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## **Corporal Punishment: Associations with Alcohol Use and Abuse in Emerging Adults**

Mary Ward Pollard

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Corporal punishment: Associations with alcohol use and abuse in emerging adults

By

Mary Ward Pollard

A Thesis  
Submitted to the Faculty of  
Mississippi State University  
in Partial Fulfillment of the Requirements  
for the Master of Science  
in Clinical Psychology  
in the Department of Psychology

Mississippi State, Mississippi

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2014

Corporal punishment: Associations with alcohol use and abuse in emerging adults

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Research shows corporal punishment is associated with negative outcomes in offspring. These negative outcomes can present themselves during childhood and emerging adulthood. One negative consequence can be alcohol abuse. The consequences of alcohol abuse in emerging adults are reasons to research corporal punishment's effects to support positive parental discipline. The current study examined the relationship between past-year corporal punishment and alcohol abuse in the emerging adulthood population. Results of the current study showed corporal punishment was correlated positively with alcohol use, externalizing problems, and authoritarian parenting style, and negatively correlated with maternal authoritative parenting style and permissive parenting style. Males reported higher amounts of paternal corporal punishment and higher amounts of alcohol consumption. Finally, it was determined that risk factors for alcohol abuse included male gender, Caucasian ethnicity, and positive history of family alcohol abuse, and that psychopathology mediated the relationship between corporal punishment and alcohol use and abuse.

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## CHAPTER I

### INTRODUCTION

Past research has shown that corporal punishment, used by parents and even some schools, to correct negative child behavior can have various negative outcomes (Lynch, Turkheimer, D’Onofrio, Mendle, & Emery, 2006). Research has indicated that the most positive and beneficial way to correct negative child behaviors is through the use of non-violent discipline (Renk, McKinney, Klein, & Oliveros, 2006). However, despite the negative outcomes associated with corporal punishment and the more beneficial outcomes associated with non-violent discipline, corporal punishment continues to be prevalent in society (Straus & Stewart, 1999). Many different factors influence parental responses to their child’s negative behavior, and many reasons exist as to why parents choose to employ corporal punishment as their choice of discipline in response to these negative behaviors.

In addition, many different kinds of harmful outcomes for children are associated with the use of corporal punishment. These negative outcomes can present during childhood when corporal punishment is being applied as well as later in life for children, such as during adolescence and emerging adulthood, and even beyond. Alcohol use and abuse can be one negative outcome of child corporal punishment that can present itself during emerging adulthood (Fergusson & Lynskey, 1997). The many different negative consequences of alcohol abuse in emerging adults are just some of the reasons to research

the effects of corporal punishment to support more positive forms of parental discipline. Therefore, the goal of the current study is to show the effects of corporal punishment on emerging adult functioning, specifically alcohol use and abuse.

## **Corporal Punishment**

### **Scope of the Problem**

Parents can address and respond to their children's negative behavior in a variety of ways. The most positive and beneficial way, both for the parent and child, is through the use of non-violent discipline (Straus, 2010). A more negative and harmful way for parents to handle negative child behavior is through the use of corporal punishment and harsher forms of assault. Both of these negative methods are unfortunately prevalent today. The most common examples of corporal punishment include spanking on the buttocks, shoving, grabbing, and hand slapping (Straus, 2010). Corporal punishment has been defined by various researchers as "the use of physical force with the intention of causing [bodily] pain, but not injury, for the purpose to correct and/or control the child's behavior" (Straus, 2010, p.1). Corporal punishment also has been shown to affect not just children's wellbeing and future mental health and behaviors but also the relationship between children and their parent(s). Further, studies have shown corporal punishment to be positively related to antisocial behavior, child-to-parent violence, other aggression, depression, future substance abuse, future violence against intimates, and decreased cognitive development (Lynch et al., 2006; McKinney, Milone, & Renk, 2011; Straus & Stewart, 1999).

## **The Controversy**

Corporal punishment remains a controversial issue in today's society as it revolves around much research demonstrating that the use of corporal punishment may have a negative impact on children's overall current and future wellbeing and outcome (Renk, McKinney, Klein, & Oliveros, 2006). Yet, some parts of society still view corporal punishment not only as a normal and standard response to a child's bad behavior but also a necessary response and reaction. On the other hand, some people view corporal punishment as the precursor to assault, and it is often hard to draw the line between the two. The debate on considering corporal punishment as assault, and thus legally treated in such a manner, is centered on a notion called "reasonable force." As it stands now, the parental perception and application of what they deem to be reasonable force is what separates corporal punishment from being considered assault by law (Straus, 2010). Under current laws, parents may use what they see as "reasonable force" to discipline their children's negative behaviors. However, what one parent or set of parents considers "reasonable force" can be different from and controversial among other parents as well as other people and cultures, and the definition and conceptualization of "reasonable force" changes as the public's approval for corporal punishment evolves as well (Coleman, Dodge, & Campbell, 2010). The aforementioned definition of corporal punishment is the practiced legal definition that protects parents from being accused of, charged with, or convicted of assault when they have employed physical force in response to their child's negative behavior (Straus, 2010). A thin line exists between Straus' commonly used definition and what is both legally and culturally considered to be assault, and escalation from the former to the latter often occurs.

The controversy on corporal punishment extends much farther than whether it should be considered assault or not. The controversy also is over the necessity and current and future outcomes of corporal punishment. Why corporal punishment is even prevalent in today's society is due to how parents conceptualize it, recognize it, and legitimize the use of it with their children (Straus & Stewart, 1999). In fact, previous studies have shown that parents may not even be aware of how often they exercise corporal punishment to discipline their child or children. One study compared the actual frequency of parental use of corporal punishment, as recorded in a daily parenting diary, to the frequency that the parents recalled when asked. The results showed that the frequency of corporal punishment that parents recalled was one-sixth of the number of incidents that were recorded in the parenting diary (Straus & Stewart, 1999).

### **Influences**

Parenting style can be an influence on the use of corporal punishment. Baumrind (1991) derived four categories of parenting styles including authoritative, authoritarian, permissive, and neglecting types. The most beneficial type of parenting strategy, in regards to effects on child behavior, is an authoritative style. An authoritative style is high in responsiveness and support with a moderate level of control (Baumrind, 1991). Parents who are categorized as authoritative also have been found to be less likely to use punitive and inconsistent discipline (Fletcher, Walls, Cook, Madison, & Bridges, 2008). In turn, children are more likely to exhibit positive behaviors like following rules and need less discipline. Parents who are categorized as authoritarian, however, are lower in responsiveness and higher in demandingness; therefore, this parenting style is linked with increased levels of harsh discipline to control negative child behaviors. On the other end

of the spectrum, permissive parents, who are high in responsiveness but low in demandingness, have been shown typically to be inconsistent in their discipline practices (Fletcher et al., 2008).

Parents may respond in multiple ways to address children who have not followed rules and have disobeyed. Power assertion, love withdrawal, and induction strategies are the three different types of discipline strategies (Barnett, Quackenbush, & Sinisi, 1996; McKinney et al., 2011). Examples of actions performed under the power assertion strategy include taking away certain privileges that the child has previously had, physical violence (which asserts parental dominance), or threats to forcefully change the child's behavior, attitude, and/or actions. On the other hand, examples of love withdrawal are less direct and include ignoring or isolating the child, or stating dislike of the child to the child to change his or her behavior. Finally, examples of induction strategies include communicating with the child what standards the child needs to follow, and reasoning with them to get them to obey. It is apparent that physical assault, as well as corporal punishment, are included in the power assertion strategy, and non-violent and positive forms of discipline are included in the induction strategies.

Research has provided much insight as to what factors may influence a parent's opinion of corporal punishment and what factors may lead to actual engagement in corporal punishment. Younger parental age, a past or history of physical violence between parents, lower family income, and excessive alcohol use are just some of the factors that can put parents at risk for using forms of corporal punishment on their child. All of these parental characteristics have been associated with a higher tendency to turn to corporal punishment as the parenting strategy of choice to handle negative child

behaviors. Clement and Chamberland (2009) found in their study that mothers who were victims of violence as a child were more likely to adopt views and attributions in favor of corporal punishment as a disciplinary measure. The child's gender and age, however, had no effect on the parent's opinion of corporal punishment (Clement & Chamberland, 2009). This finding is dissonant with other research, however, that has shown that boys and younger children are more likely to be subjected to physical and/or violent disciplinary acts than girls and adolescents (Straus, 2010). The discrepancy may suggest that the more influential factors on parental opinion of corporal punishment are ones that are more variable, such as children's temperament and parental stress resulting from their child's negative behaviors, as opposed to fixed factors such as the child's gender or age.

### **Gender Differences**

Certain child characteristics, both fixed and variable, such as gender, temperament and/or their own psychopathology, may influence parental use of corporal punishment and negative parenting practices. Gender has been found to influence the frequency of parents' use of corporal punishment. Straus and Stewart's (1999) study replicated the findings of at least six previous studies that found that boys were hit by their parent(s) more than girls in response to negative behaviors. The gender differences could be related to the idea that boys are currently still subjected to more violent ways of socialization in today's society, and thus it is more appropriate to use corporal punishment to discipline them. Another explanation for the higher rates of corporal punishment among boys could be that boys exhibit higher rates of misbehavior than girls. Alternatively, since it has been found that boys are subjected to corporal punishment

more than girls and at an earlier age than girls, their higher rates of misbehavior could be a result of having been exposed longer to such a violent form of socialization.

### **Negative Outcomes**

Corporal punishment has been shown to be not only ineffective, but it has also been found to correlate with various negative outcomes. Positive parenting (e.g., authoritative, non-violent), on the other hand, is associated with positive psychological adjustment for children during emerging adulthood (McKinney & Milone, 2012). As mentioned previously, corporal punishment has been related positively to a variety of negative outcomes for children (Straus & Stewart, 1999). In addition to affecting children negatively, it also affects the parent-child relationship. Mulvaney and Mebert (2010) discovered that children may view their parents' use of corporal punishment as interpersonal aggression, which in turn can lead children to feel resentment towards their parents or feel rejected by their parents. Mulvaney and Mebert's research has shown an association between corporal punishment and poor relationships between mothers and children. Other research also has found harsher parenting practices to be related to other negative outcomes for the child later in life, such as externalizing disorders and drug and alcohol use, even when controlling for genetic and environmental influences (Lynch et al., 2006). The results of Lynch et al.'s (2006) twin study showed that children raised by a parent who used harsh punishment exhibited more externalizing and drug and alcohol-related symptoms than children who were not raised by a parent who used harsh punishment. Also, the study conducted by Renk, McKinney, Klein, and Oliveros (2006) found physical parental punishment to be significantly related to anxiety, self-esteem, and depression later in life among collegiate females.

## **Alcohol Use and Abuse**

### **Scope of the Problem**

Alcohol use among college students is a prevalent health concern. For example, 80% of students in the college population consume alcohol on a regular basis (Lamis, Ellis, Chumney, & Dula, 2009). Alcohol abuse is the persistent use of alcohol regardless of negative consequences, and it is considered to be a psychiatric disorder (Kelly-Weeder, 2008). The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association, 2000)* defines alcohol abuse as drinking that leads to clinically significant impairment or distress, such as alcohol use causing failure to fulfill major roles or obligations, or leading to potentially harmful or dangerous situations, legal issues, and/or interpersonal difficulties (American Psychiatric Association, 2000). Although some individuals use alcohol without incident, some alcohol use is associated with significant problems.

### **The Consequences**

Alcohol abuse leads to various problems and can result in accidental injuries and even death. Although binge drinking, a form of alcohol abuse, has statistically remained fairly static according to trend data collected annually since 1980, concern lies within the fact that alcohol-related deaths are increasing (Ringwalt, Paschall, & Gitelman, 2011). Alcohol is the number one contributor to accidental injuries and death in college students (Martin, McCoy, Champion, Parries, DuRant, Mitra, & Rhodes, 2009). Ringwalt and colleagues (2011) determined that, from 1998 to 2005, alcohol-related deaths among college students increased by 27%. Every year, 1,400 students die as a result of alcohol use, while an additional 500,000 experience non-fatal injuries as a result of alcohol use

(Kelly-Weeder, 2007). Approximately 10.5% of college students at 4-year universities are accidentally hurt or injured annually as a result of alcohol use (Turner, Keller, & Bauerle, 2010). In addition, 24% of emergency room visits by students, with a significantly higher rate in males than females, were related to drinking, and 70% of those visits resulted in the student being treated for a traumatic condition (Turner et al., 2010).

Among all 18 to 24 year olds, alcohol-related accidental deaths increased from 4,809 in 1998 to 5,534 in 2005, and many of these deaths were from traffic accidents involving alcohol (Hingson, 2010). Therefore, drinking and driving plays a large role in alcohol-related deaths and injuries. In a study conducted by LaBrie, Kenney, Mirza, and Lac (2011), 19.1% of college student respondents had driven after drinking 3 or more drinks (in the past 3 months) and 8.6% had reported driving after 5 or more drinks (in the past 3 months). Out of the aforementioned 5,534 accidental alcohol-related deaths among 18 to 24 year olds in 2005, 1,357 were deaths of college students that resulted from traffic accidents involving alcohol (Hingson, 2010).

Additional consequences of college students abusing alcohol include sexual and physical assault, dating violence, irresponsible and unplanned sexual activity, sexual harassment, disrupted sleeping patterns, health issues, interference with school work, and relational problems (Martin et al., 2009). Approximately 50,000 college students per year that are sexually assaulted report having consumed alcohol at the time of the assault (Novik, Howard, & Boekeloo, 2011). Recent data also show that 83.2% of college students surveyed reported that they had engaged in unwanted sexual intercourse after they had consumed alcohol (Novik et al., 2011). National surveys have shown that those

college students who engage in heavy episodic drinking are far more likely than non-heavy drinkers to fail to appear in class, fall behind in their schoolwork, and perform below par on exams or other academic endeavors as a result of drinking (Singleton & Wolfson, 2009). A student's amount of alcohol consumption has an inverse relationship with his or her self-reported grade point average (Singleton & Wolfson, 2009). Loss in sleep quality also is a consequence of alcohol abuse, which may also affect a student's academic performance. In a study conducted by Vail-Smith, Felts, and Becker (2009), college students who identified themselves as non-drinkers were found to have a lower Sleep Quality Index (SQI) score, which suggests better sleep quality, than those reporting alcohol use.

### **Gender Differences among College Students**

Alcohol abuse manifests itself in both different and similar ways among males and females in reasons, quantities, and consequences. In a study conducted by Murphy, McDevitt-Murphy, and Barnett (2005), men reported having significantly more drinks than women per week as well as more alcohol-related problems than women. However, in more recent studies, it has been shown that as more women enroll in post-secondary institutions, drinking among women is on the rise and the gender gap is decreasing (Lawrence, Abel, & Hall, 2010).

In 1993, 17.1% of female college students reported binge drinking (4 or more drinks on one occasion for women), but in 2001, this percentage rose to 20.1% (Young, Morales, McCabe, Boyd, & D'Arcy, 2005). The percentage of female college students drinking to "get drunk" has also risen since 1993, from 35.6% to 42.4% (Young et al., 2005). In addition, Murphy et al. (2005) found that drinking was unrelated to social

satisfaction in women and that they also reported that they were experiencing higher levels of social satisfaction than men, which may indicate that men are more dependent on the social benefits that result from drinking. A study conducted by Thompson, Spittler, McCoy, Marra, Sutfin, Rhodes, and Brown (2009) revealed that males with expectancies of higher levels of sexuality and tension reduction from drinking were predicted to have more alcohol-related consequences. These expectancies, however, were unrelated to female students' alcohol-related consequences.

Although men have been found to generally experience more negative consequences than women, Park and Grant (2005) suggested that this gender difference might not always occur. Instead, they suggested that men might suffer more negative public consequences than women, such as fighting at a bar. However, gender differences in private negative consequences, such as hangovers, do not exist, and neither do gender differences in positive consequences of drinking in college students (Park & Grant, 2005). Female students have reported lower personal approval of alcohol-related consequences, and they also perceive others as having lower levels of approval of their own alcohol-related consequences (DeMartini, Carey, Lao, & Luciano, 2011). Women are also more likely to engage in protective strategies than men, such as knowing where one's drink is at all times or making sure there is a designated driver (Lawrence et al., 2010). However, just as the amount of drinking between genders is converging, so are the types of drinking patterns (Lawrence et al., 2010).

### **Corporal Punishment as an Influence**

One of the many negative outcomes of corporal punishment and harsh discipline for emerging adults can be excessive alcohol use and/or alcohol abuse. Only a few

existing studies have examined alcohol use, abuse, and dependence specifically as a negative outcome of corporal punishment and physical abuse in the emerging adult population. A study by Fergusson and Lynskey (1997) found that, among a group of 18-year old New Zealand emerging adults, those who reported exposure to physical punishment and maltreatment as a child were at an increased risk for alcohol abuse, among other negative outcomes.

Another study by Frias-Armenta (2000) reported that former reviews of literature show that children who had been abused consumed more alcohol later in life than those who had not. In Amermanta's (2000) research on Mexican women, a history of child abuse and harsh punishment had long-term effects on women's behavior, including higher levels of alcohol consumption than those who had not experienced abuse. Afifi, Mota, Dasiewicz, MacMillan, and Sareen (2012) also researched the relationship between physical punishment and a wide range of mental disorders using a national sample. In their study, Afifi et al. (2012) found that harsh physical punishment, in the absence of more severe child maltreatment, correlated with increased odds of alcohol abuse and dependence, even after controlling for sociodemographic variables and family disorders and dysfunction.

### **Current Study**

Research is available on the relationship between parental use of corporal punishment and harsh discipline on children and children's functioning in emerging adulthood, particularly pertaining to mental disorders. However, research on alcohol use and abuse as a negative outcome of child corporal punishment is scarce, despite the important concerns associated with college students abusing alcohol. Therefore, the goal

of this study was to examine the relationship between past-year corporal punishment and alcohol use and abuse in emerging adults.

The following hypotheses were examined:

- 1) Corporal punishment will correlate positively with alcohol use and abuse.
- 2) Corporal punishment will correlate positively with psychopathology in emerging adults.
- 3) Parenting style will be a predictor for corporal punishment. Specifically, authoritative parenting will be associated negatively with corporal punishment, whereas authoritarian and permissive parenting will be associated positively with corporal punishment.
- 4) Males will report higher levels of corporal punishment than females.
- 5) Males will report higher levels of alcohol use than females.
- 6) Gender will moderate the effects of corporal punishment on alcohol use and abuse. That is, corporal punishment will be associated with higher levels of alcohol use and abuse in females than in males.
- 7) Mediation will be tested through two models. For the first model, the relationship between corporal punishment and alcohol use will be mediated by emerging adult psychopathology. The model will then be reversed, with the relationship between emerging adult psychopathology and alcohol use being mediated by corporal punishment.

## CHAPTER II

### METHOD

#### **Participants**

Participants in this study consisted of 425 emerging adult college students aged 18 to 25 years ( $M = 18.68$ ;  $SD = 1.10$ ) recruited from an online survey system. Of these participants, 65.2% were female and 34.4% were male. Participants identified themselves as Caucasian (78.8%), African American (15.8%), Asian (2.6%), Hispanic (0.7%), or other (1.4%). Participants reported that their parental household consisted of a biological mother and father (68.9%), biological mother and step father (11.1%), biological father and step mother (1.6%), biological mother only (13.2%), biological father only (1.9%), or other caregivers (i.e., foster parents, aunt/uncles, grandparents, etc.; 3%). Maternal education varied as 19.1% of mothers reportedly had a high school education or less, 15.1% had an associate's degree, 39.3% had a bachelor's degree, and 23.1% had a master's degree or higher. Paternal education also varied as 30.4% of fathers reportedly had a high school education or less, 11.5% had an associate's degree, 32.5% had a bachelor's degree, and 22.8% had a master's degree or higher.

## Materials

### Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001; Appendix A) measures the consumption amount and frequency of alcohol use in individuals. It employs a standard drink chart. It screens for alcohol dependence as well as less severe alcohol problems. The AUDIT is a 10-item self-report questionnaire that analyzes whether an individual's alcohol consumption level has become hazardous to his or her health. Questions on the frequency and amount of alcohol consumption, the individual's symptoms of dependence on alcohol, and the harmful problems caused by alcohol are included. An example of a question regarding the frequency and amount of alcohol consumption is *How often do you have a drink containing alcohol?* Responses range from 0 (*never*) to 4 (*4 or more times a week*). An example of a question regarding the individual's symptoms of dependence on alcohol is *How often during the last year have you found that you were not able to stop drinking once you had started?* Answers to this question range from 0 (*never*) to 4 (*daily or almost daily*). An example of a question regarding harmful problems caused by alcohol is *Have you or someone else been injured because of your drinking?* Answers to this question range from 0 (*never*) to 4 (*yes, during the last year*). Scores for the AUDIT range from 0 to 40, and higher scores are indicative of more hazardous alcohol use (Saunders, Aasland, Babor, De La Fuente, & Grant, 1993). Reliability coefficients for the AUDIT often exceed .90 (Cassidy, Schmitz, & Malla, 2008). The AUDIT has a strong correlation with the Michigan Alcohol Screening Test (MAST) for both males and females ( $r = .88$ ; Babor et al., 2001). For this study, questions 1 through 3 were used to determine frequency of alcohol use, and

questions 4 through 10 were used to determine problems resulting from alcohol use and abuse.

### **Rutgers Alcohol Problem Index**

The Rutgers Alcohol Index (RAPI; White & Labouvie, 1989; Appendix B) is a 23-item self-report measure of alcohol-related problems in adolescence. Respondents are asked to rate statements regarding problems with alcohol use using answers ranging from 0 (never) to 4 (10 or more times). An example items include *Felt that you needed more than you used in order to get the same effect*, or, *Missed a day (or part of a day) of school or work*, or *Not able to do your homework or study for a test* as a result of alcohol use. The purpose of the RAPI is beyond that of only providing information about current alcohol use. Correlations on this scale with current alcohol use have been found to be substantial, but low enough to determine that the measure can provide information about problem drinking beyond reports of consumption patterns. Studies have found that the RAPI, given in late adolescence, is significantly associated with alcohol diagnoses at age 25 (Dick, Aliev, Viken, Kaprio, & Rose, 2011). The measure has strong internal consistency with a Cronbach's alpha of .92 (Dick et al., 2011).

### **Conflict Tactics Scale: Parent-Child Version**

The Conflict Tactics Scale: Parent-Child Version (CTS-PC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998; Appendix C) is a self-report measure used to determine the amount of physical and psychological aggression used by the parents of the respondents. The measure has 22 items and includes subscales that aim to measure nonviolent discipline, psychological aggression, severe physical assault, and corporal

punishment. Responders are instructed to appropriately respond regarding statements about the mother or father in regards to the previous 12 months. An example of a statement is, *Hit you with a fist or kicked you hard*, with responses including *11-20 times a year, More than 20 times a year, 3-5 times a year, and Not in a year*. Straus et al. (1998) have reported varying internal consistency statistics, ranging from -.02 to .60, which could be explained by rare occurrences in reports on more extreme physical discipline, such as a parent stabbing their child (Straus, 1998). Test-retest reliabilities ranging from .49 to .80 have been reported for this scale (Straus et al., 1998).

### **Parental Authority Questionnaire**

The Parental Authority Questionnaire (PAQ; Buri, 1991; Appendix D) is used to measure three parenting styles (authoritative, authoritarian, and permissive) from the respondent's perspective. The measure contains 30 items total, with 10 items representing each parenting style. Questionnaires for the mother and the father are identical. An example of a question is, *As I was growing up my parent did not allow me to question any decision she/he had made*. Participants respond to each statement on a Likert scale with answers ranging from *Strongly Disagree* to *Strongly Agree*. The PAQ has good internal consistency, with coefficients ranging from .74 to .87, and good two-week test-retest reliability, with coefficients ranging from .77 to .92 (Buri, 1991).

### **Adult Self-Report**

The Adult Self-Report (ASR; Rescorla & Achenbach, 2004; Appendix E) is a 123-item scale that asks participants to rate aspects of their emotional and behavioral functioning within the past 6 months in terms of how well it describes them.

Respondents rate each question in regards to how well the statement describes them with answers 0 = *not true*; 1 = *somewhat/sometimes true*; or 2 = *very often true*. This self-report measure provides DSM-oriented scales, and are consistent with DSM-IV categories; for example, some items measure depressive problems (e.g., *I feel worthless or inferior*) and some measure antisocial tendencies (e.g., *I get into many fights*).

### **Procedure**

A university institutional review board approved this study's procedures. Survey respondents came from a participant pool in a psychological research program and completed the study using an online system. Participants gave informed consent and they were presented with the opportunity to respond to the questionnaires described above in random order. The participants were instructed to respond to the ASR, AUDIT, and RAPI with regard to current perceptions. For the CTSPC and PAQ, measures on parenting and discipline, the participants were instructed to respond with regard to current perceptions as well. The mean administration time for the survey was 29.39 minutes ( $SD = 9.16$ ). Participants were awarded extra credit or given course credit for their involvement.

CHAPTER III  
RESULTS

All statistical analyses were conducted using PASW 21.0. Please refer to Table 1 and Table 2 for means and standard deviations of scales.

Table 1

*Means and Standard Deviations of Mother and Father Scores on PAQ and CTSPC*

Indicator	Father <i>M(SD)</i>	Mother <i>M(SD)</i>
PAQ Authoritative	25.81(6.63)	26.63(6.09)
PAQ Authoritarian	22.69(7.11)	22.46(6.52)
PAQ Permissive	16.06(5.36)	16.71(5.36)
CTSPC Corporal	2.80(9.24)	4.55(14.05)

Table 2

*Means and Standard Deviations of ASR, AUDIR, and RAPI*

Indicator	<i>M</i>	<i>SD</i>
ASR Internalizing	14.52	11.06
ASR Externalizing	10.42	7.60
RAPI	3.70	6.58
AUDIT	5.23	5.09
AUDIT Amount	3.42	2.85
<u>AUDIT Problems</u>	1.46	2.69

*Note.* Sample notes

To test hypotheses 1 through 3, Pearson correlations were used. Please refer to Table 3 for correlations regarding these hypotheses.

Table 3

## Correlations of Alcohol Use and Abuse, Corporal Punishment, and Psychopathology

	<u>Maternal Corporal</u> <u>Punishment</u>	<u>Paternal Corporal</u> <u>Punishment</u>
RAPI	.30	.17
AUDIT	.11	ns
AUDIT Amount	ns	ns
AUDIT Problems	.15	ns
Internalizing Problems	ns	ns
Externalizing Problems	.15	ns
Maternal Authoritative Style	-.10	ns
Paternal Authoritative Style	ns	ns
Maternal Authoritarian Style	.15	ns
Paternal Authoritarian Style	.14	.15
Maternal Permissive Style	-.09	ns
Paternal Permissive Style	-.13	-.11

Note. All correlations significant at the  $p < .01$  level unless indicated as ns.

Hypothesis 1, which speculated that corporal punishment would correlate positively with alcohol use and abuse, was confirmed when examining maternal corporal punishment and the RAPI (measuring problems associated with alcohol use) as well as paternal corporal punishment and the RAPI. However, this hypothesis was not confirmed when examining the AUDIT total score (measuring amount of alcohol consumption as well as problems associated with alcohol use). Hypothesis 2, which predicted that corporal punishment would correlate positively with psychopathology, was supported when examining the relationship between maternal corporal punishment and emerging

adult externalizing problems, but it was not supported when examining other relationships (i.e., internalizing problems, paternal corporal punishment). In regards to hypothesis 3, which stated that parenting styles would be related to corporal punishment (specifically that authoritative parenting would be associated negatively with corporal punishment and that authoritarian and permissive parenting would be associated positively with corporal punishment), results showed that corporal punishment was correlated negatively with maternal, but not paternal, authoritative style. Further, corporal punishment was correlated positively with both maternal and paternal authoritarian parenting style and negatively with both maternal and paternal permissive style.

Independent samples *t*-tests were used to test hypotheses 4 and 5, which stated that males would report higher levels of corporal punishment and alcohol use than females. Please refer to Table 4 for results of these *t*-tests.

Table 4

*Gender Differences on Corporal Punishment and Alcohol Use*

	<i>t</i>	<i>p</i>	Male <i>M</i> ( <i>SD</i> )	Female <i>M</i> ( <i>SD</i> )
RAPI	1.45	ns	4.36(8.20)	3.37(5.55)
AUDIT	4.19	<.01	6.82(6.16)	4.40(4.23)
AUDIT Amount	5.61	<.01	4.59(3.28)	2.82(2.40)
AUDIT Problems	1.65	ns	1.76(3.41)	1.30(2.20)
Maternal Corporal Punishment	.34	ns	4.90(14.43)	4.40(13.92)
Paternal Corporal Punishment	2.85	.01	4.58(13.02)	1.87(6.26)

In regards to hypothesis 4, males reported a higher amount of paternal corporal punishment than females, although no difference was found between males and females for maternal corporal punishment. Failing to support hypothesis 5, gender differences were not found on the RAPI, although supporting hypothesis 5, they were found on the AUDIT, with males reporting higher scores than females.

Regressions were used to test hypotheses 6 and 7. Two sets of regressions were conducted, one for the RAPI as the dependent variable and another for the AUDIT as the dependent variable. To test for moderation, control variables including gender, family alcohol history, ethnicity, and parental education were entered in step 1 to predict the RAPI. In step 2, corporal punishment was entered. In the final step, the interaction terms for gender and corporal punishment were entered. The only control variable that was significant in this model was family alcohol history. Thus, other control variables were deleted from future analyses with the exception of gender since it was included in step 3 as an interaction term. Step 1 of the regression (i.e., gender and family alcohol history) was significant, adjusted  $R^2 = .03$ ,  $F(2, 397) = 6.98$ ,  $p = .001$ , with family history being a significant predictor,  $\beta = .18$ ,  $SE = .69$ ,  $t(397) = 3.67$ ,  $p < .001$ ,  $sr = .18$ . Step 2 of the model (i.e., adding maternal and paternal corporal punishment) provided a significant improvement in fit, adjusted  $R^2 = .07$ ,  $\Delta F(2, 395) = 8.74$ ,  $p < .001$ , with family alcohol history remaining significant,  $\beta = .17$ ,  $SE = .68$ ,  $t(395) = 3.49$ ,  $p = .001$ ,  $sr = .17$ , and maternal corporal punishment as significant,  $\beta = .16$ ,  $SE = .36$ ,  $t(395) = 2.60$ ,  $p = .01$ ,  $sr = .13$ . Step 3 of the model (i.e., adding gender x corporal punishment interaction terms) was not a significant improvement in fit. Neither interaction term was a significant predictor.

Given that family alcohol history was a strong predictor in the regression predicting the RAPI, exploratory analyses were completed to further understand its effects. The interaction between family alcohol use and corporal punishment was tested in a regression similar to the one above. However, no interaction effects were significant. Further, a 2 (gender: male, female) x 2 (family alcohol history: yes, no) ANOVA indicated no interaction effect.

A similar regression as the one above for the RAPI was used to predict the AUDIT. Step 1 of this regression predicting the AUDIT was significant, adjusted  $R^2 = .08$ ,  $F(3, 306) = 9.42$ ,  $p < .001$ , with ethnicity,  $\beta = -.16$ ,  $SE = .77$ ,  $t(306) = -2.94$ ,  $p < .01$ ,  $sr = -.16$ , gender,  $\beta = -.18$ ,  $SE = .56$ ,  $t(306) = -3.33$ ,  $p = .001$ ,  $sr = -.18$ , and family alcohol history,  $\beta = .13$ ,  $SE = .62$ ,  $t(306) = 2.44$ ,  $p = .015$ ,  $sr = .13$  as significant predictors. Steps 2 and 3 of this regression did not provide significant improvements in model fit. That is, maternal and paternal corporal punishment, as well as the interactions between gender and corporal punishment, were not significant predictors when considered simultaneously with demographic variables above. These results indicate that risk factors for scoring higher on the AUDIT included reporting male gender, Caucasian ethnicity, and positive history of family alcohol abuse.

To test hypothesis 7, a regression was conducted to test if the relationship between corporal punishment and alcohol use would be mediated by emerging adult psychopathology. This model was tested first using the RAPI, where corporal punishment was entered in Step 1, and emerging adult psychopathology was entered in step 2. Step 1 was significant, adjusted  $R^2 = .04$ ,  $F(2, 363) = 8.73$ ,  $p < .001$ , with maternal corporal punishment being a significant predictor,  $\beta = .14$ ,  $SE = .38$ ,  $t(363) = 2.28$ ,  $p < .05$ ,  $sr =$

.12. Paternal corporal punishment was not a significant predictor in Step 1,  $\beta = .09$   $SE = .39$ ,  $t(363) = 1.52$   $p = .13$ ,  $sr = .08$ . Step 2 was a significant improvement, adjusted  $R^2 = .26$ ,  $F(2, 361) = 53.23$ ,  $p < .001$ , with externalizing problems being a significant predictor,  $\beta = .52$ ,  $SE = .33$ ,  $t(361) = 9.23$ ,  $p < .001$ ,  $sr = .42$ . Maternal corporal punishment,  $\beta = .10$ ,  $SE = .34$ ,  $t(361) = 1.91$ ,  $p = .06$ ,  $sr = .10$ , paternal corporal punishment,  $\beta = .07$ ,  $SE = .35$ ,  $t(361) = 1.29$ ,  $p = .19$ ,  $sr = .07$ , and internalizing problems,  $\beta = -.10$ ,  $SE = .34$ ,  $t(361) = -1.85$ ,  $p = .07$ ,  $sr = -.09$ , were not significant predictors in Step 2. When the model was reversed, with psychopathology entered into step 1 and corporal punishment entered into step 2, Step 1 was significant, adjusted  $R^2 = .23$ ,  $F(2, 363) = 56.79$ ,  $p < .001$ , with externalizing problems,  $\beta = .55$ ,  $SE = .34$ ,  $t(363) = 9.58$ ,  $p < .001$ ,  $sr = .44$ , and internalizing problems,  $\beta = -.11$ ,  $SE = .34$ ,  $t(363) = -1.99$ ,  $p < .05$ ,  $sr = -.09$  as significant predictors. Step 2 was a significant improvement, adjusted  $R^2 = .26$ ,  $F(2, 361) = 6.09$ ,  $p < .01$ , with externalizing problems remaining a significant predictor,  $\beta = .52$ ,  $SE = .33$ ,  $t(361) = 9.23$ ,  $p < .001$ ,  $sr = .42$ . Maternal corporal punishment,  $\beta = .11$ ,  $SE = .34$ ,  $t(361) = 1.91$ ,  $p = .06$ ,  $sr = .10$ , paternal corporal punishment,  $\beta = .07$ ,  $SE = .35$ ,  $t(361) = 1.29$ ,  $p = .19$ ,  $sr = .07$ , and internalizing problems,  $\beta = -.10$ ,  $SE = .34$ ,  $t(361) = -1.85$ ,  $p = .07$ ,  $sr = -.09$ , were not significant predictors in Step 2. When testing this hypothesis using the AUDIT, a regression was conducted putting corporal punishment into Step 1 and psychopathology into Step 2. Step 1 was not significant overall, as the predictors maternal corporal punishment,  $\beta = -.02$ ,  $SE = .34$ ,  $t(299) = -.22$ ,  $p = .83$ ,  $sr = -.01$ , and paternal corporal punishment,  $\beta = .11$ ,  $SE = .35$ ,  $t(299) = 1.64$ ,  $p = .10$ ,  $sr = .09$ , were not significant. However, step 2 was a significant improvement, adjusted  $R^2 = .14$ ,  $F(2, 297) = 24.78$ ,  $p < .001$ , with both

internalizing,  $\beta = -.21$ ,  $SE = .32$ ,  $t(297) = -3.17$ ,  $p < .01$ ,  $sr = -.17$  and externalizing problems,  $\beta = .46$ ,  $SE = .32$ ,  $t(297) = 6.95$ ,  $p < .001$ ,  $sr = .37$ , being significant predictors. Maternal corporal punishment,  $\beta = -.04$ ,  $SE = .32$ ,  $t(297) = -.64$ ,  $p = .52$ ,  $sr = -.04$ , and paternal corporal punishment,  $\beta = .09$ ,  $SE = .33$ ,  $t(297) = 1.39$ ,  $p = .17$ ,  $sr = .08$ , were not significant predictors in Step 2. When the model was reversed (psychopathology entered in step 1 and corporal punishment entered in step 2), step 1 was significant, adjusted  $R^2 = .14$ ,  $F(2, 299) = 25.77$ ,  $p < .001$ , with externalizing problems,  $\beta = .47$ ,  $SE = .32$ ,  $t(299) = 7.09$ ,  $p < .001$ ,  $sr = .38$ , and internalizing problems,  $\beta = -.21$ ,  $SE = .32$ ,  $t(299) = -3.24$ ,  $p = .001$ ,  $sr = -.17$ , being significant predictors. Step 2 was not a significant improvement as neither maternal corporal punishment,  $\beta = -.04$ ,  $SE = .32$ ,  $t(297) = -.64$ ,  $p = .52$ ,  $sr = -.04$ , nor paternal corporal punishment,  $\beta = .09$ ,  $SE = .33$ ,  $t(297) = 1.39$ ,  $p = .17$ ,  $sr = .08$ , were significant individually.

## CHAPTER IV

### DISCUSSION

The aim of this study was to investigate the effects of past-year corporal punishment on emerging adult functioning, specifically alcohol use and abuse. Many of the study's hypotheses were confirmed either partially or wholly.

The first hypothesis, that past-year corporal punishment would correlate positively with alcohol use and abuse, was partially confirmed. Corporal punishment was correlated positively with the RAPI's measure of alcohol use and abuse, but was not correlated positively with the AUDIT's measure of alcohol use and abuse. This pattern suggests that corporal punishment may share a stronger relationship with the negative problems that can be associated with alcohol use, which is what the RAPI measures, than simply the amount of alcohol consumption, which is what the AUDIT predominantly measures. Consistent with the current study's results, Cheng, Anthony, Huang, Lee, Lie, and He (2011) found that childhood physical punishment was associated robustly with drinking and drinking problems, as well as more rapid transitions from the first drink to the first drinking problem. In an earlier study, Cheng, Anthony, and Huang (2010) also found that child physical punishment was associated with alcohol use disorders even when other childhood adversities were controlled, including family history of drinking problems, sex, age, and noxious family environment. Alternatively, emerging adults who are disciplined harshly also may happen to have problems that they relate to their alcohol

use. Also, emerging adults who have problems related to drinking may evoke harsher discipline from their parents as a result of their problem drinking.

The second hypothesis, that corporal punishment would correlate positively with psychopathology in emerging adults, also was partially supported. Maternal corporal punishment was correlated positively with externalizing problems in emerging adults but not with internalizing problems. Further, paternal corporal punishment was not correlated with externalizing or internalizing problems. Consistent with prior research (e.g., McKinney et al., 2011) and with the results of this study, mothers tended to use more corporal punishment. Specifically, mothers used a consistent amount of corporal punishment with boys and girls, but fathers only used corporal punishment with boys, at a level consistent with the mothers. It may be the case that higher amounts of maternal corporal punishment are associated with emerging adult externalizing problems, whereas this relationship is not the case with paternal corporal punishment given its lower frequency. Further, it is possible that those who report more corporal punishment are more susceptible to modeling more aggressive and maladaptive ways of coping with and expressing negative emotions (e.g., frustration, anger), which could explain the relationship between corporal punishment and externalizing problems (Fairchild & Erwin, 1977).

The third hypothesis, that authoritative parenting would be associated negatively with corporal punishment, whereas authoritarian and permissive parenting would be associated positively with corporal punishment, also was partially supported. Parental corporal punishment was negatively correlated with authoritative parenting style in mothers but not fathers, and correlated positively with authoritarian parenting style in

both mothers and fathers. However, parental corporal punishment was correlated negatively with permissive parenting style in both mothers and fathers. These results both support and differ from Fletcher et al.'s (2008) study, which showed that parents categorized as authoritative were found to be less likely to use punitive discipline, consistent with the current study's maternal but not paternal findings. They also showed authoritarian parenting style to be linked with increased levels of harsh discipline to try to control negative child behaviors, consistent with the current study's maternal and paternal findings. However, Fletcher et al. also found that permissive parents were shown to typically be inconsistent in their discipline practices. Contrary to what was hypothesized and with what Fletcher et al. described in their research, it could possibly be the case that permissive parents are more likely to not discipline as frequently, thus accounting for the negative relationship between corporal punishment and permissive style found in the current study. It may be the case that permissive parenting and corporal punishment are directly related as found by Fletcher et al. when examining younger children, whereas permissive parenting and corporal punishment share an inverse relationship when examining emerging adults, especially those who are away from home at college.

In regards to the fourth hypothesis, males reported a higher amount of paternal corporal punishment than females, but no significant difference was found when examining maternal corporal punishment. In general, amounts of corporal punishment for all gender dyads (e.g., mother-son) were similar except in the case of the father-daughter dyad, which showed less than half the amount of corporal punishment when compared to other dyads. Straus and Stewart's (1999) research showed that male children experienced more corporal punishment than female children; however, their

research differed from these results in that they found mothers to use corporal punishment more than fathers. The current study suggests that fathers may use similar amounts of corporal punishment with their sons but not their daughters. This difference could be related to emerging adulthood, that is, discipline practices change as a function of age. It also could be the case that fathers are more likely to physically discipline their sons than their daughters, consistent with gender role theory (Bem, 1974), which suggests that fathers may want to “toughen up” their sons, whereas they may want to treat their daughters more softly.

The fifth hypothesis stated that males would report higher levels of alcohol use than females. This was confirmed with AUDIT scores but not with RAPI scores. However, this essentially does confirm the hypothesis given that the AUDIT predominantly measures the amount of alcohol consumption and the RAPI measures more specifically the problems associated with alcohol use. Thus, the current study was consistent with Murphy et al.’s (2005) research. It has been shown that individuals who use protective behavioral strategies (i.e., setting a drink limit) tend to drink less alcohol than peers not employing protective behavioral strategies (Martens, Ferrier, Sheehy, Korbett, Anderson, & Simmons, 2005). Multiple studies have found that protective behavioral strategies are more likely to be used and implemented more effectively by emerging adult females attending college than their male peers (Benton et al., 2004; Nguyen, Walkers, Wyatt, & DeJong, 2011). Many of these studies that have found this gender difference with protective behavioral strategies also have used college samples that were comprised of predominately Caucasian student participants. Although the current study did not measure protective behavioral strategies, it is possible that males

reported consuming more amounts of alcohol than women related to using less protective behavioral strategies than women.

The sixth hypothesis postulated that gender would moderate the effects of corporal punishment on alcohol use and abuse. This hypothesis was not supported as interaction terms including gender were not significant in any regression. Overall, the regressions showed that risk factors for scoring higher on the AUDIT included male gender, Caucasian ethnicity, and positive history of family alcohol abuse. Studies looking at the aforementioned protective behavioral strategies examined ethnicity as well as gender. Caucasian students have been found to use protective behavioral strategies related to protecting against alcohol-related harm, whereas Asian students have been shown to use protective behavior strategies that emphasize stopping or limiting alcohol consumption (Labrie et al., 2011). Therefore, it is possible that Caucasians may be more focused only on limiting problems related to alcohol use and abuse instead of the amount of alcohol that they are consuming. In regards to family alcohol history and consistent with the current study's results, a study by LaBrie, Migliuri, Kenney, and Lac (2010) has shown that individuals with a positive family history of alcohol abuse endorsed consuming more drinks per week than individuals who did not have a family history of alcohol abuse. In addition, males in the college environment with a positive family history of alcohol use also were especially vulnerable to high levels of alcohol consumption.

The seventh and final hypothesis tested mediation through two models. The first model examined if emerging adult psychopathology mediated the relationship between corporal punishment and alcohol use and abuse, and the second model examined if

corporal punishment mediated the relationship between emerging adult psychopathology and alcohol use and abuse. For the first model predicting the RAPI, maternal corporal punishment was a significant predictor initially but appeared to be atemporally mediated by emerging adult externalizing problems. When the model was reversed, corporal punishment did not atemporally mediate the effects of emerging adult psychopathology. Therefore, the first model may demonstrate mediation, whereas the second either does not or reflects that the effect of corporal punishment is a weak one that is wholly redundant, or close enough, with psychopathological problems. When using the AUDIT, corporal punishment was not a significant predictor in either model. Thus, mediation was not demonstrated in either model. These regressions together perhaps suggests that emerging adult psychopathology mediates the relationship between alcohol use and abuse and corporal punishment when referring to problems associated with alcohol use and abuse (i.e., RAPI), and not when examining the amount of alcohol assumption (i.e., AUDIT). Previous studies have shown that individuals who experience corporal punishment are more likely to have symptoms associated with psychopathology as a result (McKinney et al., 2011; Straus, 2001). Other research also has found not only that emerging adults with psychopathology are more likely to meet criteria for an alcohol use disorder but that those with poor mental health also are more likely to experience drinking-related harm (Kushner, Sher, & Erickson, 1999; Weitzman, 2004). The current study may reconcile these previous findings by showing that corporal punishment is associated with emerging adult psychopathology, which, in turn, is associated with alcohol related problems.

## **Research and Practical Implications**

This study adds to the literature by examining corporal punishment's relationships with emerging adult functioning, specifically alcohol use and abuse and psychopathology. Although a few studies have included corporal punishment's possible effects on emerging adult alcohol use and abuse, it appears that a paucity of current research examines the processes behind these relationships specifically.

Multiple possibilities can be inferred from these findings. The first is that the use of corporal punishment on an emerging adult may be a risk factor for problems associated with alcohol use and abuse. Thus, this finding adds support to existing literature that advocates the use of positive parenting practices instead of negative parenting practices, such as corporal punishment. Because reported maternal corporal punishment was found to be related to reported externalizing problems in emerging adults, it also could be the case that emerging adults are learning maladaptive coping mechanisms from corporal punishment they receive when dealing with negative emotions, like anger or frustration, and are thus having more externalizing problems. Thus, it may be beneficial to further research the effects of negative maternal parenting practices. Specifically, research targeting what exactly about corporal punishment causes distress for individuals (i.e., perceived threat, perceived pain, etc.) is warranted. Further, because this study found that maternal authoritative parenting style was associated negatively with corporal punishment, it also may be beneficial to further research the effects of positive parenting practices to possibly reduce the prevalence of harsh practices. Given that results indicated that Caucasian males with a positive family alcohol history especially are at highest risk of alcohol problems, and that males reported more paternal corporal

punishment and alcohol use than females, it appears particularly important to further study this specific population to learn how to identify and help those at high risk.

Given the results of this study, it may be suggested that parents enroll and participate in classes that both advocate and teach positive parenting practices. Because emerging adult psychopathology mediated the relationship between corporal punishment and alcohol use and abuse, it also could be important to examine the possibility of past or current corporal punishment in emerging adult clients who have been diagnosed with psychological problems. Paying attention to corporal punishment with these clients, who may have behavioral problems, could yield a better understanding of their current functioning, especially if it includes alcohol use or abuse. Understanding these relationships could be important in using family therapy as a tool for improving clients' functioning, or in teaching positive coping mechanisms to address any negative cognitions or emotions that could be related to past or current discipline, thus hopefully reducing negative coping mechanisms like turning to alcohol.

### **Limitations**

Limitations of the study pertain to the demographics of the sample. The sample largely was homogenous and consisted of predominately Caucasian females. This limitation may have impacted the results to represent this population the most, although over one-third of the sample was male, and almost one-fourth of the sample was represented by other ethnicities. Participants for the current study also were a convenience sample, as they volunteered to participate in the study in return for being awarded course or extra credit. The sample also was a nonclinical college student sample, so extreme reports of psychopathology are less frequent. Only the perspectives of

the participants were taken into account in the present study, and there was no data gathered from parents or guardians to confirm or refute the reports of parenting practices at home. Further, the average age of participants was under the legal drinking age of 21, possibly leading to some participants being hesitant to report alcohol use. Therefore, caution is encouraged when trying to generalize the current study's results. The correlational and cross-sectional nature of the data also are limitations. Neither causation nor direction can be confirmed by the current study.

### **Conclusion**

In summary, emerging adults experiencing corporal punishment may be at risk for using and abusing alcohol as well as for other problems associated with psychopathology. Differences in parenting styles and which parent uses corporal punishment were found, specifically that authoritarian parents were found to be more likely to use corporal punishment. Male respondents reported receiving more corporal punishment than female respondents and reported consuming more alcohol than females as well. Finally, it was determined that risk factors for alcohol use and abuse include male gender, Caucasian ethnicity, and positive history of family alcohol abuse, and that psychopathology mediated the relationship between corporal punishment and alcohol use and abuse. Future researchers should focus on the consequences that could be associated with parental use of corporal punishment to correct negative child behaviors. More research and information on the consequences associated with parental use of corporal punishment could be beneficial for parents to educate them on the benefits of using positive parenting. It also could be beneficial to promote being more aware of the influences of negative parenting on emerging adult alcohol use and abuse and psychopathology.

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APPENDIX A  
ALCOHOL USE DISORDERS TEST

## The Alcohol Use Disorders Identification Test: Self-Report Version

Respondent: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

APPENDIX B  
RUTGERS ALCOHOL PROBLEM INDEX

**Rutgers Alcohol Problem Index (RAPI) (23-item version)**

Different things happen to people while they are drinking ALCOHOL or because of their ALCOHOL drinking. Several of these things are listed below. Indicate how many times each of these things happened to you WITHIN THE LAST YEAR.

Use the following code:

0 = None

1 = 1- 2 times

2 = 3-5 times

3 = More than 5 times

HOW MANY TIMES HAS THIS HAPPENED TO YOU WHILE YOU WERE DRINKING OR BECAUSE OF YOUR DRINKING DURING THE LAST YEAR?

- |         |  |
|---------|--|
| 0 1 2 3 | Not able to do your homework or study for a test                                   |
| 0 1 2 3 | Got into fights with other people (friends, relatives, strangers)                  |
| 0 1 2 3 | Missed out on other things because you spent too much money on alcohol             |
| 0 1 2 3 | Went to work or school high or drunk   |
| 0 1 2 3 | Caused shame or embarrassment to someone   |
| 0 1 2 3 | Neglected your responsibilities  |
| 0 1 2 3 | Relatives avoided you  |
| 0 1 2 3 | Felt that you needed more alcohol than you used to in order to get the same effect |

- 0 1 2 3 Tried to control your drinking (tend to drink only at certain times of the day or in certain places, that is, tried to change your pattern of drinking)
- 0 1 2 3 Had withdrawal symptoms, that is, felt sick because you stopped or cut down on drinking
- 0 1 2 3 Noticed a change in your personality
- 0 1 2 3 Felt that you had a problem with alcohol
- 0 1 2 3 Missed a day (or part of a day) of school or work
- 0 1 2 3 Wanted to stop drinking but couldn't
- 0 1 2 3 Suddenly found yourself in a place that you could not remember getting to
- 0 1 2 3 Passed out or fainted suddenly
- 0 1 2 3 Had a fight, argument, or bad feeling with a friend
- 0 1 2 3 Had a fight, argument or bad feeling with a family member
- 0 1 2 3 Kept drinking when you promised yourself not to
- 0 1 2 3 Felt you were going crazy
- 0 1 2 3 Had a bad time
- 0 1 2 3 Felt physically or psychologically dependent on alcohol
- 0 1 2 3 Was told by a friend, neighbor, or relative to stop or cut down drinking

APPENDIX C  
CONFLICT TACTICS SCALE – CHILD VERSION

## Conflict Tactics Scale: Parent-Child Version

### CTSPC: Mother Form

Below are some statements about your mother. Please circle the appropriate response as they relate to your experiences with your mother.

1. Explained why something was wrong.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

2. Put you in “time out” (or sent you to your room).

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

3. Shook you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

4. Hit you on the bottom with something like a belt, hairbrush, a stick or some other hard object.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

5. Gave you something else to do instead of what you were doing wrong.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

6. Shouted, yelled, or screamed at you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

7. Hit you with a fist or kicked you hard.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

8. Spanked you on the bottom with her bare hand.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

9. Grabbed you around the neck and choked you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

10. Swore or cursed at you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

11. Beat you up, that is, hit you over and over as hard as she could.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

12. Said she would send you away or kick you out of the house.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

13. Burned or scalded you on purpose.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

14. Threatened to spank or hit you but did not actually do it.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

15. Hit you on some other part of the body besides the bottom with something like a belt, hairbrush, a stick or some other hard object.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

16. Slapped you on the hand, arm, or leg.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

17. Took away privileges or grounded you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

18. Pinched you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

19. Threatened you with a knife or gun.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

20. Threw or knocked you down.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

21. Called you dumb or lazy or some other name like that.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

22. Slapped you on the face or head or ears.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

**CTSPC: Father Form**

Below are some statements about your father. Please circle the appropriate response as they relate to your experiences with your father.

1. Explained why something was wrong.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

2. Put you in “time out” (or sent you to your room).

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

3. Shook you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

4. Hit you on the bottom with something like a belt, hairbrush, a stick or some other hard object.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

5. Gave you something else to do instead of what you were doing wrong.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

6. Shouted, yelled, or screamed at you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

7. Hit you with a fist or kicked you hard.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

8. Spanked you on the bottom with his bare hand.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

9. Grabbed you around the neck and choked you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

10. Swore or cursed at you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

11. Beat you up, that is, hit you over and over as hard as he could.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

12. Said he would send you away or kick you out of the house.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

13. Burned or scalded you on purpose.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

14. Threatened to spank or hit you but did not actually do it.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

15. Hit you on some other part of the body besides the bottom with something like a belt, hairbrush, a stick or some other hard object.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

16. Slapped you on the hand, arm, or leg.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

17. Took away privileges or grounded you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

18. Pinched you.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

19. Threatened you with a knife or gun.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

20. Threw or knocked you down.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

21. Called you dumb or lazy or some other name like that.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

22. Slapped you on the face or head or ears.

Never	Not in a year, but it happened before	Once a year
Twice a year	3-5 times a year	6-10 times a year
11-20 times a year	More than 20 times a year	

APPENDIX D  
PARENTAL AUTHORITY QUESTIONNAIRE

## Parental Authority Questionnaire

Below are questions about your mother and father. Please rate the people you most consider to be your mother and father using the following scale to indicate your agreement with the statements.

1. While I was growing up my parent felt that in a well-run home the children should have their way in the family as often as parents do.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
2. Even if her/his children didn't agree with her/him, my parent felt that it was for our own good if we were forced to conform to what she/he thought was right.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
3. Whenever my parent told me to do something as I was growing up, she/he expected me to do it immediately without asking any questions.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
4. As I was growing up, once family policy had been established, my parent discussed the reasoning behind the policy with the children in the family.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
5. My parent has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
6. My parent has always felt that what children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
7. As I was growing up my parent did not allow me to question any decision she/he had made.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
8. As I was growing up my parent directed the activities and decisions of the children in the family through reasoning and discipline.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
9. My parent has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_

10. As I was growing up my parent did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

11. As I was growing up I knew what my parent expected of me in my family, but I also felt free to discuss those expectations with my parent when I felt that they were unreasonable.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

12. My parent felt that wise parents should teach their children early just who is boss in the family.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

13. As I was growing up, my parent seldom gave me expectations and guidelines for my behavior.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

14. Most of the time as I was growing up my parent did what the children in the family wanted when making family decisions.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

15. As the children in my family were growing up, my parent consistently gave us direction and guidance in rational and objective ways.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

16. As I was growing up my parent would get very upset if I tried to disagree with her/him.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

17. My parent feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

18. As I was growing up my parent let me know what behavior she/he expected of me, and if I didn't meet those expectations, she/he punished me.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

19. As I was growing up my parent allowed me to decide most things for myself without a lot of direction from her/him.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

20. As I was growing up my parent took the children's opinions into consideration when making family decisions, but she/he would not decide for something simply because the children wanted it.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
21. My parent did not view herself/himself as responsible for directing and guiding my behavior as I was growing up.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
22. My parent had clear standards of behavior for the children in our home as I was growing up, but she/he was willing to adjust those standards to the needs of each of the individual children in the family.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
23. My parent gave me direction for my behavior and activities as I was growing up and she/he expected me to follow her/his direction, but she/he was always willing to listen to my concerns and to discuss that direction with me.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
24. As I was growing up my parent allowed me to form my own point of view on family matters and she/he generally allowed me to decide for myself what I was going to do.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
25. My parent has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
26. As I was growing up my parent often told me exactly what she/he wanted me to do and how she/he expected me to do it.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
27. As I was growing up my parent gave me clear direction for my behaviors and activities, but she/he also was understanding when I disagreed with her/him.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
28. As I was growing up my parent did not direct the behaviors, activities, and desires of the children in the family.  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_

29. As I was growing up I knew what my parent expected of me in the family and she/he insisted that I conform to those expectations simply out of respect for her/his authority.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

30. As I was growing up, if my parent made a decision in the family that hurt me, she/he was willing to discuss that decision with me and to admit it if she/he had made a mistake.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

APPENDIX E  
ADULT SELF REPORT

## Adult Self - Report

Below is a list of items that describe people. As you read each item, please decide whether it has been true of your SELF over the past 6 months. Please answer all items as well as you can, even if some do not seem to apply.

1. Is too forgetful

Self: \_\_\_\_\_

2. Makes good use of his/her opportunities

Self: \_\_\_\_\_

3. Argues a lot

Self: \_\_\_\_\_

4. Works up to ability

Self: \_\_\_\_\_

5. Blames others for own problems

Self: \_\_\_\_\_

6. Uses drugs (other than alcohol or nicotine) for nonmedical purposes

Self: \_\_\_\_\_

7. Bragging, boasting

Self: \_\_\_\_\_

8. Can't concentrate, can't pay attention for long

Self: \_\_\_\_\_

9. Can't get mind off certain thoughts; obsessions

Self: \_\_\_\_\_

10. Can't sit still, restless, or hyperactive

Self: \_\_\_\_\_

11. Too dependent on others

Self: \_\_\_\_\_

12. Complains of loneliness

Self: \_\_\_\_\_

13. Confused or seems to be in a fog

Self: \_\_\_\_\_

14. Cries a lot

Self: \_\_\_\_\_

15. Is pretty honest

Self: \_\_\_\_\_

16. Cruelty, bullying, or meanness to others

Self: \_\_\_\_\_

17. Daydreams or gets lost in his/her thoughts

Self: \_\_\_\_\_

18. Deliberately harms self or attempts suicide

Self: \_\_\_\_\_

19. Demands a lot of attention

Self: \_\_\_\_\_

20. Damages or destroys his/her own things

Self: \_\_\_\_\_

21. Damages or destroys things belonging to others

Self: \_\_\_\_\_

22. Worries about his/her future

Self: \_\_\_\_\_

23. Breaks rules at work or elsewhere

Self: \_\_\_\_\_

24. Doesn't eat well

Self: \_\_\_\_\_

25. Doesn't get along with other people

Self: \_\_\_\_\_

26. Doesn't seem to feel guilty after misbehaving

Self: \_\_\_\_\_

27. Easily jealous

Self: \_\_\_\_\_

28. Gets along badly with family

Self: \_\_\_\_\_

29. Fears certain animals, situations, or places

Self: \_\_\_\_\_

30. Poor relations with opposite sex

Self: \_\_\_\_\_

31. Fears he/she might think or do something bad

Self: \_\_\_\_\_

32. Feels he/she has to be perfect

Self: \_\_\_\_\_

33. Feels or complains that no one loves him/her

Self: \_\_\_\_\_

34. Feels others are out to get him/her

Self: \_\_\_\_\_

35. Feels worthless or inferior

Self: \_\_\_\_\_

36. Gets hurt a lot, accident-prone

Self: \_\_\_\_\_

37. Gets in many fights

Self: \_\_\_\_\_

38. His/her relations with neighbors are poor

Self: \_\_\_\_\_

39. Hangs around people who get in trouble

Self: \_\_\_\_\_

40. Hears sounds or voices that aren't there

Self: \_\_\_\_\_

41. Impulsive or acts without thinking

Self: \_\_\_\_\_

42. Would rather be alone than with others

Self: \_\_\_\_\_

43. Lying or cheating

Self: \_\_\_\_\_

44. Feels overwhelmed by responsibilities

Self: \_\_\_\_\_

45. Nervous, high-strung, or tense

Self: \_\_\_\_\_

46. Nervous movements or twitching

Self: \_\_\_\_\_

47. Lacks self-confidence

Self: \_\_\_\_\_

48. Not liked by others

Self: \_\_\_\_\_

49. Can do certain things better than other people

Self: \_\_\_\_\_

50. Too fearful or anxious

Self: \_\_\_\_\_

51. Feels dizzy or lightheaded

Self: \_\_\_\_\_

52. Feels too guilty

Self: \_\_\_\_\_

53. Has trouble planning for the future

Self: \_\_\_\_\_

54. Feels tired without good reason

Self: \_\_\_\_\_

55. Moods swing between elation and depression

Self: \_\_\_\_\_

56. Physical problems **without known medical cause:**

a. Aches or pains (**not** stomach or headaches)

Self: \_\_\_\_\_

b. Headaches

Self: \_\_\_\_\_

c. Nausea, feels sick

Self: \_\_\_\_\_

d. Problems with eyes (**not** if corrected by glasses)

Self: \_\_\_\_\_

e. Rashes or other skin problems

Self: \_\_\_\_\_

f. Stomachaches

Self: \_\_\_\_\_

g. Vomiting, throwing up

Self: \_\_\_\_\_

h. Heart pounding or racing

Self: \_\_\_\_\_

i. Numbness or tingling in body parts

Self: \_\_\_\_\_

57. Physically attacks people

Self: \_\_\_\_\_

58. Picks skin or other parts of his/her body

Self: \_\_\_\_\_

59. Fails to finish things he/she should do

Self: \_\_\_\_\_

60. There is very little that he/she enjoys

Self: \_\_\_\_\_

61. Poor work performance

Self: \_\_\_\_\_

62. Poorly coordinated or clumsy

Self: \_\_\_\_\_

63. Would rather be with older people than with people of own age

Self: \_\_\_\_\_

64. Has trouble setting priorities

Self: \_\_\_\_\_

65. Refuses to talk

Self: \_\_\_\_\_

66. Repeats certain acts over and over; compulsions

Self: \_\_\_\_\_

67. Has trouble making or keeping friends

Self: \_\_\_\_\_

68. Screams or yells a lot

Self: \_\_\_\_\_

69. Secretive, keeps things to self

Self: \_\_\_\_\_

70. Sees things that aren't there

Self: \_\_\_\_\_

71. Self-conscious or easily embarrassed

Self: \_\_\_\_\_

72. Worries about his/her family

Self: \_\_\_\_\_

73. Meets responsibilities to his/her family

Self: \_\_\_\_\_

74. Showing off or clowning

Self: \_\_\_\_\_

75. Too shy or timid

Self: \_\_\_\_\_

76. Irresponsible behavior

Self: \_\_\_\_\_

77. Sleeps more than most other people during day and/or night

Self: \_\_\_\_\_

78. Has trouble making decisions

Self: \_\_\_\_\_

79. Speech problem

Self: \_\_\_\_\_

80. Stands up for own rights

Self: \_\_\_\_\_

81. Very changeable behavior

Self: \_\_\_\_\_

82. Steals

Self: \_\_\_\_\_

83. Is easily bored

Self: \_\_\_\_\_

84. Strange behavior

Self: \_\_\_\_\_

85. Strange ideas

Self: \_\_\_\_\_

86. Stubborn, sullen, or irritable

Self: \_\_\_\_\_

87. Sudden changes in mood or feelings

Self: \_\_\_\_\_

88. Enjoys being with people

Self: \_\_\_\_\_

89. Rushes into things without considering the risks

Self: \_\_\_\_\_

90. Drinks too much alcohol or gets drunk

Self: \_\_\_\_\_

91. Talks about killing self

Self: \_\_\_\_\_

92. Does things that may cause trouble with the law

Self: \_\_\_\_\_

93. Talks too much

Self: \_\_\_\_\_

94. Teases a lot

Self: \_\_\_\_\_

95. Temper tantrums or hot temper

Self: \_\_\_\_\_

96. Thinks about sex too much

Self: \_\_\_\_\_

97. Threatens to hurt people

Self: \_\_\_\_\_

98. Likes to help others

Self: \_\_\_\_\_

99. Dislikes staying in one place for very long

Self: \_\_\_\_\_

100. Has trouble sleeping

Self: \_\_\_\_\_

101. Stays away from job even when not sick and not on vacation

Self: \_\_\_\_\_

102. Underactive, slow moving, or lacks energy

Self: \_\_\_\_\_

103. Unhappy, sad, or depressed

Self: \_\_\_\_\_

104. Is unusually loud

Self: \_\_\_\_\_

105. Is disorganized

Self: \_\_\_\_\_

106. Tries to be fair to others

Self: \_\_\_\_\_

107. Feels he/she can't succeed

Self: \_\_\_\_\_

108. Tends to lose things

Self: \_\_\_\_\_

109. Likes to try new things

Self: \_\_\_\_\_

110. Wishes he/she was of the opposite sex

Self: \_\_\_\_\_

111. Withdrawn, doesn't get involved with others

Self: \_\_\_\_\_

112. Worries

Self: \_\_\_\_\_

113a. Sulks a lot

Self: \_\_\_\_\_

113b. Worries about his/her relations with the opposite sex

Self: \_\_\_\_\_

114. Fails to pay his/her debts or meet other financial responsibilities

Self: \_\_\_\_\_

115. Is restless or fidgety

Self: \_\_\_\_\_

116. Gets upset too easily

Self: \_\_\_\_\_

117. Has trouble managing money or credit cards

Self: \_\_\_\_\_

118. Is too impatient

Self: \_\_\_\_\_

119. He/she is not good at details

Self: \_\_\_\_\_

120. Drives too fast

Self: \_\_\_\_\_

121. Tends to be late for appointments

Self: \_\_\_\_\_

122. Has trouble keeping a job

Self: \_\_\_\_\_

123. He/she is a happy person

Self: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_

124. **In the past 6 months**, about how many times per day did you use tobacco  
(including smokeless tobacco)?

Self: \_\_\_\_\_ times per day

125. **In the past 6 months**, on how many days was you drunk?

Self: \_\_\_\_\_ days

126. **In the past 6 months**, on how many days did you use drugs for nonmedical  
purposes (including marijuana, cocaine, and other drugs, except alcohol and  
nicotine)?

Self: \_\_\_\_\_ days

APPENDIX F  
IRB APPROVAL LETTER

August 22, 2013

Mary Ward Pollard  
Dept. of Psychology

RE: HRPP Study #13-231: Cororal Punishment: Associations with Alcohol Use and Abuse in Emerging Adults

Dear Ms. Pollard:

This email serves as official documentation that the above referenced project was reviewed and approved via expedited review for a period of 8/22/2013 through 8/15/2014 in accordance with 45 CFR 46.110 #7. Please note the expiration date for approval of this project is 8/15/2014. If additional time is needed to complete the project, you will need to submit a Continuing Review Request form 30 days prior to the date of expiration. Any modifications made to this project must be submitted for approval prior to implementation. Forms for both Continuing Review and Modifications are located on our website at <http://www.orc.msstate.edu/humansubjects/forms/>.

Any failure to adhere to the approved protocol could result in suspension or termination of your project. Please note that the HRPP reserves the right, at anytime, to observe you and any associated researchers as they conduct the project and audit research records associated with this project.

**Please note that the MSU HRPP is in the process of seeking accreditation for our human subjects protection program. As a result of these efforts, you will likely notice many changes in the HRPP's policies and procedures in the coming months. These changes will be posted online at <http://www.orc.msstate.edu/humansubjects/faqs/>. The first of these changes is the implementation of an approval stamp for consent forms. The approval stamp will assist in ensuring the HRPP approved version of the consent form is used in the actual conduct of research. Your stamped consent form will be attached in a separate email. You must use the wording of the stamped consent form for obtaining consent from participants.**

Please refer to your docket number (#13-231) when contacting our office regarding this project.

We wish you the very best of luck in your research and look forward to working with you again. If you have questions or concerns, please contact Jodi Roberts at [roberts@orc.msstate.edu](mailto:roberts@orc.msstate.edu) or call [662-325-2238](tel:662-325-2238). In addition, we would greatly appreciate your feedback on the HRPP approval process. Please take a few minutes to complete our survey at <http://www.surveymonkey.com/s/YZC7QQD>.

Sincerely,

Jodi Roberts, Ph.D.  
IRB Officer

cc: Advisor: Cliff McKinney