011). This is problematic because CP is a strong risk factor for child physical abuse as well as other poor outcomes for children (Gershoff & Grogan-Taylor, 2016). As CP increases, so does the use of more severe acts of physical aggression and psychological aggression toward the child (Gagne, Tourigny, Joly, & Pouliot-Lapointe, 2007; Taylor, Guterman, Lee, & Rathouz, 2009). CP also raises risk for lifetime mental and physical health conditions (Afifi, Mota,

\* Corresponding author.

E-mail address: [ctaylor5@tulane.edu](mailto:ctaylor5@tulane.edu) (C.A. Taylor).<http://dx.doi.org/10.1016/j.chiabu.2017.04.009>

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Macmillan, & Sareen, 2013; Afifi, Mota, Dasiewicz, MacMillan, & Sareen, 2012). No studies have found that CP leads to positive outcomes (e.g., Altschul, Lee, & Gershoff, 2016). In sum, CP is a highly prevalent risk factor for child physical abuse as well as other poor outcomes for children's health and development.

Overall approval of CP among U.S. adults is very high, with most men (76%) and women (65%) believing that CP is a necessary form of child discipline (Child Trends Databank, 2015). These high rates of endorsement of CP are problematic in part because they are a strong predictor of its use (Ateah & Durrant, 2005; Holden, Coleman, & Schmidt, 1995; Vittrup, Holden, & Buck, 2006). Endorsing the use of CP also predicts a decreased likelihood of perceiving and reporting child abuse (Ashton, 2001; Jent et al., 2011), even among physicians (Tirosh, Shechter, Cohen, & Jaffe, 2003). With the population-level norms and risks of CP to children well-established, the goal of the current study was to fill a crucial gap in knowledge regarding our understanding of current norms and training needs of professionals related to parents' use of CP and advising parents about child discipline options.

### 1.1. Why focus on attitudes and beliefs of professionals regarding CP

In order to change population-level norms regarding CP, it is essential to understand which modifiable factors shape their formation. Attitudes toward a behavior are at least partially influenced by expected outcomes and perceived norms regarding the behavior (Ajzen, 2005). People who expect more positive outcomes and fewer negative outcomes from CP are more supportive of its use (Gagne et al., 2007; Holden, Miller, & Harris, 1999; Taylor, Hamvas, Rice, Newman, & DeJong, 2011). Further, parents' approval of CP is strongest when they perceive that professionals whom they trust to advise them about parenting, such as pediatricians, are supportive of CP use (Taylor, Hamvas, Rice et al., 2011). Hence the attitudes and injunctive norms of these professionals may have substantial influence on changing parenting norms regarding CP. Medical professionals, particularly pediatricians, are the group that parents trust the most when seeking advice about parenting (Fortson, Moseley, & Burton, 2013; Taylor, Moeller, Hamvas, & Rice, 2013; Walsh, 2002). Mental health professionals, such as psychologists and social workers, are another important group that parents trust for such advice (Taylor et al., 2013; Walsh, 2002). Many professional organizations for these groups in the U.S. have clear policy statements discouraging the use of CP (e.g., American Academy of Child and Adolescent Psychiatry, 2012; American Academy of Pediatrics, 2014; Wolraich et al., 1998).

However, the current *injunctive norms* (i.e., shared beliefs among a group about how persons ought to act; Cialdini, Reno, & Kallgren, 1990) among professionals on this topic are not clear. In a survey of Ohio physicians, 79% of family physicians and 59% of pediatricians supported the use of CP despite evidence that it can be detrimental and is neither effective nor necessary as a discipline strategy (McCormick, 1992; p.3161). An American Academy of Pediatrics (1998) survey reported that 31% of pediatricians were completely opposed to CP, 53% were generally opposed but reported it was sometimes effective, and 14% supported its use. Further, only 49% discouraged any use of CP and 42% conditionally recommended use of CP. A survey of psychologists found that 70% would not recommend parents use spanking and 30% would sometimes suggest spanking (Schenck, Lyman, & Bodin, 2000, p. 27). Beliefs that CP leads to negative outcomes were linked with a lesser likelihood of recommending CP use.

More recently, Hornor et al. (2015) found in a survey of health care professionals, mostly nurses, that although many thought spanking was sometimes acceptable (82%) and necessary (40%) as a disciplinary technique, most thought that it can be abusive (77%) and nonphysical discipline is more effective (53%). Responses varied widely depending on how frequently the respondent was spanked as a child: those who were frequently spanked were more likely than those who were not to report that spanking is sometimes necessary; and those who were never spanked were more likely than those who were frequently spanked to report that nonphysical forms of discipline are more effective.

### 1.2. Why perceived norms and training needs of professionals regarding CP matter

Perceived norms have long been known to influence behavior (Berkowitz, 2003; Bohner et al., 1998; Reno, Cialdini, & Kallgren, 1993). For example, those that believe that their colleagues think a certain way might feel pressure to think or act in the same manner. One of the few studies to assess perceived professional norms on this topic found that although 58% of direct care medical center staff thought that spanking was not a good disciplinary technique, only 39% reported perceiving that their colleagues felt the same way (Gershoff et al., 2016). Another study found that about two-thirds of psychologists reported that their colleagues' recommendations to parents regarding CP were similar to their own; however, the other third were not sure if they were similar (30%) or thought they were dissimilar (5%; Schenck et al., 2000). Professionals who think their opinions are not in line with actual norms may behave differently than those who do.

For example, the way professionals advise parents about child discipline appears to vary widely. Many parents have identified a lack of guidance regarding discipline strategies as a crucial unmet need during primary care visits (Olson et al., 2004). In addition, at least a substantial minority of professionals are still recommending CP to parents (Knox & Brouwer, 2008). Many professionals may not be getting appropriate training on advising parents about child discipline strategies. It might also be that perceived barriers (e.g., time, reimbursement, incentives, or cultural concerns) could prevent professionals from providing developmentally appropriate advice about discipline to parents (Sege, Hatmaker-Flanigan, De Vos, Levin-Goodman, & Spivak, 2006).

### 1.3. Study objectives

We know that despite the abundance of empirical evidence against the use of CP, many parents still use it. We also know that the

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