

Original Research Article

Evaluation of knowledge and perception about child abuse and neglect among pediatricians: a pilot study

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Abstract

Introduction and Objective: Child abuse and neglect (CAN) poses a global challenge, impacting 1 billion children worldwide. In South Asia, particularly India, almost 53.2% of children face abuse despite legislative measures. This study delves into the perspectives of pediatricians on CAN, aiming to pinpoint knowledge gaps and enhance recognition and prevention. **Material and methods:** A structured questionnaire was distributed among pediatricians in Delhi and surrounding National Capital Region. Thirty responses were analysed, revealing demographics, personal experiences, and views on CAN indicators, risk factors, and legal awareness. Statistical analyses were conducted using Chi-square, presenting nuanced insights through descriptive statistics and pie charts. **Results:** Paediatricians demonstrated varied awareness levels, with 90% acknowledging their role in diagnosing CAN. While 56.7% identified CAN as the most common type, legal awareness was partial (76.6%). Challenges in reporting included legal fears (50%) and underreporting concerns (56.6%). Training needs were evident, as 80% advocated for certification courses in child abuse. **Conclusion:** Child abuse demands a comprehensive approach. This study highlights challenges faced by pediatricians, emphasizing the need to empower them. Strengthening their knowledge and reporting capabilities is crucial for an effective frontline defense against child maltreatment and creating a safer environment for children in the region.

Introduction

As defined by the World Health Organization (WHO) [32], "child abuse or maltreatment constitutes 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".

On a global scale, approximately 1 billion children between the ages of 2 and 17 have encountered physical, sexual, or emotional violence or neglect [31]. As per the evidence in the literature, 1 out of 2 children aged 2-17 encountered various forms of abuse, and the abuse rate estimates varied by continent: 25% for Africa, 34% for Asia, 14% for Latin America, 7% for Europe, 30% for Northern America, and 7% for Oceania [18]. In South Asia, a significant number of children face violence at home and in school. Nearly 9 in 10 children in Bangladesh and 8 in 10 children in Nepal aged 1-14 years old were victims of violence at home [30]. India is known as one of the youngest countries in the world [16] with an overall 31.1% of the population in the age group of less than 18 years according to Unicef [29]. However, almost 53.2% of children in India are subjected to abuse and neglect, as reported by the Indian Ministry of Women and Child Development, 2007 which also states that every 155th minute, a child under the age of 16 is raped, and one out of every ten children is sexually assaulted at some point in their lives [25]. Almost 24 Lakh cases of child abuse were reported in India during the years 2017-20 with 80% of the victims being girls below the age of 14 years [7]. Shockingly, an exploratory study revealed that the people known to the child were the perpetrators in 56.6% of cases [19].

In India, there is a dearth of literature regarding the awareness of healthcare professionals about child abuse [23]. Frequently, healthcare professionals encounter challenges like insufficient training, diagnostic uncertainties, diverse legal frameworks, lack of evidence and concerns about the impact on their interpersonal relationships and professional ramifications when reporting child abuse [4, 10]. With the advent of POCSO Act [22], 2012, Juvenile Justice (Care and Protection of Children) Act, 2015 (JJA) [1] and 24*7 child helpline, India has come a long way; nevertheless, professional help for children trapped in such scenarios is still a far-fetched dream. Notably, only one-fifth

of specialist physicians considered themselves adequately equipped to address these issues [9]. Based on previous reports, 5-10% of children die while 35-50% suffer from grievous injuries in situations where they are admitted to emergency departments or other medical facilities and are often discharged without thorough evaluation [12]. Primary care pediatricians, with their interactions during a child's formative years, serve as the first point of contact in hospitals, playing a crucial role in the early identification of CAN [15].

Currently, there are no studies that specifically target the acumen of pediatricians regarding CAN, especially in the National Capital Region (NCR) of India. Therefore, this study aims to gauge the depth of understanding of child abuse and neglect among Indian pediatricians practicing in Delhi-NCR.

Material and methods

This cross-sectional study included a structured questionnaire designed in a closed-ended format for data collection. The questionnaire contents were validated using the methodology outlined by Yusoff [33]. The reliability of the questionnaire was reviewed and validated by a group of 10 dental experts before the commencement of the study. The questionnaire was modified based on the feedback received from these experts. The finally validated version of the questionnaire was sent to 30 randomly selected pediatricians practicing in Delhi-NCR, following approval from the Institutional Ethics Committee [12(2/6/396/JMI/IEC/2022)]. The 30 - item questionnaire was shared as Google Forms via e-mail and WhatsApp. The questionnaire had domains like demographics, perspectives on CAN, risk factors, indicators, recognition factors, and legal awareness regarding CAN. Extreme confidentiality was maintained during the study, and no names or other personal details were recorded.

The sample size was kept at 30 maintaining a balance between reliable statistics and practical feasibility at a 95% confidence level.

Participants who were unwilling or practicing outside Delhi-NCR were excluded. The collected responses were subjected to Chi-square analysis using Minitab software, with a significance level set at a p-value of less than or equal to 0.05. The findings have been presented using clear descriptive statistics, like pie charts, offering a nuanced understanding of CAN in the Delhi-NCR pediatricians' community.

Results

The pediatricians who participated in the survey had a diverse profile with regards to age, gender and clinical experience. The male to female ratio (M: F) of the participants was 2:1. Most participants were <35 years old (46.6%) and 33.3% were in the age group of 36-45 years. About 40% had 5-15 years of clinical experience while 36.6% had <5 years of experience and 23.3% had >15 years of experience.

Exploring the qualitative aspects of our study (table I), participants were probed on personal experiences and observations related to CAN. Regarding witnessing child abuse in their practice, 33.3% admitted to encountering it at least once, while 23.3% acknowledged witnessing several cases. An overwhelming majority of 90% (n = 27) were

cognizant of this crucial responsibility, while only 3.3% were unaware. 20% expressed full awareness of CAN while a marginal 3.3% admitted to having no awareness at all.

Examining the risk factors of CAN (table I), approximately two-thirds of the respondents thought that economic struggles in families posed a high risk for CAN, supported by a significant statistical link (p = 0.000). Additionally, 83.3% agreed that conflicts between parents were a significant risk for CAN. When considering possible outcomes for abused children in adulthood, a majority, 56.7% pointed to an increased likelihood of experiencing anxiety and aggression. Surprisingly, none of the participants associated CAN with obsessive-compulsive disorder, bulimia or anorexia nervosa.

Table I - General awareness regarding CAN, its risk factors and indicators

Information regarding CAN	Responses	Number of pediatricians (%)	p-value
Do you have any personal experience of any type of abuse as a child?	Yes	8 (26.7%)	0.000
	No	22 (73.3%)	
	Not sure	0	
Have you ever witnessed any type of child abuse in your practice?	Yes, once	10 (33.3%)	0.407
	Yes, several times	7 (23.3%)	
	Never	13 (43.3%)	
Are you aware of the role of a pediatrician in diagnosing cases of child abuse and neglect?	Yes	27 (90%)	0.000
	No	1 (3.33%)	
	Not sure	2 (6.66%)	
As a pediatrician do you have adequate knowledge or training in diagnosing and reporting suspected cases?	Yes, full awareness	6 (20%)	0.000
	Yes, partial awareness	23 (76.6%)	
	No awareness at all	1 (3.33%)	
Risk factors of CAN			
Do you think families that have a history of child abuse are more prone to conduct child abuse in their further generations?	Yes	19 (63.3%)	0.001
	No	3 (10%)	
	Not sure	8 (26.6%)	
Do you think children of families that have economic crises or financial distress are more likely to suffer from CAN?	Yes	25 (83.3%)	0.000
	No	3 (10%)	
	Not sure	2 (6.66%)	
Do you think parental conflict is one of the risk factors for CAN?	Yes	25 (83.3%)	0.000
	No	2 (6.66%)	
	Not sure	3 (10%)	
Indicators of CAN and Factors influencing recognition and reporting of CAN			
Do you think that child abuse and neglect (CAN) influence the neurocognitive development of the victim?	Yes	29 (96.6%)	0.000
	No	1 (3.3%)	
	Not sure	0	

To be continued...

Continuation of table 1

	Responses	Number of pediatricians (%)	p-value
Which according to you is the possible outcome in an abused child during their adulthood?	Post-traumatic stress disorder	13 (43.3%)	0.000
	Obsessive compulsive disorder	0	
	Bulimia & anorexia nervosa	0	
	Anxiety and aggression	17 (56.6%)	
	None of the above	0	
Do you think that Bruises on the face and ears, and multiple traumatic injuries are suggestive of physical abuse?	Yes, always	10 (33.3%)	0.000
	Yes, sometimes	19 (63.3%)	
	Not sure	1 (3.33%)	
Do you think that physically abused children are stoic, i.e., tolerate hardships without complaining?	Yes	13 (43.3%)	0.407
	No	10 (33.3%)	
	Not sure	7 (23.3%)	
According to you, what are the types of child abuse prevalent in current scenario?	Physical	5 (16.6%)	0.000
	Emotional	2 (6.66%)	
	Sexual	3 (10%)	
	Child abuse & neglect (CAN)	20 (66.6%)	
Which according to you is the most common type of abuse observed in child patients reporting to your clinic?	Physical	2 (6.6%)	0.000
	Emotional	8 (26.6%)	
	Sexual	3 (10%)	
	Child abuse & neglect (CAN)	17 (56.6%)	
Repeated falls, neck bulges, bite marks, and orofacial trauma is indicative of intentional child abuse?	Strongly disagree	0	0.000
	Disagree	1 (3.3%)	
	Not sure	3 (10%)	
	Agree	14 (46.6%)	
	Strongly agree	12 (40%)	
Overly conscious parents or their absence during the consultation of their children are suggestive of CAN	Strongly disagree	0	0.000
	Disagree	3 (10%)	
	Not sure	8 (26.6%)	
	Agree	17 (56.6%)	
	Strongly agree	2 (6.6%)	
Palatal petechiae, bedwetting, and STDs in children are suggestive of child sexual abuse?	Strongly disagree	0	0.000
	Disagree	1 (3.3%)	
	Not sure	5 (16.6%)	
	Agree	16 (53.3%)	
	Strongly agree	8 (26.6%)	
Children with special care needs are more prone to all types of abuse?	Strongly disagree	0	0.000
	Disagree	2 (6.6%)	
	Not sure	1 (3.3%)	
	Agree	15 (50%)	
	Strongly agree	12 (40%)	

To be continued...

Continuation of table I

	Responses	Number of pediatricians (%)	p-value
Parents avoiding /delaying/refusing medical treatments of their children during illness is suggestive of CAN?	Strongly disagree	1 (3.3%)	0.000
	Disagree	2 (6.6%)	
	Not sure	2 (6.6%)	
	Agree	19 (63.3%)	
	Strongly agree	6 (20%)	
Parents missing important vaccinations of their children suggestive of CAN?	Strongly disagree	0	0.000
	Disagree	2 (6.6%)	
	Not sure	9 (30%)	
	Agree	14 (46.6%)	
	Strongly agree	5 (16.6%)	
What will you do in a case of doubtful and suspected child abuse with missing signs of external injuries and if the parents appear to be hostile or an immediate threat to the safety of other siblings?	Approach Child Welfare Committee (CWC) and Child Helpline (Phone No.1098) or local NGOs	24 (80%)	0.000
	Confront the parents and report to local police	2 (6.6%)	
	Talk to the child in private and counsel the parents	4 (13.3%)	
	Just ignore it and put the child under recall visit for observation	0	

* p less than or equal to 0.05 stat is significant

The responses of the pediatricians regarding indicators and factors influencing the recognition and reporting of CAN (table I) offered great insights into their perspectives. The most observed type of abuse in their clinic was CAN (56.7%). Participants also recognized vulnerability in children with special care needs, as half of the participants agreed that they were more prone to all types of abuse. In challenging scenarios, a decisive 80% recommended approaching Child Welfare Committee (CWC) or local NGOs as depicted in figure 1.

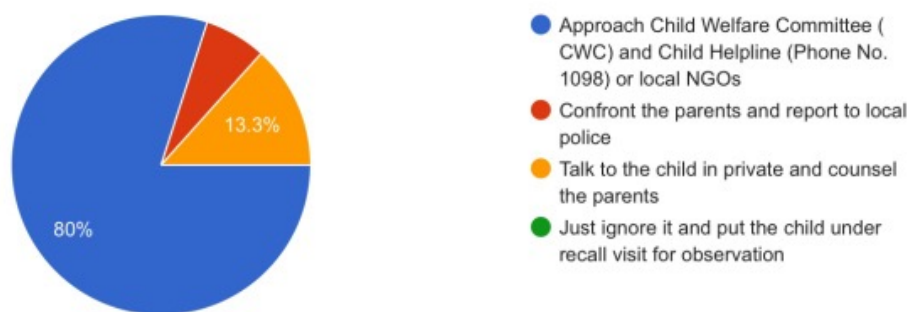


Figure 1 - Responses of the pediatricians regarding their reaction towards suspected of child abuse with missing external injuries and where parents appear to be hostile

40% of the respondents had never reported a case of CAN, but expressed willingness based on circumstances. Regarding legal awareness, 76.7% acknowledged partial awareness of the protocols, while 16.7% admitted to being unaware altogether (table II). As depicted in figure 2, half of the pediatricians were apprehensive regarding the legal repercussions of reporting CAN.

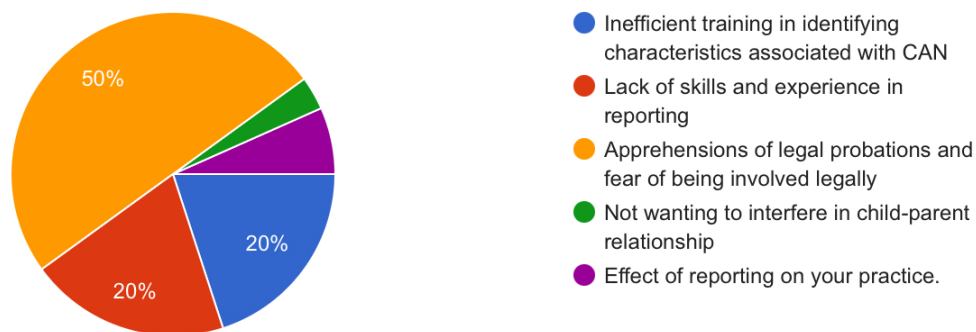


Figure 2 - Responses of pediatricians regarding hindrances/barriers in reporting a case of CAN

Table II - Legal awareness regarding CAN

Reporting issues of CAN and Legal awareness regarding CAN	Responses	Number of pediatricians	p-value
Have you ever reported a case of CAN?	Yes, always report all cases of child abuse	4 (13.3%)	0.027
	Never, but will definitely report if came across	16 (53.3%)	
	Never but will report depending upon the circumstances	10 (33.3 %)	
Are you aware of the legal protocols of reporting a case of CAN?	Yes, fully aware	2 (6.6%)	0.000
	Yes, partially aware	23 (76.6%)	
	Not aware at all	5 (16.6%)	
Do you fear reporting a suspected case of child abuse to officials?	Always	1 (3.3%)	0.000
	Sometimes	5 (16.6%)	
	Never	20 (66.6%)	
	Not sure	4 (13.3%)	
What do you think are the hindrances/barriers in reporting a case of CAN?	Inefficient training in identifying characteristics associated with CAN	6 (20%)	0.002
	Lack of skills and experience in reporting	6 (20%)	
	Apprehensions of legal probations and fear of being involved legally	15 (50%)	
	Not wanting to interfere in child-parent relationship	1 (3.3%)	
	Effect of reporting on your practice	2 (6.6%)	

To be continued...

Continuation of table II

Reporting issues of CAN and Legal awareness regarding CAN	Responses	Number of pediatricians	p-value
Do you feel child abuse is underreported?	Strongly disagree	0	0.000
	Disagree	0	
	Not sure	4 (13.3%)	
	Agree	17 (56.6%)	
	Strongly agree	9 (30%)	
Are you aware of Child Abuse Pediatrician?	Yes	13 (43.3%)	0.292
	No	17 (56.6%)	
Are you aware of a 24-hour toll-free emergency number launched by the Union Ministry of Women and Child Development?	Yes	14 (46.6%)	0.428
	No	16 (53.3%)	
Are you aware of the laws related to the rights and security of a child?	Protection of Children from Sexual Offences Act, 2012, (POCSO Act)	24 (80%)	0.000
	Juvenile Justice (Care and Protection of Children) Act, 2015	3 (10%)	
	Immoral Traffic (Prevention) Act, 1956	1 (3.3%)	
	Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.), 1996	2 (6.6%)	
Are you aware of the age group covered under the Protection of Children from Sexual Offences Act, 2012, (POCSO Act)?	Below 10 yrs	1 (3.3%)	0.000
	Below 13 yrs	3(1%)	
	Below 16 yrs	7 (23.3%)	
	Below 18 yrs	19 (63.3%)	
Do you feel that there should be some certification courses / workshops by the Medical Associations/ Board of Pediatrics or Other kinds of health institutes, for general pediatricians so that they have significant experience and expertise in child abuse pediatrics?	Strongly disagree	1 (3.3%)	0.000
	Disagree	0	
	Not sure	0	
	Agree	14 (46.6%)	
	Strongly agree	15 (50%)	

* p less than 0.05 - statistically significant

Discussion

A child who has been abused or neglected may grow up to be a reserved, impolite, and insecure individual who is unhealthy for the community. Adolescent suicide, depression and other mental health complications, aggressive conduct, addiction to alcohol and drugs, and learning disabilities are more common among children who have experienced abuse [12]. The pediatrician's responsibility is to enhance a child's well-being and assist parents in nurturing healthy, well-adjusted children. According to our survey, higher number of participants (56.6%) reported anxiety and aggression as the predominant consequences of child abuse, while 43.3% recognize post-traumatic stress disorder as a significant outcome. Jahanimoghadam *et al.* [11] also revealed comparable results wherein 97.4% of pedodontists agreed that CAN affected the child's physical and mental well-being. In our study, more than 50%

participants agreed that children with special care needs were more prone to abuse which fortified the findings of Sullivan and Knutson [26] who proved that disabled children were 3.4 times more likely to suffer from abuse as compared to their peers.

In our study 63.3% of the respondents agreed that the families that have a history of child abuse are more prone to conduct child abuse in their further generations. 83.3% of participants in our study linked economic struggles to be a risk factor for CAN [21]. This finding aligns with the findings of Jahanimoghadam *et al.* [11]. in Iran, wherein 81.5% of pedodontists correlated severe poverty and child abuse.

Regarding exploration of CAN experiences, 56.7% of participants in our study reported encountering CAN at least once in their practice. This contrasts with a study conducted on dentists in Brazil, that reported a prevalence of 14.3%, Saudi Arabia demonstrated a 53.7% prevalence among physicians and nurses [3, 5]. These variations suggest cultural, systemic, or professional factors in influencing recognition. Kadu *et al.* [14] showed significant knowledge gaps among medical practitioners in his study. The challenges included a lack of awareness about POCSO Act details, the necessity of medical examinations, and helpline numbers. In Kirankumar *et al.* [17] study, 92% acknowledged their duty in protecting a child's health, mirroring our findings of 90% awareness in diagnosing CAN. However, only 20% in our study were fully aware of reporting suspected cases which could be due to the limited sample size. Deshpande *et al.* [8] in his study, showed that only 23.6% of the respondents felt adequately informed about child abuse, indicating a critical need for targeted training, especially in reporting practices, to bridge the awareness gap among medical professionals effectively.

Physical or sexual abuse can result in oral or dental injuries and can sometimes leave clues like bite marks, regarding the identity of the perpetrator highlighting the importance of pediatric dentists especially trained in forensic odontology [2]. In a study by Cairns *et al.* [6], more than 50% of children showed signs of abuse on head, neck and face. Pediatricians must thus, possess adequate knowledge of managing dental injuries, including tooth avulsion, before referring cases to dentists, given their frequent encounter with such emergencies. Serving as a vital channel, pediatricians should be well-informed about urgent treatment requirements and the importance of timely therapy [28]. Encouraging collaboration between pediatric care providers and dental surgeons is essential for

the effective management of traumatized children [27].

Despite mandatory reporting for healthcare providers, including dentists, there is still significant underreporting of suspected abuse and neglect cases. In our study, 56.6% of the participants strongly agreed that there is underreporting of CAN. We found variations across different studies regarding reasons causing hindrances in the reporting of CAN. Our analysis revealed that 50% of practitioners had apprehensions about legal probation and being legally involved. Deshpande *et al.*'s [8] study, in sharp contrast, indicated that this was less than 6%. Additionally, our study found that about 6% of participants viewed the impact of reporting CAN as a barrier or hindrance in their practice. In contrast, Deshpande *et al.*'s [8] study reported that 20.77% of individuals cited this issue as a reason for their concerns.

Surprisingly, more than 60% of respondents in a study conducted by Zellman [34] cited a lack of sufficient evidence of abuse/ neglect as the most common reason for under reporting while 19% felt that reporting would disrupt their course of treatment. In this context, initiatives like the PANDA (Prevent Abuse and Neglect through Dental Awareness) program stands as an educational initiative which focuses on empowering dental office personnel to recognize and report CAN [13].

In our study, 50% of the participants strongly agreed that there should be certification courses or workshops to gain experience and expertise in child abuse pediatrics. Similarly, Singh *et al.* [24] in his study revealed that, although 84.45% of people were aware of child protection acts in India, 83.79% still felt the need for further education regarding CAN.

In India, very few studies have focused on evaluating the current knowledge and perception of pediatricians regarding CAN. This reiterates the need for more such studies so that appropriate intervention programmes can be planned accordingly. There is a compelling need to enhance the medical curriculum, incorporating comprehensive training modules to equip pediatricians with the skills to identify, examine, and report suspected cases of CAN. This requires collaboration with organizations specializing in child welfare to ensure that the curriculum reflects evolving best practices. Additionally, advocating for specialized training programs and workshops is essential to continuously update pediatricians on the protocols and methodologies in child abuse pediatrics [20].

The study's limitations include a small sample size restricted to the region of Delhi-NCR, potentially impacting generalizability and statistical power.

Also, the self-administered survey might have introduced response bias. Addressing these limitations through larger, diverse samples, longitudinal approaches, and mitigating response bias in future research would enhance the study's robustness and allow the results to be extrapolated for the general population for a National level survey for making appropriate guidelines.

Conclusion

Child abuse requires multi-disciplinary assistance from medical, legal, psychological and sociological points of view. Pediatricians have a unique role that makes them essential to the detection and investigation of child abuse situations. This study highlighted the gaps in training, legal awareness, and reporting practices of pediatricians regarding CAN, emphasizing the need for a comprehensive and updated medical curriculum, public awareness campaigns and multi-disciplinary collaborations with experts, legal professionals, and child welfare organizations to reduce CAN. It serves as a clarion call for concerted efforts from medical institutions, policymakers, and healthcare professionals to fortify pediatricians' role in safeguarding the well-being of children. By bridging these identified gaps, we can collectively contribute to a safer and more secure environment for the youngest members of our society.

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Conflicts of interest

There are no conflicts of interest.

References

1. Agarwal D. Juvenile delinquency in India – latest trends and entailing amendments in Juvenile Justice Act. *People: Int J Soc Sci.* 2018;3(3):1365-83.
2. American Academy of Pediatric Dentistry. Guideline on oral and dental aspects of child abuse and neglect. *Clinical Guidelines.* 2010-2011;32(6):137-40.
3. Alkathiri MA, Baraja MA, Alaqeel SM. Knowledge, attitude, and practice regarding child maltreatment among health care providers working in primary care centers in Riyadh, Saudi Arabia. *J Fam Med Prim Care.* 2021;10(9):3198-204.
4. Azizi M, Shahhosseini Z. Challenges of reporting child abuse by healthcare professionals: a narrative review. *J Nurs Midwifery Sci.* 2017;4(3):110.
5. Azevedo MS, Goettens ML, Brito A, Possebon AP, Domingues J, Demarco FF et al. Child maltreatment: a survey of dentists in southern Brazil. *Brazilian Oral Res.* 2012;26:5-11.
6. Cairns AM, Mok JY, Welbury RR. Injuries to the head, face, mouth, and neck in physically abused children in a community setting. *Int J Paediatr Dent.* 2005;15(5):310-8.
7. Child Abuse Laws in India: fortifying the formative years. 2022 [cited 2023 December 11]. Available from: URL:https://www.foxmandal.in/child-abuse-laws-in-india-fortifying-the-formative-years/#_ftn1.
8. Deshpande A, Macwan C, Poonacha KS, Bargale S, Dhillon S, Porwal P. Knowledge and attitude in regards to physical child abuse amongst medical and dental residents of central Gujarat: a cross-sectional survey. *J Indian Soc Pedod Prev Dent.* 2015;33(3):177-82.
9. Gül H, Yürümez E, Yaylalı FH, Gül A. The perceptions of pediatricians regarding their self-efficacy in child neglect and abuse. *Turkish J Pediatr.* 2015;57(5):475-81.
10. Habib HS. Pediatrician knowledge, perception, and experience on child abuse and neglect in Saudi Arabia. *Ann Saudi Med.* 2012;32(3):236-42.
11. Jahanmoghadam F, Kalantari M, Horri A, Ahmadipour H, Pourmorteza E. A survey of knowledge, attitude, and practice of Iranian dentists and pedodontists in relation to child abuse. *J Dent.* 2017;18(4):282-8.
12. Jain AM. Emergency department evaluation of child abuse. *Emerg Med Clin North Am.* 1999;17(3):575-93.
13. Jaleel BN, Vijayan A, Naganandini S, Vanishree N. Detecting child abuse and neglect – Are dentists doing enough to identify the dirty secret? *J Indian Assoc Public Health Dent.* 2011;9(4): S857-64.

14. Kadu S, Shinde A, Mhaske SN. Assessment of knowledge and attitude about POCSO Act amongst medical practitioners. *Pathology*. 2021;14(4):407-12.
15. Kairys S. Child abuse and neglect: the role of the primary care pediatrician. *Pediatr Clin North Am*. 2020;67(2):325-39.
16. Kaptan SS, Jagtap VK. Reaping the benefits of demographic dividend: some issues in India. *J Commerce Manage Thought*. 2016;7(3):576-85.
17. Kirankumar SV, Noorani H, Shivprakash PK, Sinha S. Medical professional perception, attitude, knowledge, and experience about child abuse and neglect in Bagalkot district of north Karnataka: a survey report. *J Indian Soc Pedod Prev Dent*. 2011;29(3):193-7.
18. Lee H, Kim E. Global prevalence of physical and psychological child abuse during covid-19: a systematic review and meta-analysis. *Child Abuse Negl*. 2023;135:105984.
19. Nalini PR, Thirunavukarasu MR, Dongre AR. Reports of child abuse in India from scientific journals and newspapers – an exploratory study. *Online J Health Allied Sci*. 2020;12(4):8.
20. Newman BS, Dannenfelser PL, Pendleton D. Child abuse investigations: reasons for using child advocacy centers and suggestions for improvement. *Child Adolesc Social Work J*. 2005;22:165-81.
21. Pasian MS, Benitez P, Lacharité C. Child neglect and poverty: a Brazilian study. *Child Youth Serv Rev*. 2020;108:104655.
22. Seth R, Srivastava RN. Child sexual abuse: management and prevention, and protection of children from Sexual Offences (POCSO) Act. *Indian Pediatr*. 2017;54:949-53.
23. Singh R, Koushal V, Bharti B. A descriptive study on child sexual abuse act in India. *J Family Med Prim Care*. 2022;11(6):2923.
24. Singh RK, Singh A, Anand S, Kumar D, Ahmad A, Tanwar AS. Knowledge and information resources about child abuse among government and private dental practitioners in Uttar Pradesh, India. *Niger J ClinPract*. 2023;26(6):674-9.
25. Study on Child Abuse 2007, Ministry of Women and Child Development, Government of India. *Contemporary Education Dialogue*. 2007;5(1):117-20.
26. Sullivan PM, Knutson JF. Maltreatment and disabilities: a population-based epidemiological study. *Child Abuse Negl*. 2000;24(10):1257-73.
27. Sultan A, Dhawan P, Tuli A, Juneja A. Recognition and reporting of childhood sexual abuse: an Indian perspective. *J South India Medicoleg Assoc*. 2022;14(2):118-24.
28. Sultan A, Juneja A, Bhaskar S, Siddiqui M. Paediatrician's perspective and awareness regarding dental trauma and its emergency management. *J Dent Res Rev*. 2021;8(4):256-60.
29. Unicef India Report: the state of the world's children. 2023 [cited 2023 December 10]. Available from: URL:<https://data.unicef.org/country/ind>.
30. Unicef South Asia Report: child protection [cited 2023 December 10]. Available from: URL:<https://www.unicef.org/rosa/what-we-do/child-protection>.
31. World Health Organization Factsheet: violence against children. 2022 [cited 2023 December 10]. Available from: URL:<https://www.who.int/news-room/fact-sheets/detail/violence-against-children>.
32. World Health Organization. Report of the consultation on child abuse and neglect prevention. 29-31 March Geneva, Switzerland; 1999.
33. Yusoff MSB. ABC of content validation and content validity index calculation. *Educ Med J*. 2019;11(2):49-54.
34. Zellman GL. Child abuse reporting and failure to report among mandated reporters: prevalence, incidence, and reasons. *J Interpers Violence*. 1990;5(1):3-22.