Corporal Punishment Bans in Global Perspective:
Conceptualization and Child- and Caregiver-Reported Outcomes

by

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Table of Contents

List of Tables

Table

List of Figures

Figure

Abstract

One of the most common forms of violence against children is corporal punishment—the use of physical pain to discipline or punish. Research suggests corporal punishment is harmful for children's health and development. Corporal punishment is also a violation of children's rights according to the United Nations Convention on the Rights of the Child. In order to prevent violence and promote children's rights, some countries have banned corporal punishment in all settings, including the home. To date, 63 countries have bans. Yet, most research on bans focuses on high-income countries in Europe who were early adopters of the policy. Thus, much remains unknown about the process and outcomes of bans globally. This dissertation aims to address this gap with three distinct but related papers.

In the first paper, I develop a conceptual model that considers bans as a multistage process. This process begins with countries' contexts and ends with a transactional process between parents and children. I explore multiple mechanisms by which bans can reach people and argue that there is no single mechanism required for a ban to be effective. However, children's schools may hold the greatest potential as a long-term mechanism by which bans can influence children and families.

In the second paper, I use cross-sectional data from the third wave of the International Survey of Children's Well-Being to examine the relationship between bans and self-reported child well-being. Using multilevel modeling accounting for clustering at the country and school levels, and controlling for pre-ban country-level covariates, I find that bans are positively associated with children's subjective well-being, perceptions of family life, and feelings of safety

at home. I also test child rights education as a mechanism of bans and find evidence for this mechanism among older children in the sample.

In the third paper, I leverage repeated cross-sectional data from the Multiple Indicator Cluster Surveys and the Demographic and Health Surveys to examine whether corporal punishment bans are associated with a reduction over time in the population-level prevalence of corporal punishment in low- and middle-income countries. Overall, difference-in-differences models do not suggest corporal punishment changed over time in nine countries that adopted a ban between time points.

These papers advance knowledge about the processes of corporal punishment bans and in what contexts—and according to whose perspectives—bans might be impactful. Bans do not always lead to social change among children and families. Yet, bans are a long-term intervention with potential to prevent corporal punishment across contexts.

Chapter 1 Introduction

Child maltreatment is a complex global problem. The World Health Organization defines child maltreatment as "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (World Health Organization 1999). While global estimates of child maltreatment vary because of differences in measurement across countries and studies, it is likely that over half of children will experience at least one form of maltreatment (Hillis et al. 2016; Mathews et al. 2020).

In the United States, for example, by age 18, over one-third of children experience a child protective services investigation (Kim et al. 2016), 1 in 8 children experience a confirmed report of maltreatment (Wildeman et al. 2014; Yi, Edwards, and Wildeman 2020), 1 in 20 experience a foster care placement (Yi et al. 2020), and 1-in-100 experience termination of parental rights (Wildeman, Edwards, and Wakefield 2020). Child maltreatment also leads to at least 1,700 U.S. child fatalities per year (Children's Bureau 2020). The estimated lifetime economic burden of one year's *confirmed* child maltreatment cases in the United States is $428 billion considering lost productivity and costs borne in health care, child welfare, criminal justice, and special education (Peterson et al., 2018). Thus, child maltreatment is a major problem that undermines child, family, and societal well-being.

While societies across the world aim to prevent child maltreatment (World Health Organization 2020), there is a great deal of debate regarding *what* constitutes child maltreatment

and *how* to prevent it—especially in the case of physical abuse. In particular, caregivers' use of corporal punishment (e.g., spanking) and attitudes in support of corporal punishment are a risk factor for physical abuse because physical abuse often occurs within the context of caregivers physically disciplining their children (Afifi et al. 2017; Gershoff, Goodman, et al. 2018; Gershoff and Grogan-Kaylor 2016; Ma et al. 2022). A growing literature suggests that even mild-to-moderate forms of corporal punishment have detrimental causal effects on children's mental and behavioral health (Gershoff, Goodman, et al. 2018; Gershoff, Sattler, and Ansari 2018; Grogan-Kaylor 2004, 2005; Heilmann et al. 2021; Ma, Grogan-Kaylor, and Lee 2018; Okuzono et al. 2017). Specifically, longitudinal studies using propensity score matching and fixed effects regression indicate corporal punishment worsens children's externalizing behavior (such as aggression) and slows cognitive development. Given corporal punishment is common across much of the world (Bussmann, Erthal, and Schroth 2011; Finkelhor et al. 2019; Lansford et al. 2010; Pace, Lee, and Grogan-Kaylor 2019; Runyan et al. 2010; Straus, Douglas, and Medeiros 2014), preventing corporal punishment has the potential to prevent physical abuse while also promoting children's health and development.

Informed by research on the outcomes of corporal punishment, there is a global effort to end corporal punishment in all settings, including the home (Fortson et al. 2016; Global Initiative 2019). This effort is largely centered on a children's rights framework (Nyseth Brehm and Boyle 2018). The most prominent children's rights framework is the United Nations (UN) Convention on the Rights of the Child (CRC). According to the CRC, children have a right to protection from violence—including corporal punishment (UN Committee on the Rights of the Child 2006; UN General Assembly 1989). Currently, 196 countries have ratified the CRC, meaning they are legally bound by the convention and intend to incorporate its provisions into national policy

(Gran 2017). The CRC Committee monitors the legality of corporal punishment in countries that have ratified the CRC and strongly encourages countries to legally prohibit (i.e., ban) corporal punishment. To date, 63 countries have banned corporal punishment in all settings. Figure 1.1 shows that corporal punishment bans are a global phenomenon not limited to any one region of the world. Table 1.1 lists countries with bans and their year of ban adoption.

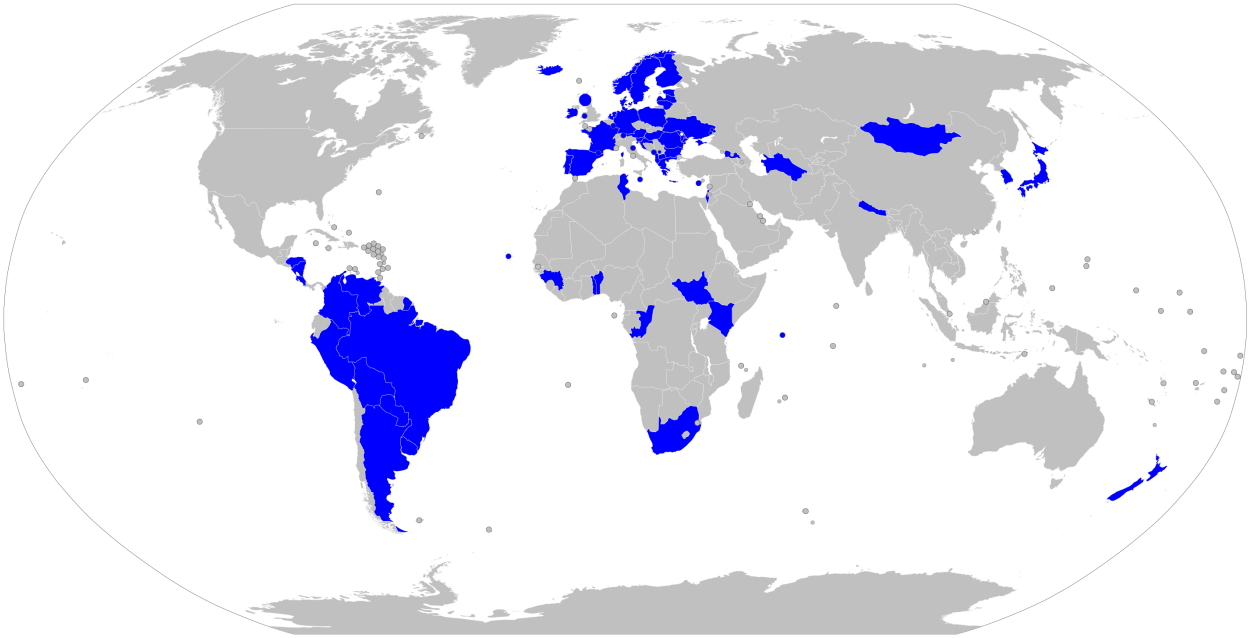
While the number of countries with corporal punishment bans has increased substantially since the turn of the 21st century, much remains unknown about these policies. First, the mechanisms by which bans might affect children and families are not well understood. The literature emphasizes that public information campaigns should be implemented to inform people about the ban (Bussmann et al. 2011) and that bans should be legally enforced (Naylor and Saunders 2012). Yet, to my knowledge, no scholarship comprehensively outlines what these policies and programs might be. In particular, little attention has been given to the idea of schools and children as pathways through which a ban might prevent corporal punishment. There has also been little discussion of how a country's motivations to adopt a corporal punishment ban might influence how a ban is implemented.

Second, little is known about the relationship between bans and children's perceptions of well-being. Understanding children's perspectives of home life is important given that bans primarily aim to promote child well-being. Yet, survey data with child respondents has rarely been examined. Indeed, most research about the outcomes of bans is based on administrative data and survey data of adults and parents in a few high-income European countries such as Sweden, Finland, and Germany. These countries were early adopters, banning corporal punishment in 1979, 1983, and 2000, respectively (End Corporal Punishment 2021b).

Finally, little is known about most ban countries' outcomes. This is especially true for low- and middle-income countries (LMICs). Approximately half of all bans are in LMICs (End Corporal Punishment 2021b). On one hand, bans may reduce corporal punishment in LMICs because bans represent a codified commitment to prevent violence against children, and bans have the potential to lead to additional interventions and policy changes that can benefit children and families. On the other hand, LMICs may be under a great deal of international pressure to adopt a ban because of the potential benefits of adhering to international norms (Nyseth Brehm and Boyle 2018), and some LMICs may not be able to devote political attention or resources to ban implementation initiatives (such as information campaigns).

These gaps in our understanding of corporal punishment bans challenge arguments about the universal effectiveness of bans to prevent child maltreatment and promote child well-being. In this dissertation, I aim to narrow these gaps in three distinct but related papers. In the first paper (Chapter 2), I develop a conceptual model that explores countries' pre-ban context, the ban adoption process, and the mechanisms by which bans might influence children and families. In the second paper (Chapter 3), I examine the relationship between corporal punishment bans and children's self-reported well-being using school-based survey data from multiple countries. In the third paper (Chapter 4), I examine the longitudinal relationship between bans and the country-level prevalence of caregiver-reported corporal punishment in LMICs. Finally, in Chapter 5, I highlight key themes across the three studies and discuss implications for policy, sociology, and social work.

Figure 1.1 Countries where corporal punishment is banned in all settings



Note: Circles denote small countries.

Table 1.1 Countries where corporal punishment is banned in all settings by year of ban adoption

1979	Sweden	2008	Liechtenstein	2016	Mongolia
1983	Finland		Luxembourg		Montenegro
1987	Norway		Moldova		Paraguay
1989	Austria		Costa Rica		Slovenia
1994	Cyprus	2010	Albania	2017	Lithuania
1997	Denmark		Republic of the Congo	2018	Nepal
1998	Latvia		Kenya	2019	Georgia
1999	Croatia		Tunisia		South Africa
2000	Germany		Poland		France
	Israel	2011	South Sudan		Kosovo
	Bulgaria	2013	Cabo Verde		Scotland*
2002	Turkmenistan		Honduras	2020	Japan
2003	Iceland		North Macedonia		Seychelles
2004	Romania	2014	Andorra		Guinea
	Ukraine		Estonia		Wales*
2005	Hungary		Nicaragua	2021	South Korea
2006	Greece		San Marino		Colombia
2007	Togo		Argentina		
	Spain		Bolivia		
	Venezuela		Brazil		
	Uruguay		Malta		
	Portugal	2015	Benin		
	New Zealand		Ireland		
	Netherlands		Peru		

Source: End Corporal Punishment (2021b)

* Because Scotland and Wales are part of the United Kingdom, End Corporal Punishment does not include them as part of its total count of countries with a ban.

Chapter 2 A Conceptual Model of Corporal Punishment Bans

Globally, over half of children age 2 and older experience emotional, physical, or sexual violence in a given year (Hillis et al. 2016). Violence against children can lead to physical injury and can increase the probability of mental health problems and risky health-related behaviors into adulthood (World Health Organization 2016). International entities such as the United Nations (UN General Assembly 1989; United Nations 2015), the World Health Organization (World Health Organization 1999, 2016), and advocacy groups (Raman et al. 2021) work in partnership to implement strategies to prevent violence against children. Some of these strategies include strengthening economic supports for families (e.g., cash transfers), supporting caregivers (e.g., home visiting), and adopting and enforcing child protection laws (e.g., laws criminalizing child sexual abuse) (Fortson et al. 2016; World Health Organization 2016).

Among the laws used to prevent violence against children is the prohibition of violent discipline. Commonly known as corporal punishment bans, these laws prohibit the use of corporal punishment against children in all settings, including the home. Corporal punishment encompasses caregivers' use of physical pain to discipline or punish children. To date, 63 countries have adopted national-level corporal punishment bans (End Corporal Punishment 2021b). All but eight of these 63 countries adopted their policy during the 21st century. Thus, corporal punishment bans are a relatively new approach to prevent violence against children.

Given the interdisciplinary nature of the topic, research on bans (including how bans are adopted, implemented, and contribute to outcomes) is scattered across multiple academic disciplines (e.g., psychology, law, sociology, education) and includes many types of sources

(e.g., academic journal articles, scholarly books, United Nations (UN) documents, reports published by universities and advocacy organizations, unpublished dissertations). Research often focuses on the ban process and outcomes of a single country. Sweden has received the most attention in the literature because it was the first country to adopt a ban and has decades of survey and administrative data to examine trends of key indicators such as attitudes about corporal punishment (Durrant 1999, 2000, 2003; Durrant and Janson 2005; Janson, Långberg, and Svensson 2011; Larzelere and Johnson 1999). Other high-income countries such as Germany (Bussmann 2004, 2011; Rönsch 2020), Finland (Husa 2011; Österman, Björkqvist, and Wahlbeck 2014), and New Zealand (D'Souza et al. 2016; Hassall 2019; Taylor, Wood, and Smith 2011) have received notable attention for similar reasons. Studies have also examined multiple countries simultaneously. These include a systematic review of outcomes and legislation wording of the first 24 countries with bans (Zolotor and Puzia 2010), the association between bans and outcomes at one time point (Baniamin 2021; Bussmann et al. 2011; Cuartas et al. 2019; duRivage et al. 2015; Elgar et al. 2018; Gracia and Herrero 2008; Straus 2010), and the longitudinal outcomes of a single country's ban compared to several countries without a ban (Alampay et al. 2021; Lansford et al. 2017).

While a growing number of studies examine the process and outcomes of corporal punishment bans, to my knowledge, no study has developed a conceptual model of corporal punishment bans. A conceptual model would provide insights into important questions for researchers and policymakers: Why do policymakers ban corporal punishment? How do people find out about a ban? And how might bans influence caregiver and child outcomes? In this paper, I develop a conceptual model to explore these questions. I argue that there are complex pathways countries can take when banning corporal punishment, and these pathways can help explain

variation in the influence of corporal punishment bans across societies. I begin by introducing the conceptual model. Then, I discuss its components in detail.

Conceptual Model

While there are multiple types of conceptual models, broadly, conceptual models identify a social phenomenon's key events or constructs and propose relationships among them (Jaakkola 2020). Conceptual models are especially useful for exploring aspects of a social phenomenon for which there may not be sufficient data for empirical analysis (Jaakkola 2020). Thus, a conceptual model can provide a roadmap for future empirical work and can be updated over time to reflect new evidence (Jabareen 2009).

I develop a conceptual model of corporal punishment bans that considers the process by which countries adopt a ban and also considers the mechanisms by which bans can influence people. Much of this process remains unexamined empirically due to a lack of data. I organize the model as a series of stages. Constructs are situated in relation to these stages. The model reflects constructs identified in the literature as well as novel concepts that, to my knowledge, have rarely been considered. The model is intended to be applicable to all countries while also acknowledging that each country has a unique context and process.

Figure 2.1 depicts bans as a four-stage phenomenon. During the first stage, before the ban, there are social actors and contextual factors that increase or decrease the likelihood of a ban within a country's unique context. Second, a government adopts a ban either through legislation, judicial action, or referendum. Third, a ban can influence people via multiple mechanisms including dissemination, education, and/or enforcement. In the fourth and final stage, there are caregiver and child outcomes. As an extension of these outcomes, caregivers and children can influence each other through a transactional process within families.

In the sections that follow, I explore each stage of the conceptual model. During this exploration, I consider how social actors contribute to the process of corporal punishment bans, and the implications of countries' pathways through the model. I begin by discussing independent children's rights institutions, which governments appoint to advance children's rights, and can be directly involved in the first three stages of the model.

The Role of Independent Children's Rights Institutions

Governments appoint independent children's rights institutions (ICRIs) to promote the rights and interests of children (Gran 2020; Gran and Aliberti 2003; Lansdown 1997; UNICEF 2012). ICRIs are often referred to as *children's ombudspersons* or *children's rights commissioners*. In this paper, I use the term "ombudspersons." Norway appointed the world's first national ombudsperson in 1981 (Gran and Aliberti 2003). Today, approximately 80 countries have national ombudspersons, and additional countries have ombudspersons at a subnational level (Gran 2017). Ombudspersons are citizens of the country in which they work. In general, they advocate for children, perform mediation services in cases involving children, and raise awareness about children's issues and rights (Gran and Aliberti 2003). They serve as a bridge between local, national, and international human rights systems (Ruggiero and Hanson 2020). They understand local and national contexts, and they work with local, national, and international institutions to advance children's rights—especially internationally recognized children's rights.

The UN Convention on the Rights of the Child (CRC) is the main international human rights system ombudspersons navigate (Thomas, Gran, and Hanson 2011; UN General Assembly 1989). The CRC is the most widely ratified human rights treaty in history and has shaped countries' policies regarding children (Gran 2021; Mekonen and Tiruneh 2014). Countries that

ratify the CRC are obligated to implement its provisions into national policy. Every UN-recognized country has ratified the CRC except the United States, which has concerns about how the CRC might limit states' rights and parents' rights (Scherrer 2012). The CRC requires that countries establish a national ombudsperson and considers ombudspersons a key mechanism to ensure CRC implementation (UN Committee on the Rights of the Child 2002).

Ombudspersons have played a central role in corporal punishment bans. They have worked with policymakers to advocate for bans, helped draft the wording of ban legislation, and ensured bans are implemented as intended. Norway's first ombudsperson served from 1981 to 1989. Within months of becoming the ombudsperson, they noticed teachers and preachers recommending that parents use corporal punishment. The ombudsperson went on television to advise against using corporal punishment. Over the next 5 years, the ombudsperson worked closely with legislators to ban corporal punishment. A few days before the vote in 1987, the ombudsperson informed the public about the proposed law by publishing three legal experts' letters in newspapers, which described the legal effects the ban would have on society. The vote was successful, and the ombudsperson worked with government officials to implement an information campaign to inform parents about the law and alternatives to corporal punishment. As part of the information campaign, the government printed 10,000 copies of educational booklets and published full-page advertisements about the ban in all major newspapers (Flekkøy 1991). Similarly, Greece's first ombudsperson, who served from 2003 to 2018, was also instrumental in Greece's ban process. During their first year of service, the ombudsperson established a corporal punishment network to promote institutional and attitudinal change. The network's efforts culminated in a ban in 2006. The ombudsperson also led an initiative to teach children and adults about children's rights and their need for protection (Moschos 2020), which

is part of the third stage of the conceptual model. Together, Greece and Norway are examples that show how ombudspersons can be influential in the first three stages of the conceptual model. Next, I consider the first stage of the model in depth.

Pre-Ban Context

Public Attitudes about Corporal Punishment

A key contextual factor during the pre-ban stage is the extent to which people in a country accept and use corporal punishment. Many people hold strong beliefs about the merits of corporal punishment (Cappa and Khan 2011) and corporal punishment is a normative parenting behavior in many communities across the world (UNICEF 2014b). One factor that explains the pervasiveness of corporal punishment is violence outside the home. Many caregivers use corporal punishment as a stress response to harsh contexts such as racism and war, and they use corporal punishment to teach their children how to behave in these contexts in hopes of ensuring their survival (Ember and Ember 1994, 2005; Thomas and Dettlaff 2011). Another factor that explains beliefs and behaviors about corporal punishment is people's understanding of the research on corporal punishment (Holden et al. 2014). The evidence that corporal punishment is harmful has grown substantially in recent years (Gershoff, Goodman, et al. 2018; Gershoff and Grogan-Kaylor 2016). Research has challenged individuals, organizations, and governments to rethink the merits of corporal punishment (Sege et al. 2018; UN Committee on the Rights of the Child 2006) Advocacy groups have used this research to weaken public support for corporal punishment and to increase public support for bans (e.g., End Corporal Punishment 2021c, 2021a).

Public attitudes about corporal punishment predict whether a country will ban corporal punishment. Countries without corporal punishment bans tend to have higher levels of support

for corporal punishment than countries with bans (Baniamin 2021; Gracia and Herrero 2008). Similarly, countries with high levels of support for corporal punishment may be less likely to adopt a ban, while countries with declining or low levels of support may be more likely to adopt a ban (Durrant 1999).

Intention to Prevent Violence Against Children and Promote Positive Parenting

Whatever a country's support for corporal punishment, the primary reason governments ban corporal punishment is to prevent violence against children and promote positive (i.e., non-violent) parenting (Fortson et al. 2016; World Health Organization 2016). Achieving these aims has the potential to reduce a country's health expenditures and increase economic output, given the large financial costs societies incur because of violence against children (Fearon and Hoeffler 2014; Peterson, Florence, and Klevens 2018).

Efforts to convince a government to adopt a ban can come from *within* the country. Civil society such as professional associations, advocacy groups, religious organizations, and individuals can advocate for change (Durrant and Smith 2011; Gershoff, Purtell, and Holas 2015; Saunders, Leviner, and Naylor 2019). This internal advocacy is often conducted in collaboration with international organizations such as the Global Partnership to End Violence Against Children (Bower 2015; End Corporal Punishment 2019; Global Partnership to End Violence Against Children 2021). Thus, international organizations can bolster internal efforts to ban corporal punishment.

At the same time, not everyone believes a ban is an appropriate approach to prevent violence against children and promote positive parenting. There are groups that actively oppose a ban. For example, in the United Kingdom, a nondenominational organization called the Christian Institute—which believes in biblical inerrancy and aims to uphold biblical truths in secular

spaces—receives financial support from thousands of churches and individuals to run advocacy campaigns (The Christian Institute 2022). One of these is *Be Reasonable* which "opposes the criminalization of reasonable chastisement" (Be Reasonable 2022). After Welsh politicians expressed a commitment to adopt a ban, the campaign contracted with a research organization to conduct an online survey of adults to understand people's attitudes about bans and to determine under what circumstances people would oppose a ban. The survey did not include a direct question asking respondents whether they were in favor of a ban, though close to one-third expressed support for a ban indirectly through their answers to other questions (ComRes 2017). The campaign used the results to create a website including short videos and answers to common questions about bans to persuade people to oppose the ban. For example, one of the arguments on the website is that "85% of Welsh adults have been smacked. Outlawing reasonable chastisement will inevitably catch ordinary loving parents and turn them into criminals." They also prominently post on the website that 76% of respondents thought corporal punishment should *not* be criminalized. The campaign has also been active in Scotland and a survey was conducted there also, yielding similar results.

While much of the efforts to advocate for or against a ban come from *within* a country, there are also powerful forces *outside* a country which aim to ban corporal punishment everywhere. The UN Convention on the Rights of the Child (CRC) is arguably the most influential external actor. The CRC identifies children's rights, is legally binding, and requires that countries ban corporal punishment (UN Committee on the Rights of the Child 2006; UN General Assembly 1989). Thus, a country's relationship with the international community also influences the likelihood of adopting a ban (Nyseth Brehm and Boyle 2018).

Policy Diffusion

The mechanisms through which international actors influence national corporal punishment policy can be framed around the process of policy diffusion (Shipan and Volden 2008, 2012). Policy diffusion occurs when policies spread from one government to another. This diffusion can be between similar types of government (e.g., national governments). Diffusion can also occur hierarchically within a country when, for example, a national government adopts the policy of one of its cities—for example, in South Korea, Seoul adopted a ban before the national ban. Four main mechanisms of policy diffusion are commonly considered in the policy literature: *competition*, *learning*, *imitation*, and *coercion* (Shipan and Volden 2008, 2012). Understanding the mechanism by which a ban diffuses to a country may help us understand the potential success of that country's ban. Below, I describe each mechanism and consider how it applies to bans.

Competition

Policies can diffuse when governments compete against each other. For example, governments may compete to attract corporations via low tax policies (Enrich 1996). In the case of bans, governments may compete to be the first in the world (or a region) to adopt policies to promote children's rights. The ban might bolster the country's global image as a leader in children's rights and sets an example for other countries to follow. Thus, competition might be a strategy to promote power and influence.

Competition may have partially motivated Sweden's ban. In 1979, Sweden became the first country to ban corporal punishment. By that time, Sweden already had a long history of policy innovation (Karvonen 1981). Some scholars partly attribute Sweden's history of policy innovation to a competitive desire to be internationally influential while also having only a moderately sized population and economy (Simons and Manoilo 2019). So, while Sweden's ban had clear motivations to prevent violence against children (Durrant 1999; Janson et al. 2011), it

was also part of a broader pattern of policy innovation—in this case, to influence human rights policy globally. A subsequent example of this pattern is the CRC. According to the Swedish government, Sweden "played a leading role in the work on the [CRC] and was one of the first countries to ratify it" (Government Offices of Sweden 2018). In 2018, Sweden made the full CRC document part of Swedish law—something few countries have done (Government Offices of Sweden 2018). Thus, Sweden continues to innovate and may feel a sense of competition against other countries in its innovations. Sweden may be the most obvious example of a country in which competition may have motivated a corporal punishment ban. There are other mechanisms to explain policy diffusion among both early and later adopters.

Learning

Policies also diffuse by learning—when national policymakers learn about policies outside their jurisdiction such as in another country. Violence against children is a widespread and costly problem (Fearon and Hoeffler 2014; Peterson et al. 2018). Policymakers may become interested in adopting a ban because of the perception that bans are effective at preventing violence against children (End Corporal Punishment 2021c). Policymakers may put forth much effort to learn about bans elsewhere in order to effectively adopt and implement their own ban. Thus, early adopters of bans are influential in this process because they provide a template that later adopters can consider. When a ban diffuses through learning, a ban has great potential to be impactful because countries are likely motivated to prevent violence and are informed by how bans have transpired in other countries.

Finland's ban likely occurred through learning. Finland and Sweden are neighboring countries with close political and cultural ties (Husa 2011). After World War II and up until the year before Sweden's ban, at least 15 innovative Swedish policies diffused to Finland, averaging

a 4-year lag (Karvonen 1981). Similarly, Finland banned corporal punishment in 1983—4 years after Sweden. Learning has been important for other countries in the Baltic Sea region as well. Countries in this region include Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, Russia, and Sweden. All have a ban except Russia. The Council of the Baltic Sea States (CBSS)—an inter-governmental political forum established in 1992—has been involved in the process. In 2021, the head of the child-focused group of the CBSS gave a webinar presentation about corporal punishment bans in the region. The webinar was hosted by the Global Partnership to End Violence Against Children. Regarding the process by which the policies diffused, the representative said "these countries have really come together and *inspired* and *learned* from each other" [emphasis added] (Lind-Haldorsson 2021). The representative described the efforts the countries have made to implement effective bans (such as information campaigns and enforcement of the bans), and cited survey research from multiple countries demonstrating a decline in the reported use of corporal punishment within the region. The CBSS's description of these bans suggests learning has been a key policy diffusion mechanism for the Baltic States.

Bans have also diffused through learning elsewhere. Uruguay is one example. The Uruguayan child abuse services and advocacy organization Arcoiris ("rainbow" in Spanish) had been advocating for child protection policies since its inception in the early 1990s (Servicios y Acciones por la Infancia n.d.). In 2005, a leftist party government was elected for the first time in the country's history. The party's platform included a focus on human rights (Galvis and Reyes 2011). Arcoiris believed there was sufficient political will to adopt a ban and increased their efforts to educate lawmakers about corporal punishment as a human rights issue. As part of their efforts, Arcoiris conducted a survey including 900 adults. Virtually all adults in their survey

could identify alternative methods to discipline children if corporal punishment was banned, and only one-third thought corporal punishment was necessary (Galvis and Reyes 2011). Arcoiris shared their research with legislators, hosted a corporal punishment colloquium with policymakers in the legislative building, and wrote the initial draft of the ban legislation (Galvis and Reyes 2011; Servicios y Acciones por la Infancia n.d.). Save the Children Sweden and UNICEF Uruguay also participated in the colloquium and helped educate lawmakers about bans in other countries. After enough lawmakers' concerns were alleviated, in late 2007, Uruguay became the first country in Latin America to ban corporal punishment.

Imitation

Policies can also diffuse via imitation—when a country copies another country's policies. A key factor that differentiates imitation from learning is insufficient consideration of how the policy will work in a country's own context (Shipan and Volden 2012). A country will see that other countries have corporal punishment bans and recognize this as a strategy to prevent violence against children. Countries that imitate want to be like other countries and have what they see as good social policy. However, at least initially, there is insufficient learning regarding how to implement the policy within their own country. In the short-term, the ban will probably be ineffective because post-ban mechanisms are largely absent. However, even if a ban diffused to a country via imitation, a ban can still be implemented effectively in the long-term. Policy implementation best practices are not stagnant and are disseminated over time, even to countries that may have initially adopted a policy through imitation (Jörgens 2004). The field of violence prevention actively disseminates best practices across the world (Raman et al. 2021; World Health Organization 2016), so there is potential for imitation to eventually prevent violence.

Examples of countries that imitate other countries' bans are difficult to identify. This is due to a lack of a database regarding interventions and reforms that make a ban most effective. Much of this information is difficult to find because many countries' information on such things is not available in English. However, countries that adopt ban legislation with very similar wording to other countries and do not implement interventions to advance the aims of the ban may have imitated other bans.

Coercion

Finally, policies can diffuse via coercion—when a country feels pressure to adopt a ban through a "top-down" approach involving external pressure or incentives. Quantitative research suggests this mechanism is influential in the ban diffusion process. Specifically, an event history analysis found evidence that legal and financial indicators of coercion are associated with ban adoption (Nyseth Brehm and Boyle 2018). The legal indicator included in the event history analysis was ratification of the CRC. When countries do not adhere to the CRC, the UN pressures them and may publicly shame them (Gran 2021). The mechanism by which this happens is primarily the CRC Committee—a rotating group of children's rights experts who conduct regular reviews of countries' CRC adherence. The CRC Committee publishes reports and encourages news organizations within countries to publicize the country's successes and shortcomings (Gran 2021). In 2006, the CRC Committee more strongly denounced corporal punishment (UN Committee on the Rights of the Child 2006). Since then, countries have faced significant international pressure to ban corporal punishment. Before 2006, there were only 17 countries with bans. During the following year in 2007, seven countries adopted bans, and in 2008, another five countries did as well (End Corporal Punishment 2021b). The financial indicator included in the event history analysis was receipt of foreign aid, which accelerates

countries' ban adoption process. Countries that highly depend on foreign aid have a strong incentive to adhere to international norms—one of which is to ban corporal punishment. Low-income and lower-middle-income countries receive the most foreign aid (Radelet 2006). This suggests financial coercion may be felt most strongly among the poorest countries.

Government Capacity

A final consideration of pre-ban context is government capacity—a concept that entails a country's ability to perform basic functions such as defend against external threats, maintain internal social order, provide infrastructure required for economic activity, and collect taxes (Hanson and Sigman 2021). Some scholars also define government capacity more broadly as the extent to which a government is able to achieve its intended policy outcomes (Matthews 2012). National governments have numerous responsibilities. If a country faces significant challenges, such as war or political instability, a ban is likely not a priority. Even in the absence of significant challenges, policymakers may not see the point in adopting a ban if there are limited resources for implementation. However, even when there is not yet sufficient government capacity, there may be a commitment to adopt a ban. Currently, 26 countries have demonstrated such a commitment through actions such as introducing a bill to ban corporal punishment or publicly expressing the intention to eventually adopt a ban (End Corporal Punishment 2022b). While government capacity surely matters for how a ban is implemented, there are multiple ways a ban can be implemented. For example, with support from international organizations, countries' capacity to implement a ban can be bolstered (Breger et al. 2020).

Taken together, corporal punishment attitudes and behaviors, the intention to prevent violence against children and promote positive parenting, policy diffusion mechanisms, and government capacity set the stage for whether a country adopts a ban. These factors establish the

beginning of the pathways countries take through the conceptual model. They may also influence how effective a ban will be once it is adopted. For example, a country with high levels of support for corporal punishment that learns closely about bans in other countries and has determined how to implement a ban—given its own context and government capacity—may be well-positioned to have a successful ban in the long-term. In contrast, a country with similarly high levels of support for corporal punishment that feels coerced to ban corporal punishment may take much longer to implement a successful ban. A ban in law is not a necessarily a ban in practice.

How Corporal Punishment Bans are Adopted

A corporal punishment ban requires an explicit prohibition of corporal punishment in law (End Corporal Punishment 2019; UN Committee on the Rights of the Child 2006). Lawmakers in national parliaments are usually the people who choose to adopt a ban. In addition to an explicit prohibition of corporal punishment, lawmakers may affirm that children have a right to a non-violent upbringing, remove "reasonable chastisement" clauses from criminal law which shield parents from assault charges when hitting children, and clarify that parents have the right to use physical force to protect their children from harm (e.g., grabbing them to prevent them from walking into the street) (End Corporal Punishment 2019; Naylor and Saunders 2012).

Some bans have been adopted with near-unanimous votes of approval. Sweden's ban passed with 259 votes in favor, 6 votes against, and 3 abstentions (Janson 2019). New Zealand's ban passed 113 to 8 (Hassall 2019). France's ban passed 51 to 1 (BBC 2018). And Peru's ban passed with 74 in favor and 1 abstention (End Corporal Punishment 2015). Other countries have had lower levels of support. In the United Kingdom, Scotland's vote was 84 to 29 (BBC 2019) and Wales's vote was 36 to 14 (BBC 2020). To my knowledge, scholars have not studied the implications of governments' internal disagreement about a ban. It is possible that countries with

more lawmakers in favor of a ban are more likely to have successful bans because there may be more political will to ensure effective implementation.

Only two countries have adopted a ban through judicial action—Israel and South Africa. In Israel, in the late 1990s, there were several prominent court cases in which parents were convicted of physical abuse; around the same time, there were constitutional reforms that emphasized human rights principles (Ezer 2003; Morag 2019). One case reached the Supreme Court in 2000 with an appeal that the mother's actions were reasonable chastisement. The court ruled against the mother and declared that "parental use of corporal punishment … is today forbidden in our society" (Morag 2019:225). Within months, members of parliament amended laws to remove reasonable chastisement clauses.

In South Africa, in 2017, a regional high court heard a case in which a father was charged with assaulting his 13-year-old son. Similar to cases in Israel, the father's defense was that corporal punishment constituted reasonable chastisement. The judge had been recently appointed and had a background in academia and human rights (Johannesburg Bar 2015). Not only did the judge rule against the father in the case—the judge also declared corporal punishment unconstitutional, citing the CRC, a growing consensus among African nations that corporal punishment should be banned, and South Africa's lack of legislative progress to adopt a ban after committing to do so (YG v The State 2017). In 2019, the highest court in South Africa—the constitutional court—upheld the judgment, banning corporal punishment nationally (Freedom of Religion South Africa v Minister of Justice and Constitutional Development and Others 2019).

It is also possible for a ban to occur via voter referendum; however, to date, this has been unsuccessful. For example, in 2012, Slovenia held a referendum with 30% voter turnout—55% of votes were against the referendum. In 2013, the government explained in its periodic report to

the CRC Committee that there were other initiatives tied to the ban—namely, same-sex marriage reform—which resulted in the ban not passing by referendum. Later, in 2016, parliament banned corporal punishment (End Corporal Punishment 2020).

In some countries, once a ban is adopted, there is a delay in ban implementation. In other words, it is not immediately enforced. This delay gives a government time to prepare for careful and effective implementation. For example, Wales adopted its ban in January 2020 and the ban was not implemented until March 2022. Regardless of whether there is a gap between ban adoption and implementation, a ban can have an effect early on. In the next section, I explain how and describe multiple mechanisms by which a ban can influence society.

How a Ban Reaches People and is Enforced

Once a ban is adopted, it can reach people and be enforced through multiple mechanisms. What I mean by "reach people" is that children and adults learn about the ban, are exposed to educational campaigns or interventions related to non-violent parenting, or experience changes in their social environment because of the ban. What is meant by "enforced" is there are formal government response(s) to instances of corporal punishment. Naylor and Saunders (2012) posited that these processes are part of a three-level "pyramid of state actions" framework. The first level, at the base of their pyramid, is *public and individual education* which raises awareness and educates people about the ban and positive parenting. In the middle of the pyramid, the *child welfare system* might respond when corporal punishment occurs. Then, at the top of the pyramid, in the most severe cases of corporal punishment, the *criminal legal system* can respond.

Building upon Naylor and Saunders's framework (2012), I further elucidate this process. I propose three mechanism categories: (1) *dissemination* of knowledge about the ban through

formal (i.e., government-sponsored) and informal (i.e., not government-sponsored) pathways, (2) *education* through campaigns and interventions not directly tied to a ban, and (3) *enforcement* through child welfare and/or criminal legal systems. No single mechanism is required for a ban to be effective. Rather, a constellation of mechanisms can result in an influential ban in a given context. Below, I describe key mechanisms for the three categories, with the caveat that there are undoubtedly other mechanisms which may also be important in some contexts.

Dissemination

News Media

When a ban is under consideration, adopted, or comes into force after adoption, the news media commonly disseminates information about the ban through TV, radio, newspapers, websites, or social media. As long as the news media is independent (i.e., not controlled by the government), it functions as an *informal* dissemination mechanism of bans. If a person in a country consumes news media, they are likely to learn about a ban. The news content could be supportive, neutral, or critical of bans. While the way family violence is described in the news media matters for people's views about family violence (Swindle 2021) and may shape how people react to a ban, what is most important about this mechanism is that people find out about the ban. Below, I describe several examples of the news media disseminating knowledge about bans.

United Kingdom. In the United Kingdom, before any of its four nations banned corporal punishment, news outlets published articles describing the debate about whether bans should occur. These articles included interviews with advocacy organizations, parents, and ombudspersons (e.g., BBC 2017; The Guardian 2018). When UK nations began to adopt bans, headlines announced "Scotland becomes first UK country to ban smacking" (BBC 2019) and

"Wales to bring in smacking ban after assembly vote" (BBC 2020). Several months after its ban was adopted (and 1.5 years before ban implementation), the Welsh government conducted a national survey of adults—44% said they were aware of the ban (Timmins 2021b). Those who were aware of the ban were asked to indicate all the ways they heard about it. The news was the most common—41% heard about it on TV news, 15% on radio news; 15% through online news, 13% from a UK or Wales national newspaper, and less than 5% from a local newspaper (Timmins 2021b). Thus, the news media has been a prominent mechanism of ban dissemination in the United Kingdom. This survey also provides evidence that people know about a ban during the time between ban adoption and ban implementation, suggesting a ban can begin to have an effect before it comes into full force. Indeed, 68% of respondents thought corporal punishment was already illegal, up from 58% 1.5 years prior to ban adoption (Timmins 2021a).

Colombia. When Colombia passed its ban, a major news outlet published the transcript of an interview with a congressperson who co-authored the legislation. The headline quoted the congressperson: "The only thing we ask is that you do not use violence with your children" (Translated from Spanish by Google Translate). The article included the congressperson's answers to common questions about the ban—whether parents would be sanctioned for using corporal punishment, how parents would be educated to use positive parenting, and what research says about corporal punishment (El Tiempo 2021). Thus, news media not only informs people about a ban, but can function as a medium through which the messages of policymakers can educate the public, including messages to clarify concerns about bans.

Indeed, it is common for news media to frame the ban around public concerns. In South Africa, headlines said things like "Spanking ban is dangerous, destructive and disturbing, says lobby group" (News24 2019) and "South Africans ridicule court ruling that bans parents from

spanking children (AfricaNews 2019). HuffPost South Africa ran a poll on Twitter asking "Do you agree with the court ruling making it illegal to spank your own child?" (2017). The poll received around 600 responses and 22% said they agreed with the court ruling. While this poll is not scientific, it demonstrates that some people in South Africa were being informed about the ban through news outlets on social media.

Word of Mouth

Another way people can find out about bans is through word of mouth—by which I mean oral or written information shared amongst people. In Wales, among those who knew about the ban, 14% were told about it by family or friends, and less than 5% were told about it by someone in a professional setting (Timmins 2021b). In a social network, family and friends are usually considered *strong* ties (i.e., connections) while acquaintances and colleagues are usually considered *weak* ties. Both types of ties matter for the dissemination of information, but research often finds weak ties are similarly or more influential than strong ties (Goldenberg, Libai, and Muller 2001; Granovetter 1977). Thus, a person could hear about a ban from various types of people, and the information could spread widely through word of mouth.

Among both strong and weak ties, social media is a common way that information spreads today. Around half the world's population uses social media, with rates highest in Northern Europe, Western Europe, North America, and South America; and rates lowest in Middle Africa, Eastern Africa, Western Africa, and Central Asia (Statistica 2021, 2022b). Social media has been used by people to discuss bans. For example, similar to the HuffPost Africa example mentioned previously, a South African social media influencer, who currently has over 2 million followers on Twitter, created a Twitter poll about the ban. The poll asked, "do you agree with the recent court ruling making it illegal to spank your own child?" Of 5,000 votes,

similar to the HuffPost Africa poll, 22% of votes agreed with the court ruling (Mokgoko 2017). On Facebook, a retail company created and posted a meme that joked: "Dear responsible parents; don't panic. Your [children] don't read newspapers, so they don't know about the [Constitutional Court] ruling. If they do, simply [beat] them at the neighbour's house." In the text of the post, it also said "Or train them to give themselves a [beating]….#tospankisdiscipline…" This post received around 2,700 reactions (e.g., "likes"), 200 comments, and over 2 thousand shares (Vannie Kaap 2019). These are just two examples of public posts on social media in South Africa. Private dissemination of information about bans through messaging apps such as WhatsApp is probably more common in Africa and elsewhere (Statistica 2022a). Indeed, there are many private contexts in which bans might be discussed, such as religious settings.

Religious Groups

Many adults consider religion an important part of life and receive information about parenting and current events in religious settings. Across the world, an average of 40% of adults in a given country say they attend religious services at least weekly (Pew Research Center 2018). This matters for bans because religion shapes parenting behaviors including corporal punishment (Ellison and Sherkat 1993; Rush and Ibrahim Lazarus 2018; Wolf and Kepple 2019). Scriptural interpretations partly explain the relationship between religion and corporal punishment (Miller-Perrin and Perrin 2017). For example, Proverbs 13:24 says: "He that spareth his rod hateth his son: but he that loveth him chasteneth him betimes" (King James Translation). Drawing upon scriptural passages such as this, some religious groups teach caregivers that corporal punishment is necessary to discipline children. At the same time, some religious groups teach caregivers to *not* use corporal punishment (Michaelson and Durrant 2020). Similarly, some religious groups have publicly expressed support and opposition to bans (Palm 2018; Premier Christian News

2019; Watch Tower Bible and Tract Society of Pennsylvania 1979b). For example, in the United Kingdom, Quakers and Methodists have long supported bans (Durrant and Ensom 2004). It is likely that religious groups will know about a ban, and it is important to consider how religious groups might react.

If a religious group is receptive to the ban, adherents may hear about the ban in a positive light and strive to not use corporal punishment. If a religious group is *not* receptive to the ban, adherents may hear about the ban in a negative light and continue to use corporal punishment. On the surface, it may appear that religious groups will simply continue to teach adherents in the same way. However, religions change over time (Hammer 2016). For example, in 1979, Jehovah's Witnesses published an article in one of their magazines teaching that "parents are authorized by God to use spanking in lovingly disciplining their children" (Watch Tower Bible and Tract Society of Pennsylvania 1979a). The denomination was not receptive to Sweden's ban that same year. Under the heading "Sweden Defies Ancient Standards" they announced, "the Swedish Parliament recently voted overwhelmingly to prohibit parents from spanking their children or subjecting them to any other so-called 'humiliating treatment.' The Ministry of Justice is said to be planning an information campaign that will include distributing videotapes that inform children about their rights. Then how are parents to discipline?" (Watch Tower Bible and Tract Society of Pennsylvania 1979b). While Jehovah's Witnesses' publications in the 1990s and earlier reflect clear support for corporal punishment, more recent publications about disciplining children focus more on positive parenting strategies, not mentioning corporal punishment specifically (e.g., Watch Tower Bible and Tract Society of Pennsylvania 2014). These changes are in line with secular trends of (slowly) declining support for corporal punishment (D'Souza et al. 2016). Over time, fewer adherents might support corporal

punishment, thus fostering a religious environment in which corporal punishment is less normative. After a ban, religious groups might also become less vocal about corporal punishment, in part, because of the potential for negative publicity and, in some countries, churches may want to avoid human rights investigations that might occur in response to organizations that explicitly encourage corporal punishment (Villette 2016).

Information Campaigns

The previously discussed mechanisms of dissemination are *informal* mechanisms. Now I discuss a *formal* mechanism of dissemination—information campaigns. These are government-sponsored initiatives to inform people that there is a ban and to educate them about it. Information campaigns can be targeted to the general population and/or professionals who work with children and families and may include a positive parenting component. Scholars and advocates argue that bans are most effective when there is also an information campaign (Bussmann et al. 2011; Gershoff and Durrant 2020; Global Initiative 2010; Lansford et al. 2017).

To my knowledge, no publication or data source comprehensively indicates whether countries have had an information campaign or when they occurred, though some of this information is available for early adopters (e.g., Boyson and Thorpe 2002). Among early adopters, Sweden, Denmark, and Germany's information campaigns have been written about in detail. Sweden (ban in 1979) distributed over 600,000 ban-related pamphlets to parents and the general public via schools, day care facilities, and local authorities. Sweden also announced the ban on milk cartons for two months so parents and children would be aware of and discuss the ban during mealtimes. Virtually everyone knew about the ban two years later (Durrant and Olsen 1997; Ziegert 1983). In Denmark (ban in 1997), teachers distributed 800,000 pamphlets to parents with children under age 10; a TV program aired interviews about the ban with a parent, a

therapist, and children; and "no slapping" posters were distributed to schools (Boyson and Thorpe 2002). To my knowledge, there is no data on how many people in Denmark knew about the law after the information campaign. In Germany (ban in 2000), there was a year-long information campaign including 500 events held in 35 cities. Shortly after the campaign, approximately 30% of parents and 90% of child welfare professionals were aware of the ban (Bussmann et al. 2011).

While the examples of Sweden, Denmark, and Germany show that information campaigns can be well-resourced, they also raise a question—are information campaigns essential? To my knowledge, the only study that has compared ban countries with and without an information campaign was a cross-sectional study of five European countries (Bussmann et al. 2011). While information campaigns appeared beneficial in that study, and information campaigns tend to be effective more generally for issues not related to bans (Weiss and Tschirhart 1994), not every country implements an information campaign. Even when there is an information campaign, it's a short-term initiative. In the long-term, other initiatives can occur which are focused on non-violence. Long-term initiatives may be more important for long-term change (Global Partnership to End Violence Against Children 2021), and perhaps they are more likely to occur once a ban is implemented.

Education

In the previous section, I outlined mechanisms of dissemination. In this section, I describe mechanisms of education. What differentiates education from dissemination is that education mechanisms are not primarily focused on the ban. In general, dissemination is a short-term phenomenon while education is a long-term initiative. Education can include an anti-corporal punishment component—and this may be more likely when there is a ban. Below, I

discuss three education mechanisms: (1) anti-violence campaigns, (2) child rights education, and (3) family support interventions.

Anti-Violence Campaigns

While information campaigns are focused on a ban, there are also campaigns focused on anti-violence more generally. Anti-violence campaigns operate independently of a ban and can include components about corporal punishment and positive parenting. These campaigns can propagate anti-corporal punishment messages in the long term and may be a way for people to continue to find out about a ban. Below, I describe two examples of anti-violence campaigns.

The Council of Europe—an intergovernmental organization comprising nearly all European countries—has conducted anti-violence campaigns. It has a campaign focused on physical violence against children called *Raise your hand against smacking!* It was launched in 2008 and seems to have been highly active for one to two years. The campaign includes an animated TV commercial for the general public and printed materials about corporal punishment and positive parenting for policymakers, child-serving professionals, and parents (Zollo 2013, 2015). Much of the campaign content is focused on bans. For example, one of the materials is a report for members of European parliaments. The report includes sections on how to adopt a ban *and* how to successfully implement a ban (Council of Europe 2008).

On a more global level, a prominent anti-violence campaign is the 19 Days of Activism Campaign for the Prevention of Violence and Abuse against Children. The Women's World Summit Foundation—an international nongovernmental organization (INGO) based in Switzerland—started the 19 Days Campaign in the year 2000. Each year, between November 1st and November 19th (i.e., World Day for the Prevention of Child Abuse), local organizations voluntarily conduct campaign activities in their communities. Some of the activities include

public presentations, awareness raising in the media, and events at schools. The themes of the 19 Days Campaign are linked to the UN Sustainable Development Goals, and include the prevention of corporal punishment, neglect, child labor, bullying, and more. In 2019, the campaign reached over 1 million children and adults in approximately 25 countries (Women's World Summit Foundation 2020).

Child Rights Education

Another mechanism that can promote the educational objectives of a ban is child rights education. Child rights education includes teaching what the CRC is, what the rights in the CRC are, how children can enact their rights, and how to respect children's rights (UNICEF 2014a). The target audience is usually children but can also include adults. The CRC requires that countries implement child rights education (UN Committee on the Rights of the Child 2001; UN General Assembly 1989). As a result, many schools across the world include child rights education in their curriculum and as a framework for school milieu (Brantefors and Quennerstedt 2016; Jerome et al. 2015; UNICEF UK 2021; Zajda and Ozdowski 2017). Given the relationship between the CRC and bans (Nyseth Brehm and Boyle 2018; UN Committee on the Rights of the Child 2006), children and parents may hear about a ban through child rights education, and perhaps child rights education's emphasis on CRC Article 19 (i.e., the right to protection from violence) is more focused on corporal punishment in countries with a ban.

Some governments and education systems coordinate child rights education. In a study of 26 high-income countries, 11 countries had a national curriculum requiring that children be taught about their rights and 5 countries monitored the quality of this curriculum (Jerome et al. 2015). In the United Kingdom, such coordination has led to 20% of children attending schools that the government has certified as heavily emphasizing child rights education (UNICEF UK

2021). On a more global scale, especially in low- and middle-income countries, UNICEF plays a central role in supporting schools and child rights education is integral to its approach (UNICEF 2014a).

Ombudspersons are also involved in the coordination of child rights education. According to Greece's first national ombudsperson, strengthening child rights education in schools was one of the most important initiatives for raising awareness of children's rights and children's need for protection (Moschos 2020). Iceland's third ombudsperson, who served from 2007 to 2017, made posters, brochures, a website, and games, and even visited all primary schools in the country to teach children about the CRC (Sigurðardóttir 2020). This ombudsperson advocated to include CRC questions in Iceland's annual youth survey, which has shown an increase over time in the percentage of children who know about the CRC (Sigurðardóttir 2020).

Even without macro-level coordination, educators who know about the CRC may choose to implement child rights education. One source of evidence for this is the International Survey of Children's Well-Being, a school-based survey from 35 countries across multiple regions of the world. Children were asked whether they knew about the CRC. Among children around age 10, 31% said they knew about the CRC (author's calculations).

As suggested in the example of Iceland mentioned above, child rights education can be engaging pedagogy. It can include materials such as puppets (UNICEF Malaysia 2014) and child-friendly posters hung up in schools. Posters include simplified child-friendly text of the CRC articles. The main version of the child-friendly text for Article 19 reads "You have the right to be protected from being hurt and mistreated, in body and mind" (UNICEF n.d.). When educators teach about a child's right to protection from violence, they may include corporal

punishment as part of the discussion. Thus, children who live in countries with a ban may learn about the ban in the classroom.

Child rights education may be more common among older children around age 10 or older (Brantefors and Quennerstedt 2016; Committee on the Rights of the Child 2020; Desai and Goel 2018; Sweden Ombudsperson 2021). Yet, younger children are at greater risk of corporal punishment than older children (Finkelhor et al. 2019; Ward, Grogan-Kaylor, Pace, et al. 2021). Thus, other interventions are needed to educate families with young children about positive parenting.

Family Support Interventions

Family support interventions—also known as parenting programs—are a context in which the aims of a ban (e.g., non-violent parenting) are often emphasized. These interventions support parents through information and skill-building sessions about positive parenting and child development (World Health Organization 2020). Family support inventions are most commonly delivered in one of two ways—home visiting and center-based parenting support. There are evidence-based programs for both delivery methods, which have reduced corporal punishment and promoted positive parenting in communities across the world (Chen and Chan 2016; Marcus, Rivett, and Kruja 2021).

Home visiting entails social workers, nurses, or other professionals delivering family support interventions in people's homes. According to a World Health Organization survey of government officials representing approximately 80% of UN member countries, home visiting is administered nationally or subnationally in 4-in-5 countries with a ban and 3-in-5 countries without a ban (World Health Organization 2020). Home visiting has the potential to alter

parenting behaviors in the home and might lead to a private discussion between a professional and a parent about a ban.

Center-based parenting support is administered in community settings outside the home, most commonly in groups. These interventions are found nationally or subnationally in 4-in-5 countries with a ban and 3-in-4 countries without a ban (World Health Organization 2020). An example of a prominent center-based parenting support intervention is Positive Discipline in Everyday Parenting (PDEP), which aims to help parents collaborate with their children—rather than use punishment—to resolve conflict (Durrant 2020). Whether in a PDEP group or another intervention, if discussing corporal punishment, a facilitator or participant may mention the ban. This could lead to a group discussion about the ban and what it means. Parents might exchange ideas about how they can prevent corporal punishment within their families. This is important because bans are not simply an educational tool—they can also be enforced.

Enforcement

Child Welfare System

Corporal punishment ban legislation usually includes a provision about how the government can respond to parents' use of corporal punishment (Zolotor and Puzia 2010). These responses come from the child welfare system and/or the criminal legal system because educational initiatives are not sufficient to prevent all corporal punishment (Naylor and Saunders 2012).

Most ban countries have a child welfare system (World Health Organization 2020). This system may be charged with responding to family-specific reports of corporal punishment. Depending on reporting laws and norms, these reports could come from people such as teachers, pediatricians, social workers and other mental health professionals, family members, or other

people in the community. When investigating reports of corporal punishment, child protection workers will likely inform parents that corporal punishment is prohibited by law and educate parents about non-violent discipline. If an investigation determines there is significant maltreatment in the home, and the child is deemed unsafe to be in the home, child protection workers may remove children from the home and place them into foster care.

Enforcement by the child welfare system is a controversial aspect of bans. Some critics of bans claim that child protection workers will have so many reports of minor corporal punishment to investigate that they will not have time to investigate severe corporal punishment and other forms of child maltreatment (Be Reasonable Wales 2017). There is also a possibility that bans could exacerbate already disproportionate government surveillance of minoritized families, either because they are more likely to use corporal punishment or because they would be more likely to be reported to child welfare authorities than non-minoritized families (Huntington and Scott 2020; Leviner and Sardiello 2019). However, research suggests this may not be the case—at least in some European countries. A survey vignette experiment in Austria, Estonia, Ireland, Norway, and Spain—all of which have a ban—found that, overall, adults do not have a bias regarding whether a native-born or foreign-born child's parents should be reported to child protection authorities for mild corporal punishment (Burns et al. 2021; Helland et al. 2018). Across certain respondent sociodemographics (e.g., being a parent, having high income), there may be bias, but this is only towards reporting a native-born child's parents rather than a foreign-born child's parents (Helland et al. 2018).

Given the importance of the child welfare system for protecting children across the world, the CRC Committee has clarified the role of the child welfare system in relation to bans in its 8th General Comment (2006). The Committee stated:

> "States need to develop effective reporting and referral mechanisms. While all reports of violence against children should be appropriately investigated and their protection from significant harm assured, the aim should be to stop parents from using violent or other cruel or degrading punishments through supportive and educational, not punitive, interventions" (paragraph 40).

Thus, the primary role of the child welfare system in relation to bans is to investigate reports of violence and education and support parents—not to punish parents.

In order to not be a punitive intervention, child welfare system reform may be required. One part of this reform should be a strong emphasis on prevention in order to minimize the need for enforcement (Higgins et al. 2022). For example, in Sweden there was an initial increase in reports to child protective services. In response, Sweden reformed its child welfare policies three years after ban adoption to become more prevention-focused. Over time, these reforms contributed to an increase in voluntary support services and a decrease in compulsory services including placement of children into foster care (Durrant 1999). Another aspect of child welfare system reform should be to ensure there are policies that enable the child welfare system to not respond punitively in minor cases of corporal punishment, because a punitive policy would undermine child-parent relationships and harm child wellbeing (Huntington 2020).

Criminal Legal System

The criminal legal system is another enforcement mechanisms of bans. As part of a ban, criminal legal codes are often altered to criminalize corporal punishment (Zolotor and Puzia 2010). Yet, in practice, parents are rarely prosecuted for corporal punishment. Similar to the child welfare system, the CRC Committee has commented on the relationship between bans and the criminal legal system (2006). The Committee stated:

> "The principle of equal protection of children and adults from assault, including within the family, does not mean that all cases of corporal punishment of children by their parents that come to light should lead to prosecution of parents. The *de minimis* principle - that the law does not concern itself with trivial matters - ensures that minor assaults between adults only come to court in very exceptional circumstances; the same will be true of minor assaults on children" (paragraph 40).

Thus, according to the CRC, while the criminal legal system can be involved, it should not widely prosecute corporal punishment. Similar to the child welfare system, police can be called upon to investigate corporal punishment and will likely inform parents about the ban. New Zealand and Germany are two countries that can inform our understanding of bans and the criminal legal system.

When New Zealand banned corporal punishment in 2007, the new law criminalized corporal punishment while also including a provision that the criminal legal system would have discretion regarding whether to prosecute minor cases of corporal punishment (Hassall 2019). The police commissioner recommended that police generally refer cases of assault against children to the child welfare system and to use common sense in their own investigations of corporal punishment—issuing warnings, for example (New Zealand Police 2007). In cases with repeated events when warnings and interventions are unsuccessful, or there is clear child maltreatment, prosecution is possible (New Zealand Police 2007). Over a two-year period, the police published reports regarding the number of cases of corporal punishment reported to them, and how they responded to those cases. During those two years, there were 215 cases involving "smacking" or "minor acts of physical discipline." These cases could also involve issues besides corporal punishment. Of the 215 cases, 93% were issued a warning and 7% were prosecuted.

Outcomes of the prosecutions included diversion, supervision, being found guilty without a charge on a criminal record, and having a charge on a criminal record without jail time (New Zealand Police 2009). Thus, reporting of corporal punishment to law enforcement was low, and the response was non-punitive. Parents were not criminalized.

In Germany, a scholar of law (Haug 2019) has examined prosecution data in Hesse—the state where Frankfurt is located. They found that assaults against children under 6 increased after the ban, rising from about 70 per 100,000 before the ban to around 120 per 100,000 after the ban. The scholar examined the prosecution records of a random sample of nearly 300 cases 4, 7, and 10 years after the ban. They observed that up to two-thirds of the *rise* in assault cases across years could be attributed to a change in the criminal legal system pursing corporal punishment cases. While there was an increase in ban enforcement by the criminal legal system, parents were not criminalized for minor corporal punishment. Overall, 85% of parents received no sanction, 12% received a fine, and 3% were sentenced to prison or probation. The case files showed that the cases receiving sanctions involved more severe forms of corporal punishment such as using an object to hit a child. The child welfare system became involved in these cases.

The examples of New Zealand and Germany show how the criminal legal system can be non-punitive in relation to bans. Enforcement of the ban primarily occurs through investigations and warnings. Prosecution and penalties are possible, though these should be reserved for severe cases of corporal punishment. Given how the CRC frames corporal punishment bans, it is likely that most ban countries allow police and prosecutors discretion in how they respond to corporal punishment because, according to a survey of government officials in ban countries, parents are unlikely to be sanctioned for using corporal punishment (World Health Organization 2020).

How Bans Affect Caregivers

As described in the section above, there are multiple mechanisms by which bans might affect people. Now, with these mechanisms in mind, I consider how bans affect people. I begin by discussing how bans can affect caregivers. In doing so, I consider how outcomes may vary by whether a caregiver is aware of a ban.

When a Caregiver is Aware of a Ban

When a caregiver is aware of a ban, they will probably have an opinion about it. Six months after Wales adopted its ban, among adults who lived with a child under age 6 and either knew about the ban or had just heard about it, 50% approved of the ban, 18% were against, 15% needed more information, and 16% did not have an opinion (Timmins 2021b). Caregivers who approve of the ban likely want to use less corporal punishment and use more positive discipline. In Wales, people say they support the ban because they believe there are better ways to discipline children, they do not agree with corporal punishment, and they are concerned about the harms of corporal punishment (Timmins 2021b). With the educational mechanisms of a ban, these caregivers will be enabled to use less corporal punishment and use more positive parenting.

When a caregiver disapproves of the ban, they may fear the social consequences of using corporal punishment. These social consequences might include how they are perceived by other people and the enforcement mechanisms of the ban. These caregivers may reluctantly use less corporal punishment and strive to use positive discipline. However, they could become more private about their use of corporal punishment, which could result in less corporal punishment in public spaces while corporal punishment continues in the home. In the absence of education mechanisms promoting positive parenting, these caregivers may resort to psychological aggression. Psychological aggression becomes more common as children age (Straus and Field

2003) and has similar outcomes to corporal punishment (Ward, Grogan-Kaylor, Ma, et al. 2021). They may also hold back their inclination to use corporal punishment but still use corporal punishment (perhaps even severe corporal punishment) in times of frustration or impulsivity (Larzelere 2013)

Alternatively, caregivers who disapprove of the ban may continue to use corporal punishment in a similar and open way if they do not fear social consequences of doing so (e.g., it remains normative in the community) or if they hold strong beliefs about the utility of corporal punishment. In Wales, people say they oppose the ban because they believe corporal punishment does not cause harm to children and is necessary to set limits with children, and they also believe the government should not intervene in family life in that way (Timmins 2021b). These beliefs may persist if most people in a community reject the ban. Education mechanisms could change attitudes about corporal punishment among some people in this group. Though this group is most at risk of enforcement mechanisms.

When a Caregiver is Unaware of a Ban

When a caregiver is unaware of a ban, there is still potential for change. As long as other caregivers in the community are aware of the ban, there may be a shift in social norms regarding violent discipline. Less acceptance and use of corporal punishment in the community may lead a caregiver to not use corporal punishment in public because parenting scripts are shaped by social norms (Lokot et al. 2020). Also, the education mechanisms of a ban—such as family support interventions—may teach caregivers to not use corporal punishment (without mentioning the ban). A ban country may be especially receptive to implementing anti-violence campaigns which could teach caregivers about positive parenting.

How Bans Affect Children

While bans often focus on reaching caregivers, the primary aim of a ban is to protect children from violence. Given the high prevalence of violence against children across the world and its negative consequences, children stand to benefit a great deal from an effective ban. In this section, I consider two ways in which bans might contribute to child outcomes: 1) indirectly through their caregivers, and 2) directly through the mechanisms of the ban.

How Bans Can Affect Children Indirectly Through Their Caregivers

If a ban affects parenting behaviors, this has implications for child outcomes. As a result of a ban, a child may be less likely to experience corporal punishment (Österman et al. 2014). When a child grows up without experiencing corporal punishment they are more likely to reach their developmental potential (Burt et al. 2021; Cuartas et al. 2020; Gershoff, Sattler, et al. 2018; Ma et al. 2018). A child might also be exposed to less vicarious violence at home (e.g., a sibling experiencing corporal punishment) which would contribute to their own positive development (Fleckman et al. 2016). Low exposure to both direct and vicarious corporal punishment likely fosters a belief in children that non-violent parenting is preferable to violent parenting (Vittrup and Holden 2010). With less violence, the child may enjoy more positive family relationships and feel safe at home with their family.

How Bans Can Affect Children Directly

A less-explored idea in the literature is that bans can directly affect children. Direct effects would be limited to children with sufficient language abilities—usually school-aged or older. These children may find out about a newly adopted ban through the news media. They may hear about the ban through word of mouth in their neighborhood or at school. They may be

exposed to an information campaign through a TV commercial. At a pediatrician's office or daycare facility, they may be exposed to a pamphlet about positive parenting that was produced and distributed because of the ban.

In the long-term, schools are where children are most likely to find out about the ban or be exposed to anti-corporal punishment messages. Child rights education teaches children that they have a right to protection from violence, including at home (UN Committee on the Rights of the Child 2001; UNICEF n.d.). When children understand their rights in the CRC, they may feel empowered to challenge the idea that they are inferior to adults (Manion and Jones 2020) which might lead them to reject corporal punishment (Walton and Saunders 2020). In addition to child rights education, children's views about corporal punishment may change because of exposure to anti-violence campaigns in the community. Children may also receive interventions or services through the child welfare system that they would not otherwise receive in the absence of a ban.

How Bans Affect Caregivers and Children Transactionally

Caregivers and children engage in a reciprocal or transactional process in which they influence one another through their characteristics and behaviors (Davidov et al. 2015). Corporal punishment is a case of a transactional process within families and can escalate over time as corporal punishment continues and child behavior problems worsen (MacKenzie et al. 2015). Bans can disrupt violent transactional processes in families by directly affecting caregiver and child characteristics and behaviors, which in turn can affect family dynamics.

Children can play a role in shifting family dynamics in relation to bans. According to the CRC, children have a right to be heard and adults should respect children's perspectives (UN Committee on the Rights of the Child 2009). As a result of a ban, children may develop concerns about corporal punishment. If children feel they can share their views with their caregivers, they

may talk with their caregivers about disciplinary tactics in the family. If caregivers are receptive to their children's perspectives and are open to the idea that corporal punishment is not necessary, they may strive to not use corporal punishment, which may promote positive caregiver-child relationships (Laible et al. 2020).

These short- and medium-term shifts in family dynamics can lead to long-term change. Children who grow up without corporal punishment are less likely to endorse corporal punishment when they become adults (Gagné et al. 2007; Gershoff and Grogan-Kaylor 2016). Even if caregivers continue to use corporal punishment, when children grow up and become parents, as a result of the ban they may choose to not use corporal punishment to discipline their own children. Thus, the intergenerational transmission of violence may be weakened as more people reject corporal punishment.

Conclusion

In this paper, I developed a conceptual model that considers bans as a multistage process. First, I explored how a country's pre-ban context might predict whether a ban happens and how successful a ban will be. There are many factors within and outside a country that increase or decrease the likelihood that a ban will happen. Overarching factors are the notion of children's rights and the role of governments to ensure children's rights. Second, I described how bans can be adopted through legislation, judicial action, or voter referendum. Legislation is most common; voter referendum has yet to be successful. Third, I explored how bans can have an effect via the mechanisms of dissemination, education, and enforcement. Not all mechanisms will exist in every country or function in the same way, but, as long as some mechanisms exist, a ban has the potential to have an effect. Finally, I considered possible caregiver and child outcomes, including

caregiver-child relationship dynamics. I argued that outcomes can occur even when someone is not aware of the ban and that bans can contribute to long-term reductions in violence.

This model has implications for policymakers. A key takeaway is that bans are not a monolith. These policies can be molded to work in a given context. When considering a ban, policymakers should reflect on their motivations for having a ban. In doing so, it is important to consider the implications of adhering to international norms and it is important to learn from other countries with bans. While Sweden is a notable example to learn from, there are many countries to consider. It is ideal for a country to learn about bans in countries with a similar cultural or legal context because the challenges of adopting and implementing a ban may be similar. As part of the learning process, policymakers should consider how to disseminate information about the ban in the short-term, educate people about non-violent parenting in the long-term, and enforce the ban. These will increase the likelihood of an effective ban. Regarding dissemination, an information campaign is ideal but not essential. Informal dissemination mechanisms such as news media and social media can spread the word about a ban. Regarding education, a nearly universal setting where this can occur is children's schools. Policymakers can consider supporting child rights education, which may include having a national curriculum. The curriculum can be focused on the CRC and teach children and their families about children's right to protection from violence—including corporal punishment. Regarding enforcement, lawmakers may need to amend other laws to ensure children and families will not be oppressed by child welfare or criminal legal systems. Finally, policymakers can appoint and support a national ombudsperson who can be involved throughout the first three stages of the ban process and help ensure the ban achieves its aims.

The conceptual model also has implications for future research. As more data from countries become available, researchers can test aspects of the model. For example, while there are narrative accounts of ombudspersons being influential in the ban process, to my knowledge, no quantitative study has determined whether having an ombudsperson predicts ban adoption or ban outcomes. Future research could also evaluate child rights education in ban countries to determine how the right to protection from violence is included in the curriculum and the extent to which child rights education informs children and families about the ban. Research could also examine how religious groups react to a ban which may reveal how to support religious communities in the wake of a ban.

The conceptual model may also be adapted to understand other types of bans—especially bans that are controversial and aim to prevent harm to children. For example, some governments around the world have banned junk food in schools. While junk food bans aim to reduce sugar intake and promote children's long-term health, these policies are controversial in that they limit people's choices and cultural behaviors, target businesses that profit from producing and selling junk food, and there is mixed evidence regarding whether junk food bans lead to beneficial health outcomes (Datar and Nicosia 2012; Leonard 2017). The conceptual model of corporal punishment bans might help researchers interested in bans (such as junk food bans) identify the contexts that lead to bans, consider how bans influence people and are enforced, and reflect on how bans affect children and their caregivers.

While this paper advances our knowledge of bans, it is not without limitations. First, it is a conceptual exploration of corporal punishment bans. It is not a systematic review of the literature (see Zolotor and Puzia 2010 for a systematic review) and there may be literature I am not aware of that challenges aspects of the model. Nevertheless, I informed the model by

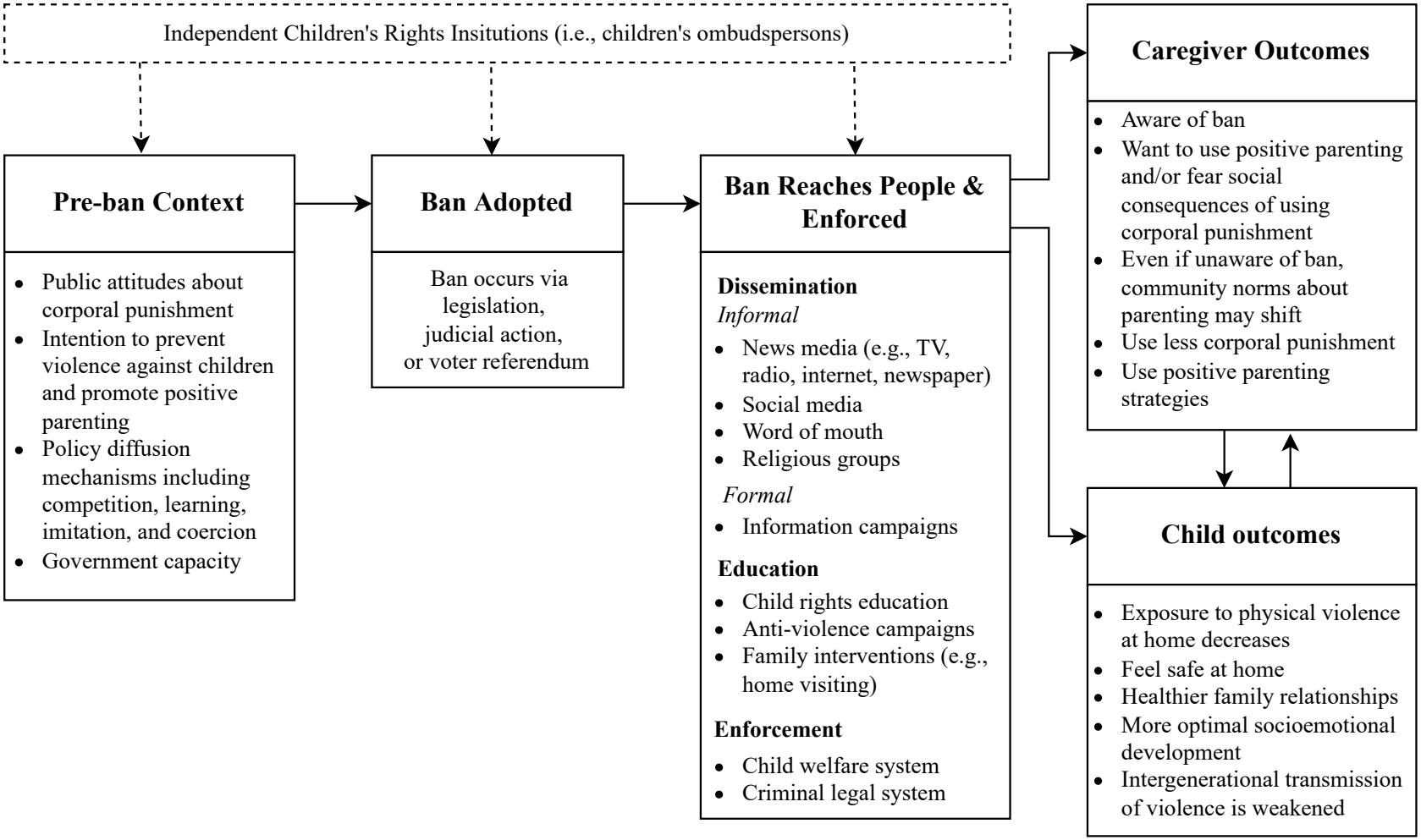
drawing upon seminal literature on bans as well as concepts that have received limited attention in the ban literature (such as ombudspersons and policy diffusion). Second, I primarily relied on sources in English. Non-English sources would help us more fully understand how the ban process plays out in countries where there are fewer English speakers and writers. Each country is unique, and we know about some countries' bans more than others. There are undoubtably important cases of bans in countries that I have not considered due to language barriers. Finally, the model is a simplification of a complex process, and this can make it difficult to see the full picture. For example, there are elements in the pre-ban context that are influential throughout the whole model, such as government capacity. While it would be possible to theorize about the roles of the components of the conceptual model in more detail (i.e., including more boxes and arrows in the model), this may produce a model that is too nuanced for interpretation and future empirical analysis (Healy 2017).

While this paper has limitations, it also has strengths. This is the first conceptual model of corporal punishment bans. The model posits novel constructs that are generalizable among bans across the world. The model can serve as a resource for policymakers, researchers, and others interested in understanding bans. Importantly, the model highlights the rights and agency of children—the primary intended beneficiaries of a ban. It shows how children are not passive beings to be acted upon. They can take an active role in advocating for bans and can choose whether and how to promote the aims of the ban in their own lives. Child rights education, in particular, may hold the greatest potential for teaching children about these aims.

Early in the paper, I suggested there are multiple pathways countries can take through the conceptual model. The stepping stones of these pathways consist of the components of the conceptual model and anything else I may have omitted from the model that is important in a

given context. As long as the mechanisms of enforcement are not punitive, countries can proceed through the ban process with little risk of doing harm. Even adding and modifying stepping stones as they go. Many strategies are needed to prevent family violence—a common and complex challenge across the world. Bans are a low-risk policy with potential to help prevent family violence in the long term.

Figure 2.1 Conceptual model of corporal punishment bans



Chapter 3 Corporal Punishment Bans and Children's Perceptions of Well-being

According to the United Nations (UN), children have an inherent right to protection from violence in the home and elsewhere (UN General Assembly 1989). Yet, violence against children is common across the world (Bussmann et al. 2011; Cuartas et al. 2019; Finkelhor et al. 2019; Gilbert et al. 2012; Runyan et al. 2010; UNICEF 2014b). Violent discipline is the most common form of violence children experience. Across 86 countries for which there is comparable survey data, around 75% of children age 1-14 are subjected to violent discipline in a given month (World Health Organization 2021). Violent discipline encompasses caregivers' use of corporal punishment (e.g., hitting, pinching) and psychological aggression (e.g., humiliation, threats) (UNICEF 2014b). A growing literature shows that violent discipline is harmful for children's emotional and behavioral development (Gershoff, Goodman, et al. 2018; Gershoff, Sattler, et al. 2018; Grogan-Kaylor 2004, 2005; Heilmann et al. 2021; Ma et al. 2018; Okuzono et al. 2017).

In light of the prevalence and outcomes of violence against children, there is a global policy agenda to end violence against children. Specifically, the UN Sustainable Development Goals (SDG) target goal 16.2 aims to "end abuse, exploitation, trafficking and all forms of violence against and torture of children." In line with this policy agenda, the UN Convention on the Rights of the Child (CRC)—a human rights treaty virtually all countries are legally bound to—requires that countries ban corporal punishment in all settings, including the home (UN Committee on the Rights of the Child 2006). To date, 63 UN member countries have banned corporal punishment in all settings (End Corporal Punishment 2021b). Corporal punishment bans

may be effective at changing social norms regarding parenting. Corporal punishment bans are associated with less support for, and reported use of, corporal punishment against children (D'Souza et al. 2016; Gilbert et al. 2009; Gracia and Herrero 2008; Österman et al. 2014; Straus 2009). At the same time, corporal punishment bans are controversial. In particular, there are concerns that bans could result in excessive child welfare system surveillance of families (Be Reasonable Wales 2017; Haug 2019) or that bans could worsen behavioral problems because parents will not discipline their children effectively (Larzelere 2013). While many voices contribute to the debate about corporal punishment bans, the voices of one group are largely missing—the voices of children.

In this study, I address this gap by examining children's perspectives about their lives in relation to corporal punishment bans. I leverage cross-sectional data from the International Survey of Children's Well-Being to compare three child-reported outcomes among children approximately 8, 10, and 12 years old. These outcomes include subjective well-being (a cross-culturally valid measure of life satisfaction), a perceptions of family life scale (reflecting positive family interactions and relationships), and feeling safe at home (a measure linked to family violence). Using multilevel modeling controlling for individual and country characteristics, I find that bans are associated with feeling safe at home, more positive perceptions of family life, and higher levels of subjective well-being. In addition, I test a previously untested mechanism by which bans reach families—child rights education—and find evidence for this mechanism among older children. Taken together, findings suggest children have more favorable well-being in countries where there is a corporal punishment ban. Given children's rights are central to the global effort to ban corporal punishment, I frame the study around the concept of children's

rights, which I explore throughout the literature review. I begin by describing the modern history of children's rights that led to the framework for children's rights I use in this study.

Literature Review

A Children's Rights Framework

Attitudes about children are changing. Over the past hundred years, adults in the United States have put less value on children's obedience to institutional and adult authority; instead favoring children's independence (Alwin 1988, 1989; Alwin and Tufiș 2021; Nomaguchi and Milkie 2019). Over the past forty years, a similar pattern has been documented in research on nearly 100 countries participating in the World Values Survey (Kaasa and Minkov 2020; Park and Lau 2016). While there is cultural diversity in beliefs about childhood and family life across the world, attitudes about children are not the same as they were many years ago, and these attitudes are converging globally.

This shift in attitudes over time may be related to other historical trends. Industrialization, migration, urbanization, and technological advancement in the late 19th and early 20th centuries led to social conditions that contributed to children's suffering while also making their suffering more visible. Photojournalism raised awareness about children's unsafe living and working conditions (Freedman 1994; Riis 1890) as well as the starvation and violence children experienced as a result of World War I (Fass 2011). A sense of societal responsibility for children increased across the world, which led to national governments adopting policies to protect children (Huntington and Scott 2020). This adjustment from civil society and local government responsibility to national government responsibility has been well-documented in settings such as China (Cunningham 2014; Xia et al. 2014), countries in Africa with a recent history of colonization (Eckert 2004; Mbise et al. 2021), Nordic countries (Sköld and Markkola

2020), the Soviet Union (Earner and Telitsyna 2021), and the United States (Gordon 2011; Pearson 2011).

National policies to protect children are not adopted in isolation. Globalization propagated the idea that social problems involving children could be framed around children's rights (Key 1909). Countries even collaborated to conceptualize and promote children's rights (Gran 2021). The first international children's rights framework came shortly after World War I in 1924. The League of Nations agreed upon this framework and called it the Declaration on the Rights of the Child—a short document outlining what must be done for children such as feeding them when they are hungry and protecting them from exploitation. After the Declaration failed to protect children from the atrocities of World War II (Gran 2021), the United Nations (UN) updated and expanded the Declaration in 1948 and again in 1959. However, a limitation of a UN Declaration is that is not legally binding. In other words, there was little oversight or incentive for countries to promote the rights in the Declaration on the Rights of the Child.

A dramatic shift in children's rights occurred thirty years later, in 1989, when the UN adopted the Convention on the Rights of the Child (CRC)—the framework for children's rights widely known and used today. Not only does this document identify more rights than the Declaration on the Rights of the Child, it is also a convention. Countries that ratify a UN convention are legally bound to implement the principles of the convention into national law. Every eligible country in the world has ratified the CRC—except the United States—making the CRC the most widely supported human rights treaty in history. Some of the rights in the CRC include the right to life (Article 6), the right to a name and nationality (Article 7), the right to social and economic support if a child's family is poor (Article 26), and the right to play (Article 31). An institution called the UN Committee on the Rights of the Child, comprised of a rotating

group of children's rights experts from across the world, monitors national governments' implementation of the CRC. The Committee puts pressure on national governments to promote children's rights and writes official comments expounding upon the content of the CRC. The Committee is an important mechanism by which the CRC influences child and family policy throughout the world—including corporal punishment bans.

Given its centrality in efforts to ban corporal punishment, I use the CRC as the framework for the present study. I focus on three children's rights: the right to be heard and have their views taken seriously (Article 12), the right to protection from violence (Article 19), and the right to an education that helps them understand their rights (Articles 28 and 29). Together, these rights are the foundation of my examination of the relationship between corporal punishment bans and child well-being. I explore each of these rights in the sections that follow.

The Right to Be Heard

According to the CRC, children have a right to be heard. Specifically, "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" (CRC Article 12). The UN Committee on the Rights of the Child later expounded that "the views expressed by children may add relevant perspectives and experience and should be considered in decision-making, policymaking and preparation of laws and/or measures as well as their evaluation" (UN Committee on the Rights of the Child 2009). Indeed, children's voices have much to contribute to research and policy (Fattore, Mason, and Watson 2016a; Pugh 2014). Informed by this right, my empirical analysis focuses on children's perspectives.

The right to be heard in policymaking is often limited to small groups of children such as children in youth parliaments (Parkes 2008). Children can also inform policymaking through research. Participatory and qualitative research methods provide in-depth knowledge about children's perspectives on policy-related topics (Wells 2021). Complementary to these methods, quantitative methods can amplify the perspectives of many children. Random sampling of a large number of children can make these perspectives generalizable to a larger population of children. For example, population-based survey research—including children and parents from the same families—has documented discrepancies in reports about family violence. Children report that the physical and psychological violence their parents use against them (e.g., spanking, yelling) is more severe than what their parents report (Chan 2012; Schneider et al. 2015). These discrepancies may stem from social desirability bias among parents (Rosenbaum & Langhinrichsen-Rohling, 2006) and from the fact that children are on the receiving end of the violence. Thus, children's views are not only important from a children's rights and policy perspectives—hearing children's views as a member of a family unit also contributes to knowledge about family processes and age inequality (Pugh 2014). Indeed, children are an age-related minority population who experience unequal treatment and have less power over their lives than adults (Barth and Olsen 2020).

Consistent with a child's right to be heard is a consideration of their self-reported well-being. This includes a child's satisfaction with life in general (Casas & González-Carrasco, 2021) as well as more specific domains such as feelings of safety—a foundational component of personal well-being, healthy relationships, and a primary goal of child welfare policy (Andresen & Ben-Arieh, 2016; Bowlby, 1969; Brockevelt et al., 2019; Fattore et al., 2016b). According to the US Centers for Disease Control and Prevention, safety reflects "the extent to which a child is

free from fear and secure from physical or psychological harm within their social and physical environment" (Centers for Disease Control and Prevention 2019:6). Children's feelings of safety can differ across settings such as school, neighborhood, and the home (Usta and Farver 2005).

Regarding safety at home, younger children tend to feel less safe than older children (Rees 2017), children from lower socioeconomic status households tend to feel less safe than children from higher socioeconomic status households (Ben-Arieh and Shimon 2014; Usta and Farver 2005), and boys may feel less safe than girls (Duke 2019). These risk factors for not feeling safe at home are similar to the risk factors for corporal punishment (Finkelhor et al. 2019). Indeed, family violence undermines children's feelings of safety at home (Cunningham and Baker 2004). Focus groups with adolescents age 13-18 in Ghana have identified violent discipline as the primary reason adolescents in their region perceive their homes as unsafe—exposure to intimate partner violence, neglect, being forced to work instead of attending school, and sexual violence were also identified (Addae and Tang 2021). In Spain, survey research shows that being hit by a sibling is associated with 10-12-year-olds feeling less safe at home (Valente and Crescenzi-Lanna 2022). Qualitative interviews with children ages 8-15 in Australia, Sweden, and the United States suggest children feel safe at home when their parents protect them and take care of them, when the physical features of the home protect them from the outside world (e.g., door locks), and when they have positive trusting relationships with family members (Buss 1995; Dinisman et al. 2017; Eriksson and Dahlblom 2020; Fattore, Mason, and Watson 2009, 2016b). Indeed, the Preamble of the CRC states that children "should grow up in a family environment, in an atmosphere of happiness, love and understanding." In sum, children's conceptualization of safety at home is related to family life and includes family violence (e.g., violent discipline, intimate partner violence, sibling violence), family interaction more generally

(e.g., parental warmth, having needs met), and also contexts not directly linked with family violence (e.g., physical structure and safety of the home).

There is a connection between children's feelings of safety and professional assessments of child safety. Some countries have child welfare systems which investigate reports of suspected child maltreatment such as neglect or physical abuse (World Health Organization 2020). In some investigations of child maltreatment, child protection workers conclude children are unsafe to remain in the home and are placed in the foster care system. A comprehensive review of the qualitative literature on the perspectives of children in foster care—including nearly 2,000 children from the United States, the United Kingdom, Canada, Norway, and Australia—found that many children report feeling safer in their foster home than in their prior home with their birth parent(s) (Baker et al. 2016). Some children in foster care express relief that they are no longer subjected to physical violence (Baker et al. 2016). While children do not always feel safer in foster homes, the qualitative literature suggests children's feeling of safety at home is related to family violence, which includes the use of corporal punishment (i.e., administering physical pain to discipline or punish).

The Right to Protection

Children have a right to protection from violence. Specifically, Article 19 of the CRC says, "States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child." The CRC Committee later clarified that physical violence includes common parenting behaviors such as

corporal punishment and has always told countries that they must legally prohibit corporal punishment (UN Committee on the Rights of the Child 2006).

Indeed, banning corporal punishment is becoming a global norm (Nyseth Brehm and Boyle 2018). Institutions other than the UN also play a role in this process. One of these institutions is the Global Partnership to End Violence Against Children, which runs an initiative called End Corporal Punishment (previously known as The Global Initiative to End All Corporal Punishment of Children). Launched in 2001, End Corporal Punishment tracks the legality of corporal punishment and engages in advocacy efforts (e.g., technical assistance on drafts of ban legislation) which has likely accelerated the adoption of bans (Bower 2015). Most countries ban corporal punishment in one or more settings. These settings include homes, schools, day cares, foster care, and the criminal legal system. In 1979, Sweden became the first country to adopt a universal ban, meaning corporal punishment became illegal in all settings including the home. Thus far, a ban in the home is always the final setting in which corporal punishment is banned in a country. Currently, 63 countries have universal bans. Fifty-five bans have occurred during the 21st century and half are in low- and middle-income countries. An additional 26 countries have formally committed to adopting a universal ban. Taken together, 14% of children in the world live in a country where corporal punishment is prohibited in all settings, 76% live where corporal punishment is banned in some settings outside the home, and 10% have no legal protection in any setting (End Corporal Punishment 2022a). While bans are found in many settings, the focus in this paper is universal bans. I refer to these as "corporal punishment bans" or "bans." This type of ban is novel because it aims to prevent family violence while bans in other settings aim to prevent physical violence against children by adults outside a child's family.

As previously mentioned, the CRC obligates countries to ban corporal punishment (Nyseth Brehm and Boyle 2018; Sandberg 2019; UN Committee on the Rights of the Child 2006; UN General Assembly 1989). Yet, the process by which countries adopt a policy is complex (Shipan and Volden 2012). There are multiple contextual factors that may increase or decrease the likelihood a ban is adopted. An event history analysis of 150 countries from 1950 to 2011 (Nyseth Brehm and Boyle 2018) found that CRC ratification, globalization (i.e., receipt of foreign aid), having a greater proportion of women in parliament, and economic development (GDP per capita) were positively associated with ban adoption. More cultural diversity (ethnolinguistic fractionalization) was negatively associated with adopting a ban while a country's level of democracy was not related to ban adoption. In sum, the motivations for—and process of—ban adoption are complex. Thus, research on bans should consider countries' contexts.

When a ban is adopted, knowledge of the ban reaches people through a number of mechanisms. The news media often announces the new law. The government may sponsor a public information campaign to inform people about the new law and educate caregivers about positive (i.e., non-violent) parenting strategies. Information can be disseminated through mass media, flyers and posters, mass mailings, and other means (Weiss and Tschirhart 1994). Sweden, Germany, and Wales have used public information campaigns to inform people about their bans. Sweden mass-distributed a pamphlet to parents and the general public via schools, day care facilities, and local authorities, and also announced the ban on milk cartons for 2 months so parents and children would know about the ban and discuss the ban during meals; a couple years later, virtually everyone knew of the ban (Durrant and Olsen 1997; Ziegert 1983). In Germany, there was a year-long awareness campaign including 500 events held in 35 cities; shortly after

the campaign, around one-third of parents were aware of the ban (Bussmann et al. 2011). Wales currently has a multimedia advertising campaign for its new ban (Morris 2021). The literature on bans emphasizes the importance of public information campaigns (Bussmann et al. 2011; Gershoff and Durrant 2020; Lansford et al. 2017; Ziegert 1983); yet, public information campaigns can be expensive and are usually temporary. Ban-focused public information campaigns may not be essential for people to become aware of a ban or for a ban have an effect. Children's schools are an important setting where children and families may find out about a ban or be influenced by a ban—I discuss this idea in depth in the next section. There are also informal mechanisms such as word of mouth from family-serving professionals to families or between families themselves.

Acknowledging there are multiple mechanisms by which bans can affect people, research suggests bans are associated with positive outcomes. The bulk of this research has been conducted since the late 1990s. These studies, usually limited to European countries, suggest support for corporal punishment declines over time (Gilbert et al. 2009) and the use of corporal punishment also declines in relation to ban timing (Alampay et al. 2021; Österman et al. 2014). Yet, to my knowledge, only one study has examined the relationship between bans and children's self-reported outcomes (Elgar et al. 2018). The study used cross-sectional nationally representative school-based survey data of adolescents—primarily age 13-17—in 88 countries. The outcome was whether an adolescent reported being in 4 or more physical fights in the past year. The statistical models did not include country-level controls. Youth in countries coded as having a ban had 31% less fighting among boys and 42% less fighting among girls compared to students from countries without a ban. However, the authors categorized up to a dozen countries

as having a ban when those bans were actually adopted *after* the time of the survey; therefore, the authors likely underestimated the association between bans and fighting.

In sum, there are important gaps in our understanding of corporal punishment bans. In addition to a lack of children's voices in this research, we lack empirically tested knowledge about *how* bans reach people—especially outside a small group of European countries. The present study advances our understanding of ban mechanisms by testing a previously untested mechanism—child rights education.

The Right to Education

Children have a right to education. According to the CRC, countries must "make primary education compulsory and available free to all" (Article 28) and one of the aims of education must be "the development of respect for human rights and fundamental freedoms" (Article 29). Countries also "must undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike" (Article 42). Thus, countries have a responsibility to not only educate children, but to teach them about the CRC.

The CRC Committee expounded on child rights education in its first General Comment. The Committee stated that "human rights education should provide information on the content of human rights treaties" and "strengthen the child's capacity to enjoy the full range of human rights and to promote a culture which is infused by appropriate human rights values." The CRC Committee further explained that child rights education teaches children how "to resolve conflicts in a non-violent manner" and how "to develop…good social relationships" (UN Committee on the Rights of the Child 2001).

Given this charge and guidance from the CRC, children's rights principles are integrated into the curriculum and milieu of schools across much of the world (Brantefors and Quennerstedt

2016; Jerome et al. 2015; UNICEF UK 2021; Zajda and Ozdowski 2017). This is called child rights education, a central goal of which is to teach children about the CRC (Brantefors and Quennerstedt 2016). Child rights education can be coordinated at a societal, community, or school level. For example, the United Kingdom has a Rights Respecting School Award given to schools which embed the CRC into their school. Over 1.7 million children (approximately 20% of the child population) in the United Kingdom attend one of 5,000+ rights respecting schools. The award takes a "whole school approach" to child rights education and aims to support children and their parents in realizing children's rights (UNICEF UK 2021). Child rights education also occurs on a less coordinated basis—individual educators across the world can choose to teach children about the CRC. While the actual prevalence of child rights education is unknown, one source of evidence to estimate its prevalence is the International Survey of Children's Well-Being—the data used in the present study. In this school-based survey of 8-, 10-, and 12-year-olds in 35 countries, many children say they know about the CRC. Specifically, 22% of 8-year-olds (9% to 44% in each country), 31% of 10-year-olds (10% to 62% in each country), and 34% of 12-year-olds (14% to 69% in each country) say they know about the CRC (author's calculations). This suggests child rights education is common, and older children are more aware of it.

Children's rights education may act as a mechanism of family violence prevention. In a participatory action study of first-grade classrooms in Canada and Uganda, after children were taught about their rights via methods such as puppet shows, storytelling, and artwork, the children mailed postcards to political leaders on which they listed the rights they most wanted to promote in their communities. Children in both countries indicated they wanted to promote their

right to safety and a loving family. Children in Uganda also mentioned they did not want children to be beaten (Manion and Jones 2020).

The potential for child rights education to influence how children think about safety, violence, and family relationships is likely universal. Entities such as the UN, ombudspersons, and non-governmental organizations (NGOs) disseminate educational materials to schools that are used to teach children about their rights (Children's and Young People's Commissioner Scotland 2016; Sigurðardóttir 2020). These materials are strongly rooted in the structure and text of the CRC, especially when targeted to children older than 8 years old (Brantefors and Quennerstedt 2016; Committee on the Rights of the Child 2020; Sweden Ombudsperson 2021). For example, CRC posters are widely available and can be displayed in classrooms and hallways (Sigurðardóttir 2020; UNICEF 2021). These posters include simplified child-friendly text of the CRC articles. The primary version of the child-friendly text for Article 19 says "You have the right to be protected from being hurt and mistreated, in body and mind" (UNICEF n.d.). The primary version is sometimes adapted. Examples of adaptations include: "You have the right to be protected from all violence and to be safe at all times," (First Nations Child & Family Caring Society n.d.) and "Governments should ensure that you are properly cared for and protect you from violence, abuse and neglect by your parents or anyone else who looks after you" (Plan International n.d.).

Videos are another example of child rights education. A UN-produced video for Malaysia includes puppets which teach children about the CRC and some of the rights in the CRC. One puppet in the video explained that the right to protection "means as children, we have the right to be safe from ALL types of harm. Like nobody can hurt you." Another puppet asks, "Nobody is allowed to hurt us? Even people I know?" Another puppet answers "Yeah. It means we have the

right to be protected from anything that makes us feel uncomfortable and unsafe" (UNICEF Malaysia 2014 emphasis in original subtitles).

Child rights education aims to empower children by teaching them what their rights are and how to enact their rights in their lives (UNICEF 2014a). As demonstrated in the poster and video examples, content about violent discipline can be part of child rights education. Perhaps children who live in countries with a ban are especially likely to learn about their right to protection from violence—even corporal punishment. Like children in Sweden, they may even be told about the ban at school (Durrant and Olsen 1997). Children who live in countries *without* a ban also stand to benefit from learning about their right to protection from violence. When children learn about their right to protection from violence, they may choose to discuss this right with their families. Children exercising their right to be heard with their families may influence how child discipline is administered in the home. The direction of this influence is unclear, however. Depending on family circumstances, the discussion could lead to more positive discipline, have no effect, or even exacerbate the use of harsh discipline if caregivers are not receptive.

In summary, the right to be heard, the right to protection from violence, and the right to education can be considered together to understand how countries promote children's rights through policy. Focusing on the case of corporal punishment bans, I ask two research questions: First, is child well-being higher in countries where corporal punishment is banned? To answer this question, I examine three measures of child well-being: a subjective well-being scale, a family life scale, and feeling safe at home. Second, is child well-being highest among children who live in countries where corporal punishment is banned *and also* know about the Convention on the Rights of the Child (CRC)? If child well-being is highest where children have both legal

protection and knowledge about their rights in the CRC, this provides evidence that child rights education is a mechanism by which corporal punishment bans might affect children and families.

Method

Sample

I use data from the International Survey of Children's Well-Being (ISCWeB), also called "Children's Worlds." The ISCWeB is a cross-sectional school-based survey of children around ages 8-, 10-, and 12-years old that began in 2009 (Rees and Main 2015). A global network of researchers develops and administers surveys within their own countries. Survey content is largely consistent across countries, though countries are allowed to omit or add survey questions based on cultural appropriateness or local research goals. Questionnaires are translated into the local language through a process that includes back-translation. Each age group receives a slightly different survey. The age 8 survey is the most unique, with simpler response categories and fewer questions.

During the pilot wave of ISCWeB (2010-2011), 14 countries participated. Data were collected via convenience sampling. During wave two (2013-2015), drawing in all new respondents, 16 countries used representative sampling of schools with some countries being nationally representative and the rest being representative of a country's subregion(s). During wave two, much was learned about how to effectively administer cross-national surveys to children in schools. Informed by input from children across the world as well as psychometric studies of survey measures, a third wave was administered (2017-2019). Wave three includes children from 35 countries, making it the largest international survey of children of this age range ever conducted. Over half of surveys are nationally representative. Around 60% of schools invited to participate agreed to participate (Gross-Manos, Kosher, and Ben-Arieh 2021). Ten

countries collected data via an online survey on school computers while the rest used paper questionnaires. For this study, I only use wave 3 data primarily because survey questions differ between wave 2 and wave 3. As shown in Table 3.1, not all countries collect data from children in every age group. Age 10 is the only age group with data in every country.

Dependent Variables

Children's Worlds Subjective Well-being Scale (CW-SWBS). The CW-SWBS measures cognitive subjective well-being. The scale is adapted from the Student Life Satisfaction Scale (Huebner 1991). The items have been adapted across waves of ISCWeB. For wave three, questions were modified to improve cross-cultural comparability based on discussions with children in low-income countries outside Europe (Children's Worlds Wave 3 Documentation 2017). Psychometric research on the 10- and 12-year-old wave 3 data suggests the scale is appropriate for cross-national comparison when omitting two items: *I like my life* and *The things that happen in my life are excellent* (Casas and González-Carrasco 2021). Thus, I only include four items: *I enjoy my life; My life is going well; I have a good life;* and *I am happy with my life*. For the age 10 and age 12 groups, items were answered on a 11-point scale (0 = *Not all agree*; 10 = *totally agree*). For the age 8 group, items were answered on a 5-point scale (*I do not agree, Agree a little bit, Agree somewhat, Agree a lot, Totally agree*). The questions were found at the top of a section titled "How you feel about your life as a whole" and the instructions were "Now please say how much you agree with each of the following sentences about your life as a whole." I took the mean of the five items to construct a composite score (Age 8: $\alpha = .87$; Age 10: $\alpha = .90$; Age 12: $\alpha = .93$).

Perceptions of Family Life Scale. Questions about children's perceptions of family life were administered at wave two and were modified for wave three based on children's input. The

scale measures the extent to which children feel cared for, supported, and able to develop agency and autonomy in age-appropriate ways in their family context (Rees et al. 2020). The scale reflects a secondary aim of corporal punishment bans (i.e., to promote positive parenting and positive family relationships). Four of the items include: *There are people in my family who care about me; If I have a problem, people in my family will help me; We have a good time together in my family;* and *My parent(s) listen to me and take what I say into account.* A fifth question was asked for age 10 and age 12. I include this fifth item in the scale for them, given its developmental relevance: *My parents and I make decisions about my life together*. There is a sixth question, which I keep separate from this scale and discuss in the section below. These questions were answered on a 5-point scale (*I do not agree, Agree a little bit, Agree somewhat, Agree a lot, Totally agree*). The questions are near the beginning of the survey in a section titled "Your home and the people you live with." Thus, the questions in this section seem to be only in reference to the people the child lives with. The scale has acceptable internal consistency (Age 8: $\alpha = .71$; Age 10: $\alpha = .78$; Age 12: $\alpha = .81$).

Feel Safe at Home. In the middle of the questions about perceptions of family life, children were asked to indicate the extent to which they agree with the statement *I feel safe at home*. Similarly, this item was answered on a 5-point scale *(I do not agree, Agree a little bit, Agree somewhat, Agree a lot, Totally agree*). While it mentions the home, it is asked in the midst of questions about family so the child might think of how safe they feel at home with the people they live with. Researchers have combined the safety at home variable with family life variables (Kühner, Lau, and Addae 2021; Lawler et al. 2018) and have also examined them separately (Lawler et al. 2017; Newland et al. 2015). Given feelings of safety at home are conceptually

related to the primary aim of corporal punishment bans (i.e., to prevent violent discipline), I analyze this dependent variable separately.

Independent Variables

The main independent variable is a country-level indicator measuring whether the child's country banned corporal punishment *before* wave 3 of ISCWeB data collection. I gathered this information from the End Corporal Punishment website (End Corporal Punishment 2021b). Of the 31 countries in the analytic sample, 13 had a ban. Subsequently, 5 additional countries have banned corporal punishment, but these countries remain in the comparison group because their bans had not yet been adopted the ban when the ISCWeB data was collected in 2017-2019 (see Table 3.1 for a list of ban and comparison countries and countries' year of ban adoption).

There are a limited number of individual-level sociodemographic variables available in the survey data. I include several that were widely available across countries. Child gender (whether the child identifies as a boy or girl) is a dichotomous variable. Child's age is a continuous variable measured in years—there is some variation in children's ages within age groups (see Table 3.3). To measure the child's family's socioeconomic status and the child's exposure to material hardship, I include a categorical variable measuring the frequency the child worries about how much money their family has (*Never, Sometimes, Often, Always, Don't Know*) with categories included in statistical models as dummy variables.

Moderator Variable

The moderator variable also comes from the survey. The item children responded to was *I know about the UN Convention on the Rights of the Child* with response options *No*, *Not sure*, or *Yes*. Some children intentionally skipped this question and I code them as *Not sure*. While *Not*

sure could arguably be combined with *No*, I keep these categories separate because expressing uncertainty may mean something different than responding *No* depending on the age of the child. In particular, older age groups have had more time to be exposed to child rights education and their uncertainty may mean something different than younger children's uncertainty.

Contextual Variables

Given the diversity of countries in the data and the complexity of factors that predict whether a country adopts a ban as well as outcomes for young people, I include country-level contextual variables to minimize confounding in my analysis. I obtained these variables primarily from the University of Gothenburg's Quality of Government Institute Standard Dataset (Teorell et al. 2021). When data were missing for a county in the Quality of Government Institute Standard Dataset, I obtained the data from the original source. I measure ban countries' contextual data *before* their ban was adopted—in most cases one or two years beforehand. Similarly, I measure comparison countries' contextual data shortly before ISCWeB data collection. For example, if a country banned corporal punishment in 2005 its contextual data is from around 2003 or 2004. Measuring contextual data before ban adoption (or before data collection) ensures the country contextual data I include is not a potential outcome of a ban. For example, one of the contextual variables is an indicator of societal violence, which a ban might influence over time.

Table 3.2 includes a description, source, and statistical comparison of country-level contextual variables by corporal punishment ban status. Covariates in the table fall under the categorizes of Population; Development and Globalization; and Inequality, Diversity, and Violence. I select these contextual covariates because of literature suggesting they may be related to ban adoption, violence, and child well-being (Nyseth Brehm and Boyle 2018). While there are

many country covariates to choose from, many are not widely available across countries and across years. The variables in Table 3.2 are available for all countries in the analytic sample at the appropriate time point for each country (which extends back to the 1980s for two countries—see Table 3.1). On average, countries with bans had significantly lower Gini coefficients and cultural diversity. Countries with bans also had marginally less primary school enrollment and women in parliament. There were no statistically distinguishable differences in total population, population density, the Human Development Index, political globalization, percent foreign born, or homicides.

I include all ten country-level controls for ages 10 and 12. However, for age 8, I include fewer country-level controls because there are fewer countries and thus fewer degrees of freedom at the country level. Specifically, I omit three variables: total population, percent foreign born, and population density. In models with interactions, I omit four additional variables, only keeping the human development index, cultural diversity, and women in parliament. Thus, for the age 8 group, in the regular models and in most robustness checks, I include 7 of 10 contextual variables, and in the interaction models, I include 3 of 10 contextual variables.

While England and Wales are both part of the United Kingdom (UK), England is governed by solely the UK parliament and its policies are decided by lawmakers from across the UK. Thus, I use UK-level contextual variables for England. In contrast, Wales has its own national assembly with the power to legislate its own child welfare laws. In 2020, after survey data were collected, Wales adopted a national corporal punishment ban. Thus, whenever possible, I use contextual variables specific to Wales, but when this data is not available, I use UK-level contextual data for Wales as well.

Analytic Approach

The raw data file includes 128,184 children from 35 countries. I use listwise deletion to address missing data and prioritize my primary outcomes (i.e., family life and feel safe at home) when choosing which countries to include in the analytic sample. I start by dropping 5 countries from the analytic sample. Brazil did not have school pseudo-IDs in the data file, which are needed to account for school clustering. UN countries do not widely recognize Taiwan and Hong Kong as countries—as a result, they are not included in most international data archives and therefore lack contextual variables I use in my models. Bangladesh did not include survey questions for my primary outcomes and Indonesia did not include the survey question for the moderator variable. Dropping these countries reduces the number of children in the sample to 93,757. For the same reason as Bangladesh, I drop the age 8 samples for India (n = 994) and Spain (n = 2,329) while retaining children in these countries for the older age groups which do have data on my primary outcomes. Next, I drop 29 children missing a school pseudo-ID and 2,206 children missing data on gender—the Germany age 12 sample was completely dropped while 21 other countries had only some missing data on gender. I drop 576 cases with missing data on how often the child worries about how much money their family has—these were primarily in Israel. I drop 64 cases that were not asked whether they know about the CRC. Children's age in years was missing for 1,840 cases (0.3% of the age 8 group, 4.2% of the age 10 group, and 0.7% of the age 12 group)—1,510 of which were in France (69.8% missing in France). Given the majority of children in each age group are the exact age as their corresponding age group (e.g., a child in the age 8 group is 8 years old) and nearly all children are within one year of their corresponding age group, I assign missing ages the value of their age group (e.g., children missing data on age in the age 10 group remain in the analytic sample and are coded as being 10 years old). The final analytic sample is 87,559 children from 30 countries

and 1,666 schools. Figure 3.1 shows a world map with the location of each country in the analytic sample—countries with bans are in blue and countries without bans are in green. Broken down by age, the age 8 group has 18,393 children in 733 schools in 16 countries, the age 10 group has 37,161 children in 1,363 schools in 30 countries, and the age 12 group has 32,005 children in 1,058 schools in 24 countries. Table 3.1 shows the number of children in each country by age group and indicates the ban year (if applicable) and region of the world where the country is located.

I use multilevel modeling to examine differences between children who reside in countries with a corporal punishment ban and children who reside in countries without a corporal punishment ban. As recommended by ISCWeB principal investigators, I stratify models by age group (age 8, 10, and 12), use survey weights, and account for school and country clustering (Children's Worlds 2020). I account for school and country clustering using 3-level multilevel models. In the models, children (level 1) are nested within schools (level 2), which in turn are nested within countries (level 3). For continuous outcomes including the subjective well-being and family life scales, I use linear models (*mixed* command in Stata). For the ordered categorical outcome—feel safe at home—I use multilevel ordinal logistic models (*meologit* command in Stata). I use Stata 17.0 for all analyses. To help interpret estimates from the multilevel models, I calculate predicted margins of the outcomes at different values of the independent variables (i.e., corporal punishment ban and child rights education). These predicted margins are motivated, in part, by methodological research which indicates that interaction terms in non-linear models may not accurately characterize these relationships and are more accurate and interpretable when calculated as predicted probabilities (Ai and Norton 2003; Karaca-Mandic, Norton, and Dowd 2012). I present these predicted values in figures or tables.

I test child rights education as a mechanism of corporal punishment bans by running an interaction between the ban variable and the variable for whether the child knows about the CRC. A mechanism is a factor (typically thought of as a causal pathway) that helps explain the relationship between a predictor and an outcome (Hayes 2022). Research generally tests mechanisms via mediation rather than moderation. In my analysis, I use moderation because cross-sectional data are not well-suited for mediation analysis—cross-sectional mediation results may not reflect the longitudinal mediation researchers aim to capture (O'Laughlin, Martin, and Ferrer 2018). Also, through moderation, I can examine how the relationship between bans and a child outcome varies by child rights education, which produces an intuitive result (i.e., different levels of the outcome across ban and child rights education categories). By helping identify the circumstances in which a ban might be most effective, moderation provides evidence of how bans might reach people.

As shown in Tables 3.1 and 3.2, there are important demographic, geographical, cultural, and economic differences between countries in the data with and without bans. A country fixed effects approach would be ideal because it would account for unobserved time-invariant differences between countries (Allison 2009). However, the data are cross-sectional. Thus, country fixed effects would consume all degrees of freedom at the country level, not allowing the corporal punishment ban indicator to be included in the model (Moehring 2012). Thus, I am limited to a multilevel modeling approach and account for key observed differences between countries using country-contextual variables.

Since my data are cross-sectional, my comparisons may be confounded. In other words, if I find differences in child well-being between countries with and without a ban, these differences may be due to something else that I cannot account for in my models. To partially address this

possibility, I run a series of robustness checks in which I limit the sample to countries that are comparable in some way, or I include an additional control variable.

Results

Descriptive Statistics

Weighted descriptive statistics of survey variables by corporal punishment ban status are found in Table 3.3. Across the three age groups (i.e., age 8, age 10, and age 12), children in ban countries and non-ban countries have similar percentages of boys and girls and similar years of age. However, children in non-ban countries have higher levels of material hardship measured by the frequency the child worries about how much money their family has. For example, in the age 10 group, 40.1% of children in ban countries never worry about money compared to only 33.0% of children in non-ban countries. Across all age groups, children in ban countries are more likely to know about the Convention on the Rights of the Child (CRC). In the age 10 group, 39.3% of children in ban countries know about the CRC compared to 26.3% in non-ban countries. Children in ban countries appear to have more favorable scores on the dependent variables as well. In the age 10 group, children in ban countries have higher subjective well-being scores (Ban: Mean = 9.213; No Ban: Mean = 8.833), and higher family life scores (Ban: Mean = 3.510; Non-ban: Mean = 3.354). Differences are most pronounced for feeling safe at home. Again, in the age 10 group, 83.1% of children in ban countries "totally agree" they feel safe at home compared to 73.1% in non-ban countries. Overall, the weighted descriptive statistics suggest children in ban countries have better well-being than children in non-ban countries, yet these comparisons are not adjusted for individual and country-level contexts. I use multilevel modeling to adjust for these contexts and next I begin to build these models.

Unconditional Models

I begin with unconditional multilevel models for each outcome and age group. The purpose of these models is 1) to conduct likelihood ratio tests to compare model fit as additional levels are added and 2) to compute intraclass correlations (ICC) to determine what percentage of the variance in the outcome is attributable to each level. I build these models in three steps. First, a one-level model estimates the mean of the dependent variable without accounting for school or country clustering. Second, a two-level model estimates the dependent variable while school clustering is included at level two. Third, a three-level model estimates the dependent variable while school clustering is included at level two and country clustering is included at level three.

Across all outcomes and age groups, likelihood ratio tests indicate that a 3-level model is the best-fitting model. For example, examining the perceptions of family life scale among the age 10 group, a 2-level model has better fit than a 1-level model ($p < .0001$), and a 3-level model has better fit than a 2-level model ($p < .0001$). All likelihood ratio tests have this level of statistical significance. In the 2-level model, school ICCs range from .04 to .10 for subjective well-being, .06 to .07 for family life, and .06 to .09 for feeling safe at home. In the 3-level model, school (country) ICCs are .06 to .10 (.02 to .05) for subjective well-being, .09 to .10 (.04 to .06) for family life, and .11 to .13 (.05 to .06) for feeling safe at home. Taken together, the ICCs suggest that variation in outcomes is more attributable to schools than countries. Schools not only reflect a child's educational context but also neighborhood context due to the geographic clustering of schools. Yet, much of the variation in outcomes remains unexplained. Adding together the school and country ICCs, the highest is .18 for feeling safe at home among the age 8 group, and the lowest is .09 for subjective well-being again among the age 8 group. Thus, much of the variation in outcomes is attributable to individual/family, school/neighborhood, and

country-level factors not observed in the unconditional models. In my full models, I include predictor variables to help account for these contexts while comparing differences between children in countries with and without a corporal punishment ban.

Subjective Well-being

Multilevel models suggest subjective well-being is significantly higher in ban countries among the age 10 and age 12 groups but not among the age 8 group. Figure 3.2 shows the predicted means of subjective well-being for each age group by ban category. The estimates are derived from linear multilevel models accounting for clustering at the school and country levels, controlling for individual and country covariates. The y-axis includes a range of values of subjective well-being. While the minimum possible value for each age group is 0, the maximum among age 8 is 4 (5-point scale) and 11 is the maximum for ages 10 and 12 (11-point scale). Since most children report high levels of well-being, I restrict the y-axis to a range that allows for a visualization of where the variation is in the data. Circles denote predicted means on the outcome, the vertical lines drawn through the circles are 95% confidence intervals of these predicted means, and the diagonal lines drawn between the circles assist the reader to observe the magnitude of the difference between the predicted means. The difference between the means within each age group are equivalent to the coefficients shown in the Table A1 model 1 columns which show more detailed results while not showing coefficients from the country covariates (Age 8: b = .040, $p > .10$; Age 10: b = .391, $p < .05$; Age 12: b = .385, $p < .05$).

The ban coefficients in these models are not drastically different from the differences in weighted descriptive statistics in Table 3.3 for the age 10 and 12 groups. Among the age 10 group, children have weighted unadjusted means of 9.213 and 8.833 in the ban and no-ban categories, respectively. Whereas the adjusted means from the model are 9.210 and 8.820. Thus,

the difference between the ban and no-ban categories changes from .380 in the unadjusted comparison to .391 in the adjusted comparison, a 2.89% increase. Among the age 12 group, there is a 6.78% increase in the difference in the adjusted means. However, among the age 8 group, the weighted unadjusted difference is .144 whereas the adjusted difference is .040, a 72.22% decrease. Thus, for this outcome, the model covariates appear to explain away the difference in subjective well-being between ban and no-ban countries for the age 8 group but not the older age groups.

Perceptions of Family Life

Scores on the perceptions of family life scale are higher in ban countries among the age 8 and 10 groups, and the higher score among the age 12 group is not statistically significant. Figure 3.3 shows the coefficients along their predicted means, derived from linear multilevel models. The dependent variable is on the same scale (0 to 4) for each age group; thus, the y-axis is the same across ages. For age 8, children in ban countries had a predicted mean of 3.515 while children in non-ban countries had a predicted mean of 3.380 (b = .135, $p < .01$). For age 10, children in ban countries had a predicted mean of 3.483 while children in non-ban countries had a predicted mean of 3.356 (b = .127, $p < .01$). For age 12, children in ban countries had a mean of 3.430 while children in non-ban countries had a predicted mean of 3.330 (b = .100, $p > .10$). Table A2 shows more detailed results in model 1 for each age group .

It is useful to consider the magnitude of these ban coefficients in comparison to individual-level controls. Drawing upon Table A2, the age coefficients (measured in years) range from -.061 to .012. The coefficients for gender range from .082 to .090 among the age 8 and 10 groups. The largest coefficients for worries about money are found in the *often* category (rather than the *always* category). This may reflect how volatility in family economic resources can be

challenging for family life. The *often* coefficient among the age 8 group (b = -.194) is most similar in magnitude to the age 8 ban coefficient (b = .135) while at older ages the *often* coefficient is stronger in magnitude (Age 10: b = -.261; Age 12: b = -.295) than the ban coefficient (Age 10: b = .127, Age 12: b = .100). Reviewing coefficients for the individual-level controls suggests that family life has meaningful variation by counties' ban status.

Safety at Home

Across all age groups, children feel safer at home in countries with a ban. While statistical models for subjective well-being and perceptions of family life were linear multilevel models, I use ordinal logistic multilevel models for feeling safe at home because the outcome is comprised of 5 ordinal response categories ranging from "I do not agree" to "totally agree." Across all age groups, children in ban countries have higher odds of feeling safe at home (Age 8: OR = 2.232, $p < .001$; Age 10: OR = 1.686, $p < .001$; Age 12: OR = 1.760, $p < .01$). Additional information about the models is found in Table A3.

To better understand where children are situated along the outcome in these models, I compute predicted probabilities of each response category. The category "totally agree" is of greatest interest reflecting the highest level of perceived safety at home. The predicted probabilities for this category are found in Figure 3.4 (the full set of predicted probabilities are found in Table A4). Among the age 8 group, 80.8% of children in ban countries totally agree they feel safe at home compared to 66.5% in non-ban countries (a 14.3 percentage point difference). Among the age 10 group, 82.2% totally agree they feel safe at home in ban countries compared to 73.9% in non-ban countries (an 8.3 percentage point difference). Among the age 12 group, 83.7% agree they feel safe at home compared to 75.2% in non-ban countries (an 8.5 percentage point difference). While children in ban countries are more likely to be in the safest

category, children in non-ban countries are more likely to be in categories reflecting less agreement about feeling safe at home (see Table A4).

Robustness Checks of Ban Main Effect

Results presented thus far suggest child well-being is more favorable in countries with a ban. However, there may be confounding in these descriptive comparisons. In other words, the ban comparisons might be a comparison of something else that is not yet accounted for in the models. To increase the robustness of the results, I implement five alternative model specifications (see Table 3.4). The overall conclusion is that results are largely robust to alternative model specifications which I describe below.

In the first three robustness checks, I omit certain countries. First, I only include high-income countries in the comparison group. Although my main models control for country-level human development index (which measures economic development), perhaps the results will be different if only the wealthiest countries are in the comparison group. Second, I only include Western European countries in the comparison group. These countries not only tend to be wealthy but may be most culturally similar to countries in the ban group given that ban countries in the ISCWeB data are almost all in Europe. Third, I only include countries with a domestic violence law (similar to a corporal punishment ban but for intimate partner violence). Children's perceptions of family life and feelings of safety at home would undoubtedly be influenced by exposure to intimate partner violence. All countries in the data except Russia have a domestic violence law, so only Russia is excluded. Across these three specifications, the direction of the comparisons is consistent. Sometimes a coefficient is smaller and no longer statistically significant; sometimes a coefficient is larger and becomes statistically significant. The only

instance of a flip in coefficient sign from positive to negative is in the age 8 group for subjective well-being, as there is only one country in the comparison group.

In two subsequent models, I include an additional control variable. First, I control for each country's propensity score (i.e., the probability of adopting a ban). I calculate propensity scores by running a logistic regression in which the country is the unit of analysis (n = 30), the outcome is whether a country adopted a ban and the predictors are the country-level covariates. I compute each country's predicted probability of adopting a ban from this model and include this as an additional country covariate in my models in which children are the unit of analysis. I implement this robustness check because some countries are more likely to adopt a ban than others. Controlling for propensity score, calculated using information observed pre-ban, may help account for motivations or hesitancies about adopting a ban. These models introduce the most uncertainty in estimates of any of the robustness checks and the coefficients are smaller. However, results remain statistically significant for feeling safe at home among all age groups and for perceptions of family life among the age 8 group.

In the last robustness check, I control for a "quality of government" indicator which is created by an international investment risk company (PRS Group 2021). Quality of government measures a country's level of corruption, law and order, and bureaucracy quality. This measure is commonly used by political scientists to account for how effectively a government might be able to implement social policies. Including this measure makes little difference for the results.

Child Rights Education

Now that I have presented results from the main models and robustness checks, the final step in the analysis is to consider child rights education. I test how child rights education might act as a mechanism of corporal punishment bans by running an interaction between the variable

"I know about the UN Convention on the Rights of the Child" and the ban variable. The child rights education variable includes response options *No*, *Unsure*, and *Yes*. While I include all three response options in the analysis, I focus on the results for *No* and *Yes*. Estimates for *Unsure* are generally somewhere between *No* and *Yes*, and they are sometimes substantively similar to either *No* or *Yes*. The main effect (without an interaction term) and interaction results (including the main effect and interaction term) for each age group are found in models 2 and 3, respectively, in Tables A1, A2, and A3. To help interpret the interactions, I show predicted margins of each ban × child rights education category in Tables A5, A6, and A7.

For subjective well-being and perceptions of family life, across all age groups, child rights education has a positive association among children in both non-ban and ban countries. This is shown in the statistically significant main effect for "Knows about CRC" in the model 2 columns of Tables A1 and A2, and it is also evidenced in the predicted margins of Tables A5 and A6. For example, as shown in Table A6 in the age 10 group in non-ban countries, children who do not know about the CRC have a predicted margin of perceptions of family life of 3.308 vs 3.427 among those who do know about the CRC; in ban countries, children who do not know about the CRC have a predicted margin of 3.413 vs 3.564 among those who do know about the CRC. However, the ban interaction effect is not statistically significant across these models, suggesting the relationship between child rights education and each outcome is not statistically distinguishable in the ban vs non-ban countries. In other words, child rights education does not appear to have a stronger effect in ban countries.

For feeling safe at home, similar to subjective wellbeing and perceptions of family life, child rights education has a positive association among children in both non-ban and ban countries in model 2. However, in contrast to the other outcomes, among the age 10 and age 12

groups, the ban interaction is positive and statistically significant. This suggests child rights education has a stronger association in ban countries among older children. Given feeling safe at home is the outcome with the strongest conceptual link to the primary aim of a corporal punishment ban (i.e., preventing violent discipline), to further understand how child rights education might act as a mechanism of bans I dig deeper into the results for feeling safe at home. I do this by computing predicted probabilities across each response category (which I then convert to percentages), stratifying by ban status and child rights education. Figure 3.5 shows the predicted percentages of children in the "totally agree" category (Table A7 shows predicted percentages for all response categories). The solid black line connects the predicted percentages for children who know about the CRC while the dashed line connects the predicted percentages for children who do *not* know about the CRC. Among the age 8 group (which did not have a significant interaction in the model), the predicted percentage of children who totally agree they feel safe at home differs little by child rights education. In the no ban group, 70.7% of children who know about the CRC totally agree they feel safe at home compared to 68.0% of children who do not know about the CRC (2.7 percentage point difference). In ban countries, 81.8% of children who know about the CRC feel totally safe at home compared to 80.0% of children who do not about the CRC (1.8 percentage point difference). In contrast, for the age 10 and age 12 groups, the gap in feeling safe at home by child rights education widens in ban countries compared to non-ban countries. For age 10, in non-ban countries, there is a 2.5 percentage point difference (75.5 - 73.0 = 2.5) between children who do and do not know about the CRC. In ban countries, the difference is larger at 4.4 percentage points (84.9 - 80.5 = 4.4). The age 12 group has and a 2.9 percentage point difference in countries without a ban (76.3 – 73.3 = 3.0) and a

larger 5.3 percentage point difference in countries with a ban (85.2 – 79.9 = 5.3). In sum, older children are most likely to feel safe at home when there is a ban and they know about the CRC.

Robustness Checks of Child Rights Education

Finally, I run two robustness checks of child rights education. First, I run models 1, 2, and 3 of Tables A1-A3 limiting the sample to the same 13 countries that have data on the outcomes for each age group (see Table A.8). These 13 countries include all countries in Table 3.1 with observations in each group except Italy which does not have outcome data for subjective well-being. The models include all individual-level controls but—due to the small number of countries (8 ban countries and 5 no-ban countries)—I only include the ban propensity score as a country-level contextual covariate. The primary goal of this robustness check is to determine whether the model 3 interactions results are similar to the interaction results in Tables A1-A3. Among this subset of countries, the age 10 and 12 groups' interactions for safe at home remain positive but are smaller in magnitude and no longer statistically significant. Two interactions which were not statistically significant in Tables A1-A3 are now significant. Among the age 10 group, child rights education has a stronger positive association with subjective wellbeing in ban countries. Similarly, among the age 12 group, child rights education has a stronger positive association with perceptions of family life in ban countries. All other interactions are not statistically significant. This table also includes model 1—the main effect of bans—which can serve as a sixth robustness check of bans. The ban coefficients in model 1 are positive though some coefficients become non-significant (e.g., safe at home among the age 10 group). Overall, Table A.8 suggests that the direction of results is robust to limiting the sample to the same countries, but the magnitude and statistical significance of results likely depend on which countries are included.

Second, I examine child rights education as an outcome of bans. Perhaps children in ban countries are more likely to be taught about the CRC. Table A.9 shows that bans are not a statistically significant predictor of child rights education, though the odds ratios are in the positive direction. A conclusion that can be drawn from these results is that while child rights education may not be more common in ban countries, child rights education may be functioning differently in ban countries compared to non-ban countries—perhaps with a stronger emphasis on the right to protection from violence.

Discussion

Governments have many strategies to choose from to prevent family violence—one of which is legislative approaches (World Health Organization 2020). Legislative approaches are not only intended to prevent violence but also bring domestic law into harmony with international law about children's rights (Mekonen and Tiruneh 2014; Nyseth Brehm and Boyle 2018; UN Committee on the Rights of the Child 2006). Corporal punishment bans are an increasingly common legislative approach to prevent violence and promote children's rights (End Corporal Punishment 2022a). While corporal punishment bans are primarily intended to benefit children, children's voices are largely absent in research on corporal punishment bans. Informed by children's right to be heard, their right to protection, and their right to education as found in the Convention on the Rights of the Child (CRC), I contribute to the literature by answering two research questions: First, is child well-being higher in countries where corporal punishment banned? Second, is child well-being highest among children who live in countries where corporal punishment is banned *and also* know about the Convention on the Rights of the Child (CRC)? I explored these questions using the largest international sample of primary school aged and pre-adolescent children. To my knowledge, this study is the first to examine children's

perceptions of their family environments and subjective well-being in relation to corporal punishment bans.

Regarding the first research question, I examined three measures of child well-being: a subjective well-being scale, a perceptions of family life scale, and feeling safe at home. Patterns across these outcomes showed that children who live in a country with a ban have more favorable well-being, usually reaching a threshold of statistical significance. These findings matter not only for child well-being in the present—they also matter for children's trajectories to reach their personal potential throughout the life course (Andresen and Ben-Arieh 2016). My results build on prior literature which shows that corporal punishment bans are associated with a reduction in corporal punishment (Durrant 1999; Lucas and Janson 2021; Österman et al. 2014) and less self-reported exposure to violence in children's social environments (Elgar et al. 2018).

Results were most robust for feeling safe at home. Children's feeling of safety at home is related to family violence including corporal punishment (Baker et al. 2016). While I was not able to measure children's exposure to corporal punishment at home, results for feeling safe at home provide suggestive evidence that corporal punishment bans may be related to actual use of family violence. To a lesser extent, the perceptions of family life scale may have captured aspects of family violence, and to a larger extent, positive parenting and family interaction. A goal of bans is to change social norms around violence to promote positive caregiving (Fortson et al. 2016). An environment with less violence can foster positive family interaction. Results for the perceptions of family life scale were strongest among younger children, who are at greater risk of experiencing corporal punishment than older children (Finkelhor et al. 2019; Straus and Stewart 1999; Ward, Grogan-Kaylor, Pace, et al. 2021). The third outcome, subjective well-being, was higher among children in ban countries as well. This is an important contribution to

the literature because this measure is cross-culturally comparable across countries in the data (Casas and González-Carrasco 2021). Thus, differences in subjective well-being are unlikely to be due to differences in cultural interpretations of the survey questions included in the scale.

Regarding the second research question, I make a novel contribution by examining child rights education as a mechanism by which bans might reach children and families. Among older children in the age 10 and 12 groups, those who felt safest at home were those who live in a country with a ban and also know about the CRC. This suggests child rights education in ban countries may include a greater emphasis on children's right to protection from violence. In contrast, among children in the age 8 group, child rights education was not associated with stronger feelings of safety at home regardless of whether there was a ban. This finding is not surprising because child rights education about violence may not include much discussion about corporal punishment until around age 10 (Brantefors and Quennerstedt 2016; Desai and Goel 2018; Sweden Ombudsperson 2021). In general, child rights education may also be less common among younger children. For example, a goal of Iceland's national education curriculum is that, by the end of the fourth grade, children will be familiar with the CRC and be able to discuss their rights; yet, a group of approximately 100 10-18-year-old children from youth councils thought child rights education needed to be emphasized more among younger children (Committee on the Rights of the Child 2020; Iceland CRC Report Working Group 2018).

Interestingly, child rights education was positively associated with subjective wellbeing and perceptions of family life and this association was not statistically stronger in ban or non-ban countries. The primary aim of child rights education is to promote a culture of human rights (Howe and Covell 2021). A culture of human rights is one in which children and adults understand their rights and respect the rights of others (Howe and Covell 2021). My results show

that child rights education may promote a culture of human rights similarly across countries that differ by whether children are legally protected from corporal punishment. Children who live in communities where human rights are emphasized seem to feel better about their family life and life in general. Thus, while child rights education may be more effective at promoting safe home environments in ban countries, there are many potential benefits of child rights education for children everywhere (Covell and Howe 1999; Manion and Jones 2020; Naser et al. 2020).

Results from this study must be considered in light of the study's limitations. First, the cross-sectional data did not allow me to examine change over time in relation to bans. The analysis is not causal—only descriptive. That said, temporality was considered to the extent possible. Only countries that adopted a ban *before* survey data collection were coded as having a ban, and country-level contextual controls were also measured prior to survey data collection. In addition, I controlled for school and country context via multilevel modeling. Thus, the descriptive results may have something to do with bans and child rights education and may not be entirely due to confounding factors.

Second, there are peculiarities regarding the analytic sample. In particular, the analytic sample only included ban countries from Western Europe, Eastern Europe, and the Middle East. Thus, the results may not generalize to bans outside these areas. While Brazil had a ban and this would have broadened the generalizability of my results outside these regions, I did not include Brazil in the analytic sample because the country was missing key variables such as school pseudo-IDs which are required to account for school context in my multilevel models. Another peculiarity of the analytic sample is that there were three age groups in the data with varying degrees of coverage across counties—the age 10 group had the most countries and the age 8 group had the fewest countries. A limitation of this is that inferences based on the age 8 group

are not as certain as those based on the age 10 and age 12 groups. Nevertheless, the age 8 group results are important because they are at greatest risk of corporal punishment and they have a right to be heard as well. A robustness check limiting the analytic sample to the same 13 countries across age groups suggested that while the direction of results is consistent across the same countries, the magnitude and strength of the results may not be the same if there was full coverage across age groups for the 30 countries in the data.

Third, child rights education is only one mechanism by which bans might reach people. Public information campaigns are the most commonly noted ban mechanism in the literature and may partly explain the differences between ban and non-ban countries in my analysis. I do not directly test this mechanism because historical data about information campaigns are difficult to find for most countries. Outside of Europe, anti-violence public information campaigns are often coordinated by the UN and NGOs. I am unaware of data that widely describes the timing and reach of these campaigns. The most readily available information about public information campaigns comes from Europe. Public information campaigns in Europe are sometimes supported and coordinated by the Council of Europe—an intergovernmental organization comprised of nearly all European countries. The Council of Europe's repository of public information campaigns shows there was a major international campaign launched in 2008 and subsequently there have been smaller-scale campaigns (Council of Europe n.d.; Rodrigo 2010). All but 11 countries in the data are part of the Council of Europe—including all ban countries except Israel. The robustness check in which I limit the comparison group to Western European countries also limited the analytic sample to countries that had probably had an anti-corporal punishment and/or positive parenting public information campaign. Results were similar in this

case. Thus, while I am unable to rule out the role of public information campaigns, it seems unlikely that these would fully explain the results.

Fourth, country-level contextual data is based on administrative data which can be measured and collected differently between countries and over time—especially in the case of homicides. Some measures such as the Quality of Government indicator—which I use as a robustness check—are constructed somewhat subjectively and may favor countries with high levels of economic development.

Finally, as previously mentioned, I am unable to directly measure corporal punishment. Children were not asked about caregiver-perpetrated violence in the home. While feeling safe at home partly reflects a context of violence in the home, it also captures other aspects of safety not related to corporal punishment or family violence (such as physical safety from the outside world). If children were asked about corporal punishment in the home in the survey, perhaps children in ban countries would have reported less corporal punishment—or perhaps not. Research that evaluates the outcomes of bans tends to rely on parents' reports of corporal punishment or adults' retrospective reports of whether they experienced corporal punishment as children. These types of studies are subject to social desirability bias and recall bias. For example, regarding social desirability bias, parents in countries with a ban may use corporal punishment but do not say they do because they believe corporal punishment is not socially acceptable. Future research should consider children's current reports of caregiver violence to avoid these biases and provide a more complete picture of whether corporal punishment bans are related to less violence in the home.

While there are limitations to this study, there are also strengths. I used data from the largest international survey of 8-12-year-olds ever conducted to describe child well-being in

relation to an increasingly popular and understudied child protection policy—corporal punishment bans. I tested a previously untested mechanism of this policy—child rights education—and found this mechanism seems to matter for children in countries with or without a ban. I account for national, school, and individual contexts in my analysis using multilevel modeling. I also use a children's rights framework to motivate the study. This framework is informed by and contributes to the sociology of children's rights as well as social work scholarship and practice (Gran 2021; Richards-Schuster and Pritzker 2015; Scherrer 2012). Importantly, I promote children's right to be heard by examining their perceptions of well-being in relation to a policy intended to promote their well-being.

Future research should further examine child rights education as a mechanism of corporal punishment bans. Researchers evaluating bans should not only consider whether there was a public information campaign—they should also consider the extent to which child rights education might raise awareness about the ban in communities in the long term. Researchers can also focus on child rights education as an intervention to promote a culture of human rights—especially in contexts in which children's rights are not as widely recognized such as the United States. While child rights education is rare in the United States, some scholars advocate for it and it has been piloted in some communities (Fiorvanti and Brassard 2014; Naser et al. 2020). Research from a pilot intervention of child rights education in U.S. schools has shown that child rights education helps children transition from speaking in vague terms about their rights to being able to specifically name their rights as found in the CRC and child rights education may also promote U.S. children's socioemotional development (Naser et al. 2020). Child rights education holds great potential for empowering youth in settings where there is little emphasis on human rights.

Future research might also consider how *gradations* of bans matter for child well-being. In this study, I only consider universal bans in which corporal punishment is banned in all settings. Yet, it is possible for a country to ban corporal punishment in other settings such as schools. While the exact timing of bans outside the home is more difficult to ascertain than the timing of home bans, a few prior studies have examined the bivariate correlation between the number of settings in which corporal punishment is banned (e.g., an index ranging from 0 to 5 settings) and outcomes such as adults' retrospective reports of experiencing corporal punishment (Cuartas 2021; Straus 2010). Future research could use the number of settings with bans as a predictor variable in multivariable models which might yield additional insights into the relationship between bans and child well-being. It may be that children in countries without any bans feel the least safe, children in countries with a limited number of bans feel somewhat safe, and children in countries with universal bans feel the safest.

In conclusion, on average, children who live in countries where corporal punishment is banned report better well-being than children who live in countries where corporal punishment is not banned. Child rights education is a promising long-term mechanism by which bans might influence children and families. Importantly, child rights education holds great potential for promoting child well-being in settings without a corporal punishment ban. There are many ways countries aim to promote children's rights and protect them from violence. Corporal punishment bans and child rights education are two promising approaches.

Figure 3.1 Map of countries in analytic sample

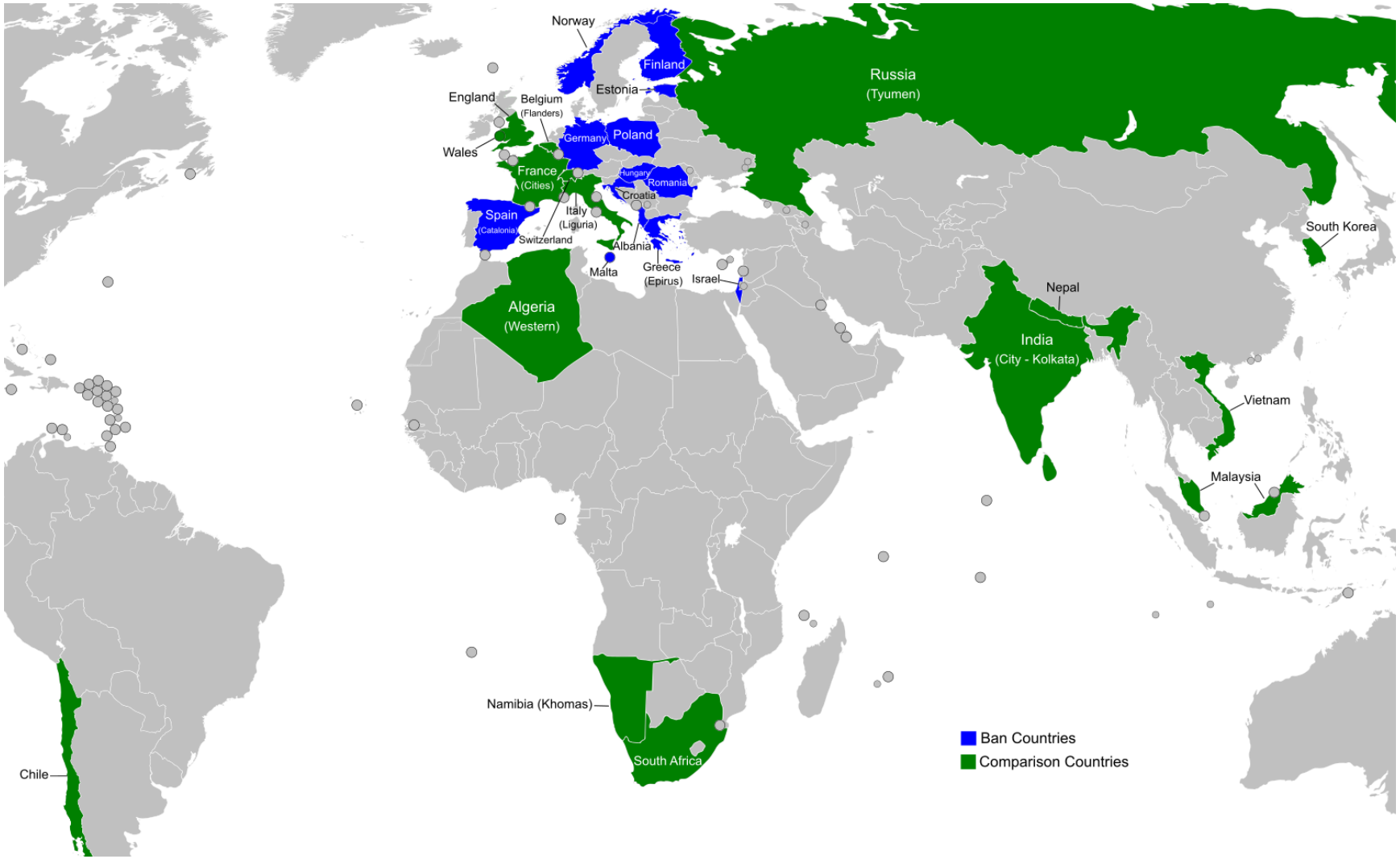


Figure 3.2 Predicted margins of subjective well-being scale by ban category

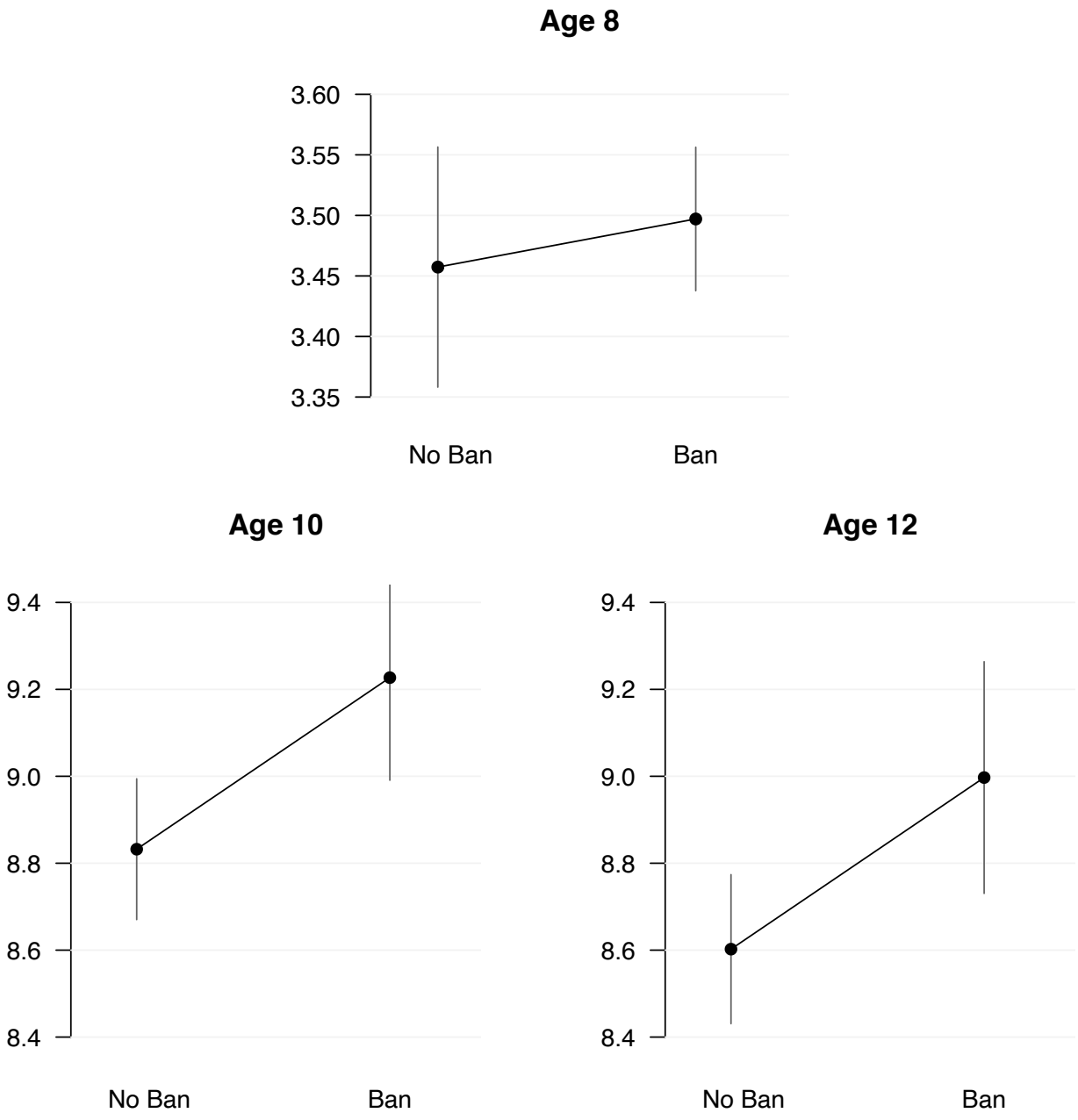


Figure 3.3 Predicted margins of perceptions of family life scale by ban category

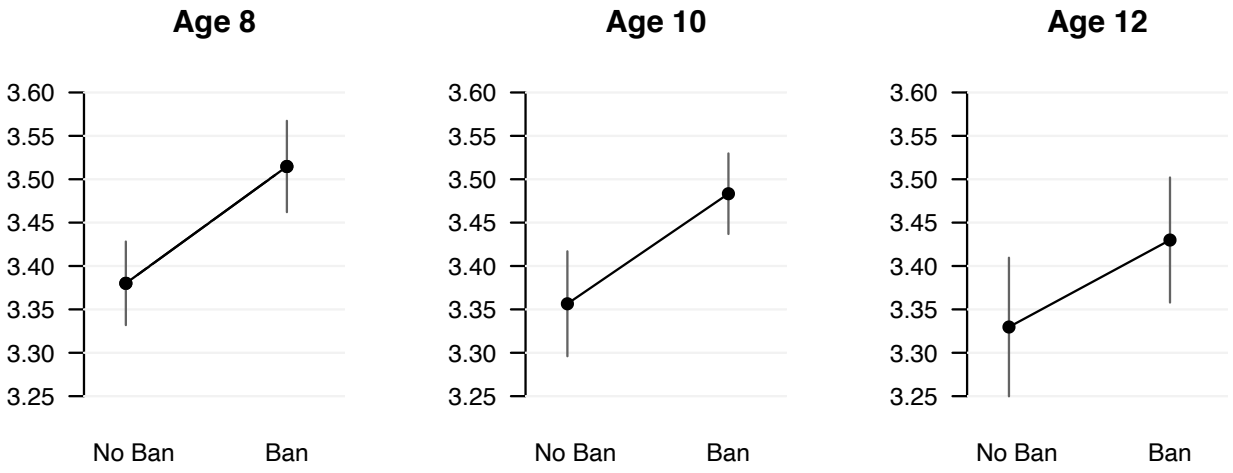


Figure 3.4 Predicted percentage of children who “Totally Agree” they feel safe at home by ban category.

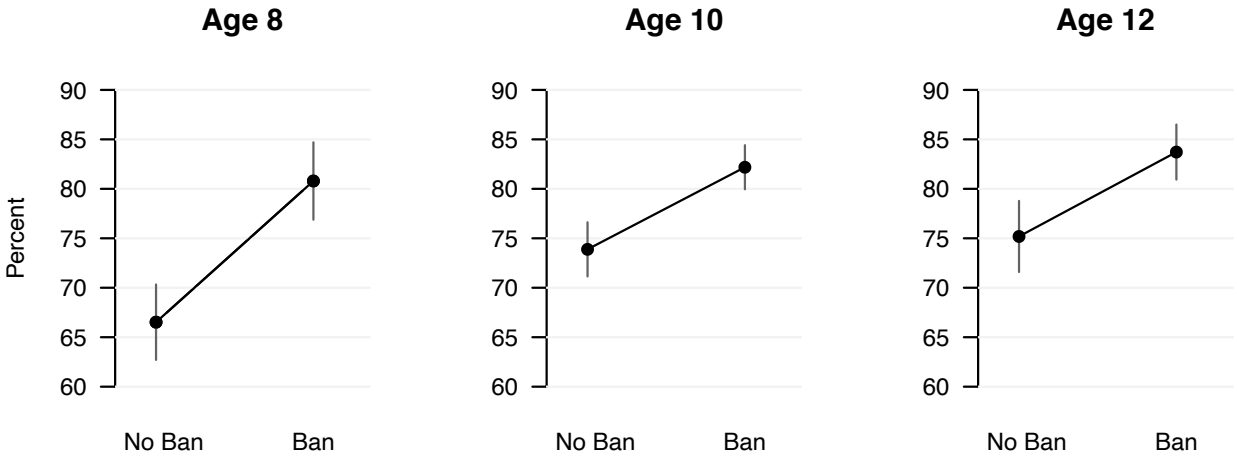


Figure 3.5 Predicted percentage of children who “Totally Agree” they feel safe at home by ban and child rights education categories.

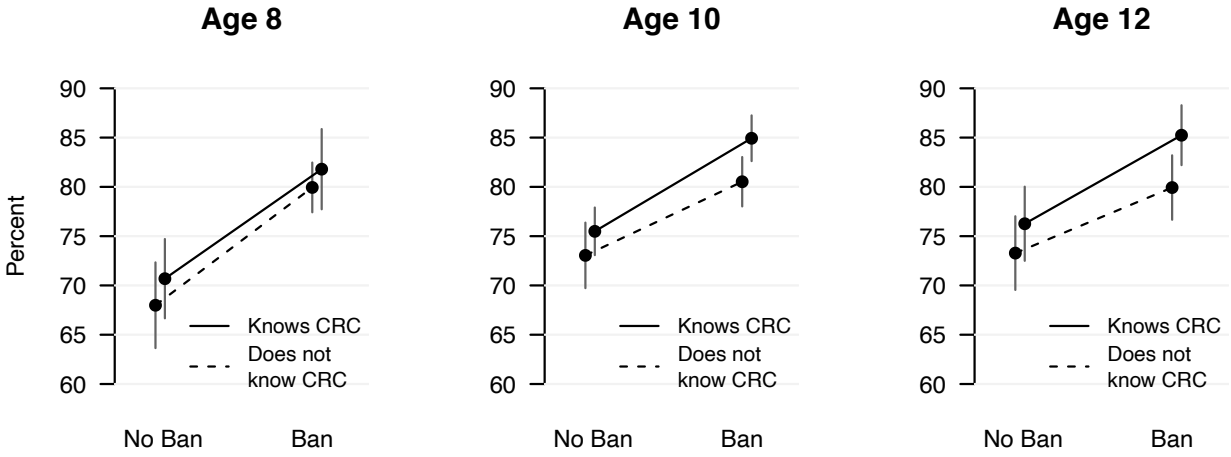


Table 3.1 Number of children in the analytic sample by country and age group

	Age Group				
Country (region)	8	10	12	Ban Year	Global Region
Countries post-ban at time of survey					
Albania		1,171	1,162	2010	Eastern Europe and post-Soviet Union
Croatia	1,112	1,234	1,145	1999	Eastern Europe and post-Soviet Union
Estonia	1,053	1,009	1,077	2014	Eastern Europe and post-Soviet Union
Finland	1,111	1,065	1,052	1983	Western Europe
Germany	936	747		2000	Western Europe
Greece (Epirus)		815		2006	Western Europe
Hungary	1,014	1,032	989	2005	Eastern Europe and post-Soviet Union
Israel	1,325	1,425	1,299	2000	North Africa & the Middle East
Malta	563	626	751	2014	Western Europe
Norway		800	817	1987	Western Europe
Poland	964	1,190	1,155	2010	Eastern Europe and post-Soviet Union
Romania	1,042	1,193	1,078	2004	Eastern Europe and post-Soviet Union
Spain (Catalonia)		2,209	2,088	2007	Western Europe
Comparison countries					
Algeria (Western)	1,174	1,134	1,049		North Africa & the Middle East
Belgium (Flanders)	1,115	1,085	1,055		Western Europe
Chile (Cities)	894	880	1,004		Latin America
France (Cities)		2,162		2019	Western Europe
India (City - Kolkata)		946	977		South Asia
Italy (Liguria)	1,040	1,072	1,181		Western Europe
Malaysia	967	992			South-East Asia
Namibia (Khomas)		1,065	1,099		Sub-Saharan Africa
Nepal (Selected)		882	1,040	2018	South Asia
Russia (Tyumen)		953	951		Eastern Europe and post-Soviet Union
South Africa		3,415	3,699	2019	Sub-Saharan Africa
South Korea	3,170	3,174	3,395	2021	East Asia
Sri Lanka (Central)		1,129	1,203		South Asia
Switzerland		1,161			Western Europe
UK (England)		697			Western Europe
UK (Wales)		958	1,664	2020	Western Europe
Vietnam (North)	913	940	1,075		South-East Asia
Total Children	18,393	37,161	32,005		
Countries	16	30	24		
Countries Post-ban	9	13	11		

With the exception of England and Wales, countries with parentheses are not nationally representative but are representative of either a region, city, or of urban areas.

Table 3.2 Comparison of country-level contextual variables by ban status

	Mean					
	Ban	No Ban	p-value		Definition	Source(s)
Population						
Total pop (in millions)	17.82	123.99	.237	NS	Mid-year population in 2017.	World Bank
Pop density	200.02	204.47	.963	NS	Population per km^2 of land area.	World Bank
Development & Globalization						
Human development index (HDI)	.814	.805	.797	NS	Average of three dimensions of human development: life expectancy, expected and mean years of education, and a decent standard of living (gross national income per capita). Higher values indicate more development, scale = 0-1.	UN Development Programme
% primary school-aged children in school	93.47	96.46	.071	†	Ratio of children of official primary school age enrolled in primary school.	World Bank
Political globalization	80.81	86.87	.199	NS	Number of embassies and international non-governmental organizations (NGOs), along with participation in UN peacekeeping missions. Also membership of international organizations and international treaties. Higher values indicate more globalization, scale = 1-100.	Dreher (2006) Gygli et al (2019)
Inequality, Diversity, and Violence						
Gini coefficient	31.69	37.95	.044	*	The extent to which the distribution of income in a country deviates from an equal distribution. Higher values indicate more income inequality, 0-100.	World Bank
Cultural diversity	.171	.338	.013	*	The probability two randomly selected people in a country will belong to different ethnoreligious groups, adjusted for the structural distance between languages spoken by groups in a country.	Fearon (2003) Teorell et al (2021)
% pop foreign born	8.86	7.30	.611	NS	Percent of the population born in another country. Includes refugees.	World Bank
% of seats in parliament held by women	19.67	26.65	.088	†	Percentage of parliamentary seats in a single or lower chamber held by women.	Inter-Parliamentary Union (2021)
Homicides per capita	2.13	5.54	.219	NS	Estimates of rates of homicides per 100,000 population.	World Bank

Notes: Significance tests are from two-tailed *t* tests across all 30 countries in the analytic sample. Data primarily retrieved from the Quality of Government Standard Dataset (Teorell et al., 2021).

NS = non-significant; † $p < .10$; * $p < .05$

Table 3.3 Weighted descriptives of dependent variables and individual-level controls by ban and age group

	Ban				No Ban			
	Mean/Proportion	SD	Min	Max	Mean/Proportion	SD	Min	Max
Age 8 Group								
Subjective Well-being	3.530	.771	0	4	3.386	.839	0	4
Perceptions of Family Life	3.534	.676	0	4	3.367	.739	0	4
Safe at Home								
Totally Agree	.801		0	1	.668		0	1
Agree a lot	.131		0	1	.174		0	1
Agree somewhat	.035		0	1	.084		0	1
Agree a little bit	.017		0	1	.043		0	1
I do not agree	.016		0	1	.030		0	1
Knows about the Convention on the Rights of the Child								
Yes	.256		0	1	.171		0	1
Unsure	.317		0	1	.274		0	1
No	.428		0	1	.555		0	1
Age in years	8.226	.759	6	10	8.029	.493	6	10
Girl	.512		0	1	.512		0	1
Worries about family's money								
Never	.347		0	1	.336		0	1
Sometimes	.221		0	1	.259		0	1
Often	.096		0	1	.089		0	1
Always	.173		0	1	.187		0	1
Don't Know / Missing	.162		0	1	.129		0	1
Age 10 Group								
Subjective Well-being	9.213	1.545	0	10	8.833	1.825	0	10
Perceptions of Family Life	3.510	.632	0	4	3.354	.767	0	4
Safe at Home								
Totally Agree	.831		0	1	.731		0	1
Agree a lot	.118		0	1	.161		0	1
Agree somewhat	.030		0	1	.056		0	1
Agree a little bit	.012		0	1	.029		0	1
I do not agree	.010		0	1	.024		0	1
Knows about the Convention on the Rights of the Child								
Yes	.393		0	1	.263		0	1
Unsure	.329		0	1	.366		0	1
No	.278		0	1	.372		0	1
Age in years	10.125	.681	8	12	10.148	.698	8	14
Girl	.513		0	1	.513		0	1
Worries about family's money								
Never	.401		0	1	.330		0	1
Sometimes	.303		0	1	.312		0	1
Often	.096		0	1	.104		0	1
Always	.093		0	1	.138		0	1
Don't Know / Missing	.106		0	1	.116		0	1

Table 3.3 continues on next page

Table 3.3 continued.

	Ban				No Ban			
	Mean/Proportion	SD	Min	Max	Mean/Proportion	SD	Min	Max
Age 12 Group								
Subjective Well-being	8.909	1.743	0	10	8.496	2.024	0	10
Perceptions of Family Life	3.486	.669	0	4	3.323	.798	0	4
Safe at Home								
Totally Agree	.847		0	1	.750		0	1
Agree a lot	.104		0	1	.152		0	1
Agree somewhat	.030		0	1	.050		0	1
Agree a little bit	.011		0	1	.027		0	1
I do not agree	.008		0	1	.020		0	1
Knows about the Convention on the Rights of the Child								
Yes	.451		0	1	.297		0	1
Unsure	.349		0	1	.402		0	1
No	.200		0	1	.301		0	1
Age in years	12.070	.672	10	14	12.081	.737	10	14
Girl	.501		0	1	.508		0	1
Worries about family's money								
Never	.403		0	1	.313		0	1
Sometimes	.324		0	1	.358		0	1
Often	.115		0	1	.123		0	1
Always	.077		0	1	.112		0	1
Don't Know / Missing	.081		0	1	.095		0	1

Table 3.4 Robustness checks of ban main effect

	Age 8 Group			Age 10 Group			Age 12 Group		
	B or Odds Ratio	Obs	Countries	*B* or Odds Ratio	Obs	Countries	*B* or Odds Ratio	Obs	Countries
Only high-income countries in comparison group									
Subjective Well-being	.202*** (.106, .299)	12,309	10	.248† (-.004, .501)	24,602	20	.104 (-.342, .550)	19,820	15
Family Life	.162** (.061, .263)	13,924	12	.074 (-.016, .164)	24,457	20	.140† (-.021, .301)	19,767	15
Safe at Home	3.016*** (1.784, 5.098)	13,873	12	1.648** (1.224, 2.218)	24,263	20	2.829*** (2.189, 3.656)	19,605	15
Only countries with a domestic violence law (all countries except Russia)									
Subjective Well-being	.040 (-.086, .166)	16,168	14	.354† (-.022, .729)	35,893	29	.339† (-.058, .735)	30,920	23
Family Life	.135** (.082, .265)	17,709	16	.095* (.011, .178)	35,326	29	.043 (-.078, .165)	30,668	23
Safe at Home	2.232*** (1.462, 3.406)	17,610	16	1.548*** (1.223, 1.960)	35,074	29	1.493* (1.089, 2.047)	30,447	23
Only Western Europe in comparison group									
Subjective Well-being	-.245** (-.412, -.078)	9,151	9	.170 (-.090, .429)	21,434	19	.521*** (.258, .783)	16,436	14
Family Life	.224*** (.125, .363)	10,786	11	.089 (-.018, .197)	21,294	19	.347*** (.304, .390)	16,385	14
Safe at Home	2.753* (1.120, 6.765)	10,783	11	1.470** (1.156, 1.868)	21,121	19	3.234*** (2.386, 4.383)	16,231	14
Include propensity score as covariate									
Subjective Well-being	.037 (-.163, .236)	16,168	14	.280 (-.214, .774)	36,846	30	.316 (-.227, .860)	31,871	24
Family Life	.134** (.039, .229)	17,709	16	.060 (-.071, .190)	36,251	30	.052 (-.123, .227)	31,562	24
Safe at Home	1.961*** (1.362, 2.824)	17,610	16	1.343* (1.068, 1.690)	35,983	30	1.416* (1.048, 1.914)	31,305	24
Include quality of government as covariate									
Subjective Well-being	.052 (-.065, .168)	16,168	14	.436* (.046, .825)	35,967	29	.371 (-.097, .839)	30,836	23
Family Life	.155*** (.091, .218)	17,709	16	.129* (.031, .227)	35,390	29	.102 (-.033, .237)	30,547	23
Safe at Home	2.299*** (1.514, 3.492)	17,610	16	1.665*** (1.260, 2.200)	35,135	29	1.565* (1.102, 2.224)	30,294	23

95% confidence intervals in parentheses. † $p < .10$; * $p < .05$, ** $p < .01$, *** $p < .001$. *B* = unstandardized beta. Obs = observations (i.e., number of children). Notes: 1) Unstandardized betas are for subjective well-being and family life. Odds Ratios are for safe at home. 2) When only Western Europe is included in the comparison group, the subjective well-being coefficient for age 8 flips because only one country (Belgium) is in the comparison group.

Appendix

Table A.1 Linear multilevel models predicting subjective well-being.

	Age 8 Group			Age 10 Group			Age 12 Group		
	M1	M2	M3	M1	M2	M3	M1	M2	M3
Ban	.040	.096	.086	.391*	.367*	.364†	.385*	.362†	.315
	(-.086, .166)	(-.029, .220)	(-.047, .219)	(.041, .740)	(.021, .714)	(-.018, .747)	(.024, .746)	(-.0003, .725)	(-.134, .763)
Knows about CRC (ref = No)									
Unsure		-.021	-.027		.103***	.113**		.167**	.144*
		(-.051, .010)	(-.064, .009)		(.048, .158)	(.046, .180)		(.071, .262)	(.009, .279)
Yes		.102**	.091*		.297***	.277***		.301***	.284***
		(.043, .162)	(.006, .177)		(.224, .371)	(.188, .365)		(.210, .392)	(.170, .398)
Ban X Knows about CRC									
Unsure			.015			-.027			.068
			(-.044, .074)			(-.134, .080)			(-.102, .238)
Yes			.023			.044			.053
			(-.095, .140)			(-.111, .198)			(-.147, .253)
Age	-.015	0.011	-.011	-.070***	-.074***	-.074***	-.124***	-.126***	-.126***
	(-.035, .005)	(-.032, .011)	(-.032, .011)	(-.106, -.035)	(-.110, -.038)	(-.110, -.038)	(-.166, -.082)	(-.167, -.086)	(-.167, -.086)
Girl (ref = Boy)	.043†	.048*	.048*	.014	.018	.017	-.220*	-.221***	-.221***
	(-.002, .088)	(.004, .093)	(.004, .092)	(-.059, .087)	(-.055, .091)	(-.055, .091)	(-.333, -.108)	(-.335, -.107)	(-.335, -.107)
Worries about family's money (ref = Never)									
Sometimes	-.210***	-.204***	-.204***	-.459***	-.451***	-.450***	-.451***	-.443***	-.444***
	(-.254, -.165)	(-.248, -.160)	(-.248, -.160)	(-.547, -.370)	(-.540, -.361)	(-.540, -.361)	(.526, -.376)	(-.517, -.370)	(-.517, -.370)
Often	-.301***	-.298***	-.298***	-.814***	-.807***	-.807***	-.960***	-.950***	-.950***
	(-.398, -.204)	(-.395, -.201)	(-.395, -.200)	(-1.016, -.613)	(-1.007, -.607)	(-1.007, -.607)	(-1.211, -.710)	(-1.200, -.699)	(-1.200, -.700)
Always	-.124*	-.132**	-.132**	-.661***	-.668***	-.668***	-.824***	-.820***	-.820***
	(-.218, -.030)	(-.229, -.036)	(-.229, -.035)	(-.853, -.470)	(-.859, -.478)	(-.859, -.477)	(-1.094, -.555)	(-1.088, -.552)	(-1.088, -.552)
DK/Missing	-.227***	-.221***	-.221***	-.414***	-.398***	-.398***	-.449***	-.440***	-.440***
	(-.308, -.146)	(-.303, -.140)	(-.303, -.140)	(-.508, -.319)	(-.490, -.307)	(-.490, -.307)	(-.605, -.293)	(-.595, -.284)	(-.596, -.284)
Constant	5.254***	3.977***	3.982***	10.658***	10.672***	10.678***	15.070***	14.986***	15.007***
	(4.290, 6.217)	(3.308, 4.645)	(3.324, 4.639)	(7.407, 13.910)	(7.585, 13.758)	(7.618, 13.738)	(11.175, 18.966)	(11.218, 18.755)	(11.238, 18.777)
Random Effects									
Country-level	.005	.011	.011	.071	.066	.066	.085	.083	.082
	(.002, .011)	(.005, .024)	(.005, .024)	(.038, .133)	(.035, .125)	(.035, .125)	(.052, .140)	(.047, .144)	(.047, .143)
School-level	.022	.022	.022	.165	.163	.163	.170	.168	.168
	(.016, .032)	(.016, .032)	(.016, .032)	(.102, .267)	(.101, .265)	(.101, .265)	(.106, .273)	(.104, .272)	(.104, .272)
Residual Variance	.597	.595	.595	2.676	2.664	2.664	3.205	3.194	3.194
	(.507, .702)	(.505, 701)	(.505, .701)	(2.361, 3.032)	(2.352, 3.018)	(2.352, 3.017)	(2.790, 3.681)	(2.782, 3.667)	(2.782, 3.666)
Observations	16,168	16,168	16,168	36,846	36,846	34,890	31,871	31,871	31,871
Countries	14	14	14	30	30	30	24	24	24

95% confidence intervals in parentheses. † $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

All models include country-level contextual controls. Coefficients are unstandardized. DK = Don't Know.

Table A.2 Linear multilevel models predicting perceptions of family life.

	Age 8 Group			Age 10 Group			Age 12 Group		
	M1	M2	M3	M1	M2	M3	M1	M2	M3
Ban	.135**	.177***	.176**	.127**	.116*	.105†	.100	.090	.064
	(.053, .216)	(.086, .267)	(.073, .278)	(.040, .214)	(.027, .205)	(-.002, .212)	(-.026, .227)	(-.046, .225)	(-.090, .217)
Knows about CRC (ref = No)									
Unsure		-.031*	-.034*		.042**	.042*		.092***	.086***
		(-.055, -.007)	(-.066, -.003)		(.016, .069)	(.008, .076)		(.060, .124)	(.042, .130)
Yes		.064***	.068***		.133***	.119***		.151***	.132***
		(.031, .096)	(.042, .093)		(.099, .166)	(.070, .168)		(.110, .191)	(.074, .191)
Ban X Knows about CRC									
Unsure			.007			.003			.019
			(-.041, .054)			(-.047, .054)			(-.033, .072)
Yes			-.007			.031			.048
			(-.066, .053)			(-.033, .096)			(-.030, .126)
Age	.012	.012	.012	-.012	-.013	-.013	-.060***	-.061***	-.061***
	(-.007, .031)	(-.005, .029)	(-.005, .029)	(-.032, .009)	(-.034, .008)	(-.034, .008)	(-.082, -.039)	(-.084, -.039)	(-.084, -.039)
Girl (ref = Boy)	.086***	.090***	.090***	.080***	.082***	.082***	.009	.009	.008
	(.063, .110)	(.066, .113)	(.066, .113)	(.053, .107)	(.054, .109)	(.054, .109)	(-.023, .041)	(-.023, .041)	(-.024, .040)
Worries about family's money (ref = Never)									
Sometimes	-.150***	-.147***	-.147***	-.167***	-.163***	-.163***	-.175***	-.172***	-.172***
	(-.185, -.114)	(-.182, -.112)	(-.181, -.112)	(-.193, -.140)	(-.189, -.136)	(-.189, -.136)	(-.204, -.146)	(-.199, -.144)	(-.199, -.145)
Often	-.194***	-.193***	-.193***	-.261***	-.258***	-.258***	-.295***	-.290***	-.290***
	(-.255, -.134)	(-.254, -.132)	(-.254, -.133)	(-.305, -.218)	(-.301, -.214)	(-.301, -.214)	(-.372, -.218)	(-.368, -.213)	(-.368, -.213)
Always	-.082*	-.089*	-.089*	-.175***	-.178***	-.177***	-.267***	-.265***	-.265***
	(-.164, -.000)	(-.173, -.006)	(-.172, -.006)	(-.231, -.118)	(-.234, -.121)	(-.234, -.121)	(-.334, -.200)	(-.330, -.200)	(-.330, -.199)
DK/Missing	-.157***	-.152***	-.152***	-.138***	-.130***	-.130***	-.143***	-.139***	-.139***
	(-.206, -.107)	(-.201, -.103)	(-.201, -.103)	(-.167, -.109)	(-.159, -.102)	(-.159, -.102)	(-.198, -.089)	(-.193, -.085)	(-.193, -.085)
Constant	3.373***	3.161***	3.161***	3.205***	3.200***	3.210***	5.049***	5.010***	5.012***
	(2.683, 4.064)	(2.752, 3.571)	(2.750, 3.573)	(2.096, 4.313)	(2.108, 4.292)	(2.127, 4.293)	(3.673, 6.426)	(3.615, 6.404)	(3.621, 6.403)
Random Effects									
Country-level	.003	.004	.004	.009	.009	.009	.011	.012	.012
	(.001, .006)	(.002, .008)	(.002, .008)	(.004, .019)	(.004, .018)	(.004, .018)	(.005, .023)	(.006, .024)	(.006, .024)
School-level	.023	.023	.023	.026	.026	.026	.024	.023	.023
	(.015, 037)	(.015, .036)	(.015, .036)	(.017, .041)	(.017, .040)	(.017, .040)	(.016, .036)	(.015, .036)	(.015, .036)
Residual Variance	.461	.460	.460	.461	.459	.459	.505	.502	.502
	(.396, .536)	(.395, .535)	(.395, .535)	(.400, .531)	(.398, .528)	(.398, .528)	(.440, .579)	(.438, .576)	(.438, .576)
Observations	17,709	17,709	17,709	36,251	36,251	36,251	31,562	31,562	31,562
Countries	16	16	16	30	30	30	24	24	24

95% confidence intervals in parentheses. † p < .10; * $p < .05$; ** $p < .01$; *** $p < .001$

All models include country-level contextual controls. Coefficients are unstandardized. DK = Don't Know.

Table A.3 Ordinal logistic multilevel models predicting feeling safe at home.

	Age 8 Group			Age 10 Group			Age 12 Group		
	M1	M2	M3	M1	M2	M3	M1	M2	M3
Ban	2.232***	2.082***	1.961***	1.686***	1.657***	1.572**	1.760**	1.731**	1.494*
	(1.462, 3.406)	(1.602, 2.706)	(1.490, 2.582)	(1.299, 2.190)	(1.274, 2.154)	(1.183, 2.088)	(1.243, 2.493)	(1.212, 2.474)	(1.056, 2.112)
Knows about CRC (ref = No)									
Unsure		.907†	.844*		1.017	1.021		1.184***	1.136*
		(.816, 1.009)	(.730, .977)		(.957, 1.081)	(.952, 1.096)		(1.081, 1.296)	(1.031, 1.252)
Yes		1.130*	1.146		1.229***	1.147*		1.267***	1.186**
		(1.005, 1.269)	(.969, 1.356)		(1.123, 1.345)	(1.034, 1.274)		(1.149, 1.397)	(1.060, 1.326)
Ban X Knows about CRC									
Unsure			1.193			.994			1.179
			(.956, 1.487)			(.870, 1.136)			(.975, 1.424)
Yes			.990			1.211*			1.251*
			(.782, 1.254)			(1.035, 1.416)			(1.016, 1.542)
Age	1.030	1.059	1.059	.958	.956	.955†	.868**	.866**	.867**
	(.922, 1.149)	(.960, 1.169)	(.959, 1.170)	(.908, 1.011)	(.905, 1.009)	(.905, 1.009)	(.800, .941)	(.798, .940)	(.799, .941)
Girl (ref=Boy)	1.204***	1.213***	1.214***	1.118**	1.123**	1.122**	1.071	1.070	1.069
	(1.095, 1.323)	(1.106, 1.333)	(1.107, 1.332)	(1.036, 1.206)	(1.040, 1.213)	(1.039, 1.211)	(.968, 1.185)	(.965, 1.185)	(.964, 1.185)
Worries about family's money (ref = Never)									
Sometimes	.624***	.631***	.632***	.614***	.619***	.620***	.551***	.553***	.553***
	(.544, .715)	(.550, .723)	(.551, .724)	(.571, .661)	(.574, .667)	(.575, .668)	(.510, .595)	(.513, .597)	(.512, .597)
Often	.544***	.547***	.547***	.513***	.516***	.517***	.433***	.436***	.436***
	(.442, .670)	(.444, .675)	(.444, .675)	(.466, .565)	(.469, .567)	(.470, .568)	(.349, .538)	(.351, .542)	(.351, .541)
Always	.759**	.748**	.749**	.614***	.610***	.612***	.430***	.431***	.431***
	(.644, .894)	(.633, .885)	(.634, .886)	(.535, .705)	(.532, .701)	(.532, .703)	(.357, .517)	(.359, .518)	(.359, .518)
DK/Missing	.601***	.606***	.604***	.641***	.650***	.650***	.551***	.554***	.554***
	(.509, .710)	(.514, .714)	(.514, .711)	(.572, .718)	(.581, .728)	(.581, .729)	(.470, .647)	(.472, .651)	(.471, .651)
Variance									
Country-level	.022	.045	.045	.050	.050	.050	.076	.078	.078
	(.005, .097)	(.015, .132)	(.016, .131)	(.024, .104)	(.024, .101)	(.025, .100)	(.029, .196)	(.031, .195)	(.031, .194)
School-level	.261	.261	.261	.229	.229	.229	.212	.210	.209
	(.180, .377)	(.180, .378)	(.180, .379)	(.138, .382)	(.138, .382)	(.138, .381)	(.133, .340)	(.130, .338)	(.130, .335)
Observations	17,610	17,610	17,610	35,983	35,983	35,983	31,305	31,305	31,305
Countries	16	16	16	30	30	30	24	24	24

95% confidence intervals in parentheses. † p < .10; * $p < .05$; ** $p < .01$; *** $p < .001$

All models include country-level contextual controls. Coefficients are odds ratios. DK = Don't Know.

Table A.4 Predicted probabilities of "I Feel Safe at Home" response categories

	Age 8 Group		Age 10 Group		Age 12 Group	
	No Ban	Ban	No Ban	Ban	No Ban	Ban
Totally agree	.665	.808	.739	.822	.752	.837
	(.627, .703)	(.769, .847)	(.711, .766)	(.800, .844)	(.716, .788)	(.809, .865)
Agree a lot	.186	.117	.162	.116	.154	.106
	(.163, .209)	(.093, .142)	(.146, .179)	(.102, .130)	(.129, .179)	(.087, .125)
Agree somewhat	.077	.041	.052	.033	.051	.031
	(.056, .098)	(.031, .051)	(.041, .063)	(.027, .040)	(.040, .061)	(.025, .038)
Agree a little bit	.041	.020	.026	.016	.025	.015
	(.033, .048)	(.013, .026)	(.021, .031)	(.012, .020)	(.019, .032)	(.010, .020)
I do not agree	.031	.014	.021	.013	.018	.010
	(.021, .041)	(.008, .020)	(.017, .026)	(.009, .016)	(.012, .024)	(.006, .014)

95% confidence intervals in parentheses.

Table A.5 Predicted margins of subjective wellbeing by ban and knowledge of CRC

	No Ban			Ban		
	Does not know about CRC	Unsure whether knows about CRC	Knows about CRC	Does not know about CRC	Unsure whether knows about CRC	Knows about CRC
Age 8 Group	3.416	3.389	3.507	3.501	3.489	3.615
	(3.317, 3.514)	(3.283, 3.494)	(3.405, 3.609)	(3.405, 3.598)	(3.412, 3.566)	(3.519, 3.711)
Age 10 Group	8.701	8.814	8.978	9.066	9.152	9.386
	(8.509, 8.893)	(8.632, 8.997)	(8.808, 9.148)	(8.812, 9.319)	(8.918, 9.386)	(9.216, 9.557)
Age 12 Group	8.372	8.517	8.656	8.687	8.900	9.024
	(8.147, 8.598)	(8.328, 8.706)	(8.461, 8.852)	(8.360, 9.014)	(8.654, 9.145)	(8.819, 9.229)

95% confidence intervals in parentheses.

Table A.6 Predicted margins of perceptions of family life by ban and knowledge of CRC

	No Ban			Ban		
	Does not know about CRC	Unsure whether knows about CRC	Knows about CRC	Does not know about CRC	Unsure whether knows about CRC	Knows about CRC
Age 8 Group	3.350 (3.275, 3.426)	3.316 (3.241, 3.391)	3.418 (3.349, 3.487)	3.523 (3.467, 3.585)	3.498 (3.451, 3.546)	3.587 (3.527, 3.648)
Age 10 Group	3.308 (3.234, 3.382)	3.350 (3.287, 3.412)	3.427 (3.370, 3.485)	3.413 (3.355, 3.472)	3.458 (3.406, 3.511)	3.564 (3.521, 3.607)
Age 12 Group	3.252 (3.157, 3.346)	3.338 (3.251, 3.424)	3.384 (3.298, 3.470)	3.315 (3.226, 3.405)	3.421 (3.340, 3.501)	3.495 (3.421, 3.569)

95% confidence intervals in parentheses.

Table A.7 Predicted probabilities of "I Feel Safe at Home" response categories by ban and knowledge of CRC

	No Ban			Ban		
	Does not know about CRC	Unsure whether knows about CRC	Knows about CRC	Does not know about CRC	Unsure whether knows about CRC	Knows about CRC
Age 8 Group						
Totally agree	.680 (.636, .723)	.645 (.614, .676)	.707 (.667, .747)	.800 (.774, .825)	.801 (.768, .833)	.818 (.777, .859)
Agree a lot	.180 (.154, .206)	.194 (.173, .215)	.168 (.145, .191)	.122 (.105, .139)	.122 (.101, .142)	.112 (.088, .136)
Agree somewhat	.073 (.052, .095)	.083 (.065, .101)	.066 (.050, .083)	.043 (.034, .051)	.043 (.033, .053)	.038 (.027, .050)
Agree a little bit	.038 (.032, .044)	.044 (.035, .054)	.034 (.025, .043)	.021 (.015, .026)	.021 (.014, .027)	.018 (.012, .025)
I do not agree	.029 (.020, .038)	.034 (.021, .046)	.025 (.015, .035)	.015 (.009, .021)	.015 (.009, .021)	.013 (.007, .200)
Age 10 Group						
Totally agree	.730 (.697, .764)	.734 (.707, .762)	.755 (.731, .779)	.805 (.780, .830)	.807 (.782, .833)	.849 (.826, .873)
Agree a lot	.167 (.147, .186)	.165 (.148, .181)	.154 (.139, .168)	.126 (.110, .142)	.125 (.109, .141)	.100 (.085, .114)
Agree somewhat	.054 (.041, .067)	.053 (.042, .064)	.048 (.039, .057)	.037 (.030, .044)	.036 (.030, .043)	.028 (.022, .034)
Agree a little bit	.027 (.022, .031)	.026 (.021, .031)	.024 (.019, .029)	.018 (.014, .022)	.017 (.013, .022)	.013 .010, .016)
I do not agree	.022 (.018, .027)	.022 (.017, .027)	.020 (.015, .024)	.014 (.010, .018)	.014 (.010, .018)	.010 (.007, .013)
Age 12 Group						
Totally agree	.733 (.695, .770)	.755 (.718, .793)	.763 (.725, .800)	.799 (.767, .832)	.840 (.808, .871)	.852 (.822, .883)
Agree a lot	.164 (.139, .188)	.152 (.127, .177)	.148 (.123, .174)	.128 (.106, .150)	.105 (.084, .125)	.097 (.077, .117)
Agree somewhat	.055 (.043, .067)	.050 (.039, .061)	.048 (.038, .058)	.040 (.032, .048)	.031 (.024, .038)	.028 (.021, .035)
Agree a little bit	.028 (.021, .035)	.025 (.018, .032)	.024 (.018, .030)	.019 (.014, .025)	.015 (.010, .020)	.013 (.009, .018)
I do not agree	.020 (.013, .027)	.018 (.011, .024)	.017 (.011, .023)	.013 (.008, .019)	.010 (.006, .014)	.009 (.005, .013)

95% confidence intervals in parentheses.

Table A.8 Robustness check limiting sample to same 13 countries across age groups

	Age 8 Group			Age 10 Group			Age 12 Group		
	M1	M2	M3	M1	M2	M3	M1	M2	M3
Subjective Well-being									
Ban	.073	.073	.065	.114	.061	.041	.272	.203	.164
	(-.134, .280)	(-.123, .269)	(-.146, .275)	(-.573, .801)	(-.574, .695)	(-.621, .703)	(-.587, 1.130)	(-.590, .996)	(-.728, 1.057)
Knows about CRC (ref = No)									
Unsure		-.021	-.030		.110**	.142***		.232***	.208*
		(-.054, .012)	(-.073, .012)		(.045, .175)	(.084, .201)		(.126, .338)	(.039, .378)
Yes		.110***	.105*		.360***	.263***		.401***	.377***
		(.049, .170)	(.016, .194)		(.282, .439)	(.169, .358)		(.295, .506)	(.266, .488)
Ban X Knows about CRC									
Unsure			.018			-.060			.054
			(-.045, .081)			(-.191, .070)			(-.168, .276)
Yes			.010			.152*			.052
			(-.110, .131)			(.014, .291)			(-.169, .273)
Obs	15,203	15,203	15,203	15,862	15,862	15,862	16,038	16,038	16,038
Perceptions of Family Life									
Ban	.121†	.124†	.125†	.052	.030	.018	.030	.002	-.042
	(-.002, .245)	(-.005, .252)	(-.008, .257)	(-.089, .193)	(-.132, .192)	(-.165, .200)	(-.083, .143)	(-.137, .143)	(-.187, .103)
Knows about UNCRC (ref = No)									
Unsure		-.040**	-.042*		.021	.033		.092***	.075***
		(-.064, -.015)	(-.075, -.009)		(-.014, .057)	(-.010, .077)		(.062, .122)	(.050, .100)
Yes		.058**	.063***		.127***	.081*		.161***	.117***
		(.020, .097)	(.030, .096)		(.076, .178)	(.001, .161)		(.110, .212)	(.058, .176)
Ban X Knows about UNCRC									
Unsure			.004			-.021			.041†
			(-.044, .051)			(-.085, .043)			(-.007, .089)
Yes			-.008			.074			.086*
			(-.075, .060)			(-.025, .172)			(.006, .166)
Obs	14,841	14,841	14,841	15,765	15,765	15,765	15,952	15,952	15,952
Safe at Home									
Ban	2.736***	2.766***	2.683***	1.412	1.339	1.306	1.696**	1.588*	1.383†
	(1.879, 3.983)	(1.918, 3.991)	(1.847, 3.896)	(.714, 2.791)	(.656, 2.729)	(.632, 2.699)	(1.202, 2.393)	(1.104, 2.283)	(.960, 1.995)
Knows about CRC (ref = No)									
Unsure		.889†	.834†		1.019	1.040		1.250**	1.172***
		(.790, 1.002)	(.692, 1.005)		(.919, 1.131)	(.935, 1.156)		(1.097, 1.424)	(1.078, 1.273)
Yes		1.138†	1.200†		1.409***	1.283**		1.428***	1.314**
		(.992, 1.306)	(.987, 1.458)		(1.265, 1.570)	(1.069, 1.540)		(1.230, 1.658)	(1.116, 1.548)
Ban X Knows about CRC									
Unsure			1.155			.960			1.202
			(.904, 1.477)			(.776, 1.187)			(.935, 1.544)
Yes			0.92			1.179			1.231
			(.710, 1.191)			(.956, 1.451)			(.941, 1.611)
Obs	14,762	14,762	14,762	15,564	15,564	15,564	15,800	15,800	15,800

95% confidence intervals in parentheses. † p < .10; * $p < .05$, ** $p < .01$, *** $p < .001$. Obs = observations
Notes: 1) All models include individual-level covariates from Tables A1-A3; however, the only country-contextual covariate is the propensity score for ban adoption. 2) Coefficients for Safe at Home are odds ratios.

Table A.9 Ordinal logistic multilevel models predicting whether child knows about CRC

	Age 8 Group			Age 10 Group			Age 12 Group		
	Odds Ratio	Obs	Countries	Odds Ratio	Obs	Countries	Odds Ratio	Obs	Countries
Ban	1.989	18,393	16	1.457	37,161	30	1.570	32,005	24
	(.792, 4.998)			(.859, 2.473)			(.854, 2.885)		

95% confidence intervals in parentheses. † $p < .10$; * $p < .05$, ** $p < .01$, *** $p < .001$. Obs = observations.

Notes: 1) Only the ban coefficient is shown but models include the individual and country contextual controls from Tables A1-A3.

Chapter 4 Corporal Punishment Bans and Change over Time in Corporal Punishment in Low- and Middle-Income Countries

In low- and middle-income countries (LMICs)—where 89% of the world's children reside (United Nations 2019)—approximately 75% of children under age 15 experience violent discipline in a given month (World Health Organization 2021). Caregivers use violent discipline—including corporal punishment (e.g., hitting) and psychological aggression (e.g., yelling)—to shape children's behavior. While corporal punishment and psychological aggression are both common and normative (Cuartas et al. 2019), corporal punishment is of particular concern due to the risk of negative mental health outcomes and physical injury (Gershoff and Grogan-Kaylor 2016; Pace et al. 2019). Children who experience even mild or moderate corporal punishment are at higher risk of behavioral problems, and adults who experienced mild or moderate corporal punishment during childhood are more likely to have substance abuse problems and depressive symptoms—these outcomes are observed over and above widely recognized adverse childhood experiences (such exposure to intimate partner violence or parental incarceration) suggesting corporal punishment is an adverse childhood experience (Afifi et al. 2017; Ma, Lee, and Grogan-Kaylor 2021).

Given that corporal punishment is associated with negative outcomes and the United Nations (UN) considers corporal punishment to be a violation of children's rights (UN Committee on the Rights of the Child 2006), there is a global effort to prevent corporal punishment (Fortson et al. 2016; Global Initiative 2019; UN General Assembly 1989; World Health Organization 2020). An increasingly common prevention strategy is for countries to

legally ban corporal punishment in all settings including the home. To date, 63 countries have national-level corporal punishment bans—half which are in LMICs (End Corporal Punishment 2021b). Yet, we know little about whether corporal punishment bans have reduced corporal punishment in LMICs.

The purpose of this study is to advance our understanding of the outcomes of corporal punishment bans in LMICs. I ask the following question—have bans been associated with a reduction over time in corporal punishment against children in LMICs? To answer this question, I harmonize repeated cross-sectional data from the world's largest data source on corporal punishment against children—the Multiple Indicator Cluster Surveys and the Demographic and Health Surveys—to examine change over time in caregiver-reported corporal punishment against school-age and early adolescent children (age 5-14) in relation to the timing of corporal punishment bans. I examine "moderate" corporal punishment (e.g., spanking) and "severe" corporal punishment (e.g., beating) separately. Using difference-in-differences models robust to the staggered timing of bans, I do not find evidence that bans led to change over time in corporal punishment. In the literature review that follows, I describe how violence against children is a global problem, discuss how children's rights motivates violence prevention efforts, describe key efforts to prevent violence against children in LMICs, and explain what we know about corporal punishment bans in LMICs.

Literature Review

Corporal Punishment is a Common and Complex Global Problem

According to the UN, corporal punishment entails "any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light" (UN

Committee on the Rights of the Child 2006). Examples of corporal punishment include biting, burning, chocking, hitting with a hand or object, kicking, pinching, scratching, shaking, and throwing children (UN Committee on the Rights of the Child 2006; World Health Organization 2002). Corporal punishment lies along a continuum of violence (Straus and Stewart 1999). On one end of the continuum are tactics generally considered to be of mild-to-moderate severity, such as spanking on the bottom with a bare hand. On the other end of the continuum are severe tactics such as beating and physical torture which often fall within a society's legal definition of child abuse.

Research suggests that even mild-to-moderate forms of corporal punishment are harmful to children. The seminal meta-analysis on the outcomes of spanking found that spanking is associated with higher levels of aggression and delinquent behavior and an increased likelihood that parents physically abuse their child (Gershoff and Grogan-Kaylor 2016). While just over two-thirds of studies included in the meta-analysis are about families in the United States, outcomes did not differ by whether families live in the United States or elsewhere which suggests corporal punishment is a risky parenting behavior across the world (Gershoff and Grogan-Kaylor 2016). Indeed, at least 42 studies have examined the relationship between corporal punishment and socioemotional outcomes of children in LMICs and these studies consistently find negative outcomes (Cuartas 2021, 2022; Cuartas et al. 2020; Pace et al. 2019). Importantly, the literature on the outcomes of corporal punishment is not merely correlational (Heilmann et al. 2021). The causal evidence on the harms of corporal punishment is growing (Gershoff, Goodman, et al. 2018). Researchers have examined the outcomes of corporal punishment using causal methods such as fixed effects regression (Grogan-Kaylor 2004, 2005;

Ma et al. 2018) and propensity score matching (Gershoff, Sattler, and Holden 2019; Okuzono et al. 2017) and found that corporal punishment is harmful for behavioral outcomes.

Despite its harms, corporal punishment is common across the world—including in LMICs. According to nationally representative survey data collected between 2005 and 2013 in 56 LMICs, approximately 60% of children age 2 to 14 experienced corporal punishment in the past month (UNICEF 2014b). The types of corporal punishment assessed are the same in the present study and include spanking; shaking; hitting/slapping on the hand, arm, or leg; hitting on the bottom or elsewhere with an object; hitting/slapping on the face, head or ears; and beating as hard as one could (UNICEF 2014b). While the majority of children in LMICs experience corporal punishment in one or more of these ways, there is considerable variation in prevalence by country. The lowest prevalence among the 56 LMICs was Mongolia (25%) and the highest was Yemen (85%) (UNICEF 2014b). A high prevalence of corporal punishment is also found in LMICs more generally. A recent estimate in 131 LMICs suggests two-thirds of 2- to 4-year-olds experience corporal punishment in a given month (Cuartas et al. 2019). Such a high prevalence suggests corporal punishment is not only widely practiced in LMICs but also widely accepted and culturally normative (Lokot et al. 2020). Cultural normativeness includes people's *perceptions* about the extent to which caregivers in their cultural group use corporal punishment as well as *actual use* of corporal punishment among a cultural group (Lansford et al. 2005). When corporal punishment is culturally normative, caregivers are at greater risk of using corporal punishment (Lansford et al. 2015).

Indeed, there are multiple risk factors that help explain why corporal punishment is high in LMICs. Caregivers in societies with a history of being colonized—which in recent history are disproportionately LMICs—may be at higher risk of using corporal punishment and they may do

so to prepare children to navigate the harsh contexts that a history of colonialism has imposed (Ember and Ember 2005). Caregivers in LMICs are more likely to use corporal punishment when they believe corporal punishment is necessary to raise children, when they have less than secondary education, when they live in poorer households, or live in urban areas (Ward, Grogan-Kaylor, Pace, et al. 2021). The higher risk of corporal punishment in urban areas is partially attributable to overcrowding in households where there is potentially excessive social interaction that leads to parenting stress (Gao et al. 2021). Regarding child characteristics, similar to children in the United States (Finkelhor et al. 2019; Straus and Stewart 1999), boys in LMICs are at higher risk than girls, and the risk of corporal punishment by age lies along a U-shaped curve in which the youngest and oldest children are at lower risk than middle-aged children (Ward, Grogan-Kaylor, Pace, et al. 2021). Understanding these risk factors can inform efforts to protect children from violence.

The Right to Protection from Violence

Motivated, in part, by research on the harms of corporal punishment and other forms of violence, the UN has affirmed that children have a right to protection from violence and encourages countries to ban corporal punishment. The right to protection from violence is enshrined in the UN Convention on the Rights of the Child—commonly referred to as the CRC (UN General Assembly 1989). The CRC is one of the most influential human rights treaties in history. All UN-recognized LMICs have ratified the CRC. Countries that ratify a UN convention are bound to the convention through international law and are committed to implementing the terms of the convention (Gran 2021). Regarding the right to protection from violence, the CRC says countries "shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse,

neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child" (Article 19). In 2006, the CRC committee—which monitors counties' compliance with the CRC—clarified that the right to protection from violence not only includes severe forms of corporal punishment but mild and moderate forms as well (UN Committee on the Rights of the Child 2006).

This rights-based framework of violence prevention has taken hold throughout most of the world. This is evidenced by the CRC influencing countries' child and family policies (Boyle 2002; Nyseth Brehm and Boyle 2018; Ruggiero 2013) and by countries' regular reports to the CRC monitoring committee in which they describe their violence-prevention efforts in reference to the CRC. A conclusion that can be drawn from these reports—and more generally from violence prevention research—is that preventing violence is an ambitious goal, given violence against children remains pervasive (Gran 2017). Indeed, as suggested by Article 19 of the CRC, multiple interventions are needed to prevent violence against children (Fortson et al. 2016; World Health Organization 2020).

Policies to Prevent Violence Against Children in LMICs

Drawing inspiration from the CRC, a current international framework for preventing violence against children in LMICs and in high-income countries is the World Health Organization's INSPIRE collaboration (World Health Organization 2016). INSPIRE includes seven strategies: (1) implement and enforce laws (e.g., corporal punishment bans), (2) change norms and values (e.g., bystander interventions), (3) ensure safe environments (e.g., address "hotspots" of violence), (4) support parents and caregivers (e.g., home visiting), (5) strengthen economic supports (e.g., cash transfers), (6) strengthen response and support services (e.g.,

psychotherapy), and (7) increase education and life skills (e.g., promote enrollment of children in school).

The number of impact evaluations for these strategies is growing—especially economic supports and parenting education (Pundir et al. 2020). For example, regarding positive parenting education, a systematic review focused on LMICs identified studies of randomized trials in nine countries (Brazil, Chile, China, Ethiopia, Iran, Jamaica, Pakistan, South Africa, Turkey); results of these studies suggest positive parenting education can improve parent-child interaction, increase parenting knowledge, and reduce harsh parenting—the mean effect size for reducing harsh parenting was moderate in magnitude with a Cohen's *d* of .66 (Knerr, Gardner, and Cluver 2013). Among the INSPIRE strategies, the implementation and enforcement of laws has received the least attention in the literature (Pundir et al. 2020). Laws include—but are not limited to—the criminalization of sexual abuse, limiting youth access to weapons, banning female genital mutilation, and banning corporal punishment (Boyle 2002; Pundir et al. 2020).

Corporal Punishment Bans in LMICs

Corporal punishment bans are laws that prohibit corporal punishment in a particular setting such as schools or daycare centers. To date, the home is the final setting in which countries ban corporal punishment (End Corporal Punishment 2021b). Bans in the home are most controversial because they aim to influence family life rather than life outside the home such as a school environment (Nyseth Brehm and Boyle 2018). Bans in the home are the focus of the present study. Bans began in Europe and have spread throughout the world. The first country to adopt a ban was Sweden in 1979. In 1998, when there were only six countries with a ban, Latvia became the first LMIC to adopt a ban. Currently, there are 63 countries with a ban—35 of which are currently LMICs or were LMICs at the time of ban adoption (see Figure 4.1).

Most of what we know about the outcomes of corporal punishment bans comes from high-income countries—namely Sweden, Finland, Germany, and New Zealand. This research typically examines trends in corporal punishment (and other indicators) within a single country over time or compares several countries with and without a ban cross-sectionally. The research suggests there has been a reduction in corporal punishment over time in high-income countries in relation to bans (Bussmann 2004; D'Souza et al. 2016; Durrant 1999; Lucas and Janson 2021; Österman et al. 2014). Should we expect similar outcomes in LMICs?

On one hand, we might expect similar outcomes. Countries that adopt bans while learning about successful bans in other countries might effectively implement their own bans. If a country has mass media that much of the population consumes, it is likely that some people will hear about the ban when it is adopted through the news. In the long-term, anti-violence campaigns may either inform people about the ban or educate them about non-violent parenting. Schools may also teach children that they have a right to grow up in an environment free of violence—including corporal punishment (UNICEF 2014a). The CRC Committee monitors the implementation of bans and directly encourages individual countries to improve implementation efforts. Thus, bans are not simply a one-time task but a major milestone that is part of a long-term violence prevention effort.

On the other hand, bans in LMICS may *not* reduce corporal punishment. LMICs may have limited government capacity to implement a ban. Some LMICs face pressing issues—such as political instability, violent conflicts, and internal displacement—which direct a country's focus away from the issue of violent discipline. These issues also have the potential to perpetuate the use of corporal punishment via increased parenting stress and an exacerbation of child behavior problems parents need to manage (Skinner et al. 2014). Similarly, some scholars have

argued that bans might *increase* the use of severe corporal punishment when caregivers lack knowledge about alternatives to corporal punishment—meaning they may end up not disciplining their children, again exacerbating parenting stress and child behavior problems (Larzelere 2013). Even in times of peace and stability—and when caregivers know about alternatives to corporal punishment—caregivers may know about the ban and still choose to use corporal punishment. In many parts of the world, corporal punishment is a deeply embedded tradition perpetuated through religious beliefs, cultural norms, and intergenerational transmission. Thus, there might not be a change in corporal punishment, or some forms of corporal punishment may increase.

Only a few published studies have examined the outcomes of bans in LMICS, which I summarize below. First, Lansford and colleagues (2017) examined within-country change over time in corporal punishment among eight countries with two rounds of data from the Multiple Indicator Cluster Surveys (MICS) and/or the Demographic and Health Surveys (DHS). MICS and DHS are both population-based household surveys implemented in LMICs. Two of the eight countries in the study had a ban—comparison countries were selected based on levels of corporal punishment at Time 1 and the Human Development Index—an indicator of a country's health, educational attainment, and economic development. Togo adopted a ban *between* timepoints, and Ukraine adopted a ban *before* both timepoints. In Togo, moderate corporal punishment increased and severe corporal punishment decreased after its ban. In Ukraine, both forms of corporal punishment declined over time. Comparison countries had mixed results with increases, decreases, and no change in corporal punishment. Given few data points, Lansford and colleagues did not make firm conclusions about the outcomes of bans in LMICs and called for future research to examine outcomes among a sample of more countries.

Second, Cuartas and colleagues (2019) conducted a cross-sectional regression analysis of country-level data from 49 countries using MICS data and found that, on average, the eight countries with bans had a higher prevalence of non-violent discipline (e.g., talking with a child about their behavior) compared to countries without bans, but there were no differences in corporal punishment or psychological aggression. This analysis only included 2 to 4-year-old children so it does not generalize to older children. While the primary aim of a ban is to prevent corporal punishment, a secondary aim is to promote non-violent discipline (UN Committee on the Rights of the Child 2006). It is possible that caregivers in ban countries engage in more non-violent discipline while also continuing to use corporal punishment to some extent. In the MICS survey, questions about disciplinary tactics do not inquire about the frequency of discipline—only whether a specific type occurred in the past month. Thus, caregivers in ban countries may be using corporal punishment less frequently but still do at least monthly.

Finally, Alampay and colleagues (2021) used growth curve models to examine six waves of prospective data of mother-child pairs from a non-random community-based sample of families in Colombia, Italy, Jordan, Kenya, Philippines, Thailand, and the United States. Kenya adopted a ban in the middle of the study and had a steeper reduction in corporal punishment over time after the ban compared to the non-ban countries in the sample. However, the reduction in corporal punishment in Kenya may have been due to political stabilization over the same period.

Complementary to published quantitative research, scholars and child rights experts in LMICs have written narrative accounts of bans in their countries. These narrative accounts suggest bans are an intentional and influential policy in at least some LMICs. Sometimes, these narrative accounts details about local evaluation research. Though not included in the data for the present study, Romania and Costa Rica have among the most detailed accounts. Both are

currently “upper-middle income” countries—the highest LMIC income category. Romania adopted a ban in 2004 after several years of advocacy efforts—especially by Save the Children Romania. The ban was one reform among many which helped Romania be accepted into the European Union in 2007 (Alexandrescu 2011). After a campaign to inform people about the law (Manole 2011), a national survey of over 1,000 adults found that, three years after the ban, 70% of people and 92% of child-serving professionals knew about the ban (Save the Children Romania 2007). Not long after Romania, Costa Rica adopted its ban in 2008. A local NGO called Fundación Paniamor advocated for the ban and helped draft the ban legislation. One year after the ban, Fundación Paniamor partnered with the government, UNICEF (a UN agency focused on children), and two corporate entities (including U.S. company Proctor and Gamble) to conduct a national survey of 1,200 caregivers to understand attitudes about the ban. Most participants knew about the ban (86%) and 64% totally or partially agreed with it; however, most people also had concerns that children would not be disciplined—these findings helped motivate subsequent efforts to support parents and to provide education about non-violent parenting (Grillo 2011; National Council for Children and Adolescents 2010). The cases of Romania and Costa Rica show that bans can be more than just a law on paper in LMICs, and that global and local partnerships can advocate for ban adoption and promote ban implementation initiatives. Under these circumstances, we would expect bans to reduce corporal punishment. However, most LMICs with bans do not have the same level of detail available. This suggests ban implementation may not be as strong in many LMICs and/or this information has yet to be described in resources available in English.

In summary, few studies have examined the outcomes of bans in LMICs. Narrative accounts of a few LMICs’ bans and published outcome evaluations of bans suggest corporal

punishment might decline after a ban. However, other published studies suggest corporal punishment may not change. Some scholars argue that corporal punishment could increase because caregivers who lack knowledge about alternatives to corporal punishment will strive to not use corporal punishment but may lash out more often with severe corporal punishment in times of frustration. To date, all outcome evaluation studies of bans in LMICs are limited by issues such as cross-sectional data analysis, only having two data points at the country level, examining small non-random samples of families, and only having one country that adopted a ban between time points.

In this study, I advance our understanding of bans by overcoming these limitations. I ask—have bans been associated with a reduction over time in corporal punishment against children in LMICs? To answer this question, I use difference-in-differences models to examine repeated cross-sectional survey data of countries' prevalence of corporal punishment. This is a casual method that allows for stronger conclusions than prior methods used to study the outcomes of bans. Overall, I do not find evidence that bans have been associated with change over time in the prevalence of corporal punishment.

Method

Sample

I use data from the Multiple Indicator Cluster Surveys (MICS) and the Demographic and Health Surveys (DHS). MICS and DHS collect similar data on population health in LMICs; however, MICS has a stronger focus on child health and development (Hancioglu and Arnold 2013). The United Nations (UN) coordinates MICS and the United States Agency for International Development (USAID) coordinates DHS. These are cross-sectional surveys administered in LMICs using similar multi-stage random sampling techniques. A country's

sample is usually nationally representative but is sometimes only representative of part of the country. Data collection efforts across countries are organized within "rounds" or "phases" which span two or more years. MICS began in the mid-1990s and has six rounds of data. DHS began in the mid-1980s and has eight phases of data. It is only possible for a country to participate once in a given survey's round or phase. For example, a country cannot participate in the 4th round of MICS twice but can participate in the 4th and 5th rounds of MICS. However, because MICS and DHS are independent of each other, it is possible for a country to participate in a MICS round that overlaps with the timing of a DHS phase. Surveys are conducted in-person and the household response rate is typically between 90 and 95 percent (Khan and Hancioglu 2019).

Together, with data on corporal punishment in over 70 countries, MICS and DHS comprise the world's largest source of data on corporal punishment against children. MICS began asking questions about corporal punishment in select countries during the 3rd round (2005-2006)—around the time bans in LMICs began to be adopted more rapidly (see Figure 4.1). After the 3rd round, corporal punishment questions were included for most countries. DHS does not typically include questions about corporal punishment because DHS considers these questions to be part of a MICS module. Nevertheless, DHS has asked corporal punishment questions in approximately 50 surveys in over 30 countries. During phase five—between 2003 and 2008—DHS began asking equivalent corporal punishment questions to MICS (USAID 2018).

For most MICS and DHS surveys, corporal punishment questions were included as part of a survey module completed by the household respondent. The household respondent—typically the head of household or their spouse—shares demographic information about who resides in the household. The interviewer uses this demographic information to randomly select

one child to be a "reference child" for questions about child protection (including child labor and child discipline). Table 4.1 shows the typical respondent (i.e., the child's mother or a general "household respondent" who could be any adult residing in the household) for questions about corporal punishment, the eligible age range of the reference child, how many children could be selected to be a reference child, and the year range for each round of MICS. The DHS data I use is implemented consistently across phases so I do not include multiple columns for the DHS in the table. In MICS, questions about corporal punishment were usually answered by mothers at round 3, the household respondent at rounds 4 and 5, and mothers again at round 6. While it would be possible to limit the sample to only mothers for consistency, this would reduce the sample to mostly female-headed households which is not my intended analytic sample and this would introduce additional complexity with its own limitations; nevertheless, I have examined the mother-reported descriptive trends of the country-level prevalence of corporal punishment and it is similar. This suggests the household respondent at rounds 4 and 5 is a good informant about corporal punishment even if they are not the child's mother. The lowest age of eligible children varies between age 1 and 2 while the oldest age is always 14. Importantly, during round 6, only one child age 5 to 14 was eligible to be *randomly* selected for questions about corporal punishment while *all* children age 1 to 4 were eligible for questions about corporal punishment. Thus, in a given household at round 6, there could be one or more children age 1 to 4 and only one child age 5-14. For consistency across waves, I limit the sample to households in which the randomly selected reference child is age 5 to 14. That is, for rounds 3, 4, and 5, I drop any household in which a 1- to 4-year-old was the randomly selected child. The earliest survey was in 2005 and the most recent survey was completed in 2020 around the onset of the COVID-19 pandemic. I categorized DHS surveys as MICS rounds based on the timing of DHS survey data

collection. For example, a DHS survey conducted in 2014 would be categorized as MICS round 5 which has a year range of 2012 to 2016.

Because the data are only available as separate survey data files and are not harmonized, I cleaned each survey one by one, ensuring questions and response options were the same across country rounds. For the analytic sample, I identified countries with at least two rounds of data, considering the availability and comparability of questions about corporal punishment and sampling strategy (e.g., sampling area of country). Forty-two countries had multiple rounds of comparable data and did not have a ban. Nine countries adopted a ban between rounds: Albania, Argentina, Benin, Kosovo, Mongolia, Montenegro, Nepal, North Macedonia, and Togo. Figure 4.2 shows a world map with these countries highlighted. In each of these countries except Albania and Togo, a ban was adopted between rounds 5 and 6; thus, round 6 is the only post-ban time point for most ban countries. Albania adopted a ban between rounds 4 and 5, but does not have round 5 data; thus, round 6 is its only observed post-ban time point. Togo adopted a ban between rounds 3 and 4 and participated in all four rounds; thus, rounds 4, 5, and 6 are its post-ban time points. Table 4.2 shows the availability of data for the ban countries. There are 24 country-year observations for countries with a ban. Four countries have two pre-ban observations while five have one pre-ban observation.

Dependent Variables

Outcome measures come from a modified version of the Parent-Child Conflict Tactics Scale (Straus 1979). An adult respondent in the household indicated whether they or anyone else in the household disciplined a reference child (yes/no) in a given way in the past month. I use all six items about corporal punishment. While the relative severity of the items is debatable, four of these items are generally considered *moderate corporal punishment* while two are considered

severe corporal punishment (Akmatov 2011; Lansford et al. 2017). Bans are a child abuse prevention strategy (Fortson et al. 2016) and there is a possibility that severe corporal punishment (i.e., physical abuse) declines while moderate corporal punishment does not (Lansford et al. 2017). Thus, I differentiate between moderate and severe corporal punishment in my analysis.

I compute the national prevalence of each outcome at each survey round using country-specific household weights. I examine one outcome variable for *moderate corporal punishment*, which reflects the proportion of households in which *any* of the following are reported: "shook him/her," "spanked, hit or slapped him/her on the bottom with bare hand," "hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object," and "hit or slapped him/her on the hand, arm, or leg." I examine the two *severe corporal punishment* items separately: "hit or slapped him/her on the face, head or ears" and "beat him/her up, that is hit him/her over and over as hard as one could." These items are indicative of physical abuse because the head is the most vulnerable part of the body and being beaten over and over is also likely to lead to visible physical injury. I keep these two items separate because beating most clearly reflects physical abuse. Table 4.3 lists the items as well as the median average of countries' first (pre-ban) observation by whether a ban occurred during the panel—the median of comparison countries is shown *before* and *after* matching (I describe the matching process in a later section). The most common form of moderate corporal punishment is spanking followed by shaking and hitting on the hand/arm/leg, then hitting with an object. For severe corporal punishment, beating is more common than hitting on the face/head/ears.

Independent Variable

Data on the timing of ban adoption come from End Corporal Punishment—an initiative of the Global Partnership to End Violence Against Children (End Corporal Punishment 2022c). End Corporal Punishment, formally known as the Global Initiative to End All Corporal Punishment, was launched in 2001 and regularly updates its data about the legality of corporal punishment around the world. Reports are available for each country. When a country adopts a ban, the laws are described and cited in these reports. Virtually all research on bans relies on this data (e.g., Cuartas 2021; Lansford et al. 2017; Nyseth Brehm and Boyle 2018). If a country had adopted a ban at a given round, it was coded as a 1; otherwise, it was coded as a 0. If the timing of ban adoption was close to the timing of data collection for a round (e.g., same year), I compared the month of ban adoption to the months of data collection to ensure there was no overlap. Many countries implement their ban at the time of ban adoption, but some countries fully implement the ban at a later time. I use the timing of ban adoption because it is likely that a ban will begin to have an effect at that time—for example, if the news media reports about the passing of the new law, people may hear about the ban and begin reacting to it.

Contextual Variables

I use country-level contextual variables to match treatment and comparison countries. I selected variables that (a) may be confounders that might explain ban adoption as well as rates of corporal punishment and (b) are available for all countries in the data. Variables were obtained from the University of Gothenburg's Quality of Government Institute Standard Dataset (Teorell et al. 2021). When the Quality of Government Institute data was missing for a country, I obtained the data from the original source. Variables are measured around the time of round 3, which is at the beginning of the panel and before any bans were adopted.

The *Human Development Index* (HDI) was constructed by the UN Development Programme (2020) and reflects a country's population health and socioeconomic circumstances. HDI ranges from 0 to 1 and is the average of three domains: (1) life expectancy at birth, (2) expected and mean years of education, and (3) gross national income per capita. Countries with a higher life expectancy at birth are more likely to have safe and healthy environments, and when life expectancy is high a government may have more capacity to adopt and implement a ban. Educational attainment is associated with less corporal punishment (Ward, Grogan-Kaylor, Pace, et al. 2021), and child rights education—administered from primary education through postsecondary education—may promote people's openness to a ban (including policymakers). Gross national income per capita is a measure of economic wellbeing which has been shown to be positively associated with ban adoption (Nyseth Brehm and Boyle 2018) and may weaken traditions and norms that perpetuate beliefs in favor of corporal punishment.

The *percentage of women in national parliament* was compiled by the Inter-Parliamentary Union (2021) and reflects gender equality among lawmakers. Lawmakers who are women may be more likely than lawmakers who are men to have a policy goal to protect children from violence (Nyseth Brehm and Boyle 2018).

The *percentage of the population foreign born* is a proxy measure for cultural diversity, internal pressures, and potential conflict in a country. The measure includes refugees in its calculation. Cultural diversity makes ban adoption less likely (Nyseth Brehm and Boyle 2018) and internal pressures and conflict likely undermine government capacity to adopt and implement a ban.

Finally, the following r*egion* categories were included (1) Eastern Europe and former Soviet Union, (2) Latin America and South America, (3) North Africa and the Middle East, (4)

Sub-Saharan Africa, and (5) East, Southeast, and South Asia. Countries in the same region may have similar histories and cultures.

Analytic Approach

To examine the relationship between ban adoption and country prevalence of corporal punishment, I use difference-in-differences (DID)—a quasi-experimental approach commonly used for policy evaluation with repeated cross-sectional data—which has previously been used to evaluate policy interventions with MICS and DHS data (Ryckman et al. 2019). The model takes the difference in the outcome between pre-treatment and post-treatment in the treatment group and subtracts this from the difference in the outcome between pre-treatment and post-treatment in the comparison group; hence, a *difference* in *differences* (Huntington-Klein 2022).

The main assumption of DID is that the treatment and comparison groups would follow similar trends over time if the treatment group did not receive the treatment. This is called the "parallel trends assumption." Of course, the treatment group does receive treatment and since counterfactuals are unobservable, this assumption is untestable (Cunningham 2021). Nevertheless, there are model identification strategies that can increase our confidence in the parallel trends assumption, and, by extension, increase our confidence that the DID estimate reflects a causal effect of the treatment. According to Huntington-Klein (2022), there are three key identifying assumptions: (1) treatment and comparison groups generally have similar characteristics (on the assumption that countries similar on these covariates would follow similar trends if neither received treatment), (2) treatment and comparison groups have parallel trends in the outcome *before* treatment (because groups with parallel trends before treatment may have continued to have parallel trends if not for one of the groups receiving treatment), and (3) there is not a reason to believe the comparison group would experience a change in the outcome around

the time of treatment that the treatment group would not also have experienced (so both groups experience non-treatment-related change similarly).

Regarding the first identifying assumption, I use propensity score matching to select comparison countries that are similar to ban countries based on contextual covariates because they may be more likely to have parallel trends. The propensity score is the predicted probability that a country adopts a ban. It is computed using logistic regression including the previously mentioned contextual covariates as independent variables: HDI, women in parliament, percent foreign born, and region dummy variables. I run this model using the *psmatch2* command in Stata. In the model, each country is only observed once. The outcome is whether a country adopted a ban between round 3 and round 6. I use nearest neighbor matching (Rosenbaum and Rubin 1985) with up to two matches per country. Matching with two nearest neighbors had similar balance to matching with one nearest neighbor but had around twice as many comparison countries. Matching with more than two nearest neighbors increased the number of comparison countries less dramatically while also becoming much less balanced. Because comparison countries can differ in the frequency that they are matched as a comparison country, I weight the matched DID models by countries' propensity score weight. While the matched sample is the final analytic sample, I also present results for the full sample before matching. I do this to show how DID results differ before and after matching. Also, because there are more comparison countries in the comparison group before matching, these models have more statistical power.

Regarding the second identifying assumption, I (1) present a descriptive figure of trends in the outcome, (2) run OLS regressions including countries with two or more pre-ban observations to test whether pre-ban trends differ between ban and comparison countries, and (3) examine pre-treatment differences using a placebo test for the main DID estimator I use.

However, only four out of nine ban countries have at least two time points *before* ban adoption, so any test of parallel trends with the data will only be suggestive of actual trends.

Regarding the third identifying assumption, I assume it is unlikely something contributed to change in corporal punishment across multiple comparison countries around the time of treatment that did not also happen to ban countries. To help verify this assumption, I conducted web searches of matched comparison countries to determine whether there were obvious circumstances that might have reduced corporal punishment between rounds 5 and 6. I did not find events or conditions that were concerning though my search was limited to English sources.

Country-rounds are the unit of analysis. Consistent with prior research (Lansford et al. 2017), I use survey round to measure time rather than year. I do this to maximize the balance of the panel. A panel is balanced when there are few, if any, missing observations across time points. Since it is only possible for countries in MICS (DHS) to participate once in a round (phase) and a panel spans 2-4 years, measuring time in years creates a highly unbalanced panel inconsistent with the structure of the data. Thus, even if one country's survey was in 2017 and another country's was in 2018, this is treated as the same time point since these each would have occurred during round 6 of MICS. Since there are four rounds, there are four time points.

I present two types of DID models. The first type of DID model is two-way fixed effects, which includes country fixed effects (to control for unobserved time-invariant country confounders) and time fixed effects (to control for unobserved country-specific time confounders) derived using the *reghdfe* command in Stata (Correia 2017). Following common practice, I cluster standard errors at the country level, which does not alter point estimates but generally widens confidence intervals compared to models that do not include clustered standard errors (Huntington-Klein 2022). Two-way fixed effects is a common approach to estimate DID

models because it effectively controls for group and time differences (Cunningham 2021; Huntington-Klein 2022). However, over the past several years, methodologists have determined that DID estimates from two-way fixed effects can be biased under certain circumstances such as when treatment effects are heterogeneous and/or when treatment timing is staggered/differential (i.e., occurs at different times among treatment groups) (Baker, Larcker, and Wang 2021; de Chaisemartin and D'Haultfœuille 2022; Goodman-Bacon 2021; Roth et al. 2022). The bias comes from two main problems: 1) the two-way fixed effects estimator is the weighted average of all possible 2x2 (two group, two period) DID estimators in the data, but they are not weighted equally across the panel (meaning some treatment observations matter more for overall results for no theoretical reason), and 2) already-treated groups can be controls for more recently treated groups in some of the 2x2 DID terms (Cunningham 2021; Goodman-Bacon 2021). A possible implication of these problems is that the overall regression coefficient could be biased. For example, average treatment effects can be positive while the overall regression coefficient is negative (de Chaisemartin and D'Haultfœuille 2020).

Since bans are a staggered treatment—meaning not all countries ban corporal punishment at the same time—and I would expect the treatment effect to be heterogeneous (grow stronger over time), my main results are drawn from a second set of models to leverage recent methodological innovations. There are several alternative estimators to choose from (de Chaisemartin and D'Haultfœuille 2022). I use an estimator developed by de Chaisemartin and D'Haultfœuille (2020) because (1) estimates are comparable to the other new methods and (2) the data do not need to be balanced while other estimators generally require balanced data. Data are balanced when the outcome is observed consistently across groups and time; however, as shown in Table 4.2, my data are not balanced. To implement this method, I use the

did_multiplegt command in Stata (de Chaisemartin, D'Haultfoeuille, and Guyonvarch 2021). This estimator is a type of two-way fixed effects; however, it ensures that only non-treated groups are used as comparisons in the 2x2 terms. For example, Togo banned corporal punishment between rounds 3 and 4, so its change at round 4 will only be compared to comparison countries that did not have a ban at rounds 3 or 4. Similarly, Togo's change between rounds 3 and 5 will only be made between comparison countries that did not have a ban at rounds 3 and 5. Standard errors for these models are estimated using 1000 bootstraps.

I present models using two-way fixed effects and de Chaisemartin and D'Haultfœuille to compare results between traditional and new DID estimation approaches. If, for example, results are statistically significant for the traditional approach but not a new approach, this highlights the importance of recent methodological innovations for evaluating outcomes of child protection policies. Similarly, I present results of models before matching and after matching.

Results

Selecting Comparison Countries Using Propensity Score Matching

Figure 4.2 shows a map of the ban and comparison countries *before* matching. In South America and Latin America, only Argentina is a ban country and there are eight non-ban countries. In Africa, there are two ban countries—Benin and Togo—which share a border; and there are 16 non-ban countries. In Eastern Europe and the former Soviet Union, there are four ban countries—Albania, Kosovo, Montenegro, and North Macedonia—all of which are in the Balkan subregion; there are eight non-ban countries—two of which are also in the Balkan subregion. In Asia, there are two ban countries—Mongolia and Nepal—and five non-ban countries. In North Africa and the Middle East, there are no ban countries and there are six non-ban countries.

Given the geographic and cultural diversity of the nine ban countries and 42 non-ban countries, I use propensity score matching to select a subset of non-ban countries that are similar to the ban countries based on the contextual covariates to help ensure a reasonable comparison group to the ban countries. Figure 4.3 shows a K-density plot of the ban and comparison groups' propensity scores before and after matching. Before matching, comparison countries' propensity to adopt a ban is low compared to the ban countries' propensity. After matching, ban and comparison countries' propensity is more similar, though ban countries appear to have a slightly higher propensity for a ban overall. Table 4.4 shows the balance of country contextual variables between ban and comparison countries before and after matching. While there were not statistically significant differences in these variables before matching, overall, the variable means more closely resemble each other—and the p-values of the *t* values decrease in magnitude (with the exception of women in parliament)—after matching. The implication of better balance is there is less potential for bias in the comparisons due to differences in covariates. Figure 4.4 visualizes the reduction in bias across covariates after matching. Variables closer to 0 have less bias. For example, HDI and percent foreign born are much closer to 0 (i.e., very low bias) after matching. Women in parliament is less similar after matching suggesting women in parliament is not a strong predictor of ban adoption in this sample of countries.

While it is not a requirement for treatment and comparison countries to be at similar levels on an outcome, when there are similar levels this might suggest the countries are more similar and might follow parallel trends. Table 4.3 shows that the *first observation* on the outcome is more similar between countries after matching. For example, for beating hard, countries that eventually adopted a ban have a median proportion of .023 (or 2.3%) while the median among comparison countries before matching is .047 (or 4.7%). After matching,

comparison countries have a median proportion .021 (or 2.1%) which is closer to ban countries' median proportion.

Figure 4.5 shows the location of the ban and matched comparison countries. In South America and Latin America, Cuba and the Dominican Republic were selected as comparison countries. In Africa, Eswatini, Liberia, and Mauritania were selected as comparison countries. In Eastern Europe and the former Soviet Union, the two neighboring Balkan countries—Bosnia and Herzegovina as well as Serbia—were selected along with Georgia and Kazakhstan. In Asia, Bangladesh, Laos, Thailand, and Vietnam were selected. In North Africa and the Middle East, there were no matched comparisons because there were no ban countries in this region.

Descriptive Trends

Figure 4.6 shows descriptive trends of the three outcomes. Panel A shows trends before matching and Panel B shows trends after matching. The x axis shows time measured as survey round. The y axis is the mean proportion of households in a country using a given form of corporal punishment. The range of the y axis is different for each outcome so each outcome's variation is visible, especially for the severe corporal punishment outcomes which are not as common as moderate corporal punishment. The solid vertical lines denote the timing of bans—first for Togo between rounds 3 and 4, then for the other bans between rounds 5 and 6. Technically, Albania's ban occurred between rounds 4 and 5 but it is not observed after the ban until round 6 (see Table 4.2). The solid bold trend line is the mean of the ban countries computed within round and excluding Togo, which has its own trend line due to its early treatment. The dashed bold trend line is the mean of the comparison countries computed within round. There are also solid gray and solid dashed trend lines which show individual countries' trends for ban and comparison countries, respectively.

Before matching, in the left graph of Figure 4.6 Panel A, moderate corporal punishment is lower across time in ban countries—perhaps declining faster than comparison countries until after the ban when the difference no longer appears to grow. Togo has among the highest levels of moderate corporal punishment before its ban, then declines precipitously two rounds after the ban, only to rise again to a high level at round 6. In the middle graph of Panel A, hitting a child's face or head has a much lower prevalence than moderate corporal punishment with a starting mean of approximately .12 (or 12%) for ban and comparison countries. After round 3, ban and comparison countries diverge with ban countries having a lower prevalence that does not appear to change after a ban. In Togo, this form of severe corporal punishment declines in the two rounds after its ban, only to increase to nearly the same pre-ban level at round 6. In the third graph of Panel A, the most severe form of corporal punishment—beating a child as hard as one could—has the lowest overall prevalence. Ban countries always have a lower mean than comparison countries—though ban and comparison countries converge somewhat at round 5 then diverge again at round 6. Togo follows a similar pattern to the middle graph, with beating children declining immediately after the ban for two rounds, only to increase to slightly above the pre-ban level at round 6. Across these three graphs, the gray trends of individual countries indicate that there is high variability in levels and trends in corporal punishment across countries. Many are somewhat stable over time, though there are countries with jumps up or down.

Figure 4.6 Panel B shows trends *after* matching. The treatment mean trend and Togo are equivalent to Figure 4.6 Panel A. The comparison trends differ because only matched comparisons are included. In the left graph, ban and matched comparison countries' trends in moderate corporal punishment are more similar than in Panel B. However, the ban countries have higher levels at rounds 3, 4, and 6, whereas in Panel A the ban countries always had lower

levels. At round 5, the trends converge to the point that ban countries have a slightly lower level of corporal punishment, but, at round 6, comparison countries decline while the ban countries increase somewhat. In the middle graph, hitting a child on the face or head, ban countries have a higher mean across time, appear to have parallel trends at rounds 4 and 5, and diverge with a slight increase at round 6. In the graph on the right, beating a child hard is initially lower in ban countries at rounds 3 and 4 following what appear to be parallel trends, then at rounds 5 and 6, ban countries have a slight increase to a level similar to comparison countries' mean.

Overall, these descriptive trends suggest moderate corporal punishment may have declined in ban countries, but after the ban there may have been a slight increase. Severe forms of corporal punishment appear relatively stable over time in ban and comparison countries. Importantly, these descriptive trends provide evidence that there may be parallel trends for most outcomes. Recall that the data are unbalanced. With each subsequent round, there is greater coverage of countries with round 6 having full coverage for ban countries (see Table 4.2). Thus, the round 3 time point is the least informative and also the data point most likely to make trends appear non-parallel. While none of the trends appear perfectly parallel, the evidence for parallel trends appears strongest for severe forms of corporal punishment.

Regression-Based Test of Parallel Trends

Complementary to a visual inspection of parallel trends, regression models can provide a statistical test of whether pre-treatment trends differ. Table 4.5 shows OLS regressions testing differences in pre-ban trends across rounds 3, 4, and 5. An interaction between whether a country is a ban country and survey round indicates whether trends across these three rounds may differ. In line with what was observed in Figure 4.6, before matching, the interaction for moderate corporal punishment is statistically significant ($b = -.0823$, $p < .05$) suggesting ban countries are

declining more than comparison countries before ban adoption. After matching, this coefficient is slightly larger but is no longer statistically significant—perhaps due to lack of power with a smaller number of observations in the model. The interactions for severe corporal punishment are all non-significant—suggesting the parallel trends assumption is not violated for these outcomes.

Difference-in-Differences Models

Dynamic Effects

Figure 4.7 shows dynamic effects over time derived from the de Chaisemartin and D'Haultfœuille (2020b) DID models. Similar to the descriptive graphs in Figure 4.6, there are two panels: one before matching (Panel A) and one after matching (Panel B). The x axis shows the relative time to ban adoption—0 is the first round after a ban is adopted, 1 is two rounds after ban adoption, and 2 is three rounds after ban adoption. Likewise, -1 is one round before ban adoption, and -2 is two rounds before ban adoption. The vertical gray line at -0.5 on the x axis is a visual reminder of when bans were adopted. The y axis shows the ban effect with 0 serving as a reference point reflecting the levels of the outcome one round before ban adoption (i.e., -1 on the x axis). The circles are point estimates and the red vertical bars are 95% intervals derived from 1000 bootstraps. The point estimates at -2 on the x axis serve as evidence for parallel trends—de Chaisemartin and D'Haultfœuille call these "placebo tests." If the 95% intervals at -2 on the x axis do not overlap with 0 along the y axis, this suggests the parallel trends assumption may be violated. All these placebo tests overlap with 0 but only barely for moderate corporal punishment (before and after matching) and only barely for beating a child hard (before matching). The point estimates at 0, 1, and 2 along the x axis are the dynamic effects (i.e., the average treatment effect at each of these time points).

When examining these dynamic effects, it is important to keep in mind that none include all ban countries. At time 0, there are 6 ban countries. At time 1, there are 4 ban countries. At time 2, there is only 1 ban country—Togo. The reason not all ban countries are included at time 0 is due to adjustments that must be made to accommodate the unbalanced panel. While the method allows for an unbalanced panel, a country's last non-treatment status must be observed at the time point *before* switching to treated—even if the outcome is not observed at that time point. As instructed in the *did_multiplegt* documentation, I coded 3 countries with missing data at round 5—Albania, Argentina, and North Macedonia—as having had a ban by that point. The implication of this is that their estimates are not included at time 0 in the graphs (since their outcome is missing at that time point) and their estimates are only included at time 1. Coding these countries as having a ban one round earlier not only enables these countries to be included in the average DID estimates shown in Table 4.6—it enables the model to examine the effects of bans with a longer duration. As shown in Table 4.2, these three countries, along with Togo, adopted bans the earliest—Albania's ban even occurred well before round 5. Thus, by chance, these bans are actually older. Observing them at time 1 in the graphs rather than time 0 is theoretically meaningful.

In Panel A of Figure 4.7—which includes comparison countries *before* matching—moderate corporal punishment does not change in the round immediately after a ban. Two rounds after the ban (i.e., time 1 on the x axis), corporal punishment is approximately 10 percentage points lower among those four countries though the estimate is not statistically significant. Three rounds after the ban, Togo has a substantial increase in the prevalence of moderate corporal punishment. In the middle graph, hitting a child on the face or head is lower one and two rounds after a ban but these estimates are not statistically significant and Togo is

higher three rounds later. In the third graph, beating a child is significantly lower one round after a ban (estimate = -.0174; 95% interval: [-.0310, -.0038]) and is not statistically different among the four countries two rounds later. Togo was slightly higher three rounds after its ban than the round before the ban.

In Panel B of Figure 4.7—which only includes comparison countries *after* matching—six ban countries are higher one round after a ban though this is not statistically significant. Four ban countries are close to zero two rounds after a ban. And Togo had a substantial increase three rounds later. In the middle graph—hitting a child on the face or head—six ban countries are slightly higher one round after a ban and four ban countries are lower two rounds later, but neither effect is statistically significant. Togo increased three rounds later. In the right graph, there was no change among six ban countries one round after a ban, a small non-significant decrease among four ban countries two rounds after a ban, and Togo increased slightly three rounds after a ban.

Average Treatment Effects

Table 4.6 shows overall average treatment estimates from the DID models for each outcome. Models 1 and 2 show two-way fixed effects which, as previously explained, may be biased. Model 1 includes estimates before matching and Model 2 includes estimates after matching while weighting by propensity score weight. Before matching, all estimates are negative suggesting corporal punishment declines after a ban; however, only severe corporal punishment is statistically significant. This suggests bans are associated with a 1.7 percentage point decline in beating children. This is a large effect given the prevalence of beating is low overall (see Table 4.3). After matching, moderate corporal punishment becomes positive and the

negative DID estimates for severe corporal punishment become less negative and both are non-significant.

Models 3 and 4 of Table 4.6 show estimates based on the de Chaisemartin and D'Haultfœuille (2020b) DID estimator. These are the final models and should be considered less biased than two-way fixed effects. Similar to two-way fixed effects, before matching, the estimates are negative; however, the 95% intervals overlap with 0. As shown in Model 3, the coefficient for moderate corporal punishment is negative but close to zero, hitting a child's face or head is nearly 2 percentage points lower after a ban (but, again, non-significant), and the coefficient for beating, which was statistically significant for two-way fixed effects, is less strongly negative (-.0106) and not significant. After matching, in Model 4, similar to two-way fixed effects, moderate corporal punishment becomes positive; however, it is more positive than with two-way fixed effects (.0551) and is approaching statistical significance. This suggests moderate corporal punishment may have increased after a ban. Hitting a child's face or head is positive but close to zero. For beating a child, the coefficient remains negative but is approximately half the magnitude of the coefficient in Model 3 before matching.

While the results of the final models are non-significant, it is important to consider the magnitude of the effects—especially since there are a small number of country-round observations. Bans are associated with a half percentage point reduction in beating children. The median prevalence of beating at first observation was just over two percent in ban and non-ban countries (see Table 4.3); thus, bans may have contributed to nearly a one-fourth reduction in beating children. At the same time, there was a 5.5 percentage point *increase* in moderate corporal punishment after a ban. The median prevalence of moderate corporal punishment at first

observation was 47 percent; thus, bans may have contributed to around a one-tenth increase in moderate corporal punishment. The effect for hitting a child's face or head essentially zero.

Discussion

In this paper, among LMICs, I examined the longitudinal relationship between corporal punishment bans and the prevalence of corporal punishment. After screening and harmonizing every candidate MICS and DHS survey, I selected comparison countries using propensity score matching and examined the data using traditional two-way fixed effect models and an innovative method that overcomes the limitations of two-way fixed effects when examining the effects of staggered or heterogeneous treatments. Overall, I do not find that corporal punishment changed over time in relation to bans in the nine ban countries included in the study. In some ban countries, there is suggestive evidence that moderate corporal punishment may have increased; however, this was partly driven by Togo's substantial increase in moderate corporal punishment at its final observation. In other countries, severe corporal punishment (beating children) decreased after the ban; however, overall, there was a great deal of uncertainty around these estimates.

While results of the final models were non-significant, bans may still have contributed to meaningful change in corporal punishment. Specifically, beating children decreased and moderate corporal punishment increased after the ban, though beating children may have decreased more than moderate corporal punishment increased. This finding is similar to what happened in Finland where beating immediately declined after the ban, but for several years there was an increase in pulling children's ears (a moderate form of corporal punishment) which later subsided (Österman et al. 2014). Thus, across country income categorizations, bans may function as a child abuse prevention strategy which helps prevent severe abuse but also comes

with risk of caregivers resorting to less severe forms of corporal punishment instead of severe abuse.

The findings in this paper build upon prior research on bans in LMICs. Results are in line with what Cuartas and colleagues found in their cross-sectional analysis of the prevalence of corporal punishment in relation to bans in LMICs (Cuartas et al. 2019). Examining the prevalence of corporal punishment among younger children (age 2 to 4), eight countries with bans (i.e., Costa Rica, Moldova, Paraguay, Tunisia, Turkmenistan, Togo, Ukraine, Uruguay) were not significantly different from 41 LMICs without a ban. Another study that used MICS and DHS data examined eight LIMCs at two time points—round 3 and either round 4 or 5 (Lansford et al. 2017). The researchers included two countries that had a ban (only of which had a pre and post ban observation). Similar to that study, I find that Togo's prevalence of corporal punishment fluctuates. The researchers draw attention to the fact that Togo has high rates of morbidity and mortality, and, due to the risks children face there, the government's attention may be more focused on ensuring children's survival rather than promoting children's socioemotional development. In my study, in Togo at round 6, I observed a substantial increase in moderate corporal punishment and a noticeable increase in severe corporal punishment. Togo's round 6 survey was fielded between May and June 2017. Beginning August 2017, there were several months of widespread protests against the 50-year rule of a father and son and the corruption of their government. Activists demanded term limits in order to eventually have new leaders. The government even shut down the Internet for a week to counteract the protests and there were a small number of protestors who were reportedly imprisoned or killed (Bearak 2017). It is possible that tensions were brewing a few months before the protests began that year. Spillover

theory suggests violence and tension in the community can contribute to violence in the home (Baron, Straus, and Jaffee 1988; Ember and Ember 1994).

The case of Togo raises an important issue. While corporal punishment is a global problem—and something that Togo legislated against—corporal punishment is not the only challenge LMICs face. Many children in LMICs lack access to safe sanitation and drinking water (Amrose, Cherukumilli, and Wright 2020; Hyun et al. 2019), are exposed to household air pollution due to lack of clean fuel for heating and cooking (Jeuland, Pattanayak, and Bluffstone 2015), are malnourished due to lack of nutritious food (Black, Trude, and Lutter 2020), or lack access to formal education—especially girls (Graetz et al. 2020). Climate change exacerbates many of these challenges and disproportionately impacts LMICs (Sharpe and Davison 2021). Violence beyond corporal punishment is also a challenge. Intimate partner violence—especially men's violence against women—is pervasive and associated with lower child development (Jeong et al. 2020). Some children in LMICs might be exposed to armed conflict (Pettersson and Wallensteen 2015), community violence (Skinner et al. 2014), or school violence (Heekes et al. 2020). Nevertheless, the most common type of violence children experience is violent discipline in the home (UNICEF 2014b). Preventing corporal punishment is one goal that can help children in LMICs grow up with "adequate nurturing care" to promote their health and safety (McCoy et al. 2022).

This study is limited in a number of ways. First, the data are unbalanced. Unbalanced data limits my ability to identify the model (i.e., testing pre-ban parallel trends). Related to the availability of data, every ban country except Togo had only one post-ban time point—limiting the robustness of post-ban trends. If bans in LMICs have more of a long-term than a short-term effect, this will be difficult to detect with the available data. Similarly, it is possible that there

was not sufficient time to observe an effect in ban countries that had a shorter ban duration. Second, while I harmonized the data across rounds, there may be differences across rounds in data collection protocols which contribute to different types of measurement error over time. For example, the selection of a reference child for questions about corporal punishment has a more restricted age range at round 6 and this may lead to a different prevalence of corporal punishment than in earlier rounds when younger children could be selected. Examining the country means of corporal punishment between rounds 5 and 6, there is some evidence that corporal punishment increased slightly at round 6 in a number of countries. However, as long as ban and comparison countries experienced this change similarly at round 6, it should have little effect on the DID estimates. Relatedly, weighted country means are not the only way to measure the outcome—it is also possible to compute a predicted country mean using country-specific regression models that could account for household and family characteristics such as number of children in the household, the respondent's relationship to the child, and the respondent's educational attainment. This approach may more effectively harmonize data across rounds and is a worthwhile approach for future work. Third, while I use both a traditional DID approach and a new DID approach, the literature is not yet reached a consensus regarding how best to use DID to examine staggered data and methodologists continue to develop their methods. For example, in the coming months, the new estimation strategy I use will be updated to no longer use bootstrapping to compute standard errors (de Chaisemartin 2022) which may lead to a slightly different range of uncertainty around point estimates. Fourth, my analysis is limited by a small number of countries, especially in the models after matching, which may make it difficult to detect effects and may leave my analysis vulnerable to influential observations.

These limitations should be considered in light of the strengths of this study. To my knowledge, this study is the largest and most quantitatively rigorous cross-national analysis of the outcomes of corporal punishment bans. I focus on LMICs where we know the least about the outcomes of bans. I leverage 15 years of harmonized population-based data of families in 51 countries (22 countries after matching). Putting aside bans, to my knowledge, corporal punishment trends among this many LIMCs have yet to be considered in the literature. My study demonstrates that there is considerable variability in corporal punishment over time in LMICs, but overall corporal punishment was quite stable between 2005 and 2020. This suggests reducing the prevalence of corporal punishment in LMICs is a major challenge. To quantitatively examine trends in corporal punishment, I implemented two types of DID models, one of which is an innovative approach robust to the staggered timing of bans and heterogeneous treatment effects. As more data become available in MICS and DHS, future research can examine longer-term outcomes of bans in LMICs using similar methods and perhaps other longitudinal analysis methods such as random effects models and growth curve models. There may also be additional countries that can be examined (e.g., countries that currently only have one pre-ban time point and will have post-ban time points in the future). Examining more countries with more time points will further advance our understanding of the outcomes of bans in LMICs.

Families and communities in LMICs have innumerable strengths—often amidst challenges such as a lack of economic resources (Bhana and Bachoo 2011). One underutilized strategy that has potential to promote the health and safety of children in LMICs is to enact laws that provide legal protection from violence (Pundir et al. 2020). Yet, in this study, I did not find that corporal punishment bans contributed to a reduction in corporal punishment against children in nine LMICs. This study underscores the challenges policymakers face in their efforts to

change social norms to prevent violence (Fortson et al. 2016). Nevertheless, bans reflect a codified commitment to advance children's right to protection from violence (UN Committee on the Rights of the Child 2006). Policymakers in LMICs can build upon this commitment by implementing interventions that may prove more effective at preventing corporal punishment in their own contexts (World Health Organization 2016).

Figure 4.1 Cumulative number of countries with a corporal punishment ban.

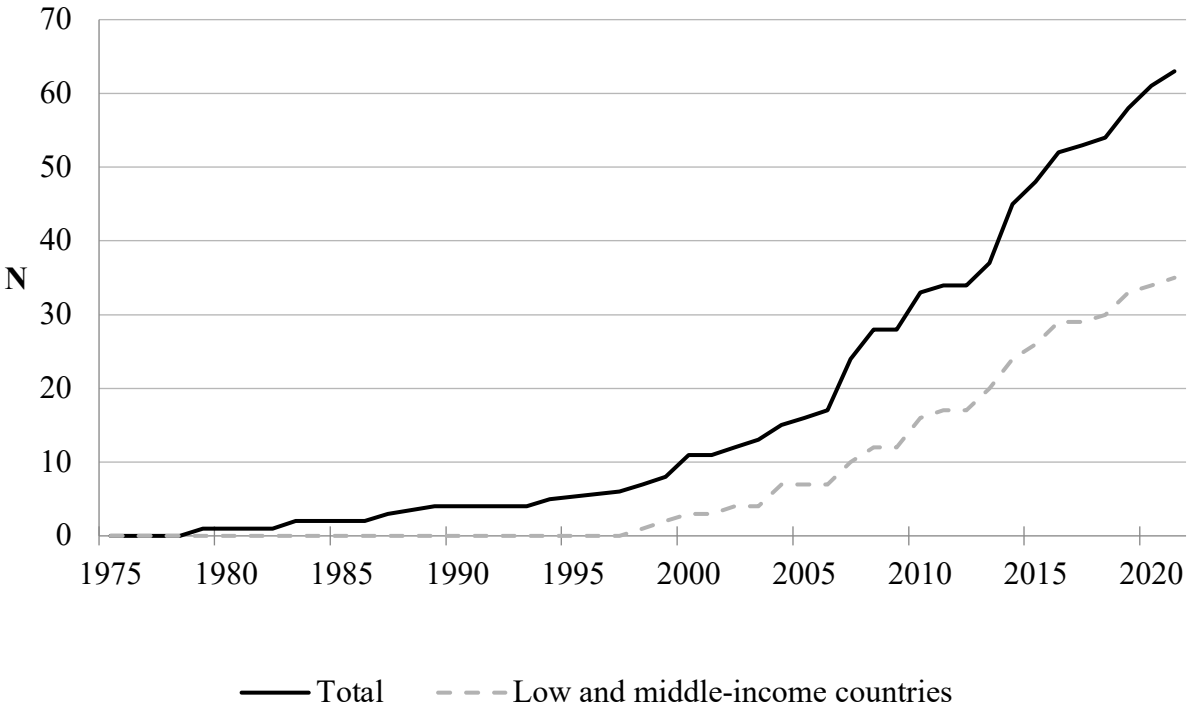


Figure 4.2 Map of countries included in the sample before propensity score matching

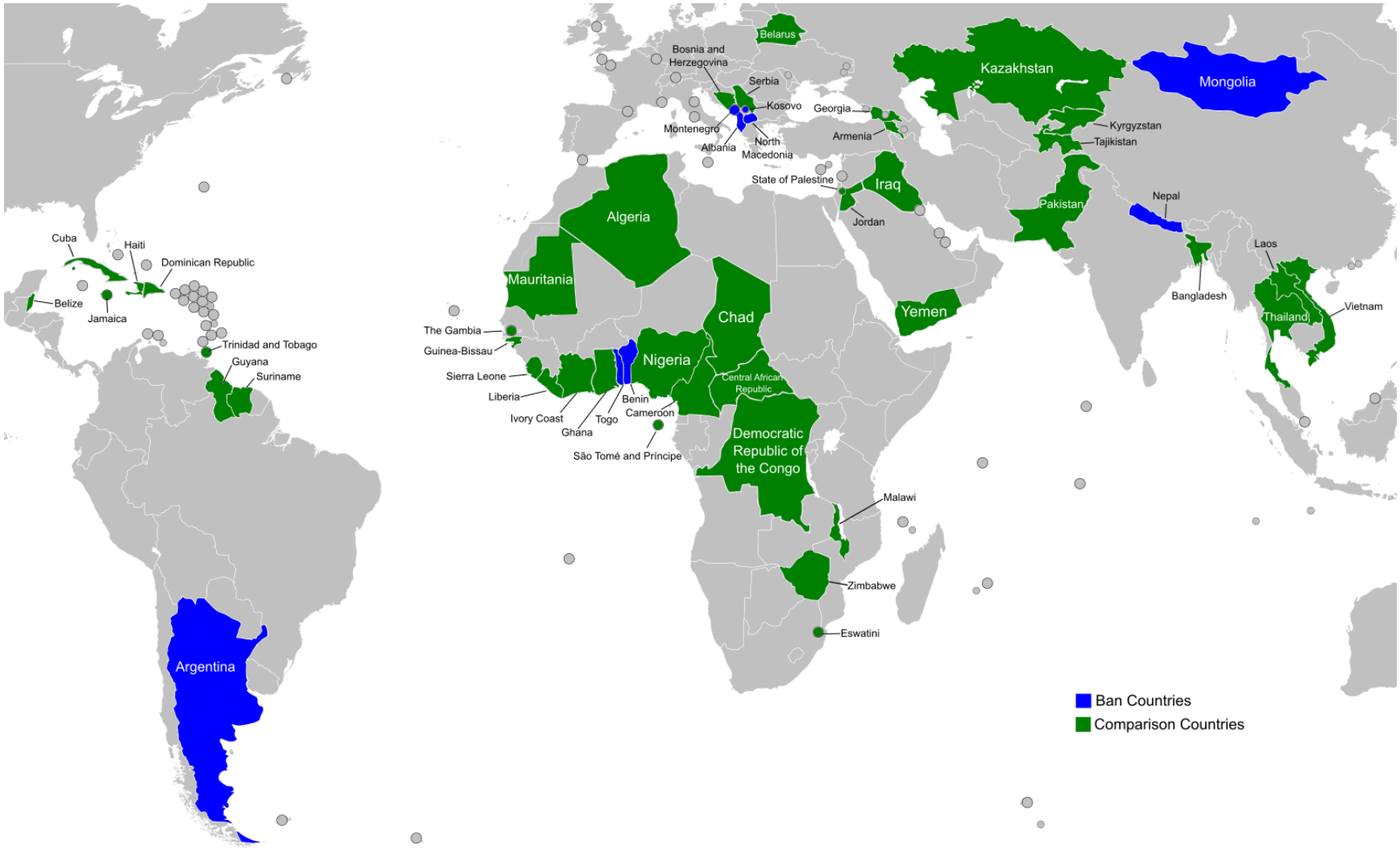


Figure 4.3 K-density plots of propensity scores for treatment (i.e., ban) and comparison countries before and after propensity score matching

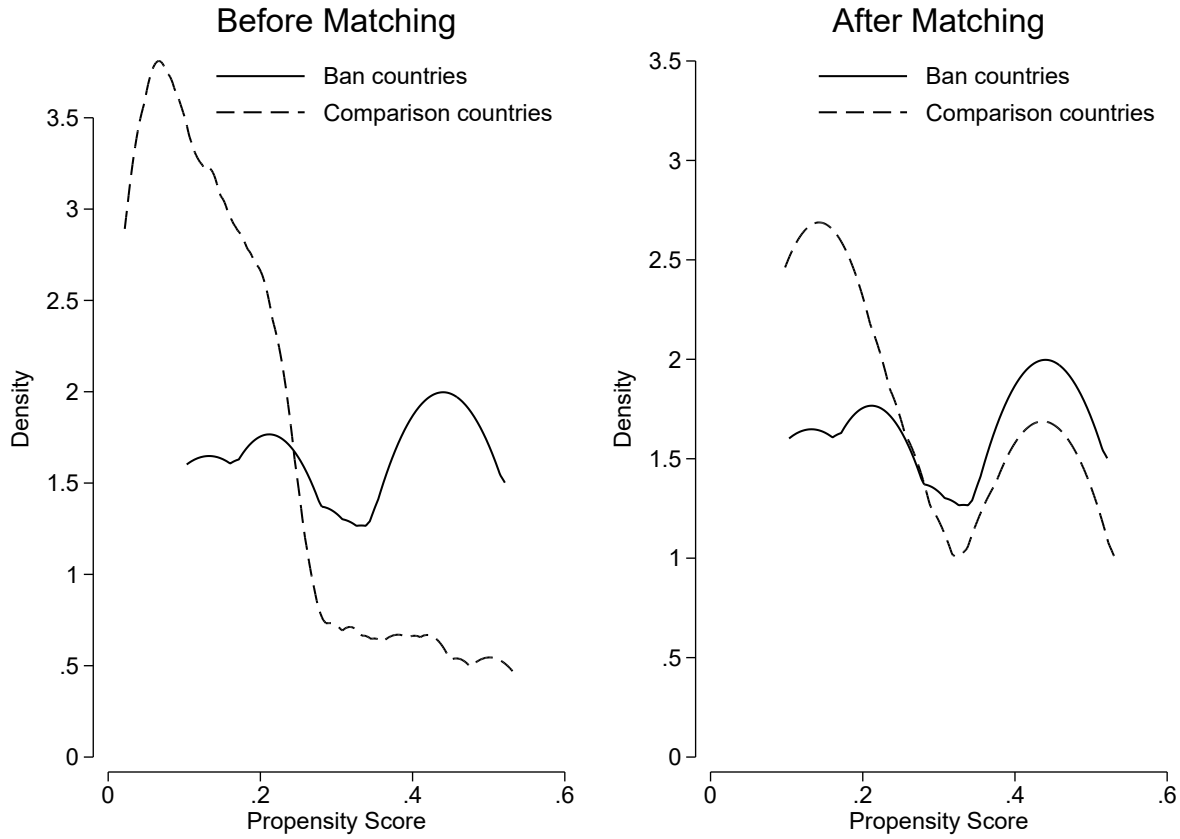
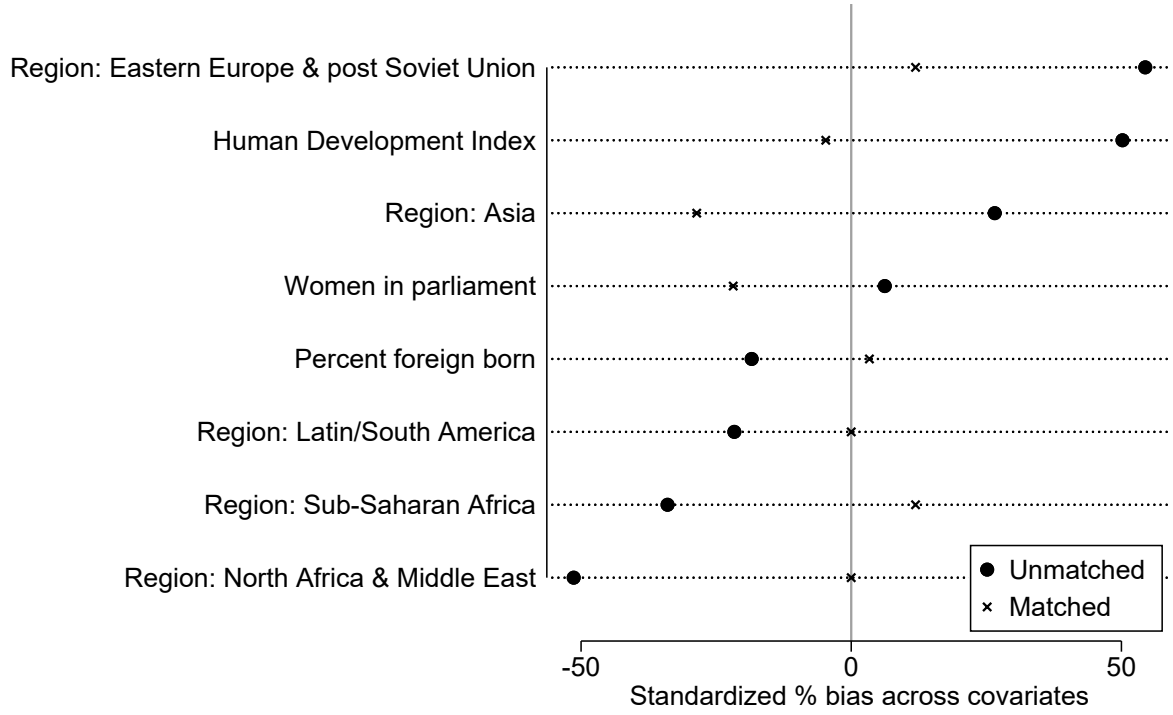


Figure 4.4 Standardized % bias in country-level contextual covariates before and after propensity score matching



Notes: The closer to a variable is to 0, the less bias there will be in the estimate of the effect of a ban due to this variable. "Unmatched" is before matching.

Figure 4.5 Map of countries included in the sample after propensity score matching

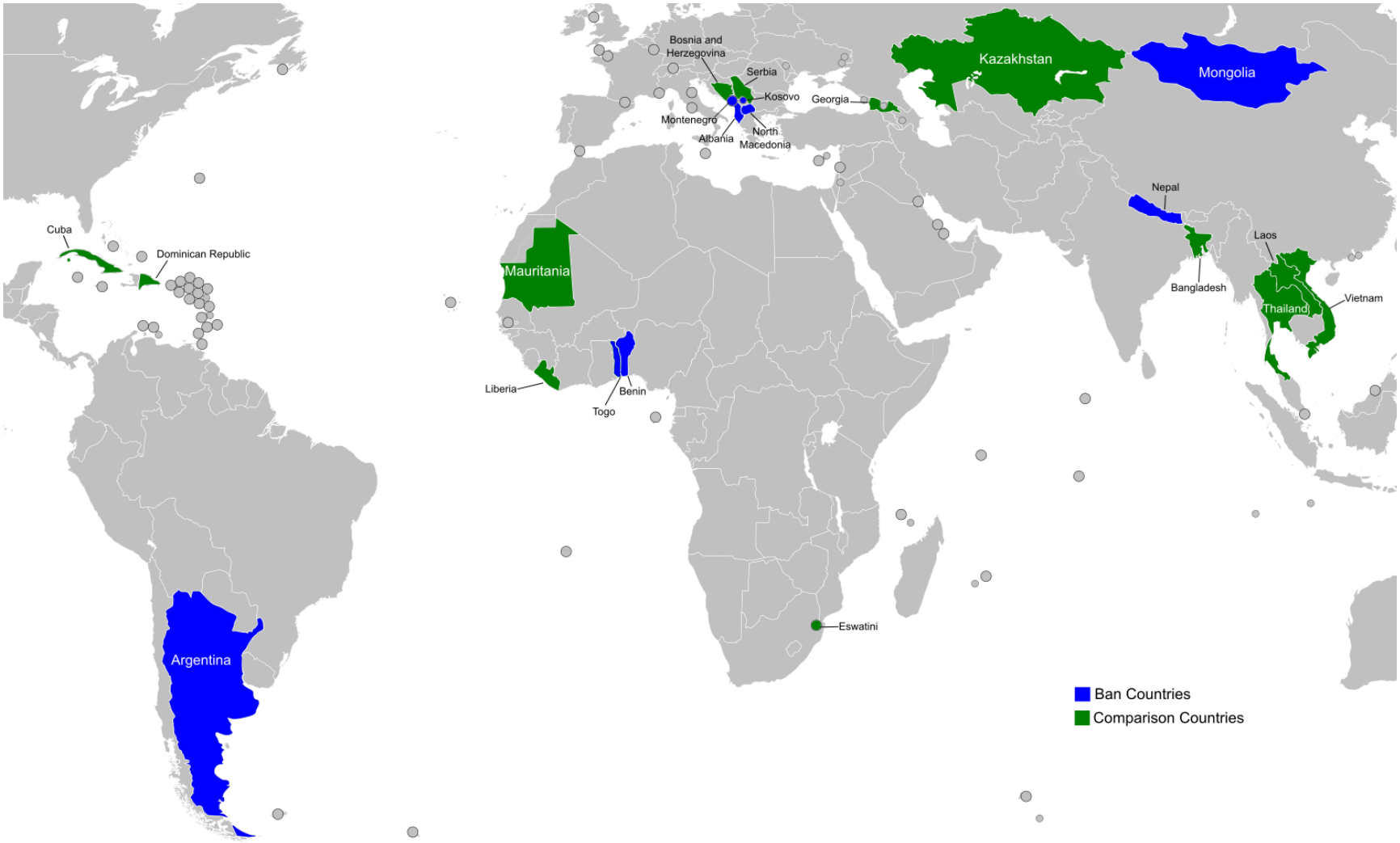
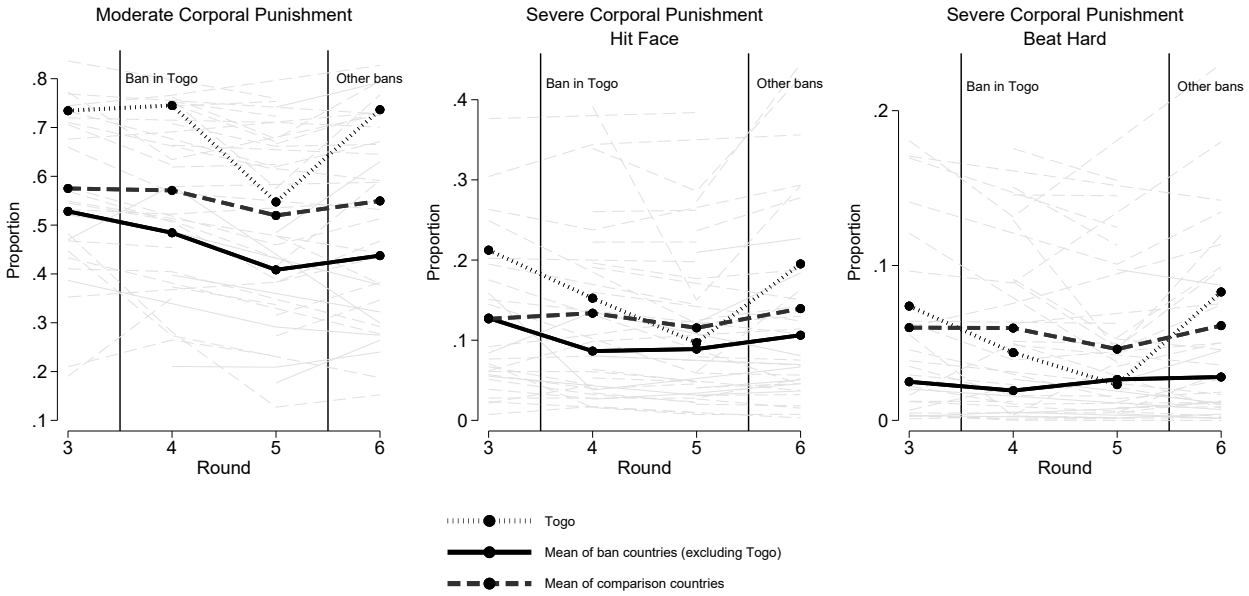
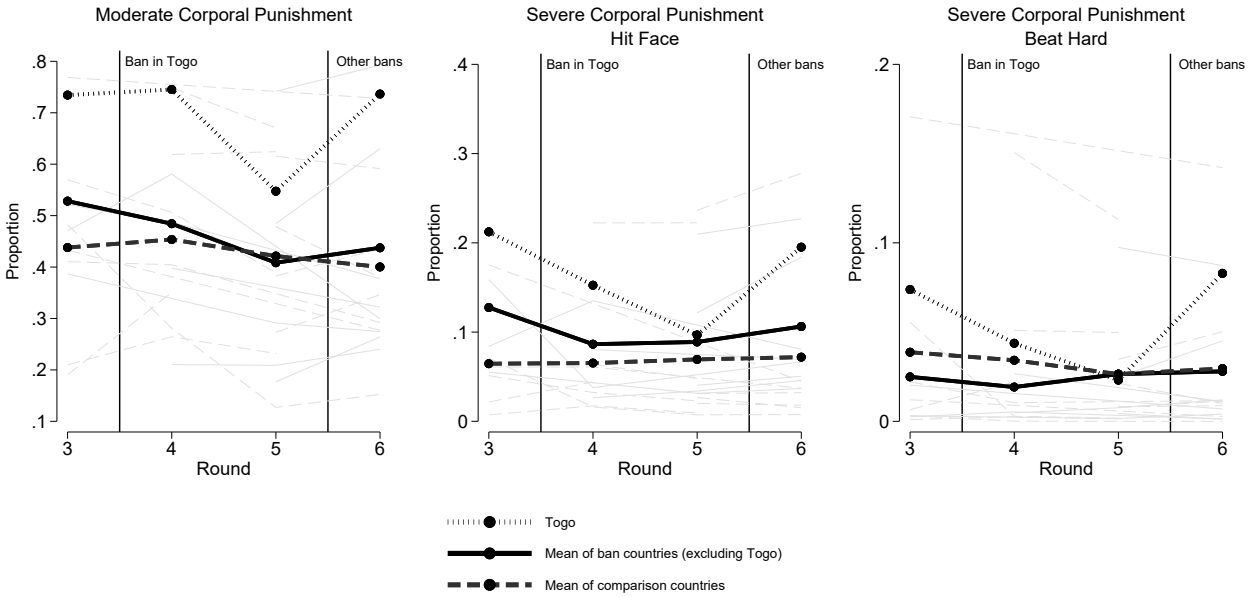


Figure 4.6 Descriptive trends in the prevalence of corporal punishment

Panel A: Trends before matching



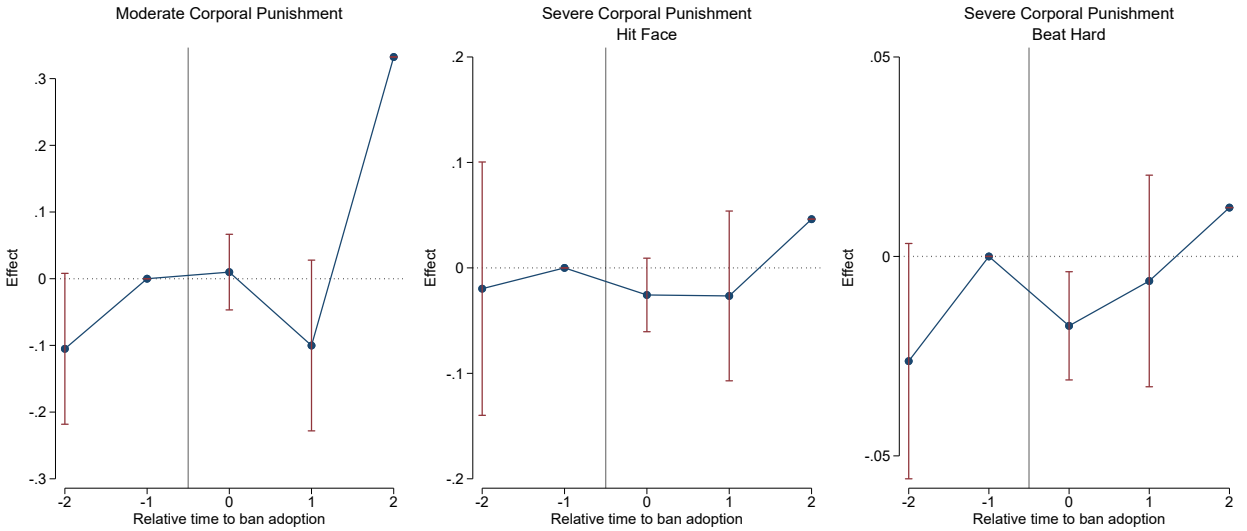
Panel B: Trends after matching



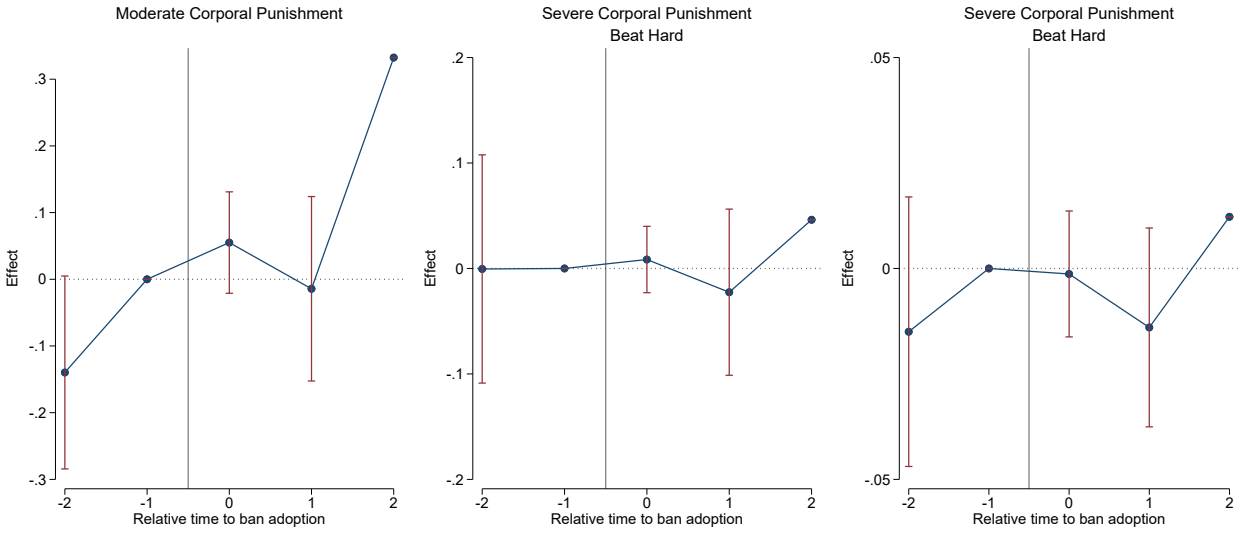
Notes: The vertical solid lines between rounds 3 and 4 and rounds 5 and 6 denote the timing of bans. The solid bold trend line shows the within-round mean of ban countries and is the same in panels A and B. The dashed bold trend line is the within-round mean of comparison countries and differs between panels A and B because matching reduces the number of comparison countries in panel B. Togo has its own trend line and is not included in the mean of ban countries trend line because of its ban is earlier than the other ban countries. Gray solid and dashed trend lines show the trends of individual countries for ban and comparison countries, respectively.

Figure 4.7 Difference-in-differences dynamic estimates by round

Panel A: Before matching



Panel B: After matching



Notes: Estimates based on de Chaisemartin and D'Haultfœuille (2020b) estimator. On the x axis, 0 is the first round after a ban, 1 is two rounds after a ban, and 2 is three rounds after a ban. Estimates are shown in relation to the level of corporal punishment one round before the ban (i.e., -1 on x axis). Estimates at two rounds before a ban (-2) serve as a placebo test—an indicator of parallel trends when the estimate's interval does not cross 0 on the y axis.

Table 4.1 Survey characteristics across MICS and DHS

	MICS3	MICS4	MICS5	MICS6	DHS
Typical respondent	Mother	HH Respondent	HH Respondent	Mother	HH Respondent
Age range of child	2-14	2-14	1-14	1-4 (5-14)	2-14
# of kids in HH with data	1 random	1 random	1 random	All (1 random)	1 random
Year range	2005-06	2010-12	2012-16	2017-20	

Note: 1) Typical respondent = person who usually answers questions about corporal punishment. 2) HH = Household. 3) During MICS6, all children ages 1 to 4 have corporal punishment data and, if present, one child ages 5 to 14 was randomly selected (similar to other rounds) to have corporal punishment data.

Table 4.2 Data availability by country and round

	Round 3 2005-2006	Round 4 2008-2012	Round 5 2012-2016	Round 6 2017-2020	*Row Total*
Ban Countries (Ban Year)					
Albania (2010)	Pre	Pre		Post	3
Argentina (2014)		Pre		Post	2
Benin (2015)			Pre	Post	2
Kosovo (2019)			Pre	Post	2
Mongolia (2016)		Pre	Pre	Post	3
Montenegro (2016)	Pre		Pre	Post	3
Nepal (2018)			Pre	Post	2
North Macedonia (2013)	Pre	Pre		Post	3
Togo (2007)	Pre	Post	Post	Post	4
Ban Column Total	4	5	6	9	24
Matched Comparison Countries					
Bangladesh			X	X	2
Bosnia and Herzegovina	X	X			2
Cuba			X	X	2
Dominican Republic			X	X	2
Eswatini		X	X		2
Georgia	X			X	2
Kazakhstan	X	X	X		3
Laos	X	X		X	3
Liberia	X			X	2
Mauritania		X	X		2
Serbia	X	X	X	X	4
Thailand			X	X	2
Vietnam	X	X	X		3
Matched Comparison Column Total	7	7	9	8	31
Non-Matched Comparison Countries					
Algeria		X		X	2
Armenia		X	X		2
Belarus	X	X		X	3
Belize	X	X	X		3
Cameroon	X		X		2
Central African Republic	X	X		X	3
Chad		X	X	X	3
Democratic Republic of the Congo		X	X	X	3
Ghana	X	X		X	3
Guinea-Bissau	X		X	X	3
Guyana	X		X	X	3
Haiti		X	X		2
Iraq	X	X		X	3
Ivory Coast	X		X		2
Jamaica	X	X			2
Jordan		X		X	2

Kyrgyzstan	X		X	X	3
Malawi			X	X	2
Nigeria		X	X		2
Pakistan (Punjab and Sindh)			X	X	2
São Tomé and Príncipe			X	X	2
Sierra Leone	X	X		X	3
State of Palestine		X	X	X	3
Suriname	X	X		X	3
Tajikistan	X			X	2
The Gambia	X	X		X	3
Trinidad and Tobago	X	X			2
Yemen	X		X		2
Zimbabwe			X	X	2
Non-Matched Comparison Column Total	17	18	17	20	72

Note: All countries are nationally representative except Pakistan, which only includes data from two of its four provinces at each survey round.

Table 4.3 Descriptives of corporal punishment items by outcome

	Median of first observations		
	Ban (n = 9)	No Ban Before Matching (n = 42)	No Ban After Matching (n = 13)
Moderate Corporal Punishment (outcome 1)			
Shook him/her	.180	.277	.180
Spanked, hit or slapped him/her on the bottom with bare hand	.328	.377	.325
Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object	.034	.218	.121
Hit or slapped him/her on the hand, arm, or leg	.181	.276	.120
Severe Corporal Punishment (outcome 2)			
Hit or slapped him/her on the face, head or ears	.084	.079	.056
Severe Corporal Punishment (outcome 3)			
Beat him/her up, that is hit him/her over and over as hard as one could.	.023	.047	.021

Note: (1) The respondent was read the following statement before responding to these items: "Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or anyone else in your household has used this method with (name) in the past month." (2) Median of first observation reflects the country-level proportion of households that use a given form of corporal punishment at the first round when a country is observed in the panel; thus, all proportions are pre-ban.

Table 4.4 Balance of country-level contextual variables before and after matching

Variable		Mean: Ban Countries	Mean: Comparison Countries	% bias	% reduction in bias	t-test: t	t-test: *p*	V(T)/V(C)
Human Development Index	Before matching	0.63533	0.56616	50.2		1.37	0.177	1.01
	After matching	0.63533	0.64183	-4.7	90.6	-0.11	0.915	1.47
Women in parliament	Before matching	14.533	13.899	6.2		0.19	0.846	2.18
	After matching	14.533	16.764	-21.8	-252.2	-0.47	0.642	2.53
Percent foreign born	Before matching	3.8452	4.9671	-18.4		-0.42	0.675	0.24
	After matching	3.8452	3.6406	3.4	81.8	0.10	0.924	0.55
Region: Europe	Before matching	0.44444	0.19048	54.4		1.64	0.107	
	After matching	0.44444	0.38889	11.9	78.1	0.23	0.824	
Region: Latin/South America	Before matching	0.11111	0.19048	-21.6		-0.56	0.580	
	After matching	0.11111	0.11111	0	100	-0.00	1.000	
Region: North Africa / Middle East	Before matching	0	0.11905	-51.4		-1.08	0.285	
	After matching	0	0	0	100	--	--	
Region: Sub-Saharan Africa	Before matching	0.22222	0.38095	-34.0		-0.89	0.376	
	After matching	0.22222	0.16667	11.9	65.0	0.28	0.782	
Region: Asia	Before matching	0.22222	0.11905	26.6		0.81	0.424	
	After matching	0.22222	0.33333	-28.6	-7.7	-0.50	0.624	

Note: There are 42 comparison countries before matching and 13 comparison countries after matching.

Table 4.5 OLS regressions testing differences in pre-ban trends across rounds 3, 4, and 5 among countries with two or more pre-ban time points

	Moderate Corporal Punishment		Severe Corporal Punishment: Hit Face		Severe Corporal Punishment: Beat Hard	
	Before Matching	After Matching	Before Matching	After Matching	Before Matching	After Matching
Ban country	.1652 (-.1361, .4664)	.4342 (-.1592, 1.0277)	.0846 (-.0833, .2526)	.1809 (-.0256, .3874)	-.0385 (-.1054, .0283)	.0169 (-.0708, .1045)
Round	-.0169 (-.0666, .0328)	.0179 (-.1268, .1627)	-.0008 (-.0279, .0263)	.0098 (-.0368, .0564)	.0003 (-.0152, .0159)	.0078 (-.0191, .0346)
Ban country × Round	-.0823* (-.1630, -.0016)	-.1171 (-.2799, .0457)	-.0325 (-.0736, .0086)	-.0431 (-.1020, .0159)	-.0022 (-.0184, .0140)	-.0096 (-.0371, .0178)
Constant	.6138*** (.4128, .8148)	.3448 (-.1872, .8768)	.1147* (.0075, .2218)	.0184 (-.1223, .1591)	.0534 (-.0091, .1159)	-.0020 (-.0851, .0811)
Observations	64	25	62	25	64	25
Countries	30	11	29	11	30	11

*$p < .05$; ***$p < .001$

Table 4.6 Difference-in-differences estimates of effects of corporal punishment bans on the country prevalence of corporal punishment

	Two-way fixed effects		de Chaisemartin and D'Haultfœuille	
Outcome	Before Matching (M1)	After Matching (M2)	Before Matching (M3)	After Matching (M4)
Moderate Corporal Punishment	-.0363 (-.0953, .0229)	.0207 (-.0678, .1092)	-.0008 (-.0618, .0602)	.0551 (-.0119, .1221)
Severe Corporal Punishment: Hit Face	-.0173 (-.0410, .0063)	-.0111 (-.0540, .0318)	-.0195 (-.0565, .0176)	.0006 (-.0383, .0396)
Severe Corporal Punishment: Beat Hard	-.0170** (-.0289, -.0052)	-.0098 (-.0307, .0112)	-.0106 (-.0239, .0027)	-.0047 (-.0182, .0088)

Notes: 1. Two-way fixed effects derived using the *reghdfe* command in Stata and not robust to staggered treatment. de Chaisemartin and D'Haultfœuille (2020b) difference-in-differences estimates derived from *did_multiplegt* command in Stata and robust to staggered treatment. 2. "After Matching" models are weighted by the propensity score weight. 3. Moderate corporal punishment is the prevalence of caregivers who using any of the following: (a) shaking, (b) spanking, hitting or slapping on the bottom with bare hand, (c) hitting on the bottom or elsewhere on the body with an object, and (d) hitting or slapped on the hand, arm, or leg.

** $p < .01$

Chapter 5 Conclusion

In this dissertation, I examined corporal punishment bans from a conceptual and quantitative lens. Corporal punishment bans are steadily spreading throughout the world. I conceptualized the process by which bans spread and how bans can affect people. In addition, drawing upon three international population-based surveys, I evaluated the outcomes of bans from the perspectives of two populations that have received little attention in the literature: (a) school-aged children, and (b) caregivers in low- and middle-income countries (LMICs). In this chapter, I highlight and integrate key findings from the three dissertation studies. I also discuss implications for policy, sociology, and social work.

Key Findings

In the first study (Chapter 2), I developed a conceptual model of corporal punishment bans. This model drew upon a wide literature to describe how bans work. In doing this, I advanced a general framework of bans which also acknowledges that bans are not a monolith. There are multiple pathways countries can take in the ban adoption and implementation process. These pathways are comprised of many factors such as a government's capacity to implement a ban, how knowledge about a ban is disseminated, how education initiatives advance the aims of a ban, and how a ban is enforced. At best, pathways through the conceptual model can promote a culture of human rights and lead to a reduction in violence against children. At worst, there are pathways that could, in theory, oppress children and families. For example, if a country strictly and punitively enforces a ban, this would undermine child well-being, especially in the absence

of initiatives that educate people about non-violent discipline. This study provided a resource for those who want to gain a general understanding of corporal punishment bans and their complexity.

In the second study (Chapter 3), I examined the cross-sectional relationship between corporal punishment bans and self-reported child well-being. Overall, I found that children in ban countries report higher subjective well-being, more positive perceptions of family life, and stronger feelings of safety at home. Results were most robust for feeling safe at home. A key factor in feeling safe is not being exposed to violence; thus, from children's perspectives, bans may promote an environment of non-violence at home. In addition, I examined how child rights education might function as a mechanism of bans. I found that for older children (around ages 10 and 12), feelings of safety at home were strongest among those who lived in a country with a ban and knew about the UN Convention on the Rights of the Child (CRC)—the universal framework of child rights education which children are taught in schools throughout the world.

In the third study (Chapter 4), I examined the relationship between corporal punishment bans and change over time in the country-level prevalence of caregiver-reported corporal punishment in LMICs. Between 2005 and 2020, the time period of the study, there was a rapid expansion of bans in LMICs. The timing of nationally representative repeated cross-sectional data collection during this period yielded pre- and post-ban observations for nine countries. Leveraging methods that allow for stronger inferences than what is possible with methods used in prior studies on ban outcomes, I did not observe a statistically significant reduction in corporal punishment over time. However, given the small number of country-round observations, the estimates provided suggestive evidence regarding the outcomes of bans in LMICs. Specifically, moderate forms of corporal punishment may have increased in prevalence while the most severe

form of corporal punishment decreased. The magnitude of the decrease in severe corporal punishment may have been larger than the magnitude of the increase in moderate corporal punishment. Thus, in LMICs, bans are a child abuse prevention strategy that may need to be accompanied by efforts to prevent less severe forms of corporal punishment.

The findings from the second and third studies tell somewhat different stories about bans. On one hand, from children's perspectives, bans seem to promote positive outcomes we would expect among children in less violent home environments. On the other hand, from caregiver's perspectives, corporal punishment may not change after a ban; or perhaps some forms of corporal punishment increase while other forms decrease. The studies are similar in that they cover a similar age range of children—why are the results somewhat inconsistent? I explore two overarching reasons below.

First, the countries and contexts are different across the two studies. Only four countries are part of both studies—Albania, Algeria, Nepal, and Vietnam. The children's perspectives paper is more concentrated in Europe whereas the LMIC paper is more dispersed—especially the ban countries—covering Africa, Eastern Europe, Asia, and Latin America. As a result, the economic and cultural contexts differ across the two studies. It is possible that bans are effective in a European context or in other places with material advantage and are less effective elsewhere. It is also possible that bans in LMICs have not received the same level of resources and attention as bans in high-income countries in Europe. Drawing upon arguments in the first study, some LMICs may feel coerced to adopt a ban and may not have the capacity to effectively implement a ban. Additionally, the bans in the children's perspectives paper were adopted earlier, on average, than the bans in the LMIC paper; thus, there was more time for the bans in the

children's perspectives paper to contribute to social and institutional change which can lead to a reduction in violence.

Second, the two studies use different data sources and methodological approaches. The children's perspectives paper uses multilevel modeling to analyze cross-sectional data. If longitudinal data with pre- and post-ban time points were available for this population, it may show that bans have not contributed to improvements in child well-being. Moreover, the data for this study are not always nationally representative—the results may have been different if more children were represented in the data. In contrast, the LMIC paper uses difference-in-differences to examine repeated cross-sectional data. These data are nearly always nationally representative. The data are high quality, and the analysis is rigorous within the context of the literature on bans; however, there are not many country-year observations—if there were more country-year observations, there likely would have been more certainty in the estimates and perhaps these estimates would have been more indicative of bans contributing to a reduction in violence. Also, while corporal punishment was measured in this study, the corporal punishment items in the survey do not allow for much variation—the questions only asked whether a particular type of corporal punishment happened in the past month—which is not well suited to detect a reduction in the frequency in corporal punishment (though elimination would be more detectable). With a more refined measure of corporal punishment, the LMIC results might have been more in line with the children's perspectives results.

Implications for Policy

The prevention of corporal punishment is a growing priority among international organizations (UN Committee on the Rights of the Child 2006; United Nations 2015; World Health Organization 2016) and governments at the national and subnational levels. Amidst

increasing recognition of the issue of corporal punishment, my dissertation has implications for violence prevention policy and education policy.

First, my conceptual model can serve as a resource for policy work to plan and implement bans more effectively. This conceptual model can supplement the End Corporal Punishment initiative's resources (e.g., Global Partnership to End Violence Against Children 2021) as it provides a more theoretical and research-based perspective. The conceptual model also includes concepts and considerations given little attention elsewhere. For example, the model emphasizes the role of national ombudspersons, outlines considerations based on a country's policy diffusion process, and highlights how children can promote the aims of a ban.

Second, children's voices should be heard regarding bans. While the survey data in my second study did not include questions regarding what children thought about bans or corporal punishment, there were questions relevant to both. Findings from this study suggested that, from children's perspectives, bans may be beneficial for child well-being. Policymakers who are considering whether to ban corporal punishment should not only listen to the views of adults but also the views of children. If resources allow, it may be beneficial to conduct surveys or focus groups with children to find out what they think about corporal punishment and whether there should be a ban. Regardless of whether policymakers adopt a ban, policymakers should support child rights education in schools. Child rights education is a sustainable and cost-friendly intervention with great potential to promote a culture of human rights and non-violence.

Third, policymakers in LMICs may face significant barriers in their efforts to prevent corporal punishment. I did not observe a change in corporal punishment in LMICs after ban adoption. Thus, bans do not seem to be doing harm in LMICs. To prevent corporal punishment, implementation mechanisms are needed. Yet, there may not be sufficient resources to implement

some of these mechanisms. Nevertheless, some mechanisms are cost-effective such as relying on the news media to disseminate information about a ban and leveraging schools as settings to educate children and parents about children's rights—including the right to protection from violence. Policymakers in LMICs with limited resources to implement a ban should focus on cost-effective ban mechanisms. If they do, over time, there may be a shift in social norms regarding violent discipline and a reduction in corporal punishment.

Implications for Sociology

My dissertation contributes to the sociology of children's rights. Bans are a case of changing views about the position of children in families and society. Across the world, children are increasingly viewed as rights-holders who are entitled to legal protections that promote their rights—including the right to protection from violence. The framework for this legal protection is the CRC. Yet, "identifying whether a national government has ratified an international treaty [such as the CRC] or passed a law [such as a ban] is simple. More challenging is determining whether efforts are under way to implement a right and whether young people experience outcomes associated with rights" (Gran 2017:94).

Focusing on bans and the right to protection from violence, I advance our understanding of whether children "experience outcomes associated with rights" (Gran 2017:94) in relation to national laws. In the second study, I show that, on one hand, many children in and near Europe enjoy ban outcomes we would expect such as feeling safe at home. In the third study, on the other hand, children in LMICs do not experience less corporal punishment after a ban is adopted. This contrast demonstrates that laws do not consistently lead to a realization of children's rights in practice.

In addition, to Gran's point about implementation (2017), in the second study, I provide evidence that teaching children about their rights is a universal mechanism by which countries can promote outcomes related children's rights. Regardless of whether a country had banned corporal punishment, child rights education was positively associated with child well-being. In fact, the magnitude of these associations was indistinguishable between ban and comparison countries except in the case of feeling safe at home among older children—which suggests that , in countries with a ban, children may be more likely to be taught about their right to not experience corporal punishment. Child rights education can likely promote other rights as well. This is an area ripe for future research.

Implications for Social Work

A primary goal of social work is to promote the well-being of children and families (Bent-Goodley 2016). Corporal punishment is an adverse childhood experience that undermines well-being (Afifi et al. 2017). Many social workers serve people who are adversely affected by corporal punishment. In general, social workers often find themselves intervening *after* a problem has occurred in order to prevent its reoccurrence and to help people heal. While it is important to intervene after a problem has occurred, more attention needs to be devoting to primary prevention (Higgins et al. 2022). Primary prevention aims to prevent a problem *before* it happens. This is especially important for children because children have the right to grow up in an environment free of violence in which they can reach their developmental potential (UN General Assembly 1989).

Policy is central to primary prevention. Corporal punishment bans are one primary prevention policy. My dissertation suggests bans can be effective under certain circumstances. Yet, based on my interactions with social workers in the United States, it is clear that some are

skeptical of bans. This skepticism is largely directed at the enforcement mechanisms of bans. Social workers rightly ask—what would happen to the child welfare system after a ban? Would child protective services be charged with investigating reports of mild or moderate corporal punishment? Would children who experience corporal punishment be placed into foster care? Would more surveillance of families—especially among oppressed and minoritized populations—ultimately undermine child and family well-being?

These are important concerns, and these concerns generalize beyond the United States. Every UN-recognized country has ratified the CRC except the United States. These countries have an obligation to ban corporal punishment in all settings, yet most have not (UN Committee on the Rights of the Child 2006). Social workers are found across the world. They can advocate for what I call *responsibly-implemented bans* which maximize potential benefits while minimizing potential harm—an approach applicable to any policy affecting children and families. Social workers should be involved in the ban adoption process to help plan the ban implementation process and to identify additional reforms that might be needed. In particular, a country needs to carefully consider how enforcement will work and how cases of corporal punishment will be handled. As described by the CRC committee, bans are meant to be an educational policy—not one that criminalizes parents. Social workers should help ensure the *de minimis* principle is adhered to—meaning the law does not focus on trivial matters and will only apply the punitive provisions of a ban in exceptional circumstances (UN Committee on the Rights of the Child 2006). Additional policies may be necessary to ensure the criminal justice system adheres to this principle.

In conclusion, I challenge social workers and other stakeholders to critically engage with the idea of corporal punishment bans. Child maltreatment is a complex and persistent problem.

Multiple policies and interventions are necessary to prevent child maltreatment. Results from this dissertation suggest corporal punishment bans can be part of the solution, and there are multiple ways corporal punishment bans can be effectively implemented.

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