

Project Description

Focus group research to inform the development of messages to change social norms around corporal punishment

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Child maltreatment (CM) is a frequent and serious public health problem. Self-report data suggest that 1 in 4 children experience child maltreatment at some point in their childhood with 1 in 7 experiencing it in the past year.¹ In addition to physical injuries and emotional problems, experiencing CM and other adverse childhood experiences increases the likelihood of engaging in risky health behaviors as adolescents increasing the risk for teen pregnancy, infectious and chronic diseases, and violence.²

In response to this public health problem, the Centers for Disease Control and Prevention (CDC) has proposed a framework outlining what communities can do to prevent Child Maltreatment and assure safe, stable, nurturing relationships and environments (*Essentials for Childhood: Steps to Create Safe, Stable, and Nurturing Relationships*; EfC;

<http://www.cdc.gov/violenceprevention/childmaltreatment/essentials/>). A central component of this framework is to “create the context for healthy children and families through norms change”.

Specifically, changing social norms around nurturing and not hitting young children is of central interest to preventing child maltreatment (CM) and the Essentials for Childhood initiative. Substantial evidence on corporal punishment of children suggests it does more harm than good³ and increases the risk of physical abuse of a child.⁴ Harsh parenting also increases a child’s risk of engaging in youth violence⁵, partner violence⁶, and sexual violence⁷ later on.

While the proportion of US adults who agree or strongly agree that it is sometimes necessary to give a child a “good, hard spanking” has declined over the past decade, 78% of fathers and 66% of mothers still believe it is sometimes necessary, with greater acceptance among those with a high school education or less.⁸ Additionally, 23% of parents of young children believe spanking is one of the most effective forms of discipline.⁹

1 Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children’s Exposure to Violence. *JAMA Pediatrics*, 169(8), 746-754.

2 Felitti, V.J. & Anda, R.E. (2010). The relationship of adverse childhood experiences to adult health, well-being, social function, and healthcare. In: R.A. Lanius, E. Vermetten, C. Paine (editors). *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease*. Cambridge, U.K.: Cambridge University Press (pp. 77-87).

3 Gershoff, E. T., & Grogan-Kaylor, A. (2016, April 7). Spanking and child outcomes: Old controversies and new meta-analyses. *Journal of Family Psychology*. Advance online publication. <http://dx.doi.org/10.1037/fam0000191>

4 Zolotor, A.J., Theodore, A.D., Chang, J.J., Berkoff, M.C., & Runyan, D.K. (2008). Speak softly—and forget the stick: Corporal punishment and child physical abuse. *American Journal of Preventive Medicine*, 35, 364–369.

5 Bushman et al. (2016). Youth Violence: What we know and what we need to know. *American Psychologist*, 71, (1), 17–39.

6 Capaldi, D.M., Knoble, N.D., Shortt, J.W., Kim, H.K. (2012). A systematic review of risk factors for partner violence. *Partner Abuse*, 3, 231-280.

7 Tharp et al. (2013). *A Systematic Qualitative Review of Risk and Protective Factors for sexual violence perpetration. Trauma, Violence, and Abuse*, 14,(2), 133-167

8 Child Trends. (2013). Attitudes toward spanking. Available at: www.childtrendsdatabank.org

9 ZERO TO THREE & the Bezos Family Foundation (2016). Tuning In: Parents of Young Children Tell Us What They Think, Know and Need. Author. Available at: <https://www.zerotothree.org/resources/1425-national-parent-survey-report>

In the Essentials for Childhood baseline survey, 15% of parents reported spanking their children every day or almost every day; 12% thought the majority of parents in their state did so, and 20% thought they ought to.

CDC requests OMB approval to collect information related to nurturing not hitting children. The requested approval will be to collect information on existing message materials (Attachment F1 and F2) on this topic in order to ensure that future materials meet the needs of its key audiences. This project involves a series of focus group discussions with primary audiences. The findings from this research would inform the development of messages for parents. This research effort will enable CDC to provide effective messages and action steps to support key audiences in caring for children in safe, stable, and nurturing ways.

This information collection is necessary because it will allow CDC to develop a campaign to change social norms around nurturing not hitting young children. These data enable CDC to improve upon their strategies to educate the public and promote behaviour change.

Who are we trying to influence?

Primary Audience: Low income parents (as a proxy for low education) of children 0-5 years of age in both urban and rural populations.

What do we want them to DO as a result of this communication?

In our planned focus groups, our goal is to learn about beliefs around nurturing and hitting children from primary audiences. We will get their reactions to existing materials (Attachment F1 and F2). We will use what we learn from focus group discussions (Attachment C) to adapt existing messages or develop updated campaign materials that reflect users' needs and preferences.

How do we expect communications to work towards achieving this?

Content strategy will include:

- Time-saving — focus on short messages and useful tips / tools / facts that are easy to absorb given our audiences' busy lives.
- Relevance — ensure new or revised materials meet our audiences' current information needs and preferences regarding nurturing and not hitting children and are useful among white, black and Latino parents.
- Accessible — ensure the tone is direct, clear, real and salient with our audiences.

What are we trying to convey?

Our goal is to convey the message to audiences that nurturing young children leads to better behaviour and developmental outcomes than hitting.

How are we recruiting and screening participants?

Participants will be recruited in four ways: (1) asked to sign up after a brief informational session at a parent conference; (2) by sending invitational letters (Attachment D) home to parents with children in day care or kindergarten; (3) by handing invitation letters to attendees with small children at churches, health care centers (Attachment D), and businesses; and (4) by word of mouth. The invitational letter indicates that (a) we are looking for parents of children under six years of age; (b) that this group discussion will help us learn what parents think on different ways of managing children's behaviour and get their reactions on some materials on this topic; (c) the group discussions will provide parents with opportunities to hear other parents' thoughts on these issues; and (d) participants will be paid \$25 for attending a group. Potential participants will be asked to express their interest by calling the study team and providing their name, telephone numbers, and address. Parents expressing interest will receive a letter or e-mail or both (Attachment D), confirming the date and time of the group. Parents will also be called a few days before their assigned group to confirm their intent and ability to attend. Efforts will be made to confirm 10-12 participants per group so that each group will end up with at least five persons.

Incentives

We intend to provide incentives for the focus group discussions. In our past research activities for communications campaigns, we have found that offering an incentive was an important part of our recruitment strategy and greatly helped us recruit diverse participants with many competing demands on their time, increase participation, and reduce overall data collection costs. Providing incentives is also standard practice when conducting small group discussions. In focus groups, incentives are typically provided to help ensure that enough participants take part in the focus group¹⁰ and they can serve as a "stimulus [for participants] to attend the session".¹¹ Participants will be offered \$50, in the form of on-line gift cards, for their time and effort. The amounts of these incentives align with the general limitations of the overarching Generic ICR 0920-0572.

Protection of the Privacy and Confidentiality of Information Provided by Respondents

The NCIPC-CIO has determined that the Privacy Act does not apply for this information collection request (Attachment G). There isn't an information system created. All data will be reported in aggregate unlinked form. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of respondents will be protected and maintained.

10 National Cancer Institute. (2001). *Making Health Communication Programs Work*.
http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/Pink_Book.pdf

11 Krueger, R.A. & Casey, M.A. (2008). *Focus Groups: A Practical Guide for Applied Research*.