

ASSESSING THE TRANSPORTABILITY OF A VIOLENCE-PREVENTION PARENTING
PROGRAM IN THREE DIVERSE COUNTRY CONTEXTS

by

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A thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba
in partial fulfillment of the requirements of the degree of

DOCTOR OF PHILOSOPHY

Applied Health Sciences

University of Manitoba

Winnipeg

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ABSTRACT

Globally, physical and emotional punishments are the most prevalent forms of violence against children. Parents often justify punitive violence as ‘discipline’. Not only is punitive violence a risk factor for physical and mental health issues; it is also a human rights violation. Parenting education is an important component of strategies to eliminate punitive violence. However, most programs have been developed and evaluated in Western contexts. There is little information about the process of transporting these programs or their performance in diverse contexts. The purpose of this research was to evaluate the transportability of *Positive Discipline in Everyday Parenting* (PDEP), a rights-informed parenting program aimed at reducing support for punitive violence. Through a multi-case study conducted in three highly diverse contexts, I assessed the process of transporting PDEP and examined preliminary evidence of its effectiveness. First, I explored the transportability of PDEP to the occupied Palestinian territories, a region beset by decades of conflict, where many parents have low levels of education. Despite substantial challenges in the transportation process, virtually all of the 216 Palestinian parents perceived PDEP as relevant and their support for punishment decreased over the course of the program. Second, I investigated the transportability of PDEP to Japan, a country with a strong emphasis on child obedience and family hierarchy – and where thousands of families were affected by the 2011 earthquake. PDEP was delivered to 141 mothers; 82 from the earthquake-affected region and the 59 from Tokyo. Transporting PDEP to Japan was a relatively straightforward process. Nearly 100% of the mothers perceived PDEP as highly relevant and reported less support for punitive violence over the course of the program. Third, I evaluated the transportability of the PDEP Facilitator Training program to Indonesia with a sample of 86 volunteer community health workers with low levels of education. This was a complicated process requiring substantial

program adaptation. Facilitators reported high satisfaction with PDEP and perceived it as helpful in reducing parents' support for punitive violence. Together, these findings indicate that PDEP is transportable to highly diverse and challenging contexts and is a promising program for shifting attitudes toward punitive violence globally.

ACKNOWLEDGEMENTS

I am eternally grateful to Dr. Joan Durrant, my advisor, my mentor, and my friend. Learning from you has been an incredible honour, and I am so thankful for you ‘painting it red’ over the years. Above all, I appreciate your unwavering belief in me, and trusting me with PDEP – this has meant more to me than you will ever know. Thank you to Drs. Christine Ateah and Gregg Olsen, for their invaluable mentorship, expertise, and positivity over the years, which has shaped this research and the academic I wish to become. I’m also grateful to Dr. Nicola Taylor, my external examiner, for her expertise in the field of children’s rights, and Dr. Depeng Jiang for his statistical support. From the Applied Health Sciences PhD program, I wish to thank Drs. Dean Kriellaars and Elizabeth Ready, and Tobi Hawkins, and Jody Bohonos.

Many thanks to my ‘village’ that includes fellow grad students Rachael, Andrea, Erika, Tammy and Jackie; my Red River College colleagues; the entire PDEL team that has become like family to me; and my dear friends, too many to name from near and far, that were each vital to maintaining my well-being throughout my Ph.D. Thank you to all for your encouragement and support along this long journey. To my family, I wish to thank my mother Joan Stewart for always encouraging me to pursue my dreams, and to my father Larry Stewart for introducing me to the wonders of academia from a young age. Most importantly, I must thank Tudor, my husband, for his unconditional love and endless encouragement throughout this process. This dissertation would not have been possible if you weren’t such an incredible husband and father. To my children, thank you for understanding when I had to travel for my research and welcoming me home with open arms. Lastly, I must thank Save the Children, and the parents and children they work with. Their bravery, perseverance and commitment to non-violent parenting is the true lesson we can all learn from this dissertation.

DEDICATION

For my best friend and partner in life Tudor,
and our two incredible children, Maxwell and Nigella,
my muses in parenting that have taught me endless lessons
about compassion, determination, and patience.

*“And above all, watch with glittering eyes
the whole world around you
because the greatest secrets
are always hidden in the most unlikely places”*

Roald Dahl

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LIST OF ABBREVIATIONS

ACE	Adverse Childhood Experiences
AISHA	Association for Women and Children Protection
AMOS	Analysis of a Moment Structures
ANOVA	Analysis of Variance
CBO	Community-based Organization
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CI	Confidence Intervals
CIS	Canadian Incidence Study of Reported Child Abuse and Neglect
CP	Child Protection
CPI	Child Protection Initiative (SCS Global Team)
CRC	Convention on the Rights of the Child
DAP	Dynamic Adaptation Process
IDF	Israeli Defense Force
LMIC	Low-and-middle-income countries
MDGs	Millennium Development Goals
MEAL	Monitoring, Evaluation, Accountability, and Learning
MICS	Multiple Indicators Cluster Survey
NGO	Non-governmental organization
NLSCY	National Longitudinal Survey of Children and Youth
oPt	occupied Palestinian territories
PA	Palestinian Authority
PCC	Palestinian Counseling Center
PCDCR	Palestinian Center for Democracy and Conflict Resolution
PCIT	Parent-Child Interaction Therapy
PDAK	Pusat Dukungan Anak dan Keluarga (Child and Family Support Centre)
PD	Positive Discipline
PDEP	Positive Discipline in Everyday Parenting

PHP	Physical and Humiliating Punishment
RCT	Randomized Control Trial
RMSEA	Root Mean Square of Estimated Approximation
SC	Save the Children
SCI	Save the Children International
SC-Indonesia	Save the Children Indonesia
SCJ	Save the Children Japan
SCS	Save the Children Sweden
SCUK	Save the Children United Kingdom
SGDs	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
SIP	Social Information Processing
SPSS	Statistical Packages for the Social Sciences
TLI	Tucker-Lewis Index
UN	United Nations
UN Committee	United Nations Committee on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine
WHO	World Health Organization
US	United States of America
USD	United States Dollar

CHAPTER 1

GENERAL INTRODUCTION

Globally, the most pervasive form of violence against children occurs in the context of punishment. Nearly one billion children are hit, slapped, spanked, pinched, belittled, humiliated or otherwise physically and emotionally punished on a regular basis by their parents, caregivers, teachers, or other trusted adults; the same individuals responsible for nurturing, protecting and educating them (UNICEF, 2015). These forms of violence are frequently defended as a parental right, or justified as necessary or as cultural tradition. A recent systematic review of 112 population-based surveys in 96 countries found that 75% of children between 2 and 17 years of age had experienced ‘moderate physical violence,’ defined as spanking, slapping, hitting or shaking, in the previous year (Hillis, Mercy, Amobi, & Kress, 2016). The normalization of punitive violence contributes to its persistence across cultures and social strata, despite the overwhelming and consistent scientific evidence of its detrimental impacts on children’s well-being (Gershoff & Grogan-Kaylor, 2016), and its clear identification as a human rights violation (United Nations, 1989; 2011).

The widespread prevalence of punitive violence in children’s everyday lives is not a new phenomenon. It is more than a decade since Kofi Annan, then Secretary General of the United Nations (UN), commissioned a global assessment of violence against children. Following two years of consultations with leading experts, academics, governments and non-governmental organizations (NGOs) and children themselves, he concluded in the *2006 World Report on Violence Against Children (the Study)* (Pinheiro, 2006):

Violence against children exists in every country of the world, cutting across culture, class, education, income and ethnic origin. In every region, in contradiction to human

rights obligations and children's developmental needs, violence against children is socially approved, and is frequently legal and State-authorized. (p.3)

Following its central message - *that no violence against children is justifiable and all violence against children is preventable* - the Study called on UN Member States to prohibit all forms of violence against children in all settings, including physical punishment and other degrading forms of punishment. It also called on States Parties, civil society, and other stakeholders to prioritize violence prevention strategies, including: (1) implementing positive, non-violent public and parent education programs; (2) challenging social norms and cultural attitudes that condone violence against children; and (3) increasing awareness of children's rights and ensuring the meaningful participation of children (Pinhero, 2006).

A decade later, notable progress toward actualizing these recommendations has been made. As of June 2016, all UN Member States except the United States have ratified the UN *Convention on the Rights of the Child* (CRC), signaling a global commitment by States Parties to recognize children as rights-holders deserving of protection from all forms of physical or emotional violence. The UN Committee on the Rights of the Child (the Committee), the multi-national governing body that oversees signatories' adherence to the CRC has strongly condemned all policies and legislation that condone physical punishment of children. The Committee also concluded that all States Parties have an obligation to eliminate physical punishment and other degrading or humiliating forms of punishment of children as a key strategy to preventing all forms of violence against children (CRC/C/GC/8, 2006).

More recently, this global effort has been bolstered by a renewed call to action by way of the United Nations *2030 Agenda for Sustainable Development Goals* (SDGs). Building on the UN's 2000-2015 Millennium Development Goals (MDGs), the SDGs outline a transformative

global plan for peace, prosperity and the planet, and the realization of human rights for all (United Nations, 2015a). The SDGs set out 17 goals with 169 targets that have been described as a global to-do list for the planet until the end of 2030 (Ban, 2015). Most pertinent to this research is SDG 16: “to promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels” (United Nations, 2015, p. 31). A specific target to be met is the elimination of abuse, exploitation, trafficking and all forms of violence against and torture of children. Indicator 16.2.1 tracks progress made toward SDG 16 by monitoring the percentage of children aged 1-17 who experience any physical punishment and/or psychological aggression (United Nations, 2015b). The Secretary General’s progress report on SGD 16.2 found that various forms of violence against children are pervasive, including discipline that relies on physical punishment and psychological aggression. In almost all of 73 countries and areas with available survey data (from 2015 and 2016) 8 out of 10 children between the ages of 1 and 14 were subjected to some form of psychological aggression and/or physical punishment at home (United Nations, E/2017/66, p. 17). While progress made toward achieving the 2030 Agenda is in its infancy, the call to end physical and psychological violence against children is significant.

Notably, global progress on law reform has been substantial. To date, 53 States have prohibited physical punishment in all settings including the family, and 54 States have committed to its full prohibition (Global Initiative to End All Corporal Punishment of Children, 2017). States’ commitments to law reform and recognition of the CRC are essential to eliminating physical punishment of children, together with strategies targeting the attitudes, belief systems and cultural practices that normalize, condone, and perpetuate the practice (Bussmann, Erthal, & Schroth, 2011; Knerr, Gardner, & Cluver, 2013; Lansford et al., 2016). In

response, governments, NGOs, child welfare agencies, human rights advocacy organizations and other stakeholders have increasingly called for the implementation of evidence-based violence prevention strategies that aim to shift attitudes, challenge beliefs, and transform behaviours that perpetuate punitive violence in the everyday lives of children. One key approach to achieving these aims is parent education that teaches non-violent approaches to guiding children, while promoting healthy child development and strengthening family relationships (Butchart, Hillis, & Burton, 2016; Daly et al., 2015; Gershoff, Lee, & Durrant, 2017; Jones, 2014; Self-Brown et al., 2011; UNICEF, 2014b).

Numerous evidence-based parenting programs purport to promote non-violent approaches to resolving parent-child conflict. While these programs are commonly referenced by similar terms such as ‘positive parenting’, ‘parent training’ or ‘behavioral parent training programs’, their aims, target audiences and outcomes, theoretical frameworks, and philosophical approaches differ widely. Furthermore, most evidence-based parenting programs are conceptualized, developed, implemented and evaluated in Western countries (e.g., Australia, Canada, and the United States) (Gardner, Montgomery, & Knerr, 2016). To avoid costly financial and human resource investments in violence-prevention program development, agencies, NGOs, governments and institutions have transported these evidence-based parenting programs to diverse cultural contexts (Knerr, Gardner, & Cluver, 2013). Surprisingly, very few studies have evaluated the *transportability*—whether a program developed and evaluated in one country context will yield similar results in a new country context or setting—of these programs in non-Western low- and-middle-income countries (Gardner et al., 2016; Leijten, Melendez-Torres, Knerr, & Gardner, 2016). Even more concerning is the absence of literature examining the applicability of these programs’ concepts and the adaptability of their delivery methods prior

to evaluating impact. Very little research has focused on process evaluations, including approaches taken to ensure program fidelity while cultural adaptations are made and before outcomes are evaluated (Aarons et al., 2012; Baumann et al., 2015; González, Castro, Barrera, Jr., & Martinez, Jr., 2004; Ortiz & Del Vecchio, 2013). Therefore, there is a need to examine whether violence-prevention parenting programs can be effectively adapted to diverse socio-cultural contexts without sacrificing program fidelity prior to conducting systematic impact evaluations in those settings.

In the following chapters, I have set out the rationale and methodology for conducting a multi-case study of a violence-prevention parenting program that was adapted for delivery and transported to three highly diverse contexts: Palestine, Japan and Indonesia. Chapter 2 describes the rationale for the elimination of physical and emotional punishment, providing an overview of the global prevalence of the practice and a review of the literature on the developmental outcomes associated with punitive violence. Chapter 3 follows with a discussion of the factors associated with punitive violence and the approaches to eliminate it. This chapter outlines the gaps in the literature concerning cultural adaptation and transportability of these approaches and will address challenges related to programs' effectiveness across diverse country contexts. Chapter 4 lays out the overall purpose, objectives and methodology used to guide this research. Chapters 5, 6 and 7 each focuses on an independent country-case study. Each case study includes a description of the country-specific rationale and the target study population; outlines the country-specific research objectives and methods; presents the hypotheses examined; details the results of the case study; and concludes with a discussion of the findings. Chapter 8 is the concluding chapter of this thesis. This chapter is an overall general discussion of the findings

from the multi-case studies and discusses implications for programming and research. The strengths and limitations of this research are discussed and future directions are presented.

CHAPTER 2

THE RATIONALE FOR THE ELIMINATION OF PHYSICAL AND EMOTIONAL PUNISHMENT

Discipline, Punishment, and Violence

The terms *discipline* and *punishment* may be two of the most widely misunderstood and inconsistently operationalized terms in the English language. In the 21st century the term *discipline* has become synonymous with punitive actions and behaviours designed to instill pain and suffering, and to assert power and control over children in response to their perceived misbehaviours. While for decades researchers have sought to understand punishment's impact on children, that understanding has been challenged by a lack of consistently operationalized definitions of *discipline* and *punishment*. These definitional challenges are further complicated by lack of agreement about whether physical and emotional punishment are *de facto* forms of violence against children (Afifi, Mota, Sareen, & MacMillan, 2017; Fréchette, Zoratti, & Romano, 2015; Gonzalez, Durrant, Chabot, Trocmé, & Brown, 2008). The following section begins with an overview of the meanings of *discipline* and *punishment*, and then leads into a focused examination of important definitional challenges related to physical and emotional punishment, specifically.

Defining discipline and punishment. A dictionary definition of *punishment* is the imposition of suffering, pain, or loss that serves as retaliation or as retribution in response to a fault or violation (Merriam-Webster.com, 2017). In the view of behaviourists, punishment is the administration of something aversive or the removal of something pleasant in response to a particular behaviour - if that response decreases the frequency of the behaviour (Greene, 2005).

Punishment can systematically be used to decrease unwanted child behaviours, such as noncompliance, aggression or general ‘misbehaviour’.

The term *discipline* originally had a very different meaning from *punishment*. It comes from the Latin word *disciplina* meaning ‘instruction’, and *discipulus* meaning ‘pupil’; both terms are derived from the root *discere*, meaning ‘to learn’ (Farlex Trivia Dictionary, 2012). Therefore, the original meaning of *discipline* was learning and understanding by a student, without connotations of punishment (Durrant & Stewart-Tufescu, 2017). Over the centuries, however, *discipline* became synonymous with *punishment*, such that the modern usage of *discipline* implies notions of control by an authority and obedience by a subordinate (Merriam-Webster, 2017). However, for some parenting researchers, *discipline* has retained its original meaning and is clearly distinguished from *punishment* (Durrant, 2013; Greene, 2016; Kohn, 2005; Siegel & Payne-Bryson, 2014). For these writers, *positive discipline* is equated with teaching and guiding children and therefore the term *physical discipline* is an oxymoron.

The parenting literature reflects this lack of definitional clarity. For example, UNICEF (2015) uses the term *violent discipline* to describe acts including slapping, hair/ear pulling, name-calling, ridiculing, and threatening. Thompson and colleagues (2017) defined *non-physical discipline* as acts including ignoring, taking things away, and removing privileges, yelling/screaming, and threatening to hit the child – as well as talking with the child, redirection, and distraction. Their definition of *physical discipline* included hand-smacking, spanking, hitting, tapping on the mouth, and hitting the child with a belt or other object.

Other researchers have used the word *discipline* very differently (Durrant, 2013; Durrant & Stewart-Tufescu, 2017; Greene, 2016; Kohn, 2005; Siegel & Payne Bryson, 2014). For example, Siegel and Payne Bryson (2014) have set out to reclaim the word *discipline* in an

attempt to restore its original meaning, and to differentiate the term *discipline* from *punishment* suggesting that:

Whenever we discipline our kids, our overall goal is not to punish or give a consequence, but to teach [...]. A disciple, the one receiving the discipline, is not a prisoner or recipient of punishment, but one who is learning through instruction. Punishment might shut down a behaviour in the short term, but teaching offers skills that last a lifetime. (p. xvi)

Similarly, Greene (2016) and Kohn (2004) define *discipline* in terms of collaborative problem-solving that includes consideration of the child's point of view, and fosters a child's understanding of a conflict situation rather than focusing on modifying the child's behaviour by imposing counterproductive consequences and requiring outright obedience. Durrant and Stewart-Tufescu (2017) define *discipline* as facilitating the development of children's knowledge and understanding, thereby optimizing their development and strengthening their evolving capacities to actualize their rights. This includes consideration of the child's point of view, providing age-appropriate information to facilitate the child's learning, and solving conflicts collaboratively. Overall, the ultimate goal of discipline is for the child to learn from the conflict-related experience in a way that promotes self-regulation, builds self-esteem, fosters moral internationalization, and strengthens trust and respect within the parent-child relationship (Durrant, 2013).

The meaning of *punishment* becomes even more complicated when one considers the variety of forms it can take and the words used to label it. For example, acts of *physical punishment* include: spanking, hitting, smacking, whapping, shaking, throwing objects, making a child hold uncomfortable positions, forcing a child to kneel on rice or other sharp objects,

placing soap or hot sauce in a child's mouth, subjecting a child to extreme temperatures (e.g., cold showers) and forcing a child to do physically demanding tasks (e.g., digging deep holes and filling them up again). Other punishments are emotional in nature, designed to inflict psychological pain (Hart & Glaser, 2011; Wekerle, 2011), such as social isolation ('time-out'), taking away activities or special objects, name-calling, yelling, ignoring, belittling and threatening.

The most widely cited and operationalized definition of physical punishment was constructed by Murray Straus (1994), who defined it as "the use of physical force with the intention of causing a child to experience pain, but not injury, for the purposes of correction or control of the child's behavior" (p. 3). Straus and Donnelly (2005) emphasize that intentionally causing *pain* but not *injury* is key to differentiating acts of physical punishment from physical child abuse. However, a substantial problem with Straus's definition is that one must know each parent's intent in order to classify an act as punishment or abuse. Furthermore, given that most substantiated physical abuse occurs within a context of punishment (Trocmé et al., 2003), this delineation is exceedingly difficult, if not impossible, to make.

For decades, researchers, lawyers, judges, and social workers have attempted to differentiate between acts of physical punishment and acts of physical abuse based on intent to cause injury. In 2004, Canada's Supreme Court set out limits on physical punishment based on the assumption that these limits could distinguish acts of punishment from acts of abuse. The Court ruled that Section 43 of the *Criminal Code*, which provides a legal defense to child assault for the purpose of correction (McGillivray & Milne, 2011), may only be invoked when the correction: is administered by a parent; does not involve objects or blows to the head; is not carried out in anger or frustration or by a parent with an 'abusive personality;' is not degrading,

inhuman or harmful; is ‘transitory and trifling’; and involves only children between the ages of 2 and 12 years, inclusive, who are capable of learning from it (McGillivray & Milne, 2011). The Supreme Court’s decision reflects an assumption that underlies the swirling controversies and debates in this regard - that there is a physical punishment ‘safe zone’.

In response to these debates, two commonly held theoretical assumptions that attempt to define and differentiate between acts of physical punishment and acts of physical abuse have been tested. First introduced by Gelles and Straus (1988), the *continuum of violence assumption* views acts of physical punishment and physical abuse as overlapping constructs, conceptually and empirically indistinguishable. According to this view, physical assaults can be placed along a continuum of severity ultimately reflected in the degree of physical injury to the child, which is determined largely by the relative size and strength of the adult and child. In contrast, the *typologies of violence assumption* hold that acts of physical punishment are separate and distinct from acts of physical abuse. Gonzalez and colleagues (2008) tested the validity of these two commonly held theoretical assumptions by examining whether physically injurious acts of physical punishment could be distinguished from those that did not result in injury - on the basis of child, perpetrator, or family characteristics or social stress. Using a nationally representative sample of 8,164 substantiated cases of physical assaults that took place in the context of punishment, they found that none of the predictors examined could distinguish between injurious and non-injurious incidents – that is, injurious and non-injurious assaults were not distinguished by child functioning problems, parent functioning concerns, or household stress, refuting the typologies of violence assumption.

Other research that has called the typologies of violence assumption into question examined the context in which most physical child abuse takes place. These studies have found

that the majority of substantiated incidents of physical child abuse take place within the context of punishment, as a caregiver attempts to correct a child (Gil, 1970; Kadushin & Martin, 1981). The 2003 *Canadian Incidence Study of Reported Child Abuse and Neglect* found that more than 75% of substantiated cases of physical child maltreatment were attributable to punishment (Durrant, Trocmé, Fallon, Milne, & Black, 2009; Trocmé et al, 2005). Recently, a re-analysis was conducted of the large US Adverse Childhood Experiences (ACE) dataset (Afifi, Ford, et al., 2017). The authors found ‘spanking’ to be associated with an increased risk of mental health and behavioural problems in adulthood, and that ‘spanking’ statistically grouped together with physical and emotional abuse constructs, indicating that spanking is empirically similar to abuse. Based on these findings, the authors concluded that ‘spanking’ represents an underlying process similar to that of abuse during childhood, and should therefore be classified as an adverse childhood experience and considered an urgent public health concern.

Others have endeavoured to differentiate among acts of punishment and acts of abuse on the basis of *severity* of injurious outcomes. Ferguson (2013) defines *spanking* as an example of physical punishment, encompassed in a category in which he also includes hitting with objects such as a switch, punching, shaking, and slapping on the face. Ferguson’s definition of physical punishment includes acts that carry a significant risk of injury to the child, such as punching or hitting with a switch, but excludes acts that could be highly injurious and may result in serious lacerations or broken bones, which he classifies as physical child abuse (2013). Just as relying on *caregiver intent* to differentiate between punishment and abuse is problematic, so is the construct of *severity* of the act or of any resulting injury. For example, how would one classify the severity of a ‘spanking’ that causes a child to lose his balance and tumble down a staircase resulting in a broken bone? Slapping a child’s hand could result in ligament damage; a single

slap on a child's face could result in a burst eardrum if the child turns her head. It is evident that distinguishing between physical punishment and physical abuse is more complex than placing acts or injuries along a severity continuum.

A recent meta-analysis of the physical punishment literature (Gershoff & Grogan-Kaylor, 2016) defined physical punishment as “noninjurious, open-handed hitting with the intention of modifying child behaviour” (p. 1). This definition also requires the researcher to know the parent's intent, which, in most cases, is not possible. However, Gershoff and Grogan-Kaylor (2016) defined *spanking* in terms of the act, regardless of the parent's intent: “hitting a child on their buttocks or extremities using an open hand” (p. 1). This approach comes much closer to providing a concrete, objective definition of physical punishment for research purposes.

In contrast to other definitions of physical punishment concerned with intent, severity and injurious outcomes (Baumrind et al., 2002; Ferguson, 2013; Larzalere, & Khun, 2005; Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016; Straus, 1994; Straus & Donnelly, 2005), a rights-oriented definition of punishment is not concerned with parents' intent; whether the child sustains injury; the age of the child; or the behaviour that preceded it. Rather, a rights-oriented definition evaluates the act from the perspective of the child, in reference to the child's dignity and inherent human rights to protection and participation. Founded on the principles of the UN *Convention on the Rights of the Child* (1998), a right-based definition considers “any act used and intended to cause some degree of pain or discomfort, *however light*” (para. 11), as a violation of a child's rights (UN Committee, 2006) and a form of violence against children

(CRC, Article 19, 1989). According to the UN Committee on the Rights of the Child (Committee, 2006):

Corporal punishment involves hitting (i.e., smacking, slapping, spanking) children with the hand or with an implement – whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (for example, washing a child’s mouth out with soap or forcing a child to swallow hot spices). In the view of the Committee, corporal punishment is invariably degrading. In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child. (p. 4)

Given that a rights-oriented definition of punishment acknowledges its emotional nature, a critique of the various definitional challenges associated with *emotional punishment* is warranted.

Defining emotional punishment. The recognition of emotional punishment as a form of child maltreatment has increasingly become a focus of research (Egeland, 2009; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2012; Trocmé et al., 2011; Wright, 2007). While physical punishment may be more extensively reported and researched, some propose that acts of maltreatment that are non-physical and emotional in nature may be more prevalent and the most under-reported form of punitive maltreatment in child protection investigations (Trickett, Mennen, Kim, & Sang, 2009). Recent research has found an association between

physical punishment and emotional abuse, suggesting that experiencing physical punishment increases the odds of experiencing emotional abuse (Afifi, Mota et al., 2017).

Attempts to define and categorize acts of emotional maltreatment vary widely (Slep, Heyman, & Snarr, 2011). The World Health Organization (WHO, 1999) defines emotional abuse as actions that are imposed by a person in a position of power, trust, or relationship of responsibility, and include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or non-physical forms of hostile or rejecting treatment. In the 2003 *Canadian Incidence Study of Reported Child Abuse and Neglect* (CIS-2003), emotional abuse was defined as overtly hostile, punitive treatment, or habitual or extreme verbal abuse (e.g., threatening, belittling). In an analysis of the CIS-2003, emotional abuse was the form of emotional maltreatment most likely to be inflicted as punishment; 87% of all substantiated cases of emotional maltreatment that occurred in the context of punishment were categorized as emotional abuse¹ (Durrant et al., 2006). In 2011, Trocmé and colleagues examined how shifting definitions of emotional maltreatment would influence rates of substantiated cases of emotional maltreatment and the identification of children at-risk of emotional maltreatment. Comparing rates of substantiated emotional maltreatment across three cycles of the CIS (1999, 2003, and 2008), the authors found the lowest number of substantiated cases of emotional maltreatment in 2008. Trocmé et al. (2011) attributed this decrease in substantiation of emotional maltreatment to be related to the introduction of the more specific definition of emotional maltreatment in that year. In the CIS-2008 cycle, emotional maltreatment was categorized as: (1) terrorizing or threat of violence; (2) verbal abuse or

¹ In addition to the sub-category of *emotional abuse*, the CIS-2003 defined substantially emotionally punitive forms of maltreatment to include *non-organic failure to thrive*; *emotional neglect*; and *exposure to non-intimate violence*.

belittling; (3) isolation or confinement; (4) inadequate nurturing or affection; or (5) exploiting or corrupting behaviour, rather than relying on the broad definition of emotional maltreatment used in the 1998 and 2003 cycles. While there was a decrease in the number of substantiated cases of emotional abuse from the CIS-2003 to 2008 cycle, the authors note that the more specific 2008 definition of emotional maltreatment identified nearly twice as many cases of children being classified as *at-risk* for future maltreatment (Trocmé et al., 2011).

The following section provides an overview of global estimates of the prevalence of physically and emotionally punitive violence against children. This then leads into a review of the outcomes associated with the practice.

Global Trends in Physical and Emotional Punishment of Children

The inconsistency of operationalized definitions of physical and emotional punishment, persistent misrepresentations of the terms *discipline* and *punishment*, and the false abuse-punishment dichotomy makes it challenging to obtain accurate global estimates of the prevalence of punitive violence (Fréchette & Romano, 2017; Hillis, Mercy, Amobi, & Kress, 2016; Stolenborgh et al., 2012). This challenge is made even more difficult by the reality that the majority of physical and emotional punishment occurs within the confines of the home environment, making it difficult to detect and leading to an overreliance by researchers on parent self-reports (UNICEF, 2014a).

In recent years, UNICEF's Multiple Indicators Cluster Survey (MICS) has been used to obtain estimates of the prevalence and chronicity of physical and emotional punishment. The MICS is the most widely implemented multinational household survey of maternal and child well-being. It includes indicators of health, education, sanitation, and employment. For over two decades, UNICEF has supported this global survey in 108 countries. The MICS was the leading

source of statistical data on the United Nations' MDGs, and will be a key source of data for the 2030 SDGs agenda (UNICEF, 2017). In 2005, the third wave of the survey (MICS-3) introduced a *Child Discipline Module* (the Module), with two versions: one for parents of children under 5, and another for parents of children aged 5 to 17 (UNICEF, 2010). A decade later, the Module remains a consistent component of the global survey and was included in the most recent wave of data collection (MICS-6, 2016).

The Module has been a significant source of data on mothers' self-reported responses to children's behaviour (UNICEF, MICS-6, 2016). The Module is administered by a trained interviewer who asks the interviewee (most often the mother) to consider whether s/he or any other adult in the household has engaged in any of the following acts during the previous month: shaking the child; forbidding the child to leave the house; forced isolation; shouting, yelling or screaming at the child; spanking, hitting or slapping the child on the bottom with a bare hand; hitting the child on the bottom or elsewhere on the body with a belt, hairbrush, stick or other hard object; name-calling and criticizing the child by calling him/her 'dumb', 'lazy' or another name; hitting or slapping the child on the face, head or ears; and beating the child up, that is hitting him/her as hard as one could. The interviewee was also asked to report whether s/he or any other adult in the household has: explained to the child why a behaviour was wrong; distracted the child by giving him/her something else to do; or taken away privileges. Finally, the interviewee was asked whether physical punishment is necessary in bringing up, raising and educating a child. The response is recorded as a 'Yes', 'No', or 'Don't Know/No opinion' (UNICEF, 2016).

The items of the Module are divided into two composite scales: *Non-Violent Discipline* and *Violent Discipline*. The Violent Discipline scale is further divided into three sub-scales: *psychological aggression*, *physical punishment* and *severe physical punishment*. The MICS

Violent Discipline scale comprises acts of physical punishment and/or emotional aggression, while the Non-Violent Discipline scale comprises acts of re-direction, explanations, and removing privileges².

Numerous studies have utilized the Module data to estimate the occurrence of physical and emotional punishment across nations and regions (see: Akmatov, 2010; Cappa, & Dam, 2014; Cappa & Khan, 2011; Lansford, & Deater-Deckard, 2012; Lansford, Deater-Deckard, Bornstein, Putnick, & Bradley, 2014; Stark & Landis, 2016). A recent UNICEF (2017) report found that, worldwide, 3 in 4 preschool children (close to 300 million) experience ‘violent discipline’ by their caregivers on a regular basis, and 4 out of 5 children aged 2 to 14 had experienced ‘violent discipline’ in their homes in a previous month (UNICEF, 2015). While country-level analyses confirm that physical and emotional punishment occurs in all countries surveyed, and is equally likely to occur in wealthy and poorer households, some notable regional differences exist. For example, over 95% of children in Yemen and over 90% of children in the State of Palestine, Jordan, Tunisia, and Ghana had experienced ‘violent discipline’ in their homes in the previous month, compared with 45% of children in Costa Rica, Panama and Mongolia. Regional-level analyses found that 7 in 10 children in the Middle East, North Africa, and the Sub-Saharan regions had experienced ‘violent discipline’ in their homes in the previous month (UNICEF, 2015). Psychological violence (i.e., emotional punishment) is far more common than physical violence. In most countries surveyed, 3 out of 4 children have experienced psychologically violent punishment; over 90% of children in Yemen and Vietnam had been yelled at, screamed at, or belittled in the month prior to the survey.

² The MICS considers ‘*taking away privileges*’ to be an example of non-violent discipline. However, it could be considered an act of emotional punishment because it involves the assertion of power and involves depriving the child of valued objects or activities.

In a study of caregivers' attitudes toward physical punishment, Cappa and Khan (2011) analyzed MICS data from 34 low-and-middle-income countries (LMIC). They found wide variation in the proportion of caregivers (primarily mothers) who believed in the necessity of physical punishment to raise and educate a child, ranging from a low of 6% in Montenegro to 92% in the Syrian Arab Republic. This analysis also confirmed that caregivers' beliefs in the necessity of physical punishment are strongly and positively related to their use of it, and that children were more likely to experience physical punishment by any member of the household if their primary caregiver (most often the mother) believed physical punishment to be a necessary part of child-rearing (Cappa & Khan, 2011).

The MICS surveys have consistently found that the majority of children experience both physical and other emotional forms of punishment. The percentage of children experiencing exclusively 'non-violent discipline' (e.g., re-direction, explanations, and taking away activities or special objects) is relatively low; in only 8 of the 54 countries surveyed did at least one third of children experience only 'non-violent discipline'. Only 4% of children in Yemen, Cameroon and Ghana experienced only 'non-violent discipline'. However, the proportions in Mongolia and Costa Rica were close to 40% and nearly 50%, respectively (UNICEF, 2014). It should be noted that Costa Rica (in 2008) and Mongolia (in 2016) have legislation that prohibits corporal punishment of children in all settings, including the home environment (Global Initiative to End All Corporal Punishment of Children, 2016).

A comparative study of physical punishment in nine countries found wide variation in its prevalence. Lansford et al. (2010) interviewed 1398 mothers, 1146 fathers, and 1417 children in China, Colombia, Italy, Jordan, Kenya, the Philippines, Sweden, Thailand, and the US about their attitudes toward, and use/experiences of, physical punishment. The authors found that, on

average, over 50% of children had experienced ‘violent physical discipline’ (i.e., physical punishment) in the previous month. Prevalence rates ranged from a high of 82% for girls and 97% for boys in Kenya, to a low of 9% for girls and 6% of boys in Sweden (Lansford et al., 2010). In the case of Sweden, the low rates of physical punishment reported in this study were consistent with findings from a number of previous studies across the years (Durrant, 2000; 2003; Durrant & Janson, 2005; Durrant, Rose-Krasnor, & Broberg, 2003; Janson, 2001). Low rates of punishment in Sweden have been directly attributed to the introduction of a legislative ban on corporal punishment in 1979, a universal public education campaign about the ban, and a cultural context and societal norms that emphasize children’s rights (Durrant & Olsen, 1997).

In the US, Zolotor, Theodore, Runyan, Chang and Laskey (2011) examined population-based trends in physical punishment of children (aged 3-11) over time. While the authors found a decline in ‘harsh corporal punishment’ (i.e., hitting with objects, and repeated hitting), an overwhelming majority of preschool-aged children continue to experience physical punishment. The authors note that:

The majority of preschool-aged children in the United States, nearly eight in ten, are still disciplined in this fashion without marked change since 1975, and nearly half of children aged eight and nine were hit with an object in the Carolinas in 2002 (p. 62).

A more recent study of 11,040 American families found that 80% of mothers reported spanking their kindergarten children and 27% reported having done so in the previous week (Gershoff, Lansford, Sexton, Davis-Kean, & Sameroff, 2012). Other US studies have reported similar rates

of physical punishment by parents (MacKenzie, Nicklas, Brooks-Gunn, & Waldfogel, 2011; Straus, 2000; Zolotor, 2014).

While approval of physical punishment is on the decline in Canada (Durrant & Ensom, 2012), just over a decade ago Ateah and Durrant (2005) found that over 50% of first-time mothers of three-year old children reported using physical punishment in a previous two-week period. A recent longitudinal study examining the prevalence of physical punishment in Quebec in 1999, 2004 and 2012 found mothers' attitudes and self-reported use of physical punishment declined from 48% to 35% over the study's 13-year period (Clément & Chamberland, 2014). In a Canadian population-based survey of physical punishment, Fréchette and Romano (2015) analyzed physical punishment prevalence and frequency rates using data from eight cycles of the Canadian *National Longitudinal Survey of Children and Youth* (NLSCY). The NLSCY asked respondents, "How often do you do each of the following when your child breaks the rules or does things that he or she is not supposed to: use physical punishment?" Responses are presented on a 5-point scale (0 = 'never', 1 = 'rarely', 2 = 'sometimes', 3 = 'often', 4 = 'always'). While Fréchette and Romano (2015) found a significant decline in the self-reported prevalence and frequency of physical punishment over the study's 14-year period, by 2008, 25% of Canadian parents still reported using physical punishment.

While national household surveys and population-based longitudinal studies have furthered our understanding of trends in physical punishment of children in North America and elsewhere, in many regions of the world little is known about the prevalence, frequency and experience of punitive violence in the context of child-rearing. This gap in our understanding is emphasized by Dunne et al. (2015), who report that prior to 2000 very little was known about the prevalence of violence against children in the Asia-Pacific region, and the data that were

available were of questionable quality. In recent years, global initiatives have been led by NGOs and local community-based organizations (CBOs) to rigorously document the occurrence of violence against children in challenging and non-traditional research contexts, including humanitarian crisis settings, conflict affected regions, and migratory situations (Stark & Landis, 2016). The diversity of contexts in which children live, means “that there is no ‘true’ prevalence statistic that can be generalized to children across the region” (Dunne et al., 2015, p. 1). The authors call for systematic research that identifies the factors that contribute to punitive violence in these diverse contexts that will inform the design and implementation of primary and secondary prevention approaches to eliminate the practice (Dunne et al., 2015).

In summary, cross-national studies have found that punitive violence by caregivers is pervasive in the lives of children living in diverse contexts in much of the world. This is concerning not only because punitive violence is a violation of children’s rights but because of the mounting and irrefutable evidence documenting the adverse consequences and risks associated with its use. The following section will provide an overview of this evidence.

Physical and Emotional Punishment and their Associated Risks

A robust body of scientific evidence documents the ineffectiveness of, and outcomes associated with, physical punishment. As one of the most widely studied aspects of parenting, physical punishment has been the focus of numerous studies conducted in a range of countries using a variety of measures across diverse populations over 60 years (Gershoff, 2002). Recently, meta-analytic statistical techniques have been used to examine the consistency of these studies’ findings. Using these techniques, Gershoff (2002) synthesized the empirical evidence from studies that examined the relationships between physical punishment and 11 developmental outcomes. Gershoff only included studies that defined physical punishment according to

Straus's (1994) definition, as "the use of physical force with the intention of causing a child to experience pain but not injury for the purposes of correction or control of the child's behavior", and excluded studies that included any acts that could result in "significant injury, including punching, kicking or burning" (p. 540). This distinction was key to untangling the association between 'everyday' experiences of physical punishment and childhood outcomes, and to address the criticism that previous studies describing the negative outcomes associated with everyday physical punishment are confounded by abusive parental behaviours (Larzelere, 2000).

Gershoff's meta-analytic review also sought to address another criticism of the physical punishment literature - that there is a bias towards studies that seek to identify negative child outcomes and overlook potentially desirable outcomes, such as child compliance. Gershoff (2002) conducted 11 separate meta-analyses involving 88 independent studies of 8 outcomes measured in childhood and 4 outcomes measured in adulthood. She found that, in childhood, corporal punishment was associated with: (1) lower levels of moral internalization (i.e., development of children's value-based internal controls); (2) poorer quality of parent-child relationships, including less frequency and poorer quality of contact with the mother; (3) poorer mental health in childhood (e.g., depression and lack of purpose); (4) higher levels of aggression; (5) increased risk of anti-social behaviours including delinquency (e.g. truancy, underage drinking, stealing, or selling drugs); and (6) increased risk of being physically abused, as indicated by identification of parents as abusive by Child Protective Services. In adulthood, physical punishment in childhood was associated with: (1) increased aggression; (2) increased risk of criminality and anti-social behaviour; (3) poor mental health (e.g., depression and alcoholism); and (4) abuse of one's own child or spouse. The consistency of the direction and magnitude of the effect sizes was highly notable: 94% of the individual study effect sizes

represented undesirable behaviours or negative outcomes associated with physical punishment in childhood and adulthood, regardless of study design, geographic location, sample characteristics, or measurement tools used to assess the outcome variables. Ten composite effect size scores found physical punishment to be related to undesirable outcomes in childhood and adulthood. The only exception was related to the construct of immediate compliance, operationalized as a child's compliance to a parent's directive within 5 seconds of a spank. The five individual studies included in the immediate compliance meta-analysis reported inconsistencies in the magnitude and direction of the individual study effect sizes. For example, two of the studies examining the relationship between immediate compliance and physical punishment reported small negative effect sizes indicative of a decrease rather than an increase in immediate compliance to a parent's directive. Moreover, three of the five studies that examined the construct of immediate compliance focused on target children with a history of having a conduct disorder. This limitation hinders the applicability of this association to children without a history of conduct disorder. Gerhoff's (2002) meta-analyses confirmed the association between physical punishment and a number of negative outcomes for children both in childhood and adulthood. No positive outcomes were found.

While Gershoff continues to be lauded for this seminal research (it has been cited in peer-reviewed articles over 2,060 times), some strong criticism followed her 2002 meta-analytic review. First, it was suggested that her meta-analyses were confounded with inflated effect sizes by including studies that may have been operationalized as similar to *physical abuse* rather than 'normative' *physical punishment*, implying that the increased risk of child physical abuse associated with physical punishment was merely a methodological error (Braunrind, Larzelere, & Cowan, 2002). Others suggested that Gershoff's analysis was methodologically weak; limited

in the diversity of the studies included; regionally biased and geographically limited; inadequate to interpret the findings within social-cultural contexts; and cross-sectional, overlooking longitudinal research that could evaluate the consistency and stability of the effect size difference over time (Ferguson, 2013; Holden, 2002; Parke, 2002; Larzelere & Kuhn, 2005). Gershoff (2002b) acknowledged these limitations and called for research that is sensitive to ethnic, religious, and geographical contexts.

Toward this end, Gershoff and colleagues (2010) examined potential moderators of the relationship between parents' disciplinary practices and child outcomes among a diverse international sample. The authors tested whether any association between parents' disciplinary practices and children's internalizing and externalizing behaviours would be moderated by the '*perception of the normativeness*' of the various disciplinary practices, including physical punishment and other emotional forms of punishment. The authors conducted their study with a highly diverse international sample of 292 mothers and their children (336 8- to-12-year-olds) from China, India, Italy, Kenya, Philippines, and Thailand. Both mothers and their children rated the perceived 'normativeness' of various 'disciplinary' acts, and were asked to report the frequency with which they would see someone in their community engaging in the acts described to them. The authors reported that although children's perceptions of the normativeness of physical punishment moderated the associations between mothers' use of physical punishment and children's externalizing (e.g., aggressive) and internalizing (e.g., anxious) behaviours, these associations remained significant and positive even after taking the children's perception of the punishment's normativeness into account. A significant and positive association was also found between maternal yelling and scolding and children's externalizing, but not internalizing, behaviours. Again, while these associations were moderated (decreased) by children's

perceptions of the normativeness of the punishments, they remained positive and significant even after those perceptions were taken into account. Notably, there was very little variability at the country-level among associations found between physical and emotional punishment and children's externalizing and internalizing behaviours. This finding is remarkable, given the diversity of the sample and the heterogeneity of the six countries included in this study. These findings build on those from Gershoff's (2002) meta-analysis and other studies that have found a significant and negative relationship between physical punishment and children's mental health and anti-social behaviours across diverse international contexts (Gershoff et al., 2010).

Following Gershoff's (2002) study, four meta-analytic reviews of the literature examining outcomes associated with physical punishment have been conducted. Paolucci and Violato (2004) examined the effects of physical punishment on affective, cognitive, and behavioural outcomes across 70 studies involving 47,751 participants. They reported small but significant and negative behavioural and emotional effects associated with physical punishment; no significant associations were found for cognitive outcomes. The authors suggested that a lack of available data to test for moderator effects, including age, frequency, quality of the parent-child relationship, and main 'disciplinary technique', may have had an important impact on the strength of the effects associated with physical punishment. They concluded with a call for future research to investigate these potentially important moderators thought to be associated with physical punishment.

Using a smaller sample of 26 studies, Larzelere and Kuhn (2005) conducted a meta-analysis of associated child outcomes (i.e., anti-social behaviours; conscience or resistance to temptation; short-term child compliance; and positive behaviours, competencies, or emotions)

with physical punishment compared to other alternative ‘disciplinary tactics’³. For this analysis, Larzelere and Kuhn (2005) attempted to differentiate the effect sizes of the associations between physical punishment and child outcomes by sub-categories of physical punishment ‘techniques’. They distinguished the studies included in their analyses based on four made-up categories of physical punishment. The categories included: (1) *conditional spanking* defined as parental physical punishment used as a back-up method to other ‘milder’ disciplinary tactics (e.g., time-out) if a child continues to be defiant; (2) *customary physical punishment* defined as ‘typical parent usage’, in other words, the ordinary approach of the parent in response to child defiance without consideration of the severity of the approach; (3) *overly severe physical punishment*, defined as physical punishment done with overt anger, including ‘shaking’ and ‘severe spanking’; and (4) *predominant use of physical punishment* that was defined as parents’ identification of their predominant disciplinary tactic including physical punishment. Larzelere and Kuhn (2005) did not provide any further information about how they selected these categories or differentiated these studies by type of physical punishment. This raises questions about the legitimacy of these arbitrarily defined categories. Nevertheless, they concluded that the associations between physical punishment and child outcomes (e.g., defiance/non-compliance and anti-social behaviour) varied by the type (category) of physical punishment and alternative tactics examined, suggesting that “physical punishment had effect sizes more detrimental than alternatives only when it was used severely or as the predominant disciplinary tactic” (p. 27). Moreover, *customary* physical punishment was found to be no better than alternative tactics (Larzelere & Kuhn, 2005). The authors acknowledged that “physical

³ Larzelere and Kuhn (2005) defined alternative disciplinary tactics as: reasoning/verbal prohibition/scolding; privilege removal; isolation (time-outs); ignoring; restraint, denial; and love withdrawal.

punishment fails to teach positive alternative behaviours. No form of physical punishment was more strongly associated with the development of conscience or of positive behaviours, emotions, or competencies than were alternative tactics” (p. 27). These findings are important to consider as they emphasize that the ‘alternative tactics’ examined in this research, that could be categorized as non-physical and emotional forms of punishment (e.g., forced isolation and withdrawal of love) should not be promoted as optimal alternatives to responding to children’s behaviours, given they may be just as detrimental to children’s well-being as punishment.

Ferguson (2013) conducted a meta-analytic review of longitudinal studies of punishment. Specifically, this meta-analysis examined associations between physical punishment and children’s externalizing and internalizing symptoms and cognitive performance. Ferguson (2013) found small to moderate associations between physical punishment and externalizing and internalizing symptoms. In contrast to Paolucci and Violato (2004), the largest effect size reported in this review was the association between physical punishment and lower cognitive performance. Significant effects were also found between harsh verbal punishment and negative child outcomes. No effects were found between positive disciplinary strategies (i.e., responding to children with redirection and reasoning) and children’s externalizing behaviours (internalizing behaviours were not examined in this analysis). In conclusion, Ferguson (2013) noted that:

Results from the current study indicate a trivial to small, but generally significant relationship between spanking and CP and long-term negative outcomes. [...] this does not mean that scholars should endorse spanking; there may be reasonable arguments to suggest that spanking confers no particular benefits and thus may be replaced with alternative discipline strategies. (p. 204)

Recently Gershoff and Grogan-Kaylor (2016) published an updated meta-analytic review of studies examining the outcomes associated with physical punishment. The purpose of this work was two-fold: (1) to address the ongoing criticism that physical punishment effects have been confounded with physical abuse effects, and (2) to address the criticism that physical punishment effects are only associated with negative child outcomes in cross-sectional and methodologically weak studies. In this study, the authors examined 111 unique effect sizes from 75 studies selected using inclusion criteria based on a more refined definition of physical punishment than that used by Gershoff (2002). They defined ‘spanking’ as “hitting a child on their buttocks or extremities using an open hand” (p. 1) and included only peer-reviewed journal articles that focused exclusively on parents’ use of ‘spanking’. Using this definition, the studies they analyzed included 52% of those that were analyzed in previous meta-analytic reviews: 23 studies from Gershoff (2002); 16 from Paolucci and Violato (2004); 11 from Larzelere & Kuhn (2005); and 11 from Ferguson (2013). Of the 111 effect sizes analyzed, 92% were highly consistent in direction and magnitude, and indicated relationships between physical punishment and negative outcomes. In childhood, physical punishment was found to be significantly associated with: (1) low moral internalization; (2) aggression; (3) antisocial behaviour; (4) externalizing behaviour problems; (5) internalizing behaviour problems; (6) mental health problems; (7) negative parent-child relationships; (8) impaired cognitive ability; (9) low self-esteem; and (10) risk of physical abuse by parents. In adulthood, childhood experiences of physical punishment were associated with: (1) anti-social behaviour; (2) mental health problems; and (3) positive attitudes toward physical punishment.

In conclusion, multiple meta-analyses involving research compiled over decades have consistently documented the associations between physical punishment and numerous negative

experiences and outcomes for children and adults. No scientific evidence has ever shown physical punishment to be a benefit to children's development and learning, or to adults' health and well-being.

CHAPTER 3

APPROACHES TO ENDING PUNITIVE VIOLENCE AGAINST CHILDREN

Given the global prevalence of punitive violence against children, and the expansive scientific evidence documenting the detrimental outcomes and risks associated with physical punishment, there is a need for approaches and strategies to address it. Evidence-based approaches designed to eliminate parents' use of punitive violence must be informed by theoretical perspectives and systematic frameworks that address the factors associated with the acceptance of, support for, and practice of punitive violence against children. As Straus and Donnelly (2005) noted, research grounded in theoretical perspectives and frameworks provides a useful mechanism to evaluate the validity of the proposed approaches and strategies to eliminate physical punishment. With that in mind, the following section begins with an overview of the predictors of punitive violence, and describes a framework to explain the interactions among these factors. This discussion leads into an overview of evidence-based approaches and strategies proposed to eliminate punitive violence in children's homes.

Predictors of Punitive Violence: A Socio-Ecological Framework

Frameworks informed by Bronfenbrenner's (1977) Ecological Systems Theory have been proposed to understand a person's experience of a particular phenomenon in relation to the interrelated relationships and contextual factors within the person's immediate environment and more peripheral surrounding society. Examining a child's experience of punitive violence from a socio-ecological framework might consider the child's immediate environment or 'microsystem' to include people in the child's home, his/her school, his/her child care experience, and other important contexts where the child develops, explores, makes mistakes, and learns about social norms and expectations. It is in this 'microsystem' that the interpersonal

relationships essential for healthy development, most notably the parent-child relationship, are established in the early years of life, and refined throughout childhood and adolescence. In this microsystem, a healthy parent-child relationship is characterized by a child's deep sense of trust and attachment toward the parent; feelings of safety and security; unconditional love; and reciprocal respect between parent and child. Smith (2011) and Garbarino (2005) both note that physical punishment is detrimental to the parent-child relationship because it is antithetical to the reciprocity, warmth, safety, and equilibrium of power that is of optimal importance for a healthy parent-child relationship and child well-being.

Informed by an ecological systems framework, Belsky (1984) developed the *Determinants of Parenting Process Model*, one of the first theoretical models to identify the determinants of parenting and the factors thought to influence parents' use of physical punishment. This model includes: (1) parent-specific characteristics, including the parent's psychological well-being and parent-functioning; (2) child-specific characteristics, including the child's temperament and parents' perceptions of the 'difficulty' of parenting the children; and (3) context-specific factors related to life stresses and supports, including the quality of the marital relationship, availability of social networks, and parents' employment status.

Given that this 'microsystem' of the parent-child relationship is nested within a wider community and society (the mezzo-system), there was a need to expand this model to include the role of culture, religion, social and economic factors, and human rights standards and legislation (the macro-system) on punitive violence (Belsky, 1984; Giles-Sims, Straus, & Sugarman, 1995; Freisthler, Merritt, & LaScala, 2006; Scannapieco & Connell-Carrick, 2005; Straus, 2010). Over time an increasing awareness of the multiplicity and interrelatedness of these factors across the micro-mezzo-macro-systems became an important consideration in regards to evaluating

approaches to eliminate punitive violence in the context of the parent-child relationship. While not intended to be an exhaustive critique of the literature, a review of the factors associated with parental punitive violence will be presented within a socio-ecological framework (Figure 1).

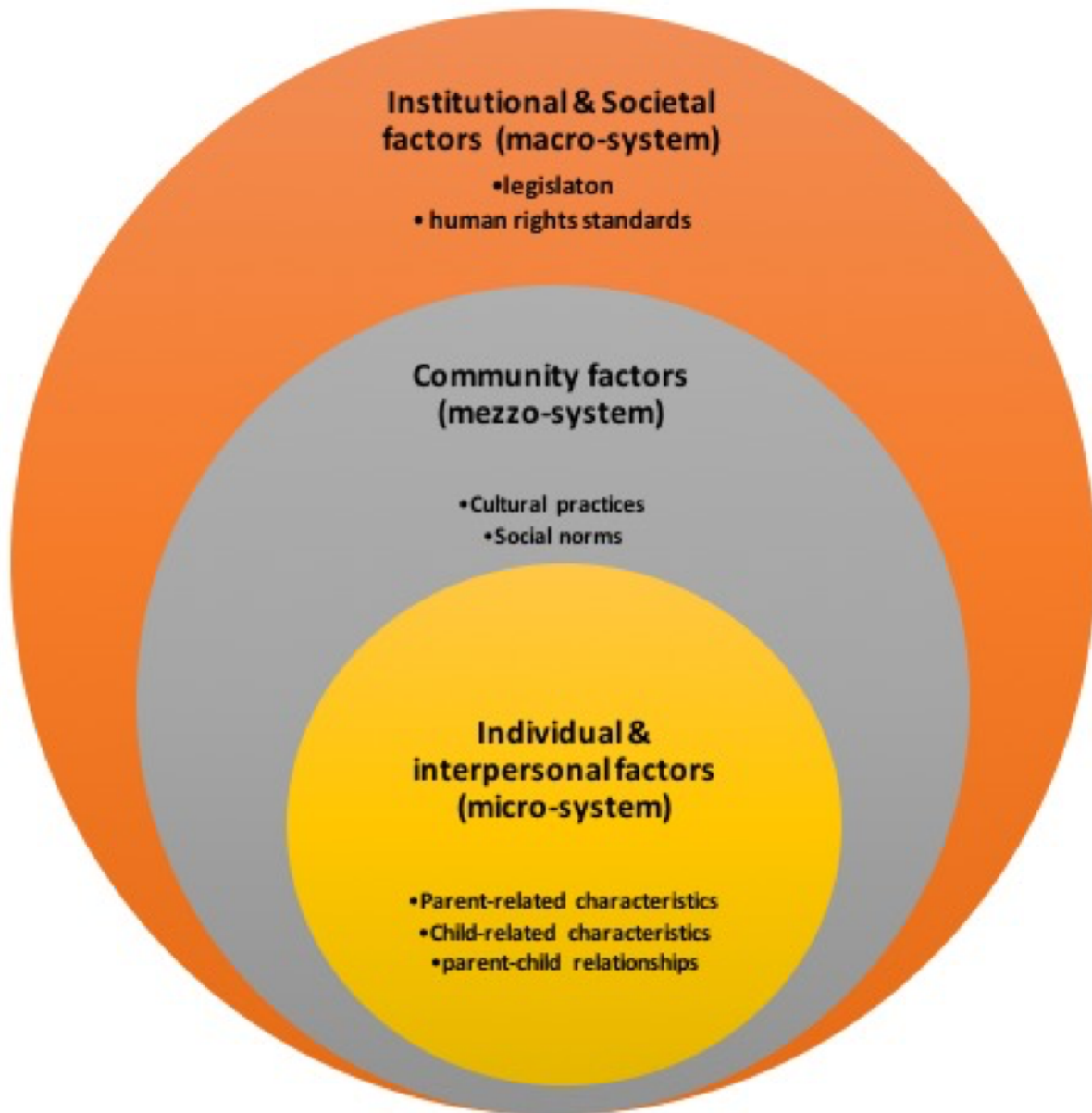


Figure 1. A socio-ecological framework of the predictors of parental punitive violence.

Individual and interpersonal relationships: micro-system factors. Within an individual's micro-system, there are multiple factors that are thought to explain parental punitive violence. These factors may be classified into two primary categories: parent-specific factors and child-specific factors. Straus (2010) notes the important interaction of these two-predominant individual-level factors and suggests that an understanding of parental punishment is found in the interaction between the character and personality of the child, and the knowledge, character, and personality of the parent. In addition, a number of the parent-related factors may be classified as distal predictors, meaning pre-existing or historical factors related to the parent, and proximal predictors, which are factors related to the immediate context and/or time-specific to the parent (Holden, Coleman & Schmidt, 1995).

Parent-related predictors. A history of having received physical punishment during childhood, and approval of the practice are two distal factors that have been found to be strong predictors of physical punishment (Ateah & Durrant, 2005). Other proximal predictors include: parents' perceptions of the type and severity of the transgression committed by the child (Catron & Masters, 1993; Durrant, 1996; Holden et al., 1995); parents' attributions or perceptions of the reason behind the child's transgression (Rose-Krasnor, Durrant, & Broberg, 1997); and the parent's affective state at the time of the transgression (Ateah & Durrant, 2005; Graziano & Namaste, 1990; Holden et al., 1995; Peterson, Ewigman, & Vandiver, 1994; Rose-Krasnor et al., 1997). Ateah and Durrant (2005) emphasize that previous research examined these factors largely in isolation and there was a need to understand the complex interactions between these predictors, including the cognitive and affective factors. The authors asked 110 first-time mothers of 3-year-old children to report on a recent transgression their children had committed and to describe their subsequent disciplinary responses. Disciplinary responses were then coded

as either a physical response, such as a 'spank', or a non-physical response such as a 'time-out'. In terms of the parent-related factors, distal factors examined in this study included the mother's history of physical punishment during her own childhood; approval of physical punishment; knowledge of child development norms; and awareness of alternative disciplinary responses. Proximal factors included in this analysis were the mother's perception of the seriousness of the child's transgression; the mother's attribution of intent to the child; the mother's emotional experience following the transgression; and the mother's parenting goals. In this study, Ateah and Durrant (2005) found that maternal approval of physical punishment was the strongest predictor of its use, while the mother's level of anger following the child's transgression and the mother's perception of the seriousness of the transgression were also significant predictors of maternal use of physical punishment. Vittrup, Holden and Buck (2006) studied the relationship between maternal attitudes and use of disciplinary practices. They surveyed 132 mothers every six months from the time children were 12 months old until they reached 4 years of age. These authors found positive maternal attitudes towards spanking to be a strong and stable predictor of its use over the study's four-year period.

Together, these studies emphasize the important predictive relationship between maternal attitudes toward physical punishment and its use. Therefore, approaches designed to eliminate punitive violence must address maternal attitudes and support for the practice, as well as parents' perceptions of the seriousness of the transgression committed by children, which may reflect parents' understanding of child development.

Milner and Rodriquez have examined the cognitive processes associated with parents' use of punishment. Milner's (1993) Social Information Processing (SIP) framework is a four-step cognitive model that has been used to explain how parents select a response to their child in

a disciplinary situation. The SIP model suggests that parents approach a transgression with their child based on a preexisting cognitive scheme, which is made up of the parent's beliefs and values that influence how the parent perceives, evaluates, integrates, and finally responds to the child in a disciplinary situation (Rodriguez & Tucker, 2015). Parents' cognitive schemas may in part be reflections of their own childhood experiences of punishment; their internalized cultural norms including the values attributed to punishment, and its acceptability; their historical patterns of interacting with their children; and the quality of the parent-child relationship. Building on a parent's pre-cognitive schema, the first step in the SIP model is the parent's perception of the severity of the transgression (the 'misbehaviour') committed by the child. The second step of the model addresses how the parent then interprets and evaluates the transgression. The third step is the parents' integration of this situational information and selection of a response. The fourth step is the implementation of the selected response, and the subsequent reflection of the child's reaction to that action, and modification of the response to achieve the desired outcome, if required (Milner, 1993). While the SIP model recognizes the role of cognitive processes in parents' behaviour, its linear sequence does not consider the interactions between cognitive processes and contextual factors (e.g., how much time the parent has to react to the transgression or the environment in which the transgression occurred) that may influence a parent's response. The SIP model also does not adequately address the inherently transactional nature of parent-child interactions. Approaches designed to address punitive violence against children must consider the transactional nature of the parent-child relationship and consider key child-specific factors important in the context of discipline.

Child-related factors. Holden, Coleman and Schmidt (1995) summarized the key child-related factors that predict punitive violence: (1) the child's age (Clifford, 1959; Giles-Sims,

Straus & Sugarman, 1995; Lytton, Watts, & Dunn, 1988; Wauchope & Straus, 1990); (2) the child's gender (Maccoby & Jacklin, 1974; Giles-Sims, Straus & Sugarman, 1995); and (3) the child's temperament - whether the parent considers the child to be more or less 'difficult' (Eisenberg & Fabes, 1994; Gordon, 1983; Lee & Bates, 1985; Milliones, 1978). Most studies have found that young preschool children are more likely to be physically punished compared to other age groups; boys more than girls; and more 'difficult' than 'easy' children.

The association between parents' perceptions of a child's temperament and parents' use of physical punishment has particularly important implications for approaches designed to eliminate parents' use of physical punishment. The concept of temperament has been studied for decades. It is currently thought to be composed of a subset of domains related to activity level, affectivity (a person's level of reaction to an experience or stimulant), attention, and self-regulation. An individual's dispositions related to these domains evolves in response to complex interactions among genetic, biological, and environmental factors as the child develops over time (Shiner et al., 2012). In a study of the moderating effect of child temperament and the association between maternal discipline and early childhood externalizing problems, Zeijl and colleagues (2007) found that one- to three-year-old children labelled by their mothers as having 'difficult' temperaments (e.g., negative emotionality, low effortful control, inadaptability, persistence and negative mood), were more reactive to negative forms of discipline (defined by acts of prohibition; physical obstruction; and 'giving in'). Interestingly, the authors also found that children labelled as having 'difficult' temperaments were also more susceptible to positive forms of discipline, in this case defined by acts of maternal distraction; maternal induction (explaining to the child why they were not allowed to do something and the potential consequences); and maternal understanding (when the mother displayed interest and concern for

the children's feelings and thoughts). The children who were labelled by their mothers as having 'difficult' temperaments demonstrated fewer externalizing problems and less physical aggression when their mothers used the positive approaches to discipline. Therefore, helping parents to understand individual temperamental dispositions would strengthen approaches designed to eliminate parental punishment.

Community-level predictors: mezzo-system factors. Culture, ethnicity, social norms, and religiosity are mezzo-system factors associated with child-rearing practices and the social acceptability of punishment. Ferrari (2002) set out to understand the impact of culture on child rearing practices and definitions of child maltreatment among 150 parents of Hispanic, African American and European-American decent. Ferrari believed that the concepts of '*machismo*', '*familism*', and '*valuing children*', would be more predictive of parenting behaviours, including physical and verbal punishment, than would ethnic and sex differences. In this study, *familism* was defined as a cultural emphasis upon family dependency and mutual obligation to support family members. *Machismo* was defined as a strong adherence to sex roles, sex discrimination, aggressive behaviour, and inhibition of nurturing behaviours. *Valuing children* was defined as acceptance of children into the family and community contexts. Ferrari (2002) hypothesized that if parents strongly *valued children*, supported the concept of *familism*, and rejected *machismo* ideals, then they would be less likely to report using punishment and would be more likely to engage in reasoning and nurturing behaviours (positive forms of discipline). Ferrari reported some interesting sex differences and partial support for her overall hypothesis. First, she found that *machismo* was a predictor of physical punishment for fathers, when ethnicity was controlled, but not for mothers. *Machismo*, low *familism*, and a history of childhood abuse and neglect predicted physical punishment among fathers but not among mothers. Surprisingly, *valuing*

children was predictive of verbal punishment by fathers. The influence of *familism* was strong for fathers; fathers with a low regard for *familism* were more likely to use physical punishment compare to fathers who had a higher regard for *familism*. However, *familism* was also found to be associated with less nurturing behaviours for both mothers and fathers. Ferrari (2002) offers that a strong sense of *familism* in the context of child-rearing may mean that there are other caregivers in a child's life, like a grandmother, who may be responsible for providing nurturance and discipline in addition to the child's parent(s). Ferrari reiterates a suggestion made earlier by Ingoldsby (1995) that the concept of *machismo*, which predicted fathers' use of physical punishment, may be buffered by *familism* to prevent patriarchal abuse in the family (Ferreri, 2002).

Human and cultural capitals are also mezzo-system factors associated with punitive violence against children. Xu, Tung and Dunaway (2000) note that child-rearing practices, including physical punishment, are largely acquired via human and cultural capital and express the symbolic meanings of cultural values and social norms associated with child-rearing. Informed by Bronfenbrenner's theory of human capital—the notion that providing people with new skills and capacities will lead to changes in their actions, Xu et al., (2002) argue that the resources acquired from varying levels of human, cultural, and social capital will result in predictable child-rearing practices including physical punishment. To test this hypothesis, they operationalized *cultural capital* as religious beliefs; parental child-rearing orientation; and attitudes towards parenthood. *Human capital* was operationalized as educational attainment; employment status and economic status; and extent of parents' support networks. Using data from the first wave of the *National Survey of Families and Households*, a large American probability database including over 13,000 respondents, Xu and colleagues (2002) examined the

power of human and cultural capital to predict physical punishment. They found support for their acquired resource capital model; multiple sources of capital operate both additively and in interaction to determine the likelihood of physical punishment. Therefore, approaches designed to eliminate punitive violence should consider the human and cultural capital available to individual parents that may build on their existing strengths, and the resources available that may reduce their likelihood of using physical punishment.

Other research has found an association between religiosity and parents' support for punishment. For example, conservative fundamentalism and evangelical Protestantism has been found to predict parental support for physical punishment (Ellison, Musick, & Holden, 1999; Ellison & Sherkat, 1993; Grogan-Kaylor & Otis, 2006). Recently Ellison and Bradshaw (2009) examined the relationship between religiosity, socio-political ideology and attitudes towards physical punishment. They found that more conservative and fundamentalist religious beliefs were associated with more positive attitudes toward physical punishment. Moreover, conservative socio-political ideology was independently related to parental support for physical punishment, and did not moderate (reduce) the effects of religiosity on support for physical punishment. It should be noted that these findings focus on Christianity and Protestantism, and cannot be generalized to parents of other faiths or to less conservative Christians and Protestants. More recent scholarship has begun to offer examples from multi-faith contexts, including Christianity, where religiosity and having a religious affiliation have been found to offer children protection against punitive violence (Bunge, 2014). Miller, Miller-Perrin and Song (2017) tested the effectiveness of a religiously-informed intervention designed to shift attitudes towards physical punishment. The authors randomly assigned study participants (students from a private Christian college) to one of three intervention controls: (1) an empirical intervention based on the

scientific evidence describing the ineffectiveness and risks associated with physical punishment (the Research Only group); (2) a religious intervention that provided a progressive Christian interpretation of biblical passages often used to justify physical punishment along with the empirical evidence (Religion and Research group); and (3) a control intervention that was unrelated to physical punishment (the Control group). Examining participants' pre-intervention and post-intervention attitudes towards physical punishment across the three groups, the authors found that both the Research Only group and the Religion and Research group significantly changed participants' attitudes about physical punishment (decreased their scores on the *Attitudes Towards Spanking* scale) compared to the Control group. Moreover, the participants that received the Religion and Research intervention showed less favorable attitudes towards physical punishment compared to the Research Only group. These findings provide preliminary evidence to suggest that religion-informed interventions that address biblical interpretations related to physical punishment may help to decrease attitudes that support the practice.

Cultural and community norms are other mezzo-system factors associated with punitive violence. As Straus (2010) writes, "cultural norms take effect through individual-level internalized beliefs, but ... in order for these social or cultural norms to be maintained there must be a social mechanism in place that rewards conformity and penalizes nonconformity" (p. 18). An example of a social mechanism that perpetuates the normativeness of physical punishment is real or perceived criticism by peers of parents who do not follow traditional or widespread child-rearing practices, such as using punitive forms of punishment.

Neighbourhood and community-level violence is another mezzo-system factor associated with punitive violence. Spill-over theory holds that experiences of peripheral violence in the neighbourhood or surrounding community, and acceptance of that violence as an appropriate

response to conflict, will spill over into other areas of a person's life, including responses to parent-child conflict. Winstok and Straus (2008) put this hypothesis to the test with a national sample of 1,649 families living in Israel between 2000 and 2001. They hypothesized that the higher the level of neighborhood-violence, the more punitive violence would be found in the families residing there. Significant support for the spillover hypothesis was found, the higher the level of neighbourhood violence, the more frequent the use of physical punishment. These associations remained significant after controlling for socio-economic status and the type of transgression committed by the child, although nothing is known about the cultural contexts and/or predominant religion of the neighbourhoods included in the study.

Institutional and societal predictors: macro-system factors. Relatively little research has examined the institutional and structural factors predictive of punitive violence. Straus (2010) states:

Individual-level explanations are important, but they are only part of the explanation [...]. Consequently, researchers and educators need to attend to other causes that lead to hitting children [...] to contribute to that more-complete explanation of why parents use corporal punishment by identifying some of the *societal* causes. (p. 9)

Societal or structural factors may include the presence of conflict and propensity for State-level violence and warfare; disparity and inequality within the community and society; and the developmental progression of a society (i.e., agricultural & industrial development versus post-industrial development). State-level adherence to human rights standards, legislation to protect

children from corporal punishment, democratization, and level of economic development may be important structural factors associated with punitive violence against children (Straus, 2010).

Legislation to protect children from punitive violence is an indicator of a State's adherence to human rights principles and standards (Durrant & Olsen, 1997). Durrant, Broberg and Rose-Krasnor (1999) found that cultural support for physical punishment is related to the laws that govern the legality of the practice. Sweden is an exemplar of how a legal ban on physical punishment can influence parents' attitudes toward it. Sweden's ban was followed by a significant reduction in punitive violence against children to the point of near eradication (Durrant, 1997; Durrant, 2003; Janson, 2011). As of November 2017, 53 States have now legally prohibited punitive violence. Research investigating the impact of prohibition in five European countries, three with bans (Austria-1989, Germany- 2000, Sweden-1979) and two without bans (France and Spain⁴) found that legally prohibiting corporal punishment is associated with a direct decline in childrearing violence and less frequent use of parental physical punishment (Bussman, Erthal, & Schroth, 2011). The authors note that prohibition along with extensive public awareness campaigns and the promotion of alternative, nonviolent approaches to childrearing could increase the impact of the ban. Recently, Lansford et al. (2017) compared the association between parents' approval of and use of physical punishment and the timing of prohibition in eight low-and-middle-income countries; four with a ban (Albania, Macedonia, Togo, Ukraine) and four without (Central African Republic, Kazakhstan, Montenegro, Sierra Leone). In this study, the authors found mixed results, approval of physical punishment and frequency of its use declined in three countries (Montenegro, Sierra Leone, Ukraine) and rates of

⁴ Spain prohibited corporal punishment in all setting in 2007. In France, corporal punishment remains lawful in homes, daycares, alternative settings and schools.

severe corporal punishment decreased in four countries (Macedonia, Montenegro, Sierra Leone, Togo) from Time 1 to Time 2. Like Bussman et al. (2011), Lansford and colleagues (2017) conclude that:

Although legal bans on corporal punishment are an important step in promoting children's right to protection from abuse, bans alone may not be sufficient to change beliefs and behaviours unless combined with public awareness campaigns to publicize the bans and educational materials to provide parents with alternative means of discipline (p. 53).

Punitive violence is also related to the democratic standing of a nation. According to Straus (2010), the more democratic a nation, the less likely it is that punitive violence will be socially accepted. Laws that uphold child rights principles and legislative bans against physical and emotional punishment situated within political and governance structures are important macro-level factors to be considered in understanding the prevalence of punitive violence across nations. While these structural factors may not be as readily adaptable to change as micro-system factors, they are equally important to consider when designing, implementing and evaluating approaches to eliminate punitive violence.

Parenting Programs to Eliminate Punitive Violence Against Children

While parenting programs designed with the aim of reducing punitive violence may have similar sounding names they often differ widely in terms of philosophical perspective, theoretical approach, program aims, core content, target audience, target outcomes, delivery format, and program dosage, and evidence of effectiveness. Gershoff, Lee and Durrant (2017) recently reviewed the available literature on promising evidence-based approaches and programs designed to prevent physical punishment by parents. They categorized these approaches and

programs based on a three-tiered intervention model introduced by Mrazek and Haggerty (1994) (Figure 2). At the base of the model are *universal prevention strategies* targeting a wide population of parents and children. These include public education campaigns, position statements against punitive violence, knowledge mobilization strategies including research summaries, and global campaigns to promote law reform to prohibit punitive violence. In the middle tier are *selective programs and approaches* designed to target smaller populations including parents, parents-to-be, and professionals who support parents. Examples are group- and home-based parenting programs, and professional development training for child and family-serving professionals working in community-based settings. At the top of the pyramid are *indicated interventions*, including specialized and intensive services designed for parents who have maltreated their children and have additional challenges requiring more supports (Gershoff, Lee & Durrant, 2017).

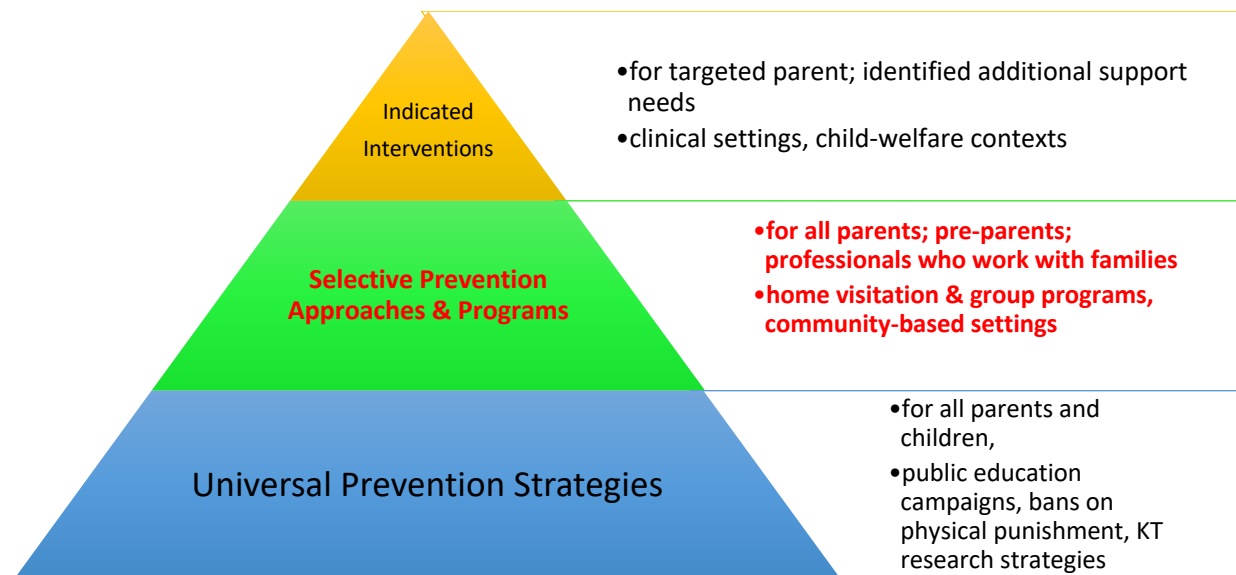


Figure 2. A three-tiered model of the strategies, approaches, programs, and interventions to prevent punitive punishment of children (Mrazek & Haggerty, 1994 as cited in Gershoff, Lee & Durrant, 2017).

For the purposes of this study, I focused the following discussion on Tier 2 of the model. Some *selective prevention programs* have shown success in reducing parental physical punishment. These programs include: *Safe Environment for Every Kid (SEEK)*, *Adults and Children Together Against Violence (ACT)*, *Early Head Start*, *Chicago Parenting Program*, *Nurse-Family Partnership*, *Healthy Families*, and *Positive Discipline in Everyday Parenting*. While these programs have similar target outcomes (to reduce parental punitive violence), they differ in terms of their primary target population, delivery method and program setting. For example, the majority of these programs target low-income parents, or parents of young children. In terms of the program setting, many of these programs are offered in early childhood settings (typically for children up to age 5), some are delivered directly to parents in their homes, and others are primarily delivered in groups through community agencies. Unique among these programs, *Positive Discipline in Everyday Parenting (PDEP)* targets all parents with children from birth to 18 years, parents-to-be, and other caregivers (e.g., grandparents, guardians). PDEP is a not-for-profit program intended for all parents regardless of their financial resources. It may be delivered as a group program through a community agency; as a home visitation program, directly in the home environment; or through a combination of home visits and group sessions.

PDEP is non-punitive, rights-orientated and non-prescriptive. The approach aims to teach parents a non-punitive problem-solving approach to responding to their children's behaviours, and typical parent-child conflict. The program is focused on helping the parent, rather than the child, shift their behaviour as they respond to challenging situations. This transformation is non-prescriptive. PDEP does not involve instructing parents in specific responses to particular challenges with their child, or handing parents 'tip sheets'. Instead, PDEP provides parents with knowledge of child development that drives many common parent-child

conflicts (like an adolescent's drive for independence). PDEP gradually teaches parents a simple and easy to use problem-solving framework that is designed to build parents' sense of competency and confidence that they have the information and skills to resolve their parenting challenges with their children. PDEP's rights-orientation helps parents to actualize human rights principles. In the program parents learn how to respond to their children and resolve parent-child conflict in a way that upholds human rights to dignity, protection and participation (Durrant et al., 2014; Durrant, 2017).

PDEP has been implemented in numerous countries, across diverse contexts and cultural, linguistic, and faith-based communities (Gershoff, Lee, & Durrant, 2017). The program has been successful at reducing parents' approval of punishment across countries (Durrant et al., 2014; Durrant et al., 2017) and highly diverse contexts (Khondkar, Ateah, & Milon, 2016; Mori, Stewart-Tufescu, & Mochizuki, 2016; Ademi Shala, Hoxha, & Ateah, 2016). Given these promising findings along with the global reach of this program further discussion of the PDEP program is warranted and will be described below.

Positive Discipline in Everyday Parenting (PDEP)

The PDEP approach was first developed in 2006 as a response to the question, "*If I don't hit my child, what else can I do?*". A Canadian child-clinical psychologist and academic (J. Durrant) and a child protection specialist based in Asia (D. P. Plateau) working with Save the Children (a child rights organization) partnered on the creation of a book that would help child protection staff and parents understand an approach to discipline founded on child rights principles. Very soon after the book was published (Durrant, 2007), demand for training in this unique approach began to grow, leading to the development of a facilitated and manualized

parent program (Durrant, Plateau & Barker, 2013) and a systematic training model designed to create program sustainability in a range of countries (Durrant et al., 2017).

PDEP is founded on two pillars: (1) the empirical rationale for eliminating physical punishment; and (2) the human rights imperative to end violence against children. PDEP is guided by the universal child rights principles of protection from all forms of violence, inherent dignity, and self-determination and participation in their learning. The program aims to reduce punitive violence by supporting parents to respond to their children's challenging behaviours with problem-solving rather than punishment. PDEP is distinct from other parenting programs in that the primary aim is *not* child compliance, or teaching parents how to administer rewards and punishments to shape children's behaviour, but rather to strengthen the parent-child relationship and promote children's self-regulation by helping –parents learn how to regulate their own behaviour (Durrant et al., 2017). The PDEP approach is informed by a socio-ecological framework. At the micro-system level, it targets parent factors associated with punitive violence, including parents' beliefs about the reasons behind the child's transgressions (parental attributions), a collaborative approach to resolving conflict with children.

PDEP's Theoretical Model

The theoretical basis of the PDEP program is based on the Theory of Planned Behaviour (Ajzen, 2002), a social cognitive theory of behaviour change that addresses how cognition influences behaviour. This theory focuses on three specific cognitive components: behavioural beliefs, normative beliefs, and control beliefs (see Figure 3). According to Ajzen (2002), beliefs about a particular behaviour (*behavioural beliefs*) will lead one to evaluate it positively or negatively; the more positive one's evaluation of the behaviour, the more likely one is to perform that behaviour. In terms of parenting, the more positive parents' attitudes are towards

punishment, the stronger their intention to punish will be, and the more likely they are to use punishment in response to conflict with a child. Therefore, PDEP is designed to target parents' beliefs about punishment with the aim of decreasing their approval of it. In the PDEP program, the Facilitator leads the parents through a number of experiential exercises that are designed to reduce parents' approval of physical punishment by increasing their understanding of the long-term developmental risks that are associated with physical punishment; and increasing their understanding of the long-term benefits of a healthy parent-child relationship that is built on attachment, trust, communication and mutual respect (Durrant et al., 2014)

Normative beliefs are people's perceptions of what others expect of them. These beliefs contribute to perceived social pressure to engage in a particular behaviour. For example, parents may perceive punishment as normative and perceive social pressure to punish their children. Normative beliefs also relate to parents' perceptions of typical child behaviour. Those who believe that, for example, toddlers can sit still for extended periods may perceive social pressure to act when their toddlers do not sit still. If they also believe that punishment is normative, they are likely to respond to their toddler's behaviour with punishment. Normative beliefs may arise from cultural, religious, and familial practices, from traditional knowledge and other available information, and education. Therefore, PDEP aims to transform parents' normative beliefs (subjective norms) related to children's behaviours and responses to parent-child conflict. Throughout the PDEP program, the Facilitator creates situations where parents are psychologically and emotionally placed in the position of children at various developmental stages. The aim of these imaginary experiences is to increase parents' understanding of children's developmentally normative behaviour. These interactive experiences are also designed to shift social pressure away from punishment and toward problem-solving by

normalizing non-punitive parental responses (Durrant et al., 2014). *Control beliefs* are people’s perceptions of their ability to perform a particular behaviour. According to the Theory of Planned Behavior, increased self-efficacy (control beliefs) will strengthen parent’s intentions to respond non-punitively and increase the likelihood that they will do so with their children. Therefore, PDEP is designed to strengthen parents’ self-perceptions as able to respond to parent-child conflict non-punitively and constructively. In the PDEP parent program, the Program Facilitator aims to increase the parents’ self-efficacy by gradually building their knowledge and skills, and providing opportunities for the parents to practice generating their own non-punitive responses to parent-child conflict.

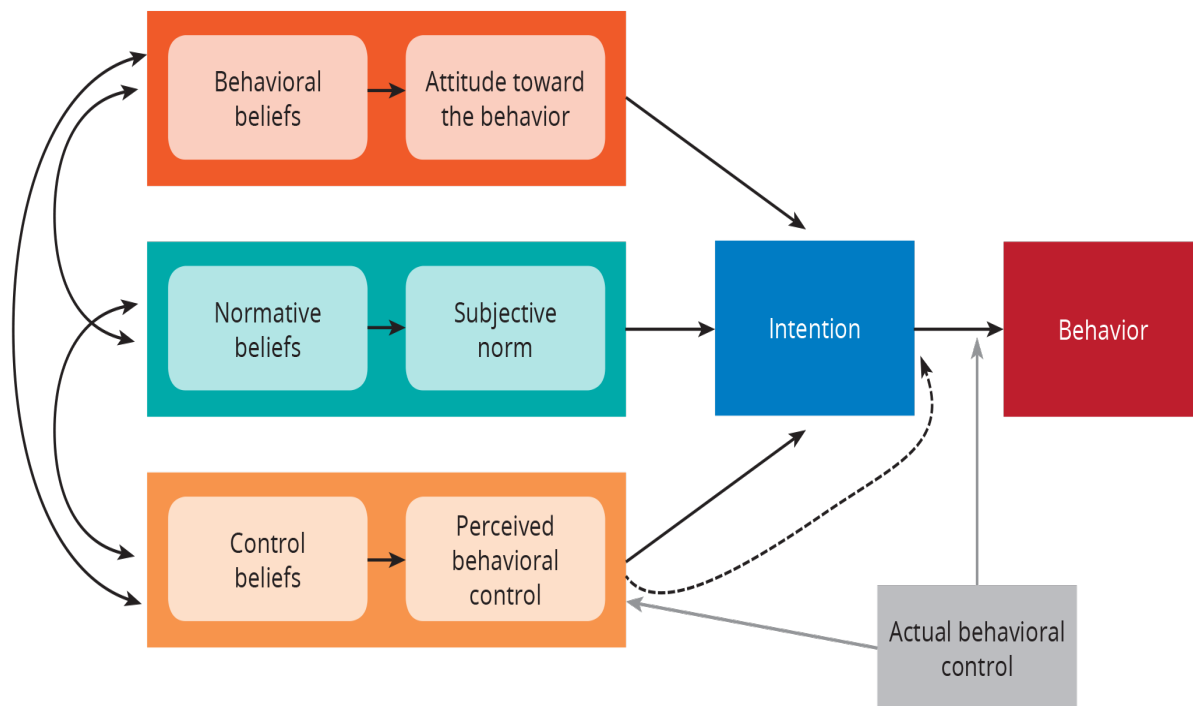


Figure 3. A Model of the Theory of Planned Behaviour (Ajzen, 2006). Retrieved from <https://sbccimplementationkits.org/urban-youth/urban-youth/part-1-context-and-justification/social-and-behavior-change-communication-theory/theory-of-planned-behavior/>

PDEP's Goals and Processes

PDEP follows a 9-session curriculum. Typically, the parent program is delivered in weekly two-hour sessions, either in a group setting with 10-15 parents, or with weekly in-home individual family visits. The program is designed to be engaging for parents and is highly interactive and collaborative. Gradually over the 9 sessions, the PDEP Facilitator is attempting to: (1) shift the parents' goals from immediate child compliance to a focus on their child's long-term learning (behavioural beliefs); (2) strengthen parents' understanding of the importance of simultaneously providing warmth (physical and emotional security and safety) and structure (scaffolding children's learning) in all settings (behavioural beliefs); (3) increase parents' knowledge of children's neurobiological, emotional and behavioural development from birth to adolescence, to help parents reframe how they perceive their child's behaviour (from 'intentional misbehaviour' to 'developmentally normative') (normative beliefs); and (4) help parents integrate these components to develop an approach to problem-solving that replaces punitive violence in response to parent-child conflict (control beliefs) (Durrant et al., 2014; Durrant, et al., 2017).

PDEP's Training Model

PDEP parent programs are delivered by Program Facilitators who have been rigorously trained and mentored. Program Facilitators are selected through an application process that considers the applicant's: (1) professional expertise in providing parent education and family support; (2) educational background, including their knowledge of child development; and (3) group facilitation experience. Once selected to attend a training, the Program Facilitator is trained and mentored by a PDEP Country Trainer (a highly experience Program Facilitator who has taken an advanced, invitation-only training), or by a PDEP Master Trainer (experts in child

development, parent support and group facilitation that oversee the development of the program). The PDEP Program Facilitator Training is an intensive 4-day training that focuses on mastery of the program content and delivery method, and includes practice of facilitation skills. Following the training, Program Facilitators receive on-going mentorship from a Country Trainer or Master Trainer during the implementation of the first two parent programs they facilitate. Mentorship is provided to ensure that the Program Facilitator is well prepared and knowledgeable of PDEP's content; is confident providing the program to parents; and is delivering the program with fidelity.

The Cross-cultural Relevance of PDEP

From its inception, the program was designed to be relevant across cultural, social and economic contexts (Durrant et al., 2017). The program's universality is assumed to lie in its twin emphases on: (1) children's rights to protection from violence, respect and dignity, and participation in their learning; and (2) growing evidence of the importance of positive parental relationship to children's developmental health (Durrant et al., 2017). While PDEP is a relatively new program, having first been offered as a facilitated parent program in 2012, it has since been implemented in over 30 countries in Africa, Asia, the Middle East, North America, the Pacific, South and Southeast Asia. The parent program was first piloted in a series of workshops with parents in Thailand, Hong Kong, Japan, and Fiji, to assess its relevance to these diverse contexts. Following the initial development and piloting phase, a process was developed to translate all PDEP parent program and facilitator training materials from English into other languages without compromising the program's core content. Once the PDEP materials have been translated into a particular language, they go through an extensive review process that often results in revisions. Once this process is complete, the materials are then piloted during a

facilitator training in a relevant country. A Master Trainer with simultaneous live translation leads this training. During this training, the participants are consulted on the quality of the translation, as well as the appropriateness of the PDEP program core content in the country. Prior to finalizing any translations and conducting any further training in the country, the program materials are piloted with parents. Throughout this back-and-forth process, the materials are revised and improved prior to being finalized. At this time, the parent program and training materials have been fully translated into Arabic, Albanian, Bahasa, French, Mongolian, Spanish, and Thai.

Transportability of Parenting Programs to Reduce Punitive Violence

Given the global reach of PDEP, there is a need to systematically evaluate the universality, transportability, and impact of the program in these different country contexts with diverse populations. Evidence-based parenting programs designed to address child maltreatment have been implemented in cultural contexts and countries vastly different from the original context and country of development (Gardner, Montgomery, & Knerr, 2015). The practice of transporting parenting programs designed in one country to a different country context raises some important considerations. The first consideration is related to the universality of these transported programs, including their relevance to the new context and parents' satisfaction with them, and the need for context-specific adaptations prior to program implementation. The second consideration is related to the evidence of impact of these transported programs in diverse contexts. The effectiveness of evidence-based parenting programs that have been implemented in contexts different from those in which they were conceptualized, piloted, and evaluated (referred to as transported programs) is limited and inconsistent. As Mikton and Butchart (2009) state in their systematic review of programs designed to address child maltreatment and child

abuse in high, middle, and low-income countries, there is “a woeful imbalance in the geographical distribution of child maltreatment prevention research: over 99% of the publications were of studies conducted in high-income countries” (p. 358). The authors go on to note that evidence that demonstrates effectiveness of programs in one context cannot be assumed to apply similarly in differing contexts without careful consideration of contextualization and re-evaluation in those contexts.

A 2015 systematic review and meta-analysis of 17 trials of transported evidence-based parent programs that aimed to reduce child problem behaviours (these programs did not aim to reduce parental punitive violence), found that evidence-based interventions were actually *more* effective when transported to non-Western contexts. In this study, Gardner, Montgomery and Knerr (2015) included trials that evaluated the *Incredible Years*, *Triple P Positive Parenting Program*, and the *Parent-Child Interactive Therapy*. All of the programs that were developed in the United States or Australia, and evaluated with randomized and non-randomized trials in primarily highly developed Western countries including Canada, Iceland, Ireland, Sweden, and Holland. Trials were also conducted in Iran and Puerto Rico. The authors reported “effect sizes were stronger when the same interventions were transported to culturally more distant regions” (p. 10). They also found that countries considered to have more traditional family values and child-rearing beliefs (e.g., Iran), defined as a strong emphasis on respect for authority, reported higher effect sizes compared to those in less traditional countries (e.g., US and Australia). The authors suggest that one way to interpret these results is that “more traditional cultures may be more responsive and respectful to perceived experts and therefore more likely to engage with the intervention” (p. 11). The authors also concluded that extensive cross-cultural adaptations are unnecessary for successful transferability of the interventions evaluated. They base this

conclusion on their observation that the trial reports of the interventions included in their review made little to no mention of formal cultural adaptations. These findings seem contradictory to the belief that vast cultural differences between an intervention's country-of-origin and the transported-to country would limit rather than increase program effectiveness. However, given that the primary aim of the parenting interventions included in this study (e.g., *Triple P Positive Parenting Program*) was to increase child compliance and reduce child 'misbehaviour', it could be the case that these programs complement these more 'traditional' family values and child-rearing practices. That is, if respect for authority is highly valued in a particular context, then there may also be a high value placed on children's obedience to parents. Similarly, it could be argued that in these more 'traditional' family contexts, a program that emphasizes a collaborative approach to resolving parent-child conflict may require more contextual adaptations to increase its perceived relevance in this context.

The Gardner, Montgomery and Knerr (2015) study also illuminates two important limitations related to the transferability of parenting programs, regardless of the program aims. First, there is a dearth of information available in the trial reports that address facilitators' fidelity to the program; program training models; or descriptions of the program trainers and facilitators, such as their level of knowledge and experience, educational expertise, or professional capacity to deliver the programs being evaluated. Second, there is little mention of any adaptations made to the program materials, how translations were undertaken, or process evaluations or pilot trainings conducted prior to examining program impact. The authors did note that eight of the trials examined were conducted following translation of the materials into the language of the trial country, whereas six trials were conducted in English-speaking countries. Results found that "trials using translated materials has a large effect size ($d = 0.96$), whereas those in English-

speaking countries has a medium effect size ($d = 0.44$)” (Gardner et al., 2015, p. 9). More information about the quality and fidelity of these translations would be useful. Specifically, what were the processes followed when translating the intervention program materials into the local language of the target country? Were the trainings for the local practitioners delivering the intervention to parents conducted in English or in the working language of the target country? There was also no mention of any mentorship or on-going support provided to the local practitioners by the expert trainers following the initial training or during the program implementation phase. Gardner et al. (2015) questioned whether similar findings would be replicated in low-income countries, “where there is more limited local professional capacity, and where ‘foreign’ nongovernmental organizations and staff may be involved in initiating, training, and implementing the intervention” (p. 10). The authors concluded that “the findings are intriguing in that they appear to be at odds with the common, and arguably highly plausible view that interventions will be most effective when transported to countries that are most similar culturally, and in terms of service provision, to those in which they were first developed” (Gardner et al., 2015, p. 12). These results raise many important process-oriented questions that have yet to be addressed in the literature regarding transporting parenting programs to diverse country contexts.

From the work of Gardner et al. (2015) and Mikton and Butchart (2009), two conclusions can be drawn. First, there is an absence of knowledge about the *processes* involved in transporting parenting programs to diverse contexts prior to evaluating their impact. Rigorous process evaluations and detailed case studies systematically documenting the steps and contextual considerations involved in transporting a program from one country context to another would be a useful addition to the literature. Second, there is a need for both process and

outcome evaluations in low- and middle-income countries given that the majority of the evaluation impact studies on transported parenting programs have been conducted in Anglo-European countries.

Cultural Adaptations and Program Modifications

Some studies have examined the necessity and utility of culturally-informed adaptations of evidence-based parent training programs that target children's behaviour problems. For example, Self-Brown and colleagues (2011) questioned the necessity of cultural modifications of the *SafeCare* program for families from diverse cultural backgrounds involved with the child welfare system residing in the United States. The authors described the *SafeCare* program as a behavioural parenting training program similar to *Triple P-Positive Parenting Program*, *The Incredible Years*, and *Parent-Child Interaction Therapy*. Using semi-structured key informant interviews, eleven *SafeCare* Facilitators reported on: (1) their experience with the *SafeCare* program; (2) any modifications they may have made to the program during the delivery phase to increase the program's relevance; and (3) whether they believed culturally-informed adaptations and modifications were necessary to improve the program content and delivery for their clients from diverse cultural backgrounds. Analysis of the *SafeCare* facilitators' responses revealed some interesting perspectives regarding cultural adaptations and program modifications. In brief, matching the facilitator and the client on language and ethnic characteristics was recommended by facilitators to improve program delivery, although mismatches were not identified as a major barrier to family engagement. Regarding the program delivery method, facilitators recommended flexibility in the delivery method and program logistics, such as the time of day the program was being offered, the length of the sessions, and the delivery location, as well as the need to recognize clients' cultural celebrations and faith-related observances. The facilitators

also noted the need to be culturally sensitive to diverse family structures by actively making attempts to engage with extended family members who may be involved in child-rearing. The most perplexing finding from this study was facilitators' perceptions of the *necessity* for cultural modifications or adaptations of the *SafeCare* program. According to Self-Brown et al. (2011), "all facilitators stated that developing adapted versions of *SafeCare* for particular ethnic groups or cultures would be of limited use or perhaps detrimental" (p. 1169). One facilitator cautioned against specific ethnic adaptations of the program out of concern for perpetuating stereotypes, noting that just because families share a cultural experience or ethnic background should not imply that they share the same parenting challenges or have the same support needs. Instead, the facilitators suggested making program modifications for individual families on a case-by-case basis, to ensure that the program's messages are conveyed in a relatable manner. This may include changing program terminology, adapting program examples, and simplifying content explanations based on individual need. For example, one facilitator shared how she modified a program scenario to make it more relatable to a particular group of Latino clients she was supporting. Other modifications suggested by the facilitators were: developing physical props, picture aides, and other hands-on tools to augment the standardized *SafeCare* training materials; creating low-literacy materials; and developing a comprehensive translation process to help ensure that the translated versions of the *SafeCare* program remain true to the original English materials. Self-Brown and colleagues (2011) recognize the challenge in balancing program fidelity— implementing the program's core content and processes - with the program's relevance for the clients being supported by the program. The authors advocate for a case-by-case approach to program adaptations relying on facilitators' expertise, and call for research to develop

clear guidelines on how to adapt programs that will improve the relevance and effectiveness of the program without compromising program fidelity.

In 2013, Ortiz and Del Vercchio examined the need to increase the cultural relevance of three parenting training programs. They tested Froehard and Kotchick's (1996) conclusion that parent training interventions largely ignored cultural influences on parenting behaviour by examining: (1) the rate of inclusion of ethnic minority parents in these programs; (2) the effectiveness of parent training across ethnic groups; and (3) the effectiveness of culturally-adapted parent training interventions. In this study, an *ethnic minority* was operationalized as a group within a larger community that has distinct natural or cultural traditions. *Cultural adaptation* was operationalized as the notion that the core elements of a program's logic remain unchanged, but modifications are made to the content to fit the cultural context. The three parent-training programs examined in this study were an adaptation of *Parent-Child Interaction Therapy* (PCIT) for Puerto Rican families; an adaptation of PCIT (called *GANA*) for Mexican parents; and an adaptation of *The Incredible Years* program for 'American Indians', and a separate version for 'high-risk' immigrant Chinese families in the United States. The authors found little evidence to recommend ethnically-adapted versions of the programs and instead urged researchers "to break from their preoccupation with ethnicity, when other variable would seem to be more theoretically important and likely to produce results" (Ortiz & Del Vercchio, 2013, p. 452). Considering these other variable, Ortiz and Del Vercchio (2013) recommend improving a program's relevance and effectiveness for culturally diverse clients by: (1) translating program materials into local languages and dialects; (2) engaging with credible community members and trained staff that identify with the target group's cultural background; (3) avoiding the term "parent-training", which may convey negative connotations for some

parents and hinder participation; and (4) engaging in a collaborative process with local experts and stakeholders so recommendations for modifications are not solely based on theoretical models and hypothesized characteristics but instead come directly from the facilitators who will be responsible for delivering the program (Ortiz & Del Vecchio, 2013).

A recent attempt to draw more definitive conclusions about the transportability of evidence-based parenting programs, cultural contextualization, and context-specific adaptations come from the work of Leijten, Melendez-Torres, Knerr, and Gardner (2016). In 2016, Leijten and colleagues published a multilevel, meta-regression study that compared the effectiveness of transported ‘branded’ evidence-based parenting inventions with ‘homegrown’ interventions designed in country. This study was of particular importance because it used sophisticated statistical methods including meta-regression techniques that recognize the similarities and differences between trials while taking into consideration the influence of moderator variables (e.g., sex, gender, and ethnicity) on the effect size of the outcome variable. Simply stated, meta-regression analysis provides an understanding of the consistency among the findings of individual studies and facilitates comparisons among these multiple studies while controlling for important differences that might influence their effects (Wikipedia, 2017).

Leijten and colleagues (2016) hypothesized that transported ‘branded’ parenting programs would be just as effective as ‘homegrown’ parenting programs at reducing disruptive child behaviour in diverse country contexts. The ‘branded’ transported parent programs examined in this study originated from Australia and North America (e.g., *Triple P- Positive Parenting Program*, *The Incredible Years*, *PCIT*), and were transported to similarly high-income, Western and European contexts including Australia, Canada, the Netherlands, Sweden, the United Kingdom, and the US. In total, the authors examined 129 trials. Of these, 40 trials

were included in the transported intervention analysis and of these, only two were conducted in low-and middle income-countries (Indonesia and Panama). No significant differences in effectiveness (i.e., reducing disruptive child behaviours) were found between the ‘branded’ and homegrown programs. Although the authors noted “there was a trend suggesting that *Triple P* is less effective after transportation compared to in its home country, but this effect did not reach significance” (Leijten et al., 2016, p. 614).

Testing the effectiveness of each transported intervention per geographical region was not feasible given the limited number of trials conducted outside of Europe, North America, and Australia. Overall, there were no significant effect size differences between the ‘branded’ transported programs and the ‘homegrown’ parenting programs designed to reduce disruptive child behaviours ($d = 1.0$) in high-income, developed contexts. Six trials of transported ‘branded’ programs in Hong Kong, Iran, and Panama indicated promising results for transporting interventions to ‘non-western’ countries; the one exception in this study was the trial of *Triple P* in the Indonesian context, which did not report significant changes in disruptive child behaviours (Leijten et al., 2016).

Given the absence of significant differences found between transported and ‘homegrown’ parenting programs to reduce disruptive child behaviours in a Western context, Leijten and colleagues (2016) suggest that both approaches may be equally effective in similar contexts. However, there was not enough geographically diverse data to draw the same conclusions for non-western countries. Leijten et al., (2016) stated:

Our findings show that transported and homegrown parenting interventions based on the same underlying principles led to similar outcomes across western countries. This finding supports the selection of interventions based on their evidence base rather than on their

cultural specificity. More research is needed outside North America, Europe, and Australia to enhance our understanding of the transportability of parenting interventions across more distinct countries and cultures. (pp. 615-616)

While this study utilized advanced statistical techniques to extend our understanding of the differences between the effectiveness of transported ‘branded’ and ‘homegrown’ programs to reduce disruptive child behaviours, its limitations must be addressed. First, this study relied on data from published studies primarily conducted in developed contexts. More studies from developing and diverse context will add to our understanding of the effectiveness of transported parenting programs. Second, the authors acknowledge that there was little information provided in the studies analyzed about whether, and to what extent, the transported interventions might have been informally or unofficially adapted prior to being implemented and subsequently evaluated. They noted that cultural adaptations are often made during the transportation process and are not communicated nor documented, making it difficult to evaluate adaptations of transported programs. Limited knowledge of these adaptations and other indicators of program fidelity is a significant gap in our understanding of the effectiveness of transportability of parenting programs.

In sum, a review of the literature examining transported parenting programs has revealed some important issues. First, there are differing opinions in the literature regarding the extent that parenting programs require contextualization and adaptation when being transported to diverse contexts. While some authors suggest that extensive cultural adaptations are unnecessary for successful transportation (Gardner et al., 2015; Leijten et al., 2016), others call for program developers to move beyond a preoccupation with ethnicity and culture and consider case-by-case context-specific variables that may need to be contextualized when transporting programs to

different countries for diverse populations (Mikton & Butchart, 2009; Ortiz & Del Vecchio, 2013; Self-Brown et al., 2011). These may include but are not limited to: (1) developing translation guidelines for program content; (2) delivering training in local languages and dialects; (3) reviewing program terminology and program examples prior to piloting; (4) creating low-literacy versions of program materials and using props and other visual aids to enhance standardized materials; (5) collaborating with local practitioners and in-country trainers to adapt the program in a way that balances program fidelity with contextual relevance; (6) assessing program fidelity in program evaluations; (7) being flexible with program logistics and delivery methods; (8) taking care to avoid making assumptions that may perpetuate detrimental ethnic and cultural stereotypes; (9) adhering to comprehensive translation and review processes; (10) developing and following clear guidelines on best practices for program adaptations and modification; and (11) systematically documenting and reporting these processes in research and program evaluation publications (Castro, Berrera, Jr., & Martinez, Jr., 2004; Freire, Perlonson, Morrel-Samuels, & Zimmerman, 2015; Knerr, Gardner, & Cluver, 2013; Perkinson, Freire, & Stocking, 2017; Self-Brown et al., 2011).

A Framework for Transporting Parenting Programs to Diverse Contexts

Given that the transportability of parenting programs is a relatively recent area of prevention science, there are few published frameworks offering guidelines to support this process in diverse country contexts and/or with diverse populations. In a review of cultural adaptations and implementation of parent-training, Baumann and colleagues (2015) found that very few researchers were using cultural adaptations frameworks to systematically describe what had been adapted, why it was adapted and how it was adapted. Furthermore, very few of the studies evaluated the impact of the adapted intervention on the new population. Baumann et al.

(2015) concluded that adaptation frameworks should be used to systematically guide program modifications, noting how “our data indicates that the field of prevention science is ripe for more studies documenting the content and process of cultural adaptations and empirically testing different approaches to implementation” (p. 118). Considering this recommendation, I will now describe a framework to guide adaptations of transported parenting programs.

The Dynamic Adaptation Process

A recently developed model that has been used to systematically guide adaptations of evidence-based programs, including child maltreatment interventions, is the Dynamic Adaptation Process (DAP) (Aarons, Hurlburt, & Horwitz, 2011; Aarons et al., 2012). The DAP model was designed to help program developers, researchers, and other program stakeholders understand the degree to which core components of an evidence-based program would be maintained while making context-specific adaptations to improve a program’s relevance, effectiveness, and impact in a real-world context. The aim of the DAP model is to reduce the tension between adaptations and adherence to program fidelity when transporting or scaling up an evidence-based program in real-world practice setting. Given the DAP is context-specific, the model defines adaptations more broadly to include modifications made directly to the program but also to the context in which the program is being implemented (Aarons et al., 2012).

The DAP model sets out four fluid and flexible phases that guide the implementation of a program from conceptualization through to sustainment (Aarons et al., 2012). The first phase is called the *Exploration Phase*. This phase involves a comprehensive multi-level assessment of the service context that the program will be transported to. This includes: (1) a *system-level assessment* involving collaboration with government and agency-leaders and other stakeholders to determine the conditions that will be required to implement the program; (2) an

organizational-level assessment that may involve an examination of the organizational factors, including senior-leadership and logistical considerations relevant to program implementation; (3) a *provider-level assessment*, that may involve a review of staff characteristics including level of education, professional experience, attitudes towards to program content; and (4) a *client-level assessment (characteristics)* that may include an examination of the clients' age and gender, number of children, level of education, language, socio-economic context, culture and religion.

The *Preparation Phase* is the second step in the DAP. In this phase, the findings from the Exploration Phase are considered to guide the adaptations that may be proposed by the implementation resource team including the program developer(s). The third phase of the DAP is the *Implementation Phase*. Here the adapted program is piloted in the new context. This includes an examination of the training and on-going mentorship and coaching provided to the trainers that will implement the program directly to the clients. It also considers any *ad-hoc* adaptations that may arise during the program implementation time-frame. The final phase of the DAP is the *Sustainment Phase*. Here the focus is on the preliminary outcomes associated with the program in the new context. This may include indicators of program fidelity, client and provider satisfaction with the program, and short-term program outcomes (Aarons et al., 2012). While the DAP flows through four phases, there is on-going feedback following the Sustainment Phase, allowing the implementation resource team to go back to consider the previous phases of the DAP to make further modifications and adaptations based on the outcomes discovered during the Sustainment Phase. Overall, the DAP shows promise as a model to systematically guide the transportation of a parenting program to diverse country contexts.

Summary

This chapter has illuminated a number of gaps in our understanding of programs designed to address punitive violence, and the transferability and impact of these programs to diverse country contexts. A number of factors at different levels of the human ecological system are known to predict punitive violence. Theoretical frameworks that consider these multi-level predictors must guide programs designed to eliminate it. A recent review of approaches aimed at reducing parents' use of punishment has identified six evidence-based selective prevention programs. Of these programs, PDEP has the widest target population, can be delivered in various formats (group, home visit, or a combination of both), and is implemented through local community agencies that deliver the non-proprietary program to their clients. Recent evaluations have indicated that the program can reduce parents' approval of physical punishment (Durrant et al., 2014; Durrant et al., 2017). Since its inception in 2007, the global demand for PDEP has reached over 30 countries. Research is needed to understand its transferability to these diverse country contexts. There is virtually no research examining the process of adapting a program specifically aimed at reducing punitive violence in order to transport it to a new context. Most published research on transported programs has focused on their effectiveness in reducing children's disruptive behaviour. Transporting a program aimed at reducing punitive violence may be much more challenging, given its deep roots in tradition, religion and cultural beliefs. Further, studies of transported programs have largely failed to document the adaptation process prior to evaluating program outcomes, so little is known about whether – let alone how – adaptations were made. The DAP (Aarons et al., 2012) provides a model to systematically examine, document and evaluate the processes involved in, and impact of, transporting PDEP to new country contexts with diverse populations.

CHAPTER 4

PURPOSE AND METHODOLOGY

Study Rationale

Notable gaps exist in our knowledge of how to successfully transport parenting programs to diverse country contexts. First, the existing research is saturated with evaluations of transported parenting programs that aim to decrease disruptive child behaviours and increase child compliance; very few evaluations exist of programs targeting parental punishment. Given the high global prevalence of punitive violence, it is important to identify and evaluate programs that seek to reduce it. Second, most transported parenting programs have been developed and evaluated exclusively in Western contexts; very few have been conducted in low and middle-income countries or diverse country contexts. Therefore, we do not know how transportable parenting programs actually are. Third, limited research has systematically documented and evaluated the processes involved in transporting parenting programs to new and diverse country contexts. Little is known about the contextual modifications and cultural adaptations, language and translation considerations, or logistical processes required to transport parenting programs successfully. Most of the published literature focuses on impact evaluations; process-oriented evaluations of transported parenting programs are rare. In the present research, each of these gaps is addressed.

Purpose of the Present Study

The purpose of this study is two-fold: (1) to systematically describe the processes involved in transporting a parenting program designed to reduce punitive violence against children to three new country contexts with highly diverse populations; (2) to evaluate the

relevance, effectiveness and impact of the transported program in each of these new country contexts.

The program selected for this study was the *Positive Discipline in Everyday Parenting* (PDEP) program for the following reasons. First, the primary aim of PDEP is to reduce parents' use of punitive violence in the context of typical parent-child conflict, rather than to increase child compliance or decrease disruptive child behaviours. PDEP was designed to address the high global prevalence of punitive violence by transforming parents' cognitive and affective factors that predict parental physical punishment. These include parents' approval of physical punishment (behavioural beliefs), their perceptions of children's typical behaviour as intentional (developmental normative beliefs) and their perceptions of their ability to self-regulate and use non-punitive responses (control beliefs) (Durrant et al., 2014). Second, PDEP was conceived as a universal program, designed around a set of core principles that were expected to be relevant across cultural, social and economic contexts (Durrant et al., 2017). However, the process of adapting the program has not been documented, nor has the effectiveness of its adaptations been evaluated.

I conducted a series of independent case studies of PDEP in three new countries with diverse populations. In each case study I documented the processes involved in adapting the program to that context, and examined data gathered to evaluate the adapted program's impact. The first case study assessed the transportability of PDEP to the conflict-affected occupied Palestinian territories. This study also evaluated the impact of PDEP with a group of Palestinian parents with limited education and literacy living in a conflict zone. The second case study assessed the transportability of PDEP to two areas of Japan: (1) an urban centre including Tokyo, and (2) the northern earthquake and tsunami-affected region, including Ishinomaki and Sendai in

the Miyagi Prefecture. The third case study assessed the transportability of PDEP to an under-resourced and underserved rural region of West Java, Indonesia. In that region, many of the facilitators who delivered the program have low levels of education and literacy. This case study, then, provided an opportunity to assess the transportability of the PDEP Facilitator Training. The purpose of these case studies was not to compare program outcomes between the three countries, but rather to learn from the unique experience of transporting the PDEP program to each of these countries, and examining the impact of the transported program in these highly diverse contexts. Therefore, the present investigation assessed the feasibility, relevance, and effectiveness of transporting PDEP to three highly diverse country contexts.

Methodology

The methodology that guided this study was the *Realist Impact Evaluation* (Westhorp, 2014). This methodology is based on the principle that “nothing works everywhere or for everyone and that understanding context is essential to understanding program outcomes” (Westhorp, 2014, p. 4). It is not a specific method of program evaluation but a way of *thinking* about evaluation. It is particularly appropriate for evaluating new initiatives, understanding how to adapt programs or interventions to new contexts, or evaluating programs that have already been implemented and have demonstrated mixed patterns of outcomes in different contexts (Westhorp, 2014). This approach is focused not only on understanding what works, or answering the question ‘does this work?’ but is also focused on examining how and why a program works in a specific context, for whom the program works, and to what extent it is effective (Westhorp, 2014).

Realist Impact Evaluation methodology is based on five core philosophical assumptions. According to Westhorp (2014), the first assumption is that both the material and the social

worlds are 'real' - at least in the sense that anything that can have real effects is itself real. With regard to evaluation, programs and policies can have effects that are positive and negative, intended and unintended - and it is important to evaluate all of these potential effects. Social constructs such as culture and gender, and political, economic and legislative structural systems may also impact a program's effectiveness. The second assumption of this approach is that all enquiry and observation are shaped and filtered through the human brain. Therefore, there is no 'final' truth or knowledge of a program, but it is possible to work towards a closer understanding of how and why a program works in a particular context. Thus, the researcher benefits from having a deep and thorough understanding of the program that is to be evaluated. The third assumption is that all social systems are open systems, with flexible boundaries. Any outcome associated with a program is not separate from the social context (space) and time in which the change is occurring. Program outcomes do not remain static and may shift depending on changes in the surrounding systems. Given that causation is neither linear nor simple, evaluation methods must consider complex interactions across various social systems, and address the contextual factors that may influence program outcomes.

The fourth assumption of a realist evaluation methodology is that program outcomes are not solely the result of the program, but rather a reflection of a deeper mechanism at work. Therefore, this approach offers a particular understanding of causation. According to Westthrop (2014):

A trainer only has the power to 'cause' change because he or she operates in relation to a student (or group of students), in a training programme, using the spaces, equipment, materials provided, and drawing on the social rules that guide teaching and learning. If

any of these elements of the system are removed or changed, the causal process changes too. (p. 3)

From a realist perspective, it could be argued that if a researcher wants to understand how a transported parenting program functions in a new context, they must identify the likely causal ‘powers’ related to both the program and the situational context. The fifth assumption of a realist methodology is that it provides a unique approach to considering the ‘context’. For example, the context of a parenting program might include the organizational structure offering the program, the facilitators delivering the program, the clients attending the program, or the duration and location of the program. A *Context-Mechanism-Outcome* configuration describes how context may influence the mechanisms, which, in turn, influence program outcomes. For example, if researchers focus solely on demonstrating impact but neglect to consider the processes associated with transporting a program to a new and diverse context they will lack the essential understanding of the processes, mechanisms and contextual factors associated with program outcomes.

In sum, a Realist Impact Evaluation is recommended for situations in which a researcher is attempting to further their understanding of *how* and *why* a program works in a particular context. It is an especially useful methodology for evaluating pilot programs that have demonstrated promising effectiveness but ‘for whom and how’ is only beginning to be understood. It is also recommended for understanding how to adapt these promising programs to new and diverse contexts (Westhorp, 2014). Therefore, the Realist Impact Evaluation methodology was well suited to guide the research objectives and questions, and to inform the selection of methods utilized to conduct this research.

Overall Research Objectives

Each of the three case studies addressed two specific research objectives. The first research objective was to describe the processes involved in transporting PDEP to the new context *prior* to examining preliminary program outcomes, and to address the challenge of maintaining program fidelity. A systematic review of the adaptations and modifications made, contextualization issues addressed, and successes and challenges associated with planning, preparing and implementing the transporting PDEP to the new country context were addressed. The second research objective was to examine the preliminary outcomes of the transported PDEP program in the new country context. The case studies assessed the relevance, effectiveness, and impact of PDEP the new country context. The themes and questions used to guide the research objectives are presented below (Tables 1 and 2).

Table 1

Research Objective 1: Themes and Questions

Theme	Research Questions
Research Objective 1	
Processes involved in transporting PDEP	<ol style="list-style-type: none"> 1. What are the processes and steps involved in planning to introduce the PDEP program to a new country context? What are the organizational and systems-level considerations? 2. What is involved in preparing to transport the PDEP approach to a new country context? What are the contextual considerations and adaptations required when preparing to introduce the program in the new context? 3. What is involved when implementing the PDEP program in a new country context? What are the challenges and successes experienced by program developers and other stakeholders when implementing the PDEP program in a new country context?
Program Fidelity	<ol style="list-style-type: none"> 1. Is it feasible to transport the PDEP program to a new country context without compromising the program's core principles? 2. What processes and steps should be followed to uphold program fidelity when transporting the PDEP program to a new country context?

Table 2
Research Objective 2: Themes and Questions

Theme	Research Questions
Research Objective 2	
Program Relevance	<ol style="list-style-type: none"> 1. Is the transported PDEP program perceived as relevant by parents in the new country context? 2. Do parents report satisfaction with the PDEP program in their context? 3. Would parent participants recommend the program to other parents in their context? <p>OR</p> <ol style="list-style-type: none"> 1. Do PDEP Facilitators find the program relevant to real-life situations in their country context? 2. Do facilitators report satisfaction with the PDEP program contents?
Program Effectiveness	<ol style="list-style-type: none"> 1. Is PDEP effective in changing parents' attitudes toward physical punishment in the new country context in the new country context? 2. Is PDEP effective in changing parents' perceptions of children's typical behaviour as intentional misbehaviour in the new country context? 3. Is PDEP effective in increasing parents' self-efficacy in the new country context? <p>OR</p> <ol style="list-style-type: none"> 1. Is the PDEP facilitator training program effective in changing participants' attitudes towards physical punishment in the new country context? 2. Is the PDEP facilitator training program effective in changing participants' perceptions of children's typical behaviour as intentional misbehavior in the new country context? 3. Does the PDEP training model increase participants' self-efficacy in teaching parents about positive discipline in the new country context?
Program Impact	<ol style="list-style-type: none"> 1. How do parents in the new country context perceive PDEP has influenced their parenting and beliefs about physical punishment? <p>OR</p> <ol style="list-style-type: none"> 1. How do PDEP Facilitators believe PDEP will impact the parents they are supporting in their country context?

Research Methods

Two main methods were utilized to achieve the objectives of this research. To meet Objective 1, a descriptive and process-oriented method was required. The DAP (Aarons et al., 2012), introduced and described in Chapter 3, is a promising model to systemically describe, document and critique the processes involved in transporting PDEP to each new country context. The DAP has also been found to be a useful model to monitor the balance between program adaptations and program fidelity (Aarons et al., 2012). The DAP is presented as four sequential phases but there is a fluid, transactional nature among the phases to allow for on-going feedback from the Exploration Phase through to the Sustainment Phase (Figure 4). Using the structure of the DAP model, I described the various components of the Exploration Phase, Preparation Phase, Implementation Phase and Sustainment Phase undertaken in the three country contexts.

To meet Objective 2, impact data were required. Program impact is reflected in the Sustainment Phase of the DAP model. If the program is having its desired impact or indicates promising findings, then it is likely that the program will be sustained and repeated in the new context, or revised and further evaluated. Information gathered during the Sustainment Phase provides feedback to the program developers and other members of the intervention research team to better understand how the program is working in the new context. Preliminary outcomes were examined by comparing parents' or facilitators' scores on standardized measures administered before and after the program in each country context. The specific hypotheses tested in each specific country are stated in the following chapters.

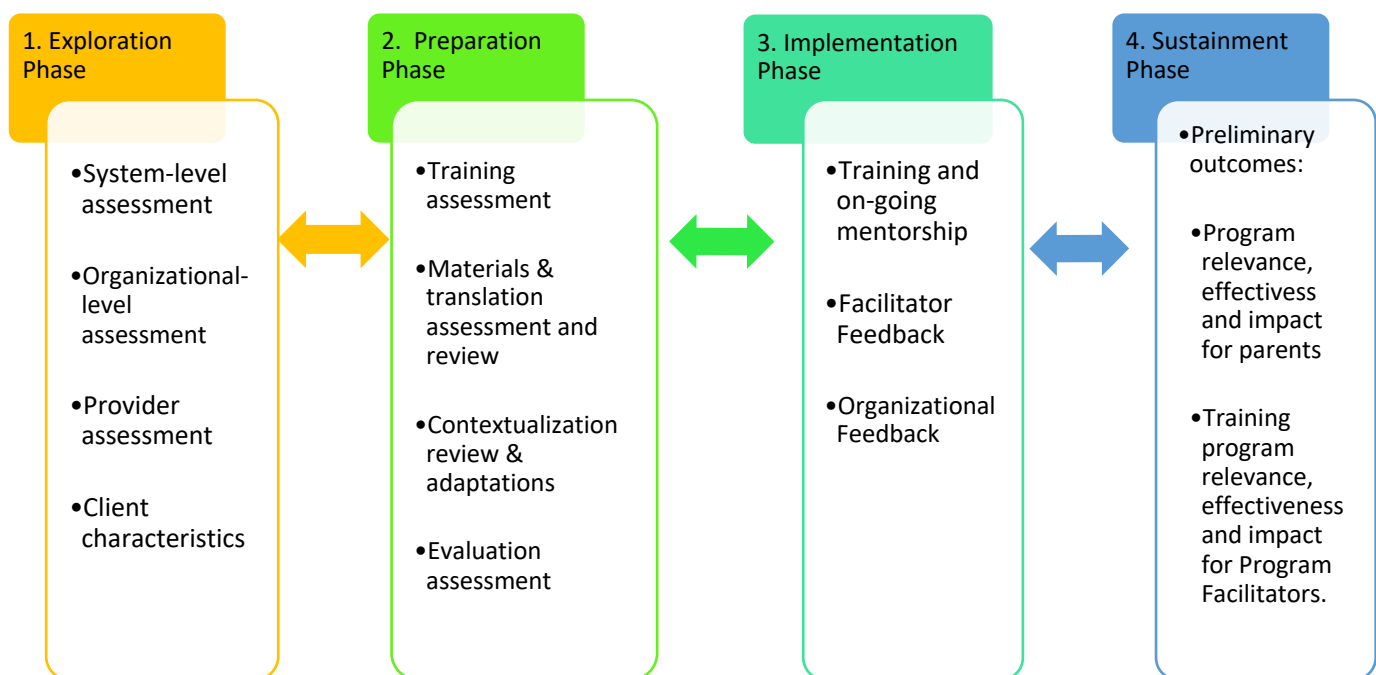


Figure 4. Phases of the Dynamic Adaptation Process model.

Data Sources

Research Objective 1. To systematically review the processes involved in transporting PDEP to new country contexts three different sources of information were utilized. The first was PDEP program documentation including translated PDEP materials, PDEP Participant Profile Forms and PDEP program summary reports. The PDEP documents provided information about the quality of the translated PDEP materials in the countries. Participant profiles and program summaries provided the information to assess the PDEP training and program facilitation in the countries. Another source of data examined was Save the Children country-specific reports that provide detailed information about the context that the program was transported to. This included descriptions of the organizational structure, and client and service provider characteristics. A third source of data that was used to assess the processes involved in transporting the PDEP program were my research notes and direct observations and personal communications with program staff and other stakeholders. Much of this data were collected during the in-country field visits over a four-year-period (2013-2017).

Research Objective 2. To examine the preliminary outcomes of the transported PDEP programs, data from the *Positive Discipline in Everyday Parenting Global Database* were accessed. This database is a joint research initiative between the University of Manitoba and Save the Children International, housed at the University of Manitoba. This database included two levels of data, parent-level data and facilitator-level data. The parent-level data included 2,391 parent-respondents from 17 countries who have attended a PDEP parent program. The facilitator-level data includes 1,421 facilitator-respondents from 24 countries that completed a PDEP Facilitator Training program. For the purpose of this research, I accessed data from 216 parent-respondents from the occupied Palestinian territories, 141 parent-respondents from Japan;

and 86 facilitator-respondents from Indonesia from this database. All responses were anonymized and no personal identifiers such as names or addresses are included in the database. Respondents were identified with a unique, self-selected ‘code word’. This personalized code word enabled the PDEP research team to match respondents’ pre-program questionnaires to their post-program questionnaires while maintaining respondents’ anonymity.

Parent-level data. The parent-level data included demographic information on each parent (gender, age, number and ages of children, and highest level of education). They also included measures of parent participants’ approval of punishment, perceptions of children’s typical behaviour as intentional misbehaviour, parenting self-efficacy, satisfaction with PDEP, and beliefs about how PDEP will impact their parenting.

Parent respondents completed standardized paper-and-pencil questionnaires during the first session of PDEP, before any program content was introduced, and during the last session of PDEP, after all program content had been delivered. Detailed descriptions of these measures including the constructs, scales and psychometric properties were examined and reported in each of the case studies. Previously these measures were rigorously piloted in Canada with PDEP Program Facilitators working within diverse communities and with parents of varying cultural backgrounds, languages, education levels, religious practices and socioeconomic status (Durrant et al., 2014). Based on feedback during the initial pilot phase, and on-going consultations with program staff, these measures were further modified and revised prior to their finalization.

The *Standard PDEP Pre- and Post- Program Questionnaires for Parents* consist of demographic questions and a series of items that respondents rated on 6-point rating scales (1 = I strongly disagree, 2 = I mostly disagree, 3 = I somewhat disagree, 4 = I somewhat agree, 5 = I mostly agree, 6 = I strongly agree). The *Standard PDEP Pre-Program Questionnaire* (Appendix

A) consists of 40 items and the *Standard PDEP Post-Program Questionnaire* (Appendix B) consists of 58 items. Each of these measures takes approximately 20 minutes to complete. The English version of the standard questionnaires was reviewed and revised by plain language experts. They were assessed at a Flesch Reading Ease⁵ score of 66.3, and a Flesch Kincaid US Grade Level⁶ score of 8.4 (Durrant et al., 2014). Further details on the standard questionnaires are presented in Chapter 6 describing the case study of Japan.

The *Simplified PDEP Pre-and Post-Program Questionnaires for Parents* are condensed versions of the standard PDEP questionnaires. The simplified measures contain the demographic questions and a subset of the standard questionnaire items that respondents rated on 4-point rating scales (1 = I strongly disagree, 2 = I mostly disagree, 3 = I mostly agree, 4 = I strongly agree). The *Simplified Pre-Program Questionnaire for Parents* (Appendix C) consists of 21 items, and the *Simplified Post-Program Questionnaire for Parents* (Appendix D) consists of 26 items. The reading levels of the Simplified Questionnaires were assessed at a Flesch Reading Ease score of 76.4, and a Flesch Kincaid US Grade Level score of 5.6. The simplified version of the parent program questionnaires are intended for use with respondents who have low levels of education and/or literacy, or with those who familiarity with the language in which the measures are presented is limited. The Facilitator delivering the PDEP program decided whether to administer the standard or simplified questionnaires based on their professional expertise and

⁵ The Flesch Reading Ease score is a widely accepted formula to determine readability. It is calculated based on the length of sentences and number of syllables in the words that make up the sentences. The Reading Ease score can range between 1 and 100. The higher the score the easier the readability. A score of between 70 and 80 is considered to be a relatively easy read for an adult.

⁶ The Flesch Kincaid US Grade Level Score is another formula to determine readability, and is calculated based on sentence length and syllables of the words in the sentences. The Grade Level score indicates the grade level of education (US education) that the reader would require to comprehend the piece of work. A score of 8.4 is equivalent to an 8th grade level of education.

knowledge of the program participants. Further details on the simplified questionnaires is described in Chapter 5 presenting the case study of the occupied Palestinian territories.

Facilitator-level data. Demographic information was collected on all PDEP Facilitator training participants (gender, age, parent status, number and ages of their children, and highest level of education). The data also contained measures of facilitators' approval of punishment, perceptions of children's typical behaviour as intentional, and self-efficacy to teach parents about positive discipline. The *Positive Discipline Pre-Training Questionnaire for Parent Program Facilitators* (Appendix E) contains 36 items and the *Positive Discipline Post-Training Questionnaire for Parent Program Facilitators* (Appendix F) includes 70 items. The post-training questionnaire assessed Facilitators' satisfaction with the PDEP training model; their intent to deliver the PDEP program or not; perceived level of preparedness to deliver the PDEP program to parents; and their perceptions of how the program will help the parents they support. The reading level of the Facilitator Questionnaires including the consent form were assessed at a Flesch Reading Ease score of 59.4, and a Flesch Kincaid US Grade Level score of 8.8. Additional details about the Facilitator questionnaires is provided in Chapter 6, the case study of Indonesia.

Ethical considerations

The University of Manitoba Joint-Faculty Research Ethics Board approved all measures and data collection procedures followed to create the PDEP Global Database (see Appendix G for the ethics certificate). All PDEP Facilitators were trained in ethical data collection procedures prior to their administering the questionnaires to the participants. PDEP Facilitators read a standardized script describing the data collection procedures, outlining the respondents' legal rights, and explaining how respondents' anonymity and confidentiality would be ensured

and how the data would be used and stored. Following this process, all respondents provided written informed consent, and were given a copy of the consent form for their reference (see Appendices H, I, and J for the Standard Parent consent form, the Simplified Parent consent form, and the Facilitator consent form, respectively). All of the original data are housed at the University of Manitoba in locked filing cabinets located in a secure office.

CHAPTER 5

TRANSPORTING THE PDEP PROGRAM TO THE PALESTINIAN CONFLICT ZONE

The term *occupied Palestinian territories* (oPt) is frequently used by international NGOs and other humanitarian organizations including the World Health Organization, Amnesty International and Save the Children International to describe the Palestinian territories of Gaza and the West Bank, including East Jerusalem. The geopolitics of this region are highly complex and hotly contested; the Palestinian territories are surrounded and controlled by the State of Israel, and share borders with Jordan, Lebanon, Syria, and Egypt's Sinai region (Figure 5).



Figure 5. Map of Gaza, the West Bank, and the surrounding States. Retrieved from Zenna Tahan, <http://www.aljazeera.com/indepth/features/2017/06/50-years-israeli-occupation-longest-modern-history-170604111317533.htm>

Historical and Geopolitical Context

On November 29th, 2012, the UN along with 136 Member States voted in favour of General Assembly Resolution 67/19, recognizing the Statehood of Palestine as a UN non-member observer⁷. Only nine Member States voted against this resolution: Canada, the Czech Republic, Israel, the Marshall Islands, the Federated States of Micronesia, Nauru, Palau⁸, Panama, and the US. Forty-one States abstained from voting on the resolution (United Nations, 2012). In response to the passing of Resolution 67/19, the then UN Secretary-General Ban Ki-Moon addressed the General Assembly and reiterated that Palestinians had a legitimate right to an independent State, and that Israel had the right to live in peace, issuing a call to action for all to act responsibly and work collectively to achieve reconciliation and lasting peace (United Nations, GA/11317, 29 November 2012). However, despite the widespread global support for Palestinian sovereignty, the Palestinian territories of Gaza and the West Bank including East Jerusalem, remain under control of the State of Israel.

These Palestinian territorial regions and the area of land that is now recognized by many nations as the State of Israel were historically referred to as Palestine with Jerusalem as the

⁷ UN non-member observer status is defined as having a standing invitation to participate as an observer in the UN sessions and the work of the General Assembly, and to maintain an observer presence at the UN Headquarters. In 2011 Palestine applied for full membership status with the UN. This application failed Security Council approval. Non-member observer status is an important symbolic recognition of Palestinian sovereignty, and allows the State of Palestine to access other UN memberships and systems.

⁸ These four Pacific Island nations (Marshall Islands, Micronesia, Nauru and Palau) are reported to have a history of voting in support of Israeli interests in international forums in return for financial aid. This pattern of voting is often in 'partnership' with Australia, Canada and the United States.
https://www.washingtonpost.com/news/worldviews/wp/2012/11/30/coalition-of-the-opposing-why-these-9-countries-voted-against-palestine-at-the-u-n/?utm_term=.27934d191334

Nauru also has a financial arrangement with Australia. In exchange for financial aid, Nauru operates horrific detention centres for asylum seekers trying to make refugee claims in Australia.
<https://www.theguardian.com/world/2016/aug/10/a-short-history-of-nauru-australias-dumping-ground-for-refugees>

official capital. Beginning in 1917, the League of Nations mandated British rule over Palestine, and set in motion decades of intractable violence and terror between Palestinians and Israelis.

British involvement in Palestine has a complex and convoluted history, but is important to consider in the context of reducing punitive violence against children in the occupied Palestinian territories.

Briefly, during the First World War, Arab Allies from Palestine and the surrounding region helped the British to defeat the Turks and the Ottoman Empire and advance British interests in the Middle East (Gutwein, 2016). In recognition of this support, the British promised the Arabs Allies rights to their Palestinian homeland through the Husayn-McMahon Agreement⁹ (Kattan, 2016; Rogan, 2009). However, during wartime the British made another promise, this time to the Jews via British Foreign Minister Arthur Balfour. The 1917 Balfour Declaration was essentially a declaration of British support for the Zionist movement and the creating of a Jewish homeland in Palestine (Rogan, 2009; Vereté, 1970). It is not surprising that the Arabs viewed the Balfour Declaration as a betrayal of the Husayn-McMahon Agreement and an example of Britain's double-dealings in the Arab region (Kattan, 2016; Rogan, 2009). For the next 30 years, Palestine was under British control. In 1947, the British and the UN sanctioned a partition plan to divide the land of Palestine into two states; one Arab and one Jewish. The UN Security Council adopted Resolution 181, the proposed Palestine partition plan, and the boundaries for the two States on the land of Palestine were drawn. This partition of Palestine and the creation of the Jewish State of Israel resulted in a Palestinian uprising and the 1948 Arab-Israeli War. Over the next 20 years, relations between the Palestinians and Israelis remained tense and were marked by

⁹ The McMahon agreement, as it is called, is based on the Husayn-McMahon correspondence of 1915-1916, in which the British pledged to support the creation of an Arab Kingdom in Palestine in return for their help in defeating the Ottomans (Rogan, 2009).

ongoing territorial violence, conflict, and oppression. In 1967, this territorial conflict erupted into what is known as the Six-Day War. Following six days of intense conflict, the State of Israel was considered victorious after having decimated the Palestinians and capturing even more Palestinian land from the Jordanians who governed the West Bank at that time. This war resulted in the State of Israel unilaterally ‘redrawing’ the 1947-borders set out in UN Resolution 181 by way of force (Rogan, 2009).

The resulting 1967 borders are highly disputed and are considered a violation of the Fourth Convention of the Geneva Convention Relative to the Protection of Civilian Persons in Time of War, one of four treaties that address international law governing humanitarian treatment in times of war and of those under occupation (International Committee of the Red Cross, 1949)¹⁰. Since the 1967 Six-Day War, the State of Israel has either illegally occupied or otherwise militarily controlled the Palestinian territories including Gaza, the West Bank, and the Golan Heights bordering Syria (Cohen, 2016). In 2000, after decades of occupation and oppression of Palestinians by the State of Israeli, there was a second Palestinian uprising, known as the Second Intifada, or the Al-Aqsa Intifada, that was marked by a five-year period of intense violence, thousands of civilian and military casualties and constant threats of terror for both Israelis and Palestinians (Rogan, 2009). In 2005, hope arose for a peaceful resolution between Israelis and Palestinians; however, those peace talks did not result in much progress. Israel built a 708-kilometre long and up to 26-feet high concrete wall physically separating the lands claimed by the State of Israel from the remaining Palestinian territories. This action resulted in Israel’s taking over more of the Palestinian lands, and even more extreme isolation and

¹⁰ The Fourth Convention of the 1949 Geneva Convention Relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention) addresses the protection of the civilian population during times of occupation.

oppression of Palestinians, especially those residing in the Gaza Strip. Gazans were physically separated from the other regions of Palestine including the West Bank and East Jerusalem, and their movement was severely restricted. They were forbidden from travelling outside of Gaza to the other Palestinian territories, and the Gaza Strip was physically occupied by Israeli forces. While the State of Israel may have extricated their occupying forces from Gaza in 2005, today all of Gaza's borders remain under control of the State of Israel, including the land, coastal, and air spaces; access to water and electrical sources is controlled by Israel, as are many other government functions. In response to the on-going oppression and ever-worsening blockade of Gaza since 2005, tensions between Palestinians and Israelis continued to build with sporadic episodes of violence and with the ever-present threat of terror.

Illegal appropriation of Palestinian land with ongoing settlement activity in the West Bank and East Jerusalem is sanctioned by States including the US Government. David Friedman, US Ambassador to Israel, made the public statement that settlements are a part of Israel, and have been so for the past 50 years, while then-presidential-candidate Donald Trump made promises of relocating the US embassy from Tel Aviv to Jerusalem (Beaumont & Borger, 2016). The US Embassy opened in May 2018, months ahead of schedule, to coincide with the 70th Anniversary of the State of Israel (Politico, Lima, 2018). Violent protests and religiously motivated conflict in the Old City of Jerusalem further escalate tensions in the region and have resulted in intensified illegal blockades and human rights violations for those residing in the occupied Palestinian territories (United Nations Security Council, 12927, 25 July, 2017). Figure 6 illustrates the evolution of the borders between the State of Israel and the Palestinian territories, and the illegal appropriation and occupation of Palestinian land by the State of Israel since 1948.

In the occupied West Bank, the Palestinian Authority (PA) is the government officially recognized and democratically elected by Palestinians residing there. While the PA governs activities inside various sections of the West Bank, referred to as Blocks, the State of Israel controls all the borders of the West Bank, including access to Jerusalem, and some civilian activities within certain blocks of the West Bank.

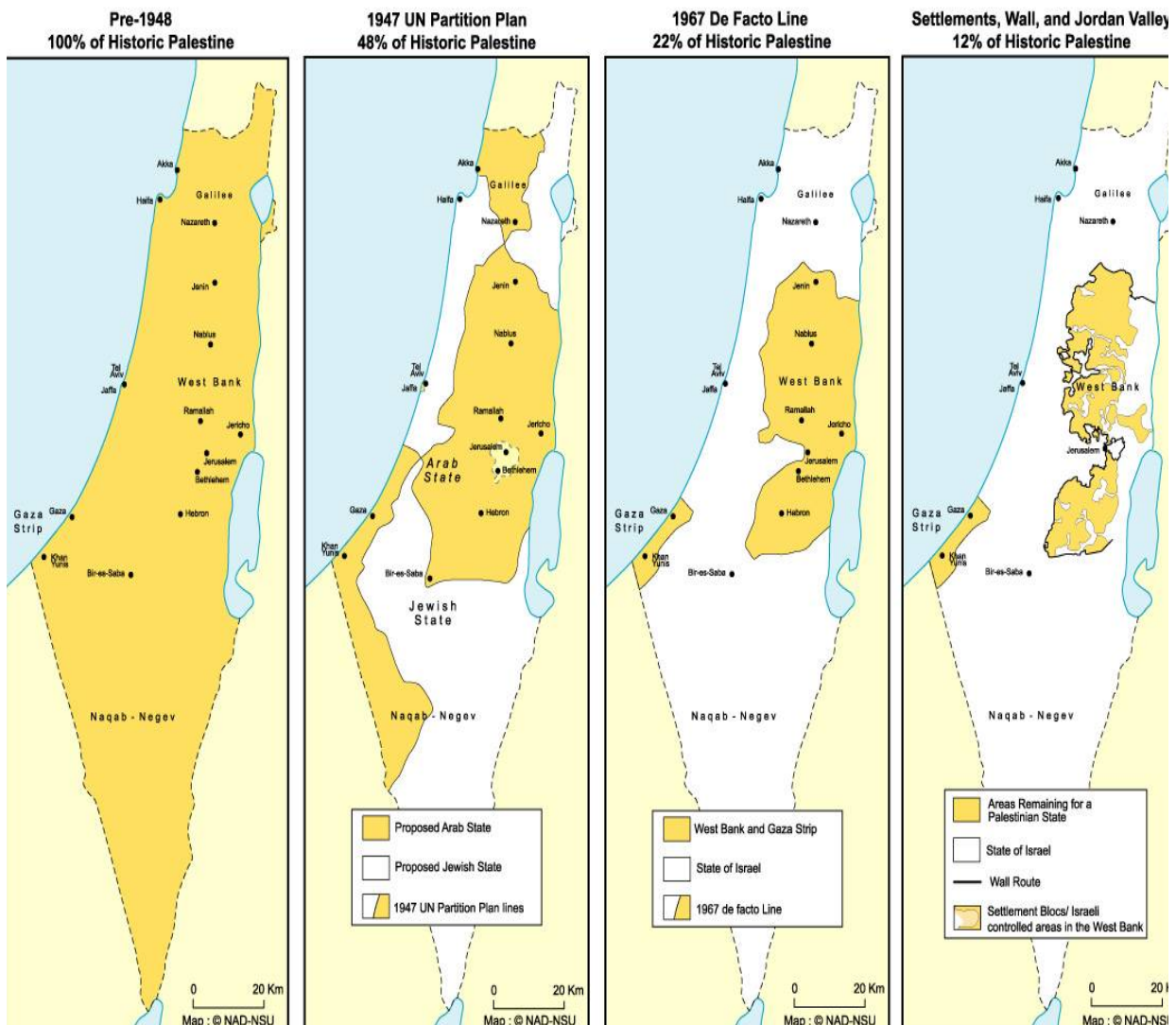


Figure 6. The progression of the land appropriation between Palestine and the State of Israel.

The city of Jerusalem is essentially divided into West Jerusalem, and the Israeli-annexed East Jerusalem. This division is further complicated by the illegal Israeli settlements that continue to expand and populate the annexed East Jerusalem. To illustrate the complexities of divisions of land within East Jerusalem and the West Bank, Figure 7 shows the areas of the West Bank that are Palestinian-controlled (in beige), and the areas of the West Bank occupied by illegal Israeli settlements (in blue) and outposts (in purple).



Figure 7. Map depicting Israeli settlements and outposts located throughout the occupied West Bank. Retrieved from <https://www.vox.com/world/2016/12/30/14088842/israeli-settlements-explained-in-5-charts>

In 2016, in response to global concerns about the on-going expansion of illegal Israeli settlements and outposts in the occupied Palestinian territories, in 2016 the UN Security Council (except for the US) unanimously adopted Resolution 2334. This Resolution condemns these

Israeli settlements and outposts in the West Bank and the annexed East Jerusalem, referring to these settlements as a violation of international law, without legal validity, and a major barrier to peace and security for the region (UN Security Council, Resolution 2334/2016). Despite widespread international condemnation, and the United Nations' call to cease all Israeli settlement activities, since January 2017 there has been a marked expansion of Israeli settlements, including the development of 11,000 new housing units in the occupied West Bank. This has resulted in even more Palestinian communities being demolished and many Palestinian families being forcibly displaced within their own territory (UN Security Council 12765/7908th Meeting/ March 24, 2017).

Tension between Palestinians and Israelis is further exacerbated by religiously motivated territorial discontent over the Old City of Jerusalem, a UNESCO World Heritage site of religious significance for Muslims, Jews, and Christians. The Old City of Jerusalem is a small walled area of land, approximately one square kilometre in size, within East Jerusalem. Inside the walls of the Old City is the Church of the Holy Sepulchre, which Christians believe contains the site where Jesus was crucified, as well as Jesus' empty tomb; the Western Wall built by Herod the Great, the holiest site where Jews are permitted to pray; the Dome of the Rock, where Muslims believe Prophet Muhammad's Night Journey to heaven began and where Jews believe Abraham attempted to sacrifice his son; the Al Aqsa Mosque, where Muslims believe Muhammad prayed before his Night Journey began; and the Temple Mount, which is the holiest site in Judaism and the third holiest site in Islam. The State of Israel controls access to the Old City. Violent protests between Palestinians and Israelis often occur within the walls of Jerusalem's Old City.

As recently as July 2017, Palestinian protesters clashed with Israeli forces over restricted access for Muslim worshippers at the Temple Mount.

Intra-Palestinian Conflict

Adding to the territorial tensions between the State of Israel and the Palestinian Authority is the intra-Palestinian conflict between the Palestinian Authority in the West Bank and Hamas, the governing authority in Gaza (Challand, 2009). Many foreign States, including the Government of Canada, consider Hamas as an Islamic terrorist organization (Government of Canada, 2016; Tunner, 2006). Hamas overtook control of Gaza (by way of contested elections) in 2006 from Fatah, the then-governing branch of the Palestinian National Liberation Movement founded by Yasser Arafat (Spoerl, 2006). This takeover resulted in intra-Palestinian conflict between Fatah and Hamas and a violent split of the multi-party Palestinian Authority, further destabilizing the region. Recently, in October 2017, Hamas and the PA announced a reconciliation agreement after more than a decade of conflict and violence between the parties. It remains to be seen how this agreement will proceed and whether this will exacerbate or reduce tensions between Palestinians and Israelis.

Ultimately, this vortex of conflict between Israelis and Palestinians, compounded by the intra-Palestinian conflict, has resulted in ongoing violence and constant threats of terror, inequality, discrimination, and human rights violations for those in the occupied Palestinian territories. This conflict has resulted in the world's largest refugee population. Nearly 2 million children (just under 50% of the total population) suffer from the decades-long Israeli occupation and the intra-Palestinian conflict. Gaza is home to one of the most protracted humanitarian crises of our generation (Save the Children, 2017). In 2014, violent clashes between Palestinians

in Gaza and Israelis resulted in a 51-day war in Gaza. According to David Hassel, Save the Children's Country Director in the oPt, during the 51-day war,

551 children in Gaza were killed and 3,436 were injured, while an estimated 1,500 lost their parents. Many more were made homeless and saw their schools damaged or destroyed. In Israel, one child was also killed by rocket fire and 270 people were injured. (Save the Children, 2015, p.1)

Since the 2014 conflict, it is reported that over 80% of Gaza's population (estimated to be more than 2 million) receives some form of food aid to alleviate poverty and food insecurity (World Bank, 2017). Gaza also has one of the highest unemployment rates in the world; 42% of adults and 58% of young adult males are unemployed (World Bank, 2017). On average, Palestinians have 8.9 years of schooling out of an expected 13 years and just over 50% have some form of secondary education. Over 25% of the population lives below the income poverty line; the Gross National Income per capita is \$4,699 (USD) (United Nations Development Program, 2015).

Violence Against Children in the Occupied Palestinian Territories

In response to decades of conflict, increasing threats of terrorism, food insecurity and blockades, poverty, illegal detentions, and numerous other human rights violations, international NGOs including Save the Children, UNICEF, and the United Nations Relief and Works Agency for Palestine (UNRWA), in partnership with Palestinian CBOs, have been working in the occupied territories to support Palestinian families and their children. Child protection is a core component of this humanitarian work, including initiatives to prevent violence against children. According to UNICEF (2014a), close to 95% of Palestinian children between 2 and 14 years of age had experienced 'violent discipline' (defined as psychological aggression and/or physical

punishment) by a caregiver in the month prior to the survey. A community-based child protection survey of 678 Palestinian parents in Gaza found that nearly 100% reported using punitive violence (corporal punishment and/or verbal punishment) against their children (Trojan, 2008). No laws prohibit corporal punishment of children in Gaza and the West Bank. Corporal punishment, including ‘disciplinary beatings’, is widely accepted in the West Bank and legal under the Jordanian Penal Code of 1960 that is followed in certain parts of the West Bank. The State of Israel’s child protection laws, however, govern East Jerusalem. The Supreme Court of Israel prohibited corporal punishment and all violence in child-rearing in 2000, although the extent of application of this law to Palestinian children in East Jerusalem is unknown (Global Initiative to End All Corporal Punishment of Children, 2017).

In response to the pervasive use of punitive violence by parents in the context of discipline, Save the Children introduced PDEP to the occupied Palestinian territories in 2013. Save the Children delivers PDEP to Palestinian parents through its partner organizations: *Juzoor Community Health Centre* (Juzoor), which works with the nearly one million inhabitants of 19 refugee camps in the West Bank; the *Palestinian Counseling Center* (PCC), which works with Palestinian families in East Jerusalem, including Shuafat refugee camp; and UNRWA, which supports children and their families living in the eight refugee camps located throughout the Gaza Strip, with an estimated 1.3 million registered inhabitants.

Purpose and Hypotheses

The purpose of conducting the Palestine case study was to assess the transportability of PDEP to a conflict zone, where violence is a constant reality of families’ lives. Applying the DAP model (refer to Figure 4), I conducted an evaluation of the Exploration, Preparation, Implementation, and Sustainment Phases associated with transporting PDEP to the oPt.

Evaluation of the first three phases was approached qualitatively and descriptively and included documenting the processes undertaken while transporting the program to this region. As I was extensively involved in transporting the program to this context, and led this process beginning with the initial negotiations with Save the Children through to the Sustainment Phase, the main sources of information came from a review of my research notes and training reports, organization reports, and documented personal communications, including email correspondence and meeting minutes.

Evaluation of the Sustainment Phase was approached quantitatively and involved hypothesis testing. Sustainment of the transported PDEP program was evaluated on the basis of whether parents living in the Palestinian conflict zone: (1) viewed PDEP as relevant to their parenting and everyday lives; and (2) demonstrated shifts in their support for punishment, perceptions of children's typical behaviour as intentional misbehaviour, and parenting self-efficacy after taking the PDEP program. To evaluate the Sustainment Phase, two main hypotheses were tested.

The first hypothesis relates to Palestinian parents' perceptions of the *relevance* of the transported PDEP program. It was hypothesized that if Palestinian parents perceive PDEP as relevant to their lives they would be willing to recommend PDEP to other parents and report satisfaction with the overall program and the program exercises. Based on evidence that parents living in a variety of cultural contexts perceive PDEP as relevant to their parenting (Durrant et al., 2017), it was predicted that a majority of Palestinian parents who had taken PDEP would be willing to recommend it to other parents and would report satisfaction with it.

The second hypothesis relates to the *effectiveness* of the PDEP program for parents living in the Palestinian conflict zone. It was hypothesized that if the transported PDEP program is

effective for this population, over the course of the program, their support of physical punishment would decrease; they would become less likely to view typical child behaviour as intentional misbehaviour; and their parenting self-efficacy would increase. Based on preliminary evidence of PDEP's effectiveness in diverse cultural contexts (Ademi Shala, Hoxha, & Ateah, 2016; Khondkar, Ateah, & Milon, 2016; Durrant et al., 2014), it was expected that these effects would be found among Palestinian parents who have taken the transported program.

Method

Evaluation of the *Exploration Phase* of Transporting PDEP to the Palestinian Conflict Zone

For the Exploration phase, I described the Palestinian context to which the PDEP program was transported. This included a detailed description of the organizational- and system-level characteristics of Save the Children oPt, the NGO responsible for introducing PDEP to this context, and the Palestinian community-based organizations based in Gaza, the West Bank, and East Jerusalem that were responsible for the direct services delivery of the PDEP program to parents in this conflict setting.

Another important component of the Exploration Phase was to understand the characteristics of the program's providers and parent participants. For this, I described the Palestinian facilitator characteristics and the characteristics of the Palestinian parents who participated in the program and received services from the Partner organizations. Information for this descriptive assessment was obtained from Save the Children oPt and partner agency reports, my field notes, and personal communications with the stakeholders.

Evaluation of the *Preparation Phase* of Transporting PDEP to the Palestinian Conflict Zone

For this phase, I documented the steps that occurred when the organizers and I were preparing the PDEP training and program materials for transportation to the Palestinian context,

including a detailed description of the translation process that was followed to translate PDEP from English to Arabic. A description of the steps taken to review the PDEP materials for relevance for the Palestinian parents is also included.

I also documented the logistical challenges faced when my colleagues and I transported the PDEP Training to the region. I described the post-training assessments and revisions that were made to the program materials *prior* to implementing PDEP with Palestinian parents. Information for this descriptive assessment of the Preparation Phase came from my research notes, the PDEP post-training reports that I authored and the personal communications I had with the stakeholders.

Evaluation of the *Implementation Phase* of Transporting PDEP to the Palestinian Conflict Zone

To evaluate the Implementation Phase, I documented the processes that were undertaken while the Facilitators were implementing the PDEP program directly with Palestinian parents in Gaza, the West Bank, and East Jerusalem. This includes a description of the mentorship model and in-country coaching that was initiated to optimize Facilitators' fidelity to PDEP's core principles and delivery process.

Evaluation of the *Sustainment Phase* of Transporting PDEP to the Palestinian Conflict Zone

For the Sustainment Phase, the quantitative data collected directly from the Palestinian parents during the PDEP implementation phase were examined. These data were used to test the study's hypotheses.

Participants. The sample for the quantitative analysis was drawn from the PDEP Global Database. Included in this sample were all mothers and fathers who attended a PDEP parent program delivered by a trained PDEP Facilitator or Country Trainer in the oPt between 2014 and 2017, and for whom the Simplified PDEP Pre- and Post- Parent Program Questionnaires had been submitted. Table 3 presents the demographic characteristics of this sample. Of the 216 parents in this sample (63 mothers and 148 fathers), 29.6% had completed high school, 18.1% had completed elementary school, and 4.2% did not complete elementary school.

Measures. The *Simplified Positive Discipline Pre-Program Questionnaire for Parents* (Appendix C) is a 21-item measure that includes demographic questions specific to the parent including: (1) gender; (2) age; (3) number of children; and (4) highest level of education (Table 3). Parents are asked to rate on a four-point scale (1 = strongly disagree, 2 = mostly disagree, 3 = mostly agree, 4 = strongly agree) how strongly they agree with five items related to approval of physical and emotional punishment, three items related to perceptions of children's typical behaviours as intentional, and three items related to self-efficacy.

Table 3

Demographic Characteristics for the Sample of Palestinian Parents (N = 216)

Characteristic	Percent
Gender	
Female	29.9
Male	70.1
Age	
< 20	2.9
21-30	29.8
31-40	43.3
>40	24.0
Number of children	
1	15.2
2	22.0
3	19.3
4	17.8
5	13.6
6	6.3
7	2.6
8	1.0
9	1.6
Highest level of education	
Did not complete elementary school	4.3
Completed elementary school	18.8
Completed high school	30.8
Some college or university courses	46.2

Approval of Punishment was operationalized with the following items: (1) When I argue with my child, I often say things I don't mean; (2) When my child does something I don't like, I sometimes yell; (3) Spanking is fine as long as the parent is not angry; (4) Parents should have the right to decide whether to spank their children; (5) If parents don't use punishment, their children will be spoiled.

Perceived Developmental Norms was operationalized with the following items: (1) Four-year-olds who interrupt adults are rude; (2) Babies cry in the middle of the night to make their parents angry; (3) If a teenager says her parent's rules are unfair, she should be told, "If you don't like the rules you can move out".

Self-efficacy was operationalized with the following items: (1) Most people are better parents than I am; (2) I have the skills to be a good parent; (3) As a parent, I often just don't know what to do.

The *Simplified Positive Discipline Post-Program Questionnaire for Parents* (Appendix B) is a 23-item measure. The questionnaire repeats the five approval-of-punishment items, the three perceived-developmental-norms items, and three self-efficacy items that were asked on the pre-program questionnaire. In addition, parents indicated the strength of their satisfaction on a four-point scale (1 = very dissatisfied, 2 = mostly dissatisfied, 3 = mostly satisfied, 4 = very satisfied) with: (1) the overall program; (2) the Positive Discipline Book; and (3) the program exercises. They also indicated whether they would recommend the program to other parents ('yes', 'no', or 'unsure').

Analytical Strategy

All statistical analyses were conducted with the Statistical Packages for the Social Sciences version 24 (SPSS 24, IBM Analytics, 2017) and AMOS, a statistical modelling

software for confirmatory factor analyses. Prior to hypothesis testing, the reliability of the proposed scales within this sample of Palestinian parents was assessed and two types of reliability analyses were utilized. Given the gender distribution of the sample (68.5% fathers) the hypotheses were also examined for gender differences.

First, confirmatory factor analyses (CFA) were conducted to determine how well the individual items on the questionnaires formed reliable theory-informed, construct-specific scales. Any items with factor loadings less than .40 were dropped from the analysis in an attempt to improve the fit of the scale. If the CFA reported a goodness-of-fit value of .95 or greater, the scale was considered a reliable representation of the construct¹¹. Second, the Cronbach's alpha procedure¹² was used to determine the internal consistency reliability of the proposed scales. This procedure examines the consistency of responses to the individual items within a scale (internal consistency). If the test statistic (alpha coefficient) is .65 or greater, the items were considered to have adequate to good internal consistency reliability. If these items together did not form a reliable scale the individual items were examined separately. Two main hypotheses were tested in this case study and the effect sizes were calculated to determine the magnitude of any significant differences.

Testing PDEP's relevance for Palestinian parents. To test Hypothesis 1—that most Palestinian parents will perceive the transported PDEP program to be relevant to their lives—the percentage of parents who indicated that they would recommend the PDEP to other parents, and

¹¹ There are multiple indices of model fit reported with a CFA. One widely reported index is the Root Mean Square of Estimated Approximation (RMSEA). The RMSEA should be less than 0.08 or 0.05 to consider the scale to be a good representation of the proposed construct.

¹² The Cronbach's Alpha is an analysis of how well individual items on a measure relate to each other and represent the proposed underlying constructs, with scores ranging from 0-1; an alpha score= 0.65 or higher is considered indicative of a reliable scale with adequate to good internal consistency (Kent State University Libraries, 2017).

the percentage that reported being ‘mostly or very satisfied’ with the PDEP program and its components, was computed. The Cronbach’s alpha method was used to test the internal consistency reliability of the three items included in the Satisfaction scale (the overall PDEP program, the Parent Book, and the program exercises). A series of Mann-Whitney *U* tests were conducted to test hypothesis by gender. Hypothesis 1 was supported if the majority (over 75%) of the Palestinian parents (mothers and fathers) indicated that they would recommend the program to other parents, and that they were highly satisfied (mostly and very satisfied) with the PDEP program and its components.

Testing PDEP’s effectiveness for Palestinian parents. To test Hypothesis 2—that the PDEP program will be effective in decreasing parents’ support for punishment, decreasing parents’ perceptions of children’s typical behaviours as intentional misbehaviour, and increasing parents’ self-efficacy — a series of two-way mixed ANOVAs were conducted to determine the differences in parents’ beliefs related to these constructs by gender from pre- to post-test. The first step in this analysis was to assess the reliability of the three proposed scales with CFAs. Any items with low factor loadings (less than .40) would be removed from the CRA to try to improve the fit of the scale. The second test of scale reliability was the Cronbach’s alpha method for the three scales. If the internal consistency reliability alpha score was less than .65, the reliability of the scale was questionable, and in that case, the items were analyzed separately. If the proposed scales were found to be reliable¹³, the total median scores on the pre- and post-scales would be computed, and these scores would be used as the dependent variables to test for differences from pre- to post-test by gender. If these differences were statistically significant (*p*

¹³ If one or both of the psychometric tests confirmed the reliability of the proposed scales, then the median scores were computed and used for hypothesis testing. Otherwise, the individual scale items were used.

$\leq .05$), then the effect sizes would be computed to estimate the magnitude of these changes. Hypothesis 2 would be supported if there was a significant decrease in the Palestinian mothers' and fathers' support for punishment, a decline in their perceptions of children's typical behaviour as intentional misbehaviour, and an increase in their parenting self-efficacy.

Results

The results are presented following the sequence of the four-phase DAP model. First, the process undertaken with various stakeholders during the Exploration Phase is described. This is followed by a description of the steps taken during the Preparation Phase once it was determined that PDEP would be transported to the region. Next, the Implementation Phase is described, including the processes undertaken to deliver the PDEP Facilitator trainings and the mentorship support provided to the trained Facilitators in order to optimize their fidelity to the program. Lastly, the results of the Sustainment Phase are presented, including the quantitative analyses of the psychometric properties of the Arabic versions of the PDEP measures and the hypothesis testing.

The Exploration Phase

In 2013, the transporting of PDEP to the Palestinian context was requested by Save the Children International's (SCI) oPt Country Office in partnership with Save the Children Sweden (SCS). At that time, SCI's 2013–2015 Child Protection Strategy had identified Physical and Humiliating Punishment as a child protection priority area, and PDEP was selected as a key initiative to address it. During the Exploration Phase, a Child Protection Advisor from SCS contacted the PDEP Team to have an initial online meeting to explore the possibility of transporting PDEP to the Palestinian territories. The Palestinian partner organizations that would be responsible for providing the direct-service delivery of the PDEP program were introduced

during these initial discussions. In East Jerusalem and the West Bank, the three partner organizations were UNWRA, the PCC, and Juzoor. In Gaza, the two partner organizations were the Association for Women and Child Protection (AISHA) and the Palestinian Center for Democracy and Conflict Resolution (PCDCR). During these initial conversations between SCS, SCI, and the PDEP Team, it was determined that the process of transporting PDEP would begin with the creation of a plan to train a group of individuals selected from the five partner organizations as Program Facilitators. They would then implement the program directly to the parents accessing services from their organizations.

System-level assessment. During this Exploration Phase, a system-level assessment was conducted to determine the roles and responsibilities of those who would be involved with transporting PDEP to the oPt. It was determined that the initial funding for the Facilitator Training would be provided by SCI through a Swedish International Development Cooperation Agency (SIDA) grant; and the funding for the parent programs would be provided by the partner organizations as part of their regular service delivery. SCI and the PDEP Team developed Terms of Reference and a Scope of Work for the Facilitator Training. The documents included: a detailed description of the purpose of the PDEP Facilitator Training in the oPt; the program methodology and training dates; the criteria for selecting trainees; a detailed training outline; and tasks and expected outputs.

Organizational-level assessment. An SCI-appointed focal-point person based in Gaza coordinated the logistic arrangements required to transport PDEP. Based on a recommendation from SCI and the five Palestinian partner organizations, Amman, Jordan was selected as the training location to accommodate the travel restrictions related to entering and exiting Israel and the oPt. Palestinians from East Jerusalem, the West Bank, and Gaza are not able to travel to the

other Palestinian territories by crossing through the Israeli territory situated in the middle. Moreover, nationals from surrounding and nearby Arab countries including Iraq, Lebanon, the United Arab Emirates, and Yemen are restricted from entering Israeli territory, which is where the nearest airport to the oPt is located (Ben Gurion Airport in Tel Aviv).

Hosting the PDEP training outside of the Palestinian territories created substantial logistical challenges related to transporting the training materials to Amman. The SCI focal-point person had to request a special permit from the Israeli government, as a humanitarian worker, to exit Gaza via the Erez crossing and travel across Israeli territory via bus to the West Bank (Figure 8). Once in the West Bank, she took a bus to the Jordanian border from which she then travelled on to Amman. On her own, she carried three large suitcases filled with heavy training materials, including 25 each of Facilitator manuals, binders, and Parent Books. Israeli soldiers at the Erez (Gaza-Israel) crossing inspected all of these materials. This process took hours and a suitcase was damaged during the inspection, which made it nearly impossible for her to transport the materials on her own. A similar inspection was conducted at the Qalandia checkpoint between Jerusalem and Ramallah in the West Bank; and then a third one at the King Hussein Allenby Bridge border crossing between the West Bank and Jordan. It took more than 18 hours for this individual to complete the 142-kilometre journey from Gaza to Amman.

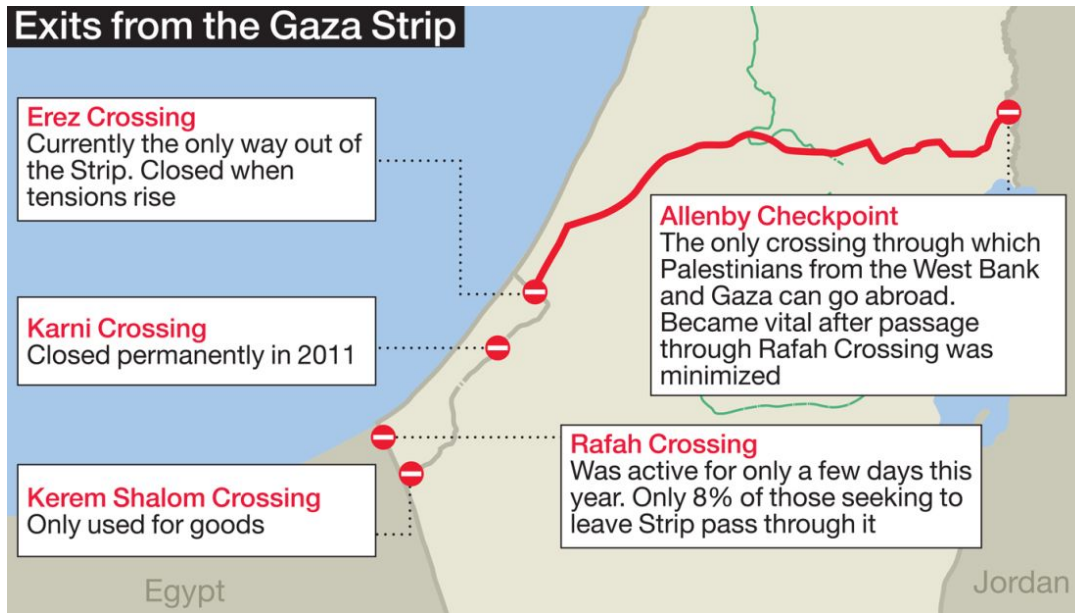


Figure 8. Map depicting the Erez Crossing from Gaza into Israel, the Rafah Crossing from Gaza into Egypt, and the Allenby Checkpoint from the West Bank into Jordan.

Provider assessment. Potential Facilitator trainees from SCI and the five partner organizations were invited to submit applications to participate in the training. Acceptance into the training was based on six criteria: (1) previous facilitator experience with a particular emphasis on facilitating group parent programs; (2) a minimum of five years' experience working directly with parents and/or children; (3) a minimum of one year's experience working for SC or one of the five partner organizations; (4) educational background in child development, child rights and adult learning; (5) having existing opportunities to deliver the PDEP program to parents through the candidate's workplace; and (6) written commitment from a supervisor and/or line manager to supporting the candidate's training and future implementation of the program.

Client characteristics. The target recipients of the PDEP parent program in the oPt were mothers and fathers with a basic level of education and of Muslim faith who were self-selected rather than mandated to access the services of the partner organization. It was the responsibility

of the partner organizations to advertise and recruit parents for the PDEP programs they would host following the Facilitator Training.

The Preparation Phase

Following the initial Exploration Phase that involved assessing organizational capacity, including the human and financial resources required to transport PDEP to the oPt and agreeing on the training structure and implementation plan, the Facilitator Training was scheduled for November 23rd to 30th, 2013. This left only six weeks to complete all of the preparations for the training, including inviting and selecting the trainees; translating all of the training and parent program materials into Arabic; and contextualizing the program materials and evaluation measures for Palestinian families. The PDEP Team and the SCI focal person based in Gaza undertook this extensive preparation work.

Two significant challenges were experienced during this phase. First, the 8-hour time difference between Winnipeg and Gaza made it difficult to schedule online meetings. The electrical crisis in Gaza amplified this challenge. Electrical power is restricted in Gaza; it is common for electricity to be limited to only a few hours per day, often at inconvenient times such as early morning or late at night. When electricity was available for an internet connection (often the result of generators), the connection was unreliable and of poor quality. This made planning and other discussions difficult because the internet connection would often be lost or freeze. Many times, the online meetings would take twice as long as scheduled to cover the agenda items or the meeting would have to be rescheduled due to loss of connection mid-meeting. This experience was frustrating for all concerned and resulted in more time and meetings being required in this phase than originally anticipated.

Trainee assessment. Three weeks prior to the Facilitator Training, invitations to apply to the training were shared within SCI and with the partner organizations. The applications forms were due back one week later to the SCI focal point person via email. The PDEP Team and SCI then reviewed these applications. Some of the application forms had been completed in Arabic, so those applicants' responses were translated into English by the SCI focal-point person and shared with the PDEP Team. Due to the technical challenges involved in working remotely, the review of trainee applications took additional time. The translated applications had to be scanned and shared with the PDEP Team via email. The SCI focal-point person and the PDEP Team then had to meet online twice to discuss the applications. The majority of the trainees had professional experience providing direct social and health services to families as university-educated social workers, teachers, or counsellors, and all had some degree of training in child rights, child development and experience with group facilitation. Moreover, all of the applicants indicated that they were: (1) actively involved in encouraging parents to eliminate the use of physical and emotional forms of punishment; (2) committed to changing policies and/or laws to end physical and emotional punishment; and (3) supported the idea of eliminating physical and emotional punishment. Ultimately, all 23 applicants met the criteria for the training and were invited to attend.

Two weeks prior to the commencement of the training, the applicants were notified of their acceptance. Once the trainees were notified, the SCI focal-point person had to make a number of logistical arrangements for the trainees in a short-period of time. This included: arranging hotel accommodations for all of the trainees and the training team members; booking flights for the Gazan participants to travel from Egypt to Amman; making reservations for the Gazans at the border crossing with Egypt (Rafah Crossing); and arranging ground transportation

for the East Jerusalem and West Bank participants to travel from the oPt to Amman via the Allenby Crossing with Jordan. Unfortunately, given the tight timeline and shortage of rooms left at the hotel and conference centre where the training was being held, the participants were required to share accommodations, which was less than ideal for the participants.

Translation. The narrow timeline from the Exploration Phase through to the Implementation Phase of the Facilitator training made the translation process intensely challenging. The translation of the PDEP materials into Arabic was outsourced to a professional translation company selected by SCI. The professional translator, who was based in Lebanon, had neither previous knowledge of the PDEP program nor background knowledge in psychology or child development, which made the translation of some of the key psychological terms into Arabic difficult and time-consuming. Following a brief contextualization process (discussed further below), the English PDEP materials were provided to the translator via the online document sharing service, Dropbox. Given the large number of materials requiring translation, there was insufficient time to professionally format them prior to the Facilitator Training. As a result, the Arabic versions of the PDEP materials were in draft format for the Facilitator training and required additional work and financial resources to be finalized prior to the delivery of parent programs.

Contextualization and adaptations. While the translator was translating the training materials, the SCI focal-point person was simultaneously reviewing them for their relevance and suitability to the oPt context. The latter suggested a change to one of the problem-solving scenarios that are central to the program. This scenario describes a situation in which a 17-year-old girl is late arriving home from a party where alcohol was present. The SCI focal-point person explained that in this Middle Eastern context with a population of primarily conservative

Muslim families, this scenario would be regarded as highly unlikely and socially unacceptable by parents who struggle with raising adolescent girls while adhering to strict gendered norms and the concept of family honour. To make this scenario more relevant for this particular context, two adaptations were suggested. The first was to change the gender of the teenager to male and remove the reference to alcohol. A second suggestion was to change the scenario to one in which a 17-year-old girl returns home from school late. These two options were discussed and it was decided by the SCI focal-point person that the second option be incorporated into the materials. Other than this change, the PDEP Facilitator Training and parent program materials were translated directly from English to Arabic.

Given the limited time available to prepare for the training, a comprehensive contextual review of the PDEP materials was not possible. Therefore, the PDEP Team and SCI agreed that the Facilitator training would serve as an opportunity for the trainees to participate in a full contextual review process, which also included assessing the quality and accuracy of the translated Arabic PDEP materials. It was planned that, throughout the training, a large sheet of paper would be posted on the wall for Facilitators to make notes of any translation issues. In regards to the contextual review, on the final day of the training, the newly trained Facilitators would review each of the PDEP sessions and offer their suggestions to improve the relevance of the content for Palestinian families.

Evaluation assessment. Related to the translation and contextualization process was a review of the PDEP evaluation measures. A few words used in the measures, such as ‘spank’ and ‘slap,’ were identified as potentially problematic. For example, in Arabic the term ‘slap’ is commonly understood as slapping the face, not the bottom or other part of the body, which is the reference in English. The item, *‘If a teenager says her parents’ rules are unfair, she should be*

told, “If you don’t like the rules you can move out”” was deemed to be culturally inappropriate, as parents in this region would not tell a daughter to move out. Instead, it was suggested that the hypothetical child be changed to a son, and the item be modified so that *‘If you don’t like the rules you can move out’* be replaced with *‘If you don’t like the rules you can leave’*.

The Implementation Phase

The implementation phase began with the Program Facilitator Training in Amman. I co- led this five-day training with an Arabic-speaking PDEP Facilitator from Yemen. Simultaneous interpretation was facilitated by four Jordanian English-Arabic speaking interpreters using specialized audio equipment, microphones and a sound-proof booth. The interpreters worked in pairs, taking 20-minute shifts. At the end of the first day, the training participants voiced their concerns with the slow pace and poor clarity of one of the interpreters. To ensure that the trainees were receiving high-quality training, a representative from SCS, the SCI focal- point person, and I met with the interpreter to discuss the participants’ concerns. During this discussion, the interpreter expressed her own concerns with trying to keep up with the pace and interactive nature of the training. Together, we decided that it would be best to replace the interpreter with another one who had more experience and would be more likely to maintain the pace of this interactive and dynamic training.

Travel restrictions for the eight Gazan trainees from AISHA and PCDRC, who were attempting to exit Gaza from the Rafah Border Crossing with Egypt, resulted in a one-day delay in the commencement of the Facilitator training. Even though the SCI focal-point person had reserved the Gazan trainees’ spot at the border and submitted the appropriate paperwork, the trainees’ passage into Egypt was denied without explanation—after they had waited for two long days at the Rafah Crossing. They had to return to their homes late at night, only to return the

following day to wait again for hours with the hope of exiting Gaza. This two-day ordeal caused significant delays and resulted in great disappointment, as the participants were denied the opportunity to train as PDEP Program Facilitators in Amman. To manage this setback, it was proposed that a second Facilitator Training be held in Gaza at a later date to avoid any travel restrictions for those facilitators. As a result of this situation, a total of 17 trainees participated in the Amman Facilitator Training.

Training and Program Materials. The quality of the printed materials for the Amman Program Facilitator Training was poor. According to the SCI focal-point person, this was due to the Israeli blockade, which limits access to printing and publishing supplies (among other things) in Gaza where the training materials were prepared before being transported to Amman. Throughout the Facilitator Training, the participants identified several issues with the Arabic translations of the materials. Notably, the Arabic words for the terms ‘Discipline’, ‘Warmth’, ‘Structure’, ‘Punishment’, ‘Normalization’, and ‘Persistence’ were identified as problematic. Notably, on the first morning of the training, the participants indicated that the Arabic term selected for the word ‘Discipline’ had a militaristic connotation in the Palestinian context and was similar to the Arabic term that the Israeli Defense Force (IDF) uses to describe control and punishment of Palestinians. Unfortunately, this affected the tone of the training at the outset. Some participants seemed defensive, believing that the trainers were trying to convey a militarist message of control and punishment in the context of parenting. It was evident in some of the participants’ expressions that there was a mismatch between how I was explaining the concept of ‘Discipline’ via the interpreter, and how the term ‘Discipline’ had been translated into Arabic in the written materials. Once I understood that there was confusion on this issue, I explained PDEP’s definition of ‘Discipline.’ Then, the participants suggested an alternative term for

‘Positive Discipline’, one that more accurately represents the concept of teaching and guiding children in the context of parenting, as intended in the program.

The Arabic term that the translator chose to represent the concept of ‘Structure’ referred to control and rules, which is the antithesis of the intended meaning of ‘Structure’. On the final day of the Facilitator Training, the participants were given an opportunity to suggest improvements in the Arabic translation and the contextualization of the materials. These recommendations were taken back to the PDEP Team and the materials were revised accordingly. The Facilitators primarily made suggestions to improve the quality of the Arabic translation, such as those described above. However, they did note one important contextualization issue for consideration. For example, there is an experiential activity in PDEP that leads participants through an imaginary scenario where they are asked to select between two teachers. The first teacher’s responses are punitive in nature (i.e., laughs at you when you make mistakes, or criticizes and embarrasses you, telling you that you will never be able to learn the language). The second teacher’s responses are supportive and kind (i.e., helps you to understand your mistakes, and is patient as you learn the rules of the new language). The overall purpose of this experiential activity is to help participants understand how structure and warmth are two important tools that facilitate a person’s motivation to learn and their ultimate success. After completing the training, the Facilitators voiced concern that it would be too difficult for Palestinian parents to imagine themselves learning a new language, given their low levels of education and limited exposure to other non-Arabic speaking people. The Facilitators proposed that parents be asked to imagine themselves learning a new skill, rather than a new language. After consulting with the PDEP Team and the Arabic-speaking Facilitators it was agreed that this adaptation would increase the relevance of the activity without compromising its purpose.

The revised and formatted Arabic PDEP materials were prepared in time for the second Program Facilitator training, which was held in Gaza in April 2014. There were substantial logistical challenges involved in transporting the training to Gaza. Perhaps most significant was coordinating with the various officials in Israel and the Palestinian Authority and Hamas in Gaza. SCI Security Advisors coordinated my passage into Gaza via the Erez Crossing in Israel. Once in Gaza, electrical issues continued to plague the training, as did the quality of the interpretation equipment and the printed program materials. The final day of this training was shortened by three hours because of an unexpected early closure of the Erez Crossing. Given the escalating tension in the region at the time and the approaching Easter holidays, I was advised by the SCI security advisor earlier that morning that I should end the training early to make it to the Erez Crossing by early afternoon in order to get to Tel Aviv in time for my return flight to Canada. As a result of this unexpected schedule change, the end of the training was rushed. My co-facilitator took over the final session and closed the training.

Following the training, the plan was for the Program Facilitators to immediately deliver programs to parents through their organizations. However, shortly following the training in Gaza, war broke out between Israel and Gaza, lasting for seven weeks until a tentative ceasefire was reached on August 26th, 2014. This war had a significant negative impact on the Facilitators' ability to move forward with PDEP. Plans for the parent programs had to be delayed until late fall of 2014 because SCI and the partner organizations shifted their priorities to providing emergency and humanitarian relief during and immediately following the war. This war was physically and psychologically traumatizing for the Facilitators and their families. They had no choice but to remain in Gaza under siege, in constant fear for their safety while dealing with food insecurity and limited or no electricity. During the war, the PDEP Team was in

regular contact with SCI and SCS for updates on the safety of these PDEP Facilitators and to provide emotional support.

Parent programs. Following the war, from October 2015 to December 2016, 14 PDEP parent programs were delivered to parents in Gaza, the West Bank, and East Jerusalem. To optimize the quality of the parent programs, the Facilitators were supported by the SCI focal-point person who conducted on-site field visits to observe the Facilitators delivering the PDEP program directly to parents. She shared her observations with the Facilitators and the PDEP Team in order to address challenges that the Facilitators experienced and any concerns that arose regarding their fidelity to PDEP's core concepts and program delivery model.

A number of issues made this task challenging. These included staff turnover within SCI; greater restriction of movement among the territories following the seven-week war; and limited availability of program funds to provide on-site coaching, support, and supervision. The post-war diversion of SCI funds to emergency and humanitarian assistance made it a challenge for SCI to secure additional funding for mentorship. The original budget was primarily for training purposes; little funding was earmarked for on-going mentorship and on-site coaching from the SCI focal-point person. Unfortunately, this resulted in limited remote support and less-than-adequate on-site mentorship for the Facilitators during the parent program implementation phase.

The Sustainment Phase

The Sustainment Phase examined the short-term outcomes of the PDEP parent program. This involved an examination of the psychometric properties of the Arabic versions of the PDEP measures and the hypothesis testing. The findings of these analyses are presented below.

Psychometric properties of the Arabic PDEP questionnaires. Prior to hypothesis testing to determine the relevance, effectiveness, and impact of the parent program with Palestinian parents in the oPt, the psychometric properties of the Arabic version of the Simplified PDEP Parent Program Questionnaires were examined.

A series of confirmatory factor analyses (CFAs) were conducted on the four theoretically proposed scales: (1) Approval of Punishment; (2) Perceived Developmental Norms; (3) Self-efficacy; and (4) Parent Satisfaction. Scale fit was examined with a variety of fit indices: χ^2 /degrees of freedom, the comparative fit index (CFI), the Tucker-Lewis Index (TLI), and the root mean square error of approximation (RMSEA) (Schreiber et al., 2006). Acceptable cut-off criteria indicative of a good scale fit were: (1) a non-significant ($p > .05$) χ^2 /degrees of freedom value less than 2; (2) a TLI value greater than .90; (3) a CFI value greater than .90; and (4) a RMSEA value less than .06 (Schreiber et al., 2006). Items with standardized factor loadings less than .40 were removed from the scale in an attempt to improve the fit. After examining the fit indices of the scales containing four or more items, Cronbach's alpha was calculated to evaluate the internal consistency reliability of the four proposed scales. Scales with an alpha value of .65 or greater were determined to have adequate internal consistency reliability.

Approval of punishment. The initial five-item Approval of Punishment scale demonstrated a poor fit ($\chi^2 = 14.271$, $\chi^2 /df = 2.854$, $p = .014$, TLI = -.031, CFI = .656, RMSEA = .093). The item "*Spanking is fine as long as the parent is not angry*" obtained a low factor loading of .13. Removing this item from the initial scale did not result in an acceptable fit ($\chi^2 = 11.238$, $\chi^2 /df = 5.619$, $p = .004$, TLI = .248, CFI = .850, RMSEA = .147), but did raise the factor loadings of the remaining four items to an acceptable level. Table 4 displays the unstandardized and standardized factor loadings for those four items, which were retained in the

modified scale. The modified Approval of Punishment scale was found to have poor internal consistency reliability at pre- ($\alpha = .42$) and post-test ($\alpha = .57$). Therefore, the four retained Approval of Punishment items were examined individually.

Perceived developmental norms. A multi-latent CFA was conducted on the three Perceived Developmental Norms items and the four Approval of Punishment items on the pre-test measure. Creating a multi-latent model in AMOS was recommended by Dr. Jiang, consulting statistician, as a way to determine individual item factor loadings of a latent construct with three or fewer items. This multi-latent model obtained poor fit indices ($\chi^2 = 36.709$, $\chi^2 / df = 2.824$, $p = .001$, TFL = .450, CFI = .745, RMSEA = .092).

Two of the three items related to the latent Perceived Developmental Norms construct had unsatisfactory factor loadings (see Table 5 for the factor loadings). The three-item scale also obtained low Cronbach's alpha scores at pre- ($\alpha = .15$) and post-test ($\alpha = .42$). Therefore, the three Perceived Developmental Norms items were examined individually.

Table 4

Unstandardized (Standard Errors) and Standardized Loadings of the Four Retained Approval of Punishment Items-Palestine

Item	Unstandardized	Standardized
1. When I argue with my child, I often say things that I don't mean	1.00 (--)	.49
2. When my child does something I don't like, I sometimes yell	.891 (.24)	.56
3. Parents should have the right to decide whether to spank their children	.971 (.28)	.45
4. If parents don't use punishment, their children will be spoiled	.943 (.26)	.48

Note: Dashes (--) indicate the standard error was not estimated. CFI = .850; TLI = .248; RMSEA = .147. $\chi^2/df = 5.619$; $p = .004$.

Table 5

Unstandardized (Standard Errors) and Standardized Loadings of the Perceived Developmental Norms Items-Palestine

Item	Unstandardized	Standardized
1. Four-year-olds who interrupt adults are rude	1.00 (-)	.81
2. Babies cry in the middle of the night to make their parents angry	.170 (.185)	.17
3. If a teenager says his parents' rules are unfair, he should be told, "If you don't like the rules you can leave"	-.019 (.069)	-.02

Note: Dashes (--) indicate the standard error was not estimated. Multi-latent model fit was computed with the four Approval of Punishment items and the three Perceived Developmental Norms items (CFI = .745; TLI = .450; RMSEA = .092. $\chi^2/df = 2.824$; $p = .000$).

Parenting self-efficacy. A multi-latent CFA was performed to determine the structural validity of the three-item Parenting Self-efficacy Scale. A CFA was conducted with the four Approval of Punishment items and the three Parenting Self-efficacy items. This model obtained poor fit indices ($\chi^2 = 28.608$, $\chi^2 / df = 2.201$, $p = .007$, TFL = .650, CFI = .838, RMSEA = .075), and two of the three Parenting Self-efficacy items obtained unsatisfactory factor loadings (see Table 6 for the Self-efficacy factor loadings). The three-item model had low internal consistency reliability at pre- ($\alpha = .32$) and post-test ($\alpha = .15$). Therefore, the three Parenting Self-efficacy items were examined individually, rather than computing a Parenting Self-efficacy total scale score.

Parent Satisfaction Scale. A CFA of the three Parent Satisfaction items on the post-test revealed a three-factor model with factor loadings all above the cut-off of .40. The CFI = 1.000, confirmed that this three-item model represented a very good fit of the latent construct (Table 7). This factor also demonstrated good internal consistency reliability ($\alpha = .79$). Therefore, a Parent Satisfaction Scale score was computed using the three satisfaction items to evaluate parents' satisfaction with the PDEP program.

Table 6

Unstandardized (Standard Errors) and Standardized Loadings of the Parenting Self-efficacy Items.

Item	Unstandardized	Standardized
1. Most people are better parents than I am (reverse coded)	1.00 (-)	.95
2. I have the skills to be a good parent	.184 (.376)	.17
3. As a parent, I often just don't know what to do (reverse coded)	.263 (.536)	.19

Note: Dashes (--) indicate the standard error was not estimated. CFI = 1.000. RMSEA and other fit indices were not reported due to the limited degrees of freedom with this three-factor model.

Table 7

Unstandardized (Standard Errors) and Standardized Loadings of the Parent Satisfaction Items

Item	Unstandardized	Standardized
1. Satisfaction with the overall PDEP Program	1.00 (--)	.66
2. Satisfaction with the Positive Discipline Book	.825 (.196)	.59
3. Satisfaction with the Program Exercises	1.51 (.389)	1.00

Note: Dashes (--) indicate the standard error was not estimated. CFI = 1.000. RMSEA and other fit indices were not reported due to the limited degrees of freedom with this three-factor model.

Hypothesis-testing

Program Relevance. To assess the relevance of PDEP with Palestinian parents, their satisfaction with the overall program and its components and their willingness to recommend the program to others were examined.

Program satisfaction. A large majority of Palestinian parents reported being ‘mostly’ or ‘very’ satisfied with the overall PDEP program (98.3%), the Parent Book (100%), and the program exercises (96.6%). In addition, 98.4% of the Palestinian parents would recommend PDEP to other parents. Only one of the Palestinian parents would not recommend the program to other parents.

Program relevance by gender. Palestinian parents’ satisfaction with PDEP and their willingness to recommend the program to others were examined by gender. A series of non-parametric Mann-Whitney tests¹⁴ were conducted to examine gender differences on the overall Parent Satisfaction Scale and on the four satisfaction items. On the Parent Satisfaction scale, mothers’ (mean rank = 33.49) and fathers’ (mean rank = 26.60) score distributions did not differ significantly ($U = 340.500, z = -1.720, p = .88$). There were also no statistically significant differences between mothers’ and fathers’ satisfaction with the overall PDEP program ($U = 359.500, z = -1.572, p = .116$), or the program exercises ($U = 309.500, z = -.1759, p = .079$). There was a statistically significant difference between mothers’ and fathers’ satisfaction with the Parent Book ($U = 243.00, z = -2.473, p = .013$); mothers (mean rank = 31.91) reported a higher level of satisfaction with the parent book than fathers (mean rank = 22.57). Parents’ willingness to recommend the program to others did not differ by gender, $X^2(1) = .249, p = .433$.

¹⁴ The Mann-Whitney test is the non-parametric equivalent to the parametric independent samples *t*-test. It is indicated for this analysis due to the non-normality (positive skew) of the variables.

Effectiveness of PDEP. The effectiveness of PDEP with Palestinian parents in the oPt was evaluated in three ways. First, change in parents' approval of punishment from pre- to post-test was evaluated. Second, changes in parents' perception of children's typical behaviour as intentional misbehaviour (perceived developmental norms) from pre- to post-test was examined. Third, changes in parents' self-efficacy were investigated from pre- to post-test.

Approval of Punishment. To test the hypothesis that PDEP would reduce Palestinian parents' support for punishment, a series of two-way mixed ANOVAs were conducted with Time (pre- or post-program) as the within-subjects factor, Gender (mother or father) as the between-subjects factor, and each of the five Approval of Punishment items was treated as a dependent variable. All dependent variables were transformed prior to analysis to compensate for the skewed nature of the data based on a recommendation from the Consultant Statistician.

In the first ANOVA, the item "*Spanking is fine as long as the parent is not angry*" was treated as the dependent variable. The interaction between Time X Gender was statistically significant, $F(1, 203) = 7.677, p = .006$, partial $\eta^2 = .036$. Next, simple main effects were examined. Mothers' ($M = 1.559$) and fathers' ($M = 1.323$) mean scores differed significantly at pre-test, $F(1, 205) = 20.863, p < .001$ partial $\eta^2 = .092$. However, mothers' ($M = 1.228$) and fathers' ($M = 1.161$) mean scores did not significantly differ at post-test, $F(1, 205) = 2.253, p = .135$, partial $\eta^2 = .011$. Figure 9 displays the shift in the distributions of mothers' and fathers' levels of agreement on the item "*Spanking is fine as long as the parent is not angry*" from pre- to post-test.

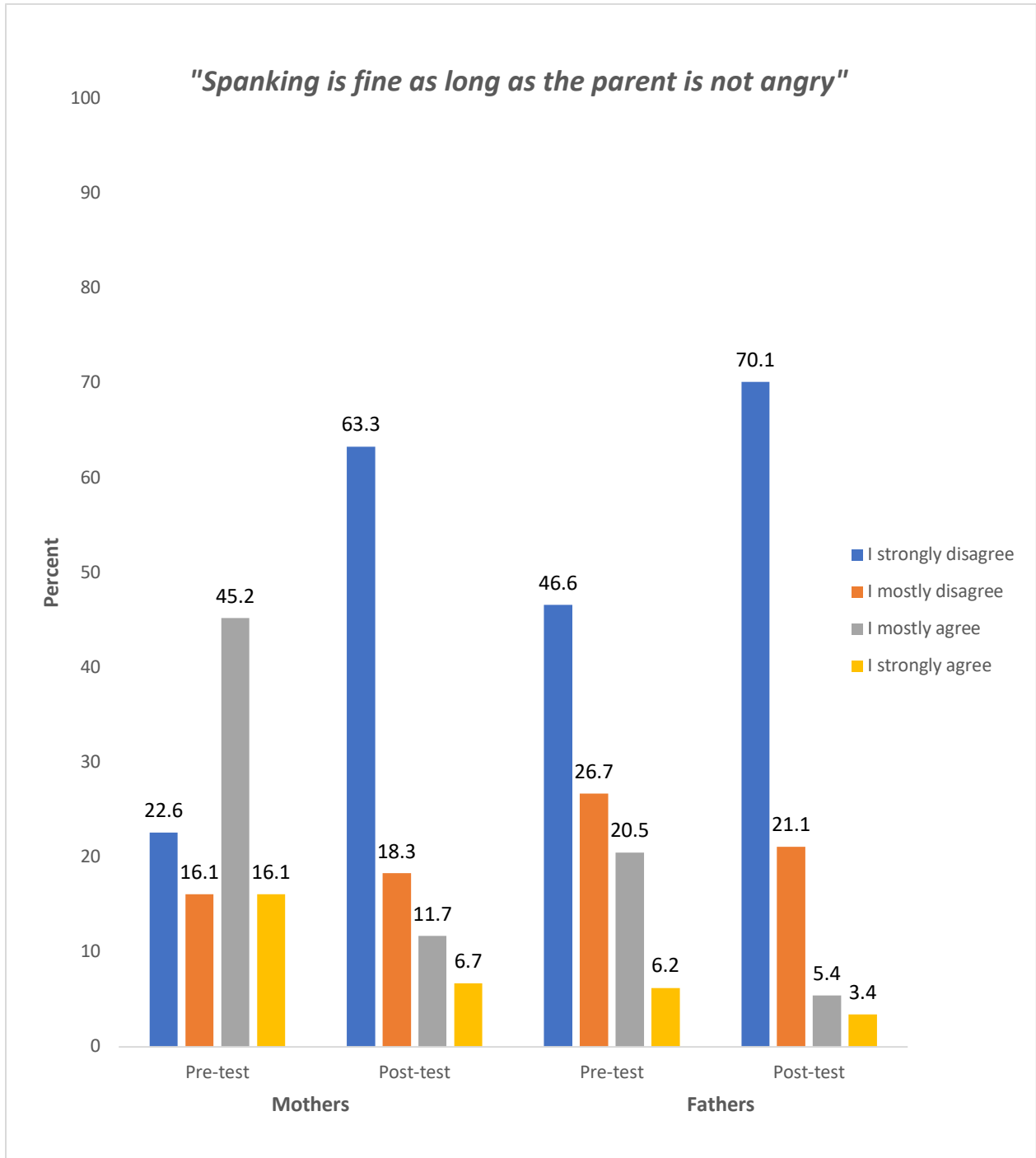


Figure 9. Percentages of Palestinian mothers and fathers at each level of agreement on the item “Spanking is fine as long as the parent is not angry” at pre- and post-test.

A second ANOVA examined the item, *“Parents should have the right to decide whether to spank their children”*. No Time X Gender interaction effect was found, $F(1, 199) = .199, p = .656$. Therefore, the main effects were examined with pairwise comparisons reported with 95% confidence intervals and p -values. There was a significant main effect for Time, $F(1,199) = 45.000, p < .001$, partial $\eta^2 = .184$, but not for Gender, $F(1, 199) = .028, p = .868$. Both mothers’ and fathers’ mean scores decreased significantly from pre- to post-test, representing a mean difference = .249, 95% CI [.176- .322]. Figure 10 presents the shift in the distributions of mothers’ and fathers’ levels of agreement on this item at pre- and post-test.

A third two-way ANOVA examined the effects of Time and Gender on the item, *“If parents don't use punishment, their children will be spoiled”*. The interaction between Time and Gender was not statistically significant, $F(1, 203) = .045, p = .832$. Therefore, the main effects were examined. There was a statistically significant main effect for Time but not for Gender. Parents’ agreement with this item decreased from pre- to post-test, $F(1, 203) = 1570.986, p < .001$, partial $\eta^2 = 0.886$, representing a mean difference = 1.192, 95% CI [1.133- 1.251] between the two time points. Figure 11 displays the change in the distributions of mothers’ and fathers’ levels of agreement on this item from pre- to- post-test.

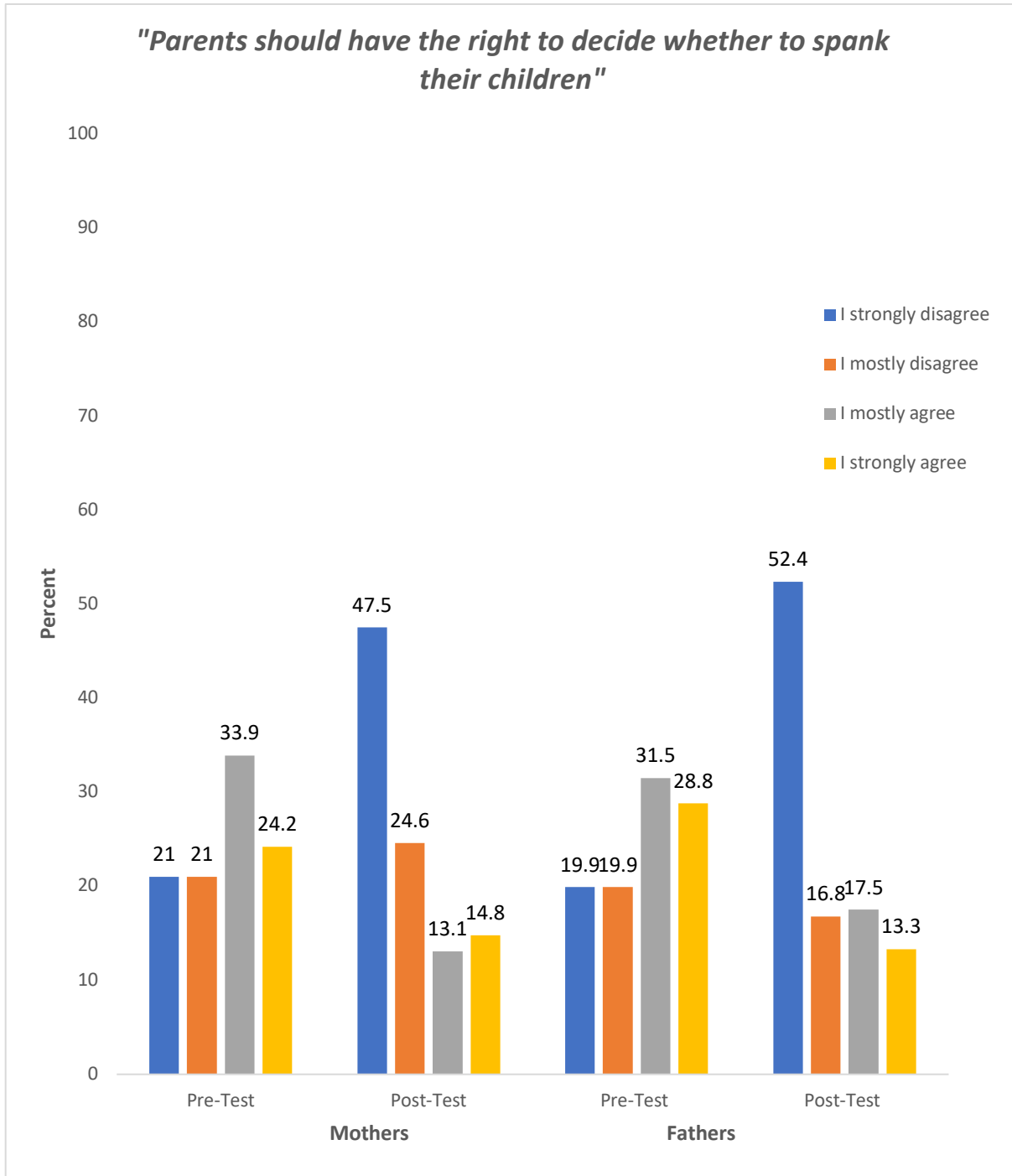


Figure 10. Percentages of Palestinian mothers and fathers at each level of agreement for the item “Parents should have the right to decide whether to spank their children” at pre- and post-test.

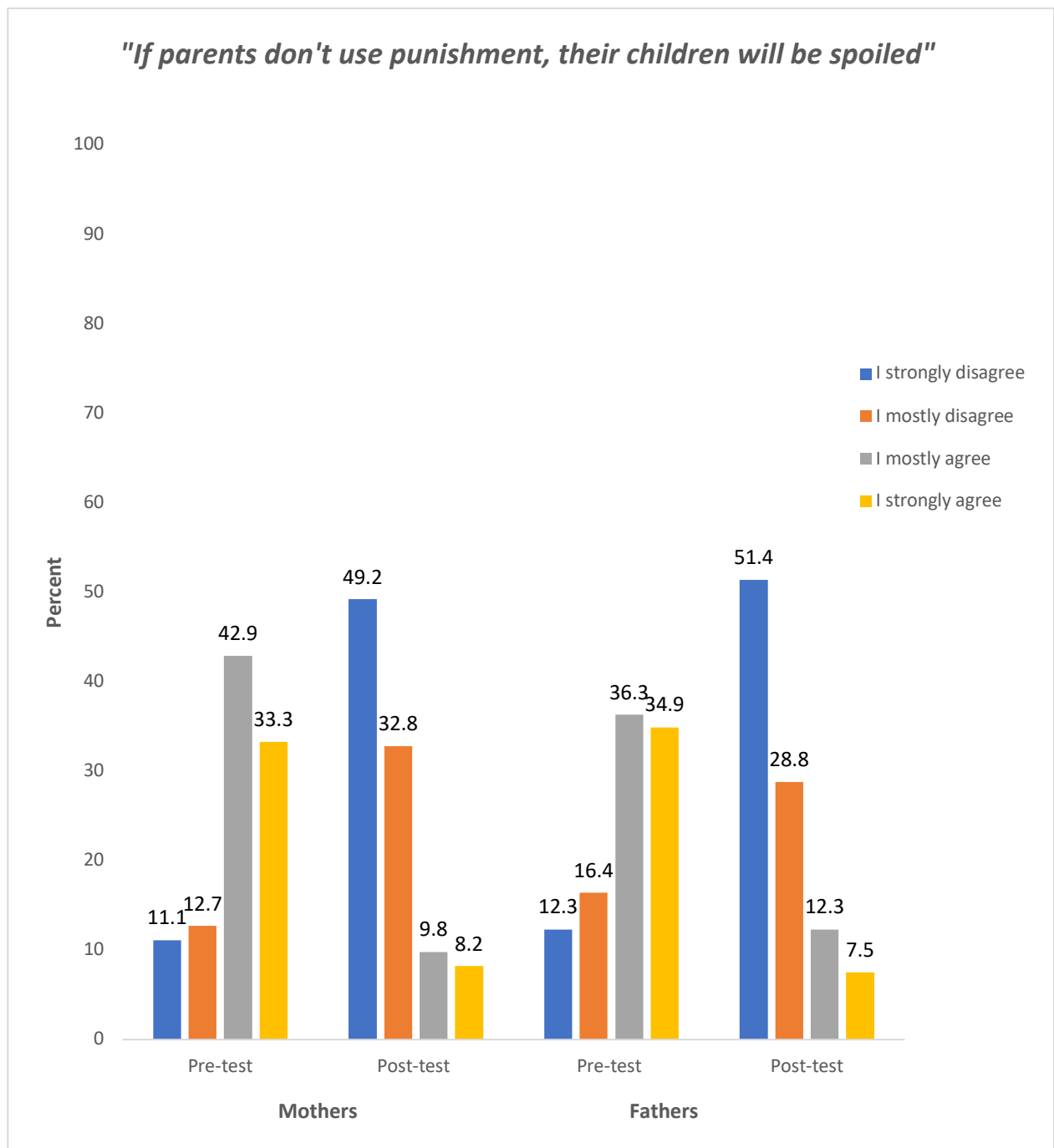


Figure 11. Percentage of Palestinian mothers and fathers at each level of agreement on the item "If parents don't use punishment, their children will be spoiled" at pre- and post-test.

In the fourth ANOVA, the item *“When my child does something that I don’t like, I sometimes yell”* was treated as the dependent variable (Figure 12). There was a borderline significant interaction between Time and Gender, $F(1,195) = 3.973, p = .048$, partial $\eta^2 = .020$ (small effect). Parents’ agreement with this item decreased significantly from pre- to post-test, $F(1, 195) = 34.403, p < .001$, partial $\eta^2 = .150$ (large effect), representing a mean difference of .575, 95% CI [.381- .768]. At pre-test, mothers’ ($M= 2.63$) and fathers’ ($M= 2.89$) item scores were significantly different, $F(1, 202) = 4.377, p = .038$, partial $\eta^2 = .021$ (small effect), representing a mean difference of .062, 95% CI [2.635 – 2.881]. At post-test, there was no statistically significant differences between mothers’ ($M = 2.25$) and fathers’ ($M = 2.16$) item scores, $F(1, 203) = .789, p = .376$. The pre- to -post-test mean differences were greater for fathers (0.77) compared to mothers (0.38).

The fifth two-way mixed ANOVA was conducted on the item, *“When I argue with my child, I often say things that I don’t mean”* (Figure 13). No Time X Gender interaction was found $F(1, 199), = 1.165, p = .282$. Therefore, the main effects were examined. There was a significant main effect for Gender, $F(1, 199) = 4.406, p = .037$, partial $\eta^2 = .022$ but not for Time, $F(1, 199) = 2.018, p = .157$, partial $\eta^2 = .010$. At pre-test, mothers’ ($M= 2.29$) and fathers’ ($M= 2.67$) item scores were significantly different, $F(1, 205) = 5.890, p = .016$, partial $\eta^2 = .028$, representing a mean difference of -.381, 95% CI [-.690- -.071]. At post-test, there was no statistically significant difference between mothers’ ($M = 2.18$) and fathers’ ($M = 2.42$) item scores, $F(1, 203) = 2.076, p = .151$.

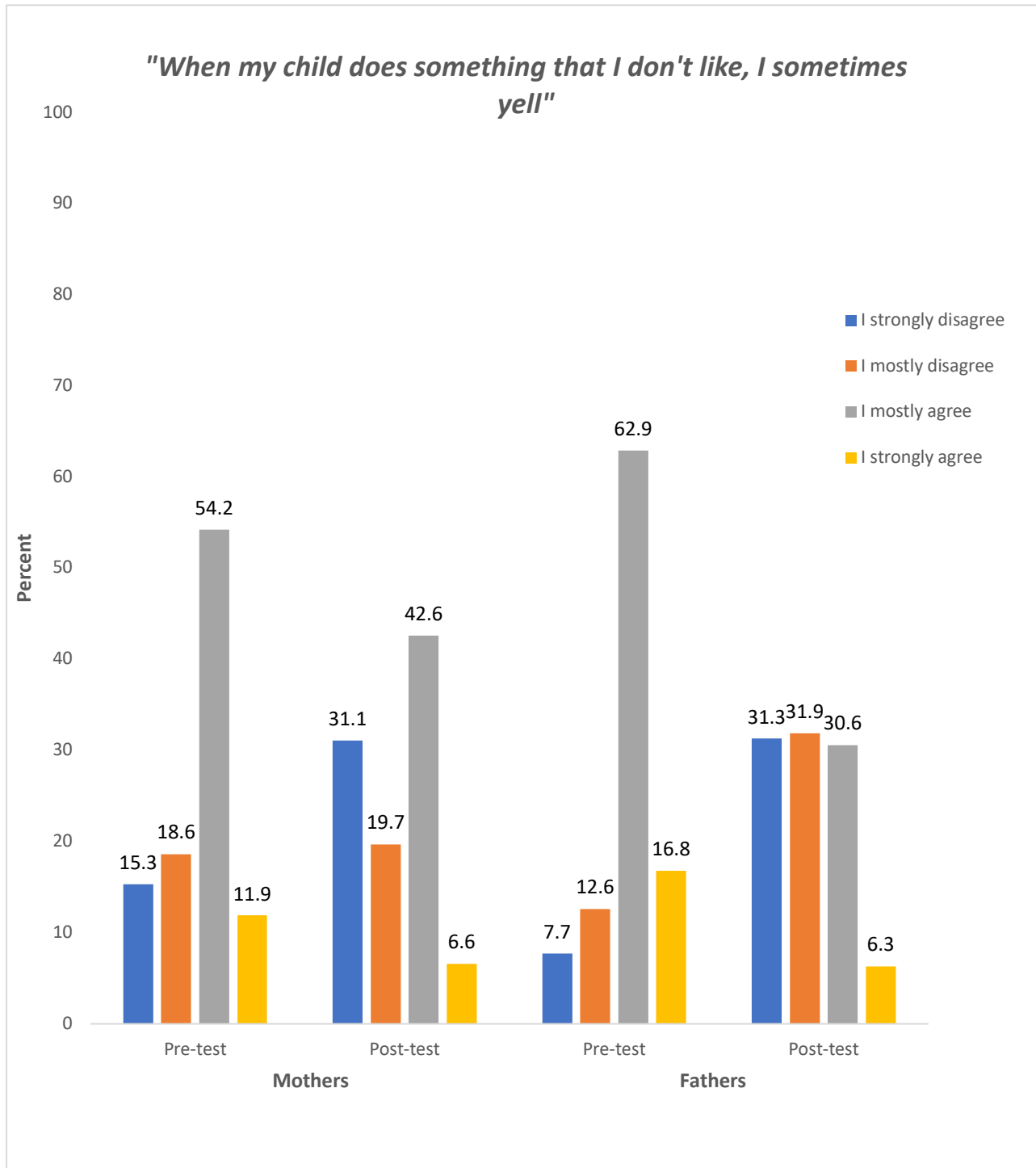


Figure 12. Percentage of Palestinian mothers and fathers at each level of agreement on the item, "When my child does something I don't like, I sometimes yell" at pre-and post-test.

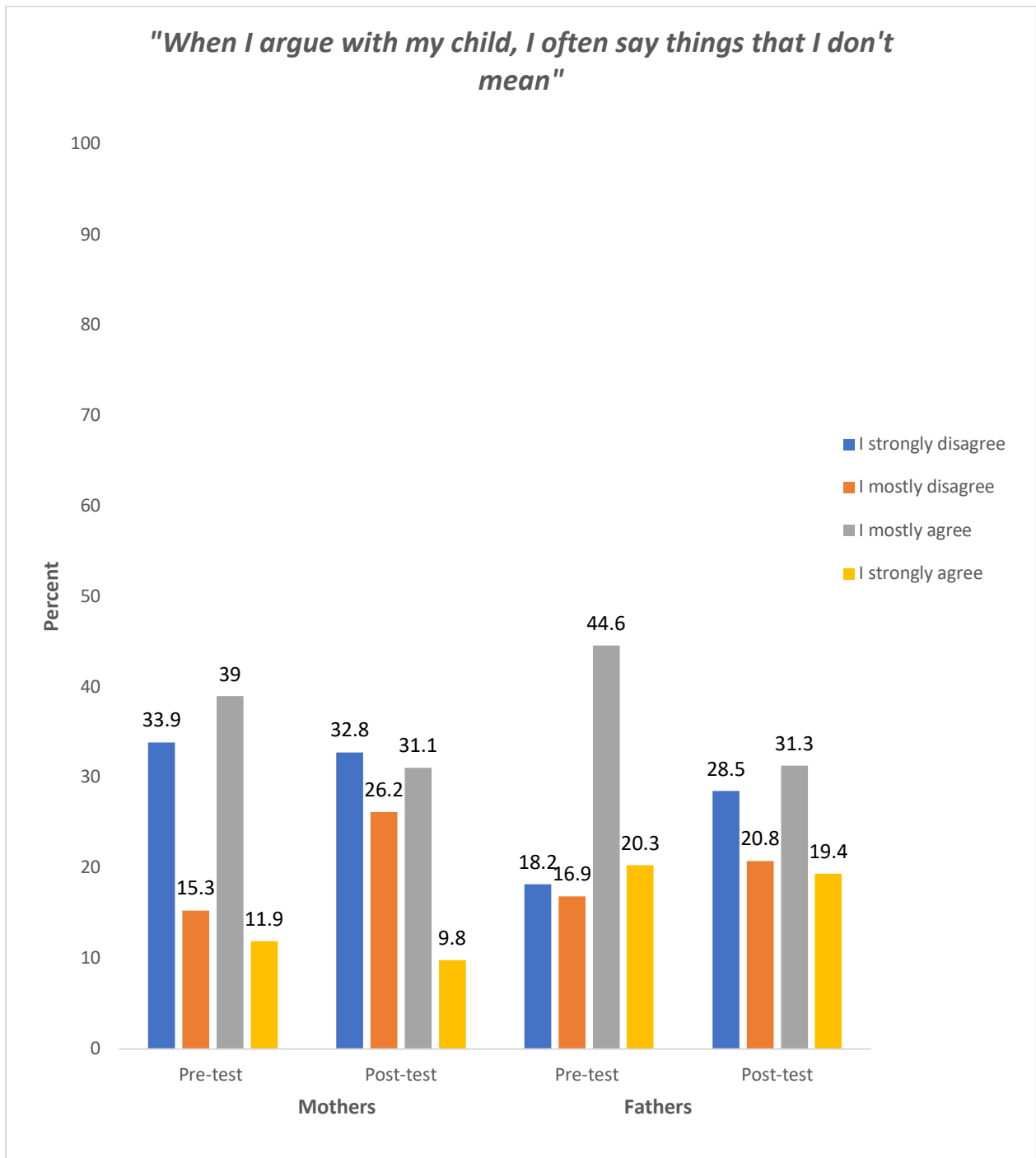


Figure 13. Percentage of Palestinian mothers and fathers at each level of agreement on the item, *"When I argue with my child, I often say things that I don't mean"* at pre-and-post-test.

Perceived Developmental Norms. A series of two-way mixed ANOVAs were conducted to evaluate the effects of Time and Gender on three items specific to the construct of parents' perceptions of children's typical behaviour as intentional misbehaviour.

In the first ANOVA, the item "*Four-year-olds who interrupt adults are rude*" was treated as the dependent variable (Figure 14). There was a statistically significant Time X Gender interaction, $F(1, 200) = 6.533, p = .011, \text{partial } \eta^2 = .032$. Time was marginally statistically significant from pre- to post-test, $F(1, 200) = 6.533, p = .059, \text{partial } \eta^2 = .018$. Mothers' ($M = 1.226$) and fathers' ($M = 1.466$) mean item scores were significantly different at pre-test, $F(1, 205) = 25.027, p < .001, \text{partial } \eta^2 = .110$, representing a mean difference of $-.242$, 95% CI $[-.338 - -.147]$. At post-test, there was no significant difference between mothers' ($M = 1.245$) and fathers' ($M = 1.314$) item scores, $F(1, 206) = 2.191, p = .140$.

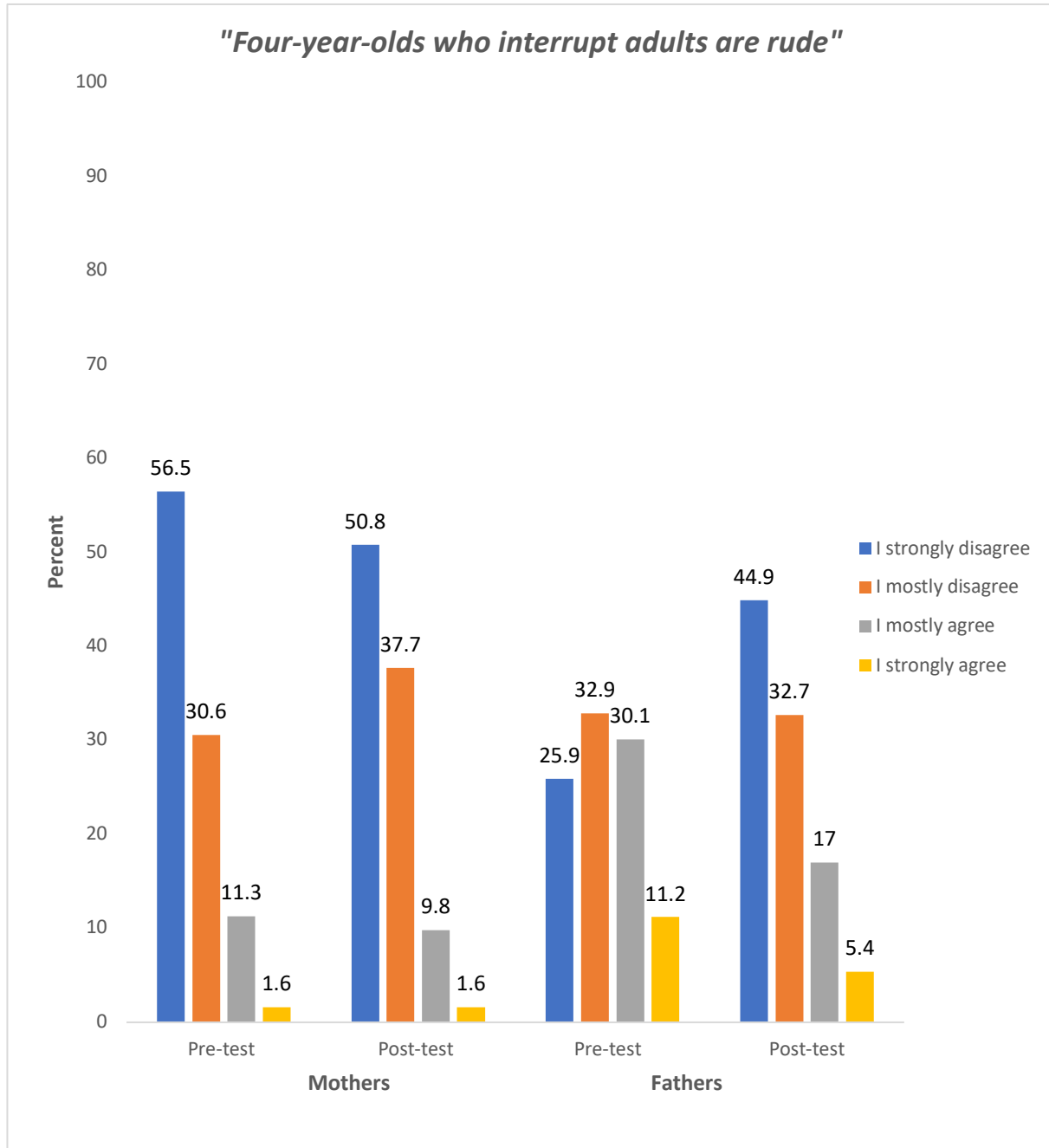


Figure 14. Percentages of Palestinian mothers and fathers at each level of agreement on the item "Four-year-olds that interrupt their parents are rude" at pre-and-post-test.

In the second ANOVA, the item, *“If a teenager says his parents’ rules are unfair, he should be told, ‘If you don’t like the rules you can leave’”* was examined as a dependent variable (Figure 15). No Time X Gender interaction was found, $F(1, 203) = 1.755, p = .187$. An examination of the main effects found a marginal statistically significant difference in mean scores at the two time points, $F(1, 203) = 3.900, p = .05, \text{partial } \eta^2 = .019$, representing a small mean difference of $-.035$. There was no statistically significant gender differences at the two time points, $F(1, 203) = .263, p = .609$. An examination of parents’ agreement on this item revealed a floor effect; more than 80% of the Palestinian parents mostly or strongly disagreed at pre-test, so there was little room for a decline.

In the third ANOVA, the item *“Babies cry in the middle of the night to make their parents angry”* was the dependent variable (Figure 16). No Time X Gender interaction was found, $F(1,199) = 3.454, p = .065$. Therefore, the main effects were examined. There were no significant main effects on this item for Time, $F(1,199) = .926, p = .337$, or Gender, $F(1,199) = 1.091, p = .298$. A floor effect was also found on this item; at pre-test, 91.5% of mothers and 85.6% of fathers ‘mostly’ or ‘strongly’ disagreed. Therefore, there was little room to detect a significant decline in their agreement.

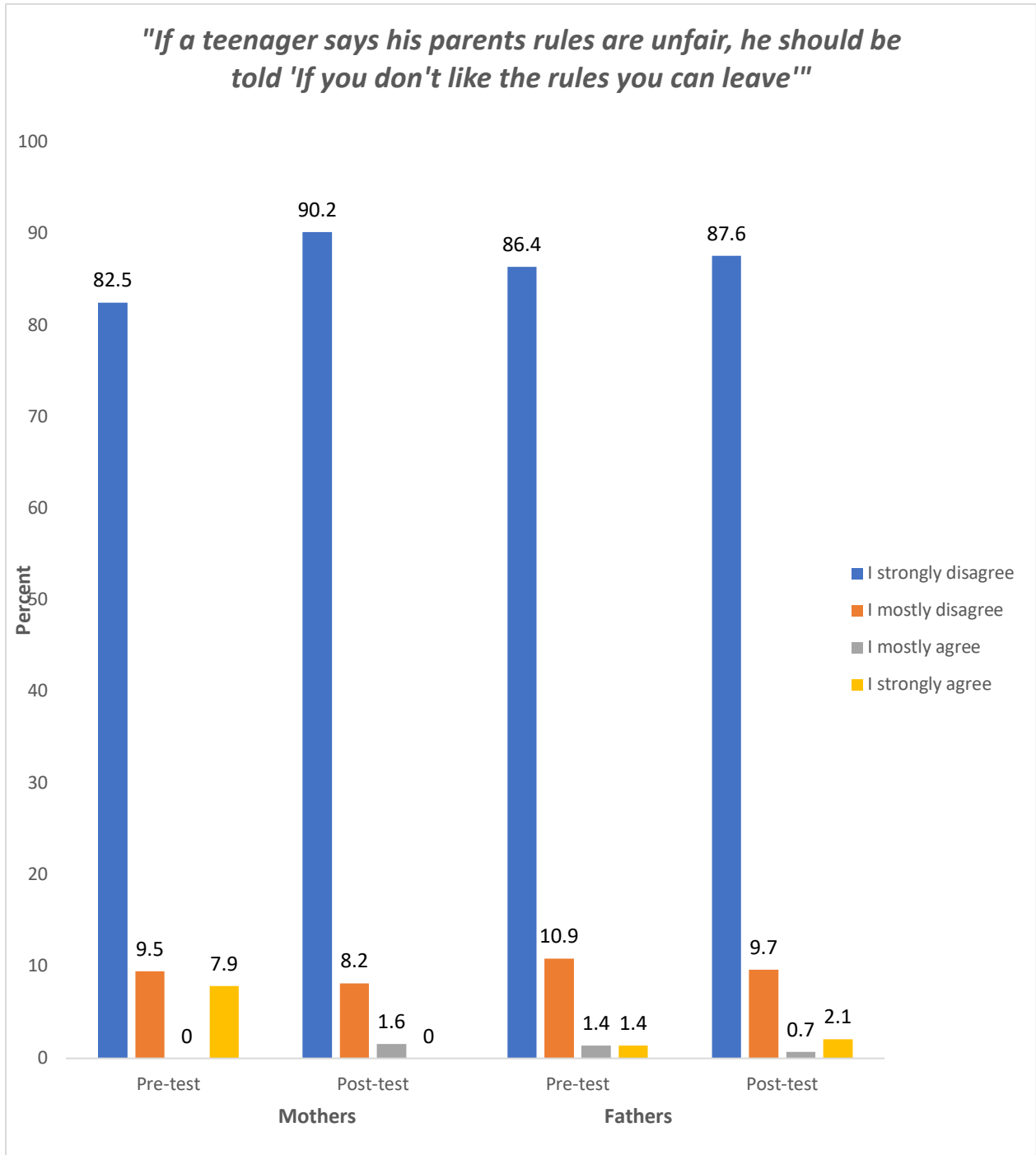


Figure 15. Percentages of Palestinian mothers and fathers at each level of agreement on the item ‘If a teenager says his parents’ rules are unfair, he should be told “If you don't like the rules you can leave”’ at pre-and post-test.

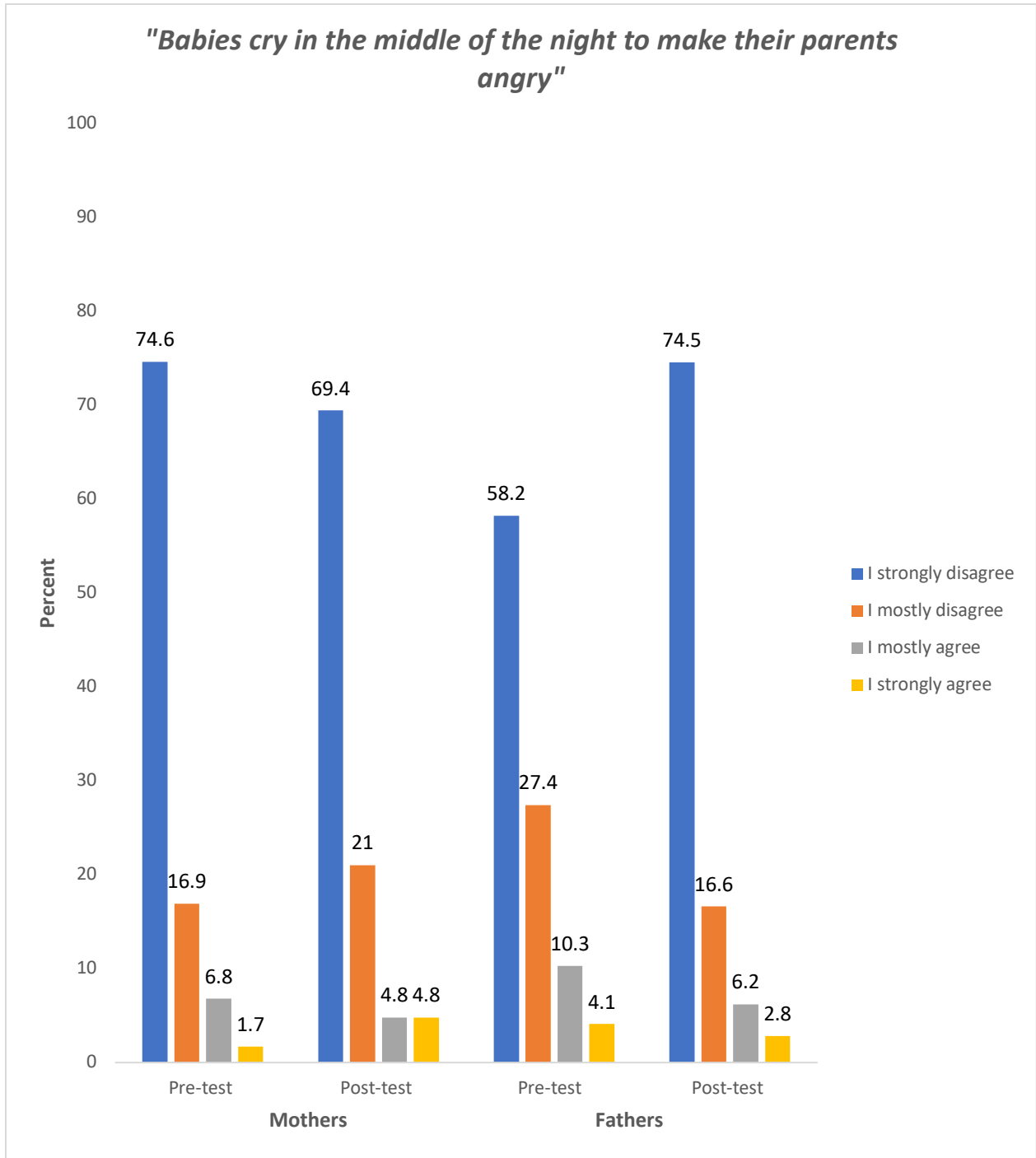


Figure 16. Percentages of Palestinian mothers and fathers at each level of agreement on the item “Babies cry in the middle of the night to make their parents angry” at pre-and-post-test.

Parenting Self-efficacy. Three two-way mixed ANOVAs were conducted to examine the effects of Time and Gender on Palestinian parents' perceptions of their parenting self-efficacy. For the first self-efficacy item, "*Most people are better parents than I am*", there was no Time X Gender interaction, $F(1, 196) = 1.460, p = .228$ (Figure 17). Therefore, the main effects were examined. The main effect of Time showed a statistically significant difference in parents' mean item scores at the two different time points, $F(1, 196) = 6.807, p = .010$, partial $\eta^2 = .034$. There was no significant main effect for Gender, $F(1, 191) = .031, p = .860$.

A two-way ANOVA was conducted on the item "*I have the skills to be a good parent*" (Figure 18). There was no statistically significant interaction for Time X Gender, $F(1, 199) = .009, p = .923$. The main effect for Time was not significant, $F(1, 199) = 2.924, p = .089$, partial $\eta^2 = .014$. The main effect of Gender was significant, $F(1, 199) = 4.570, p = .034$, partial $\eta^2 = .022$, representing a mean difference of $-.190$, 95% CI $[-.366 - -.015]$. At pre-test, mothers' ($M = 1.38$) and fathers' ($M = 1.31$) item scores did not differ significantly, $F(1, 203) = 2.487, p = .116$. At post-test, there was a statistically significant difference between mothers' ($M = 1.33$) and fathers' ($M = 1.24$) item scores, $F(1, 205) = 3.956, p = .048$, partial $\eta^2 = .019$.

The third ANOVA was conducted with the item, "*As a parent, I often just don't know what to do*" (Figure 19). No Time X Gender interaction was found, $F(1, 200) = .186, p = .667$, partial $\eta^2 = .001$. The main effect for Time was significant, $F(1, 200) = 47.883, p < .001$, partial $\eta^2 = .193$, representing a mean difference of $-.686$, 95% CI $[-.882 - -.491]$. There was no significant effect for Gender, $F(1, 200) = 1.294, p = .257$.

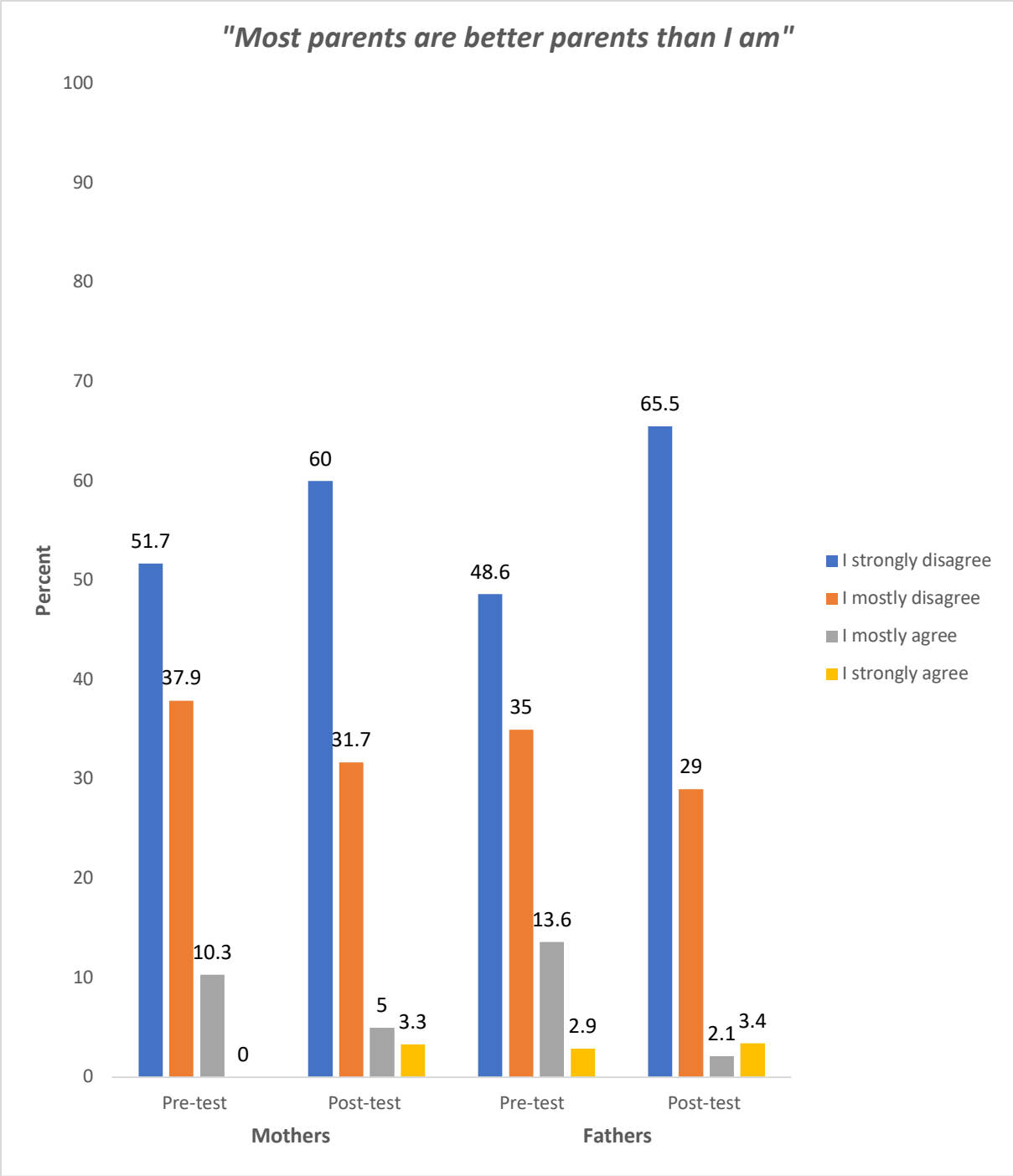


Figure 17. Percentages of Palestinian mothers and fathers at each level of agreement on the item “Most parents are better parents than I am” at pre-and-post-test.

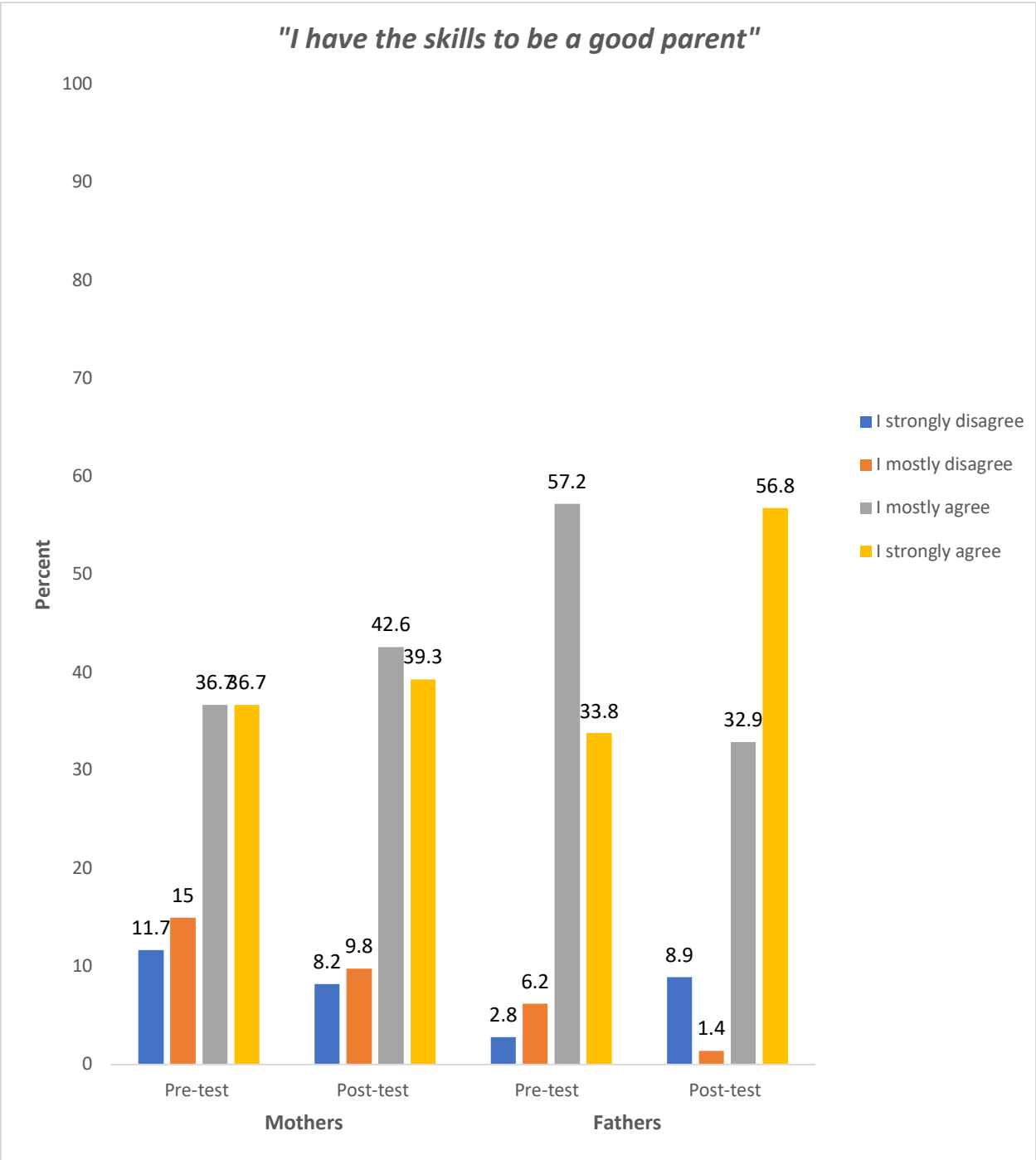


Figure 18. Percentages of Palestinian mothers and fathers at each level of agreement on the item “I have the skills to be a good parent” at pre-and-post-test.

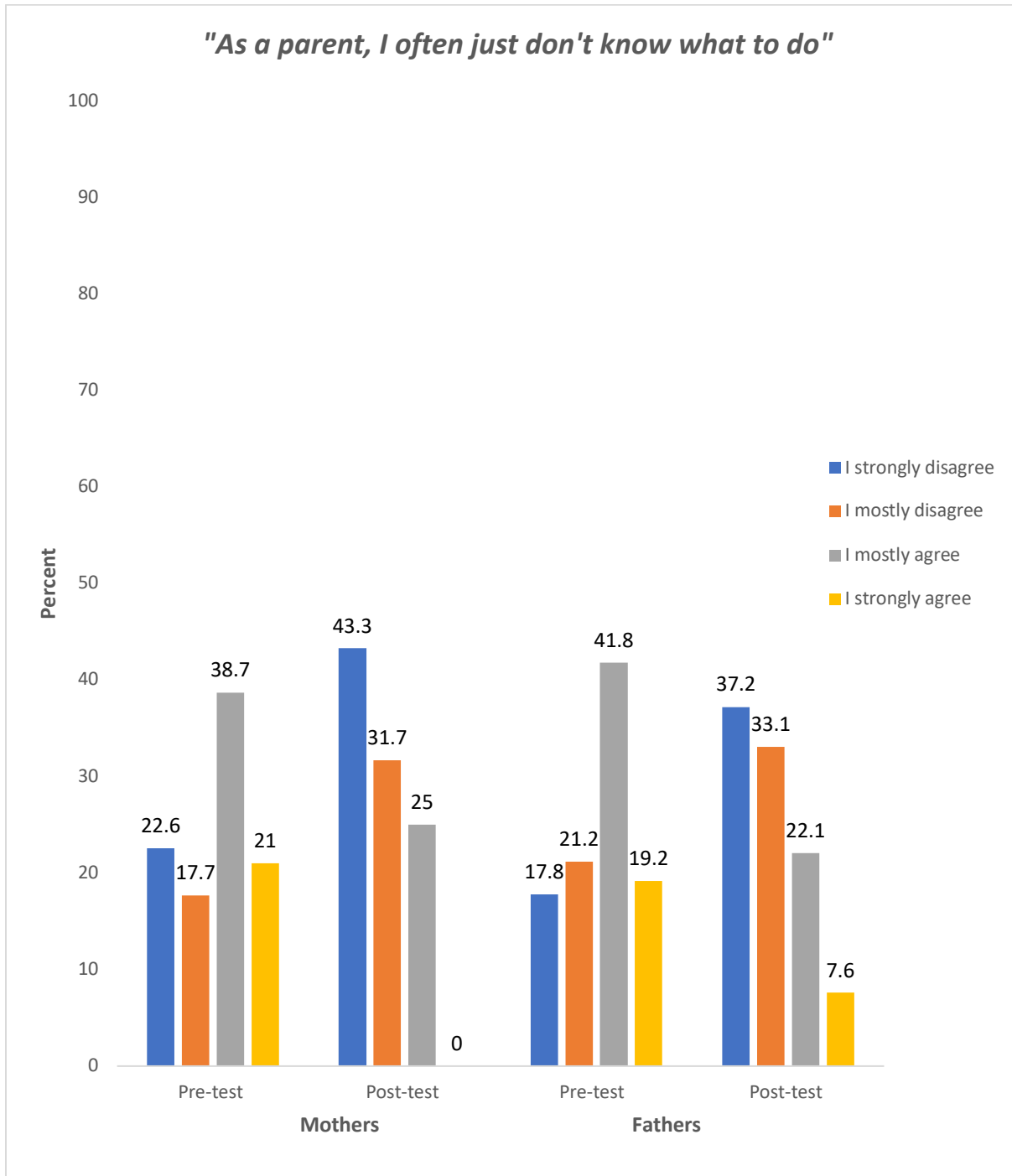


Figure 19. Percentages of Palestinian mothers and fathers at each level of agreement on the item “As a parent, I often just don’t know what to do” at pre-and-post-test.

Discussion

Little is known about how parenting programs transport from one country to another (Gardner, 2017), and even less is known about the transportability of these programs to conflict settings (Leijten et al., 2016). In addition, there is controversy in the literature regarding the need for and extent of context-specific adaptations when transporting parenting programs to new countries (Mikton & Butchart, 2009; Self-Brown et al., 2011). The purpose of the present case study was to assess the transportability of the PDEP program to the Palestinian conflict zone, where violence is a reality of families' everyday lives. The first aim was to systematically document the processes involved in planning, preparing, and implementing PDEP in this challenging context. The second aim was to evaluate the preliminary outcomes of transporting and delivering the program in a conflict setting to parents with a basic level of education. This discussion will first focus on the experience of transporting PDEP to the oPt and reflect on the notable challenges and successes associated with the transportation process. A discussion of the preliminary outcomes of the transported program, including PDEP's relevance and effectiveness, will follow.

The Transportation Process

Transporting PDEP to a conflict setting presented some unique and unexpected challenges. The DAP proved to be a useful method to systematically document these challenges and the steps involved in preparing, planning, and implementing PDEP in this Palestinian conflict setting. The most substantial challenges experienced were: the 51-day war that halted the implementation of the parent programs; the Israeli blockade and restrictions on movement that denied the Gazan participants the opportunity to train as Facilitators and hindered the on-site

coaching and mentorship process; the narrow timeframe available in which to transport PDEP; and the complexity of the translation process.

Translating the program was not as straightforward as I had expected it to be. The translation process was particularly complex and encountered particular challenges due to the translator's lack of relevant background knowledge. Additionally, the challenges in establishing regular communication among the SCI focal-point person, the translator, and me contributed to some of the errors made in the first iteration of the Arabic version of PDEP. The narrow timeline and significant time zone differences limited my opportunities to connect with the translator to ensure she was selecting appropriate Arabic terms to represent the PDEP constructs. Surprisingly, the contextualization of PDEP was relatively straightforward and few adaptations were made. While one problem-solving scenario was revised and a few minor adjustments were made to the post-training questionnaire, no significant modifications to PDEP were indicated. In contrast to recommendations for extensive cultural adaptations to transported programs (Gardner, Montgomery & Knerr, 2015 & Leijten et al., 2016) the experience of contextualizing PDEP for the oPt was primarily based on case-by-case recommendations that included reviewing program terminology and translating the materials into Arabic, creating simplified low-literacy versions of the evaluation measure, and modifying a few of the program examples without changing the essence of the content. These contextual recommendations were similar to those suggested by Castro, Berrera Jr., and Martinez, Jr., 2004, Ortiz and Del Vecchio, 2013, and Self-Brown et al., 2011. The other struggles experienced during the transportation process were largely unavoidable and indicative of international collaboration in a conflict setting, such as weak infrastructure that made remote communication and planning time-consuming and challenging due to unreliable or unavailable internet connection.

The capacity of the Facilitators likely contributed to the success of transporting the PDEP to this Palestinian conflict setting. The majority were well educated, had a deep understanding of the unique struggles faced by Palestinian families, and were experienced in providing social supports to these families in the face of chronic political conflict and violence. Moreover, the five partner organizations tasked with delivering the program were well resourced and committed to implementing PDEP with fidelity.

Preliminary Outcomes of the Transported Program

Prior to testing the study's two hypotheses, the psychometric properties of the Arabic version of the *Simplified Positive Discipline Pre-and Post-Program Questionnaires for Parents* were examined. The results of the confirmatory factor analyses revealed that, of the four proposed scales tested, only the Parent Satisfaction scale demonstrated adequate fit statistics. The Approval of Punishment scale, the Perceived Development Norms scale, and the Self-efficacy scale obtained less-than-adequate fit statistics, including low factor loadings on the individual items comprising the scales. The Parent Satisfaction scale was also the only scale to demonstrate good internal consistency reliability ($\alpha = .79$). These findings raise some important questions about the quality of the Arabic versions of the simplified measures. While the items on the simplified measures were selected from those on the standard measures, which have demonstrated adequate psychometric properties (Durrant et al., 2017) and face validity, it cannot be assumed that the simplified or translated versions will have equivalent psychometric properties. Of course, the fact that the simplified scales have fewer items than the standard scales makes it more difficult to establish the former's reliability.

The second hypothesis predicted that 75% or more of the sample would perceive the transported PDEP program as relevant to their lives. As expected, the majority of the Palestinian

parents reported being ‘mostly’ or ‘very’ satisfied with: the PDEP program (98.3%); the parent book (100%) and the program exercises (96.6%) In addition, 98.4% of Palestinian parents indicated that they would recommend PDEP to others. Mothers and fathers were equally satisfied with PDEP, with the exception of their satisfaction with the Parent Book; more mothers (68.8%) were ‘very’ satisfied with the parent book compared to fathers (35.8%). Together, these findings indicate that the majority of Palestinian mothers and fathers found PDEP to be relevant to their lives.

Second, it was predicted that if the transported PDEP program was effective for this population, their support for punishment would decrease from pre- to post-test; they would become less likely to view typical child behaviour as intentional misbehaviour; and their parenting self-efficacy would increase. As a result of the inadequate reliability of the scales measuring these three constructs, these hypotheses had to be tested using individual items rather than scale scores, reducing the power of the analyses to detect pre/post differences. Despite this challenge, significant decreases were found in support of punishment on four of the five items measuring parents’ approval of punishment. Both mothers and fathers demonstrated significant declines in their agreement that parent should have the right to decide whether to spank their children, and that spanking is fine if the parent is not angry. These findings suggest that PDEP was effective in reducing parents’ support for physical punishment. Evidence also was found that PDEP may help to reduce parents’ support for punishment in general; decreases were found in mothers’ and fathers’ agreement that if parents do not punish their children they will be spoiled. This is an important finding, as PDEP aims to decrease not only support for physical punishment, but also for emotional punishments, such as isolation and taking things away from children.

While there was a significant difference from pre- to post-test in both mothers' and fathers' tendency to yell, this shift was significantly greater among fathers. The proportion who 'mostly' or 'strongly' agreed with this item declined from 66.1% to 49.2% among mothers, and from 79.7% to 36.9% among fathers. Thus, a father's tendency to yell may be particularly affected by participation in PDEP. These findings are particularly notable in light of the chronic violence and instability these parents face every day, and within the context of Palestinian masculinities and fathering under occupation. According to Gokani, Bogossain and Akesson (2015), the inherent masculinity associated with fatherhood in Palestine has been obstructed by occupation. Palestinian fathers describe being concerned with not only providing for their families, but also protecting their children against threats of violence and against Palestine's aggression against the occupiers. As Gokani et al. (2015) concluded, "These fathers strived to educate, discipline and help their children see a life outside of the current struggle, a life that could provide more hope for brighter futures" (p. 215). It may be the case that PDEP gives Palestinian fathers a vision of discipline that is non-violent yet empowering in providing a route to a brighter future beyond political conflict.

Marginal support was found for the hypothesis that Palestinian parents' perceptions of children's typical behaviour as intentional misbehaviour would shift over the course of the program. A likely reason for the weak support found for this hypothesis is that two of the three items demonstrated floor effects at pre-test. Large majorities of mothers and fathers already disagreed before they took PDEP that if a teenager disagrees with his parents' rules he should be told to leave, and that babies cry in the night to make their parents angry. Therefore, it was difficult to detect change on these items. Even so, the pre/post difference in parents' agreement with the former item almost reached significance. This finding was due to the decrease in the

proportion of mothers who ‘mostly’ or ‘strongly’ agreed with this item from 7.9% at pre-test to 1.6% at post-test. The proportion of fathers who ‘mostly’ or ‘strongly’ agreed with this item remained steady at 2.8% from pre- to post-test. On the item, ‘babies cry in the night to make their parents angry,’ less than 10% of mothers ‘mostly’ or ‘strongly’ disagreed at both pre- and post-test, creating a strong floor effect. While the proportion of fathers who ‘mostly’ or ‘strongly’ agreed with this item decreased from 14.4% to 9.0%, this difference did not reach significance. It is possible that a significant difference might be found in a larger sample. At pre-test, fathers were more likely than mothers to agree that four-year-olds who interrupt adults are rude. At post-test, mothers’ and fathers’ levels of agreement did not differ, and both were lower than at pre-test, although this difference was only marginally significant. Together, these findings suggest that participating in PDEP may be effective at shifting perceived developmental norms among Palestinian parents, but a larger sample size and items that yield more variation in pre-test responses are needed to fully test this hypothesis.

Partial support was found for the hypothesis that parents’ self-efficacy would increase from pre- to post-test. Over the course of the program, both mothers and fathers became less likely to agree that other people are better parents than they are. This finding is particularly notable in light of the small proportion of mothers (10.3%) and fathers (16.5%) who ‘mostly’ or ‘strongly’ agreed with this statement at pre-test, making the detection of change difficult. A larger decline in the proportion who ‘mostly’ or ‘strongly’ agreed with this item was found among fathers (16.5% to 5.5%) than among mothers (10.3% to 8.3%), but this gender difference did not reach significance. A significant change was also found in the proportion of parents reporting that they often do not know what to do. The proportion who ‘mostly’ or ‘strongly’ agreed with this item declined by more than half among mothers (59.7% to 25.0%) and fathers

(61.0% to 29.7%). This finding suggests that Palestinian parents gained confidence and a vision of how they might respond constructively in challenging parenting situations.

Over the course of the program there was no significant change in parents' perceptions of their parenting skills. At pre-test, most parents already 'mostly' or 'strongly' agreed that they had the skills to be a good parent. Among mothers, this proportion increased from 73.4% to 81.9%, but this difference was not statistically significant. Among fathers, this proportion did not change, likely due to a ceiling effect (91.0% at pre-test; 89.7% at post-test). Thus, these parents began the program with high levels of confidence in their capacities to be good parents. It valuable to know whether parents' definitions of 'skills' might change over the course of the program. It is possible that they begin the program believing that they have skills to manage and control their children's behaviour, but that they come to believe that they have skills in problem solving by the end of the program. This hypothesis could not be tested through a quantitative method but could be pursued qualitatively.

In summary, significant pre-and post-test differences were found in Palestinian parents' approval of punishment, perceived developmental norms, and self-efficacy. These changes are notable, considering the logistical difficulties encountered in the process of transporting PDEP to this challenging context. and the minimal modifications that were made to the program. These findings suggest that PDEP is a promising program for parents living in one of the world's most protracted conflict settings.

Recommendations

Program planning

Based on the findings of the DAP, a number of recommendations are suggested. First, if I had been able to make a field visit to the region during the Planning Phase, this would have

saved a substantial amount of time. The impact of the challenges presented by unreliable Internet connectivity and electricity in the oPt and the time-zone differences among Winnipeg, Gaza, and Sweden could have been mitigated by in-country planning meetings which would have been less time-consuming than planning remotely.

It is also recommended that adequate time be allocated to the translation process. A translation plan with realistic timelines and definitions of key terms may have expedited the translation process and prevented some situations in the first PDEP Training that had an impact on rapport and trust within the training setting. It is highly recommended that all translators contracted to translate PDEP materials hold qualifications in child development and that they are familiar with the PDEP approach. Ideally, translators should have participated in a PDEP training and have adequate opportunities to discuss core concepts with the PDEP Team. PDEP is an innovative approach that challenges deeply entrenched ideas about punishment. When a translator does not fully grasp the approach, or the importance of nuance in shifting participants' long-held ideas, this can create serious challenges for the Trainer using the translated materials. It would be very helpful for the host organizations to hire an independent reviewer trained in PDEP to ensure the accuracy of the translation.

It is further recommended that additional human and financial resources be allocated to support the program. In the case study examined here, transporting PDEP to the oPt was primarily the responsibility of a single SCI focal-point person based in Gaza. This was an enormous undertaking for one person who had insufficient time to complete the multitude of tasks required. Transporting PDEP to the oPt involved multiple stakeholders in the Palestinian territories and neighbouring Arab States, a situation further complicated by the occupation and its resulting travel restrictions. It is recommended that future trainings in this region be assigned

three SCI focal-points; one based in Gaza, one in the West Bank, and one in East Jerusalem. Doing so will distribute the multiple roles and responsibilities involved in transporting PDEP to such a complex and challenging context, and it will increase stakeholder's sense of ownership of the process, from the Exploration Phase through to the Sustainment Phase.

Future research

Dedicating more time to measurement development, including pilot testing the adapted and translated evaluation measures, is recommended. Pilot testing would have identified the floor/ceiling effects found on several of the items, which could then have been replaced by items more sensitive to change. Further, the participants in this study were given an abbreviated version of the standard PDEP questionnaire, due to their low levels of education. However, the reduced number of items resulted in unreliable scales. Pilot testing would have identified this issue and provided an opportunity to construct a simplified measure that could have yielded reliable scales. A larger sample size is also recommended. With a larger number of participants, the marginally significant pre/post differences found in this study could be better understood. Finally, in addition to self-report measures, other evaluation methods such as interviews with parents would be useful, as would an assessment of parents' behaviours in moments of conflict with their children pre- and post-program. While such methods are considerably more costly to develop and implement, they would provide deeper insight into how PDEP affects parents' belief systems, intentions and behaviour.

Conclusion

This case study constituted the first assessment of the transportability of PDEP to a chronic conflict setting, where many parents have low levels of education and the prevalence of punitive violence is high. A strength of this research was that it examined both the processes

involved with transporting PDEP and its preliminary outcomes. The results indicate that Palestinian mothers and fathers found PDEP to be relevant and that PDEP is a promising program for shifting the parental beliefs that contribute to punitive violence against children.

CHAPTER 6

TRANSPORTING PDEP TO A DISASTER ZONE AND AN URBAN METROPOLITAN AREA OF JAPAN

On March 11th, 2011, a 9.1 magnitude mega-thrust earthquake struck off the northeastern coast of Japan. The epicenter of this earthquake was in the northwestern Pacific Ocean, 72 kilometers from the coast of the Oshika Peninsula of Tōhoku in the Sendai region of Japan (Figure 20). The Tōhoku Earthquake, or the Great East Japan Earthquake, as it is often called, is the worst earthquake on record to ever strike Japan, and is the 4th most powerful earthquake ever recorded in the world (U.S. Geological Survey, 2011). Lasting six minutes, this earthquake triggered a tsunami with waves reaching as high as 144 feet, and as far as 10 kilometers inland. This tsunami caused massive destruction to the region's energy infrastructure including extensive damage to the Fukushima Daiichi Nuclear Power Plant complex. Due to loss of power, three of the nuclear reactors at the plant overheated and then exploded, resulting in a catastrophic nuclear meltdown (Zarè & Afrouz, 2012). Residents within a 20-kilometer (12 mile) radius of the Fukushima Daiichi Nuclear Power Plant were evacuated due to concerns about radiation exposure, leading to long-term displacement of area residents.

Also devastated by the earthquake and tsunami was the Ishinomaki region in the Miyagi Prefecture. Close to 80% of the homes and many of the schools in this coastal area were destroyed. The earthquake struck during the afternoon, when many children were in school. At Ishinomaki Okawa Elementary School, 70 of the 108 students were killed when they were swept away by the tsunami, as they tried to reach higher ground following the earthquake (Gilhooly, 2012). The devastation from this earthquake is the worst in Japanese history: 15,894 deaths were confirmed; 6,156 people were injured; and 2,546 people were classified as missing. As recently

as two years ago, 228,863 people were still living away from their homes, either in temporary housing or permanently relocated (Japanese National Police Agency, 2017).



Figure 20. Map of the earthquake epicenter and nuclear-affected regions. Retrieved from https://commons.wikimedia.org/wiki/File:JAPAN_EARTHQUAKE_20110311.svg

Response to the Earthquake

A massive global emergency and humanitarian response was initiated following the disaster, involving numerous international NGOs, including Save the Children Japan (SCJ). SCJ initiated a comprehensive five-year Great East Japan Earthquake and Tsunami Emergency Response and Recovery Program (the Recovery Program). A core component of this program

was a suite of child protection initiatives to ensure that children, who were considered most vulnerable in the aftermath of the disaster, would be protected and their families well-supported as they tried to rebuild and recover. These child protection initiatives included a wide range of services such as psychosocial supports, resiliency training, creating child-friendly spaces, and building peer-to-peer parenting networks. In the fourth and fifth years of the Recovery Program, PDEP was introduced to support families from the Ishinomaki and Sendai regions of the Miyagi Prefecture. The aim of introducing PDEP in this disaster-affected region was to strengthen families by building their social supports, increasing their self-efficacy, and reducing physical punishment of children.

Implementing parent supports in the context of natural disasters and other adversities has been shown to be an important component of the recovery process. According to Masten and Narayan (2012):

Researchers have noted the importance of attachment relationships and the functional capabilities of the caregiver for children exposed to disasters and other severe adversities. [...] the negative effects of separation from or loss of caregivers during crises was identified long ago as a crucial factor for children, and the functional status of parents was recognized as a key influence on child response. (p. 243)

These authors note, however, that research on implementing interventions in disaster contexts is limited; “the scarcity of strong research on interventions to mitigate disaster effects has been noted by numerous reviewers and reports” (Masten & Narayan, 2012, p. 246).

Punitive Violence against Children in Japan

In addition to implementing its Recovery Program, SCJ works in other regions of Japan on child protection, child rights governance and poverty reduction initiatives. Beginning in

2009, SCJ introduced a national campaign to address punitive violence against children in Japanese families. This included advocacy and law reform strategies and introductory seminars on non-violent parenting practices. In 2014, SCJ established PDEP as a key component of SCJ's Domestic Program. In 2015, the PDEP training model was introduced to the Greater Tokyo Area in partnership with local governments from the wards of Tokyo, Toshima, Minato and Chiyoda.

The primary aim of introducing PDEP into SCJ's domestic child protection initiative was to reduce parents' use of *taibatsu* (physical punishment). Little is officially known about the prevalence of physical punishment in Japan; what is known is often based on popular accounts and brief scholarly reports, leading some to conclude that corporal punishment is under-researched in Japanese society (Miller, 2010). The Government of Japan does not have a national child maltreatment surveillance system, which makes it difficult to know the prevalence of detected maltreatment and to examine changes in its prevalence over time (Kadonaga & Fraser, 2015). Historically, Japanese police avoided 'interfering' in family concerns; it was not until the year 2000 that data on arrest cases involving child abuse were collected (Higaki, 2005 as cited in Ishii-Kuntz, 2016). Between January and June of 2014, there were 317 arrests related to child abuse (an increase of 43% from the 2003 record of 96 cases). This is in stark contrast to the 73,765 cases of child abuse reports made to Japanese child consultation centres in 2013. Ishii-Kuntz (2016) states that:

The number of reports made to the child consultation centers has increased significantly during the last two years [...] these numbers are underestimates of the real child abuse cases. However, these data at least reveal that the general public in Japan is becoming

more aware of child abuse. Additionally, these figures demonstrate that child abuse is a major growing problem in Japan. (p. 64)

According to a report by the Global Initiative to End All Corporal Punishment (2017), there is near-universal social acceptance of corporal punishment in childrearing in Japan and corporal punishment remains lawful in the home environment. A 2010 national newspaper poll found that 58% of respondents considered physical punishment to be a necessary tool in childrearing (cited in Campaign for Ending Violence against Children, 2012). A recent review of child maltreatment based on local government reports found a three-fold increase in the incidence of reported child maltreatment over the last 15 years (Kadonaga & Fraser, 2015). In this review, child maltreatment included physical abuse (defined as violence that causes injury or has the risk to cause physical injury to a child) and psychological abuse (defined as the use of severely abusive words, and behaviour evincing rejection). Kadonaga and Fraser (2015) reported on research which found that views of corporal punishment as normative in Japan exacerbate the risk of child maltreatment (Ihaya & Nakamura, 2008) and that over 63% of young Japanese college students had experienced physical punishment in their homes (Ishikawa, 2011).

In Japan, biological mothers are the most frequent perpetrators of violence against children, and ‘discipline’ is provided as the most common rationale for abusing the child (National Children’s Medical Research Centre, 1995, cited in Ishikawa, 2016). A study of mothers residing in the Tokyo Metropolitan area conducted by the Child Abuse Prevention Centre (2000) found that over 30% of these urban mothers reported tendencies toward abusing their children.

A number of culturally specific explanations have been put forth to understand the antecedents of *kodomo gyakutai* (child abuse) including the practice *taibatsu* (physical

punishment) by mothers in Japan. One explanation is that Japanese mothers bear the burden and often sole responsibility of child rearing in Japan. There is strong pressure on mothers in Japan to be ‘good’ mothers due to traditional gender-based ideology. This societal pressure, together with the overreliance on Japanese mothers to be the sole childcare providers, is associated with increased maternal stress and frustration and mental health concerns including depression (Ishii-Kuntz, 2016).

The Japanese word “*oyakoukou*”, is commonly referenced in the context of Japanese parenting, and translates into English as the notion of being dutiful towards one’s parents. This term is related to the concept of ‘filial piety’, which is derived from Confucianism. It places the utmost importance on children’s duty to respect, obey, and serve their parents, and to ensure they are satisfied and happy (Okamura, 2016). A study of adolescent independence by Yamada and Miyashita (2007) found that Japanese adolescents were unable to exercise autonomy because of this overwhelming cultural expectation to uphold filial piety (cited in Okamura, 2016). The parent-child relationship in Japan is defined by *amea*, a hierarchical inter-dependency between parent and child. This is especially true for the eldest (or only) child of a family, where it is expected that this child will live with the parents and take over as head of the household and fulfil the duty of care for the parents as they age. Failure to live up to these traditional ideologies may contribute to violence against children in Japanese families (Okamura, 2016).

In light of increasing rates of child maltreatment and favourable attitudes toward corporal punishment in Japan, there is a need for interventions that strengthen the knowledge and skills of parents in order to reduce punitive violence there. PDEP has been introduced to Japan for this purpose, in both the earthquake-affected area and in metropolitan Tokyo. But any intervention must take into account the traditional dynamics of parent-child relationships in the Japanese

context in order to have relevance and impact (Kadonaga and Fraser, 2015). Therefore, there was a need to assess the implementation and effectiveness of PDEP in both the disaster zone and the urban centre of Japanese society.

Purpose and Hypotheses

The purpose of conducting this case study was to document and assess the transportability of PDEP to Japan. This study examined the impact of the PDEP program in two Japanese contexts: the disaster-affected regions of Ishinomaki and Sendai in the Miyagi Prefecture, and the urban wards of the Greater Tokyo Area that were unaffected by the disaster, but where evidence suggests that physical punishment by mothers is common and normalized.

Applying the DAP model (Figure 4), I conducted an examination of the Exploration, Preparation, Implementation, and Sustainment phases of the transportation process. Evaluation of the first three phases was approached descriptively to document the processes undertaken as PDEP was transported to Japan. Given that I led this project in partnership with colleagues from SCJ, the main sources of information to document these phases were my field notes, training reports, direct observations, organization reports and personal communications, including email correspondence and meeting minutes.

Evaluation of the fourth phase of the DAP model (the Sustainment phase) was approached quantitatively and involved hypothesis testing. Sustainment of the transported PDEP program was evaluated on the basis of whether parents living in the Japanese disaster region and in greater Tokyo: (1) viewed PDEP as relevant to their parenting; (2) demonstrated shifts in their attitudes toward physical punishment and in their perceptions of typical children's behaviour as intentional misbehaviour; and (3) perceived PDEP to have a positive impact on their parenting. Three hypotheses were tested.

The first hypothesis related to Japanese parents' perceptions of the *relevance* of the transported PDEP program. If Japanese parents perceived PDEP as relevant to their lives they would be willing to recommend PDEP to other parents living in their context, and would report satisfaction with the overall program and the program exercises. Based on evidence that parents living in a variety of cultural contexts perceive PDEP as relevant to their parenting (Durrant et al., 2017), it was predicted that the majority of the Japanese parents (from both the disaster-affected region and the urban metropolitan area) who had taken PDEP would be willing to recommend it to other parents, and would report satisfaction with the program and its components.

The second hypothesis related to the *effectiveness* of PDEP for parents living in Japan. It was hypothesized that if the transported PDEP program is effective for these parents, over the course of the program: (1) their approval of physical punishment would decrease; and (2) they would become less likely to perceive typical child behaviour as intentional misbehaviour. Based on preliminary evidence of PDEP's effectiveness in diverse cultural contexts (Ademi Shala, Hoxha & Ateah, 2016; Durrant et al., 2014; Khondkar, Ateah & Milon, 2016), it was hypothesized that these effects would be found among Japanese parents who have taken the transported program.

The third hypothesis related to the parents' perceptions of the *impact* of PDEP on their parenting. Based on previous evidence that parents across diverse contexts perceive PDEP to have a positive impact on their parenting (Durrant et al., 2017), it was hypothesized that the majority of these Japanese parents would view the transported program as having positive impacts on their relationships with their children and their understanding of their children.

Method

Evaluation of the *Exploration Phase* of Transporting PDEP to Japan

For the Exploration phase, I provide a comprehensive description of the two Japanese contexts to which PDEP was transported. The first is a description of the disaster-affected region of Tōhoku, which includes the Ishinomaki and Sendai regions in the Miyagi Prefecture. The second region is the Greater Tokyo Area, the most populated municipality in the world (over 38 million people); specifically, the municipal wards of Tokyo, Minato, Toshima and Chiyoda. I also describe the organizational characteristics of SCJ, the NGO responsible for introducing PDEP to Japan, and the negotiations that took place during this phase of the transportation process.

Another important component of assessing the Exploration phase is knowledge of the local provider and client characteristics. I describe the professional expertise of the SCJ staff who were trained to become PDEP Facilitators, and the profiles of the Japanese families that participated in the PDEP parent programs in the two regions. Information for this descriptive assessment was obtained from SCJ's agency reports, and my field notes, observations and personal communications.

Evaluation of the *Preparation Phase* of Transporting PDEP to the Japanese Context

To assess the Preparation phase, I describe the processes taken as SCJ and I were preparing the PDEP training and program materials for transportation to the Japanese context. I describe the comprehensive review process that was followed with the aim of optimizing the relevance of the materials to Japanese parents and sensitivity to those families living in the disaster-affected region. I also document the adaptations that were made to the program

materials for this context. Finally, I describe the translation process that was followed to translate the program materials from English into Japanese.

Another component of the Preparation phase was conducting the first Program Facilitator training of SCJ staff, which was followed by post-training assessments. Data to be examined regarding this component come from my research notes, reports based on the post-training assessments, and personal communications with the SCJ team.

Evaluation of the *Implementation Phase* of Transporting PDEP to Japanese Context

To assess the Implementation phase, I document the processes involved in delivering the PDEP program to parents living in the disaster-affected region or the greater Tokyo region. The data include records of the mentorship (both by distance and in-country) provided to the SCJ facilitators as they delivered their first parent programs. I also document any *ad-hoc* adaptations made to the program materials during the Implementation phase, and the challenges and successes experienced by the Facilitators. Data were drawn from my field notes, training reports, and personal communications.

Evaluation of the *Sustainment Phase* of Transporting PDEP to Japanese Context

For the Sustainment Phase, I analyzed the quantitative data collected from the Japanese parents from the two target regions during the implementation phase. These data are used to test the case study's three hypotheses.

Sample. The sample was drawn from the PDEP Global Database. It consisted of 141 mothers who attended a PDEP program delivered by a trained PDEP Facilitator or Country Trainer in either the disaster-affected region ($n = 59$) or the Greater Tokyo Area ($n = 83$) between January 2015 and May 2017, and for whom *Standard PDEP Pre- and Post-Program Questionnaires* had been submitted.

Table 8 displays the demographic characteristics of this sample. The majority of these mothers were highly educated (almost 80% had taken some form of post-secondary education); were at least 31 years of age (96.5%); and had one or two children (86.5%).

Measures. The *Standard PDEP Pre-Program Questionnaire* (Appendix A) is a 37-item self-report measure. It yields demographic information about the parent participant's gender, age, and highest level of education, the number of children they have, and their children's ages (Table 8). Parents are also asked to rate on a six-point scale (1 = strongly agree, 2 = mostly agree, 3 = somewhat disagree, 4 = somewhat agree, 5 = most agree, 6 = strongly agree) how strongly they agree with items related to their approval of physical and other forms of punishment, and their perceived developmental norms. Each of these constructs is described in detail below.

Approval of punishment was operationalized with 12 items. Five items relate to physical punishment: (1) Sometimes a spank or a swat is the best way to get a child to listen; (2) Spanking is fine as long as the parent is not angry; (3) Parents should have the right to decide whether to use physical punishment on their children; (4) It's ok to spank a 5-year-old's bottom if she does something dangerous; and (5) If a 14-year-old is failing in school, his parents should make him do hard physical chores. Five items relate to non-physical punishment: (1) If parents negotiate with their children, they will lose their authority; (2) If a 16-year-old breaks her curfew, her parents should ground her; (3) If a 16-year-old wears a hairstyle that his parent disapproves of, he should not be allowed to go outside until he changes it; (4) If children break the rules, their parents should take away privileges; and (5) If a 12-year-old gets into trouble at school, her parents should punish her before she has a chance to give excuses. The two remaining items relate to beliefs about punishment in general: (1) Children who are punished learn how to behave

Table 8

Demographic Characteristics for the Sample of Japanese Mothers (N = 141)

Characteristic	Percent
Location	
Disaster-affected region	41.8
Urban region	58.2
Age	
21-30	2.8
30-40	51.8
>40	45.4
Number of children	
1	46.8
2	39.7
3	11.3
4	2.1
Child's age*	
< 2 years	44.0
3-5 years	34.0
6-8 years	34.8
9-11 years	23.4
12-14 years	8.6
15-17 years	5.0
Highest level of education	
Completed high school	20.0
Some university or college	5.7
Completed university or college	60.7
Some post-graduate courses	2.9
Completed post-graduate degree	10.7

Note. *More than half of the Japanese mothers have children in more than one age group, so the total percentage exceeds 100.

better than children who aren't punished; and (2) If parents don't use punishment, their children will be spoiled.

In previous research, the five-item *Approval of Physical Punishment scale* has demonstrated good internal consistency reliability ($\alpha = .80$ at pretest, and $.82$ at posttest) (Durrant et al., 2014). Other research has found the 12-item *Approval of Punishment scale* (including all of the 12 punishment items) to demonstrate good internal consistency ($\alpha = .81$ at pretest and $.86$ at posttest) (Durrant et al., 2017).

Perceived developmental norms was operationalized with the following six items: (1) Young children who say “no!” are being defiant; (2) If children have tantrums, they are probably spoiled; (3) Four-year-olds who interrupt adults are rude; (4) Babies cry in the middle of the night to make their parents angry; (5) If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect; and (6) A teenager who does not want to be seen his mother should be ashamed of himself. In previous research, these six items have formed a scale with adequate internal consistency ($\alpha = .66$ at pretest, and $.71$ at posttest; Durrant et al., 2014).

The *Standard Positive Discipline Post-Program Questionnaire* (Appendix B) is a 55-item self-report measure that was completed by parents at the end of the eighth session of PDEP. To measure changes in parents' attitudes toward punishment and perceived developmental norms, this questionnaire re-administers the same items described above. It also includes additional items that measure parents' perceptions of the relevance of PDEP and its impact on their parenting.

Relevance of the PDEP program was assessed in two ways. First, mothers were asked about their satisfaction with the PDEP program. The mothers rated on a four-point scale (1 = very dissatisfied, 2 = mostly dissatisfied, 3 = mostly satisfied, 4 = very satisfied) their

satisfaction with: (1) the overall program; (2) the PDEP parent book; and (3) the program exercises. In previous research, these three items have composed a single-factor *Parent Satisfaction scale* with adequate internal consistency reliability (posttest $\alpha = .77$; Durrant et al., 2017). To assess program relevance, mothers also were asked whether they would recommend the PDEP program to other parents ('yes', 'no', or 'not sure').

Perceived Impact of PDEP was measured by mothers' ratings of their agreement (1 = strongly disagree, 2 = mostly disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = mostly agree, 6 = strongly agree) with seven items. Six of these items asked mothers how strongly they agreed that PDEP would help them to: (1) use less physical punishment; (2) understand their children's development; (3) communicate better with their children; (4) understand their children's feelings; (5) control their anger; and (6) build stronger relationships with their children. The seventh item, '*Since I learned about Positive Discipline, I believe more strongly that parents should not use physical punishment*' was rated on the same six-point scale. Two previous research studies have found these six items to yield a *Parent Perceptions scale* with adequate internal consistency reliability ($\alpha = .71$ and $.79$, respectively; Durrant et al., 2014, 2017).

Analytical Strategy

All statistical analyses were conducted using version 24 of the Statistical Packages for the Social Sciences (SPSS 24, IBM Analytics, 2017), and AMOS, a statistical modelling software that can perform confirmatory factor analyses. Prior to hypothesis testing, the psychometric properties of the Japanese versions of the parent program measures were assessed. Following this, three hypotheses were tested and effect sizes were calculated to determine the magnitude of any significant pre/post differences.

Hypothesis 1: Most mothers will perceive the PDEP program to be relevant to their parenting and their context. To test Hypothesis 1, the percentage of mothers who reported being ‘mostly’ or ‘very’ satisfied with the overall program, the parent book, and the exercises were individually computed and reported. The percentage of mothers who indicated they would recommend the program to others was also computed and reported. Hypothesis 1 was considered to be supported if more than 75% of the mothers were ‘mostly’ or ‘very’ satisfied with the overall program, the parent book and the program exercises, and were willing to recommend the program to others.

An exploratory analysis was carried out to determine if there were differences on these variables between mothers living in the disaster-affected region and those living in Tokyo. First, a confirmatory factor analysis (CFA) was conducted to determine if the three satisfaction items (the overall program, PDEP parent book, program exercises) formed a reliable *Parent Satisfaction scale*. Any items with a factor loading of less than .40 were dropped from the scale, to improve the fit of the factor and were examined individually. If the CFA reported a goodness of fit value of .95 or greater, the scale was considered to be a reliable representation of the construct. If any items did form a factor, the Cronbach’s alpha method was used to estimate its internal consistency reliability. If the Parent Satisfaction scale was found to be reliable, a paired sample means test would be conducted to determine whether mothers in the two regions of Japan (disaster-affected area and Tokyo area) differed in their levels of satisfaction with the program. A chi-square test would be conducted to determine whether mothers living in the two regions differ in their terms of their willingness to recommend the PDEP to other parents. A lack of differences on these variables between mothers living in the two regions would provide further support for Hypothesis 1.

Hypothesis 2: The program will be effective at: (a) decreasing mothers' support for punishment, and (b) decreasing mothers' perceptions of children's typical behaviour as intentional misbehaviour. These hypotheses were tested through a series of two-way ANOVAs with Time as a within-subjects factor and Region as a between-subjects factor. Prior to hypothesis testing, the first step was to assess the validity and reliability of each of the four proposed scales using CFA. Five items were expected to form an Approval of Physical Punishment factor; five to form an Approval of Non-physical Punishment factor; two to form an Approval of Punishment in General factor; and to six form a Perceived Developmental Norms factor. Any items with factor loadings of less than .40 were removed in an attempt to improve the fit of the scales, and were analyzed individually. When the factors were finalized, Cronbach's alpha was calculated on each of the resulting scales to estimate their internal consistency reliability. If the test statistic (alpha coefficient) was less than .65, the reliability of the scales was questionable and, in this situation, the items would be examined separately. If the scales were found to be sufficiently reliable, they would serve as the dependent variables in the ANOVAs. These analyses tested for the main effects of Time (pre-test vs. post-test) and Region (earthquake-affected vs. Tokyo), and their interaction. If any of the resulting *F*-statistics were significant ($p \leq 0.05$), post-hoc tests were conducted and the effect size computed to examine the magnitude of the difference.

Hypothesis 2(a) was supported if there was a significant decline from pre- to post-test in Japanese mothers' support for physical and non-physical punishment, and for punishment in general. Hypothesis 2(b) was supported if there was a significant decline from pre- to post-test in Japanese mothers' perceptions of children's typical behaviour as intentional misbehaviour.

Hypothesis 3: Most Japanese mothers will perceive PDEP as having positive impacts on their parenting. To test Hypothesis 3, the percentage of mothers who ‘mostly or strongly’ agreed with each of the seven impact-related items was computed and reported. Hypothesis 3 was supported if more than 75% of the mothers ‘mostly’ or ‘strongly’ agreed with each of the items.

An exploratory analysis was carried out to determine differences in the perceived impact of the program between mothers living in the disaster-affected region and those living in Tokyo. First, a CFA was conducted to determine if the impact-related items formed a reliable single-factor Parent Perceptions scale. Any items with factor loadings of less than .40 were dropped from the analysis in an attempt to improve the fit of the scale and analyzed separately. If the factor analysis reported a goodness of fit value of .95 or greater, the scale was considered representative of the construct. If any items did form a factor, Cronbach’s alpha was calculated to estimate the internal consistency reliability of the scale. An alpha score of greater than or equal to 0.65 indicated that the scale had adequate to good internal consistency reliability. If the scale was found to be reliable, a paired sample means test was conducted to determine if there was a significant difference in mothers’ perceptions of the impact of the PDEP based on the region in which they live. If no differences were found between mothers living in these two regions, this would provide further support for Hypothesis 3.

Results

The results of the investigation into the processes and outcomes associated with transporting PDEP to Japan are presented following the sequence of the four-phase DAP model. Beginning with the Exploration Phase, I describe the process that was undertaken when exploring the feasibility of transporting PDEP to a disaster-affected region and a large urban

centre of Japan. This is followed by a description of the progression through the Preparation Phase once it was decided by the stakeholders to transport PDEP. Next, the steps followed during the Implementation Phase are described, including the PDEP Facilitator Trainings conducted with Japanese child protection advisors and parent educators, and the mentorship process that was implemented to support the Japanese Facilitators to implement PDEP with fidelity. The results of the fourth phase of the DAP - the Sustainment Phase - presents the quantitative analysis of the psychometric properties of the Japanese versions of the PDEP parent program measures and the results of the hypothesis testing.

The Exploration Phase

Transporting PDEP to Japan was initiated in the fall of 2014. In September of that year, the Chair of the Child Protection Initiative (CPI) Global Team from SCS and the SCS Regional Advisor for South East Asia contacted the PDEP Team to begin exploring the possibility of transporting PDEP to target areas of Japan. Prior to 2014, SCJ had been working for a number of years on a national Physical and Humiliating Punishment (PHP) strategy designed to raise awareness of the harmful effects of PHP; to promote law reform to protect children from PHP; and to promote positive, non-violent parenting in Japan. A key component of this strategy was the distribution of the Japanese translation of the first edition of the parent book *Positive Discipline: What it is and how to do it* (Durrant, 2009). This edition of the parent book was distributed by a Japanese publisher and sold in bookstores throughout Tokyo for approximately \$15 USD. Another component of SCJ's PHP strategy was awareness-raising sessions on Positive Discipline for stakeholders and professionals, and short Positive Discipline orientations for parents, to introduce them to the concept of non-violent approaches to discipline. When the 2011 disaster struck the Ishinomaki-Sendai region of Japan, SCJ diverted the majority of their

human and financial resources to the emergency and humanitarian relief efforts, and the PHP strategies were put on-hold.

System-level assessment. Toward the end of the recovery efforts in 2014, SCJ's Chief Executive Officer, Manager of the Child Protection Division, and two Child Protection Advisors made a commitment to expanding the PHP strategy by transporting the full PDEP Facilitator training and parent program to Japan. Initial funding for PDEP was provided by SCS's global IKEA donor program, an initiative that funds Save the Children programs designed to reduce violence against children. SCJ also provided financial contributions from fundraising partnerships with a large Japanese supermarket chain and a Japanese professional soccer team.

The key stakeholders involved in transporting PDEP to Japan were SCJ and the PDEP Team, local municipal government officials, and education administrators from both the disaster-affected Sendai region and the wards of Toshima in the Greater Tokyo Area. During the Exploration Phase, SCJ proposed that the PDEP parent programs would be held in local schools and community centres.

Organizational-level assessment and plan. Within SCJ, the project was led by the Child Protection Manager and an Administrative Assistant, with support from two Child Protection Advisors (one based in the SCJ Tokyo office and one based in the SCJ Fukushima office). During the Exploration Phase, I worked closely with the SCJ Manager to develop a long-term plan for transporting PDEP to Japan. This plan involved four phases. The *first phase* was a PDEP Facilitator Training for a small group of SCJ staff. This initial training was to be conducted in English because the SCJ staff were fluent in both Japanese and English. The purpose of this training was to build organizational capacity among the SCJ staff, develop a deep

understanding the PDEP approach, and begin the processes of contextualizing and translating the materials from English to Japanese.

The *second phase* of the project was a pilot of the Japanese version of PDEP with parents from Ishinomaki in the disaster-affected region, and urban parents from the Tokyo area. On the basis of the outcomes of this pilot phase, the materials were to be reviewed and revised, as required. The pilot phase was also an opportunity to develop a model of remote mentorship of the Japanese Facilitators during the implementation phase.

The *third phase* of the project involved a second Facilitator Training, conducted in English via a Japanese interpreter, in order to build the capacity of SCJ's local partner organizations, and to expand the capacity of a few SCJ Program Facilitators to become PDEP Country Trainers. This training was conducted with support from the two Program Facilitators who were being mentored to become PDEP Country Trainers. This second Facilitator Training expanded the Facilitator pool to include staff of those partner organizations of SCJ who were in a position to co-deliver the parent program with the SCJ Facilitators in the two target regions.

The *fourth phase* of the plan was for the SCJ staff who were trained and mentored as Country Trainers in phase three to facilitate their own Program Facilitator trainings - one in Tokyo and one in Ishinomaki. They would then go on to mentor the Facilitators trained in phase three as they delivered the program to parents.

Provider assessment. The SCJ staff selected to participate in the Facilitator Training were identified by the Child Protection Manager. Given that the aims of this training was to increase SCJ's knowledge of PDEP and to begin the contextualization and translation processes, this individual believed that it was important to include key managers and other high-level SCJ staff who would be in the best position to advocate for the implementation of PDEP, once they

had first-hand experience with the approach. With this in mind, eight SCJ staff members were invited to participate in the training. These participants completed the PDEP Participant Profile Form, which detailed their educational background and work experience and was shared with the PDEP Team for review. Of the eight participants selected, two had a strong foundation in child development and experience facilitating parenting programs. One of the SCJ Child Protection Advisors was previously trained as a PDEP Program Facilitator in Nepal in 2012 but had no opportunity to deliver the program to parents following her training. All participants in the first Facilitator Training were female and held undergraduate or advanced graduate degrees in social work, nursing, education or a related field. Among this group of participants was SCJ's Education Manager, the Manager of Monitoring and Evaluation, the Advocacy Manager, and the Manager of Child Protection. Two other participants held more junior positions in SCJ's Children Protection team as Project Officers. SCJ's Chief Executive Officer and the Director of Child Protection also indicated interest in participating in the training; however, their schedules prevented them from committing to attending the full five-day training.

The participants in the second Facilitator Training (phase three) were professionals working as psychologists, nurses, social workers or teachers; had previous experience working with children and families and facilitating groups; and were working for SCJ's partner organizations or were willing to be contracted by SCJ to deliver the program. Many of these participants were also members of a study group that had formed previously based on the Japanese version of the Positive Discipline parent book.

Client characteristics. SCJ determined who the target participants of the parent programs would be. They were primarily self-selected mothers with pre-school- and school-aged children. PDEP was advertised in local schools, child care centres, and community centres

in the target areas by the local municipalities and school divisions. If a mother was interested in learning more about PDEP, or wanted to register for a program, she was directed to contact SCJ. The program was offered at no cost, and each program accommodated a maximum of 15 mothers.

The Preparation Phase

Following the initial Exploration Phase and the finalization of the Terms of Reference for the transportation plan in October, the first (pilot) Facilitator Training was scheduled from December 15 to 19, 2014. Prior to the training, SCJ initiated the translation, contextualization and formatting processes required for the implementation of the Japanese pilot parent programs that were scheduled to begin shortly following the training on January 26th, 2015. These preparations were conducted over distance between SCJ in Tokyo and the PDEP Program Coordinator and me in Winnipeg. While we experienced relatively few technological difficulties while collaborating via Skype, the 12-hour time difference between Winnipeg and Tokyo necessitated many late-night meetings on weekdays and weekends for the PDEP Team. This situation posed a significant challenge, as the Winnipeg team had to maintain their Western working hours while making the preparations for the training.

Translation and formatting. Translation of the PDEP materials was completed by the previously PDEP-trained CP Advisor, who had a strong background in child development and psychology. The formatting of the translated materials was done by SCJ's Administrative Assistant. The PDEP Program Coordinator sent the PDEP materials to SCJ via Dropbox in October, along with translation guidelines and formatting and printing instructions.

The SCJ staff were meticulous in their translation of the PDEP materials. They consulted with me numerous times throughout the translation process, to clarify the intended meaning of

key words in an attempt to ensure that the Japanese translation mirrored the original English version of PDEP. Given the translator's expertise in child development and psychology, and her previous knowledge of PDEP, the translation process was relatively straight-forward. However, the terms 'structure', 'moral internalization', and 'normalization' required considerable discussion to ensure that their intended meanings were captured. Also, there were some challenges in differentiating between 'emotional health', 'psychological health' and 'mental health,' which are terms used in PDEP. After careful consideration context and on-going discussions with the PDEP Team, the SCJ translator felt confident she had translated the materials accurately. Two SCJ staff dedicated their work time to completing the Japanese translation and formatting of the materials in time for the January parent programs.

Contextualization and adaptation. While translating the PDEP materials into Japanese, the SCJ Team was responsible for simultaneously reviewing the materials for cultural relevance. Following this contextual review, the SCJ Team members reported back to the PDEP Team that they had no suggestions for culturally-specific adaptations and recommended that the materials be translated into directly into Japanese without revisions. However, a plan was put into place to provide a second opportunity to contextualize and revise the Japanese materials following the pilot Facilitator Training, on the basis of any suggestions received from the Facilitators and the participants in their parent programs.

Evaluation assessment. During the Preparation Phase, the SCJ Team made the decision to translate and implement the standard version of the PDEP Parent Program Questionnaires and the PDEP Facilitator Training Questionnaires. SCJ explained that because of the high literacy rate in Japan there would likely be no need for a translated version of the simplified parent

program measures. The Japanese versions of the facilitator and parent measures were translated from the English versions without any content changes.

The Implementation Phase

Following the first PDEP Facilitator Training involving eight SCJ staff in December 2014, the implementation of the pilot parent programs began in January 2015. The second PDEP Facilitator Training was conducted approximately six months later, from June 28 to July 2, 2015. I led this second training with support from the two Japanese Program Facilitators who were being mentored to become PDEP Country Trainers. We conducted the second training in English, but it was simultaneously translated into Japanese by professional interpreters. Both trainings were held at the SCJ office in Tokyo. The training space was compact so it was not possible to set-up a full interpretation system complete with a sound-proof booth. Instead, a portable interpretation system using wireless transmission was rented by SCJ to facilitate the simultaneous interpretation process. This portable system was very effective and the quality of the interpretation made for seamless communication between the Japanese participants and me. The two Japanese interpreters were experienced; were familiar with translating psychological and medical terms in English and Japanese; had studied the PDEP materials a few days prior to the training; and were mothers with young children. They shared with me that they found interpreting the training to be stimulating on a personal level, which made it easier for them to maintain their focus. At the end of the training both interpreters requested a personal copy of the parent book.

Training and program materials. SCJ had a surplus of the Japanese version of the first edition of the PD Parent Book (Durrant, 2007), and insisted on using them in the trainings and parent programs, although several updates had been made to the book which was then in its third

edition. The PDEP Team and SCS had serious reservations about SCJ using the old edition and recommended that they publish and distribute the most recent version (Durrant, 2015).

Discussions among SCJ, the PDEP Team and SCS resulted in agreement that SCJ would modify the books in the existing stockpile and request that the publisher stop distributing the first edition of the Japanese book. To modify the first edition, SCJ put slipcovers on the books that reflected the updated program name and inserted a page in the front of each book detailing the updates from the third edition of the parent book (published in 2015). While these modifications were less than ideal, this compromise was made primarily because of budgetary constraints and concern about the waste involved in discarding hundreds of books. SCJ agreed that once the surplus of modified first edition books had been distributed, they would publish the updated third edition of the parent book in Japanese.

The other Facilitator training and parent program materials were well-prepared and of high-quality. Each Facilitator received a PDEP Facilitator Manual, a copy of the parent book, a training binder that included the parent workbook, and a set of PDEP building blocks. When a parent program was scheduled to be delivered by a trained Facilitator, SCJ was responsible for preparing the relevant materials.

Parent programs. Following the trainings, parent programs were delivered to between 2015 and 2017 to Japanese mothers living in the two target regions. The first parent program was implemented in the disaster-affected region from January to April 2015. That spring, two more parent programs were delivered simultaneously; one in the disaster-affected region and one in the Tokyo area. From January to April 2016, two parent programs were delivered simultaneously in the Tokyo area. That spring, two more parent programs were delivered; one in the disaster-affected region and one in Tokyo. From January to April 2017, three parent

programs were implemented concurrently; two in the disaster-affected region and one in the urban centre. In the spring of 2017, one parent program was delivered in the Tokyo area. No further programs were run in the disaster-affected region because the SCJ Recovery Program had ended. Following the delivery of these parent programs, no suggestions for modifications to improve the Japanese translation or the program's cultural relevance were offered by either the Facilitators or the parent participants.

SCJ provided logistical support for all of the parent programs in both regions. This included working with the local municipalities to book the training space and arrange child care, which was essential to delivering the parent programs. Without child care, many of the mothers would not have been able to participate.

Geographical distance proved to be a challenge for the Program Facilitators delivering the program in the disaster-affected region. In 2015 and 2016 all of the PDEP Facilitators were based in Tokyo. To implement the parent programs in the disaster-affected region, two Facilitators were required to take a 3-hour train from Tokyo to the Sendai region, stay overnight in Ishinomaki, facilitate the program the following morning and then take the train back to Tokyo in the afternoon to arrive home in the evening. This process was repeated weekly for approximately three months.

Facilitator fidelity. Remote mentorship was an essential component of building program sustainability in Japan. While the Facilitators were delivering their weekly PDEP parent session, they were receiving either online remote support from me and/or on-site coaching from the Country Trainer Mentees. The English-speaking SCJ-trained Facilitators received twice weekly remote mentoring from me. This included a one-hour Skype meeting approximately 3 days prior to each scheduled parent program session. During this meeting, I helped the

Facilitators prepare for the upcoming session by reviewing the objectives of the session, walking them through the training steps, and answering any questions they had about the session content and delivery process. Following the session, each Facilitator completed a feedback form and emailed it to me for review (Appendix K). A day or two following the session, we held a 30- to 45-minute Skype meeting to debrief the session. In these meetings, the Facilitators reflected on the challenges and successes of the session and discussed strategies to implement the lessons from the previous week. This twice weekly remote mentorship process was sustained throughout the duration of the parent programs. While time-consuming, and challenging at times due to the time zone differences, this mentorship process was instrumental in supporting the facilitators to deliver the program with fidelity.

A modified version of this mentorship process was used to optimize the fidelity of Japanese Facilitators who did not speak English and were therefore unable to directly communicate with me. In this situation, the two Japanese PDEP Facilitators who were being trained as Country Trainers took over the twice weekly mentorship. They conducted these meetings with the Facilitators either in-person or online and reported back to me. The Facilitators completed weekly feedback forms, which were then compiled, translated and emailed to me for review.

The Sustainment Phase

The Sustainment Phase examined the short-term outcomes of the Japanese parent programs. This included an investigation of the psychometric properties of the Japanese versions of the PDEP measure, and the results of the hypothesis testing, including an examination of PDEP's relevance, effectiveness and perceived impact.

Psychometric properties of the Japanese PDEP questionnaires. A series of CFAs were conducted. Model fit was established by examining a variety of fit indices including the chi-squared value/degrees of freedom, the comparative fit index (CFI), the Tucker-Lewis Index (TLI) and the root mean square error of approximation (RMSEA) (Schreiber et al., 2006). The cut-off criteria indicative of a good model fit were: 1) a non-significant ($p < .05$) X^2 /degrees of freedom ratio of less than 2; 2) a TLI value of above .90; 3) a CFI value of above .90; and 4) a RMSEA value of below .60 (Schreiber et al., 2006). Items found to have standardized factor loadings of less than .40 were removed from the model in an attempt to improve model fit. Table 9 presents the results of the CFAs that were conducted on the scales with four or more items¹⁵.

After finalizing the fit of the models, internal consistency reliability was calculated (Cronbach's alpha). Models with an alpha value of .65 or greater were determined to have adequate internal consistency reliability. Table 10 presents the Cronbach's alpha scores for the scales for both the pre-program questionnaire and the post-program questionnaire, where applicable. The adjusted scales with acceptable goodness-of-fit indices and adequate internal consistency reliability are further described in detailed below.

Approval of Physical Punishment Scale. The initial five-item Approval of Physical Punishment model demonstrated a good fit ($X^2 = 5.355$, X^2 /df= 1.071, $p = .374$, TFL= .997, CFI= .998, RMSEA= .023), with each item obtaining a factor loading above the cut-off value of .40. However, the item "*If a 14-year-old is failing in school, his parents should make him do hard physical chores to get him to work harder*", obtained a marginal factor loading of .42.

¹⁵ Not all of the goodness of fit indices could be computed and reported for the Parent Satisfaction scale, due the limited degrees of freedom associated with a model containing only three items. CFAs calculated based on pre-test data.

Table 9

Goodness-of-Fit Indices for the Japanese Version of the Standardized Questionnaires

Model	χ^2	<i>df</i>	χ^2/df	<i>p</i> -value	TLI	CFI	RMSEA
<i>Approval of Physical Punishment scale</i>							
Initial model- 5 items	5.355	5	1.071	.374	.997	.998	.023
Modified model- 4 items	1.760	2	.880	.415	1.004	1.000	.000
<i>Approval of Non-Physical Punishment scale</i>							
Initial model- 6 items	27.028	9	3.003	.001	.676	.861	.120
Modified model- 4 items	4.736	2	2.368	.094	.865	.973	.099
<i>Perceived Developmental Norms scale</i>							
Initial model- 6 items	25.276	9	2.808	.003	.673	.860	.114
Modified model- 5 items	4.360	5	.872	.499	1.022	1.000	.000
<i>Parent Perceptions scale</i>							
Initial model- 7 items	32.93	14	2.352	.003	.851	.925	.098
Modified model- 4 items	.683	2	.342	.711	1.018	1.000	.000

Table 10

Internal Consistency Reliability Scores of the Modified Models, Cronbach's Alpha (α)

	Pre-test	Post-test
Approval of Physical Punishment scale	$\alpha = .83$	$\alpha = .82$
Approval of Non-Physical Punishment scale	$\alpha = .72$	$\alpha = .78$
Perceived Developmental Norms scale	$\alpha = .67$	$\alpha = .72$
Satisfaction scale	–	$\alpha = .80$
Parent Perceptions scale	–	$\alpha = .83$

Note. (-) indicates that those scales were not included on the pre-program questionnaire.

When this item was removed, the structure of the model improved ($X^2 = 1.760$, $X^2 / df = .880$, $p = .415$, TFL= 1.004, CFI= 1.000, RMSEA= .000). The factor loadings of the remaining four items in the modified model also increased. Table 11 presents the unstandardized and standardized factor loadings for each of the items included in the model.

The internal consistency reliability of the modified Approval of Physical Punishment model was found to have good internal consistency reliability for both the pre-program questionnaire ($\alpha = .83$) and the post-program questionnaire ($\alpha = .82$). Therefore, the four-item modified model was used to compute an Approval of Physical Punishment scale score at pre- and post-test that was used to assess change in Japanese mothers' approval of physical punishment over the course of the program. Change on the item that was removed from the Approval of Physical Punishment model was examined separately.

Approval of Non-Physical Punishment Scale. A multi-latent CFA was conducted with the four Approval of Non-Physical Forms of Punishment items and the two Approval of Punishment in General items (“*Children who are punished learn how to behave better than children who aren’t punished*” and “*If parents doesn’t use punishment, their children will be spoiled*”). Creating a multi-latent CFA was recommended by Dr. Jiang, consulting statistician, as it was not possible to run a CFA in AMOS with only two items measuring the Approval of Punishment in General latent construct. Moreover, the item “*If parents negotiate with their children, they will lose their authority*” originally thought to represent the construct of Approval of Non-Physical Forms of Punishment was excluded from the initial CFA. In consultation with PDEP program experts, it was decided that this item was not an accurate representation of the construct of Approval of Punishment. The initial CFA model including all six items obtained poor fit indices ($X^2 = 27.028$, $X^2 / df = 3.003$, $p = .001$, TFL= .676, CFI= .861, RMSEA= .120).

Table 11

Unstandardized (Standard Errors) and Standardized Loadings of Items on the Approval of Physical Punishment Scale-Japan.

Item	Unstandardized	Standardized
1. Sometimes a spank or a swat is the best way to get a child to listen	1.00 (--)	.74
2. Spanking is fine as long as the parent is not angry	1.34 (.16)	.81
3. Parents should have the right to decide whether to use physical punishment	1.35 (.16)	.79
4. It's ok to spank a 5-year-old's bottom if she does something dangerous	1.11 (.16)	.64

Note: Dashes (--) indicate the standard error was not estimated. CFI = 1.000; TLI = 1.004; RMSEA = .000. $\chi^2/df = .880$; $p = .415$.

Examination of the standardized factor loadings of this model revealed two items with unsatisfactory loadings; .32 for the item “*Children who are punished learn how to behave better than children who aren’t*”, and .33 for the item “*If a 12-year old gets into trouble at school, her parents should punish her before she has a chance to give excuses*”. Excluding these two items and creating a modified single latent variable model (Approval of Non-Physical Punishment) resulted in substantially improved model fit indices ($X^2 = 4.736$, $X^2 / df = 2.368$ $p = .094$, TFL = .865, CFI = .973, RMSEA = .099). Table 12 presents the unstandardized and standardized factor loadings for the adjusted model. This model had adequate internal consistency reliability on both the pre-program questionnaire ($\alpha = .72$) and the post-program questionnaire ($\alpha = .78$). Therefore, the adjusted four-item Approval of Non-Physical Punishment model was used to compute a scale score for both the pre- program and post-program questionnaires. This scale was used to evaluate change in mothers’ approval of non-physical punishment, and punishment in general from pre- to post-test. The two items removed from the initial model were examined separately.

Table 12

Unstandardized (Standard Errors) and Standardized Loadings of Items on the Approval of Non-physical Punishment and Punishment in General Scale-Japan

Item	Unstandardized	Standardized
1. If a 16-year-old breaks her curfew, her parents should ground her	1.00 (--)	.77
2. If a 16-year-old wears a hairstyle that his parent disapproves of, he should not be allowed to go outside until he changes it	.820 (.141)	.70
3. If children break the rules, their parents should take away privileges	.801 (.152)	.57
4. If parents don't use punishment, their children will be spoiled	.664 (.145)	.47

Note: Dashes (--) indicate the standard error was not estimated. CFI = .973; TLI = .865; RMSEA = .099. $\chi^2/df = 2.368$; $p = .094$

Perceived Developmental Norms. A CFA was performed to determine the structural validity of the six-item Perceived Developmental Norms scale. The initial model revealed poor fit indices ($X^2 = 25.276$, $X^2 / df = 2.808$, $p = .003$, TFL = .673, CFI = .860, RMSEA = .114). An examination of the standardized factor loadings of the individual items included in the initial model found one item (“*Babies cry in the middle of the night to make their parents angry*”) to be problematic. Removing this item from the model resulted in a substantial improvement in goodness-of-fit indices ($X^2 = 4.360$, $X^2 / df = 8.72$, $p = .499$, TFL = 1.022, CFI = 1.000, RMSEA = .000). Table 13 presents the factor loadings of the items included in the modified five-item Perceived Developmental Norms model. The internal consistency reliability of the modified model was adequate reliability on both the pre-program questionnaire ($\alpha = .69$) and the post-program questionnaire ($\alpha = .72$). The modified five-item Perceived Developmental Norms scale was used to assess change in mothers’ perceived developmental norms from pre- to post-test. The item removed from the initial model was examined separately.

Parent Perceptions Scale. A CFA including the seven items assumed to measure parents’ perceptions of the impact of PDEP on their parenting yielded poor fit indices ($X^2 = 32.93$, $X^2 / df = 2.352$, $p = .003$, TFL = .851, CFI = .925, RMSEA = .098). Examination of the factor loadings revealed three items with values below the cut-off (“*Since I learned about Positive Discipline, I believe more strongly that parents should not use physical punishment*”; “*Learning about PD will help me to use less physical punishment*”; and “*Learning about PD will help me to control my anger*”). When these items were removed from the model, the structure of the model substantially improved ($X^2 = .683$, $X^2 / df = .342$, $p = .711$, TFL = 1.018, CFI = 1.000, RMSEA = .000).

Table 13

Unstandardized (Standard Errors) and Standardized Loadings of Items on the Perceived Developmental Norms Scale-Japan

Item	Unstandardized	Standardized
1. Young children who say “No!” are being defiant	1.00 (--)	.50
2. If children have tantrums, they are probably spoiled	.998 (.236)	.61
3. Four-year-olds who interrupt adults are rude	.966 (.231)	.59
4. If an eight-year-old uses bad words in front of his parents, this is a sign of disrespect	1.228 (.283)	.66
5. A teenager who does not want to be seen with his mother should be ashamed of himself	.525 (.153)	.42

Note: Dashes (--) indicate the standard error was not estimated. CFI = 1.000; TLI = 1.022; RMSEA = .000. $\chi^2/df = 0.872$; $p = .499$.

Table 14 presents the unstandardized and standardized factor loadings for each of the items included in the modified model. The internal consistency reliability of the modified model had good internal consistency reliability on the post-program questionnaire ($\alpha = .83$). The four-item Parent Perception scale was used to mothers' perceptions of the impact of PDEP on their parenting at post-test. The three items removed from the initial model were examined separately.

Parent Satisfaction Scale. A CFA of the three Parent Satisfaction items revealed a three-factor model with factor loadings all above the suggested cut-off of .40. The Comparative Fit Index (CFI) of 1.000 confirmed that this model represented a very good fit of the latent construct, Parent Satisfaction. Table 15 presents the factor loadings of the items. The Cronbach's alpha ($\alpha = .80$) indicated good internal consistency reliability for this factor. The Parent Satisfaction scale measured mothers' satisfaction with the PDEP program.

Hypothesis Testing: Program Relevance. To determine the relevance of PDEP to Japanese mothers, their satisfaction with the overall program and its components, and their willingness to recommend the program to others were examined.

Program satisfaction. Nearly all of the Japanese mothers reported being "mostly satisfied" or "very satisfied" with the overall program (97.2%, $n=137$), the Parent Book (95.0%, $n=132$), and the program exercises (97.8%, $n=137$). The majority of the mothers (90%, $n= 126$) indicated they would recommend the PDEP program to other parents. Four of the mothers from the disaster-affected region (6.8%) and ten from the urban centre (12.3%) were "unsure" whether they would recommend the program to others. Not a single mother would not recommend the program to others.

Table 14

Unstandardized (Standard Errors) and Standardized Loadings of items on the Parent Perceptions Scale-Japan

Item	Unstandardized	Standardized
Learning about PD will help me to understand my child(ren)'s development	1.00 (--)	.84
Learning about PD will help me to communicate better with my child(ren)	1.044 (.110)	.76
Learning about PD will help me to understand my child(ren)'s feelings	.991 (.095)	.85
Learning about PD will help me to build stronger relationships with my child(ren)	.481 (.075)	.54

Note: Dashes (--) indicate the standard error was not estimated. CFI = 1.000; TLI = 1.018; RMSEA = .000 (.000-1.22). $\chi^2/df = .342$; $p = .711$

Table 15

Unstandardized (Standard Errors) and Standardized Loadings of Items on the Parent Satisfaction Scale-Japan

Item	Unstandardized	Standardized
1. Satisfaction with the overall program	1.00 (--)	.81
2. Satisfaction with the Parent Book	.821 (.122)	.62
3. Satisfaction with the program exercises	.994 (.133)	.84

Note: Dashes (--) indicate the standard error was not estimated. CFI = 1.000. RMSEA and other fit indices were not reported due to the limited degrees of freedom with this three-factor model.

Program relevance by region. Mothers' satisfaction with PDEP and their willingness to recommend the program were examined by location (urban center and disaster-affected region). A series of non-parametric Mann-Whitney tests¹⁶ were conducted to examine regional differences on Parent Satisfaction scale and the individual satisfaction items (Table 16). There were no statistically significant differences on the Parent Satisfaction scale between mothers from the urban centre (mean rank = 68.38) and those from the disaster-affected region (mean rank = 74.64), $U = 2204.0$, $z = -1.078$, $p = .28$. There also were no statistically significant regional differences in mothers' satisfaction with the overall program ($U = 2080.0$, $z = -1.755$, $p = 0.79$), the parent book ($U = 2248.0$, $z = -.540$, $p = .59$), or the program exercises ($U = 2168.5$, $z = -1.187$, $p = .24$). Mothers' willingness to recommend the program to other parents also did not differ by region, $X^2(1) = 1.175$, $p = .287$.

Program Effectiveness. The effectiveness of PDEP in Japan was evaluated in two ways. First, changes in Japanese mothers' approval of physical and non-physical forms of punishments were evaluated by region. Second, changes in mothers' perceived developmental norms were examined by region.

Approval of Physical Punishment. To test the hypothesis that PDEP would reduce Japanese mothers' support for physical punishment in the two regions, a series of two-way mixed ANOVAs were performed with 'Time' (pre- or post-program) as the within-subjects factor, and 'Region' (urban centre or disaster-affected region) as the between-subjects factor. All dependent variables used in these ANOVAs were transformed using the Log10 function to compensate for the non-normality and positively skewed nature of the variables.

¹⁶ The Mann-Whitney test is the non-parametric equivalent to the parametric independent samples *t*-test. It is indicated for this analysis due to the non-normality (positive skew) of the variables.

Table 16

Results of Mann-Whitney Tests on Parent Satisfaction by Region in Japan

	Location						Test Statistic		
	Urban Centre			Disaster-affected region			Mann-Whitney <i>U</i>	z-score	<i>p</i> -value
	Mean Rank	Sum of Ranks	N	Mean Rank	Sum of Ranks	N			
Parent Satisfaction Scale	68.38	5607.00	82	74.64	4404.00	59	2204.00	-1.078	.28
Satisfaction with:									
Overall program	66.87	5483.00	82	76.75	4528.00	59	2080.00	-1.755	.79
Parent book	68.60	5488.00	80	71.90	4242.00	59	2248.00	-.540	.59
Program exercises	67.77	5489.50	81	74.25	5489.50	59	2168.50	-1.187	.24

* $p < .05$, ** $p < .001$

The first ANOVA, the four-item Approval of Physical Punishment scale was treated as the dependent variable. The interaction between Time X Region interaction was not statistically significant, $F(1, 139) = .264, p = .608$. The main effect for 'Time' revealed a statistically significant decrease in Approval of Physical Punishment scale scores, $F(1, 139) = 69.872, p < .001$, partial $\eta^2 = 0.34$ (large effect), from pre-program to post-program. There was also a statistically significant main effect for Region, $F(1, 139) = 4.518, p = .035$, partial $\eta^2 = .31$ (large effect). Pairwise comparisons were run for the main effects with reported 95% confidence intervals and p -values within each main effect. The unweighted marginal means of Approval of Physical Punishment scale scores at pre- and post-test were $.311 \pm .019$ and $.125 \pm .017$, respectively. The unweighted marginal means of the Approval of Physical Punishment scale scores for the mothers in the urban centre and the disaster-affected region at post-test were $.249 \pm 0.19$ and $.188 \pm .022$, respectively. Japanese mothers from the urban centre obtained a mean Approval of Physical Punishment scale score of .061 (95% CI, .004-.118) points higher than the mothers from the disaster-affected region, a statistically significant difference, $p = .035$. Figures 21 -24 display the distribution of Japanese mothers' levels of agreement on each of the four items included in the Approval of Physical Punishment scale by region from pre- to post-test.

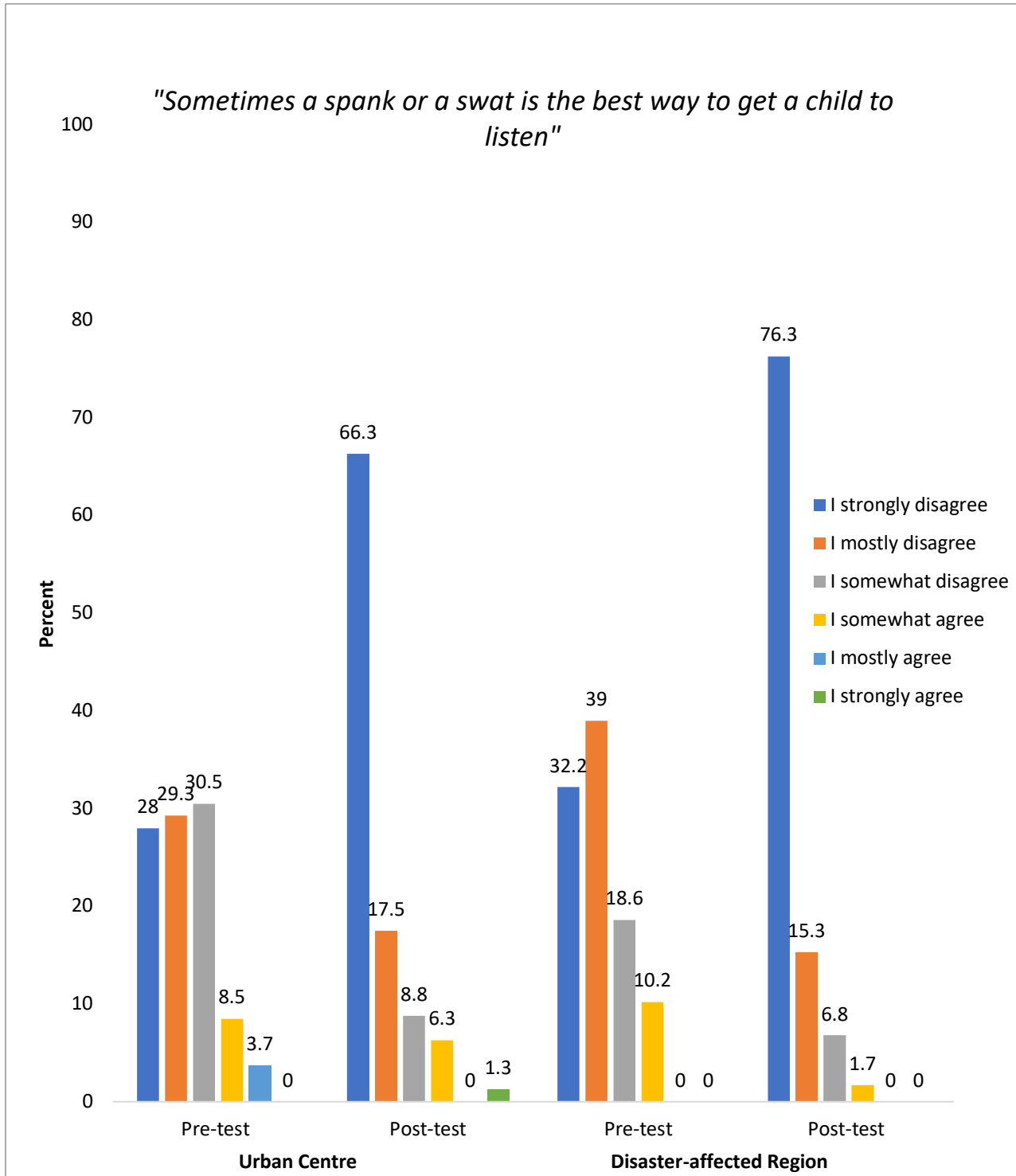


Figure 21. Percentage of Japanese mothers at each level of agreement on item *"Sometimes a spank or a swat is the best way to get a child to listen"* at pre-and post-test by region.

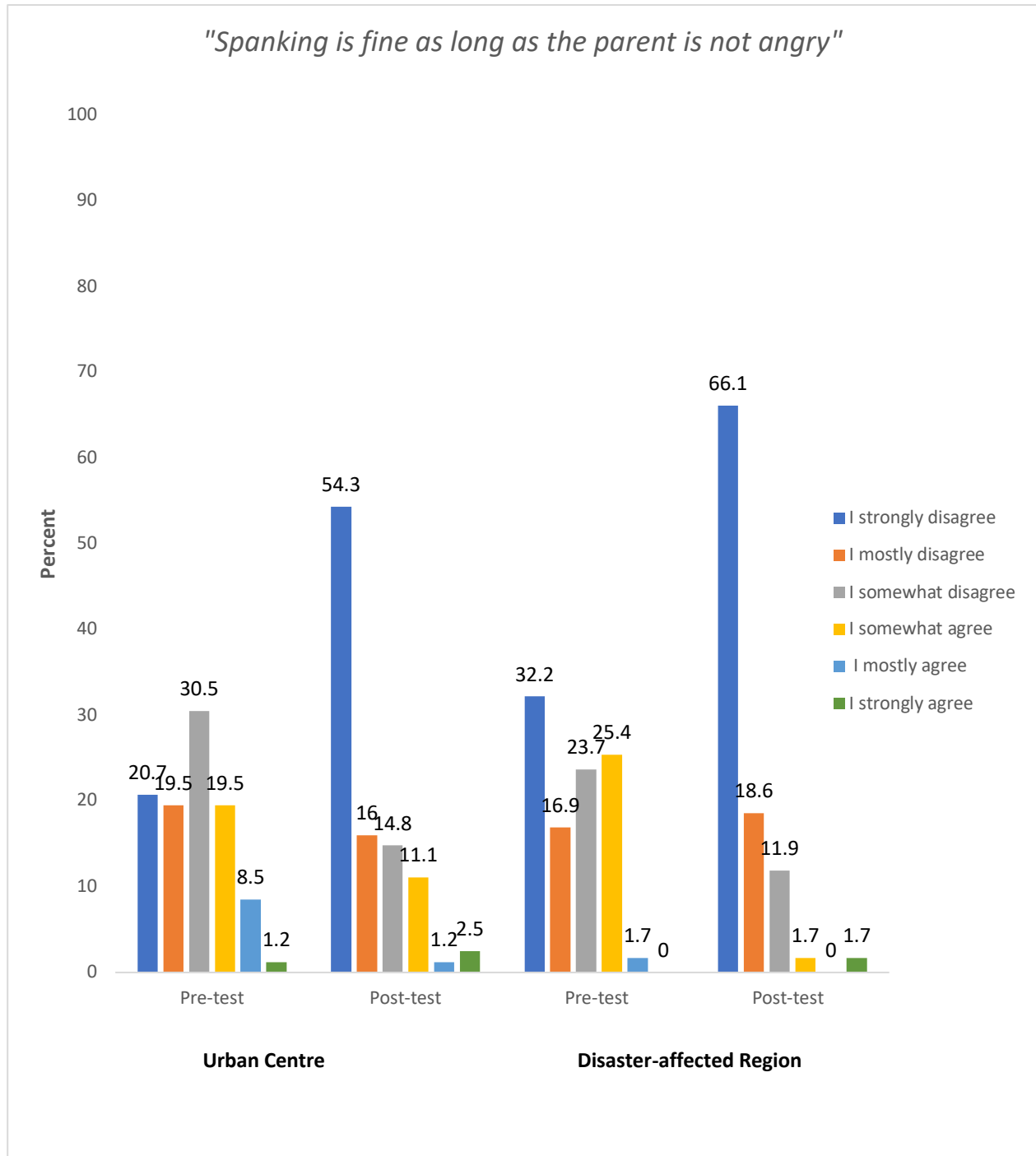


Figure 22. Percentage of Japanese mothers at each level of agreement on the item “*Spanking is fine as long as the parent is not angry*” at pre-and post-test by region.

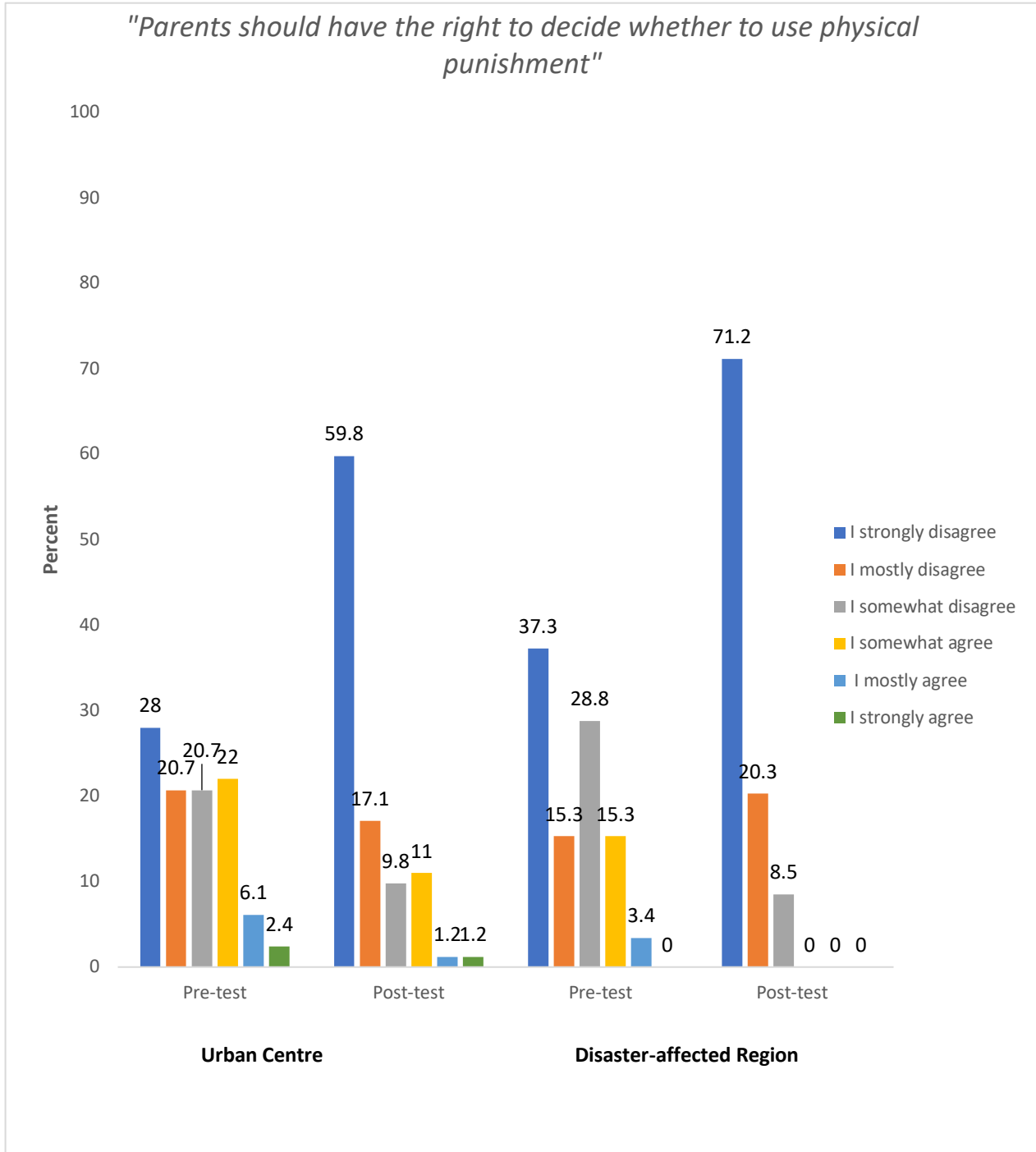


Figure 23. Percentage of Japanese mothers at each level of agreement on the item “Parents should have the right to decide whether to use physical punishment” at pre-and post-test by region.

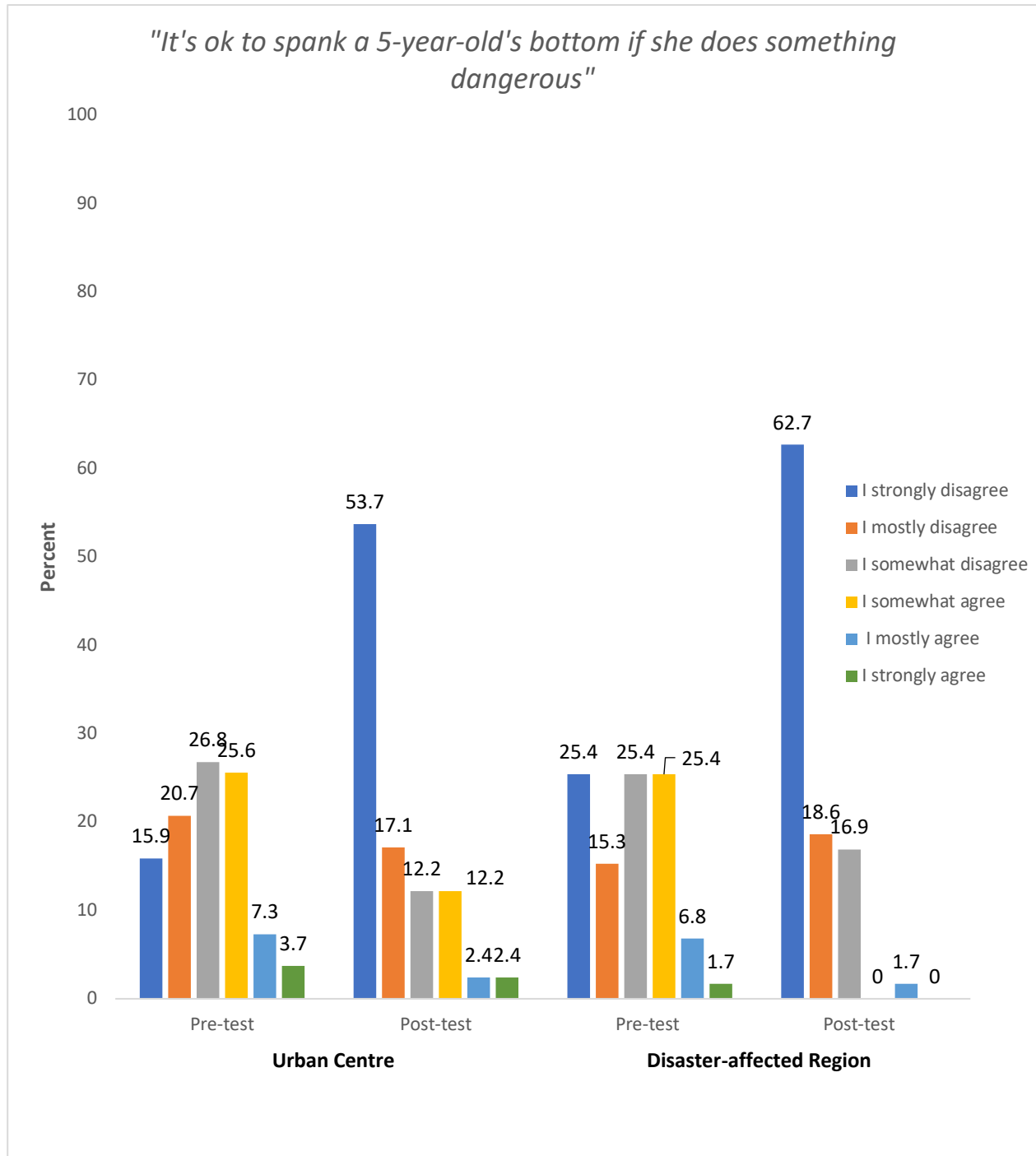


Figure 24. Percentage of Japanese mothers at each level of agreement on the item “It’s ok to spank a 5-year-old’s bottom if she does something dangerous” at pre-and post-test by region.

A two-way mixed ANOVA was conducted on the single item, “*If a 14-year-old is failing in school, his parents should make him do hard physical chores*”. No Time X Region interaction was found, $F(1,139) = .418, p = .519$. There was a statistically significant decrease on this item from pre- to post-test, $F(1, 139) = 19.287, p < .001$, partial $\eta^2 = .122$ (large effect) and a statistically significant main effect for Region, $F(1, 139) = 4.000, p = .047$, partial $\eta^2 = .028$ (small effect). Pairwise comparisons were run for the main effects with reported 95% confidence intervals and p -values Bonferroni-adjusted. The unweighted marginal means (standard error) on this item at pre- and post-test were $.122 \pm .016$ and $.055 \pm .012$, respectively. The unweighted marginal means for mothers from the urban centre and the disaster-affected region at post-test were $.113 \pm .015$ and $.066 \pm .018$, respectively. Japanese mothers from the urban centre obtained a mean approval score .046 (95% CI, .001-.094) points higher than the mothers from the disaster-affected region, a statistically significant difference, $p = .047$, indicating their higher support for making children do hard physical chores if they are doing poorly in school. Figure 25 displays the percentages of Japanese mothers at each level of agreement for this item at pre-and post-test by region.

Approval of Non-Physical Punishment and Punishment in General. A two-way mixed ANOVA examining the effects of Region and Time on Approval of Non-physical Punishment scale did not reveal a significant Time X Region interaction, $F(1, 139) = .263, p < .609$. There was a statistically significant main effects for Time, $F(1, 139) = 101.580, p < .001$, partial $\eta^2 = .422$ (large effect) and Region, $F(1, 139) = 6.890, p < .010$, partial $\eta^2 = .047$ (small effect).

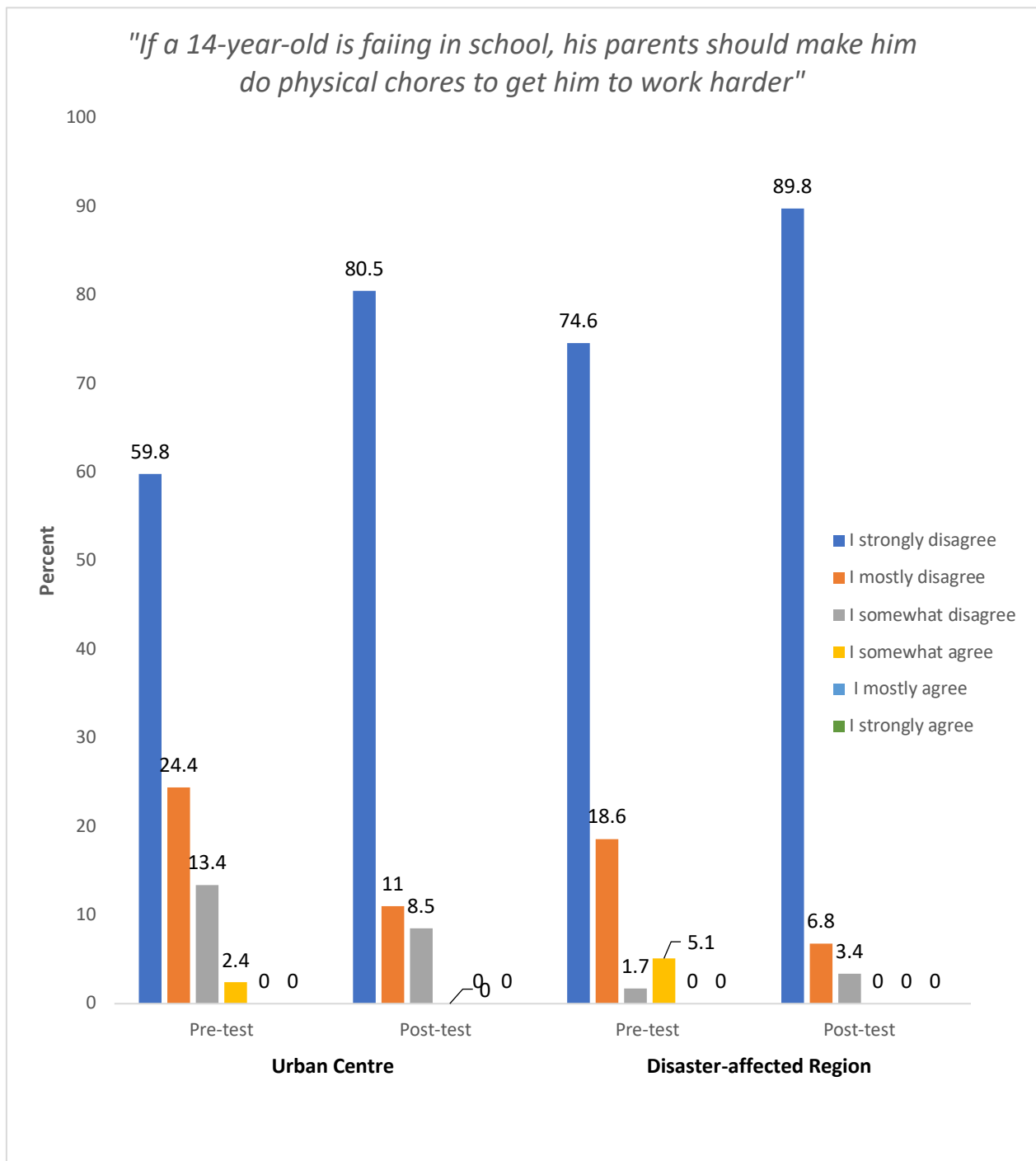


Figure 25. Percentage of Japanese mothers at each level of agreement on the item “If a 14-year-old is failing in school, his parents should make him do hard physical chores to get him to work harder” at pre-and post-test by region.

Pairwise comparisons were run for the main effects with reported 95% confidence intervals and *p*-values Bonferroni-adjusted. The unweighted marginal means (standard error) of Approval of Non-Physical Punishment scale scores at pre- and post-test were $.345 \pm .017$ and $.155 \pm .016$, respectively, indicating a decrease in mothers' scores on this scale from pre- to post-test. The unweighted marginal means of Approval of Non-Physical Punishment scores for the mothers in the urban centre and the disaster-affected region were $.286 \pm .021$ and $2.14 \pm .021$, respectively. Japanese mothers from the urban centre obtained a mean Approval of Non-Physical Punishment scale score of $.072$ (95% CI, $.018-.126$) points higher than the mothers from the disaster-affected region, a statistically significant difference, $p = .01$. Figures 26-29 display the distribution of Japanese mothers' levels of agreement on each of the four items included in the Approval of Non-Physical Punishment scale by region from pre- to post-test.

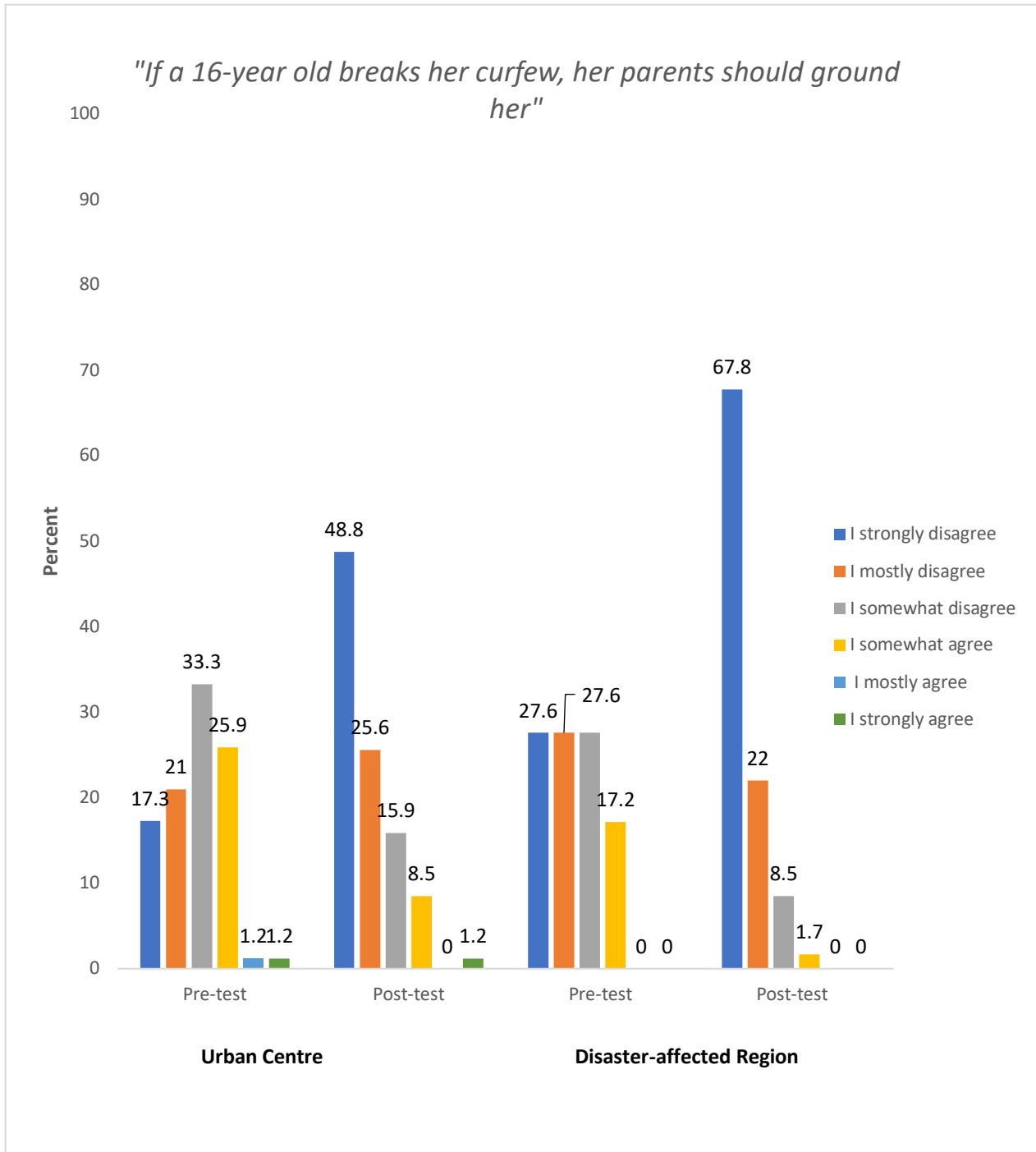


Figure 26. Percentage of Japanese mothers at each level of agreement on the item “If a 16-year-old breaks her curfew, her parents should ground her” at pre-and post-test by region.

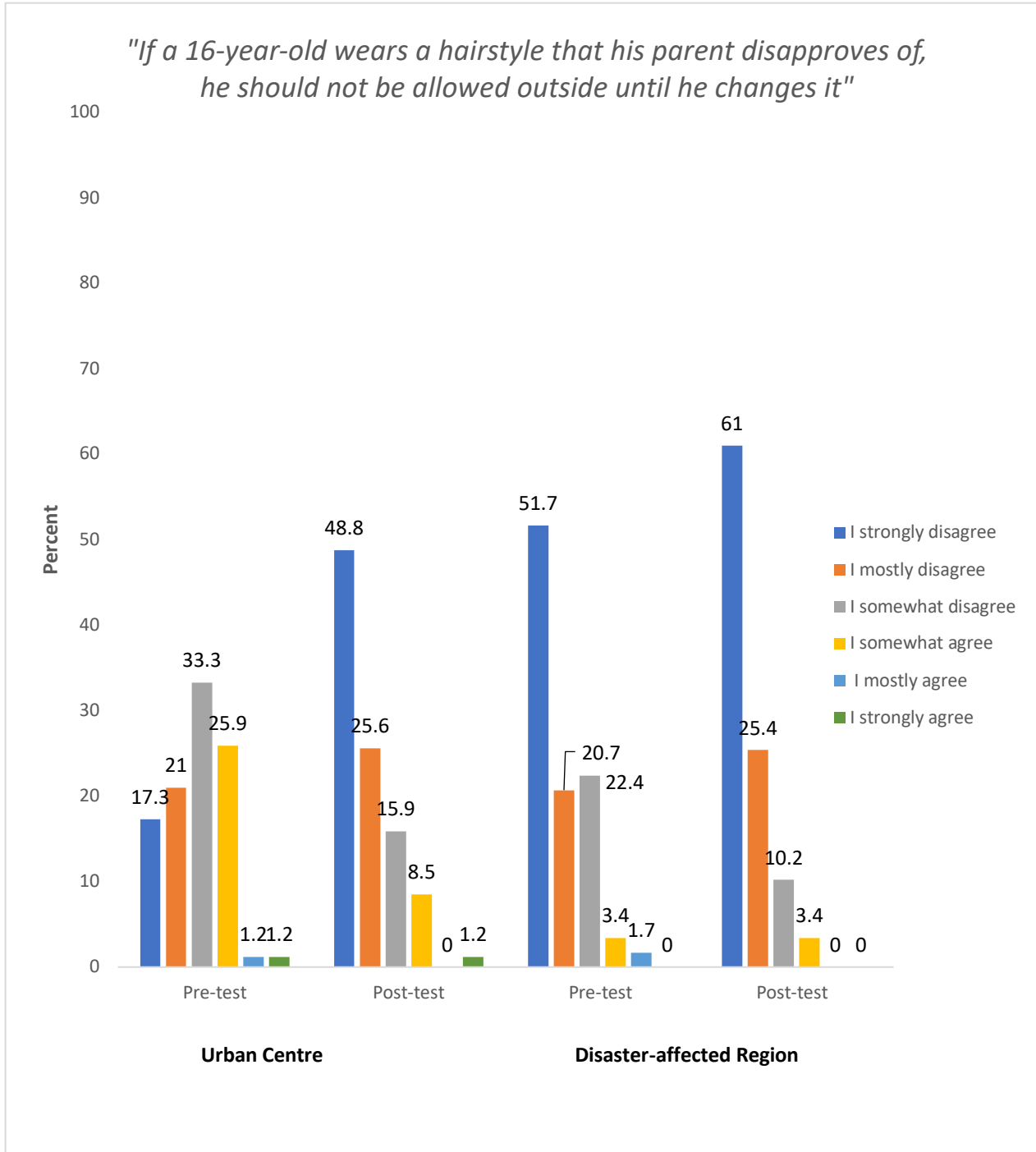


Figure 27. Percentage of Japanese mothers at each level of agreement on the item “If a 16-year-old wears a hairstyle that his parent disapproves of, he should not be allowed to go outside until he changes it” at pre-and post-test by region.

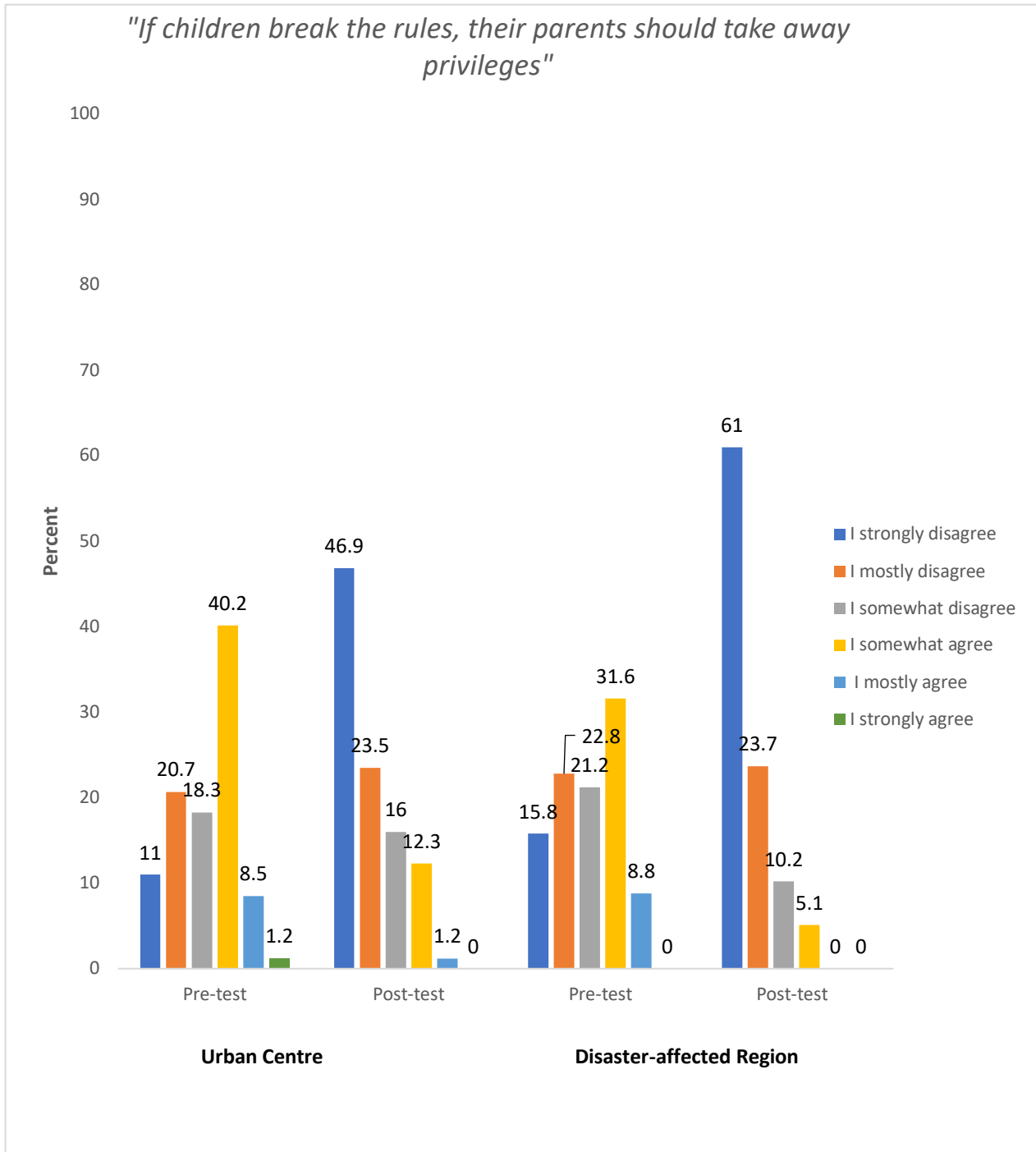


Figure 28. Percentage of Japanese mothers at each level of agreement on the item “If children break the rules, their parents should take away privileges” at pre-and post-test by region.

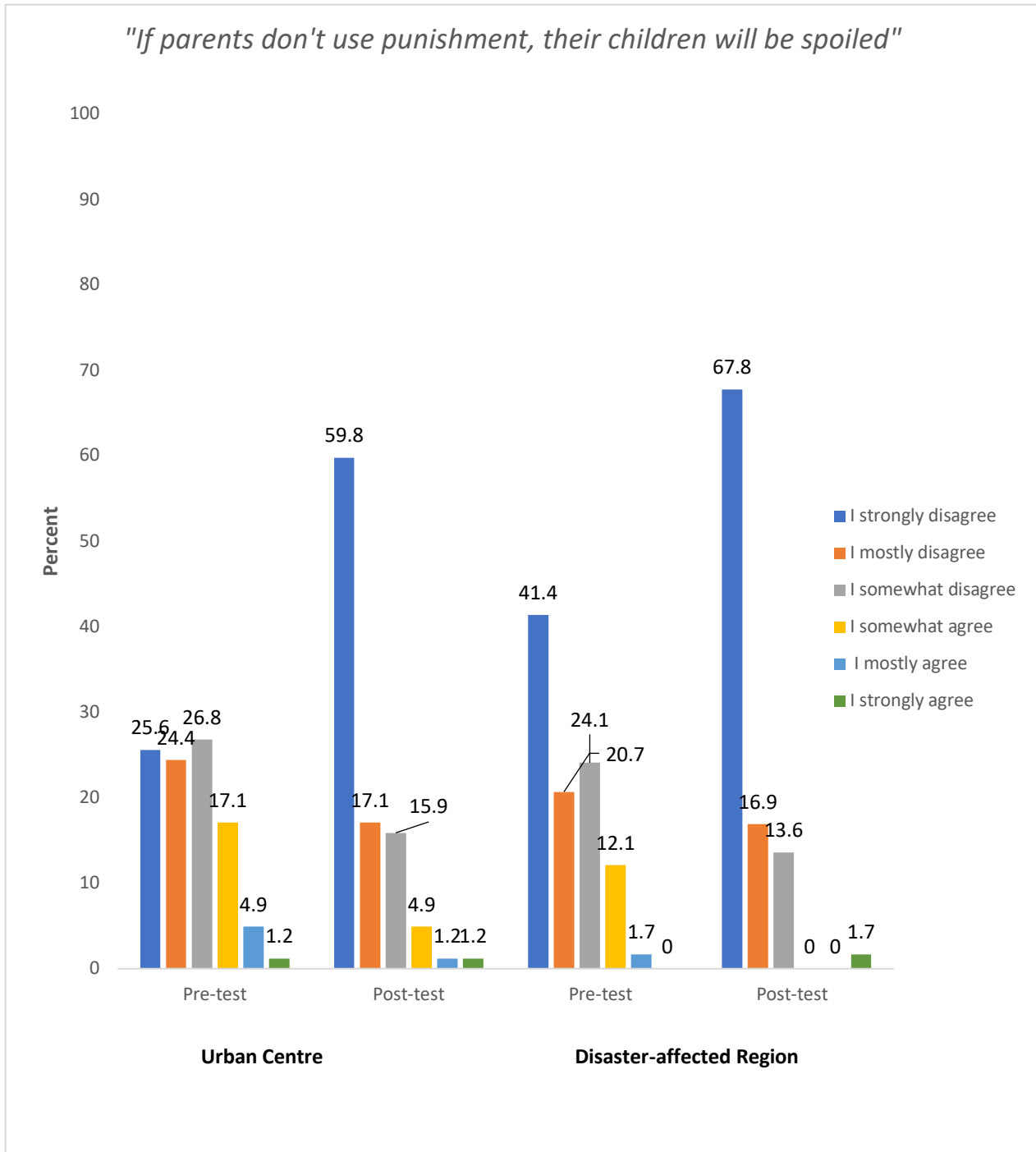


Figure 29. Percentage of Japanese mothers at each level of agreement on the item “*If parents don't use punishment, their children will be spoiled*” at pre-and post-test by region.

A separate two-way mixed ANOVA was conducted on the item “*Children who are punished learn how to learn how to behave better than children who aren’t*”, an item theoretically related to the construct of parents’ beliefs about punishment. The interaction between Time and Region was not statistically significant, $F(1, 134) = .879, p = .350$. The main effect for ‘Time’ revealed a statistically significant decrease, $F(1,134) = 13.093, p < .0001$, partial $\eta^2 = .089$ (intermediate effect) from pre- to post-test. There was no statistically significant main effect for Region, $F(1, 134) = .008, p = .927$. Pairwise comparisons were run for the main effects of Time. The unweighted marginal means at pre- and post-test were $.377 \pm .021$ and $.280 \pm .023$, respectively. Figure 30 displays the percentages of Japanese mothers at each level of agreement for this item at pre-and post-test by region.

A separate two-way mixed ANOVA was conducted with the item “*If a 12-year old gets into trouble at school, her parents should punish her before she has a chance to give excuses*”. Results revealed no Time X Region interaction, $F(1,137) = 2.120, p = .148$. Main effects were found for both Time $F(1, 137) = 8.675, p < .004$, partial $\eta^2 = .060$ (intermediate effect) and for Region, $F(1,137) = 8.033, p = .005$, partial $\eta^2 = .055$ (small effect). Pairwise comparisons were run for the main effects. The unweighted marginal means and standard errors at pre- and post-test were $.085 \pm .014$ and $.038 \pm .010$, respectively, indicating a decrease in mothers’ agreement with this item. The unweighted marginal means for the mothers in the urban centre and the disaster-affected region at post-test they were $.053 \pm .012$ and $.024 \pm .015$, respectively. Figure 31 displays the percentages of Japanese mothers at each level of agreement for this item at pre-and post-test by region.

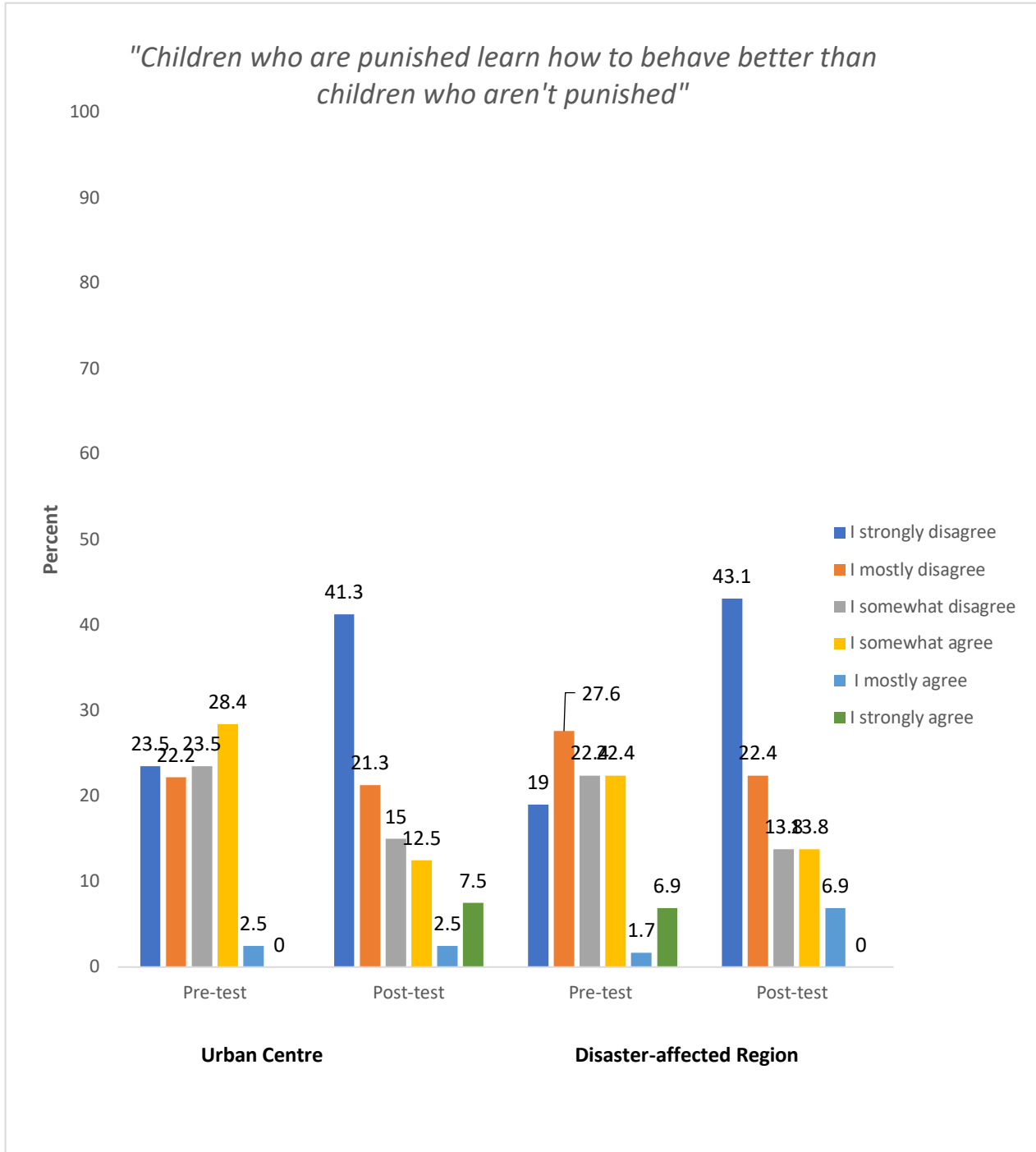


Figure 30. Percentage of Japanese mothers at each level of agreement on the item “Children who are punished learn how to behave better than children who aren’t punished” at pre-and post-test by region.

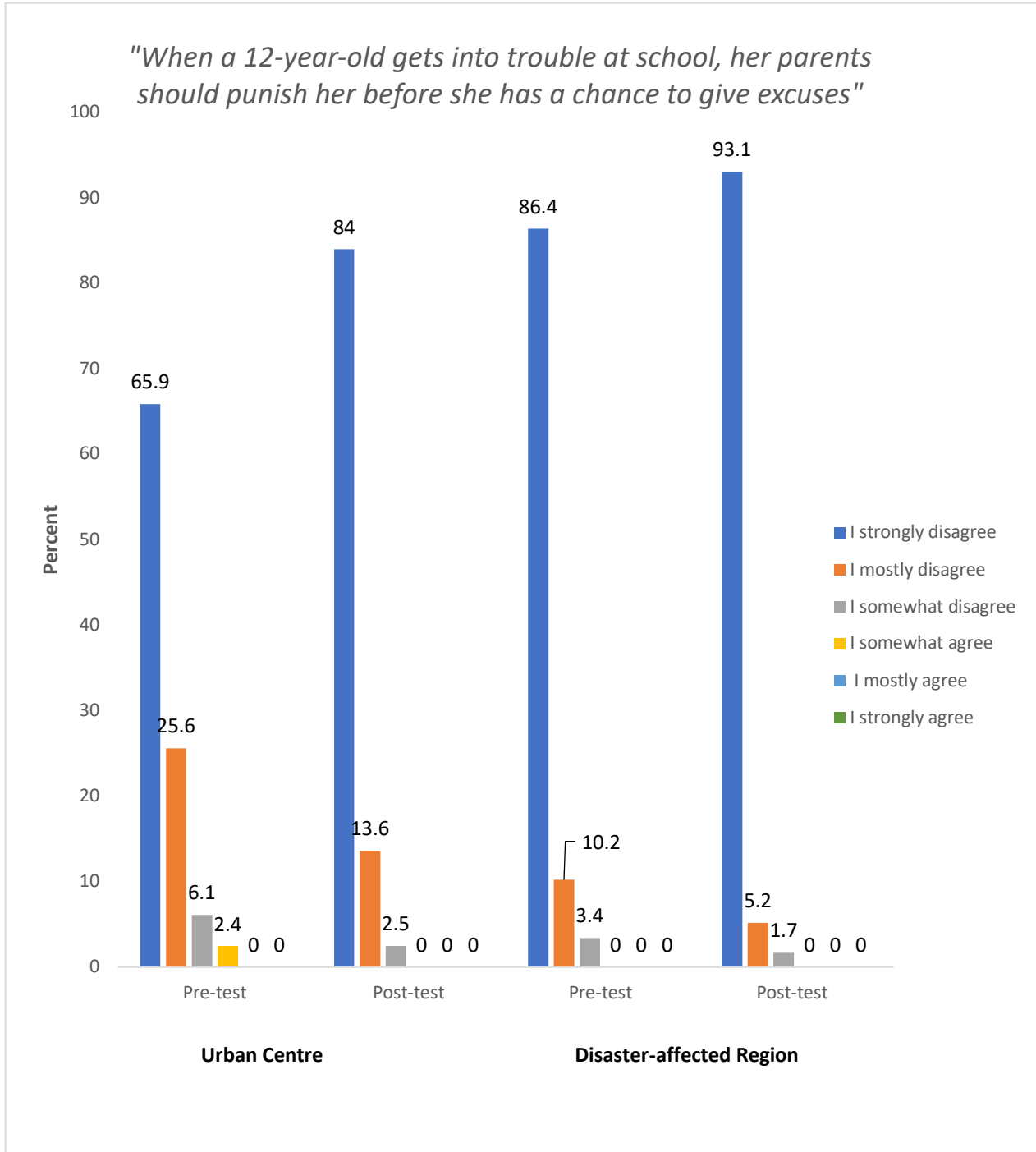


Figure 31. Percentage of Japanese mothers at each level of agreement on the item “When a 12-year-old gets into trouble at school, her parents should punish her before she has a chance to give excuses” at pre-and post-test by region.

Perceived Developmental Norms. A two-way mixed ANOVA was conducted to evaluate the effects of Time and Region on mothers' perceptions of children's typical behaviour as intentional misbehaviour. The five-item Perceived Developmental Norms scale was the dependent variable. No Time X Region interaction was found, $F(1, 139) = 2.558, p = .112$. There were statistically significant main effect for Time, $F(1, 139) = 51.741, p < .001$, partial $\eta^2 = .271$ (large effect), and Region, $F(1, 139) = 3.845, p = .052$, partial $\eta^2 = .027$ (small effect size), although this result should be interpreted with caution as the significance level was borderline. Pairwise comparisons were run for the main effects. The unweighted marginal means (standard error) of mothers' Perceived Developmental Norms scale scores from pre- to post-test were $.274 \pm .017$ and $.133 \pm .015$, respectively, indicating a decrease in their perception of typical behaviour as intentional misbehaviour. The unweighted marginal means of Perceived Developmental Norms scores for the mothers in the urban centre and the disaster-affected region at post-test were $.229 \pm .017$ and $.178 \pm .020$, respectively. Japanese mothers from the urban centre obtained a mean Perceived Developmental Norms scale score of .051 (95% CI, .000-.102) points higher than the mothers from the disaster-affected region. Figures 32-36 display the distribution of Japanese mothers' levels of agreement on the five items included in the Perceived Developmental Norms scale by region from pre- to post-test.

A separate two-way mixed ANOVA was conducted on the dependent variable "*Babies cry in the middle of the night to make their parents angry*". There was no Time X Region interaction on this item, $F(1,138) = .001, p = .974$, partial $\eta^2 = .000$, and there were no statistically significant main effects for Time, $F(1, 138) = 1.258, p = .264$, and Region, $F(1, 138) = 1.872, p = .173$. Figure 37 displays the percentages of Japanese mothers at each level of agreement for this item at pre-and post-test by region.

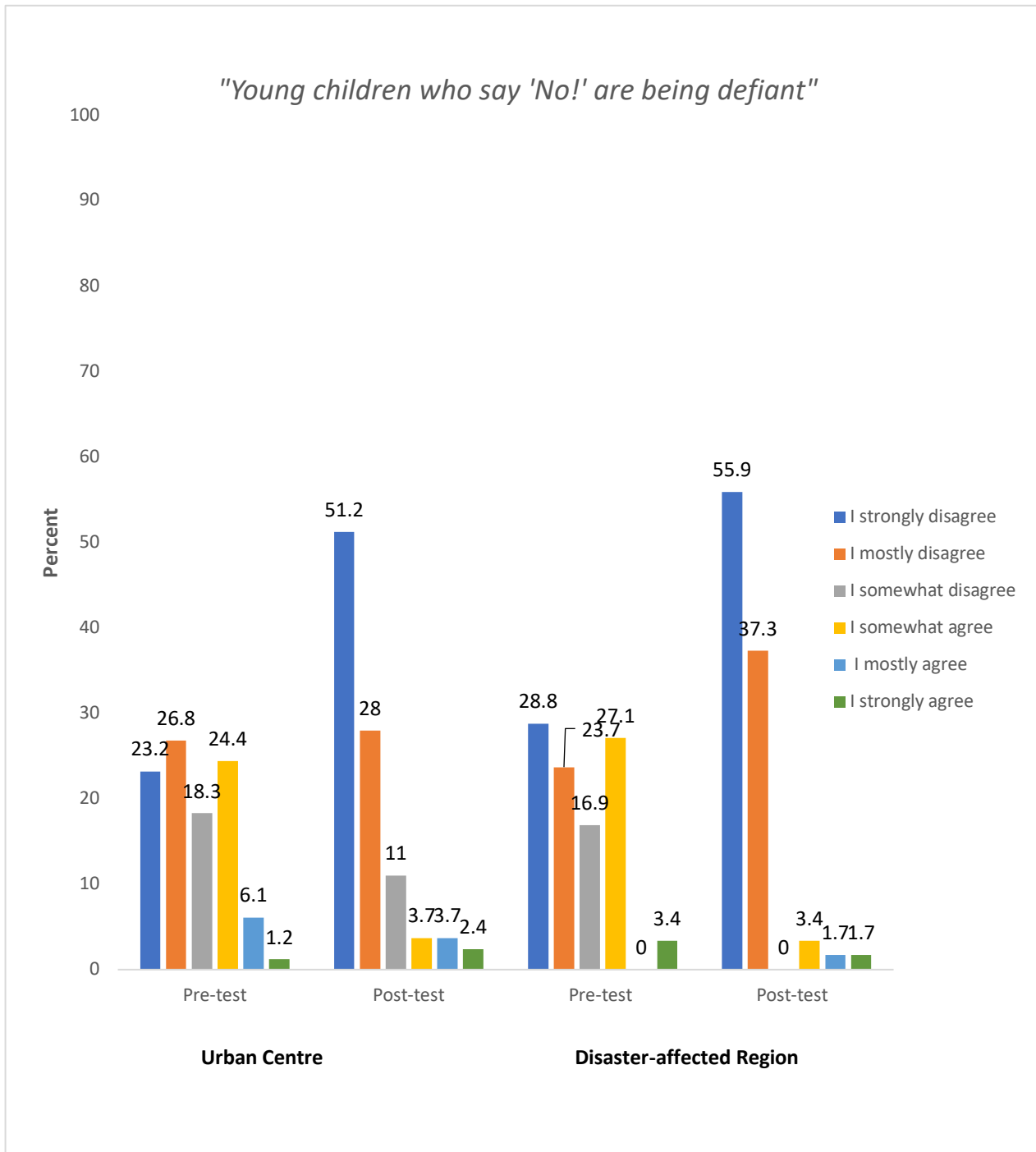


Figure 32. Percentage of Japanese mothers at each level of agreement on the item “Young children who say ‘No’ are being defiant” at pre-and post-test by region.

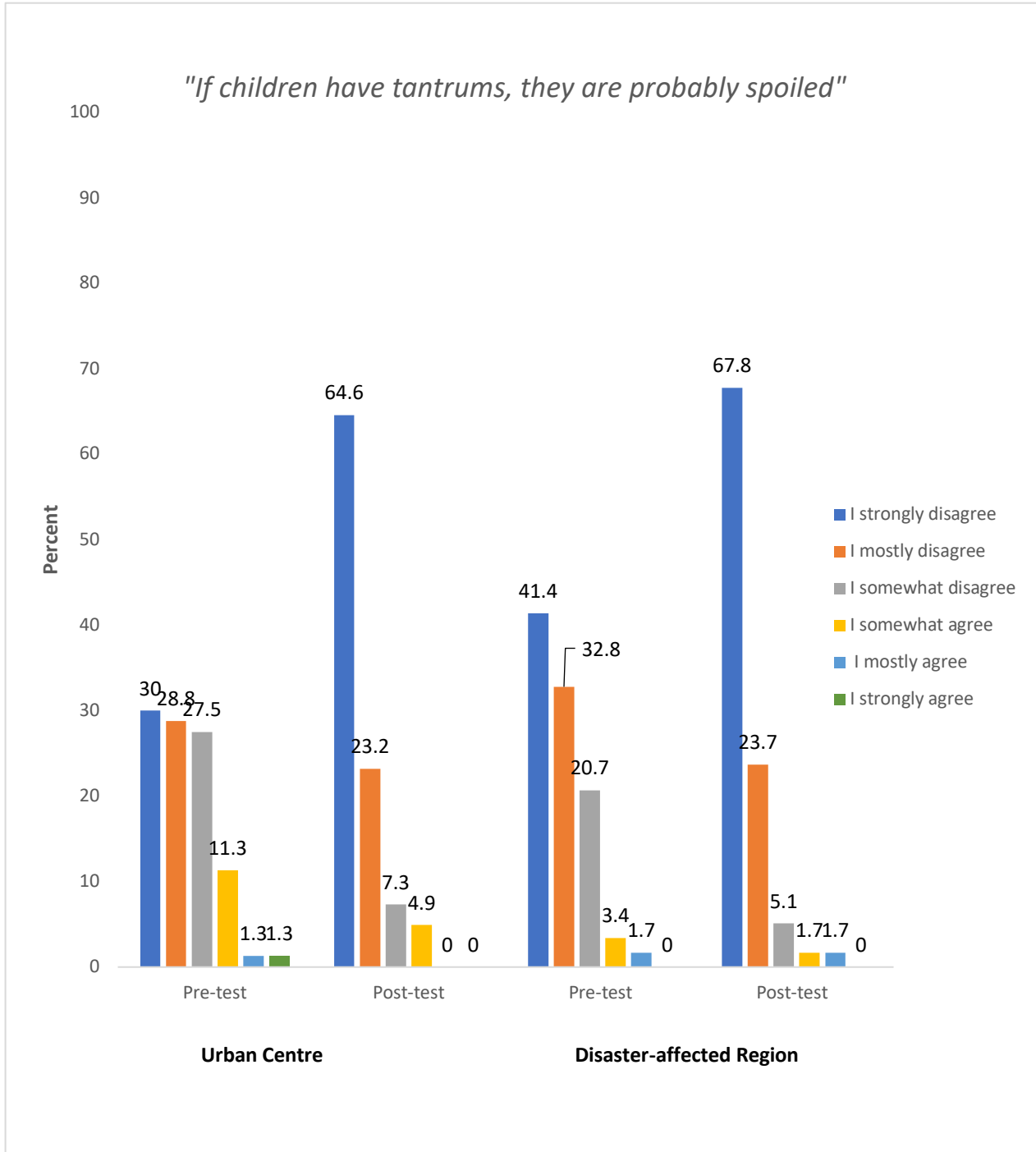


Figure 33. Percentage of Japanese mothers at each level of agreement on the item “If children have tantrums, they are probably spoiled” at pre-and post-test by region.

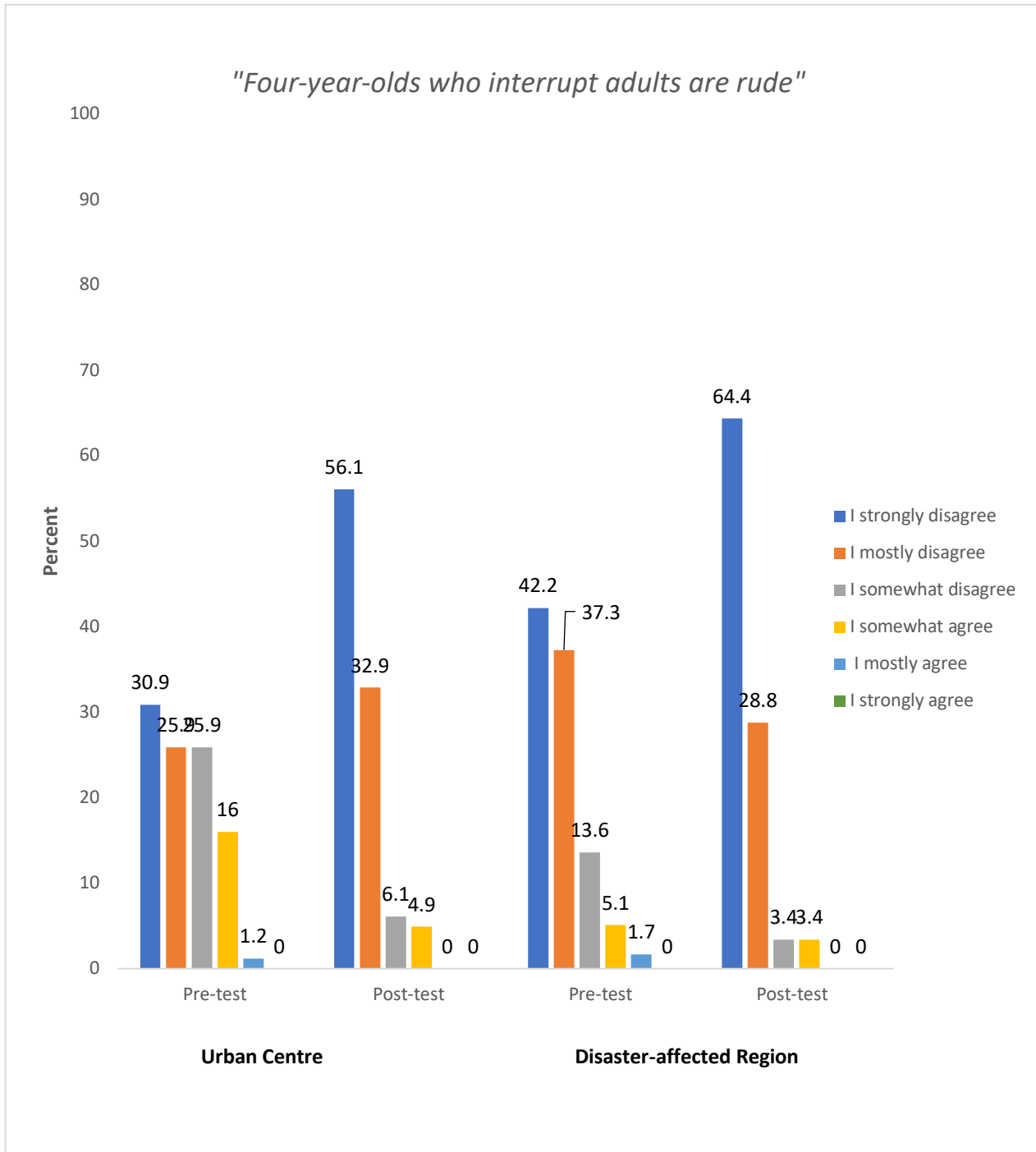


Figure 34. Percentage of Japanese mothers at each level of agreement on the item “*Four-year-olds who interrupt adults are rude*” at pre-and post-test by region.

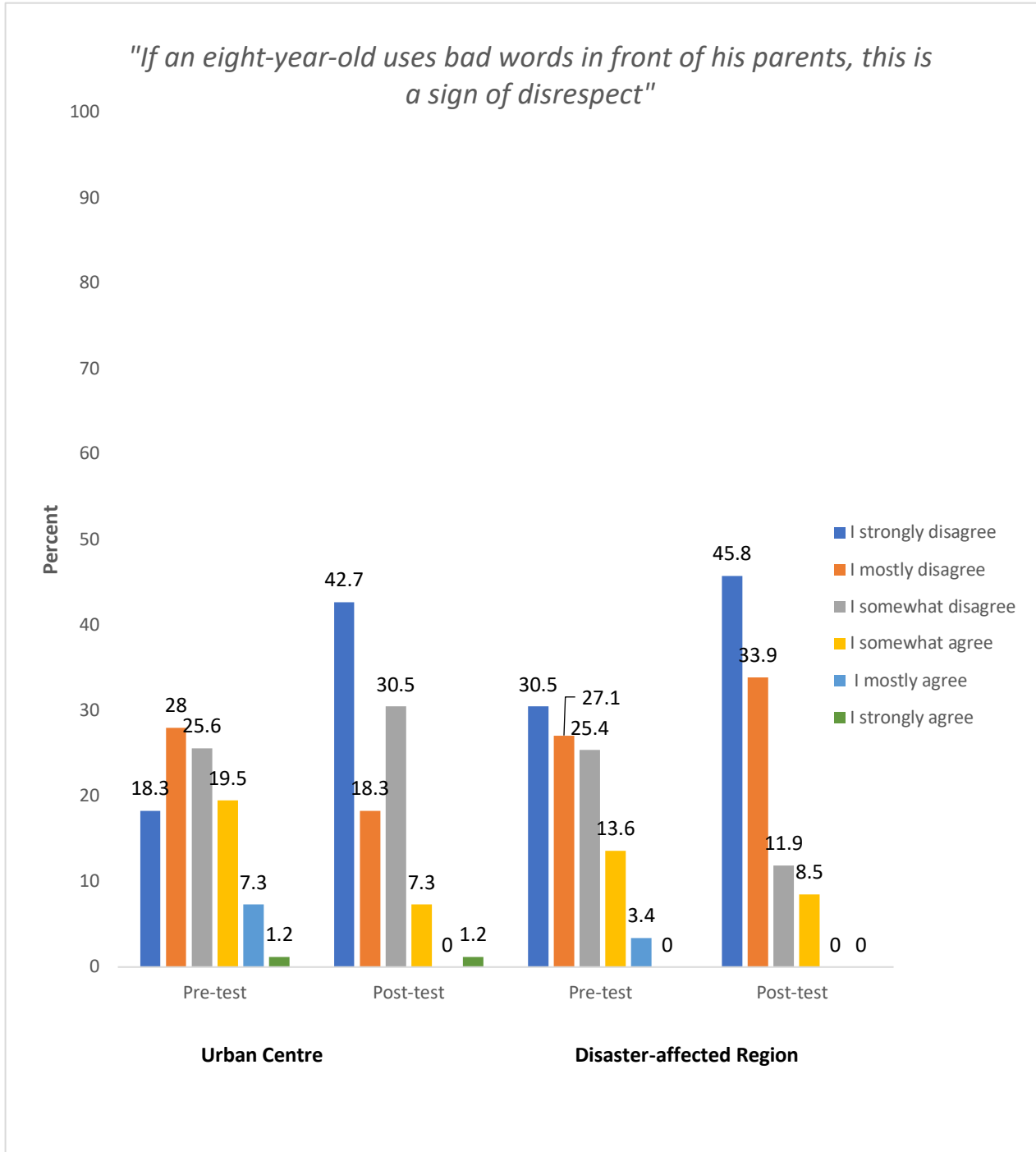


Figure 35. Percentage of Japanese mothers at each level of agreement on the item “If an eight-year-old uses bad words in front of his parents, this is a sign of disrespect” at pre-and post-test by region.

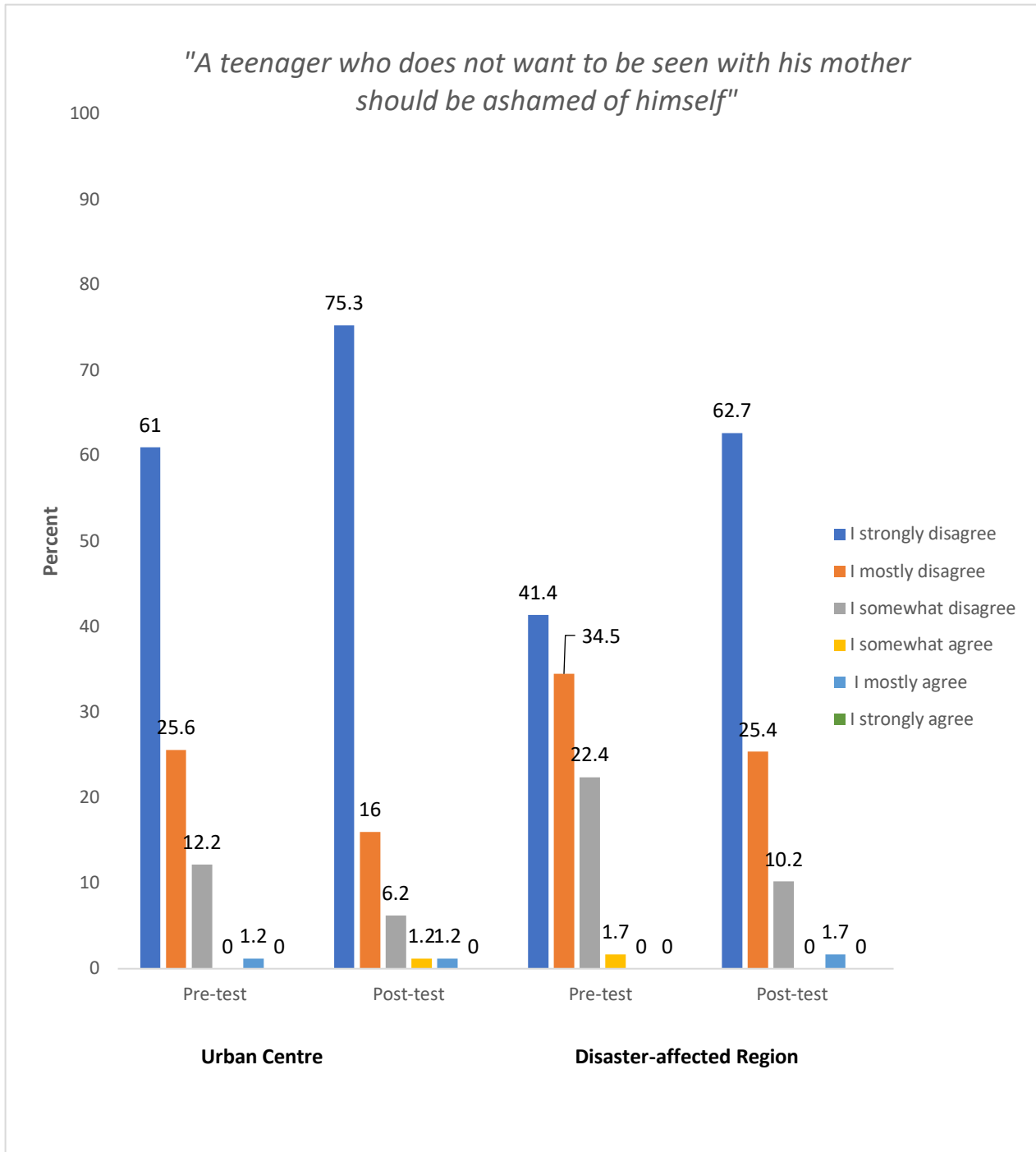


Figure 36. Percentage of Japanese mothers at each level of agreement on the item “A teenager who does not want to be seen with his mother should be ashamed of himself” at pre-and post-test by region.

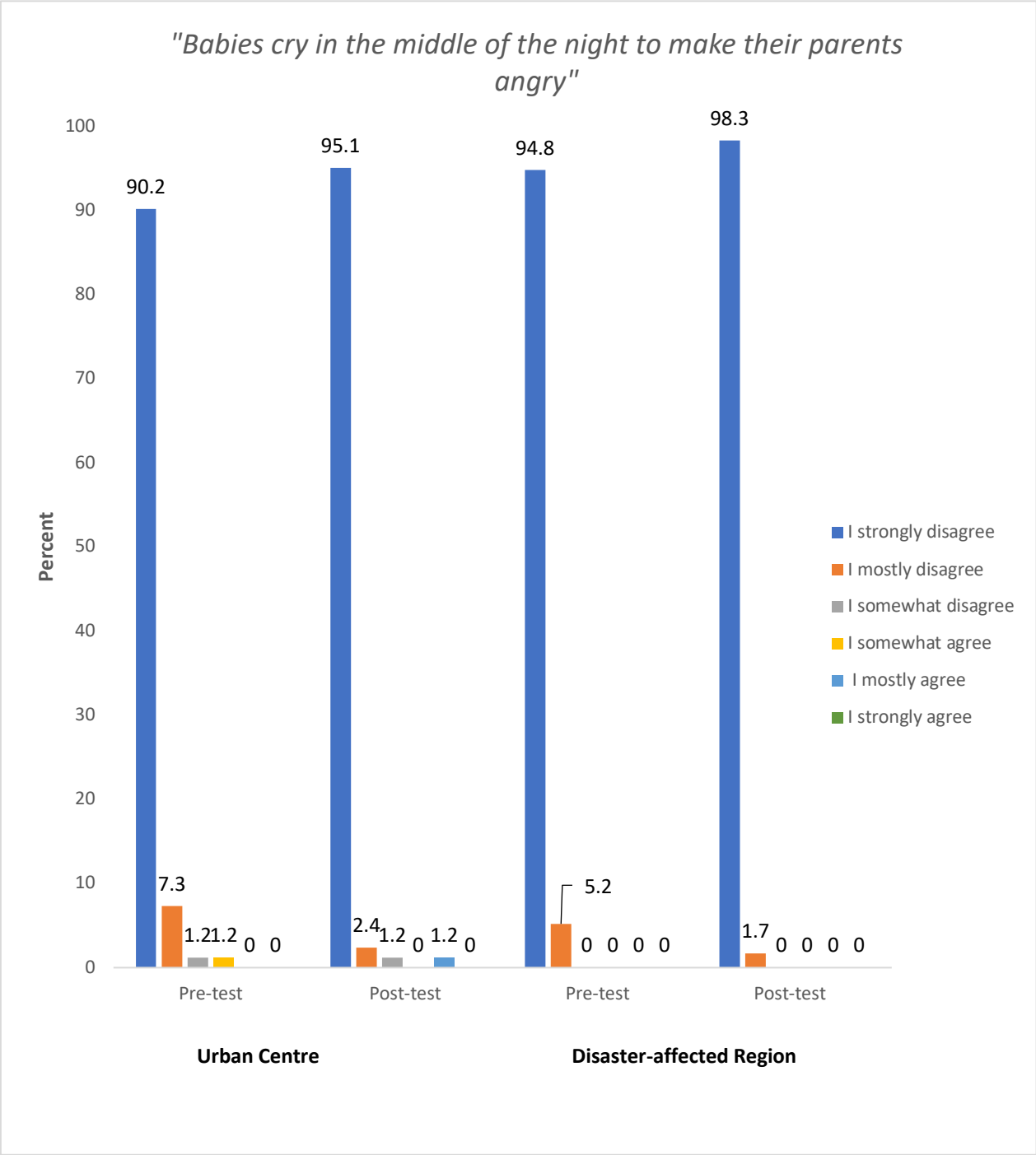


Figure 37. Percentage of Japanese mothers at each level of agreement on the item “Babies cry in the middle of the night to make their parents angry” at pre-and post-test by region.

Perceived Impact of PDEP. Across the two regions, a large majority of mothers perceived PDEP as having a positive impact on their parenting. At post-test, most Japanese mothers ‘mostly’ or ‘strongly’ agreed that PDEP would help them to: use less physical punishment (84.2%); understand their children’s development (95.8%); communicate better with their children (95.7%); understand their children’s feelings (95.7%); control their anger (86.4%); and build stronger relationships with their children (97.2%). Moreover, 92.9% of the Japanese mothers ‘mostly’ or ‘strongly’ agreed that since learning about PDEP they believed more strongly that parents should not use physical punishment.

Mothers perceptions of the impact of the program on their parenting were examined by region with a series of Mann-Whitney *U* tests (Table 17). Parent Perception scale scores differed significantly between mothers in the disaster-affected region (mean rank= 76.30) mothers in the urban center (mean rank= 67.19), $U = 2.106.50$, $z = -2.032$, $p = .042$, with a small effect size ($d = .35$). Mothers residing in the disaster-affect region of Japan perceived PDEP as having a greater impact on their parenting than mothers residing in the urban centre.

There were no statistically significant regional differences on three of the items: “*Learning about Positive Discipline will help me to use less physical punishment*”, “*Learning about Positive Discipline has helped me to understand my child(ren)’s development*”, and “*Learning about Positive Discipline will help me to communicate better with my child(ren)*”. A statistically significant difference by region was found on two items, “*Since I learned about PD I believe more strongly that parents should not use physical punishment*” $U = 2008.50$, $z = -2.321$, $p = .020$, with a small effect size ($d = 0.40$), and “*Learning about Positive Discipline will help me to control my anger*”; $U = 1928.50$, $z = -2.183$, $p = .029$, with a small effect size ($d = 0.38$). These findings indicate that, compared to mothers residing in the urban centre, mothers from the

disaster-affected region perceived the program to have a greater impact on their ability to control their anger and believed more strongly that parents should not use physical punishment.

Table 17

Median Rank, Sum of Ranks, Mann-Whitney U Scores, Standardized z-score, and p-values for Japanese mothers' Perceived Impact

Scores by Region

	Urban centre			Disaster-affected region			Mann-Whitney <i>U</i>	z-score	p-value
	Mean Rank	Sum of Ranks	<i>N</i>	Mean Rank	Sum of Ranks	<i>N</i>			
Parent Perception Scale	67.19	67.19	82	76.30	4501.50	59	2.106.50	-2.03	.042*
Since learning about PD, I believe more strongly that parents should not use physical punishment	65.99	5411.5	82	77.96	4599.50	59	2008.50	-2.32	0.20*
Learning PDEP will help me to:									
use less physical punishment	68.32	5534.0	81	72.34	4196.00	58	2213.00	-.712	.477
understand my child(ren)'s development	69.27	5680.0	82	73.41	4331.00	59	2277.00	-.909	.364
communicate better with my child(ren)	70.23	5759.0	82	72.07	4252.00	59	2356.00	-.418	.676
understand my child(ren)'s feelings	66.54	5456.5	82	77.19	4554.50	59	2053.50	-2.52	.012*
control my anger	64.61	5168.5	80	77.31	4561.50	59	1928.50	-.712	.029*
build stronger relationships with my child(ren)	65.85	5400.00	82	78.15	4611.00	59	1997.00	-.712	.007**

* $p < .05$, ** $p < .001$

Discussion

The universality and effectiveness of a parenting program designed and evaluated in one context cannot be assumed to apply similarly in a different context without careful consideration of the need for contextualization (Mikton & Butchart, 2009). Transporting PDEP to two highly diverse contexts within the same country presented an opportunity to explore this question among two groups of Japanese mothers; one from a disaster-affected region, and one from an urban centre not directly affected by the disaster. Both groups of mothers live in a society characterized by traditional hierarchical parent-child dynamics and favourable attitudes toward punitive violence.

The first aim of this research was to systematically document the processes involved in transporting PDEP to the disaster-affected regions of Ishinomaki and Sendai in the Miyagi Prefecture, and the urban wards of the Greater Tokyo Area that were unaffected by the disaster. The second aim was to evaluate the preliminary outcomes of the transported program, including an assessment of the relevance, effectiveness and parent-perceived impact of the transported program in Japan. This discussion highlights the challenges and successes experienced during the transportation process, followed by a critique of the preliminary outcomes of the transported program.

The Transportation Process

Transporting PDEP to these two Japanese contexts was a surprisingly straight-forward process. The results of the DAP point to several factors that contributed to the successful transportation of PDEP to Japan. First, SCJ committed to investing in a long-term implementation strategy spanning two years, which afforded SCJ and the PDEP Team enough time to prepare and implement PDEP, rather than having to rush to meet deadlines imposed by

short-term funding. The latter situation is common in NGOs. The long-term strategy also provided adequate time for the Facilitators to reflect on their experience of implementing the parent program before beginning a new one. This reflection period was critical to their ability to integrate what they had learned from their first delivery of the program and the mentorship they received.

A second important factor in the success of this transportation project was the consistency of the two SCJ staff trained as PDEP Country Trainers. There was no disruption to program activities due to staff turnover, which is a common problem for NGOs. A third factor contributing to the success of the transportation process was the timing and pace of the scheduling to which the teams adhered throughout the Implementation Phase, leaving enough time to do the work thoroughly. Fourth, the first Facilitator Training provided an opportunity for a small and select group of SCJ staff to develop a deep understanding of the PDEP approach *prior* to reviewing the materials for contextual relevance. As a result, the Japanese version of PDEP could be refined and finalized before a larger investment was made in scale-up. Fifth, the translation of the PDEP materials was of high quality, as was the interpretation provided during the second Facilitator Training. The translator's background in child development and her previous training in PDEP, along with regular communications with the PDEP Team, undoubtedly contributed to the quality of the Japanese materials. These factors likely optimized Facilitators' understanding of the content and their fidelity to it as they delivered parent programs.

Sixth, SCJ devoted ample resources to support the transportation process. They assigned two CP Advisors and an Administrative Assistant to this project and SCJ staff conducted a thorough contextual review of all program materials. It was actually surprising that no

culturally-specific adaptations were recommended by SCJ, the trained Facilitators, or the parents who attended the PDEP program, even in the disaster-affected region. One explanation for this might be that PDEP's content is universally relevant. A study of parents' perceptions of PDEP's relevance in 13 highly diverse countries suggests that this may indeed be the case (Durrant et al, 2017). In that study, parents living in countries rated high, medium and low on the UN's Inequality-Adjusted Human Development Index reported that they were highly satisfied with PDEP and found it highly relevant to their parenting.

Finally, the Facilitators and parents who participated in this project demonstrated commitment to PDEP. All of the Facilitators were highly educated and carefully selected by SCJ. They remained deeply committed to PDEP's implementation beginning with the Facilitator Training, through the mentorship process to the Sustainment Phase. They took great pride in creating supportive and safe environments for the mothers attending the parent programs. The parents who attended were a largely homogeneous group of mothers who participated voluntarily. Over the course of the weekly sessions, they developed social bonds that remained strong following the program. In fact, the mothers from the disaster-affected region started their own informal parent group. They continue to gather approximately once a month to discuss parenting and PDEP. Moreover, three of these mothers became trained as PDEP Facilitators. Together, the commitment and strength of the Facilitators and the enthusiasm of the parents, especially those from the disaster-affected region, were important factors contributing to the successful transportation of PDEP to Japan.

Preliminary Outcomes of the Transported Program

The psychometric properties of the Japanese versions of the *Standard Positive Discipline Pre- and Post- Program Questionnaires for Parents* were examined prior to testing the study's

three hypotheses. The results of the two tests of reliability were promising indications of the quality of the Japanese measures. The results of the confirmatory factor analyses of the five theoretically-devised scales (Approval of Physical Punishment scale, Approval of Non-Physical Punishment scale, Perceived Developmental Norms scale, Parent Perceptions scale, Parent Satisfaction scale) were used to modify the scales. Removing select items as indicated by the factor loadings from the CFAs resulted in substantial improvement of the goodness-of-fit statistics. Tests of internal consistency provided further evidence of the reliability of the modified scales. The Cronbach's alpha statistics for the Approval of Punishment scale, the Approval of Non-Physical Punishment and the Perceived Developmental Norms scale were all over .65 at pre- and post-test, indicating adequate to good internal consistency reliability. The Satisfaction scale and the Parent Perceptions scale alpha scores were above .80 at post-test, indicating good internal consistency reliability. These results are an indication of the quality of the Japanese evaluation tools and contribute to the credibility of the conclusions drawn from the hypothesis testing.

All three of the case study's hypotheses were fully supported. First, in terms of PDEP's relevance, regardless of whether the program was implemented in the disaster-affected region or the urban centre, the overwhelming majority of the mothers were highly satisfied with the program (97.2%) and 90% would recommend the program to other parents. No regional differences were found on those items or on mothers' overall satisfaction scale scores. These findings are a strong indication of the relevance of the transported PDEP program to mothers residing in the two areas of Japan.

The second hypothesis tested the effectiveness of the PDEP program among this Japanese sample. Effectiveness was assessed by examining shifts in mothers' support for physical and

non-physical punishment, and in their perceptions of children's typical behaviour as intentional misbehaviour (perceived developmental norms) from pre- to-post-program. Statistically significant decreases were found in mothers' scores on the Approval of Physical Punishment scale, the Approval of Non-Physical Punishment scale and the Perceived Developmental Norms scale. These shifts represented large effects.

Interestingly, some regional differences were found in relation to program effectiveness. Mothers from the disaster-affected region reported a significantly greater shift (decrease) in their support for physical punishment and non-physical punishment than mothers from Tokyo. Similarly, mothers from the disaster-affected region showed a greater decrease than urban mothers in their tendency to attribute typical child behaviour to intentional misbehaviour.

The results of the third hypothesis, testing the perceived impact of the transported PDEP, were also fully supported. More than 75% of the Japanese mothers 'mostly' or 'strongly' agreed with each of the seven items measuring their perceptions of PDEP's impact on their parenting. Notably, over 95% of the mothers' indicated high levels of agreement that PDEP would help them to better understand their children's development and feelings, and help them to improve their communication with their children and build stronger relationships with them. More than 80% agreed that the program would help them to use less physical punishment. While promising, this finding was difficult to interpret because it is not known how often mothers used physical punishment prior to the program.

Mothers from the disaster-affected region perceived PDEP as having a greater impact on their parenting than those from the urban centre, both on the Parent Perception scale and on four of its seven items.

One potential explanation for the regional differences found on the measures of PDEP's effectiveness and parent-perceived impact is the difference in how mothers from the two regions approached the program. The mothers from the disaster-affected region, the Miyagi Prefecture (a largely rural context characterized by fishing villages), appeared to approach it collectively, rather than individually. They used the program as an opportunity to develop a parenting support network among themselves. Early on in the program the mothers began to meet for lunch prior to attending each session to discuss PDEP. They also meet at other times outside of the sessions. It could be the case that because of this social connection, the mothers were more engaged with the program and may have had more opportunities to discuss, process, and practice the PDEP content. This experience may have been reflected in the mothers' perceptions of the impact and effectiveness of the program. The mothers from the urban centre were also engaged during the sessions and attended them diligently but did not seek out additional opportunities to connect as group outside of the program. Overall, the findings regarding program effectiveness and parent-perceived impact were significant and of a large magnitude, while the regional differences were small and should be interpreted cautiously. More research is needed with these two groups of mothers to better understand if the transported PDEP is indeed more effective and impactful for mothers from the disaster-affected region compared to mothers from the urban Tokyo region and, if so, why this would be the case.

Recommendations

Based on the largely positive and successful experience of transporting PDEP to two diverse regions of Japan, a few general recommendations are put forth. First, a comprehensive translation guide should be written that identifies complex terminology and provides PDEP-specific definitions. Such a guide may have helped the Japanese translator and reduced the

number of translation-specific meetings required between the PDEP Team and the SCJ translator. This would be particularly helpful for countries in the far East due to the 12-hour time difference between Canada and Asia that makes it challenging to schedule meetings.

A second recommendation is to select translators and interpreters with great care. In the case of Japan, the translator and the interpreters may have contributed substantially to the strongly encouraging outcomes obtained there. It is ideal to identify a translator who has participated in a PDEP Facilitator training prior to beginning the translation work, and interpreters who have an educational background in child development, psychology or a related field.

A third recommendation relates to logistic considerations. The physical space selected for the training is important. The space at SCJ was small, making it difficult to facilitate some of the interactive activities. Further, many of the mothers in the Japanese sample required child-care in order to attend the program. SCJ worked closely with the local municipalities hosting the program to arrange the space and hire child care providers. It is recommended that this support be provided wherever possible.

Conclusion

This case study furthered our understanding of the transportability of the PDEP program in a number of ways. First, this was the first study to examine the transportability of a parenting program to a disaster-affected region. It was also the first study to assess PDEP's relevance with mothers who reside in a society that places a strong emphasis on children's obedience, hierarchical family relationships, and inter-dependency between parent and child. These findings suggest that PDEP may be relevant in other societies that hold similar values.

Second, Japanese mothers' approval of punishment and their perceptions of children's developmentally normative behaviour as intentional misbehaviour shifted significantly over the course of the program. This finding provides preliminary evidence of PDEP's effectiveness in shifting attitudes that contribute to the high prevalence of punitive violence found in Japan.

Third, the mothers in this study found PDEP to be highly relevant and reported that it was having positive impacts on their parenting. This evidence provides support for expanding the program to other regions of Japan, and to other societies with similar values.

CHAPTER 7

TRANSPORTING THE PDEP TRAINING TO A REMOTE AND UNDERSERVED REGION OF INDONESIA

Indonesia has one of the world's highest rates of children living in institutions. Conservative estimates suggest that over 500,000 children in Indonesia are raised in some form of institutionalized care, although over 90% of these children have one or two living parents (Martin & Sudjarat, 2007). These children spend most of their childhoods residing in one or more of the 8,000 institutions found throughout Indonesia. The primary reason that parents place their children in institutions is poverty. Parents must choose between raising their children themselves, without the financial means to provide their children with an education, and sending their children away at young ages to live in institutions in the hope that they will receive an education that may lift them out of poverty.

The care and education that children receive in these institutions is poor (Martin & Sudjarat, 2007). The staff-to-child ratio is very low and the staff receive little training in child development, parenting or caregiving. Many institutions operate with few regulations and minimal standards of care and, as a result, many children experience abuse and neglect at the hands of their caregivers. A study of the quality of care children received in 36 child-care institutions in six provinces across Indonesia found that physical and psychological punishment is routine and widespread (Martin & Sudjarat, 2007). According to this study, children are often pinched; caned; forced to crawl in muddy drains, perform hard labour, and/or carry large tanks of water long distances; have their heads publicly shaved; are locked in toilets, forcibly isolated, or made to stand out in the sun; and have dirty water thrown on them as punishment. In some cases, institutional child-care providers also administer collective punishments; if one child behaves in

a way that is considered inappropriate, all children in the institution receive the punishment. In other cases, the children in the institution are forced to administer punishment to their friends, including collectively slapping and pinching them. Punitive violence against children is so pervasive in these institutions that it has become normalized by staff and tolerated by the children. Children put up with the abuse for fear of losing their only chance at an education, and staff insist that they are not being violent with the children, but rather imposing punishment to teach them not to break the rules (Martin & Sudjarat, 2007).

In response to concerns for children's safety and well-being, Save the Children Indonesia (SC-Indonesia) in partnership with the Government of Indonesia set in motion a long-term plan to de-institutionalize children and reunite families, while working with families to prevent future institutionalization. As part of this strategy, SC-Indonesia developed the *Families First Signature Programme* (the '*Families First*' program), a comprehensive community-based child protection and family-strengthening initiative. The *Families First* initiative includes a prevention component that aims to provide parents and caregivers with supports to help them understand the importance of family-based care and healthy parent-child relationships; to provide families and their children with better access to social services at the community-level; and to identify the most vulnerable families and provide them with additional supports to reduce the risk of institutionalization. PDEP was selected by SC-Indonesia as the parenting support program to help strengthen families and improve the quality of the parent-child relationship by reducing parental punitive violence.

Punitive Violence against Children in Indonesia

In Indonesia, there is near-universal social acceptance of physical punishment in child-rearing (Global Initiative to End All Corporal Punishment, 2017). Corporal punishment remains

lawful in the home and alternative care settings like institutions, in schools and daycares, and remains a sentence for crimes. It is not only children living in institutions who experience punitive violence, but also children living in their family homes. The accuracy of prevalence estimates is limited by the availability of data. What is known is largely gleaned from Round 4 of the UNICEF (2011) MICS household survey. According to the results of that survey, 90% of children (2-14 years of age) living in Papua province experienced ‘violent discipline’ (physical punishment and/or psychological aggression) in the home during the month prior to the survey; close to 75% of children experienced physical punishment and 83% experienced psychological aggression (being screamed/yelled at or insulted) (Badan Pusat Statistik, 2013a). In West Papua Province, 86% of children (2-14 years of age) had experienced physical and/or psychological aggression; 56% of children experienced physical punishment and 80% experienced psychological aggression (Badan Pusat Statistik, 2013b). Therefore, another aim of introducing the PDEP program into the *Families First* initiative was to strengthen family relationships and reduce punitive violence against children in the home by promoting caregiver engagement in parenting programs so that when de-institutionalized children are returned to their homes, they are less likely to face punitive violence.

Implementation of the *Families First* initiative is dependent on Indonesia’s *Posyandu Programme*, a community-based health care program initiated by the Government of Indonesia in 1984 to promote integrated maternal and child health services. Depending on the size and population of a village, there may be multiple posyandu centres that offer a variety of basic health services including family planning, and health monitoring. Some posyandus operate early child development centres. On average, a posyandu centre will have between 5 and 10 workers to cover a village area with approximately 50 children under the age of 5 and their families.

Depending on the location of the village, these posyandu centres may be more than 10 kilometers away and are often accessed by village roads that are poorly maintained and washed out during the rainy season. Without transportation, such as a motorbike, accessing the posyandu is difficult for families. Each posyandu centre is supported by the Head of the Village (Rukun Warga) and is operated by volunteer community health workers called *Cadres*. Each Cadre is assigned to the role by the local village authority and, depending on the village, a Cadre may receive a small monetary gift or food donation such as a handful of rice for their services. The Cadres are almost exclusively women and most have a basic primary or junior high school level of education; less than 10% of Cadres have some form of post-secondary education (Dewi, 2011). The preparation of the Cadres to serve in the posyandu centres is variable. Depending on the village and the location of the posyandu, Cadres may receive training on health and nutrition, but in other villages the Cadres are provided with little or no training and receive no incentives for their work (Dewi, 2011).

SC-Indonesia's *Families First* initiative relies on the posyandu structure to implement the PDEP program with families in two districts of West Java, Indonesia. The first district is Cianjur and the second is Bandung Barat, located in the province of West Bandung (Figure 38). The Cadres from these two districts have been trained as PDEP Program Facilitators who may deliver PDEP directly to parents in their villages through their posyandu centres.



Figure 38. Map of West Java, Indonesia including Cianjur and Bandung Districts.
https://commons.wikimedia.org/wiki/File:Map_of_West_Java_with_cities_and_regencies_name_s.png

Purpose and Hypotheses

The purpose of this case study was two-fold. The first purpose was to document and assess the process of transporting the PDEP Facilitator Training program to an underserved and remote region of West Java, where punitive violence against children is socially accepted and widely practiced in homes and alternative care settings. I applied the DAP framework (Figure 4) to systematically document and assess the processes involved in transporting the PDEP Facilitator Training to this context, including a descriptive analysis of the Exploration, Preparation, and Implementation phases. As I was extensively involved with leading the transportation of the PDEP program to this context from 2015 to 2017, the main sources of

information for this qualitative descriptive analysis were my research notes, my training reports, personal communications with stakeholders, and SC's reports.

The second purpose of this case study was to assess the preliminary outcomes of the PDEP Facilitator Training program. Evaluation of the Sustainment Phase of the DAP was conducted with quantitative methods and hypothesis testing. In this study, assessment of the Sustainment Phase focused on the Facilitator Training to examine whether the Cadres from the Cianjur and Bandung Barat districts of West Java (1) viewed the PDEP Training as relevant to their lives and their context; (2) demonstrated shifts in their attitudes toward physical punishment; their perceptions of children's typical behaviours as intentional misbehaviours; and their self-efficacy as Facilitators; and (3) perceived PDEP as having positive impacts on themselves and the parents they support. Three hypotheses were tested.

The first hypothesis related to the *relevance* of the transported PDEP Facilitator Training program to Cadres with a basic level of education working in remote villages in West Java. It was hypothesized that if the training participants believed the program is *relevant* to them and to their context, a majority (75% or more) would be willing to recommend the training to others and would be satisfied with the overall training program, resource materials, and training exercises.

The second hypothesis related to the *effectiveness* of the transported PDEP Facilitator Training program for the Cadres working in remote villages in West Java. It was hypothesized that, over the course of the six-day PDEP Facilitator Training, the Cadres' approval of physical punishment would decline, their perceptions of children's typical behaviours as intentional misbehaviours would decline, and their self-efficacy would increase.

The third hypothesis related to the perceived *impact* of the PDEP Facilitator Training program on the Cadres from West Java. It was hypothesized that following the training, the majority of Cadres (75% or more) would view the PDEP Facilitator Training as useful in: (1) helping parents to use less punishment, control their anger, better understand their children's development and feelings, communicate with their children and build stronger parent-child relationships; and (2) helping themselves to have a less positive view of physical punishment and a better understanding of children's feelings and their rights, and improving their ability to explain positive discipline to others.

Method

Evaluation of the *Exploration Phase* of Transporting the PDEP Training to the Indonesian Context

For the Exploration phase, I conducted an analysis of the Indonesian context to which the PDEP Facilitator Training program was transported, including the organizational and system-level characteristics of SC- Indonesia and Save the Children United Kingdom (SCUK), the two branches of the international NGO alliance that were responsible for introducing the PDEP approach into the *Families First* initiative. I also examined the characteristics of the Cianjur and Bandung Barat districts, including the village structures and the physical settings where PDEP was to be implemented, and of the Cadres who would deliver PDEP and the families who would receive it. Information to describe this phase of the transportation process was obtained from my field visits notes, personal communications with the stakeholders, and reports published by SC-Indonesia.

Evaluation of the *Preparation Phase* of Transporting the PDEP Training to the Indonesian Context

For this phase, I documented the processes undertaken when SC-Indonesia's staff and I were preparing to transport the PDEP Facilitator Training program to this context, including the creation of a new version of PDEP developed specifically for this context. I also documented and assessed the process of translating the adapted and contextualized PDEP materials from English into Bahasa, the working language of SC-Indonesia, as well as the logistical challenges experienced in the process of transporting the PDEP Facilitator Training to this region of West Java. Information for the evaluation of the Preparation Phase was obtained from my research notes, training reports, and personal communications (email correspondence) with SC-Indonesia and SCUUK staff.

Evaluation of the *Implementation Phase* of Transporting the PDEP Training to the Indonesian Context

For the Implementation Phase, I documented the process of delivering the 6-day Facilitator Training three times between 2015 and 2017. I examined and assessed the challenges and successes experienced during this period by my colleagues and myself. My research notes, training reports, and records of personal communications provided the data used to document and assess the Implementation Phase of the PDEP Facilitator Training program.

Evaluation of the *Sustainment Phase* of Transporting the PDEP Training to the Indonesia Context

To evaluate the Sustainment Phase, I analyzed quantitative data collected from the Cadres prior to and immediately following the training. This included an analysis of the Cadres'

perceptions of the relevance, effectiveness, and impact of the PDEP Facilitator Training program.

Sample. The sample consisted of 86 female Cadres who were trained as PDEP Facilitators in West Java by a Master Trainer and/or Country Trainer between September 2015 and May 2017. All lived in Cianjur or Bandung Barat and all had the support of their Village Chiefs and other village officials to support the *Families First* initiative. Table 18 displays the sample's demographic characteristics. Most of the sample Cadres (67.5%) had completed high school; 32.6% had not finished high school. All of the Cadres had previous experience working directly with parents.

Measures. *The Positive Discipline Pre-Training Questionnaire for Facilitators* (Appendix E) is a 36-item self-report measure. It yields demographic information about training participants' gender, age, experience working directly with parents, and highest level of education (Table 18). Training participants were also asked to rate on a six-point scale (1 = strongly disagree, 2 = mostly disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = mostly agree, 6 = strongly agree) how strongly they agreed with items related to their: approval of physical punishment; perceived developmental norms; and self-efficacy as facilitators.

Approval of physical punishment was operationalized with five items: (1) Sometimes a spank or a swat is the best way to get a child to listen; (2) It's ok to slap a 2-year-old's hand for touching something valuable; (3) Spanking is fine as long as the parent is not angry; (4) Parents should have the right to decide whether to use physical punishment on their children; and (5) It's ok to spank a 5-year-old's bottom if she does something dangerous.

Table 18

Demographic Characteristics of this Sample of Cadres (N = 86)

Characteristic	Percent
Age	
20-30	17.6
31-40	34.1
41-50	40.0
>50	8.2
Highest level of education	
Less than high school	32.6
Completed high school	36.0
Some university or college	4.7
Completed university or college	24.4
Some post-graduate courses	1.2
Completed post-graduate degree	1.2
Number of years working with parents	
< 1 year	8.5
1- 3 years	27.1
4-8 years	23.7
> 8 years	40.7

Perceived developmental norms was operationalized with seven items: (1) Young children who say “no!” are being defiant; (2) Usually, children have tantrums because they are spoiled; (3) Children should eat everything on their plate, even if they don’t like it; (4) A teenager who does not want to be seen with his mother should be ashamed of himself; (5) Babies cry in the middle of the night to make their parents angry; (6) If a 4-year-old says she’s scared to go to bed, she’s probably just making excuses; and (7) If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect.

Facilitator self-efficacy was operationalized by three items: (1) I know how to solve most discipline challenges; (2) Most other facilitators are better at it than I am; and (3) I have the skills I need to be a good Positive Discipline facilitator. Respondents rated their agreement with each item on the same six-point scale.

The *Positive Discipline Post-Training Questionnaire for PDEP Facilitators* (Appendix F) was administered to participants immediately following completion of the PDEP Facilitator Training. To measure changes in participants’ attitudes toward physical punishment, perceived developmental norms and self-efficacy, this questionnaire included the same items described above. It also included additional items that measure participants’ perceptions of the relevance of the Facilitator Training, its potential impact on the parents they support, and its impact on themselves.

Relevance of the PDEP Facilitator Training program was assessed in three ways. First, respondents were asked about their satisfaction with the Training and the resource materials. They rated, on a four-point scale (1 = very dissatisfied, 2 = mostly dissatisfied, 3 = mostly satisfied, 4 = very satisfied) their satisfaction with the overall training and the resource materials. Second, they rated, on a four-point scale (1= strongly agree, 2= mostly agree, 3= mostly

disagree, 4= strongly disagree) their perceptions of the usefulness of the PDEP Training exercises. Specifically, they rated their level of agreement that the exercises: (1) helped them understand positive discipline; (2) helped them understand warmth and structure; (3) helped them understand temperament; (4) helped them understand how children think and feel at different ages; (5) helped them learn how to problem solve; (6) can be applied to real-life situations; (7) increased their confidence to use positive discipline themselves; and (8) increased their confidence to teach positive discipline to parents. Third, they were asked whether they would recommend the PDEP Facilitator Training program to others ('yes', 'no', or 'not sure').

Perceived impact of the PDEP Facilitator Training program was measured by respondents' agreement ratings (1 = strongly disagree, 2 = mostly disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = mostly agree, 6 = strongly agree) with 12 items. The first seven items asked respondents how strongly they agree that the content of PDEP will be useful to them in *helping parents*: (1) reduce their yelling; (2) reduce their use of physical punishment; (3) understand children's development; (4) communicate better with children; (5) have more understanding of children's feelings; (6) control their anger; and (7) build stronger relationships with their children. It was expected that these seven items would form a Perceived Impact on Parents scale. The remaining five items asked respondents how strongly they agree that since taking the PDEP Facilitator Training they now: (1) believe more strongly that adults should not physically punish children; (2) can more easily explain what positive discipline is; (3) have a better understanding of children's rights; (4) believe more strongly that adults should ask children for their point of view; and (5) have a better understanding of how children think and feel. It was expected that these five items would form a Perceived Impact on Facilitators scale.

Analytical Strategy

All statistical analyses were conducted using SPSS (SPSS 24, IBM Analytics, 2017). Factor analyses were not conducted in this case study due to the inadequate sample size ($N = 86$). Cronbach's alpha was calculated to estimate the internal consistency reliability of the theory-derived scales. If the test statistic (alpha coefficient) was 0.65 or greater, the items were considered to have adequate-to-good internal consistency and were used for hypothesis testing. Three hypotheses were tested and effect sizes (Cohen's d) were calculated for any significant findings.

Hypothesis 1: Most participants will perceive the PDEP Facilitator Training as relevant.

To test Hypothesis 1, the percentage of Cadres who indicated that they would recommend the program to others, and the percentage of Cadres who reported being 'mostly or very satisfied' with the overall training and resource materials were calculated. The perceived usefulness of the Facilitator Training exercises was evaluated based on the eight items proposed to represent this construct. First, these eight items were examined to determine whether they form a reliable scale. If Cronbach's alpha was .65 or greater, the items would be treated as measures of a unitary construct. However, the scale score itself was not interpretable, as this case study constitutes the first analysis of data from individuals trained to deliver the PDEP program to parents. Therefore, no previous research has determined a criterion for indicating low, moderate and high levels of usefulness. Thus, the individual items, rather than the scale score, were used to test Hypothesis 1. The hypothesis was considered to be supported if 75% or more of the Cadres were willing to recommend the training to others; were mostly or highly satisfied with the PDEP Facilitator Training and resource materials; and mostly or strongly agreed that the training exercises were useful and could be applied to real-life situations.

Hypothesis 2: Over the course of the PDEP Facilitator Training: (a) participants' support for punishment will decline; (b) participants' perceptions of children's typical behaviour as intentional misbehavior will decline; and (c) participants' self-efficacy to teach parents about positive discipline will increase. First, Cronbach's alpha was calculated to estimate the internal consistency reliability of each of three scales: (1) Approval of Punishment (five items); (2) Perceived Developmental Norms (seven items); and (3) Facilitator Self-efficacy (three items). If the test statistic (alpha coefficient) was less than .65 for any scale, the reliability of the scale was uncertain and, in this situation, I examined the items individually. If the three scales were found to be reliable, three scale scores would be derived for each participant by computing the mean of the summed items. The scale scores would be used to conduct three non-parametric Wilcoxon signed-rank tests to examine the pre/post difference on each of the scales. If any of the results were significant ($p \leq 0.05$) then the effect size would be computed to determine the magnitude of the difference.

Hypothesis 2(a) was considered to be supported if there was a significant decline in Cadres' support for physical punishment. Hypothesis 2(b) would be supported if there was a significant decline in Cadres' perceptions of children's typical behaviour as intentional misbehaviour. Hypothesis 2(c) would be supported if there was a significant increase in Cadres' perceptions of their self-efficacy to teach parents about positive discipline.

Hypothesis 3: Most Cadres will view the PDEP Facilitator Training as helpful to their work with parents and as having positive impacts on themselves. First, the internal consistencies of the proposed Perceived Impact on Parents scale and the Perceived Impact on Facilitators scale were estimated by calculating Cronbach's alpha on each scale. An alpha coefficient of at least 0.65 would provide empirical support for treating the items as measures of two unitary

constructs. However, the scale score itself was not interpretable, as there was no previously determined criterion for indicating low, moderate and high perceived impact. Therefore, the items were examined individually. The hypothesis was considered to be supported if 75% or more of the Cadres ‘mostly’ or ‘strongly’ agreed with each of the Perceived Impact on Parents items and with each of the Perceived Impact on Facilitators items.

Results

The results associated with transporting PDEP Facilitator Training to Indonesia are presented below following the sequence of the DAP model. The Exploration Phase was initiated when the stakeholders were considering transporting PDEP to Indonesia. The Preparation Phase involved steps taken to prepare the PDEP Facilitator Training materials and the training methodology once it was agreed that PDEP would be transported. The Implementation Phase involved all of the processes undertaken during the PDEP Facilitator Trainings and the mentorship provided to the Cadres as they delivered PDEP to parents. The Sustainment Phase was assessed through quantitative analysis of the psychometric properties of the Bahasa versions of the PDEP Facilitator Training measures and the hypothesis testing.

The Exploration Phase

The Exploration Phase was initiated in August 2014. The SCS Regional Advisor for South East Asia contacted the PDEP Team to review a draft version of a parenting program that had been developed for an Indonesian context by an external consultant commissioned by SCUK. It was explained that the intention was for this new parent program to be incorporated into SC-Indonesia’s *Families First Signature Programme*, as the prevention component of this broader child protection initiative. After a careful review of the draft parent program, it was evident that the external consultant had selected elements and activities from branded parenting

programs, including PDEP and put them together along with some of her own activities to create her own parent program for the *Families First* initiative. There were a few notable concerns with the draft materials and her approach, not the least of which were the intellectual property and copyright violations. The consultant had copied components directly from PDEP, rearranging their sequence while leaving out other essential components. Some of the copied PDEP activities had been modified so that important steps in the activities were eliminated. It seemed that this process was done without an understanding of the theoretical underpinnings of the approach or an appreciation for the integrity of PDEP.

After carefully considering the consultant's draft materials, extensive discussions were held with the stakeholders from SCS, SCUUK, and SC-Indonesia. The PDEP Team provided two options: (1) all of the PDEP-related content in the consultant's parent program would be removed and *Families First* initiative would move forward with the remainder of the consultant's program; and (2) the three SC Country Offices would work in partnership with the PDEP Team to develop an official version of PDEP, uniquely adapted for the local context and specifically designed for the *Families First* initiative. Due to a leave taken by SC-UK's CP Advisor and a long delay in replacing her, four months passed before the three SC partners informed the PDEP Team of their collective decision. They decided to move forward with the second option, working with the PDEP Team to create their own customized PDEP program for the *Families First* initiative. At that point, the Exploration Phase progressed quickly. Numerous on-line meetings were held in December 2014 between the PDEP Team in Winnipeg, SCS in Bangkok, SCUUK in London, and SC-Indonesia in Jakarta. Scheduling these meetings was difficult because of the substantial time differences among the four cities. For the PDEP Team in Winnipeg, meetings were held between 5:00 am and 7:00 am.

During these initial meetings, a transportation plan and a tentative timeline were devised. As the first step in transporting PDEP to this unique context, I made a field visit to villages in Cianjur and Bandung Barat, the two target regions of the *Families First* initiative. The purposes of the field visit were to: (1) meet with the various stakeholders and explain the PDEP approach; (2) understand the challenges experienced by the Indonesian parents living in the villages; (3) assess the experience and capacity of the Cadres; and (4) understand the challenges the Cadres experienced while supporting families in the villages.

System-level assessment. Multiple stakeholders were consulted during the Exploration Phase. SCUUK was responsible for overseeing the *Families First* initiative, including managing the funds from the Swiss granting agency and reporting on program activities. In 2013, SCUUK had secured funding from the Swiss donor to evaluate the impact of a home visitation parenting program in a remote and underserved region of Indonesia. After making the decision to move forward with PDEP, SCUUK negotiated with the donor to earmark part of this funding to adapt and contextualize PDEP as a home visiting program within the *Families First* initiative.

SCS's Regional Representative for South East Asia acted in a senior advisory role, which included providing overall guidance to the SC-Indonesia's Director of the *Families First* initiative and technical expertise specific to PDEP. SC-Indonesia was responsible for arranging the majority of the in-country program activities which included planning the training activities, hiring staff to support the training, organizing the implementation of the parent programs, assisting with the development of the adapted PDEP materials, translating the materials from English to Bahasa, monitoring the implementation of the parent programs, providing on-site coaching and mentorship for the Cadres working with the parents, and evaluating the outcomes of the parent programs.

SC-Indonesia was also responsible for liaising with local government officials. SC-Indonesia's Director of the *Families First* initiative, Senior CP Advisors and I held high-level meetings with officers and senior case workers from the District Office of Social Affairs and Indonesia's Ministry of Social Affairs. At the sub-district level, meetings were held with community social workers and community health workers, including midwives affiliated with the District Office of Health Services and District Office of Social Affairs based in Cianjur and Bandung Barat. The purpose of these meetings was to explain the aims of the *Families First* initiative and PDEP, and to request formal support for the Cadres to be trained as PDEP Facilitators and to implement the program with parents in the villages. In addition to meetings with District and Sub-district government officials, the SC- Indonesia Team and I met with the Chiefs and the Heads of the Women's Groups and the Child Protection Committees (often these positions are held by the wife of the Chief) from the villages. SC-Indonesia and I invested substantial time and effort into ensuring that the Village Chiefs and the other influential decision-makers in the communities were informed about the aims of PDEP, and cultivating positive relationships. Without the support of the Village Chiefs, the Heads of the Women's Groups, and the Indonesian District and Sub-District government officials, transporting PDEP would not have been possible.

During the January 2015 field visit, I also held extensive meetings with Cadres from Cianjur and Bandung Barat. These meetings were extremely informative and helpful to my understanding of the community's needs and the Cadres' knowledge and experience. The Cadres shared that they had little understanding of child development and were looking for knowledge and supports that would help them learn how to 'manage' children, so they could share this information with the parents that come to their posyandu posts and the Early Child Development

(ECD) centres. They also identified a need for supports that would help parents to prevent physical and emotional abuse of their children. Neglect was also raised as a concern in the villages, especially when children are in the care of their fathers or other caregivers when their mothers are away. It was explained that it is common for mothers from the villages to travel to the Middle East to work as housekeepers and nannies, leaving the children in the care of their fathers for extended periods of time. The Cadres also shared that it is typical for mothers and fathers from the villages to use harsh words, physically punish, bribe, and threaten their children to get them to 'behave'. Another parenting challenge expressed was safety concerns during adolescence. Specifically, the parents in the villages reported worrying about their teenage boys taking risks on motorbikes (the primary mode of transportation in the villages). The Cadres also explained that the parents in the villages generally have low levels of education and some parents are illiterate, so any program designed for parents in this context must require minimal reading and writing.

Organizational-level assessment. SC-Indonesia's Director of the *Families First* initiative appointed two Senior CP Advisors to act as the focal points for the transportation of PDEP; one for Cianjur and one for Bandung Barat. These two CP Advisors were part of SC-Indonesia's *Pusat Dukungan Anak dan Keluarga* (PDAK- Child and Family Support Centre), and were trained social workers with experience in child protection and case management. One of the CP Advisors was trained as a PDEP Facilitator in 2012 in Nepal but never had the opportunity to implement PDEP with parents. Working under the guidance of these CP Advisors were Project Officers who were hired to provide logistical supports to transport PDEP. The Project Officers were also responsible for: (1) helping to select the Cadres for the training; (2) helping the village-leaders to recruit parents attend the PDEP program; and (3) liaising between the Cadres and the

two CP Advisors. A SC-Indonesia Monitoring, Evaluation, Accountability and Learning (MEAL) Advisor was also involved in transporting PDEP. The MEAL Advisor worked with the PDEP Team to review the PDEP evaluation tools and was tasked with supporting the Cadres to use the tools to evaluate the parent programs.

The SC-Indonesia team also included two previously trained PDEP Facilitators. These Facilitators participated in a PDEP training in Bali in 2011, but neither of them had implemented the program with parents. SC-Indonesia involved these two Facilitators to help support the transportation process because they had some basic knowledge of PDEP (although it had been years since their training) and both were fluent in English and Bahasa. One PDEP Facilitator was a professor of social work from Bandung University. She was hired by SC-Indonesia as a local consultant to help support the preparation and implementation of the PDEP Facilitator Training. The other Facilitator was a SC CPAdvisor working in another region of Indonesia. She was seconded to work on the *Families First* initiative in West Java specifically to assist with transporting PDEP. One full-time Administrative Assistant fluent in English and Bahasa also supported the work. Overall, SC-Indonesia's human resource investment to support the transportation of PDEP was extensive and initially well-appointed.

During the January 2015 field visit, a number of important recommendations were suggested to me and to the SC-Indonesia Team. The village leaders and the Cadres suggested that the best location to implement the PDEP program would be the ECD centres located throughout neighbourhoods in the villages. A large village might have up to 2,300 residents, with approximately 60 households per neighbourhood, and up to five ECD centres. In most villages, mothers with young children (under five) attended the ECD centres for child care and play groups.

Another important recommendation was specific to the PDEP delivery method. During initial discussions with the Cadres, I explained that the plan was for PDEP to be delivered through home visits. In response, the Cadres explained that home visits are not common practice in these rural villages and suggested that such an approach might not be well-received by the families. There was also a concern expressed that a home visitation program could be stigmatizing for the participating families. The Cadres explained that it is typical in village life for community members to come together in group settings. Based on this information and ongoing discussions with the Cadres, I recommended that PDEP be modified as a “hybrid” program comprising both group and home visit sessions. The home visit sessions were designed primarily to engage fathers and other caregivers in the family home, such as a grandmother, who would be unlikely to attend group sessions led by female Cadres at ECD centres. The Cadres felt that group sessions in combination with a few home visits would be less stigmatizing and more acceptable to the families.

Another important observation made by the Project Officers and the SC-Indonesian Team was that the PDEP Program Facilitator Manual might be too difficult for the Cadres to follow because of its reading level and the amount of detail it contains. Also, the Cadres travel to ECD centres and parents’ homes by foot or on motorbike, making it difficult for them to carry heavy materials. Thus, it was decided that the PDEP Facilitator Manual would be restructured and simplified. Instead of a bound manual, weekly session plans would be created and provided to Cadres one-at-a-time, along with laminated versions of the corresponding PowerPoint slides. This format would be easier for the Cadres to digest and to transport to sessions.

Provider assessment. Selecting the Cadres for the Facilitator Training was based on unique criteria determined by SC-Indonesia and SCUK. These criteria included the Cadres’

work experience and their attitudes toward physical and humiliating punishment. Another factor considered in the selection process was Cadres' political influence at the village level. For example, if the Head of the Women's Group was the wife of the Village Chief, it was important to ensure that she was invited to participate in the training, even if she would not go on to implement the program directly to parents.

Client characteristics. SC-Indonesia worked with the village leaders to determine the target recipients of the PDEP program in Cianjur and Bandung Barat. Mothers with young children who attended the ECD programs in the villages of Cianjur and Bandung Barat were identified as the targets of the group sessions of the hybrid PDEP program. The father and other caregivers in the family home were the targets of the home visit sessions. The Project Officers and the village-level leaders assisted the Cadres in recruiting these mothers and their families.

The Preparation Phase

My visits to the villages and the in-person meetings with the various stakeholders in January 2015 were essential to devising a feasible and needs-based training plan and timeline. Without my face-to-face meetings with the Cadres, I would not have been aware of their concerns with introducing a home visitation program to the villages. My in-person meetings with the village leaders strengthened my understanding of the hierarchies at the village-level and among the Cadres, the Project Officers and the multiple government officials. Without these meetings, I would not have adequately understood the political context of the villages nor importance of influential stakeholders.

Following my field visit in January 2015, I began the process of adapting and contextualizing PDEP and developing the hybrid approach and materials, which would then be translated from English to Bahasa. Originally, we had planned to complete this work by April

2015 and deliver the first Facilitator Training in Bandung at the end of that month. The parent programs would be implemented in the villages from June to August 2015. While this initial timeline was developed in partnership with the SC-Indonesia Team, there were significant oversights and challenges that made it impossible to meet the target deadlines. These issues are described below.

Trainee assessment. The Project Officers and the SC-Indonesia Team organized the selection of the Cadres. Unlike most PDEP Facilitator Trainings, the PDEP Team did not take a lead role in reviewing applications and selecting participants due to the unique circumstances involved in selecting Cadres from the villages. For the first training, held in September 2015, 23 Cadres were selected. For the second training, held in April 2016, 14 Cadres were selected, and for the third training, held in May 2017, 49 Cadres were selected. Thus, from 2015-2017 a total of 86 Cadres were trained as PDEP Facilitators.

Contextualization and adaptations. The review and contextualization of the English materials was one of the most time-consuming tasks associated with transporting PDEP to this context. The original timeline set a deadline of February 2015 for completion of this task, which was assigned to the PDEP-trained CP Advisor, given her previous, albeit limited, knowledge of the English version of the program. In fact, this individual had very little time to devote to this task on top of her already demanding workload. Due to stress and exhaustion, she went on leave for a number of weeks and then resigned from SC-Indonesia. Shortly thereafter, the second CP Advisor resigned from SC-Indonesia. This left most of the preparation work to the Project Officers, the PDEP Team, and the local consultant, who took over the responsibility of reviewing and contextualizing the materials. Thus, the Preparation Phase was delayed by several months.

Based on the local consultant's review of the original PDEP content, and having first-hand knowledge of the Cadres' experience and training, adaptations to the PDEP content were suggested. For instance, scenario is used in the program of a mother who takes her young child shopping. He jumps out of the car and runs into traffic. The consultant explained that ownership of a car is not common in village life, so this example would be difficult for the mothers to relate to. She recommended changing the 'car' to a 'motorbike' and re-locating the situation to a market-setting. Another recommendation to improve content relevance was to remove the reference to a baby in a highchair, which is not something commonly used in Indonesian villages.

Modifications were also suggested to some of the program activities. For example, a scenario is presented in which a person must stay overnight at a friend's house alone and becomes frightened. The friend's spouse comes home late and provides comfort. It was explained that this situation would not be socially acceptable in Indonesia and may create discomfort among the parents. Thus, the scenario was modified so that instead of staying over at a friend's house, the person must stay overnight at a Mosque due to inclement weather. In the middle of the night, the person is frightened by an unsettling sound and the Imam of the Mosque provides comfort. There also were some concerns that parents from the villages might not be able to relate to the scenario that involves giants, which are designed to help parents imagine themselves in a situation where everything is foreign and strange, and everyone is much larger than they are. Ultimately, we decided to keep that scenario in its original format and re-evaluate it after piloting it with parents from the villages.

The most extensive adaptation was made to the structure of the materials and the delivery format. The standard PDEP program is divided into eight, weekly 2-hour sessions, plus a 2-hour

follow-up session that occurs 2 to 4 weeks following the completion of the program. In Indonesia, as explained previously, it was decided that the program would be delivered in a hybrid format that included ten 3-hour group sessions and four 1.5-hour home visit sessions. All of the program content was adapted so that it could be delivered through hands-on activities, requiring minimal reading and writing.

Translation and formatting. During the Preparation Phase, following the contextual review and program re-design, all of the materials were translated from English to Bahasa. The PDEP-trained local consultant completed this work in stages. Her extensive background in academia and social work made the translation process relatively straight-forward, with the exception of the terms ‘moral internalization’, ‘normalization’, ‘scaffolding’ and ‘structure’. Many of the neuroanatomical terms were only slightly modified from the English terms. For example, the ‘frontal lobe’ of the brain was translated as ‘lobus frontal’ in Bahasa. There was no Bahasa term for ‘cerebellum’, so it was left as the English term in the Bahasa materials. This was challenging for the Cadres due to their limited education and training.

The translator began the process by first translating the PowerPoint slides that would be used in the hybrid program. Then she translated the 14 session plans. When she finished translating a session plan into Bahasa, she would upload it to Dropbox and share it with the PDEP Team for formatting. The Project Coordinator of the PDEP Team would then format the session plan by embedding the corresponding screenshots of the Bahasa parent program PowerPoint slides into the plan. Formatting these materials was a technically tedious and time-consuming process. Once the plans were formatted, they were sent back to the translator for a final review before they were printed. The translation and formatting of the Bahasa versions of PDEP materials were completed in August 2015 - just in time for the September Facilitator

training. This process was extremely rushed. The PDEP Team and the local consultant worked around the clock for weeks to have the materials ready for the training.

Evaluation assessment. The Simplified Pre-and Post-Training Questionnaires for Facilitators were reviewed prior to their translation into Bahasa. It was determined that some of the language used on the questionnaires was too challenging for the Cadres to read and interpret, so simplified Bahasa terms were selected by the translator.

The Implementation Phase

Given the substantial challenges encountered in the Preparation Phase, the Implementation Phase was delayed by five months. From September 14 to 19, 2015 another PDEP Master Trainer and I co-facilitated a 6-day Facilitator Training for 23 Cadres in Bandung. The first four days of the training were focused on the group component of the hybrid PDEP program. The fourth day of the training was shortened to provide rest for the Cadres and the trainers. The last day-and-a-half of the training were devoted to the home visit component of the hybrid program. The training concluded with a practice workshop.

An interpreter supported this training. The PDEP Team requested simultaneous interpretation – i.e., the interpreter would translate at the same time as the trainers spoke. It was agreed that SC-Indonesia would make the appropriate arrangements. When my English-speaking co-facilitator and I arrived in Bandung two days prior to the commencement of the training we were informed that it was not possible to rent the specialized audio-equipment required for simultaneous interpretation, and instead the training was to be conducted with consecutive interpretation – i.e., the trainer would say a sentence and the translation would follow. This was a significant problem because: (1) the allocation of time to the various training components had been planned based on the assumption that the interpretation would be simultaneous rather than

consecutive, which doubles the time required; and (2) consecutive interpretation greatly affects the flow of the discussion, minimizes the interactions between the facilitators and the participants, and impedes spontaneity. This unexpected development resulted in a substantial restructuring of the training at the last minute. My co-trainer and I eliminated some group activities, as well as the practice workshop scheduled for the final day of the training to ensure that we were able to complete the training in the allocated time.

The day prior to the training, my co-trainer and I met with the interpreter to discuss our concerns with consecutive interpretation. During this meeting, the interpreter explained that he had worked as an interpreter for SC-Indonesia for many years, and it was evident that his English was excellent and he was very energetic. He assured us that he would be able to deliver quality interpretation on his own for six days. We had no option at that point other than to move forward. The PDEP Team and SC-Indonesia agreed to lengthen the training to make up for some of the time lost through the consecutive interpretation. We started 30 minutes earlier and ended an hour later than originally scheduled (training days ran from 8:30 am to 6:00 pm, with the exception of Day 4). The interpreter did an excellent job and he was hired to provide consecutive interpretation in the second and third Facilitator Trainings.

Training and Program Materials. For all three of the Facilitator Trainings delivered in Indonesia, preparation of the materials was led remotely by the PDEP Team's Coordinator and facilitated by the SC-Indonesia Team's Administrative Assistant and the Project Officers. The PDEP Coordinator provided step-by-step detailed printing instructions complete with images to guide the materials preparation, along with Skype meetings to ensure that the preparations were done correctly. The training binders with the session plans were well constructed and organized, and printed on high quality materials. Unfortunately, however, the last page of the Post-training

Questionnaire was not printed during the second and third Facilitator Trainings, which resulted in a large amount of missing data (72%) on the last four items.

With support from the PDEP Coordinator, the SC-Indonesia Team prepared a parent program kit for each Cadre. These kits included all of the materials for the parent programs including the laminated and colour-printed program slides; the props and blocks crafted out of local wood and painted; and the parent program binders and parent evaluation tools. These kits were prepared with a high level of quality.

During the trainings, the Cadres were asked to comment on the quality of the translation and their impressions of the relevance of the program content for the target families. They made the following suggestions: (1) improve the images portraying children and families to make them look more Indonesian; and (2) include more energizers in the Facilitator Training and the parent program because Cadres and parents are not accustomed to sitting and listening for long periods of time and would become easily bored and distracted. In response, the SC-Indonesia MEAL Advisor worked with a graphic designer to make the images more relatable and the Project Officers supported the Cadres to ensure they had prepared energizers and provided snacks to sustain mothers' attention.

Mentorship and on-site coaching. Following the Facilitator Trainings, the Cadres were given weekly in-person mentorship and on-site coaching from the two previously trained SC-Indonesia PDEP Facilitators, and logistics support from the Project Officers. The on-site mentoring was designed to provide technical support to the Cadres and help to optimize their ability to implement PDEP with fidelity. The Cadres were also supported remotely by the two PDEP Master Trainers. The purpose of the remote mentorship was designed to: (1) further optimize the Cadres' fidelity to PDEP; (2) help them to prepare for each week's group or home

visit session; (3) cultivate a sense of connection with the PDEP Team in Canada; and (4) further develop the mentorship skills and deepen the knowledge of the two previously trained SC-Indonesia PDEP Facilitators.

The Cadres were asked to complete a Program Facilitator Feedback Form (Appendix K) after facilitating each group session or home visit. On this form, Cadres recorded one challenge and one success they experienced while facilitating the session; one thing they learned by facilitating the session; one thing they would do differently the next time they facilitated the same session; and any questions they may have had for the PDEP Master Trainers. These forms were completed in Bahasa and given to the Project Officer who gave them to the SC-Indonesia Team. The forms were then translated into English and emailed to the PDEP Master Trainers for review. The PDEP Master Trainers and the two SC-Indonesia PDEP Facilitators met on Skype twice weekly throughout the delivery of the parent programs to discuss the Cadres' feedback and address their questions. These discussions and recommendations were then relayed to the Cadres either in-person or via mobile phone to help them prepare for their up-coming session and provide on-going encouragement.

The most challenging aspect of the remote mentorship process was the language barrier, which made it impossible for the PDEP Master Trainers to communicate directly with the Cadres. Another challenge was the 13-hour time difference between Winnipeg and Bandung, necessitating the scheduling of meetings late in the evening for the Master Trainers in Winnipeg. Internet connectivity was another challenge. Further, the internet connection was frequently lost, making discussions on Skype challenging and time-consuming.

During the mentorship process, the Cadres noted that the greatest barriers to implementing PDEP were not related to the content of the program but were logistical issues,

such as lack of child-care, lack of privacy, and inadequate physical space. The Cadres implemented the group sessions in teams of three (two Cadres co-facilitated a session while a third provided child care) with approximately 10 mothers in each session. The physical space of the ECD centres was generally small and cramped with little separation, if any, between the child-minding area and the space where the mothers were attending the group sessions. This made the space loud and mothers had difficulty concentrating.

Another significant challenge was the weather. Due to the delays encountered in the Preparation Phase, the first round of parent programs was implemented during the rainy season. At times, rain and mud made travelling to the ECD centres and the parents' homes difficult for the Cadres. At times, monsoon rains made it too dangerous to travel. Some of the ECD centres were so poorly constructed that rain leaked into them, causing discomfort for the parents and their children.

During the home visits, privacy was difficult to maintain. Often, neighbours and other family members were very interested in the Cadres' visits. Some would listen at the doors and windows during home visits, and many parents welcomed these extra friends and neighbours into their small homes. At the final home visit with a particular family, so many enthusiastic family members had arrived that there was little room left for the Cadres. Another challenge was that the children were present and keen to participate. Some Cadres found managing the home visits more challenging than the group sessions because of the extra participants and small space, but were encouraged by the community's interest in PDEP and their acceptance of home visiting.

The Sustainment Phase

The Sustainment Phase examined the immediate outcomes of the Facilitator Training. This involved an examination of the psychometric properties of the Bahasa versions of the

Facilitator Training measures and the hypothesis testing. The results of these quantitative analyses are presented below.

Psychometric properties of the Bahasa PDEP Facilitator Training questionnaires.

Prior to hypothesis testing to assess the relevance, effectiveness and perceived impact of PDEP, the psychometric properties of the Bahasa version of the PDEP *Pre- and Post-Training Questionnaires for Facilitators* were examined.

The Cronbach's alpha procedure was used to evaluate the internal consistency reliability of the five scales that were expected to be yielded by the measures: (1) the five-item Approval of Physical Punishment scale; (2) the seven-item Perceived Developmental Norms scale; (3) the three-item Facilitator Self-Efficacy scale; (4) the five-item Perceived Impact on Facilitators scale; and (5) the seven-item Perceived Impact on Parents scale. Scales with Cronbach's alpha values of .65 or greater were determined to have adequate internal consistency reliability.

Approval of physical punishment scale. The proposed five-item Approval of Physical Punishment scale demonstrated adequate internal consistency reliability at pre-test ($\alpha = .74$) but not at post-test ($\alpha = .55$). Removing the item "*It's ok to spank a 5-year-old's bottom if she does something dangerous*", improved the scale's internal consistency reliability at post-test. Without this item, the Cronbach's alpha values of the scales were adequate at pre- ($\alpha = .68$) and post-test ($\alpha = .80$). Therefore, the remaining four items were used to calculate an Approval of Physical Punishment scale median scale score that was used in the hypothesis testing. The item that was removed from the scale was examined separately.

Perceived developmental norms scale. The proposed seven-item Perceived Developmental Norms scale demonstrated poor internal consistency reliability at pre-test ($\alpha = .25$) and post-test ($\alpha = .49$). An examination of the item-total statistics for the pre-test and post-

test items indicated that the reliability of the proposed scale would be improved if two items were removed. The item *'Babies cry in the middle of the night to make their parents angry'* and the item *'If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect'* were removed in an attempt to improve the internal consistency reliability of the scale. Removing these two items resulted in a five-item Perceived Developmental Norms scale. However, this scale was still found to have inadequate internal consistency reliability at pre- ($\alpha = .32$) and post-test ($\alpha = .57$). Further examination of the item-total statistics revealed that removing additional items would not improve the alpha scores. Therefore, Perceived Developmental Norms scale scores were not computed or used in hypothesis testing. Each of the seven items was examined individually.

Facilitator self-efficacy scale. The Cronbach's alphas for the three-item Facilitator Self-Efficacy scale demonstrated inadequate internal consistency reliability at pre- ($\alpha = .25$) and post-test ($\alpha = .42$). No items were removed in an attempt to improve the reliability of this scale because the scale had too few items and an examination of the item-total statistics did not indicate that removing any one item would improve the alpha scores. Therefore, each of the three items was examined separately during the hypothesis testing.

Perceived impact on parents scale. The Perceived Impact on Parents scale comprised seven items administered at post-test. It was decided *a priori* that because no criteria have been established to determine the meaning of the scale's values, each item would be examined separately. However, as part of the exploration of the psychometric properties of the measures used in this case study, Cronbach's alpha was calculated to assess the degree to which the items measured a single construct. These seven items were found to have adequate internal consistency reliability at post-test ($\alpha = .78$).

Perceived impact on facilitators scale. The Perceived Impact on Facilitators scale comprised five items administered at post-test. As no criteria have been established to determine the meaning of this scale's values, it was decided *a priori* that each item would be examined separately. However, the internal consistency reliability of the scale was examined as part of this case study's assessment of the psychometric properties of the measures used. The scale was found to have inadequate internal consistency reliability ($\alpha = .42$). The item-total statistics indicated that the alpha score would increase if the item '*Since taking the Positive Discipline program, I believe more strongly that parents should ask children their point of view*' was removed from the scale. However, the resulting four-item scale was still found to have inadequate internal consistency reliability ($\alpha = .54$). Therefore, each of the five items was examined individually in the hypothesis testing.

Hypothesis-testing

Training relevance. To assess the relevance of the PDEP Facilitator Training program in Indonesia, the Cadres' satisfaction with the overall training and the resource materials, and their willingness to recommend the PDEP Facilitator Training were examined. The Cadres' perception of the usefulness of the PDEP training exercises was also assessed.

Training satisfaction. Of this sample, 100% of the Cadres reported being 'very' or 'mostly' satisfied with the overall PDEP Facilitator Training. In terms of the training materials, 97.6% of the Cadres reported being 'very or mostly satisfied'; only 2.4% of the Cadres reported being 'mostly dissatisfied' with the training materials. The vast majority of the Cadres (96.3%) indicated they would recommend the training to others; very few (3.8%) indicated that they would not recommend it.

Usefulness of the training exercises. The majority of the Cadres ‘mostly’ or ‘strongly’ agreed that the training exercises were useful to: help them understand Positive Discipline (98.8%); increase their confidence to teach parents about Positive Discipline (97.6%); increase their confidence to use Positive Discipline themselves (97.6%); help them to understand how children think and feel at different ages (98.8%); help them to understand Warmth and Structure (98.8%); help them to understand temperament (98.8%); and help them learn how to problem solve (97.5%). Nearly all of the Cadres ‘mostly or ‘strongly’ agreed that the exercises completed in the training could be applied to real-life situations (98.8%). Table 19 presents the Cadres’ levels of agreement on each of the eight items assessing the usefulness of the PDEP Training exercises.

Table 19.

Percentages of Cadres at each Level of Agreement with the Usefulness of the Training Exercises Items at Post-test

Statement	Percentage (n)					
	<i>'Strongly agree'</i>	<i>'Mostly agree'</i>	<i>'Somewhat agree'</i>	<i>'Somewhat disagree'</i>	<i>'Mostly disagree'</i>	<i>'Strongly disagree'</i>
The exercises we completed in the training:						
helped me to understand Positive Discipline.	95.3 (82)	3.5 (3)	0 (0)	0 (0)	0 (0)	1.1 (1)
increased my confidence to use Positive Discipline myself.	89.3 (75)	8.3 (7)	0 (0)	0 (0)	0 (0)	2.4 (2)
helped me understand Warmth and Structure.	90.5 (76)	8.3 (7)	0 (0)	0 (0)	0 (0)	1.2 (1)
helped me understand how children think and feel at different ages.	83.3 (70)	15.5 (13)	0 (0)	0 (0)	0 (0)	1.2 (1)
helped me understand temperament.	90.6 (77)	8.2 (7)	0 (0)	0 (0)	0 (0)	1.2 (1)
helped me learn how to problem solve.	85.5 (71)	12.0 (10)	0 (0)	0 (0)	0 (0)	2.4 (2)
can be applied to real-life situations.	88.1 (74)	10.7 (9)	0 (0)	0 (0)	0 (0)	1.2 (1)
increased my confidence to teach Positive Discipline to parents.	80.0 (68)	17.6 (15)	0 (0)	0 (0)	0 (0)	2.3 (2)

Effectiveness of PDEP Training. The effectiveness of the six-day PDEP Facilitator Training with the Indonesian Cadres was evaluated in three ways. First, shifts in Cadres' support for physical punishment from pre- to post-training were evaluated. Second, changes in Cadres' perceptions of children's typical behaviours as intentional misbehaviour (perceived developmental norms) from pre- to post-training were examined. Third, changes in Cadres' self-efficacy in facilitating PDEP from pre- to post-training were evaluated.

Approval of physical punishment. To test the hypothesis that Cadres' support for physical punishment would shift from pre- to post-test, the non-parametric Wilcoxon signed-rank test was conducted on their Approval of Physical Punishment scale scores. A statistically significant decrease was found from pre- to post-test, $z = -3.484$, $p < .0001$, partial $\eta^2 = .144$, representing a large effect size. Figures 39 - 42 display the distribution of the Cadres levels of agreement on each of the four items included in the Approval of Physical Punishment scale from pre-to post-test.

A second Wilcoxon signed-rank test was conducted with the item that had been removed from the scale: *"It's ok to spank a 5-year old's bottom if she does something dangerous"*. Due to a large amount of missing data on the post-test due to a printing error, this item could be analyzed for only 22 participants. A statistically significant difference was found on this item from pre-to post-test, $z = -1.936$, $p = .053$, partial $\eta^2 = .17$, representative of a large effect size. Figure 43 presents the shift in the distribution of Cadres' agreement on this item from pre- to post-test.

Perceived developmental norms. To test the hypothesis that Cadres' perceptions of children's typical behaviour as intentional misbehaviour would decrease from pre- to post-test,

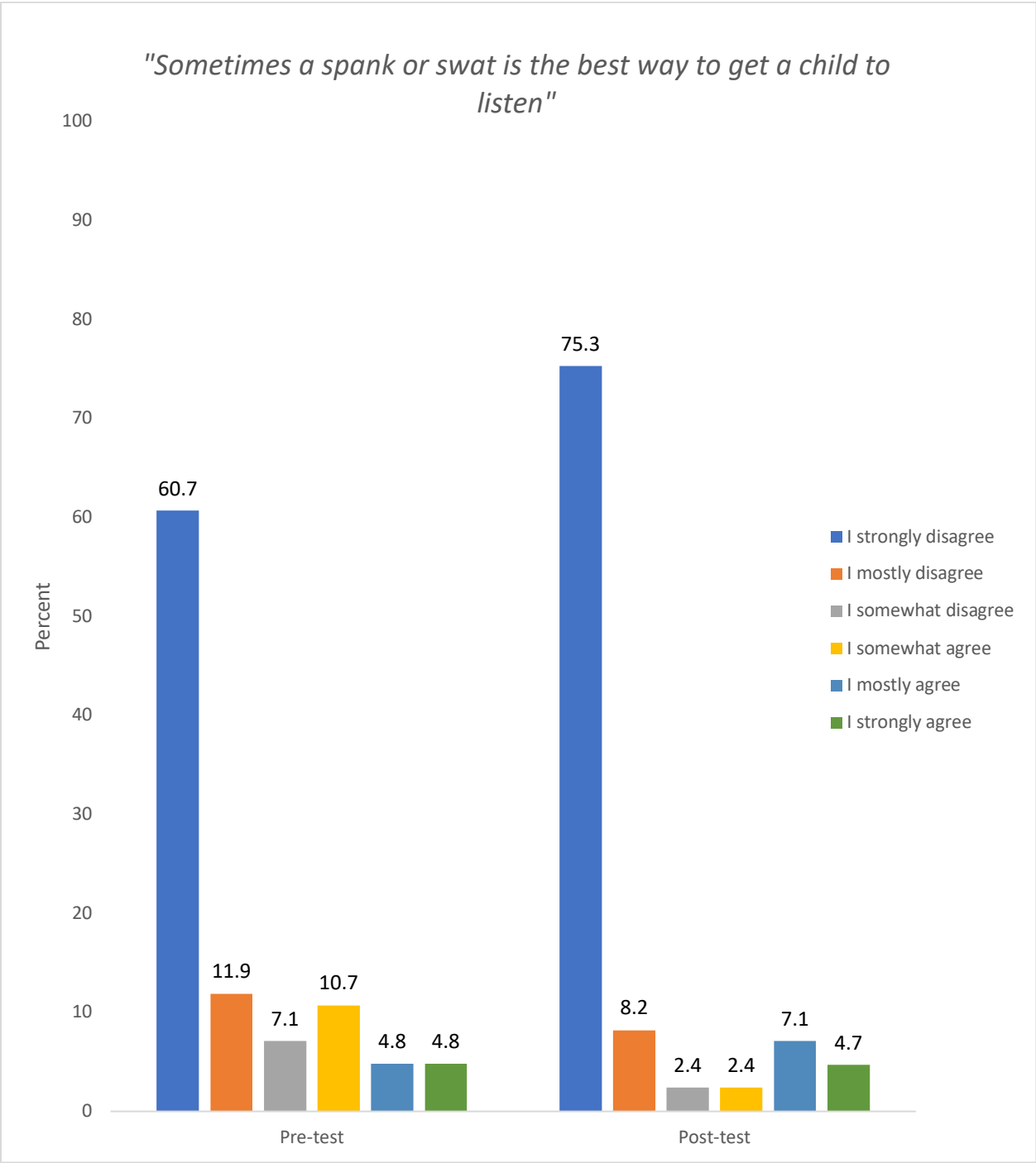


Figure 39. Percentage of Cadres at each level of agreement on the item “*Sometimes a spank or a swat is the best way to get a child to listen*” at pre-and post-test.

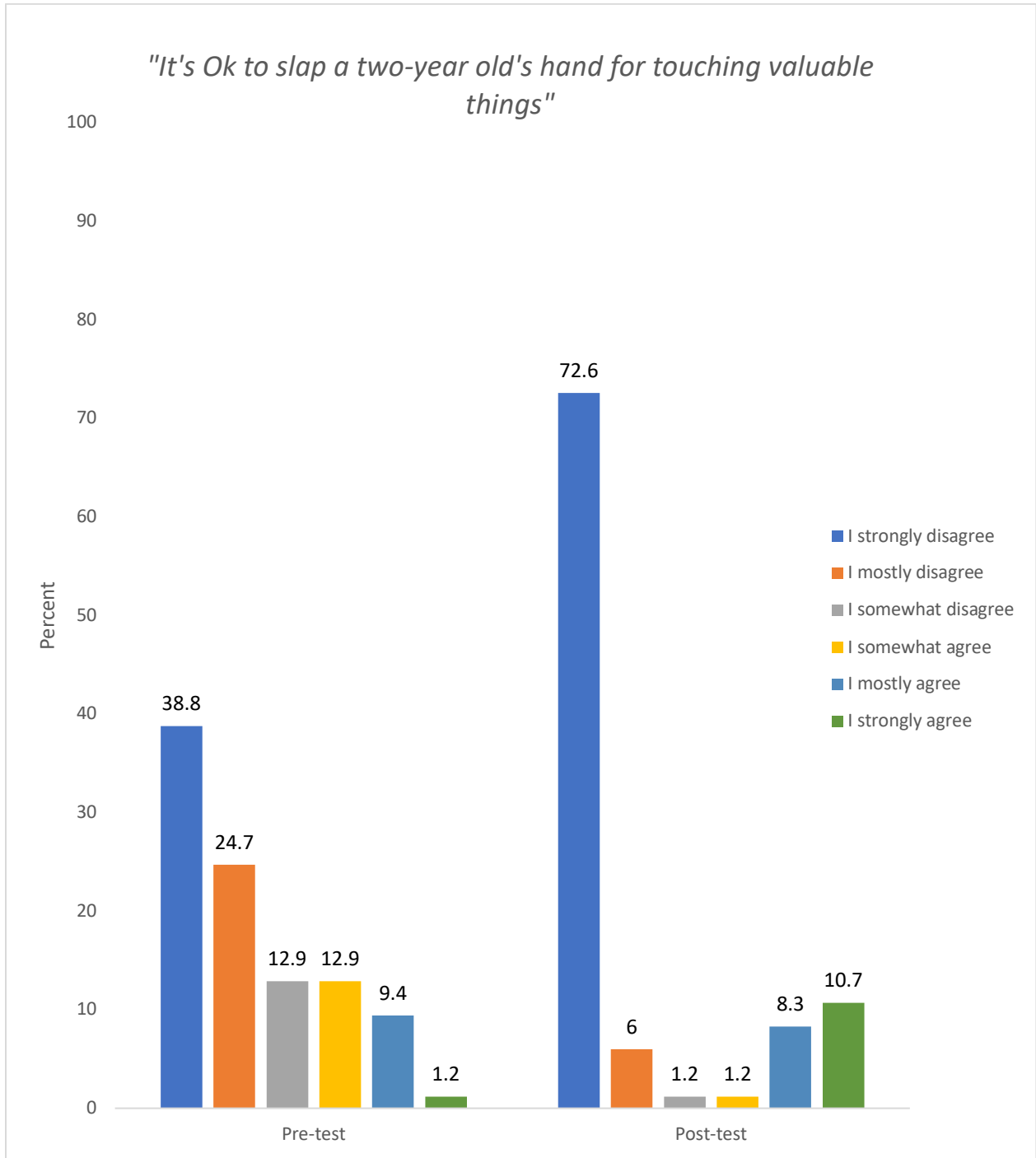


Figure 40. Percentage of Cadres at each level of agreement on the item “It’s Ok to slap a two-year old’s hand for touching valuable things” at pre-and post-test.

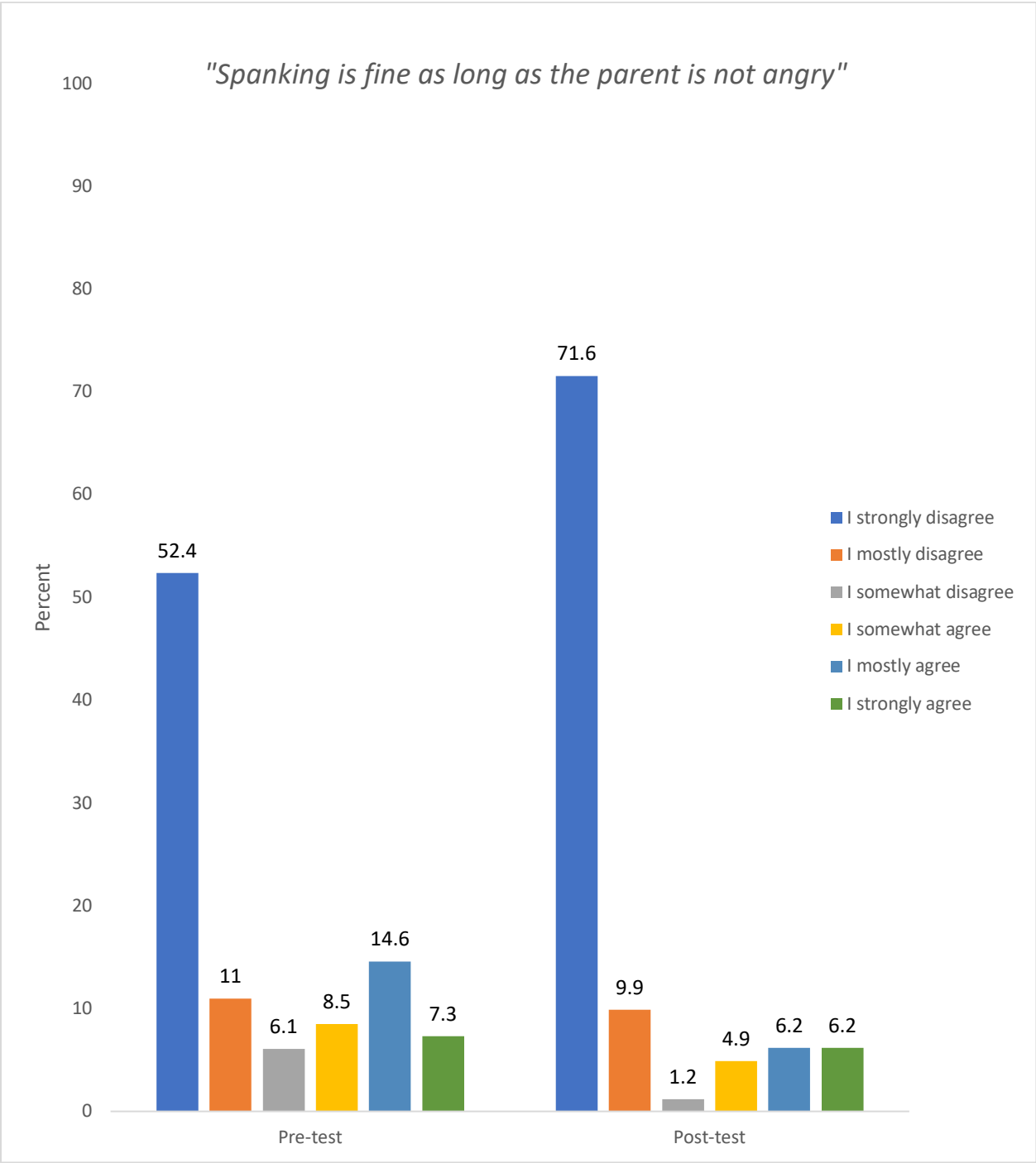


Figure 41. Percentage of Cadres at each level of agreement on the item “Spanking is fine as long as the parent is not angry” at pre-and post-test.

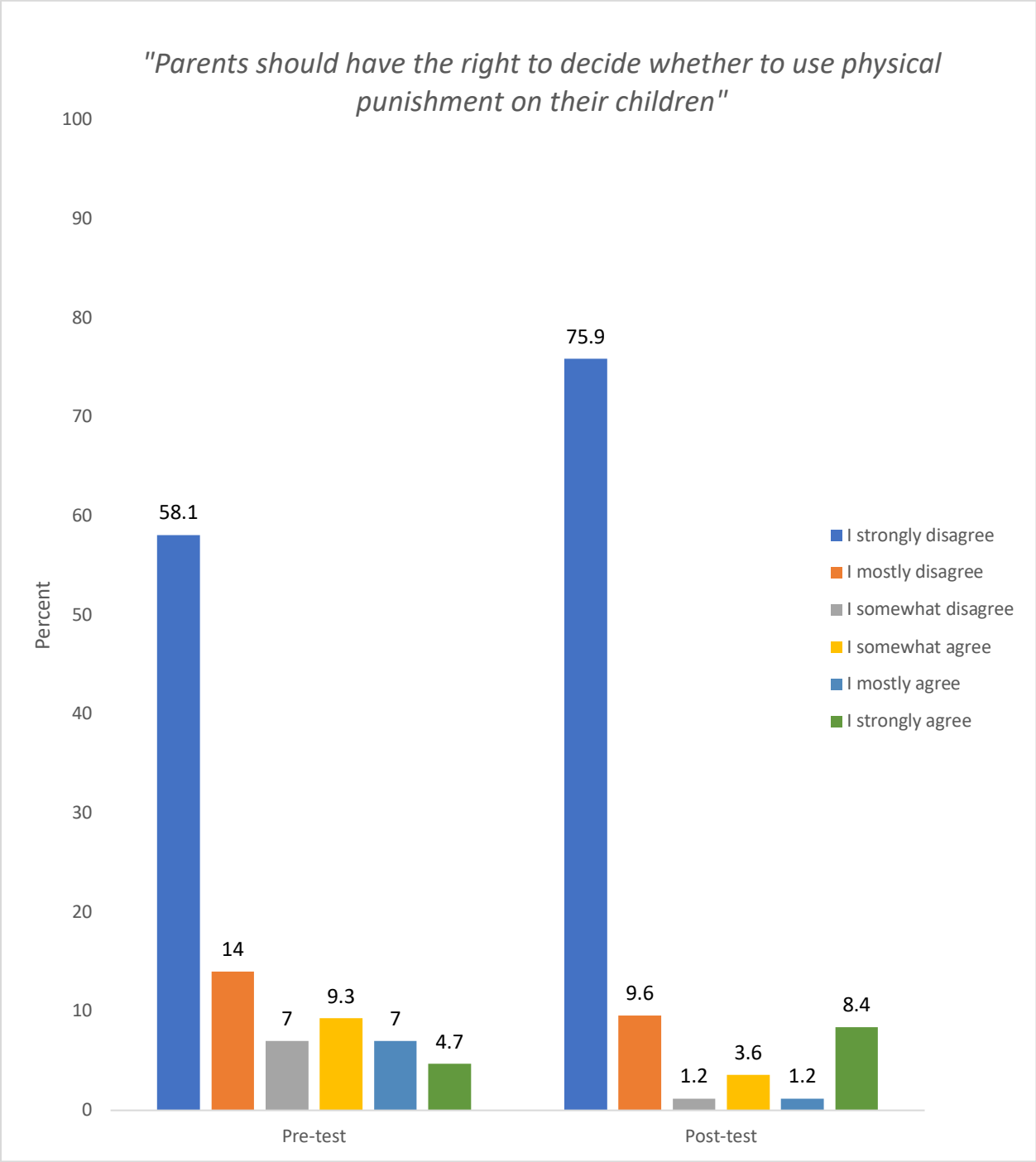


Figure 42. Percentage of Cadres at each level of agreement on the item “Parents should have the right to decide whether to use physical punishment on their children” at pre-and post-test.

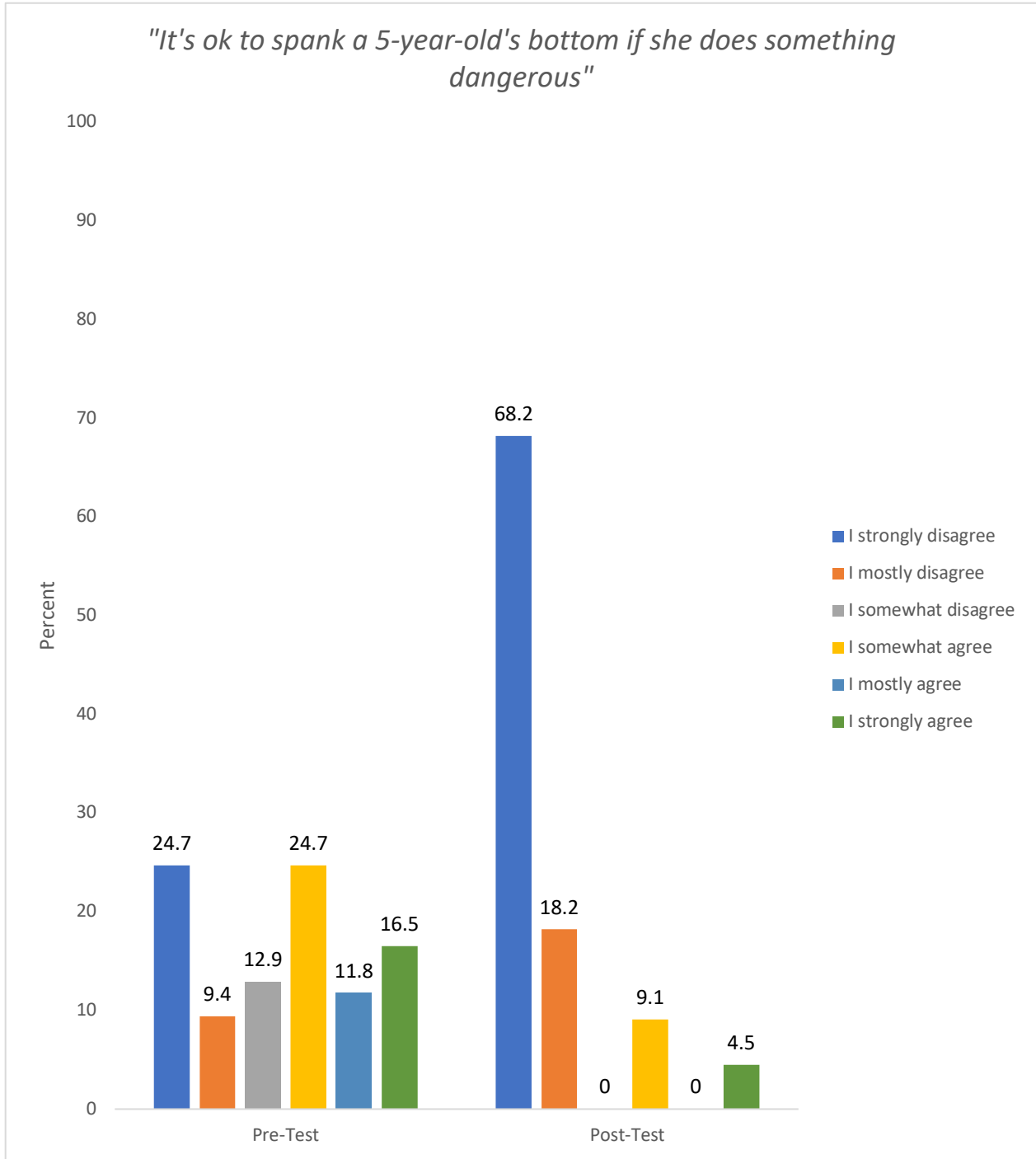


Figure 43. Percentage of Cadres at each level of agreement on the item “It’s ok to spank a 5-year-old’s bottom if she does something dangerous” at pre-and post-test.

a series of Wilcoxon sign-rank tests were performed on the seven items intended to represent this construct.

On the first item, “*Usually children have tantrums because they are spoiled*”, there was a statistically significant decrease in the Cadres’ agreement from pre-to post-test, $z = -3.765$, $p < .0001$, partial $\eta^2 = .194$, representing a large effect size. Figure 44 displays the shifts in the distribution of Cadres’ agreement on this item from pre- to post-test.

On the second item, “*Children should eat everything on their plate, even if they don’t like it*”, a statistically significant decrease was found in Cadres’ agreement, $z = -2.667$, $p = .008$, partial $\eta^2 = .084$, representing an intermediate effect size. Figure 45 displays the shifts in the distribution of Cadres’ agreement on this item from pre- to post-test.

On the third item “*A 6-year-old who says she’s scared to go to the bed is just making excuses*” there was a statistically significant decrease in Cadres’ level of agreement from pre- to post-test, $z = -2.412$, $p = .016$, partial $\eta^2 = .07$, indicating an intermediate effect size. Figure 46 presents the shifts in the distribution of the Cadres’ agreement on item from pre- to- post-test.

On the fourth item, “*If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect*”, there was a statistically significant decrease in Cadres’ agreement from pre- to- post-training, $z = -2.412$, $p = .016$, partial $\eta^2 = .338$, indicating a large effect size. However, there was a large amount of missing data (26%) on this item due to a printing error. Therefore, this result is based on only 22 matched pairs. Figure 47 displays the shifts in the distribution of Cadres’ agreement on this item from pre- to post-test.

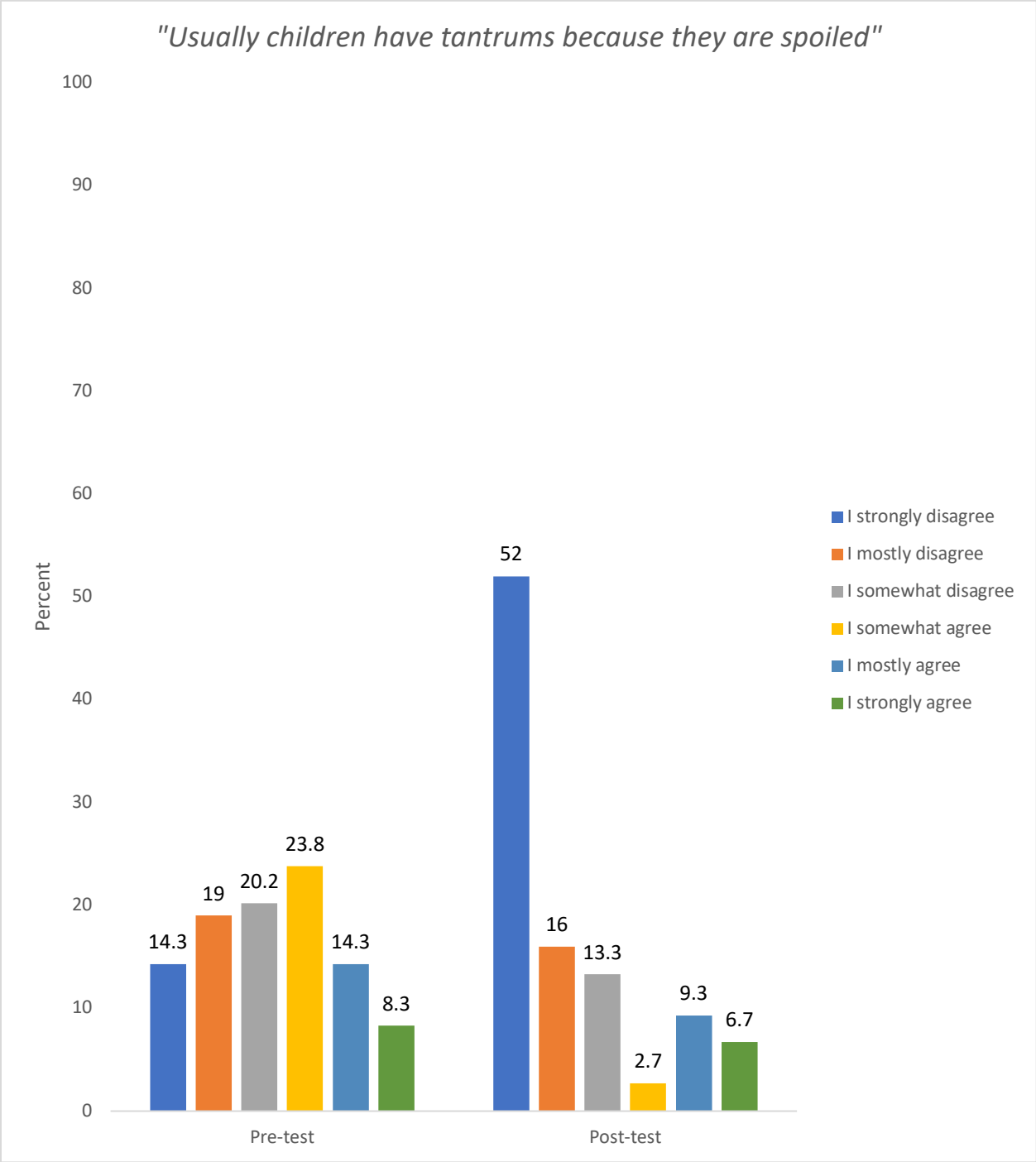


Figure 44. Percentage of Cadres at each level of agreement on the item, "Usually children have tantrums because they are spoiled" at pre-and post-test.

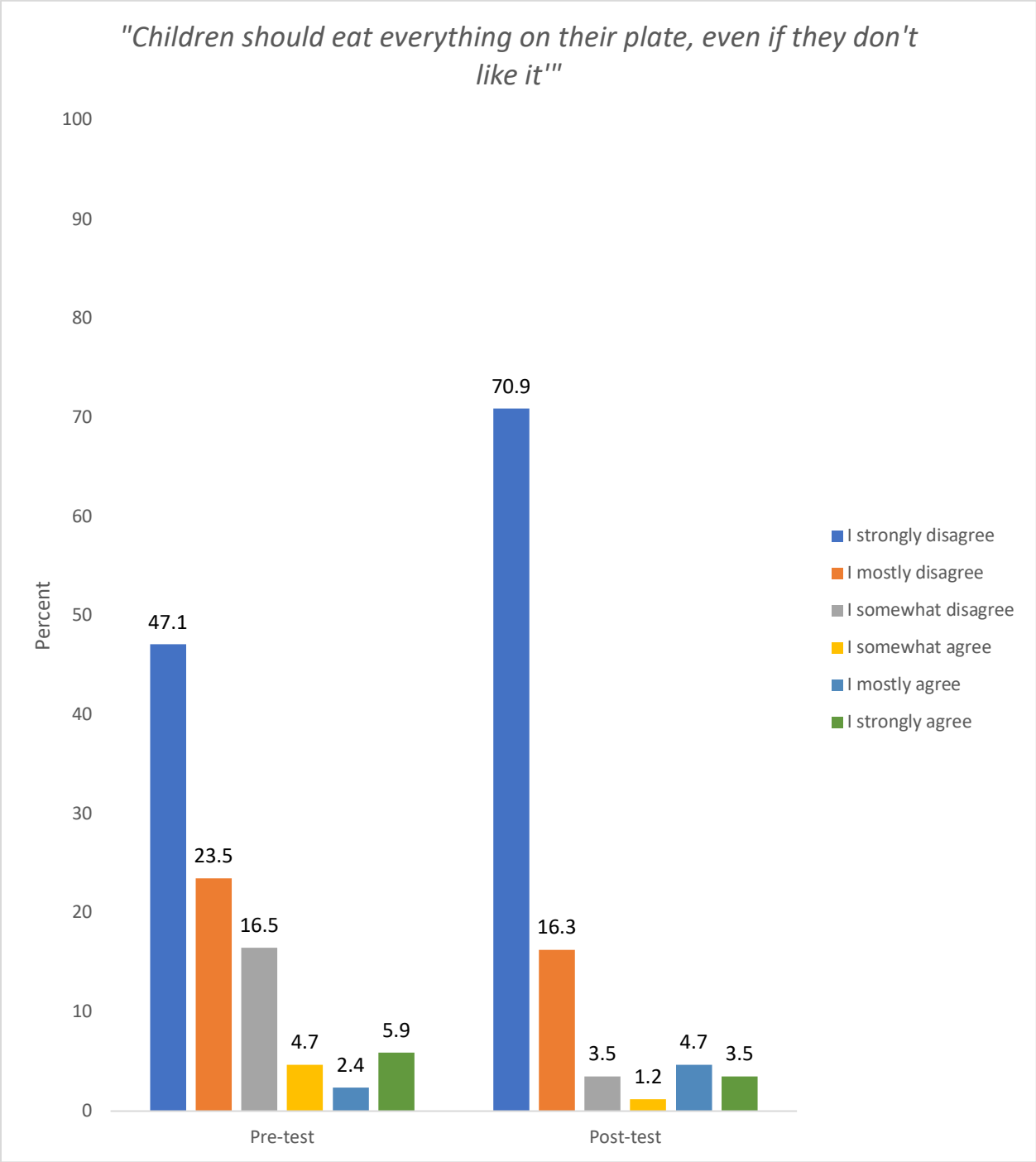


Figure 45. Percentage of Cadres at each level of agreement on the item, “Children should eat everything on their plate, even if they don’t like it” at pre- and post-test.

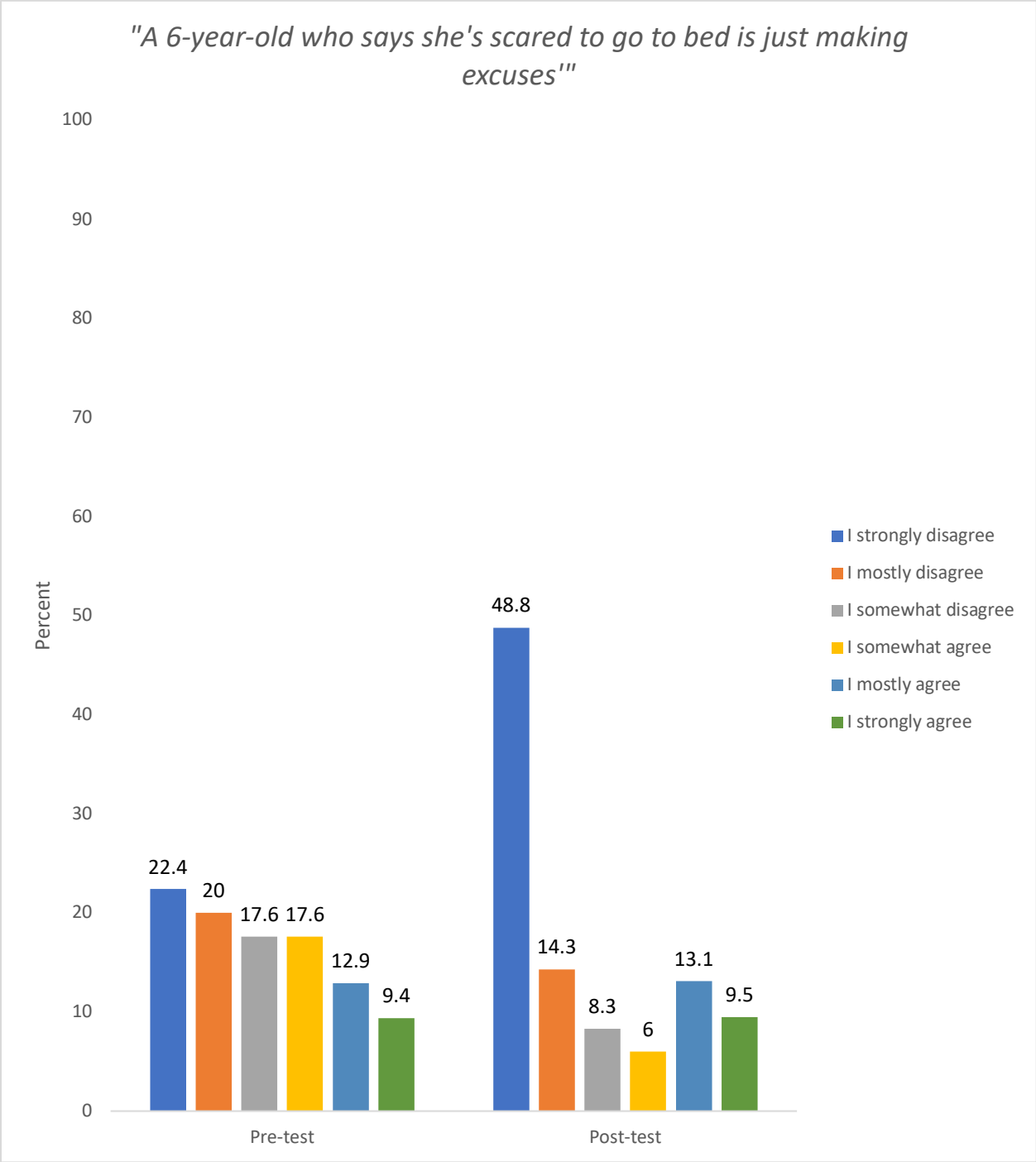


Figure 46. Percentage of Cadres' at each level of agreement on the item "A 6-year-old who says she's scared to go to bed is just making excuses" at pre- and post-test.

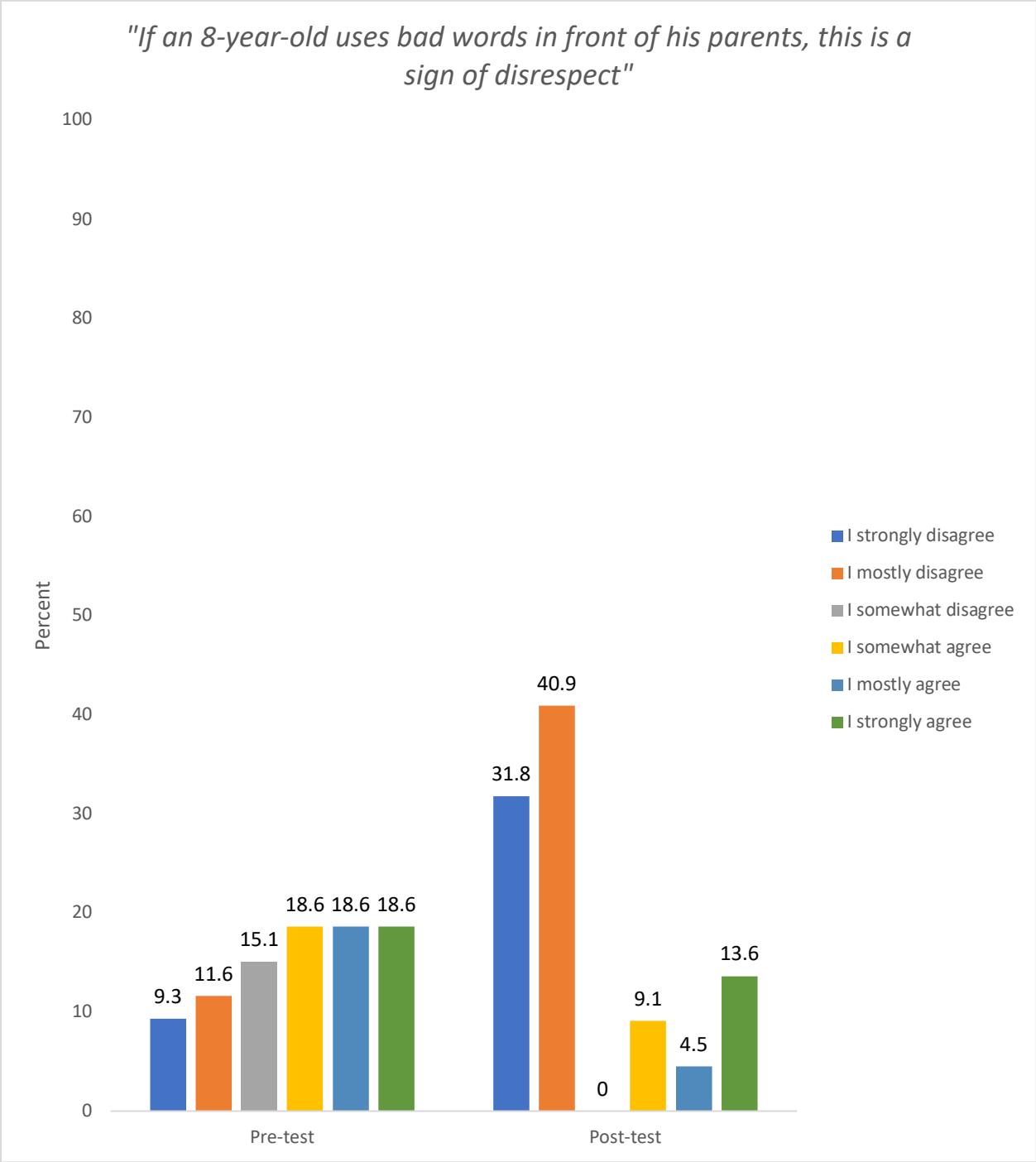


Figure 47. Percentage of Cadres' at each level of agreement on the item, "If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect" at pre- and post-test.

No statistically significant pre- to post-test changes were found on the three remaining items: “*Young children who say ‘No!’ are being defiant*”, $z = -1.840, p = .066$; “*A teenager who does not want to be seen with his mother should be ashamed of himself*”, $z = -.018, p = .985$; and “*Babies cry in the middle of the night to make their parents angry*”, $z = -.414, p = .679$.

A review of the distributions of the Cadres’ levels of agreement on the item, “*Young children who say ‘No!’ are being defiant*” showed that at pre-test, 65.5% of the Cadres ‘mostly’ or ‘strongly’ disagreed with this item and at post-test this increased to 77.4%. While this shift approached statistical significance, what is most interesting is the shift in the distribution of the levels of agreement. At post-test the percentage of Cadres who ‘strongly’ disagreed with that item increased by 75% (Figure 48). An examination of the distributions of agreement on the item “*Babies cry in the middle of the night to make their parents angry*” showed a floor effect; at pre-test, already 96.4% of the Cadres ‘mostly’ or ‘strongly’ disagreed with that item. Therefore, there was little room to detect a significant decline in their levels of agreement at post-test (Figure 49). There was a slight shift in the expected direction on the item “*A teenager who does not want to be seen with his mother should be ashamed of himself*”. On the pre-test, the distribution of agreement was bimodal: 45.4% of Cadres ‘mostly’ or ‘strongly’ disagreed and 50% ‘mostly’ or ‘strongly’ agreed. At post-test, the variance increased; 36.9% of the Cadres ‘mostly’ or ‘strongly’ disagreed, 36.9% ‘mostly’ or ‘strongly’ agreed, and 26.2% of the Cadres ‘somewhat’ disagreed or ‘somewhat’ agreed (Figure 50).

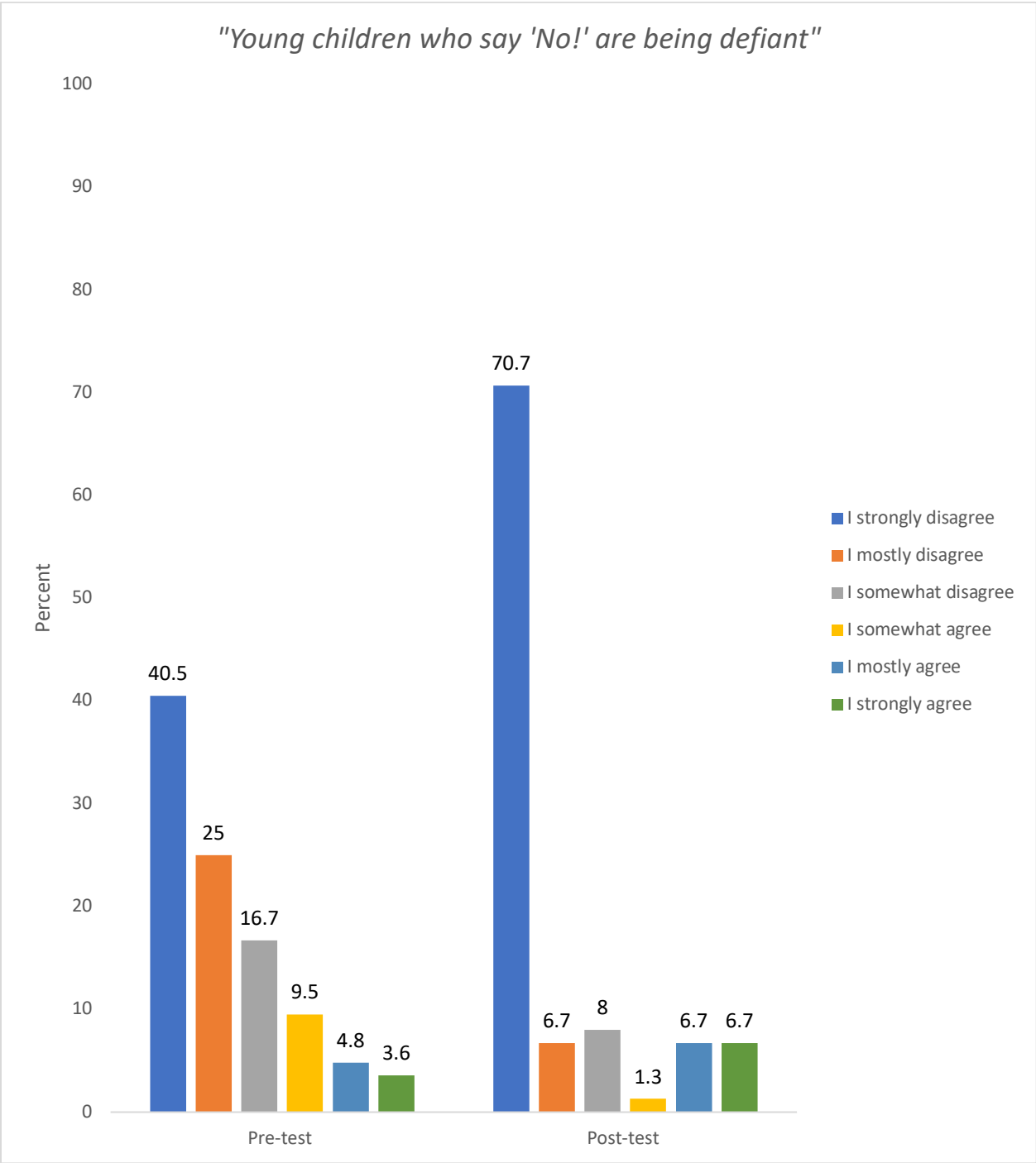


Figure 48. Percentage of Cadres at each level of agreement on the item “Young children who say ‘No!’ are being defiant” at pre- and post-test.

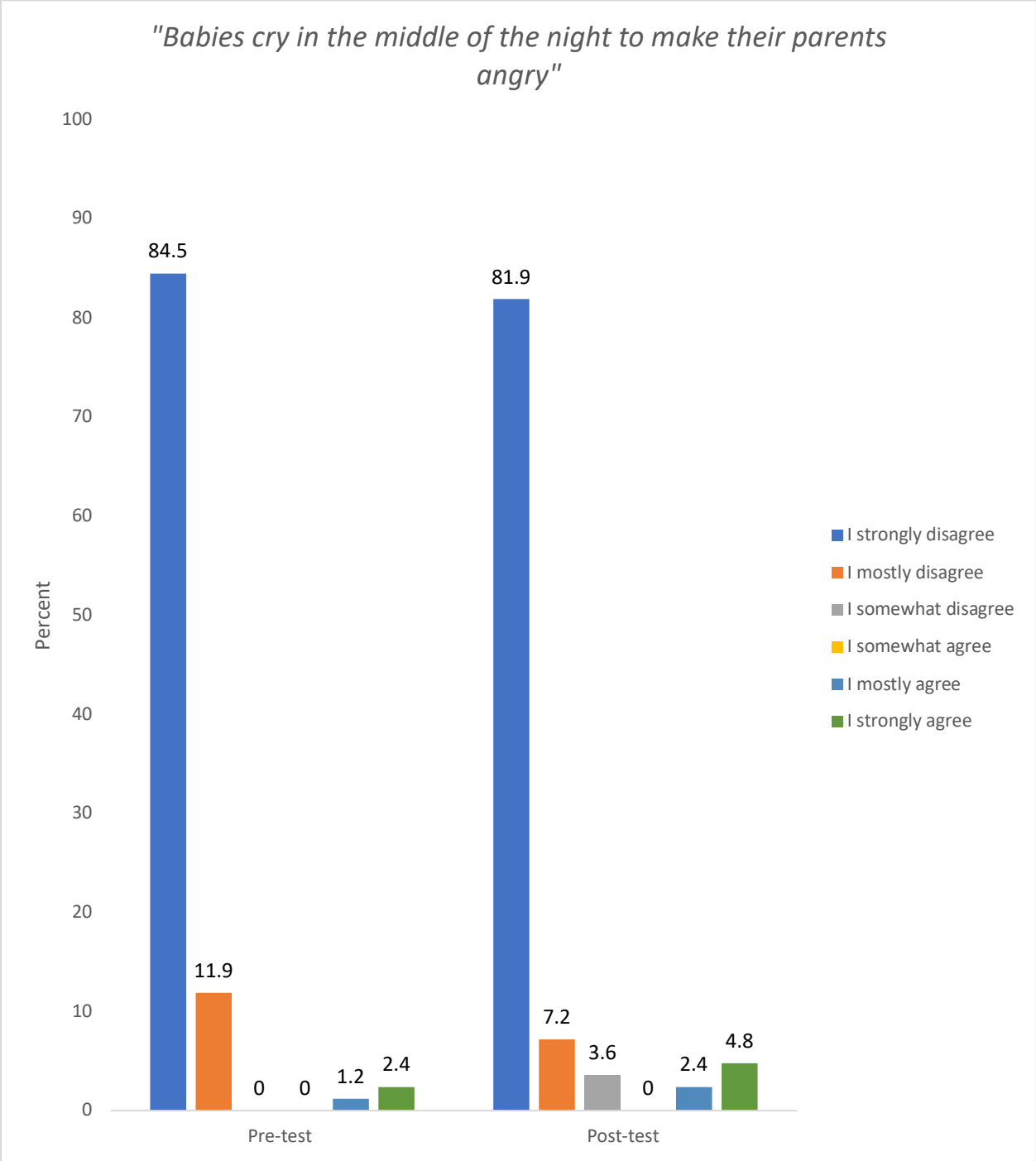


Figure 49. Percentage of Cadres at each level of agreement on the item “Babies cry in the middle of the night to make their parents angry” at pre- and post-test.

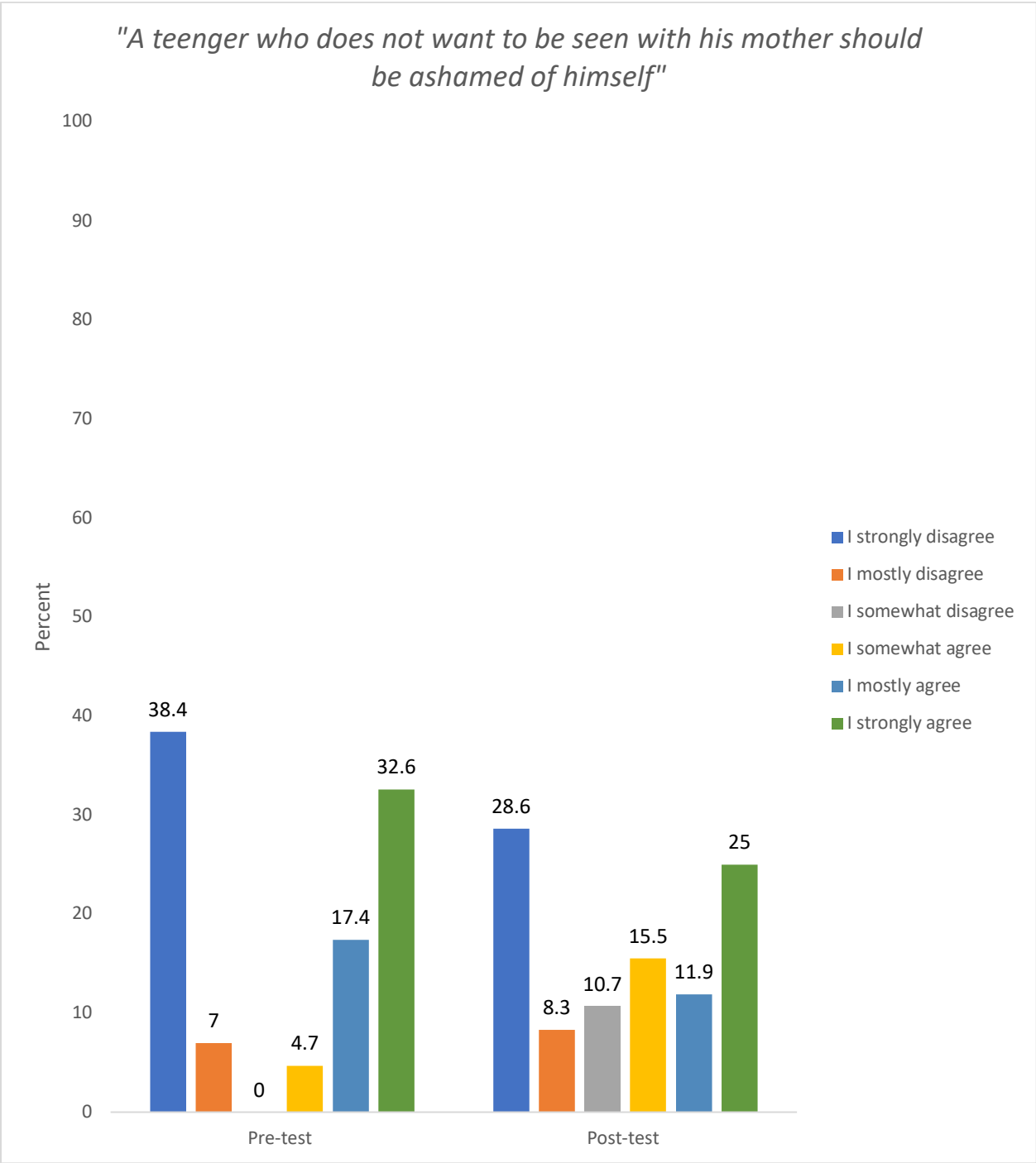


Figure 50. Percentage of Cadres at each level of agreement on the item “A teenager who does not want to be seen with his mother should be ashamed of himself” at pre- and post-test.

Facilitator self-efficacy. To test the hypothesis that Cadres' self-efficacy would increase from pre- to post-test, three Wilcoxon sign-rank tests were conducted on the items intended to measure this construct. On the item, "*I know how to solve most discipline challenges*", there was a statistically significant increase from pre-to post-test, $z = 4.391, p < .0001$, partial $\eta^2 = .25$, representing a large effect size. On the item, "*I have the skills I need to be a good Positive Discipline facilitator*", there was a statistically significant increase from pre- to post-training, $z = -3.765, p < .0001$, partial $\eta^2 = .17$, indicating a large effect size. Figures 51 and 52 display the changes in the distribution of Cadres' agreement with those two items from pre- to post-test. On the third item, "*Most facilitators are better at it than I am*", there was no statistically significant difference in Cadres' levels of agreement from pre- to post-test, $z = -.533, p = .594$. The distribution of agreement ratings on this item showed minimal change from pre- to post-test (Figure 53).

Perceived impact of the PDEP Training. Perceived impact of the PDEP Facilitator Training was evaluated by examining the Cadres' agreement on the: (1) the impact of PDEP on their own beliefs and knowledge; and (2) how helpful they believed the program would be in helping parents.

Perceived impact on Cadres' own beliefs and knowledge. To test the hypothesis that the majority (75% or more) of the Cadres would perceive the program as having positive impacts on their own beliefs and knowledge, five post-test items were examined. The majority of the Cadres 'mostly' or 'strongly' agreed that since taking PDEP they believed more strongly that adults should not physical punish children (89.6%) and that parents should ask children their point of view (87.1%). They also reported having a better understanding of how children think and feel (90.7%); a better understanding of children's rights (90.7%), and could more easily

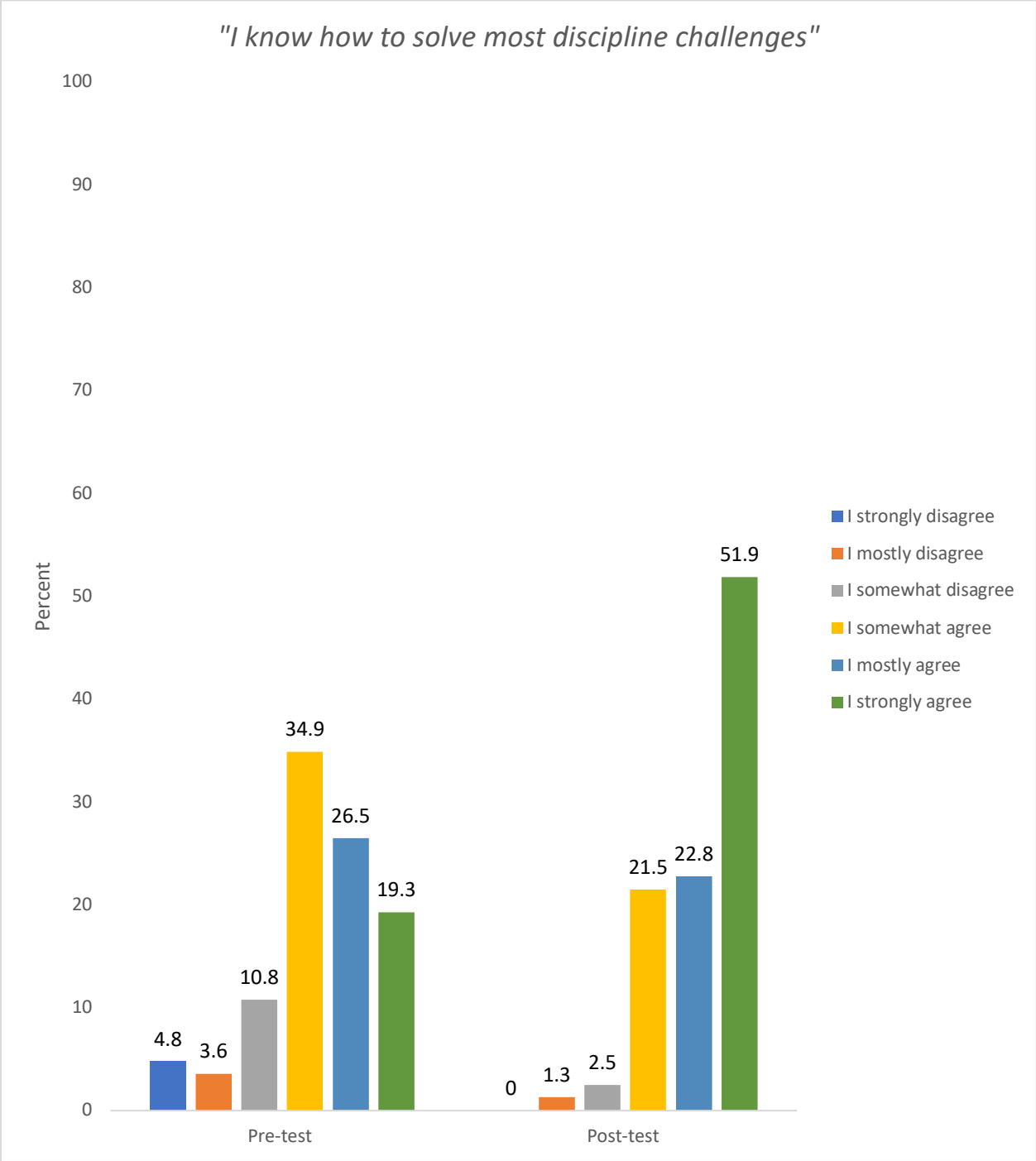


Figure 51. Percentage of Cadres at each level of agreement on the item “I know how to solve most discipline challenges” at pre- and post-test.

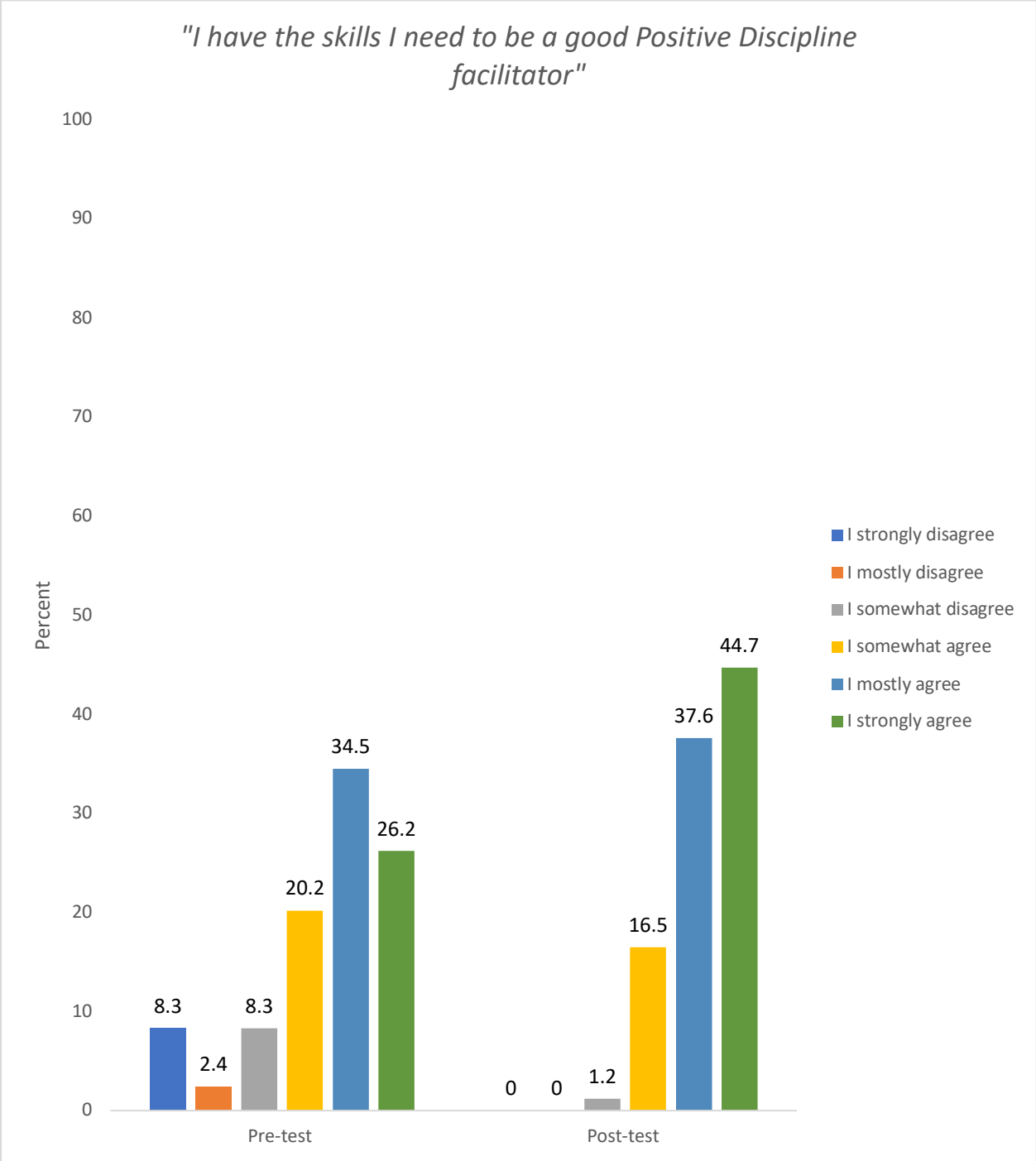


Figure 52. Percentage of Cadres at each level of agreement on the item “I have the skills to be a good Positive Discipline facilitator” at pre- and post-test.

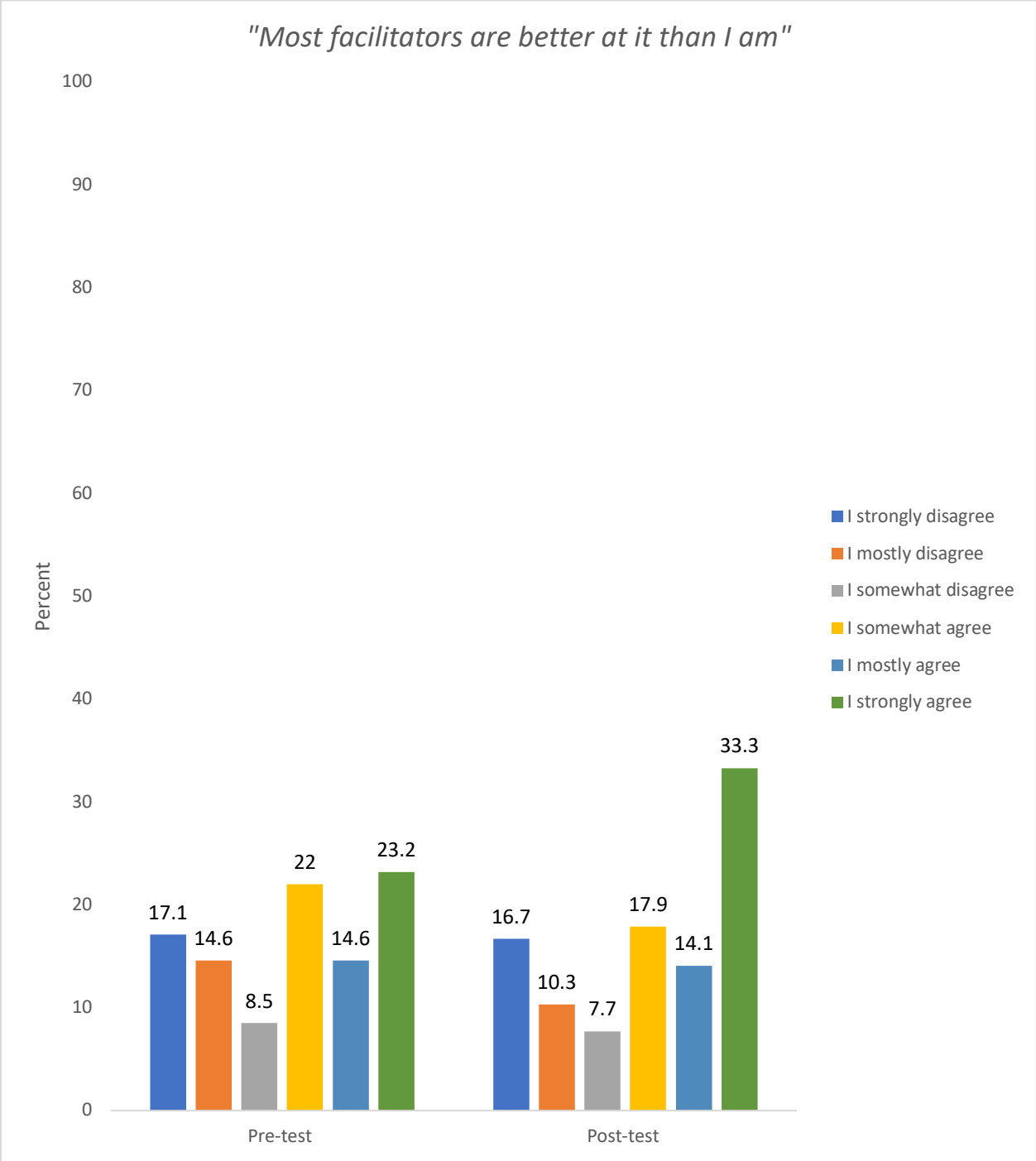


Figure 53. Percentage of Cadres at each level of agreement on the item “*Most facilitators are better at it than I am*” at pre- and post-test.

explain what Positive Discipline is (83.7%). Table 20 displays the distribution of the Cadres' levels of agreement on each of these five items.

Perceived impact on parents. To test the hypothesis that the majority of the Cadres (75% or more) would perceive the PDEP program as useful to them in helping parents, seven post-test items were examined. On each item, the majority of Cadres 'mostly' or 'strongly' agreed that the content of the program was useful in helping parents to: reduce their use of physical punishment (90.7%); reduce their yelling (87.2%); control their anger (86.0%); understand child development (93.1%); communicate better with children (93.1%); have more understanding of children's feelings (89.6%); and build stronger relationships with children (100%). Table 21 displays the distribution of the Cadres' levels of agreement on each of these items.

Table 20

Percentages of Cadres at each Level of Agreement with Items Measuring their Perceptions of PDEP's Impact on their Own Beliefs and Knowledge

Statement	Percentages (n)						Missing data
	'Strongly agree'	'Mostly agree'	'Somewhat agree'	'Somewhat disagree'	'Mostly disagree'	'Strongly disagree'	
Since taking PDEP:							
I believe more strongly that adults should not physically punish children.	84.9 (73)	4.7 (4)	3.5 (3)	2.3 (2)	0 (0)	2.3 (2)	2.3 (2)
I believe more strongly that parents should ask children their point of view.	72.1 (62)	15.1 (13)	3.5 (3)	0 (0)	0 (0)	7.0 (0)	2.3 (2)
I have a better understanding of how children think and feel.	79.1 (68)	11.6 (10)	2.3 (2)	0 (0)	0 (0)	2.3 (2)	4.7 (4)
I have a better understanding of children's rights.	80.2 (69)	10.5 (9)	1.2 (1)	0 (0)	0 (0)	3.5 (3)	4.7 (4)
I can more easily explain what Positive Discipline is.	66.3 (57)	17.4 (15)	10.5 (9)	1.2 (1)	0 (0)	1.2 (1)	3.5 (3)

Table 21

Percentages of Cadres at Each Level of Agreement with Items Measuring their Perceptions of the Potential Impact of PDEP on Parents

Statement	Percentage (n)						Missing data
	'Strongly agree'	'Mostly agree'	'Somewhat agree'	'Somewhat disagree'	'Mostly disagree'	'Strongly disagree'	
The content of the program will be useful in helping parents to:							
reduce their use of physical punishment.	86.0 (74)	4.7 (4)	3.5 (3)	0 (0)	0 (0)	4.7 (4)	1.2 (1)
reduce their yelling.	68.6 (59)	18.6 (16)	5.8 (5)	0 (0)	3.5 (3)	2.3 (2)	1.2 (1)
control their anger.	80.2 (69)	5.8 (5)	0 (0)	0 (0)	5.8 (5)	1.2 (1)	7.0 (6)
understand children's development.	88.4 (76)	4.7 (4)	3.5 (3)	0 (0)	0 (0)	1.2 (1)	2.3 (2)
communicate better with children.	88.4 (76)	4.7 (4)	4.7 (4)	0 (0)	0 (0)	1.2 (1)	1.2 (1)
have more understanding of children's feelings.	84.9 (73)	4.7 (4)	0 (0)	2.3 (2)	2.3 (2)	0 (0)	5.8 (5)
build stronger relationships with children.	25.6 (22)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	74.4 (64)

Discussion

Examining program facilitators' experience is an important component of any comprehensive program evaluation strategy. Unfortunately, this component of program evaluation is often overlooked. Few published studies have examined the impact of training on facilitators' attitudes, knowledge, or self-efficacy (Gardner, Montgomery & Knerr, 2015; Self-Brown et al., 2011). The few existing evaluations of transported parent programs focus on parent outcomes to the neglect of facilitators' role in transporting the program.

Transporting the PDEP Training to Indonesia

Exploring the Facilitators' experience is particularly important when the program has undergone substantial revision and adaptation for a new country context. In this case, the Cadres played a crucial role in the conceptualization and design of the PDEP hybrid program for the *Families First* Initiative. Without the opportunity to connect directly and in-person with the Cadres during the field visit in January 2015, the program likely would have been designed and delivered in a less relevant and potentially inappropriate way. Meeting with the Cadres also provided insight into their educational backgrounds and professional capacity, which informed the transformation of the PDEP Facilitator Manual into a user-friendly PDEP Facilitator Binder containing simplified sessions plans. My visits to the villages gave me an understanding of the unique challenges the parents in the villages were facing. This information was used to adapt the PDEP program activities without compromising the program's core content.

While in-country, the planning meetings held with the SC-Indonesia Team and the other stakeholders were productive. Before leaving the country, a solid preparation plan and realistic timeline were in place. However, progress on this plan quickly came to a halt shortly after I left the country, due to staff turnover which is high within the SC-Indonesia Team. These staff

changes resulted in erosion of communication with SC-Indonesia and SCUUK, and substantial scheduling delays that had significant ramifications for the PDEP Team. Another challenge encountered in this project was the limited communication between the key decision-makers – the Director of the *Families First* initiative and the SCUUK CP Advisor. During the Preparation and Implementation Phases, the SCUUK Advisor took two leaves. There were delays in hiring her replacements, and once they were hired it became evident that they had differing levels of understanding of PDEP and opinions on how best to transport the program. One even questioned the necessity of implementing a program to reduce punitive violence in Indonesia. These issues created significant challenges in communication and adherence to the agreed-upon transportation plan and timeline.

Perhaps the most significant challenge experienced while transporting PDEP to this context was the follow-up evaluation of the parent programs. According to the Director of the *Families First* initiative and Country Trainers who mentored the Cadres, pre- and post-test measures were administered in several parent programs, but they were never submitted to the PDEP Team for analysis, despite repeated encouragement to do so. Therefore, it is impossible to assess the preliminary outcomes for parents of the PDEP hybrid program. Such unexpected challenges should be kept in mind by those planning evaluations in challenging and distant country contexts.

Interestingly, working with the Cadres was the least challenging part of the transportation process. Given their basic level of education and limited professional training, I had expected that training them to become PDEP Facilitators would bring significant challenges. I soon realized that this was not the case. The Cadres were engaged, enthusiastic, hardworking and willing participants. They appreciated this professional development opportunity and were eager

to deliver PDEP to parents. However, limitations in their understanding of PDEP became apparent when they began delivering the program to parents. The two PDEP Facilitators who mentored the Cadres following the training noted that some were inadequately prepared for their sessions, read from their session plans, were not engaging, and struggled to answer parents' questions. The mentors invested substantial time into helping these Cadres prepare for the remaining parent sessions. Their feedback forms reflected an improvement in the Cadres' understanding and preparation. This experience suggests that training Cadres with limited education and professional training may require a more intensive and long-term mentorship process to ensure that they are well prepared to deliver the program with fidelity. A post-training assessment of Cadres' self-efficacy may also help to identify those who would benefit from additional training and supports to strengthen their confidence. In this study, at post-test, 17.7% of the Cadres did not 'strongly' or 'mostly' agree that they had the skills they needed to be good PDEP Facilitators. In this first training of Cadres, the group practice sessions and the practice workshop planned for the final day of the training were cut from the agenda to compensate for the additional time required for the consecutive interpretation. As a result, I was unable to observe their skills or to provide coaching before they began delivering the program to parents. In future trainings in Indonesia, it will be important to ensure that the Master Trainer has adequate opportunities to observe and coach Cadres so that their skills are optimized before they meet with parents to deliver PDEP.

Outcomes of the PDEP Facilitator Training

The psychometric properties of the Bahasa versions of the PDEP *Pre- and Post-Training Questionnaires for Facilitators* (Appendices E & F) were examined prior to testing the study's three hypotheses. The results suggested that these measures need to be strengthened.

Of the five proposed scales, only the modified Approval of Punishment scale and the Perceived Impact on Parents scale were found to have adequate internal consistency reliability. As a result, the remaining three scales could not be used, so their constituent items were analyzed individually, reducing power. This study provided the first assessment of the PDEP Facilitator measures in any language. Research is needed to better understand how the PDEP Facilitator measures perform in their original English versions, with larger samples, and in translation. In any case, the results of the reliability assessment of the Bahasa versions of the Facilitator measures must be taken into consideration when interpreting the findings of the hypothesis testing.

The case study's three hypotheses were supported. The first hypothesis tested the relevance of the transported PDEP Facilitator Training program to Cadres with low levels of education. If the Cadres perceived the transported PDEP Training as relevant they would be willing to recommend it to others and report satisfaction with the overall training and program materials. Following the training, 100% of the Cadres were highly satisfied with the training overall, nearly all of them (97.6%) were highly satisfied with the training materials, and the vast majority would recommend the program to others (96.3%). They also found the training exercises to be useful for themselves and the parents they support; 98.8% 'mostly' or 'strongly' agreed that the training exercises could be applied to real-life situations. Together, these results provide strong evidence of the relevance of the PDEP Facilitator Training program for Cadres working in the Indonesian context.

The second hypothesis predicted that over the course of the Facilitator Training, Cadres' support for physical punishment would decrease, they would become less likely to view typical child behaviour as intentional misbehaviour, and their facilitator self-efficacy would increase. In

terms of support for physical punishment, the Cadres' scores on the Approval of Punishment scale and the additional item measuring this construct significantly declined from pre- to post-test. These results have strong practical significance considering the high prevalence (Badan Pusat Statistik, 2013a; 2013b) and near universal acceptance of punitive violence in Indonesia (Global Initiative to End All Corporal Punishment, 2017). However, it is important to consider change at the individual level, as well. It cannot be expected that a Facilitator tasked with shifting parents' attitudes toward physical and emotional punishment will be very successful if they still agree with physical punishment following the training. Therefore, it is important to note that at post-test, some of the Cadres 'mostly' or 'strongly' agreed that: sometimes a spank is the best way to get a child to listen (11.8%); it's ok to slap a two-year-old's hand for touching valuable things (19%); spanking is fine as long as the parent is not angry (12.4%); parents should have the right to decide whether to use physical punishment on their children (9.6%); and it's ok to spank a 5-year-old's bottom if she does something dangerous (4.5%). These results may indicate the need for a process to confidentially assess the Facilitators' own level of understanding of the program and their beliefs following the training, and prior to them implementing the program with parents. Implementing a process to certify Facilitators following on-going training and mentoring may be one way to address this issue. In any case, it clearly cannot be assumed that once a Facilitator completes the training they have fully internalized its messages and are ready to deliver the program to parents.

Partial support was found for a decline in Cadres' perceptions of children's typical behaviour as intentional misbehaviour over the course of the training. They were significantly less likely to agree at post-test that: children have tantrums because they are spoiled; that children should eat everything on their plate even if they don't like it; that a 6-year-old who says

she's scared to go to bed is just making excuses; and that an 8-year-old's use of bad words is a sign of disrespect. However, there were no statistically significant changes in Cadres' agreement that young children who say 'no' are being defiant or that a teenager who does not want to be seen with his mother should be ashamed of himself. At pre-test, almost none (3.6%) of the Cadres 'mostly' or 'strongly' agreed that babies cry in the middle of the night to make their parents angry, so it was impossible to detect a significant decline in their agreement with this item. This finding suggests that the item is not a useful indicator of change. It is recommended that this item be replaced with one that would yield greater variance at pre-test. Although Cadres' beliefs that a young child who says 'no' is defiant did not shift to a statistically significant extent, the proportion who strongly disagreed with this statement increased by 75% at post-test.

Partial support was found for the hypothesis that Facilitators' self-efficacy would increase over the course of the program. Statistically significant differences were found in Cadres' belief that they could solve most discipline challenges. While less than half (45.8%) 'mostly' or 'strongly' agreed with this statement at pre-test, three-quarters (74.7%) did so by post-test. This finding suggests that many facilitators felt better prepared to resolve parent-child conflicts by the end of the training.

The proportion of Cadres who believed that they had the skills needed to be good PDEP Program Facilitators also increased significantly. By the end of the training, 82.3% 'mostly' or 'strongly' agreed that they had such skills, compared to 60.7% at pre-test. Cadres' perceptions that most facilitators were better at facilitating than they are increased from pre- to post-test, although non-significantly. It is possible that this item is more sensitive to facilitators' growing awareness of others' skills than to their own self-efficacy. These Cadres had limited higher

education or professional training, and very little – if any – experience in facilitating groups.

After spending six days with a large group of Cadres who typically do not work together, some might have become increasingly aware of others' skills. I observed a wide range of skills among this group. Some of the Cadres were noticeably more confident and experienced than others. In general, the younger Cadres who had children of their own tended to be the most dynamic and comfortable with group facilitation.

Finally, it was expected that most Cadres (75% or more) would view PDEP as positively impacting their own beliefs and knowledge, and as useful to the parents they support. This hypothesis was fully supported. At least 80% 'mostly' or 'strongly' agreed that the training increased their knowledge and understanding, and strengthened their beliefs that parents should not physically punish children. At least 86% 'mostly' or 'strongly' agreed that the training would be useful in helping parents increase their knowledge and understanding, and use less physical and emotional punishment. These findings are particularly notable given the circumstances in which these parents live, and the intimate knowledge the Cadres have of the parenting context.

Recommendations for Future Programming and Research

The DAP analysis revealed a number of issues and challenges that need to be addressed in future training, program delivery, and evaluation in Indonesia and elsewhere. First, adequate organizational capacity is crucial to success. Continuity in program staff, allocating adequate time within staff workloads to management of the project, and ensuring that key team members have appropriate qualifications would have ameliorated many of the challenges that arose during this project. Ideally, all key stakeholders involved in transporting PDEP should observe a PDEP Facilitator Training so that they are adequately prepared to support the Cadres.

Second, more time for the Preparation Phase, including adapting, translating and formatting the hybrid version of PDEP, was needed. The adaptation process was rushed due to delays and tight deadlines. It is recommended that 3 to 6 months be allocated to complete a comprehensive review including a field visit and to design program adaptations (more time may be required depending on the extent of the adaptation); 2 to 4 months of full-time work be allocated to translation of the Facilitator Training and parent program materials; and 4 weeks be allocated to formatting of the translated materials. The translated materials should then be piloted in the first Facilitator Training and initial parent programs, and revised according to the feedback received. Allocating adequate time to the Preparation Phase also could have prevented the printing mistakes that led to loss of data. Ensuring adequate time for communication between the PDEP Team and the SC country office would minimize such problems.

Third, the duration and format of the training, follow-up mentorship, and on-site coaching should be tailored to the needs of the facilitators. Some of the Indonesian Cadres required more intensive and frequent mentorship and coaching than was originally planned, in order to optimize their fidelity to PDEP and increase their confidence to deliver it to parents. The introduction of an official PDEP certification process with competency-based assessments conducted immediately following the training and during the implementation phase would also foster program fidelity and set minimum standards for facilitators implementing the program.

Fourth, providing the Cadres with background training in child development would be a useful addition to the PDEP Facilitator Training program in this context. During the mentorship process, the PDEP Facilitators supporting the Cadres noted that some of the Cadres had difficulty responding to parents' questions about brain development, for example. It is recommended that in settings where Facilitators have little formal education, a component be

added to the training that deepens their knowledge of child development. Fifth, in a country where weather can be severe at times, training and program delivery should be avoided during the peak of the rainy season.

Sixth, child care should be carefully planned. Ideally, parent programs should be held in a separate but nearby venue so that parents are able to fully participate in the sessions without having to attend to their children. During home visits, the child care provider should be well-prepared with activities to engage the children so that the parents can focus on the program content. Seventh, neighbours should be put onto a waiting list for the next program delivery in order to alleviate the congestion experienced by the Cadres during the home visits.

Finally, additional research on the Facilitator measurement tools is warranted. It would be useful to examine the factor structure of the English versions among a larger sample to establish their construct validity. Future testing, and perhaps revision, of the Bahasa versions of these measures with a larger sample of Indonesian Cadres would also be useful in order to strengthen confidence in the results of the present study.

Conclusion

This case study provided the first assessment of the transportability of the PDEP Facilitator Training to a remote and underserved region where the Facilitators had a basic level of education and little formal training. Previous research on PDEP has focused exclusively on parent program participants (Durrant et al., 2014; 2017). Examining the Facilitators' experience has contributed in a number of ways to understanding the transportation process. In this case study, the Cadres perceived the Facilitator Training as relevant to their challenging context, were very satisfied with it, and perceived it as having positive impacts on their knowledge and understanding, as well as those of the parents they serve. These findings are very encouraging in

light of the international demand for PDEP Facilitator Training, particularly in low- and medium-income countries.

This was also the first study to examine the attitudes and beliefs that the Cadres brought to the training, and the degree to which those attitudes and beliefs changed over the course of the program. Given the high prevalence of punitive violence in Indonesia, it was not surprising that more than one in four Cadres ‘mostly’ or ‘strongly’ agreed that it is acceptable to spank a five-year-old before the PDEP Training began. This proportion declined to one in 20 by the end of the Training. This finding provides some important preliminary evidence of the Training’s effectiveness in a society where physical punishment is widely practiced and socially accepted. Together with the findings regarding the perceived relevance of PDEP to this context, this result provides support for expanding the PDEP Facilitator Training to other districts of Indonesia’s posyandu system.

CHAPTER 8

GENERAL DISCUSSION AND CONCLUSION

In this chapter, I summarize and discuss the results of this multi-case research study. The purpose of this research was to systematically document the processes involved in transporting PDEP to three highly diverse contexts, and to evaluate the preliminary outcomes of the transported programs. While it was not the primary aim of this program to compare the findings among these three case studies, in this chapter I draw out some of the similarities and differences discovered while transporting PDEP to the three settings. Following this discussion, the strengths and limitations of this research are presented along with implications for future programming and research. Finally, I conclude with a summary of the contributions made by this study.

Overview of Findings

The processes and preliminary outcomes associated with transporting the PDEP to three highly diverse contexts were examined in this thesis. The first case study examined the transportability of PDEP to the Palestinian conflict setting. The oPt are characterized by chronic conflict and oppression and high rates of political violence. In this region, many parents have low levels of education, punitive violence is socially accepted and widely practiced (Kamal et al., 2018), and patriarchal values are normative (Gokani et al., 2015). Even with the substantial stresses parents experience there, both mothers and fathers found PDEP to be relevant to their lives. The process of transporting PDEP to this context presented some unique challenges, including translation and logistical difficulties, and delays in programming due to a 51-day war. Even so, parental attitudes and beliefs related to punitive violence against children shifted significantly over the course of the program, suggesting that the challenges were overcome

successfully and that PDEP is a promising violence-prevention program for this chronic conflict setting.

The second case study assessed the transportability of PDEP to a disaster-affected region and an urban centre of Japan, a society characterized by traditional parent-child relationships, and favourable attitudes towards child obedience and punitive violence. This was the first case study to examine the transportability of PDEP to: (1) the Ishinomaki and Sendai regions of the Miyagi Prefecture, a region of Japan recovering from a devastating earthquake, tsunami and nuclear disaster; and (2) the wards of the Greater Tokyo Area, one of the most densely populated urban regions of the world. The present findings suggest that PDEP was viewed as highly relevant by mothers in both regions, and that their support for punitive violence declined significantly over the course of the program. It is notable that the PDEP approach was viewed so positively by parents living in such vastly different settings, with widely varying educational and experiential backgrounds. These findings support those of Durrant et al. (2017) who found that parents living in low-and medium-human development contexts such as Gambia, Mongolia and the Philippines, reported high levels of satisfaction with PDEP and perceived the program to have positive impacts on their parenting. They also support the findings of studies of PDEP carried out in the slums of Bangladesh (Khondkar, Ateah, & Milon, 2016), and in post-conflict Kosovo (Tolaj, 2018), which demonstrated that parents' approval of punitive violence declined in those settings as well. Findings from samples around the world appear to be converging to provide support for PDEP as a very promising universal program.

The third case study focused on the PDEP Facilitator Training, which has not been studied previously. This first assessment of the Training was conducted in a region of Indonesia characterized by deep poverty and high rates of punitive violence. Many challenges were

encountered during the transportation process, including substantial adaptation of the program delivery method in light of the low educational levels of the Cadres and the parents with whom they work. The present findings indicate that despite immense challenges ranging from staff turnover to monsoons, the adapted Training was highly successful. The Cadres found it to be highly relevant, their approval of punitive violence decreased, and they perceived PDEP as very useful to their work with parents living in rural Indonesia. This exploration of the process of transporting the Facilitator Training was unique. While studies have been conducted of the impact of transported parenting programs aimed to reduce child behaviour problems (Gardner, Montgomery, & Knerr, 2015), very little research attention has been paid to the processes involved in training local facilitators to deliver those programs with fidelity. The results of the DAP conducted in this study identified many issues that merit consideration in program implementation and evaluation, including conducting comprehensive system- and organizational-level assessments of in-country capacity to transport and sustain the program; investing in a field-visit and in-country meetings with the stakeholders prior to initiating the transportation process; devoting enough time to contextualize, translate, and format the translated materials prior to piloting the program; and implementing a remote mentorship and on-site coaching model that is specially designed to meet the needs of the Facilitators tasked with delivering the program.

Implications for Programming

The DAP framework proved useful for systematically documenting the steps involved in planning, preparing, implementing and sustaining PDEP in new contexts. It has strong potential not only as an evaluation tool, but also as a planning framework. It is recommended that a guide be developed based on the DAP for use by program developers planning to transport programs in

order to help them consider many of the key steps and processes associated with successfully transporting PDEP to other diverse country contexts.

One of the most valuable findings of the present research was the importance of a field visit during the Exploration Phase of the Indonesian project. Without that visit, the Facilitator Training would have been planned without a valid needs assessment, based only on the assumptions of SC staff who were unfamiliar with PDEP. While a field visit is not necessary in every context, it would certainly be beneficial in most, as it not only provides essential information about the context, but also provides opportunities to foster relationships among the stakeholders that can prevent and minimize communication difficulties. A field visit to the oPt may well have prevented some of the challenges experienced there during the transportation phase, including the significant translation problems encountered, the inadequate staffing allocation made, and the significant challenges experienced due to poor internet connectivity. In the case of Japan, adequate time was allocated to planning and, other than time zone issues, communication was straightforward. Those Facilitators trained to deliver the parent program spoke English and had appropriate educational backgrounds. While a field visit would undoubtedly have enhanced the transportation process, it was not necessary in this case. Therefore, it will be important for trainers to acquire sufficient knowledge about the contexts to which they are transporting PDEP prior to the Exploration phase, so that they can determine whether a field visit would increase the benefits and minimize the costs incurred during the process.

During the Preparation Phase, there were substantial differences in the extensiveness of the adaptations made to PDEP among the three country contexts. In the case of Palestine, after contextual reviews were conducted prior to and following the training, some minor adaptations

were made to the PDEP content, but no modifications were made to the delivery process. In Japan, after a contextual review process was conducted by PDEP-trained SCJ staff with experience supporting parents in both the disaster-affected region and the urban centre, no modifications to the program were indicated. PDEP was translated into Japanese and delivered following the standard group delivery format. In the case of Indonesia, PDEP was substantially modified from the standard version into a hybrid group/home visitation program designed specifically for parents with low levels of education living in poverty. This variation in contextualization needs points to the importance of all stakeholders, including the PDEP Team, having an accurate and comprehensive understanding of the target recipients' needs, the qualifications and experience of program providers, and the relevant characteristics of the community or society to which PDEP is being transported.

Personnel issues and high staff turnover within the SC Country Offices were persistent challenges in Palestine and Indonesia. These situations provided a stark contrast to the consistency and commitment of SCJ staff, which likely contributed to the relatively straightforward process of transporting PDEP to Japan. In the future, a comprehensive assessment undertaken during the Exploration Phase of the organizational capacity and workloads of the staff tasked with transporting PDEP may mitigate challenges and delays – or identify situations in which transporting the program should be postponed until adequate capacity is realized.

Translation is a critical issue in transporting programs. In the present research, the translation process was greatly affected by the qualifications of the translators. In Japan and Indonesia, the translators had backgrounds in child development and were familiar with the PDEP approach. In the oPt, some challenges in the translation process may have been avoided

had the Arabic translator possessed such qualifications. It is recommended that great care be taken in the selection of translators, and time should be spent ensuring that this person has a solid understanding of the PDEP approach before beginning the translation work.

Developing and delivering a parent program raises important questions about the characteristics of successful facilitators. In oPt and Japan, the facilitators were generally highly educated in child development or a related field, and had experience providing parenting support. The findings of these two case studies indicate that they were highly successful in meeting the objectives of PDEP implementation. The Indonesian case study challenged the notion that successful facilitators must be highly qualified. Facilitators there were volunteers, not professionals, with little formal education – yet they grasped the PDEP concepts, altered their beliefs about punitive violence, and believed that the program would be very helpful in their work with parents. During the mentorship period, they demonstrated ability to deliver the program to parents with fidelity – albeit with more intensive coaching than facilitators in the other two contexts. These Cadres had experience working with parents, and commitment to that work even without being paid. This experience and commitment likely contributed to their enthusiasm for learning about PDEP. Yet the Indonesian findings suggest that it is possible to train facilitators without high levels of education, as long as adequate resources are allocated to practice, mentorship and coaching.

Strengths of this Research

This research addressed two notable gaps previously identified in the literature (Gardner et al., 2016; Mikton, & Butchart, 2009): (1) very little research has documented the *processes* involved in transporting parent programs to new contexts prior to evaluating their outcomes; and (2) very few evaluations of transported parent programs have been conducted in low- and

middle- income countries. This research is the first to systematically document the processes involved in transporting PDEP to new settings. In doing so, it has provided insights into the challenges involved in transporting the program to sites characterized by conflict, poverty, trauma, and illiteracy; it has shed light on some key factors that contribute to success and ameliorate difficulties in program transportation; and it has provided preliminary evidence of the effectiveness of PDEP in two lower middle-income settings.

Limitations of this Research

Several limitations of this research should be noted. First, each case study was limited to pre- and post-test measurement. There is a need for follow-up assessment to monitor the maintenance over time of the changes observed at post-test.

Another limitation of the research was a reliance on measures of attitudes and beliefs. It is not known whether these changes are evident in behaviour change. As several studies have now demonstrated that attitudinal change is associated with participation in PDEP, research should now turn to examinations of behaviour change. PDEP is partially based on the Theory of Planned Behaviour (Ajzen, 2002), which predicts that changes in attitudes influence intentions which, in turn, affect behaviour. Future research should also turn to testing this theoretical proposition using PDEP as the putative mechanism of change.

This project's reliance on a single assessor to conduct the DAP analysis constitutes another limitation. A second independent assessor simultaneously documenting the phases of the DAP would allow us to estimate the reliability of the analysis of the Exploration, Planning and Implementation Phases.

Issues related to construct validity of some scales in some contexts is another factor limiting the conclusions that can be drawn from this research. It will be important to examine and evaluate PDEP's outcomes with other tools possessing adequate psychometric properties.

Implications and Future Directions for Research

The findings of the DAP analysis revealed a number of key issues needing additional exploration. First, further examination is needed of the pre- and post-test measures used to assess PDEP. The English versions of the standard measures have been used to evaluate PDEP in other contexts and have demonstrated promising reliability and fit statistics (Durrant et al., 2014; 2017); these findings were used to form the basis of the proposed scales in these studies using the same items. But while considerable evidence was found of their construct validity, particularly in Japan, it was not consistent across case studies, suggesting either translation errors or problems with content validity in some contexts. Future studies of transported PDEP should require back-translation of the measures to ensure their accuracy, and adequate reviews of their content to ensure the relevance of the items to the context. Further, some issues arose consistently across contexts. For example, it appears that the vast majority of participants in each country did not believe that babies cry to make their parents angry. As a result, no change was detectable on this item. It would be very helpful to conduct an item analysis using the PDEP Global Database to identify such items and replace them with items more sensitive to change.

The greatest challenge to the construct validity of the measures was found in Indonesia, where two of the three scales were found to have inadequate internal consistency. The Indonesian case study provides the first examination of the PDEP Facilitator measures, so there are no other findings with which to draw comparisons. It is important to consider that this analysis was conducted on a relatively small sample of Cadres with translated versions of the

measures, so it would be premature to draw conclusions about their psychometric properties on the basis of the present findings. As a next step, the psychometric properties of the Facilitator measures in their original English versions should be examined, followed by an assessment of the psychometric properties of the Bahasa versions among a larger sample of Cadres. This process would shed more light on the measures' construct validity.

In the oPt, some questions were raised regarding the construct validity of the scales on the Arabic versions of the simplified PDEP parent measures. This case study was the first to examine the psychometric properties of these measures, so once again there are no findings with which to draw comparisons. It is likely, however, that these measures require more items on each scale to provide enough power to measure their reliability. While the individual items were found to be useful in this study, it is recommended that these measures be closely examined and enhanced.

It is not possible to draw conclusions from the present study regarding the causal impact of PDEP on the outcomes observed. Such conclusions may only be drawn when participants are randomly assigned to PDEP and control groups. A previous study called for randomized control trials (RCTs) to more rigorously evaluate PDEP's impact (Durrant et al., 2017). Yet the findings of the DAP analyses carried out in the present study indicate that conducting a RCT would be a tremendously challenging undertaking in these contexts. RCTs require precise scheduling, unflinching commitment to adhering to schedules, willingness of stakeholders to require parents to wait for services, and investment of considerable resources. In two of the three case studies explored here, substantial delays were common and unpredictability of resources was the norm. War, severe weather, travel restrictions, staff turnover, lack of electricity, vast time zone differences, and other issues would have made the implementation of RCTs virtually impossible

in these settings. It is recommended that alternative methodologies, including the Realist Impact Evaluation methodology (Westhorp, 2014), be explored so that the context is fully considered and challenges are fully recognized in the planning of evaluations of PDEP. It is also recommended that such evaluations focus not only on the ‘outcomes’ of the program, but also on *how* and *why* it appears to function so successfully in such widely varying contexts. Qualitative research would be very useful to gaining such an understanding. It should be pursued in a range of contexts in order to identify the key components that contribute to PDEP’s apparent success in modifying attitudes toward punitive violence.

The next step in assessing the transportability of PDEP in these three settings would be to examine whether the shifts observed in participants’ attitudes and beliefs are maintained over time by administering follow-up questionnaires at three and six months post-program/Training. It also would be of great value to be able to link changes in individual facilitators’ attitudes to changes in the attitudes of parents in their groups. Such an analysis would help to identify the characteristics of specific facilitators that best predict parental change. Finally, methods of measuring Facilitators’ fidelity to the program content and delivery process are needed. While such measurement is highly labour- and resource-intensive, its findings would be of tremendous value in strengthening the Facilitator Training program, identifying characteristics of successful Facilitators, and providing insight into how PDEP is actually delivered post-Training.

Summary and Conclusion

Across three highly divergent contexts, PDEP was found to be relevant to those who participated in it, and was widely perceived to have positive impacts. This was found to be the case regardless of levels of education, poverty, trauma, or literacy; and across gender, language,

and faith. Overall, PDEP shows promise as a violence prevention program that is transportable and has universal appeal in some of the world's most challenging parenting contexts.

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Appendix A



Positive Discipline Pre-Program Questionnaire for Parents

Your code word _____

Location of program	_____
	City Country
Program leader's name	_____
	First Last
Dates of program	_____
	Month Year
Your gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Your age	<input type="checkbox"/> under 20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> over 40
How many children do you have?	
Please tell us the number of children you have in each age group	birth to 2 years # _____ 3 to 5 years # _____ 6 to 8 years # _____ 9 to 11 years # _____ 12 to 14 years # _____ 15 to 17 years # _____
What is your highest level of education? (please check one)	<input type="checkbox"/> I have not completed high school <input type="checkbox"/> I have graduated from high school <input type="checkbox"/> I have taken college or university courses <input type="checkbox"/> I have graduated from college or university <input type="checkbox"/> I have taken post-graduate university courses <input type="checkbox"/> I have completed a post-graduate degree (Master's or Doctorate)

Your code word _____

Please read each of the following statements. Then check the box that best describes how you feel about it.

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
1. "Positive discipline" means using non-physical punishments like making a child sit on a time-out chair or taking things away.						
2. Young children who say "no!" to their parents are being defiant.						
3. If children have tantrums, they are probably spoiled.						
4. Children should eat everything on their plate, even if they don't like it.						
5. Parents who use "positive discipline" let their children get away with a lot of misbehaviour.						
6. Four-year-olds who interrupt adults are rude.						
7. Babies cry in the middle of the night to make their parents angry.						
8. I can solve most parenting challenges.						
9. Sometimes a spank or swat is the best way to get a child to listen.						
10. If parents negotiate with their children, they will lose their authority.						
11. When my child doesn't do as I say, I get very angry.						
12. If a 16-year-old breaks her curfew, her parents should ground her.						
13. When I have arguments with my child, I often say things I don't mean.						
14. "Positive discipline" usually means letting children do whatever they want.						
15. Most people are better parents than I am.						
16. If a 16-year-old wears a hairstyle that his parent disapproves of, he should not be allowed to go outside until he changes it.						

Your code word _____

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
17. A teenager who does not want to be seen with his mother should be ashamed of himself.						
18. If children break the rules, their parents should take away privileges.						
19. If a 4-year-old says she's scared to go to bed, she's probably just making excuses.						
20. When my child does something I don't like, I sometimes yell.						
21. I have the skills to be a good parent.						
22. Children who are punished learn how to behave better than children who aren't punished.						
23. Spanking is fine as long as the parent is not angry.						
24. If a 12-year-old gets into trouble at school, her parent should punish her before she has a chance to give excuses.						
25. If a teenager says her parents' rules are unfair, they should tell her that she can move out.						
26. Parents should have the right to decide whether to spank their children.						
27. When a 6-year-old won't put his shirt on, his mother should force the shirt over his head.						
28. As a parent, I often just don't know what to do.						
29. If a 14-year-old is failing in school, his parents should make him do hard physical chores to get him to work harder.						
30. If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect.						
31. If parents don't punish their children, they will be spoiled.						
32. It's ok to spank a 5-year-old's bottom if she does something dangerous.						

Appendix B







Positive Discipline Post-Program Questionnaire for Parents

Your code word _____

Location of program	_____	_____
	City	Country
Program leader's name	_____	_____
	First	Last
Dates of program	_____	_____
	Month	Year
Your gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Your age	<input type="checkbox"/> under 20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> over 40	
How many children do you have?		
Please tell us the number of children you have in each age group	birth to 2 years # _____ 3 to 5 years # _____ 6 to 8 years # _____ 9 to 11 years # _____ 12 to 14 years # _____ 15 to 17 years # _____	
What is your highest level of education? (please check one)	<input type="checkbox"/> I have not completed high school <input type="checkbox"/> I have graduated from high school <input type="checkbox"/> I have taken college or university courses <input type="checkbox"/> I have graduated from college or university <input type="checkbox"/> I have taken post-graduate university courses <input type="checkbox"/> I have completed a post-graduate degree (Master's or Doctorate)	

1. Thinking about the Positive Discipline program, how satisfied were you with:

	Very dissatisfied 	Mostly dissatisfied 	Mostly satisfied 	Very satisfied 
The overall program				
The facility				
The Positive Discipline book				
The exercises				
The program leader				
The length of the program				

2. Do you think the program should be: shorter longer the same length it is now

3. Would you recommend the *Positive Discipline* program to other parents?

Yes No Unsure

4. Please describe one thing that you will change in your parenting as a result of taking the Positive Discipline program.

Your code word _____

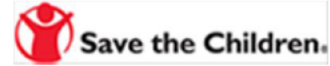
Please read each of the following statements, then check the box that best describes how you feel about it.

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
1. Since I learned about Positive Discipline, I believe more strongly that parents should not use physical punishment.						
2. "Positive discipline" means using non-physical punishments like making a child sit on a time-out chair or taking things away.						
3. Young children who say "no!" to their parents are being defiant.						
4. If children have tantrums, they are probably spoiled.						
5. I can explain what positive discipline is to other parents.						
6. Children should eat everything on their plate, even if they don't like it.						
7. Parents who use "positive discipline" let their children get away with a lot of misbehaviour.						
8. Four-year-olds who interrupt adults are rude.						
9. Babies cry in the middle of the night to make their parents angry.						
10. I can solve most parenting challenges.						
11. Sometimes a spank or swat is the best way to get a child to listen.						
12. If parents negotiate with their children, they will lose their authority.						
13. Learning about Positive Discipline will help me use less physical punishment.						
14. When my child doesn't do as I say, I get very angry.						
15. If a 16-year-old breaks her curfew, her parents should ground her.						
16. When I have arguments with my child, I often say things I don't mean.						
17. Since I learned about Positive Discipline, I believe more strongly that parents should ask children for their point of view.						
18. "Positive discipline" usually means letting children do whatever they want.						
19. Most people are better parents than I am.						
20. If a 16-year-old wears a hairstyle that his parent disapproves of, he should not be allowed to go outside until he changes it.						
21. A teenager who does not want to be seen with his mother should be ashamed of himself.						

Your code word _____

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
22. Learning about Positive Discipline has helped me understand my child(ren)'s development.						
23. If children break the rules, their parents should take away privileges.						
24. If a 4-year-old says she's scared to go to bed, she's probably just making excuses.						
25. Learning about Positive Discipline will help me communicate better with my child(ren).						
26. When my child does something I don't like, I sometimes yell.						
27. I have the skills to be a good parent.						
28. Children who are punished learn how to behave better than children who aren't punished.						
29. Spanking is fine as long as the parent is not angry.						
30. When a 12-year-old gets into trouble at school, her parent should punish her before she has a chance to give excuses.						
31. If a teenager says her parents' rules are unfair, they should tell her that she can move out.						
32. Learning about Positive Discipline has helped me understand my child(ren)'s feelings.						
33. Parents should have the right to decide whether to spank their children.						
34. When a 6-year-old won't put his shirt on, his mother should force the shirt over his head.						
35. As a parent, I often just don't know what to do.						
36. Learning about Positive Discipline will help me control my anger.						
37. If a 14-year-old is failing in school, his parents should make him do hard physical chores to get him to work harder.						
38. If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect.						
39. If parents don't punish their children, they will be spoiled.						
40. It's ok to spank a 5-year-old's bottom if she does something dangerous.						
41. Learning about Positive Discipline will help me build stronger relationships with my child(ren).						

Appendix C



Positive Discipline

Your special word _____

Pre-Workshop Questionnaire for Parents

Where is the workshop being held?	City: _____ Country: _____
What is the Facilitator's name?	First name: _____ Last name: _____
What gender are you?	<input type="checkbox"/> Female <input type="checkbox"/> Male
How old are you? (please check one)	<input type="checkbox"/> under 20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> over 40
How many children do you have?	
How old are your children?	
What is your highest level of education? (please check one)	<input type="checkbox"/> I have not completed elementary school <input type="checkbox"/> I have completed elementary school <input type="checkbox"/> I have completed high school <input type="checkbox"/> I have taken college or university courses

Your special word _____

Please read each of the following sentences.

Then check the box that describes how you feel about it.

	I strongly disagree (NO)	I mostly disagree (no)	I mostly agree (yes)	I strongly agree (YES)
1. "Positive discipline" means using punishments like taking things away from a child.				
2. Four-year-olds who interrupt adults are rude.				
3. Babies cry in the middle of the night to make their parents angry.				
4. When I argue with my child, I often say things I don't mean.				
5. "Positive discipline" usually means letting children do whatever they want.				
6. Most people are better parents than I am.				
7. When my child does something I don't like, I sometimes yell.				
8. I have the skills to be a good parent.				

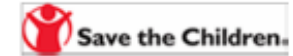
Your special word _____

	I strongly disagree (NO)	I mostly disagree (no)	I mostly agree (yes)	I strongly agree (YES)
9. Children who are punished learn to behave better than children who aren't punished.				
10. Spanking is fine as long as the parent is not angry.				
11. If a teenager says her parents' rules are unfair, she should be told, "If you don't like the rules you can leave".				
12. Parents should have the right to decide whether to spank their children.				
13. As a parent, I often just don't know what to do.				
14. If parents don't use punishment, their children will be spoiled.				

Thank you!







Appendix D



Positive Discipline Post-Program Questionnaire for Parents

Your special word _____

Thinking about the Positive Discipline program, how satisfied were you with:

	Very dissatisfied 	Mostly dissatisfied 	Mostly satisfied 	Very satisfied 
The overall program				
The facility				
The Positive Discipline book				
The exercises				
The program leader				
The length of the program				

1. Do you think the program should be: shorter longer the same length it is now

2. Would you recommend the *Positive Discipline* program to other parents?

Yes No Unsure

3. Please describe one thing that you will change in your parenting as a result of taking the Positive Discipline program.

Your special word _____

Please read each of the following statements.

Then check the box that describes how you feel about it.

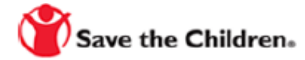
	I strongly disagree (NO)	I mostly disagree (no)	I mostly agree (yes)	I strongly agree (YES)
1. "Positive discipline" means using punishments like taking things away from a child.				
2. Four-year-olds who interrupt adults are rude.				
3. Babies cry in the middle of the night to make their parents angry.				
4. When I argue with my child, I often say things I don't mean.				
5. "Positive discipline" usually means letting children do whatever they want.				
6. Most people are better parents than I am.				

Your special word _____

	I strongly disagree (NO)	I mostly disagree (no)	I mostly agree (yes)	I strongly agree (YES)
7. When my child does something I don't like, I sometimes yell.				
8. I have the skills to be a good parent.				
9. Children who are punished learn to behave better than children who aren't punished.				
10. Spanking is fine as long as the parent is not angry.				
11. If a teenager says her parents' rules are unfair, she should be told, "If you don't like the rules you can move out".				
12. Parents should have the right to decide whether to spank their children.				
13. As a parent, I often just don't know what to do.				
14. If parents don't use punishment, their children will be spoiled.				

Thank you for your help!

Appendix E



Positive Discipline Pre-Training Questionnaire for Parent Program Facilitators

Your code word _____

Location of training	_____ City	_____ Country
Trainer's name	_____ First	_____ Last
Dates of training	_____ Month	_____ Year
Your gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Your age	<input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> above 50	
Do you work directly with parents?	<input type="checkbox"/> Yes, I work directly with parents If yes, for how long? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1- 3 years <input type="checkbox"/> 4- 8 years <input type="checkbox"/> more than 8 years	
What is your highest level of education? (please check one)	<input type="checkbox"/> I have not completed high school <input type="checkbox"/> I have graduated from high school <input type="checkbox"/> I have taken college or university courses <input type="checkbox"/> I have graduated from college or university <input type="checkbox"/> I have taken post-graduate university courses <input type="checkbox"/> I have completed a post-graduate degree (Master's or Doctorate)	
At the present time, how prepared do you feel to teach parents about positive discipline? (please check one)	<input type="checkbox"/> Very well prepared <input type="checkbox"/> Fairly well prepared <input type="checkbox"/> Somewhat prepared <input type="checkbox"/> Not very well prepared <input type="checkbox"/> Not at all prepared	

Your code word _____

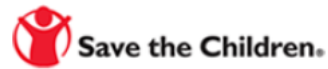
Please read each of the following statements, then check the box that best describes how you feel about it.

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
1. "Positive discipline" means using non-physical punishments like making a child sit on a time-out chair or taking things away.						
2. Young children who say "no!" are being defiant.						
3. Usually, children have tantrums because they are spoiled.						
4. Parents who use "positive discipline" let their children get away with a lot of misbehaviour.						
5. Four-year-olds who interrupt adults are rude.						
6. I know how to solve most discipline challenges.						
7. Sometimes a spank or swat is the best way to get a child to listen.						
8. If parents negotiate with their children, they will lose their authority.						
9. It's ok to slap a 2-year-old's hand for touching valuable things.						
10. Children should eat everything on their plate, even if they don't like it.						
11. "Positive discipline" usually means letting children do whatever they want.						
12. Most other facilitators are better at it than I am.						
13. If a 16-year-old wears a hairstyle that his parent disapproves of, he should not be allowed to go outside until he changes it.						
14. A teenager who does not want to be seen with his mother should be ashamed of himself.						
15. Babies cry in the middle of the night to make their parents angry.						

Your code word _____

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
16. Parents should take things away when their children break the rules.						
17. If a 4-year-old says she's scared to go to bed, she's probably just making excuses.						
18. I have the skills I need to be a good Positive Discipline facilitator.						
19. Children who are punished learn how to behave better than children who aren't punished.						
20. If a 16-year-old breaks her curfew, the best response is to ground her.						
21. Parents should take away privileges when their children break the rules.						
22. Spanking is fine as long as the parent is not angry.						
23. When a 12-year-old gets into trouble at school, her parent should punish her before she has a chance to give excuses.						
24. If a teenager says her parents' rules are unfair, they should tell her that she can move out.						
25. Parents should have the right to decide whether to use physical punishment on their children.						
26. When a 6-year-old won't get dressed, his mother should physically force him into his clothes.						
27. If a 14-year-old is failing in school, his parent should make him do hard physical chores to get him to work harder.						
28. If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect.						
29. If parents don't use punishment, their children will be spoiled.						
30. It's ok to spank a 5-year-old's bottom if she does something dangerous.						

Appendix F



Positive Discipline Post-Training Questionnaire for Facilitators

Your code word _____

Location of training	_____		_____		
	City		Country		
Trainer's name	_____		_____		
	First		Last		
Dates of Training	_____		_____		
	Month		Year		
What did you expect to learn from the Positive Discipline training?					
Were your expectations met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat Please explain:				
How satisfied were you with:		Very Dissatisfied 	Mostly Dissatisfied 	Mostly Satisfied 	Very Satisfied
	The overall training				
	The facility				
	The resource materials				
	The trainer				
The length of the training					
How long do you think the training should be in order to adequately prepare facilitators?	<input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days				

Your code word _____

<p>Would you recommend the <i>Positive Discipline</i> training to others?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure</p> <p>Please explain:</p>
<p>How could the training be improved? Please explain.</p>	
<p>What, if anything, will you change in your work as a result of coming to this training?</p>	
<p>Do you plan to deliver a Positive Discipline workshop to <u>parents</u> within the next year?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> It depends</p> <p>Please explain:</p>
<p>In what other way(s) do you plan to use the Positive Discipline materials? (Please check all that apply.)</p>	<p><input type="checkbox"/> I plan to offer informal information to parents in one-on-one visits. <input type="checkbox"/> I plan to inform my colleagues at work about it. <input type="checkbox"/> I plan to use it in my personal life, as a parent. <input type="checkbox"/> I plan to use it in another way. Please explain:</p> <p><input type="checkbox"/> I do not plan to use the Positive Discipline materials.</p>

Your code word _____

		I strongly agree (YES!)	I mostly agree (Yes)	I mostly disagree (No)	I strongly disagree (NO!)
The exercises we completed in the training:	helped me understand positive discipline				
	helped me understand warmth and structure				
	helped me understand how children think and feel at different ages				
	helped me understand temperament				
	helped me learn how to problem solve				
	can be applied to real-life situations				
	increased my confidence to use positive discipline myself				
	increased my confidence to teach positive discipline to parents				
	are boring				
	are too repetitive				
Please feel free to add comments on any aspects of the program.					
At the present time, how prepared do you feel to teach parents about positive discipline? (please check one)	<input type="checkbox"/> Very well prepared <input type="checkbox"/> Fairly well prepared <input type="checkbox"/> Somewhat prepared <input type="checkbox"/> Not very well prepared <input type="checkbox"/> Not at all prepared				

Your code word _____

Please read each of the following statements, then check the box that best describes how you feel about it.

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
1. Since taking the Positive Discipline program, I believe more strongly that adults should not physically punish children.						
2. "Positive discipline" means using punishments like making a child sit on a time-out chair or taking things away from a child.						
3. Young children who say "no!" are being defiant.						
4. Usually, children have tantrums because they are spoiled.						
5. Since taking the Positive Discipline program, I can more easily explain what positive discipline is.						
6. The content of the Positive Discipline program will be useful to me in helping parents reduce their yelling.						
7. Parents who use "positive discipline" let their children get away with a lot of misbehaviour.						
8. Four-year-olds who interrupt adults are rude.						
9. I know how to solve most discipline challenges.						
10. Since taking the Positive Discipline program, I have a better understanding of children's rights.						
11. Sometimes a spank or swat is the best way to get a child to listen.						
12. If parents negotiate with their children, they will lose their authority.						
13. The content of the Positive Discipline program will be useful to me in helping parents reduce their use of physical punishment.						
14. It's ok to slap a 2-year-old's hand for touching valuable things.						
15. Children should eat everything on their plate, even if they don't like it.						

Questions continue . . .

Your code word _____

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
16. Since taking the Positive Discipline program, I believe more strongly that adults should ask children for their point of view.						
17. "Positive discipline" usually means letting children do whatever they want.						
18. Most other facilitators are better at it than I am.						
19. If a 16-year-old wears a hairstyle that his parent disapproves of, he should not be allowed to go outside until he changes it.						
20. A teenager who does not want to be seen with his mother should be ashamed of himself.						
21. The content of the Positive Discipline program will be useful to me in helping parents to understand children's development.						
22. Babies cry in the middle of the night to make their parents angry.						
23. Parents should take things away when their children break the rules.						
24. If a 4-year-old says she's scared to go to bed, she's probably just making excuses.						
25. The content of the Positive Discipline program will be useful to me in helping parents communicate better with children.						
26. I have the skills I need to be a good Positive Discipline facilitator.						
27. Children who are punished learn how to behave better than children who aren't punished.						
28. If a 16-year-old breaks her curfew, the best response is to ground her.						
29. Parents should take away privileges when their children break the rules.						

Your code word _____ -

	I strongly disagree (NO!)	I mostly disagree (No)	I somewhat disagree (no)	I somewhat agree (yes)	I mostly agree (Yes)	I strongly agree (YES!)
30. Spanking is fine as long as the parent is not angry.						
31. Since taking the Positive Discipline program, I have a better understanding of how children think and feel.						
32. When a 12-year-old gets into trouble at school, her parent should punish her before she has a chance to give excuses.						
33. If a teenager says her parents' rules are unfair, they should tell her that she can move out.						
34. The content of the Positive Discipline program will be useful to me in helping parents to have more understanding of children's feelings.						
35. Parents should have the right to decide whether to use physical punishment on their children.						
36. When a 6-year-old won't get dressed, his mother should physically force him into his clothes.						
37. The content of the Positive Discipline program will be useful to me in helping parents control their anger.						
38. If a 14-year-old is failing in school, his parent should make him do hard physical chores to get him to work harder.						
39. If an 8-year-old uses bad words in front of his parents, this is a sign of disrespect.						
40. If parents don't use punishment, their children will be spoiled.						
41. It's ok to spank a 5-year-old's bottom if she does something dangerous.						
42. The content of the Positive Discipline program will be useful to me in helping parents build stronger relationships with their children.						

Appendix G



Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7122
Email: humanethics@umanitoba.ca

FINAL RENEWAL APPROVAL

Date: July 6, 2017

New Expiry: July 13, 2018

TO: **Joan Durrant**
Principal Investigator

FROM: **Kevin Russell, Chair**
Joint-Faculty Research Ethics Board (JFREB)

Re: **Protocol #J2012:032 (HS15139)**
“An International Evaluation of Training in Positive Discipline”

Joint-Faculty Research Ethics Board (JFREB) has reviewed and renewed the above research. JFREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

1. Any modification to the research must be submitted to JFREB for approval before implementation.
2. Any deviations to the research or adverse events must be submitted to JFREB as soon as possible.
3. A Study Closure form must be submitted to JFREB when the research is complete or terminated.
4. **This is the final renewal allowed. If this study is continuing past the new expiry date, you must submit a new full application one month prior to expiry.**

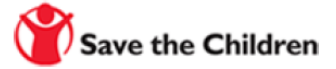
Funded Protocols:

- **Please mail/e-mail a copy of this Renewal Approval, identifying the related UM Project Number, to the Research Grants Officer in ORS.**

Appendix H



Evaluation Study of Positive Discipline Parent Consent Form



Copy to be Attached to Pre-Program Questionnaire

Your code word _____

Background:

1. We are doing a study of the Positive Discipline program to see if it is helpful to parents.
2. We invite you to join this study.
3. Joining the study is up to you. Even if you join, you can choose not to answer certain questions. Or you can join now and quit later.
4. Whatever you decide about joining the study, you can still be in the Positive Discipline program.
5. You can say yes or no and it will not change any services you might be receiving now or in the future.

What you will be asked to do:

1. If you say yes, we will ask you to fill out 2 sets of questions – one at the beginning and one at the end of the Positive Discipline program.
2. Each set of questions will take about 10 minutes to fill out.
3. Your answers will give information about your background, your thoughts about discipline, and your thoughts about the workshop.

Your privacy:

1. Your name will not be on your answer sheet, so we will not be able to tell which answers are yours.
2. Your answers will be completely private.
3. Everyone's answer sheets will be mailed to Dr. Joan Durrant, where they will be kept in a locked filing cabinet at the University of Manitoba.
4. They will only be seen by members of the research team.
5. Sometimes, the university will ask to see research records to make sure that we are doing the research properly, but your name will not be on your questionnaires so no-one will know what you wrote.
6. If we write a report about what we find out from this study, it will have everyone's answers together.
7. The report will not provide any parents' names.

Your rights:

1. This study has been approved by the University of Manitoba Joint-Faculty Research Ethics Committee.
2. If you join the study, all of your legal rights will be respected.
3. The researchers and the university will follow all legal and professional rules.

Who to contact:

1. If you have questions at any time during the study, you should feel free to ask.
2. You can contact Dr. Durrant and the research team at 1-204-474-8060 or durrant@cc.umanitoba.ca.
3. If you cannot reach the research team or want to talk to someone else, contact the the Human Ethics Secretariat at 1-204- 474-7122 or margaret_bowman@umanitoba.ca).

Giving your consent:

- If you agree to take part in the study, and if you understand what you will be asked to do, please check this box:

I agree to take part in the study

Date _____

Facilitator's Signature

Date _____

The Research Team

Joan E. Durrant, PhD, University of Manitoba, Canada
Christine Ateah, PhD, University of Manitoba, Canada
Leslie Barker, RN, Alberta Health Services, Canada
George Holden, PhD, Southern Methodist University, USA
Colleen Kearley, Eastern Health, Canada
Janice MacAulay, Canadian Association of Family Resource Programs
Ray DeV. Peters, Queen's University, Canada
Dominique Pierre Plateau, Save the Children International, Thailand
Ashley Stewart-Tufescu, MSc, PhD Candidate, University of Manitoba, Canada
Sombat Tapanya, PhD, Chiang Mai University, Thailand

Funded by the Social Sciences and Humanities Research Council of Canada

Appendix I



Your special word _____

Evaluation Study of Positive Discipline Parent Consent Form Copy to be Attached to Pre-Program Questionnaire

Background:

1. We are doing a study of the Positive Discipline program to see if it is helpful to parents.
2. We invite you to join this study.
3. Joining the study is up to you. Even if you join, you can choose not to answer certain questions. Or you can join now and quit later.
4. Whatever you decide about joining the study, you can still be in the Positive Discipline program.
5. You can say yes or no and it will not change any services you might be receiving now or in the future.

What you will be asked to do:

1. If you say yes, we will ask you to fill out 2 sets of questions – one at the beginning and one at the end of the Positive Discipline program.
2. Each set of questions will take about 10 minutes to fill out.
3. Your answers will give information about your background, your thoughts about discipline, and your thoughts about the workshop.

Your privacy:

1. Your name will not be on your answer sheet, so we will not be able to tell which answers are yours.
2. Your answers will be completely private.
3. Everyone's answer sheets will be mailed to Dr. Joan Durrant, where they will be kept in a locked filing cabinet at the University of Manitoba.
4. They will only be seen by members of the research team.
5. Sometimes, the university will ask to see research records to make sure that we are doing the research properly, but your name will not be on your questionnaires so no-one will know what you wrote.
6. If we write a report about what we find out from this study, it will have everyone's answers mixed together.
7. The report will not show any parents' names.

Your rights:

Your special word _____

1. This study has been approved by the University of Manitoba Joint-Faculty Research Ethics Committee.
2. If you join the study, all of your legal rights will be respected.
3. The researchers and the university will follow all legal and professional rules.

Who to contact:

1. If you have questions at any time during the study, you should feel free to ask.
2. You can contact Dr. Durrant and the research team at 1-204-474-8060 or Joan.Durrant@umanitoba.ca
3. If you cannot reach the research team or want to talk to someone else, contact the Human Ethics Secretariat at 1-204- 474-7122 or Margaret.Bowman@ad.umanitoba.ca

Giving your consent:

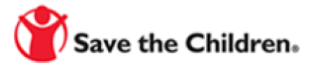
- If you agree to take part in the study, and if you understand what you will be asked to do, please check this box:

<input type="checkbox"/> I agree to take part in the study	Date _____
_____	Date _____
Facilitator's Signature	

You will get a copy of this form to keep.

<p style="text-align: center;">The Research Team</p> <p style="text-align: center;">Joan E. Durrant, PhD, University of Manitoba, Canada Christine Ateah, PhD, University of Manitoba, Canada Leslie Barker, RN, Alberta Health Services, Canada George Holden, PhD, Southern Methodist University, USA Colleen Kearley, Eastern Health, Canada Janice MacAulay, Canadian Association of Family Resource Programs Ray DeV. Peters, Queen's University, Canada Dominique Pierre Plateau, Save the Children International, Thailand Ashley Stewart-Tufescu, MSc, PhD Candidate, University of Manitoba, Canada Sombat Tapanya, PhD, Chiang Mai University, Thailand</p> <p style="text-align: center;">Funded by the Social Sciences and Humanities Research Council of Canada</p>

Appendix J



Evaluation Study of Positive Discipline Facilitator Consent Form Copy to be Attached to Pre-Training Questionnaire

Your code word _____

Background:

1. We are doing a study of the Positive Discipline facilitator training program and we invite you to join this study.
2. Joining the study is up to you. Even if you join, you can choose not to answer certain questions. Or you can join now and quit later.
3. Whatever you decide about joining the study, you can still be in the Positive Discipline facilitator training program.

What you will be asked to do:

1. If you say yes, we will ask you to fill out 2 sets of questions – one at the beginning and one at the end of the Positive Discipline program.
2. Each set of questions will take about 10 to 20 minutes to fill out.
3. Your answers will give information about your background, your thoughts about discipline, and your thoughts about the training.

Your privacy:

1. Your name will not be on your answer sheet, so we will not be able to tell which answers are yours.
2. Your answers will be completely private.
3. Everyone's answer sheets will be mailed to Dr. Joan Durrant, where they will be kept in a locked filing cabinet at the University of Manitoba.
4. They will only be seen by members of the research team.
5. Sometimes, the university will ask to see research records to make sure that we are doing the research properly, but your name will not be on your questionnaires so no-one will know what you wrote.
6. If we write a report about what we find out from this study, it will have everyone's answers together.
7. The report will not provide any participants' names.

Your rights:

1. This study has been approved by the University of Manitoba Joint-Faculty Research Ethics Committee.
2. If you join the study, all of your legal rights will be respected.
3. The researchers and the university will follow all legal and professional rules.

Appendix K

PDEP Program Facilitator Feedback Form



Date : / / Facilitator: () () ()

Implementation	Session #: () Topics covered: ()
Date and Time	Date // Actual Time to Start (:) ~Actual Time to end
Location	
Participants	Total Number of Participants: (), Fathers, (), Mothers(), Others()
Describe the steps of the session you were responsible for facilitating	
Self-Evaluation	<p>➤ Overall implementation of the session (circle one):</p> <p style="margin-left: 20px;">【Very well / Well / Could have done better / Not well at all/ Don' t know】</p> <p>➤ Your own facilitation skills (circle one):</p> <p style="margin-left: 20px;">【Well / partially well / don't know / partially not well / Not well】</p> <p>➤ Participants' understanding of the contents which you were responsible for:</p> <div style="margin-left: 20px;"> <p>Low High</p> <p style="margin-left: 100px;">1 2 3 4 5</p> </div>

Describe 2 things that went well during this session	
Describe 2 things that were challenging during this session	
What are two things you learned facilitating this session	
What is one thing you will do differently the next time you facilitate this session	
Describe the question(s) you received from participants, and how you responded	
What are some questions you have for your Master Trainer &/or Country Trainer to debrief this session	
Notes for next session	
Date of next session	

