

Original Research Article

Knowledge, attitude and awareness regarding the protection of children from sexual offences act among medical and paramedical personnel: a cross-sectional questionnaire study

Dhivagar K.^{1*}, Arjun G.², Vidya M.³, Aditya Kidiyoor⁴, Satwik Chatterjee⁵

¹Department of Forensic Medicine and Toxicology, Tagore Medical College and Hospital, Rathinamangalam, Melakottaiyur, Chennai, Tamil Nadu, India

²Department of Pharmacology, Tagore Medical College and Hospital, Rathinamangalam, Melakottaiyur, Chennai, Tamil Nadu, India

³Department of Oral Pathology, Tagore Dental College and Hospital, Rathinamangalam, Melakottaiyur, Chennai, Tamil Nadu, India

⁴Department of Forensic Medicine and Toxicology, The Oxford Medical College, Hospital and Research Centre, Attibele, Bengaluru, Karnataka, India

⁵Adamas University, Kolkata, West Bengal, India

Received: 17 June 2026

Accepted: 17 September 2026

*Correspondence:

Dr. Dhivagar K.,

E-mail: Dhivagar.latha@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: The Protection of Children from Sexual Offences (POCSO) Act, 2012 mandates reporting of child sexual abuse and places important legal responsibilities on healthcare professionals. Adequate knowledge and awareness of the Act are essential for effective implementation and child protection. This study aimed to assess the knowledge, attitude, and awareness regarding the POCSO Act among medical and paramedical personnel.

Methods: A cross-sectional questionnaire-based study was conducted among 408 participants, including undergraduate students, postgraduate trainees, doctors, and allied healthcare professionals. A structured 20-item questionnaire assessing knowledge, attitude, and awareness regarding the POCSO Act was administered electronically. Data were analyzed using descriptive statistics and one-way analysis of variance (ANOVA).

Results: Participants demonstrated moderate levels of knowledge and awareness regarding the POCSO Act. The mean knowledge score was 6.25 ± 1.68 , the mean attitude score was 3.03 ± 1.01 , and the mean awareness score was 5.28 ± 1.42 . Significant differences in knowledge scores were observed among professional categories ($p=0.003$), whereas attitude and awareness scores did not differ significantly. Deficiencies were noted in specific legal provisions, reporting obligations, and procedural aspects of the Act.

Conclusions: Medical and paramedical personnel demonstrated moderate knowledge and awareness and generally positive attitudes towards the POCSO Act. Structured medico-legal training, continuing medical education programmes, and integration of child protection laws into healthcare curricula are necessary to strengthen compliance with reporting obligations and improve management of child sexual abuse cases.

Keywords: POCSO Act, Child sexual abuse, Healthcare professionals, Legal awareness, Medico-legal education, Child protection

INTRODUCTION

Child sexual abuse (CSA) is a major public health concern with significant medical, psychological, and social consequences. India continues to report a substantial burden of CSA, highlighting the need for effective preventive and protective measures. According to the National Crime Records Bureau (NCRB), offences registered under the Protection of Children from Sexual Offences (POCSO) Act constitute a considerable proportion of crimes against children in the country.¹⁻⁴

The POCSO Act, 2012 was enacted as a comprehensive and gender-neutral legislation to protect children from sexual offences through child-friendly procedures and speedy trial mechanisms. Subsequent amendments and rules have further strengthened provisions related to reporting, investigation, medical examination, and victim support. Healthcare professionals play a critical role in the identification, documentation, management, and reporting of child sexual abuse cases and are legally obligated to comply with the provisions of the Act.⁵⁻¹² Despite these responsibilities, previous studies from India have reported inadequate knowledge and awareness regarding various aspects of the POCSO Act among healthcare personnel, particularly with respect to reporting obligations, legal procedures, and child protection mechanisms.¹³⁻¹⁵ Limited evidence is available regarding the level of knowledge, attitude, and awareness among different categories of medical and paramedical professionals.

Therefore, the present study was undertaken to assess the knowledge, attitude, and awareness regarding the POCSO Act among medical and paramedical personnel, identify existing gaps in understanding of legal and procedural aspects of child sexual abuse management, and provide evidence for targeted educational interventions aimed at improving compliance with child protection laws.

METHODS

Study design and setting

A cross-sectional, questionnaire-based study was conducted at Jawaharlal Nehru Medical College, Belagavi, between June 2023 and July 2024.

Participants

A total of 408 participants were enrolled, comprising undergraduate students/interns (n=225), postgraduate trainees/residents (n=46), faculty/doctors (n=67), and allied healthcare professionals/others (n=70).

Sample size

As this was an exploratory cross-sectional questionnaire study, all eligible medical and paramedical personnel who consented to participate during the study period were

included. A total of 408 responses were obtained and analyzed.

Instrument

A structured, predesigned 20-item questionnaire was used to assess knowledge, attitude, and awareness regarding the Protection of Children from Sexual Offences (POCSO) Act. The questionnaire was developed after a review of relevant literature and key provisions of the POCSO Act. The questionnaire comprised 9 knowledge-based items, 4 attitude-based items, and 7 awareness-based items. Each correct response was awarded one mark and incorrect responses received zero marks. Domain-wise scores were calculated for knowledge, attitude, and awareness.

Data collection

The survey was administered electronically using Google Forms, with duplicate responses restricted. Sociodemographic variables including age, gender, designation, educational qualification, and place of residence were collected.

Statistical analysis

Data were entered into Microsoft Excel and analyzed using SPSS version 26.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were expressed as frequencies, percentages, means, and standard deviations. Comparison of mean knowledge, attitude, and awareness scores among different professional categories was performed using one-way analysis of variance (ANOVA). A p-value of less than 0.05 was considered statistically significant.

Ethical considerations

Participation was voluntary, and electronic informed consent was obtained from all participants prior to completion of the questionnaire. No personal identifiers were collected, and anonymity and confidentiality of responses were maintained throughout the study.

RESULTS

A total of 408 medical and paramedical personnel participated in the study and completed the questionnaire. All participants completed a structured 20-item questionnaire comprising 9 knowledge-based items, 4 attitude-based items, and 7 awareness-based items. The results are presented under participant characteristics and domain-wise assessment of knowledge, attitude, and awareness.

Participant characteristics

Table 1 summarizes the sociodemographic characteristics of the study participants. Among the 408 participants, the

majority of participants were female (59.8%) and from urban areas (86.8%). Based on professional category, 225 (55.1%) were undergraduate students/interns, 46 (11.3%)

were postgraduate trainees/residents, 67 (16.4%) were faculty/doctors, and 70 (17.2%) were allied healthcare professionals or others.

Table 1: Sociodemographic characteristics of participants (n=408).

Characteristics	Category	Frequency (N)	Percentage (%)
Gender	Female	244	59.8
	Male	161	39.5
	Unspecified	3	0.7
Age group* (in years)	18–30	279	68.4
	31–45	104	25.5
	46–68	25	6.1
Professional category	Undergraduate Students/Interns*	225	55.1
	Postgraduate Trainees/Residents	46	11.3
	Faculty/Doctors	67	16.4
	Allied Healthcare Professionals/Others	70	17.2
Educational qualification	MBBS	225	54.7
	BDS	139	33.6
	Postgraduate	44	10.8
Residence	Urban	354	86.8
	Rural	54	13.2

*Undergraduate students included medical, dental, and nursing students.

Knowledge assessment

The mean knowledge score was 6.25 ± 1.68 out of a maximum score of 9. Most participants demonstrated moderate knowledge (53.4%), followed by good knowledge (41.9%), while only 4.7% exhibited poor knowledge (Table 2).

Table 2: Distribution of knowledge scores among participants (n=408).

Score categories	Score range (/9)	Frequency (n)	Percentage (%)
Good	7–9	171	41.9
Moderate	4–6	218	53.4
Poor	0–3	19	4.7
Total		408	100.0

Attitude assessment

Attitude towards the implementation of the POCSO Act was assessed using four items related to parental involvement during medical examination, management of child sexual abuse victims, consent-related issues, and legal responsibilities.

The mean attitude score was 3.03 ± 1.01 out of a maximum score of 4. Most participants demonstrated a positive attitude towards the management of child sexual abuse cases under the POCSO Act, with 72.1% achieving positive attitude scores, while 21.1% and 6.9% demonstrated neutral and negative attitudes, respectively (Table 3).

Table 3: Attitude towards management of child sexual abuse under the POCSO Act (n=408).

Attitude items	Incorrect response N (%)	Correct response N (%)
Parents allowed during medical examination of the victim	85 (20.8)	323 (79.2)
Appropriate next step in management of a CSA victim	133 (32.6)	275 (67.4)
Duties when consent for medico-legal examination is refused	83 (20.3)	325 (79.7)
Reasons for child interrogation under the POCSO Act	96 (23.5)	312 (76.5)

Table 4: Overall awareness score distribution.

Categories	Score range (/7)	Frequency (N)	Percentage (%)
Good	6–7	188	46.1
Moderate	3–5	197	48.3
Poor	0–2	23	5.6
Total		408	100.0

Comparison of scores across professional categories

Domain-wise scores were compared among undergraduate students/interns, postgraduate trainees/residents, faculty/doctors, and allied healthcare professionals using one-way analysis of variance

(ANOVA). A statistically significant difference was observed in mean knowledge scores among the professional categories ($p=0.003$), with undergraduate

students/interns demonstrating the highest mean knowledge score (6.53 ± 1.61). No statistically significant differences were observed in attitude scores ($p=0.219$) or awareness scores ($p=0.729$) (Table 5).

Table 5: Comparison of knowledge, attitude and awareness scores according to professional category (ANOVA).

Professional categories	Knowledge score (Mean $\pm$ SD)	Attitude score (Mean $\pm$ SD)	Awareness score (Mean $\pm$ SD)
Undergraduate students/interns (n=225)	6.53 $\pm$ 1.61	3.10 $\pm$ 0.95	5.56 $\pm$ 1.35
Postgraduate trainees/residents (n=46)	5.87 $\pm$ 1.74	3.00 $\pm$ 1.08	5.49 $\pm$ 1.46
Faculty/doctors (n=67)	5.95 $\pm$ 1.69	3.02 $\pm$ 1.01	5.55 $\pm$ 1.39
Allied healthcare professionals/others (n=70)	5.90 $\pm$ 1.82	2.83 $\pm$ 1.15	5.34 $\pm$ 1.57
P value	0.003*	0.219	0.729

*Statistically significant at $p<0.05$. ANOVA=Analysis of Variance; SD=Standard Deviation.

DISCUSSION

The Protection of Children from Sexual Offences (POCSO) Act, 2012 places significant legal and ethical responsibilities on healthcare professionals, making adequate knowledge, positive attitudes, and awareness essential for effective child protection. The present study assessed these domains among 408 medical and paramedical personnel and identified important strengths as well as gaps in understanding of the Act.

The overall level of knowledge regarding the POCSO Act was moderate, with 53.4% of participants demonstrating moderate knowledge and 41.9% exhibiting good knowledge. The mean knowledge score was 6.25 ± 1.68 out of a maximum score of 9. Participants demonstrated better understanding of general provisions of the Act, whereas knowledge regarding punishments, legal procedures, and reporting obligations was comparatively lower. These findings are consistent with those reported by Tyagi et al¹³, who observed that although healthcare professionals were generally aware of the existence of the POCSO Act, substantial deficiencies persisted regarding specific legal provisions and mandatory reporting requirements. Similarly, Patra et al¹⁵ reported gaps in understanding of medico-legal responsibilities among healthcare providers involved in the care of child sexual abuse victims.

Subgroup analysis according to professional category revealed significant differences in knowledge scores ($p = 0.003$), with undergraduate students demonstrating significantly higher knowledge scores than other professional groups. This finding may be attributed to recent exposure to medico-legal teaching and child protection legislation during undergraduate training. However, attitude and awareness scores did not differ significantly across professional categories, suggesting a relatively uniform perception of child protection responsibilities among healthcare personnel.

Assessment of attitude revealed encouraging findings. Nearly three-fourths of participants (72.1%) demonstrated a positive attitude towards the implementation of the

POCSO Act, with a mean attitude score of 3.03 ± 1.01 out of 4. Most respondents appropriately recognized the importance of parental involvement during examination, management of child sexual abuse victims, and adherence to legal procedures. Positive attitudes among healthcare personnel are essential for ensuring child-friendly care, reducing secondary victimization, and promoting compliance with statutory obligations. However, the presence of neutral or negative attitudes among a subset of participants indicates the continued need for focused sensitization programmes and training workshops.

Awareness regarding the POCSO Act was also found to be moderate to satisfactory, with 46.1% of participants demonstrating good awareness and 48.3% demonstrating moderate awareness. The mean awareness score was 5.28 ± 1.42 out of 7. Awareness was highest regarding beneficiaries of the Act, child helpline services, and compensation provisions. However, comparatively lower awareness was observed regarding the reporting timeline to the Child Welfare Committee and recent amendments to the Act. Similar observations have been reported by Rajesh et al and Goni et al, who demonstrated that although healthcare professionals had reasonable awareness of the general provisions of the POCSO Act, gaps persisted in specific legal and procedural aspects.^{16,17}

Participants in the present study represented diverse professional categories including undergraduate students, postgraduate trainees, faculty members, and allied healthcare personnel. The findings suggest that gaps in knowledge, attitude, and awareness regarding the POCSO Act exist across different levels of healthcare education and practice. This observation highlights the importance of incorporating child protection legislation and medico-legal training into educational programmes for all healthcare professionals.

The findings of the present study have important implications for medical education and healthcare practice. Incorporation of structured medico-legal modules addressing child protection laws into undergraduate and postgraduate curricula may improve preparedness among future healthcare professionals.

Regular continuing medical education (CME) programmes, workshops, simulation-based training, and institutional standard operating procedures aligned with POCSO guidelines may further strengthen compliance with reporting obligations and medico-legal requirements. Collaboration between healthcare institutions, Child Welfare Committees, Child Welfare Police Officers, One-Stop Centres and legal authorities can facilitate a multidisciplinary approach to the management of child sexual abuse cases and improve outcomes for affected children.¹⁸

The present study contributes to the existing literature by providing a comprehensive assessment of knowledge, attitude, and awareness regarding the POCSO Act among different categories of medical and paramedical personnel. The findings demonstrate that although healthcare professionals generally possess positive attitudes towards child protection, important gaps persist in knowledge of legal provisions, reporting obligations, and procedural requirements. Identification of these deficiencies provides evidence for the development of targeted educational interventions aimed at strengthening compliance with child protection legislation and improving the management of child sexual abuse cases.

Limitations

The study was conducted at a single institution and relied on self-reported questionnaire responses, which may be subject to response bias. The online mode of data collection may have introduced selection bias. Furthermore, the findings may not be generalizable to healthcare professionals in other institutions or geographical regions due to variations in training, clinical exposure, and medico-legal practices. In addition, the cross-sectional design limits causal inferences regarding factors influencing knowledge, attitude, and awareness of the POCSO Act.

CONCLUSION

The present study demonstrated that medical and paramedical personnel possessed moderate levels of knowledge and awareness and generally positive attitudes regarding the Protection of Children from Sexual Offences (POCSO) Act. Deficiencies were identified in specific legal provisions, reporting obligations, procedural requirements, and recent amendments to the Act. Significant differences in knowledge scores were observed among professional categories, whereas attitude and awareness scores were comparable across groups. These findings highlight the need for structured medico-legal training, integration of child protection laws into healthcare curricula, and regular continuing medical education programmes. By identifying specific areas of deficiency among healthcare personnel, the study provides evidence to support targeted educational strategies aimed at improving compliance with child

protection laws and strengthening the reporting and management of child sexual abuse cases.

ACKNOWLEDGEMENTS

The authors would like to thank all the participants who voluntarily participated in this study and contributed to the successful completion of the survey.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Choudhry V, Dayal R, Pillai D, Kalokhe AS, Beier K, Patel V. Child sexual abuse in India: a systematic review. PLoS One. 2018;13(10):e0205086.
2. Maniglio R. The impact of child sexual abuse on health: a systematic review of reviews. Clin Psychol Rev. 2009;29(7):647-57.
3. Hailes HP, Yu R, Danese A, Fazel S. Long-term outcomes of childhood sexual abuse: an umbrella review. Lancet Psychiatry. 2019;6(10):830-9.
4. National Crime Records Bureau. Crime in India 2022. New Delhi: Ministry of Home Affairs, Government of India; 2023. Available at: <https://ncrb.gov.in/crime-in-india-table-content/>. Accessed on 10 June 2026.
5. Government of India. The Protection of Children from Sexual Offences Act, 2012. New Delhi: Government of India; 2012. Available at: <https://www.indiacode.nic.in/handle/123456789/2079>. Accessed on 10 June 2026.
6. Government of India. The Protection of Children from Sexual Offences (Amendment) Act, 2019. New Delhi: Government of India; 2019. Available at: <https://www.indiacode.nic.in/>. Accessed on 10 June 2026.
7. Government of India. The Protection of Children from Sexual Offences Rules, 2020. New Delhi: Government of India; 2020. Available at: https://ncpcr.gov.in/ncpcr_new/public/POCSO. Accessed on 10 June 2026.
8. Government of India. The Protection of Children from Sexual Offences Act, 2012. Section 19: Reporting of offences. New Delhi: Government of India; 2012. Available at: <https://www.indiacode.nic.in/handle/123456789/17804>. Accessed on 10 June 2026.
9. Government of India. The Protection of Children from Sexual Offences Act, 2012. Section 21: Punishment for failure to report or record a case. New Delhi: Government of India; 2012. Available at: <https://www.indiacode.nic.in/handle/123456789/17804>. Accessed on 10 June 2026.
10. Government of India. The Protection of Children from Sexual Offences Act, 2012. Section 27:

Medical examination of a child. New Delhi: Government of India; 2012. Available at: <https://www.indiacode.nic.in/handle/123456789/17804>. Accessed on 10 June 2026.

11. World Health Organization. Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization; 2017. Available at: <https://www.who.int/publications/i/item/9789241550147>. Accessed on 10 June 2026.
12. Ministry of Health and Family Welfare, Government of India. Guidelines and protocols for medico-legal care for survivors/victims of sexual violence. New Delhi: Ministry of Health and Family Welfare, Government of India; 2014. Available at: https://india.unfpa.org/sites/default/files/pub-pdf/InfoKit_for%20healthcare%20providers.pdf. Accessed on 10 June 2026.
13. Tyagi U, Chougule VT, Devanna R, Anand RK, Alessa NA, Jain A, et al. Knowledge and awareness of child sexual abuse related to POCSO (Protection of Children from Sexual Offences) Act among medical and dental professionals in India: a cross-sectional study. *J Family Med Prim Care*. 2024;13(11):4880-4.
14. Juyal D, Kumar M, Kumar A, Dhawan N, et al. Addressing sexual offences against children under the POCSO Act, 2012: what a medical practitioner should know. *J Family Med Prim Care*. 2025;14(7):3079-81.
15. Patra SS, Sankaran S, Satapathy A, Das RR, John J. Awareness about the Protection of Children From Sexual Offences Act among healthcare professionals and their role in the care of child sexual abuse victims. *Cureus*. 2025;17(3):e80598.
16. Rajesh JJ, Vignesh T, Kumar RH, Sevvanthi K. A study on awareness of POCSO Act & Sec 375 I.P.C amongst the medical professionals at Puducherry: a cross-sectional study. *J Indian Acad Forensic Med*. 2023;45(2):141-5.
17. Goni N, Goyal MK, Shikarwar C, Jangir C. A questionnaire -based study of knowledge and attitude in healthcare professionals about child sexual abuse related to POCSO (Protection of Child from Sexual Offences) Act: a cross-sectional study. *Indian J Forensic Med Toxicol*. 2021;15(1):1398-405.
18. National Commission for Protection of Child Rights. User handbook on Protection of Children from Sexual Offences Act, 2012. New Delhi: National Commission for Protection of Child Rights; 2017. Available at: https://www.ncpcr.gov.in/public/uploads/1752039984686e0230a888b_user-handbook.pdf. Accessed on 10 June 2026.

Cite this article as: Dhivagar K, Arjun G, Vidya M, Kidiyoor A, Chatterjee S. Knowledge, attitude and awareness regarding the protection of children from sexual offences act among medical and paramedical personnel: a cross-sectional questionnaire study. *Int J Community Med Public Health* 2026;13:5791-6.