

Research Article

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Higher Income is Associated with Increased Physical Discipline During the COVID-19 Pandemic

Kelly McGregory^{1*}, Qianqian Zhao² and Megan A. Moreno³

¹University of Wisconsin School of Medicine and Public Health, Department of Pediatrics, 600 Highland Avenue, Madison, WI, 53792, USA

²University of Wisconsin School of Medicine and Public Health, Department of Biostatistics and Medical Informatics, 610 Walnut St, Madison, WI 53726, USA

³University of Wisconsin School of Medicine and Public Health, Department of Pediatrics, 2870 University Ave, STE 200, Madison, WI 53705, USA

***Corresponding Author**

Kelly McGregory, DO, MS, University of Wisconsin School of Medicine and Public Health, Department of Pediatrics, 600 Highland Avenue, Madison, WI, 53792, USA.

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Abstract

Background: In 2022, 95,000 U.S. children were victims of physical abuse. Historically, physical abuse is reported more frequently among children from families with lower socioeconomic status. However, whether parental discipline practices changed during the COVID-19 pandemic remains unclear.

Objective: To assess the frequency of reported discipline practices, parental perception of child behavior, and changes in physical discipline, and to examine their association with household income during the COVID-19 pandemic.

Participants and Setting: A national, cross-sectional survey study recruited U.S. parents of children aged 17 years and younger through Qualtrics panels in August 2022.

Methods: We administered surveys that include adapted questions from a validated child abuse scale, perceived changes in child behavior and parent discipline practices during the COVID-19 pandemic. Chi-square tests examined the association between the use of different disciplines and household income.

Results: Among 1886 participants, mean age was 35.6 years ($SD = 8.7$), 71.9% identified as female and 75.2% as White; 50.9% reported using physical discipline. Higher income ($>\$150,000$) was associated with a greater frequency of aggressive shaking compared with lower income (40.2% vs 13.9%, $p < 0.0001$), and with more frequent use of other harsh physical discipline practices. Higher-income parents were more likely to report increased use of physical discipline during the COVID-19 pandemic compared with lower-income parents (16.7% vs 3.7% $p < 0.0001$).

Conclusion: Parents with higher income were more likely to report harsh discipline practices during the COVID-19 pandemic. Bias toward identifying physical abuse in lower-income families could lead to under-diagnosis and under-reporting of physical abuse among higher-income families.

Keywords: Child Abuse, Physical Abuse, Physical Discipline, Spanking, Bias, Harsh Punishment, Socioeconomic status, Income

What's known on this Subject

The COVID-19 global pandemic presented increased stressors for parents and possibly increased risk for the use of harsh discipline methods, a known risk factor for physical abuse. Lower socioeconomic level has historically been associated with increased physical abuse.

What this study adds

Parents with higher income were more likely to report use of nearly all physical discipline methods highlighting the need to consider the possibility of maltreatment regardless of socioeconomic status.

1. Introduction

During the COVID-19 global pandemic, 95,000 children were victims of physical abuse in the U.S. in 2022. That same year, nearly 2000 U.S. children died from abuse or neglect, and parents were the perpetrators in 76% of cases [1]. Identification of children at risk is an important step toward prevention of child abuse. Risk factors for physical abuse include physical discipline [2-5].

Physical discipline is linked to adverse child outcomes, including behavioral and emotional problems [6]. In response, the American Academy of Pediatrics has increased efforts to educate parents and caregivers about the serious health consequences of such practices [7]. Moreover, physical discipline often escalates as caregivers seek greater behavioral compliance, therefore increasing the risk for child abuse [8].

The COVID-19 pandemic introduced multiple stressors with negative impact on families and caregivers, including adverse mental health outcomes, loss of employment, and school closures [4,9]. Greater than half of parents in one study reported using harsh discipline during the pandemic, and increased levels of stressors due to COVID-19 were associated with increased risk of such discipline [4,10,11]. Specifically, Connell and Strambler found a positive association between parental distress, household stress level, and both the frequency and severity of discipline methods [4]. However, their study did not explore associations between discipline and income. Similarly, did not include income in their study [11].

Family socioeconomic status may influence both the use of physical discipline and the likelihood of abuse diagnosis and child protective services reporting. Lower socioeconomic status is associated with both increased use of physical discipline and higher rates of report to county child protective services [12,13,15]. Moreover, Laskey et al. demonstrated that medical providers were more likely to diagnose abuse when the child was from a lower socioeconomic background, even when history and injury features were identical to those of higher-income children [14].

To date, no study has investigated the frequency of U.S. parents' discipline methods during the COVID-19 pandemic in relation to reported income. Therefore, the purpose of this study was to describe self-reported parental discipline practices during the pandemic, including changes over time, and to examine their association with income and parental perception of child behavior. Based on

historical evidence linking financial resources to increased child abuse risk, we hypothesized that lower income would be associated with greater use of physical discipline methods [13,15].

2. Methods

2.1. Design and Setting

We performed an observational, confidential, cross-sectional web-based survey of U.S. parents in summer 2022. Institutional review board approval was obtained from the relevant institution.

2.2. Participants and Data Collection

Long-established survey methods have included recruitment by mail, telephone, or in-person. Prior studies demonstrate that web-based survey panels enable increased access to participants with lower costs for data collection [16]. Specifically, Qualtrics panel recruitment has been shown to reach participants who have population attributes close to the United States population which motivated our selection of Qualtrics for participant recruitment [17].

We provided parameters to a Qualtrics survey manager to guide recruitment. Eligible participants were English-speaking adults over 18 years of age who were the parent of a child aged 17 years old or younger. A prior study found 30% of U.S. children aged 5-17 have a chronic medical condition, we aimed for at least 25% representation of parents with a child with a chronic disease in our sample [18].

2.3. Survey Development

We evaluated discipline methods using a questions adapted from the validated International Society for the Prevention of Child Abuse and Neglect Parental Questionnaire V3.0, ICAST-P, (ISPCAN Child Abuse Screening Tool - ICAST-P, 2015) [19,20]. A panel of experts reviewed the adapted questionnaire. We added novel questions to the adapted ICAST-P items, bringing the total twenty questions. These novel questions were reviewed and edited for clarity. We then pilot tested the survey with parents and subject matter experts, made modifications based on their feedback, and established the final version.

2.4. Measures

We obtained demographic information including participant age, gender, race, ethnicity, age of the child and annual household income with response options in increments of \$10,000.

An introductory statement acknowledged that all adults use certain methods to teach children the "right" behavior or to address behavior problems. Participants were asked to answer questions based on their oldest child and to indicate whether they, their spouse/partner (if applicable), or any other caregiver had utilized each discipline method in the past year and how often. Specifically, participants were asked, "Have you or another caregiver done the following" followed by a list of physical and nonphysical discipline methods (see Tables 2-4). Parents selected one answer choice for each method; 1=Never in my life, 2=Not in the past year, but it has happened before, 3=Once or twice a year (1-2 times per year), 4=Several times a year (3-5 times per year), 5=Once a month (6-12 times per year), 6=Several times a month (13-50 times per year),

7=Once a week or more often (≥ 50 times per year).

We included ICAST-P questions relevant to discipline methods used in the United States (Jackson et al., 1999), such as spanking on the buttocks with a bare hand, shaking aggressively, and locking or tying the child up. Unlike the full ICAST-P, which distinguishes between respondent and partner, we did not differentiate who performed the discipline. All questions were adapted to remove gender-specific pronouns for inclusivity.

Parental perceptions of their child's behavior during the COVID-19 pandemic were assessed with the question, "Did your child have changes in behavior problems during the COVID-19 pandemic lockdowns and school closures?" Response options were: "Significantly less behavior problems," "Somewhat less behavior problems," "No changes in behavior problems," "Somewhat more behavior problems," and "Significantly more behavior problems."

Parental recall of changes in discipline methods was assessed with the question, "Did your frequency of physical punishment change during COVID-19 pandemic?" Response options were: "Physical discipline frequency decreased," "Physical discipline frequency

stayed the same," "Physical discipline frequency increased," and "I have never used physical discipline."

2.5. Analyses

Statistical analyses were conducted using SAS software version 9.4 (SAS Institute Inc., Cary NC). All reported p-values are two-sided, with $p < 0.05$ considered statistically significant and $p < 0.10$ considered marginally significant. Descriptive statistics (counts and frequencies for categorical variables, means and standard deviations (SD) for continuous variables) were generated. Eight income categories were condensed into four ($\leq \$34,999$, $\$35,000$ - $74,999$, $\$75,000$ - $149,999$, $\geq \$150,000$) and discipline methods were treated as binary (never vs. ever) for analysis.

Chi-square test was used to assess differences across income levels for discipline methods practice, change in frequency of physical discipline, and children's behavior changes during the pandemic.

3. Results

Among the 1,886 participants, mean parent age was 35.6 years (SD = 8.7), and 71.9% identified as female and 75.2% as White (Table 1).

N=1886	n	%
Gender (n=1885)		
Female	1355	71.9
Male	517	27.4
Other	13	0.7
Parent Age (n=1883) Mean 35.6 years (SD =8.7)		
≤ 30 years	534	28.4
$>30 - \leq 45$ years	1144	60.8
>45 years	205	10.9
Race (n=1881)		
White	1415	75.2
African American	229	12.2
Asian	87	4.6
Native/Hawaiian Native	34	1.8
Mixed	116	6.1
Ethnicity (n=1864)		
Hispanic/Latin Descent	334	17.9
Annual Household Income		
$\leq \$34,999$	524	28.4
$\$35,000$ - $74,999$	606	32.8
$\$75,000$ - $149,999$	548	29.7
$\geq \$150,000$	169	9.2
Oldest Child Age (N=1886)	Number of Children	% of Children
≤ 1 year	141	7.5
$>1 - \leq 7$ years	592	31.4
$>7 - \leq 17$ years	1153	61.1
<i>n, number of parents</i>		

Table 1: Demographics

The age range of the oldest child was most frequently reported as "over 7 years and ≤ 17 years of age" (n=1153, 61.1% of children).

Just over half of parents (50.9%) reported physical discipline during the pandemic. The most frequently reported physical discipline method was spanking on the buttocks with a bare hand;

982 (52.1%) parents reported using this practice. The second most frequently reported physical discipline method was shaking aggressively; 451 (23.9%) parents reported using this practice.

The most frequently reported non-physical discipline method was giving a reward for behaving well with 1,783 (95.4%) parents reporting using this practice (Figure 1).

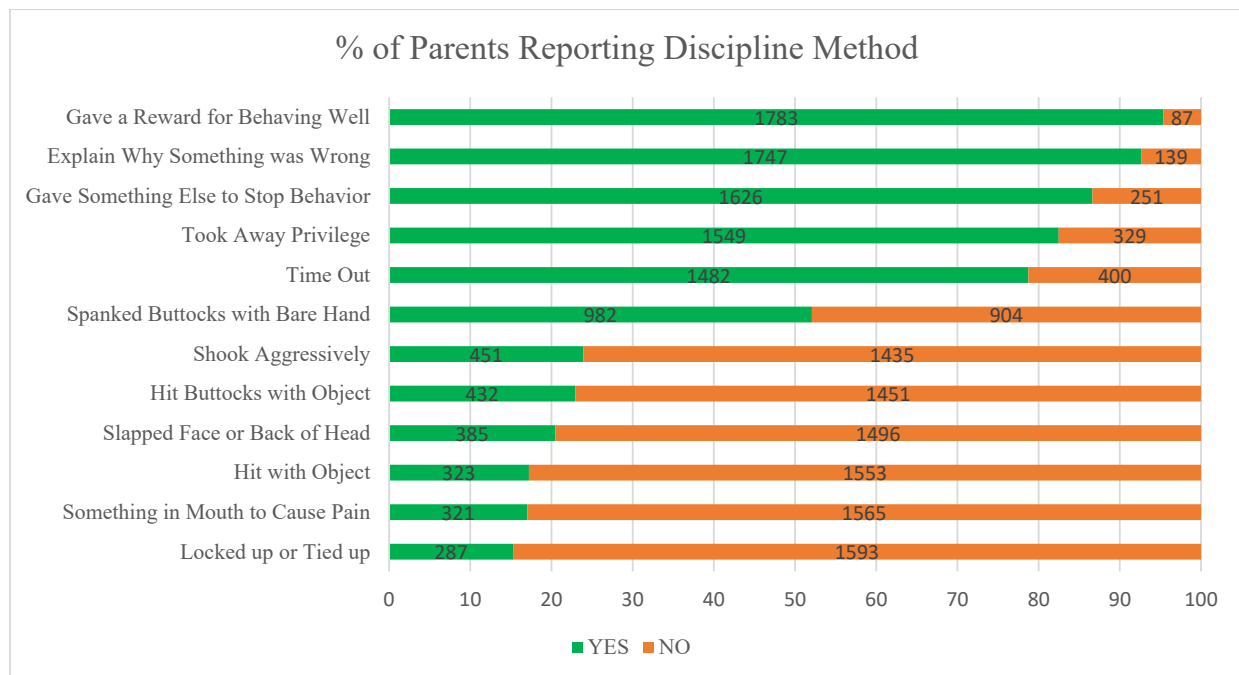


Figure 1

Regarding annual household income, 524 (28.4%) parents reported income $\leq$ \$34,999, 606 (32.8%) reported \$35,000 - \$74,999, 548 (29.7%) reported \$75,000 - \$149,999, and 169 (9.2%) reported $\geq$ \$150,000 per year.

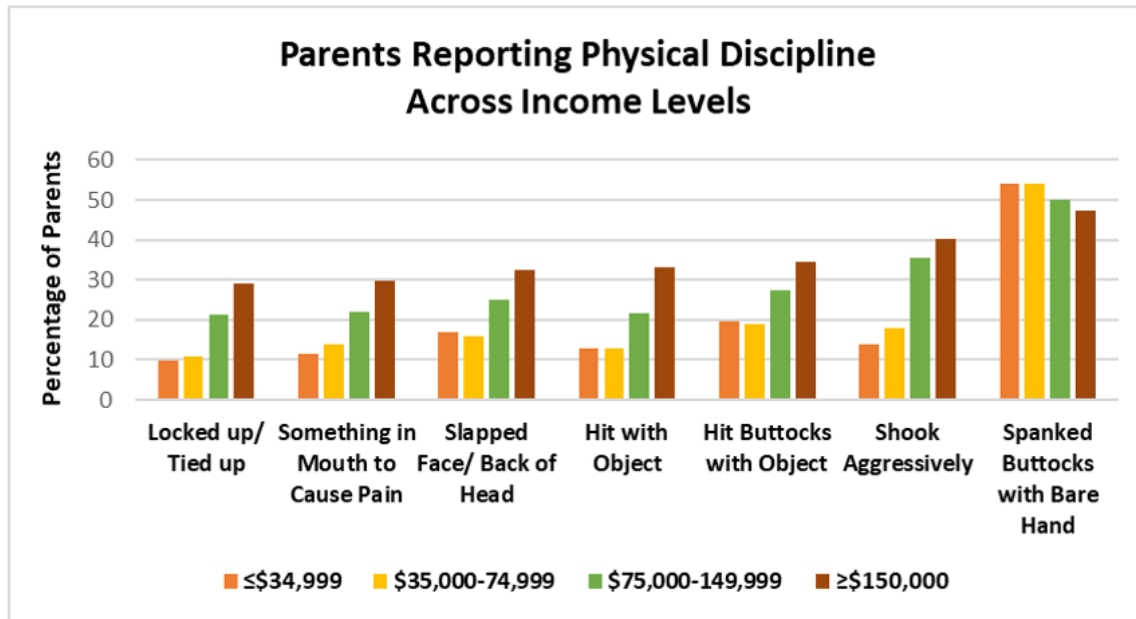
Higher income ($\geq$ \$150,000) was associated with a greater likelihood of reporting aggressive shaking compared with lower income ($\leq$ \$34,999, 40.2% vs 13.9%, respectively, $p < 0.0001$ (Table 2 and Figure 2). Parents with higher income also reported

using other harsh physical discipline practices (e.g., locked up or tied up, put something in the mouth to cause pain, slapped on the face or back of the head, hit with an object not on buttocks, and hit the buttocks with an object) significantly more often than parents with lower income (Table 2 and Figure 2). There was no significant difference across income levels in the reporting of spanking on the buttocks with a bare hand, giving the child something else to stop or change their behavior, or using time out or taking away a privilege (Table 2 and Figure 2).

	Annual Household Income				
International Child Abuse Screening	$\leq$ \$34, 999	\$35,000-74,999	\$75,000-149,999	$\geq$ \$150,000	p-value
Tool Parent Version (ICAST-P) Items	n (%)				
Locked up or Tied Up	51 (9.77)	65 (10.80)	117 (21.35)	49 (28.99)	$p < 0.0001$
Put Something in Mouth to Cause Pain	60 (11.45)	83 (13.70)	121 (22.08)	50 (29.59)	$p < 0.0001$
Slapped Face or Back of the Head	89 (17.05)	97 (16.01)	136 (24.91)	55 (32.54)	$p < 0.0001$
Hit with Object not on Buttocks	68 (13.00)	77 (12.75)	117 (21.51)	55 (33.13)	$p < 0.0001$
Hit Buttocks with an Object	102 (19.47)	114 (18.84)	149 (27.24)	58 (34.52)	$p < 0.0001$
Shook Aggressively	73 (13.93)	109 (17.99)	194 (35.40)	68 (40.24)	$p < 0.0001$
Spanked Buttocks with Bare Hand	283 (54.01)	327 (53.96)	274 (50.00)	80 (47.34)	$p = 0.2505$
Time Out	420 (80.15)	489 (80.96)	418 (76.56)	125 (73.96)	$p = 0.0993$
Took Away Privilege	418 (80.38)	503 (83.14)	454 (83.15)	142 (84.52)	$p = 0.4901$
Gave Something Else to Stop Behavior	452 (86.59)	517 (85.31)	470 (86.56)	155 (92.26)	$p = 0.1372$

Chi-Square Tests were used to assess differences in use of physical discipline methods across income levels.

Table 2: Frequency of Discipline Methods and Income



Income $\geq \$150,000$ was associated with **increased frequency** of most **physical discipline practices**, $p < .0001$
 There was no significant difference in the frequency of spanking with a bare hand across income levels

Figure 2

Participants with higher income were more likely to report **increased behavior problems during the COVID-19 pandemic** than those with lower income (36.1% vs 21.8%, respectively, $p < 0.0001$) (Table 3).

	Annual Household Income				p-value
	≤\$34, 999	\$35,000-74,999	\$75,000-149,999	≥\$150,000	
Change in Behavior Problems	n (%)				
Significantly less behavior problems	34 (6.50)	47 (7.76)	37 (6.78)	24 (14.20)	
Somewhat less behavior problems	33 (6.31)	44 (7.26)	53 (9.71)	20 (11.83)	
No change in behavior problems	342 (65.39)	374 (61.72)	300 (54.95)	64 (37.87)	$p < .0001$
Somewhat more behavior problems	99 (18.93)	122 (20.13)	128 (23.44)	47 (27.81)	
Significantly more behavior problems	15 (2.87)	19 (3.14)	28 (5.13)	14 (8.28)	

Chi-Square Tests were used to assess differences in behavior changes across income levels.

Table 3: Change in Behavior Problems during COVID-19 Pandemic by Income

Notably, higher income parents were also more likely to report fewer behavior problems than lower income parents (26.0% vs 12.8%, respectively, $p < 0.0001$). Lower income parents were more likely to report no change in behavior problems when compared with higher income parents (65.4% vs 37.9%, $p < 0.0001$). Participants with higher income were more likely to report increased use of physical discipline during the COVID-19 pandemic when compared with those with lower income (16.7% vs 3.7%, respectively, $p < 0.0001$) (Table 4 and Figure 3).

	Annual Household Income				
	≤\$34, 999	\$35,000-74,999	\$75,000-149,999	≥\$150,000	p-value
Change in Frequency of Physical Discipline	n (%)				
Decreased frequency physical discipline	75 (14.45)	86 (14.31)	64 (11.74)	22 (13.10)	p<.0001
No change in frequency physical discipline	160 (30.83)	192 (31.9)	173 (31.7)	34 (20.24)	
Increased frequency physical discipline	19 (3.66)	29 (4.83)	59 (10.83)	28 (16.67)	
Never used physical discipline	265 (51.06)	294 (48.9)	249 (45.6)	84 (50.00)	
Chi-Square Tests were used to assess differences in frequency of physical discipline across income levels.					

Table 4: Change in Frequency of Physical Discipline during the COVID-19 Pandemic by Income

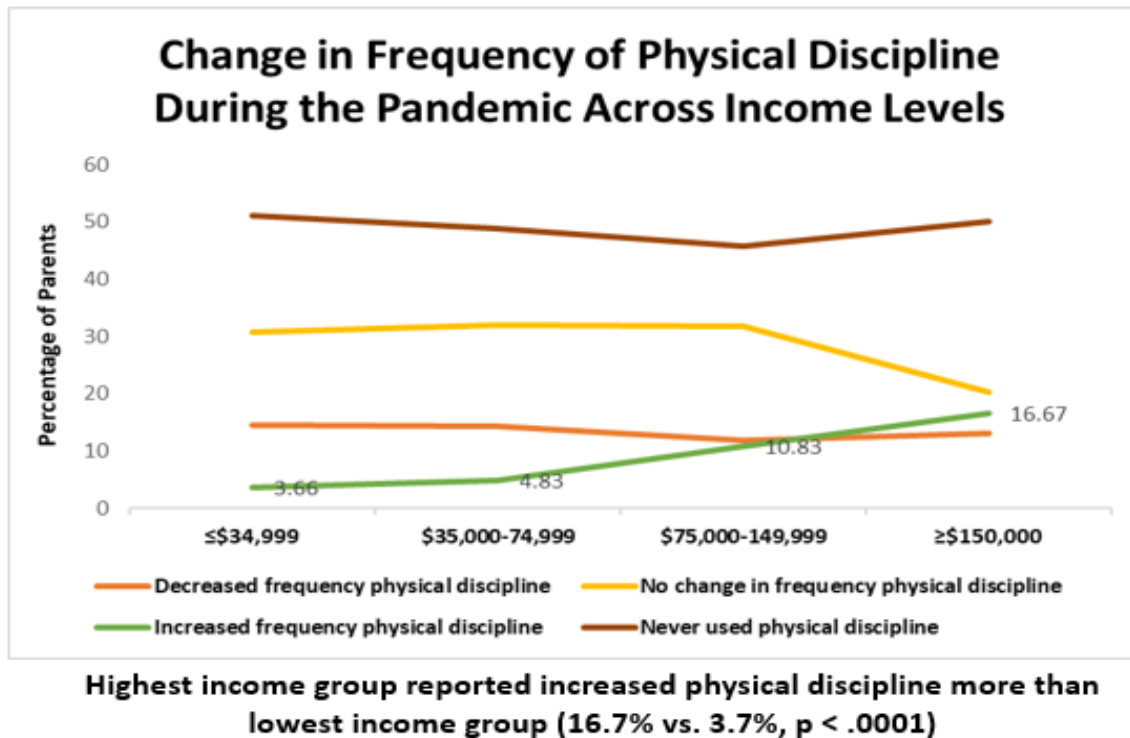


Figure 3

4. Discussion

This study used a national web-based survey of parents and found that approximately half of parents reported using physical discipline. Despite increasing awareness of the harms associated with physical discipline, parents continue to use these methods to manage their children's behaviors. Our findings show that 50.9% of parents reported using physical discipline methods, which is consistent with prior studies [21-23].

4.1. Income levels and physical discipline

In contrast to prior studies and our hypothesis, we found that parents with higher income reported greater use of nearly all physical discipline methods. The sole exception was spanking on the buttocks with a bare hand, which was reported more often by parents with lower income, although the difference did not reach statistical significance.

The percentage of families reporting physical discipline increased with income. This was an unexpected finding based on previous literature and the widespread understanding of the association between poverty with physical abuse [5]. One possible explanation is that higher income may have experienced a loss of childcare support during the COVID pandemic, resulting in added parenting stress as a result. Another possible explanation is that there may have been differences in the way higher income families adapted to pandemic restrictions and isolation. Another study found that increased parental stress was associated with more harsh parenting; however, income was not significantly associated with parental stress [10].

4.2. Perception of Behavior Change

We found that parents with higher income were more likely to report both increased behavior problems AND fewer behavior

problems during the COVID-19 pandemic than parents with lower income. It is possible that the parents' perception of behavior change was related to their overall stress level during the pandemic. Some families may have viewed lockdowns and stay-at-home orders as an opportunity for more quality time with their children, resulting in fewer behavior problems. Others, however, may have experienced increased stressors, as reported in other studies, and perceived their children's behaviors as worse [4]. This potential variability in how families viewed the pandemic restrictions may explain why higher-income parents reported both more and fewer behavior problems than lower-income parents.

Our study also demonstrated that parents with lower income were more likely than higher-income parents to report no change in their child's behavior. This was an unexpected result as we hypothesized that parents with lower income would perceive more behavior problems due to limited financial resources in addition to new stressors caused by the pandemic [9]. Lower-income parents may have had a baseline level of resilience required for day-to-day functioning that served as a protective factor during the pandemic, leading to no perceived change in child behaviors.

4.3. Reported change in frequency of physical discipline during COVID-19 Pandemic

Participants with higher income were significantly more likely to report increased use of physical discipline (16.7%) during the COVID-19 pandemic compared with lower-income parents (3.7%) (Figure 3). Our study adds to the current literature by detailing the frequency of self-reported increases in specific physical discipline methods by income. This information is valuable because it illustrates that participants were aware of their increase in use of physical discipline methods. Further, it reinforces that harsh physical discipline, with its associated risks, can occur at all income levels. One study found that 59% of parents utilized harsh discipline methods, and 67.1% used positive discipline methods during the pandemic [4]. In that study population, caregivers were more likely to utilize both harsh and positive discipline methods as stress and COVID-19 specific distress increased [4]. These results were not specific to income but demonstrate the co-occurrence of positive and harsh discipline to modify behaviors.

5. Limitations

This study has several limitations. Participants based their answers on discipline practices involving their oldest child. Some children may have been adults at the time of the survey, and their ages when the discipline methods were utilized are unknown. Additionally, responses may have been influenced by recall bias. A small percentage of parents responded "Not in the past year, but it has happened before" to a discipline method and could not provide how recently the discipline occurred. Further, because the parent was asked to answer questions based on the oldest child, they may have answered differently if a different child had been chosen. Additionally, there is potential for underreporting given the sensitive nature of the survey questions. We attempted to mitigate this by using an anonymous survey. Parents were not asked to rate

their child's behavior (good, challenging, etc.) which may have affected the interpretation of some results. There may have been other harsh discipline methods utilized that were not included. A response rate could not be obtained given the recruitment process utilized by Qualtrics. The group of parents sampled may not be representative of all parents, though Qualtrics used panel-based sampling to achieve a sample similar to the U.S. Census in terms of race and ethnicity. Thus, our results may not be generalizable.

6. Conclusion

In this national survey, we found that parents with higher income were more likely to report physical discipline practices and perceived increased behavior problems during the COVID-19 pandemic. Specifically, higher-income parents perceived both increased and fewer behavior problems, while lower-income parents were more likely to report no change in behavior problems.

Identifying children at risk and prevention of physical abuse are important goals in safeguarding children. Bias in child abuse evaluations and reporting of suspected abuse may leave some children at risk while unduly burdening others when injuries are accidental. Our hope is that this study will contribute to the use of standardized, protocol-based approaches to child abuse evaluations, therefore reducing bias in the diagnosis and reporting of physical abuse to child protective services.

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