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Predictors of Positive Parenting: Mexican and Puerto Rican Mothers Vulnerable to Child Welfare Involvement

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Abstract

For young children, positive parenting is predictive of their prosocial development and positive emotional well-being. Understanding the factors that promote or undermine positive parenting is of particular importance for families at risk of child welfare involvement. For Latinx families, conceptualizations of risk are better viewed through a cultural lens. This paper explores predictors of positive parenting among Latinx families (Mexican and Puerto Rican) who are vulnerable to child welfare involvement. Weighted data were drawn from Wave 1 of the National Survey on Child and Adolescent Well-being II—Restricted Release (NSCAW-II), a national sample that approximated a probability sample of child welfare involved families. After controlling for all other variables in the model, being married and using only non-violent parenting were related to higher positive parenting scores. Experiencing IPV within the last 12 months was related to significantly lower positive parenting scores. Results from the study highlight the need for a trauma-informed approach to culturally specific services for Latinx families who are vulnerable to the child welfare system. The connection between IPV experiences and the context of positive parenting is discussed.

Keywords Child welfare · Early childhood · Latino families · Parenting · Hispanic

Positive parenting, characterized by sensitivity, warmth, and responsiveness, is foundational for positive developmental outcomes and positive relationships between children and their parents (Bretherton & Munholland, 2008; Planalp & Braungart-Rieker, 2013). Primary caregivers function as external regulators of their children's emotional experiences and as facilitators of their basic needs until children develop the capacity for self-care (Hofer, 1995; Kopp, 1982). For children, positive parenting is predictive of pro-social development (Bornstein et al., 2008; Davidov & Grusec, 2006), emotional self-regulation (Schunk & Zimmerman, 1997), and fewer externalizing problem behaviors (Lahey et al., 2008; Pastorelli et al., 2016). As a protective element in early childhood, positive parenting may help to mitigate some of the long-term consequences of adversity and trauma (Hays-Grudo & Morris, 2020). In contrast, children whose caretakers use negative or harsh parenting approaches often display internalizing and externalizing mental health

problems stemming from their perceptions of diminished parental warmth and rejection (Barber, 2002; Olsen et al., 2002; Siqueland & Kendall, 1996). Child welfare involved families tend to have higher rates of harsh parenting and other family risk factors placing these already vulnerable children at additional risk for harm (Gershoff et al., 2017; Lee et al., 2014). Although the factors promoting positive parenting across families who may come into contact with the child welfare system have been studied extensively, we know relatively little about how this phenomenon functions in Latinx families. The purpose of this study is to understand the factors and contexts that promote or undermine positive parenting practices for Latinx families with young children who come into contact with the child welfare system. Thus, the following question guides this present study: What factors contribute to or undermine positive parenting for Latinx mothers (Mexican origin and Puerto Rican origin mothers) with young children ages 0–5 years old, who have come into contact with the child welfare system controlling for parent demographics (age, married, employed), cultural demographics (immigrant status, more than 20 years in the United States, documentation status, language spoken in the home), child welfare system involvement, social support, financial

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hardship, economic resources, and self-reported maternal risk factors (depression, interpersonal violence, physical and mental health functioning, and parent discipline strategies)? Conducting research that examines ways to target parenting support and intervention is an important step in reducing disparities (Cates et al., 2016; Guerrero et al., 2019).

Background

The federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse, neglect, and maltreatment, but does not provide any guidance for defining their prosocial opposite—namely positive parenting. From the perspective of the child welfare system, a parent is good if they can ensure a child's safety from physical or psychological harm. Parenting that meets the crucial cognitive, social, and emotional needs of young children is relatively subjective. Families are left to define positive parenting for themselves, usually informally, based on their childhood experiences, child specific needs, personal and cultural values, societal pressures, and their hopes and dreams for the future of their children. Parenting behaviors associated with positive child outcomes include parental warmth, sensitivity to the distress of their child, responsiveness and attunement to the child's needs, and attention to the child's concrete needs of safety, shelter, and food (Combs-Orme et al., 2003; Zeanah & Zeanah, 2018).

Poor or inadequate parenting poses significant risk for developmental and general well-being outcomes for children (Wolfe, 1999). While poor parenting does not always meet the threshold for child abuse or neglect, there is an intersection between risk factors for poor parenting and risk factors for maltreatment. When child welfare workers approach the boundary between non-abusive, yet problematic, parenting and maltreatment with increasing nuance, more targeted intervention approaches outside of the child welfare system become possible for the affected families (Wolfe & McIsaac, 2011).

The child welfare system's primary goal is to achieve permanency for the child, making it ever more critical that child welfare workers are given the tools and guidance to identify and promote positive parenting. Although risk assessments and empirical guidelines dictate child welfare practice, questions and concerns remain about the subjectivity of any parenting construct (Maluccio, 2000). Combs-Orme et al. (2003) identified supervision and safety, structure, sustenance, stimulation, and affection and support as the five essential aspects of being sensitive and nurturing to young children within a family's environmental context. In contrast, the child welfare system's primary concern is with preventing parenting behaviors that pose a risk of imminent

harm to the child, which arguably falls short of fostering an environment conducive to positive parenting.

A meta-analysis of research on early parenting experiences described parenting during the first year of a child's life as a sometimes overwhelming experience characterized by stress and strain (Nystrom & Ohrling, 2004). Even under favorable circumstances, where parents have adequate resources to balance the new demands, parenting is a challenging undertaking. Families who find themselves in the child welfare system are at increased risk for parental stress, scarcity of social and financial resources, and a higher likelihood of mental health struggles for the caregivers (Stith et al., 2008). A study examining a statewide sample of child welfare involved mothers found that nearly two-fifths (37%) of mothers whose children remained in their care were living on an annual income of less than \$10,000, with high rates of unemployment (65%), depression (50%), and intimate partner violence (32%, Marcenko et al., 2011). The following section will focus on several key areas that impact parenting and parent-child relationships that intersect with child maltreatment risk factors: physically aggressive discipline, intimate partner violence, maternal depression, economic hardships, and social supports.

Latinx Context

A number of wide-ranging factors impact parenting in Latinx families, including a family's specific culture (e.g. immigrant and documentation status, length of time in the United States, comfort with speaking English), environment (e.g. socioeconomic status, social supports), and their experiences of institutional and structural inequalities (Rodriguez-JenKins, 2014). These elements, combined with embedded systemic racism and historical and legal complexities, can be viewed as a series of multilevel factors that either promote or undermine positive parenting in Latinx families.

Latinx Parenting

Much of the parenting literature surrounding Latinx families is focused on how immigrant status affects parental and caregiver experiences. Overall the research suggests that immigrant families are less likely to experience risk factors for poor parenting, and by extension child maltreatment, at rates as high as non-immigrant families (Johnson-Motoyama, 2014; Putnam-Hornstein & Needell, 2011). In the literature, Latinx parenting has been centered around specific identified values which include self-control, getting along with others, obedience, conformity to cultural norms, a need for close child monitoring, and independence (Halgunseth et al., 2006). Latinx parents have also been found to enact parenting behaviors that include high levels of intimacy,

nurturance, and compassion along with higher levels of control such as protective behaviors and strictness compared to their non-Latinx counterparts (Domenech Rodríguez et al., 2009; Fontes, 2002). While Latinx families display a range of parenting styles from permissive to authoritarian (Domenech Rodríguez et al., 2009), it has been proposed that Latinx parenting may generally center authoritarian parenting (Fontes, 2002). In non-Latinx specific samples, authoritarian parenting, and specifically high levels of control, has been associated with violent discipline (Baumrind, 2012), however other research may suggest that this style of parenting, particularly for newer immigrants, may actually support children as they seek to culturally socialize (Jambunathan et al., 2000) and may be associated with academic and social emotional school readiness (Kim et al., 2018).

Economic Well-Being

In 2014, approximately a quarter (24%) of Latinxs were living in poverty compared with 10% of Whites and a quarter (26%) of Blacks (Patten, 2016). Nearly a third (32%) of Latinx children experience poverty (Patten, 2016); whereas Latinx children who come into contact with the child welfare system experience poverty at nearly double that rate (Johnson-Motoyama et al., 2012). Among Mexican-origin families, economic hardship from parents being inadequately employed is correlated with negative parenting practices and poorer parent–child relationships (Barrera et al., 2002; Parke et al., 2004).

Child welfare involved families experience high rates of poverty and lack many necessities, such as food and housing (Marcenko et al., 2011). They are more likely to take part in governmental assistance programs than non-child welfare involved families (Irving & Loveless, 2015). Thus, access to poverty reduction programs is critical. In fact, receiving some kind of help through a governmental safety net may buffer negative effects of economic stress and support resilience (Bailey et al., 2019). Given the impact of poverty on parenting, the affect that immigration status can have as a barrier to access economics supports cannot be ignored for Latinx families. Contrary to popular belief, in the United States, SNAP, SSDI, and TANF (and its precursor, AFDC) are inaccessible to undocumented, and even to some documented, immigrants (Broder et al., 2021).

Social Support

Social support represents a network of relationships within a family unit and across one's larger community that provides a buffer during adverse life events (Sarason et al., 1990). For parents, these supports may include providing respite, sharing parenting knowledge and expectations, and relieving parenting stress (Belsky, 1984). Among Mexican-origin

families, maternal perception of having social support contributes to positive parenting practices and improved child well-being (Taylor et al., 2015). Conversely, low social support has been found to contribute to poor parenting and physically aggressive discipline (Gabriela Barajas-Gonzalez et al., 2018).

The disproportionate rates of socioeconomic disadvantage found in many Latinx communities means social support is of particular importance to this population particularly as it relates to parenting and permanency. Besides a cultural emphasis on social relationships and collectivism (Harwood et al., 2002), Latinx immigrants must often navigate new, unfamiliar, and, at times, hostile environments with few socioeconomic resources (Izzo et al., 2000; Prelow et al., 2010). The affect these increased stressors have on parents, and thus families, is significant.

Physically Aggressive Discipline

In representative community samples, nearly two-thirds of young children are exposed to some level of physically aggressive discipline (Regalado et al., 2004; Socolar et al., 2007). Parents' use of physically aggressive discipline with children has a long tradition (Gershoff, 2010) and is reinforced by parents' own childhood history of being disciplined in a similar manner (Bower-Russa et al., 2001; Gershoff, 2010; Socolar & Stein, 1995). In a study conducted in Finland, a mother's history of being violently disciplined significantly increased the likelihood that she would engage in extremely violent acts, such as hitting or punching, against her children (Peltonen et al., 2014). Mothers who physically discipline their children often do so with the goal of regaining a sense of control of their child, specifically to stop repetitive stressful behaviors, that are perceived to predict potential future behavioral problems (Kistin et al., 2014). Although the strategy of using physically aggressive discipline is employed by many parents in the United States, violent discipline can cause increased child externalizing behaviors (Gershoff, 2002), higher likelihood of perpetuating child abuse (Gershoff & Grogan-Kaylor, 2016; Lee et al., 2014), interruption of the parent–child relationship (Gershoff & Grogan-Kaylor, 2016), and is associated with poorer parenting for Latinx families (Ogbonnaya et al., 2019).

Intimate Partner Violence

Intimate partner violence has also been a factor linked with physically aggressive parenting and disciplinary practices (Ogbonnaya et al., 2019). Further, IPV correlates with multiple physical and psychological maternal outcomes, including poor physical health and depression, and higher rates of harsh parenting and violent discipline (Beydoun et al., 2012; Bonomi et al., 2006; Rivas-Diez et al., 2014). One

study found that, across all races and ethnicities, one in five couples experienced at least one episode of IPV in the previous 12 months (Field & Caetano, 2005). Estimates for the prevalence of IPV among families involved in the child welfare system are much higher than average, ranging from 30 to 60 percent (Appel & Holden, 1998; Edleson, 1999; Hazen et al., 2004). Previous research examining NSCAW-II data reported that one-third of Latinx mothers whose children remained in their care experienced IPV, regardless of child age (Ogbonnaya et al., 2015).

Maternal Depression

Maternal depression is well documented to have significant adverse effects on parenting, parent–child relationships, and subsequent child outcomes (Cummings & Davies, 1994; Feldman et al., 2009; Kohl et al., 2011; Leschied et al., 2005; Lovejoy et al., 2000; Wolford et al., 2019). A nationally representative study of child welfare involved families found that approximately a quarter (24%) of female caregivers with young children who remained in their care were diagnosed with major depressive disorder in the past 12 months (National Survey of Child & Adolescent Well-Being, 2007). In a statewide sample of children involved with the child welfare system, nearly half (47%) of the mothers met criteria for depression within the previous 12 months regardless of whether children remained in the home or were removed from their parents' care (Marcenko et al., 2011). Depressive symptoms were independently associated with neglectful parenting strategies (Ogbonnaya et al., 2019).

Summary

A complex array of factors may affect positive parenting for Latinx families with young children vulnerable to child welfare involvement. Research that examines possible predictors of positive parenting must account for family level risk factors such as economic well-being and social support, as well as maternal risk such as depression, IPV, and disciplinary strategies. This present study explores possible predictors of positive parenting for Latinx mothers with young children who come into contact with the public child welfare system.

Methods

Data for the present study are drawn from wave 1 of the restricted release version of the National Survey on Child and Adolescent Well-being II (NSCAW-II), a nationally representative sample of child welfare involved families (Dowd et al., 2014). The NSCAW-II cohort includes 5,872 children, birth to 17.5 years of age at the time of the initial sampling, who were the subject of a child protection investigation or

assessment between February 2008 and April 2009. Baseline data was collected between March 2008 and September 2009. The sample used in the following analysis was limited to mothers of children between birth and five years old and who identified Puerto Rico or Mexico as their countries of origin. The final unweighted sample for this study was 586 (weighted: $N=70,487$): 16% Puerto Rican and 84% Mexican/Chicana origin.

Sample Description

Caregivers were asked demographic questions that included information about their race/ethnicity, age, marital status, number of children, child age, education, employment status, and income (calculated into percent of federal poverty level) (see Table 1). The average mother was unmarried, had a high school diploma or GED, was employed, but lived less than 200% below the federal poverty level. These mothers were likely to be born in the United States or were otherwise documented. Half spoke primarily Spanish in their home.

Weighting

The NSCAW sample was weighted to account for differential selection probabilities. The probability weights were constructed in stages corresponding to the sample design's stages, with adjustments accounting for missing months of frame data or types of children, nonresponse, and under coverage. All analyses were weighted to account for the sampling design. The final weighted sample size for this study's sample included 70,477 Latinx mothers of children ages birth to five.

Measures

The NSCAW-II survey includes assessments of demographic information, child and caregiver well-being, maltreatment, and caregiver support and services. Cultural and linguistic issues for Spanish-speaking respondents were considered when developing the interview guide and choosing measures. All measures used in this study were developed for administration in English and Spanish. Bi-lingual field representatives were certified to conduct Spanish language interviews.

Independent Variables

Family Background Characteristics

Parameters describing family background and characteristics for caregivers were created using primarily categorical variables. Variables were drawn from significant findings in the parenting literature of characteristics that reasonably

Table 1 Descriptive statistics, weighted (N = 70,477)

	%	
Married	19	
Less than high school or GED	42	
Less than 200% federal poverty level	93	
Unemployed	30	
Immigrant	26	
In the U.S. > 20 years	20	
Substantiated maltreatment	25	
Documented	96	
Spanish in the home	50	
Interpersonal violence	39	
Depression	30	
Above average physical health	86	
Only non-violent parenting	82	
Family is getting by	58	
Receives WIC	59	
Receives SNAP	68	
Receives cash services	24	
	Mean	(SD)
Social support	38.99	(2.05)
Mean number of children	3.22	(.22)
Mean child age	2.44	(.12)
Parent age	28.03	(.61)

precede child welfare involvement. Cultural demographic variables were drawn from possible areas of within group difference based on literature specific to parenting among Latinx families in the United States.

Demographic information

Demographic information for caregivers were created using primarily categorical variables. Dichotomous variables were created to describe the mother's marital status (Married or Partnered = 1 vs. Single or Divorced = 0), highest level of education (GED, high diploma, or higher = 1 vs. less than a high school diploma = 0), and employment status (employed = 1, vs. unemployed = 0). Income was collected and calculated as a percent of the federal poverty level (FPL; family was more than 200% of the FPL = 1 vs. less than 200% of the FPL = 0). Caregiver age, number of children, and child age were coded as continuous variables.

Cultural Demographics

Multiple variables capturing potential aspects of culture and acculturation were collected, including country of origin, language spoken in the home, immigration status, number of years living in the United States, and citizenship status.

A dichotomous variable was created to describe whether caregivers reported that they primarily spoke Spanish (= 1) or English (= 0) in the home, were born in the United States, had some form of documentation (U.S.-born, naturalized, or other legal documentation = 1 vs. being an undocumented immigrant = 0). Mothers born in Puerto Rico who had migrated to the United States were coded as immigrants regardless of citizenship status.

The number of years caregivers had been living in the United States was defined using a dichotomous variable describing whether they had been in the United States more than 20 years (= 1) versus < 20 years (= 0). This allowed for a bivariate distinction to be made between individuals who immigrated either before or after the Immigration Reform and Control Act (IRCA) in 1986 that increased punitive actions and policies aimed at curbing undocumented immigration and included an amnesty provision that paved a road to citizenship for some undocumented people already living in the country.

Child Welfare System Involvement

Child welfare system involvement was defined using a dichotomous variable that described whether child maltreatment allegations were substantiated (vs. unsubstantiated).

This was based on the family caseworkers' "yes" or "no" response to the statement: "Child maltreatment allegations were substantiated."

Social Support

Parent social support was measured using an adapted form of the Duke-UNC Functional Social Support Questionnaire, which measures perceived social support (Broadhead et al., 1988). The scale is an 11-item self-report scale ($\alpha=0.91$). Each item uses a five-point Likert scale ranging from "I get much less than I would like" (1) to "I get as much as I would like" (5). Item examples for this scale are "I get love and affection" and "Help taking care of my child(ren)." Reliability for this measure in Spanish has been established in previous studies (Ayala et al., 2012; Bellón Saameño et al., 1996). Higher scores show higher perceived social support.

Financial Hardship

Financial hardship was measured using a dichotomous variable describing whether a parent was "able to save a little each month and just getting by" (= 1) or was "struggling to get by" (= 0).

Economic Resources

Dummy variables were created from discrete categorical variables, indicating whether the parent received benefits or resources from WIC (Women Infants, and Children; vs. not), SNAP (Supplemental Nutrition Assistance Program; vs. not), TANF/AFDC (Temporary Assistance to Needy Families/Aid to Families with Dependent Children; vs. not), general assistance, or other public assistance including state-specific welfare programs (like MFIP, Calworks, Workfare, or Workfirst), housing support (e.g., public housing or Sect. 8), or a disability check (SSI). Each type of assistance was its own dichotomized variable with 0="no, did not receive" and 1="yes, received." An additional dichotomized variable collapsed cash grants into a single category because Mexican-origin mothers had rates lower than 10% for receiving SSDI payments. The housing subsidy variable was dropped because of rates less than 10% for Mexican mothers.

Self-Reported Maternal Risk Factors

Caregivers were asked about individual risk factors that may affect the parent-child relationship and increase risk for child-maltreatment, such as depression, IPV, disciplinary strategies, and health status.

Depression

Depression was measured using the Composite International Diagnostic Interview Short Form Depression scale (CIDI-SF; Kessler et al., 1998). The CIDI-SF is a World Health Organization (WHO) scale used to assess for depression. This measure has been used in other studies to assess lifetime and past-year prevalence of mental health disorders for Latinxs of Mexican and Puerto Rican origins (Alegría et al., 2007). For the present study, the scale's Cronbach's alpha is 0.95. A dichotomous variable was created to identify any experience depressive disorder over the previous 12 months.

Interpersonal Violence

To measure IPV, caregivers were asked about the prevalence and nature of violence committed by a romantic/intimate partner over the past 12 months using nine items from the Conflict Tactic Scale 2 ($\alpha=0.95$) (CTS2; Straus et al., 1996). Choices included minor violence items (pushed, grabbed, shoved) and severe violence items (choked, beaten, threatened with a gun or knife). The CTS2 has been translated into Spanish (Straus, 1999). The CTS2, as an overall measure, has been found to function reliably for psychometric properties (using all 39 items) among Spanish- and non-Spanish-speaking Latinx women, suggesting that the scale functions reliably for both groups. However, findings from confirmatory factor analyses (CFA) examining fit of subscales suggested there may be some concerns about validity across groups, particularly in the physical abuse subscale (Connelly et al., 2005). For this present study, an intact CTS2 scale was not used, and a dichotomous variable was constructed showing whether a mother has experienced any instances of IPV during the last 12 months (vs. not).

Overall Physical and Mental Health Functioning

An overall indicator of physical and mental health functioning was generated using the Short Form Health Survey (SF-12; Ware et al., 1996). The SF-12 is a 12-item scale derived from the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36; Ware et al., 1993). ($\alpha=0.71$). The SF-12 has been validated for use with Spanish-speaking Mexican and Puerto Rican-origin Latinxs (Burdine et al., 2000). The SF-12 is scored so that a higher score indicates better physical functioning. Scores higher than 50 represent functioning above average health status, a score of 40 represents functioning at a level lower than 84% of the general U.S. population, and a score of 30 represents functioning at a level lower than 98%.

Parent Discipline Strategies

Parent discipline strategies were measured using the Conflict Tactics Scale, Parent–Child Version (CTS-PC; Cotter et al., 2018; Straus et al., 1998). The CTS-PC measures what tactics – primarily related to discipline – parents used in their conflicts with their children. This present study used three of the five subscales: non-violent discipline (4 items; e.g., putting a child in “time out;” $\alpha=0.79$), psychological aggression (5 items; e.g., shouting or screaming at a child; $\alpha=0.75$), and/or physical assault (13 items; e.g., spanking, hitting, slapping; $\alpha=0.94$). This scale is an 8-point Likert type scale, ranging from 1 time to more than 20 times, or no times in the past 12 months. Although these scales are built to provide continuous scores, with higher scores indicating higher levels of each tactic, in the NSCAW-II there was a high occurrence of zero values, thus the subscales were highly skewed and therefore dichotomized to represent whether a caregiver engaged in each category of behavior. Given the nature of this data, the tactics are not mutually exclusive. Thus, dummy variables were constructed to reflect whether a parent used non-violent discipline, psychological aggression, and/or physical assault. Then a dichotomous variable was used to describe whether a parent used only non-violent strategies (vs. those parents that used violent or aggressive disciplinary strategies).

Dependent Variable: Positive Parenting

Parenting behaviors were measured using the Home Observation Measurement of the Environment-Short-Form (HOME-SF) scale. The HOME-SF is a measurement examining the quality of emotional nurturing, cognitive and verbal responsiveness, and stimulation provided by the child’s caregiver. This measure has been found to be valid and reliable for Spanish speakers (Sugland et al., 1995). Following recommendations of research that highlighted findings related to economic differences between parents, this study removed all scale items that reference material objects (Bradley et al., 2001). An example of a removed item is “About how many, if any, cuddly, soft, or role-playing toys does your child have?”.

The HOME-SF was separated into four sections by age: birth to three (21-items), three to five (27-items), five through 10 (49-items), and 10 to 14 (30-items). A combination of parent self-report and interviewer observation are used to create a Total Parenting score. This score is then standardized to represent the proportion of positive parenting responses out of the total possible for each group. Higher scores show more developmentally favorable home environments and are associated with more favorable child outcomes ($\alpha=0.98$).

Analytic Strategy

This secondary data analysis focuses on a sub-sample of the NSCAW-II using NCANDS developed weighting to calculate unbiased estimates. All data analysis for the present study were conducted with IBM Statistical Package for Social Sciences 24.0 (SPSS) software with the complex sample module using maximum likelihood estimation to address missing data (Enders & Bandalos, 2001). Multiple regression analysis was used to predict the outcome of positive parenting. Independent variables were drawn from the literature that (a) reasonably precede child welfare involvement, (b) operationalize theorized Latinx within-group difference, and (c) may influence parenting. Preliminary analysis showed a high level of correlation between country of origin and mothers born outside the United States. Country of origin was consequently dropped from the final model.

Results

The results for the weighted multiple regression that explores predictors of positive parenting for Latinx mothers with young children who encountered the child welfare system and remained in their mother’s care are presented in Table 2. After controlling for all other variables in the model, being married was significantly related to higher positive parenting scores ($B=2.94$, $p=0.005$). Experiencing IPV within the last 12 months was significantly related to lower positive parenting scores ($B=-2.43$, $p=0.009$). Using non-violent discipline exclusively was significantly related to higher positive parenting scores ($B=2.01$, $p=0.001$).

There was no relationship between parent age ($p=0.220$), being employed ($p=0.361$), being an immigrant ($p=0.693$), living in the United States for more than 20 years ($p=0.602$), or documentation status ($p=0.652$) and positive parenting. In addition, there was no relationship between Spanish spoken in the home ($p=0.580$), maternal depression ($p=0.459$), physical health ($p=0.072$), or financial situation ($p=0.444$) and positive parenting. Finally, there was no relationship between receiving WIC ($p=0.065$), SNAP ($p=0.384$), cash services ($p=0.489$), social support ($p=0.366$), or substantiated maltreatment ($p=0.111$) and positive parenting. The model’s final R^2 was 54%.

Discussion and Implications

This paper explored predictors of positive parenting among Latinx mothers (of Mexican and Puerto Rican origin) of young children, while controlling for parent demographics, characteristics of Latinx within-group difference, and variables of interest on mental and physical health, disciplinary

Table 2 Weighted regression analysis, predicting positive parenting (N = 70,477)

	B	SE	t-score	p
<i>Responsive parenting (ref)</i>				
Parent age	– .06	.05	– 1.24	.220
Married*	2.94	1.00	2.93	.005
Employed	– .54	.58	– .92	.361
Immigrant	– .26	.65	– .40	.693
In the U.S. > 20 years	– .48	.92	– .52	.602
Documented	.53	1.17	.45	.652
Spanish in the home	.29	.53	.56	.580
IPV*	– 2.43	.91	– 2.67	.009
Depression	.42	.57	.74	.459
Above avg physical health	1.25	.68	1.82	.072
Non-violent parenting*	2.01	.61	3.31	.001
Family is getting by	.74	.97	.77	.444
Receives WIC	1.34	.71	1.88	.065
Receives SNAP	– .72	.76	– .94	.348
Receives cash services	.50	.72	.70	.489
Social support	.02	.03	.91	.366
Substantiated maltreatment	– .78	.48	– 1.61	.111
Constant	11.98	2.83	4.24	< .001
R ²	.54			

*Significant p-values < .05

strategies, economic factors, and maltreatment substantiation. Using a national sample that approximated a probability sample of Latinx mothers of young children who have had contact with the child welfare system, we developed a multiple regression model that explained that more than half of the variance in the mother's endorsement of positive parenting strategies ($R^2 = 0.54$). The multivariate analysis conducted for the present study produced two primary findings. First, mothers who reported only using non-violent parenting strategies had higher positive parenting scores compared to mothers who used any physically aggressive parenting strategies. Second, mothers who had experienced IPV in the last 12 months had lower positive parenting scores than those who reported no IPV experiences.

Non-Violent Discipline and Parenting

The finding that mothers who endorsed only non-violent discipline had higher positive parenting scores is consistent with scholarship that outlines the deleterious affect violent discipline has on children and families reported multiple similarly structured studies (Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016; Lee et al., 2014). The correlation between non-violent discipline and positive parenting, suggests that supporting parents to enhance their parenting strengths and protective factors and utilizing

a trauma-informed approach may help support parents to explore both why they are using specific disciplinary strategies and how to interpret challenging child behaviors within the context of the mothers' own childhood experiences. Parent training programs should be culturally and contextually responsive to Latinx families. The barriers that often impede Latinx parents accessing mandated services, such as documentation status, lack of linguistic competency of providers, and parents' lack of knowledge of the system (Ayón, 2009; Garcia et al., 2012, 2019), are critical barriers to intervention. Ideally such interventions would be provided by well-trained providers who have knowledge of the environmental and cultural contexts in which families live. Interventions should be shaped to reflect the cultural values of the populations they are likely to serve (Parra Cardona et al., 2012). One way to do this is for researchers, service providers, and parent-trainers to seek out and partner with community members to develop or adapt trainings in meaningful ways. It is also important to collect continuous feedback from training recipients on what works well and what can be better tailored to the population of parents.

Intimate Partner Violence and Parenting

Several studies have identified relationships between IPV and maternal parenting (Levendosky & Graham-Bermann, 2000, 2001; Levendosky et al., 2006; Margolin et al., 2003). The impact that IPV has on women includes a wide range of mental and physical health effects, such as poor functional health, chronic pain, chronic health issues, sleep disorders, anxiety, PTSD, depression, and self-harm (Dillon et al., 2013). The high rate of poverty experienced by this population and the additional stress because of being investigated by the child welfare system, in combination with the experience of IPV could potentially be creating an environment where IPV may be having a *spillover* effect onto parenting. The spillover hypothesis posits that hostility or conflict in one family system influences other family systems (Bogat et al., 2006; Grasso et al., 2016; Krishnakumar & Buehler, 2000).

Latinx mothers may be less likely to report or seek help related to IPV. Research has highlighted that for women who experience IPV, significant barriers exist to help-seeking. These include factors such as pressure to not address the IPV, not recognizing events as IPV, self-doubt, low-self-esteem, and fear of the perpetrator (Petersen et al., 2005). For immigrant Latinx mothers, some or all of these concerns may be further exacerbated by barriers such as limited English language proficiency, fear of government agencies, lack of financial resources, social isolation, and the fear of either themselves or the perpetrator being deported (Bonilla Santiago, 2002).

For Latinx mothers who are involved in the child welfare system, a particular contextual layer is added where mothers are often victims of abuse and also the primary caregiver. Considering these factors, combined with the impact that experiencing IPV has on parenting, social workers need to sensitively engage and assess mothers about their IPV experiences and help them access supportive services. This must include eliciting any fears or concerns about help-seeking and providing information about the help-seeking process.

Further, early non-judgmental conversations during natural points of contact with mothers about disciplinary strategies (including where they learned their strategies and parenting goals) and IPV may provide an easier introduction into these conversations. Students and new professionals should be trained and provided extensive practice in asking difficult and uncomfortable questions. This extends to asking respectfully and with humility about relevant, yet unfamiliar, cultural beliefs or practices and mental health issues. These considerations are crucial for child welfare system involved families to receive the supports and services they need.

Our finding of a correlation between experiences of interpersonal violence and non-violent parenting is in line with previous research and current theory. Although the relationship between non-violent parenting and positive parenting is not novel, the present study provides the first evidence of its culturally specific relevance to Latinx families. In the United States, parenting is racialized. A racially or ethnically aggregated approach to research can increase the risk that the more nuanced or culturally specific risk and protective factors are lost to the noise. Although this analysis does aggregate Latinxs, it provides a broad view of predictors that may exist for the Latinx population in the United States.

The discourse on parenting and discipline has historically been White-centric and rooted in individualistic ideals and values. Parenting from groups who are more collectivist oriented have a more authoritarian approach, which may appear to others as aggressive or violent. In fact, in research where authoritarianism was examined by individualist versus collectivist orientations, negative maternal emotion and cognition were only associated with authoritarianism for mothers from individualistic cultures (Rudy & Grusec, 2006). This is an important distinction and area of training for providers. Shifting from general authoritarianism to physically aggressive discipline, spanking and other forms of physical discipline, there is an important context that needs to be understood. Parents seek to prepare children for the environment they are going to be confronted with, which for families of color includes racism and race-based violence. Discipline is likely to be harsher when the stakes or survival, be it social or physical, are higher. Practitioners should endeavor to gain specific understanding of the motivations for parental discipline choices and their own culturally informed views of what constitutes positive parenting. Developing culturally

specific ideas of nurturance and working with families to find alternatives palatable to their environmental circumstances is important to move the pendulum. This study supports that non-violent parenting is related to more nurturance in the Latinx community, but this sample comprises Mexican- and Puerto Rican-origin families and those two countries are very different. Thus, not assuming homogeneity is critical.

Maternal Depression and Parenting

We found that maternal depression was not related to positive parenting, which was contradictory to previous research considering the relationship between maternal depression and harsh parenting (Kohl et al., 2011; Wolford et al., 2019). Although it was not significantly related to positive parenting, Latinx mothers experienced depression at high rates (30%), higher in this sample of Latinx mothers of young children than a group of all caregivers in the same sample, regardless of race (National Survey of Child & Adolescent Well-Being, 2007). This large footprint of maternal depression in this population, combined with our finding that the use of only non-violent practices increased positive parenting, underscores the need for increased access to high quality, accessible, mental health services that augments parenting supports for Latinx mothers.

Future Research

Although this analysis could not control for mothers' personal history of trauma and experiences of discrimination, rates of maternal depression and IPV were high. Previous studies have found that child welfare involved mothers have a very high prevalence of personal trauma, with 92% of mothers reportedly experiencing at least one traumatic event (Chemtob et al., 2011). The potential combination of maternal depression, IPV, and use of violent disciplinary tactics demands a closer look at the likely role of maternal trauma on discipline (Banyard et al., 2003; Cohen et al., 2008).

Trauma histories can emerge through the process of administering parental discipline. Mothers might filter the behavior of their children through a lens of their own traumatic childhoods and interpret challenging behaviors as evidence of future trouble that must be prevented with harsh discipline (Kistin et al., 2014). Concurrently, infants or young children's exposure to IPV can increase their externalizing behaviors (Levendosky et al., 2006). In the presence of maternal complex trauma and IPV exposure, mothers may additionally find it difficult to regulate their own emotional responses to their child's affected and changing behaviors. Research has identified situations like this; the maternal complex trauma significantly predicted harsh psychological and physical discipline (Cohen et al., 2008;

Hien & Honeyman, 2000). This potential stacked effect of maternal trauma history and increased child externalizing behavior could increase the likelihood that a mother feel compelled to use violent discipline.

We also note that this study did not control for maternal warmth, an attribute found to mitigate the negative impact of harsh or violent discipline on children (Deater-Deckard & Dodge, 1997; Deater-Deckard et al., 2006; Germán et al., 2013; McLoyd & Smith, 2002). Future research should seek to moderate discipline with maternal warmth.

The nexus of income and race, particularly in early childhood, may contribute to the overrepresentation of Latinx children in this study living below the poverty line and the need for families to seek social support and services through the public safety net. For example, families with young children are more likely than other families to have contact with social service systems and systems of care, which may increase contact with child welfare services. Furthermore, Latinx families may have to rely heavily on their community because of limited availability of, and access to, structural and institutional resources that are critical to daily life. There was however, no relationship between economic well-being or social support and positive parenting in the present study. Given the high rate of poverty in the sample (93% are below 200% of the federal poverty level), the null findings are not particularly surprising. Future research should repeat the present analyses with a more economically diverse sample.

Lastly, the positive effect of marriage on positive parenting should be interpreted with caution given that marriage could be functioning as a proxy for unmeasured social, economic, or cultural factors. The effect of marriage on positive parenting could be a proxy for several factors, such as an additional adult in the home, but on its own the present finding does not provide sufficient information to make conclusions for practice. Within the context of the present research, our findings point to the importance of not just considering child relationships but additionally examining the type and quality of the adult relationships, which are actually slightly more predictive than parenting style.

Strengths and Limitations

Latinx mothers with child welfare involvement are highly vulnerable and experience a host of cumulative disadvantages, including racism and discrimination, which we could not control for in this study (Ayón et al., 2017). The dataset used in this study is generally acknowledged as containing the most comprehensive data collected to date on Latinx families who have encountered the child welfare system. The questionnaire asks in-depth questions about a family's country of origin, language, and citizenship status. It allows for statistical weighting, which allows the analysis to be

generalizable to the larger population of those who come into contact with the child welfare system. Despite its strengths, this study has several limitations that should be taken into consideration when interpreting the results. Because of the cross-sectional nature of this study, casual inferences between the independent variables and the dependent variable cannot be made. The measure that is operationalizing positive parenting relies on self-reports, which could be influenced by different forms of response bias. The sample comprises families who have been investigated by the child welfare system and concerns that responses would be reported to their child welfare workers may have influenced the participants' responses. This may have particularly affected the CTS-PC, which included direct questions about psychological aggression, physical aggression and violence, neglect, and sexual abuse. Caregivers were informed and repeatedly reminded that disclosures of child maltreatment would be reported to caseworkers, which could have resulted in under-reporting of such incidents. Lastly, this analysis did not allow us to control for immigration and country of origin.

Conclusion

In this national sample, approximating a probability sample of Latinx families who have had contact with the child welfare system, the present findings highlight the importance of paying attention to the quality of a family's adult relationships when considering the type and quality of parenting. We found that marital status, history of interpersonal violence, and non-violent parenting were related to positive parenting relationships among Latinx families. Of our findings, a focus on non-violent parenting is the most critical, given its malleable nature and protective role in early childhood. Although other factors have proven stubborn to intervention, the findings presented here support the development of culturally sensitive disciplinary approaches to reduce harsh or violent parenting, while supporting parent mental health and well-being, and promote positive parenting relationships in Latinx families.

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Data Availability The National Survey on Child and Adolescent Well-being II (NSCAW II) Restricted Release is available in the National Data Archive on Child Abuse and Neglect repository (<https://www.ndacan.acf.hhs.gov/datasets/dataset-details.cfm?ID=172>).

Code Availability Not applicable.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval This study is a secondary analysis of de-identified data using the restricted release version of the NSCAW-II. This study was performed in line with the principles of the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. This study was reviewed and deemed exempt by our Institutional Review Board. No specific ethical approval outside of IRB approval was required.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent to Publish The authors affirm that human research participants provided informed consent for publication of collected data.

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