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Authors	Duong, Hue Trong;Sirohi, Akansha
Citation	Duong, H. T. & Sirohi, A. (2024). Where do perceived norms supporting child corporal punishment come from? A study of low-income parents. Health Communication, 39(5), 915-926. https://doi.org/10.1080/10410236.2023.2193754
DOI	https://doi.org/10.1080/10410236.2023.2193754
Download date	2026-04-12 23:18:09
Link to Item	https://hdl.handle.net/20.500.14694/3488

**Where Do Perceived Norms Supporting Child Corporal Punishment Come From?
A Study of Low-income Parents**

Hue Trong Duong

Akansha Sirohi

Department of Communication, College of Arts and Sciences, Georgia State University

Funding Source:

This study was funded by the University of Georgia Graduate School Dean's Award for Social Sciences.

Financial Disclosure: The author has no financial relationships relevant to this manuscript to disclose.

Conflict of Interest: No conflicts of interest.

Citation: Duong, H. T. & Sirohi, A. (2024). Where do perceived norms supporting child corporal punishment come from? A study of low-income parents. *Health Communication*, 39(5), 915-926. <https://doi.org/10.1080/10410236.2023.2193754>

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Abstract

Although the influence of perceived norms on health behavior has been well researched, the sources of normative perceptions remain understudied. Drawing on the theory of normative social behavior, this study investigated factors shaping descriptive norms associated with child corporal punishment among a sample of low-income Black, Hispanic, and White parents ($N = 260$). Hierarchical regression results showed that childhood experiences of corporal punishment, direct observation, and interpersonal communication valence were significantly associated with descriptive norms. Path analysis confirmed the direct association between descriptive norms and behavioral intentions, as well as the mediating role of descriptive norms in linking the norm sources and behavioral intentions. Results also revealed that interpersonal network size and interpersonal communication valence jointly affected descriptive norms among parents who talked to others in their proximal networks about applying this disciplinary measure. Theoretical and practical implications were discussed.

Keywords: Social norms, interpersonal communication, corporal punishment, child abuse, violence prevention

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Research has consistently found that perceived norms represent a major determinant of unhealthy behaviors (Liu et al., 2017; Rimal, 2008). Perceived norms are individuals' interpretations of the prevalence of a behavior (i.e., descriptive norms) and social approval of the behavior (i.e., injunctive norms, Cialdini et al., 1990). While studies have extensively examined the influence of perceived norms on behavior (Rimal & Lapinski, 2015; Shulman et al., 2017), research has pointed to the importance of understanding factors that shape normative perceptions to extend the norm scholarship (Duong & Liu, 2019; Mead et al., 2014). Additionally, scholars have suggested more scholarly attention to the attributes that define specific behaviors (e.g., behavioral contexts, Chung & Rimal, 2016). Specifically, common health topics examined in norm-based research tend to be behaviors taking place in public settings and less are about behaviors happening in private settings (Shulman et al., 2017). Thus, investigating sources of perceived norms associated with health behaviors in private settings contributes to addressing this gap.

The aim of this study is to extend the literature related to influential factors shaping descriptive norms for private behavior by examining the associations between personal experiences, direct observation, interpersonal network size, interpersonal communication valence, and descriptive norms. This study is guided by the theory of normative social behavior (Lapinski & Rimal, 2005), which postulates the influence of descriptive norms on behavior and conditions that strengthen or weaken this association. However, instead of focusing on the well-established path between descriptive norms and behavior (Rimal & Lapinski, 2015), the present study delves into factors influencing the formation of descriptive norms related to a private behavioral context. Specifically, we examine factors that shape social norms influencing parents' use of corporal punishment (CP) to discipline children. CP

is defined as the use of physical force to correct a child's misbehavior with the intent of causing them to experience pain but not injury (Straus, 2001). While some parents still sparingly apply CP to discipline their children in public places, CP increasingly becomes a private behavior because parents feel concerned about being labelled as child abusers, for which they risk being reported to Child Protection Services (Duong et al., 2022; Klevens et al., 2019). Research indicates that CP is associated with child physical abuse, which is a major public health problem (Gershoff et al., 2018). The Centers for Disease Control and Prevention (2022) views CP as a form of violence against children. However, CP tends to be seen as normal in many countries including the U.S. (Lansford et al., 2005), and denormalizing this behavior is a challenge for social workers and health practitioners (Klika & Linkenbach, 2019). As the emerging literature related to social norms and CP indicates that perceived norms predict the use of CP (Duong, 2021; Taylor et al., 2011a), understanding factors shaping CP norms not only contributes to the social influence literature but also provides practical implications to child development intervention programs.

Child Corporal Punishment: Outcomes and Causes

Corporal punishment is the most common form of violence experienced by children (United Nations Children's Fund, 2014). It includes a range of behaviors such as slapping, spanking, kicking, shaking, pushing, punching, and hitting with objects. It is mostly conducted by parents to discipline a child when the child does not meet the parents' expectations (Rodriguez, 2016). In the U.S., it is estimated that some 30 percent of children experience some forms of CP at least once per year (Finkelhor et al., 2019). Many American parents still approve of the use of CP to discipline children (Berlin et al., 2009; Holden, 2020).

Child corporal punishment and its outcomes have been a contested issue among scholars, particularly due to ethical concerns that prevent experimental research to identify

the causal relationship (Gershoff et al., 2018). However, meta-analysis findings suggest that decades of research have provided evidence of the positive relationship between CP and children's problematic behaviors (Gershoff et al., 2018). Specifically, researchers note that the strength of the associations between CP and negative child developmental outcomes across meta-analyses are statistically significant and moderate in strength (Gershoff et al., 2018). Using criteria for causality such as temporal precedence, nonspuriousness, and strength and consistency of the association, Gershoff et al. (2018) argue that there has been sufficient evidence to confirm this causal relationship.

Meta-analytic and longitudinal findings suggest that CP is associated with increased mental health problems, aggressive and antisocial behaviors, lower moral internalization, lower cognitive development and self-esteem, and more negative parent-child interactions (Gershoff et al., 2012; Gershoff & Grogan-Kaylor, 2016). Researchers also find a cycle of violence in which parents' use of CP predicts children's aggressive behaviors, which in turn transmits the use of CP across generations (Gershoff & Grogan-Kaylor, 2016). Given the growing evidence supporting the link between CP and negative child development, the World Health Organization (2022) declares that eliminating violence against children, including the use of CP, is part of the Agenda for Sustainable Development. To address this public health issue, it is important to understand risk factors that influence the use of CP.

Research reveals various risk factors predicting the use of CP, such as socio-economic condition, parental stress, religious affiliations, childhood experiences, and perceived norms supporting the use of CP (Gershoff & Grogan-Kaylor, 2016; Holden, 2020; Taylor et al., 2011a). Notably, parents from low-income households are more likely to use CP (Maguire-Jack & Font, 2017). Low income can be a source of parental stress, which increases the likelihood of using CP in families (MacKenzie et al., 2011). Moreover, low-income families tend to reside in neighborhoods that oftentimes have a high ratio of violence, crime, and drug

use (Ispa & Halgunseth, 2004; Taylor et al., 2011a). Parents living in such communities believe that CP is an effective way to keep their children from engaging in criminal activities (Taylor et al., 2011b). Moreover, they report that other parents in their communities also use and approve of CP and that non-physical discipline strategies (e.g., timeout, providing rewards) are not suitable options due to their limited resources (Duong et al., 2021; Klevens et al., 2019). As a result, low-income parents tend to have positive attitudes toward the use of CP, while also perceiving that CP is commonly applied in their communities (Duong et al., 2022). Such normative perceptions predict intentions to use CP (Duong, 2021). Thus, understanding how parents form their normative perceptions is crucial to crafting messages aiming at denormalizing the use of CP and thereby, reducing the risk of child physical abuse.

Theory of Normative Social Behavior

The Theory of Normative Social Behavior (TNSB) posits that descriptive norms influence behavior and this association is moderated by various factors (Lapinski & Rimal, 2005; Rimal & Lapinski, 2015). Descriptive norms are perceptions of a behavior being typical and prevalent, which provides a shortcut to learn about effective and adaptive actions in certain situations (Cialdini et al., 1990). People tend to conform to descriptive norms because they are motivated to do the right things through socially adaptive behaviors (Rimal & Lapinski, 2015). Further, theorists posit that the association between descriptive norms and behavior is moderated by several individual-level factors (e.g., injunctive norms, attitudes, efficacy), societal-level factors (e.g., group proximity, interdependence), and behavioral properties (e.g., behavioral privacy, Rimal & Lapinski, 2015). Thus, the TNSB proposes that the influence of descriptive norms on behavior needs to be understood in the context of important moderators (Rimal & Lapinski, 2015).

Emerging scholarship has attempted to expand the TNSB by delving into the formation of descriptive norms; however, this line of inquiry is still relatively understudied. It

is notable that theorists have proposed various sources of normative perceptions (Lapinski & Rimal, 2005; Tankard & Paluck, 2016). In their seminal work to construct the TNSB, Lapinski and Rimal (2005) theoretically address how individuals form their perceptions of the prevalence of a behavior. One of their theoretical arguments is based on the false consensus effect, which refers to a phenomenon in which people believe that others think and act like themselves, making their thoughts and behaviors common (Marks & Miller, 1987; Ross et al., 1977). This effect can derive from the need to normalize a behavior to maintain self-esteem. In the CP context, research shows that parents tend to report their positive experiences with CP during childhood (i.e., the use of CP does not hurt them and that it is effective to manage their misbehaviors, Duong et al., 2022). Parents focus attention on the positive outcomes of CP, which makes CP their preferable behavioral choice to guide perceptions of how frequently other parents would use CP (Duong et al., 2022). Furthermore, in the salient context of societal pressures to abandon CP, parents feel motivated to justify their use of CP as an appropriate and prevalent child rearing practice rather than an atypical and negative behavior (Duong et al., 2022; Taylor et al., 2011b). In other words, parents feel concerned about being labelled as child abusers and thus, they are motivated to normalize their behavior by projecting a high number of other parents using CP. As such, the false consensus effect suggests that childhood experiences of CP can shape CP descriptive norms. This proposition has not been empirically investigated. Thus, we hypothesize:

H1: Childhood experiences of CP will predict descriptive norms.

Second, Lapinski and Rimal (2005) discuss that direct observation of others' behavior offers an effective mechanism for people to learn about social norms. In accordance with this argument, the social exposure hypothesis posits that observing others' performing a behavior provides cues to infer the typicality and desirability of the behavior (Mead et al., 2014). This is in line with social psychologists' proposition about humans being cognitive misers, who

prefer relying on efficient ways to get access to information prescribing a behavior (Fiske & Taylor, 1984). Thus, witnessing other parents using CP might directly inform parents that if other parents publicly hit their own children, they likely do so even more frequently behind closed doors (Klevens et al., 2019). Despite the fact that CP behavior has become less visible today with parents preferring using it within the confines of their own homes (Klevens et al., 2019), a few instances of witnessing others spanking their children in supermarkets or public playgrounds may be sufficient for parents to form social norms for CP. Thus, we hypothesize:

H2: Controlling for childhood experiences, direct observation will be positively associated with descriptive norms.

Third, theorists discuss the influential role of interpersonal communication in social networks in shaping the beliefs underlying normative perceptions related to health behaviors (Lapinski & Rimal, 2005; Rimal et al., 2015). Interpersonal networks are naturally formed because of people's needs for information to guide their behaviors. Communication among members of an interpersonal network represents a typical mechanism through which normative perceptions are formed and maintained. This is because norms are negotiated and adaptive and thus, norms are malleable to interpersonal communication among members of an interpersonal network (Rimal & Lapinski, 2015). Interpersonal communication refers to verbal and nonverbal social interactions among individuals, which facilitates the exchange of health information. This norm formation process is often unconscious but powerful in terms of influencing behaviors because people are immersed in their interpersonal social networks and in turn, embrace social norms communicated by network members.

Research related to social network and social norms suggests that the size of a social network is influential to diffusing social norms (Bute & Jensen, 2010; Latkin et al., 2003). Interpersonal network size refers to the number of social ties activated by members through their interpersonal communication, which influences the amount of normative information

that people can get access to and subsequently use the information to form their normative perceptions. Based on this literature, we define the number of members in an interpersonal network that low-income parents talk to regarding using CP to discipline children as interpersonal network size. CP research reveals that low-income parents tend to share their child rearing practice among proximal circles of others, such as family members and close friends (Duong et al., 2022; Keller & McDade, 2000). These parents are more likely to talk to proximal others who tend to share similar viewpoints about CP, and they are also less likely to talk to professional services (e.g., pediatricians, psychologists) to avoid judgement and criticism (Taylor et al., 2011b). Thus, low-income parents' interpersonal networks for child rearing and discipline issue likely comprise significant others whom they can trust and rely on for emotional and social support (Keller & McDade, 2000). These significant others tend to be parents themselves because research shows that parents trust other parents who have similar experiences with raising children (Duong et al., 2022). Moreover, members' discussions in such networks can be a powerful source of normative perceptions because people weigh the opinions and behaviors of proximal referent others more heavily than that of distant others (Tankard & Paluck, 2016). This proposition has been supported by research evidence showing that higher number of people in an interpersonal network discussing a health behavior is associated with higher perceptions of the prevalence of the behavior (Latkin et al., 2003). Thus, as the number of members in an interpersonal network talking about CP increases, members are more likely to learn about social norms governing the behavior. Therefore, we hypothesize:

H3: Controlling for childhood experiences and direct observation, interpersonal network size will be positively associated with descriptive norms.

Scholars suggest that interpersonal communication in social networks should be examined in a more nuanced approach (David et al., 2006). That is, not only how many

members in an interpersonal network individuals talk to about a health issue but the valence of their talks can also have a direct impact on normative perceptions. Conversational valence refers to whether a conversation produces negative or positive sentiments about a focal topic. In the health communication literature, valence is viewed as an important determinant of attitudes, norms, and behaviors (Francis et al., 2021; Frank et al., 2012; Hendriks et al., 2021; Mesman et al., 2022). In the CP context, it is likely that conversational valence influences descriptive norms because positive talks about using CP may increase perceptions of CP being a popular parenting practice, while negative talks may bring about an opposite outcome. Thus, we predict:

H4: Controlling for childhood experiences, direct observation, and interpersonal network size, interpersonal communication valence will be positively associated with descriptive norms.

Apart from being a possible predictor of CP descriptive norms, interpersonal communication valence might serve as a factor moderating the association between interpersonal network size and descriptive norms. Researchers argue that if people talk about a health behavior in a negative light, then perceived norms related to that behavior likely become weaker instead of bolstering the effect of the conversation (Frank et al., 2012; Mesman et al., 2022). Thus, it is reasonable to propose that no matter how many proximal others parents talk to regarding the use of CP, if their conversations convey negative valence (e.g., using CP is not healthy and few people supports its use), parents might perceive a low prevalence related to the use of CP. Vice-versa, if such conversations produce positive valence (e.g., using CP is beneficial and others approve of its use), then even if a small number of members in parents' network talk about CP, it might be sufficient to propagate the perceptions that CP is widely conducted. Thus, we hypothesize:

H5: The association between interpersonal network size and descriptive norms will be contingent on interpersonal communication valence, such that this association will be more pronounced when the valence is positive and less pronounced when the valence is negative.

As previously reviewed, the TNSB postulates that descriptive norms directly predict behavioral intentions (Lapinski & Rimal, 2005). Recall that the present study sets out to investigate major sources of CP descriptive norms for the purpose of expanding the purview of the TNSB. However, to provide further evidence of the impact of descriptive norms in this behavioral context, we also test the direct association between descriptive norms and behavioral intentions, as well as the indirect associations between the normative source variables and intentions via descriptive norms through the below hypotheses:

H6: Descriptive norms will be positively associated with behavioral intentions.

H7: (a) Childhood experiences, (b) direct observation, (c) interpersonal network size, (d) interpersonal communication valence, and (e) the interaction between interpersonal network size and interpersonal communication valence will be indirectly associated with behavioral intentions as mediated by descriptive norms.

Methods

Participants and Procedures

This study employed a cross-sectional survey with a sample of low-income and low-education Black, Hispanic, and White parents residing in the US ($N = 260$) because this was the most at-risk group in the context of CP (Klevens et al., 2019). These parents were recruited through the Qualtrics online panels. Participants were selected based on annual household income of less than \$40,000, level of education at or below some college or a technical school, US citizenship, age at or above 18 years old, race (Black, Hispanic, and White), and parental status (currently living with at least one child younger than six years

old). The child age criterion was applied because research showed that children at this age range were more likely to be hit by parents (Holden, 2020). Participants first read the consent form and those who agreed with the consent continued to the survey. They then responded to screening questions to ensure their eligibility. Next, participants completed a set of questions measuring the key variables. Finally, participants responded to demographic questions that were not used as selection criteria (e.g., religions). A compensation of approximately \$3 was awarded to each participant for completing the survey. The study was approved by a university's institutional review board.

A total of 274 parents participated in the study. After data screening (removing participants failing the attention check), the working sample included 260 respondents ($M_{\text{age}} = 31$; $SD = 9.48$). The sample comprised 118 Whites (45.4%), 75 Blacks (28.8%), and 67 Hispanics (25.8%). More females (77.7%) than males (22.3%) participated in the study. Participants reported having an average of 2 children. The majority of participants had completed some college or technical school degrees (50.4%), followed by completed high school (38.8%), some high school (9.6%), and completed grade school (1.2%). Participants identified as Protestant (14.6%), Catholic (15%), Christian (13.1%), Baptist (6.2%), others (11.9%), and nonreligious (39.2%). More participants resided in urban areas than rural areas (64.2% vs. 35.8%).

Measures

Childhood experiences of CP. Childhood experiences of CP were measured using four items assessing the frequency of CP administered by participants' own parents during childhood. Sample items were "How often did your parents spank, slap, smack, kick, or swat you for not doing what they expected you to do?" and "How often did your parents use a tree branch, belt, or other objects to hit you as a form of discipline?" (1-never, 5-very often). The

reference time for such experiences was when the participants were between 6 to 10 years old to prevent recall bias.

Peer observation. Participants responded to one item assessing their observation of other parents using CP: “How often do you see other parents spank, slap, or pop their kids in Walmart, Kroger, KFC, McDonald or other public places?” (1 = *never*; 5 = *very often*).

Interpersonal network size. Interpersonal network size was measured using this stem: “In the past three months, how many people in the following groups did you talk with regarding using physical discipline with your child?” (1 = *none of them*; 5 = *most of them*). Guided by prior research revealing influential norm reference groups in the context of low-income parents perceiving CP (Duong et al., 2022; Klevens et al., 2019; Taylor et al., 2011b), this variable was measured using such reference groups as family members (participants’ own parents, spouses, or partners), close friends, neighbors, and acquaintances living in the same community. Our operationalization of interpersonal network size as an interpersonal communication variable focused on the number of proximal others that participants talked to, and not the frequency and the content of the talks, for two reasons. First, it was reasonable to expect that a larger number of individuals in a social network talking about endorsing and implementing a health behavior is likely more influential in shaping estimations of a behavior’s prevalence, compared to the frequency of talk to same individuals. Moreover, the number of proximal others whom participants talked to would reflect the breadth of the interpersonal network conducive to descriptive norm formation. Second, the operationalization of the conversational content measure should be guided by research exploring the specific content of low-income parents’ interpersonal communication about CP, which remains a gap in the literature.

Interpersonal communication valence. Interpersonal communication valence was assessed among participants who reported talking about CP using one item: “Overall, were

these talks positive or negative toward the use of physical discipline?" (1 = *very negative*; 5 = *very positive*).

Descriptive norms. Descriptive norms associated with CP were assessed using five items. Example items were "How many parents who live in your community would you guess currently spank/slap/pop their children at home to correct the children's misbehavior?"; "How many parents whose background is similar to you would you guess currently spank/slap/pop their children at home to correct the children's misbehavior?" (1 = *none of them*; 5 = *most of them*).

Behavioral intention. Behavioral intention was measured with six items. Sample items were "I intend to spank, slap, or pop my child when he/she misbehaves in the next three months" and "If my child misbehaves in the next three months, I will spank, slap, or pop her/him" (1 = *very unlikely*; 5 = *very likely*).

Covariates. Several factors may affect parents' normative perceptions of CP (Holdens, 2020; Ispa & Halgunseth, 2004; Taylor et al., 2011b), including parents' demographics (age, race, gender, education, living location, religious affiliation, and religiosity), individual and family situations (psychological stress, domestic violence, child aggressive behavior, and the number and gender of children living with participants). Thus, these variables were measured as covariates. All measures were reported in the Appendix.

Data Analysis

Data analyses were conducted using SPSS 27 and Stata 16. Composite variables were created by averaging scale items for continuous measures. Following guidance from Pocock et al. (2002), covariates that were not significantly correlated with the key variables were excluded from subsequent analyses. Religiosity and child aggressive behavior were significantly correlated with descriptive norms and thus were included in the model test. Moreover, categorical variables showing no significant differences in descriptive norms were

also removed from analyses.¹ Preliminary analyses were then conducted to explore the nuances of interpersonal communication about CP.

For primary analyses, hierarchical regression was conducted to test *H1-5*. The covariates were entered in the first step of the analysis. Childhood experiences of CP were entered in the second step. Direct observation was added in the third step, interpersonal network size in the fourth step, and interpersonal communication valence in the fifth step. The interaction between interpersonal network size and its valence was added in the final step. Pairwise deletion was used for all regressions. The statistical significance of the increment in explained variance was used to determine the significant association between the predictors and descriptive norms. PROCESS macro 3.5.3 (Model 1, Hayes, 2017) was employed to probe the interaction through the Johnson-Nayman technique. To test *H6* and *H7*, path analysis using structural equation modelling (SEM) was conducted to examine the direct association between descriptive norms and behavioral intentions, as well as the indirect effects of the norm source predictors. The analysis used maximum likelihood with missing values to account for missing values of interpersonal communication valence relating to parents who reported that they did not talk to others about using CP.² The norm source predictors and selected covariates served as exogenous variables, while endogenous variables included descriptive norms and behavioral intentions. The indirect effects were estimated using the bias-corrected bootstrap confidence method with 5,000 samples (Hayes, 2017).

Descriptive Analyses

Table 1 reported descriptive statistics, internal consistency, and correlation results.

Overall, participants did not talk to many others about CP (i.e., the number of people on

¹ One-way ANOVA test showed no significant differences in descriptive norms among the three racial groups, $F(2, 257) = .671, p = .51$; children's gender (only male, only female, both male and female: $F(2,253) = .164, p = .20$; religious affiliations, $F(4,255) = 1.281, p = .28$; parent's gender, $t(258) = -1.322, p = .29$; and living location, $t(258) = -.365, p = .72$. Thus, these variables were excluded from the model test.

² The racial breakdown for the sample included in this model test was Black: 28%, Hispanic: 26%, and White: 45%.

average that participants talked to was significantly below the mid-point of the scale. $t(259) = -29.354, p < .001$). Sixty percent of the participants reported talking to others about CP, while 40 percent did not do so. Further, parents talked more to people who were their family members ($M = 1.80; SD = 1.01$) compared to close friends ($M = 1.59; SD = .96, t(259) = 3.522, p < .001$), neighbors ($M = 1.43; SD = .89, t(259) = 6.102, p < .001$), and acquaintances living in the same community ($M = 1.45; SD = .06, t(259) = 5.456, p < .001$). However, interpersonal communication valence was significantly higher than the mid-point of the scale ($t(156) = 5.407, p < .001$). Childhood experiences of CP were significantly lower than the mid-point ($M = 2.68; SD = 1.25, t(259) = -4.116, p < .001$). Likewise, observation of others using CP was significantly lower than the mid-point ($t(259) = -5.822, p < .001$). No differences were found among the three racial groups regarding childhood experiences of CP ($F(2,257) = .278, p = .79$), direct observation ($F(2,228) = 1.363, p = .26$), interpersonal network size ($F(2,257) = 1.851, p = .16$), interpersonal communication valence ($F(2,154) = .314, p = .73$), and descriptive norms ($F(2,257) = .671, p = .51$).

[Table 1]

Main Analyses

Table 2 showed results of the hierarchical regression analysis. *H1* stated that childhood experiences of CP would be associated with descriptive norms controlling for the covariates. Results revealed a significant change in variance explained by childhood experiences. *H2* proposed that seeing others using CP to discipline children would predict descriptive norms, controlling for the covariates and childhood experiences. Results showed a significant change in variance explained by this variable. *H3* hypothesized that interpersonal network size would be positively associated with descriptive norms, controlling for the covariates, childhood experiences, and direct observation. The model result was nonsignificant. *H4* predicted that interpersonal communication valence would be positively

associated with descriptive norms, controlling for the covariates and other predictors. Results revealed a significant change in variance explained by interpersonal communication valence. Thus, *H1*, *H2*, and *H4* were supported, while *H3* was not.

[Table 2]

H5 predicted that interpersonal communication valence would moderate the association between interpersonal network size and descriptive norms. Although the result was statistically significant, the direction of the interaction was different from *H5*. Probing the interaction revealed a cleaved transverse interaction (*Figure 1*). Specifically, interpersonal network size was negatively associated with descriptive norms at very high values of interpersonal communication valence (≥ 4.8). However, interpersonal network size and descriptive norms was positively associated at very low values of valence (≤ 1.40 , *Table 3*).

[Table 3 & Figure 1]

H6 postulated the direct association between descriptive norms and behavioral intentions, while *H7* proposed the indirect effects of childhood experiences, observation, interpersonal network size, interpersonal communication valence, and the interaction of the latter two variables on behavioral intentions through descriptive norms. After removing nonsignificant paths from the covariates to behavioral intentions, the SEM model had a satisfactory fit, $\chi^2(1) = .001, p = .97$; CFI = 1.000; TLI = 1.000; and SMSEA = .000 (Hu & Bentler, 1999). As reported in *Table 4* and *Figure 2*, results supported *H6* and *H7*. Results also showed that descriptive norms fully mediated the association between the predictors and behavioral intentions because the direct associations of all predictors with behavioral intentions were nonsignificant after controlling for descriptive norms.

[Table 4 & Figure 2]

Discussion

While perceived norms have been identified as a major determinant of health behavior, the sources of normative perceptions remain understudied particularly for private health behaviors. Although scholars have theoretically proposed how norms may evolve within social networks, empirical evidence is needed to better understand factors shaping perceived norms (Mead et al., 2014; Tankard & Paluck, 2016). The current study refers to the TNSB to make predictions about the major sources of descriptive norms in the context of child corporal punishment behavior--a risky behavior associated with child physical abuse (Gershoff & Grogan-Kaylor, 2016). Results indicate that childhood experiences of CP, direct observation, and interpersonal communication valence were influential predictors of descriptive norms. Additionally, interpersonal network size and interpersonal communication valence interact to influence descriptive norms. Results also confirmed the well-established association between descriptive norms and behavioral intentions, as well as the indirect associations between such normative source variables and behavioral intentions. Results contributed to expanding the purview of the TNSB by focusing on the distal variables shaping descriptive norm perceptions, while extending the norm communication literature to an understudied behavioral context.

Results provided support to the false consensus effect as one major mechanism leading to descriptive norms particularly for CP, which is a behavior that is conducted mostly in private settings. The false consensus effect proposes that individuals hold biased perceptions of others because of motivations to meet their needs in some ways (Ross et al., 1977). Thus, they tend to view a behavior in light of their own positions and perspectives, which often results in their overestimations of others whose ideas and behaviors are similar to themselves (Fiske & Taylor, 1991; Lapinski & Rimal, 2005). In the context of CP, qualitative evidence reveals that parents' positive experiences of CP during their own childhood influence the way they view CP (Duong et al., 2022; Taylor et al., 2011b). They perceive that

CP is an effective child disciplinary method, and that the method is widely implemented among similar parents. Their motivation to normalize the behavior becomes even stronger when facing institutional pressures to abandon the use of CP (Duong et al., 2022; Taylor et al., 2011b). Thus, findings provide empirical support for this descriptive norm formation mechanism.

Results show a positive association between observation of others using CP and descriptive norms. Observing a behavior performed by others clearly conveys social norms in one's social environment (Lapinski & Rimal, 2005). Mead and colleagues (2014) discuss that others' behavior is a robust normative cue shaping both injunctive norms and descriptive norms. Indeed, research indicates that the mere presence of behavioral cues is sufficient to build perceptions about the prevalence of a related behavior (Duong & Liu, 2019; Mead et al., 2014). Note that data reveal a very low frequency of direct observation, which consolidates the argument that CP tends to be a private behavior today (Klevens et al., 2019). That is, parents refrain from hitting children in public settings and they are more likely to do so at home. Despite this, results indicate that even a low level of direct observation can still be powerful enough to shape descriptive norms.

In contrast to our prediction, interpersonal network size was not associated with descriptive norms. In other words, results suggest that no matter how large parents' conversational network is, it does not change their perceptions about the prevalence of CP. We speculate that there might be nuances related to such conversations that are influential other than the number of proximal others that parents talk to. For example, parents' conversations might include information about alternative discipline strategies (i.e., ways to punish a child without hitting him or her). Moreover, parents who talk more about CP might simply feel unsure about the way they discipline their children and therefore, talking to others might mainly serve to seek advice and exchange disciplinary techniques (Duong et al., 2022;

Keller & McDade, 2000). Thus, the contents and purposes of conversations might be factors explaining this nonsignificant association.

It should be noted that 40 percent of participants report that they do not talk to others about using CP. We suspect that this might have a significant bearing on the nonsignificant association between interpersonal network size and descriptive norms. When the regression analysis was based on the sample of parents who talked about using CP (model 6), results do show significant relationships between interpersonal network size, as well as interpersonal communication valence, and descriptive norms. That interpersonal communication valence directly predicts descriptive norms is somewhat unsurprising. As predicted, conversations discouraging CP might suggest a low prevalence of CP use, while conversations supporting CP might result in perceptions that CP is widely applied. This is consistent with other research in health communication (Francis et al., 2021; Frank et al., 2012), suggesting the influential role of interpersonal communication valence is shaping descriptive norms.

Within the sample of parents who reported talking about using CP, we observe an interesting and counter-intuitive pattern of interaction between interpersonal network size and interpersonal communication valence. In contrast to our prediction, the effect of the interaction between network size and interpersonal communication valence on descriptive norms is significant and negative. The interaction reveals a cleaved transverse pattern, signaling multiple statistically significant relationships between interpersonal network size and descriptive norms at varying levels of interpersonal communication valence. When valence is very negative, the more people whom parents talk to regarding using CP, the higher parents perceive that CP is widely applied. In other words, even when the sentiments emanating from parents' conversations about using CP are overwhelmingly against the use of CP, higher number of proximal others talking about using CP likely relates to higher descriptive norms. When valence is very positive, however, interpersonal network size is

negatively associated with descriptive norms. That is, for conversations that produce very positive sentiments of using CP, the more proximal others whom parents talk to regarding using CP the less they think that CP behavior is prevalent. It is likely that the extreme levels of positiveness and negativity related to using CP affect the unexpected changes in the directions of the association. Perhaps on one end, hearing only good things and encouragement of using CP might cultivate skepticisms in participants' minds -- similar to people's responses to something too good to be true -- especially when participants likely have heard about the negative sides of using CP through news media. Additionally, the psychology literature suggests that emotional individuals might react more toward the possibility of positive events and even discount it (Wegener et al., 1994). Clearly, conversations about using harsh discipline measures with one's own child are often emotionally laden: guilt from hitting their own child, fear of being viewed as an abuser, hopefulness deriving from expectation that others will be empathetic to their behavioral choice, etc. On the other end, however, hearing only bad things and discouragement of using CP might create a feeling of parenting freedom being threatened, triggering reactance that entails anger and counterarguments justifying the use of CP (Brehm & Brehm, 1981). One possible response in this situation would be to argue that many other parents are using CP behind closed doors (Klevens et al., 2019). Further, data reveal that when the valence is not extreme, the interaction between the two factors disappears and only their main effects remain in place.

Path analysis results confirm the direct association between descriptive norms and behavioral intentions. Additionally, findings indicated that the norm source predictors indirectly influenced behavioral intentions through descriptive norms. The nonsignificant results related to the associations between these predictors and behavioral intentions, controlling for descriptive norms, suggest that these indirect associations are fully mediated

by descriptive norms. These findings provide further evidence supporting the premise of the TNSB.

From a theoretical standpoint, the current study extends the TNSB in several important ways. First, few studies have expanded the TNSB with a focus on factors driving descriptive norm perceptions, which is a research gap given the pivotal role of descriptive norms in the TNSB. Although multiple sources of perceived norms have been theoretically proposed (Lapinski & Rimal, 2005; Tankard & Paluck, 2016), they have been rarely tested. The present study fills this gap and thereby, contributes to the understanding of factors shaping normative beliefs underlying descriptive norms. Second, perceived norm sources might vary according to behavioral contexts. Therefore, pinpointing influential perceived norm sources and their relative effects can be an important venue for researchers. This study showcases the importance of research aiming at understanding normative sources in specific situations. Third, the TNSB has not been tested in the child abuse context. Our investigation expands the TNSB to this behavioral context, which has primarily been studied by social work scholars. In doing so, we have contributed to bridging research between the two disciplines: health communication and social work. The present study may serve as steppingstones for future interdisciplinary research to address this public health behavior. Finally, findings point to the impact of the network size and valence of interpersonal communication as these two aspects go hand in hand to produce meaningful and interesting outcomes, including descriptive norms as demonstrated in this study. The cleaved transverse interaction between interpersonal network size and valence offers counter-intuitive insights that can be helpful for theory building (Holbert & Park, 2020). In the CP context, the interaction between these two variables might suggest meaningful reactions among parents, who often are torn between an “old-school” parenting practice (Klevens et al., 2019) and recent societal movement to abandon it (Duong et al., 2022). Thus, results point to future

research directions to theorize the interdependence of interpersonal communication network size and valence in the presence of complex emotions, psychological reactance, and group identification that potentially impact the norm formation process (Duong et al., 2022; Tankard & Paluck, 2016).

Several practical implications can be discussed based on the results of this study. Health intervention campaigns often focus on crafting messages using normative information to change perceptions of social norms (e.g., intervention messages aiming to correct misperceptions about drinking). While this approach can succeed to some extent, understanding the sources of social norms suggests important intervention strategies. For instance, although our study indicated various factors predicting descriptive norms, targeting interpersonal communication in proximal networks can be an option because this variable is more malleable to intervention messages than childhood experiences and direct observation (i.e., it is impossible to change CP behavior that was used in the past). Data show that interpersonal interactions in proximal networks can be a crucial source of descriptive norms, helping parents extrapolate the prevalence of others using CP. Given that there is not sufficient information about the true population's perceived norms related to CP in low-income families in the U.S., intervention programs should consider the interaction results as was found in the current study to learn more about this issue and conduct formative research to assess the association between parents' interpersonal communication and perceived norms before launching interventions.

Several limitations of this study should be noted. Our study involves self-reported methods to collect data, which might be subject to the issue of recall bias. Moreover, our sample is not representative of the population of interest. The sample is relatively small with more White than Hispanic and Black participants. This limitation prevents subgroup analyses that could offer more insights about similarities and differences among racial/ethnic groups.

Although Qualtrics used multiple resources to collect data, it was difficult to increase the sample size due to several stringent criteria, particularly the low-income, low-education, and child's age cut-off. The study's cross-sectional nature does not allow causal interpretations of the focal associations. However, our propositions are drawn from a strong theoretical foundation as guided by the TNSB and the relevant social work literature. Finally, we did not examine media message exposure as a potential source of descriptive norms supporting the use of CP. It should be noted that prior research shows that parents' communication through the media tends to disseminate social norms disapproving of the use of CP (Duong et al., 2022; Lee et al., 2020). For example, researchers find that parents mostly posted tweets that reflected their anti-spanking beliefs (Lee et al., 2020). Future studies expanding the norm-based research in this behavioral context should consider addressing these limitations.

In conclusion, the present study extends the TNSB by focusing on key factors shaping descriptive norm perceptions, as well as applying the theory to the novel behavioral context of child corporal punishment. This research identifies influential normative sources and mechanisms characterizing the associations between these normative sources and behavioral intentions. Practitioners should consider these results to design formative research to gather data helping to learn more about effective communication strategies to reduce the use of CP and, along with it, the risk of child physical abuse.

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