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Corporal punishment of children and health

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Key facts

- Corporal or physical punishment of children is highly prevalent, both in homes and schools. Globally, an estimated 1.2 billion children aged 0–18 years are subjected to corporal punishment at home each year.
- In some countries, almost all students report being physically punished by school staff. The risk of being physically punished is similar for boys and girls, and for children from wealthy and poor households.
- Evidence shows corporal punishment harms children's physical and mental health, increases behavioural problems over time, and has no positive outcomes.
- All corporal punishment, however mild or light, carries an inbuilt risk of escalation. Studies suggest that parents who used corporal punishment are at heightened risk of perpetrating severe maltreatment.
- Corporal punishment is linked to a range of negative outcomes for children across countries and cultures, including physical and mental ill-health, impaired cognitive and socio-emotional development, poor educational outcomes, increased aggression and perpetration of violence.
- Corporal punishment is a violation of children's rights to respect for physical integrity and human dignity, health, development, education and freedom from torture and other cruel, inhuman or degrading treatment or punishment.
- The elimination of violence against children is called for in several targets of the 2030 Agenda for Sustainable Development but most explicitly in Target 16.2: "end abuse, exploitation, trafficking and all forms of violence against and torture of children".
- Corporal punishment and the associated harms are preventable through multisectoral and multifaceted approaches, including law reform, changing harmful norms around

child rearing and punishment, parent and caregiver support, and school-based programming.

Overview

Corporal or physical punishment is defined by the UN Committee on the Rights of the Child, which oversees the [Convention on the Rights of the Child](#), as “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.”

According to the Committee, this mostly involves hitting (smacking, slapping, spanking) children with a hand or implement (whip, stick, belt, shoe, wooden spoon or similar) but it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion.

Other non-physical forms of punishment can be cruel and degrading, and thus also incompatible with the Convention, and often accompany and overlap with physical punishment. These include punishments which belittle, humiliate, denigrate, scapegoat, threaten, scare or ridicule the child.

Scope

UNICEF estimates that globally 1.2 billion children aged 0–18 years are subjected to corporal punishment in the home each year. Across 58 countries where severity was disaggregated, some 17% of children experienced severe physical punishment – such as being hit on the head, face or ears or hit hard and repeatedly – in the past month. Large variations across countries and regions and over time show the potential for prevention.

Apart from some countries where rates among boys are higher, results from comparable surveys show that the prevalence of corporal punishment is similar for girls and boys. Young children (aged 2–4 years) are as likely, and in some countries more likely, as older children (aged 5–14 years) to be exposed to physical punishment, including harsh forms.

Most children are exposed to both physical and psychological means of punishment. Many parents and caregivers report using non-violent disciplines measures (such as explaining why the child’s behaviour was wrong, taking away privileges) but these are usually used in combination with violent methods. Children who experience only non-violent forms of discipline are in the minority.

One in 2 children aged 6–17 years (732 million) live in countries where corporal punishment at school is not fully prohibited. Studies have shown that lifetime prevalence of school corporal punishment was above 70% in Africa and Central America, past-year prevalence was above 60% in the WHO Regions of Eastern Mediterranean and South-East Asia, and past-week prevalence was above 40% in Africa and South-East Asia. Lower rates were found in the WHO Western Pacific Region, with lifetime and past year prevalence around 25%. Physical punishment appeared to be highly prevalent at both primary and secondary school levels.

Consequences

Corporal punishment triggers harmful psychological and physiological responses. Children not only experience pain, sadness, fear, anger, shame and guilt, but feeling threatened also leads to physiological stress and the activation of neural pathways that support dealing with danger. Children who have been physically punished tend to exhibit high hormonal reactivity to stress, overloaded biological systems, including the nervous, cardiovascular and nutritional systems, and changes in brain structure and function.

Despite its widespread acceptability, spanking is also linked to atypical brain function like that of more severe abuse, thereby undermining the frequently cited argument that less severe forms of physical punishment are not harmful.

A large body of research shows links between corporal punishment and a wide range of negative outcomes, both immediate and long-term:

- **direct physical harm, sometimes resulting in severe damage, long-term disability or death;**
- **mental ill-health, including behavioural and anxiety disorders, depression, hopelessness, low self-esteem, self-harm and suicide attempts, alcohol and drug dependency, hostility and emotional instability, which continue into adulthood;**
- **impaired cognitive and socio-emotional development, specifically emotion regulation and conflict solving skills;**
- **damage to education, including school dropout and lower academic and occupational success;**
- **poor moral internalization and increased antisocial behaviour;**
- **increased aggression in children;**
- **adult perpetration of violent, antisocial and criminal behaviour;**
- **indirect physical harm due to overloaded biological systems, including developing cancer, alcohol-related problems, migraine, cardiovascular disease, arthritis and obesity that continue into adulthood;**
- **increased acceptance and use of other forms of violence; and**
- **damaged family relationships.**

There is some evidence of a dose–response relationship, with studies finding that the association with child aggression and lower achievement in mathematics and reading ability became stronger as the frequency of corporal punishment increased.

Risk factors

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.

Prevention and response

Corporal punishment and the associated harms are preventable through multisectoral and multifaceted approaches, including law reform, changing harmful norms around child rearing and punishment, parent and caregiver support, and school-based programming.

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.

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 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.

The [INSPIRE technical package](#) presents several effective and promising examples of such interventions, including:

- **Implementation and enforcement of laws to prohibit physical punishment. Such laws ensure children are equally protected under the law on assault as adults and serve an educational rather than punitive function, aiming to increase awareness, shift attitudes towards non-violent childrearing and clarify the responsibilities of parents in their caregiving role.**

- **Norms and values programmes to transform harmful social norms around child-rearing and child discipline.**
- **Parent and caregiver support through information and skill-building sessions to develop nurturing, non-violent parenting.**
- **Education and life skills interventions to build a positive school climate and violence-free environment, and strengthening relationships between students, teachers and administrators.**
- **Response and support services for early recognition and care of child victims and families to help reduce reoccurrence of violent discipline and lessen its consequences.**

The earlier such interventions occur in children's lives, the greater the benefits to the child (e.g. cognitive development, behavioural and social competence, educational attainment) and to society (e.g. reduced delinquency and crime).

WHO response

WHO addresses corporal punishment in multiple cross-cutting ways. In collaboration with partners, WHO provides guidance and technical support for evidence-based prevention and response. Work on several strategies from the INSPIRE technical package, including those on legislation, norms and values, parenting, and school-based violence prevention, contribute to preventing physical punishment. WHO also advocates for increased international support for and investment in these evidence-based prevention and response efforts.

- **Global Partnership to End Violence Against Children**
- **International Society for the Prevention of Child Abuse and Neglect**
- **Violence Against Children – UNICEF Data**