

Preventing Punitive Violence: Preliminary Data on the Positive Discipline in Everyday Parenting (PDEP) Program

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ABSTRACT

Most physical violence against children is punitive in intent. The United Nations has called for the elimination of physical punishment of children and for the development of programs teaching nonviolent resolution of parent-child conflict. A focused effort is required to shift entrenched, intergenerationally transmitted, and culturally normalized belief systems about physical punishment. Positive Discipline in Everyday Parenting (PDEP) was developed to meet this need. Its short-term objectives are to: 1) reduce approval of physical punishment; 2) normalize parent-child conflict; and 3) strengthen parenting self-efficacy. PDEP was delivered by trained program facilitators to 321 parents living in 14 cities in Canada. Responses to pre and posttest questionnaires suggest that parents who completed postprogram measures were less likely to both approve of physical punishment and view typical parent-child conflict as misbehaviour on the part of the child, and also to have greater parenting self-efficacy. More than 90% believed more strongly that parents should not use physical punishment, and that PDEP would help them control their anger and build stronger relationships with their children. PDEP is a promising approach to the prevention of punitive violence against children.

Keywords: physical punishment, parent education, positive discipline, prevention, child abuse, parental attitudes, violence

RÉSUMÉ

Derrière la violence faite aux enfants, la plupart du temps, il y a l'intention de les punir. Les Nations unies ont appelé à l'élimination des châtiments corporels infligés aux enfants et à la mise sur pied de programmes d'éducation sur la résolution non violente des conflits parents-enfants. Des efforts ciblés sont donc nécessaires pour transformer des systèmes de croyances liées aux châtiments corporels ; ces croyances, bien établies et transmises de génération en génération, sont devenues des normes culturelles. L'outil « La discipline positive au quotidien à la maison » (DPQM) a été créé dans ce but, ses objectifs à court terme étant : 1. d'éliminer graduellement le caractère acceptable et adéquat associé aux châtiments corporels ; 2. de proposer aux parents des normes différentes à propos des conflits parents-enfants ; 3. de renforcer l'auto-efficacité des parents. Des animateurs ayant reçu une formation pertinente ont fourni l'outil DPQM à 321 parents de 14 villes canadiennes, et les participants ont répondu à un questionnaire avant et après avoir utilisé l'outil. Les réponses suggèrent que ces parents étaient par la suite moins susceptibles d'approuver les châtiments corporels et de considérer que les conflits vécus avec leurs enfants étaient dus à de mauvais comportements de ceux-ci, et plus susceptibles d'avoir une meilleure auto-efficacité. Ainsi, plus de 90 % d'entre eux croyaient que les parents ne devraient pas avoir recours à des châtiments corporels et que l'outil DPQM pouvait les aider à mieux contrôler leur colère et à établir de meilleures relations avec leurs enfants. Cet outil est donc une approche prometteuse pour prévenir la violence infligée aux enfants.

Mots clés : châtiment corporel, scolarité des parents, discipline positive, prévention, maltraitance des enfants, comportement des parents, violence

Since the time of the study, Janice MacAulay has retired. Sombat Tapanya is now with the School of Medicine, Mae Fa Luang University, Thailand.

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INTRODUCTION

Over the past two decades a broad professional consensus has developed that physical punishment of children is contrary to their best interests, based on an ever-increasing body of research demonstrating its negative developmental outcomes and a growing recognition of the fundamental rights of children (Durrant & Ensom, 2012; Durrant, Ensom, & Coalition on Physical Punishment of Children and Youth, 2004; E.U. Network of Independent Experts on Fundamental Rights, 2005; Global Initiative, 2014b). In particular, research on child maltreatment consistently demonstrates that the most common form of physical violence against children is punitive, carried out by a caregiver with disciplinary intent (Durrant, Trocmé, Fallon, Milne, & Black, 2009; Trocmé & Durrant, 2003; Trocmé, Siddiqi, Fallon, MacLaurin, & Sullivan, 2002). Those who spank, pinch, and slap children are seven times more likely to also hit them with objects (Clément, Bouchard, Jetté, & Laferrière, 2000). Most perpetrators of physical abuse believe that they had a right to physically punish the child and that their behaviour was justified by the circumstances (Dietrich, Berkowitz, Kadushin, & McGloin, 1990).

Although individuals who experience violence as children do not necessarily perpetuate it as adults, they are at a heightened risk of doing so. Compared to those who have not experienced physical punishment as children, those who have are more likely to approve of violence as young adults, to assault their dating partners and spouses, and to physically punish their own children (Simons & Wurtele, 2010; Straus, Douglas, & Medeiros, 2014). Indeed, the greater the normativeness of corporal punishment within a cultural group, the greater the level of violence and endorsement of violence within that group (Lansford & Dodge, 2008). This normalization of relationship violence contributes to the intergenerational transmission of maltreatment (Straus et al., 2014). Given that three out of four children around the world experience punitive violence in their homes, the multiplier effects of these findings are potentially immense (Gilbert, Widom, Browne, Fergusson, Webb, & Jansson, 2009; UNICEF, 2010).

As research on physical punishment has grown, so has recognition of the personhood of children. With the United Nations' (UN's) 1989 adoption of the Convention on the Rights of the Child (CRC), views of childhood began to shift on a global level. Today all countries of the world but three (Somalia, South Sudan, and the United States) have ratified the CRC, and many have integrated it into their legal and policy frameworks. The CRC obligates ratifying states to uphold children's physical integrity and dignity, and to eliminate all violence against children, including physical punishment (Committee on the Rights of the Child, 2006). This historic development has shifted the focus from social science evidence to human rights, and has propelled legal, policy, and attitudinal changes worldwide.

To date, 39 countries have abolished all physical punishment of children (Global Initiative, 2014a). The purposes of these countries' laws are to: 1) set a clear standard for the care of children; 2) affirm children's rights to protection; 3) reduce public support for physical punishment; and 4) motivate caregivers to adopt health-promoting approaches to discipline (see Durrant & Smith, 2011). These countries recognize that public education alone is insufficient to change attitudes and behaviour on a population level, as laws allowing physical punishment inherently undermine those initiatives (Bernstein, 2004; Durrant, Sigvaldason, & Bednar, 2008). It is extremely challenging to convince a population that physical punishment harms children when the law condones and justifies its use (Bussman, Erthal, & Schroth, 2011).

At the same time, law reform alone is insufficient to shift attitudes and behaviours that have been established through a complex process reaching back generations and that normalize violent methods of conflict resolution. Moreover, caregivers who themselves were raised with violence need to become competent in raising their own children without it. The UN now advises that “States must ensure that positive, nonviolent relationships and education are consistently promoted to parents, carers, teachers and all others who work with children and families” (Committee on the Rights of the Child, 2006, para. 46). Indeed, research on physical punishment bans has begun to reveal that the combination of law reform and public education is more effective than either strategy alone in changing parental attitudes and behaviours (Bussman et al., 2011). Therefore, as countries increasingly move to abolish physical punishment, governments and civil society organizations are searching for ways to support parents in promoting children’s healthy development.

The elimination of physical punishment requires a strategy targeting the factors that contribute to its use. These factors are complex, involving interacting cognitive and affective components. Cognitive components include the caregiver’s attitudes toward physical punishment, causal attributions for the child’s transgression, and disciplinary goals (Bower-Russa, Knutson, & Winebarger, 2001; Hastings & Grusec, 1998; Rose-Krasnor, Durrant, & Broberg, 1997). Emotional components include both conditioned emotional responses to the child and the parent’s affective state (Ateah & Durrant, 2005; Holden, Coleman, & Schmidt, 1995; Wolfe, 1999). In a given situation, any or all of these factors may be at play and may influence whether the punishment is instrumental or reactive (Holden et al., 1995). For example, a parent who approves of physical punishment may only strike a child when attributing the child’s behaviour to “defiance” (instrumental punishment). Or a parent who does not approve of physical punishment may actually strike a child in a moment of anger (reactive punishment).

In an examination of eight potential predictors of mothers’ use of physical punishment, Ateah and Durrant (2005) found that the best model consisted of: 1) approval of physical punishment; 2) attributions for the child’s transgressions; and 3) anger in response to the transgression. Together, these three variables accounted for 54% of the variance in mothers’ physical punishment use. The authors came to the following conclusion:

For prevention programs to be effective, it is not sufficient to merely provide an array of alternative disciplinary strategies for parents. [They] should explicitly target the parents’ attitudes toward physical punishment with the aim of reducing their approval of it . . . [They also] should include a focus on normalizing the typical misbehaviours and parent-child conflicts of early childhood, as well as teaching anger management strategies. (p.12)

Given the high prevalence of physical punishment around the world, these authors called for the development of a primary prevention strategy specifically addressing its underlying causes.

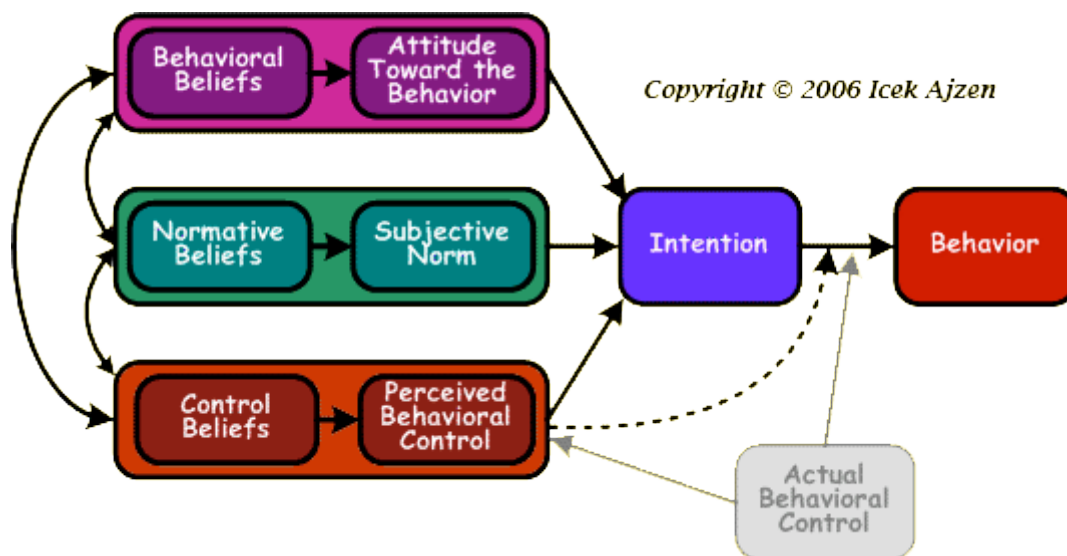
Positive Discipline in Everyday Parenting (PDEP) was developed as a primary prevention program to reduce physical punishment of children. It grew out of an academic-nongovernmental organization (NGO) partnership. Save the Children, an international NGO that promotes children’s rights, initiated the project in response to the recommendations of the UN’s *World report on violence against children* (Pinheiro, 2006), which calls for strengthening parenting skills, including . . . nonviolent forms of discipline, problem-solving skills, and the management of family conflicts” (p. 95). In 2007, Save the Children in Southeast Asia commissioned a book¹ (Durrant, 2007) that integrates research findings and child rights principles. The book

describes a model of parent-child conflict resolution based on trust, attachment, communication, and validating children's perspectives that can be applied in a wide range of situations. A series of exercises is designed to help parents understand the rationale for the approach, gain insight into their children's thinking, and generate constructive nonviolent solutions on their own. Interest in the book prompted requests for training in the approach. A facilitator training model was developed and a facilitator's manual was produced to support trainees in their delivery of the program to parents.

PDEP's Theoretical Basis

PDEP targets the key cognitive and affective factors predicting physical punishment: 1) approval of physical punishment; 2) attributions for children's behaviour; and 3) anger (Ateah & Durrant, 2005). Its approach is based on the theory of planned behaviour (Ajzen, 2002) a social cognitive theory of behaviour change. The theory's logic model is illustrated in Figure 1.

Figure 1
Logic Model Underlying the Theory of Planned Behaviour (TPB)



Note.

Figure 1 has been reprinted from the TPB Diagram (Ajzen, 2006). Retrieved from <http://people.umass.edu/aizen/tpb.diag.html>

According to this theory, one's beliefs about the likelihood that a particular behaviour will produce a particular outcome ("behavioural beliefs") will determine one's positive or negative evaluation of that behaviour. For example, if parents believe that children will become spoiled without physical punishment, they will develop a positive attitude toward physical punishment. The more positive parents' attitudes, the stronger their intention to perform the behaviour and the more likely the behaviour is to occur. PDEP is

designed to reduce parents' approval of physical punishment by increasing their understanding of: 1) the long-term developmental risks of physical punishment; and 2) the long-term developmental benefits of trust, attachment, and communication. Therefore, the *first program objective* is to reduce parents' approval of physical punishment.

"Normative beliefs" refer to people's perceptions of what others expect them to do. For example, adults might believe that "parents who love their children should spank them when they misbehave." Such beliefs contribute to a perception of social pressure to engage in that behaviour ("subjective norms"). In the case of parenting, the perceived degree of pressure to punish will depend on one's personal definition of misbehaviour and the attribution for that misbehaviour to factors internal to the child (Dix, Ruble, & Zambarano, 1989). Parents' subjective norms would be reflected in statements such as "children who say 'no' are defiant." The more they perceive parent-child conflict as child misbehaviour, attribute misbehaviour to the child's characteristics, and believe that misbehaviour requires punishment, the stronger will be their intent to punish and the more likely they will be to respond angrily and punitively. PDEP is designed to shift parents' subjective norms so that they understand parent-child conflict as reflecting typical developmental tasks, rather than misbehaviour rooted in the child's internal characteristics. Therefore, the *second program objective* is to normalize parent-child conflict.

"Control beliefs" are a person's perceptions of the factors that make it easier or harder to perform a particular behaviour, such as the degree of skill needed to respond nonaggressively to conflict. Upon consideration of these factors, parents develop perceptions of the degree to which they can perform the behaviour ("perceived behavioural control" or self-efficacy). The stronger their perception that they are able to perform the behaviour, the stronger their intent to perform it, and the more likely it is that they actually will perform it. PDEP is constructed to enhance parents' knowledge and skills through a series of interactive activities and problem-solving exercises that build on their existing strengths. Therefore, the *third program objective* is to strengthen parents' perceived self-efficacy in generating and implementing nonpunitive solutions to conflict with their children.

Core Features of PDEP

PDEP is based on several principles that form the core of the approach. First, PDEP was designed as a *universal* primary prevention program. It is intended for all parents, regardless of socio-demographic risk. It is an approach to teaching and relationship-building that can be applied in any family.² Whereas the standard program is appropriate for parents who are comfortable reading and writing English, we have developed delivery adaptations for diverse contexts, such as newcomers and parents with low literacy. PDEP has been translated into at least 16 languages and is being implemented in at least 25 countries. The PDEP team works with countries to adapt its delivery in a way that respects cultural differences while maintaining program integrity.

Second, PDEP is *nonprescriptive* and *noncoercive*. It provides parents with a framework for problem-solving that can be applied in a wide range of "everyday" conflicts. It is designed to help parents move from external control strategies (e. g., physical punishment, time-out, removal of privileges) to mentorship and conflict resolution.

Third, PDEP focuses on the *emotional and developmental issues* underlying common parent-child conflicts. Four of the eight sessions take parents through the typical developmental pathway, from birth to adolescence. Rather than milestones or “ages and stages,” the focus is on developmental themes that propel development across the age span, such as attachment, mastery motivation, and drive for autonomy. Brain development is emphasized to help parents understand the impact of stress and aggression, and how their own emotional regulation can facilitate the growth of self-regulation in their children.

Fourth, PDEP is founded on the concept of *children as autonomous persons with valid perspectives* who are capable of making valuable contributions to the resolution of conflict. It helps parents understand fundamental principles of children’s rights, including the right to explain their perspectives and to have them heard. A series of exercises is designed to help parents come to understand children’s perspectives in everyday conflicts, and gradually become comfortable with listening to their children rather than reacting with power assertion. PDEP aims to reorient parents from relationships with their children that are based on power and control to relationships based on cooperation, reciprocity, and mutual respect.

PDEP was designed to capture the fundamental principles of caregiving that promote developmental health throughout childhood and adolescence. Its framework consists of five components that guide parents through the conflict resolution process: 1) focusing on their long-term goals; 2) creating a learning environment in which children feel physically and emotionally safe (“warmth”); 3) providing clear communication of the information children need in order to learn (“structure”); 4) understanding children’s perspectives across the developmental trajectory; and 5) approaching discipline as problem-solving rather than punishment. The program takes parents through these components in sequence, with each building on the previous ones.

Program Delivery

Program facilitators deliver the program to parents through community agencies, schools, and health centres. They are parent educators, NGO staff, teachers, child-care workers and other professionals working directly with families. They deliver the program in eight 90-minute sessions, plus a follow-up session. The program is typically delivered to groups of 10 to 17 parents, as a core objective is the normalization of parent-child conflict. Early in the program, parents work in small groups of three or four on exercises aimed to normalize parenting stress, parent-child conflict, and stress-based reactions. These discussions begin the process of reframing children’s behaviour from “bad” to “developmentally normative.” As the program proceeds, parents continue to engage in small-group activities designed to normalize children’s behaviour, help parents recognize their own strengths and capacities, and eventually brainstorm problem-solving responses to conflict.

All program facilitators have participated in a three-day training in which they learn the content of the parent program and its delivery methodology. The parent program is highly interactive, involving empathy-building exercises, insight-generating activities, small- and large-group problem-solving, and application to real-life situations. A program facilitator’s manual is provided to each trained program facilitator, containing the objectives of each step of the program, a description of the process of delivering it, and an explanation of the learning process underlying it. Trained facilitators are also provided with a set of teaching materials. PDEP is delivered to parents on a nonprofit basis. Its dissemination has been supported by Save the Children and the Canadian Association of Family Resource Programs.

Plan for Evaluating the Program

The development of an evaluation strategy began in 2011 with the establishment of a 10-member team with a range of expertise: evaluation research, child development, child protection, child rights, parenting, and public health. The evaluation team planned a three-pronged strategy consisting of: 1) monitoring; 2) assessing program fidelity; and 3) formal outcome evaluation. *Monitoring* involves tracking the training of program facilitators and the delivery of PDEP to parents, as well as measuring pre and postintervention ratings of the attitudes, subjective norms, and self-efficacy of the participants at both levels. *Assessing program fidelity* involves evaluating the degree to which program facilitators maintain program integrity when delivering parent programs. *Formal evaluation* involves a systematic multimethod assessment of the impact of PDEP on parents' cognitive, affective, and behavioural responses to conflict with their children over the long term. This paper focuses on our method of monitoring and our findings to date.

METHOD

Participants

The sample comprised 321 parents living in 14 cities in Canada who participated in the PDEP program between September 2012 and July 2013. Each participant was enrolled in one of 31 parent groups, led by 33 different facilitators (some programs were led by cofacilitators). The programs were offered by three school divisions, five community-based health centres, four centres for immigrant women, 12 parent-child resource centres, two community resource centres, two government services, and three health centres for mothers at social and economic risk. Parents were recruited through advertisements distributed through the schools or community agencies delivering the programs. The advertisements stated that the program Positive Discipline in Everyday Parenting was being offered to parents of children from birth to 18, that it was an eight-week program, and that it was available to any parents in the community. The advertisements did not refer to the program objectives: namely, changing attitudes toward physical punishment, altering beliefs about typical parent-child conflict, or increasing parental self-efficacy. Parents were accepted until each group reached its maximum number, which varied according to agencies' space and resources. The group sizes in this study ranged from four to 21. Table 1 provides the sample's demographic characteristics. Most were mothers; 60.2% were over 30 years of age; 62.6% had at least some postsecondary education; 85.4% had three children or fewer; and 91.4% had children aged five or younger. We did not collect information about the children's behaviour, as we were interested in change in attitudes in a community sample of parents.

Measures

The monitoring measures were constructed to provide preliminary assessment of changes in the constructs that are the short-term objectives of PDEP: 1) reduce approval of physical punishment (attitudes); 2) normalize parent-child conflict (subjective norms); and 3) strengthen self-efficacy (perceived behavioural control). We generated items addressing these objectives, assessing their content validity through a consultative process. We constructed pre and posttest pencil-and-paper questionnaires, and piloted them in Canada with three groups of 25 program facilitators working with parent communities widely diverse in terms of culture, literacy, socioeconomic status, age, and other characteristics. We asked facilitators to

Table 1
Demographic Characteristics of the Sample at Pretest, N = 321

Characteristic	%
Parent gender	
Female	87.0
Male	13.0
Age	
< 20	10.3
21–30	29.5
31–40	42.5
> 40	17.7
Highest level of education	
Less than high school	20.1
Completed high school	17.3
Some college or university	14.4
Completed college or university	33.5
Some postgraduate courses	8.0
Completed postgraduate degree	6.7
Number of children	
1	32.2
2	35.0
3	18.2
4	7.3
>4	7.3
Target child's age ^a	
< 2 years	47.8
3–5 years	43.6
6–8 years	23.4
9–11 years	17.2
12–14 years	9.5
15–17 years	7.4

Note.

^aSome parents have children in more than one age group, so the total percentage exceeds 100.

provide feedback on the relevance, clarity, and appropriateness of the items for their parent communities, then modified or deleted items deemed too complex or culturally inappropriate. Two experts in plain language independently reviewed and simplified the wording of the items. We assessed the reading levels of the final measures using Microsoft Word software, which calculated the Flesch Reading Ease score to be 66.3, and the Flesch Kincaid Grade Level to be 8.4.

Pretest. Parents rated on a six-point scale (1= strongly disagree, 2= mostly disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = mostly agree, 6 = strongly agree) how strongly they agreed with each of the statements described below.

Approval of physical punishment was operationalized as the strength of parents' agreement with each of the following statements: 1) Sometimes a spank or swat is the best way to get a child to listen; 2) Spanking is fine as long as the parent is not angry; 3) Parents should have the right to decide whether to use physical punishment; 4) If a 14-year-old is failing in school, his parent should make him do hard physical chores to get him to work harder; and 5) It's ok to spank a five-year-old's bottom if she does something dangerous. These five items formed a scale with good internal consistency reliability ($\alpha = .80$ at pretest and $.82$ at posttest).

Subjective norms were operationalized as the strength of parents' agreement with each of the following statements: 1) Young children who say "no!" are being defiant; 2) Usually, children have tantrums because they are spoiled; 3) Four-year-olds who interrupt adults are rude; 4) A teenager who does not want to be seen with his mother should be ashamed of himself; 5) Babies cry in the middle of the night to make their parents angry; and 6) If an eight-year-old uses bad words in front of his parents, this is a sign of disrespect. These six items formed a scale with adequate internal consistency ($\alpha = .66$ at pretest and $.71$ at posttest).

Self-efficacy was operationalized as the strength of parents' agreement with each of the following statements: 1) I can solve most of my parenting challenges; 2) Most people are better parents than I am (reverse scored); and 3) I have the skills I need to be a good parent. These three items formed a scale with low internal consistency reliability ($\alpha = .49$ at pretest and $.52$ at posttest). Therefore, findings from the analysis of this scale will not be reported.

Posttest. The measure contained the same items as the pretest, so that parents' pre and postprogram responses could be compared. In addition, parents were asked to rate, on the same six-point scale, the strength of their agreement that since taking the PDEP program they believed more strongly that parents should not use physical punishment. They also rated the strength of their agreement that the PDEP program would help them to: 1) use less physical punishment; 2) understand their children's development; 3) communicate better with their children; 4) understand their children's feelings; 5) control their anger; and 6) build stronger relationships with their children. These seven items formed a scale with adequate internal consistency reliability ($\alpha = .71$ at posttest).

Procedures

The pretest was administered in the first session, after parents had introduced themselves and some rapport had been established, but before they were exposed to any program content. The pretest included a face sheet on which parents identified: 1) the program's location; 2) the facilitator's name; 3) their gender; 4) their age; 5) the number and ages of their children; and 6) their highest level of education. The posttest was administered after all program content was covered and parents' questions were answered, and before the program closing.

Approval for the study was obtained from the University of Manitoba's Joint-Faculty Research Ethics Board prior to the commencement of data collection. All facilitators were trained in the ethical administration

of the measures. All parents provided informed consent. Facilitators were provided with a script that explained the processes in place to guarantee anonymity and confidentiality. Parents were instructed not to write their names on the measures, so facilitators and the research team were unable to identify them. As the questionnaires did not ask parents to report on their actual practices, issues of mandatory reporting of abuse were not relevant to the evaluation per se. However, these issues are relevant to the program itself, as parents discussed their parenting throughout the sessions. All facilitators were trained to: 1) know their legal obligations and their agency's reporting policies; 2) know their community's resources for helping families; 3) inform every parent group that they must contact authorities if they are concerned that a child might not be safe; 4) explain that they will talk with the parent first and work together to ensure that the family gets the help they need. Facilitators were trained to provide this information early in the first session to ensure that it was addressed clearly, proactively, and supportively.

Statistical Analysis

For two of the three constructs measured at pre and posttest, approval of physical punishment and subjective norms, the questionnaire items formed scales with adequate to good internal consistency. Therefore, the direction and magnitude of the difference in parents' pre and posttest ratings on these constructs were calculated on the scale scores. For the third construct, self-efficacy, the items did not form a reliable scale. Therefore, the direction and magnitude of the difference in parents' pre and posttest ratings on this construct were calculated on the individual questionnaire items.

Wilcoxon signed-rank tests were used as an alternative to the t test due to the ordinal level and non-normal distribution of the data. This test replaces the original ratings with rankings, to reflect the absence of equal intervals on the rating scales. Cohen's d was calculated to estimate the effect size of the pre-post difference on each scale.

RESULTS

The sample's pre and posttest scores on the individual items are presented in Table 2. The sample size was 321 at pretest, and 248 (77%) completed the posttest.

Approval of Physical Punishment

At pretest, a minority of the sample agreed with each of the statements measuring approval of physical punishment. Parents were most likely to endorse the notion that parents should have the right to decide whether to use physical punishment. They were least likely to endorse the idea of making a 14-year-old do hard physical chores.

By the end of the program, the approval was lower. The difference between parents' pre and posttest scores on the five-item scale was significant (pretest $M = 11.4$, $SD = 5.5$; posttest $M = 9.1$, $SD = 5.1$; $z = -4.72$, $p < .001$) with a moderate effect size ($d = -.45$). At posttest, more than 80% disagreed that: sometimes a spank or swat is the best way to get a child to listen; spanking is fine as long as the parent is not angry; and

it's ok to spank a five-year-old's bottom if she does something dangerous. More than 90% disagreed that if a 14-year-old is failing in school, his parent should make him do hard physical chores to get him to work harder. Only about one-quarter of the sample agreed that parents should have the right to decide whether to use physical punishment. The largest pre-post difference was seen on the statement that spanking is fine as long as the parent is not angry.

Table 2
Percentages of Parents Who Agreed^a with Statements at Pre and Posttest

Statement	Pretest (<i>n</i> = 321)	Posttest (<i>n</i> = 248)
Attitudes toward physical punishment		
Sometimes a spank or swat is the best way to get a child to listen.	22.8	13.8
Spanking is fine as long as the parent is not angry.	25.7	13.0
Parents should have the right to decide whether to use physical punishment.	39.5	27.0
If a 14-year-old is failing in school, his parents should make him do hard physical chores to get him to work harder.	11.9	7.3
It's ok to spank a five-year-old's bottom if she does something dangerous.	30.3	19.2
Subjective norms about parent-child conflict		
Young children who say "no!" to their parents are being defiant.	39.7	17.2
Usually children have tantrums because they are spoiled.	22.3	11.0
Four-year-olds who interrupt adults are rude.	19.1	6.6
A teenager who does not want to be seen with his mother should be ashamed of himself.	19.5	13.6
Babies cry in the middle of the night to make their parents angry.	4.7	1.6
If an eight-year-old uses bad words in front of his parents, this is a sign of disrespect.	47.1	32.8
Self-efficacy		
I can solve most of my parenting challenges.	61.2	81.7
Most people are better parents than I am.	24.9	13.3
I have the skills to be a good parent.	90.4	98.4
Self-assessment of PDEP's impact		
PDEP will help me to:		
use less physical punishment		83.9
understand my child's development		97.9
communicate better with my child		97.5
understand my child's feelings		96.5
control my anger		92.9
build a stronger relationship with my child		99.2

Note.

^aSomewhat, mostly, or strongly agreed.

Subjective Norms

At pretest, a minority of the parents agreed with each of the items measuring their subjective norms. They were most likely to agree that an eight-year-old's use of bad words in front of his parents is a sign of disrespect; almost half the sample agreed with this statement at pretest. Parents were least likely to agree that babies cry in the middle of the night to make their parents angry; only about 5% agreed with this item at pretest.

By the end of the program, parents' agreement with each item was lower. The difference between parents' pre and posttest scores on the six-item scale was significant (pretest $M = 14.7$, $SD = 5.0$; posttest $M = 11.2$, $SD = 4.8$; $z = -7.82$, $p < .001$) with a moderate effect size ($d = .72$). The greatest pre-post difference was seen on the statement attributing children's behaviour to defiance, followed by the statements attributing children's behaviour to disrespect, rudeness, and spoiling.

Self-efficacy

When the program began, 90% of the sample believed that they had the skills to be good parents; only one-quarter believed that most people are better parents than they are; and more than half agreed that they could solve most of their parenting challenges. By the end of the program their self-efficacy was higher. The pre-post differences were significant in the desired direction on all three items. By posttest, virtually all believed that they had the skills to be good parents ($z = -3.33$, $p < .001$), and the proportion who believed that most people are better parents than they are had declined ($z = -1.79$, $p < .001$). The largest pre-post difference was seen with regard to parents' beliefs that they could solve most of their parenting challenges ($z = -2.92$, $p < .001$).

Self-assessment of PDEP's Impact

At posttest, parents rated their agreement with seven statements about PDEP's impact on them as parents. The vast majority (95.4%) believed more strongly that parents should not use physical punishment, and more than 80% agreed that PDEP will help them to use less physical punishment. Large majorities agreed that PDEP will help them to understand their children's development, communicate better with their children, understand their children's feelings, and control their anger. Virtually all believed that PDEP will help them to build stronger relationships with their children.

DISCUSSION

This study's purpose was to provide a preliminary assessment of the impact of PDEP on parents' attitudes toward physical punishment, subjective norms regarding parent-child conflict, and self-efficacy—all of which, according to the theory of planned behaviour, play a critical role in behaviour change. Interestingly, the majority of parents in this diverse sample were unsupportive of physical punishment when the program began. It is possible that this finding reflects the relatively high educational level of the sample; 48% of participants had at least completed college or university. However, it also might reflect an attitudinal shift among Canadians. Although this sample was not large enough to be representative of Canadian parents, it

may be that most parents are now unlikely to approve of physical punishment, or at least unlikely to view it as socially acceptable or to express support for it. To answer this question would require a large population survey, but there is some evidence to suggest that this is the case. A recent survey of 818 nonparents living in Ottawa revealed that only 16.7% held favourable attitudes toward spanking (Bell & Romano, 2012). Findings of a representative population survey showed the proportion of parents of two- to five-year-olds who reported using physical punishment declined from 49.9% in 1994 to 28.2% in 2006 (Fréchette & Romano, 2012).

The parents who completed the posttest demonstrated lower scores on all three variables under study. They were less supportive of physical punishment, less likely to attribute typical child behaviours to “misbehaviour” on the part of the child (e.g., rudeness, defiance, disrespect), and more likely to believe that they have the skills to be good parents. We speculate that parents’ attitudes toward physical punishment may have changed as a result of increased understanding of: 1) physical punishment’s impact on the parent-child relationship which is emphasized in discussions of long-term goals; 2) its impact on brain development, which is addressed in discussions of the neurobiological effects of stress; 3) children’s rights to protection, which are discussed in every PDEP program; and 4) the impact of modelling on children’s learning. When asked about their perceptions of the impact of the program, 95% of parents indicated that participating in PDEP reduced their approval of physical punishment, and more than 80% believed that the program would help them to use it less. Although the latter figure is very encouraging, its discrepancy from the former might reflect parents’ awareness that physical punishment can be impulsive; and although almost all experienced changes in their attitudes, some probably realize that they might not always be able to inhibit the impulse to strike. If this is the case, the program might need to be extended to provide more opportunities for practising the PDEP model in a wider range of situations that trigger physical punishment among the individual parents in particular groups. Alternatively, it might be the case that some parents in the sample have never used physical punishment, so it would be impossible for them to use it less following their participation in the program. We will investigate this question in future studies.

Almost all of the parents in this sample believed that PDEP will help them to understand their children’s development and their children’s feelings. These findings are supported by the decline in parents’ attributions of typical parent-child conflicts to children’s intentional misbehaviour. It is likely that these changes were influenced by the strong focus in PDEP on children’s perspectives and their emotional, social, and neurological development. Virtually all believed that PDEP will help them build stronger relationships with their children. The proportion of parents who believed that they will be able to solve most of their parenting challenges significantly increased over the course of the program, and most believed that the program will help them to control their anger and communicate better with their children. These findings suggest that parents are acquiring not only knowledge but problem-solving skills and increased confidence in their ability to resolve conflict through communication. Together these findings suggest that the program may be having an impact on the three primary predictors of physical punishment: approval of its use, parents’ attributions for the child’s real or perceived transgressions, and parents’ anger (Ateah & Durrant, 2005).

Limitations of the Present Study

The primary limitation of the present study is its lack of a nontreatment group, without which we cannot conclude that parents’ responses are attributable to participation in the program. The present study is the first

step in assessing the program's impact. In the next phase of the evaluation, we will introduce waiting-list control groups, which will allow us to assess the test-retest reliability of the measures, as well as the impact of the program. In this study, we attempted to assess parents' own perceptions of change by asking them explicitly to assess the impact of the program on their attitudes and beliefs, which in turn provides some indication of the effects of the program itself. The fact that the program was offered in 14 cities in four provinces and by 33 different facilitators helps to control for site and facilitator effects, although it does not control for social desirability effects. Finally, it should be noted that the present results may apply only to parents who would choose to take the PDEP program.

A second limitation is our inability to assess the magnitude of change on the individual level, or to determine the variables that best predict change. In order to conduct these analyses, we would need to be able to match individual parents' pre and posttest responses. In the initial stage of data collection, we did not attempt matching, in order to protect parents' anonymity. As data collection progressed, we developed a system whereby parents were asked to write a "code word" on their pretest questionnaire, and then again on their posttest questionnaire. This method permits matching without violating anonymity. However, we are still perfecting this method, as we have found that parents can forget their code words between pre and posttest, and multiple parents in the same group sometimes choose the same code word. As a result, the sample size of parents for whom we can match pre and posttest responses remains too small for analyses. As we continue to address these challenges, we will build a database of matched responses on which to report in a future paper. An additional limitation is that we do not know how many sessions each parent attended. As our monitoring system evolves, we will be able to collect this information and explore its influence on the extent to which parents' attitudes and beliefs change.

FUTURE DIRECTIONS

In this sample of Canadian parents, pre-post differences in attitudes, subjective norms, and self-efficacy were in the desired direction and many were statistically substantial. We will continue to monitor the short-term impact of the program and enhance it to strengthen its impact. In the next phase of the evaluation, we will test the theory of planned behaviour by evaluating whether changes in our three outcome variables predict changes in parents' actual behaviour during conflicts with their children. We also will examine parents' satisfaction with various aspects of the program, assess the quality of facilitator training, and extend our data collection to countries beyond Canada.

In terms of measurement development, we will revise and strengthen the self-efficacy measure. It may be the case that additional items will yield greater internal consistency, so we will pilot new items and determine their utility. Finally, we will develop methods of collecting more detailed information from facilitators so that we know, for example, how many sessions each parent attended, whether any reports were made to child welfare and how they were managed, as well as drop-out rates and patterns and some behavioural characteristics of the children. The findings of the present study suggest that PDEP, which targets the parental belief systems that predict physical punishment, is a promising approach to the prevention of punitive violence against children.

NOTES

1. The original name of the book was *Positive discipline: What it is and how to do it*. It was changed in the third edition to *Positive discipline in everyday parenting* (Durrant, 2013).
2. However, we recognize that some families need additional support and intervention. Facilitators are trained to provide referrals where clinical intervention is appropriate.

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