

ORIGINAL ARTICLE

A Study on Awareness of POCSO Act & Sec 375 I.P.C Amongst the Medical Professionals at Puducherry – A Cross Sectional Study

Rajesh JJ,¹ Vignesh T,² Kumar RH,³ Sevvanthi K.⁴

Associate Professor,¹ Assistant Professor,^{2,3} Lecturer cum Biostatistician.⁴

1. Department of Forensic Medicine, Velammal Medical College Hospital & Research Institute Madurai.

2-4. Department of Community Medicine, Aarupadai Veedu Medical College and Hospital, Puducherry

Abstract:

Child sexual abuse, the most under reported crime, has gained public attention in the past years. The Protection of Children from Sexual Offences Act 2012 (POCSO) is a gender neutral friendly act to protect children from sexual related offences. Rape (Sec 375 IPC) law is amended with a sole agenda of safeguarding women and to ensure justice delivery with emphasis on physical and mental health care during judicial proceedings. The aim is to study the awareness of POCSO Act 2012 & Sec 375 IPC (Indian Penal Code) amongst the medical professionals in the state of Puducherry. It's a cross sectional study, conducted among the pre, para and clinical faculties & nurses. The total sample size was 305 and the sampling procedure used was convenience sampling. The study participants were consenting medical professionals. Out of nine questions on general information of child sexual abuse, only four questions were answered correctly by more than 50% of the participants. Out of thirteen questions asked on POCSO Act, only five questions were answered correctly by more than 50% of the participants. Out of eleven questions asked about the Sec 375 IPC (Rape), only one question was answered correctly by more than 50% of the participants. On analysing the outcome of the study, it is very much evident that medical professionals are not up to date regarding the recent amendments in the law related to medical field. It is mandatory to create awareness of POCSO act & Rape laws in the society. This lack of knowledge, may subject many children & women to repeated victimization.

Keywords: Awareness; POCSO; Sec 375 IPC; Medical professionals.

Introduction:

Child sexual abuse, the most under reported crime, has gained public attention in the past years and has now become one of the high profile crimes of India.¹ The type of child abuse includes: physical, sexual, verbal, emotional (psychological), neglect & abandonment, torture and ill-treatment.² World Health Organization (WHO) defines child sexual abuse (CSA) as "The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society".³

The Protection of Children from Sexual Offences Act 2012 (POCSO) is a child (below 18 years, Gender neutral) friendly act which is to protect children from offences of sexual assault, sexual harassment and pornography and provide establishment for special courts for trial of such offences. The Act provides stringent punishment to the offenders. E.g. Aggravated penetrative sexual assault carries an imprisonment of 10 years and can be extended to imprisonment for life or death penalty.⁴ CSA has profound consequences for the child. It is known to interfere with growth and development.^{5,6} CSA has also been

linked to numerous maladaptive health behaviours, and poor social, mental and physical health outcomes throughout the lifespan.⁷⁻⁹ In accordance with that, there is evidence that CSA can affect neurobiological systems, e.g. the cortical representation of the genital somatosensory field.¹⁰ According to NCRB data of 2016, around 20,000 children are raped every year in India; many more cases go unreported; the available statistics is only the tip of the iceberg.¹⁰⁻¹⁴

In the existing system, the practicing doctors & other health care staff are not methodically trained about various aspects of CSA i.e. diagnosis, rational treatment, evidence collection, documentation of injuries and treatment of the child. This lack of knowledge, may subject many children to repeated victimization. The newly adopted POCSO Act, 2012 deals with all forms of sexual abuse on children and lays down the principles to handle the child in a systematic manner, protocols to be followed by individuals and hospitals for examination and treatment of the child, the manner in which judicial proceedings are to be carried out and is the most elaborate law about this problem.^{15,16}

Rape (Sec 375 I.P.C – Indian Penal Code) results in violation of sexual autonomy and the bodily integrity of a woman and is punishable under the law.¹⁷ To ensure the safety of women against these broader types of crimes, the law is amended. The revised definition of rape is not necessary to have a penetration of a woman's vagina, urethra, anus or mouth by a penis or penetration of the vagina, urethra or anus by finger (s), object (s) or body part (s), including oral sex against her consent, but just mere manipulating her for sexual intercourse amounts to rape. Thus, a

Corresponding Author

Dr. J. James Rajesh

Email : james_rajesh143@yahoo.com

Mobile No. : +91 9443790021

Article History

DOR : 18.08.2022 DOA : 10.04.2023

man who has committed this offence shall be charged of rape under the newly amended law.¹⁸ Women experiencing acts of violence are likely to visit health care centres more frequently than any other institution for seeking treatment, solace, protection and healing.¹⁹ Interventions by healthcare providers can potentially mitigate both the short- and long-term effects of sexual violence against women, children and their families.^{20,21}

The law is amended with a sole agenda of safeguarding women and to ensure justice delivery with emphasis on physical and mental health care during judicial proceedings. This requires appropriate training to all the stakeholders such as doctors, nurses, police, advocates and judiciary. There is an urgent need to create awareness among medical fraternity regarding the rights of the survivor and at the same time, reminding doctors regarding their role in such circumstances, where the amended law is very vast.

Table 1. Study participant's awareness regarding the topic 'child sexual abuse' in general.

S. No.	Question on	% of participants answered correctly
1	Indian ranking on child sexual abuse globally	32
2	Proportion of children who are sexually abused in India	32
3	Gender preponderance on child sexual abuse	10
4	Percentage of children who complain/speak about their abuse to anybody	40
5	Ideal time for sex education for children in general	90
6	First step to be done in a case of sexually abused child	42
7	Activities that come under sexual abuse of a child	98
8	Predominant relation of the person involved child sexual abuse (Accused)	80
9	Mandatory presence of external injuries in all cases of child sexual abuse	53

Table 2. Study participant's awareness on 'POCSO Act'.

S. No.	Question on	% of participant answered correctly
1	Name of the law for Child Sexual Abuse in India	63
2	Signs not considered as child sexual abuse	85
3	Period of time the effects of sexual abuse last in a child without intervention	30
4	Whether a doctor can examine a sexual assault child victim without a police requisition	28
5	Is it mandatory to inform police regarding the sexual abuse victim	23
6	The action of Doctor if victim or his/her mother denies to provide consent to inform to police	18
7	Whether sexual abuse victim examination should be done only in Government hospitals	45
8	Whether preferably a female doctor has to examine the victim of a CSA	60
9	Is it mandatory to provide free of cost treatment for victims of CSA, irrespective of government or private set up	30
10	What should be the first step when you examine a case of CSA	96
11	Whether medical care for Injuries, STD, HIV, Pregnancy testing, including Emergency contraception & psychological counselling come under emergency treatment of a sexually assaulted child	20
12	Whether documentation of the basic medical examination done is necessary or not	90
13	Is it mandatory that the concerned police officer should be present during medical examination even after the victim's denial for his presence at the examination room	20

Materials and Methods:

This study was a questionnaire-based Cross – Sectional study conducted amongst the medical professionals, which included the doctors (Pre, Para and Clinical faculties) & Nurses of the state of Puducherry. The research was approved by the institutional ethics committee. A semi structured validated questionnaire was prepared and was distributed amongst the study participants after explaining about the study and obtaining consent. The data obtained was statistically analyzed using appropriate statistical tests. Awareness among the study subjects was expressed as frequency and percentage. Sample size was calculated using the prevalence of awareness in POCSO act & Section 375IPC from the previous study which was found to be 51 %. The sample size was calculated as 305 using $N = 4pq/d^2$, where $p = 51$, $q = 49$, $d = 6\%$, considering the non responsiveness rate of 10%. The sampling procedure followed was convenience sampling. Inclusion Criteria: Medical professionals include doctors & nurses. Exclusion Criteria: Dentist, therapist (AHS), pharmacist & psychologist and persons associated with a health care system but doesn't provide therapeutic service of any type like ward boys, MTS, attenders. At the end of the study, the study participants were educated on the correct answers of the questions they attempted, thus increasing their knowledge about the subject concerned. Apart from the above mentioned effort, study materials in the form of PDF - Softcopy was issued to the participants for their benefit & further reading.

Observation and Results:

Section I – General awareness on child sexual abuse (table 1) out of nine questions asked about the general information on child sexual abuse, only four questions were answered correctly by more than 50% of the participants, rest five questions were not answered correctly even by half of the participants. The first question was on the global ranking of our nation in the CSA. 32% of the participants answered correctly as first place globally, whereas 68% of the participants answered wrongly. The second question was on the proportion of children who are sexually abused in India. 32% of the participants answered correctly as 1 in 2 children, whereas 68% of the participants answered wrongly. The third question was on the awareness of gender preponderance in sexual abuse. 10% of the participants answered correctly as both sexes, whereas 90% of the participants answered wrongly. The fourth question was on the awareness of percentage of children who will tell about their abuse to anybody. 40% of the participants answered correctly as 51-75%, whereas 60% of the participants answered wrongly. The fifth question was on the opinion for including sex education at which level of learning. 90% of the participants answered supporting at primary schooling, whereas rest 10% of the participants supported at various phases of education. The sixth question was on the awareness regarding the first step to be done in a case of CSA. 42% of the participants answered correctly as to take the affected child to a hospital, whereas 58% of the participants answered wrongly as to take them to an NGO or contact a nearby police station. The seventh question was on the awareness of activities that come under CSA. 98% of the participants answered correctly as the options mentioned like taking up skirt pictures, taking or

Table 3. Study participant's awareness on 'Section 375 –Rape law'.

S. No	Question on	% of participants answered correctly
1	Rape definition includes penetration of penis to any extent in what all parts of the body	32
2	Whether a man will be liable of committing rape if he just forces a woman to have sexual intercourse with some other person	12
3	Whether a man will be liable of committing rape if he penetrates the following objects into any extent into the vagina of a woman	9
4	Whether a man will be liable of committing rape if the person just manipulates a woman to have a sexual act but didn't do an actual sexual intercourse with the women.	2
5	Whether a man will be liable of committing rape if the person applies his mouth to the vagina of woman.	3
6	Whether 'Rape' is a medical diagnosis	13
7	Whether a woman be charged for rape against a man	33
8	If a woman does not have any external injuries, then it means she has consented for that sexual act?	22
9	The action to be taken when an accused of the child sexual offence denies medical examination	26
10	Any uniform guidelines to be followed in all hospitals in a case of child sexual abuse?	60
11	The action to be taken when a rape victim wishes to clean her private parts before medical examination.	30

showing sexual content/porn, exhibitionism, whereas 2% of the participants answered wrongly. The eighth question was on the awareness of relationship of the persons who are involved in the acts of CSA with the child. 80% of the participants answered correctly as a close acquaintance, whereas 20% of the participants answered wrongly. The ninth question was on the awareness of mandatory presence of external injuries in all cases of CSA. 53% of the participants answered correctly as not necessarily in all cases, whereas 47% of the participants answered wrongly as in all cases of CSA, external injuries are a must.

Section II – Awareness on POCSO Act (table 2) out of thirteen questions asked about the POCSO Act, only five questions were answered correctly by more than 50% of the participants, rest eight questions were not answered correctly even by half of the participants. The first question was on the awareness on the separate act for CSA in India. 63% of the participants answered correctly as “Protection of Children from Sexual Offences” Act, whereas 37% of the participants answered wrongly. The second question was on the awareness of signs considered as CSA and the question was asked in a negative way. 85% of the participants answered correctly as genital pain, social withdrawal & bedwetting, whereas 15% of the participants answered wrongly. The third question was on the awareness of lasting of the effects of CSA in a un-interventored child. 30% of the participants answered correctly as life long, whereas 70% of the participants answered wrongly. The fourth question was on the awareness, whether a doctor can examine sexually assaulted child victim without a police requisition. 28% of the participants answered correctly as yes, whereas 72% of the participants answered wrongly as no. The fifth question was on the awareness, whether intimation to police in a case of sexual assault victim is mandatory. 23% of the participants answered correctly as yes, whereas 77% of the participants answered wrongly as no. The sixth question was on the awareness on the action of a doctor, in

case the victim or the mother of the victim denies to provide consent regarding intimating the police. 18% of the participants answered correctly as proceed to inform the police, whereas 82% of the participants answered wrongly. The seventh question was on the awareness, whether sexual offence examination has to be conducted only in the government hospitals. 45% of the participants answered correctly as no, whereas 55% of the participants answered wrongly as yes. The eighth question was on the awareness, whether preferably a female doctor has to examine the victim of a CSA. 60% of the participants answered correctly as yes, whereas 40% of the participants answered wrongly as no. The ninth question was on the awareness; whether initial treatment for the CSA victims has to be free of cost irrespective it is government or private set up. 30% of the participants answered correctly as yes, whereas 70% of the participants answered wrongly as no. The tenth question was on the awareness regarding what should be the first step when you examine a case of CSA. 96% of the participants answered correctly as treatment of the victim, whereas 4% of the participants answered wrongly like police intimation, inform medical superintendent, evidence collection. The eleventh question was on the awareness regarding whether medical care for injuries, STD, HIV, pregnancy testing, including emergency contraception & psychological counselling come under emergency treatment of a CSA victim. 20% of the participants answered correctly as yes, whereas 80% of the participants answered wrongly as no. The 12th question was on the awareness, whether documentation of the basic medical examination done is necessary or not. 90% of the participants answered correctly as yes, whereas 10% of the participants answered wrongly as no. The thirteenth question was on the awareness regarding the mandatory presence of the concerned police officer in the place of medical examination even after the victim's denial for his presence at the examination room. Only 20% of the participants answered correctly as no and will advice the concerned police to wait outside, whereas 80% of the participants answered wrongly as yes will allow the police for legal purposes.

Section III – Awareness on Section 375 IPC (table 3) Out of eleven questions asked about the Sec 375 IPC (Rape), only one question was answered correctly by more than 50% of the participants, rest ten questions were not answered correctly even by half of the participants. The first question was on the awareness regarding the commitment of rape, if a person penetrates his penis to any extent in which all parts of the body. 32% of the participants answered correctly as all the parts mentioned namely vagina, anus, urethra & mouth, whereas 68% of the participants answered wrongly. The second question was on the awareness regarding, whether a man will be liable of committing rape if he just forces a woman to have sexual intercourse with some other person. 12% of the participants answered correctly as yes, whereas 88% of the participants answered wrongly as no. The third question was on the awareness regarding, penetration of which of the following into the any extent into the vagina of a woman is said to be rape. 9% of the participants answered correctly as all the mentioned options like penis, any foreign object or any part of the body, whereas 91% of the participants answered wrongly. The fourth question was on the awareness regarding, whether a person will

be held for charges for rape, if the person just manipulates a woman to have a sexual act but didn't do a sexual intercourse with her. Only 2% of the participants answered correctly as yes, whereas 98% of the participants answered wrongly as no. The fifth question was on the awareness regarding, whether a person will be liable for rape charges, when he applies his mouth to the vagina of woman. Only 3% of the participants answered correctly as yes, where as 97% of the participants answered wrongly as no. The sixth question was on the awareness regarding, whether rape is a medical diagnosis. 13% of the participants answered correctly as no, where as 87% of the participants answered wrongly as yes. The seventh question was on the awareness regarding, whether a woman be charged for rape against a man. 33% of the participants answered correctly as no, where as 67% of the participants answered wrongly as yes. The eighth question was on the awareness regarding, if a woman does not have any external injuries, then it means she consented for that sexual act. 22% of the participants answered correctly as all the options mentioned which included; Yes: probably a false allegation, No: probably a forceful consent is obtained & No: probably victim may be unconscious during the act, where as 78% of the participants answered wrongly. The ninth question was on the awareness regarding, the action to be taken when an accused of the child sexual offence denies medical examination. 26% of the participants answered correctly as to get a documented informed refusal from him, where as 74% of the participants answered wrongly. The tenth question was on the awareness regarding, any uniform guidelines to be followed in all hospitals in handling the cases of child sexual abuse. 60% of the participants answered correctly as yes, where as 40% of the participants answered wrongly as no. The eleventh question was on the awareness regarding the action to be taken when a rape victim wishes to clean her private parts before medical examination. 30% of the participants answered correctly as to try to convince her and prefer to go for an medico legal examination, but ultimately it's the victim's consent which decides what has to be done ultimately, where as 70% of the participants answered wrongly.

Discussion:

In a study done by Yasvanth et al., a total of 100 faculties in private medical college in Chennai were included in the study. 70% of the people thought that non touching activities will not come CSA. 56% of faculties had the awareness of POCSO act. 35% of them felt that a child below the age of 13 years only come under the purview of POCSO act and only 34% thought child below 18 years also come under POCSO act. 60% of them were not aware of punishment under POSCO act. 57% of the participants had awareness of child abuse helpline number. 91% of them agreed that some children are sexually abused by older children. 68% of them disagreed that boys are not equally abused. 69% of them disagreed that majority of sexual abuse perpetrators are mentally ill or retarded. 91% of them disagreed that only vulnerable children are sexually abused. 95% of them disagreed that perpetrators of abuse are often strangers. The study concluded that the awareness of CSA & POCSO Act 2012 amongst faculty were not satisfactory. Hence more sensitization programs were needed.²³ In a study done by Minakshi Bhosale et al., only 18 % of the participants had scored between 5 to 8 out of

10.2% of the participants had scores >8 and 90 % of the participants had scores <5, meaning there is lack of awareness and knowledge about CSA, even among health care workers. 89% of participants did not know the prevalence of CSA in India. Only 25.6 % were aware that both boys and girls are almost equally affected. 80 % participants did not know what to do when a child has suffered severe injuries following sexual abuse. Only 20.4 % were aware about the special act to deal with children suffering from CSA. Almost 52.4 % felt the need for including CSA as part of the curriculum from primary school.²³ Similar study on the awareness of MTP act 1971 was carried out among the apparently healthy reproductive age group population at Puducherry in which, the awareness was less among the people for whom the act was intended and implemented.²⁴ Studies estimating the awareness of rape law among the medical professionals were almost nil as many studies were conducted among the under graduate students.

In another study conducted by Shirley SA et al., of the 186 participants who participated in the study, only 24 participants (12.9%) were aware of the Protection of Children from Sexual Offences (POCSO) Act. Among the total participants only 61 (32.8%) were aware about the 24 hours toll free child helpline in India (1098). The awareness of uncommon physical indicators of child sexual abuse was low among the participants. The awareness of participants regarding various behavioural indicators of child sexual abuse like acute traumatic response (83.9%) and regression in behaviour (82.8%) were the commonly known behavioural indicators of child sexual abuse in the study. Regarding attitude towards offender's relationship to the child victim, 75.3% of the participants believed that the offenders were usually unknown persons, 63.5% believed that offenders were usually family members, followed by family friends (52.7%), neighbours (50.5%), other known persons (48.9%) and online friends (34.4%).²⁵ Apart from the medical professionals, awareness studies on POCSO Act was also conducted among the parents of the school going children, in which the awareness about POCSO Act was found to be less.²⁶

Conclusion:

Apart from the present study, the above three studies were also having an common inference, that the awareness of latest amendments in POCSO act & Section 375 IPC was very much pathetic among the health care workers who are the first point of contact . If the doctors and the nurses do not know, what has to be done next, it will be a herculean task to establish justice for the victims of abuse. The only remedy is through conducting workshops/symposia about CSA & Rape in general and the relevant provisions of the POCSO Act, 2012, Section 375 IPC in Medical Colleges so that apart from general practitioners & nurses, the budding doctors (students) will also be sensitized towards CSA & Rape laws and will be ready in the future to recognize and tackle the ever increasing number of cases of CSA & rape. In fact, CSA, Rape law and other latest amendments in the laws related to medical professional should be included as part of the medical curriculum. The medical students should be imparted necessary training and ability to recognize violence against children & women at an early stage so that they can handle these

cases more confidently and with utmost care. Continuing medical education is required to enhance the ability of professionals to detect and manage CSA & Rape victims. There is a need of interdisciplinary care involving primary health care workers, police officers, child welfare committee workers, obstetricians, paediatricians, gynaecologists, general surgeons, paediatric surgeons, urologists, forensic experts, psychiatric specialists, anaesthetists etc. to handle these cases. The entire community should share the responsibility of rehabilitating the lives of these children, women and their families effectively.

Conflict of interest: The Author (s) declare (s) that there is no conflict of interest.

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

References:

- Karthiga RJ, Tamilselvi A, Ravikumar R. Child sexual abuse in Madurai, India: a literary review and empirical study. *Journal of Child Sexual Abuse*. 2014 Aug 18;23(6):727-44.
- Belfer ML. Child and adolescent mental disorders: the magnitude of the problem across the globe. *J Child Psychol Psychiatry*. 2008 Mar;49(3):226-36.
- Report of the consultation on child abuse prevention. Geneva: World Health Organization; 29-31 March 1999.
- Model Guidelines under Section 39 of The Protection of Children from Sexual Offences Act, 2012. India: Ministry of Women and Child Development; 2013 September.
- Foster JM, Carson DK. Child sexual abuse in the United States: Perspectives on assessment and intervention. *American J of Humanities and Social Sci*. 2013 Jul 26;1(3) : 97-108.
- Goodman GS, Quas JA, Ogle CM. Child maltreatment and memory. *Annual review of psychology*. 2010 Jan 10;61:325-51.
- Putnam FW. Ten-year research update review: Child sexual abuse. *J Am Acad Child Adolesc Psychiatry*. 2003 Mar 1;42(3):269-78.
- Irish L, Kobayashi I, Delahanty DL. Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *J Pediatr Psychol*. 2010 Jun 1;35(5):450-61.
- Maniglio R. The impact of child sexual abuse on health: A systematic review of reviews. *Clinical psychology review*. 2009 Nov 1;29(7):647-57.
- Shrivastava AK, Karia SB, Sonavane SS, De Sousa AA. Child sexual abuse and the development of psychiatric disorders: a neurobiological trajectory of pathogenesis. *Ind Psychiatry J*. 2017 Jan;26(1):4.
- Davidson G, Shannon C, Mulholland C, Campbell J. A longitudinal study of the effects of childhood trauma on symptoms and functioning of people with severe mental health problems. *J Trauma Dissociation*. 2009 Jan 30;10(1):57-68.
- Sarkar SC, Lalwani S, Rautji R, Bhardwaj DN, Dogra TD. Prospective study of victims and offender of sexual offences. *Malays J Forensic Pathol Sci*. 2008 Jun;3(2):10-47.
- Ministry of Women and Child Development, Government of India, Child Related Legislation, [Internet]. 2012. Available from: <https://wcd.nic.in/act/2315>
- Child Line India Foundation, Children Issues [Internet]. 2012. Available from: <https://www.childlineindia.org/a/issues/sexual-abuse>.
- The Protection of Children from Sexual Offences. India: Gazette of India; 19, June 2012. No. 32 of 2012.
- Bhosale M, Carvalho C, Shaikh N. Child Sexual Abuse: Level of Awareness among medical students in context of the POCSO Act. *Indian J Med Sci Clinical Res*. 2018;6:400-6.
- Verma JS, Seth L, Subramanian G. Report of the committee on amendments to criminal law. India: Justice JS Verma Committee; 2013
- The Criminal Law (Amendment) Act [Internet]. 2013 Available from: http://ncw.nic.in/sites/default/files/The_Criminal_Law_Amendment_Act_2013_0.pdf
- Ramsay J, Richardson J, Carter YH, Davidson LL, Feder G. Should health professionals screen women for domestic violence? Systematic review. *Bmj*. 2002 Aug 10;325(7359): 314.
- Ministry of Health & Family Welfare. Guidelines & protocols: Medico-legal care for survivors/victimsofsexual violence [Internet]. Available from: <https://main.mohfw.gov.in/reports/guidelines-and-protocols-medico-legal-care-survivors-victims-sexual-violence>
- Harbishettar V, Math SB. Violence against women in India: comprehensive care for survivors. *Indian J. Med. Res*. 2014 Aug;140(2):157.
- Yeshwanth S, Sruthi P. A Study of Awareness of POCSO Act 2012 amongst faculty of Private Medical College at Chennai. *Int J Inniv Res Tech*. 2019;4(11):253-256.
- Bhosale M, Carvalho C, Shaikh N. A Study of Awareness of POCSO Act 2012 amongst faculty of Private Medical College at Chennai. 201;6(9):400-406.
- Fathima S, James Rajesh J, Jothi Marie Feula, Siva Reddy. Effectiveness of Educational Intervention on Knowledge & Attitude about MTP Act 1971 among Apparently Healthy Reproductive Age Group Population Visiting a Tertiary Care Centre, Puducherry. *Indian J. Forensic Med. Toxicol*. 2020 July-September;14(3):16-21.
- Shirley AS, Kumar SS. Awareness and attitude of mothers of primary school children towards child sexual abuse in Tamilnadu, India. 2020;7(1):191-197. Kiren M, Vinay HN, Vidya, Raheja A, Kiran MS. A Study on Awareness of the POCSO Act, 2012 amongst the Parents of Teenage Children in South Bengaluru. *J Indian Acad Forensic Med*. 2022;44(4):46-50.