

Breaking the mold: Socio-ecologic factors to influence the development of non-harsh parenting strategies to reduce risk for child physical abuse

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ARTICLE INFO

Keywords:

Prevention of child physical abuse
Corporal punishment
Positive parenting
Positive deviance
Qualitative research

ABSTRACT

Corporal punishment (CP) continues to be a common form of discipline in the U.S despite indications of its long-term harm to children, including strong risk for child physical abuse. Parents that are exposed to CP or physical abuse in childhood are at heightened risk for using CP with their own children. In examining parenting practices relevant to preventing child physical abuse, Positive Deviance relates to those parents who choose effective, positive parenting strategies to discipline their children, despite being exposed to CP and physical abuse in childhood. Little is known about buffering or motivating factors that prevent parents from using CP, or how these factors are influenced by parental childhood history or CP social norms. Therefore, this study examines the motives for use of positive parenting practices, including non-use of CP, for mothers who were exposed to CP and physical abuse in childhood (Positive Deviance). Qualitative interviews were conducted with seventeen mothers with a history of childhood CP and physical abuse. Results indicate that participating mothers believe CP is not an effective discipline strategy and is harmful for children. Mothers opted to use positive parenting practices, rather than CP, with their own children based on empathy, knowledge of harm, as well as rejection of inter-generational transmission of CP and community norms. Findings provide evidence that a Positive Deviance approach can inform target areas for primary prevention strategies aimed at reducing child physical abuse. Directions for multi-level public health prevention approaches and educational campaigns are discussed.

1. Introduction

1.1. Corporal punishment and harm to children

Despite indications of the long-term harm of corporal punishment on the physical and behavioral development of children (Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016; Herzberger, Potts, & Dillon, 1981; Kadushin & Martin, 1981; Straus, 1994; Trocmé & Durrant, 2003; Zolotor, Theodore, Chang, Berkoff, & Runyan, 2008), corporal punishment (CP) continues to be widely used as a form of discipline in the United States, with most children experiencing CP in their lifetime (MacKenzie, Nicklas, Brooks-Gunn, & Waldfogel, 2015; Taylor, Manganello, Lee, & Rice, 2010; Zolotor, Theodore, Runyan, Chang, & Laskey, 2011). CP is defined as “the use of physical force with the intention of causing a child to experience pain, but not [physical] injury,

for the purpose of correcting or controlling the child's behavior” (Donnelly & Straus, 2005, p. 3), and is also commonly referred to as spanking or physical discipline. The prevention and intervention of CP is of critical importance because CP by parents is strongly associated with risk for child physical abuse (Gershoff & Grogan-Kaylor, 2016; Lee, Grogan-Kaylor, & Berger, 2014; Trocmé & Durrant, 2003; Zolotor et al., 2008). Further, children that endure CP are more likely to experience mood disorders, anxiety disorders, aggression, and substance abuse issues, as well as obesity, arthritis, and cardiovascular disease (Afifi, Mota, Dasiewicz, MacMillan, & Sareen, 2012; Afifi, Mota, MacMillan, & Sareen, 2013; Berlin et al., 2009; Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016; Taillieu & Brownridge, 2013; Taylor et al., 2010).

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<https://doi.org/10.1016/j.childyouth.2018.10.019>

Received 29 June 2018; Received in revised form 12 October 2018; Accepted 12 October 2018

Available online 13 October 2018

0190-7409/© 2018 Published by Elsevier Ltd.

1.2. Social norms regarding the use of CP

There is still overwhelming approval of CP use with approximately 70.5% of adults agreeing that CP use is sometimes necessary to effectively discipline children (Child Trends Databank, 2015). While CP occurs across demographic groups, there are several factors associated with heightened use of CP. For example, prevalence estimates for CP use are highest for mothers, Black families, families with children between the ages of 3 and 5, and families in the Southern part of the U.S. (Grogan-Kaylor & Otis, 2007; Jackson et al., 1999; Mackenzie, Nicklas, Waldfoegel, & Brooks-Gunn, 2012; Straus & Stewart, 1999; Taillieu, Affi, Mota, Keyes, & Sareen, 2014; Xu, Tung, & Dunaway, 2000). Understanding the larger social context in which CP occurs is essential to designing effective, targeted preventive interventions.

1.3. Positive parenting

Harsh parenting practices and child physical abuse can be prevented through parenting skills education and the promotion of positive parenting strategies (Altafim & Linhares, 2016; Mikton & Butchart, 2009). Positive parenting is defined as parenting that “provides nurturing, empowering, recognition and guidance, which involves setting of boundaries to enable the full development of the child (Council of Europe Committee of Ministers Responsible for Family Affairs, 2006).” Positive parenting also promotes non-violent discipline with no use of corporal punishment or psychological mistreatment such as withholding emotional support or isolation (Council of Europe Committee of Ministers Responsible for Family Affairs, 2006). Positive parenting strategies focus on the provision of a safe learning environment for a child that allows the child to explore and develop new skills, while the parent constructively acts as a teacher to guide the child in learning to solve problems (Sanders, Markie-Dadds, & Turner, 2003). Parents must have realistic expectations of the child in line with what is developmentally appropriate. Additionally, parents should use child management strategies that are consistent, including providing clear and age-appropriate instructions, ignoring, distracting, redirection, rewarding good behavior, and providing consequences for acting out such as taking away a toy or removing a privilege (Kerr, 2009; Sanders, 2008; Sanders et al., 2003; Webster-Stratton, 2005; Wolchik, Wilcox, Tein, & Sandler, 2000).

1.4. The “positive deviance” approach

Positive Deviance is a social and behavioral change approach that has been applied to investigate the characteristics and behaviors of individuals from resource poor communities that respond in a positive, resilient, and prosocial way to stressful life situations compared to their peers (Pascale, Sternin, & Sternin, 2010). Individuals who are able to develop positive coping strategies and employ healthy behavioral solutions are described as engaging in “positive deviant behavior.” The Positive Deviance approach focuses on collaborating with communities at risk for engaging in high-risk behaviors to identify community norms regarding a specific health outcome and determine the few individuals who, despite their own history and setbacks, are practicing strategies that promote their own well-being (Pascale et al., 2010). For example, in a series of studies looking at child malnutrition, women were identified as exhibiting positive deviant behavior when their children were thriving despite high rates of childhood malnutrition in rural villages in Vietnam (Sternin, Sternin, & Marsh, 1997). Qualitative interviews revealed that these women were using seafood in their cooking, which was an abundant food source but generally thought to be inappropriate nutritionally for young children (Sternin et al., 1997). A follow-up study showed significant improvements in nutrition outcomes for children who had seafood added to their diet (Marsh et al., 2002; Schroeder et al., 2002). These findings were then disseminated and results sustained years after the original set of studies (Mackintosh, Marsh, & Schroeder, 2002), highlighting that the success of the

approach was based on discovering proven, positive practices that already existed within the community, rather than applying theoretical concepts of good nutrition.

Identifying individuals within a community that demonstrate positive deviant behavior can bolster development of preventive interventions (Marsh, Schroeder, Dearden, Sternin, & Sternin, 2004). The Positive Deviance framework has also been successful in studying and effectively targeting interventions for several public health issues including: prenatal nutrition (Ahrari et al., 2006), newborn care (Marsh et al., 2002), family planning and rates of contraception (Dynes, Stephenson, Rubardt, & Bartel, 2012; Kim, Heerey, & Kols, 2008), safe sexual practices (Ahrari et al., 2002), and quality of healthcare delivery (Bradley et al., 2009). The beneficial health behaviors positive deviants engage in can serve as a starting point for understanding behavior change that is both sustainable and culturally-congruent (Marsh et al., 2004).

1.5. The positive deviance approach applied to parenting

In examining parenting practices relevant to preventing child physical abuse, Positive Deviance relates to those parents who choose effective, positive parenting strategies to discipline their children, despite being exposed to CP and physical abuse in childhood. Parents that are exposed to CP or physical abuse in childhood are at increased risk for using CP with, or physically abusing, their own children (Coohey & Braun, 1997; Crouch, Milner, & Thomsen, 2001; Jaffee et al., 2013; Maker, Shah, & Agha, 2005; Milner, Robertson, & Rogers, 1990; Muller, Hunter, & Stollak, 1995; Simons, Whitbeck, Conger, & Wu, 1991; Simons & Wurtele, 2010; Umeda, Kawakami, Kessler, The World Mental Health Japan Survey Group 2002–2006, 2015; Wang, Xing, & Zhao, 2014). However, those parents that do not use CP with their own children, and in fact employ positive parenting strategies, are practicing positive deviant behavior.

Qualitative research on CP is limited, but has produced a more nuanced understanding of moderating factors that influence parental use of CP. Such studies point to the impact that a childhood history of CP and norms supportive of CP use from family members and community have on promoting positive parental attitudes toward, and greater use of CP (Breshears, 2011; Ispa & Halgunseth, 2004; Taylor, Hamvas, & Paris, 2011). However, none of these studies examined buffering or motivating factors that prevent parents from using CP, or how these factors may impact the relationship between risk factors such as a parental childhood history of CP and physical abuse and social norms, and use of CP. One study elucidated the need for positive support and parenting education to prevent CP use as a child discipline strategy (Breshears, 2011), but it is unclear specifically how this support and parenting education may impact parental use of CP. Therefore, a more nuanced and in-depth understanding of positive parenting behaviors, non-use of CP, and factors that may influence these parenting behaviors is needed in order to effectively design and implement prevention efforts.

1.6. Study purpose

Using the Positive Deviance approach to understand what types of positive parenting strategies mothers use and their reasons for using selected strategies could allow for a more nuanced understanding of why some mothers do not employ CP as a discipline strategy despite risk for doing so. A Positive Deviance approach could allow for a clearer understanding of transferable behaviors and buffering strategies used by mothers exhibiting positively deviant behaviors. This may in turn be used in intervention development for the prevention of CP and child physical abuse. Therefore, the purpose of this study is to explore the factors associated with maternal use of positive parenting practices for those exposed to CP and physical abuse in childhood who have chosen to engage in positive deviant behavior including the use of non-harsh

parenting practices with their children. Specifically, this study aims to understand what mechanisms exist that promote resilience related to positive parenting, including non-use of CP, as well as understanding how these mechanisms function. Understanding the mechanisms that potentially influence mothers to not to use CP and instead use positive parenting strategies could be replicated in targeted intervention strategies including education programs for parents and service providers that interact with parents.

2. Methods

2.1. Study sample

The current study included in-depth interviews with participants ($N = 17$), employing purposive sampling based on current CP behavior and history of childhood CP and physical abuse. This study selected participants from a larger study in Southeast Louisiana ($N = 900$). The larger study was a randomized control trial (RCT) evaluating the efficacy of two brief, one-time exposure parenting interventions to increase positive parenting and reduce risk for child physical abuse. To be eligible for the RCT, participants had to be: 1) English-speaking, 2) age 18 or older, 3) the primary caregiver to a child between the ages of 2 and 7 years old, and 4) returning to WIC clinic 3 months later for follow-up visit. The current qualitative study emerged from a smaller sub-sample of mothers who met the criteria as “positive deviants.”

Mothers demonstrating positive deviant behavior were selected by looking at quantitative data from the CDC-funded RCT of mothers, specifically data measuring exposure to adversity in childhood including CP (“Sometimes parents spank their children as a form of discipline. While you were growing up, how often were you spanked, slapped or popped as a child?”) and physical abuse (“Sometimes parents or other adults hurt children. How often, during your first 18 years of life did a parent, step parent, or another adult living in your home: 1) Swear at you, insult you, or put you down? 2) Push, grab or shove you? 3) Hit you so hard that you had marks or were injured? 4) Act in a way that made you afraid you would be physically hurt?”). The item for CP was measured on a 5-point Likert scale ranging from (0) never to (4) weekly or more. The items for physical abuse were measured on a 3-point Likert scale ranging from (0) never to (2) more than once. A summary score ranging from 0 to 8 was calculated, with the maximum score indicating the highest level of childhood exposure to CP and physical abuse. Participants that had a score of 7 or higher for the summary score of childhood exposure, and who indicated they never used CP as a discipline strategy with their own child, were selected to participate in the current study.

Participants varied by certain demographic characteristics. The majority identified as Black (12 participants). Most respondents had at least some college or technical training (9 participants) and had a household income below \$20,000 per year (13 participants), which did not vary significantly from the larger RCT population. The average age of interview participants was 33. The average age of their children was 4 and none had documented physical or developmental disabilities. Participants had between 1 and 7 children. Most of the participants reported being spanked many times a year or more (16 participants) in childhood. Additionally, the majority reported experiencing physical abuse in childhood a few times or more (12 participants).

2.2. Data collection

Participants for the RCT were recruited from four Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clinics located in the Greater New Orleans Area. WIC is a federally funded program that provides nutrition education, nutrition benefits in the form of food vouchers, and referrals to other health and social services. Families eligible for WIC must have an annual income at or below 185% of U.S. poverty guidelines. Eligibility requirements for

participants in this study included: 1) English-speaking, 2) age 18 or older, 3) the primary caregiver to a child between the ages of 2 and 7 years old, and 4) returning to WIC clinic 3 months later for follow-up visit.

Participants were interviewed after completion of their initial baseline visit for the larger RCT using a semi-structured interview guide. The interview guide was generated from a review of the theoretical and conceptual literature on parent/child relationships and interaction, parental support and influences, parent discipline practices, and parent perceptions of child behavior. Then open-ended questions were pre-tested for face validity. The interview took the form of an open-ended discussion. Example questions include, 1) “Who supports you in raising your child and how do they support you?” 2) “Tell me what it's like when your child has good/bad behavior.” 3) “How do you typically discipline your child?” 4) “When you were growing up, how did your primary caretakers discipline you when you were acting up?” Questions were followed by additional probes. Interviewers were trained in qualitative research techniques, and used the guide flexibly based on the participant's responses. Each interview lasted about 50 min, and was audio-recorded with the participant's permission. Interviews were conducted in a private room at one of the WIC sites or in the participant's home.

2.3. Study design

A thematic content analysis (Braun & Clarke, 2006; Hsieh & Shannon, 2005) was conducted to explore patterns of implicit beliefs and examine the meaningfulness of contextual issues in framing parents' attitudes, motivations, experiences and choices regarding non-use of CP and positive parenting. The interviews were professionally transcribed verbatim, with a subsequent comparison of the transcribed interview to the original audio recording. The data analysis process began with the review of three transcripts from interviews using the pilot interview guide. Transcripts were independently reviewed by the research team, which included the Principal Investigator and one Research Assistant. Notes were taken on major themes and areas in need of further exploration, e.g., mechanisms of support for Positive Deviance. These notes were used to revise the interview guide. After the next four interviews were completed, transcripts were again independently reviewed, with notes taken on major themes. These themes, along with field notes recorded following interviews, formed the basis for development of an initial codebook.

Using Dedoose software, the research team began systematic coding of transcripts, with each transcript being independently coded by two people. A pre-set list of potential codes were used including primary codes following the topics covered in the semi-structured interview guide with secondary codes for each question regarding child behavior, parenting behavior, parent/child interaction, and parental supports and influences. The team also allowed for emergent codes to develop during the coding process. Emergent codes included “parent emotional processing of experiences with physical discipline,” “parent mental health and self-care,” “parent perception of necessary guidance for child(ren),” “prevention or control of unwanted child behavior,” and “promotion of positive child behavior.” The team met to discuss coding decisions, adjudicate differences, and established an expanded codebook with primary code categories and sub-themes within each category. The team then continued to analyze transcripts on an ongoing basis with regular meetings to review coding and resolve differences. Alterations were made to the codebook when all researchers agreed that a new theme had emerged. Codes were refined and combined as needed. The most common reasons for discrepancies between coders included the amount of a quote that needed to be coded to appropriately cover a theme, and the suitable code to assign a particular quote. Coders reviewed all discrepancies and reached a consensus on each.

Major themes were then compared across interview participants. The research team independently generated a set of dominant themes.

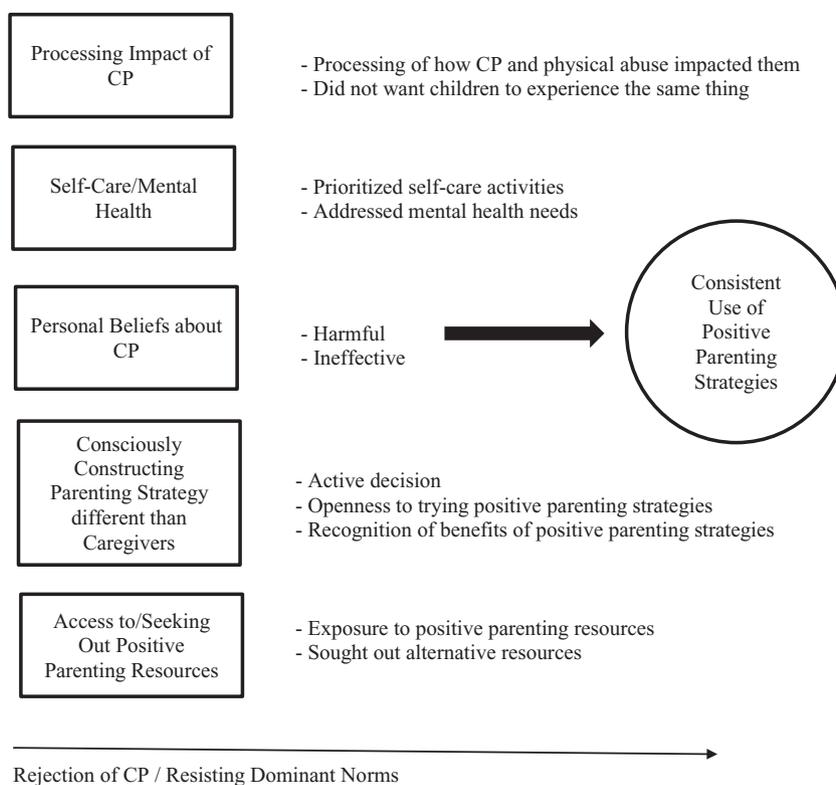


Fig. 1. Major themes of positive deviance in parenting.

The team reconciled similarities and differences in themes. The team utilized memos to support identification of themes and patterns and enable reflexivity. The PI then re-interrogated the data by looking within text by codes to find nuances within each dominant theme as seen in the data and to confirm consensus in themes across participants.

3. Results

Although participants varied some in their individual experiences, decision-making processes, and behaviors, all participants in this study reported on their rejection of corporal punishment and resistance of dominant social network norms regarding CP. After briefly discussing the characteristics of the sample that made them examples of individuals practicing positive deviant behavior, we will present the litany of socio-ecologic factors that influenced the mothers adoption of parenting strategies.

3.1. Breaking the mold: choosing to parent differently

Across the sample, the participants discussed their belief that the use of physical discipline was unhelpful for correcting a child's behavior and that such harsh parenting behaviors constituted physical abuse. The majority (n = 14) of mothers discussed the intergenerational transmission of parental CP use and sometimes physical abuse in childhood, and their desire to parent differently than their caregivers. Most participants (n = 16) talked about growing up as young people knowing they would parent differently and not use CP. As Participant 3014 said, "I think it's because it is the norm. I think that's what they believe – just believe. My grandma was the same way. My grandpa was the same way. Their parents are the same way." Another mother (1208) outlined the need to stop the cycle of physical discipline across generations of caregivers: "I guess out of all just make the best of it and try to – you know, you want to keep going that same pattern, then, that's fine...But, I mean, everybody got to stop and think sometimes and try to make their patterns different." These mothers all agreed that they

wanted to break the cycle of CP and physical abuse with their own children.

Most (n = 13) mothers also reported that they did not practice CP with their children in direct contrast to the majority of their social networks. They outlined the differences between their parenting styles and those of their families, friends, and neighbors, which they perceived as the norm. Nine of these parents specifically talked about their disagreement with community norms regarding CP use. As Participant 1132 exemplified:

Um it would be definitely different [my parenting practices] from people that I know because I know a lot of people that the only thing they want to do is just beat their children, and I just don't understand that. I don't understand, like what are you accomplishing... they go well you know you may not believe in this and that and the next, I'm like well it's not about belief, I was like I got beat all the time it didn't do anything for me...

Additionally, these parents talked about being able to actively reject community norms regarding CP after seeing the benefits of using positive parenting strategies instead. One mother (3006) said: "I have some people that may try to like tell me differently from what I'm doing. And then, once again, I reiterate to them, 'I've been doing this all this time. It's going very well. If you don't care for it, then you don't have to be around.'" They further described common arguments against positive parenting and in support of CP use, and their rejection of these arguments. As Participant 3161 outlined:

And – cause I've been told many, many, many times, that 'you need to handle your boy.' Um...what's another one, 'he's spoiled.' Um... what's the other thing I've been told. 'You're – you're letting him run you.' Are the three things I've been told a lot. Just because of what I follow. And to them 'cause it's more heavy handed, their style of parenting. So to someone y'know looking at me, I guess it does look like, I can see it, and that side, y'know. I don't believe in being heavy handed...

Overall, participants from this sample reflected on their own experiences, actively rejected social network norms supportive of CP use, and refused to use CP with their own children.

Next, we will describe the dominant factors, which we are terming buffers, that influenced the sample's discipline philosophy and strategy. As shown in Fig. 1, five major themes that emerged from the analysis as explanations for the mothers use of non-harsh parenting strategies included: 1) processing the impact of CP, 2) self-care/mental health, 3) personal beliefs about CP, 4) consciously constructing parenting strategies different than their caregivers, and 5) access to/seeking out positive parenting resources. Results for each theme, including other sub-themes are described below.

3.2. Buffers against using CP: processing the impact of CP

Participants described the importance of emotionally processing their childhood experiences with CP and physical abuse and their decisions to not use CP with their children as a result. Further, their own abusive childhoods sensitized them to the pain associated with CP and thus translated to them not wanting their children to have the same experiences. A closer analysis of this larger theme generated sub-themes that incorporate the specific processes by which mothers used to synthesize their own abusive childhoods to facilitate informed decision-making for how to discipline their children including: a) personal processing of childhood abuse experiences, and b) mother's negative childhood experiences inform desire to protect children from negative experiences.

3.2.1. Personal processing of childhood abuse experiences

The majority ($n = 15$) of participants discussed their identification of CP and physical abuse in childhood as negative experiences that were detrimental to their well-being. They experienced strong emotional responses both in the moment and ongoing after the experience. As participant 3001 described: "Like with my grandmother, when she whooped us – I know I was sad. I might not [have] showed it but, I was sad, you know?" Another participant (2171) reflected on the anger caused by CP: "I remember how angry I used to get at my parents for that so I didn't want my kids to be angry at me like that."

Participants also described their process of realizing the long-term impact of CP on their mental well-being. One parent (1167) described how CP affected her in the long-term:

"It's – I want to say it stained my mental, like it sticks with you...So, like, just like if you beat a dog, you know, beat anything – like it creates a fear that I don't think is necessary until you're older, you know what I mean? Like, kids are too small to understand fully what that means. And it can start so much – it can create so many things."

3.2.2. Mother's negative childhood experiences inform desire to protect children from negative experiences

Almost all ($n = 15$) parents wanted to shield their children from similar negative experiences they had with CP. Participants identified and reflected on their experiences with CP and physical abuse from their own childhood. They saw those experiences with CP as detrimental and could predict CP would have a similar impact on their own child. Participant 1270 said: "But, what I went through in my life – I don't want my kids to go through that. I went through a lot." Another mother (2069) stated: "Well it happened, well from my situation, it had me insecure a lot. So, I thought I was always doing something wrong. And so that's why I don't want to use it with these little people [my children]." About half ($n = 9$) of the parents also voiced not wanting to cause a strain in the parent-child relationship and were able to articulate how CP could make their child feel and impact their child's behavior. Participant 3093 stated: "Cause all I think about is...how I'm gonna make her feel. I can't hurt her feelings, you know, 'cause at the end of the day, if I whoop her, she gone be feeling like she can't come

talk to me or she can't come by me." Parents were able to see how CP might feel from the child's perspective, like one (2152) who said: "These are one kids that really does not get whooped. That's because you have to realize they are human and we all have understanding. It's just the way they understand is totally different from me." These mothers were able to take the perspective of their children to understand how an experience with CP might impact them. They also were able to process their feelings regarding their own negative experiences with CP and physical abuse with others. As Participant 3506 said, "You know what? Me and my sister, now in our adult life.

we've gotten really close and we've talked about things now we're able to like process how we felt back then and how it affects us now."

3.3. Buffers against using CP: self-care/mental health

Nearly half ($n = 7$) of the sample discussed their need to practice self-care and address their own mental health needs in order to most effectively care for their children. Mothers discussed practicing several self-care activities, even if for a short time, including "reading," "exercising," and "meditating." Participant 3072 said: "You know, when I have free time, I might just read or – exercise – or something that's beneficial." Two parents discussed meditation as a practice of self-care, with one mother (2171) saying: "Meditation. It works out for me, eases my mind. Makes me way more patient – just thinking things out more like thoroughly and having a better understanding like my children's behaviors."

Further, two parents talked about addressing their own mental health issues in order to care for their children. One mother (1270) talked about her experiences dealing with her depression in order to help her kids:

Me and my children – we go to mental health, you understand...So, you know, I want to keep learning how to be able to keep going the way I'm going with my kids instead of, you know, I won't be the momma in jail from burning her child or abusing her child...So we can make our family, our household, our foundation, better.

These participants prioritized their own self-care when needed in order to be more actively engaged with their children.

3.4. Buffers against using CP: personal beliefs about CP

Interview participants all subscribed to a shared personal belief system regarding the use of CP as a discipline strategy. These beliefs included the following sub-themes: a) the harmful effects of CP, and b) the ineffectiveness of CP as a child discipline strategy. Overall, participants' thoughts on the impacts of CP were influenced by their own experiences in childhood.

3.4.1. The harmful effects of CP

The majority of mothers ($n = 15$) recognized that.

CP can be harmful physically, emotionally, and behaviorally to children. Parents described CP as "hurtful" and "bad" for children. Participant 2152 described the harmful effects of CP by saying:

It's just, I mean you're not raising a healthy, happy, conscious person, y'know you're raising someone who is gonna feel either emotionally drained, gonna cause problems with their health, you're gonna cause them to have either premarital sex or children, y'know what I'm saying?

Another mother (1127) said: "Yeah, mentally, emotionally, physically, it just kinda breaks them down." Several parents described the long-term effects of CP on a person's "emotional state" or "mental state." Four mothers were even more specific about the physical detriments of more severe forms of CP on a child. Participant 1254 stated: "So, seeing me and watching my body aching and bruised and in pain [from a whooping] like that – I wouldn't want to inflict that pain on no one

else.” Overall, these parents were able to believe CP resulted in more long-term impacts on their children's well-being.

3.4.2. *The ineffectiveness of CP as a discipline strategy*

Some (n = 6) parents described CP as being an ineffective way to discipline children. These participants agreed that CP did not prevent undesirable behavior from reoccurring in the long term, even if there was immediate compliance. A few (n = 5) participants said that CP as a child discipline strategy “doesn't work.” Participant 3161, for example, described it as:

Well it doesn't teach them anything except they don't like being hurt. That's the only thing it's gonna do. It's not gonna actually teach them any lesson, they're not gonna change – if they change their behavior it's actually gonna change for the worse, because they're gonna pick up a whole new skill set to avoid being hurt again and that's the only reason they're gonna change that behavior is to avoid being hurt, it's not because they're actually – it's not a lesson learned.

These participants not only recognized the harm that can come from CP, but also the uselessness of the strategy in correcting a child's behavior.

3.5. *Buffers against using CP: consciously constructing parenting strategies different than caregivers*

Participants also conferred their thoughtful development of parenting styles that incorporated positive parenting strategies and non-use of CP. Subthemes discussed by parents included: a) the active decision not to use CP, b) openness to and use of positive parenting strategies, and c) perceived benefits of positive parenting strategies

3.5.1. *Active decision not to use CP*

Most (n = 15) parents made a specific decision not to use CP with their own children, some starting at a young age. They described their decisions not to use any form of CP with their children as stemming from their own experiences with CP in childhood. As Participant 1254 stated:

And I just look at it as like all this stuff that my parents did to me and I went through in my upbringing, I refuse to bring it up in my child upbringing. I refuse to let him even know any of it what was done. I'm gonna have you up with a better upbringing.

Further, most (n = 12) participants discussed development of their own parenting strategy that was intentionally different than what they experienced in childhood. They articulated the process of understanding that what they experienced in the form of CP or physical abuse was wrong, and the urge to develop their own parenting styles that did not include CP. One parent (1127) said: “When I was a child and that happened I was just like there's gotta be a better way to do things I said because we don't have any, any rights it's kind of like you're a prisoner.”

3.5.2. *Openness to and use of positive parenting strategies*

All (n = 17) participants agreed that alternative discipline strategies existed that were more effective than use of CP. The following strategies were mentioned as more effective in encouraging desirable behavior and discouraging undesirable behavior with their children: a) rewards for good behavior, b) clear communication and logical consequences for undesirable behavior, and c) consistency in parenting strategies. Most (n = 15) mothers reported that they found at least one of these strategies to be more effective in controlling negative child behavior than CP. Participant 3072 reported: “I'm just really like, oh, there are other ways to just even spanking 'em on the hand and things like that.”

All (n = 17) parents discussed rewarding good behavior with their children. They talked about providing “rewards” or “privileges” when they noticed that their children were practicing behaviors encouraged by positive parenting such as communicating their needs in an age-

appropriate manner, listening, sharing, and doing chores. As one parent (2187) said, “So, I'm just working on some strategies in my mind myself is the reward system. That's what I find that works.” All parents stated that they found rewarding desirable behavior encouraged their children to continue with those behaviors and helped discourage undesirable behavior. As another mother (3023) pointed out, “So, the way we're encouraging good behavior is taking them out into the world with us even if it's just around the corner to the convenience store. They're being extremely good so they get rewarded.”

Most (n = 16) parents also articulated the need to communicate clearly with their children about undesirable behavior and to implement logical consequences to discourage undesirable behavior. They discussed taking something away from a child that the child enjoyed when the child was practicing behavior such as not listening, fighting, refusing to do something, or throwing a tantrum. As Participant 2152 described it: “When she act up, I would like, I would make her sit and look at me and explain why she shouldn't do what she doing. If she keep on, I take her stuff. I'm not gonna call out her name and hit her.” Another parent (1167) said, “Well, I take away TV, outside – I just take away privileges.” Ten parents also talked about the need to follow through with consequences, rather than just threaten the child with a consequence with no follow through. Participant 3001 explained it as:

It's very important when they're kids. Even if it's restricting them – and like, sticking to what you say. Cause it would be like, “well, you're not gonna get a snowball [treat]” and you feel bad and you still get 'em a snowball [treat, and they didn't deserve that snowball [treat] 'cause they were bad, then they're like, ‘I got this.’ And then, you become their puppet.

Parents also talked about consistency in how they dealt with their children's behaviors as vital for maintaining desirable behavior. One parent (3004) described the necessity of being consistent as: “And, you have to be – if you're going to do something, you have to be consistent. So, if you let her slide doing this time, and you let her slide doing it that time but then, you want to crack it this time.”

3.5.3. *Perceived benefits of positive parenting strategies*

Over half (n = 11) of participants talked about the direct benefits they saw from implementing positive parenting strategies with their children. Participant 3161 described the benefits of positive parenting as:

“I really follow the positive parenting...they use different words for it but it's all – it's the same thing where it's a lot of respect. So to me it's not so much good as in the word but its specifics. Right, so it's good as in when he's being friendly or when he's being a team player...when he's being respectful in the sense of...again, ages in stages, so he's appropriately – at times...he'll want his way.

Another parent (1254) described the impact strategies, such as rewards for good behavior and taking away logical consequences, had on her child: “He's doing very awesome. Like with learning, with cooperating, with listening. He's doing great with that. To say he's only three years-old.” Parents were able to link their use of these strategies to improvement in their children's behavior such as “better listening,” “sharing,” and “understanding rules and boundaries.”

3.6. *Buffers against using CP: access to/seeking out positive parenting resources*

More than half (n = 11) of these parents also discussed actively seeking out advice and resources on positive parenting strategies, and finding these resources helpful. As Participant 2171 put it, “I subscribed to all these different baby and parenting things and they would send me information so I finally started reading that – actually listening and trying to do some of those things. So, that helped me a lot.” Another mom (2069) talked about signing up for and attending a parenting class

for babies and toddlers: “It taught me that you don't have to be ashamed of wanting them to learn better parenting strategies. So, I didn't have no problems with it. I thought it would become a useful tool and it has because I can – I pay attention more to her.” These mothers discussed attending local parenting classes, reading parenting blogs and books, and asking for advice from service providers such as social workers, other mental health professionals, and early childcare providers.

In looking at the full study sample, parents practicing positive deviant behavior and not using CP were able to process their own experiences in childhood and utilize their negative experiences to generate more positive parenting experiences with their own children.

4. Discussion

This study aimed to elucidate the behaviors, buffering strategies, and social contexts of mothers engaging in positive deviant behaviors, which reduces risk for child physical abuse. Participants provided important insight into their reasons for not using CP despite risk given a history of experiencing CP and physical abuse as children, and living in a context where norms supportive for CP are high. Important themes that emerged emphasized the capacity for mothers demonstrating positive deviant behavior to process the negative impacts of their own childhood experiences with CP and physical abuse, and to develop understanding of their experiences that prevented use of CP with their own children. Other themes focused on parents' perceptions of intergenerational transmission of CP and physical abuse, as well as community norms supportive of CP. Parents reported that both CP and more severe physical abuse negatively impacted them physically, emotionally, and behaviorally. They emphasized their decision to not use CP with their own children based on their experiences and understanding of what it was like to experience physical punishment from the perspective of a child. Despite adversities mothers faced in their own childhood, they were able to foster a positive adaptation in their parenting approach, a key marker of resilience (Masten, Cutuli, Herbers, & Reed, 2009; Walsh, 2012). Even with harsh parenting practices in their own upbringing, mothers were able to adapt their parenting styles and interrupt the intergenerational transmission of abuse (Pears & Capaldi, 2001). Mothers' reasoning for behavior adaptation emphasized the perceived ineffectiveness of CP and highlighted the effectiveness of positive parenting strategies, such as rewarding good behavior and logical consequences. Further, participants actively rejected community norms supportive of CP use.

Consistent with other research (Muller et al., 1995; Simons & Wurtele, 2010), participants identified that parents who experience CP in their childhood are at greater risk for using CP with their own children. However, these parents identified the use of CP and more severe physical abuse in childhood as unnecessary and harmful. Further, they were able to articulate the harmful emotional and behavioral effects CP and physical abuse had on them as children and as adults. Participants were able to distinguish between the perceived benefit from CP of immediate compliance and the actual ineffectiveness of the strategy in the long-term for correcting child behavior. They described the fear that CP instilled in them as children, and that the fear was not effective in changing their behavior for the better.

Parental empathy has been linked to a decreased risk for child abuse (Fraiberg, Adelson, & Shapiro, 1975; Mehrabian, Young, & Sato, 1988; Perez-Albeniz & de Paul, 2003). Mothers in this study described an ability to identify and emotionally connect with how CP and physical abuse could make their children feel, and a need to not utilize these practices because of the potential negative outcomes that could result. Participants articulated their own emotional and physical experiences with CP and physical abuse, and then connected these experiences with how their children might respond and feel from CP use. They identified emotions, such as anger and sadness, which they felt from their experiences with CP and physical abuse, and expressed not wanting their children to ever feel these emotions. The ability to process the

emotional experience of CP and physical abuse and identify resulting harmful effects, as well as the empathetic perspective discussed by these parents, are potential important entry point for parenting programs targeting prevention of child physical abuse. Empathetic concern of a parent for their child is associated with the child's secure attachment (Lieberman, Weston, & Pawl, 1991; Stern, Borelli, & Smiley, 2015), maternal warmth (Soenens, Duriez, Vansteenkiste, & Goossens, 2007), and parenting behavior that demonstrates affection and positive affect (Davidov & Grusec, 2006). Parents may benefit from interventions that provide an empathetic perspective on their own childhood experiences, while allowing for parents to understand how CP could make their children feel. Such interventions have yet to be explored for parents, and development and evaluation of such interventions should be prioritized.

Mothers in this study were able to recognize the harmful effects of CP as a child discipline strategy, and they found CP to be ineffective for correcting undesirable behavior. Future intervention strategies for parents and other caregivers should identify the negative consequences of CP use and also discuss the lack of positive effects. Parents in this study also demonstrated a willingness to implement positive parenting strategies instead of CP. Further, they used several positive parenting strategies, including rewards-based systems, logical consequences for undesirable behavior, and redirection. These parents use of positive parenting strategies and success with use add to the evidence-base for the importance of interventions that identify and teach parents about non-physical positive parenting strategies such as Play Nicely (Scholer et al., 2006; Scholer, Hudnut-Beumler, & Dietrich, 2010) and Triple P (Fujiwara, Kato, & Sanders, 2011; Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). Additionally, it is important to note that these parents were using the positive parenting strategies in place of CP, and they recognized the need for consistency in parenting strategies. Other parents, who may be implementing some positive parenting strategies in conjunction with CP, may not be seeing the same beneficial results of the positive parenting strategies due to the ineffectiveness and potential harm of CP. Therefore, future interventions should educate parents about the ineffectiveness and harm of CP, as well as how to be consistent in implementing positive parenting strategies.

Participants also emphasized their resolve to be engaged parents and develop their own parenting strategies that were unlike their childhood caregivers. Many parents talked about this developmental process beginning at a young age. Youth identity development training has been shown to promote greater self-control and healthy coping skills in difficult situations, and to reduce problem behaviors (Berg, Coman, & Schensul, 2009; Caplan et al., 1992; Catalano, Hawkins, Berglund, Pollard, & Arthur, 2002; Oyserman, Terry, & Bybee, 2002). Incorporation of education about development of a parenting identity, including training on the harm of CP and on positive parenting strategies, into identity development training may be beneficial for youth in middle school or high school. This training could allow for youth to begin understanding their potential future role as parents and fostering their identity as future parents.

Another consistent thread among parents was the direct rejection of intergenerational transmission of CP and physical abuse, as well as community norms supportive of CP. Participants talked about actively deciding to break the pattern of using physical force with children because of their own experiences in childhood and even in early parenthood. They described CP as unnecessary and ineffective for child discipline and reasons to use alternative parenting strategies with children. There was also a perception of community norms being supportive of CP use with children, accompanied by parents' strong desire to act in discordance with these norms and exerting effort to buffer their children from any exposure to these norms. In a review on primary prevention strategies to reduce child physical abuse and neglect, Klevens and Whitaker (2007) of the CDC state: “Social norms regarding physical discipline may be the most prevalent risk factor for child abuse in the United States.” Eligible participants for this study made up a

small minority of the larger RCT study population (2.4%); the positive deviance behavior of these parents is partly based upon the direct rejection of social norms regarding CP in their communities, and the small sample sizes depicts how uncommon these beliefs are compared to the larger population. Therefore, norms regarding CP use may be a vital focus for primary prevention strategies targeting use of CP. Messaging designed to shift to social disapproval of CP could be effective in reducing risk for CP and physical abuse.

5. Limitations

This qualitative study has several potential limitations. Of those eligible for this study, only 75% participated and the others either chose not to participate or were lost to follow-up for the larger RCT. However, participants actively engaged in their interviews and were very responsive and detailed in their explanations of parenting processes and influences. This allowed for collection of in-depth qualitative data exploring themes around Positive Deviance parenting. The research team did feel that they reached data saturation. Another limitation was the sampling and that the study did not include perspectives from all races/ethnicities or cultures represented in the larger population. As a result, it is not possible to fully understand Positive Deviance in parenting from different cultural perspectives. However, the goal of this study was to interview a small sample of mothers practicing positive deviant behavior, with the next step for research as testing to see if these concepts are translatable cross-culturally. Further, the interviewer for this study was White and the majority of participants were Black. Participants may have responded differently to an interviewer from the same racial background. Due to the sensitive nature of the questions being asked, there was potential for social desirability bias. Participants may have answered questions differently if they felt more comfortable answering sensitive questions around CP as a child discipline strategy honestly with someone they knew and trusted. Finally, Positive Deviance may potentially be a problematic term as the word “deviance” is usually understood to be negative, and may bring to mind behaviors that are socially unacceptable. In this case, it is a positive behavior that deviates from the norm. Positive Deviance is the term and framework currently established in social sciences research. Further research and development of social theory on positive behaviors that may differ from the norm in a population should be conducted to develop a potentially less stigmatizing term and approach for appreciating those who practice positive behaviors despite stressful life situations.

6. Conclusions

Taking a Positive Deviance approach has offered additional insight into potentially effective target areas for primary prevention strategies to reduce child physical abuse. From a public health perspective, all levels of parents' social context should be considered. At the population level, structural conditions that increase risk for physical abuse, such as poverty and perceived community norms regarding approval of violence and CP as a necessary child discipline strategy, may contribute to the use of CP. At the interpersonal level, the same perceived norms approving of CP use from a parent's direct social network could also impact a parent's use of CP. However, as seen with the mothers in our sample, the ability to understand the negative implications of these norms and pressures, could help in shifting overall approval of CP use. Further, findings indicate that the development of parenting strategies that include positive parenting techniques and understanding of how experiences with CP and physical abuse impact children, often stemming from the capacity to process one's own emotional experiences with CP or even physical abuse, are important influences in a parent's decision to not use CP. Parents who developed their own parenting strategies due to firsthand experience of long-term consequences of CP clearly viewed CP use with their own children as ineffective and even harmful.

These findings suggest the need for a multi-pronged approach to reducing risk for physical abuse. On a population level, a nation-wide ban of corporal punishment may be successful in shifting norms and reducing use of CP. Currently 54 countries including Sweden, New Zealand, Costa Rica, and Kenya have legally banned CP ([Global Initiative to End All Corporal Punishment of Children, 2018](#)). On a community level, targeted media messages and educational campaigns not only for parents, but also other caregivers and the greater network of those that support parents in raising their children, that demonstrate the emotional and physical impact of CP from a child's perspective, could help shift norms that approve of CP use. These efforts could also include the impacts of positive parenting strategies from a child's perspective as well. As outlined in a technical package released by the CDC for preventing child abuse and neglect ([Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016](#)), this may be an important strategy in changing the way parents engage with their children, including their use of CP. These messages should consider why some parents, such as the mothers in this study, actively reject the community norms supportive of CP use. This includes an emotional understanding of the harms of CP and empathy for children. Therefore, messages that encourage parents and larger parenting support networks to look at how CP may influence a child could be particularly powerful in shifting attitudes toward CP.

At the micro-level, the identification of parents engaging in positive deviant behavior who perceive their parenting practices to not be the norm, compared to other parents in their community, could be beneficial in shifting norms among other parents regarding CP. For example, parent peer support networks could be initiated with trained parent facilitators who guide activities to bring community parents together to share information and support, and to advocate for one another to overcome the challenges of parenting, and promote self-care and positive parenting practices. This could also allow for parents to help each other in reducing the stigma around accessing support and advice regarding parenting including self-care. Additionally, parenting interventions should also incorporate training for parents to understand how experiences with CP and other harsh parenting strategies impact their children. Parents often employ CP because they believe it is a method to show love, promote respect, and keep their children safe ([Taylor et al., 2011](#)). Empathy training could allow for parents to shift these perceptions of CP and what is best for their children.

Additionally, parenting programs should address the negative consequences associated with CP and provide information to parents on the lack of positive effects of this parenting strategy. One potential avenue for engaging parents in parenting education is through service providers, as parents name pediatricians and mental health professionals as important sources of advice regarding child discipline ([Taylor, Moeller, Hamvas, & Rice, 2013](#)). To more fully engage parents on this topic, interventions should include training on how to employ positive parenting strategies and the potential impact of these strategies on a child's behavior. Our findings in this area provide additional support for results from previous qualitative research on CP ([Ispa & Halgunseth, 2004](#); [Taylor et al., 2011](#)). Linking CP use to a social-emotional perspective of what a child experiences, and how positive parenting strategies may actually be beneficial for children and parents, could be especially successful in influencing parents' behavior and beliefs. Further, education on positive strategies and their implementation should include information for parents on how these parenting strategies could positively impact a child's behavior. These education approaches should also incorporate information on child developmental stages and how each of these stages may influence a child's behavior.

To conclude, a multi-pronged public health prevention approach is needed to address parenting challenges and reduce use of CP among parents and other caregivers. Community-wide educational campaigns should incorporate messaging that allows parents, and those involved in supporting parents, to develop understanding of children and how CP can negatively impact them emotionally, behaviorally, and physically.

Moreover, parenting intervention strategies should incorporate the same approach, and should provide education to parents on the negative consequences associated with CP and the lack of positive consequences of using CP. Alternative positive parenting strategies should be provided along with how these strategies address children at different developmental stages. These strategies should be presented in a manner that makes them useful for dealing with challenging child behaviors that parents are actively trying to address. Such an approach may allow parents to more actively engage with positive parenting strategies, reduce use of CP, and ultimately help reduce risk for child physical abuse.

Conflict of interest

The author(s) declared no potential conflicts of interest.

Funding

This work was supported in part by the Doris Duke Fellowships for the Promotion of Child Well-Being; the Centers for Disease Control and Prevention [R01 CE002327-03]; and the Health Services and Resource Administration Maternal & Child Health Epidemiology Doctoral Training Program [T03MC07649].

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