

The Fragile Families and Child Wellbeing Study changed its name to The Future of Families and Child Wellbeing Study (FFCWS). Due to the issue date of this document, FFCWS will be referenced by its former name. Any further reference to FFCWS should kindly observe this name change.



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An Epidemiological Study of Children's Exposure to Violence in the Fragile Families Study



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POLICY BRIEF
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About Fragile Families

The Fragile Families and Child Wellbeing Study (FFCWB) is a birth cohort study of approximately 5000 children born in large US cities at the turn of the 21st century. The sample is representative of births in all large US cities and includes an oversample of births to unmarried mothers. Since non-marital childbearing is much more common among low-income and minority families, these data are ideal for studying the experiences of children from disadvantaged backgrounds. Both mothers and fathers were interviewed soon after their child's birth and again when the child was one, three, five and nine years old.

Rather than testing a particular hypothesis or set of hypotheses, the study was designed to provide longitudinal information on a broad range of factors known to be associated with children's health and development, including the neighborhood conditions, economic conditions, parents' health and mental health, parents' marital status and the quality of parental relationships, parents' use of public programs, the availability of social support, and parent-child relationships. As such, the Study provides data that are relevant to a large number of questions and serves as a valuable resource for researchers interested in the life chances of children growing up in disadvantaged families.

Introduction

A large body of research shows that children raised in low-income families are exposed to more violence than children raised in high-income families, including neighborhood violence, domestic violence and parental violence, also referred to as 'harsh parenting.' Violence, in turn, is known to be associated with children's mental health and human capital development. This report summarizes what we have learned from the Fragile Families and Child Wellbeing Study about the prevalence, predictors and consequences of children's exposure to 1) neighborhood violence, 2) intimate partner violence (IPV) and 3) harsh parenting.

We begin by summarizing findings from studies that examine the prevalence, predictors and consequences of neighborhood violence. Next we review studies that examine this set of parameters for intimate partner violence. We end by examining harsh parenting. For each type of violence, we pay special attention to racial/ethnic and nativity differences.

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The Model

Figure 1 below presents a simple model of the risk factors and pathways through which exposure to violence is expected to affect child health and development. According to the model, exposure to neighborhood violence, intimate partner violence, and harsh parenting each have a direct effect on child's health and development. The model also indicates that intimate partner violence and neighborhood violence both affect child outcomes indirectly by increasing the risk of harsh parenting. Finally, cultural (e.g. religion), demographic (e.g. age), social-psychological (e.g. mental health, relationship quality) and economic factors (e.g. family income) affect children's health and development indirectly by influencing their exposure to all three types of violence.

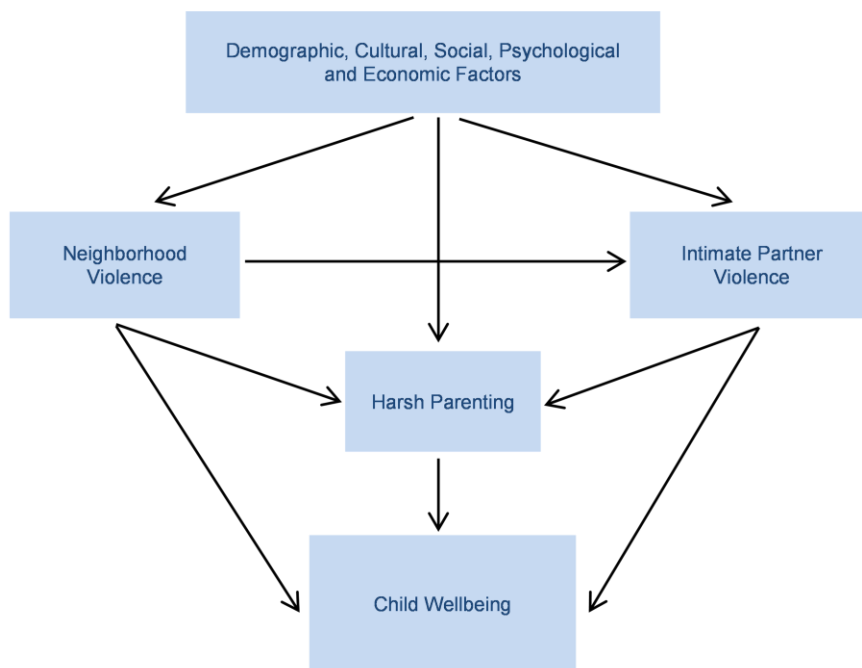


Figure 1. Risk Factors and Pathways of Exposure to Violence on Child Wellbeing

We should note that although our model is intended to describe the causal pathways through which violence affects child wellbeing, the studies we examine are based on survey data rather than randomized experiments. When we say that a variable such as substance use/abuse or depression is a “predictor” or “risk factor” for intimate partner violence or harsh parenting, we are saying that the variable is correlated with a particular type of violence or outcome, not that it is a true cause of the outcome of interest. Although risk factors are not necessarily true causes of a particular outcome, they are useful to policy makers and practitioners in identifying vulnerable populations.



Neighborhood Violence

SAMPLES AND MEASURES

Five studies use data from the Fragile Families Study to examine neighborhood violence. These studies measure neighborhood violence by:

- a set of questions that ask mothers whether they have witnessed or been the victim of beatings, attacks with a weapon, shootings and/or killings during the past year and
- two questions that ask mothers how safe they feel in their neighborhood and whether they have ever been afraid to let their child play outdoors because of violence. The questions about mothers' direct experiences of violence are asked at ages three, five and nine. The questions about perceptions of safety are asked at baseline and again at ages five and nine.

PREVALENCE AND EXPOSURE

None of the studies that examine neighborhood violence provide systematic data on the prevalence of violence or trends in the prevalence. Thus we present our own estimates in Table 1.



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Nearly a quarter of mothers report witnessing or being the victim of violence when their child is ages 3 and 5, dropping to 14 percent at age nine. Exposure to violence is strongly associated with mothers' education. Less than 10 percent of mothers with college degrees report witnessing violence when their child is age three, as compared with over a third of mothers with less than a high school degree. Exposure to violence also varies by race/ethnicity/nativity, with black mothers experiencing three times the level of neighborhood violence as white mothers and immigrant Latina mothers.

Exposure to violence is strongly associated with mothers' education.



Mothers' fear of violence is lower and more stable than their actual exposure to violence, ranging from 10 percent at baseline to 16 percent in year 9. Education and race/ethnic/nativity differences follow the same pattern as they did for exposure to violence. Whereas only 3 percent of college educated mothers report feeling unsafe in their neighborhood, 30 percent of mothers with less than a high school degree feel unsafe at year 9. Similarly, whereas only about five percent of white mothers report feeling unsafe in their neighborhood, the percentage for black and Latina mothers is 20 percent.

TABLE 1.				
Prevalence of Neighborhood Violence Reported by Mothers in Fragile Families				
	Baseline	Year 3	Year 5	Year 9
Witnessed or Experienced Violence				
All mothers		.23	.23	.14
By Education				
Less than High School		.34	.37	.24
High School		.27	.27	.13
Some College		.13	.14	.14
College Degree or More		.12	.10	.04
By Race/Ethnicity and Nativity				
White, non-Hispanic		.14	.14	.07
Black, non-Hispanic		.44	.42	.28
Hispanic, Native Born		.32	.29	.20
Hispanic, Foreign Born		.12	.12	.07
Fear of Violence				
All mothers	.10		.14	.16
By Education				
Less than High School	.17		.26	.30
High School	.08		.16	.20
Some College	.10		.08	.09
College Degree or More	.03		.02	.03
By Race/Ethnicity and Nativity				
White, non-Hispanic	.05		.05	.06
Black, non-Hispanic	.14		.21	.22
Hispanic, Native Born	.13		.13	.15
Hispanic, Foreign Born	.19		.32	.31

All estimates are weighted using national weights at each wave.



PREDICTORS AND RISK FACTORS

One study examines the predictors of neighborhood violence, focusing on mothers' fear of violence.²⁵ According to this study, living in public housing, having minimal education and being depressed are risk factors for mothers' fears, whereas access to social support, neighborhood cohesion and maternal employment are protective against fear. Other risk factors include the percentage of neighbors who are black and the percentage of neighbors who are impoverished, suggesting that fear is strongly associated with neighborhood disadvantage. City-level crime rates are not associated with perceptions of safety. The authors interpret the lack of association between fear and crime rates as indicating that mothers' fear is less of a rational response to crime and more of a reflection of their relationships with their neighbors. The lack of a significant association between fear and crime rates may also be due to the fact that city-level crime rates are not a good measure of violent crime at the neighborhood level. It is interesting to note that black and white mothers report lower levels of fear than their actual levels of observed violence while Latinas report higher levels of fear. The black and white mothers may have grown up in communities with high rates of crime which has resulted in the normalization and desensitization of violence exposure. This may lead the mothers to minimize instances of exposure that are objectively quite significant. Conversely, the Latina immigrants in the study may have grown up in countries that have less crime, and less gun violence in particular, than the rates that exist in their neighborhoods in the United States. This lack of early exposure may result in these mothers experiencing a higher level of fear than mothers who have had prior exposure.

Black and white mothers report lower levels of fear than their actual levels of observed violence while Latinas report higher levels of fear.

CONSEQUENCES

Both exposure to violence and perceptions of safety are linked to mothers' use of harsh parenting.^{19,57} Specifically, mothers exposed to moderate and high levels of neighborhood violence are more than twice as likely as other mothers to report using corporal punishment and nearly twice as likely to report behaviors that fall under the rubric of psychological violence.⁵⁷ Harsh parenting, in turn, is linked to higher levels of children's aggressive behavior.⁵⁸ Finally, although mothers' perceptions of neighborhood safety are associated with higher levels of children's TV watching, they do not predict the amount of time children play outdoors, nor are they associated with childhood obesity at age three.⁵ Interestingly, although neighborhood safety is not associated with child obesity directly, the association between intimate partner violence and childhood obesity is stronger if the family lives in an unsafe neighborhood.

Mothers exposed to moderate and high levels of neighborhood violence are more likely to engage in harsh parenting practices, and their children are more likely to exhibit aggressive behaviors.

SUMMARY

Education and race/ethnicity/nativity are important risk factors in children's exposure to neighborhood violence. Black children are the most likely to live in violent neighborhoods, while white and Latina immigrant mothers are the least likely. Despite their lower rates of exposure to actual violence, immigrant mothers are the most likely to worry about their children's safety. Mothers exposed to moderate and high levels of neighborhood violence are more likely to engage in harsh parenting practices, and their children are more likely to exhibit aggressive behaviors.



RECOMMENDATIONS

Given the negative physical and psychological consequences of living with both actual and perceived danger, policies are needed that promote safe neighborhoods and that prevent neighborhood violence, as well as those that reduce racial stigma and stereotypes, which associate particular communities with violence. The following factors have been associated with safer neighborhoods in prior research:

- Increases in neighborhood social cohesion and trust
- Increases in access to family services
- Increases in job placement for formerly incarcerated individuals
- Decreases in access to gun ownership and possession
- Increases in job training and placement services
- Decreases in the supply of drugs
- Increases in the number of jobs in each community

The following specific action items are important policies that potentially reduce community violence as well as the perceptions of a lack of safety. These action items create a three-pronged approach, which fosters community cohesion, culturally-congruent services for victims of violence, while rehabilitating the perpetrators of violence.

- Create pro-active dispute resolution structures and support at the neighborhood level. Community conflict mediators can be utilized to foster non-violent resolution to conflict among community residents.
- Support research and program development for the implementation, maintenance, and evaluation of violence reduction programs, including programs for victims that are culturally relevant for black families who are disproportionately at risk for community violence and Latina immigrant mothers whose perceptions of neighborhood safety are disproportionately negative
- Assist incarcerated persons in the transition from detention to the community, through mental health services, substance abuse treatment, job training, employment acquisition, and support for family members.

Intimate Partner Violence

SAMPLES AND MEASURES

Sixteen studies examine the prevalence, predictors and consequences of intimate partner violence (IPV) or domestic abuse among new parents. The Fragile Families Study is unique in that it provides longitudinal data on multiple types of domestic violence, including

- physical violence, measured by a set of questions that ask mothers whether their partner “slaps/kicks or hits you with a fist/object,”



- coercive/controlling behavior, measured by a set of questions that ask mothers whether their partner “keeps you from seeing friends/family, prevents you from going to work/school, withholds money, and/or make you have sex/do sexual things you don’t want to do,” and
- emotional violence, measured by a set of questions that ask mothers whether their partner “insults you” or “criticizes your ideas.”

Coercive violence can be further decomposed into sexual coercion and economic coercion. To assess mothers’ exposure to each type of abuse, researchers typically construct a dichotomous variable indicating whether or not a mother experienced at least one of the abusive behaviors. Some studies focus on specific types of violence whereas others use a combined measure. The different measures are highly correlated with one another.



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PREVALENCE AND EXPOSURE

Emotional violence is the most common type of abuse reported by mothers, with 29 percent of mothers reporting this type of violence.⁹ Physical violence is the least common, with estimates ranging between 3.5 percent and 7.5 percent.^{20, 42} Coercive behavior falls in between the other two types of violence, with estimates ranging from 15 percent to 18 percent depending on the age of the children. The estimates for physical violence are lower than those typically reported in some other surveys, which is likely due to two factors:

- other surveys often ask women whether they have ‘ever’ experienced intimate partner violence, whereas the Fragile Families Study asks about recent abuse, and
- other surveys often include items such as ‘pushing’ and ‘shoving’ which are much more common (but less serious) than the items used in FFS²⁴

Only one study looks at changes in mothers’ exposure to domestic violence over time. According to this study, coercive behavior increases from about 12 percent in year one to 13.5 and 15.1 percent at years three and five. Physical violence shows a similar pattern, going from 3.5 percent in the first year after birth to 5.9 percent and 7.6 percent at three and five years after birth. Both economic coercion and physical violence are quite persistent, with less than 10 percent of mothers reporting an increase or decrease in these types of abuse over the five year period.²⁰

Intimate Partner Violence (IPV) affects African American and Latina women disproportionately.¹³ As compared to whites, African American and Latina mothers have significantly higher odds of experiencing physical assault, and Latinas and mothers of ‘other race/ethnicity’ have significantly higher odds of experiencing coercion.¹³ Latina mothers and mothers of ‘other race/ethnicities’ also report more violence during pregnancy than other mothers.⁹

Although black and Latina mothers are more likely than white mothers to experience violence, there are no significant differences between Latina and black mothers.⁹ According to one study, more than one-quarter of Latina mothers and one-third of foreign-born mothers experience at least one form of violence (e.g. physical assault, emotional abuse or coercion).¹³ The specific type and severity of IPV also varies across racial/ethnic/nativity groups, ranging from emotional abuse to physical assault.¹³ Latina

Emotional violence is the most common type of abuse reported by mothers; physical violence is the least common.



and foreign-born mothers report the highest rates of physical assault (8% and 9%) and coercion (19% and 28%) respectively; this association, however, does not extend to mothers under age 20.²⁶ The odds of experiencing ‘any violence’ (either physical assault or coercion) are higher for foreign-born mothers as compared with native-born mothers.¹³ Emotional abuse is also significantly higher among women who have immigrated in the last five years and among less-recent immigrants than among women born in the United States.⁹ Golden and colleagues note that immigration can greatly disrupt traditional gender norms, leading to strain within relationships and a higher risk of experiencing violence.¹³



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Table 2 reports our own estimates of physical and coercive violence during pregnancy and up to year 9. These estimates are based on mothers who were living with or romantically involved with a partner during the previous year. According to our estimates, about 5 percent of mothers report experiencing physical violence during pregnancy. This indicator is relatively stable throughout early childhood, peaking when the child is age five and then declining by age nine. The next panel reports estimates for coercive behavior. These questions are not asked at the baseline interview, and thus our time trend begins at year one. Coercive violence is much more common than physical violence and also more stable, ranging between a high of 21 percent in year 3 and a low of 16 percent at year 9.



TABLE 2.					
Prevalence of Intimate Partner Violence Reported by Mothers in Fragile Families					
	Baseline	Year 1	Year 3	Year 5	Year 9
Physical Violence					
All mothers in relationships	.05	.04	.06	.09	.07
<i>By Education</i>					
Less than High School	.08	.09	.13	.10	.08
High School	.06	.04	.05	.12	.06
Some College	.04	.04	.03	.08	.11
College Degree or More	.01	.01	.01	.05	.05
<i>By Race/Ethnicity and Nativity</i>					
White, non-Hispanic	.03	.03	.03	.10	.04
Black, non-Hispanic	.04	.06	.07	.10	.08
Hispanic, Native Born	.07	.04	.06	.11	.08
Hispanic, Foreign Born	.11	.08	.16	.08	.10
Coercive Violence					
All mothers in relationships		.18	.21	.20	.16
<i>By Education</i>					
Less than High School		.26	.27	.23	.12
High School		.24	.22	.23	.19
Some College		.13	.18	.18	.21
College Degree or More		.05	.17	.17	.13
<i>By Race/Ethnicity and Nativity</i>					
White, non-Hispanic		.13	.17	.21	.15
Black, non-Hispanic		.22	.22	.15	.15
Hispanic Native Born		.18	.17	.18	.16
Hispanic Foreign Born		.32	.32	.27	.20
Any Violence (Physical or Coercive)					
All mothers in relationships	.05	.19	.23	.23	.17
<i>By Education</i>					
Less than High School	.08	.28	.31	.25	.13
High School	.06	.25	.23	.27	.19
Some College	.04	.14	.18	.21	.22
College Degree or More	.01	.06	.17	.18	.13
<i>By Race/Ethnicity and Nativity</i>					
White, non-Hispanic	.03	.14	.17	.23	.15
Black, non-Hispanic	.04	.23	.23	.19	.17
Hispanic, Native Born	.07	.20	.17	.22	.17
Hispanic, Foreign Born	.11	.32	.38	.28	.21
Percent of sample not in a relationship	.07	.06	.15	.16	.17

All estimates are weighted using national weights at each wave. Sample is restricted to mothers at-risk of intimate partner violence, defined as mothers in a romantic relationship at current or past wave.



The prevalence of physical violence differs markedly by mothers' education. At baseline and year 1, mothers with the least education are eight times more likely to report physical violence than mothers with a college degree. This ratio increases at year 3 and then drops sharply in year 9. Controlling behavior also varies by mothers' education, but for this type of violence the relative risk for mothers with the least and most education is smaller than it is for physical violence. Again, the reversal in the ratio at year 9 is likely due to higher attrition among mothers with the least education who were victims of coercive violence.

Exposure to violence also varies by race ethnicity and nativity, although here the most notable difference is between foreign-born Latina mothers and all US born mothers irrespective of race or ethnicity. With one exception (year 5), the prevalence of physical violence is much higher among foreign-born mothers as compared with US born mothers. The same pattern exists for coercive behaviors. With respect to US born mothers, black and Latina mothers have fairly similar risks, whereas white mothers have a slightly lower risk.

PREDICTORS AND RISK FACTORS

The studies we reviewed identify a number of risk factors for intimate partner violence, including difficult economic conditions (e.g. material hardship, mothers' economic dependency), cultural factors (e.g. traditional attitudes about women's roles), and individual or couple-specific characteristics (e.g. alcohol and drug abuse, unwanted pregnancies).^{9, 13, 46} Intimate partner violence is also associated with mother's mental health problems, including depression and anxiety as well as self-reported health.^{42, 45} The association between depression and domestic violence is likely to be operating in both directions: depression reduces a mother's ability to defend herself against a violent partner, and having a violent partner increases depression. Only one of the studies we examined attempted to test whether a particular risk factor had a causal effect on violence. This study, which used state differences in liquor taxes and alcohol regulations to see if the prevalence of physical violence was lower in states with higher taxes and/or stricter alcohol regulations, found no association between state policies and physical violence, indicating that alcohol overuse is not a true cause of domestic abuse.⁴⁶ While far from definitive, this study highlights the fact that a risk factor is not necessarily a causal factor, and that policy makers should not assume that changing a risk factor will lead to a change in domestic abuse.

Family structure is also a risk factor for domestic violence, with single mothers reporting higher levels of violence than other mothers. Again, however, in these studies the direction of causality is likely going from violence to single motherhood rather than the other way around. Mothers exposed to physical violence during pregnancy are more likely than other mothers to end their relationship with their child's father before or soon after their child's birth.^{9, 20, 53} Similarly, mothers exposed to physical or coercive violence during early childhood (ages 1 and 3) are less likely to be living with the father when their child was age five.²⁰

Based on in-depth interviews with a subset of mothers, Waller and Swisher (2006) find that mothers select out of abusive relationships and try to limit the amount of time abusive fathers spend with their child. Although some fathers object to being excluded from their child's life, these researchers argue that mothers are acting in their child's best interest. Their conclusions are consistent with a highly cited study in the child development literature, which finds that in families where the father has serious



problems or is abusive toward the mother, children are better off not living with the father.²²

CONSEQUENCES

Several studies examine the association between IPV and parenting quality, including harsh parenting as well as child neglect. These studies find that domestic abuse is associated with more frequent spanking and more coercive disciplinary practices.^{21, 49} The odds of using corporal punishment are twice as high when both parents engage in partner-directed violence.⁵¹ This relationship may be understood as being multi-faceted, with increased maternal stress and exposure to IPV creating conflict between the child and the abused parent, and outside factors creating both IPV and harsh parenting. The timing of exposure to IPV is also important. One study finds that physical violence during pregnancy is associated with spanking at age five, although physical violence during the first year after birth is not.⁴⁵ These authors point out that the connection between coercive violence and harsh parenting is a new finding in the literature.



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Other researchers find an association between mothers' exposure to coercive behavior and violence in early childhood and child neglect at age three.^{43, 51} Latina mothers who have been abused by their partners may have depleted emotional and financial resources, creating barriers to engagement with their children resulting in greater neglect. The priorities of establishing safety may take precedent in their parenting hierarchy over direct engagement with the child. Latinas are also more likely than whites to have experienced intergenerational poverty versus transient poverty. The lack of connection to people in their social networks that can provide instrumental social support may make a significant difference between IPV survivors who are still able to emotionally engage with their children and those who are not.

Whereas Latina mothers are less likely to use physical violence on their children, they are more likely to engage in behaviors labeled as 'neglect.'^{43, 49} The emotional impact of IPV on Latina mothers may lead to an internalization of the "Marianismo" model,

Researchers find an association between mothers' exposure to coercive behavior and violence in early childhood and child neglect at age three.



which identifies Mary (the self-sacrificing, passive mother) as an example of ideal womanhood. This model, in turn, may contribute to Latina mothers' tendency to disengage from their children. The challenges that this model and other socio-cultural factors may create for mothers require further examination. There is also a need to examine the association between the type of IPV, racial/ethnic/nativity, and parenting behavior.

Finally, six studies examine the association between domestic abuse and child health and development. Several studies find associations between violence and children's physical health, measured as mothers' perceptions of child's overall health⁶, child obesity at age five⁴, and child asthma at age three⁴⁸. Interestingly, the latter study finds that among children exposed to IPV, the risk of asthma is lower if the mother is more engaged with the child, which indicates that the quality of mothers' parenting matters even in families where mothers are exposed to domestic abuse. The most consistent evidence for a link between IPV and children's health comes from studies that look at children's behavior problems. Children exposed to IPV are much more likely than their peers to exhibit behaviors associated with aggression, anxiety, depression, and hyperactivity.^{6, 21, 55}

SUMMARY

Exposure to intimate partner violence is relatively common among mothers in fragile families, ranging from a low of about 5 percent for physical violence to a high of nearly 30 percent for psychological violence. IPV is highest among Latina mothers and among mothers with less than a high school degree and lowest among white mothers and mothers with a college degree. Key predictors of IPV included traditional attitudes about women's roles, mother's economic dependency, depression and problems with substance abuse. Key outcomes of IPV are higher rates of union dissolution, lower father-involvement, higher levels of harsh parenting and more child neglect.

RECOMMENDATIONS

To foster intimate relationships that are free from emotional, verbal, and physical abuse, policies are needed that support public education of factors contributing to healthy relationships as well as services for couples who are currently in unhealthy relationships. Given the noted risk factors for intimate partner abuse, the following action items are recommended:

- Promote routine screening for IPV and its effects (such as depression) by mental health professionals, primary care physicians and faith community leaders with access to Latinos and African American mothers at increased risk for IPV.
- Provide funding for multi-lingual screening resources to better serve immigrant mothers who are at increased risk of IPV. [Without such screening, programs and policies may promote unification, cohesion, and silence in families where there is unrecognized abuse.]
- Provide mothers with education, job training, and job placement services to reduce their economic dependency.
- Provide services (beyond housing and recreation) for children living in shelters for abused women.

Children exposed to IPV are much more likely than their peers to exhibit behaviors associated with aggression, anxiety, depression, and hyperactivity.

Policies are needed that support public education of factors contributing to healthy relationships as well as services for couples currently in unhealthy relationships.



- Integrate a discussion of gender roles in couples therapy, premarital counseling and family services to increase awareness of differences in cultural norms. Avoiding such discussions may foster silence create or exacerbate violent and controlling behaviors.

Harsh Parenting

SAMPLES AND MEASURES

Twenty-five studies examine the prevalence, predictors and consequences of harsh parenting. These studies focus on two types of violence: physical violence and psychological violence. Physical violence is measured by a set of questions that ask parents how often in the past month they “spanked, shook, hit on the bottom with an object, slapped or pinched child.” Psychological violence is measured by a set of questions that ask parents how often in the past month they “shouted, yelled screamed, swore or cursed at their child; how often they threatened to send child away, threatened to spank, or called child dumb, lazy, or something similar.” Some studies focus on a single item – spanking – to measure physical abuse. Most studies look at mothers’ behavior, although a few look at fathers’ behavior, and several look at both parents’ behavior.

Several studies examine the association between parental violence and children’s health and development. Physical health is measured by injuries, obesity and asthma as well as mother’s assessment of child’s overall health. Social-emotional development (mental health) is measured by the presence of externalizing behavior (aggression, rule breaking) and internalizing behavior (anxiety, shyness, withdrawal). One study examines the association between parental abuse and children’s cognitive ability, measured by vocabulary and reading assessments.

PREVALENCE AND EXPOSURE

Spanking is a commonly used disciplinary strategy among parents in the Fragile Families Study, despite the American Association of Pediatrics’ recommendation against the use of corporal punishment. Fifteen percent of parents report spanking their child at least once in the past month when the child is 12 months old; forty percent report spanking their child at 18 months, and 50 percent report spanking at 24 months.³⁹ To verify these findings, we conducted our own estimates of the prevalence of spanking.

Consistent with MacKenzie and colleagues (2011), we find that the prevalence of harsh parenting increases between years one and three, declines between years three and five, and increases again between years five and nine. Differences by education are inconsistent and not what we expected. At year one, differences in spanking by mothers’ education is minimal, with the exception of college educated mothers, who are much less likely to spank than other mothers. At years three and five, however, mothers with the most (college degree) and least education (less than a high school degree) are less likely to spank their child than mothers with a high school degree or some college. At year 9, education differences are minimal once again. The estimates for race/ethnic differences are also inconsistent. These patterns are surprising, given the strong association between education and IPV and suggest that factors other than SES may play a greater role in harsh parenting than in IPV.

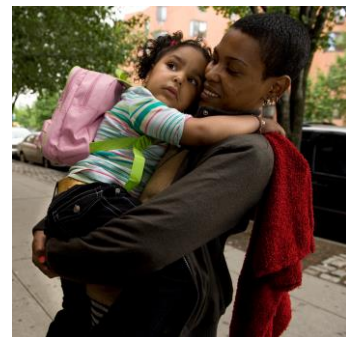


TABLE 3				
Prevalence of Harsh Parenting Reported by Mothers in Fragile Families				
	Year 1	Year 3	Year 5	Year 9
Spanking				
All mothers	.15	.49	.44	.52
<i>By Education</i>				
Less than High School	.16	.40	.35	.54
High School	.16	.55	.50	.54
Some College	.20	.53	.52	.45
College Degree or More	.09	.46	.42	.51
<i>By Race/Ethnicity and Nativity</i>				
White, non-Hispanic	.13	.56	.47	.50
Black, non-Hispanic	.23	.54	.57	.61
Hispanic, Native Born	.23	.49	.46	.53
Hispanic, Foreign Born	.05	.25	.22	.45
Psychological Aggression				
All mothers		.45	.47	.17
<i>By Education</i>				
Less than High School		.35	.41	.13
High School		.52	.41	.17
Some College		.53	.53	.21
College Degree or More		.41	.54	.17
<i>By Race/Ethnicity and Nativity</i>				
White, non-Hispanic		.45	.45	.16
Black, non-Hispanic		.58	.54	.23
Hispanic, Native Born		.47	.50	.21
Hispanic, Foreign Born		.25	.27	.09
Neglect				
All mothers		.07	.09	.18
<i>By Education</i>				
Less than High School		.08	.10	.24
High School		.07	.08	.13
Some College		.06	.04	.13
College Degree or More		.05	.12	.19
<i>By Race/Ethnicity and Nativity</i>				
White, non-Hispanic		.05	.06	.14
Black, non-Hispanic		.08	.08	.20
Hispanic, Native Born		.11	.09	.16
Hispanic, Foreign Born		.04	.11	.28

All estimates are weighted using national weights at each wave.



Looking across all the years, black mothers are the most likely to spank their child, and Latina mothers are the least likely, with white mothers falling in between in most years. Further, mothers who are foreign born in comparison to individuals born within the United States are also less likely to utilize harsh parenting tactics.^{1, 29, 39} Fathers show a similar pattern, with black fathers being more likely to use corporal punishment than other fathers and Latino fathers being less likely to use corporal punishment.^{29, 30} The difference in spanking is limited to the use of moderate spanking; there are no racial differences in fathers' use of heavy spanking. Nativity moderates the association between race/ethnicity and spanking, with immigrant Latino fathers using less physical and psychological aggression than Latino fathers born in the U.S. Indeed US born Latino fathers have rates of spanking similar to those of white and black fathers (Lee et al., 2011).²⁹



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PREDICTORS AND RISK FACTORS

Race/ethnic differences in harsh parenting can be explained in part by differences in socioeconomic conditions.^{3, 19, 40} Figures from the American Community Survey show that aside from American Indians and Alaskan Natives (27%), Black Americans have the highest poverty rate (25.8%) in the United States.³⁸ As a point of reference, whites have a poverty rate of 11.8%.³⁸ This point is documented in several of the papers we review.^{10, 39} Nevertheless, the correlation between income and harsh parenting varies across the three race/ethnic groups, with whites showing a much stronger SES association than blacks and Latinos.³⁹

Latinos, for example, have above average poverty rates and below average rates of spanking.^{1, 29} This counterintuitive phenomenon amongst Latino immigrants – lower SES but better outcomes – is analogous to the Hispanic paradox, which refers to the fact that immigrant Latina mothers have birth outcomes that are similar to whites despite their lower socioeconomic status.²⁹ A somewhat different paradox appears among black mothers, with married mothers (a more advantaged group) using more corporal punishment than unmarried mothers (a less advantaged group).⁵¹ Finally, Lee and colleagues (2008) find a positive association between education and harsh parenting among Latino fathers but no association between SES and parenting among black and white fathers.

Of particular interest, Lee (2013) finds that African American mothers who possess stronger awareness of their ethnic heritage have higher rates of harsh parenting, while other studies find a positive association between marriage and greater use of violence.^{12, 17} These findings suggest that upwardly mobile black mothers may view physical punishment as helpful in raising successful children, especially if they live in unsafe neighborhoods and/or have experienced the harsh realities of racism. Within these contexts, mothers may perceive an urgent need for children's immediate obedience to parental instruction, as ignoring of these instructions may have dire consequences. Other scholars have associated the normalization of physical punishment with African Americans' history of enslavement in which physical punishment was routinely utilized by whites against enslaved African Americans. Without question, there are multiple potential contributing factors that influence the higher rates of harsh punishment among African Americans, which should be attended to by mental health professionals and policy makers.

The studies we review provide several explanations for the lower prevalence of harsh parenting among immigrants parents, including cultural norms against harsh parenting of young children^{1, 31, 40}, high levels of support and organization within immigrant



communities²⁹, immigrant parents' commitment to their children's mobility²⁹, fear of drawing attention from legal enforcement agencies, and endorsement of traditional gender norms against women's alcohol use.^{1, 29}

Finally cultural influences may account for some of the racial/ethnic differences in harsh parenting. A notable predictor of harsh parenting among whites is the endorsement of Protestant religious beliefs, which support the use of physical punishment as an important component of 'good parenting.' In contrast, religious involvement is associated with lower levels of harsh parenting among blacks and Latina mothers³³, although some researchers using other data have found that certain religions practiced by African American women view corporal punishment as an acceptable form of punishment.⁵⁰ Altschul and Lee (2011) argue that the lower levels of harsh parenting among Latina immigrants can be explained by the lower levels of aggression among foreign-born Hispanic mothers as a whole. These researchers also note that religious involvement, which is common in foreign-born Latina mothers, may lead to lower levels of parental stress as well as lower levels of maternal alcohol consumption, both of which are associated with harsh parenting.^{1, 39, 57} A subscription to culturally specific gender norms may also account for the lower usage of alcohol and higher levels of parental stress.¹



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Besides race and ethnicity, major risk factors for harsh parenting include mothers' age (teenage mothers have a higher risk of being physically and emotionally violent toward their child than older mothers), parents' relationship quality (IPV is a risk factor for harsh parenting), and poor mental health (depression and substance use/abuse are associated with more frequent harsh parenting). The risk factors for fathers' abuse are similar to those for mothers' abuse, with mental health problems being especially important^{30, 31} for fathers.¹¹ Parents' relationship quality is also highly correlated with parental abuse. Mothers who report that the father treats them with affection are much less likely than other mothers to engage in physical or psychological abuse toward their child, whereas mothers who report being subject to violent and/or controlling behavior are much more likely to use physical or psychological aggression.⁸



Although family structure itself is not a good predictor of parenting style, the stability of the parents' relationship is important. Mothers who change partners multiple times are more likely than other mothers to use harsh parenting against their child, as compared with mothers in stable unions.² Interestingly, the association between instability and harsh parenting is not due to higher rates of violence among stepfathers or new cohabiting partners. Bzostek finds that mothers' new partners are less likely than biological fathers to use corporal punishment on the child.

Finally, one study finds that children who attended Head Start were less likely to experience harsh parenting than other children.⁵⁶ This finding is potentially important insofar as many Head Start Programs include a parenting component that attempts to educate mothers about the most effective parenting practices. The design of this study, however, does not allow us to determine whether the association between Head Start participation and lower rates of harsh parenting was causal. Further research is needed on this topic given its potential importance of reducing child abuse.

CONSEQUENCES

Seven studies examine the association between harsh parenting and child health and development. While corporal punishment does not necessarily lead to serious abuse, one study finds that spanking doubles the risk of child injuries by age one, highlighting the fact that the two are correlated.¹⁰ Most of the studies we examine focus on the association between spanking and children's social-emotional development at ages three and five, including externalizing behavior (aggression, rule breaking) and internalizing behavior (anxiety, shyness). With one exception, all of these studies find a strong positive association between harsh parenting and both types of behavior problems.³⁰ Finally, one study examines obesity and finds no association between harsh parenting and obesity at age three.

SUMMARY

Children in the Fragile Families Study are subject to high rates of corporal punishment and other types of harsh parenting, with African American parents showing the highest rates of harsh parenting and Latina immigrant parents showing the lowest rates. Whereas among white parents, increases in education are associated with decreases in harsh parenting, these effects are reversed for Latina and black mothers. Finally, mothers' age, parents' relationship quality, parents' mental health, religiosity, and family instability are all associated with the use of physical and psychological violence.

RECOMMENDATIONS

The prevalence of harsh parenting demonstrated in this sample and the potential long-term effects of psychological and physical maltreatment during childhood underscore the need for policies that promote safe and effective parenting strategies. These include policies that:

- Promote culturally congruent mental health services that are accessible, attractive, and effective in increasing healthy parenting practices for ethnically diverse parents.
- Increase screening for the untreated or undertreated mental health needs of parents, especially ethnically marginalized parents. Factors to be addressed may include poverty, racism, and unaddressed trauma histories.



- Engage respected cultural and religious leaders to serve as public service educators and advocates for alternative approaches to discipline.
- Simultaneously support public education, victim services, and enforcement of laws penalizing perpetrators of IPV.
- Mandate the training of police officers, judges, and mental health professionals on the warning signs of IPV exposure in children and appropriate response.

Final Thoughts

Our review presents a disturbing picture of the role of violence in the lives of vulnerable families. Violence is endemic, as documented by high levels of neighborhood violence and concerns about safety, mothers' exposure to multiple types of domestic violence and children's exposure to harsh parenting. Moreover, the studies we reviewed provide a good descriptive picture of how these different types of violence are related to one another.



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Consistent with our original model, the studies reviewed in this report indicate violence becomes a self-reinforcing system, with neighborhood violence being associated with domestic violence, with domestic violence being associated with harsh parenting, and, finally, with harsh parenting being associated with aggressive behavior in children. The interconnections among these different types of violence suggest that effective policies will need to address these multiple domains simultaneously. Trying to address harsh parenting among mothers who are experiencing domestic abuse and/or who are worried about their child's safety, is not likely to be nearly as effective as trying to address parenting while also addressing one or more of these other domains.



POLICIES

By identifying violence as a threat to the public's mental health and recognizing the role of mental health challenges in increasing the risk for both victimization and perpetration of violence, the need to address violence in its varied forms becomes clear. Consistent with the *Surgeon General's report*, these studies find disparities in both mental health and exposure to violence. Specific recommendations for each type of violence was described in the text above, but the following are some over-arching action steps that need to be considered.

- Resources are needed to support research, with diverse populations, that examines both causal links between violence and its risk factors and effects.
- Local and state-level policies need to ensure a strategic focus on communities at greatest risk, namely African American, Latinos, and immigrants.
- To stop the cycle of violence, policies need to be adopted that will reduce disparities in access to quality healthcare, including preventative healthcare.
- Multi-level policies are needed to evaluate prevention and intervention strategies and programs aimed at eliminating community violence, IPV, and harsh parenting.
- Local and federal level policies are needed to increase the cultural awareness of mental health care providers, which includes attention to race, ethnicity, nativity, and SES among other factors.
- Local organizations need to set policies that ensure they train and hire more qualified staff from underrepresented racial and ethnic minorities to engage as both counselors and community educators
- Policies need to be established that enhance care coordination given the interconnections between the types of violence as well as the stressors that increase the risk for each of them. These efforts at coordinated care include wrap around programs which address housing, educational needs, and vocational training.

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The *Fragile Families and Child Wellbeing Study* is following a birth cohort of nearly 5,000 children born in the U.S. at the end of the 20th century. The study provides new information on the capabilities and relationships of parents, particularly unwed parents, as well as the effects of parental resources and public policies on children's wellbeing. For more information, visit www.fragilefamilies.princeton.edu.

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NOTES

1. Altschul, I., & Lee, S. J. (2011). Direct and Mediated Effects of Nativity and Other Indicators of Acculturation on Hispanic Mothers' Use of Physical Aggression. *Child Maltreatment*, 16(4), 262-274.
2. Beck, A. N., Cooper, C. E., McLanahan, S., & Brooks-Gunn, J. (2010). Partnership Transitions and Maternal Parenting. *Journal of Marriage and Family*, 72(2), 219-233.
3. Berger, L. M., McDaniel, M., & Paxson, C. (2005). Assessing Parenting Behaviors across Racial Groups: Implications for the Child Welfare System. *Social Service Review*, 79(4), 653-688.
4. Boynton-Jarrett, R., Fargnoli, J., Suglia, S. F., Zuckerman, B., & Wright, R. J. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity In Preschool-Aged Children: Results from the Fragile Families and Child Well-Being Study. *Archives of Pediatrics & Adolescent Medicine*, 164(6), 540-546.
5. Burdette, H. L., & Whitaker, R. C. (2005). A National Study of Neighborhood Safety, Outdoor Play, Television Viewing, and Obesity in Preschool Children. *Pediatrics*, 116(3), 657-662.
6. Burke, J. G., Lee, L. C., & O'Campo, P. (2008). An Exploration of Maternal Intimate Partner Violence Experiences and Infant General Health and Temperament. *Maternal and child health journal*, 12(2), 172-179.
7. Bzostek, S. H. (2008). Social Fathers and Child Well-Being. *Journal of Marriage and Family*, 70(4), 950-961.
8. Carlson, M. J., & McLanahan, S. S. (2006). Strengthening Unmarried Families: Could Enhancing Couple Relationships also Improve Parenting? *Social Service Review*, 80(2), 297-321.



9. Charles, P., & Perreira, K. M. (2007). Intimate Partner Violence during Pregnancy and 1-Year Post-Partum. *Journal of Family Violence*, 22(7), 609-619.
10. Crandall, M., Chiu, B., & Sheehan, K. (2006). Injury in the First Year of Life: Risk Factors and Solutions for High-Risk Families. *Journal of Surgical Research*, 133(1), 7-10.
11. Davis, R. N., Davis, M. M., Freed, G. L., & Clark, S. J. (2011). Fathers' Depression Related to Positive and Negative Parenting Behaviors with 1-Year-Old Children. *Pediatrics*, 127(4), 612-618.
12. Gibson-Davis, C. M. (2008). Family Structure Effects on Maternal and Paternal Parenting in Low-Income Families. *Journal of Marriage and Family*, 70(2), 452-465.
13. Golden, S. D., Perreira, K. M., & Durrance, C. P. (2013). Troubled Times, Troubled Relationships: How Economic Resources, Gender Beliefs, and Neighborhood Disadvantage Influence Intimate Partner Violence. *Journal of Interpersonal Violence*, 28(10), 2134-2155.
14. Gromoske, A. N., & Maguire-Jack, K. (2012). Transactional and Cascading Relations between Early Spanking and Children's Social-Emotional Development. *Journal of Marriage and Family*, 74(5), 1054-1068.
15. Guterman, N. B., Lee, S. J., Taylor, C. A., & Rathouz, P. J. (2009). Parental Perceptions of Neighborhood Processes, Stress, Personal Control, and Risk for Physical Child Abuse and Neglect. *Child Abuse & Neglect*, 33(12), 897-906.
16. Guterman, N. B., Lee, Y., Lee, S. J., Waldfogel, J., & Rathouz, P. J. (2009). Fathers and Maternal Risk for Physical Child Abuse. *Child Maltreatment*, 14(3), 277-290.
17. Guzzo, K. B., & Lee, H. (2008). Couple Relationship Status and Patterns in Early Parenting Practices. *Journal of Marriage and Family*, 70(1), 44-61.
18. Han, W. J., Huang, C. C., & Williams, M. (2013). The Role of Parental Work Schedule in CPS Involvement. *Children and Youth Services Review*, 35(5), 837-847.
19. Huang, C. C., & Lee, I. (2008). The First-Three Years of Parenting: Evidence from the Fragile Families and Child Well-Being Study. *Children and Youth Services Review*, 30(12), 1447-1457.
20. Huang, C. C., Postmus, J. L., Vikse, J. H., & Wang, L. R. (2013). Economic Abuse, Physical Violence, and Union Formation. *Children and Youth Services Review*, 35(5), 780-786.
21. Huang, C. C., Wang, L. R., & Warrenner, C. (2010). Effects of Domestic Violence on Behavior Problems of Preschool-Aged Children: Do Maternal Mental Health and Parenting Mediate the Effects? *Children and Youth Services Review*, 32(10), 1317-1323.
22. Jaffee, S.R., Moffitt, T.E., Caspi, A and A. Taylor (2003). Life with (Or without) Father: The Benefits of Living with Two Biological Parents Depend on the Father's Antisocial Behavior." *Child Development*, 74(1), 109-126.
23. Kang, J. (2013). Instrumental Social Support, Material Hardship, Personal Control and Neglectful Parenting. *Children and Youth Services Review*, 35(9), 1366-1373.
24. Kenney, C. T., & McLanahan, S. (2006). Why Are Cohabiting Relationships More Violent than Marriages? *Demography*, 43(1), 127-140.
25. Kimbro, R. T., & Schachter, A. (2011). Neighborhood Poverty and Maternal Fears of Children's Outdoor Play. *Family Relations*, 60(4), 461-475.
26. Leaman, S. C., & Gee, C. B. (2008). Intimate Partner Violence among Adolescent and Young Adult Mothers. *Journal of Family Violence*, 23(6), 519-528.
27. Lee, D., Brooks-Gunn, J., McLanahan, S. S., Notterman, D., & Garfinkel, I. (2013). The Great Recession, Genetic Sensitivity, and Maternal Harsh Parenting. *Proceedings of the National Academy of Sciences*, 110(34), 13780-13784.
28. Lee, S. J. (2013). Paternal and Household Characteristics Associated with Child Neglect and Child Protective Services Involvement. *Journal of Social Service Research*, 39(2), 171-187.
29. Lee, S. J., Altschul, I., Shair, S. R., & Taylor, C. A. (2011). Hispanic Fathers and Risk for Maltreatment in Father-Involved Families of Young Children. *Journal of the Society for Social Work and Research*, 2(2), 125-142.
30. Lee, S. J., Guterman, N. B., & Lee, Y. (2008). Risk Factors for Paternal Physical Child Abuse. *Child Abuse & Neglect*, 32(9), 846-858.
31. Lee, S. J., Kim, J., Taylor, C. A., & Perron, B. E. (2011). Profiles of Disciplinary Behaviors among Biological Fathers. *Child Maltreatment*, 16(1), 51-62.



32. Lee, S. J., Perron, B. E., Taylor, C. A., & Guterman, N. B. (2011). Paternal Psychosocial Characteristics and Corporal Punishment of their 3-Year-Old Children. *Journal of Interpersonal Violence*, 26(1), 71-87.
33. Lee, S. J., Taylor, C. A., Altschul, I., & Rice, J. C. (2013). Parental Spanking and Subsequent Risk for Child Aggression in Father-Involved Families of Young Children. *Children and Youth Services Review*, 35(9), 1476-1485.
34. Lee, S. J., Taylor, C. A., & Bellamy, J. L. (2012). Paternal Depression and Risk for Child Neglect in Father-Involved Families of Young Children. *Child Abuse & Neglect*, 36(5), 461-469.
35. Lee, Y. (2009). Early Motherhood and Harsh Parenting: The Role of Human, Social, and Cultural Capital. *Child Abuse & Neglect*, 33(9), 625-637.
36. Lee, Y. (2013). Adolescent Motherhood and Capital: Interaction Effects of Race/Ethnicity on Harsh Parenting. *Journal of Community Psychology*, 41(1), 102-116.
37. Lee, Y., & Guterman, N. B. (2010). Young Mother-Father Dyads and Maternal Harsh Parenting Behavior. *Child Abuse & Neglect*, 34(11), 874-885.
38. Macartney, S., Bishaw, A., & Fontenot, K. (2013). Poverty Rates for Selected Detailed Race and Hispanic Groups by State and Place: 2007-2011. *American Community Survey Briefs*, 11(2).
39. MacKenzie, M. J., Nicklas, E., Brooks-Gunn, J., & Waldfogel, J. (2011). Who Spanks Infants and Toddlers? Evidence from the Fragile Families and Child Well-Being Study. *Children and Youth Services Review*, 33(8), 1364-1373.
40. MacKenzie, M. J., Nicklas, E., Waldfogel, J., & Brooks-Gunn, J. (2012). Corporal Punishment and Child Behavioural and Cognitive Outcomes through 5 Years of Age: Evidence from a Contemporary Urban Birth Cohort Study. *Infant and Child Development*, 21(1), 3-33.
41. Maguire-Jack, K., Gromoske, A. N., & Berger, L. M. (2012). Spanking and Child Development during the First 5 Years of Life. *Child Development*, 83(6), 1960-1977.
42. McMahon, S., Huang, C. C., Boxer, P., & Postmus, J. L. (2011). The Impact of Emotional and Physical Violence during Pregnancy on Maternal and Child Health at One Year Post-Partum. *Children and Youth Services Review*, 33(11), 2103-2111.
43. Nicklas, E., & Mackenzie, M. J. (2013). Intimate Partner Violence and Risk for Child Neglect during Early Childhood in a Community Sample of Fragile Families. *Journal of Family Violence*, 28(1), 17-29.
44. Petts, R. J., & Kysar-Moon, A. E. (2012). Child Discipline and Conservative Protestantism: Why the Relationship Between Corporal Punishment and Child Behavior Problems May Vary by Religious Context. *Review of Religious Research*, 54(4), 445-468.
45. Postmus, J. L., Huang, C. C., & Mathisen-Stylianou, A. (2012). The Impact of Physical and Economic Abuse on Maternal Mental Health and Parenting. *Children and Youth Services Review*, 34(9), 1922-1928.
46. Sabia, J. J. (2004). Alcohol Consumption and Domestic Violence Against Mothers. *Journal of Mental Health Policy and Economics*, 7(4), 191-205.
47. Slack, K. S., Berger, L. M., DuMont, K., Yang, M. Y., Kim, B., Ehrhard-Dietzel, S., & Holl, J. L. (2011). Risk and Protective Factors for Child Neglect during Early Childhood: A Cross-Study Comparison. *Children and Youth Services Review*, 33(8), 1354-1363.
48. Suglia, S. F., Enlow, M. B., Kullowatz, A., & Wright, R. J. (2009). Maternal Intimate Partner Violence and Increased Asthma Incidence in Children: Buffering Effects of Supportive Caregiving. *Archives of Pediatrics & Adolescent Medicine*, 163(3), 244.
49. Taylor, C. A., Guterman, N. B., Lee, S. J., & Rathouz, P. J. (2009). Intimate Partner Violence, Maternal Stress, Nativity, and Risk for Maternal Maltreatment of Young Children. *American Journal of Public Health*, 99(1), 175-183.
50. Taylor, C. A., Hamvas, L., & Paris, R. (2011). Perceived Instrumentality and Normativeness of Corporal Punishment Use among Black Mothers. *Family Relations*, 60(1), 60-72.
51. Taylor, C. A., Lee, S. J., Guterman, N. B., & Rice, J. C. (2010). Use of Spanking for 3-Year-Old Children and Associated Intimate Partner Aggression or Violence. *Pediatrics*, 126(3), 415-424.
52. Taylor, C. A., Manganello, J. A., Lee, S. J., & Rice, J. C. (2010). Mothers' Spanking of 3-Year-Old Children and Subsequent Risk of Children's Aggressive Behavior. *Pediatrics*, 125(5), 1057-1065.
53. Waller, M. R., & Swisher, R. (2006). Fathers' Risk Factors in Fragile Families: Implications for "Healthy" Relationships and Father Involvement. *Social Problems*, 53(3), 392-420.



54. Whitaker, R. C., Orzol, S. M., & Kahn, R. S. (2006). Maternal Mental Health, Substance Use, and Domestic Violence in the Year After Delivery and Subsequent Behavior Problems in Children At Age 3 Years. *Archives of General Psychiatry*, 63(5), 551.
55. Whitaker, R. C., Phillips, S. M., Orzol, S. M., & Burdette, H. L. (2007). The Association between Maltreatment and Obesity among Preschool Children. *Child Abuse & Neglect*, 31(11), 1187-1199.
56. Zhai, F., Waldfogel, J., & Brooks-Gunn, J. (2011). Estimating the Effects of Head Start on Parenting and Child Maltreatment. *Children and Youth Services Review*, 35(7), 1119-1129.
57. Zhang, S., & Anderson, S. G. (2010). Low-Income Single Mothers' Community Violence Exposure and Aggressive Parenting Practices. *Children and Youth Services Review*, 32(6), 889-895.
58. Zhang, S., & Eamon, M. K. (2011). Parenting Practices as Mediators of the Effect of Mothers' Community Violence Exposure on Young Children's Aggressive Behavior. *Families in Society: The Journal of Contemporary Social Services*, 92(3), 336-343.