



Published in final edited form as:

Clin Pediatr (Phila). 2013 February ; 52(2): 147–155. doi:10.1177/0009922812465944.

Parents' professional sources of advice regarding child discipline and their use of corporal punishment

Catherine A. Taylor, PhD, MSW, MPH,

Tulane University School of Public Health and Tropical Medicine, Department of Global Community Health and Behavioral Sciences, New Orleans, Louisiana

William Moeller, MSW, MPH,

Tulane University School of Public Health and Tropical Medicine, Department of Global Community Health and Behavioral Sciences, New Orleans, Louisiana

Lauren Hamvas, MPH, and

Tulane University School of Public Health and Tropical Medicine, Department of Global Community Health and Behavioral Sciences, New Orleans, Louisiana

Janet C. Rice, PhD

Tulane University School of Public Health and Tropical Medicine, Department of Biostatistics, New Orleans, Louisiana

Abstract

Parents (n=500) were surveyed about which professional groups they were most likely to seek and follow advice from regarding child discipline as well as their use of corporal punishment (CP). Nearly half of parents reported that they were most likely to seek child discipline advice from pediatricians (48%), followed by religious leaders (21%) and mental health professionals (18%). Parents that sought advice from religious leaders (vs. pediatricians) had nearly 4 times the odds of reporting use of CP. Parents reported they were more likely to follow the advice of pediatricians than any other professional; however, Black parents were as likely to follow the advice of religious leaders as that of pediatricians. Pediatricians play a central role in advising parents about child discipline. Efforts to engage pediatricians in providing violence prevention counseling should continue. Increased efforts are needed to engage other professionals, especially religious leaders, in providing such advice to parents.

Keywords

Corporal Punishment; Parental attitudes; Physical punishment; Religion; African Americans; Pediatricians

Parental decisions regarding child discipline are critical as a growing body of research finds that corporal punishment, such as spanking, has been linked with a multitude of negative

physical, social, emotional, behavioral, and neurophysiological consequences for children,^{1,2} such as increased risk for aggressive behavior,^{3–5} mental disorders,⁶ and being physically abused.⁷ Most parents believe that even good parents need help or advice about parenting now and then; although, lower-income parents might be less inclined to think so.⁸ Not surprisingly, parents are more likely to seek help when they feel increasing parenting stress,^{9,10} although, parents generally seek help from personal support systems before seeking help from professionals.^{8,11–13} One reason for this might be fear of judgment or criticism.⁸ However, parents are more likely to seek help from a professional, such as a family doctor, pediatrician, psychologist, or teacher, when they have a decreasing ability to manage their children.^{10,14} and when they believe that changing their child's negative behavior is possible.¹⁵

Walsh examined sources of parenting advice regarding child discipline, and spanking in particular, among a mostly White sample of two-parent families from rural/agricultural Minnesota.¹⁶ When asked to rank the importance of advice from various professional sources, parents ranked pediatricians as most important, followed by psychologists, and then religious leaders. Most parents viewed these professionals as having neutral opinions towards spanking; however, a sizable proportion of parents (45% for psychologists; 37% for pediatricians; and 32% for ministers) assumed these groups were opposed to spanking. Parents' use, or non-use, of spanking was predicted by the importance of the source to the parent combined with the parent's perceived recommendation of that source regarding spanking.

The current study adds to Walsh's work, drawing upon a majority Black, urban sample to examine parents' primary professional sources of advice about child discipline. This study also aimed to examine the association of these choices with parents' demographic and religious characteristics, some parenting risk factors, and their reported use of corporal punishment. Findings might help to inform community-based prevention strategies that engage professionals in promoting effective, non-physical child discipline strategies, reducing parental use of corporal punishment, and, thereby, improving outcomes for children.

METHODS

Sample

We conducted a random-digit dial (RDD) telephone survey of parents in New Orleans, LA. An RDD sampling strategy was used in order to recruit a sample more generalizable to the New Orleans population than could be obtained from clinic-based sampling strategies.¹⁷ The sample was stratified by race and gender in order to reflect parental demographics in the city. Racial strata were set at 60% Black and 40% White. (The size of other racial and ethnic groups would have been too small for statistical comparison.) Gender strata were set to over-represent women (70% females; 30% males), given that 91% of families in the area contained a female adult and only 51% contained a male adult. Further details about this survey are described elsewhere.¹⁸ Our final sample was very similar to the New Orleans population according to available comparable statistics, such as education: less than high

school, 12.8% (vs. 16.6%); high school graduates, 22.4% (vs. 26.9%); college graduate, 22.8% (vs. 22.4%), and graduate degree, 17.4% (vs. 13.4%).¹⁹

A total of 500 parents were interviewed between December 2008 to January 2009. To be eligible for the study, a person had to be: 18 years of age or older, the parent or legal guardian of at least one child under the age of 16 living in the household, fluent in English, and self identified as either Black or White. The survey took about 25 minutes to complete. If the participant was the parent or legal guardian of more than one child, his or her child closest to 4 years of age, a peak age for use of corporal punishment,²⁰ was identified as the Index Child and parents were instructed that survey questions would be in regard to this child only. The interviews were conducted by Eastern Research Services. The survey was approved by the Tulane University Institutional Review Board.

Measures

Professional sources of parenting advice parents were most likely to seek—

Parents were asked: “When it comes to seeking advice from a professional source about how best to discipline your child, are you more likely to seek advice from... (1) your child’s doctor, (2) a religious leader such as your pastor, minister, or rabbi, or (3) some other professional. If the parent chose the latter, he or she was asked to specify.

Sources of parenting advice parents were most likely to follow—Parents were asked, “For each of the following persons or sources that I mention, please tell me how likely you would be to follow their advice about parenting, especially how to discipline your child.” A list of 14 possible sources of parenting advice was provided, including family members, professionals, and relevant organizations. For each source, participants were asked to rate how likely they were to follow that person or resource’s advice on a 5-point scale from 1 = *very likely* to 5 = *very unlikely*.

Use of corporal punishment—Parents were asked “When your [index child’s age] year old misbehaved, whether minor or severe, in the past six months, how often on average did you spank, slap, smack, or swat this child?”²¹ This variable was coded as: (0) never, (1) less than once per month or more than 6 months ago, and (2) at least once per month in the past 6 months.

Demographics—Demographic characteristics assessed included parent gender, race, age, marital status, education, and perceived adequacy of household income. (The latter was used as a proxy for income because more than 8% of the income data was missing.) Religion and religiosity were assessed including frequency of attendance at religious services and importance of religious or spiritual beliefs in daily life.

Parenting Risk—Some important parenting risks previously linked with use of corporal punishment were assessed as covariates, including expectation of positive outcomes from corporal punishment,²² parenting stress,²³ unrealistic expectations of child development,^{24,25} and family of origin aggression and violence.²⁶ Four proxies for parenting risk were examined, respectively. First, parents’ were asked their level of agreement with the statement: “Nonphysical types of discipline (such as time out or positive reinforcement)

never work as well as physical discipline such as spanking.” Second, parenting stress was measured using 11-items from the Parenting Stress Index²⁷ ($\alpha=0.85$ in this sample). Third, knowledge of child development was assessed using 9-items from a scale developed by Reich.²⁸ Finally, assessment of aggression in the respondents’ family of origin included items about having witnessed inter-parental violence and aggression and having directly experienced psychological or physical aggression by parents.

Statistical Analysis Chi-square tests of independence and Anovas were conducted as appropriate for bivariate analyses. Multivariable analyses were conducted using a multinomial regression to examine parent characteristics associated with “parents’ professional sources of advice regarding child discipline,” which was a categorical variable coded as “pediatrician” (reference outcome), “religious leader,” “mental health professional,” and “other professional;” following this regression, we used improvement Chi-square tests to assess the statistical significance of each variable in the model. Paired t-tests were conducted to assess differences in likelihood of following advice from 14 potential sources.

RESULTS

Sample characteristics are presented in Table 1. Nearly a majority (48%) of parents cited pediatricians as the professionals they were most likely to seek advice from regarding child discipline; the next most common groups were religious leaders (21%) and mental health professionals (18%). The remaining parents cited other professionals that mainly included groups such as teachers, child care workers, and parent education specialists. Table 2 shows how these sources of advice varied according to parental use of corporal punishment, demographics, religious characteristics, and assessed parenting risk factors. Parents that reported using corporal punishment most frequently were less likely to seek advice from pediatricians and more likely to talk with religious leaders, and to some extent, other professionals. Parents that were more likely than others to seek help from pediatricians included those that were White, college-educated, reportedly well-off financially, had a younger index child, or were Catholic or low in religiosity. Parents that were more likely than others to seek help from religious leaders were Black, previously married, less than college-educated, reportedly not well-off financially, Christian (non-Catholic), or high in religiosity. Parents that sought help from religious leaders also had lower “knowledge of child development” scores than those in other groups and were more likely to agree (or not disagree) that “Non-physical types of discipline (such as time out or positive reinforcement) never work as well as physical discipline such as spanking.” There were no notable differences to report for parents that sought advice primarily from mental health or other professionals.

Table 3 reports results from the multivariable multinomial regression that examined associations between all parenting characteristics reported in Table 2 and “parents’ professional sources of advice;” only those variables with omnibus tests of statistical significance at $p \leq 0.05$ are included in Table 3 and discussed herein. With controlling for all variables described in Table 2, there were only four variables that remained independently associated with parents’ primary professional sources of parenting advice:

parents' use of corporal punishment, religion, importance of religious or spiritual beliefs, and age of the index child. Compared with the odds of seeking help from a pediatrician, the odds of seeking advice from religious leaders were higher for parents that reported any use of corporal punishment (nearly four times the odds), that were Christian, non-Catholic, (more than twice the odds), that considered their religious or spiritual beliefs to be very important in their daily lives (more than four times the odds), and that had an older index child. Two types of parents had more than double the odds of seeking help from a mental health professional vs. a pediatrician: those that reported some use of corporal punishment (less than once per month) and Christian, non-Catholics.

Table 4 lists in rank order those sources of advice that parents said they were most likely to follow regarding child discipline. All of the groups were considered possible sources of advice to be followed given that none fell into the "unlikely=4" or "very unlikely=5" range. Although there was statistically discernible variation across ranks (means with different letters (a-h) were statistically different), ten of the fourteen sources clustered near the "likely=2" score. As anticipated, personal sources of support, such as one's own parent or spouse, topped the list. However, pediatricians were a very close second and did not differ statistically from the latter groups. Mental health professionals followed closely after pediatricians. The remainder of top ten did not differ statistically from one another and included, in order: child's school teacher or child care provider, parenting skills instructor, religious leader, a university professor that studies children and families, a friend who is a parent, and another family member. However, the ranking for one professional source differed significantly ($p<0.001$) by ethnic group: religious leaders ranked on par with pediatricians and mental health professionals for Black parents (2.04) and ranked much lower (2.60) for White parents.

DISCUSSION

Pediatricians were parents' first choice for professional advice both sought and followed regarding child discipline. Religious leaders were the second most common source of child discipline advice for parents. Notably, Black parents were as likely to follow advice from their religious leader as they were from their pediatrician. Mental health professionals were the third most common source of advice and the second most likely group that parents would listen to for advice. These findings are on par with those of Walsh;¹⁶ however, her sample was nearly all White and religious leaders did not figure as prominently as pediatricians in her study.

In the current study, parents that relied primarily on pediatricians versus other professionals for advice about child discipline had the lowest reported risk for using corporal punishment. Because this is a cross-sectional study, it is unclear whether this means that pediatricians tend more than other professionals to advise against using corporal punishment, or if parents that are at lower risk for using corporal punishment are more likely to seek help from pediatricians than other professionals. Although the American Academy of Pediatrics (AAP) does not endorse the use of spanking or hitting a child and encourages pediatricians to help parents find other ways to discipline their children,^{29,30} this attitude is not ubiquitous within the profession.³¹ Further, although a majority of pediatricians in an AAP survey reported

feeling comfortable discussing the topic of corporal punishment,¹⁸ many provide responses that discourage parents from discussing such topics.³² Unfortunately, many pediatricians feel that either their training in or their time to conduct violence prevention counseling is inadequate,^{33,34} or feel constrained due to concerns around lack of reimbursement and cultural sensitivity.³⁵

The latter points might at least partially explain why Black, Christian (non-Catholic), and highly religious/spiritual parents in this sample relied more heavily on religious leaders (versus pediatricians) for child discipline guidance compared to White, non-Christian, and less religious/spiritual parents, respectively. Importantly, those parents that sought advice from religious leaders had much higher odds of using corporal punishment than those that relied on pediatricians. The same caveat noted above is noted here: it is unclear if this means that parents that are generally at higher risk for using corporal punishment are just more likely to seek help from religious leaders, or if religious leaders tend more than other professionals to advise parents to use corporal punishment. However, given that conservative Protestant values reportedly promote the utilization of corporal punishment for child discipline,³⁶ the latter is likely to be true to some extent. In a nationwide study of Presbyterian clergy, those that were male, non-white, less affluent, politically conservative, Republican-leaning, and that did not know someone in their congregation that had been abused were more likely to approve of corporal punishment.³⁷

In contrast, mental health professionals tend to condemn the use of corporal punishment, according to official policy statements.^{38–40} One study of psychologists found that 70% would not suggest the use of spanking to parents and 33% thought that suggesting spanking to parents would be unethical; also, those that believed the research evidence linked spanking with negative outcomes for children were not as likely to recommend its use.⁴¹ However, the data from this study is more than a decade old.

There are a number of limitations in the current study. First, the opinions are limited to parents from one U.S. city; however, findings are on par with those from a very different demographic.¹⁶ Second, the data assessed self-reported likelihood of advice-seeking and following behavior, as opposed to actual behavior. Third, there might be important moderating variables that were not assessed. Finally, we included parents with children of all ages and there is tremendous variability in use of corporal punishment across age groups. It would have been ideal to survey parents of children 3–5 years of age when use of corporal punishment peaks;²⁰ unfortunately, the cost of screening parents to meet this standard was prohibitive.

This study has several implications relevant to pediatric practice. First, this study highlights the pivotal role that pediatricians can play in parental decision-making regarding child discipline as well as the positive influence they might exert toward discouraging the use of corporal punishment. Although parents that seek advice from pediatricians are at reduced risk for using corporal punishment, it also might be that parents that use corporal punishment are less inclined than those that don't use it to seek child discipline advice from pediatricians. Therefore, a sensitive and proactive approach to providing such guidance might be required, especially for those parents that need it the most. Second, pediatricians

should recognize their prominent role in this arena and be prepared to provide parents with clear and appropriate guidance regarding child discipline. Although some parents have concerns about privacy with pediatricians asking about parenting issues that seem beyond the scope of pediatrics, being judged or patronized, and a potential lack of cultural sensitivity, parents might feel more comfortable if they have an ongoing relationship with the pediatrician and if relevant information is provided in a supportive but authoritative manner.³⁵ Improved psychosocial interviewing techniques can improve parental disclosure of such issues.⁴² And programs such as Connected Kids⁴³ and Play Nicely⁴⁴ are designed to support pediatricians in their efforts to provide strengths-based violence prevention counseling to parents. There is, however, a critical need for additional research on primary care based interventions to prevent child abuse.⁴⁵ Finally, policy targeting the education of religious leaders on this topic might be an effective way to influence parents. This is warranted especially given their prominent role in providing advice about child discipline, their association with increased risk for using corporal punishment, and their lack of training in child development.

Acknowledgments

The authors thank Adriana Dornelles, Nikki Ervin, Lisa Johnson, and Helen Tesfai for their assistance with this project; Eastern Research Services for survey administration; and the 500 parents who took part in this survey. The authors also thank the reviewers for their helpful comments and critiques of this article.

Sources of Financial Support: This work was supported by the Tulane University Research Enhancement Fund [# 546221G1]; the Louisiana Children's Trust Fund [# 547122C1]; and the Eunice Kennedy Shriver National Institute of Child Health & Human Development [#5K01HD058733-02].

References

1. Gershoff ET. Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*. 2002; 128(4):539–579. [PubMed: 12081081]
2. Durrant JE, Ensom R. Physical punishment of children: lessons from 20 years of research. *Canadian Medical Association Journal*. Feb 6.2012
3. Grogan-Kaylor A. Corporal punishment and the growth trajectory of children's antisocial behavior. *Child Maltreat*. Aug; 2005 10(3):283–292. [PubMed: 15983111]
4. Taylor CA, Manganello JA, Lee SJ, Rice JC. Mothers' spanking of 3-year-old children and subsequent risk of children's aggressive behavior. *Pediatrics*. Apr 21; 2010 125(5):e1057–e1065. [PubMed: 20385647]
5. Berlin LJ, Ispa JM, Fine MA, et al. Correlates and Consequences of Spanking and Verbal Punishment for Low-Income White, African American, and Mexican American Toddlers. *Child Development*. 2009; 80(5):1403–1420. [PubMed: 19765008]
6. Afifi TO, Mota NP, Dasiewicz P, MacMillan HL, Sareen J. Physical Punishment and Mental Disorders: Results From a Nationally Representative US Sample. *Pediatrics*. 2012
7. Zolotor AJ, Theodore AD, Chang JJ, Berkoff MC, Runyan DK. Speak Softly--and Forget the Stick: Corporal Punishment and Child Physical Abuse. *American Journal of Preventive Medicine*. 2008; 35(4):364–369. [PubMed: 18779030]
8. Keller J, McDade K. Attitudes of low-income parents toward seeking help with parenting: Implications for practice. *Child Welfare Journal*. 2000; 79(3):285–312.
9. Simoni JM. Latina mothers' help seeking at a school-based mutual support group. *Journal of Community Psychology*. 1993; 21:188–199.
10. Telleen S. Parental beliefs and help seeking in mothers' use of a community-based family support program. *Journal of Community Psychology*. 1990; 18(3):264–275.

11. Attree P. Parenting support in the context of poverty: a meta-synthesis of the qualitative evidence. *Health & Social Care in the Community*. 2005; 13(4):330–337. [PubMed: 15969704]
12. Raviv A, Maddy-Weitzman E, Raviv A. Parents of adolescents: Help-seeking intentions as a function of help sources and parenting issues. *Journal of Adolescence*. 1992; 15(2):115–135. [PubMed: 1527247]
13. Warren PL. First-time mothers: social support and confidence in infant care. *Journal of Advanced Nursing*. 2005; 50(5):479–488. [PubMed: 15882364]
14. Golden, C. Dissertation Abstract International. 2007. Mothers' parenting stress and its relationship to their help-seeking behavior; p. 67
15. Rooke O, Thompson M, Day C. School-based open access parenting programmes: Factors relating to uptake. *Child and Adolescent Mental Health*. 2004; 9(3):130–138.
16. Walsh W. Spankers and nonspankers: Where they get information on spanking. *Family Relations*. 2002; 51(1):81–88.
17. Smith Slep AM, Heyman RE, Williams MC, Van Dyke CE, O'Leary SG. Using Random Telephone Sampling to Recruit Generalizable Samples for Family Violence Studies. *Journal of Family Psychology*. 2006; 20:680–689. [PubMed: 17176204]
18. Taylor CA, Hamvas L, Rice JC, Newman D, DeJong W. Perceived Social Norms, Expectations, and Attitudes toward Corporal Punishment among an Urban Community Sample of Parents. *Journal of Urban Health*. 2011; 88(2):254–269. [PubMed: 21336503]
19. [Accessed June 25, 2012] New Orleans, Louisiana: Selected Social Characteristics in the United States, 2006–2010 American Community Survey 5-Year Estimates. 2010. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_DP02&prodType=table
20. Straus MA, Stewart JH. Corporal punishment by American parents: National data on prevalence, chronicity, severity, and duration, in relation to child and family characteristics. *Clinical Child & Family Psychology Review*. 1999; 2(2):55–70. [PubMed: 11225932]
21. Straus M, Fauchier A. The Dimensions of Discipline Inventory (DDI). 2007
22. Holden GW, Miller PC, Harris SD. The instrumental side of corporal punishment: Parents' reported practices and outcome expectancies. *Journal of Marriage & the Family*. 1999; 61(4):908–919.
23. Taylor CA, Guterman NB, Lee SJ, Rathouz PJ. Intimate Partner Violence, Maternal Stress, Nativity, and Risk for Maternal Maltreatment of Young Children. *American Journal of Public Health*. 2009; 99(1):175–183. [PubMed: 19008518]
24. Dix T, Ruble DN, Zambarano RJ. Mothers' implicit theories of discipline: Child effects, parent effects, and the attribution process. *Child Development*. 1989; 60(6):1373–1391.
25. Bugental DB, Ellerson PC, Lin EK, Rainey B, Kokotovic A, O'Hara N. A cognitive approach to child abuse prevention. *Journal of Family Psychology*. Sep; 2002 16(3):243–258. [PubMed: 12238408]
26. Cappell C, Heiner RB. The intergenerational transmission of family aggression. *Journal of Family Violence*. 1990; 5(2):135–152.
27. Abidin, RR. Parenting stress index. 3. Odessa, FL: Psychological Assessment Resources, Inc; 1995.
28. Reich S. What Do Mothers Know? Maternal Knowledge Of Child Development. *Infant Mental Health Journal*. Mar-Apr;2005 26(2):143–156.
29. Committee on Psychosocial Aspects of Child Family Health. Guidance for Effective Discipline. *Pediatrics*. Apr 1; 1998 101(4):723–728. [PubMed: 9521967]
30. American Academy of Pediatrics. [Accessed August 14, 2012] What is the best way to discipline my child?. 2012. <http://www.healthychildren.org/english/family-life/family-dynamics/communication-discipline/pages/disciplining-your-child.aspx>
31. McCormick KF. Attitudes of primary care physicians toward corporal punishment. *JAMA*. 1992; 267(23):3161–3165. [PubMed: 1593736]
32. Wissow LS, Larson S, Anderson J, Hadjiisky E. Pediatric residents' responses that discourage discussion of psychosocial problems in primary care. *Pediatrics*. 2005; 115(6):1569–1578. [PubMed: 15930218]

33. Wagman Borowsky I, Ireland M. National survey of pediatricians' violence prevention counseling. *Archives of Pediatrics & Adolescent Medicine*. 1999; 153(11):1170–1176. [PubMed: 10555720]
34. Finch SA, Weiley V, Ip EH, Barkin S. Impact of pediatricians' perceived self-efficacy and confidence on violence prevention counseling: A national study. *Maternal & Child Health Journal*. 2008; 12(1):75–82. [PubMed: 17554613]
35. Sege RD, Hatmaker-Flanigan E, De Vos E, Levin-Goodman R, Spivak H. Anticipatory Guidance and Violence Prevention: Results From Family and Pediatrician Focus Groups. *Pediatrics*. 2006; 117(2):455–463. [PubMed: 16452366]
36. Bartkowski JP, Ellison CG. Divergent Models of Childrearing in Popular Manuals: Conservative Protestants vs. the Mainstream Experts. *Sociology of Religion*. Spring;1995 56(1):21–34.
37. Vaaler ML, Ellison CG, Horton KD, Marcum JP. Spare the rod? Ideology, experience, and attitudes toward child discipline among Presbyterian clergy. *Pastoral Psychology*. 2008; 56(5): 533–546.
38. [Accessed September, 10, 2009] Board of the Canadian Psychological Association Policy Statement on Physical Punishment of Children and Youth. 2009. <http://www.docstoc.com/docs/5250464/Board-of-the-Canadian-Psychological-Association-Policy-Statement-on>
39. Position Statement on Corporal Punishment in Schools. National Association of School Psychologists (NASP); 2009. http://www.nasponline.org/about_nasp/pospaper_corppunish.aspx [Accessed September 10, 2009]
40. American Psychoanalytic Association. [Accessed August 8, 2012] Position Statement Regarding Physical Punishment. 2012. http://apsa.org/About_APsaA/Position_Statements/Physical_Punishment.aspx
41. Schenck ER, Lyman RD, Bodin SD. Ethical beliefs, attitudes, and professional practices of psychologists regarding parental use of corporal punishment: A survey. *Children's Services: Social Policy, Research, & Practice*. 2000; 3(1):23–38.
42. Wissow LS, Roter DL. Pediatrician interview style and mothers' disclosure of psychosocial issues. *Pediatrics*. 1994; 93(2):289. [PubMed: 8121743]
43. A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey. Wellington: Ministry of Health; Jun. 2008 978-0-478-31741-1
44. Scholer SJ, Hudnut-Beumler J, Dietrich MS. A Brief Primary Care Intervention Helps Parents Develop Plans to Discipline. *Pediatrics*. Feb 1; 2010 125(2):e242–249. [PubMed: 20083523]
45. Moyer, V.; LeFevre, M.; Siu, A. [Accessed Jan. 27, 2012] First Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services. 2011. <http://www.uspreventiveservicestaskforce.org/annlrpt/tfannrpt2011.pdf>

TABLE 1

Sample Characteristics (N = 500)

Parent Demographics		SD	Range
Gender (Female), %	73.0		
Race, %			
Black	60.0		
White	40.0		
Age, y	37.9	11.2	18 – 99
Marital Status, %			
Married	56.8		
Married previously	15.2		
Never married	27.0		
Education, %			
< high school	12.8		
High school	22.4		
Some college	24.6		
College graduate	22.8		
Graduate degree	17.4		
Household income perceived to be..., %			
More than we need	8.8		
Just enough	42.6		
Not enough	48.0		
Parent Religious Characteristics			
Religion, %			
Catholic	40.0		
Christian/non-Catholic	46.2		
Other religion	7.6		
(Missing)	6.2		
Religious service attendance, %			
Never	11.0		
1x/month or less	36.6		
1x/week	35.6		
More than 1x/week	15.0		
Importance religious or spiritual beliefs in daily life, %			
Very important ^a	69.8		
Somewhat important or less so	28.6		
Parent Risk Factors			
Parents' level of agreement with this statement: "Non-physical types of discipline (such as time out or positive reinforcement) never work as well as physical discipline such as spanking," %			
Strongly disagree	33.0		
Disagree	50.0		
Other (agree or neither)	16.0		
Parenting stress	2.2	0.7	1 – 4.7

Parent Demographics		SD	Range
Knowledge of child development	71.7	17.3	0 – 100
Aggression in family of origin, cumulative score	2.1	1.5	0 – 4
Index Child Demographics			
Gender (Female), %	46.0		
Age, y	7.0	4.8	0 – 17

Note: Total percentages for each variable do not always equal 100% due to missing values. Missings were not greater than 2% for any one variable except for religion, which was 6.2% as indicated.

^aThe other 4 response categories were collapsed into “Somewhat important or less so” due to the distribution of the variable as follows: Somewhat important (20.2%), Neither important nor unimportant (1.6%), Somewhat unimportant (2.8%), and Very unimportant (4.0%).

TABLE 2

Bivariate Analyses of Family Characteristics by the Professional from whom Parents were Most Likely to Seek Advice Regarding Child Discipline

	Pediatricians (n = 239) 47.8%	Religious Leaders (n = 104) 20.8%	Mental Health (n = 92) 18.4%	Other (n = 65) 13.0%	
Parent Used Corporal Punishment					
Never	51.2	16.3	18.9	13.7	***
Less than once per month or more than 6 months ago	39.4	26.8	26.8	7.0	
At least once per month in the past 6 months	13.9	27.2	7.7	18.8	
Parent Demographics					
Gender, %					
Female	48.0	21.9	18.4	11.8	
Male	47.4	17.8	18.5	16.3	
Race, %					
Black	42.3	29.7	18.7	9.3	***
White	56.0	7.5	18.0	18.5	
Age, y [range: 18–99] (SD)	37.4 (10.9)	37.2 (11.1)	39.4 (11.1)	39.1 (12.1)	***
Marital Status, %					
Married	52.8	14.4	16.9	15.9	
Married previously	31.6	34.2	26.3	7.9	
Never married	47.4	25.2	17.0	10.4	*
Education, %					
< high school	48.4	26.6	12.5	12.5	
High school	44.6	23.2	17.9	14.3	
Some college	44.7	27.6	21.1	6.5	
College graduate	50.0	18.4	14.9	16.7	
Graduate degree	52.9	6.9	24.1	16.1	**
Household income perceived to be, %					
More than we need	54.6	13.6	18.2	13.6	
Just enough	48.8	15.5	20.7	15.0	
Not enough	45.4	27.1	16.3	11.3	
Parent Religious Characteristics					

	Pediatricians (n = 239) 47.8%	Religious Leaders (n = 104) 20.8%	Mental Health (n = 92) 18.4%	Other (n = 65) 13.0%	
Religion, %					***
Catholic	59.5	10.5	15.5	14.5	
Christian/non-Catholic	39.0	32.0	19.1	10.0	
Other religion	42.1	10.5	21.1	26.3	
(Missing)	45.2	16.1	29.0	9.7	
Religious service attendance, %					***
Never	61.8	1.8	16.4	20.0	
1x/month or less	51.9	14.2	20.2	13.7	
1x/week	49.4	20.8	18.0	11.8	
More than 1x/week	24.0	50.7	16.0	9.3	
Importance religious or spiritual beliefs in daily life, %					***
Very important ^a	43.8	27.5	18.6	10.0	
Somewhat important or less so	58.0	4.9	18.2	18.9	
Parent Risk Factors					
Non-physical types of discipline (such as time out or positive reinforcement) never work as well as physical discipline such as spanking, %					**
Strongly disagree	50.3	13.3	19.4	17.0	
Disagree	47.6	20.8	18.8	12.8	
Other (agree or neither)	45.0	35.0	13.8	6.3	
Parenting stress, [range: 1–4.7] (SD)	2.2 (0.7)	2.2 (0.9)	2.1 (0.6)	2.2 (0.7)	
Knowledge of child development, [range: 0–100] (SD)	73.6 (17.6)	66.1 (16.7)	71.7 (17.1)	73.3 (15.7)	**
Aggression in family of origin, cumulative score [range: 0–4] (SD)	2.0 (1.5)	2.1 (1.5)	2.1 (1.5)	2.4 (1.4)	
Index Child Demographics					
Gender, %					
Female	47.4	22.6	17.8	12.2	
Male	48.2	19.3	18.9	13.7	
Age, y [range: 0–17] (SD)	6.4 (4.7)	7.8 (4.8)	8.0 (4.9)	6.7 (4.7)	**

Note: Bivariate statistical tests were conducted to compare the main variable of interest (“the professional from whom parents were most likely to seek advice regarding child discipline,” which has 4 categories) with all variables indicated in Table 1. Chi-square tests were used to compare this variable with other categorical or ordinal variables; one way ANOVAS were used to compare it with continuous variables.

The other 4 response categories were collapsed into „Somewhat important or less so“ due to the distribution of the variable as follows: Somewhat important (20.2%), Neither important nor unimportant (1.6%), Somewhat unimportant (2.8%), and Very unimportant (4.0%).

*
p<0.05.
**
p<0.01.

p<0.001.

TABLE 3

Multinomial Regression Results of Family Characteristics Associated with the Professional from whom Parents were Most Likely to Seek Advice Regarding Child Discipline (N=495)

Pediatricians (reference)	Religious Leaders		Mental Health Professionals		Other Professionals		X ² (df)
	OR	95% CI	OR	95% CI	OR	95% CI	
Parent Used Corporal Punishment							
Never (reference)	1.00		1.00		1.00		25.4 (6) ***
Less than once per month or more than 6 months ago	3.66	1.62–8.27**	2.29	1.11–4.71*	0.49	0.02–1.53	
Once per month or more in the past 6 months	3.76	1.74–8.15***	0.80	0.32–2.03	1.53	0.67–3.50	
Parent Religious Characteristics							
Religion							17.2 (9) *
Catholic (reference)	1.00		1.00				
Christian/non-Catholic	2.49	1.24–4.96**	2.02	1.08–3.77*	1.02	0.50–2.07	
Other religion	3.10	0.69–13.9	2.88	0.96–8.62	2.23	0.79–6.25	
Importance religious or spiritual beliefs in daily life, %							14.5(6) *
Very important ^a	4.31	1.62–11.5**	1.31	0.68–2.51	0.59	0.29–1.18	
Somewhat important or less so (reference)	1.00		1.00		1.00		8.7(3) *
Child Age	1.11	1.03–1.19**	1.06	0.99–1.13	1.01	0.93–1.09	

Note: OR = Odds Ratio; CI = Confidence Interval. We controlled for all variables described in Table 2; however, only the four variables with omnibus tests of statistical significance at $p \leq 0.05$ are included in this Table.

^aThe other 4 response categories were collapsed into “Somewhat important or less so” due to the distribution of the variable as follows: Somewhat important (20.2%), Neither important nor unimportant (1.6%), Somewhat unimportant (2.8%), and Very unimportant (4.0%).

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

Table 4

Parents' Likelihood of Following Advice about Child Discipline from the Following Sources, in Rank Order

Sources of parenting advice	M (SD)	
One of your own parents	1.87 (0.98)	a
Your spouse or partner	1.89 (1.05)	a
Your child's doctor (pediatrician)	1.99 (0.97)	a, b
A social worker, psychologist, or other counselor (mental health professional)	2.09 (1.03)	b, c
Your child's school teacher or child care provider	2.20 (0.96)	c, d
An instructor in a parenting skills class	2.22 (0.90)	c, d
Your pastor, rabbi, or some other religious leader	2.26 (1.08)	c, d
A university professor who studies children and families	2.30 (1.03)	d
A friend who is also a parent	2.35 (1.03)	d, e
Another member of your family	2.36 (1.09)	d, e
A local, nonprofit organization that works on behalf of children	2.52 (1.05)	e, f
A book, magazine, or website written by a parenting expert	2.60 (1.08)	f, g
A federal, government org. that works on behalf of children	2.67 (1.14)	g
A TV personality that you trust and admire	3.46 (1.17)	h

Note: Reported means reflect the following response values (1 = very likely, 2 = likely, 3 = neither likely nor unlikely, 4 = unlikely, and 5 = very unlikely) to the question: "For each of the following persons or sources that I mention, please tell me how likely you would be to follow their advice about parenting, especially how to discipline your child." Sources are ranked by mean scores from most likely to least likely sources. Paired t-tests were conducted to assess differences in means. A Bonferroni correction was made for multiple tests so that only differences where $t \geq 3.48$ and $p \leq 0.00055$ were noted. Means that share the same letter (a–h) are not statistically different. Ranking differed significantly ($p < 0.001$) by race/ethnicity for two sources: "One of your own parents" (Black, 1.76; White 2.05) and "Your pastor, rabbi, or some other religious leader" (Black, 2.04; White 2.60).