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Silent cries, hidden truths: Are healthcare professionals and teachers equipped to spot and stop child abuse and neglect?

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Abstract
Background: Child abuse and neglect (CAN) remain among the most critical public health and social issues worldwide, exerting lasting effects on the physical, emotional, and psychosocial well-being of children. Healthcare professionals and educators occupy pivotal roles in early identification, reporting, and prevention of such cases. However, their preparedness and awareness levels vary across disciplines.
Objective: To evaluate the awareness, recognition ability, and reporting preparedness regarding child abuse and neglect among healthcare professionals (paediatricians, pedodontists, and general dentists) and school teachers in and around Davanagere, India.
Methods: A cross-sectional questionnaire-based study was conducted among 206 participants paediatric dentists (n=40), general dentists (n=54), paediatricians (n=55), and school teachers (n=57) aged between 25-65 years with at least one year of professional experience. A pre-validated structured questionnaire assessed awareness, confidence in identifying abuse and neglect, legal literacy, barriers to reporting, and preferred training formats. Data were analysed using SPSS 27. Descriptive statistics and chi-square tests were applied, and p-values <0.05 were considered statistically significant.
Results: Only 19.4% of participants had received formal training on CAN. Paediatricians' demonstrated relatively higher awareness and confidence compared to dental professionals and teachers. Recognition of physical abuse indicators was highest for unexplained bruises and fractures (79.6%), particularly among paediatricians (98.2%). Teachers exhibited greater recognition of behavioural indicators (64.9%). Knowledge of legal obligations was inconsistent only 14.6% felt "very knowledgeable." Major barriers included lack of knowledge on how to report (58.3%), fear of retaliation (36.4%), and uncertainty in identifying abuse (36.4%). Despite this, 65.5% considered training essential, and 93.2% expressed interest in attending workshops.
Conclusion: Substantial gaps exist in awareness, confidence, and reporting preparedness concerning CAN among healthcare professionals and teachers. Implementation of structured training, clear institutional protocols, and interdisciplinary collaboration is crucial to bridge these gaps and safeguard children effectively.

Keywords: Child abuse, child neglect, awareness, healthcare professionals, school teachers, reporting, training needs, paediatric dentistry, public health

Introduction
Child abuse and neglect (CAN) constitute one of the gravest violations of human rights and continue to pose an enduring challenge to global public health systems. The World Health Organization (WHO) defines child maltreatment as all forms of physical and emotional ill-treatment, sexual abuse, neglect, or negligent treatment that result in actual or potential harm to a child's health, survival, development, or dignity typically occurring in a relationship of responsibility, trust, or power. [1] Despite advances in law and awareness, nearly one billion children aged 2-17 years' experience some form of violence annually. [2]
In India, child protection efforts are hindered by socio-cultural barriers, stigma, and systemic inadequacies. While the Protection of Children from Sexual Offences (POCSO) Act (2012) and the Juvenile Justice Act offer legal protection, effective implementation remains inconsistent due to limited reporting mechanisms and inadequate institutional training. [3]

Can transcends economic and cultural boundaries, encompassing four main categories physical abuse, emotional abuse, sexual abuse, and neglect. [4] Physical abuse involves non-accidental injury, while emotional abuse includes psychological harm through humiliation, threats, or rejection. Sexual abuse refers to a child's involvement in sexual acts they cannot comprehend or consent to. Neglect, on the other hand, denotes a caregiver's failure to provide for a child's physical, emotional, or medical needs. [5]

The consequences of CAN extend beyond childhood. Survivors are predisposed to psychiatric disorders, learning disabilities, substance abuse, and chronic diseases such as cardiovascular conditions and diabetes. [6] The emotional sequelae depression, anxiety, low self-esteem, and post-traumatic stress disorder (PTSD) often persist into adulthood.

Healthcare professionals, especially paediatricians, pedodontists, and general dentists, are strategically positioned to identify early signs of abuse, given their frequent contact with children. [7] Similarly, school teachers, through daily observation of behaviour and performance, are often the first to notice irregularities suggestive of maltreatment. [8]

Despite this frontline positioning, many professionals remain inadequately trained to identify or report suspected abuse.[9] Barriers such as fear of false accusations, lack of confidence, and unfamiliarity with reporting procedures impede timely intervention.[10] Studies emphasize that mandatory training, legal sensitization, and interdisciplinary coordination significantly improve recognition and reporting rates.[11,12]

However, in developing urban centers such as Davanagere, data on such preparedness remain scarce. This study thus aims to evaluate the awareness, recognition ability, and confidence regarding Can among healthcare professionals and school teachers in Davanagere, identifying gaps and suggesting actionable strategies for improvement.

Materials and Methods

Study Design and Setting

A cross-sectional, questionnaire-based survey was conducted over three months among healthcare professionals and teachers in Davanagere, Karnataka, India.

AWARENESS AND UNDERSTANDING OF CHILD ABUSE AND NEGLECT AMONG HEALTH CARE PROFESSIONALS AND SCHOOL TEACHERS.

Questionnaire –

1. What is your profession?
   - Pediatric Dentist
   - General Dentist
   - Pedlafrician
   - School Teacher

2. How many years have you been practicing/teaching?
   - Less than 1 year
   - 1-5 years
   - 6-10 years
   - 11-20 years
   - More than 20 years

3. Have you received any formal training on child abuse and neglect?
   - Yes
   - No

4. How confident are you in recognizing the signs of physical abuse in children?
   - Very Confident
   - Somewhat Confident
   - Neutral
   - Somewhat Unconfident
   - Very Unconfident

5. Which of the following are potential signs of physical abuse in children? (Select all that apply)
   - Unexplained bruises or fractures
   - Prequent absences from school
   - Aggressive or withdrawn behavior
   - Pour hygiene
   - Unexplained burns or bites

6. How confident are you in recognizing the signs of neglect in children?
   - Very Confident
   - Somewhat Confident
   - Nentral
   - Somewhat Unconfident
   - Very Unconfident

7. Which of the following are potential signs of neglect in children? (Select all that apply)
   - Poor hygiene
   - Inappropriate clothing for the weather
   - Frequent hunger
   - Untreated medical conditions
   - Regularly unsupervised

8. How knowledgeable are you about e legal responsibilities for reporting child abuse or neglect?
   - Local child protectivle
   - Law enforcement agencies
   - Hospital administration
   - School administration

10. How often do you discuss or reiew the topic of child abuse or neglect in your workplace?
   - Regularly (e.g., monthly)
   - Occasionally (e.g., yearly (e.g, yearly.
   - Rarely
   - Never

11. How important do you think it is for professionals in your field to be trained in recognizing and reporting child abuse and neglect?
   - Very Important
   - Somewhat Important
   - Neutral
   - Not Very Important
   - Not Important

12. How likely are you to report a suspected case of chilbuse or neglect if you encounter one?
   - Very Likely
   - Likely
   - Neutral
   - Unlikely
   - Very Unlikely

13. What do you perceive as the main barrier to reporting suspected child abuse or neglact?
- Fear of retaliation
- Lack of knowledge on how to report
- Uncertainty if abuse is occurring
- Belief that it is not my responsibility
- Other (please specify)

14. Have you attended any workshops or training sessions on child abuse and neglect in the past 5 years?
- Yes
- No

15. Would you be interested in receiving additional training on recognizing and reporting child abuse and neglect?
- Yes
- Maybe
- No

16. What format would you prefer for such training?
- Physical workshops
- Online courses/webinars
- Printed materials
- Other (please spec ify)

17. In your opinion, what additional resources or support would help you feel more prepared to recognize and report child abuse

18. Can you share an experience (if any) where you had to deal with a suspected case of child abuse or neglect? How was it handled?

19. Are you involved in any community programs aimed at preventing child abuse and neglect?

Participants

A total of 206 participants were included:

- 40 paediatric dentists
- 54 general dentists
- 55 paediatricians
- 57 school teachers

Inclusion criteria: Licensed practitioners and teachers with ≥1 year of experience who provided informed consent.

Exclusion criteria: Interns, part-time professionals, and those unwilling to participate.

Data Collection Tool

A pre-validated structured questionnaire was used to assess:

- Knowledge and awareness of CAN
- Confidence in identifying abuse/neglect indicators
- Understanding of legal obligations and reporting procedures
- Perceived barriers to reporting
- Exposure to and preference for training

Data Analysis

Responses were coded and entered into SPSS (version 27) for statistical analysis. Descriptive statistics were expressed as frequencies and percentages. Chi-square tests determined associations between professional groups and variables, with $p < 0.05$ considered significant.

Ethical Considerations

Institutional ethical approval was obtained prior to the study. Participation was voluntary, and confidentiality was maintained throughout. (CODS/IEC/12/2024-25)

Result

A total of 206 participants completed the survey, comprising 40 paediatric dentists, 54 general dentists, 55 paediatricians, and 57 school teachers. The mean age of respondents was 35.43±8.09 years, with paediatricians being slightly older (37.07±8.02 years) compared to general dentists (31.31±6.68 years). The majority of participants were between 31-40 years (36.9%), followed by those aged ≤30 years (37.8%), representing a relatively young professional cohort. The distribution of years of practice or teaching experience differed significantly among groups ($p<0.001$). Nearly 38.3% of respondents had between 1-5 years of professional experience, while 25.7% reported 11-20 years, indicating a well-balanced mix of early- and mid-career practitioners across disciplines.

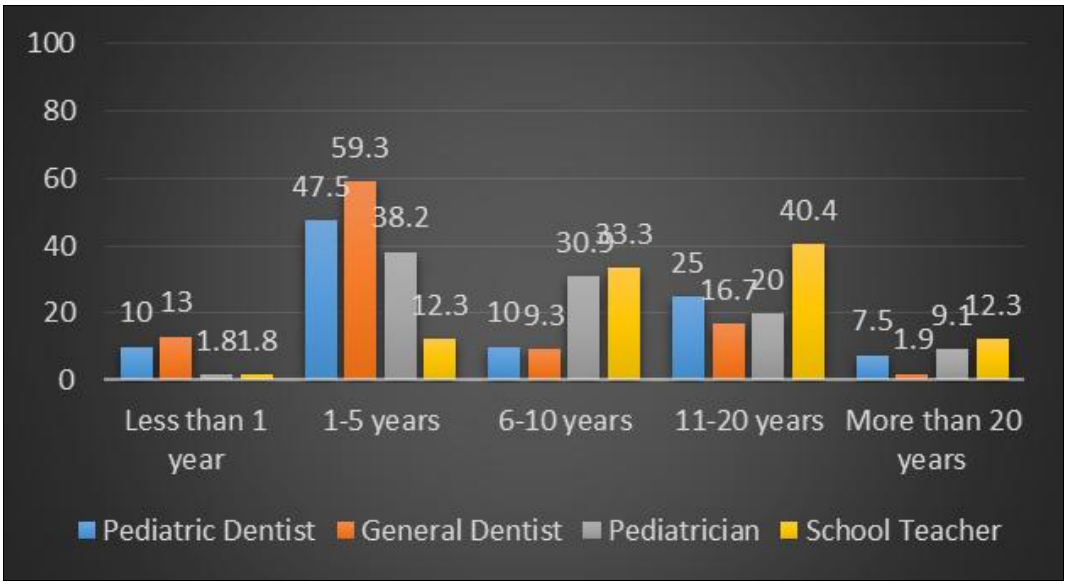

Fig 1: How many years have you been practicing/teaching?

Formal exposure to training on child abuse and neglect (CAN) was notably low across all groups. Only 19.4% of participants reported having undergone any structured training related to CAN. Among them, school teachers demonstrated the highest exposure (29.8%), followed by general dentists (20.4%), paediatric dentists (15%), and paediatricians (10.9%). This limited and uneven distribution of training highlights a significant educational gap in professional preparedness.

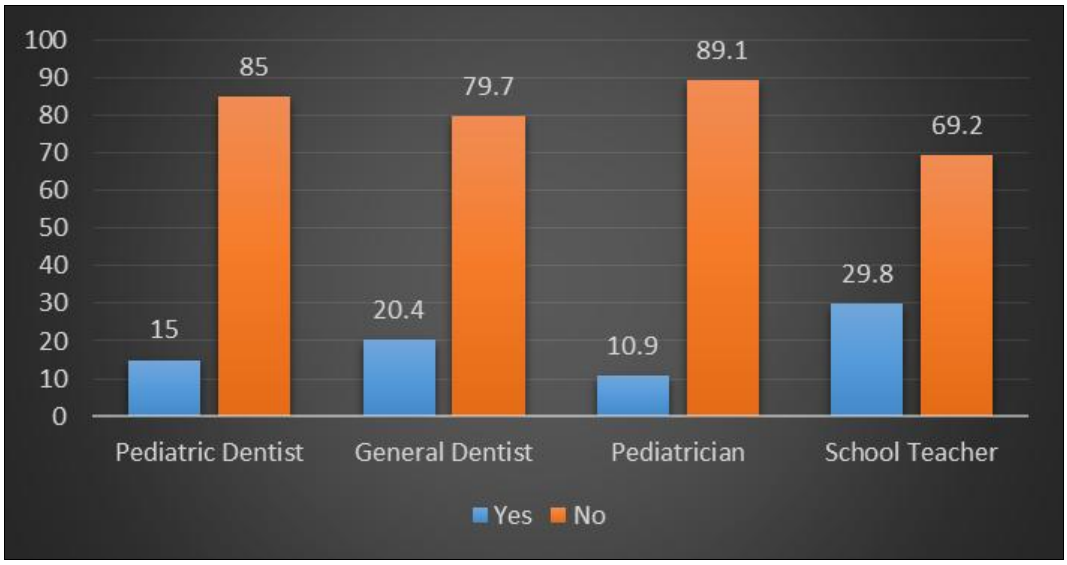

Fig 2: Have you received any formal training on child abuse and neglect?

Confidence levels in identifying cases of physical abuse showed statistically significant variation ($p<0.001$). Overall, 59.7% of respondents felt "somewhat confident," while only 15% reported being "very confident." Paediatricians expressed the greatest confidence (80%), followed by teachers (56.1%), whereas dental professionals demonstrated considerably lower self-assurance. Recognition of abuse indicators also varied across groups. Unexplained bruises or fractures were the most frequently recognized signs (79.6%), especially among paediatricians (98.2%). Similarly, 66.5% of participants identified unexplained burns or bite marks as possible evidence of abuse, with paediatricians again showing the highest awareness (87.3%). Teachers were more likely than healthcare professionals to recognize behavioural indicators such as aggression, withdrawal, or sudden declines in academic performance (64.9%), consistent with their daily interactions and sustained observation of children's behaviour.

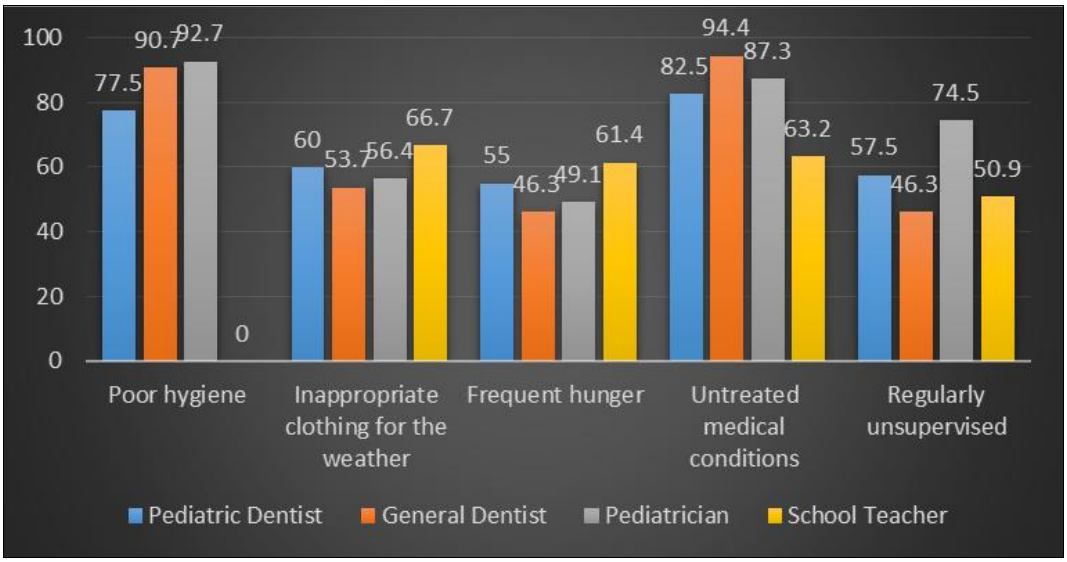

Fig 3: Which of the following are potential signs of physical abuse in children? (Select all that apply)

Awareness of neglect indicators was generally high across all professional categories ($p<0.001$). Poor personal hygiene was the most widely recognized sign (82%), particularly among paediatricians (92.7%) and general dentists (90.7%). Awareness regarding untreated medical or dental conditions was also considerable (81.6%), followed by inappropriate clothing for the season (59%) and frequent hunger (53%). Teachers demonstrated the highest sensitivity toward signs related to lack of adult supervision (66.7%), reflecting their close monitoring of children's daily activities and safety at school.

Knowledge of the legal responsibilities associated with CAN was unevenly distributed. Only 14.6% of respondents felt "very knowledgeable" about relevant child protection laws and procedures, while 56.3% considered themselves "somewhat knowledgeable." When asked about preferred reporting channels, 60.7% indicated child protection services as their primary point of contact, followed by 38.3% who preferred to involve law enforcement agencies. Teachers predominantly favoured reporting within the school administration (82.5%), whereas paediatricians preferred escalating cases through hospital administration (27.3%), suggesting variations in institutional familiarity and accessibility of reporting frameworks.

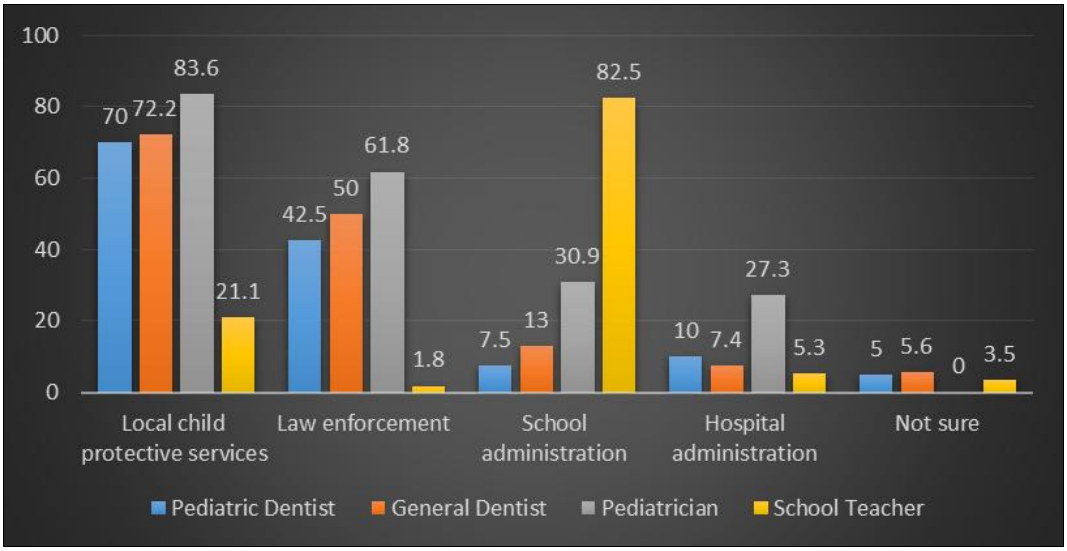

Fig 4: To whom would you report if you suspected a case of child abuse or neglect?

Participants identified multiple barriers that hindered effective reporting of suspected abuse. The most commonly cited obstacle was a lack of knowledge about reporting procedures (58.3%), followed by fear of retaliation (36.4%) and uncertainty regarding the accuracy of their suspicion (36.4%). A smaller but concerning proportion (7.8%) believed that reporting such cases did not fall under their professional responsibility, a perception particularly noted among paediatricians (16.4%). These findings indicate that informational, procedural, and psychological barriers collectively contribute to the underreporting of child abuse cases.

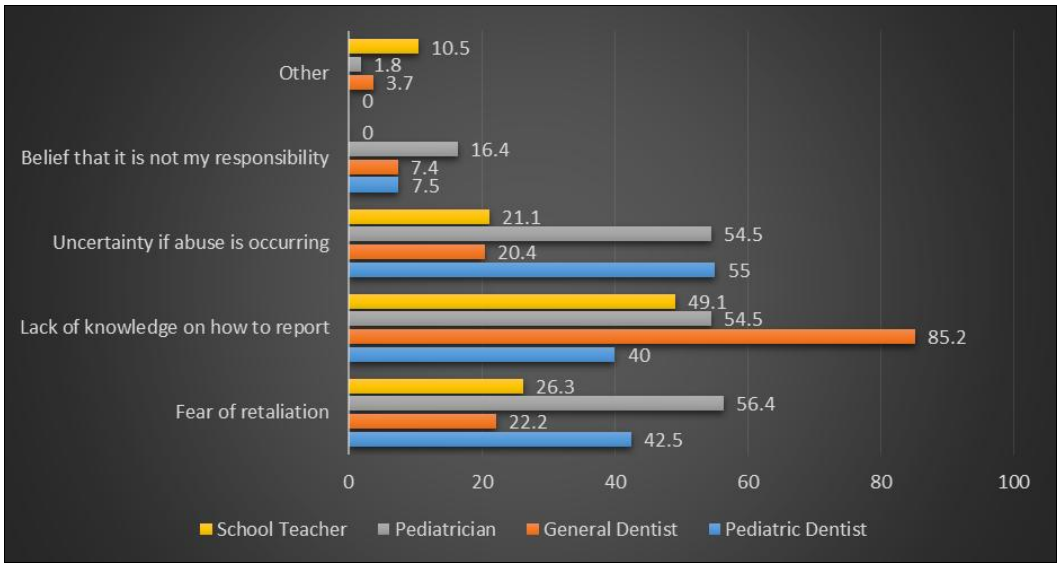

Fig 5: What do you perceive as the main barrier to reporting suspected child abuse or neglect?

Encouragingly, participants expressed strong motivation to improve their competence in this area. Nearly 65.5% regarded can-related training as "very important," although 93.2% admitted they had not attended any workshop on the subject in the past five years. When asked about preferred formats for future training, most respondents opted for in-person workshops (62.6%), followed by online webinars (41.7%) and simulation-based modules (22.3%). Teachers exhibited the greatest interest in simulation and case-based learning (31.6%), reflecting a preference for interactive and experiential pedagogical models.

Community engagement in child protection initiatives was minimal. Only 2.9% of respondents had participated in organized programs related to child abuse prevention or awareness. Among those who did, teachers displayed higher involvement in school-based awareness campaigns (26.3%) and educational workshops (38.6%), whereas dental professionals mainly contributed through community camps and media-based advocacy efforts.

In summary, the findings reveal significant deficiencies in the awareness, training exposure, and reporting readiness of professionals who interact most frequently with children. Despite their willingness to learn and strong acknowledgment of the importance of the issue, the lack of structured education, inconsistent knowledge of legal frameworks, and prevalent reporting barriers highlight the urgent need for comprehensive, interdisciplinary training and well-defined institutional protocols to ensure the effective identification and management of child abuse and neglect.

Discussion

This study underscores critical gaps in knowledge, preparedness, and confidence among healthcare professionals and teachers regarding child abuse and neglect. Despite their frontline positions, most participants lacked formal training, highlighting a systemic deficiency in child protection education.

The finding that only 19.4% received formal training aligns with earlier Indian studies reporting limited child protection exposure among healthcare professionals. [13, 14] In contrast, Western countries where mandatory training is embedded in curricula show markedly higher competence. [15, 16]

Paediatricians demonstrated superior recognition of physical abuse indicators, consistent with Al-Moosa *et al*. (2003), who found medical professionals more adept at detecting clinical injuries. [17] Conversely, teachers excelled in identifying behavioural cues corroborating Kenny (2004), who emphasized teachers' proximity to children's emotional changes. [18]

The most prevalent barriers lack of reporting knowledge (58.3%) and fear of retaliation echo prior observations in Indian and global literature [19, 20].The underreporting trend often stems from ambiguity about legal procedures and fear of professional repercussions. Even though the POCSO Act mandates reporting, absence of supportive institutional mechanisms discourages compliance. [3, 21]

Despite overwhelming recognition of its importance, 93.2% of participants had not attended any training in five years. Interactive and simulation-based methods were strongly preferred, indicating a shift toward experiential learning. Studies confirm that hands-on workshops and case-based simulations significantly enhance confidence and reporting rates. [22, 23] Integration of child protection modules into medical, dental, and teacher education curricula is thus imperative for sustainable improvement.

Minimal community engagement (2.9%) indicates the need for structured partnerships between healthcare, education, and social sectors. International models like the UK's Multi-Agency Safeguarding Hubs (MASH) have proven effective in bridging intersectoral communication gaps. [24] Similar collaborative networks could strengthen India's local child protection framework. Strengths and Limitations

The study's strength lies in its multidisciplinary approach, incorporating both healthcare and educational professionals. However, limitations include reliance on self-reported data, potential response bias, and restriction to a single geographic location, limiting generalizability. Future research should employ multi-centric longitudinal designs to evaluate the impact of targeted training programs on actual reporting behaviour.

Table 1: Distribution of the study participants based on age

Age (years)	Pediatric Dentist	General Dentist	Pediatrician	School Teacher	Total N (%)
≤30	20 (25.6)	35 (44.9)	15 (19.2)	8 (10.3)	78 (100)
31-40	12 (15.8)	13 (17.1)	25 (32.9)	26 (34.2)	76 (100)
41-50	7 (16.3)	6 (14.0)	10 (23.3)	20 (46.5)	43 (100)
≥51	1 (11.1)	0 (0.0)	5 (55.6)	3 (33.3)	9 (100)
Total	40 (19.42)	54 (26.21)	55 (26.7)	57 (27.67)	206 (100)
Mean±SD	33.48±7.56	31.31±6.68	37.07±8.02	39.12±7.74	35.43±8.09

Table 2: Awareness and understanding concerning the recognition of child abuse and neglect among pedodontist, general dentist, pediatrician and school teachers

Awareness concerning the recognition of child abuse and neglect	Pediatric Dentist	General Dentist	Pediatrician	School Teacher	Total	*p* value
How many years have you been practicing/teaching?						
Less than 1 year	4 (10.0)	7 (13.0)	1 (1.8)	1 (1.8)	13 (6.3)	<0.001
1-5 years	19 (47.5)	32 (59.3)	21 (38.2)	7 (12.3)	79 (38.3)	
6-10 years	4 (10.0)	5 (9.3)	17 (30.9)	19 (33.3)	45 (21.8)	
11-20 years	10 (25.0)	9 (16.7)	11 (20.0)	23 (40.4)	53 (25.7)	
More than 20 years	3 (7.5)	1 (1.9)	5 (9.1)	7 (12.3)	16 (7.8)	
Have you received any formal training on child abuse and neglect?						
Yes	6 (15.0)	11 (20.4)	6 (10.9)	17 (29.8)	40 (19.4)	0.170
No	34 (85.0)	43 (79.7)	49 (89.1)	40 (69.2)	162 (80.6)	
How confident are you in recognizing the signs of physical abuse in children?						
Very Confident	3 (7.5)	6 (11.1)	8 (14.5)	14 (24.6)	31 (15.0)	<0.001
Somewhat Confident	26 (65.0)	21 (38.9)	44 (80.0)	32 (56.1)	123 (59.7)	
Neutral	10 (25.0)	25 (46.3)	2 (3.6)	7 (12.3)	44 (21.4)	
Somewhat Unconfident	1 (2.5)	2 (3.7)	1 (1.8)	4 (7.0)	8 (3.9)	
Very Unconfident	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	
Which of the following are potential signs of physical abuse in children? (Select all that apply)						
Unexplained bruises or fractures	35 (87.5)	43 (79.6)	54 (98.2)	32 (56.1)	164 (79.6)	<0.001
Frequent absences from school	20 (50.0)	22 (40.7)	21 (38.2)	23 (40.4)	86 (41.7)	0.688
Aggressive or withdrawn behavior	19 (47.5)	23 (42.6)	28 (50.9)	37 (64.9)	107 (51.9)	0.108
Poor hygiene	15 (37.5)	11 (20.4)	22 (40.0)	25 (43.9)	73 (35.4)	0.53
Unexplained burns or bites	29 (72.5)	29 (53.7)	48 (87.3)	31 (54.4)	137 (66.5)	<0.001
How confident are you in recognizing the signs of neglect in children?						
Very Confident	4 (10.0)	4 (7.4)	9 (16.4)	19 (33.3)	36 (17.5)	<0.001
Somewhat Confident	28 (70.0)	15 (27.8)	43 (78.2)	22 (38.6)	108 (52.4)	
Neutral	8 (20.0)	33 (61.1)	3 (5.5)	12 (21.1)	56 (27.2)	
Somewhat Unconfident	0 (0.0)	2 (3.7)	0 (0.0)	1 (1.8)	3 (1.5)	
Very Unconfident	0 (0.0)	0 (0.0)	0 (0.0)	3 (5.3)	3 (1.5)	
Which of the following are potential signs of neglect in children? (Select all that apply)						
Poor hygiene	31 (77.5)	49 (90.7)	51 (92.7)	38 966.7)	169 (82.0)	<0.001
Inappropriate clothing for the weather	24 (60.0)	29 (53.7)	31 (56.4)	38 (66.7)	122 (59.2)	0.535
Frequent hunger	22 (55.0)	25 (46.3)	27 (49.1)	35 (61.4)	109 (52.9)	0.393
Untreated medical conditions	33 (82.5)	51 (94.4)	48 (87.3)	36 (63.2)	168 (81.6)	<0.001
Regularly unsupervised	23 (57.5)	25 (46.3)	41 (74.5)	29 (50.9)	118 (57.3)	0.016
How knowledgeable are you about the legal responsibilities for reporting suspected child abuse or neglect?						
Very Knowledgeable	2 (5.0)	8 (14.8)	9 (16.4)	11 (19.3)	30 (14.6)	<0.001
Somewhat Knowledgeable	19 (47.5)	18 (33.3)	40 (72.7)	39 (68.4)	116 (56.3)	
Neutral	15 (37.5)	22 (40.7)	4 (97.3)	5 (8.8)	46 (22.3)	
Somewhat Unknowledgeable	4 (10.0)	4 (7.4)	2 (3.6)	2 (3.5)	12 (5.8)	
Very Unknowledgeable	0 (0.0)	2 (3.7)	0 (0.0)	0 (0.0)	2 (1.0)	
To whom would you report if you suspected a case of child abuse or neglect?						
Local child protective services	28 (70.0)	39 (72.2)	46 (83.6)	12 (21.1)	125 (60.7)	<0.001
Law enforcement	17 (42.5)	27 (50.0)	34 (61.8)	1 (1.8)	79 (38.3)	<0.001
School administration	3 (7.5)	7 (13.0)	17 (30.9)	47 (82.5)	74 (35.9)	<0.001
Hospital administration	4 (10.0)	4 (7.4)	15 (27.3)	3 (5.3)	26 (12.6)	0.002
Not sure	2 (5.0)	3 (5.6)	0 (0.0)	2 (3.5)	7 (3.4)	0.399
How often do you discuss or review the topic of child abuse and neglect in your professional setting?						
Regularly	14 (35.0)	15 (27.8)	24 (43.6)	27 (47.4)	80 (38.8)	<0.001
Occasionally	21 (52.5)	22 (40.7)	28 (50.9)	13 (22.8)	84 (40.8)	
Rarely	5 (12.5)	13 (24.1)	1 (1.8)	10 (17.5)	29 (14.1)	
Never	0 (0.0)	4 (7.4)	2 (3.6)	7 (12.3)	13 (6.3)	
How important do you think it is for professionals in your field to be trained in recognizing and reporting child abuse and neglect?						
Very Important -	28 (70.0)	34 (63.0)	38 (69.1)	35 (61.4)	135 (65.5)	0.726
Important	11 (27.5)	18 (33.3)	16 (29.1)	22 (38.6)	67 (32.5)	
Neutral	1 (2.5)	2 (3.7)	1 (1.8)	0 (0.0)	4 (1.9)	
Not Very Important	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	
Not Important at All	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	
How likely are you to report a suspected case of child abuse or neglect if you encounter one?						
Very Likely	19 (47.5)	38 (70.4)	34 (61.8)	15 (26.3)	106 (51.5)	<0.001
Likely	18 (45.0)	11 (20.4)	19 (34.5)	29 (50.9)	77 (37.4)	
Neutral	3 (7.5)	4 (7.4)	1 (1.8)	10 (17.5)	18 (8.7)	
Unlikely	0 (0.0)	1 (1.9)	1 (1.8)	3 (5.3)	5 (2.4)	
Very Unlikely	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	

What do you perceive as the main barrier to reporting suspected child abuse or neglect?						
Fear of retaliation	17 (42.5)	12 (22.2)	31 (56.4)	15 (26.3)	75 (36.4)	<0.001
Lack of knowledge on how to report	16 (40.0)	46 (85.2)	30 (54.5)	28 (49.1)	120 (58.3)	<0.001
Uncertainty if abuse is occurring	22 (55.0)	11 (20.4)	30 (54.5)	12 (21.1)	75 (36.4)	<0.001
Belief that it is not my responsibility	3 (7.5)	4 (7.4)	9 (16.4)	0 (0.0)	16 (7.8)	0.015
Other	0 (0.0)	2 (3.7)	1 (1.8)	6 (10.5)	9 (4.4)	0.048
Have you attended any workshops or training sessions on child abuse and neglect in the past 5 years?						
No	40 (100.0)	52 (96.3)	51 (92.7)	49 (86.0)	192 (93.2)	0.037
Yes	0 (0.0)	2 (3.7)	4 (7.4)	8 (14.0)	14 (6.8)	
Would you be interested in receiving additional training on recognizing and reporting child abuse and neglect?						
Yes	34 (85.0)	39 (72.2)	47 (85.5)	33 (57.9)	153 (74.3)	0.009
No	1 (2.5)	1 (1.9)	1 (1.8)	6 (10.5)	9 (4.4)	
Maybe	5 (12.5)	14 (25.9)	7 (12.7)	18 (31.6)	44 (21.4)	
What format would you prefer for such training?						
In-person workshops	32 (80.0)	31 (57.4)	42 (76.4)	24 (42.1)	129 (62.6)	<0.001
Online courses/webinars	15 (37.5)	27 (50.0)	24 (43.6)	20 (35.1)	86 (41.7)	0.403
Printed materials	11 (27.5)	16 (29.6)	18 (32.7)	13 (22.8)	58 (28.2)	0.696
Interactive simulations	12 (30.0)	4 (7.4)	27 (49.1)	3 (5.3)	46 (22.3)	<0.001
Other	0 (0.0)	0 (0.0)	0 (0.0)	2 (3.5)	2 (1.0)	0.152
In your opinion, what additional resources or support would help you feel more prepared to recognize and report child abuse and neglect?						
Educate	0 (0.0)	5 (9.3)	3 (5.5)	3 (5.3)	11 (5.3)	0.273
Awareness program	8 (20.0)	3 (5.6)	6 (10.9)	10 (17.5)	27 (13.1)	0.133
Guidelines	5 (12.5)	4 (7.4)	12 (21.8)	13 (22.8)	34 (16.5)	0.091
Report	8 (20.0)	10 (18.5)	15 (27.3)	4 (7.0)	37 (18.0)	0.046
Counselling	0 (0.0)	0 (0.0)	1 (1.8)	7 (12.3)	8 (3.9)	0.002
Documentation	2 (5.0)	2 (3.7)	8 (14.5)	0 (0.0)	12 (5.8)	0.009
Government support	2 (5.0)	2 (3.7)	0 (0.0)	0 (0.0)	4 (1.9)	0.167
Training	0 (0.0)	10 (18.5)	8 (14.5)	18 (31.6)	36 (17.5)	<0.001
Workshop	10 (25.0)	6 (11.1)	17 (30.9)	8 (14.0)	41 (19.9)	0.034
Can you share an experience (if any) where you had to deal with a suspected case of child abuse or neglect? How was it handled?						
No	36 (90.0)	47 (87.0)	43 (78.2)	51 (89.5)	177 (85.9)	0.270
Yes	4 (10.0)	7 (13.0)	12 (21.8)	6 (10.5)	29 (14.1)	
Are you involved in any community programs aimed at preventing child abuse and neglect?						
No	40 (100.0)	53 (98.1)	53 (96.4)	54 (94.7)	200 (97.1)	0.452
Yes	0 (0.0)	1 (1.9)	2 (3.6)	3 (5.3)	6 (2.9)	
How do you educate the community and raise awareness about the same?						
Educate	3 (7.5)	3 (5.6)	5 (9.1)	8 (14.0)	19 (9.2)	0.460
Awareness program	13 (32.5)	7 (13.0)	12 (21.8)	15 (26.3)	47 (22.8)	0.137
Policy	0 (0.0)	0 (0.0)	1 (1.8)	0 (0.0)	1 (0.5)	0.430
Talk	5 (12.5)	8 (14.8)	10 (18.2)	1 (1.8)	24 (11.7)	0.041
Campaign	2 (5.0)	5 (9.3)	4 (7.3)	3 (5.3)	14 (6.8)	0.813
Camp	19 (47.5)	17 (31.5)	24 (43.6)	4 (7.0)	64 (31.1)	<0.001
Media	15 (37.5)	8 (14.8)	20 (36.4)	14 (24.6)	57 (27.7)	0.033
Workshops	2 (5.0)	0 (0.0)	0 (0.0)	22 (38.6)	24 (11.7)	<0.001

Conclusion

The study reveals considerable deficiencies in knowledge, confidence, and reporting preparedness regarding child abuse and neglect among healthcare professionals and teachers. While paediatricians exhibit relatively higher awareness, overall preparedness remains inadequate.

Mandatory incorporation of CAN training, establishment of clear institutional reporting protocols, and interdisciplinary collaboration are essential. Empowering professionals with practical knowledge, legal clarity, and institutional support will ensure timely intervention transforming silent suffering into safeguarded childhoods

Conflict of Interest

Not available

Financial Support

Not available

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