

## From Law to Life: Reimagining Child Protection Against Physical Abuse in Punjab, Pakistan

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### Abstract

Child physical abuse is a serious violation of children's rights and a critical public-health, social-welfare, and child-protection concern in Pakistan. Despite Pakistan's commitment to the United Nations Convention on the Rights of the Child (CRC) and the development of child-protection mechanisms in Punjab, substantial gaps remain between legal frameworks and their implementation in practice (United Nations, 1989; UNICEF Pakistan, 2019; NCRC, 2025). This qualitative case study explores the challenges experienced by 15 Child Protection Unit field officers working with children and families at risk of physical abuse in Punjab. Semi-structured in-depth interviews were conducted and thematically analyzed to examine perceived causes, institutional responses, cultural barriers, operational difficulties, and post-intervention support. Findings indicate that socioeconomic hardship, parental psychological distress, family conflict, large household size, and social acceptance of violent discipline contribute to child physical abuse. Officers further identified staff shortages, heavy caseloads, transportation constraints, limited rural outreach, weak inter-agency coordination, and inadequate case monitoring as major institutional barriers. A critical gap was the limited availability of psychological counseling, family rehabilitation, parenting support, and long-term follow-up after immediate protection. The study recommends strengthening institutional capacity, expanding rural services, improving referral and case-management systems, integrating family and mental-health support, promoting positive parenting, and developing community-based prevention programs to transform child protection in Punjab from a reactive response into a coordinated, preventive, and child-centered system.

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### Introduction

The childhood is a very important time for a child's physical, psychological, emotional and social growth. Children rely on parents and the adults who care for them, families, schools and state institutions for safety and protection during this time. Children may be adversely affected by exposure to violence and this can have long-term implications for their healthy development. WHO's definition of violence against children is considered to be quite broad and covers all forms of physical, sexual and psychological violence, neglect and violent punishment, and it also highlights that early exposure to violence may have an impact on the life-long health and well-being of children (WHO, 2026). Violence, exploitation and neglect

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are also considered as significant issues of child protection that demand a government, community, family and service providers coordinated response (UNICEF Pakistan, 2019).

Pakistan has taken significant steps in terms of laws and institutions to safeguard children. The Convention on the Rights of the Child was adopted by the country in November 1990, which entails international commitments to children's rights and protection (United Nations, 1989; OHCHR, 2026). Provincially, Punjab has enacted a legislation that is specifically for the vulnerable and neglected children. The Punjab Destitute and Neglected Children Act, 2004 (Government of Punjab, 2004) provided for the establishment of a framework which comprised of the Child Protection and Welfare Bureau, the Child Protection Officers, the Child Protection Units, child protection institutions and mechanisms for the rescue, custody, care, protection and rehabilitation of vulnerable children.

But although laws are in place, good protection is not assured. The child protection assessment carried out by UNICEF in Pakistan has revealed gaps in coordinated case management, referral systems, service provision and institutional capacity (UNICEF Pakistan, 2019). National data also reveals that the issue of violence against children is a significant one in more recent times. Ongoing issues concerning the use of corporal punishment, low implementation and lack of coverage in child-protection systems (NCRC, 2025) are highlighted in the State of Children in Pakistan 2024. It is a problem especially in Punjab due to high population and diverse population of the province and disparity between the access to services between urban and rural population.

There is good evidence, available in the data, to indicate that violent discipline is still quite prevalent. Around 81% of the children aged between 1-14 years in Punjab had been physically punished and/or psychologically harmed by caregivers during the reporting period 2020 (UNICEF Pakistan, 2020). However, more recent data suggests that violent discipline continued to be high in Punjab and even rose from 81% in 2018 to 83% in 2024 (UNICEF Pakistan, 2026). These statistics illustrate that child violence is not an exclusively individual behavior issue – it needs to be looked at in the broader social, cultural, economic and institutional frameworks.

The normalization of corporal punishment is one of the important factors. In certain families, physical punishment, which is still considered as a form of discipline, is not understood as violence. The baseline study conducted by UNICEF Pakistan on Child Protection Knowledge, Attitudes, Beliefs, Social Norms, Practices (KABSP) revealed that caregivers had limited understanding of the detrimental effects of violent discipline and this was a common feature of child discipline in Pakistan (UNICEF Pakistan, 2022). These attitudes can sometimes make it challenging to separate culturally acceptable punishment from legally/ethically unacceptable abuse and can keep families from getting involved with intervention services.

Other factors can add to family stress, such as socioeconomic factors. Caregivers may be under a great deal of stress when they have to provide their care in the face of poverty, food insecurity, unemployment, overcrowding, and limited access to social services. Association between socioeconomic disadvantage and exposure to CP and other forms of violence have

been shown in Pakistan (Hyder & Malik, 2007; Yount et al., 2018). It is important to note that poverty cannot be simply equated with abuse or automatically assumed to be a cause of abuse. Instead, socioeconomic disadvantage may contribute collectively with the stress experienced by parents, limited support, family conflict and access to services to make children vulnerable.

The psychological impact of severe measures of discipline are also serious. Recent study with Punjab data showed that when parents use harsh disciplinary practices, children's functioning is negatively affected, further highlighting the wider impact of violent parenting practices (Kamran and Kazi, 2024). Corporal punishment has also been shown to have detrimental developmental, behavioral and psychological effects across the globe (Gershoff & Grogan-Kaylor, 2016).

In this context, the experiences of child protection officers are of special interest. The professionals work at the intersection of the law, social welfare, families and communities. They are receiving complaints, carrying out assessments of children and family situations, facilitating interventions, engaging with carers and are involved in many decisions regarding protection and rehabilitation. Their experiences may thus bring to light practical obstacles which may not be obvious in legislative and policy documents.

The study aimed to explore the issues faced by child protection officers in preventing child physical abuse in the province of Punjab, in light of their experiences. In particular, the study looks at the perceived causes of physical abuse, how effective the existing child protection mechanisms are, institutional and logistic challenges, cultural resistance and gaps in post-intervention services. Another objective of the study is to suggest feasible changes that would enhance the prevention, intervention and future child welfare in Punjab.

**Literature Review:** Child physical abuse is one facet of the violence against children. Violent punishment and physical maltreatment are forms of violence which can happen in the family and other care settings listed by WHO (2026). They don't just have to be physical injuries. Childhood exposure to violence can have a negative impact on mental health, emotional well-being, education, social relationships and physical health in the long term (WHO, 2026; UNICEF Pakistan, 2019).

The findings of a study conducted in Pakistan show that there are many factors that play a role in children's violence, with each factor being interrelated. In a previous systemic review of childhood violence in Pakistan, poverty, unemployment, a large family size, illiteracy and lack of legal protection were found to be other factors that increase vulnerability to childhood violence (Hyder and Malik 2007). While these structural factors alone don't make a child vulnerable to abuse, they can make them more likely to feel the pressure in an abusive household and can also decrease the resources of the caregiver.

The issue of corporal punishment is more relevant in the context of Pakistan. In Pakistan, there is evidence that both at home and in educational institutions physical punishment takes place. Based on the information from the schools in Hyderabad, Yount et al. (2018) found that both boys and girls received high rates of corporal punishment and that there was an association

between socioeconomic disadvantage and children being victims of violence. The results of these findings show that violent discipline is not limited to any particular social class or group in terms of ethnicity, religion or race.

The situation in Punjab is also worrisome. The data of UNICEF suggests that there is prevalent use of violent discipline in the province (UNICEF Pakistan, 2020, 2026). A more recent study of the Punjab data revealed that the harsh discipline was related to the functioning outcomes of children aged 7-14 years (Kamran & Kazi, 2024). These data collectively indicate that prevention needs to focus not only on the high rates of violent discipline, but also on beliefs and social norms that help to maintain high rates of violence.

Social norms may have a great impact in the perpetuation of physical punishment. This baseline study conducted by UNICEF in Pakistan showed that adults often considered violent discipline as an effective way of controlling unwanted behavior or control even though they realized that such behavior could have a negative impact on children (UNICEF Pakistan, 2022). This poses a huge challenge to child protection practitioners as interventions can be seen as being intrusive on parents' rights, not protecting children's rights.

The law is also pertinent. The ratification of the CRC by Pakistan is an important international commitment to protecting children from violence (United Nations, 1989 and OHCHR, 2026). The 2004 legislation set up an institutional mechanism for vulnerable and neglected children in the province of Punjab, by creating Child Protection Officers and Child Protection Units (Government of Punjab, 2004). However, legislation will need to be implemented, adequate resources, trained professionals and effective referral systems.

The shortcomings in the prevention of corporal punishment and enforcement of protective law are highlighted in the State of Children in Pakistan 2024. The report observes the legal situation on the use of corporal punishment in Pakistan is not clear-cut and the implementation of the law remains a huge challenge (NCRC, 2025). It is important to differentiate between legislation and implementation because this distinction can help to explain the experience of frontline child-protection officers.

International prevention frameworks are helpful to inform strategies to enhance these systems. The WHA, UNICEF, UNESCO, UNODC, UNFPA and the World Bank's INSPIRE framework has identified 7 evidence-based strategies to prevent violence against children: implementation and enforcement of Laws, harmful Norms and Values, safe environments, parent/caregiver support, income and economic strengthening, response and support services, and education and life skills (WHO et al., 2016). The framework is especially significant to the context of Punjab as it highlights the need to go beyond the police and legal approaches in the fight against violence.

Another dimension of support is post-intervention. The child protection process should not cease when the child is taken away from the immediate danger or when a complaint has been raised, formally. Case management, psychological interventions, family rehabilitation, parenting interventions, referral services, and follow-up monitoring are the elements needed

for effective systems. UNICEF Pakistan has been advocating for the need to enhance coordinated child protection systems and referral mechanisms in Pakistan (UNICEF Pakistan, 2019). Long-term follow-up remains an important aspect of institutional improvement as there are ongoing areas of uncoordinated case management.

**Research Methodology:** The qualitative case study was used in this study to find out the experiences and perceptions of the child protection officers (CPOs) of the prevention and management of child physical abuse in Punjab, Pakistan. The choice of a qualitative approach was deemed suitable due to the topics of study being professional experiences, institutional processes, cultural barriers and practical problems which were not easily measured by numbers. Qualitative case study research can be used to study complex social phenomena in their context (Creswell & Poth, 2018).

15 child protection officers were selected through a purposive sampling approach who had first-hand professional experience of child protection cases and interactions with children, families and relevant institutions. The sampling of purposive sampling was not to get a statistical representation of participants but those who could give detail accounts and information-rich about the phenomenon being studied.

Semi structured, in-depth interviews of about 45–60 minutes duration were used to gather data. The interview guide included participants' perceptions of the causes of child physical abuse, attitudes towards corporal punishment within the culture, effectiveness of policies and child protection mechanisms in place, institutional issues, related transportation and staffing issues, inter-agency collaboration and coordination, and post-intervention support. The semi-structured nature of the format enabled the researcher to be consistent in the interviews and to have the chance to delve into issues raised by the individual interviewees.

Interviews were conducted and recorded with participants' permission and they were transcribed. Thematic analysis was used for analyzing the data. The analysis comprised familiarization with the transcriptions, coding, identifying patterns, themes, revisiting themes and shaping the themes into a thematic structure. This method is based on that of Braun and Clarke (2006) which is widely recommended in qualitative research, and methodological advice given by Nowell et al. (2017) regarding transparency and systematic analysis in qualitative research.

After analyzing the data, 5 main themes emerged. These included issues regarding the factors contributing to child physical abuse, the impact of current policies and programs, institutional and logistical challenges, child protection support after the incident and recommendations to enhance overall prevention and child protection services.

Ethical issues were respected in the whole research procedure. It was a voluntary participation, informed consent was given, confidentiality was achieved and personally identifying information was not included in the research report. Given the sensitive experiences involved in the topic of children and families, care was taken to ensure the protection of participants, and to ensure that information was not revealed that could identify individual experiences.

**Results and Discussions:** The results show that the phenomenon of physical abuse of children in Punjab is not a single cause phenomenon. Rather, they noted a relationship between socioeconomic stressors, cultural values, psychological challenges, family issues and shortcomings in institutional services. This is in line with other evidence that sees child violence as a multi-faceted social and public-health issue (WHO, 2026; Hyder & Malik, 2007).

**Reasons for Child Physical Abuse:** Economic hardship and household stress were identified as contextual factors and were a constant. Families struggling financially may be more frustrated, conflicted and stressed by the officers, the officers said. These pressures can sometimes result in severe consequences for punishment. This interpretation is in line with the findings of Pakistani research that found a correlation between socioeconomic disadvantage, food insecurity and exposure to corporal punishment (Yount et al., 2018). The results also highlight, however, the need to not assume poverty is a direct cause of abuse. Instead, the economic hardship seems to be mediated by stress, inadequate coping resources, family conflict and lack of support resources.

Another key theme was the attitude towards corporal punishment that is shared across the culture. Participants stated that some care takers believe that physical punishment is acceptable as a disciplinary tool and hence are not aware that it is an act of abuse. This is corroborated by UNICEF's Pakistan baseline study which revealed that caregivers very much understood violent discipline as a way of correcting undesirable behaviour (UNICEF Pakistan, 2022). The continuation of these attitudes poses an important challenge as intervention after abuse is only the first part of what is needed to ensure good child protection; social norms around discipline need to change too.

Families involved, and parental psychological distress were also reported by participants as factors. Chronic stress, marital conflict, emotional problems, and limited emotional support were discussed as possible parenting factors that were influenced by these issues. These findings are aligned with the overall literature findings that caregiver stress and psychological problems are associated with greater risk for negative parenting practices (WHO, 2026). The results thus validate the notion of merging family and mental-health services in child-protection interventions.

Participants also noted that the stress of the parents could be exacerbated by having large families and not having enough money. Once again, these should be seen as factors that might increase the risk of the contextual situation but are not causal links. However, a comprehensive child-protection strategy needs to integrate child-protection interventions with the provision of social support.

**Effective existing policies and Programs:** Participants acknowledged that the formal child-protection framework in Punjab is very important but highlighted a disconnect between laws in place and their implementation. The Punjab Destitute and Neglected Children Act, 2004 is an institutional framework which comprises of the Child Protection and Welfare Bureau, Child Protection Officers, Child Protection Units, protective institutions and rehabilitation

mechanisms (Government of Punjab 2004). These institutions exist and are an important base for child protection.

But, participants noted that institutional capacity is still a big problem. Officers may have limited staffing and resources, be unable to reach remote communities, or experience difficulties in reaching the community for timely assessment and follow-up visits due to high caseloads and limited staffing. These issues align with the UNICEF Pakistan overall findings of the lack of coordinated child-protection case management and referral systems in Pakistan (UNICEF Pakistan, 2019).

The results also indicate that there is a need to link reporting with a response system. A helpline or reporting system may be helpful in the initial identification of abuse, but the necessary stages of assessment, referral, investigation (where applicable), family engagement, service provision and follow-up are necessary to provide meaningful protection. Hence, the need to strengthen the entire chain of case-management, instead of only the reporting mechanisms.

**Institutional and Logistical Problems:** There were several common themes identified by participants that related to institutional and logistical barriers. Police reported it was hard to reach families in rural and geographically remote areas. The constraints of transportation may cause a delay in assessments, home visitations and follow up activities. Staffing is likely to be even more of a constraint on time spent on individual families, with high staffing ratios placing additional pressure.

Another challenge is to coordinate inter-agencies. Collaboration between various social welfare, police, health, education, legal and community services is often necessary for child protection. Poor communication and referral practices can lead to delays or lack of services to children. UNICEF has advocated the need for coordinated child protection (CCP) systems in Pakistan including systems with effective case management and referral (UNICEF Pakistan, 2019).

The results suggest, then, that the effectiveness of institutions should not be judged solely on the basis of the presence of laws or offices but on the basis of the amount and quality of children's actual, prompt and continuous protection provided within those institutions.

**Partial or limited Post-Intervention Support:** The most important result was the perception of the lack of services after the intervention. Children and families were not always provided systematic monitoring, parenting assistance, counselling and psychological support after an immediate protection concern was resolved.

This is a significant issue, since a single complaint cannot be resolved and the issue of child protection is not finished. Psychological and social support may be needed for children who have been victims of violence and caregivers to modify negative disciplinary styles. If the family is not rehabilitated and followed up, then the factors that led to the initial abuse can be perpetuated.

This is a pertinent topic, and aligns with international child protection frameworks. The focus of INSPIRE is on response and support services as one of the key strategies to reduce violence against children (WHO et al., 2016). UNICEF's interventions in Pakistan also highlight the importance of developing systems which can help prevent, and respond to, violence through coordinated interventions by government, families, communities and service providers (UNICEF Pakistan, 2019).

**Cultural and Community Barriers:** The cultural resistance was mentioned as one of the major challenges to the intervention. This may be seen by some families as an intrusion on their parental rights or family life. This is especially significant in communities where it is normal to physically punish children.

Social norms related to discipline have an impact on attitudes towards child protection in Pakistan and this is supported by the baseline study conducted by UNICEF (UNICEF Pakistan, 2022). Thus, merely raising enforcement efforts might not be enough. In addition to Legal interventions there should be culturally-sensitive awareness programs that will inform people about the difference between Positive discipline and violence.

Parents, teachers, community leaders, health workers, religious scholars and civil-society groups should be engaged in the community. These can help to change social norms, as well as minimise the stigma surrounding help-seeking.

**Recommendations:** Here are the following recommendations;

**First**, there should be more trained child protection professionals and the officers should be equipped with proper transportation, communication facilities and case management facilities. Realistic staffing should be used to manage high caseloads to allow officers to carry out effective assessments and follow-up.

**Secondly**, there is a need to scale up the integrated case-management and referral systems in Punjab. All serious child protection concerns need to be clearly documented with a clearly determined pathway from reporting a concern through risk assessment, intervention, referral, rehabilitation and follow up. Electronic case-management systems may provide better record keeping, tracking of referrals, accountability and ensure confidentiality.

**Thirdly**, mental-health and psychosocial services are to become part and parcel of child protection. The children who have been impacted by violence should be provided with appropriately trained psychologists, counsellors and social workers. Counselling and parenting support should also be provided to all caregivers when family stress and/or a psychological challenge to the child are a factor in the use of negative discipline.



**Fourthly**, emphasis needs to be placed on positive parenting and social-norm change in prevention efforts. The INSPIRE model by the WHO is a helpful, evidence-based approach that integrates law enforcement, norms and values, parent support, safe environments, economic strengthening, response services and education (WHO et al., 2016). These strategies can be adapted by Punjab in their cultural and linguistic context.

**Fifth**, the extension of rural outreach should be extended. Mobile child protection teams can offer assessment, awareness, referral and counselling in more difficult-to-reach areas. This would help to narrow the gap between the availability of child-protection services in urban areas and rural areas.

**Sixth**, the professional training should be continuous and should not only be short introductory programs. Child Protection Officers should be trained to conduct child interviews, practice trauma-informed services, perform risk assessments, engage in positive parenting, engage in family counseling, document, refer, and communicate in culturally sensitive ways.

**Lastly**, prevention needs to be enhanced by greater involvement of community. Increased involvement of school, primary health care, local government, community and family in child protection awareness and early identification. It should be stressed in prevention programs that discipline does not involve violence and that getting help for family stress is a protective rather than a stigmatizing way of acting.

**Contribution:** The study also adds value to the current literature, in several respects. Firstly it offers qualitative evidence, from the perspective of child-protection officers, thereby highlighting practitioners' experience in the child protection system. Secondly, it links the risk factors within the household to institutional barriers, and illustrates how they interact. Third, it emphasises the need for post-intervention support, as a crucial yet underdeveloped aspect of child protection. Lastly, it puts all this into some sort of a workable plan, in terms of case management, professional training, mental-health services, outreach to rural areas, positive parenting, and community-based prevention.

**Conclusion:** Child physical abuse in Punjab is a complex social, public health and a child rights issue. This study's results suggest that physical abuse cannot be completely attributed to one parent's behaviour. Rather, it arises in the context of a wider situation of family stress, conflict, psychological issues, cultural attitudes towards physical violence, and the lack of access to support services.

Punjab has laid down a very strong legal framework and institutional base with the Punjab Destitute and Neglected Children Act 2004 and the institutions operating under this Act (Government of Punjab, 2004). Pakistan has an international obligation regarding child rights which further enhances the legal and policy dimension of child protection as laid down in the Convention on the Rights of the Child (United Nations, 1989). However, there is evidence that the practice of violent discipline is prevalent and gaps in institutions and implementation are creating challenges in implementing effective prevention and response (UNICEF Pakistan 2020, 2026; NCRC 2025).

The most salient lesson to be drawn from the study is that a reactive approach to child protection needs to be replaced by a more proactive approach. It is not only about responding to reported cases of violence, but also preventing occurrence of violence in a child. Positive parenting interventions, community education, financial and social assistance, easily accessible mental health services, trained staff, accessible referral and tracking of cases is needed. This 'integrated approach' can be grounded in evidence, namely using the INSPIRE framework (WHO et al., 2016).

Support after the intervention should be especially taken into account. If the causes of the danger to the child are not dealt with, such a child can still suffer from psychological trauma and be subject to further abuse. Thus, the provision of counselling, family rehabilitation, parenting support and the subsequent monitoring should not be regarded as optional services provided in the context of child protection, but rather as integral aspects of the child protection process.

Finally, to achieve a better child protection system in Punjab, there is a need to coordinate across government institutions, the police, health services, schools, social workers, families, communities and civil-society organizations. Institutional practices as well as social norms must change for sustainable progress to be achieved. The goal should not be to address abuse on a case-by-case basis but to build a preventive, coordinated, child-friendly and accessible protection system to protect children in the long-term.

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