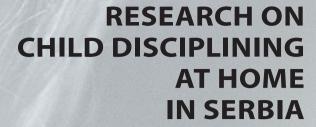
# RESEARCH ON CHILD DISCIPLINING AT HOME IN SERBIA





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### **Preface**

he main goal of the present research was to fully comprehend what kind of attitudes and knowledge on (non) violent disciplinary practices are presented by parents and professionals who work with parents (healthcare professionals, professionals from social and educational systems). The attitudes towards violent disciplining and practicing this form of disciplining were assessed on a nationally representative sample of parents of 0-18-yearold children in Serbia. The final sample consisted of 1186 parents who, at the moment of examination had children up to 18 years old. The final sample of professionals consisted of 234 professionals from schools, healthcare centers and centers for social work (CSW).

#### **Parents**

More than two-thirds of the parents were psychologically aggressive toward a child at least one time in the previous year.

The two most frequent reasons were: the child was disobedient (22%) and the child was in a dangerous situation (23%).

Most of the parents answered that they beat the child for the first time when a child was between two and three years old (47%).

Only a small number of parents (3% for the previous year and 2% during child life) reported that they used a more severe form of physical violence.

The extreme form of physical violence (hitting a child over and over as hard as they can; grabbing a child around the neck and choking him/her; burning or scalding a child on purpose; threatening a child with a knife or gun) was admitted by less than 2% of parents.

Dissociative personality processes are involved in the transmission of abuse across generations; basic personality traits are significant predictors of parent's negative expected outcomes of CP.

Parents from Serbia, as parents from all over the world, need advice on how to support child development through this phase.

Parents and their parental skills greatly depend on their close relationships in life.

Parents who perceive higher levels of social support use violent disciplining methods less often.

The frequencies of nonviolent discipline practices are not the same across country regions.

In cases with detected physical discipline, reinforcing the non-violent discipline strategies in parenting, as well as in other child-adult interactions may significantly contribute to the child developing more adaptive disciplinary cognitions and behavior patterns in their future parenting.

Our findings showed that the experience of frequent non-violent discipline in childhood was predictive of a parent being more psychologically aggressive towards his / her own children.

### **Professionals**

The source of information that professionals found the most trustworthy regarding parenting is their own parents **—** 17.2%.

The main obstacles for professionals to address the issue of corporal punishment during their work with parents are lack of time (19.8%), lack of means (11.7%), and lack of motivation (15.5%).

Most of professionals expressed attitudes against corporal punishment, and there is a medium satisfaction with their preparedness to deal with the issue.

The attitudes towards CP among professionals were strongly leaning against it, while the perception of other colleagues' attitudes is that it is between being against it and having a neutral position.

### **1** EXECUTIVE SUMMARY

### 1.1. PURPOSE OF THE STUDY

One of the core priorities of national policies in Serbia is protection and well-being of children with the main task being to provide a secure, safe and stimulating environment for children's development. The roles of parents-caregivers, along with professionals are to provide appropriate direction and guidance in the process of the development of children and to protect them from all forms of violence, exploitation, and abuse. Disciplining children is an important factor in children rearing, but violent disciplining is wrong and potentially harmful practice for children. Unfortunately, previous findings indicate that violence against children is widespread in different environments (e.g., urban/rural) and in various forms in Serbia, such as direct forms — physical, sexual, and emotional, or indirect — child marriage, child labor, or other forms of exploitation (UNICEF, 2017). Also, the assessment of disciplinary practices is not easy — current researchers struggle to determine which types of violent practices to focus on and whether it is better to focus on attitudes and beliefs about discipline, or on the disciplinary behaviors in question. Additionally, the identification of the most appropriate respondents (children, young adults, or caregivers) is a challenge and the results can differ significantly.

The main goal of the present research was to fully comprehend what kind of attitudes and knowledge on (non) violent disciplinary practices are presented by parents and professionals who work with parents (healthcare professionals, professionals from social and educational systems). The research provided useful information on which sources they use in relation to seeking/providing new information and advice about child-rearing. The attitudes towards violent disciplining and practicing of this form of disciplining were assessed on a nationally representative sample of parents of 0–18-year-old children in Serbia. In addition, the research investigated various socio-demographic and psychological correlates, as well as some possible intergenerational outcomes of violent disciplining. Similar data were obtained from the sample of professionals who should provide support to the parents in their role, along with the communication channels that parents and professionals use and trust in relation to seeking/ providing new information and advice. The study was implemented by the Institute of Psychology, Faculty of Philosophy, University of Belgrade, and The Institute for Mental Health, Belgrade, Serbia, in the period from August 2019 until January 2020.

### 1.2. METHODOLOGY

The sample size was determined based on several parameters, including effect sizes, significance level and test power, number of groups for sample disaggregation, and expected response rate. We first divided Serbia into four regions and randomly sampled clusters of 70 municipalities, proportionally to the region size and settlement type (urban or rural). For random selection of participants, we used the random-walk technique in every sampled municipality and the final sample of parents consisted of 1186 parents who, at the moment of examination had children up to 18 years old.

The majority of the respondents in the study were female (63.8%) and about a half of the respondents finished high school (50.4%). Most of the respondents are employed in the private sector (41.2%), followed by 28.2% employed in the public sector, while 17.3% were unemployed.

### 1.3. MAIN CONCLUSIONS

As expected, almost all parents (91%) used some form of nonviolent discipline practice in the previous year, with the most frequently used nonviolent disciplining practice being "explained to him/her why something was wrong" (86% of parents used it in the previous year). During the one-week period, only one-third of the parents used nonviolent discipline practice. Parents from the region of Vojvodina used nonviolent discipline practices statistically significantly more than parents from other regions. Parents with higher levels of education use nonviolent practice more often than less educated parents.

More than two-thirds of the parents were psychologically aggressive toward a child at least once in the previous year and almost every third parent reported that they behaved this way in the week prior to the assessment. The correlation between parents' physical and verbal aggressive behaviors toward children is statistically significant and moderate, and psychologically aggressive parents more often physically aggressive.

Mothers or women caregivers reported more often they were psychologically aggressive towards a child.

Most of the parents reported that they used some form of physical aggression as a way to discipline a child at least once during a child's life (63%), 45% of the parents reported using physical aggression in the previous year and the number of parents that admitted being physically aggressive during a one-week period is considerably lower (13%), by spanking or slapping a child on the hand, arm, or leg.

The two most frequent reasons for beating a child were: the child was disobedient (22%) and the child was in a dangerous situation (23%). The extreme form of physical violence was reported by less than 2% of parents. Mothers or women caregivers reported more often that they physically assault a child, but they also engaged more in developmentally supportive activities than fathers. Unfortunately, most of the parents answered that they beat the child for the first time when a child was between two and three years old (47%). However, mothers have significantly less positive attitude towards violent disciplining compared to fathers and believe that corporal punishment (CP) does not have positive outcomes, while fathers are more in favor of CP and view it as a disciplining method with positive outcomes.

Participants who had experienced more harsh practices in their childhood (psychological aggression, neglect and sexual abuse) and less nonviolent disciplining methods, are less satisfied with the social support they are receiving in present when themselves became parents. Also, parents who perceive higher levels of social support use violent disciplining methods less often than those who perceive the lack of social support.

Almost each type of disciplining behavior experienced in childhood had intergenerational effect for the same type of behavior (non-violent discipline, psychological aggression, minor physical assault). The chance of parent "repeating" severe/extreme physical assault in the next generation was dependent on the level of non-violent discipline experienced in childhood, which acted as a buffer.

We also assessed the sample of professionals about their attitudes, beliefs, along with the communication channels that professionals use and trust in relation to providing information and advice to the parents. Three categories of professionals were assessed — case-managers in the social support centers, pediatricians and nurses form healthcare centers, and teachers, psychologists and pedagogues working in elementary and secondary schools. The final sample of professionals consisted of 234 professionals — 41.9% from schools, 35.9% from healthcare centers and 22.2% from centers for social work (CSW). Of all the professionals, 88.0% are female.

When professionals were asked about their own beliefs regarding parenting, and the source of information they found the most trustworthy, 17.2% professionals mostly believed their own parents. The main obstacles of professionals to address the issue of corporal punishment during their work with parents are lack of time (19.8%), lack of means (11.7%), and lack of motivation (15.5%). Most of professionals expressed attitudes against corporal punishment, and there is a medium satisfaction with their preparation to deal with the issue. The attitudes towards CP among professionals were strongly leaning against it in our sample, while the perception of other colleagues' attitudes is that it is between being against it and having a neutral position.

### 1.4. RECOMMENDATIONS

The findings presented in this study offer a comprehensive understanding of the prevalence and types of discipline practices among parents and all of the relevant factors that are related to those practices (e.g., opinions, attitudes, expected outcomes, social norms, personal experiences, personality traits). In addition, we assessed the attitudes, beliefs and norms of professionals mostly working with children and their parents. The conducted analysis showed that promoting better norms and attitudes can potentially have a significant effect on reducing violent discipline. Moreover, the identification of risk-factors that were associated with violent practices can help in detecting the sensitive groups of parents on which more selective and personalized preventive strategies can be directed.

Furthermore, this study offers a different perspective of the studied problem — through the perspective of professionals that are working with children and their parents. This is particularly important because of the unbreakable connection between these two groups; professionals probably can, at least in some sense, affect attitudes and norms of parents regarding child discipline. We strongly believe that all of the findings presented in this study can initiate and influence the change of this issue on a public level, and also help in development of efficient strategies that would prevent harsh discipline and encourage positive disciplining.

Channels of communication regarding child discipline stand for sharing of ideas and information, and the use of mass media, social media, community engagement, and dialogue to enable and motivate individuals and communities to participate in decisions regarding this subject. The aim of this communication is addressing the existing attitudes, values, and norms of parents towards the harsh disciplining methods, without sensitizing the majority of the population to the existing pro-abuse content.

It is important to adopt different communication strategies for the broad public:

- When addressing the wide audience, professionals should not only be focused on the negative outcomes of harsh discipline, but also on the positive outcomes of positive parenting.
- The recommendations should be clear, concise, and understandable for every person no matter the level of education or social background.
- The recommendations and messages directed to parents should be presented within the possibilities of the existing social setup.
- Parental practices need to be pointed out as one of the primary parenting roles that if not carried out properly, can significantly affect child development. The support measures should be for example parental groups, for different child developmental level, such as schools for parental skills, etc.
- The messages sent through different communications channels should have both rational and emotional appeals. The rational appeal should include informing parents about the relevant, scientifically proven facts adequately and transparently. They should be informed about the consequences of harsh parenting practices to facilitate the so-called descriptive norms (the idea of what the majority of people are doing), which tend to be more efficient in changing behavior than the so-called prescriptive (what should be done). On the other hand, emotional appeal includes empathizing with parents and empowering them to change and/or shape their existing attitudes and norms.
- It is also important to ensure participation of children and adolescents themselves in developing awareness-raising and positive parenting campaigns.

The most extensive nationwide anti-violence campaigns were conducted through television, or in healthcare and/ or social welfare institutions, as measures of secondary prevention targeting the high-risk groups. TV promotion can target only specific segments of the audience and can result in disproportionate communication with the public. However, given the fact that the majority of young parents interact with social campaigns via the internet or social platforms, we recommend that the anti-violence campaigns should also be in those channels in which the target groups consume most of the content. Also, more diverse targeting can be achieved by displaying the relevant information through billboards displayed in public places or through the internet. The first step should be that all of the relevant institutions that are included in the issue of violence against children should display all of the relevant information and recommendations on their web platforms. Additionally, all of these institutions should provide a separate telephone line, e-mail, or segment on their platforms where parents can ask guestions regarding this issue. Apart from this, other materials (such as posters, pamphlets, brochures, etc.) should be displayed in the institutions (healthcare centers, schools). Talking about positive parenting and child abuse should be embedded in all programs of parenting schools. Special focus needs to be on parents with children with disabilities. We know very little about violence against children with disabilities and we are all aware of the parental burden when considering the existence of disability of children. We need to develop special programs for those parents and to try obtaining them special social support.

The professionals included in the system of child-protection should also have structured and carefully designed channels of communication. Their training regarding this subject should be improved in terms of quality and quantity. This means that professionals should frequently participate in workshops and lectures concerning this matter where they will expand their knowledge about child discipline practices. Workshops are also important because through them professionals can acquire and shape existing skills of communication with parents. More evidence-based training should prevent spreading myths and doubts. It should be insisted on the fact that communication with parents about child discipline is the responsibility of every professional that works with children and families. This should not be a private and personal decision of each individual, but a decision about public health. Professionals should be empowered in this process, trained to communicate successfully, supplied with adequate materials, and informed about relevant digital contents. They should be provided with brochures that will facilitate communication and equip parents with written material that answers most of their questions. At the end, there should be changes in legislation (legislation is a reflection of social norms). Committee on the rights of the children (CRC) recommended the creation of legislative and other measures to ensure mandatory compliance with the general protocol on the protection of children from abuse and violence and the relevant special protocols aimed at protecting children from abuse and violence. CRC recommended to explicitly prohibit all corporal punishment in all settings.

# 2 BACKGROUND **AND RATIONALE**

### 2.1. HISTORY OF CHILD DISCIPLINING

The question "Which is the best approach in disciplining children?" has been a concern of parents and institutions since the written word. The debate on methods of parenting has been around for a while. It ranged from subjugation and physical violence to laissez-faire families and positive discipline.

Even in the Old Testament of the Bible, corporal punishment (CP) is mentioned as a disciplining method, saying that whipping children gives them wisdom. It has also been mentioned that giving the children the freedom of choice, brings their mothers shame. The historic approach of domination was cultivated from the understanding that parents, and especially the father, have absolute authority over children, no matter their age. In the fourth century, Constantine the Great was the first to withdraw the right of "heads of family". Those rights allowed them to seize their child's life if they wish to do so and to orphan them unless they suffer from a severe body defect. The punishment for ignoring this law was death. The state had the right to take children away from their parents under conditions of most severe abuse. The reform revolutionized parenting, limiting formerly unconditional authority of parents over their children.

Despite the hostility of the Medieval era, physical harm to children was far more controversial than violence towards adults. Even though harshest physical punishment was practiced throughout society, it was condemned as a disciplining method. However, with the reemergence of Puritanism and its severely restrictive morality, the subjugation of children became a socially established practice. Disobedience was punished through physical violence and public shaming, as practices of salvation. The rights of children were never a matter of discussion. Still, there were some contrary voices. For example, John Locke encouraged the 17th century parents to adopt less harsh parenting methods and educate their children through accountability for their actions, rather than with physical punishment.

> ....according to the ordinary disciplining of children, [it] would not have mended that temper, nor have brought him to be in love with his book; to take a pleasure in learning, and to desire, as he does, to be taught more, than those about him think fit always to teach him. ... We have reason to conclude, that great care is to be had of the forming children's minds, and giving them that seasoning early, which shall influence their lives always after." (Locke, 1989).

However, the education system ignored this message for centuries. In the early 1900s, experts were still encouraging the method of 'pressuring children into good behavior'. Systems of awards and punishments for fulfilling the parents' expectations or disobeying them were widely accepted practices of disciplining children. The debate on proper disciplining included a range of theories, from strict programs of controlling every aspect of the child's life to granting them more freedom.

After the Second World War, Dr. Spock released the now-famous parenting tome, Baby and Child Care (Spock, 1946) and encouraged parents to be reasonable, consistent, open, and friendly with their kids — not regimented or authoritative.

> "Children are driven from within themselves to grow, explore, experience, learn, and build relationships with other people... so, while you are trusting yourself, remember also to trust your child." (Spock, 1946).

But, during the 1960s and 1970s, Spock's ideas were questioned after the generation of rebellion youths grew up. This resulted in a rise of conservative ideas of parenting, encouraged authoritarian parenting styles, and the world got the distinct separation of parents who spanked their children and non-spanking parents.

After the adoption of the Convention on the Rights of the Child by the United Nations General Assembly in 1989, the children's rights were widely and fully recognized worldwide. The Convention implemented significant changes into the laws of many countries that were committed to respect and fulfill the rights, needs, and aspirations of the children. The Convention highlighted that the family is the natural environment for the growth and well-being of children and that it is bound to secure a safe and stimulating environment for children's development.

The Convention also defined:

- Rights and duties of parents and other caregivers in providing appropriate direction and guidance in the process of the development of children
- The responsibilities of States Parties in providing support to parents
- Protection of children from all forms of violence, exploitation, and abuse, while in the care of parents/caregivers
- Protection from violent discipline practices in school.

### 2.2. CHILD DISCIPLINING IN THE REPUBLIC OF SERBIA

According to the 2011 official national data, the Republic of Serbia has 1.218.906 children (Estimated number and percentage of children (0–17) is 17.3%), which accounts for less than one-fifth of the general population (UNICEF, 2019). Therefore, one of the core priorities of national policies in Serbia is their protection and well-being. In 2005, as part of The National Action Plan for Children, the Serbian government adopted the General Protocol for the Protection of Children from Abuse and Neglect (Ministry of Health of Republic of Serbia, 2005). This act aimed to develop a general framework for an operational network that will effectively protect children from abuse, neglect, exploitation, and violence. With this General Protocol, several other protocols defining specific procedures for specific sectors that were relevant in the system of child protection (e.g., social services, education, police, health care, and justice) were adopted.

The National Action Plan for Children as well as the Strategy for Prevention and Protection of Children from Violence expired in 2015 and there is a need for the adoption of new or improved protocols. It is important to stress that corporal punishment of children is not explicitly prohibited in Serbia except in school settings and social institutions. The Committee for monitoring the implementation of the Convention on the Rights of the Child in Serbia regularly recommends that Serbia needs the law which will regulate the prohibition of corporal punishment, and that the prohibition of corporal punishment would be adequately monitored and enforced in all settings. The Committee promotes positive, non-violent and participatory ways of raising and disciplining children through awareness-raising campaigns and would like to ensure that perpetrators would be brought to the competent administrative and judicial bodies

Research conducted in Serbia (UNICEF, 2017) shows that violence against children is widespread in different environments (e.g., urban/rural) and in various forms. Children in Serbia are often exposed to direct violence such as physical, sexual, and emotional abuse. Sometimes, violence is presented through more complex forms (indirect forms), such as discrimination (child marriage, child labor, or other exploitation) or through social exclusion (UNICEF, 2017).

The Multiple Indicator Cluster Surveys (MICSs) were carried out periodically by the Statistical Office of the Republic of Serbia and UNICEF in 2006, 2011, and 2014 (Statistical Office of the Republic of Serbia and Strategic Marketing Research Agency, 2006; Statistical Office of the Republic of Serbia, 2011; Statistical Office of the Republic of Serbia and UNICEF, 2014). These studies suggested a gradual decline in violent disciplining methods towards the children in Serbia. We are expecting official publication of MICS 2019 results. In 2006, almost three-quarters of respondents (72%) reported that they used violent disciplining methods, but this percentage dropped to 67% in 2011 and the trend continued decreasing (43% in 2014). One of the findings was that approximately 7% of respondents still believe that physical punishment is a necessary part of child-rearing. Interestingly, these findings suggested

a negative association between these beliefs and the respondents' age: younger parents more often reported that the use of physical punishment is necessary for the successful upbringing of children, compared to the older respondents.

MICS surveys show that one of the most vulnerable populations for severe forms of punishment are Roma children in informal settlements; girls and children aged 1 to 4. However, the violent methods of disciplining in the informal Roma settlements showed a decreasing trend as well (81.5% in 2006; 86% in 2011; and 66% in 2014), especially the severe forms of punishment (20.7%, 6%, and 8%, respectively).

Although there is a consensus among the general population of parents (93%) in Serbia that violent disciplining is not good for child development, it is still being applied by approximately 43% of respondents (Statistical Office of the Republic of Serbia and UNICEF, 2014). Furthermore, there are indications that parents do not perceive 'mild' physical disciplining (e.g., slapping) as violent methods, but rather as 'justifiable and reasonable' disciplining. Currently, general mainstream programs aimed at supporting violence against children (VAC) prevention do not seem to have a sufficient impact on the transformation of the existing norms. The high-level decision-makers' commitment to addressing this issue is demonstrated through a willingness to amend the Family law to ensure explicit ban on violent (corporal) punishment at home. This is considered as an important facilitator of a more comprehensive program aimed to target behavior change.

### 2.3. CLASSIFYING CHILD DISCIPLINARY PRACTICES

Disciplining methods are a fundamental part of child-rearing. They have a significant impact on a child's mental and physical health and overall functioning. During the early 1960s, psychologist Diana Baumrind using observation, parental interviews, and other research methods, identified different dimensions of parenting which included disciplinary strategies, warmth and nurturing, communication styles, and expectations of maturity and control (Baumrind, 1967). Baumrind suggested that the majority of parents display one of three different parenting styles, including authoritative parenting, authoritarian parenting and permissive parenting. Further research by Maccoby and Martin also suggested adding a fourth parenting style to these original three. This was indulgent parenting (i.e., low demandingness and high responsiveness) (Maccoby & Martin, 1983).

Disciplinary practices teach children to develop judgment, set up boundaries, self-control, and positive social conduct (Nieman & Shea, 2004). The topic of caregiving and child disciplining gained interest, but the studies on this subject were mostly conducted in high-income countries, while the number of studies in developing countries is insufficient (Lansford & Deater-Deckard, 2012; Hendricks, Lansford, Deater-Deckard, & Bornstein, 2014). Research has found that violent physical and psychological disciplinary practices harm children's mental and social development (UNICEF, 2017). As stated by the Convention on the Rights of the Child, violent disciplining is a violation of a child's right to be protected from all forms of violence.

Authors frequently focus on two dimensions of parenthood; parental warmth and parental control (Power, 2013). "Warm" parents are described as supportive, nurturing, and accepting, while the more controlling parents are usually limiting and controlling to maintain the child disciplined. These two dimensions often combine and form four different parenting styles (Power, 2013): 1) authoritative; 2) authoritarian; 3) permissive; 4) rejecting/neglecting. The main characteristic of authoritative and authoritarian parenting styles is firm control, while permissive parents exert primarily warmth with little control. Rejecting/neglecting parents predominately impose no limits (or very few limits) to the child, and are unresponsive to a child's needs.

Authoritative parents set up clear boundaries usually with high expectations but use predominantly supportive methods (Newman, Harrison, Dashiff, & Davies, 2008). They tend to communicate with their children about their decisions and expectations and allow their children to express their feelings and thoughts. If the child does not behave appropriately, there are clear consequences, such as taking away the privileges. Studies show that children raised by these parents have a higher scholastic achievement, higher self-esteem, and show higher levels of independence. Additionally, they express aggression and hostility less often (Newman et al., 2008). Non-violent disciplining practices are closely related to the authoritative type of parenting.

The research has shown that authoritarian parents are the most likely to engage in violent disciplinary practices with harsh punishments (Gunnoe, 2013; Newman et al., 2008). Children raised by these parents tend to be more violent and aggressive, have lower scholastic achievements, more often engage in risky behaviors (e.g., alcohol and substance abuse), and are less independent compared to their peers (Newman et al., 2008).

Permissive parents set very few rules and boundaries and they are reluctant to enforce them. These parents are warm and indulgent but they do not like to say "no" or disappoint their children. They are indifferent to their children's needs, uninvolved in their lives, and rarely discipline them because they have relatively low expectations of a child's maturity and self-control. According to Baumrind (1991) permissive parents "are more responsive than they are demanding. They are nontraditional and lenient, do not require mature behavior, allow considerable self-regulation, and avoid confrontation" (p. 62). Permissive parents are generally nurturing and communicative with their children, often taking on the status of a friend more than that of a parent. Children of permissive parents cannot follow rules, have worse self-control, possess egocentric tendencies, and encounter more problems in relationships.

Rejecting or neglecting parental style puts a low level of demandingness and responsiveness on children; they do not set firm boundaries or high standards. Usually, those parents tend to have mental issues themselves or were the victims of abuse or neglect in childhood. Children of neglecting parents are more impulsive, cannot self-regulate emotions, more frequently have addictions problems, engage in delinquency, and have more mental health issues (like suicidal behavior in adolescence) (Baumrind, 1991).

Additionally, these four parenting styles might not be necessarily universal. Cultural factors might play an important role in parenting styles and child outcomes, as there is no universally "the best" style of parenting (Bernstein & Nash, 2008).

### 2.4. VIOLENT DISCIPLINARY PRACTICES

Violent discipline is a term that defines the actions taken by a parent or caregiver that are intended to cause physical pain or emotional distress to a child, as a way to correct behavior and act as a deterrent (United Nations, Committee on the Rights of the Child [UNCRC], 2007, p4). Violent disciplinary methods can be classified into two forms: psychological aggression and corporal (or physical) punishment.

Physical violence against children is defined as the use of physical force against the child that can result in harm for the child's health, survival, development, or dignity (WHO, 2006). It covers a wide range of activities such as spanking, punching, kicking, hair pulling, biting, choking, burning, poisoning, strangulation, tying a rope or chain, forcing the child to remain in a position that causes pain, etc. It can be an isolated incident or repeated activity.

Corporal punishment (CP) refers to any punishment in which physical force is used to inflict pain or discomfort upon a child for the purpose of disciplining, correcting, or controlling a child's unwanted behavior (Straus & Donnelly, 2005). It is considered child abuse, although adults often do not recognize or accept that CP as actual violence that degrades the child and leads to physical harm and damage to the child's health. CP usually refers to hitting children using hands, fists, or objects and it is the most common form of violence against children in the family (WHO, 2015). Research indicates that CP is not effective in achieving the desired behavior and often leads to increased child aggression and transgenerational transmission of violent behavior.

It is a very thin line between violent disciplining and physical abuse. Abusive adults may share some general characteristics, such as the lack of knowledge or understanding of a child's developmental needs, immature/impulsive behavior, the use of children to meet emotional or physical needs, unrealistic expectations or standards for him/ herself and children, lack of interpersonal skills, and the lack of interaction with other people.

Exposure to domestic violence interferes with all domains of child development — psychological, emotional, cognitive, and social (Petersen, Joseph, & Feit, 2014). The consequences of exposure to violence include physical conditions (e.g., injuries, disabilities), emotional disorders like depression, anxiety, aggression, anger, hostile attitude, low self-esteem, guilt, shame, post-traumatic stress disorder (Mercado, Wiltsey-Striman, & Iverson, 2015; Springer, Sheridan, Kuo, & Carnes, 2007) cognitive disorders such as intellectual disability, developmental disharmony, intellectual inhibition, concentration problems (Gould et al., 2012; Irigaray et al., 2013) and social disorders, for example, (anti-social behavior, hostile attitude, abuse of alcohol and drugs, teen pregnancy, repeated victimization (Petersen et al., 2014).

Without data on how parents discipline their children, it is difficult to describe the nature and extent of violent disciplinary practices. Identifying socio-cultural and demographic factors that may contribute to their use is of great importance. More importantly, data may contribute to developing effective strategies to promote positive parenting and prevent violence against children.

The violent disciplinary practices range from mild to severe; they can last a short period or they can be longtermed. These are the main factors that determine the severity of the disciplining consequences on a child's physical and mental health (Bordin et al., 2009). This is why the main question of every research focusing on child disciplining is which form of punishment affects a child's well-being and how.

### 2.5. OVERVIEW OF SPANKING RESEARCH

The first country to completely ban the use of CP was Sweden in 1979. This was maybe the first and the best example of how the systematic change in the country's legal system can lead to a significant change in society. It is important to mention that prior to the passing of the Swedish law, the use of CP was already low, due to intermediary legal proceedings that occurred decades before. This was a good starting point for this law to pass in the first place. After the establishment of the law, the use of CP among parents continued to decline (Durrant, 2020) and strategies were formed to further enhance the protection of children's rights. This changed the paradigm of attitudes of Swedish people towards the use of CP (Roberts, 2000). The longitudinal studies that were conducted after the implementation of this law in Sweden showed lower rates of youth crime and suicide, and less alcohol and drug abuse among youth, compared to the situation before the legislation was implemented (Durrant, 2000).

In 2006, the United Nations conducted an in-depth study on the question of violence against children and recommended appropriate actions by the Member States (Pinheiro, 2006). A key finding was that the most violent acts against children take place at home. At the same time, it registered several harmful consequences of violence on children: impact on brain development, substance misuse, psychological consequences ranging from depression to suicide, and further victimization. The study also highlighted the fact that violence against children results in significant costs to society. Short-term consequences were mostly related to costs of health services treating disabilities, mental-health outcomes, and school drop-out. The authors suggested that in the long-term societies suffer from losses in individuals' productivity and their capacity to be financially self-sufficient, not to mention the lasting costs associated with being victims of violence. The study concluded that although violence against children was widespread, it is preventable and the world has the resources to act on its elimination.

Almost two decades ago, the first meta-analysis was conducted on the effects and consequences of CP on children. The authors found many negative effects on the health of children, such as poor moral internalization, poor quality of the relationship between parents and their children, mental health problems in childhood, increase in aggressive behaviors, criminal and antisocial behavior in adulthood, mental health problems in adulthood, abusing their own children or spouses when adult (Gershoff, 2002). Fifteen years later, the second meta-analysis summarizing results of 75 studies (sample consisting of 160,927 children) confirmed previous findings and suggested additional negative outcomes like externalizing behavior problems, impaired cognitive efficiency in childhood, low self-esteem in childhood, and holding positive attitudes about spanking as an adult (Gershoff & Grogan-Kaylor, 2016). Moreover, when children are at the age of 3, about 53% of mothers and 44% of fathers had spanked their child at least once in the past month (Altschul, Lee, & Gershoff, 2016).

There was a small but statistically significant negative association between spanking and young children's socioemotional development. The countries with higher average socioemotional development scores tended to have stronger negative associations between spanking and socioemotional development (Ward, Lee, Pace, Grogan-Kaylor, & Ma, 2020). The data from 62 countries demonstrated that caregivers' reports of spanking of children in the household were associated with lower socioemotional development of 3- and 4-year-old children; in 59 countries (95%) a negative relationship between spanking and child socioemotional development was detected, while 3 countries (5%) had a null relationship (Ward et al., 2020). These findings suggest that spanking inflicts more harmful than good outcomes. Special focus should be on violence against children with disabilities. Persons with disabilities are at an increased risk of interpersonal violence due to stigma and discrimination, exclusion from education and employment, communication barriers and a lack of social support (United Nations, Department of Economic and Social Affairs, 2018).

### 2.6. MEASURING CHILD DISCIPLINE

Based on the belief that the central motivation of all humans is to belong somewhere and to be accepted by others, all types of behaviors (including misbehavior) is orderly purposeful and directed toward achieving social recognition (Pillow, Malone, & Hale, 2015). The "inner" goal usually results in the "outward" behavior. The subconscious goals that most often motivate behavior are attention getting, power and control, revenge, and helplessness. Discipline means "to teach", caregivers, teachers, and parents need to learn specific optimal methods of positive discipline for children (Nieman & Shea, 2004). Without the knowledge of the quality, specificity, and appropriateness of adult transactions in disciplining children, the measurement of effectiveness will not be valid. Discipline can represent a lot of different things; before measuring it, different aspects need to be defined — is there a need to measure the number of discipline referrals, or to explore the varied approaches to discipline, or to measure the levels of self-discipline, or methods of discipline, or behavioral intervention, etc. Also, social behaviors are culturally dependent, and the concepts of discipline or indiscipline are influenced by the criteria identified in certain socio-cultural contexts.

Due to the aforementioned reasons, the measurement of disciplinary practices is rather complicated. Current researchers struggle to determine which types of violent practices to focus on and whether it is better to focus on attitudes and beliefs about discipline, or on the disciplinary behaviors in question (UNICEF, 2010). Additionally, the identification of appropriate respondents (children, young adults, or caregivers) is a challenge. Depending on the sample the results can differ significantly. For example, asking young adults about "the discipline they experienced in the past", can provide information on cumulative prevalence, but may be influenced by recall bias (Newbury et al., 2018; UNICEF, 2010). In contrast, asking caregivers or younger children about the current disciplinary measures can provide more current data, but the results can be altered by reporting bias as different responses can be obtained from children and their caregivers (Newbury et al., 2018).

### 2.7. VARIABLES ASSOCIATED WITH SPANKING

### 2.7.1. Sociodemographic factors and violent disciplining

Surveys conducted on violent disciplinary methods show that these methods are highly prevalent in all settings and in families with different backgrounds (UNICEF, 2010).

Living in urban, compared to a rural residence and family poverty is associated with decreased odds of slapping/spanking (Afifi et al., 2019). Parents, primary caregivers' childhood experiences of physical and verbal bullying, victimization, spanking, sexual abuse, emotional abuse, and exposure to physical intimate partner violence is associated with increased odds of youth reported slapping/spanking. Their experiences of physical abuse and exposure to emotional/verbal intimate partner violence in childhood are associated with decreased odds of youth reported slapping/spanking. Higher levels of marital conflict, languishing to moderate mental health functioning and emotional well-being and moderate or greater alcohol use, are associated with increased odds of youth reported slapping/spanking (Afifi et al., 2019).

Results from several studies indicate that parental education, employment, income adequacy, single-parent status, ethnicity, and residence in an urban versus rural community are associated with the use of spanking (Afifi et al., 2017; Grogan-Kaylor et al., 2018).

Some countries also reported a trend of an increase in violent discipline practices with a higher number of children in the household. Furthermore, records from more than half of the countries with available data show that children raised by parents with a higher level of education are less likely to experience violent discipline (UNICEF, 2010).

### 2.7.2. Attitudes toward violent disciplining

Almost three decades ago, Korbin suggested that cultural values and individual child-rearing practices play a significant role in defining what is child abuse and what it is not (Korbin, 1991). Since then, this subject gained a lot of scientific interest. Research shows that attitudes towards the use of CP reflect parental behavior towards their children and the frequency of spanking (Durrant, Rose-Krasnor, & Broberg, 2003; Gagné, Tourigny, Joly, & Pouliot-Lapointe, 2007). Moreover, there were several factors that significantly shaped those attitudes in parents, such as the cultural surroundings, norms, and socioeconomic status. According to the study that compared the attitudes of Swedish and Canadian mothers, there was a significant difference between the opinions of the two culturally different groups; Canadian mothers had more positive attitudes towards CP and they used it more often (Durrant et al., 2003). Apart from the cultural background, the socioeconomic status of the families showed a negative correlation to parental attitudes (Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000). Several studies found that the level of parental stress, conservative ideology, and their previous childhood experiences were significant predictors of positive attitudes towards violent disciplining (Crouch & Behl, 2001; Clément & Chamberland, 2009). An interesting finding was that experience of spanking in one's childhood modified the parental attitudes towards CP, but severe punishment did not (Clément & Chamberland, 2009). Some studies showed that when parents believed that non-violent disciplinary techniques were not as efficient methods of disciplining, they usually chose the opposite (Jackson et al., 1999).

A more recent study conducted in 33 countries by UNICEF suggested that parents usually do not believe in the need for physical punishment (UNICEF, 2010). In other words, less than one-fourth of primary caregivers believe in physical punishment. Only in two countries, the Syrian Arab Republic and Sierra Leone, a majority of mothers/primary caregivers believe that physical punishment is a necessary aspect of child discipline. The important finding was that physical punishment is the method of discipline used in households where mothers/primary caregivers do not necessarily believe in violence. The comprehensive understanding of parent's attitudes towards corporal punishment is essential to interpreting the prevalence of violent discipline and for developing adequate policies for solving this issue. In terms of attitudes, it is widely believed that the parents spank their children because of their belief that this is a useful technique for educating the child about proper behavior. Empirical findings led to a belief that modifying parental attitudes can be an efficient way to prevent the use of CP, especially frequent CP.

### 2.7.3. Relationship between practice and attitudes toward violent disciplining and trauma-related mental health problems

People acquire their beliefs about child-rearing before they become parents. These beliefs and the processes that lead to their formation may be influenced by their previous experience and their mental health status. Attitudes towards violent disciplining and the use of corporal punishment were significantly and positively related to the frequency of CP (Deater-Deckard, Lansford, Dodge, Pettit, & Bates, 2003). Understanding how these attitudes are formed is one of the keys to understanding the intergenerational transmission of corporal punishment and parenting practices more generally.

The intergenerational transmission of parenting is defined as the process by which, purposely or unintentionally, an earlier generation psychologically influences the parenting attitudes and behaviors of the next generation (Van lizendoorn, 1992). To date, research conducted in both Western and Eastern societies has observed that parental harsh discipline, such as corporal punishment, is transmitted across generations (Xing, Zhang, Shao, & Wang,

2017). Parents who had experienced spanking or physical punishment as children were more likely to use this harsh discipline toward their children (Lunkenheimer, Kittler, Olson, & Kleinberg, 2006). In a prospective longitudinal study, Bailey and associates (2009) found continuity in harsh parenting, including yelling and spanking, between grandparents and parents. The parents' attitudes toward corporal punishment played a mediating role in the continuity of corporal punishment for both fathers and mothers. Adults who have been spanked in childhood are more accepting of the use of corporal punishment; mothers who experienced violence as children are more likely to use spanking than mothers without such experiences. The studies confirm that the majority of adults who were frequently spanked (but not physically abused, humiliated, or ridiculed by their parents) during childhood and who think that CP is not likely to cause physical injuries are in favor of spanking (Clément & Chamberland, 2009). Older respondents who were spanked in childhood and who believed that spanking never or seldom resulted in physical injuries were the most in favor of spanking (Clément & Chamberland, 2009). However, respondents who reported more severe physical violence or psychological abuse in childhood were less in favor of spanking (Witt, Brown, Plener, Brähler, & Fegert, 2017). They might perpetuate a coercive ideology of child-rearing and might contribute to the intergenerational cycle of coercion and practice toward spanking and their mental health (Witt et al., 2017).

As we think about parent mental health, the study found the depressed fathers report spanking their 1-year-old children more likely than non-depressed fathers (Davis, Davis, Freed, & Clark, 2011). Another study found that fathers' parenting stress, major depression, heavy alcohol and drug use were significantly associated with the greater use of CP, whereas involvement with the child and generalized anxiety disorder were not (Lee, Perron, Taylor, & Guterman, 2011). Having 4 or more drinks in one day in the past year, compared to no alcohol use was associated with both moderate and heavy CP. Results indicate that mothers with current or past problems with alcohol abuse are more punitive toward their children (Miller, Smyth, & Mudar, 1999). It was also found that negative emotional feelings in parents, such as anxiety, can influence parents' cognitions, motivations, and parenting behavior and may lead to harsh parenting, if not well-regulated (Dix, 1991; Scaramella & Leve, 2004). High levels of anxiety in parents could interfere with the development of parents' adaptive coping skills, which might lead to specific "anxiety-enhancing" parenting behaviors, such as rejection and (over) control (Ginsburg & Schlossberg, 2002; Bögels & Brechman-Toussaint, 2006) showed that parental anxiety could drive over-controlling, negative parenting behaviors. Abusive parents compared to the non-abusive control group were found to report higher levels of anxiety (Whipple & Webster-Stratton, 1991). Based on the presented findings, we proposed that associations between child negative emotions and parental harsh discipline might be indirect. Mental health issues and stress can be seen as a drivers of violent disciplining and thus it is important to assess it.

### 2.7.4. Parental practices and basic personality traits

Substantial empirical evidence supports the link between and among parental practices and maladaptive outcomes in both mental and physical health (Belsky & Barends, 2002; Pardini, 2008). However, the question of the relationship between basic personality structure and parental practices came into the focus of researchers recently (Latzman, Elkovitch, & Clark, 2009). Studies found evidence that all Big five personality traits are related to parental practices. Neuroticism was found to be related to lower levels of parental warmth (Kendler, Sham, & MacLean, 1997), higher levels of overreacting or stricter control (Prinzie et al., 2004). Neurotic parents are considered as less competent or capable of exerting authoritative parenting (Downey & Coyne, 1990; Kochanska, Clark, & Goldman, 1997).

Higher Extraversion was found to be related positively to higher levels of control and support, that is, authoritative parenting (Belsky & Barends, 2002). A study investigating personality traits and parental practices of parents of children under the age of 8 found a positive correlation between Extraversion and positive support (Losoya, Callor, Rowe, & Goldsmith, 1997). The relation between Openness to experiences and parental practices was not sufficiently explored, but available findings indicate a positive relation between Openness and parental support (Clark, Kochanska, & Ready, 2000; Huver, Engels, Breukelen, & Vries, 2007; Huver, Otten, De Vries, & Engels, 2010; Losoya et al., 1997). Agreeableness was found to be positively related to positive support and inversely with neg-

ative, controlling parenting (Losoya et al., 1997). Huver and colleagues (2010) found a positive correlation between Agreeableness and authoritative parenting. Additionally, low Agreeableness was found to hamper adaptive parenting, one aspect of authoritative parenting (Kochanska et al., 1997). Belsky and Barends (2002) found that agreeable parents are more responsive and supportive. Finally, findings suggest a positive correlation between Conscientiousness and a higher level of parenting and less negative control (Losoya et al., 1997), and between Conscientiousness and higher responsiveness (Clark et al., 2000).

As noted, research investigating the relationship between personality traits and parental practices almost exclusively used the Big five model of personality (McCrae & Costa, 1992). Accumulating evidence in personality psychology suggests that the Five-factor model is not sufficiently comprehensive, and propose six-factor models (e.g., Big five +Honesty, Saucier, 2008). One of the most prominent big six personality models is HEXACO (Ashton & Lee, 2005). The major difference from the Big five models is the addition of the Honesty/Humility trait, which proved to be relevant for a variety of maladaptive behaviors, such as criminality, delinquency, ethical violations, etc. (Ashton & Lee, 2008).

However, a growing body of evidence suggests that a wide spectrum of experiences and behavior, i.e., psychotic-like experiences and behaviors, cannot be explained with any of the contemporary personality models. Namely, meta-analytical studies showed that neither Big five (Knežević et al., 2016), nor Cloninger's Psychobiological Model of Personality (Lazarević et al., 2016), or even Eysencks' PEN model (Knežević et al., 2019) do not encompass proneness to psychotic-like tendencies.

Recently, the domain of psychotic-like experiences has been reconceptualized as a personality trait and named Disintegration (Knezevic, Savic, Kutlesic, & Opacic, 2017). This trait is hierarchically organized and consists of nine facets: General Executive/Cognitive Impairment, Perceptual Distortions, Enhanced Awareness, Apathy/Depression, Paranoia, Mania, Flattened Affect, Somatoform Dysregulation, Magical Thinking (Knezevic et al., 2017). The trait was found to be independent of the Big five (Knezevic et al., 2017). Additionally, a large cross-cultural study showed that the Disintegration trait lies beyond HEXACO traits (Knezevic et al., 2020). Since no studies investigating parental practices in relation to the seven-factor personality model have been conducted, this is the first of this kind.

### 2.7.5. Parental practices and attachment

The theory of attachment refers to the need for gaining security through a search for proximity to significant others (i.e., parental figures) (Ainsworth, Blehar, Waters, & Wall, 2015; Bowlby, 1969). There are four types of attachment, defined as behavioral patterns in the context of child's reunion with the mother, after a short period of separation: secure (type B, showing successful proximity seeking and attainment of security), insecure-avoidant (type A, typical for deactivating behavior), insecure anxious-ambivalent (type C, typical for hyperactive behavior), and the one with no particular pattern of organization, with awkward behavior and fluctuations between avoidance and anxiety — the disorganized/disoriented attachment (type D) (Ainsworth & Bell, 1969; Lenzi, Trentini, Tambelli, & Pantano, 2015; Meins, 2013).

The first relationships with the caregiver form the basis for the formation of "internal working model" of the self, and of self-in-relation to others (Bowlby, 1969), and lead to stable attachment patterns across time and different contexts (Swain et al., 2014). Attachment formation and patterns have a major role in affecting regulation. If an insecure attachment is developed, it may lead to a number of maladaptive outcomes in childhood such as internalizing and externalizing behavior problems (Kim, Woodhouse, & Dai, 2018), various adult psychiatric (Dagan, Facompré, & Bernard, 2018; Nacak, Morawa, Tuffner, & Erim, 2017), and even somatic disorders (Balint et al., 2016).

The parent-child attachment also has its biological basis, which is made since the early caregiving bonding behavior between the mother and the infant and is followed by bio-behavioral mother-infant synchrony. This harmonizing is manifested through the right brain — limbic brain interactions, matching HPA axis functioning, and matching oxytocin (OXT) levels (Toepfer et al., 2017; Schore & Schore, 2008; Fuchs, Möhler, Resch, & Kaess, 2016).

Maltreatment in childhood has been related to the formation of insecure attachment (Özcan, Boyacioğlu, Enginkaya, Bilgin, & Tomruk, 2016), particularly the disorganized/disoriented type (Main & Solomon, 1986). Also, recent studies have shown that child physical abuse, witnessing parental violence, and poorer maternal relationship quality correlates with attachment anxiety, while attachment avoidant behavior was linked to more physical abuse and poorer maternal relationship quality (Tussey, Tyler, & Simons, 2018). The unfavorable attachment patterns in childhood, on the other hand, significantly predict the levels of child abuse potential in mothers who are at-risk (Rodriguez & Tucker, 2011). Harsh parenting and proneness to punishment have been closely related to maternal sensitivity, i.e., the maternal attachment to the child (Swain et al., 2014). It has also been found that the majority of infants whose mothers have been maltreated in childhood show insecure (mostly disorganized) attachment, with a strong concordance of attachment patterns between the mother and a child (Berthelot et al., 2015). Insecure attachment of mothers, therefore, may be seen as one of the mediators between childhood maltreatment history and high-risk parenting (Finzi-Dottan & Harel, 2014). It is also important to note that it was proven that even in the context of a secure attachment style, spanking is associated with adverse outcomes in early childhood (Ward et al., 2020).

### 2.7.6. Parental practices and perceived social support

Social support is considered an important coping resource that promotes optimal well-being in every life stage (Feeney & Collins 2015; Taylor, Conger, Robins, & Widaman, 2015). Parenthood is a life domain that benefits from close and caring relationships. It is recognized that social support of the parents received plays an important role in the child's wellbeing from early childhood through adolescence.

Research about child maltreatment investigated the direct connection between perceived social support and parent's behavior toward a child. In the Garbarino and Crouter's ecological model (1978), child maltreatment is largely considered as a problem of the support systems and resources. Research also showed that authoritarian parenting increased with stress and traditional parenting beliefs and decreased with social support (Su & Hynie, 2011).

The full importance of social support becomes evident when parents face challenges. Studies showed that social support moderates feelings of depression when families must deal with poverty (Colletta & Lee, 1983; Simons, Beaman, Conger, & Chao, 1993). The relationships between depressive symptomatology and parental stress and physical discipline practices (i.e., increased spanking) are moderated by the availability of social support (Jackson, Gyamfi, Brooks-Gunn, & Blake, 1998). It is assumed that social support makes parents feel less isolated and overwhelmed by their parenting situation and more satisfied with their children (Rodrigo, Máiguez, Correa, Martín, & Rodríguez, 2006). Consequently, parents that cope better with stress more easily avoid physical punishment. Unfortunately, findings suggest that usually, parents with the most psychological distress were the least supported (Al-Gamal & Long, 2013). Perceived social support was associated with better child developmental outcomes, mediated by positive parenting practices (Serrano-Villar, Huang, & Calzada, 2017).

### 2.7.7. Parental practices and ACE

An adverse childhood experience (ACE) is a traumatic experience in a person's life occurring before the age of 18, that person as an adult remembers (UNICEF, 2019). ACEs comprise the following: physical abuse, emotional abuse, sexual abuse, alcoholism in the family, drug abuse in family, depression or any other mental illness in the family, suicide in the family, incarceration of a family member, abuse of mother by the partner, abuse of father by partner, parent separation, psychological neglect, physical neglect, bullying, involvement in a physical fight, community violence, and collective violence (Iniquez & Stankowski, 2016; UNICEF, 2019).

In the recent study conducted by UNICEF and expert team on the Serbian population, the participants expressed their attitudes toward corporal punishment, whether they were parents or not. Over 50% of the participants disagreed with spanking a child as a helpful parental disciplinary practice. However, participants who were more frequently spanked during childhood were more prone to support corporal punishment (UNICEF, 2019). This study also explored the association between being spanked in childhood and adolescence (as a discipline method used by own parents) and current attitudes toward corporal punishment. Participants who were more often spanked were more supportive of using corporal punishment as a disciplining method (UNICEF, 2019).

The participants with a higher number of ACEs (any ACE score) and moreover, those who were more spanked in childhood, were more prone to support using corporal punishment in child-rearing, suggesting the risk of potential intergenerational patterns of spanking and maltreatment. This risk was higher in participants who are parents. A number of studies speak in favor of the existence of intergenerational transmission of maladaptive parenting patterns and child maltreatment (Lange, Callinan, & Smith, 2019), roughly confirming a traditional rule of thumb that only a third of victims perpetuates the intergenerational cycle, other third breaks it, and a remaining third stay sensitive to social stress (Oliver, 1993). The mechanisms of this intergenerational transmission are still unknown, where various bio-psycho-social factors influencing it were hypothesized (Mitkovic Voncina, Pejovic Milovancevic, Maravic Mandic, & Lecic Tosevski, 2017).

There is still a great need to define the relationship between different childhood adversities and the support of corporal punishment. The spanking frequency in childhood showed a stronger association with supporting corporal punishment than the number of ACEs. The study conducted on German population also found that those who supported corporal punishment reported experiencing this exact kind of discipline themselves by their parents (Witt et al., 2017), whereas the Chinese study showed associations between experiencing and perpetuating corporal punishment, with positive attitudes toward this type of discipline being the possible underlying mechanism (Wang et al., 2018). Studies also indicated that those who were threatened and humiliated by parents and suffered severe physical violence — agreed less with spanking as a disciplinary method while those who were spanked in childhood — approved spanking more (Gagne et al., 2007). Therefore, the data indicate possible differences in how various types of childhood adversity affect endorsing corporal punishment as a disciplinary method.

### 2.7.8. Beliefs, perception, and motivation of the professionals regarding parental discipline

Professionals can optimize their efforts to educate parents against spanking their children; healthcare providers and other professionals should engage parents in conversations about their discipline practices and plans, and provide education on why spanking is not a recommended form of discipline. Their role should be to convince parents to stop spanking their children and to teach them alternative disciplining strategies, or at least to have negative attitude and demonstrate it during their work with parents. The intergenerational cycle of acceptance of spanking as a form of disciplining could be stopped by early interventions, highlighting the problems associated with spanking, and by educating parents about alternative, nonphysical options (Hudnut-Beumler, Smit, & Scholer, 2018).

It is of great importance to understand which factors associated with CP are susceptible to change. It has been proven that attitudes towards different behaviors are influenced by perceived norms of the behavior in question and also by expected outcomes. On this note, the researchers have found that parents who expect more positive outcomes from CP are using it more often in disciplining their children (Gagne et al., 2007; Taylor et al., 2011).

The existing research points to the fact that the attitudes of professionals have a substantial influence on parental attitudes and beliefs. Several studies have shown that parents value the opinions of professionals (medical professionals, social workers, psychologists) the most when it comes to the use of CP (Taylor, McKasson, Hoy, & DeJoung, 2017). Additionally, when professionals support parents in the use of these types of disciplinary practices, then the parental motivation for use of CP is the strongest. Many professional organizations in the U.S. have clear policy statements discouraging the use of CP (e.g., American Academy of Child and Adolescent Psychiatry, 2012; American Academy of Pediatrics, 1998).

The current attitudes among professionals about the use of CP are very variable and the factors which influence these attitudes are yet to be determined. The study conducted among the U.S. pediatricians in 1998 reported that almost half of participants thought that CP is an effective way of disciplining, while 42% conditionally recommended the use of CP (Taylor et al., 2017). A survey among psychologists found that 70% would not recommend parents use spanking and 30% would sometimes suggest spanking (Schenck, Lyman, & Bodin, 2000). A more recent study by Hornor and colleagues (2015) reported that healthcare professionals mostly thought that spanking was sometimes acceptable and necessary. Still, the majority of respondents thought that it can be an abusive technique (77%) and that nonphysical discipline can be more effective (53%). One of the significant factors

that influence how professionals perceive CP was their own experience with CP. Namely, professionals who were spanked in childhood were more likely to report that spanking is sometimes necessary, while those who were never spanked more frequently reported that nonviolent forms of discipline are more effective (Hornor et al., 2015).

### 2.7.9. Attitudes and perceived norms and training needs of professionals regarding CP

Attitudes toward parenting practices are being created before that actual experience of being a parent (Mitkovic Voncina et al., 2017). Spanking is possibly transmitted across generations (Witt et al., 2017), leading to a possible risk of intergenerational transmission of child maltreatment (Mitkovic Voncina et al., 2017). Attitudes toward corporal punishment are considered to be the link between experiencing and perpetuating this form of discipline (Wang et al., 2018), while maternal negative parental attributions were found to mediate the relationship between parental stress and harsh/abusive discipline towards a child (Beckerman, van Berkel, Mesman, & Alink, 2017). The reason spanking might be internalized as positive might be due to either holding oneself responsible for the maltreatment ("it's my fault") or attempting to minimize its significance by denying that it even happened ("it was not really maltreatment, it taught me a lesson") (Murphy et al., 2014). Therefore, assessing attitudes toward corporal punishment in the context of own childhood adversity is warranted, even before someone becomes a parent.

Similar to attitudes, it has been shown that perceived norms have a significant influence on behavior (Berkowitz, 2003). To our knowledge, there are only a few studies that address this issue. Parents' approval of punishing children is strongest when they perceive that professionals whom they trust (e.g., pediatricians) advise them to use punishment (Taylor et al., 2011). Medical professionals, particularly pediatricians, psychologists, and social workers are the group that parents trust the most when seeking advice about parenting (Taylor, Moeller, Hamvas, & Rice, 2013; Walsh, 2002). Hence the attitudes and injunctive norms of these professionals may have a substantial influence on changing parenting norms regarding corporal punishment. One of the studies conducted in 2016 reported that up to 60% of medical professionals thought that CP was not a good disciplinary technique, and 39% reported perceiving that their colleagues felt the same way (Gershoff et al., 2016). Also, studies show that the professionals who think their opinions are different from the actual norms may behave differently than those who do. It has been shown that parents do seek advice about child discipline during their visits to healthcare institutions but they are often left without any (Olson et al., 2004). This is usually due to a lack of time, motivation, or knowledge of professionals working in public institutions. Many professionals do not get appropriate training in advising parents on disciplinary strategies which is why they often avoid giving comprehensive advice on this subject. In conclusion, despite a great deal of evidence against the use of CP, many parents still use it as the primary disciplinary technique. Also, having in mind that the majority of evidence shows that attitudes of professionals significantly impact the attitudes of caregivers, it is worrying that some healthcare professionals still advise the use of CP. However, we lack the knowledge of the current attitudes, beliefs, and perceived norms of such professionals. Most of the studies on this subject were conducted more than a decade ago. The evidence about the current situation is crucial if we are to effectively develop strategies and prevent the use of CP.

## **3** STUDY OBJECTIVES

• he purpose of the research is to explore attitudes towards violent disciplining and practicing violent disciplining among professionals and on a nationally representative sample of parents of 0-18-year-old children in Serbia. In addition, the research will investigate various socio-demographic and psychological correlates, as well as some possible intergenerational outcomes of violent disciplining.

The first necessary step in the research is systematic evidence on knowledge, attitudes, and practices on child disciplining at home among parents. Additionally, collecting data on the sample of professionals who should provide support to the parents in their role would provide us with the necessary information for policy-making. This is closely aligned with UNICEF Serbia Country Programme priorities and as such specifically included in the Work-plan 2019–2020 signed by the Government to support the implementation of national VAC Strategy with particular focus on the promotion of non-violent disciplining.

The expected result of the research is in-depth knowledge that key actors have on (non)violent disciplining of children at home having in mind their roles (being parents or being professionals). The research also provides information on the communication channels they use and trust in relation to seeking/providing new information and advice.

The research findings are used to design comprehensive program response with embedded communication for development (C4D) approach seeking to contribute to increasing a) knowledge on positive parenting methods, b) readiness to engage into changing behavior (in parents)/practice (in professionals), and c) application of positive disciplining (in parents) and advice/counseling (in professionals). More specifically, it will help in a) designing key communication messages, b) selection of communication channels and development of related raising awareness materials and c) development of tailor-made capacity building programs for professionals from key sectors. The research findings shall act as a baseline and provide sound ground for establishing SMART objectives and expected results for the intervention. The anticipated impact is that parents do not practice violent disciplining with their children, education and health systems that consistently implement positive parenting programs (advice, counseling, and referral) and social welfare system that better protect children at risk and/or experiencing violent disciplining through supervision of referred/identified parents and application of other support and/or correction measures as needed.

Currently, more general mainstream programs and capacities aimed at supporting violence against children (VAC) prevention do not seem to have a sufficient impact on the transformation of the existing child disciplinary practices. The high-level decision-makers' commitment to addressing this issue is demonstrated through a willingness to amend the Family law to ensure explicit ban on violent (corporal) punishment at home. This is considered as an important facilitator of a more comprehensive program aimed to target behavior change.

There is an increasing professional consensus that the parenting practices should be emphasized as one of the key aspects for implementation of change, owing to the fact that parenting skills are the most suitable for modification. We need the research to investigate this aspect of parenting and point out the importance of the development of focused and relevant programs and strategies.

Without accurate data on how parents discipline their children, it is difficult to describe the nature and extent of violent disciplinary practices in Serbia. Also, it is important to identify social and demographic factors that may contribute to their use. More importantly, data may contribute to developing effective strategies to promote positive parenting and prevent violence against children.

The main goal of the research is to fully comprehend what kind of attitudes and knowledge do the key actors have on (non)violent disciplinary practices at home having in mind their roles (being parents or being professionals). The research should provide useful information on which sources do they use in relation to seeking/providing new information and advice about child-rearing.

According to the previously mentioned purpose, the main goals of the study are:

- establish the prevalence of violent disciplining practice among parents of 0-18-year-old children and their interrelations and socio-demographic correlates:
- Examine attitudes toward violent disciplining among parents of 0–18-year-old children and their interrelations and socio-demographic correlates;
- Investigate the relationship between practice and attitudes toward violent disciplining and trauma-related mental health problems;
- Investigate the relationship between practice and attitudes toward violent disciplining on one side and seven basic personality traits on the other;
- Investigate associations of practice and attitudes toward violent disciplining with attachment to own parents and partner;
- Investigate associations of practice and attitudes toward violent disciplining with perceived social support;
- Investigate associations of practice and attitudes toward violent disciplining with adverse childhood experiences of parents (disciplinary practices and maltreatment experienced in childhood).
- Investigate attitudes toward violent disciplining among professionals.
- Investigate the beliefs, perceptions, and motivation of the professionals regarding parental discipline.
- To understand if behaviors associated with violent disciplining is governed by normative drivers (social norms).

In the research we used a cross-sectional design to explore attitudes toward violent disciplining, usage of violent disciplining in education and upbringing of children, and the social norms around the drivers of violent disciplining. Obtained results will be used for promotion and further implementation of evidence-based interventions targeting the prevention of violent disciplining and reduction of positive attitudes toward violent disciplining. The expected outcome is to raise awareness among professionals across key sectors (health, social welfare, education) of possible violent disciplining practices and their relationship with mental health outcomes and quality of life. The research conclusion will provide input for professionals in the social service system for advancing risk assessment tools and procedures as well for shaping response services for families at risk.

The research findings are aimed at decision-makers and practitioners in order to create law solutions or programs for improving parenting skills. Findings are also aimed at parents in order to provide them with insights into possible harmful outcomes of violent disciplining. Research findings should provide evidence on the scale of the problem in Serbia as an advocacy basis for further investments into violence prevention. Overall findings will inform future programming and development of interventions aimed at violence prevention as well as the development of programs of support to child victims of violence. The results of the research will be relevant to professionals who work with parents/families practicing spanking/violent disciplining, and that it will raise awareness of the general public about the negative consequences of violent disciplining on life outcomes. Additionally, it should offer support to the positive, constructive approaches leading to transformations of negative practices. Findings will be of key importance to the social welfare system, as they can provide input for advancing risk assessment tools and procedures as well for shaping response services that target families living in multiple deprivations where children are at "the edge" of the care system and are at risk of being placed into care.

### 4 METHOD

### 4.1. SAMPLE

The research was conducted on the representative sample for the population of Serbia and it consisted of two groups of participants — parents and professionals. Representative sample ensures reliable analysis on the level of categories of the region, type of settlement (urban or rural), and many sociodemographic characteristics. The sample size was determined based on several parameters, including effect sizes, significance level and test power, number of groups for sample disaggregation, and expected response rate. Sample type can be described as multistage sampling, combining stratified, cluster and random sampling. Therefore, we first divided Serbia into four regions: Vojvodina, Belgrade, east and south Serbia combined, and west Serbia. Furthermore, out of all municipalities in Serbia, we randomly sampled clusters of 70 municipalities, proportionally to the region size and settlement type (urban or rural).

### **Parents**

In the study, we targeted parents of children aged 0 to 18. The sampling plan included two stages. In the first stage, we used region and type of settlement (urban or rural) as stratification variables. For random selection of participants, we used the random-walk technique in every sampled municipality: questionnaire administrators started from some central point in the municipality, then turned right on each street, entered every even-numbered house, or building on the street. In the case of buildings with multiple apartments, every odd-numbered apartment was selected. In every household, only one person was selected to participate in research. In case there was more than one eligible person in the household to participate in research, we selected the one whose birthday was closest to the interview date. Adults who could not comprehend questions due to mental/intellectual disability were excluded from the survey. The final sample of parents consisted of 1186 parents who in the moment of examination had children up to 18 years old. Detailed sample description will be given at the beginning of the result section.

### **Professionals**

We divided professionals into three categories: case-managers in the centers for social work (CSW), pediatricians and nurses working in healthcare centers, and teachers, psychologists and pedagogues working in elementary and secondary schools. Further on, in each municipality we sampled clusters of all three object types, CSW, healthcare centers and schools. If a sampled municipality contained more than one object in each of three categories, we randomly selected a certain number of them proportionally to the total number of objects in each municipality. However, in most municipalities just one object of each type existed, and therefore no further sampling of objects was required. Participants within each sampled object (CSW, healthcare center and school), were selected based on predefined quotas, proportionally to the number of professionals in each institution.

The final sample of professionals consisted of 234 professionals. Out of all sampled professionals, 41.9% (N=98) are working in schools, 35.9% (N=84) are working in primary healthcare centers and 22.2% (N=52) are working in CSW. Detailed sample description will be given at the beginning of the result section.

### 4.2. PROCEDURE

Twelve trained research assistants (RAs) interviewed participants, parents and professionals. Training of research assistants consisted of one day workshop, including study aims, sampling, instruments, technical issues and psychological support for handling problematic on unpleasant topics and situations. Data were collected face-to-face, through computer-assisted personal interviewing (CAPI) or through paper-pencil, depending on the participants' preferences. After the introduction, participants filled in the questionnaire using a tablet application or paper form of the questionnaire, if they did not feel comfortable with tablet use. If participants had difficulties reading, RAs helped participants with filling in the questionnaire by reading questions to them and entering responses into the questionnaire. The average interviewing time in the sample of parents was about 50 minutes, while in the sample of professionals it was about 30 minutes. To motivate participants to take part in research, RAs gave each respondent a pack of 100g of coffee or a 100g chocolate, whatever participants preferred.

### 4.3. DATA ANALYSIS

Statistical analyses included descriptive methods (frequencies, percentages, means, and standard deviations), testing differences between groups (ANOVA, t-tests) and associations of categorical or quantitative variables (Chisquare, Pearson's and Spearman's correlations), as well as multivariate analysis (linear and logistic regressions, Canonical Correlation Analysis, moderation analysis based on ordinary least square (OLS) regression within path analysis method, using bootstrapping confidence intervals (macro PROCESS (Hayes, 2013)). All analyses were conducted in SPSS software, version 20. If a certain result is statistically significant it means that it can be considered as an effect which truly exists in a population. On the other hand, if some effects are not statistically significant, it means that those results are accidentally obtained on an examined sample, and we cannot claim that they do exist on a population level. Statistically significant results are marked with an asterisk (\*), and the following markings were used to indicate the usual levels of statistical significance:

- one asterisk (\*) indicates statistical significance at the 0.05 level, which provides 95% confidence in the obtained effect;
- two asterisks (\*\*) indicate statistical significance at the 0.01 level, which provides 99% confidence in the obtained effect.

To reduce the probability of obtaining false-positive results (type I error) when multiple pairwise tests are performed on the same dataset, we employed Bonferroni correction on the raw bivariate correlations to assess their significance (Bland & Altman, 1995). Bonferroni correction is performed by dividing significance level of 0.05 by the number of comparisons, which means that significance level is reduced while confidence level in the obtained effects is increased.

### 4.4. MEASURES

To collect data from **parents**, we used the following instruments.

### 4.4.1. General information questionnaire

General information questionnaire was designed for this research and it included basic information about parents (e.g., age, sex, nationality, level of education, employment status), questions about parenting (e.g., source of information about parenting, time spent with children), basic information about children (e.g., age, sex, school achievement, chronic physical illness, mental health problems), relations within the family, personal history and history of the family of origin (e.g., chronic physical illness, excessive alcohol drinking, drug use), and guestions about social support (e.g., satisfaction with support of friends, cousins, partners). Parental support was measured through ten items. Parents answered how often (1. never, 2. rarely, 3. sometimes, 4. often, 5. every day or almost every day) they spend time with their children in ten developmentally supportive activities (reading, storytelling, singing, visiting places outside the neighborhood, playing simple games, drawing, teaching children new wordsnew things, teaching the alphabet, teaching numbers, hugging children and show them that they loved them).

The general information questionnaire contained 46 open-ended and multiple response questions.

### 4.4.2. HEXACO Personality Inventory-Revised (HEXACO-PI-R)

We used the 60-item self-report form of the HEXACO Personality Inventory (HEXACO-60; Ashton & Lee, 2009), to assess individual differences in six personality dimensions: Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to Experience. Each personality trait is assessed by 10 items, with a joint 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). HEXACO is a highly reliable instrument for the assessment of basic personality traits. Ashton and Lee (2009) showed that internal consistency of dimensions on 60-item form for ranges from .77 (Agreeableness and Openness to experiences) to .80 (Extraversion) in the college sample, and from .73 (Emotionality and Extraversion) to .80 (Openness to experiences) in the community sample (Ashton & Lee, 2009). In a previous study using the Serbian form of 100-item HEXACO Cronbach's alphas ranged from .81 (Openness to experiences) to .92 (Extraversion) (Knezevic, Lazarevic, Montag, & Davis, 2020).

### 4.4.3. Disintegration trait — DELTA scale

In addition to HEXACO, we also assessed the Disintegration trait (Knežević et al., 2017), using a short self-report version of the DELTA scale consisting of 10 items, with a joint 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The Disintegration trait was included in this research because it can be a significant predictor of various behavioral outcomes, independent from other personality traits measured in the HEXACO model. Cronbach's alpha reliability of the full 120-item DELTA scale on a sample representative of the Serbian population was .94 (Knezevic et al., 2017), while internal consistency of 20-item DELTA scale obtained on a sample representative of the German population was .92 (Knezevic & Keller, 2020). The 20-item form of the instrument was developed employing the Ant Colony Optimization (ACO) algorithm, a recently proposed heuristic procedure for conducting automated searches. The algorithm mimics the behavior of real ants by establishing the shortest route from their colony to the sources of food by following the trail repeatedly marked by other ants via pheromone. The usefulness of ACO has been demonstrated in developing short forms of the questionnaire (Olaru, Witthöft, & Wilhelm, 2015).

### 4.4.4. Trauma Symptom Checklist (TSC-40)

The Trauma Symptom Checklist (TSC) assesses symptomatology associated with childhood or adult traumatic experiences in adults (Elliott & Briere, 1992). We used TSC-40 to assess the following five trauma symptoms: Anxiety, Depression, Dissociation, Sexual problems, and Sleep disturbances. The scale contains 40 items with a joint 4-point Likert-type scale ranging from 1 (never) to 4 (often). In addition to the total TSC-40 score, six indices can be calculated: Anxiety (alpha =.66), Depression (alpha =.70), Dissociation (alpha =.64), Sexual Abuse Trauma Index (alpha =.62), Sexual Problems (alpha =.73), and Sleep Disturbances (alpha =.77). Overall, the scale has high reliability (Cronbach's alpha =.90).

### 4.4.5. Experiences in Close Relationships — Relationship Structures Questionnaire (ECR-RS)

This is a self-report questionnaire assessing attachment orientations across relationships (Fraley, Heffernan, Vicary, & Brumbaugh, 2011). It assesses attachment-related Anxiety (level of insecurity related to someone's availability or responsiveness) and Avoidance (level of discomfort in being close to or depending on someone) in four kinds of relationships: relationship with mother, father, romantic partners and friends. In the original version, each relationship is assessed with the same 9 items with a joint 7-point Likert-type scale ranging from 1 (disagree strongly) to 7 (agree strongly). Here, we focused on two types of relationships — with the dominant parent and with a romantic partner (18 items in total). Cronbach's alpha for both dimensions of attachment to mother, father, and partner range between.87 and .92 (Fraley et al., 2011).

### 4.4.6. Conflict Tactics Scales: Parent-Child Version (CTSPC)

The Conflict Tactics Scales: Parent-Child Version (CTSPC) is a widely used instrument to measure child discipline. CTSPC is a version of Conflict Tactics Scales, developed to obtain data on corporal punishment as the parenting disciplinary strategy (frequency and prevalence), as well as other aspects of parenting behaviors (non-violent discipline, weekly discipline, physical maltreatment, psychological aggression, neglect, and sexual maltreatment) (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). It contains 22 items divided into 5 primary scales: 4 items for nonviolent discipline (e.g., "explain why a certain action was wrong"); 5 items for psychological aggression (e.g., "shouting, yelling, or screaming at the child"); and 13 items for physical assault - 6 items for minor physical assault (corporal punishment) (e.g., "using the hand to spank on the bottom"); 3 items for severe physical assault (e.g., "hitting with a fist or kicking hard"); and 4 items that assessed extreme physical assault (e.g., "intentional burning or scalding"). Three supplemental scales were also included with the total of 13 items: neglect scale that included 5 items (assessing failure to engage in behavior that is necessary to meet the developmental needs of a child); weekly discipline scale with 4 items (assessing frequent parental punishment in the last week) and 2 items that assessed the presence of sexual abuse (e.g., "touching and forced sexual contact"). Each item on the primary scales (including the neglect scale) is scored on an eight-point scale reflecting frequency within the past year. Possible responses range from "once in the past year" up to "more than 20 times within the past year". There are also responses "not in the past year, but happened before" and "this has never happened". Weekly discipline is scored on a seven-point scale from 'This has not happened in the last week' to 'More than 20 times this week'. Sexual abuse scale scored on a three-point scale from 'No, it did not happen' to 'Yes it happened more than once'. Cronbach's alpha ranges from .58 for Neglect, to .72 for overall physical assault scale (Bennet, Sullivan, & Lewis, 2006). We used the same instrument to assess parental childhood experiences by their own parents (disciplinary methods and child maltreatment), with the modification of assessment period (first 18 years of parent's life), and with a 7-point scale. This use of the instrument provided the scales equivalent to the original instrument, except for the weekly discipline.

### 4.4.7. Attitudes toward Physical Punishment (ATPP)

Attitudes Toward Physical Punishment (ATPP) is a 12-item self-report instrument assessing attitudes toward physical punishment. Items were selected from the Discipline Questionnaire used in research conducted by Graziano and colleagues (1992). Participants responded using a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Test-retest reliability over 3 to 4 weeks on U.S. subjects yielded high reliability (r=.76), while internal consistency was alpha =0.84 (Graziano, Lindquist, Kunce, & Munjal, 1992). A higher score indicates positive attitudes towards physical punishment.

### 4.4.8. Expected outcomes of using corporal punishment

The scale was designed to assess parental expectations of using corporal punishment as a parental practice (Taylor, Fleckman, & Lee, 2017). It consists of two subscales (7 items each): positive outcomes subscale (child behaving in the short and long term, being more respectful of a parent, learning correct behavior, having a better relationship with the parent, having a decreased chance of being delinquent or incarcerated later in life, having higher self-control) and negative outcomes subscale (physical injury, increased aggressiveness, physical abuse, longterm emotional upset, poorer cognitive abilities, poorer mental health, poorer physical health). All items have a joint 5-point Likert-type scale ranging from 1 (never) to 5 (always). Cronbach's alphas for positive and negative outcomes were .88 and .89 respectively (Taylor et al., 2017).

### 4.4.9. Emotion Regulation Questionnaire (ERQ)

Emotion Regulation Questionnaire (ERQ) is a 10-item self-report questionnaire assessing individual differences in the use of two emotion-regulation strategies: 1) cognitive reappraisal, i.e., attempt to reinterpret an emotion-eliciting situation in a way that alters its meaning and changes its emotional impact (6 items) and 2) expressive suppression, i.e., attempt to hide, inhibit or reduce ongoing emotion-expressive behavior (4 items) (Gross & John, 2003). Participants responded using a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly disagree). The Cronbach's alpha for cognitive reappraisal and expression suppression ranges from 0.75 to 0.82 and from 0.68 to 0.76 respectively (Gross & John, 2003).

To collect data from professionals, we used the following instruments:

### 4.4.10. General information questionnaire

General information questionnaire for professionals was designed for the purpose of this research and it included basic personal information (e.g., age, sex, nationality, education level), information about the profession (e.g., occupation, work experience, place of work), parenting (e.g., source of information about parenting) and children (i.e., a number of children). The general information guestionnaire contained 13 open-ended and multiple response questions.

For assessing attitudes of professionals toward corporal punishment and violent disciplining, we included same questionnaires as for parents, in the test battery:

### 4.4.11. Attitudes toward Physical Punishment (ATPP) and

### 4.4.12. Expected outcomes of using corporal punishment

Detailed description of those two instruments is given above in the section Measures used for parents.

The following questionnaires were taken from the study of Taylor, Fleckman, and Lee (2017) aiming attitudes, beliefs, and needs of professionals who advise parents regarding child discipline strategies.

### 4.4.13. Perceived attitudes of colleagues towards corporal punishment

Participants were asked about their perception of opinions of the majority of their colleagues within their profession toward spanking children (Holden, 2001). Participants responded using a 5-point Likert-type scale ranging from 1 (strongly agree) to 5 (strongly disagree). Higher scores indicated more perceived positive attitudes of colleagues toward spanking.

### 4.4.14. Beliefs about advising parents about child discipline

To assess professionals' preparedness beliefs and perceived value beliefs regarding advising parents on discipline strategies that do not include corporal punishment, Taylor and colleagues developed seven additional items. Preparedness beliefs were assessed with 4 following questions: 1) How strongly do you believe that advising parents about corporal punishment is a part of your job, 2) How well-trained do you feel you were to provide such advice, 3) How confident do you feel about your ability to provide such advice and 4) How supported do you feel in your workplace to provide such advice. Perceived value beliefs were assessed using the following questions: 1) do you give a high priority to providing such advice, 2) how highly do you think parents value such advice when you provide it and 3) how likely do you think parents are to follow such advice when you provide it. Participants responded using a 5-point Likert-type scale ranging from 1 (not at all) to 5 (extremely).

### 4.4.15. Perceived professional norms of preparedness about advising parents about child discipline

Targeting professional norms of preparedness about advising parents on child discipline, Taylor and colleagues developed four following items: how well-trained do you think most people in your profession are to provide

advice about using discipline strategies that do not involve spanking or hitting a child with a hand or an object, how confident do you think most people in your profession are to provide advice about using discipline strategies that do not involve spanking or hitting a child with a hand or an object, was learning how to prevent child physical abuse before it occurs emphasized in your professional training or education and was learning how to respond to child physical abuse cases after they occur emphasized in your professional training or education. Participants responded using a 5-point Likert-type scale ranging from 1 (not at all) to 5 (extremely).

### 4.4.16. Motivation to change norms regarding CP of children

Taylor and colleagues (2017) also asked participants about their level of motivation to participate in following seven activities: learning more about the effects of spanking on children, talking to parents about using discipline techniques that do not involve spanking, challenge parents' viewpoints that support the use of spanking, challenge colleagues' viewpoints that support the use of spanking, work with the employer to change policies related to the use of spanking, discuss discipline techniques that do not involve spanking with the colleagues, and learn about best interventions with parents when they spank children in the presence of the participant. Participants responded using a 5-point Likert-type scale ranging from 1 (not at all) to 5 (extremely).

### 4.4.17. Perceived professional barriers to advising parents about child discipline

To identify real or potential barriers for professionals to educate parents about non-violent disciplining, Taylor and colleagues listed twelve potential professional barriers and asked participants to answer yes or no. Listed barriers are following: lack of time, lack of resources, lack of incentive, lack of reimbursement for time spent advising parents on this topic, discomfort with the topic, concern about cultural sensitivity, lack of knowledge about how to best advise parents, lack of training about how to best advise parents, lack of knowledge about what types of strategies would be more effective than the spanking, belief that this is not an issue in your profession, and possible other barriers. There was one final open-ended question — what do they think would help remove or reduce any of the barriers listed.

### 4.5. FOCUS GROUP WITH RESEARCH ASSISTANTS

The focus group with research assistants (RAs) was performed after the data collection was finished and it covered two main topics. In the first phase, we discussed estimations of the rejection rate and participants' reactions and comments related to the questionnaire which might have influenced the validity of the data. The second phase of the focus group served as a debrief procedure for RAs — they have shared their personal experiences and unpleasant situations which they were faced with during fieldwork. We discussed their experience while collecting data in both samples.

### **Parents**

The RAs estimated rejection rate was higher in urban areas (ranging from 16.6% to 50%) than in rural areas (ranging from 3.84% to 16.6%). Given the rejection rates reported in previous studies, such as the ACE study (UNICEF, 2019), these rejection rates were expected. RAs reported that an in-kind gift (100g-200g coffee or 100g chocolate) improved response rate only in rural areas. Furthermore, participants often refused to use a tablet, regardless of age, gender, or area. Interestingly, RAs mentioned potential participants often did not open the front door after knocking or ringing, although they were inside the house or their apartment. Participants who opened the door to RAs but refused to participate in the research reported the following reasons for the rejection: suspicion of institutions supporting project implementation, suspicion of anonymity of data, distrust of RAs. Sometimes, participants were commenting on items related to corporal punishment, expressing concerns that RAs could report them to the police. In addition, the RAs expressed certain concerns regarding the response bias (socially desirable responding) and response set on these scales, because they were positioned last in the questionnaire (random filling in). However, these situations were very rare. RAs also reported that unpleasant situations were extremely rare — in total, three unpleasant situations were reported.

#### **Professionals**

Collecting data from employees in the education sector and centers for social work was conducted without problems. There were neither rejections nor unpleasant situations during fieldwork. On the contrary, there were many unexpected issues within the healthcare sector. Regardless of the area, rejection rates varied from unconditional acceptance to rejection even before RAs presented the study. Variability in rejection rates indicates procedure differences between healthcare facilities when it comes to collecting data from employees in studies like this. RAs often made first contacts with nurses, who directed them further to the legal service, principals, and department heads. This process made RA's wait for the response for several weeks and more, which made fieldwork more difficult and prolonged. RAs had the impression that principals and departments' heads often decided personally who will participate in the study from their institution ("who was the most representative for the institution"). This was noticeable regardless of the fact that RAs provided an explanation that this might influence sampling and have consequences on results. Furthermore, refusal to participate was often accompanied by unpleasant conversations, inappropriate tone, sometimes even insulting RAs.

The general impression of RAs was that the training workshop was crucial for fieldwork, especially when research deals with topics that are highly sensitive as this one, and that participation in this research was a positive experience from which everyone learned something.

### 4.6. LIMITATIONS

The main limitations of the survey are its cross-sectional and retrospective design preventing us from making causal inferences. Namely, self-reports are susceptible to various biases in responding (impression management, socially desirable responding, faking, etc, Paulhus & Vazire, 2007). Additionally, respondents can have problematic and distorted self-perceptions (John & Robins, 1994), or even lack information and possess the necessary level of introspection (Kagan, 2007). Usage of self-reports in this study poses limitations to the interpretation and allow us to exclusively interpret obtained results as the associations without making causal inferences.

Moreover, collected data might be influenced by recall bias due to the exclusive use of self-report measures. However, the evidence does indicate that retrospective recall of adverse childhood experiences provides valid and reliable data (Hardt, Vellaisamy, & Schoon, 2010).

Furthermore, as the interviewers had a greater chance of interviewing people who spend most of their time at home, such as unemployed, it can result in a sampling bias. However, as we aim to conduct most of the assessment in the afternoon hours, this potential bias might be mitigated to some extent.

At the end, design such as this one establishes association at most, not causality, and conclusions are based on it. When we discuss about professional group we can also think about potential selection bias because selection in a study was somewhat dependent on the likelihood of having the exposure or the outcome of interest. Selection bias can cause an overestimate or underestimate of the association. Also, retrospective cohort studies need large sample sizes if outcomes are rare.

### **4.7. THE REVIEW PROCESS**

A Steering Committee (SC) was established and chaired by the Institute of Psychology with members from the Institute of Mental Health, WHO, Ministry of Health, Ministry of Labor, Employment, Veteran and Social Policy, Ministry of Education, Science and Technological Development and UNICEF. The SC played the role of the Reference Group of the research and organized the review process in a systematic, consultative manner. The SC provided an ongoing technical and practical guide to the research as may be required. The members reviewed and provided comments on the Concept note (ToR), inception report (Research protocol), draft report(s), and the final report prior to its approval, suggested steps for improvement or other actions, and recommended relevant clearance/ approvals. The Research Protocol (Inception report) was reviewed by the agency contracted by UNICEF while the draft research report was reviewed by both the contracted agency and UNICEF Regional Office technical advisers.

### 4.8. ETHICS

The ethical safeguards were put in place in line with the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection, and Analysis and in accordance with the UNICEF Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research.

The confidentiality and privacy of all participants were guaranteed. They received all the necessary information about the potential risks and benefits from participating in this research before being given guestionnaires. Participants were requested to sign informed consent forms prior to the interview (see Appendix for examples of informed consent for parents and professionals), and a copy of the form was being handed over to them. The second signed copy is stored at the Institute of Psychology in a locked cabinet accessible only by members of the research team. Signed consent forms will be stored for one year upon finishing fieldwork and after that destroyed using a shredder. All RAs were trained to conduct the interview and to do a debriefing with respondents afterwards. Additionally, all respondents were provided with information on the relevant institutions that could offer a professional support in case of need (e.g., the respondents are reporting being in a violent relationship such as serious physical abuse that occurred in the past week or very recently). All RAs were supervised and debriefed after field work (see Section 4.5.).

All questionnaires were filled in anonymously. They are stored in the cloud of the application, which can be accessed only by the research team. The application uses Firebase Google cloud storage, which is a real-time database, using GDPR security standards. The paper-and-pencil forms of the questionnaires are stored at the Institute of Psychology in a locked cabinet accessible only by members of the research team.

No children were interviewed. Relevant parts of the questionnaire were specifically tailored to women and men. By safeguarding anonymity, giving all relevant information prior to the enrolment of participants and informing about their right to choose to participate or not in the study, the human rights of participants are respected fully. All participants signed informed consent and all procedures adhered to the principles of the Declaration of Helsinki. Participants could withdraw their consent at any time and could ask their data to be deleted. Research applied the "do no harm" principle avoiding constituting a risk to participants in the study. Also, there is no any unethical benefit from the study for the participants.

The research protocol and tools were reviewed by the Ethics Review Board of the Institute of Mental Health and they gave official ethics approval.

There is no conflict of interest for any member of the team.

### **4.9. MANAGEMENT**

Interviewers engaged for the fieldwork were graduate and students of doctoral school of psychology.

The research was implemented by the Institute of Psychology, Faculty of Philosophy, University of Belgrade, and The Institute for Mental Health, Belgrade, Serbia, in the period from August 2019 until January 2020.

The Institute for Mental Health, Belgrade, Serbia was the main partner of the Institute of Psychology and provided its contribution through the development of research instruments and methodology, inputs, and participating in the training of interviewers, data analysis, report writing, and journal publishing. The expert group consists of professionals from both parties. The expert group participated in the development of methodology and research instruments, in the training for interviewers and drafting of the final report. Principal researcher/ expert group coordinator leads the development of research instruments, provides inputs and participates in the training of interviewers, leads data analysis and report writing. The survey coordinator worked on the overall management of the research and coordination of all research teams and phases and participated in the development of methodology and training of interviewers. Sampling and data processing expert worked on the selection of the sample, development of CAPI application, management of data processing. The fieldwork coordinator organized and managed the training and fieldwork, logistic support to interviewers, organization of fieldwork monitoring.

## **5** RESULTS

## 5.1. SAMPLE DESCRIPTION FOR A GROUP OF PARENTS

The study was conducted on a sample of parents, representative for the population of Serbia. In total, the final sample consisted of 1186 parents. Among study participants, 23.1% (N=269) live in the metro area of the capital (Belgrade and suburban municipalities), 21.9% live in south-east Serbia (N=254), 28.7% live in western Serbia (N=334), and 26.2% live in northern Serbia (Vojvodina region) (N=305) (Figure 1). For remaining participants (2%; N=24) data about the region were missing.

100 90 80 70 % of participants 60 50 40 28.7 30 26.2 23.1 21.9 20 10 Belgrade SE Serbia W Serbia N Serbia

Figure 1: The regional distribution of the sample in percentages

In the sample, 56.5% (N=656) of participants live in rural areas compared to 43.5% (N=506) who live in urban areas (Figure 2). For 2% of participants (N=24) data about the area were missing.

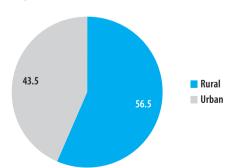
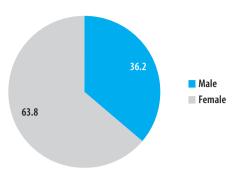


Figure 2: The urban-rural distribution of the sample in percentages

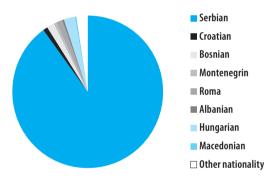
The majority of the respondents in the study were female (63.8%, N=755) (Figure 3). For 0.3% of participants (N=3) data about gender were missing. This finding differs slightly from population values according to the 2011 census which reported 48.69% males and 51.31% females, which can be explained by the gender response bias.

Figure 3: The gender ratio in the sample in percentages



The vast majority of the sample reported their nationality as Serbian (90.0%; N=1066). Other nationalities listed are as follows: Hungarian (2.4%, N=28), Bosnian (1.6%, N=19), Roman (1.3%, N=15), Croatian (1.0%, N=12), Montenegrin (0.6%, N=7), Albanian (0.4%, N=5) and Macedonian (0.3%, N=3). In addition, 2.4% of participants (N=29) specified they do not belong to any of the listed categories of nationalities (Figure 4). For 0.2% of participants (N=2) data about nationality were missing. This distribution is similar to population values from the 2011 census which reported the following distribution of nationalities in the Republic of Serbia: 83.3% Serbian, 3.5% Hungarian, 2.1% Roma, 2% Bosnian, and other nationalities under 1%.

Figure 4: The nationality distribution of the sample in percentages



About a half of the respondents finished high school (50.4%, N=593), followed by 22.5% (N=266) of respondents with a college degree, 13.4% (N=159) of respondents with two — year college degree, 8.4% (N=99) with postgraduate education, and only 5.3% (N=63) with elementary school (Figure 5). For 0.3% of participants (N=3) data about education level were missing. This distribution of levels of education differs from population values according to the 2011 census reported the following distribution of levels of education: elementary school 20.76%, high school 48.93%, two-year college 5.65%, and university 10.59%. It is important to have in mind that our sample consisted only of parents whose children are not older than 18, and it represents the population of parents, not the whole population.

Most of the respondents are employed in the private sector (41.2%; N=485), followed by 28.2% (N=332) employed in the public sector, 17.3% (N=204) unemployed but able to work, 9.4% (N=111) self-employed, 0.7% (N=8) in retirement, 0.5% (N=6) unemployed because they are not able to work and 0.5% (N=6) beneficiary of social allowance (Figure 6). For 0.7% of participants (N=8) data about employment status were missing. Less than half of all respondents (41.4%, N=490) are employed in the field in which they were educated.

Figure 5: The distribution of education levels of participants

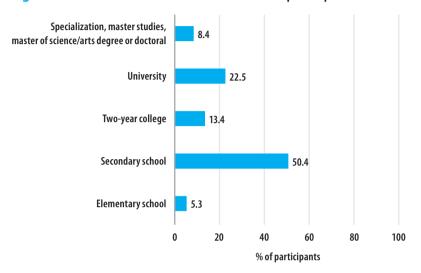
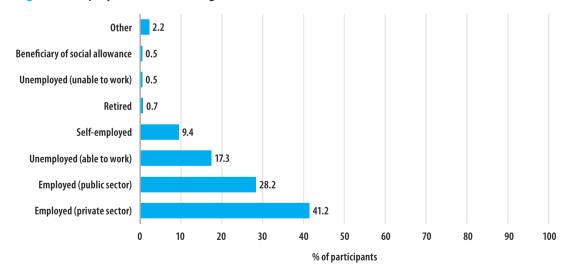


Figure 6: Employment status categories distribution



### 5.2. SAMPLE DESCRIPTION FOR A GROUP OF PROFESSIONALS

We divided professionals into three categories: case-managers in centers for social work; pediatricians and nurses working in the healthcare system; and teachers, psychologists, and pedagogues, working in schools. In total, the final sample consisted of 234 professionals: 41.9% (N=98) working in schools, 35.9% (N=84) working in the healthcare system and 22.2% (N=52) working in centers for social work. The distribution of specific occupations of participants is presented in Figure 7. Expectedly, the majority of them are employed in the field in which they were educated (99.1%, N=231).

Of all professionals, 20.9% (N=49) work in the metro area of the capital (Belgrade and suburban municipalities), 25.6% work in south-east Serbia (N=60), 27.4% work in western (N=64), and 26.1% work in northern Serbia (Vojvodina region) (N=61) (see Figure 8).

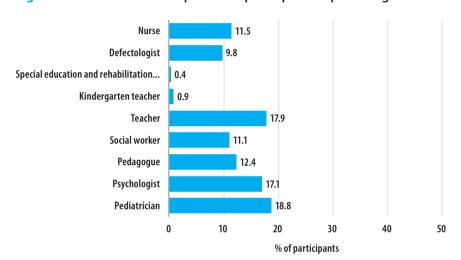
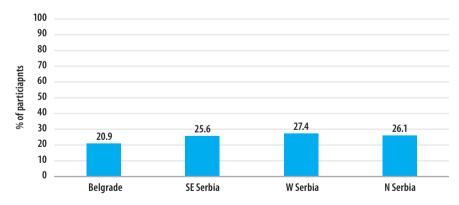


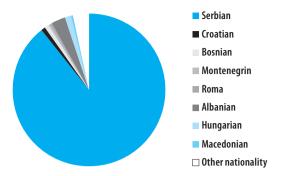
Figure 7: Distribution of occupations of participants in percentages





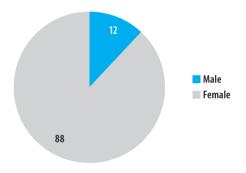
The vast majority of participants reported their nationality as Serbian (89.3%; N=209). Other represented nationalities with at least 1% are Albanian (3.0%, N=7) and Hungarian (1.3%, N=3). Additionally, nationalities represented with less than 1% are the following: Bosnian, Roman, Croatian, Montenegrin, and Macedonian. Finally, 3.4% (N=8) specified they do not belong to any of the listed nationalities (Figure 9).

Figure 9: The nationality distribution of the sample in percentages



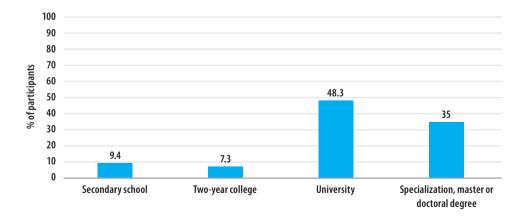
Of all professionals, 88.0% are female (N=206), compared to 12.0% of males (N=28) (Figure 10).

Figure 10: The gender ratio in the sample in percentages



About a half of all professionals have a college degree (48.3%, N=113), which was expected, followed by 35.0% (N=82) of respondents with postgraduate education, 9.4% (N=22) of respondents who finished secondary school and 7.3% (N=17) with two — year college degree (Figure 11).

Figure 11: The distribution of levels of education in percentages



The majority of all professionals are parents (85.5%, N=188), 48.2% of all professionals have two children (N=106), 28.6% have one child (N=63) and 8.6% have three children (N=19) (Figure 12). For the remaining participants (6.0%, N=14) data about children were missing.

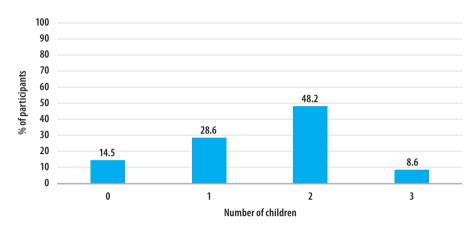


Figure 12: The distribution professionals according to the number of children, in percentages

## 5.3. PSYCHOMETRIC CHARACTERISTICS OF APPLIED INSTRUMENTS — RELIABILITY AND DISCRIMINATIVITY

For all instruments which were part of a test battery for parents and professionals, we calculated reliability by Cronbach's alpha coefficient. Values above  $\alpha$ =.7 are considered as satisfactory, while values above  $\alpha$ =.9 are considered as excellent reliability.

Discriminativity was determined by skewness and kurtosis coefficients, which indicate whether score distribution deviates significantly from normal. If these coefficients have values within interval -1 to 1, distribution can be considered as normal, and if they are outside that interval distribution is considered to deviate significantly from normal:

- Sk > +1 implies positively skewed distribution (too many low scores)
- Sk < -1 implies negatively skewed distribution (too many high scores)
- Ku > +1 implies leptokurtic distribution (reduced discriminativity)
- Ku < -1 implies platykurtic distribution (increased discriminativity)

We can see that almost all instruments used in the battery for parents, with exception of CTSPC, have satisfactory levels of reliability. On the other hand, some of them such as personality characteristics questionnaire (HEXA-CO), ERQ questionnaire, CP outcomes and parenting support have satisfactory discriminativity. Other instruments show reduced discriminativity, which is expected for most scales since they measure symptoms (TSC) or dissociation (DELTA), which are not expected to be normally distributed in the general population (Table 1).

We showed the CTSPC instrument separately since it does not investigate latent constructs and it simply reflects frequency of disciplining practices usage. Since most of the practices are quite rare, we cannot expect normally distributed scores. Similarly to that, most of the scales contain items with zero variance, since they ask for practices which are not used, and therefore for these scales we cannot calculate reliability.

On the other hand, these scores are used in statistical analysis, and therefore we are providing reliability and discriminativity coefficients since we believe it might be useful to have them in mind. But as it can be seen, just a few scales show satisfactory values (Table 2). Scales containing "toward child" are part of the instrument investigating practices of examined parents toward their own children. Scale with "toward parent" part in their names were investigating practices which examined parents were experiencing in their own childhood, from their parents.

Table 1: Reliability and discriminativity of instruments for parents

INSTRUMENT/scale	Cronbach's α	Sk	Ku
TSC	.898	1.87	6.35
TSC Dissociation	.584	1.77	4.28
TSC Anxiety	.632	1.70	5.74
TSC Depression	.659	1.23	2.12
TSC SATI	.598	2.40	7.82
TSC Sleep Disorders	.701	1.00	1.08
TSC Sexual Problems	.752	2.68	10.38
ERQ Reappraisal	.812	-0.22	-0.48
ERQ Suppression	.744	0.31	-0.47
HEXACO Honesty/Humility	.727	-0.66	0.15
HEXACO Emotionality	.699	-0.18	-0.16
HEXACO Extraversion	.653	-0.26	0.56
HEXACO Agreeableness	.688	-0.21	0.00
HEXACO Conscientiousness	.726	-0.42	0.11
HEXACO Openness	.796	-0.17	-0.45
DELTA	.826	1.80	4.14
CP Positive outcomes	.920	0.98	-0.03
CP Negative outcomes	.959	0.02	-1.34
ECR (parents) Avoidance	.807	0.75	0.18
ECR (parents) Anxiety	.779	2.61	7.13
ECR (partner) Avoidance	.829	1.65	2.99
ECR (partner) Anxiety	.878	2.47	5.82
Punishment (positive attitude)	.908	1.09	0.68
Parenting support	.623	-0.47	0.04

Table 2: Reliability and discriminativity of CTSPC instrument

CTSPC scale	Cronbach's α	Sk	Ku
CTSPC nonviolent disciplining toward child	/	1.25	1.33
CTSPC nonviolent disciplining toward child lifetime	.649	3.12	9.78
CTSPC psychological aggression toward child	.039	1.81	3.09
CTSPC psychological aggression toward child lifetime	.561	4.29	23.39
CTSPC physical assault toward child	.169	6.42	65.34
CTSPC physical assault toward child minor	.168	5.69	47.54
CTSPC physical assault toward child severe	/	18.20	362.98
CTSPC physical assault toward child extreme	/	11.36	127.33

CTSPC scale	Cronbach's α	Sk	Ku
CTSPC physical assault toward child lifetime	.755	4.13	25.06
CTSPC physical assault toward child minor lifetime	.748	2.98	8.95
CTSPC physical assault toward child severe lifetime	.465	8.84	96.24
CTSPC physical assault toward child extreme lifetime	.788	16.94	325.46
CTSPC violent disciplining toward child weekly	.149	6.65	57.21
CTSPC neglect toward child	.075	4.26	22.11
CTSPC neglect toward child lifetime	.381	5.04	31.93
CTSPC sexual abuse toward child	/	27.70	805.00
CTSPC sexual abuse toward child lifetime	/	24.32	590.49
CTSPC sexual abuse toward parent	.305	7.59	63.36
CTSPC nonviolent disciplining toward parent	/	0.94	0.02
CTSPC psychological aggression toward parent	/	1.53	2.26
CTSPC physical assault toward parent	.107	3.47	17.95
CTSPC physical assault toward parent minor	.038	2.45	7.39
CTSPC physical assault toward parent severe	.025	7.60	72.55
CTSPC physical assault toward parent extreme	/	20.16	468.00
CTSPC neglect toward parent	.075	4.26	22.11

All instruments used in the battery for professionals show satisfactory and good levels of reliability. For discriminativity we can see that Perceived professional norms, Perceived attitudes of colleagues and negative outcomes show normally distributed scores. Other scales deviate significantly from normal, such that motivation and beliefs show negative asymmetry, while positive outcomes and positive attitude toward CP show positive asymmetry. These deviations might indicate socially desirable answering, since motivation and beliefs are higher than expected, while positive attitudes and outcomes toward CP are lower. On the other hand, it might be that CP attitudes and beliefs are distributed in such a way in a population of professionals (Table 3).

Table 3: Reliability and discriminativity of instruments for professionals

INSTRUMENT/scale	Cronbach's α	Sk	Ku
Perceived professional norms on advising parents	.781	-0.60	-0.48
Motivation to change norms regarding CP of children	.849	-1.25	1.72
Beliefs about advising parents about child discipline	.880	-1.08	1.08
Perceived attitudes of colleagues towards CP	.692	0.33	-0.63
CP Positive outcomes	.923	1.13	1.07
CP Negative outcomes	.901	-0.54	-0.35
Punishment (positive attitude)	.877	1.50	1.84

# 5.4. THE PREVALENCE OF VIOLENT AND NONVIOLENT DISCIPLINING PRACTICE AMONG PARENTS OF 0–18-YEAR-OLD CHILDREN AND SOCIO-DEMOGRAPHIC CORRELATES

The CTSPC questionnaire assessed the frequencies of using the various forms of disciplining practices in the previous year. Parents estimate the frequency of their discipline practices in the previous year **with any of their children**. According to the instrument manual, these practices are divided into three large categories: nonviolent discipline practice, psychological aggression, and physical assault. Additionally, the frequencies of the nonviolent and violent discipline practices during one week period and the neglecting parental behaviour were also assessed. For these various disciplining practices we should have in mind that they are not mutually exclusive, meaning that they can be used by the same parents. Therefore, percentages of their usage are not additive, they cannot sum up to 100% or similar, and we must observe and describe them independently.

#### 5.4.1. Nonviolent discipline practice

As expected, almost all parents (91%) used some form of nonviolent discipline practice in the previous year (Figure 13). The most frequently used nonviolent disciplining practice was "explained to him/her why something was wrong" (86% of parents used it in the previous year). During the one-week period, only one-third of the parents used nonviolent discipline practice.

Research has repeatedly shown the usefulness of "time-out" in reducing undesirable behaviors of children (for example, Kapalka & Bryk, 2007) and it is a good alternative to parents' psychological and physically aggressive behavior as a reaction to a children's misbehavior. Less than half of the parents reported that they used "time-out" in the previous year (46%). During the one-week period, only 17% of the parents used "time-out" as nonviolent discipline practice.

A similar number of parents tried to distract a child's attention from misbehaving to something else (48%). Grounding a child or taking away privileges is disciplining practice present in most of the families (58%) during the previous year.

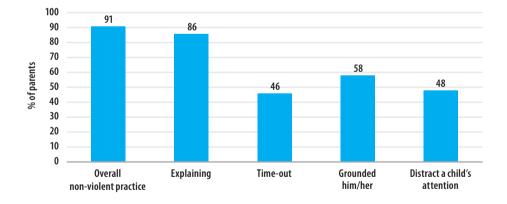


Figure 13: Non-violent discipline practice in the previous year

The frequencies of nonviolent discipline practice are not the same across country regions. Parents from Vojvodina used nonviolent discipline practices statistically significantly more than parents from other regions (F(3, 1158)=16.71\*\*). Future studies should provide a more detailed insight into the possible causes of regional differences. Parental level of education is associated with frequencies of the nonviolent discipline practices. Parents who are more educated use nonviolent practice more often than less educated parents (F(3, 1158)=5.98\*\*).

Mothers or women caregivers used nonviolent discipline practice more than fathers or male caregivers (t(964.88)=-2.27\*\*). It is important to mention that mothers also used more violent discipline practices than fathers, but they also spend more time with children and usually are more involved in child disciplining.

### 5.4.2. Psychological aggression

More than two-thirds of the parents were psychologically aggressive toward a child at least one time in the previous year (Figure 14). On average, parents reported 13 occasions during the previous year when they were psychologically aggressive toward a child. Mostly, parents were verbally aggressive; they shouted, yelled, or screamed at the child (68%). Almost every third parent (30%) admitted that they behaved this way during a one-week period.

Other forms of verbal violence are also present in Serbian families. Half of the parents threatened to hit a child (53%) during the past year. Every fifth parent told a child that he/she was stupid or lazy (23%). Swearing or cursing is a less frequent form of verbal aggression (11% reported). Also, only 7% of parents admitted that they told a child that he/she would send a child somewhere or get a child out of the house.

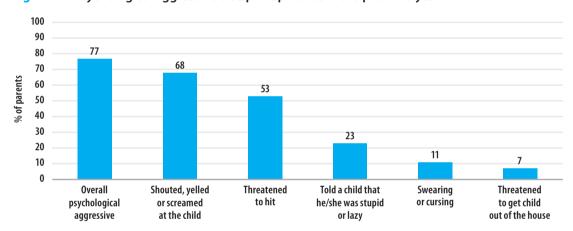


Figure 14: Psychological aggressive discipline practice in the previous year

It is important to acknowledge that psychological aggression can have very serious negative effects on the child (Words can hurt!). Some authors pointed out that psychological aggression can be even more harmful to children than physical aggression (Claussen & Crittenden, 1991; Vissing, Straus, Gelles, & Harrop, 1991). As reported by various researchers, some of the effects that psychological aggression has on a child are lower perseverance, enthusiasm, and concentration, anxiety and violent behavior, low self-esteem, anger, depression, and dependency (McCloskey, Figueredo, & Koss, 1995; Solomon & Serres, 1999). Verbal forms of violence are dangerous because the line between verbal and physical violence is very thin and it can be crossed over easily (Claussen & Crittenden, 1991). Our results are in line with this assumption because the correlation between parents' physical and verbal aggressive behaviors toward children is statistically significant and moderate (r=.45\*\*). Psychologically aggressive parents are also more often physically aggressive.

Mothers or women caregivers reported more often that they were psychologically aggressive toward a child, compared to fathers or male caregivers (t(964.88)=-2.65\*\*). Differences between parents' education and socioeconomic status in the frequencies of the psychologically aggressive behavior were not observed.

#### 5.4.3. Physical assault

Most of the parents admitted that they used some form of physical aggression as a way to discipline a child at least once during a child's life (63%), and 45% of the parents reported using physical aggression in the previous year (Figure 15). On average, parents were physically aggressive on four occasions during the previous year. The number of parents that admitted being physically aggressive during a one-week period is considerably lower (13%), about 10% of the parents spanked their child and 3% slapped a child on the hand, arm, or leg.

100 90 80 70 % of parents 60 50 45 37 40 30 18 20 13 10 Never Sometimes, but not During the past During during the past year year the last week

Figure 15: Percentage of the physical assault toward children

It is reasonable to assume that there might be some parents who were physically aggressive but they did not feel secure enough to admit that. Having that in mind, the percent of the parents that are physically aggressive may be higher than reported, but we cannot estimate the exact level.

Our results show, that when parents are physically aggressive they usually spanked a child on the bottom with a bare hand as a form of corporal punishment (36% spanked a child in the previous year) (Figure 16). A relatively small number of parents (6%) used hard object (like a belt, hairbrush, and a stick) for hitting a child; 7% of parents pinched a child; 7% shook a child on the face or head or ears; 10% slapped him/her on the face or head or ears. Approximately every fifth parent (18%) admitted slapping a child on the hand, arm, or leg.

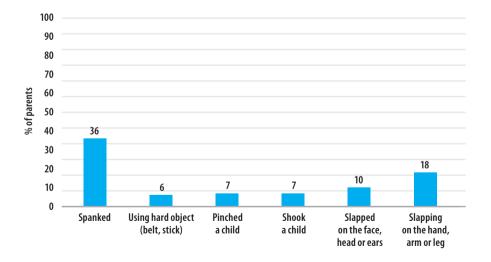


Figure 16: Physical assault toward children: different forms

We asked parents to tell the reasons for beating a child. The two most frequent reasons were: the child was disobedient (22%) and the child was in a dangerous situation (23%). These results suggest that parents need support to understand a child's behavior so they could react more properly when a child is disobedient or in a dangerous situation.

Only a small number of parents (3% for the previous year and 2% during child life) reported that they used a more severe form of physical violence. Usually, parents from this group hit a child on some other part of the body besides the bottom with something like a belt, hairbrush, a stick, or with some other hard object (3%).

The extreme form of physical violence (hitting a child over and over as hard as they can; grabbing a child around the neck and choking him/her; burning or scalding a child on purpose; threatening a child with a knife or gun) admitted less than 2% of parents.

Mothers or female caregivers (t(964.88)=-3.412\*\*) reported more often that they physically assault a child. It is important to notice that mothers and female caregivers also engaged more in developmentally supportive activities than fathers. More details on this issue can be found in a chapter about Parental support and discipline practices. Differences between parents' education and socioeconomic status in the frequencies of the physically aggressive behavior were not observed.

Parents were asked for the age of their child when they beat him/her for the first time. Most of the parents answered that they beat the child for the first time when a child was between two and three years old (47%) (Figure 17).

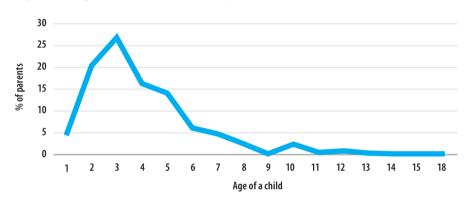


Figure 17: Age of the child when the parent beat him/her for the first time

Developmental psychologists noticed a long time ago that children express disobedience in the form of tantrums, defiant behavior, and lots of frustration between the 18 and 30-months of age (Calkins & Williford, 2009; Gallacher, 2005). This phase in their development is usually called "terrible twos", and it is considered a normal developmental path. It is the result of the interplay between toddler's very intensive intellectual and physiological growth (i.e., is hypersensitive, easily alarmed, and very tentative when approaching new things) and still immature self-regulation skills (Calkins & Williford, 2009; Gallacher, 2005). "Terrible twos" is a challenging period for parents also. Parents from Serbia, like parents from all over the world, need advice on how to support child development through this phase (Rosemond, 2013).

#### 5.4.4. Neglecting parental behavior

Neglecting parental behavior was assessed through the various ways of describing parents' failure to engage in behavior that is necessary to meet the developmental needs of a child. Results show that every third parent (34%) reported neglecting his or her child at least ones in the previous year. Detailed analyses revealed that every fourth parent (26%) was at least once in the previous year overwhelmed with his/her problems and, therefore, not able to show a love to a child. Obviously, some parents have a feeling that they did not make the right balance between different roles that they need to fulfill in life (work role, family responsibility, dealing with economic issues). In addition, 15% of parents had to leave a child home alone, even when they thought someone adult should be with the child. Other forms of neglecting behavior (not being able to make sure the child got the food, not being able to make sure child got to a doctor or hospital when he/she needed it, the parent was so drunk or high that he/she had a problem taking care of a child) admitted less than 2% of the participants.

Differences between parents' gender, education, place of living in the frequencies of the neglect behavior were not observed.

## 5.5. ATTITUDES TOWARD VIOLENT DISCIPLINING AMONG PARENTS OF 0-18-YEAR-OLD CHILDREN AND SOCIO-DEMOGRAPHIC CORRELATES

Among sociodemographic predictors of parental behavior and behavioral outcomes in children, education is probably the most robust (Bornstein, Hahn, Suwalsky, & Haynes, 2003). Parents with higher education are shown to provide supportiveness, nurturance and responsiveness to children (Lugo-Gil & Tamis-LeMonda, 2008), quality home environment (Benasich & Brooks-Gunn, 1996), and cognitive and verbal interactions (Bornstein et al., 2003). Furthermore, higher education has been positively related to more effective and child-centered discipline practices (Bluestone & Tamis-LeMonda, 1999; Simons, Whitbeck, Conger, & Melby, 1990), and negatively related to corporal punishment use (Day, Peterson, & McCracken, 1998; Dodge, Pettit, & Bates, 1994; Giles-Sims, Straus, & Sugarman, 1995). Authors consider that formal education enables parents in achieving effective modes of interaction, higher competence and self-efficacy, and that those competences are transferred to the childrearing context (Bornstein et al., 2003; Duncan, Magnuson, Bornstein, & Bradley, 2003).

In our study, mothers have significantly less positive attitude towards violent disciplining compared to fathers (t(738.78)=3.64\*\*). Consistently, mothers believe that CP does not have positive outcomes, while fathers are more in favor of CP and view it as a disciplining method with positive outcomes (t(783.20)=3.17\*\*). Univariate analysis of variance showed that respondents differently assess negative outcomes of CP depending on their education level (F(2, 1172)=5.64\*\*). LSD post hoc analysis showed that respondents with university degree (or higher) assess CP as having more negative outcomes compared to the participants with college degree or lower (between respondents with high-school degree and college degree no differences were recorded). As noticeable, our findings are in line with the results reported in the literature (e.g., Bluestone & Tamis-LeMonda, 1999; Day et al., 1998; Dodge et al., 1994; Giles-Sims et al., 1995; Simons et al., 1990).

## **5.6. RELATIONSHIP BETWEEN PRACTICE AND ATTITUDES TOWARD** VIOLENT DISCIPLINING AND TRAUMA-RELATED MENTAL HEALTH **PROBLEMS**

We conducted multiple regression analyses to explore the potential significant predictors of parental attitudes towards CP and expected outcomes in terms of trauma symptomatology associated with childhood or adult traumatic experiences in adults, focusing on five trauma symptoms: anxiety, depression, dissociation, sexual problems, and sleep disturbances.

Regression analysis showed that parent's negative expected outcomes of CP cannot be predicted by the trauma symptoms. But, some of them (sleep disturbances) are predicting a parent's positive expected outcomes of CP. However, the regression model explains only 2.6% of parental expectations in terms of negative expectations of corporal punishment (F(2,6)=5.2151\*\*). Parents who scored higher on Sleep disturbances (β=0.130\*\*) expected that the outcomes of CP would be more negative. Sleep disturbances are associated with positive attitude toward punishment, since they appear as the only significant predictor (β=0.131\*\*) in the model which explains 2.5% of variation (F(2.5)=4.933\*\*). It seems that sleeping disorders are representing trauma related symptoms which are related to attitudes toward violent disciplining the best. It might be that parents reporting higher levels of sleeping disorders experience more tension and stress and accordingly are more prone to have positive attitudes toward CP. This relation can be important especially having in mind that parenting during early childhood often involves insomnia, nightmares, waking up early in the morning, i.e. various sleeping disorders.

Canonical correlation analysis was used to examine relations between various disciplining practices and trauma symptoms. The results reveal two significant canonical factors ( $\rho$ =.372,  $\chi^2$ (60)=244.027\*\* and  $\rho$ =.164,  $\chi^2$ (45)=69.896\*) meaning that trauma related symptoms can be related to disciplining practices in two ways, or paths. First relation shows a positive correlation between psychological aggression and neglect toward a child during the past year on one side and dissociation, anxiety, sleep disturbances, and sexual problems on the other side. It means that people who practice psychological aggression toward their child as a method of parenting, as well as those who neglect their child are more likely to have traumatic symptoms such as dissociation, anxiety, sleep disturbances, and sexual problems. These results support previous findings that dissociative processes are involved in the transmission of abuse across generations (Egeland & Susman-Stillman, 1996).

Second relation reveals negative correlation between sexual problems and past (lifetime) practices such as nonviolent disciplining, psychological aggression toward child or physical assault. Having in mind that second canonical factor (relation) involves mostly lifetime practices and only neglect during last year, we might argue that it mostly captures parents with somewhat older children.

## 5.7. RELATIONSHIP BETWEEN PRACTICE AND ATTITUDES TOWARD VIOLENT DISCIPLINING AND PERSONALITY TRAITS

Researchers emphasize the contribution of personality traits to the development of parenting styles (see Metsäpelto & Pulkkinen, 2003). Long time ago, Belsky (1984) argued that parenting practices are mostly an expression of parents' personality traits. To the best of our knowledge there are no available studies exploring the relationship between parental practices and attitudes toward violent disciplining and personality space defined via HEXACO + Disintegration trait.

The HEXACO questionnaire measures six dimensions of personality which are Honesty/Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to experience. Along with HEXACO in this research, we used the DELTA questionnaire, which is the inventory that measures the Disintegration trait. The Disintegration trait was included because it can be a significant predictor of various behavioral outcomes, independent from other personality traits measured in the HEXACO questionnaire (e.g., Knežević & Keller, 2020; Kujačić, Međedović, & Knežević, 2015).

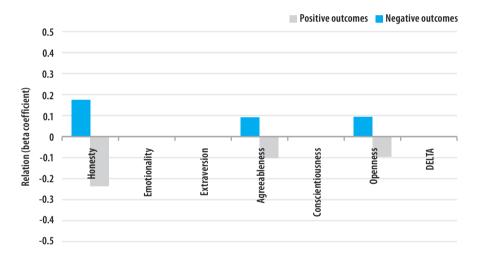
We were interested to investigate relations between personality traits and physical punishment (corporal punishment — CP), which is defined as any form of punishment in which physical force is used and intended to cause some degree of pain or discomfort. The expectations of CP and attitudes towards CP were measured by two questionnaires (Expected outcomes of using CP and ATPP scales, respectively), while parental practices were measured by Conflict Tactics Scales: Parent-Child Version (CTSPC).

To investigate if personality traits of parents are relevant in prediction of their attitudes towards CP and expected outcomes, we conducted several multiple regression analyses. After that we explored the relationship between personality traits and parental practices using the canonical correlation analysis.

First, the relationship between the negative outcomes of using CP and basic personality traits was analyzed (as an attitude about using negative outcomes, which can predict behavior). The negative expected outcomes of using CP include increased aggressiveness, long-term emotional problems, and poorer cognitive abilities, mental and physical health. Regression analysis showed that basic personality traits are significant predictors of parent's negative expected outcomes of CP. The regression model explains 7.2% variance of parental expectations in terms of negative expectations of corporal punishment (F(7,1164)=12.951\*\*). Parents who scored higher on Honesty/ Humility ( $\beta$ =0.18\*\*), Openness ( $\beta$ =0.09\*\*), and Agreeableness ( $\beta$ =0.09\*\*) expected that outcomes of CP would be more negative (Figure 18). According to our results, people who think that the CP would have primarily negative outcomes can be described as less manipulative, in control of their temper, cooperative, forgivable, imaginative, artistic, willing to compromise, less frequently break the rules and feel no special entitlement to elevated social status. These findings are in line with previous studies showing that more adaptive personalities (defined in terms of high Extraversion, Openness, Agreeableness and Conscientiousness, and low Neuroticism) are favoring positive parenting that includes displaying affection to children and encouraging independence (see Latzman et al., 2009; Metsäpelto & Pulkkinen, 2003).

The second regression model analyzed the relation between **positive outcomes** of using CP and personality traits. As positive, the following outcomes of using CP were considered: child behaving better in the short and long term, being more respectful of a parent, having a better relationship with the parent, having higher self-control. This model explains 12.5% of the variance of positive outcomes (F(7,1168)=23.871\*\*). Parents who scored lower on Honesty/Humility ( $\beta$ =-0.239\*\*), Agreeableness ( $\beta$  =- 0.105\*\*) and Openness ( $\beta$  =- 0.096\*\*) scales expected that outcomes of CP would be more positive (Figure 18). People that have lower scores on these personality traits can be described as manipulative, overly critical, stubborn, rigid and restrictive, rule-breakers with a strong sense of self-importance who react primarily with anger to mistreatment. Some available findings demonstrated the importance of the Honesty trait in providing children with supportive and less controlling parenting (see Bureau & Mageau, 2014), and our findings are in line with these results. According to Belsky & Barrends (2002) Agreeableness can be viewed as a reflection of one's interpersonal orientation (that ranges between trust, compassion and helpfulness on one end of the continuum to irritability and cynicism on the other side of the continuum). Previous studies demonstrated that mother's high on Agreeableness are more prone to parental warmth, responsiveness and authoritative parenting in general (Coplan, Arbean, & Armer, 2008; Coplan, Reichel, & Rowan, 2009). Additionally, mothers scoring high on Agreeableness are less prone to authoritarian parenting style (Kochanska et al., 1997).

Figure 18: Relationship between the personality traits and expected outcomes of CP expressed via regression (beta) coefficients



In terms of parental **attitudes towards CP**, the regression model explains a 13.5% variance (F(7,1169)=25.953\*\*). Same as in previous analysis, the parents who had lower scores on Honesty/Humility ( $\beta$ =-.220\*\*), Agreeableness ( $\beta$ =-.126\*\*) and Openness ( $\beta$ =-.134\*\*) had more positive attitudes towards CP. In other words, parents who can be described as those prone to controlling children, rule-breakers for personal profit, parents who have troubles in controlling their temper, rigid and restrictive evaluate CP as a favorable disciplinary practice. These findings are in line with previous research (Belsky & Barrends, 2002; Bureau & Mageau, 2014).

Canonical correlation analysis was used to explore the relation between personality traits and parental practices towards their children. Parental practices were assessed using CTSPC questionnaire, and it included the following scales: nonviolent discipline, psychological, corporal punishment, severe physical assault, very severe physical assault, neglect scale, weekly discipline scale, and sexual abuse.

This analysis revealed four patterns of relationship between personality profiles of the parents and parental practices. The first pattern ( $\rho$ =.318,  $\chi^2(70)$ =274.481\*\*) of relationship describes parents who are not psychologically aggressive towards their children and who do not neglect their children. Those parents we can described as open

to experiences, curious, inquisitive (high scores on Openness to experiences), tolerant and friendly (high scores on Agreeableness) and psychologically stable (low scores on Disintegration).

The second relation ( $\rho$ =.217,  $\chi^2(54)$ =149.564\*\*) describes parents who had lower scores on both Honesty/Humility (we can describe these individuals as manipulative, prone to breaking rules, etc.) and Agreeableness (we can describe them as aggressive) traits. These parents more often neglected their children and physically assaulted them earlier in life.

The third type of relation ( $\rho$ =.201,  $\chi^2$ (40)=93.12\*\*) describes parents who had higher scores on Agreeableness and lower scores on Consciousness scale (we can describe them as impulsive, disorganized, etc.), and they less frequently used nonviolent child-rearing methods and less frequently neglected their children.

The fourth relation type ( $\rho$ =.138,  $\chi^2(28)$ =45.01\*) is revealing parents who scored higher on Honesty/Humility and Emotionality, and scored lower on Agreeableness scales, and they primarily used non-violent methods and rarely neglected their children but also practiced psychological aggression more often.

Moreover, we examined the relations between participants' personality traits and parenting behaviors which they experienced in their own childhood, again using canonical correlation analyses. As in the previous analysis, we could detect four distinct patterns of relationships between parental personality traits and parenting behaviors they experienced by their parents. The first pattern ( $\rho$ =.304,  $\chi^2$ (35)=242.164\*\*) are parents who highly score on Agreeableness, Emotionality, and Honesty/Humility traits and lower Disintegration. Those respondents reported experiencing less psychological aggression, physical assault, and neglect in their childhood. The second pattern type ( $\rho$ =.256,  $\chi^2$ (24)=128.91\*\*) shows parents who had higher scores on Disintegration, and they reported experiencing less psychological aggression and nonviolent measures, but also more neglect in their childhood. The third relation ( $\rho$ =.154,  $\chi^2$ (15)=49.258\*\*) reveals parents who had higher scores on Conscientiousness and Openness and who reported experiencing nonviolent behavior more often, but also physical assaults and sexual maltreatment more frequently in their childhood. The fourth pattern ( $\rho$ =.109,  $\chi^2(8)$ =21.112\*) describes parents who scored high on Honesty/Humility and Emotionality, but lower on Agreeableness. These participants reported experiencing more frequently nonviolent parental practices, but also were more neglected and experienced sexual maltreatment more frequently in their childhood.

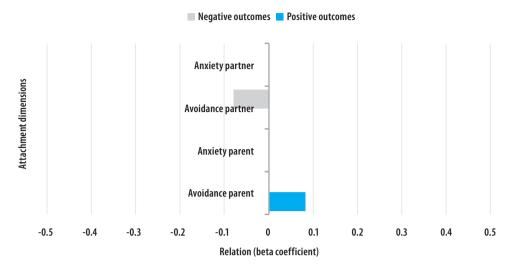
## 5.8. ASSOCIATIONS OF PRACTICE AND ATTITUDES TOWARD VIOLENT DISCIPLINING WITH ATTACHMENT TO OWN PARENTS AND PARTNER

The next step was to investigate how expected outcomes of CP and attitudes toward violent disciplining relate to the attachment to participant's parents and partners. ECR-RS scale assesses attachment-related Anxiety (level of insecurity related to someone's availability or responsiveness) and Avoidance (level of discomfort in being close to or depending on someone). The two categorized relationships assessed by this questionnaire are relationships with parents and romantic partners.

Regression analysis showed that Avoidance trait across both relationship types is a significant predictor of practices and attitudes toward violent disciplining (Figure 19). Avoidance trait is related to how much the participants are unwilling to allow themselves to be vulnerable to their partners; those obtaining low scores share their feelings freely, while people with higher scores less likely share their emotions with others. The first regression model explains 1.4% variance of parental **negative outcomes** of CP (F(4, 1158)=4.213\*\*). Participants who had lower scores on the Avoidance scale towards their partners ( $\beta$ =-0.08\*) had more negative expectations of CP (increased aggressiveness, long-term emotional problems, and poorer cognitive abilities, mental and physical health).

The second regression model significantly explains the 2.1% variance of positive outcomes of corporal punishment (F(4, 1162)=6.22\*\*). Participants who scored higher on the Avoidance scale in the relationship with their parents expected that outcomes of CP would be more positive  $\beta$ =0.09\*\*). In other words, those who are less likely to share their emotions with parents, expect that CP will lead to the child behaving better in the short and long term, being more respectful of a parent, having a better relationship with the parent, having higher self-control.

Figure 19: Relationship between the attachment traits and expected outcomes of CP expressed via regression (beta) coefficients



Similarly to that, a couple of attachment-related traits were significant predictors of positivity of attitudes towards punishment. In this case, the regression model explained 1.5% of variance (F(4, 1163)=4.483\*\*). The participants who scored higher on the Avoidance scale towards their parents ( $\beta$ =0.07\*\*) and their partners ( $\beta$ =0.07\*\*) had more positive attitudes towards CP.

In order to assess relations between attachment dimensions in two relation types (partner and parents) and disciplining practices, we used canonical correlation analysis, which revealed one significant correlation ( $\rho$ =.24,  $\chi^{2}(40)=101.120^{**}$ ). Correlation is such that those participants who show higher Anxiety and Avoidance in both relations, with partner and parents tend to neglect their children more frequently.

For investigation of relations between attachment dimensions in two relation types and experienced disciplining practices in their childhood, we also used canonical correlation analysis. Results show two significant correlations  $\rho$ =.29 ( $\chi^2(20)$ =136.390\*\*) and  $\rho$ =.14 ( $\chi^2(12)$ =32.741\*\*). First correlation indicates that people who show higher Anxiety and Avoidance in both relations, with partner and parents experienced more psychological aggression, physical assault and neglect from their parents during growing up. Second correlation shows that participants who have lower Anxiety and Avoidance in partner relation, and higher Avoidance in relation with parents experienced more psychological aggression and physical assault from their parents, but they were less neglected during growing up. Summing up results from both canonical correlations, we might conclude that psychological aggression and physical assault would lead to high anxiety and avoidance in partner relations. On the other hand, neglect during childhood makes a difference, since absence of neglect is related to a better relationship with a partner.

The literature findings show that maltreatment in childhood is related to insecure attachment patterns across relationships (Özcan et al., 2016). Further, avoidant patterns of attachment were linked to more physical abuse in childhood and poorer maternal relationship quality. These factors lead to further perpetration of violent behaviors in adult relationships (i.e., dating violence) (Tussey et al., 2018). Additionally, the unfavorable parent-child attachment patterns in childhood significantly predicted the levels of child abuse potential in parents who are at-risk (Rodriguez & Tucker, 2011). Insecure attachment of mothers, therefore, may be seen as one of the mediators between childhood maltreatment history and high-risk parenting (Finzi-Dottan & Harel, 2014). These literature findings can possibly explain why parents in our study with more insecure (avoidant) attachment to their parents look at harsh parenting practices as a positive way of discipline. This leads to the conclusion that insecure parental attachment to their parents (possibly formed due to maltreatment in their childhood) can change the perspective of their attitudes and expected outcomes out of CP. This hypothesis is further supported by the fact that less avoidant attachment towards the participants' partners led them to have a more negative view on harsh disciplining methods. In other words, it led them to believe that CP would have more negative consequences than positive ones.

## 5.9. ASSOCIATIONS OF PARENTAL PRACTICES WITH PERCEIVED SOCIAL SUPPORT

We investigated the relationship between **perceived social support** and current parental practices. Perceived social support was assessed via three questions used to measure parents' satisfaction with the social support of their partners, relatives, and parents ("How satisfied are you with the support from your ... (parents, relatives, partners) in general?"). The respondents answered on the Likert scale from 1 — completely unsatisfied to 5 — completely satisfied. The parental practices towards their children were assessed using the CTSPC questionnaire (described above).

The relationship between the **perceived social support** and **disciplining practices** was analyzed via regression analysis. The regression model explains 7.3% variance of perceived social support based on various disciplining practices ((F(13,1162)=7.013\*\*). According to our results, significant relations with perceived social support were obtained with: psychological aggression ( $\beta$ =-0.14\*\*), children neglect during past year ( $\beta$ =-0.18\*\*) and previous children neglect during life ( $\beta$ =-0.08\*). In other words, parents who show more psychological aggression and more frequently neglect their children perceive less social support (Figure 20).

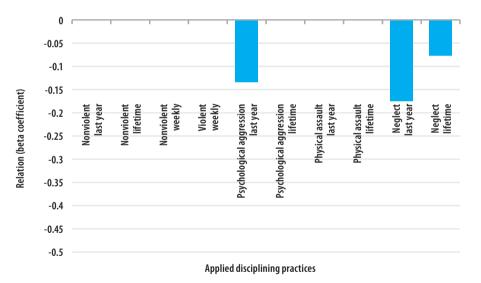
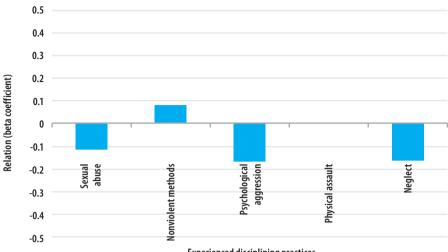


Figure 20: Perceived social support and parents' corporal punishment practices toward their children

Analyzing the relationship between the perceived social support and experienced disciplining practices during childhood, the regression model explained 8.5% variance (F(5, 1177)=21.96\*\*). Significant relations with perceived social support were obtained with experiencing: psychological aggression ( $\beta$ =-0.17\*\*), neglect from parents ( $\beta$ =-0.16\*\*), sexual abuse ( $\beta$ =-0.11\*\*) and nonviolent methods from their parents ( $\beta$ =0.08\*\*). In other words, participants who had experienced more of these harsh practices in their childhood (psychological aggression, neglect and sexual abuse) and less nonviolent disciplining methods, are less satisfied with the social support they are receiving in present when themselves became parents (Figure 21).

Figure 21: Perceived social support and parents' corporal punishment experiences during their childhood



**Experienced disciplining practices** 

Our findings indicate that parents who perceive higher levels of social support less often use violent disciplining methods. For decades, findings in the literature have been constantly reporting that parents and their parental skills greatly depend on their close relationships in life (Bos, Van Balen, & Van der Boom, 2004; Kalland, 2012; Wandersman, Wandersman, & Kahn, 1980; WHO, 2005). These relationships can provide different kinds of support (psychological, emotional, financial, etc) in challenging moments that parents face in their lives. This can be the reason why parents less often lose control over their temper in challenging situations that a child may cause, and choose to apply non-violent disciplining measures. The parental support leads to the change in parental attitudes and behaviors towards their children, which consequently affects the child's wellbeing and achievements in later life (Hashima & Amato, 1994; Izzo, Weiss, Shanahan, & Rodriguez-Brown, 2000; Taylor et al., 2015).

Our results also showed that parents who were exposed to aggressive parenting methods during childhood were less satisfied with social support. In contrast to the previous findings, the dissatisfaction with the lack of social support can lead to the feeling of isolation and overall loss of capability to cope with stress. Further, these factors can lead to aggression and other negative internalized and externalized behaviors in parents (Bibi & Malik, 2016; Royal, Eaton, Smith, Cliette, & Livingston, 2017).

## 5.10. ASSOCIATIONS OF PRACTICE AND ATTITUDES TOWARD VIOLENT DISCIPLINING WITH ADVERSE CHILDHOOD EXPERIENCES OF PARENTS (DISCIPLINARY PRACTICES AND MALTREATMENT EXPERIENCED IN CHILDHOOD)

To analyze how well are disciplinary practices in the past year (non-violent, psychological aggression, physical assault — minor, severe, extreme) and attitudes and expectations (positive and negative outcome expectations) of physical punishment predicted by the parental childhood experiences in terms of discipline and maltreatment (non-violent discipline, psychological aggression, physical assault — minor, severe, extreme, neglect, sexual abuse), we have conducted a series of multiple linear regressions, controlling for age and gender. Due to the low overall prevalence of severe, and especially extreme physical assault used by parents and experienced by parents in childhood, we have created a merged scale of severe/extreme physical assault as a parental practice and as a parental childhood experience.

Compared to other disciplinary methods used in the past year, the use of nonviolent discipline methods was best explained by the proposed factors (adjusted  $r^2$ =0.22, F(8, 1168)=42.447\*\* Using non-violent disciplinary methods more was significantly predicted by experiencing more of a non-violent discipline and less of a severe/extreme physical discipline in childhood (Figure 22).

To a lesser extent, the use of psychologically aggressive methods and minor physical assault in parenting were also explained by the proposed predictors (adjusted  $r^2=0.139$ , F(8, 1168)=24.741\*\* for psychological aggression, adjusted  $r^2$ =0.053, F(8, 1168)=9.221\*\* for minor physical assault). The more frequent use of psychologically aggressive methods was significantly predicted by experiencing more of a psychological aggression, more of a non-violent discipline and less of a severe/extreme physical discipline in childhood. The greater use of minor physical assault was significantly predicted by experiencing more of the same experience in childhood (Figure 22).

The use of severe/extreme physical assault could not be explained by the proposed factors (p>.05). However, moderation analysis revealed that the use of severe/extreme physical assault can actually be partly explained by the proposed predictor model if interaction between parental childhood experiences of nonviolent discipline and parental childhood experiences of severe/extreme physical assault is included (r<sup>2</sup>=0.022, F(9, 1167)=2.945\*\*). In fact, experiencing more severe/extreme physical punishment in childhood did predict the more frequent practicing of the same discipline method towards own children, but this predictive effect was decreased by non-violent discipline in parental childhood (interaction unstandardized effect B=-0.001\*\*).

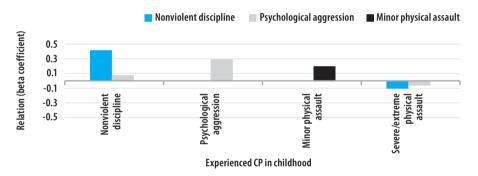


Figure 22: Parental childhood experiences predicting current parental disciplinary practices

Attitudes and expectations related to physical punishment were significantly predicted by parental childhood experiences, as well.

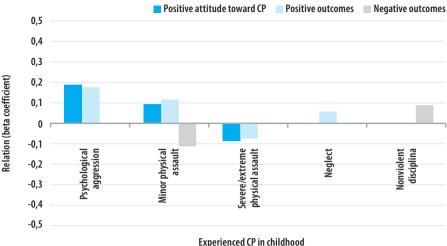
Positive attitude towards physical punishment was partly explained by the proposed predictors (adjusted  $r^2=0.077$ , F(8, 1166)=13.321\*\*). Stronger parental positive attitude towards physical punishment was significantly predicted by experiencing more of a psychological aggression and minor physical assault, but less of a severe/extreme physical discipline in childhood (Figure 23).

Expectations of positive (adjusted  $r^2$ =0.069, F(8, 1164)=11.776\*\*) and negative (adjusted  $r^2$ =0.008, F(8, 1160)=2.199\*) outcomes from physical punishment were also partly explained by the proposed predictors.

Stronger parental expectations of positive outcomes from physical punishment were predicted by experiencing more of a psychological aggression, minor physical assault and neglect, and less of a severe/extreme physical discipline in childhood. Stronger parental expectations of negative outcomes from physical punishment were predicted by experiencing more of a non-violent discipline, and less of a minor physical discipline in childhood (Figure 23).

These findings give support to the theory of intergenerational transmission of parenting and maltreatment and point out several significant issues associated with child disciplining.

Figure 23: Parental childhood experiences predicting current parental attitudes and expectations associated with physical discipline



#### experiencea CP in Chilanooc

#### 5.10.1. Intergenerational transmission of child disciplining

Many studies in the last decades have been addressing the repetition of maladaptive parenting through generations (Thornberry, Knight, & Lovegrove, 2012). Studies of parents from general population in Serbia have also addressed this issue, showing that those who were maltreated in childhood had higher physical child abuse potential than those without such experiences (Mitković Vončina, 2015; Mitkovic-Voncina et al., 2014). There are a number of hypotheses, across various psychobiological frameworks (Mitkovic Voncina et al., 2017), trying to explain how maltreating patterns may travel through generations. One of them refers to the social learning theory (Schelbe & Geiger, 2017), meaning that children may copy the maladaptive interaction behavior patterns of significant adult models — the parents. In line with this theory, in our study, almost each type of disciplining behavior experienced in childhood by the parent, was predictive of the parent currently using the same child disciplining behavior towards his / her own children. The strongest intergenerational effect for the same type of behavior was for the non-violent discipline, followed by psychological aggression and minor physical assault (corporal punishment). When it comes to severe/extreme physical assault, the chance of the parent "repeating" this behavior in the next generation was dependent on the level of non-violent discipline present in parental childhood, which acted as a buffer.

#### 5.10.2. Non-violent discipline

The aforementioned findings underscore the protective nature non-violent discipline may have — not only that this kind of discipline may be passed from generation to generation, promoting more adaptive parenting; but it may even protect from the continuation of severely maladaptive parenting. Furthermore, those parents with the more frequent experience of non-violent discipline in childhood were the ones who expected more that physical punishment would have negative outcomes, in our study. All of these findings may have important practical implications on breaking the cycle of violence. In cases with detected physical discipline, reinforcing the non-violent discipline strategies in parenting (both in coercive and non-coercive parents) as well as in other child-adult interactions (significant adults such as family members, teachers, community members, etc.) may significantly contribute to the child developing more adaptive disciplinary cognitions and behavior patterns in their future parenting.

Nevertheless, there is another, more complex facet of non-violent discipline methods. Our findings showed that the experience of frequent non-violent discipline in childhood was predictive of a parent being more psychologically aggressive towards his / her own children. This may possibly be explained by "difficult temperament" (Pitzer, Jennen-Steinmetz, Esser, Schmidt, & Laucht, 2011) of some parents, which induced more frequent use of disciplining in childhood on one hand, and was a base for developing emotion dysregulation and psychological aggression in adulthood on the other hand. Another explanation could be related to the nature of non-violent discipline methods explored in our study (explaining, time-out, privilege restrictions, and distraction). Some of these methods, such as time-out, have been discussed as controversial, with the positive effect depending on certain implementing parameters (ex. location, duration, warning, administration form, verbalized reason, etc), and should be combined other parenting practices such as rewards, praise, teaching children problem solving and emotion regulation (Corralejo, Jensen, Greathouse, & Ward, 2018). Therefore, it is of essence to be very precise and subtle in parent education since improper use of non-violent practices may actually represent adversity.

#### 5.10.3. Psychological aggression

This form of disciplining in participants' childhood, in our study, had not only the predictive effect on "repeating" the same practice in the next generation, but it was also predictive of positive attitudes towards physical punishment and expectations of positive outcomes of physical punishment in their parenting. Psychological aggression represents emotional abuse, which is suggested as potentially very toxic form of child maltreatment, in terms of communicating a lack of self-worth in children (Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003), directly inducing a development of negative cognitive schemas (Wright, Crawford, & Del Castelo, 2009), and shaping the maladaptive emotion regulation strategies in future adult (Rosenstein et al., 2018). It has even been associated with more extensive psychological consequences compared to some other forms of maltreatment (Bernstein, Stein, & Handelsman, 1998; Rosenstein et al., 2018). In earlier studies of child disciplining, the findings pointed out that those who reported psychological abuse in childhood were less in favor of spanking (Clément & Chamberland, 2009). In our study, however, although psychological aggression did not predict the actual practicing of physical discipline, it did predict the attitudes and expectations that are in favor of physical punishment. Therefore, psychological aggression in childhood may be viewed as a possible precursor of a tendency to use physical punishment in adulthood, and this could be a point of prevention when working with parents at risk.

## 5.10.4. Physical assault

Minor physical assault, i.e. the corporal punishment, has been the only significant childhood predictor of using that same strategy as a parent. A finding of the intergenerational continuity of corporal punishment has been reported by a number of earlier studies (Bailey et al., 2009; Clément & Chamberland, 2009; Gagne et al., 2007; Lunkenheime et al., 2006; Witt et al., 2017; Xing et al., 2017). In our study, having a childhood experience of minor physical assault was predictive of not only practicing this same method with own children, but with attitudes and expectations that are in favor of using this method, too. These maladaptive expectations of positive outcomes of physical punishment were also predicted by childhood neglect, which may be related to lower education among the neglected persons. This is in line with the earlier findings that the positive attitudes toward this type of discipline may be the possible underlying mechanism connecting the experienced and perpetuated corporal punishment (Wang et al., 2018). When it comes to earlier Serbian data, the findings are similar — participants who were more frequently spanked during childhood were more prone to support corporal punishment (UNICEF, 2019), whether they were parents or not. Corporal punishment may, therefore, be seen as both a cognitive and a behavior pattern possibly transmitted across generations through social learning.

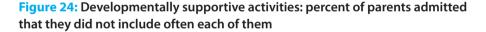
When it comes to severe/extreme physical assault, however, this type of disciplining in childhood had a dual effect. On one hand it acted as a risk factor, being predictive of using that same behavior as a parent (though buffered by non-violent strategies in childhood), as well as having a diminishing effect on using non-violent methods as a parent. On the other hand, it acted as a protective factor, having a decreasing effect on maladaptive parenting markers such as psychological aggression, positive attitudes to physical punishment, and expectations of positive outcomes of physical punishment. This may be consistent with the earlier finding that those who reported more severe physical violence in childhood were less in favor of physical punishment (Witt et al., 2017). This finding could be interpreted in the way that some of the parents who were physically abused in childhood, have learned from the real consequences of their traumatic experiences, and have a tendency to avoid exposing their own children to such experiences, and to break the cycle of violence. When parents remember when and how they felt ashamed, this immediately creates empathy towards their children.

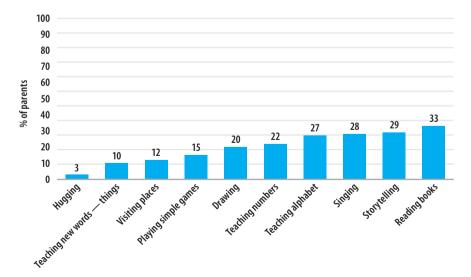
The aforementioned findings point out to the need of very precise, careful and comprehensive analysis of child-hood experiences of disciplinary practices in preventive work with parents at risk, as well as with children who were subjected to maladaptive disciplinary practices. It is noteworthy to remark, however, that even though all of the above mentioned predictive effects are significant, their size is rather small, implying that a type of disciplinary strategies a parent will use is determined by a complex network of factors, in addition to childhood experiences.

### 5.11. PARENTAL SUPPORT AND DISCIPLINE PRACTICES

Research consistently shows that parental support and avoidance of harsh punishment are associated with positive children's outcomes (for example, higher academic achievement, better social adjustment, fewer behavior problems, less substance use, better mental health) (Amato & Flower, 2002; Spera, 2005).

Our results showed that parents in Serbia often include developmentally supportive activities in their everyday parenting practices (M =4.1; SD=0.65). But, some children are not supported in a way that will help them to develop their full potential. It is important to have in mind that these results are based on the parents' subjective perceptions not on the objective observation of their behavior. The percentage of the parents admitted that they did not include often each of the developmentally supportive activities is shown in the Figure 24. As can be seen, every third parent did not read a book or tell a story on regular, everyday bases. Storybook reading and telling are considered as an important way to facilitate not only emerging literacy development (Flack, Field, & Horst, 2018; Justice & Kaderavek, 2002; Kaderavek & Justice, 2002) but also parent-child bonding (Barratt-Pugh & Rohl, 2015; Schwartz, 2004). Every fifth parent did not teach children to count and every forth did not teach children the alphabet. On the other hand, most parents often play with children (85% of the parents) and 97% often hugged children or showed them that they loved them.





Gender differences were observed. Fathers are statistically significantly less engaged in developmentally supportive activities than mothers (t(1189)=-12.79\*\*).

Findings of other studies indicated that less-positive parenting behaviors and fewer supports were predicted by parents' education (Rafferty & Griffin, 2010). Less-educated parents demonstrated less parenting knowledge about early child development (Reich, 2005). Our study also showed that parents with higher education are more supportive than parents with lower education (t(1189)=2.73\*\*).

The family stress model (FSM; Conger & Donnellan, 2007), assumed that economic pressures increase parental stress, which in turn predicts lower quality parenting. A lot of studies found a positive association between socioeconomic status of the family and positive parenting which is in the line with this model (Emmen et al., 2013). In this study, we didn't find support for this model. The socioeconomic status of the parents is not a statistically significant predictor of parental support. It seems that low-income parents from Serbia manage to be supportive despite financial stress they are experiencing.

### 5.11.1. Parental support and children outcomes

Research suggests that developmentally supportive practices of parents are associated with the higher academic success of children (Englund, Luckner, Whaley, & Egeland, 2004). Our results are in line with the research that showed the association between parental support and child academic difficulties. Less supportive parents more often have a child with whose academic success they are not satisfied (t(1189)=2.29\*\*) or children that have negative marks at the end of the school year (t(1189)=4.36\*\*) or children who are often absent from school (t(1189)=4.20\*\*). Parents whose children faced difficulties in preschool and school adaptation do not differ in parental support from the parents whose children do not exhibit these difficulties. The adjustment to the school and preschool demands could be challenging even for children that experienced a lot of parental support. It is necessary to make home-preschool or homeschool transition easier.

## 5.11.2. Parental support and violent discipline

Correlations between parental support and violent discipline are not statistically significant for psychological aggression or for the physical assault. Also, results show that parents who use violent discipline techniques are similarly engaged in child life as parents using other disciplining techniques. It indicates that even some supportive parents need guidelines to reduce use of violent discipline techniques. Neglecting parents' behavior is in the negative correlation with parental support (r=-.13\*\*). As expected, parents who neglect children do not support their development. Also, the frequency of parents' use of the nonviolent discipline techniques is in the positive correlation with parental support (r=.11\*\*). Nonviolent discipline techniques and parental support are both integral parts of positive parenting that allow the child to flourish as an adult (Holden, Ashraf, Brannan, & Baker, 2016; Sanders, 1999).

## 5.12. BELIEFS, PERCEPTION, AND MOTIVATION OF THE PROFESSIONALS REGARDING PARENTAL DISCIPLINE, AND THEIR ATTITUDES TOWARD VIOLENT DISCIPLINING

In the first part of the questionnaire, professionals were asked about their own beliefs regarding parenting, and the source of information they find the most trustworthy. In our sample, 17.2% said they mostly believed their own parents, 1.4% replied they believed other parents, 8.4% stated they found books about parenting their most trustworthy source of information, 0.6% the internet, 2.8% parenting schools, 0.3% magazines, 0.4% television, 0.6% priest/minister, while 6.1% stated "other" as the most valuable source of their information on parenting (Figure 25). The next part of the questionnaire explored the professional's opinion on obstacles to address the issue of corporal punishment during their work with parents. In our sample of professionals, 19.8% answered that lack of time is the problem, 11.7% lack of means, and 15.5% lack of motivation. Lack of compensation for the time spent on working with parents regarding this issue was noted in 12% of our sample, 7.7% answered they feel uncomfortable addressing this issue, 13.5% believe this is a culturally sensitive issue, while 8.1% stated they don't have enough knowledge on this matter or fell undertrained to give advice on this subject (9%). Another 8.1% stated that they are not educated enough on other strategies, possibly more efficient than corporal punishment, while 1.9% believe that this subject is not specific for their profession (Figure 26). Summing up the number of obstacles which each participant marked we gained another indicator for the motivation of professionals. This score was ranging from 0 up to 10 obstacles, but on average professionals report that they experience only 1 obstacle. This might indicate a rather high motivation of professionals in addressing the issue of corporal punishment with the parents,

Figure 25: Sources of parenting information which professionals find the most trustworthy

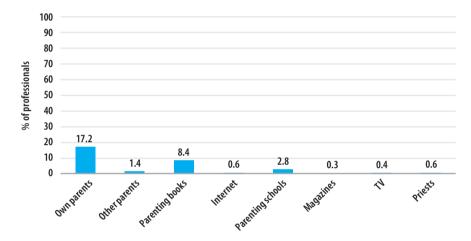
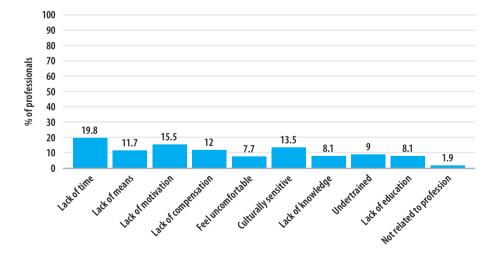


Figure 26: Obstacles for addressing the issue of corporal punishment perceived by professionals



Further on, we sought to explore the Motivation to change norms regarding CP of children. The average score for motivation on different activities (access to more literature on the effects of corporal punishment, discussing other disciplinary measures apart from corporal punishment with both parents and colleagues, etc.), was M=4.20 (SD=0.73) (with 5 being the highest motivation). Next, professionals were asked on Beliefs about advising parents about child discipline by asking them to express their opinion on how prepared they are for addressing this issue, and whether they believe it has an impact on the parents they work with. The average score for this question was M=3.74 (SD=0.84).

When it comes to attitudes of professionals on the use of corporal punishment, the average score was M=1.57 (SD=0.69), showing that the attitudes lean against corporal punishment. Also, professionals were asked to state how they perceive the attitudes of their colleagues on the same subject, and the average score was M=2.15 (SD=.92) (Figure 27).

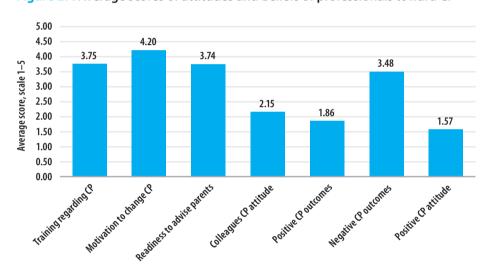


Figure 27: Average scores of attitudes and beliefs of professionals toward CP

When asked about beliefs about advising parents on child discipline, including their perception on how well they are trained as professionals to discuss and advise parents on other ways of child disciplining rather than corporal punishment, the average score was M=3.75 (SD=0.98), leading to a conclusion that there is a medium satisfaction with professional preparation to deal with the issue.

Regarding the professionals' beliefs on the outcomes of corporal punishment, the answers were mostly oriented towards negative effects, but not strongly M=3.48 (SD=1.07).

Finally, the professionals were asked to answer about their practices, in terms of frequency of specific actions (1– never; 5–always). For the frequency of observation of domestic violence, the score was M=2.56 (SD=1.02), for the practices of reporting the observed domestic violence to authorities, the score was M=2.97 (SD=1.38), and for the practices of reacting to observed physical violence by discussing it with the parents, the score was M=3.30 (SD=1.29).

When exploring the risk factors for CP, a special attention in this study was focused on the social norms, as well as beliefs among professionals working with children and parents/caregivers. It is considered to be a very important step in changing broader population attitudes and norms (Taylor et al., 2017). Professionals play a crucial role in changing the attitudes and practices of parents and the broader community about the issue of corporal punishment.

Many parents have noted that the lack of advice on child discipline methods is a great unmet need during primary care visits (Olson et al., 2004). Professionals may not be receiving adequate training on advising parents about child discipline strategies. It might also be that perceived obstacles could prevent professionals from providing appropriate advice about discipline to parents (Sege, Hatmaker-Flanigan, De Vos, Levi-Goodman, & Spivak, 2006).

Our study explored the way professionals feel about discussing this issue with the parents, as well as what they find is the obstacle to do so. In our sample of professionals, the motivation to change norms regarding CP of children has shown to be rather high  $(4.2 \pm 0.734)$  out of 5), while the subjective perception of being prepared to do so (Beliefs about advising parents about child discipline), was somewhat lower (3.736±0.839 out of 5). Lack of time was the most frequently perceived obstacle in our sample, followed by lack of motivation and belief that this is a culturally sensitive issue. Also, 9% believe they are not trained enough to be addressing the issue of CP. In a recent study by Taylor and colleagues (2017), the greatest obstacle was cultural sensitivity, followed by lack of time and lack of resources. Although the percentages are a bit different, it appears that lack of time and cultural sensitivity are the most common obstacles for professionals to work with parents on the issue of CP. This information might be important, in terms of focusing professional training programs towards gaining more knowledge about advising parents, as well as about cultural sensitivity. Also, regarding cultural sensitivity, there might be a need for culturally diverse sources to speak about corporal punishment in the broader community (Taylor et al., 2017).

The attitudes towards CP among professionals was strongly leaning against it in our sample, while the perception of other colleagues' attitudes is that it is between being against it and having a neutral position. In recent studies (Taylor et al., 2017; Gershoff et al., 2016), a gap between the level of disapproval of CP that professionals indicated and that which they perceived amongst their colleagues was also noticeable. The authors discuss the findings in terms of *pluralistic ignorance* — the person is actually against a norm privately (here, approval of CP) but believes he/she is in the minority by doing so (Taylor et al., 2017; Miller & Nelson, 2002). The effect of such a phenomenon might be important in influencing health-related behaviors and therefore, professionals should be informed about their colleagues' opinion on an issue. This might be a start of more broad, community-level changes (Taylor et al., 2017).

Regarding the professionals' beliefs on the outcomes of corporal punishment, the answers were mostly oriented towards negative effects, but not strongly. In the recent study (Taylor et al., 2017), most of the professionals agreed that spanking sometimes results in the child being better behaved in the short-term (57.5%), although the majority expected negative effects of CP. In this study, it was shown that more experienced professionals expected fewer positive outcomes from CP than those with less experience, again highlighting the need to put more emphasis on this issue during professional education and training.

## **6 CONCLUSIONS**

he harsh punishment practices towards children are widely spread across the world. Many professional organizations have been focused on child maltreatment prevention and child health promotion in order to change social norms regarding CP and decrease its use globally (Durrant & Smith, 2011). The violent punishment has particularly been prevalent in developing countries, like Republic of Serbia; children living in Serbia are exposed to various types of maltreatment and abuse, such as physical, sexual and emotional violence; or more complex forms such as discrimination or institutional violence (UNICEF, 2017).

The findings presented in this study offer a comprehensive understanding of the prevalence and types of discipline practices among parents and all of the relevant factors that are related to those practices (e.g., opinions, attitudes, expected outcomes, social norms, personal experiences, personality traits). In addition, we assessed the attitudes, beliefs and norms of professionals mostly working with children and their parents. The conducted analyses show that promoting better norms and attitudes can potentially have a significant effect on reducing violent discipline. Moreover, the identification of risk-factors that were associated with violent practices can help in detecting the sensitive groups of parents on which more selective and personalized preventive strategies can be directed.

Furthermore, this study offers a different perspective of the studied problem — through the perspective of professionals that are working with children and their parents. This is particularly important because of the unbreakable connection between these two groups; we can assume that professionals, at least in some sense, can affect attitudes and norms of parents regarding child discipline. We strongly believe that all of the findings presented in this study can initiate and influence the change of this issue on a public level, and also help in development of efficient strategies that would prevent harsh discipline and encourage positive disciplining.

In our research we found that 63% of parents used some form of physical aggression as a way to discipline a child at least once during a child's life, 45% reported using physical aggression in the previous year and 13% of them admitted being physically aggressive during a one-week period. The two most frequent reasons were that the child was disobedient (22%) or in a dangerous situation (23%). These results suggest that parents need support in understanding child's behavior so that they can react more adequately properly in cases of child's disobedience or endangerment. Early educational programs must start from the very first moment of pregnancy and need to be incorporated in regular health check-ups of a future mother. We believe that these "as soon as possible" early programs are crucial because many parents in our study answered that they did beat the child for the first time when a child was between two and three years old (47%). This brings us to a conclusion that the parents living in Serbia, like parents from all over the world, need additional advice on how to understand, support and act towards a child in every stage of child's development.

Many parents can have a feeling that they did not make the right balance between fulfilling different roles in life (career, family responsibilities, dealing with economic issues) and it is important to find a way to help them overcome potential obstacles and handle all of the roles properly. Day care centers for children, more flexible working hours of kindergartens and more similar places that provide the support and care for small children might be good places for further and additional education of children and also a chance for parents to have a break and some time for themselves.

A strengthening cross-sector cooperation and partnership building among all professionals included in child and family care is one of the preconditions for effective functioning of the system for prevention of violence and protection of children. For the policy creators and those involved in family issues we found that the dissatisfaction with the lack of social support can lead to the feeling of isolation and overall loss of capability to cope with stress. Our research shows that participants who had experienced more harsh practices in their childhood (psychological aggression, neglect and sexual abuse) and less nonviolent disciplining methods, are less satisfied with the social support that they are receiving as parents. The system in Serbia needs the modification of existing policies and their more systematic and consistent alignment with the other policies and interventions directed to risk-factors for violence. These risk-factors include: poverty and social exclusion policies, both general and those specifically designed to improve the inclusion of specific groups (Roma, people with disabilities), as well as strategies that determine the development of particular areas (i.e., rural development) or specific sectors (e.g., social protection, employment, education, public health).

In our research, the majority of the respondents in the study were female. However, we found that mothers or women caregivers more often reported that they physically assaulted a child, and we have noticed that mothers and women caregivers also engaged more in developmentally supportive activities than fathers. Although mothers believe that CP does not have positive outcomes, fathers are more in favor of CP and view it as a disciplining method with positive outcomes. Because of that, programs must be created in a way to promote more father participation and importance of the fathers in the child rearing and disciplining process.

Also, as expected, parental level of education is associated with frequencies of the nonviolent discipline practices. Parents who are more educated use nonviolent practice more often than less educated parents. We recommend more parenting programs that will target parents with less education. These can be conducted through schools or kindergartens which their children attend, or within health care centers or social work centers. Less supportive parents more often have a child with less academic success or children who are often absent from school. Every fifth parent in our sample did not teach children to count, every fourth parent did not teach children the alphabet and every third parent did not read a book or tell a story on regular, everyday bases. On the other hand, most of the parents in our study often play with children (85% of the parents) and 97% of them often hugged children or showed them that they loved them. On this note, we recommend more programs that will teach parents about healthy development of their children and promote positive parenting.

More than two-thirds of the parents in the study were psychologically aggressive toward a child at least once in the previous year, while the most frequently used nonviolent disciplining practice was "explaining to him/her why something was wrong" (86% of parents used this in the previous year). It seems that parents are aware that physical aggression and physical disciplining are not effective or even wrong ways of discipline; it is also very important for them to understand that psychological aggression can have very serious negative effects on the child, because even words can seriously hurt the emotions of their children.

In this research we found that motivation and beliefs show negative correlation asymmetry, while positive outcomes and positive attitude toward CP show positive asymmetry. These findings might indicate socially desirable responses among parents, since motivation and beliefs are higher than expected, while positive attitudes and outcomes toward CP are lower. On the other hand, it might be that CP attitudes and beliefs are distributed in such a way in a population of professionals. In our sample of professionals, the motivation to change norms regarding CP of children has shown to be rather high, while beliefs about advising parents about child discipline, was somewhat lower. Lack of time was the most frequently perceived obstacle in the professional sample, followed by lack of motivation and belief that this is a culturally sensitive issue.

In order to address these issues, the Serbian Government adopted the Strategy for the prevention and protection of children from violence for the period 2020–2023. This strategy (Ministry of Labor, Employment, Veteran and Social Policy of Republic of Serbia, 2019) defined key priorities for the developing policies directed towards the interventions for child protection including:

- Better alignment of interventions with existing relevant policies
- Strengthening the role of the Council on the Rights of the Child as a key mechanism for the coordination, monitoring and evaluation of prevention measures and activities and protecting children from violence
- Strengthening cross-sector cooperation.
- Improving the efficiency of the monitoring system.
- Improvement of the local protection system.
- Continuous work to raise awareness and change social norms, values and attitudes.

- Improvement of competencies employed by child care institutions.
- Supporting families in developing parental competences.
- Development of prevention, direct support and protection services for vulnerable children (children with disabilities, children in conflict with the law, children exposed to child labor, child, early and forced marriage, children from Roma settlements, children who are migrants and refugees, especially unaccompanied children)
- Accelerating deinstitutionalization but at the same time strengthening supervision of childcare facilities.
- Providing and strengthening funding for the system of prevention and protection against violence against children and related programs.

It is recommended to adopt a protocol defining the areas of cooperation, prescribing procedures for cooperation, roles and responsibilities of all sectors relevant to the protection of children from violence and obligations. It is also recommended that the Government makes more effective use of partnerships and cooperation with international donors to channel available funds into these programs. Strengthening the monitoring system for protocol implementation, the effectiveness of cross-sector teams in local communities and the functioning of each individual part of the system of prevention and protection of children against violence will improve the wellbeing of the children.

The development of an identification and early warning system in these areas is recommended, as well as the extension and enablement and provision of sustainable funding for existing services. Our research pointed that people who practice psychological aggression toward their child as a method of parenting, as well as those who neglect their child are more likely to have traumatic symptoms such as dissociation, anxiety, sleep disturbances, and sexual problems. Better care of future parents and better care of partner's relations through different programs would help in prevention of psychological aggression and physical assaults.

Our findings support the theory of intergenerational transmission of parental disciplinary practices and maltreatment — many parental childhood experiences showed the intergenerational effect for the same or another type of behavior. Non-violent discipline acted as a protective factor since it was transmitted to the next generation, and acted as a buffer on the intergenerational transmission of severe/extreme physical assault. However, even the non-violent disciplining methods showed unexpected relationships with psychological aggression, pointing out to the possibility of the incorrect implementation of these methods, possibly containing the underlying layers of psychological aggression. This is why the non-violent disciplining parental methods should be promoted and taught in a very precise manner, ensuring all its beneficiary elements are set in place.

The preventive work with parents on disciplinary practices, especially with parents at risk, can be of great importance in the process of child rearing. These preventing programs should also include children who were subjected to maladaptive disciplinary practices. It is recommended to develop family support, which should include a range of different measures and services that will enable prevention, early detection and response, including: early intervention system through pediatric and community-based care; development counseling centers; monitoring in the system of education and upbringing; programs prevention that will strengthen parenting skills; rehabilitation programs for perpetrators of violence.

Programs and strategies to prevent spanking are emerging with varying degrees of evidence for proven effectiveness. Preventing violence against children is a difficult task, but necessary to conform to the UN Convention on the Rights of children and for the success of the UN Sustainable Development Goals because it gives each child the opportunity for healthy development. There is an essential need to examine how family relationships and mental health functioning and emotional well-being of parents can be improved to create a healthier home environment for their children.

Following campaigns are recommended:

- zero tolerance for violence
- incitement of non-violent communication
- encouragement of gender equality and non-discrimination.

The research findings are aimed at decision-makers and practitioners in order to create law solutions or programs for improving parenting skills. Obtained results will be used for promotion and further implementation of evidence-based interventions targeting the prevention of violent disciplining and reduction of positive attitudes toward violent disciplining.

The findings presented in this study offer a comprehensive understanding of the prevalence and types of discipline practices among parents, the relevant factors that are related to those practices and the attitudes, and beliefs and norms of professionals mostly working with children and their parents. The detection of risk-factors that were associated with violent practices can help in revealing the sensitive groups of parents on which more selective and personalized preventive strategies can be focused. The aim of understanding the channels of communication regarding child discipline is to address the existing attitudes, values, and norms of parents towards the harsh disciplining methods, without sensitizing the majority of the population to the existing pro-abuse content.

In the future, professionals should not only be focused on the negative outcomes of harsh discipline, but also on the positive outcomes of positive parenting and their recommendations should be clear, concise, and understandable for every person no matter the level of education or social background. Parental practices need to be pointed out as one of the primary parenting roles that if not carried out properly, can significantly affect child development. The messages sent through different communications channels should have both rational and emotional appeals.

On the other hand, it is also important to ensure participation of children and adolescents themselves in developing awareness-raising and positive parenting campaigns.

The first step should be that all of the relevant institutions that are included in the issue of violence against children should display all of the relevant information and recommendations on their web platforms. They should also provide a separate telephone line, e-mail, or a part of their platforms where parents can ask questions regarding discipling children. Materials such as posters, pamphlets, brochures should be displayed in the institutions (health-care centers, schools, centers for social work and special focus need to be on children with disabilities; we need to develop special programs for parents of these children and to try providing them with special social support.

The professionals should frequently participate in workshops and lectures concerning disciplining; workshops are also important because through them professionals can acquire and shape existing skills of communication with parents. It should be insisted on the fact that communication with parents about child discipline is the responsibility of every professional that works with children and families. At the end we might need additional changes in legislation because Committee on the Rights of the Child (CRC) recommended to establish legislative and other measures to ensure mandatory compliance with existing protocols and recommended to explicitly prohibit all corporal punishment in all settings.

The results of the research are relevant to professionals who work with parents/families practicing spanking/violent disciplining, and that it will raise awareness of the general public about the negative consequences of violent disciplining on life outcomes. We would expect to raise awareness among professionals across key sectors (health, social welfare, education) of possible violent disciplining practices and their relationship with mental health outcomes and quality of life. What we also need is to improve and advance risk assessment tools and procedures as well as to shape response services for families at risk.

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# **Appendix**

## INFORMED CONSENT FORM

#### Research topic

The "Research on child disciplining at home in Serbia" project is realized as a cooperation between the Institute of Psychology, Faculty of Philosophy, University of Belgrade, and The Institute for Mental Health in Belgrade, with the financial support of the UNICEF office in Serbia. The research coordinators are Docent Oliver Tošković, Ph.D. (Institute of Psychology) and Docent Milica Pejović-Milovančević, Ph.D. (The Institute for Mental Health).

#### Research purpose

The goal of this research is to study attitudes towards physical punishment and the practice of physical punishment on a sample of professionals working in healthcare, social and educational systems, as well as a nationally representative sample of parents of 0-18-year-old children in Serbia. Additionally, we want to research the relationship between the physical punishment of children and different sociodemographic and psychological characteristics, as well as possible intergenerational outcomes of violent disciplining.

#### What does this research entail?

The research will include around 1500 persons selected using the random sampling method on the territory of the Republic of Serbia. The participants are expected to fill in the questionnaires independently, and the interviewers will be present to answer any questions or dilemmas of the respondents. Filling in the questionnaire lasts between 30 and 60 minutes.

## Confidentiality

Access to your personal data and reports of testing results is restricted only to authorized persons and will not be accessible to third parties. The data will be processed exclusively in accordance with the applicable legislation.

Answers to the questions and reports are protected with appropriate safety protocols, such as access restriction. Data is processed automatically and manually. All personal information related to you is considered highly confidential data and will be safely stored. The research is anonymous, that is anonymous questionnaires will be separated entirely from this consent form and the questionnaire response analysis will be performed without entering personal data on the identity of the respondent. The consent form will be accessible only to members of the research team. The questionnaire data will be safely kept in the research center.

The results of the analysis of group data (without revealing the identity of the respondents) which come from this research may be made available to the organizers of the research, relevant health authorities, and the competent Ethics committee, they may be published in scientific journals or presented at scientific conferences. Fully anonymous group data may be stored in a repository in line with good scientific practice. It is not possible to subsequently find a specific respondent in the anonymized database and delete data at the request of the respondent. If you agree with the defined use of data, please continue.

#### What are the possible benefits of participating?

The data you can provide is very important to us, and it can help us create preventive programs and effective solutions for treating different issues, which can improve the mental and physical health of children and youth.

## What are the possible drawbacks of participating?

There is a possibility that answering the given questions will be uncomfortable for you, which is why you may stop responding and refuse to continue. If during or after filling in the questionnaire you experience uncomfortable

## Voluntary participation

Your participation in this research is entirely voluntary. If you choose to participate, you will need to confirm your consent that you have read this information and that you agree to participate. You have the right to withdraw your participation consent before the end of the research without giving a reason.

If you have questions about the project, you can contact the research coordinators:

Oliver Tošković, project coordinator

e-mail: otoskovi@gmail.com

Milica Pejović Milovančević, project coordinator

e-mail: milica.pejovic@imh.org.rs

Ana Radanović, fieldwork coordinator

e-mail: stojkovic.anci@gmail.com

Thank you for your interest in this research!

- 1. I have read the patient information document for this research. I have received information about the nature, purpose, duration, and expected effects, as well as possible research issues and what I am expected to do. I have received information about who is organizing this research, and the contact details of the person whom I can subsequently ask about this research. I received satisfactory answers to my questions.
- 2. I agree to participate in this research. I agree to cooperate with the interviewer fully.
- 3. I understand that my participation in the research is voluntary and that I can withdraw.
- 4. I understand that the study is anonymous (this form will not be attached to the research questionnaire), that personal information is strictly confidential, and that the data will only be available to the research team.
- 5. I agree that the research results may be made available to the research organizers, relevant health authorities, and the competent Ethics Committee, or be published or presented in scientific medical journals or at conferences.
- 6. I confirm that I have received a copy of this signed document, as well as a notice for respondents, which is an integral part of this document.
- 7. I fully understand that signing this document also means accepting all the positions stated in the respondent consent form.

By continuing, you confirm that:

- You voluntarily agree to fill in the questionnaire within this research.
- You agree with the described procedure for handling personal data, as well as anonymized databases.

Respondent's name and surname:
Respondent's signature:
Interviewer's signature:
Date:/

# **QUESTIONNAIRE FOR PROFESSIONALS**

# **SECTION 1**

2. Sex a) Male b) Female c) Other/Do not want to answer  3. Nationality (ethnicity) a) Serbian b) Croatian c) Bosnian d) Montengrin e) Roma f) Albanian g) Hungarian h) Macedonian i) other  4. Which is your highest level of education? a) Elementary school b) Secondary school c) Two-year college d) University e) Specialization, master studies, master of science/arts degree or doctoral degree  5. What is your occupation? a) pediatrician b) psychologist c) pedagogue d) social worker e) teacher f) kindergarten teacher g) special education and rehabilitation h) defectologist i) nurse j) other	1. Date of birth
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year(S) MONTN(S)	year(s)month(s)

## 7. Are you employed in the field in which you were educated? YES NO

Think of this ladder as representing where people stand in Serbia. At the top of the ladder are people who are in the best position — those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are at the worst position — who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

8. Please choose the number of the rung of the ladder where you think you stand at this time in your life, relative to other people in Serbia. Higher number means a better position in the society.





## 9. Please answer the following questions by selecting one of the numbers offered:

I am a religious person.	1 (completely disagree)	2	3	4	5 (completely agree)
I am satisfied with my life, in general.	1 (completely disagree)	2	3	4	5 (completely agree)
I am satisfied with my job, in general.	1 (completely disagree)	2	3	4	5 (completely agree)

10. While you were growing up, during your first 18 years of life, did any of your parents, including step-parents or other caregivers, ever spank or hit you with a hand or an object?

YES NO

- 11. How many children do you have?
- 12. How old were you when you got your first child? \_\_\_\_\_

- a) My own parents
- b) Other parents
- c) Books about parenting
- d) Internet
- e) Parenting workshops
- f) Magazines
- g) Television
- h) Priesthood
- i) Other: \_

## 14. Which of the following items are barriers to you educating parents about using discipline that does not involve spanking? (If you do not interact with parents directly or do so very infrequently, which do you suspect are barriers to most professionals?)

1.	Lack of time	YES	NO
2.	Lack of resources	YES	NO
3.	Lack of incentive	YES	NO
4.	Lack of reimbursement for time spent advising parents on this topic	YES	NO
5.	Discomfort with the topic	YES	NO
6.	Concern about cultural sensitivity	YES	NO
7.	Lack of knowledge about how to best advise parents	YES	NO
8.	Lack of training about how to best advise parents	YES	NO
9.	Lack of knowledge about what types of strategies would be more effective than spanking	YES	NO
10.	The belief that that is not an issue in your profession	YES	NO

## 15. What do you think will help remove or reduce any of the barriers just listed?

## 16. Please rate your level of agreement with each of the listed statements, from 1 (completely disagree) to 5 (completely agree).

1.	People in your profession are educated to provide advice about using discipline that does not involve spanking or hitting a child with a hand or an object.	1	2	3	4	5
2.	People in your profession are confident to provide advice about using discipline that does not involve spanking or hitting a child with a hand or an object.	1	2	3	4	5
3.	Learning how to prevent child physical abuse before it occurs was emphasized in your professional training or education.	1	2	3	4	5
4.	Learning how to respond to child physical abuse cases after they occur was emphasized in your professional training or education.	1	2	3	4	5

## 17. Please rate your level of motivation to participate in the following from 1 (not at all) to 5 (very much).

1.	Learn more about research findings on the effects of spanking on children.	1	2	3	4	5
2.	Talk to parents about using discipline techniques that do not involve spanking.	1	2	3	4	5
3.	Challenge parents' viewpoints that support the use of spanking.	1	2	3	4	5
4.	Challenge colleagues' viewpoints that support the use of spanking.	1	2	3	4	5
5.	Work with your employer to change policies related to the use of spanking (e.g., no-hit zones).	1	2	3	4	5
6.	Discussion with colleagues about discipline techniques that do not involve spanking.	1	2	3	4	5
7.	Learn about ways you can best intervene with parents when they spank children in your presence.	1	2	3	4	5

18. Following questions are about advising parents on using discipline that DOES NOT INVOLVE spanking or hitting a child with a hand or an object. Please rate the extent to which you agree with these claims, on the scale of 1 (completely disagree) to 5 (completely agree).

1.	I strongly believe that this is part of my job.	1	2	3	4	5
2.	I feel well-trained to provide such advice.	1	2	3	4	5
3.	I feel confident about my ability to provide such advice.	1	2	3	4	5
4.	I feel supported in my workplace to provide such advice.	1	2	3	4	5
5.	I give a high priority to providing such advice.	1	2	3	4	5
6.	I think parents will value such advice when I provide it.	1	2	3	4	5
7.	I think parents are to follow such advice when I provide it.	1	2	3	4	5

19. The following statements refer to your impression on ATTITUDES OF MOST OF YOUR COLLEAGUES WITHIN YOUR PROFESSION toward spanking children. For the purposes of this survey, spanking refers to hitting a child with a hand or an object with the intention of causing pain, but not injury, for the purpose of correction or control of the child's behavior. Please rate the following statements from 1 (completely disagree) to 5 (completely agree).

1.	Spanking is a normal part of parenting.	1	2	3	4	5
2.	Sometimes the only way to get a child to behave is with a spank.	1	2	3	4	5
3.	When all is said and done, spanking is harmful to children.	1	2	3	4	5
4.	Overall, spanking is a bad disciplinary technique.	1	2	3	4	5

#### **SECTION 3**

20. How often do you think that spanking or hitting a child with a hand or an object for disciplinary purposes leads to a child...

#### 1 — never to 5 — always

1.	being better behaved in the short-term?	1	2	3	4	5
2.	being better behaved in the long-term?	1	2	3	4	5
3.	being more respectful of parents?	1	2	3	4	5
4.	learning correct behavior?	1	2	3	4	5
5.	having a better relationship with the parent?	1	2	3	4	5
6.	having a decreased chance of being delinquent or incarcerated later in life?	1	2	3	4	5
7.	having a better sense of self-control?	1	2	3	4	5
8.	being physically injured?	1	2	3	4	5
9.	being more aggressive?	1	2	3	4	5
10.	being physically abused?	1	2	3	4	5
11.	experiencing long-term emotional upset?	1	2	3	4	5
12.	having poorer cognitive abilities?	1	2	3	4	5
13.	having poorer mental health?	1	2	3	4	5
14.	having poorer physical health?	1	2	3	4	5

## 21. The following statements refer to YOUR OPINIONS toward spanking children. For the purposes of this survey, spanking refers to hitting a child with a hand or an object with the intention of causing pain, but not injury, for the purpose of correction or control of the child's behavior.

1 (completely disagree) to 5 (completely agree)

1.	Parents have a right to punish a child	1	2	3	4	5
2.	Physical punishment is helpful to children	1	2	3	4	5
3.	I intend to use physical punishment	1	2	3	4	5
4.	Physical punishment is a proper technique	1	2	3	4	5
5.	Physical punishment is not harmful to children	1	2	3	4	5
6.	Children don't resent physical punishment	1	2	3	4	5
7.	Children need physical punishment	1	2	3	4	5
8.	Parents don't need to punish less	1	2	3	4	5
9.	Children benefit from physical punishment	1	2	3	4	5
10.	I would not support a law against physical punishment	1	2	3	4	5
11.	Physical punishment is not abusive	1	2	3	4	5
12.	Teachers or principals have the right to use physical punishment	1	2	3	4	5

## 22. Please rate the following items.

1.	How often on your job do you notice the occurrence of physical abuse of children in the family?	1 (almost never)	2 (rarely)	3 (average)	4 (often)	5 (almost every day)
2.	How often do you react to the occurrence of physical abuse of children in the family by reporting to the competent services?	1 (almost never)	2 (rarely)	3 (average)	4 (often)	5 (almost every day)
3.	How often do you react to the occurrence of physical abuse of children in the family by counselling or talking to parents?	1 (almost never)	2 (rarely)	3 (average)	4 (often)	5 (almost every day)

## THANK YOU FOR YOUR COOPERATION!

## **QUESTIONNAIRE FOR PARENTS**

## **SECTION 1**

1. Date of birth	
Month	_Year
2. Sex	
a) Male	
b) Female	

c) Other/Do not want to answer

## 3. Nationality

- a) Serbian
- b) Croatian
- c) Bosnian
- d) Montenegrin
- e) Roma
- f) Albanian
- g) Hungarian
- h) Macedonian
- i) other

## 4. What is your highest level of education?

- a) Elementary school
- b) Secondary school
- c) Two-year college
- d) University
- e) Specialization, master studies, master of science/arts degree or doctoral degree

## 5. What is your occupation:

- a) pediatrician
- b) psychologist
- c) pedagogue
- d) social worker
- e) teacher
- f) kindergarten teacher
- g) special educator
- h) nurse
- i) other

## 6. Which of the categories below describes your employment status best?

- a) employed (public sector)
- b) employed (private sector)
- c) self-employed

- d) retired
- e) unemployed (able to work)
- f) unemployed (unable to work)
- g) beneficiary of social allowance
- h) other, specify

## 7. How long have you been working?

year(s)	month(s)

## 8. Are you employed in the field in which you were educated? YES NO

Think of this ladder as representing where people stand in Serbia. At the top of the ladder are people who are in the best position — those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are at the worst position — who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

9. Please choose the number of the rung of the ladder where you think you stand at this time in your life, relative to other people in Serbia. Higher number means a better position in the society.



#### 10. Please answer the following questions by selecting one of the numbers offered:

I am a religious person.	1 (completely disagree)	2	3	4	5 (completely agree)
I am satisfied with my life, in general.	1 (completely disagree)	2	3	4	5 (completely agree)
I am satisfied with my job, in general.	1 (completely unsatisfied)	2	3	4	5 (completely satisfied)

- 11. How tall are you? \_\_\_\_\_cm
- 12. What is your current weight? \_\_\_\_\_kq

#### 13. Have you ever experienced anything listed below?

- a) depression
- b) anxiety
- c) psychotic state (e.g. hallucinations, false beliefs based on fear or suspicion that someone is following you, etc.)
- d) using psychiatric medicament (sedative calming medicament, sleeping medicament, etc.) without it being prescribed by a psychiatrist or much more than the prescribed dose
- e) suicide attempt
- f) deliberately inflicting physical injury to yourself without the desire to kill yourself (scratch yourself, cut yourself with a sharp object, hit yourself, burn your skin with cigarette etc.)
- g) violent behavior towards others
- h) treatment by a psychologist, psychiatrist or psychotherapist
- i) problems related to drug use or alcohol use
- j) dementia / intellectual disability

- k) psychiatric condition not listed above (difficulties in daily functioning caused by difficulties determining what is real, irrational beliefs or fears, etc.)
- I) I have never had any of specified or similar states

14. Do you have som	e chronic ph	ysical illness s	pecified below?
---------------------	--------------	------------------	-----------------

- a) Cardiovascular diseases
- b) Respiratory diseases
- c) Digestive diseases
- d) Neurological diseases
- e) Musculoskeletal diseases
- f) Endocrinological disorders (for example, diabetes, problems with thyroid gland, polycystic ovaries, problems with adrenal gland, etc.)
- g) Other
- h) I do not have any illness

15. A standard alcoholic drink is considered	ed as one 140 ml glass of wine with 12% of alcohol, one 330 ml
glass of beer with 5% of alcohol, one 40 m	nl shot of spirit with 40% of alcohol. How many standard alcohol-
ic drinks <u>per week</u> do you usually have?	standard drink(s)

16. Did you ever had problems due to excessive alcohol drinking (for example, problems with family members, with friends, at work, in school; health problems (both physical or psychological), getting into troubles and dangerous situations, unsuccessfully trying to quit drinking alcohol, having cravings for alcohol, experiences that you have to drink more to achieve the same effect as before)?

YES NO

17. How many times you took some of the illegal drugs — marijuana, opioids, tranquilizers, cocaine, heroin, stimulants, ecstasy:

- a) never
- b) once
- c) several times
- d) occasionally, but with longer pauses between consumptions
- e) regularly (every month, week, day).

18. Do you think you have problems with consuming illegal drugs now? YES NO

## 19. What is your current marital status?

- a) In a relationship
- b) Married
- c) In a common-law marriage
- d) Divorced
- e) Separated
- f) Widowed

20. How many times have you been married? times

## 21. If you are currently in a relationship, please read each statement and decide how much you agree or disagree with that statement:

How often are there verbal conflicts in your relationship?	1 (never)	2	3	4	5 (very often)
How often are there physical conflicts in your relationship?	1 (never)	2	3	4	5 (very often)
How satisfied are you with the quality of the current emotional relationship with your partner?	1 (completely unsatisfied)	2	3	4	5 (completely satisfied)

- 22. While you were growing up (during the first 18 years of your life) who lived with you in your household? If household members changed, please select who you lived with most of the years, During growing up:
- a) mother
- b) father
- c) step-mother/step-father
- d) brothers/sisters
- e) other children
- f) other grownups
- 23. Has anyone in your family (parents, brothers and sisters, grandmothers, grandfathers, aunts, uncles, their children, etc.) ever experienced some of the conditions specified below?
- a) depression
- b) anxiety
- c) psychotic state (e.g. hallucinations, false beliefs based on fear or suspicion that someone is following her or him, etc.)
- d) using psychiatric medicament (sedative calming medicament, sleeping medicament, etc.) without being prescribed by a psychiatrist or much more than the prescribed dose
- e) suicide attempt
- f) suicide
- g) deliberately inflicting physical injury to yourself without the desire to kill oneself (scratch oneself, cut oneself with a sharp object, hit oneself, burn their skin with cigarette etc.)
- h) violent behavior towards others
- i) treatment by a psychologist, psychiatrist or psychotherapist
- j) problems related to drug use or alcohol use
- k) dementia / intellectual disability
- I) psychiatric condition not listed above (difficulties in daily functioning caused by difficulties determining what is real, irrational beliefs or fears, etc.)
- m) no one never had any of specified or similar states
- 24. While you were growing up, during the first 18 years of your life, did you have at least one caregiver with whom you felt safe (person who took care of you, your development, health, feelings, person who was always there when you needed her/him, giving you support, advice and helping you navigate through the problems of everyday life)?

YES NO

lf v	vou did.	how many	such perso	ons there were	2?
٠.	you ala,	move many	Jucii perse	ons there were	- •

25. In your household there are	adults (older than 18) and	children (younger than 18).
26. How old were you when you got y	our first child?	
27. Which source of information abou	it parenting do you trust the most?	
a) My own parents		
b) Other parents		
c) Books about parenting		
d) Internet		
e) Parenting workshops		
f) Magazines		
g) Television		

## 28. In your household, who spends most of the time with your children?

- a) Their mother
- b) Their father

h) Priesthood i) Other: \_\_\_\_\_

- c) Their mother and father equally
- d) Someone else

29. While your children are awake,	how many hours during the da	ıy do you spend with them, c	on average?
hours			

# 30. Please answer the following questions by selecting one of the numbers offered:

While your children were growing up, how often were you:	never	rarely	sometimes	often	everyday/ almost everyday
a) reading books or looking at pictures books with children?	1	2	3	4	5
b) telling stories to children?	1	2	3	4	5
c) singing songs to or with children, including lullabies?	1	2	3	4	5
d) taking children outside the home (for example, to the market, visit relatives)?	1	2	3	4	5
e) playing with children any simple game?	1	2	3	4	5
f) naming objects or draw things to or with children?	1	2	3	4	5
g) showing or teaching your children something new, (teach them a new word, or teach them how to do something)?	1	2	3	4	5

h) teaching children alphabet, or helping them to learn letters?	1	2	3	4	5
i) playing a counting game or teaching children numbers?	1	2	3	4	5
j) hugging or showing affection to your children in other ways?	1	2	3	4	5

## 31. Please answer the following questions by selecting one of the numbers offered:

Are you satisfied with yourself as a parent?	1 (completely unsatisfied)	2	3	4	5 (completely satisfied)
How satisfied are you with the parenting support of your friends, in general?	1 (completely unsatisfied)	2	3	4	5 (completely satisfied)
How satisfied are you with the parenting support of your cousins, in general?	1 (completely unsatisfied)	2	3	4	5 (completely satisfied)
How satisfied are you with the parenting support of your partner, in general?	1 (completely unsatisfied)	2	3	4	5 (completely satisfied)
How often did situations related to raising and educating your children have been the source of stress for you?	1 (never)	2	3	4	5 (very often)

32.	What was th	ne earliest child	age at which	you have beaten one of	your children?

33. What is the most common reason why you beat your children?
a) because they were disobedient
b) because they lied
c) because of their school problems
d) because of their anger issues
e) because of my personal problems
f) because of financial problems
g) because they fight with each other
h) because they fight with me or my partner
i) because they fight with peers
j) in dangerous situations (touching source of electric power, leaning against the window, etc.)
k) because they behave badly towards other grownups
l) other:

## **SECTION 3**

34	l. How man	y children do '	you have?	boys and	d gi	rl	S

# 35. Has any of your children been unwanted (by you or your partner)?

YES NO

#### 36. Do you live with your children?

- a) all of my children live with me
- b) some of my children do not live with me
- c) neither one of my children lives with me

#### 37. Is any of the problems specified below related to any of your children?

- a) Visual impairment
- b) Hearing impairment
- c) Speech impediments
- d) Intellectual disorders
- e) Problems with motor skills
- f) Socio-emotional problems (autism, mixed developmental disorder, etc.)
- g) Behavioral problems (including attention deficit hyperactivity disorder ADHD)
- h) Learning disabilities (dyslexia, dysgraphia, etc.)
- i) Other:
- 38. Does any of your children have a chronic physical illness? YES
- 39. Has any of your children ever tried to commit suicide? YES NO
- 40. Has any of your children ever deliberately inflicted physical injury to herself/himself without the intent to kill herself/himself (touching source of electric power, leaning against the window, etc.)? YES
- 41. Do you have a child whose school achievement you are not satisfied with? YES
- 42. Has any of your children ever had a failing grade at the end of the semester? YES
- 43. Has any of your children had adaptation problems in kindergarten or school? YES
- 44. Has any of your children often skipped classes? YES
- 45. Have all of your children been regularly vaccinated? YES
- 46. Has any of your children been often verbally or physically violent towards another children? YES

#### **SECTION 4**

Part 4 comprises items of CTSPC — Conflict Tactics Scales: Parent-Child Version (Straus, Hamby, Finkelhor, Moore & Runyan, 1998) in the original version, and the modified version for parental childhood experiences. This part of the questionnaire is not published due to the copyright protection.

#### **SECTION 5**

52. The next questionnaire contains certain symptoms of physical or mental problems. In the section next to the list of symptoms, please mark with an "X" the field best describing how often have you experienced each of the following symptoms?

Symptoms	Never	Often		
Symptoms	0	1	2	3
Headaches				
Insomnia				
Weight loss (without dieting)				
Stomach problems				
Sexual problems				

Feeling isolated from others
"Flashbacks" (sudden, vivid, distracting memories)
Restless sleep
Low sex drive
Anxiety attacks
Sexual overactivity
Loneliness
Nightmares
"Spacing out" (going away in your mind)
Sadness
Dizziness
Not feeling satisfied with your sex life
Trouble controlling your temper
Waking up early in the morning
Uncontrollable crying
Fear of men
Not feeling rested in the morning
Having sex that you didn't enjoy
Trouble getting along with others
Memory problems
Desire to physically hurt yourself
Fear of women
Waking up in the middle of the night
Bad thoughts or feelings during sex
Passing out
Feeling that things are "unreal"
Unnecessary or over-frequent washing
Feelings of inferiority
Feeling tense all the time
Being confused about your sexual feelings
Feelings of guilt
Feeling that you are not always in your body
Having trouble breathing
Sexual feelings when you shouldn't have them

53. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesticulate, or behave.

1 — strongly disagree to 7 — strongly agree

1.	When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	1	2	3	4	5	6	7
2.	I keep my emotions to myself.	1	2	3	4	5	6	7
3.	When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	1	2	3	4	5	6	7

4.	When I am feeling positive emotions, I am careful not to express them.	1	2	3	4	5	6	7
5.	When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	1	2	3	4	5	6	7
6.	I control my emotions by not expressing them.	1	2	3	4	5	6	7
7.	When I want to feel more positive emotions, I change the way I'm thinking about the situation.	1	2	3	4	5	6	7
8.	I control my emotions by changing the way I think about the situation I'm in.	1	2	3	4	5	6	7
9.	When I am feeling negative emotions, I make sure not to express them.	1	2	3	4	5	6	7
10.	When I want to feel less negative emotion, I change the way I'm thinking about the situation.	1	2	3	4	5	6	7

54. Following questionnaire is about your everyday functioning and contains 70 statements. There are no correct or wrong answers, and you are not expected to be an expert in order to answer this questionnaire. Describe youself as honest as you can and provide your opinion as adequate as you can. There is no need to think about each statement too long. You will do best if you choose the answer which comes to your mind first, after you understood the item meaning.

Please, read all instructions carefully before you begin answering.

- 1 strongly disagree
- 2 disagree
- 3 neutral (neither agree nor disagree)
- 4 agree
- 5 strongly agree

I would be quite bored by a visit to an art gallery.	1	2	3	4	5
I plan ahead and organize things, to avoid scrambling at the last minute	1	2	3	4	5
I rarely hold a grudge, even against people who have badly wronged me	1	2	3	4	5
I feel reasonably satisfied with myself overall	1	2	3	4	5
I would feel afraid if I had to travel in bad weather conditions	1	2	3	4	5
I wouldn't use flattery to get a raise or promotion at work, even if I thought it would succeed	1	2	3	4	5
I'm interested in learning about the history and politics of other countries	1	2	3	4	5
I often push myself very hard when trying to achieve a goal	1	2	3	4	5
People sometimes tell me that I am too critical of others	1	2	3	4	5
I rarely express my opinions in group meetings	1	2	3	4	5
I sometimes can't help worrying about little things	1	2	3	4	5
If I knew that I could never get caught, I would be willing to steal a million dollars	1	2	3	4	5
I would enjoy creating a work of art, such as a novel, a song, or a painting	1	2	3	4	5
When working on something, I don't pay much attention to small details	1	2	3	4	5
People sometimes tell me that I'm too stubborn	1	2	3	4	5
I prefer jobs that involve active social interaction to those that involve working alone	1	2	3	4	5
When I suffer from a painful experience, I need someone to make me feel comfortable	1	2	3	4	5
Having a lot of money is not especially important to me	1	2	3	4	5
I think that paying attention to radical ideas is a waste of time	1	2	3	4	5

I make decisions based on the feeling of the moment rather than on careful thought	1	2	3	4	5
People think of me as someone who has a quick temper	1	2	3	4	5
On most days, I feel cheerful and optimistic	1	2	3	4	5
I feel like crying when I see other people crying	1	2	3	4	5
I think that I am entitled to more respect than the average person is	1	2	3	4	5
If I had the opportunity, I would like to attend a classical music concert	1	2	3	4	5
When working, I sometimes have difficulties due to being disorganized	1	2	3	4	5
My attitude toward people who have treated me badly is "forgive and forget"	1	2	3	4	5
I feel that I am an unpopular person	1	2	3	4	5
When it comes to physical danger, I am very fearful	1	2	3	4	5
If I want something from someone, I will laugh at that person's worst jokes	1	2	3	4	5
I've never really enjoyed looking through an encyclopedia	1	2	3	4	5
I do only the minimum amount of work needed to get by	1	2	3	4	5
I tend to be lenient in judging other people	1	2	3	4	5
In social situations, I'm usually the one who makes the first move	1	2	3	4	5
I worry a lot less than most people do	1	2	3	4	5
I would never accept a bribe, even if it were very large	1	2	3	4	5
People have often told me that I have a good imagination	1	2	3	4	5
I always try to be accurate in my work, even at the expense of time	1	2	3	4	5
I am usually quite flexible in my opinions when people disagree with me	1	2	3	4	5
The first thing that I always do in a new place is to make friends	1	2	3	4	5
I can handle difficult situations without needing emotional support from anyone else	1	2	3	4	5
I would get a lot of pleasure from owning expensive luxury goods	1	2	3	4	5
I like people who have unconventional views	1	2	3	4	5
I make a lot of mistakes because I don't think before I act	1	2	3	4	5
Most people tend to get angry more quickly than I do	1	2	3	4	5
Most people are more upbeat and dynamic than I generally am	1	2	3	4	5
I feel strong emotions when someone close to me is going away for a long time	1	2	3	4	5
I want people to know that I am an important person of high status	1	2	3	4	5
I don't think of myself as the artistic or creative type	1	2	3	4	5
People often call me a perfectionist	1	2	3	4	5
Even when people make a lot of mistakes, I rarely say anything negative	1	2	3	4	5
I sometimes feel that I am a worthless person	1	2	3	4	5
Even in an emergency, I wouldn't feel like panicking	1	2	3	4	5
I wouldn't pretend to like someone just to get that person to do favors for me.	1	2	3	4	5
I find it boring to discuss philosophy	1	2	3	4	5
I prefer to do whatever comes to mind, rather than stick to a plan	1	2	3	4	5
When people tell me that I'm wrong, my first reaction is to argue with them	1	2	3	4	5
When I'm in a group of people, I'm often the one who speaks on behalf of the group	1	2	3	4	5
I remain unemotional even in situations where most people get very sentimental	1	2	3	4	5
I'd be tempted to use counterfeit money if I were sure I could get away with it	1	2	3	4	5
People speak ill of me	1	2	3	4	5
I feel the presence of evil forces around me, although I can't see them.	1	2	3	4	5
Sometimes I have an impression that my feelings are frozen	1	2	3	4	5
I frequently repeat useless actions	1	2	3	4	5
Sometimes I feel as a split personality	1	2	3	4	5
I often wish I were dead and far away from everything	1	2	3	4	5
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Sometimes my body, or a part of my body, becomes insensitive and numb	1	2	3	4	5
I feel that everything around me is unreal	1	2	3	4	5
Sometimes thoughts and pictures come to me all by themselves	1	2	3	4	5
I often feel happy but also irritable at the same time	1	2	3	4	5

55. Statements below describe opinions about parenting discipline and practices. Read each statement and decide how much you agree or disagree with that statement. Please select the answer that describes best your opinion:

- 1 strongly disagree
- 2 disagree
- 3 neutral (neither agree nor disagree)
- 4 agree
- 5 strongly agree

1.	Parents have a right to punish	1	2	3	4	5
2.	Physical punishment is helpful to children	1	2	3	4	5
3.	I intend to use physical punishment	1	2	3	4	5
4.	Physical punishment is a proper technique	1	2	3	4	5
5.	Physical punishment is not harmful to children	1	2	3	4	5
6.	Children don't resent physical punishment	1	2	3	4	5
7.	Children need physical punishment	1	2	3	4	5
8.	Parents don't need to punish less	1	2	3	4	5
9.	Children benefit from physical punishment	1	2	3	4	5
10.	I would not support a law against physical punishment	1	2	3	4	5
11.	Physical punishment is not abusive	1	2	3	4	5
12.	Teachers or principals have the right to use physical punishment	1	2	3	4	5

## **SECTION 9**

56. The statements below describe how you may feel in relationship with A) your parents, and B) your dating or marital partner. Read each statement and decide how much you agree or disagree with that statement. Please select the answer that describes best your opinion:

1 — strongly disagree 7 — strongly agree

A) Please answer the following questions about your parents. If you currently are not having contact with your parents, please answer in such manner, as you felt most frequently while you were in contact with them.

1.	It helps to turn to this person in times of need	1	2	3	4	5	6	7
2.	I usually discuss my problems and concerns with this person	1	2	3	4	5	6	7
3.	I talk things over with this person	1	2	3	4	5	6	7
4.	I find it easy to depend on this person	1	2	3	4	5	6	7
5.	I don't feel comfortable opening up to this person	1	2	3	4	5	6	7
6.	I prefer not to show this person how I feel deep down	1	2	3	4	5	6	7
7.	I often worry that this person doesn't really care for me	1	2	3	4	5	6	7
8.	I'm afraid that this person may abandon me	1	2	3	4	5	6	7
9.	I worry that this person won't care about me as much as I care about him or her	1	2	3	4	5	6	7

B) Please answer the following questions about your dating or marital partner. If you are not currently dating or in a marital relationship with someone, answer these questions with respect to a former partner or a relationship that you would like to have with someone. Read each statement and decide how much you agree or disagree with that statement. Please select the answer that describes best your opinion.

1 — strongly disagree 7 — strongly agree

1.	It helps to turn to this person in times of need.	1	2	3	4	5	6	7
2.	I usually discuss my problems and concerns with this person.	1	2	3	4	5	6	7
3.	I talk things over with this person.	1	2	3	4	5	6	7
4.	I find it easy to depend on this person.	1	2	3	4	5	6	7
5.	I don't feel comfortable opening up to this person.	1	2	3	4	5	6	7
6.	I prefer not to show this person how I feel deep down.	1	2	3	4	5	6	7
7.	I often worry that this person doesn't really care for me.	1	2	3	4	5	6	7
8.	I'm afraid that this person may abandon me.	1	2	3	4	5	6	7
9.	I worry that this person won't care about me as much as I care about him or her.	1	2	3	4	5	6	7

#### **SECTION 10**

57. Read each statement and decide how much you agree or disagree with that statement. Please select the answer that describes best your opinion:

1 — never 5 — always

How often do you think that spanking or hitting a child with a hand or an object for disciplinary purposes leads to the child...

1.	being better behaved in the short-term?	1	2	3	4	5
2.	being better behaved in the long-term?	1	2	3	4	5
3.	being more respectful of parents?	1	2	3	4	5
4.	learning correct behavior?	1	2	3	4	5
5.	having a better relationship with the parent?	1	2	3	4	5
6.	having a decreased chance of being delinquent or incarcerated later in life?	1	2	3	4	5
7.	having a better sense of self-control?	1	2	3	4	5
8.	being physically injured?	1	2	3	4	5
9.	being more aggressive?	1	2	3	4	5
10.	being physically abused?	1	2	3	4	5
11.	experiencing long-term emotional upset?	1	2	3	4	5
12.	having poorer cognitive abilities?	1	2	3	4	5
13.	having poorer mental health?	1	2	3	4	5
14.	having poorer physical health?	1	2	3	4	5

#### THANK YOU FOR YOUR COOPERATION!

# **LIST OF PARTICIPANTS**

During study field work following students of psychology administered questionnaires to participants:

Aleksandra Milojevic, Andjela Lazovic, Bogdan Radicevic, Darija Hafizovic, Drazena Niksic, Dusan Antonijevic, Janko Stefanovic, Jelica Milojicic, Konstantin Tomic, Marija Kamatovic, Mateja Manojlovic and Sara Stanisavljevic

