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Original Article

Perceptions and Experiences of Medical Officers Regarding Child Protection: A Multi-centre Cross-Sectional Study in Sri Lanka

S RVithana[1], GS Mohottalage[1], N Darshana[2], I Kankananarachchi[2]

[1] Sabaragamuwa University of Sri Lanka, [2]University of Ruhuna, Sri Lanka

Abstract

Child protection is critical in healthcare, with medical officers playing a vital role in identifying abuse. Despite rising cases in Sri Lanka, traditional norms and inadequate training affect responses. This study aims to assess medical officers' perceptions and experiences, potentially informing evidence-based policies and targeted training programs.

A multicentred cross-sectional study surveyed 253 medical officers involved in paediatric care across the country. Data collected via Google Forms, analysed using SPSS v20 with descriptive statistics and chi-square tests to examine associations.

A total of 253 doctors participated, with the majority (49%, n = 129) being medical officers. More than 76.7% had worked in pediatrics for over a year, and 51.5% were based in general pediatric units. Nearly 89.7% of doctors encountered at least one case of child abuse during their practice, while 69.6% had managed a case within the past year. Although over 70% expressed confidence in recording and reporting child maltreatment, only 31.1% had received formal training on the subject. Just over half of the participants reported adhering to the National Guideline for the Management of Child Abuse and Neglect. The main challenges in managing child maltreatment cases included lack of experience (59.4%), inadequate knowledge (41.9%), and uncertainty in diagnosis (41.9%). Encouragingly, over 95% of doctors expressed a desire for training on managing and reporting child maltreatment.

This study highlighted the need for regular training for doctors working with children to enhance their knowledge and practices. Additionally, it is essential to promote awareness and adherence to the existing National Guideline on to ensure standardized and effective care.

Keywords

Child protection, Child abuse & neglect, Children safeguarding, Awareness of child abuse, Sri Lanka

Introduction

All children have the fundamental right to a life free from fear of abuse, neglect, and discrimination. Experiencing maltreatment as a child is well known to be associated with physical, psychological and behavioural problems as an adult. In addition to the acute effects that can be caused by maltreatment, a child's response to this can have long-lasting effects (1,2).

The number of child maltreatment cases is increasing and has become a serious ongoing issue in Sri Lanka (3).

The National Child Protection Authority has established policies to address child abuse and neglect, emphasising the significance of healthcare professionals' involvement (2).

Adequate training and education are essential for enhancing the ability to identify child abuse indicators. Organisational support and transparent policies facilitate an effective response to child protection concerns. Moreover, cultural and societal influences, personal beliefs, and attitudes of medical officers also shape their actions and decisions (4).

Corresponding author : Sadani Vithana, Email: sadani@med.sab.ac.lk, https://orcid.org/0000-0002-9500-069X, Submitted October 2025, Accepted March 2026

Recognising the various clinical presentations is crucial for timely intervention and prevention of further harm. Healthcare professionals must remain vigilant and well-informed to ensure the safety of vulnerable children (5,6,7,8,9).

Regional studies from India show a significant poor knowledge and understanding among medical professionals about child maltreatment (10,11).

In comparison, a Sri Lankan study indicates that the understanding and actions of various healthcare workers are generally acceptable, although there are some shortcomings, particularly in recognizing who's responsible and deciding what steps to take in neglect cases (12).

Another Sri Lankan study among intern medical officers showed good knowledge scores, but disparities in its application and 95% of the participants were willing to participate in an awareness program before starting their internship (13).

In contrast, several studies from Saudi Arabia have also shown that even though healthcare professionals are equipped with adequate knowledge, awareness of child protection reporting procedures is significantly inadequate (14,15,16).

It is also essential to have accessible resources. A study from the United Kingdom (UK) among children's nurses has shown that simulation-based training has shown promising results, especially in improving confidence (17). A study from the United States showed that paediatricians who had received recent education on child maltreatment were more confident in their ability to identify and manage child protection issues (5).

Child maltreatment is a considerable problem in Northern Sri Lanka, and there is a pressing requirement to strengthen the services. The authors also recommended that the authorities should implement successful initiatives to enhance capabilities and prevent issues (18).

Unfortunately, to date, Sri Lanka has no formal national programme on recognizing, reporting, and managing child abuse and neglect.

Even with the availability of mandatory training and comprehensive facilities, most doctors, including consultants, do not have the right attitude toward child safeguarding according to several studies from the UK (19).

Although research on child protection is growing worldwide, little is known about how Sri Lankan medical officers perceive and experience it. This study seeks to fill that gap by exploring the factors that shape their involvement. The findings will help design practical, locally relevant training, policies, and systems to strengthen early detection, reporting and management.

The objectives of the study were to assess perception and experience in child protection and its associated factors among medical officers involved in paediatric care in Sri Lanka

Methods

A multicenter cross-sectional descriptive study was conducted in tertiary care hospitals and district general hospitals providing paediatric care in Sri Lanka. The study population was grade medical officers and postgraduate trainees involved in paediatric care in the above-mentioned hospitals. The minimum sample size was calculated using the Lwanga and Lemeshow formula. A stratified sampling method was used for subject recruitment to include all categories for the study.

A self-administered Google form was used for data collection. It consisted of three parts, including socio-demographic information, perception, and experience, and its associated factors regarding child protection.

Statistical Package for the Social Sciences software was used to analyse the data. Basic information analysed and summarised using descriptive statistics. Perception and

experience on children safeguarding were analysed as individual questions.

Ethical approval was obtained from the Ethics Review Committee at the Faculty of Medicine, Sabaragamuwa University of Sri Lanka (Ref. No. ERC/FOM-SUSL/D 05-10-23). Data was treated strictly confidential. Participants had the unconditional right to withdraw from the study at any stage.

Results

The study involved 253 participants. Table 1 illustrates the sociodemographic characteristics of the study population. Out of the 253 participants, the majority were aged 31–40 years (78.3%) and female (64.8%). Nearly 70% were non-trainee medical officers, and 45.1% had 1–5 years of experience in their career. The majority worked at District General Hospitals (35.3%) and Teaching Hospitals (31.2%). Educationally, majority held only an undergraduate degree (77%), while rest possessed postgraduate qualifications. These findings reflect a young and early-career workforce with moderate exposure to paediatrics.

Table 1. Sociodemographic characteristics of the study population

Variable	Category	Number (%)
Age	20-30 years 31-40 years 41-50 years 51-60 years	30 (11.9) 198 (78.3) 19 (7.5) 6 (2.4)
Gender	Male Female	89 (35.2) 164 (64.8)
Position	Postgraduate trainee Medical Officer (Non-trainee)	77 (30.4) 176 (69.6)
Experience	<1 year 1-5 years 6-10 years > 10 years	15 (5.9) 114 (45.1) 86 (34.0) 38 (15.0)
Experience in Paediatrics	<1 year 1-5 years 6-10 years >10 years	59 (23.3) 145 (57.3) 40 (15.8) 9 (3.6)
Place of work	National Hospital Teaching Hospital Provincial General Hospital District General Hospital	23 (9) 79 (31.2) 61 (24.5) 89 (35.3)
Educational Qualifications	MBBS Only MD Other (Emergency Medicine, Surgery, Psychiatry) DCH MD Paediatrics MRCPCH Other diplomas	195 (77) 4 (1.6) 29 (11.5) 28 (11.1) 3 (1.2) 9 (3.6)

As shown in Table 2, 94.5% respondents strongly agreed that child protection is an important health issue. Nearly all (97.2%) believed that it is preventable through public awareness and child empowerment. Most participants (78.9%) disagreed that cultural beliefs and social stigma have no effect on reporting maltreatment, highlighting these as barriers.

Additionally, 98.4% believed all medical officers caring for children should be aware of child protection practices. However, only 43.9% strongly agreed that they were familiar with their legal obligations, though 89.1% agreed in total. Nearly 56.5% reported insufficient support/resources for handling such cases, and 96.5% agreed that more training would enhance their practice.

Table 2. Perception of the doctors on child protection

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	N(%)	N(%)	N(%)	N(%)	N(%)
Child Protection is an extremely important health problem in the context of pediatric healthcare	239 (94.5)	14 (5.5)	0 (0)	0 (0)	0 (0)
Child maltreatment is preventable through public awareness and empowering children	169 (66.8)	77 (30.4)	5 (2)	2 (0.8)	0 (0)
According to my perception, social stigma and cultural beliefs have no effect on reporting child maltreatment	10 (4)	29 (11.5)	14 (5.5)	117 (46.2)	83 (32.8)
All medical officers caring for children should be aware of child protection practices in Sri Lanka and be able to recognize maltreated children	205 (81.0)	44 (17.4)	1 (0.4)	1 (0.4)	2 (0.8)
Reporting child maltreatment is an important part of my role as a doctor and I am familiar with the legal obligations related to child protection	111 (43.9)	117 (46.2)	23 (9.1)	2 (0.8)	0 (0)
The support and resources available for reporting and addressing child protection concerns in my institution is not sufficient	22 (8.7)	121 (47.8)	62 (24.5)	44 (17.4)	4 (1.6)
Additional training and resources would further enhance child protection practices among medical professionals	129 (51.0)	115 (45.5)	8 (3.2)	1 (0.4)	0 (0)

Table 3 summarizes the experience of child protection practices. 89.7% of study population had encountered suspected child maltreatment cases in their practice, while 69.6% encountering cases in the past year. A substantial proportion of participants (70%) reported confidence in managing child protection cases despite not having received formal training in their training or career. This may indicate a discrepancy between perceived and actual competence, raising concerns about overestimation of clinical ability in this sensitive area. Encouragingly 95.3% expressed interest in further training.

Table 3. Experience on child protection practices

	Number (Yes) (%)
Have you ever encountered suspected child maltreatment cases in your clinical practice?	227 (89.7)
Have you encountered suspected child maltreatment cases in the last one year?	176 (69.6)
Would you like to have training on managing and reporting child maltreatment?	241 (95.3)
Overall, do you think you are confident to recognize and report a case of child maltreatment?	177 (70)

As shown in Figure 01, only 31.2% had received formal training and of those, 70.7% rated it as helpful or very helpful.

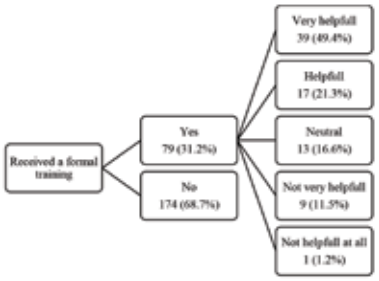

Figure 01: Training experience on child protection and its impact on their practices

As per Table 4, approximately half of the respondents (50.6%) reported that they follow the National Guideline for the Management of Child Abuse and Neglect, while a similar proportion (47.8%) admitted that they do not follow any specific guideline. Regarding the perceived usefulness of the national guideline, 29.2% rated it as very useful, while 29.6% had never referred it. Furthermore, when evaluating the adequacy of training and awareness programmes, only 17.8% (strongly agree or agree) believed that it is adequate, while 42.3% disagreed or strongly disagreed, and 39.9% remained neutral. These findings underscore the urgent need for strengthening, dissemination and expanding training opportunities in child protection for healthcare workers.

Table 4: Usage, perceived usefulness, on child protection guidelines, and awareness of training

	Number (%)
Which guidelines do you follow for the management of children with maltreatment?	
National Guideline for The Management of Child Abuse and Neglect	128 (50.6)
Do not follow any specific guideline	121 (47.8)
Other	4 (1.6)
What is your perception of the usefulness of the National Guideline for the Management of Child Abuse and Neglect?	
Very useful	74 (29.2)
Need to be Updated	53 (20.9)
Not Sure	50 (19.8)
Not Useful	1 (0.4)
I have never referred it	75 (29.6)
In my view, there are adequate training and awareness programmes addressing current trends in child protection for healthcare professionals in Sri Lanka.	
Strongly agree	9 (3.6)
Agree	36 (14.2)
Neutral	101 (39.9)
Disagree	91 (36.0)
Strongly disagree	16 (6.3)

As outlined in Figure 02, inadequate experience was the most frequently reported challenge (59.4%), followed by insufficient knowledge (41.9%), and diagnostic uncertainty (41.9%). Cultural beliefs (13.4%) and concerns about violating confidentiality (27.7%) further hindered reporting. 11.1% had reported that they have a fear of losing doctor–patient relationship, and 40.74% expressed parental or victim characteristics influencing their decisions. These findings reflect the complex, multifaceted barriers that impact the effective identification and management of child maltreatment cases in clinical practice, highlighting the need for improved training, support, and clear guidelines.

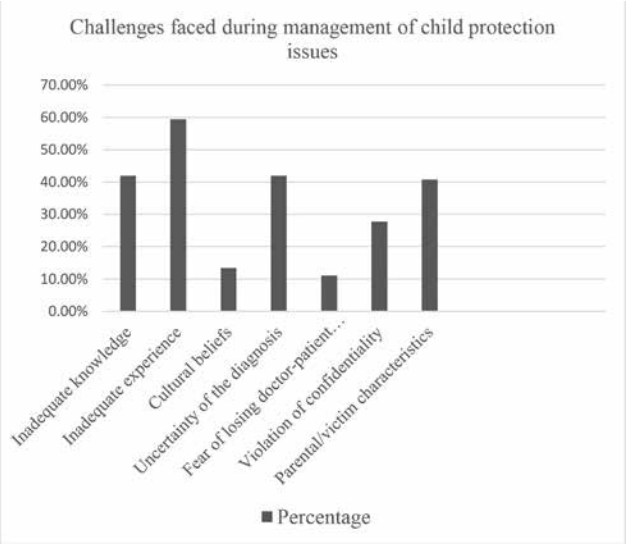

Figure 02: Challenges faced by during the practice

Discussion

Our results demonstrate overwhelming recognition of child protection as an extremely important health problem, with 94.5% of respondents strongly agreeing and the remaining 5.5% agreeing with this statement. This near-universal acknowledgment suggests a solid foundation of awareness regarding the significance of child maltreatment issues among Sri Lankan medical professionals, similar to findings from studies in India and Saudi Arabia, where healthcare workers recognized the seriousness of child abuse despite variations in knowledge levels. This also aligns with the findings from the Northern Sri Lankan study, which reported generally acceptable understanding among healthcare workers (12).

While knowledge appears to be high, our data and supporting literature reveal significant gaps in application and infrastructure. For instance, although 95.6% of participants agreed that child maltreatment is preventable through education, only 43.9% felt strongly confident about their legal responsibilities regarding child safeguarding. This is consistent with studies from Saudi Arabia and the UK, where although professionals possessed knowledge, their awareness and application of child protection protocols remained inadequate (14,15,19).

A notable gap was observed between awareness and preparedness. While 89.7% of participants had encountered suspected cases, only 31.2% reported receiving formal training. This likely reflects limited access to structured training programmes for non-trainee doctors. Similar findings have been reported in Saudi Arabia, where professionals demonstrated general awareness but had limited understanding of reporting mechanisms (14). Likewise, Sri Lankan studies also suggest that although knowledge levels may be acceptable, important gaps remain in translating this into practice (12,13).

The discrepancy between reported confidence (70%) and lack of formal training (68.8%), and relatively low familiarity with legal responsibilities raises the possibility of overestimation due to self-perception bias or misinterpretation of their roles. This perceived confidence may stem from prior clinical exposure or informal learning, but it further justifies the need for standardized, evidence-based structured training to ensure that they not only feel confident but are also adequately equipped with the necessary knowledge, skills, and legal awareness to respond appropriately.

A notable 81% of respondents strongly agreed that all medical officers caring for children should be knowledgeable and confident in recognizing abuse. Yet only 8.7% strongly agreed that they had adequate support and resources available. This disparity emphasizes a systemic gap between individual awareness and institutional preparedness which is something similarly observed in the retrospective study from Northern Sri Lanka, which emphasized a pressing need for service strengthening (18).

In contrast to UK-based literature, where structured, mandatory training programs are available but not always effective due to poor attitudes or lack of practical application, Sri Lanka lacks consistent national-level training initiatives. The fact that 95.3% of respondents expressed interest in further training emphasizes this unmet need. This reflects a proactive attitude toward continuous professional development a trend seen in both local and international literature. This suggests that introducing structured training, especially simulation-based, interactive models or digital modules as recommended in UK studies, could bridge the

knowledge-practice gap and improve confidence and effectiveness.

Although national guidelines for child protection are readily available, almost half of the participants in this study reported not following it. This highlights a significant gap between what's recommended in and what's practiced and suggest the need for improving awareness of existing guidelines.

Barriers such as diagnostic uncertainty, inadequate experience, and influence of parental/victim characteristics were frequently cited. These issues echoed in studies from both South Asia and the Middle East. Unique to the Sri Lankan setting, however, was the significant influence of cultural beliefs, as noted by 13.4% of participants, underscoring the need for culturally sensitive approaches in training and policy development. Such measures would not only improve outcomes for at-risk children but also empower medical professionals to fulfill their safeguarding responsibilities effectively.

This study has several limitations. The self-reported nature of the data may be subject to social desirability bias, particularly regarding confidence, knowledge of legal obligations and professional responsibilities. Additionally, while attitudes and perceptions were measured, actual practices and behaviors may differ in real clinical scenarios. Future research should incorporate objective measures of knowledge and observational studies of clinical practice to complement these findings.

Conclusion

The findings highlight several key areas of both consensus and concerns. The study identifies that while medical officers in Sri Lanka are highly aware of the importance of child protection, their practical experience and support structures are inadequate. Inadequate training, lack of adherence to formal guidelines, and limited awareness of legal protocols hinder effective child protection practices.

Addressing these gaps can significantly enhance the effectiveness of child protection practices and align Sri Lanka's healthcare practices with international safeguarding standards.

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