



## The Moderating Effect of Resilience on Corporal Punishment Attitudes and Post-Traumatic Growth

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### Abstract

Although many studies have investigated the relationship between experiences of Corporal Punishment (CP) and Post-Traumatic Growth (PTG), the connection between CP attitudes and PTG remains underexplored. Thus, this study aimed to determine the relationship between CP attitudes, specifically CP Myth Acceptance and PTG, while also investigating the moderating role of resilience among Filipino young adults. Using purposive sampling, data were collected in December 2024 from 153 respondents (ages 18-26) who experienced CP between the ages of 2 and 14 years, employing a descriptive-correlational design with moderation analysis. Results showed that respondents exhibited moderate levels of CP myth acceptance, indicating neutral beliefs about the harmlessness and necessity of CP. Similarly, moderate levels of PTG were observed, suggesting some degree of positive psychological growth following adverse experiences. Finally, the respondents' resilience levels ranged from low to normal. Notably, the study found no significant relationship between CP Myth Acceptance and PTG ( $r = .085$ ;  $p = .297$ ), and resilience did not moderate this relationship ( $p = .983$ ). These findings reveal the complexity of these constructs—suggesting that cognitive frameworks, such as CP attitudes, are not good predictors of PTG while emphasizing the distinction between resilience as a protective factor and PTG as a growth-facilitating factor. An action plan was proposed, including educational webinars to challenge CP myths and workshops to promote PTG and resilience-building programs. This research contributes to a deeper understanding of the connections between the target constructs, offering insights into interventions for enhancing emotional well-being and trauma recovery among Filipino young adult victims of corporal punishment.

**Keywords:** *corporal punishment myth acceptance; post-traumatic growth; resilience*

### INTRODUCTION

Corporal punishment (CP) is defined by the [World Health Organization \(2021\)](#) as any disciplinary method involving physical force intended to cause pain or discomfort, regardless of severity. [UNICEF \(2024\)](#) reported that over 60% of children aged 2 to 14 globally endure physical punishment from parents or caregivers. In culturally accepting countries like the Philippines, caregivers often justify CP as an expression of parental love and a necessary disciplinary approach, particularly among those who experienced it growing up ([Roche & Flores-Pasos, 2023](#)). [Asio \(2023\)](#) noted that Filipino parents tend to rely on instinct and personal experience when disciplining their children, a practice that may contribute to the continued acceptance of CP over more structured guidelines. While CP is often seen as a tool for behavioral correction, research links it to negative outcomes, such as depression, anxiety, and deteriorated child behavior and development ([Elsevier, 2022](#); [Avezum et al., 2023](#); [Rahmatullah et al., 2023](#)). Globally, the acceptance of CP myths, beliefs that justify or support its use, has been shown to perpetuate cycles of violence and hinder trauma recovery ([Witt et al., 2021](#); [Marshall et al., 2022](#)). Thus, studies continue to explore ways to reduce the acceptance of CP myths ([Haslam et al., 2023](#); [Landon et al., 2023](#)).

Post-traumatic growth (PTG), defined as positive psychological change following highly challenging life experiences ([Naik & Khan, 2019](#)), has emerged as a critical area of study in the

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Philippines, offering a counterpoint to the adverse effects of trauma ([Villazor & De Guzman, 2022](#); [Javier et al., 2023](#)). Despite its significance, PTG development in individuals subjected to CP and its influencing factors remain underexplored in the Philippine Context.

Resilience, which is often described as the capacity to recover quickly from adversity ([Smith et al., 2023](#)), is closely associated with childhood trauma. Research indicates that higher levels of physical and emotional maltreatment, such as parental rejection ([Akilith, 2023](#)), during childhood are linked to reduced resilience in adulthood ([Wadji et al., 2023](#)).

With these constructs, existing studies have rarely investigated the intersection of these variables or the influence of CP myth acceptance as a distinct variable beyond the physical experience itself. This highlights a significant knowledge gap in understanding how these constructs influence one another. As a result, this study examines the relationship between CP myth acceptance, PTG, and resilience among Filipino young adults. Specifically, this study aimed to (1) assess levels of CP myth acceptance, PTG, and resilience, (2) examine the relationship between CP myth acceptance and PTG, (3) analyze how resilience moderates this relationship, and (4) propose actionable plans based on the findings. By focusing on these three variables, the study aims to contribute to the growing body of knowledge on CP beliefs, PTG, and resilience, particularly in understanding how Filipino young adults process and recover from CP-related trauma.

## LITERATURE REVIEW

Adopted in 2015, the United Nations' 17 Sustainable Development Goals (SDGs) aim to end violence against children by 2030 (Target 16.2) ([United Nations, 2015](#)). Six years remain, and CP is still banned in all settings in 63 countries and in over 100 schools. Nevertheless, nearly 300 million children face violent discipline, affecting two in three aged 1 to 14 ([UNICEF, 2024](#)). In the Philippines, 58.8% of children experience CP, with a higher prevalence among boys (61.1%) compared to girls (56.4%), and more than one in four caregivers consider it a necessary form of discipline. UNICEF highlights harmful norms, as over one in four mothers and caregivers believe corporal punishment is necessary for raising and educating children. In the Philippine legal context, the prohibition of CP remains a work in progress. Older laws permit its practice, whereas current legislation lacks specific measures to address it. The Family Code of 1987 and the Child and Youth Welfare Code allow parents and caregivers to provide CP. However, since 2007, several bills have been introduced to promote positive discipline and prohibit CP, including HB 4455, SB 873, and SB 2182. Efforts continue with HB 4907, HB 1269, and initiatives like the Magna Carta for Children's Rights, reflecting a commitment to protecting children's rights ([Global Initiative to End All Corporal Punishment of Children, 2023](#)). However, despite these initiatives, both worldwide and in local contexts, many parents continue to employ CP in attempts to discipline their children ([Lansford et al., 2024](#)).

Corporal punishment (CP) remains widely practised despite evidence of its adverse effects ([WHO, 2021](#)). In Asia, CP is prevalent in Malaysia's homes, schools, and judicial settings ([Chung et al., 2021](#)). Individuals exposed to CP at home are more likely to view it as acceptable, demonstrating how personal experiences and cultural norms shape attitudes ([Chung et al., 2021](#)). This cycle of acceptance and use across generations was supported by [Walker et al. \(2021\)](#), who found that CP exposure, especially from mothers, increased the endorsement of CP as a parenting tool. Interventions are crucial for reshaping these attitudes and breaking the cycle. Additionally, CP is linked to violence; [Pan et al. \(2024\)](#) found a significant positive relationship between CP and violent behavior, with severity influencing violent outcomes.

Post-traumatic growth (PTG) refers to positive psychological transformation following trauma. [Naik and Khan \(2019\)](#) highlighted that PTG arises from struggle and reevaluating life experiences, aided by social support and resilience. [Collier, \(2016\)](#) describes PTG as personal

growth achieved by overcoming crises that challenge core beliefs. [Sutton \(2023\)](#) noted that individuals with lower resilience may experience more intense PTG due to significant cognitive shifts. In contrast, highly resilient individuals may not experience such growth because they cope without reevaluating their core beliefs. This distinction highlights the difference between resilience and PTG.

Research suggests that several factors influence PTG. [Quan et al. \(2022\)](#) found that positive reappraisal and acceptance significantly predicted PTG in college students with childhood trauma. [Henson et al. \(2022\)](#) emphasized that reflective processing and disruption of core beliefs foster PTG, particularly in firefighters. Studies have also linked CP with PTG, showing that resilience and adaptive coping mechanisms play crucial roles. [Dell'Osso et al. \(2022\)](#) highlighted that PTG outcomes depend on balancing resilience and vulnerability, with trauma leading to either negative or positive impacts. [Kadri et al. \(2022\)](#) further noted that older adults demonstrated PTG across various traumas, highlighting the role of resilience and social support in growth throughout life.

Resilience is shaped by self-regulation, cognitive ability, and social support ([Abate et al., 2024](#)). While resilience often helps individuals cope with trauma, it can limit PTG by maintaining stability without transformative growth ([Galia et al., 2022](#)). This aligns with [Sutton's \(2023\)](#) view that resilience and PTG are distinct constructs. [Calhoun and Tedeschi \(2004\)](#) and [Tedeschi \(2020\)](#) noted an overlap between resilience and PTG in the "personal strengths" dimension, noting the need for further research to clarify their relationship. Research has identified resilience as a protective factor against trauma. [De la Fuente et al. \(2021\)](#) found that resilience and positivity reduce burnout and improve engagement in young adults, supporting their role in stress management and mental health prevention. [Yule et al. \(2019\)](#) noted self-regulation, family, and peer support as key resilience factors in children exposed to violence, implying that cultural context shapes resilience.

Attitudes toward corporal punishment (CP), or CP myth acceptance, coined [Haslam et al. \(2023\)](#) and [Landon et al. \(2023\)](#), describe beliefs that CP is necessary and harmless for disciplining children. [Caetano and Pereira \(2024\)](#) found that Adverse Childhood Experiences (ACEs), including CP, influence PTG by increasing psychological distress, while adaptive coping strategies promote constructive reinterpretation and growth. [Quan et al. \(2022\)](#) similarly identified acceptance and positive cognitive reappraisal as critical for fostering PTG among young adults with childhood trauma. [Brooks et al. \(2019\)](#) demonstrated that while avoidance coping hinders PTG, social support promotes it, complementing the findings of [Quan et al. \(2022\)](#) and [Caetano and Pereira \(2024\)](#). [Henson et al. \(2022\)](#) further highlighted that deliberate reflection and positive self-perception are essential for PTG.

Despite these insights, research into CP myth acceptance and its relationship with PTG is limited. Existing studies have focused on CP experiences rather than attitudes, leaving a gap in understanding how CP myth acceptance may restrict growth opportunities. Future research could explore this link to better understand how attitudes toward CP influence the potential of PTG.

Recent studies have highlighted resilience as a mediator between CP experiences and PTG, enabling growth despite trauma. [Widyorini et al. \(2022\)](#) demonstrated that resilience constructively reframes adverse experiences, while [Sutton \(2023\)](#) noted that resilience may limit PTG by reducing the need for core belief re-evaluation. Research consistently supports resilience as a key to trauma recovery and PTG development. [Yule et al. \(2019\)](#) emphasized family and community support in building resilience among children exposed to violence. In contrast, [Abate et al. \(2024\)](#) showed that CBT and mindfulness foster adaptive coping and PTG. [Wadji et al. \(2023\)](#) found that emotional maltreatment positively correlated with PTG, whereas physical abuse negatively affected resilience, suggesting trauma-specific influences on growth. Resilience-focused programs also support CP survivors. Problem-solving coping mechanisms, altruistic behavior, and active social participation have been recognized as key contributors to resilience and overall well-

being among individuals with histories of institutional abuse (Moore et al., 2019). Furthermore, adverse emotional experiences during early life, such as neglect or emotional maltreatment, may play a role in fostering resilience and facilitating post-traumatic growth in adulthood (Belcher, 2021). Nevertheless, the interplay between resilience, attitudes toward corporal punishment, and post-traumatic growth remains an area that requires further empirical investigation.

Moreover, the proposed framework for this study's moderation analysis is adapted from Memon et al. (2019). It utilizes both a conceptual and statistical model consisting of an independent variable (X), a dependent variable (Y), and a moderator (M). In this study, CP Myth Acceptance is the independent variable, PTG is the dependent variable, and resilience is the moderator. The statistical model includes an interaction term ( $Z = X \times M$ ) to assess how resilience moderates the relationship between CP Myth Acceptance and PTG. All three variables were treated as continuous and were measured using interval scales. This framework enables a more precise examination of resilience's moderating effect on the relationship between CP Myth Acceptance and PTG. Finally, drawing from the theoretical perspectives and empirical findings presented in the literature, the researchers posited the following hypotheses:

*H1<sub>0</sub>: There is no significant relationship between corporal punishment attitudes and post-traumatic growth.*

*H2<sub>0</sub>: Resilience does not moderate the relationship between corporal punishment attitudes and post-traumatic growth.*

## RESEARCH METHOD

### Research Design

This study employed a quantitative approach using a descriptive-correlational research design to determine the relationship between CP myth acceptance and PTG while also incorporating moderation analysis to examine whether resilience moderates the link between these variables. A descriptive-correlational research design was chosen for its effectiveness in assessing target construct levels and determining relationship direction and strength. Given the limited literature on these constructs within the target population, this approach is suitable and may uncover new relationships, thereby guiding future research (Gaille, 2020).

### Participants

This study was conducted in the CALABARZON region, specifically in the provinces of Laguna and Batangas, targeting young adults aged 18 to 26 (Griggs et al., 2024; Nagata et al., 2021; Hudda & Belagavimath, 2024) who self-reported having experienced CP between the ages of 2 and 14. The age range aligns with World Health Organization (2021) data based on UNICEF surveys across 56 countries, revealing that approximately 60% of children aged 2–14 experienced CP at home. Participants' experiences with CP were self-reported based on the clear inclusion criteria outlined in the survey. Using purposive sampling, researchers selected respondents meeting specific criteria, as this non-probability method identifies individuals likely to provide relevant insights (Nikolopoulou, 2023). Initially, an a priori power analysis via G\*Power (Faul et al., 2007, 2009) determined a minimum sample size of 89 respondents to achieve 95% power for detecting a medium effect (0.15) at  $\alpha = .05$  in simple linear regression. Consequently, the study ultimately collected data from 153 respondents. A post hoc G\*Power analysis confirmed this sample size's statistical power at .997, ensuring a 99.7% probability of detecting a medium effect size.

### Instrumentation

This study used three questionnaires to measure the target variables. The Corporal Punishment Myth Scale (CPMS), developed by Kish and Newcombe (2015), is a 10-item, 5-point

Likert scale tool assessing beliefs about CP through two subscales: "Harmless Myths" (beliefs that CP is not harmful) and "Effective & Necessary Myths" (perceptions that CP fosters respect or prevents misbehavior). Higher scores indicate greater acceptance of these myths. The Post-Traumatic Growth Inventory Short Form (PTGI-SF) by [Cann et al. \(2010\)](#) measures positive psychological changes after trauma using a 10-item, 6-point Likert scale, assessing five dimensions: Personal Strength, New Possibilities, Improved Relationships, Spiritual Growth, and Appreciation for Life. Higher total scores indicate greater growth, with subscale scores highlighting specific changes. This study focused on the total PTGI-SF score. The Brief Resilience Scale (BRS) developed by [Smith et al. \(2008\)](#) evaluates stress recovery ability using a 6-item, 5-point Likert scale. It assesses positive resilience (e.g., "I bounce back quickly after hard times") and challenges in resilience (e.g., "I have a hard time with stressful events"). Scores were averaged to categorize resilience as low, usual, or high.

The instruments used in this study exhibit strong psychometric properties that have been validated across diverse cultural settings. The CPMS demonstrated high reliability ( $\alpha = .82$  and  $.80$ ) and evidence of convergent and concurrent validity ([Watakakosol et al., 2019](#)). The PTGI-SF maintains the original inventory's five-factor structure with consistent reliability, supported by studies across Persian, Arabic, Spanish, and Chinese populations, confirming internal consistency, gender invariance, and structural reliability ([Amiri et al., 2020](#); [Cann et al., 2010](#); [Garrido-Hernansaiz et al., 2023](#); [Veronese & Pepe, 2019](#); [Xu et al., 2021](#)). The BRS also demonstrates strong reliability, with internal consistency values ranging from  $\alpha = 0.71$  to  $\alpha = 0.88$  across Brazilian, Chinese, Dutch, and Polish populations ([Barroso, 2021](#); [Fung, 2020](#); [Konaszewski et al., 2020](#); [Soer et al., 2019](#)). A review of 149 studies reported an average internal consistency of 0.86, with clinical samples showing high reliability ( $\alpha = 0.87$ ) and construct validity ([Sánchez et al., 2021](#)), supporting the BRS as a reliable tool for resilience research.

### **Data Gathering Process**

The data collection process involved administering surveys online or in person for respondents' convenience ([Nayak & Narayan, 2019](#)). An online platform and free survey administration software (Google Forms) facilitated data collection. The survey link included an informed consent form to ensure ethical compliance. The process was conducted over two weeks.

### **Statistical Analysis**

SPSS Statistics 25 software was used for descriptive and inferential analyses. Weighted means and standard deviations assessed variable levels, while Pearson correlation and linear regression examined the relationship between CP Myth Acceptance and PTG, including resilience's moderating effect ([Fein et al., 2022](#); [Moderation Analysis Using Linear Regression, 2020](#); [Gesmundo, 2023](#)).

### **Ethical Consideration**

This study followed strict ethical guidelines to protect the participants' well-being, autonomy, and confidentiality. Participation was voluntary, with informed consent obtained. Respondents were allowed to withdraw at any time without consequence. Given the sensitive nature of the research, trauma-informed guidelines ([MacDonald et al., 2024](#); [Chayn, 2024](#)) were adhered to, particularly for topics like CP, aimed to minimize the risk of Retraumatization ([Understanding Retraumatization, 2024](#)). Content warnings were provided before administering the CPMS and other questionnaires to ensure participant safety. Respondents could withdraw if distressed, and clear information about the study was shared to build trust. Safeguards included access to mental health resources, mindfulness breaks, and follow-up support, such as study



findings and test result summaries. All personal data were secured in compliance with the Data Privacy Act of 2012, ensuring confidentiality and anonymity (Republic Act 10173, n.d.). The study prioritized ethical standards, focusing on respect, safety, and integrity.

## FINDINGS AND DISCUSSION

The study involved 153 respondents aged 18 to 26 from Laguna (62.7%) and Batangas (37.3%) in the CALABARZON Region, all of whom self-reported experiencing corporal punishment between the ages of 2 and 14. Their demographic profiles, specifically in terms of age and locale, are presented in Table 1.

**Table 1.** Demographic Profile of Respondents

Characteristics	Frequency	Percentage
<i>Age</i>		
18	26	17
19	45	29.4
20	22	14.4
21	9	5.9
22	19	12.4
23	15	9.8
24	8	5.2
25	3	2
26	6	3.9
<i>Province</i>		
Laguna	96	62.7
Batangas	57	37.3

### The Level of Corporal Punishment Myth Acceptance by Young Filipino Adults

The CP myth acceptance rate assessment among young adults showed a moderate level, with a mean score of 2.55. The statement, "Corporal punishment is used to discipline both boys and girls," had the highest mean of 3.22, indicating a slightly above-average acceptance. In contrast, "Corporal punishment should be used every time a child misbehaves" had the lowest mean of 1.94, suggesting low acceptance. Among the CPMS subscales, the "Harmless Myths Subscale" had a mean of 2.76, slightly higher than the "Effective and Necessary Myth Subscale" at 2.36, reflecting moderate CP myth acceptance. Interestingly, these findings align with research showing neutral or mixed attitudes toward CP, with young adults acknowledging better disciplinary alternatives (Policastro et al., 2024; Lim et al., 2022). The highest mean score of 3.22 for the statement about the gender-neutral application of CP reflects the view that CP is applied to both genders, which agrees with Nace et al. (2021) and Mehlhausen-Hassoen (2021). The mean score of 2.76 on the "Harmless Myths Subscale" suggests that some young adults perceive CP as harmless, potentially contributing to its acceptance across genders. However, perceiving CP as harmless (mean of 2.76) may contribute to its continued acceptance, especially among those who experienced CP in childhood (Greene et al., 2020; Walker et al., 2021; Smith & Kalkbrenner, 2020).

**Table 2.** Level of CP Myth Acceptance among Selected Filipino Young Adults

Statements	$\bar{X}$	SD	Rank
1. Corporal punishment used to discipline a child is harmless.	2.28	1.15	8

	Statements	$\bar{X}$	SD	Rank
2.	Using corporal punishment occasionally to discipline a child does not cause damage to the child.	2.36	1.2	6
3.	It is unrealistic to believe that parents should never use corporal punishment to discipline children.	3	1.05	2
4.	The use of corporal punishment teaches responsibility and helps children develop their character	2.89	1.24	3
5.	Corporal punishment is used to discipline both boys and girls.	3.22	1.2	1
6.	Corporal punishment is better than other discipline methods	2.34	1.11	7
7.	Without the use of corporal punishment to discipline children, they become spoilt and run wild.	2.64	1.18	5
8.	Corporal punishment teaches children how to respect others.	2.69	1.22	4
9.	Corporal punishment is the only thing children can understand.	2.17	1	9
10.	Corporal punishment should be used to discipline a child every, single time a child misbehaves.	1.94	1.03	10
<b>GENERAL ASSESSMENT</b>		<b>2.56</b>	<b>.80</b>	

### The Level of Post-Traumatic Growth Among Filipino Young Adults

The PTG assessment among Filipino young adults yielded a composite mean of 2.94, indicating moderate levels of growth following a crisis. The highest mean score of 3.31 was for "I discovered that I am stronger than I thought I was," while the lowest mean score of 2.75 was for "I have a greater sense of closeness with others." These findings suggest that although some positive change occurred, it was not profound. This aligns with the view that PTG is a complex construct influenced by various factors (Tedeschi et al., 2024). Mental health issues, such as depression and anxiety, can impede PTG, as shown in studies by Slade et al. (2019) and Shaikh et al. (2021), which highlighted the negative impact of unresolved mental health problems, particularly in the Philippines, where high levels of depression and anxiety were reported. Additionally, stress and anxiety can hinder PTG by interfering with cognitive processing (Senol-Durak et al., 2023). On the other hand, context also plays a significant role, as studies like those by Mah et al. (2024) and Refaeli and Shir (2024) suggest that social support and the type of trauma experienced are key factors influencing PTG.

**Table 3.** Level of PTG among Selected Filipino Young Adults

	Statements	$\bar{X}$	SD	Rank
1.	I have changed my priorities regarding what is important in life.	2.28	1.55	10
2.	I have a greater appreciation for the value of my own life.	2.36	1.61	9
3.	I will be able to do better things with my life.	2.96	1.43	3
4.	I have a better understanding of spiritual matters.	2.88	1.57	6
5.	I have a greater sense of closeness with others.	2.75	1.5	8
6.	I have established a new path for my life.	2.94	1.5	5
7.	I know better that I can handle difficulties.	2.95	1.42	4
8.	I have a stronger religious faith.	2.77	1.75	7
9.	I discovered that I was stronger than I thought I was.	3.31	1.59	1
10.	I learned a great deal about wonderful people.	3.01	1.58	2
<b>GENERAL ASSESSMENT</b>		<b>2.94</b>	<b>1.09</b>	

### The Level of Resilience Among Filipino Young Adults

The level of resilience among selected Filipino young adults yielded an overall mean score of 2.97, indicating low to normal resilience. The statement, “I tend to bounce back quickly after hard times,” had the highest mean of 3.26 (normal resilience), while “I have a hard time making it through stressful events” had the lowest mean of 2.71 (low resilience). These findings suggest variability in resilience levels, with some young adults coping well with challenges while others struggling with setbacks. This aligns with [The Educator \(2023\)](#), which noted that young adults often exhibit resilience despite distress but remain vulnerable to mental health challenges due to high-stress levels, especially among “Gen Z” and millennials ([Medaris, 2023](#)). [Cigna’s resilience index \(2020\)](#) also highlighted declining resilience in young adults aged 18–23, with 54% reporting low resilience and feelings of disconnection compounded by societal stressors like economic uncertainty.

In contrast, studies in the Philippine context have suggested higher resilience among young adults, which is attributed to strong family connections and historical adversities ([Agbay, 2024](#)). [Nicomedes et al. \(2020\)](#) emphasized that support systems, including family, religion, and community, positively impact resilience. [Yildirim and Tanrıverdi \(2021\)](#) further confirmed that social support significantly predicts resilience, emphasizing the role of Filipino family ties in fostering resilience ([Gozum, 2019](#)).

**Table 4.** Level of Resilience among Selected Filipino Young Adults

Statements	$\bar{X}$	SD	VI
1. I tend to bounce back quickly after hard times.	3.26	.98	N
2. I have a hard time making it through stressful events.	2.71	1	L
3. It does not take me long to recover from a stressful event.	3.01	.97	N
4. It is hard for me to snap back when something bad happens.	2.9	1	L
5. I usually come through difficult times with little trouble.	3.21	.92	N
6. I tend to take a long time to get over setbacks in my life.	2.77	.99	L
<b>GENERAL ASSESSMENT</b>	<b>2.97</b>	<b>.54</b>	<b>L/N</b>

### The Relationship Between Corporal Punishment Myth Acceptance Levels and Post-Traumatic Growth Among Filipino Young Adults

A Pearson correlation analysis was conducted to examine the relationship between the levels of CP myth acceptance and PTG. Results indicated a weak, non-significant, positive correlation between CPA and PTG,  $r(151) = .085$ ,  $p = .297$ , as shown in Table 5. This result suggests no significant relationship between CP attitudes and PTG among respondents. Thus, the analysis does not provide sufficient evidence to reject the null hypothesis regarding the relationship between the variables.

Interestingly, [Wadji et al. \(2023\)](#) supported this finding, suggesting that the perceived acceptability of child maltreatment may not play a significant role in understanding how individuals recover from trauma. Instead, they emphasize the importance of actual experiences while highlighting cross-cultural variations in PTG. Furthermore, in cultures where CP is prevalent, it may not be seen as uniquely traumatic ([Oei et al., 2023](#)), and attitudes may align with societal norms rather than personal emotional outcomes. [Senol-Durak et al. \(2023\)](#) further emphasized that PTG arises from personal experiences rather than generalized beliefs, which helps explain the lack of association between CP attitudes and PTG. Although few studies have directly examined CP attitudes–PTG links, related research suggests these constructs may operate differently. For instance, while attitudes reflect rational evaluations, PTG often arises from emotional processing ([Chen et al., 2021](#); [Ng et al., 2024](#)); an individual may rationalize CP as acceptable yet still undergo emotional healing and growth.



One plausible reason for this null finding is the cultural normalization of CP in Filipino society, where it is often seen as an act of love or necessary discipline rather than abuse (Asio, 2023). When adverse experiences are viewed as normative, they may not disrupt core beliefs or generate the cognitive dissonance required for PTG (Senol-Durak et al., 2023; Tedeschi, 2020). This aligns with Sudo et al. (2023), who found that in cultures where physical discipline is normalized, the psychological impact of such discipline may be minimized. Hence, individuals who endorse CP myths may not perceive their experiences as traumatic, thus reducing the emotional struggle that typically precedes PTG. This finding highlights how culturally accepted attitudes can buffer distress, muting the transformative growth that PTG theory predicts. This finding contributes to both theoretical perspectives and the limited literature on CP attitudes and PTG, offering a culturally grounded insight into why cognitive beliefs about discipline may not correspond with trauma-related growth.

**Table 5.** Non-Significant Relationship between the Levels of CP Myth Acceptance and PTG

		CPA	PTG
CPA	Pearson Correlation	1	.085
	Sig. (2-tailed)	.111	.297
	N	153	153
PTG	Pearson Correlation	.085	1
	Sig. (2-tailed)	.297	
	N	153	153

### **Resilience Moderating the Relationship Between Corporal Punishment Myth Acceptance Levels and Post-Traumatic Growth Among Filipino Young Adults**

A linear regression with moderation analysis was conducted to test whether resilience moderates the relationship between CP attitudes and PTG. The predictors were corporal punishment myth acceptance (CPA), resilience (RES), and interaction terms. The regression analysis revealed that CPA,  $B = .108$ ,  $SE = .111$ ,  $t = 0.972$ ,  $p = .332$ , and RES,  $B = .140$ ,  $SE = .165$ ,  $t = 0.849$ ,  $p = .397$ , were not significant predictors of PTG. Additionally, the interaction term was insignificant ( $B = -0.002$ ,  $SE = .080$ ,  $t = -0.022$ ,  $p = .983$ ), indicating that resilience did not moderate the relationship between CPA and PTG, as shown in Table 6. These findings suggest that neither CPA nor resilience independently predicts PTG and their interaction does not significantly influence the dependent variable. Consequently, insufficient evidence exists to reject the null hypothesis, implying that resilience did not moderate the association between CP attitudes and PTG.

The scarcity of literature on CP attitudes and PTG suggests limited research on the role of resilience in their relationship. Resilience was hypothesized to moderate the CP myth acceptance–PTG link based on its well-established role as a protective factor in trauma recovery (Abate et al., 2024). The capacity to maintain or regain psychological stability in adversity is often conceptualized. Thus, individuals with higher resilience are expected to demonstrate greater growth or more adaptive outcomes even if they endorse CP myths. However, the results revealed that neither CP attitudes nor resilience significantly predicted PTG, and more importantly, their interaction was non-significant. This null finding may stem from a conceptual mismatch between constructs. Resilience reflects adaptive functioning and emotion regulation, whereas CP myth acceptance is a cognitive belief system shaped by culture and experience; the two domains may operate independently. Wadji et al. (2023) found that subjective acceptance of child maltreatment did not meaningfully affect resilience or PTG, further supporting the idea that beliefs about abuse may not be central to trauma recovery outcomes.

Moreover, this result aligns with a growing body of work emphasizing the theoretical distinction between resilience and PTG. Resilience typically refers to “bouncing back” from adversity, often returning to pre-trauma functioning, whereas PTG involves fundamentally reevaluating one’s core beliefs following significant psychological struggles (Elam & Taku, 2022; Tedeschi, 2020). Highly resilient individuals may cope effectively without needing to process their trauma deeply, thereby limiting the transformative reflection required for PTG (Galia et al., 2022). As a result, resilience may reduce the likelihood of PTG by buffering individuals from the emotional disequilibrium that prompts personal growth. The cultural context also plays a role. As previously mentioned, in societies where CP is normalized, such as the Philippines, CP may be interpreted as discipline rather than trauma (Asio, 2023; Sudo et al., 2023). This framing could minimize emotional disruption and the need for meaning making, weakening any potential moderating role of resilience. Thus, while resilience remains crucial in trauma coping, it may not significantly influence the link between culturally reinforced disciplinary beliefs and PTG, warranting deeper investigation in future cross-cultural and longitudinal studies (Witt et al., 2021).

**Table 6.** Test of Moderation of Resilience to the Relationship between the Levels of CP Myth Acceptance and PTG

Model	Coefficient	SE	t	Sig.
Constant	2.252	.559	4.030	.000
CPA	.108	.111	.972	.332
RES	.140	.165	.849	.397
INT	-.002	.080	-.022	.983

### Appropriate Actionable Plans Based on the Research Findings

Based on the study’s finding, an action plan was developed to address three key variables: CP Attitudes, PTG, and resilience (Table 7). The findings illustrate the need to (a) increase awareness about the harmful effects of CP, (b) foster PTG in individuals who have experienced trauma, and (c) enhance their resilience against adversity. To achieve these objectives, a series of carefully designed activities, including webinars, workshops, and social media campaigns, are proposed to empower Filipino young adults with knowledge and skills to promote positive change.

The proposed action plan provides a holistic approach to addressing the key findings of this study. By focusing on education, trauma processing, and resilience-building, these activities aim to challenge harmful CP attitudes, foster growth in trauma survivors, and strengthen emotional resilience among Filipino young adults. The webinars, workshops, and campaigns are designed to empower individuals with the knowledge and skills necessary to promote positive change, ultimately contributing to healthier attitudes, improved mental well-being, and personal growth. Through this action plan, Filipino young adults can better navigate adversity, break trauma cycles, and build stronger, more resilient lives.

**Table 7.** Proposed Action Plan

Area of Concern	Objectives	Activities	Time Frame	Persons Involved	Expected Outcome
<b>Moderate level of CP Myth Acceptance among Filipino</b>	To promote awareness and reduce the acceptance of CP myths.	<b>Webinar or Seminar:</b> “ <i>Breaking the Cycle: Myths and Realities of Corporal Punishment</i> ” • Involvement of mental health professionals in	April-May 2025, in celebration of the “International Day to	-Filipino Young Adults (18-26 years) - Mental health professionals - Parents	Participants experience (a) reduced CP myth acceptance, (b) increased

Area of Concern	Objectives	Activities	Time Frame	Persons Involved	Expected Outcome
young adults, implying neutral beliefs on CP Use		discussing CP myths, prevalence, and its harmful effects. <b>Social Media Campaign:</b> Use infographics, videos, and hashtags like #EndCPMyths, #EndCorporalPunishment, or #PositiveParenting. <b>Community Seminar:</b> "Positive Parenting: Alternatives to Corporal Punishment."	#EndCorporalPunishment 2025", 30 <sup>th</sup> of April		awareness of CP effects, and (c) greater adoption of positive discipline techniques.
Moderate level of Post-Traumatic Growth among Filipino young adults who experienced adverse childhood experiences (not exclusive to CP)	To foster PTG by teaching strategies to process trauma positively.	<b>Webinar or Seminar:</b> "Understanding Post-Traumatic Growth: Turning Trauma into Strength" <b>Trauma-Processing Interactive Workshop:</b> • Cognitive Behavioral Techniques (CBT) to reframe trauma experiences. • Journaling and group sharing to facilitate growth. <b>Self-Reflection Program:</b> Provide structured tools for participants to track and celebrate their growth over time.	June-July 2025, joining the celebration of US' "National Post-traumatic Growth Day", 13 <sup>th</sup> of June	-Filipino Young Adults (18-26 years) - Mental health professionals - Parents	Participants (a) demonstrate an understanding of PTG, (b) applied strategies for growth, and (c) developed constructive coping mechanisms.
Low to moderate resilience levels among Filipino Young Adults	To improve the resilience and coping abilities among young adults.	<b>Resilience-Building Seminar and Workshop:</b> "Bounce Back Stronger: Strengthening Resilience" • Stress management strategies: mindfulness, self-regulation techniques. <b>Resilient Group Therapy Sessions:</b> Safe-space discussions on overcoming adversity. <b>Social Media Challenge:</b> The "30-Day Resilience Challenge" will encourage	October-November 2025, in celebration of "World Mental Health Day 2025", 10 <sup>th</sup> of October	-Filipino Young Adults (18-26 years) - Mental health professionals - Parents	Participants exhibited (a) improved resilience, (b) better coping strategies, and (c) enhanced mental well-being.

Area of Concern	Objectives	Activities	Time Frame	Persons Involved	Expected Outcome
		participants to practice daily mental health habits, such as gratitude lists, mindfulness activities, and positive affirmations.			

## CONCLUSIONS

The findings revealed several noteworthy conclusions that address the study's objectives and provide an advanced understanding of psychology and social sciences. First, the study established a moderate level of CP myth acceptance among respondents, indicating neutral or mixed beliefs regarding corporal punishment's perceived harmlessness and necessity. Although many respondents acknowledged the availability of non-violent disciplinary methods, the persistence of harmful CP myths reflects the influence of cultural norms and personal experiences. Second, the results indicated that Filipino young adults experience moderate levels of PTG following exposure to adverse experiences, such as CP. Respondents reported experiencing changes such as discovering inner strength and a better understanding of life's priorities. Third, the study identified respondents' low to normal resilience levels, suggesting variability in their capacity to manage adversity and stress. While some individuals demonstrated resilience, others struggled to overcome setbacks.

Notably, the study found no significant relationship between CP myth acceptance and PTG; resilience did not moderate this relationship. These results highlight the complexity of the constructs. CP myth acceptance reflects cognitive beliefs, whereas PTG arises from emotional and transformative processes. As such, cognitive attitudes may not directly influence the emotional processing necessary for growth. Furthermore, the cultural normalization of CP may further diminish its perceived traumatic impact, reducing the likelihood of profound psychological disruption that fosters PTG. Furthermore, resilience, being a weak predictor of PTG, contributes to understanding the difference and relationship between the two constructs.

## LIMITATION AND FURTHER RESEARCH

This study provides relevant insights into the relationships among CP myth acceptance, PTG, and Resilience. However, certain limitations should be acknowledged to guide future research. First, the moderate level of CP attitudes may have influenced the study's findings. The average respondents reported mild forms of corporal punishment attitudes, which may have limited the detection of stronger relationships with PTG. Future studies should explore the nature and severity of CP, including whether objects were involved, the frequency of punishment, and the emotional intensity experienced.

Additionally, the study did not consider key demographic factors such as gender, age at which CP occurred (e.g., childhood vs. adolescence), and identity of the parent or caregiver administering punishment. These variables may significantly influence outcomes and should be investigated further. Future research could also expand the sample to include other age groups and cultural contexts to improve generalizability. Lastly, the study's sole focus on attitudes limited its understanding of emotional processing and adaptive coping strategies related to CP. Future research should examine factors alongside CP attitudes, such as meaning-making, social support, and other coping mechanisms, to gain a deeper understanding of PTG in the context of CP experiences.

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