

## Review Article

# Child Protection and Maltreatment in India: Understanding the Burden, Legal Framework, and the Role of Paediatricians

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### ABSTRACT

Child maltreatment remains a major public health concern in India. Child abuse includes physical, emotional, sexual, and neglect-related harm. Risk factors operate across individual, family, community, and societal levels. Legal protections are extensive but unevenly implemented, despite comprehensive legislation, including the Protection of Children from Sexual Offences Act and the Juvenile Justice Act; the burden of abuse remains high with persistent underreporting.

National health programs support early identification. Persistent clinical challenges include limited training, unclear pathways, and rising digital threats. Strengthened training, structured screening tools, multidisciplinary collaboration, and enhanced community awareness are essential to improve child protection. This review summarises the epidemiology, types of abuse, risk factors, legal frameworks, national health programs, and current management approaches. Gaps in paediatric awareness, challenges in reporting, inconsistent enforcement, and emerging threats such as cyber abuse are also highlighted.

**Key words:** Child abuse, Paediatrics, POCSO Act, Child protection, India.

India's child population approximates 200 million, and accounts for around twenty percent of the world's child wealth, yet most continue to experience vulnerabilities like child labour, early marriage, limited access to healthcare, and exposure to violence [1]. Child abuse in India spans physical, emotional, sexual, and neglect-related harm, but remains significantly underreported because of stigma, poor awareness, and fragmented reporting systems [2, 3]. The World Health Organization (WHO) defines child maltreatment as physical, emotional, or sexual abuse, neglect, exploitation, or commercial abuse occurring within a relationship of trust, responsibility, or power, resulting in actual or potential harm to the child's health and development [4].

National Crime Records Bureau (NCRB) data from 2021 documented 149,404 crimes against children, with more than one-third involving sexual offences under the Protection of Children from Sexual Offences Act (POCSO) [5]. Earlier national estimates indicated that two-thirds of children had been subjected to physical abuse, and more than half had experienced sexual abuse, often perpetrated by known individuals [6]. These figures likely underestimate the actual burden.

This review summarises the epidemiology of child abuse, associated risk factors, key legal frameworks, national programs, and current clinical management strategies. It also highlights gaps in paediatric training, reporting challenges, and the need for improved multidisciplinary coordination.

### 2. Prevalence and Types of Child Abuse

Child maltreatment in India remains widespread. During 2021, a total of 1,49,404 cases of crime against children were registered. This shows a 16.2% increase over 2020 (1,28,531 cases). In 2020, the major crimes (45.0%) were under the kidnapping and abduction, and 38.1% came under the POCSO Act, 2012, including child rape. The crime rate per lakh of child population was 33.6 in 2021, which was 28.9 in 2020 [5].

These categories align with WHO definitions and form the basis for clinical assessment and legal classification [4].

#### 2.1 Types of Child Abuse

There are different ways in which a child can be abused. It ranges from physical violence against them to exploitation.

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Even humiliation, not supervising the children, not providing food or shelter, also comes under child maltreatment. WHO has classified abuse into six categories, as shown in Table 1 [4].

**Table 1. Types of Abuse**

1.	<b>Physical</b>	Hitting, slapping, shaking, burning.
2.	<b>Emotional</b>	Humiliation, threats, rejection, and isolation.
3.	<b>Sexual</b>	Fondling, penetration, exploitation, grooming.
4.	<b>Neglect</b>	Lack of food, shelter, medical care, and supervision.
5.	<b>Exposure to violence</b>	Witnessing domestic or community violence.
6.	<b>Exploitation</b>	Labour, trafficking, and forced illicit activities.

Earlier national data showed that sixty-six percent of children had experienced physical abuse, and fifty percent had experienced emotional abuse, while more than half reported sexual abuse. According to the study by government agencies, it was found that two out of three children were physically abused; of these, 54.68% were boys, and 88.6% were physically abused by their parents. 65% of school-going children reported corporal punishment, and 62% of this was in Government and municipal schools. Andhra Pradesh, Assam, Bihar, and Delhi have reported higher rates of abuse in all forms.

53.22% children reported having faced one or more forms of sexual abuse; most of them are children on the street, children at work, and children in institutional care. 21.90% reported facing severe sexual abuse, and 50.76% other forms. 50% abusers are persons known to the child, and most children did not report the matter to anyone.

An equal percentage of both girls and boys reported facing emotional abuse, and in 83% of the cases, parents were the abusers. These values are underestimated because most cases go unreported due to fear of disclosure, cultural norms, and unclear reporting pathways [6].

### 3. Risk Factors for Child Abuse

Child abuse is multifactorial, which results from a complex interplay between individual, family, community, and societal factors. These multilevel vulnerabilities are well described in epidemiological and public health models and remain highly relevant in India. The individual risk factors include parental mental illness, substance misuse, young parental age, and poor coping skills. In the Family level, domestic violence, marital conflict, economic stress, and unstable caregiving are the risks involved. Unsafe neighbourhoods, weak social support, and limited access to services are all risk factors at the community level. Poverty, Finally, gender norms, weak enforcement of laws, stigma surrounding reporting, etc, are the societal risk factors [7]. These are explained in detail below.

### 3.1 Individual Factors

Parental history of abuse, mental illness, substance misuse, high stress, and limited parenting knowledge increase the risk of abusive behaviour. Unrealistic expectations of child behaviour and poor coping skills further elevate vulnerability.

### 3.2 Family-Level Factors

Domestic violence, marital discord, chronic financial stress, and limited social support increase the likelihood of maltreatment. Unstable family structures further weaken protective environments.

### 3.3 Community Factors

Acceptance of corporal punishment, neighbourhood violence, poor access to healthcare and education, and weak community awareness contribute to heightened risk.

### 3.4 Societal Factors

Poverty, gender inequity, stigma surrounding reporting, and weak law enforcement contribute to under-detection and underreporting [7]. Strengthening accountability systems remains essential.

## 4. Legal Framework and Child Protection Laws in India

India has several legal instruments that safeguard children from abuse, exploitation, and neglect. These laws and statutory bodies form the backbone of the child-protection system. However, gaps in enforcement, training, and awareness persist.

### 4.1 Key Child-Protection Laws and Policies in India

- 1. POCSO Act;** This was established in 2012. This law defines sexual offences, mandates reporting by healthcare professionals, and ensures child-friendly procedures.
- 2. JJ (Juvenile Justice Act):** This law was implemented in 2015 and governs children in need of care and protection, establishing the Child Welfare Committee (CWC) [8].
- 3. Child Labour Act.** Established in 1986, bans child labour under 14 years and regulates adolescent employment [9].
- 4. RTE (Right to Education Act).** The law was declared in 2009 to guarantee free and compulsory education and prohibit corporal punishment [10].
- 5. CPCR (Commission for Protection of Child Rights Act):** Came into existence in 2005, establishes NCPCR (National Commission for Protection of Child Rights) and SCPCR (State Commission for Protection of Child Rights) for oversight and grievance redressal [11].
- 6. National Policies Supporting Child Protection:** The National Policy for Children 2013 outlines commitments to child survival, protection, and development [12]. India's ratification of the UN

Convention on the Rights of the Child strengthened national obligations to uphold child rights [13].

Although these laws are active, underreporting, inconsistent law enforcement, limited clinician training, and societal stigma continue to undermine child protection. Thus, strengthening coordination among paediatricians, CWCs, law enforcement, and civil society organisations is essential.

#### 4.2 National Health Programs Relevant to Child Protection

These programs provide opportunities for early detection of health concerns, nutritional deficiencies, and developmental delays. While not designed specifically for child abuse, they help identify neglect and other vulnerability indicators. These programs and their policies are presented in Table 2.

**Table 2. National Health Programs Supporting Child Protection**

1.	ICDS	Integrated Child Development Services	Nutrition, preschool education, and health checks.
2.	UIP	Universal Immunisation Program	Repeated clinical contact enables early detection.
3.	RBSK	Rashtriya Bal Swasthya Karyakram	Screening for delays, anomalies, and deficiencies.
4.	ICDS	Integrated Child Development Services	Delivers nutrition, immunisation, health checks, and preschool education through Anganwadi centres, providing crucial opportunities for early recognition of at-risk children [14].
5.	National Immunisation Programme		Provides repeated health contact, creating opportunities to identify signs of neglect or maltreatment [15].
6.	RBSK	Rashtriya Bal Swasthya Karyakram	Screen children for congenital anomalies, developmental delays, and deficiencies, potentially identifying signs of neglect or untreated injuries [16].
7.	Poshan Abhiyaan:	National Nutrition Mission	Targets malnutrition and neglect indicators [17].

#### 5. Management Approaches to Child Maltreatment

There should be a multidisciplinary approach to be maintained to manage child maltreatment. The role of paediatricians is important in linking this approach to take the necessary actions for preserving child protection. Appropriate training in this matter should be given for the proper action at the right

time.

Paediatricians play a central role in recognising, documenting, and initiating protective measures for abused children. Despite Indian Academy of Paediatrics (IAP) recommendations, practical application remains inconsistent because of limited training and unclear referral pathways [18]. The steps in managing child maltreatment start with the recognition of the abuse and should follow a child-centered, family-supportive approach. Appropriate documentation and reporting must be followed. These steps are discussed in the following session.

#### 6.1 Recognition of Abuse

Physical and sexual abuse may present with patterned injuries, inconsistent histories, or behavioural changes. Underreporting remains common because clinicians fear legal repercussions or are uncertain about reporting obligations [19,20]. Emotional abuse and neglect are more difficult to identify due to subtle clinical manifestations and the absence of standardised assessment tools [19].

#### 6.2 Management Principles

IAP recommends a child-centred, family-supportive approach [18]. Immediate priorities include stabilisation, ensuring safety, and accurate documentation. If home safety is uncertain, reporting to the CWC is mandatory.

#### 6.3 Documentation and Reporting

Clear documentation, photographs (where permitted), and verbatim recording of child statements are essential. Under the POCSO Act, healthcare professionals must report suspected sexual abuse [21].

#### 7. Challenges in Paediatric Detection and Reporting

Despite robust frameworks, several barriers hinder effective clinical response by the authorities and paediatricians. The main issue is the ambiguity around the definitions of the severity of the abuse. Poorly defined terms such as “severe abuse” result in variable reporting. Cases perceived as less severe may go unreported, placing children at long-term risk [19, 20].

Determining whether the children are “Safe at Home” is another challenge. IAP guidelines provide limited clarity on the criteria for determining home safety. Reporting all clinically diagnosed cases to the CWC allows trained child-protection professionals to assess safety [18].

In this digital era, cyberbullying, grooming, and online exploitation are increasing. But the 2011 IAP guidelines did not address digital risks. Hence, the guidelines need to be updated. National guidelines on online safety were introduced only in 2025. These drawbacks also make the reporting and documentation of child maltreatment [22].

Despite prohibition under the JJ Act [8], corporal

punishment remains common. Causing physical pain in the name of discipline causes many ill effects in the child's mental status. Evidence links it to adverse neural and social-emotional outcomes. Still, there are many unreported and neglected cases of corporal punishments that are ongoing [23, 24].

Even if a case is recognised and reported, proper follow-up will not happen in most of the abuse cases. For the complete management of a child abuse case, multidisciplinary or a comprehensive care is required, with the involvement of psychologists, developmental paediatricians, social workers, and psychiatrists. Many paediatricians lack the capacity for long-term follow-up, underscoring the need for structured referral pathways.

In addition to the proper training requirements within the paediatricians, there is also a lack of appropriate screening tools to help in identifying child abuse is another important challenge. Validated screening tools help with the early detection of maltreatment. Ongoing training improves clinician preparedness, thus improving the child protection movements [25].

## 8. Support Systems for Children and Paediatricians

There are many supporting teams for helping the Children and Paediatricians in reporting, documenting, and managing child maltreatment. The major ones among these are Childline 1098, CWCs, NCPCR/SCPCR, Non-Governmental Organizations (NGOs), and hospital-based teams.

Childline 1098 is a 24×7 helpline number, providing rescue, counselling, and referral services; useful during emergencies [26]. CWCs are Quasi-judicial bodies mandated to make decisions regarding children who need care and protection. Every district must have an active committee [27]. Child Rights Commissions like NCPCR/SCPCR are National and State Commissions that monitor child-rights laws and investigate violations [11].

## 9. Parental Awareness

Awareness among the parents and the society about the types of child abuse, various prevailing laws and policies, the supporting systems and organisations is an important factor in establishing child protection. In most rural places, this information is not popular, or the people are unaware. Studies from Tamil Nadu and Chennai show low parental awareness regarding POCSO, helplines, and abuse prevalence [28, 29]. Clinicians frequently feel uncertain about legal obligations, lack training, and fear litigation, contributing to persistent underreporting [30]. Strengthening awareness through community education, Continuing Medical Education (CME) programs, and NGO collaboration is essential [31].

## CONCLUSION

Child maltreatment in India remains a major public health

issue. Although legal protections and national programs exist, underreporting, limited paediatric training, societal stigma, and emerging threats such as cyber abuse hinder progress. Paediatricians must adopt a proactive approach to early detection, documentation, and reporting. Updated guidelines, structured referral systems, robust training, and increased community awareness are critical for improving outcomes.

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