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ORIGINAL ARTICLE

Assessment of Knowledge and Attitude about POCSO Act among Medical Practitioners and Medical Interns: A Questionnaire-Based Study

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ABSTRACT

Introduction: A global social concern that is both common and pervasive is child sexual crimes. India has a problem with underreporting child sexual abuse. Over 3 million kids experience maltreatment every year. The POCSO Act 2012 (Recent amendments 2019) addresses all types of child sexual abuse and the fundamentals of treating the child in an organised manner. The knowledge of medical practitioners has been found to be inadequate in several instances when handling such sensitive cases.

Aim: To analyse the knowledge gap among medical practitioners about the POCSO Act.

Methodology: A 15-question questionnaire-based study was conducted. 346 doctors and interns took part in the research. The questionnaire was focused on their knowledge, comprehension, attitudes, and practices regarding child abuse and the POCSO Act of 2012.

Results: Most respondents correctly answered basic questions about the POCSO Act: 90% knew its full form, 93% knew it is gender-neutral, and 97% knew reporting abuse is mandatory. However, knowledge of procedural aspects was limited—only 18% knew where trials are held, and 55% knew the punishment for failing to report.

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Conclusion: While awareness of general provisions was high, gaps were evident in legal responsibilities and in adherence to protocol among medical professionals. Although the foundational awareness of the POCSO Act among medical interns and practitioners was satisfactory, notable deficiencies in procedural knowledge were observed. This includes poor understanding of trial venues, punishment for non-reporting, and the first steps in handling abuse cases. These gaps highlight the urgent need for curriculum enhancements, targeted training programs, and institutional protocols to better equip healthcare providers.

KEYWORDS

• POCSO Act • Child abuse • Medical practitioners • Sexual offence • Post-traumatic stress disorder

INTRODUCTION

Child sexual abuse (CSA) is a deeply concerning global issue that is both widespread and under-recognised.[1,2] It constitutes one of the most severe forms of child maltreatment, violating not only a child's physical integrity but also their emotional and psychological well-being. In India, the situation is particularly alarming due to chronic underreporting, social stigma, and lack of awareness, which collectively hinder justice and timely intervention. According to various national and international reports, over three million children in India are victims of abuse each year, with a substantial proportion of cases going unreported or unnoticed.[3,4]

To address this pressing issue, the Government of India enacted the Protection of Children from Sexual Offences (POCSO) Act, 2012, which came into effect in November 2012 and was further strengthened through amendments introduced on August 16, 2019.[5,6] The Act is widely regarded as one of the most comprehensive legislative frameworks globally, aimed at safeguarding children against sexual abuse and exploitation. It defines different forms of sexual abuse, lays out child-friendly procedures for reporting, investigation, and trial, and mandates a sensitive and structured approach to the treatment and rehabilitation of child victims.[7–9]

Despite this robust legal framework, the role of medical practitioners remains crucial and irreplaceable in identifying, reporting, and managing CSA cases. Physicians often serve as the first point of contact for victims and are legally and ethically obligated under the POCSO Act to report such cases and provide care.[10] However, multiple studies across India have consistently highlighted inadequate knowledge and preparedness among healthcare professionals regarding the provisions of the Act and their medico-legal responsibilities.[11–15]

Given the critical role that medical personnel play in the effective implementation of the POCSO Act, it is imperative to assess their understanding, attitudes, and practical knowledge of the Act.[16] Identifying gaps in awareness and compliance is essential to strengthening medico-legal education, improving victim support, and ensuring justice.

Hence, this study was done to evaluate the knowledge, attitudes, and understanding of the POCSO Act among medical interns and practitioners at SRM Medical College, Chennai.

MATERIALS AND METHODS

This questionnaire-based cross-sectional study was conducted over a period of one month to assess the knowledge, attitudes, and understanding of the Protection of Children from Sexual Offences (POCSO) Act among medical interns and practitioners within the institution.

The study population included all medical interns and practitioners who were either working or undergoing training during the study period. A census sampling method was adopted to include all eligible participants.

Data were collected using a structured, pre-validated questionnaire comprising 15 questions designed to assess various aspects of the POCSO Act, including knowledge of legal provisions, medical professionals' obligations, and child protection protocols.

The questionnaire was administered through Google Forms, and responses were collected by the principal investigator. The collected responses were downloaded and cleaned using Microsoft Excel. The cleaned dataset was analysed using SPSS software, and the results were presented as proportions and percentages.

Prior to participation, informed consent was obtained from all respondents. The purpose of the study was clearly explained, and participants were assured of the confidentiality of their responses.

RESULTS

A total of 346 participants from SRM Medical College, Chennai, took part in the study. Among them, 47% (n = 161) were male, and 53% (n = 185) were female. Age wise distribution showed that 26% were ≤ 20 years, 46% were between 21 22 years, 21% were 23 29 years, and 6% were above 30 years. Regarding occupation, the majority were undergraduate students (82%, n = 285), followed by postgraduate students (11%, n = 39), and medical practitioners (6%, n = 22). (Table 1)

Table 1: Distribution of study participants (N=346)

	n	%
Gender		
Male	161	47
Female	185	53
Age group		
<=20 years	90	26
21-22 years	160	46
23-29 years	73	21
>30 years	23	6
Occupation		
Student UG	285	82
Student PG	39	11
Medical practitioner	22	6

When assessing knowledge of the POCSO Act, high rates of correct responses were observed across many areas. 90% knew the full form of POCSO, 88% correctly stated the age of a child under the act, 93% recognized that POCSO is a gender neutral law, 83% knew the child helpline number, 97% understood that reporting child sexual abuse is mandatory, 95% identified what offences are under the Act, 95% knew who can report offences under the Act, and 98% acknowledged that psychological support and counselling are necessary for the victim. (Table 2, Figure 2)

Table 2: Question number wise responses among study participants (N=346)

	Correct responses	%
What is the full form of POCSO Act?	311	90
What is the age of child under POCSO Act?	305	88
Is POCSO Act a gender neutral law?	322	93
What is child helpline number?	286	83
Is reporting child sexual abuse mandatory?	337	97
What is the maximum punishment under POCSO Act?	267	77
Trials of cases under POCSO Act are held at?	61	18
What are the offences under POCSO Act?	328	95
Is there any time limit for reporting abuse under the POCSO Act?	291	84
Can a child be punished for giving false information or false complaint under the provisions of POCSO Act?	222	64
Who can report the offences under the POCSO Act?	327	95
What is the punishment for not reporting an offence under the POCSO Act?	189	55
Can a Registered Medical Practitioner refuse to give First Aid to a Victim of Sexual Assault?	295	85
What is the first step that is to be done by a RMP in a Sexual Assault Case?	234	68
Is Psychological support & Counselling necessary for the victim?	340	98

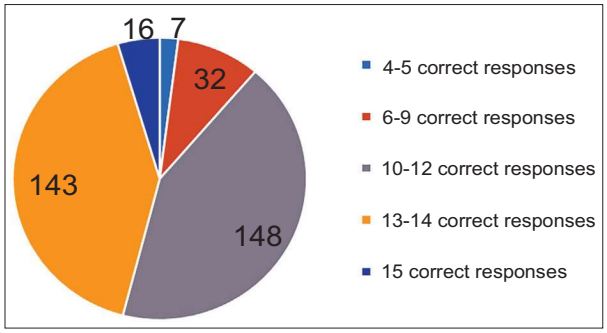

Figure 1: Total correct responses calculated for each individual given in a pie chart

Among participants, 77% knew the maximum punishment under POCSO, while

18% knew where POCSO trials are held. Around 84% believed there is a time limit within which abuse must be reported. While 64% knew whether a child could be punished for giving false information or for making complaints, 55% were aware of the penalty for failing to report an offence, and 68% correctly identified what the first step should be by a Registered Medical Practitioner (RMP) in a sexual assault case. (Table 2, Figure 2)

Table 3: Overall correct responses (N=346)

	n	%
4-5 correct responses	7	2
6-9 correct responses	32	9
10-12 correct responses	148	42
13-14 correct responses	143	41
15 correct responses	16	5

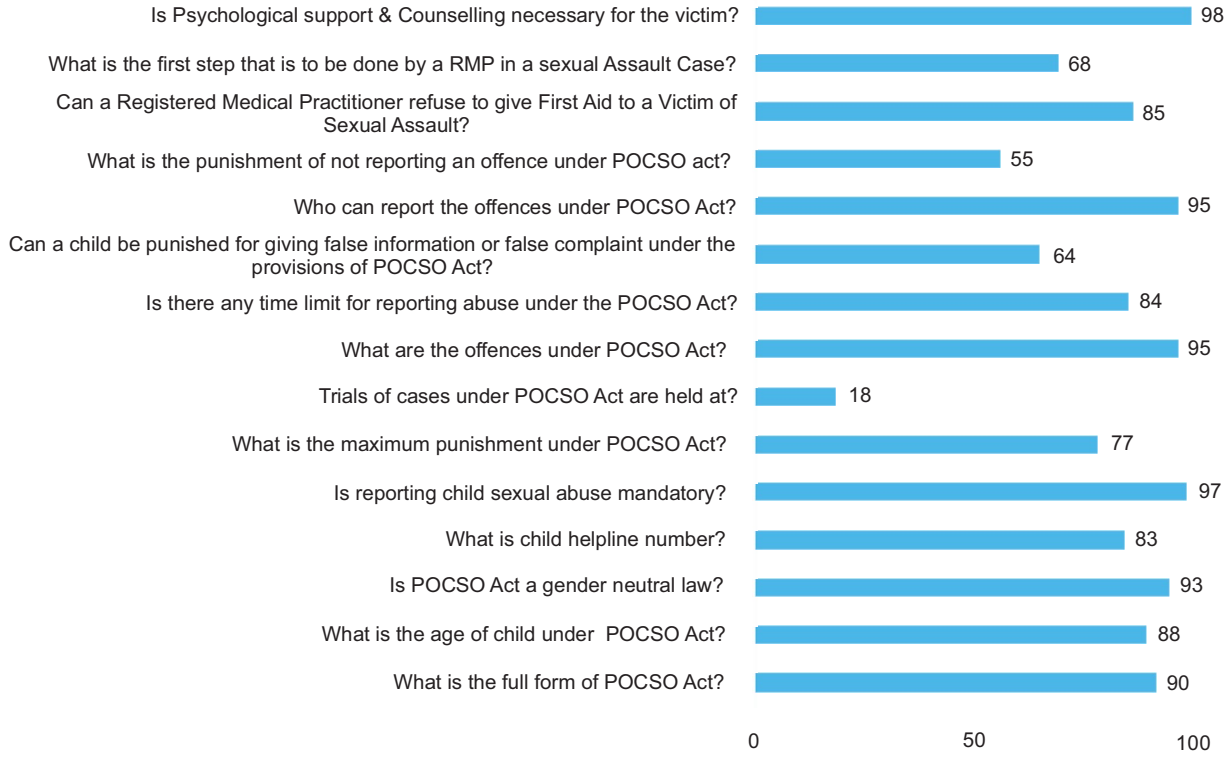

Figure 2: Question-wise correct responses

DISCUSSION

The results revealed that while the majority of participants possessed adequate knowledge of the foundational aspects of the POCSO Act, significant gaps remained in their understanding of specific legal procedures and responsibilities, particularly regarding the medico-legal obligations of medical professionals.

A high proportion of participants correctly identified the full name of the POCSO Act (90%), the age definition of a child under the Act (88%), and acknowledged the law's gender-neutral nature (93%). Awareness of the mandatory reporting obligation was near-universal (97%), and 95% correctly recognised the various offences under the Act. These findings indicate a strong baseline understanding of the Act's core principles, likely due to integration of such content into undergraduate medical education and recent public discourse on child safety.[17,18]

However, more profound procedural knowledge showed considerable variability. Only 18% of participants knew the correct venue for POCSO trials (Special Courts), and just 55% were aware of the punishment for failing to report an offence. Additionally, only 64% knew whether a child could be punished for filing a false complaint, and 68% correctly identified the appropriate first step for a Registered Medical Practitioner (RMP) in managing a case of sexual assault. These gaps suggest a limited understanding of the

legal framework within which healthcare professionals must operate, which could hinder timely and appropriate medico-legal response in real-world scenarios.[19]

Compared with similar studies, the findings consistently highlight gaps in applied legal knowledge among medical professionals.[20,21] In a previous study conducted only 67% had full knowledge of POCSO, and misconceptions about reporting timelines and procedural steps were prevalent.[11] Another study reported that while basic awareness (such as the law's gender-neutrality) was adequate among medical interns, practical and procedural legal knowledge remained insufficient 15. Similarly, a study found that over 60% of healthcare professionals lacked clarity on the practical aspects of the Act, including penalties, filing procedures, and evidence handling.[14]

These persistent gaps, even among newly trained professionals, underscore the need to enhance the integration of medico-legal education into medical training. The POCSO Act not only establishes protective legal frameworks for children but also places specific obligations on healthcare providers, especially in cases of sexual abuse.[12] Given the frontline role that medical professionals play in such cases, the lack of procedural awareness could compromise both child safety and legal justice.[13]

CONCLUSION

The awareness of the POCSO Act is high among medical trainees and practitioners. But critical gaps remain in procedural and legal application. Based on these findings, we recommended that the undergraduate and postgraduate medical curricula should include structured modules on POCSO and medico-legal responsibilities. Periodic workshops and Continuing Medical Education (CME) programs focused on the POCSO Act, evidence preservation, and victim-centred care are necessary for interns and practising clinicians.

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