



Corporal punishment of children the public health impact



World Health
Organization

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Abbreviations

GDP	Gross Domestic Product
IPV	Intimate partner violence
MICS	Multiple Indicator Cluster Surveys
SDG	Sustainable Development Goal
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Overview

- Following the United Nations Committee on the Rights of the Child (CRC Committee), and throughout this report, corporal punishment is defined as “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light”.
- Globally, an estimated 1.2 billion children aged 0-18 years are subjected to corporal punishment at home each year.
- Across 58 countries where severity was disaggregated, some 17% of all children subjected to corporal punishment suffered severe forms – such as being hit on the head, face or ears, or hit hard and repeatedly – in the past month.
- National prevalence of corporal punishment in the home varies considerably. Data from eight low- and middle-income countries show that the prevalence of parent and caregiver self-reported corporal punishment of children aged 2-14 years in the past month ranged from lows of 30% in Kazakhstan and 32% in Ukraine, through 63% in Serbia and up to 77% and 64% in Togo and Sierra Leone respectively.
- In Africa and Central America, 70% of children experience school corporal punishment in their lifetime. Lower rates were found in the Western Pacific region, with lifetime prevalence around 25%. Across all regions, corporal punishment was reported to be common at both primary- and high-school levels.
- Changes in child corporal punishment prevalence rates over time show inconsistencies between countries. Prevalence rates in some countries decrease after the introduction of laws prohibiting it, in others prevalence increases or remains unchanged following bans, and in yet others with no bans prevalence can decrease or increase.
- Corporal punishment, whether at home or in the school, is associated with:
 - harm to physical and mental health;
 - impaired cognitive and socio-emotional development;
 - atypical brain development :
 - behavioural problems, poor moral internalization, increased antisocial behaviour and aggression;
 - adult perpetration of violent, antisocial and criminal behaviour;
 - damaged family relationships;
 - reduced educational achievement and attainment;
 - greater acceptance of and use of violence across society.
- No study has found any positive effects of corporal punishment on children’s behaviour, development or wellbeing.
- Risk factors for corporal punishment have been identified at the individual, family, community, and societal levels.
 - At the individual level a child’s being disabled substantially increases the risk of their suffering corporal punishment.
 - Prominent family-level risk factors include parents who themselves were subjected to corporal punishment as children, and parents suffering from mental health conditions such as depression, and alcohol and drug abuse.
 - Community- and societal-level characteristics that increase the risk of corporal punishment include poverty, racism and discrimination along the lines of social class.
- There is now overwhelming scientific evidence that corporal punishment of children carries multiple risks of harm and has no benefits for children, parents, or societies. Continuing use of corporal punishment and persisting belief in the necessity of its use in some countries despite legal bans, suggest that efforts to enact and enforce such laws should be accompanied by campaigns to increase awareness of laws against corporal punishment and complemented by efforts to support parents and teachers in the use of positive, non-violent approaches to discipline.

Introduction

The World Health Organization (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (1). This definition subsumes corporal punishment, which the UN Committee on the Rights of the Child (2) defines as “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light”. Such punishment most often involves hitting children with a hand or an object (such as a belt or shoe), but can also include kicking, shaking or throwing children; scratching, pinching, biting, pulling hair or boxing ears; forcing children to stay in uncomfortable positions; burning and scalding; or forced ingestion (for example, washing children’s mouths out with soap). Corporal punishment often co-occurs with psychological punishment, which involves behaviour that belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules a child.

For generations, adults have used various childrearing methods to discipline children, often including physical punishment. The common acceptance of corporal punishment and its legitimacy has been embedded in law, religion and cultural traditions in many societies.

But there is now overwhelming scientific evidence that corporal punishment of children carries multiple risks of harm and has no benefits. Adults who consider corporal punishment a form of discipline are often unaware of its many potential long-lasting harms, and that positive, non-violent discipline can be used to better effect. This report therefore aims to highlight the harmful effects of child corporal punishment on individual health and on society. It describes the prevalence and consequences of corporal punishment, and the risk factors which may increase the likelihood of child corporal punishment, with the goal of raising awareness and supporting efforts to address this critical child rights and public health issue.

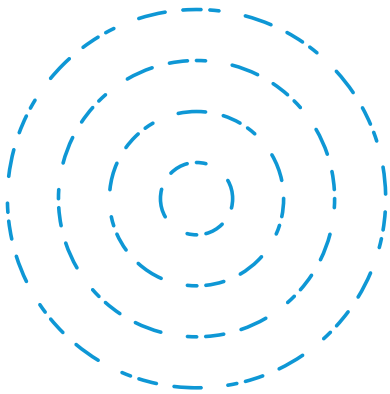
Mother writing on paper chart during parenting support session in Cape Town, South Africa. © WHO/Alexandra Swanepoel



Methods

A desk review of existing data was conducted, including global and national primary sources and scholarly literature related to corporal punishment prevalence, impacts, and risk factors. A comprehensive global-level knowledge hub on the legal status of corporal punishment, its prevalence and tools to secure its elimination was also used (3). In addition, the report benefited from the review and contributions of leading international academics and practitioners with authoritative knowledge and experience on corporal punishment of children and its impacts on public health.

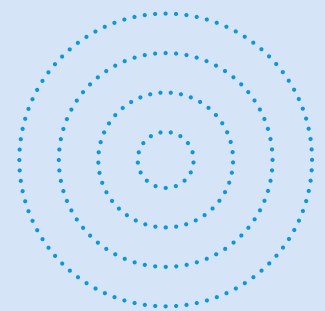






Rafael with wife Janella and son Jemuel at French Fort, Tobago. © WHO/Alasdair Bell

Prevalence of corporal punishment



Prevalence of corporal punishment

Corporal punishment is highly prevalent globally, in homes, schools, and other settings. It cuts across geographical, cultural and economic boundaries and is recognized as the most common type of violence against children (4,5). Other settings where it occurs include childcare and alternative care settings, child justice settings, sports, work, and religious and community contexts. However, there have been few efforts to study prevalence rates in these other settings, and studies that have attempted to do so conflate corporal punishment with other forms of violence (6).

Corporal punishment in the home – global and regional prevalence

UNICEF estimates that globally 1.2 billion children aged 0-18 years are subjected to corporal punishment at home each year (5). Across 58 countries where severity was disaggregated, some 17% of all children subjected to any corporal punishment suffered severe forms – such as being hit on the head, face or ears, or hit hard and repeatedly – in the past month (4).

Corporal punishment of even infants and very young children is also common, with UNICEF reporting that globally 330 million children under 5 years of age (approximately 50%) are regularly punished by physical means each year (5).

Although corporal punishment in the home is common across all world regions, there is considerable regional variation in rates. UNICEF Multiple Indicator Cluster Surveys (MICS) data from 49 low- and middle-income countries between 2010 and 2016 showed that corporal punishment of children aged 2-4 years was least common in Europe and Central Asia (41%), and East Asia and the Pacific (48.2%). In Latin America and the Caribbean, 55.2% of young children were exposed to corporal punishment, and 64.6% in South Asia. Corporal punishment was most common in Sub Saharan Africa (70.6%) and the Middle East and North Africa (75.8%) (7).

Corporal punishment in the home – national prevalence

National prevalence rates of corporal punishment by parents and caregivers show considerable variation between countries and within countries over time.

Data from nationally representative surveys carried out in eight disparate low- and middle-income countries between 2009 and 2013 show that the prevalence of parent and caregiver self-reported corporal punishment of children aged 2-14 years in the past month ranged from lows of 30% in Kazakhstan and 32% in Ukraine, through 63% in Serbia and up to 77% and 64% in Togo and Sierra Leone respectively (8).

In-depth research on the prevalence of corporal punishment in the home has been undertaken in several high-income countries. A 2023 study of prevalence in Australia found that 62.5% of adults had experienced corporal punishment in childhood (9).

Data from three large, representative cohort studies in the United Kingdom of Great Britain and Northern Ireland found that in 2020-2021, corporal punishment by parents and caregivers was common. Parentally self-reported prevalence was highest for the parents and caregivers of 3-year-olds and decreased as children got older. A greater percentage of boys (70%) than girls (64%) experienced corporal punishment from parents (10).

A 2015 study in the United States among 2200 parents involved 10 in-depth discussion groups and a nationally representative online survey. It found that a quarter of parents with children under 5 years old spanked their young children several times a week or more; about a fifth spanked their children habitually, and 17% hit their children using objects such as belts, rulers, wooden spoons and clothes hangers. Some 70% of parents said that discipline was the most difficult part of bringing up children, and 30% indicated that “I spank even though I don’t feel okay about it”. Asked about alternatives to spanking, 69% of parents said that if they knew about more positive parenting practices, they would use them (11).

Turning to changes over time in national prevalence rates, existing studies of trends in the prevalence of child corporal punishment almost all aim at evaluating how such rates are impacted by the introduction of laws aimed

at banning these practices. A descriptive study of trends over various time periods between the late 1970s and 2020 in 10 high-income countries (Austria, Denmark, Finland, Germany, Japan, New Zealand, Poland, Romania, Sweden and the United Kingdom) found that the prevalence of corporal punishment decreased in all 10 countries (12), and that in some instances (e.g. Sweden) the decreases started before laws banning corporal punishment were introduced (12).

A study of parental use of corporal punishment trends in 24 mainly low- to middle-income countries between the years 2004 and 2022, including nine with bans and 15 without bans showed no consistent associations between changes in corporal punishment prevalence rates and the enactment of bans (see Table 1 below). In three of the nine countries with bans, child corporal punishment rates increased following the bans, and of the 15 countries without bans, child corporal punishment rates decreased in nine and increased or remained stable in six (13).

Table 1. Proportion of parents that use corporal punishment by country and legal status of corporal punishment*

Country	Ban	Round MICS			
		MICS3	MICS4	MICS5	MICS6
Swaziland*	no ban		65%	66%	61%
Nigeria	no ban		79%	72%	78%
Sierra Leone	no ban	78%	64%		70%
Ghana	no ban	69%	71%		77%
Benin	with ban			73%	69%
Coted'Ivoire*	no ban	74%		64%	
Nepal	with ban			52%	64%
Mauritania	no ban		76%	67%	
Zimbabwe	no ban			37%	43%
Jamaica	no ban	73%	66%		58%
Togo	with ban	74%	76%		75%
Gambia	no ban	72%	74%		74%
Guyana	no ban	66%		52%	55%
Belize	with ban	57%	55%	49%	
Guinea Bissau	no ban	72%		68%	69%
Central African Republic	no ban	77%	80%		82%
Iraq	no ban	67%	60%		60%
Laos*	with ban	45%	42%		35%
Suriname	no ban	56%	60%		62%
Mongolia	with ban		25%	27%	27%
Kazakhstan	with ban	24%	30%		
Malawi	with ban			63%	63%
Argentina	with ban		40%	44%	38%
Cuba	no ban			32%	35%

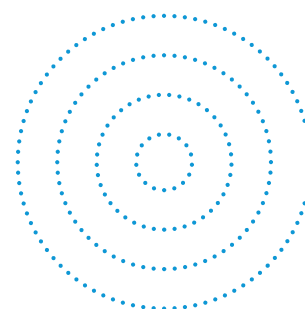
*The country names in this table are as provided in the text reproduced from the original article cited below. The following country names - Swaziland, Laos, and Coted'Ivoire - are inconsistent with official WHO Member State names and should instead be Eswatini, Côte d'Ivoire and Lao People's Democratic Republic (the) respectively.

Source: Reproduced from Smarrelli G, Wu D, Hares S. Center for Global Development Note 367, April 2024, Legislating to prevent violence against children: corporal punishment bans are necessary but not enough (13), with kind permission from the Center for Global Development.

A further study applied a similar methodology to examine of changes over time in caregivers' reported use of corporal punishment across eight diverse countries. In countries where corporal punishment was explicitly outlawed in all settings, prevalence rates decreased in Macedonia and Ukraine and increased in Albania and Togo. The remaining four countries had not prohibited corporal punishment, and prevalence rates increased in the Central African Republic and Kazakhstan, and decreased in Montenegro and Sierra Leone (8).

Corporal punishment in education settings

Corporal punishment in schools remains common in many countries. For example, a meta-analysis of studies carried out between 1980 and 2017 found that in Africa and Central America the lifetime prevalence of school corporal punishment was 70%. Lower rates were found in the Western Pacific region, with lifetime prevalence around 25%. Across all regions, corporal punishment was reported to be common at both primary- and high-school levels (14).

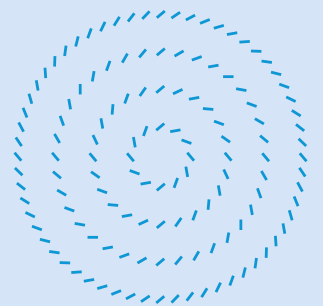


Jamila with her children in
Um Rakuba refugee camp,
Eastern Sudan.
© WHO/Ala Kheir



Mothers and toddlers dancing and clapping during parenting support session in Cape Town, South Africa.
© WHO/Alex Swanepoel

Consequences of corporal punishment



Consequences of corporal punishment

A large body of research, including several meta-analyses carried out over five decades and covering a wide range of geographical and cultural contexts, has identified strong associations between corporal punishment and detrimental impacts across the lifespan. No study has found positive effects of corporal punishment on children's development or wellbeing (15, 16, 17).

The strength and consistency of empirically validated associations between exposure to corporal punishment and impaired developmental outcomes has led researchers to conclude that causal relationships exist, and to urge policymakers and health professionals to raise awareness about the harms of corporal punishment, and recommend against its use (18, 19).

Physical harm

Corporal punishment can cause direct physical harm, including injuries from being hit with hands or objects, kicked, being submerged under water, being forced to ingest noxious substances, and being subjected to other forms of physical force (20).

Corporal punishment can also cause indirect physical harm with short- and long-term health impacts. It can trigger harmful physiological and psychological responses, with particularly pronounced impacts on young children. Feeling threatened leads to physiological stress and the activation of the neural pathways associated with a fight or flight response. Children who have suffered corporal punishment thus tend to exhibit high hormonal reactivity to stress (21), overloaded biological systems – including the nervous, cardiovascular and nutritional systems – and changes in brain structure and function (22, 23, 24).

Impaired cognitive and socio-emotional development

Corporal punishment negatively affects children's cognitive development. On average, across 49 low- and middle-income countries, children exposed to corporal punishment were about 24% less likely to be developmentally on track than children who were not exposed to corporal punishment. (25). Impacts include confusion and hyperactivity (26), smaller vocabularies (27), poorer cognitive abilities (28) and slower cognitive development (22). Neuroimaging research suggests that experiencing harsh physical punishment may reduce the volume of the brain's grey matter in areas associated with cognitive performance (29).

Even “moderate” corporal punishment is associated with atypical brain functioning in areas that have been found to be impacted by more severe abuse, suggesting that spanking affects children's brain development (25). Compared with children who were not spanked, children who were spanked exhibited greater activation in multiple regions of the brain in response to seeing fearsome faces as opposed to neutral ones (23). Similar negative impacts on cognitive development have been found for school corporal punishment (see “Damage to learning and educational outcomes”) (30).

Harm to mental health

Research has demonstrated strong associations between corporal punishment and negative impacts on mental health in childhood and adulthood (17, 31). Children experience fear, pain and sadness when physically punished (32) and are more likely to suffer from anxiety, depression, low self-esteem, hopelessness, hostility and emotional instability (33). Large nationally representative studies have confirmed that associations with mental health problems – including depression, low self-esteem, anxiety disorder, self-harm, alcohol and drug abuse, and suicidal tendencies – continue into adulthood (34, 35, 36).

Behavioural problems, poor moral internalization, increased antisocial behaviour and aggression

Instead of teaching children how to behave well, corporal punishment reduces the likelihood that they will behave as adults want them to, in part because corporal punishment models the use of violence to alter the behaviours of others. A review of 69 studies

conducted over two decades in nine countries found that, regardless of any external factors, the links between corporal punishment and negative child behaviour remain consistent: when children are subjected to corporal punishment, their behaviour worsens over time (37). Two further meta-analyses also confirm that corporal punishment does not contribute to the child's long-term compliance to the desired behaviour, and is associated with low moral internalization (17, 31), reduced empathy (38), and poor conflict-solving and self-regulation skills (39). Corporal punishment was also found to be a factor in behaviours such as bullying, lying, cheating, running away, truancy, disruption in school and involvement in crime as a child and young adult (17, 31), and risky sexual behaviour among young adults (40).

There is considerable evidence that corporal punishment increases aggression in children (17, 31, 41). The impact can be gendered, with boys particularly likely to externalise aggression. Both boys and girls are more likely to approve of the use of violence in peer relationships, to bully and experience violence from their peers (42), to use violent methods to resolve conflict (43) and to be aggressive towards their parents (44) if they have been subjected to corporal punishment themselves.

Damaged parent-child relationships

Child corporal punishment can severely damage the quality of the parent-child relationship (45, 46), and these negative effects can continue into adulthood (47). Children report feeling hurt, angry and frightened of their parents after being physically punished, leading to fear and avoidance of the parent (48). Corporal punishment is associated with infants' poor attachment to their mothers (49) and with poor family relationships in adolescence (50).

Impaired learning and educational outcomes

As noted above, corporal punishment of children is associated with negative impacts on cognitive development and behaviour. These in turn are associated with lower educational achievements, with studies finding that children exposed to corporal punishment have lower achievement in mathematics, reading ability and spelling (37, 51, 52). There is also some evidence that adults who experienced corporal punishment in childhood are less likely to graduate from college or to have high status and highly paid jobs (53).

Corporal punishment in the school setting violates children's right to education by creating an intimidating environment in which they are less able to learn. Like corporal punishment in the home, it is associated with a wide range of negative impacts that undermine children's ability to benefit from education. Several studies have documented high rates of physical injury from corporal punishment in school settings (54), and it is associated with worse school performance in subjects such as spelling, reading, and mathematics (51).

Corporal punishment at school is often given by children as a reason for disliking school (30), worsening their concentration, making them hate their teachers, and avoiding or dropping out of school (54, 55). In addition, it may have negative effects on the quality of education in schools as a whole: research has found links between legally permitted corporal punishment in schools and poorer test results (30). Corporal punishment at school can also be part of a context of normalised violence that enables and supports sexual violence (56).

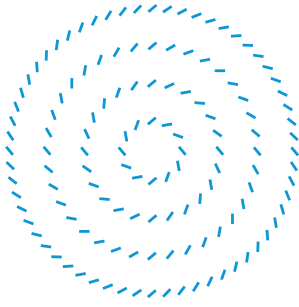
Greater approval and use of multiple types of violence across society

Several studies have explored the connection between corporal punishment and negative effects at a societal level, including the social acceptance and prevalence of other forms of violence (41).

Large-scale multi-country studies have found that higher prevalence and acceptance of corporal punishment is associated with higher rates of intimate partner violence (IPV) (57), the belief that husbands are justified in hitting their wives (58), and a higher probability of verbally coercing or physically forcing a partner to have sex (37). A study involving men in Brazil, Chile, Croatia, India, Mexico, and Rwanda found that those who had experienced corporal punishment and other forms of violence in childhood were more likely to perpetrate IPV, hold inequitable gender attitudes, be involved in fights outside the home or robberies, pay for sex, and experience low self-esteem and depression. They were also less likely to participate in domestic duties, communicate openly with their partners, attend pre-natal visits with a pregnant partner or take paternity leave (59).

Economic and other costs to society

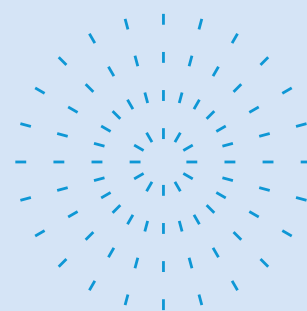
The detrimental impacts of corporal punishment on individual children and adults add up to considerable societal-level costs. The increased burden on health, mental health, child protection and criminal justice services, and the loss of human capital, are substantial. Although few studies examine the costs of corporal punishment specifically, one estimate suggests that all violence against children costs 2–5% of global GDP annually (60), while the World Bank calculated that inaction on school violence, including corporal punishment, costs the world around US\$ 11 trillion in lost lifetime earnings (61).





Children whose home was damaged by flooding play in a stream in Pakistan.
© WHO/Mobeen Ansari

Risk and protective factors



Risk and protective factors

The now widely applied social ecological model of interpersonal violence recognizes that no single factor explains why some individuals behave violently towards others or why violence is more prevalent in some communities than in others (1). The model enables examination of the relationship between individual and contextual factors and recognizes violence as an outcome of multiple levels of influence at the individual, relationship, community and societal levels (1). The following subsections apply this framework to child corporal punishment.

Individual factors that increase the likelihood of child corporal punishment

Sex and gender

Corporal punishment affects both boys and girls, and apart from some countries where boys are more likely to be subjected to corporal punishment, results from comparable national surveys show that the prevalence of corporal punishment is broadly similar for girls and boys (4, 5). However, they may be subjected to different types or frequencies of corporal punishment – whether they are in homes or schools – and may be punished for different behaviours (62).

Some studies have found that boys are more likely to experience corporal punishment in school, with male teachers particularly being more violent towards them (54, 63). A 2021 analysis of surveys of violence against children and youth in 12 African and Latin American countries (Côte d'Ivoire, El Salvador, Honduras, Kenya, Lesotho, Malawi, Namibia, Nigeria, United Republic of Tanzania, Uganda, Zambia and Zimbabwe) revealed that male teachers tend to perpetrate more corporal punishment against boys (64). For instance, in Namibia, male teachers inflicted corporal punishment on male students more than twice as much (11%) as on female students (5%), while female teachers tended to use corporal punishment more often against female students (6%) than males (4%) (64). A survey of 1752 boys and girls aged between 11 and 14 years in 40 public schools in Hyderabad, Pakistan also identified gender disparities in exposure to corporal punishment: 91.4% of boys and 60.9% of girls reported receiving corporal punishment at school in the previous four weeks,

while 60.3% of boys and 37.1% of girls had been physically punished at home in the same period (65).

Disability

There is consistent evidence showing that children with disabilities are at greater risk of suffering corporal punishment (66). For instance, a study exploring violence experienced by children with disabilities in Guinea, Niger, Sierra Leone and Togo found that of the 419 children with disabilities who participated in the study, nearly all reported experiencing some form of violence from parents, teachers, peers or community members, including teasing and physical punishment (67). A report on corporal punishment in USA schools found that in areas of Alabama, Arkansas and Georgia, children with disabilities were over 50% more likely to be subjected to corporal punishment than those without disabilities (68).

Age

As noted in the previous section on prevalence, despite their vulnerability and sensitive stage of development, children aged 2–4 years are as likely as older children – and in many countries, more likely – to be exposed to physical punishment, including harsh forms (4).

Characteristics of families and friendship networks

Intergenerational transmission of corporal punishment

The effects of corporal punishment can last long into adulthood and affect the next generation of children (58). Numerous studies, including meta-analyses, have established strong associations between experiencing corporal punishment as a child and endorsing its use against children as an adult, understood as the intergenerational cycle of violence (17, 69, 70). For example, a study in Colombia of some 11,000 families found that a mother's prior exposure to corporal punishment by her own parents significantly increased the likelihood of her inflicting corporal punishment on her own children younger than 5 years of age, including spanking them and hitting them with objects (71).

A 2021 survey of 1011 adults conducted for Finland's Central Union of Child Welfare found that 14% of respondents considered corporal punishment an acceptable method of discipline, and 44% of respondents had used some form of corporal punishment themselves. Respondents who had childhood experiences of parental corporal punishment were more accepting of disciplinary

violence and reported using it more than respondents who had no personal experience of corporal punishment (72).

Children living in a household with other forms of violence

There is a correlation between corporal punishment of children and IPV, with children living in households where there is IPV at greater risk of suffering corporal punishment. A 2023 systematic review examined 33 studies measuring the co-occurrence of IPV and violence against children – including corporal punishment – within the same family unit in 24 low- and middle-income countries. In all but one of the studies, a substantial association between these two forms of violence was identified. Almost half of the studies concerned the co-occurrence of IPV as perpetrated by men against women and violence against children perpetrated by a female caregiver (73). Similarly, a 2020 study in North Macedonia, the Republic of Moldova, and Romania explored the co-occurrence of IPV against mothers of children with behavioural problems and their risk of perpetrating child maltreatment, finding that mothers exposed to any form of IPV were seven times more likely to have carried out any form of child maltreatment, including corporal punishment, during the previous month (74). Analysis of data from 12 countries in Latin America and the Caribbean, involving more than 180 000 women, revealed that the proportion of women who reported that children had been hit, beaten or slapped in their current home was higher among women who were subjected to IPV than those who were not (57).

Corporal punishment and adverse parental experiences

Children whose parents are in difficult situations – including those suffering from depression, or alcohol or drug abuse – may be at greater risk of being subjected to corporal punishment. A nationally representative study in Sweden in 2022 involving 4000 pupils showed that severe forms of child abuse persisted among certain sub-groups of the population, including families with alcohol and other drug abuse (75). Similarly, a 2012 Australian study involving 29 455 children in contact with child protection services in Victoria over five years found that children were more likely to experience multiple incidents of abuse if their caregiver was abusing alcohol (76). Furthermore, a USA study found that parents who drank more often and heavily would use corporal punishment more frequently, especially when they drank with friends (77). Other USA research involving more than 2000 fathers of three-year-olds found that fathers who reported finding parenting stressful, being depressed, or misusing alcohol and drugs were more likely to physically punish their child (78).

Sometimes families experience multiple, coexisting challenges, such as IPV, anxiety, alcohol abuse and poverty, the combinations of which put children at greater risk of corporal punishment. Research involving 744 married Afghan women found that their use of violence against children, including corporal punishment, during the past month, was associated with their exposure to IPV, their own adverse childhood experiences, and poverty (79).

Societal characteristics

Poverty and low income

While corporal punishment of children can be common across income levels, research suggests that children in communities surviving on low incomes may be at higher risk. In the home setting, the intersection or association between economic stress and child maltreatment has also been established. Material hardship experienced in low-income communities (e.g. basic expense hardship, food insecurity, housing hardship and medical hardship) (80) can lead to increased levels of individual stress and anger, resulting in harsh and potentially abusive parenting, including severe corporal punishment (81).

A 2023 study of 8503 Australian individuals aged 16 years and older found that those who experienced childhood family economic hardship were significantly more likely to have received corporal punishment than those who had not. However, it is notable that the association between corporal punishment and family economic hardship was weakest among the younger participants. Young parents were less likely to resort to corporal punishment, despite financial pressure, suggesting a possible change in societal norms, with declining support for the use of corporal punishment (9). Further studies in the United States of America (82) also identified associations between the prevalence of corporal punishment and families living on low incomes. Evidence suggests that economic stress can increase the chances of caregivers' use of corporal punishment, leading to compounding effects on children's health and development, in addition to the financial pressure experienced by their families.

There is also evidence that school corporal punishment may be more prevalent in poorer communities in some countries. In South Africa, the practice remained widespread in township schools and less prevalent in schools serving children from wealthier formal suburbs (83). Children in families surviving on low income may also face deprivation, which exposes them to higher levels of school corporal punishment. For instance, children from low-income backgrounds in India report being physically or psychologically punished for not having the materials or payment needed for school, not meeting school uniform requirements, or lacking the resources or support to complete homework (84).

Racism, social class and discrimination

Research suggests that some children are at increased risk of corporal punishment in school due to racial and ethnic prejudice. For example, a 2018 USA report found that black students, boys, and students with disabilities, were disproportionately disciplined in public schools during the academic year 2013–2014 (63). Black boys are more than twice as likely to be subject to violent punishment than white boys, while black girls are three times as likely to be struck as their white peers (63). In South Africa, black African students were three times more likely than their white peers to report having experienced some form of violence, which in 84% of cases involved corporal punishment inflicted by a teacher (83). The immigration

status of children can also be a risk factor for corporal punishment. A school-based study in India found that children from migrant backgrounds experienced corporal punishment twice as often as other children and reported being frequently beaten and subjected to humiliating verbal abuse and derogatory or racial slurs (86). The discriminatory use of corporal punishment in schools can compound multiple negative effects, as students will be more likely to engage in negative behaviours such as bullying and fighting, to have low academic achievement, and to suffer mental health problems (54).

Gender-based disparities in relation to child corporal punishment may also be enshrined in laws. For instance, corporal punishment of schoolgirls is prohibited in Singapore by the Education (Schools) Regulations under the Education Act 1957 (87) and in Zimbabwe, under the Criminal Law (Codification and Reform) Act 2004 (88). However, corporal punishment is not prohibited for schoolboys. Similarly, the Nigerian Criminal Procedure Act 1945 prohibits corporal punishment of females – in the form of caning – as a sentence for crime in the country's southern states, while it is lawful for males (89).

Overall, children may experience intertwining individual vulnerabilities (e.g. disability) in conjunction with fragile family conditions (e.g. poverty, alcohol or drug abuse) and wider societal circumstances (such as racism and poverty), which may expose them to higher risks of corporal punishment (2, 31).

Mother and daughter refugees from Ukraine in Poland, 2022. © WHO/Przemysy



Discussion

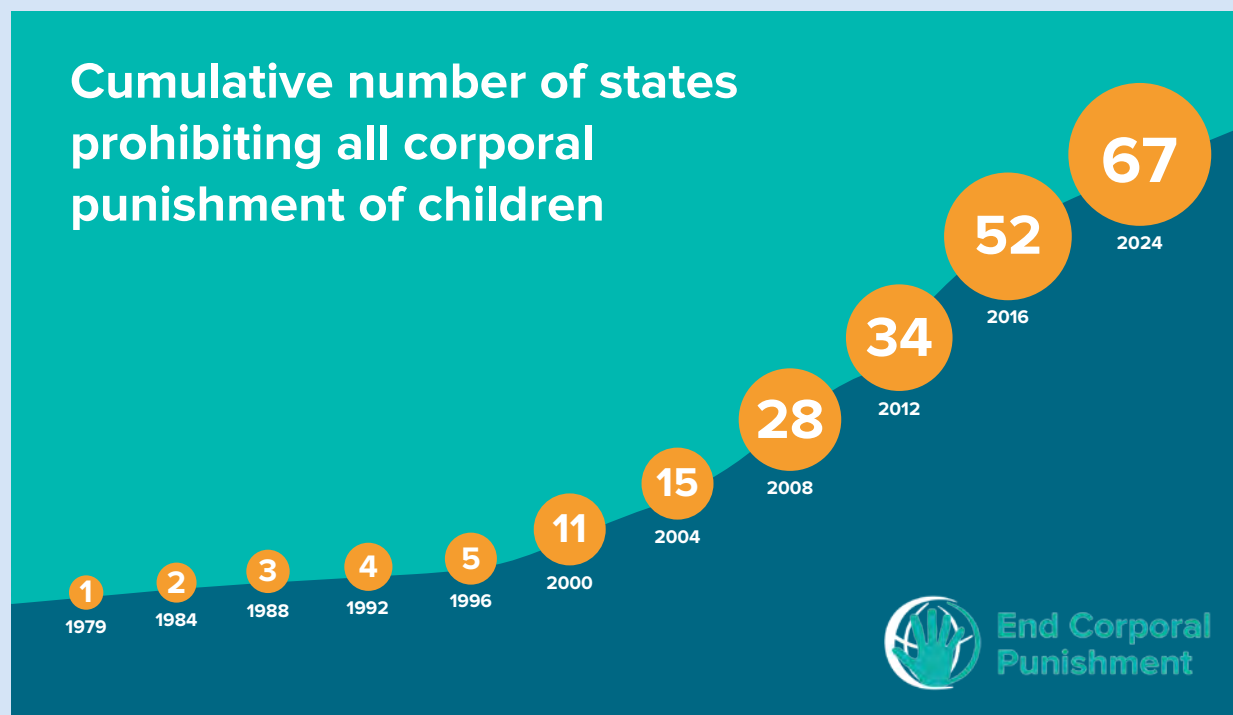
Although it is beyond the scope of this report to review the effectiveness of interventions to prevent child corporal punishment, its high prevalence and severe lifelong consequences demand that effective preventive actions be urgently identified and scaled up. To date, what the Committee for the Rights of the Child identifies as “the obligation of all States parties

to move quickly to prohibit and eliminate all corporal punishment and all other cruel or degrading forms of punishment of children” (2) has led to a focus on advocating for legislative reforms to ban corporal punishment in all settings, including homes and schools (see Box 1).

Box 1. Number of countries that have passed legislation prohibiting corporal punishment

As of the mid-1980s only Finland and Sweden had passed a law prohibiting corporal punishment of children. By October 2024, 67 states from all geographical, cultural and income contexts had passed legislation clarifying that the physical punishment of children is not lawful or permitted, and more laws are in process. Prohibition in educational and other settings also continues to grow (see Fig.1–2).

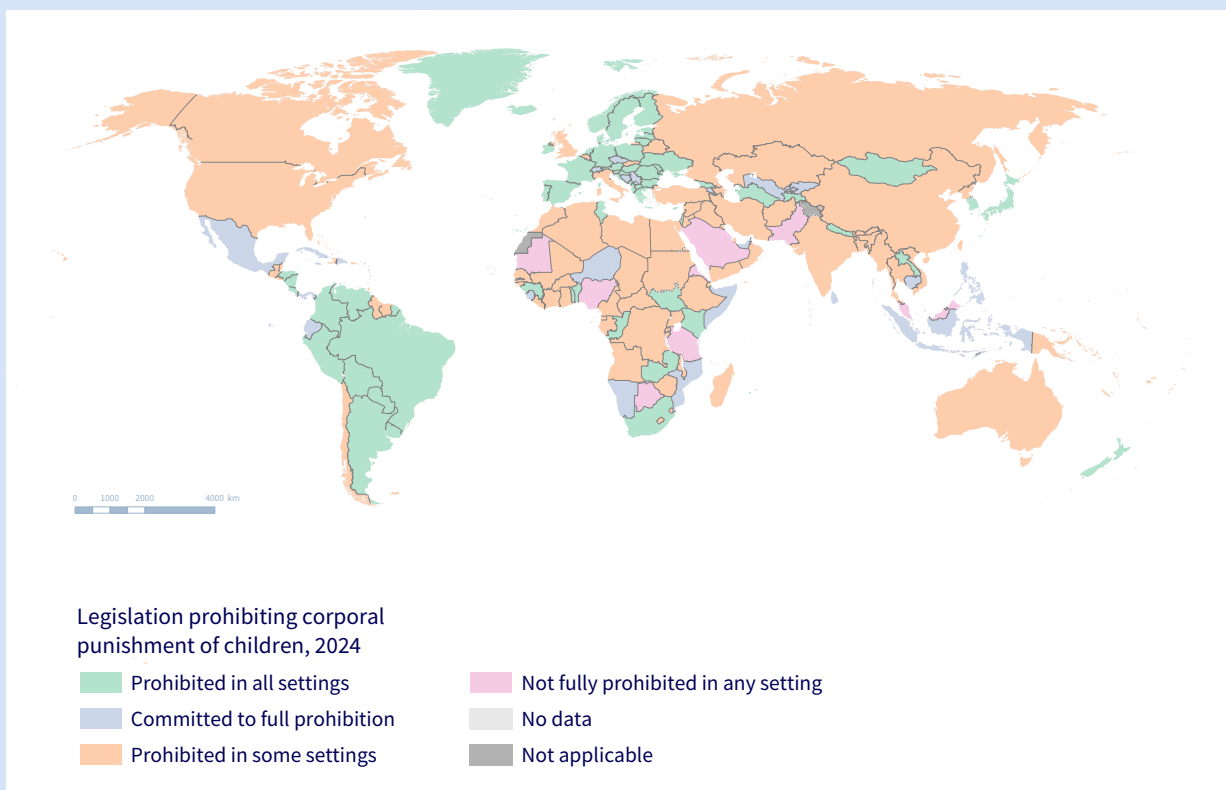
Fig. 1. Cumulative number of states prohibiting all corporal punishment of children



Source: Reproduced from End Corporal Punishment online database (3), with kind permission from End Corporal Punishment.

Box 1. (Continued) Number of countries that have passed legislation prohibiting corporal punishment

Fig. 2. Legislation prohibiting corporal punishment of children, by country, 2024



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Source: Data from End Corporal Punishment online database (3), with kind permission from End Corporal Punishment. End Corporal Punishment

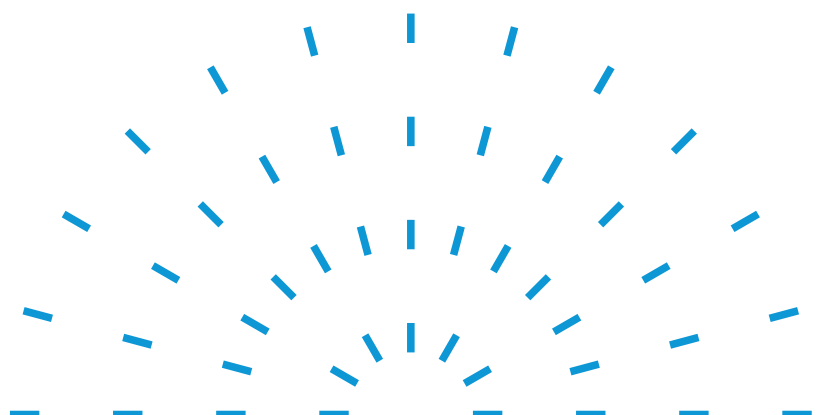
However, as illustrated by trend data showing inconsistencies between countries in prevalence rate changes following corporal punishment bans, these have been characterized as “necessary but insufficient” to prevent child corporal punishment (8, 13). Accordingly, while all countries continue with their efforts to meet Convention on the Rights of the Child (CRC) obligations to prohibit child corporal punishment, they should also explore the prevention potential of interventions guided by a broader social ecological approach designed to impact the risk factors for child corporal punishment at the individual, relationship, community and societal levels.

Examples of such interventions include those subsumed by the *INSPIRE: Seven strategies for ending violence against children* framework (89). This is an evidence-based technical package to support countries in their efforts to prevent and respond to violence against children aged 0-17 years. Each letter of the word INSPIRE stands for one of the strategies: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening;

Response and support services; and Education and life skills. Although few of these strategies have been directly evaluated for their impacts on the use of child corporal punishment, all have been shown to be effective in reducing the prevalence of or risk factors for other forms of violence that, as shown by the risk factors section above, can increase the likelihood of child corporal punishment. Examples include parenting support interventions to reduce child maltreatment, schools-based interventions to reduce violence by teachers toward pupils and between pupils, and community-based norms and social change interventions that target intimate partner violence. INSPIRE includes efforts to legislate against the use of child corporal punishment under the Implementation and enforcement of laws strategy and underlines the importance of ensuring that this is done as part of a broader effort to cover other forms of violence that affect children (89).

Before concluding, it is important to briefly reflect upon the strengths and limitations of the findings covered by this report. Concerning prevalence, the large number of different national surveys, many but not all of which use MICS data, makes it unlikely that the real prevalence of corporal punishment is being widely under- or over-estimated. Owing to the relatively small number of low- and middle-income countries with trend data charting changes in child corporal punishment over time, the findings on changes over time are somewhat less certain, although there would seem little doubt that trends do change over time both as a function of legal bans and changes in the surrounding ecology of risk and protective factors. Given that MICS is by far the most frequent source of country data on prevalence, special attention should be given to enhancing the consistency and coverage of MICS data. Currently, there is great variation between and within countries in the years and age groups that are covered, which complicates comparisons. Additionally, that MICS is available only for low- and middle-income countries limits the possibilities of conducting ecological studies to see how changes in prevalence between countries at different income levels may correlate with social determinants such as economic inequality, employment and educational inequalities, and cultural norms about the use of corporal punishment.

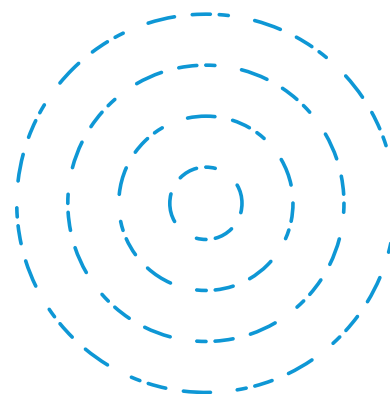
The findings on the consequences of child corporal punishment are robust. Both the large number of individual studies and the many meta-analyses and systematic reviews that reach the same conclusions underline the clearly negative effects of corporal punishment on children over their lifetimes, and that child corporal punishment confers no positive effects on children's behaviour, development or wellbeing. Concerning risk factors, the strongest findings emerged in respect of intergenerational transmission, with multiple studies reaching the same conclusions that a parent or caregiver's own experience of being subject to corporal punishment strongly predicts their own use of corporal punishment against their children. The role of other risk factors at the individual, community and societal levels, and how these interact, is less crisply defined and in need of more research.



Conclusion

The 74th World Health Assembly resolution on ending violence against children stresses that all children should be free from violence (90). The resolution underscores the role of the health sector in identifying, preventing and responding to violence against children, within national multisectoral responses. Similarly, in 2013, in recognition of the human rights imperative to prohibit all corporal punishment, and the importance of prohibition for reducing all forms of violence against children and other violence in societies, nine international health organisations issued a statement (91) calling for prohibition and elimination of all corporal punishment to improve physical and mental health, and other developmental outcomes for children and adults.

By adding a public health perspective on child corporal punishment, this report focuses on the prevalence, consequences, and risk factors of child corporal punishment, which serves to expand the spectrum of interventions that should be considered by countries that are committed to its elimination. The report converges with other studies to conclude that corporal punishment bans are necessary but insufficient to eliminate it. Accordingly, while countries continue with their efforts to meet CRC obligations to prohibit child corporal punishment, they should also explore the prevention potential of interventions guided by a broader social ecological approach designed to impact the risk factors for child corporal punishment at the individual, relationship, community and societal levels.



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Violence Prevention Unit
Social Determinants of Health Department
Healthier Populations Division
World Health Organization
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

<https://www.who.int/health-topics/violence-against-children>