



**Royal College of Obstetrician and Gynaecologist  
(UK) Northern Zone India  
Annual conference and Public Awareness  
Programme**

**Multi Disciplinary Approach to  
“Domestic Violence Against Women”**

in association with  
**Association of Obstetricians & Gynaecologists of Delhi (AOGD)  
(Multidisciplinary Patient Management Committee)  
& Indian Menopause Society(IMS)**

**Sunday, 13<sup>th</sup> December 2015, New Delhi**

*Abstract Book  
&  
Souvenir*



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# ABOUT NORTHERN ZONE AICC RCOG....

## Past Chairpersons



Dr S K Bhandari  
(1989-1992)



Dr Sheila Mehra  
(1992-1997)



Dr Sarla Gopalan  
(1997-2002)



Dr Urmil Sharma  
(2002-2007)



Dr Urvashi Prasad Jha  
(2007-2012)

## Chairperson

Dr Sohani Verma

## Patrons

All Past Chairpersons  
Dr Mohinder Kochar  
Dr R P Soonawala  
Dr Sanjeev Sharma (UK)  
Dr Prabha Sinha (UK)  
Dr Prathap C Reddy  
Dr Ashok Chauhan

## Fellow Representatives

Dr Nirmla Agrawal (Vice Chairperson)  
Dr Mala Arora (Hon. Secretary)  
Dr Anita Kaul (Treasurer)

## Web Editors

Dr Ranjana Sharma  
Dr Arbinder Dang

## Member Representatives

Dr Kaberi Banerjee  
Dr Jasmine Chawla  
Dr Arbinder Dang

## Co-opted Members

Dr Sonal Bathla  
Dr Anita Sabharwal

## *Regular activities conducted by RCOG North Zone India*

I. Monthly Workshops / Meetings	II. Twice a year courses	III. Yearly activities
Multi Disciplinary Team Meetings (MDTM)	Enhanced Revision Program for MRCOG Part II-Weekly online course over 15 weeks period	Annual Conference
	Written & OSCE Part II MRCOG Course	Pre conference workshops 1. COHS, IVF and ICSI- Conventional Protocols and Modifications in Challenging Cases 2. Live Workshop on Pelvic Floor Dysfunctions & Management 3. Fetal CTG, Ultrasound and Delivery Decisions 4. Male Infertility and IUI
	Basic Practical skills Course	Video Workshop on Vaginal Surgery and Urogynaecology
		MRCOG Final Revision OSCE Course (who passed Part II theory exam in September 2015). (first time in India)
		MRCOG Part II OSCE examination (first time in India)





Allow yourself to dream,  
And when you do dream big

Allow yourself to learn  
And when you do learn all you can

Allow yourself to laugh  
And when you do share your laughter

Allow yourself to set goals  
And when you do reward yourself as you move forward

Allow yourself to be determined  
And when you do you will find you will succeed

Allow yourself to believe in yourself  
And when you do you will find self confidence

Allow yourself to lend a helping hand  
And when you do a hand will help you.

Allow yourself relaxation  
And when you do you will find new ideas.

Allow yourself love  
And when you do you will find love in return

Allow yourself to be happy  
And when you do you will influence others around you.

Allow yourself to be positive  
And when you do life will get easier.

***-Catherine Pulsifer***

# *Contents*

Invitation .....	5
Annual Conference - Organising Committee.....	6
Overview at a Glance .....	7
Faculty .....	8
Messages .....	9
Annual Report .....	17
Our Dedicated Team.....	26
List of AICC RCOG NZ Fellows & Members .....	32
Scientific Session .....	37
Aknowledgement .....	49

# Invitation

Dear Doctors and Friends,

One in six pregnant women has suffered domestic violence according to a study published in the British Journal of Obstetrics and Gynaecology today. Is prevalence of domestic violence in pregnant women much more common than many other pregnancy complications? Is a violent pregnancy, a high risk one with numerous adverse implications for the mother and unborn child? In view of this, it could be argued that, should standard questions about violence be included in the same way as questions eliciting risk factors such as hypertension, diabetes, smoking, and alcohol use.

However, there appears to be a lack of adequate knowledge sharing on the issue of domestic violence and optimum utilization of available expertise due to social, emotional, financial and cultural issues involved in our country.

The Annual conference of Royal College of Obstetricians & Gynaecologists (UK) Northern Zone India this year has been planned with the specific objective of addressing this very important issue.

The Department of Obstetrics and Gynaecology, Sant Parmanand Hospital, Delhi cordially invite you all to RCOG North Zone Annual Conference and Public Awareness Programme on "Multi Disciplinary Approach to Domestic Violence Against Women" to enhance awareness in our society regarding issues related to domestic violence against women. The main aim is to educate doctors and general public regarding a stepwise approach towards a woman with domestic abuse.

The format of the conference will provide ample scope for lively interaction of doctors especially obstetricians and gynaecologists, general public with renowned expert faculty from various arenas of society. The face to face discussion based on evidence and latest acts will provide an excellent opportunity to clear all doubts and reach a consensus take home message.

We feel specially privileged to have Mr BS Bassi Police Commissioner, Mr Madhur Verma Deputy Commissioner, North Zone, Delhi Police and Mrs. Varsha Sharma (Deputy Commissioner of Police, Special police Unit for Women and Children) highly dedicated specialist police officials as our special guests to take part in the conference proceedings to share their expertise.

This conference offers a unique opportunity to all family practitioners, specialists and trainees in all medical branches to share, discuss and learn about the correct approach to women with domestic violence. Every medical practitioner involved in women's health care and the general public is cordially invited to participate. The registration fee has been kept to a minimum for doctors and free for public awareness programme to make it affordable for all.

On behalf of the organizing committee, we are delighted to invite you to join us. We are sure you will find this conference extremely informative and valuable to upgrade your expertise.

You are cordially invited to register for this eye opening event.

Looking forward to your active participation

With best wishes and regards

## Organizing Chairpersons



**Dr Nirjala Agarwal**



**Dr Sonal Bathla**

## Organizing Secretary



**Dr Arbinder Dang**

# ANNUAL CONFERENCE

## ORGANIZING COMMITTEE

### **Zonal Chairperson**

Dr Sohani Verma (drsohaniverma@gmail.com/ 9810116623)

### **Organizing Chairperson**

Dr Nirmala Agarwal (n.menoky@gmail.com/ 9811888732)

### **Organizing Co Chairperson**

Dr. Sonal Bathla

### **Organizing Secretary**

Dr. Arbinder Dang (arbidang@yahoo.co.in/ 9871356917)

### **Patrons**

Dr S K Bhandari

Dr Sheila Mehra

Dr Urmil Sharma

Dr Mohinder Kochar

Dr R P Soonawala

Dr Sanjeev Sharma (UK)

Dr Prabha Sinha (UK)

Dr Prathap C Reddy

Dr Ashok Chauhan

### **Immediate past Chairperson**

Dr Urvashi P Jha (Chair AICC RCOG)

### **Souvenir & Abstract Book**

Dr Arbinder Dang

### **Web Editors**

Dr Ranjana Sharma

Dr Arbinder Dang

### **Committee members**

Dr Sweta Balani

Dr Priti Arora Dhamija

Dr Praveen Kumar

Dr Poonam Kumari

Dr Vandana Ahuja

Dr Puja Verma

Dr Smeetee



# OVERVIEW AT A GLANCE

Annual Conference	Date	Time	Venue
Inauguration	Sunday, 13th December 2015	11:30AM - 12:00Noon	Auditorium, Sant Parmanand Hospital 18 Shamnath Marg, Civil Lines, Delhi 110054. Near Civil Lines Metro Station
Scientific Program	Sunday, 13th December 2015	10:00am - 01:00pm	
Panel Discussion and Public Awareness Programe	Sunday, 13th December 2015	12:00Noon - 01:00PM	
General Body Meeting (GBM)	Sunday, 13th December 2015	02:00pm - 03:00pm	

## Annual conference and Public Awareness Programe of Royal College of Obstetricians & Gynaecologists (UK) Northern Zone India

### Multi Disciplinary Approach to “Domestic Violence Against Women” in association with Association of Obstetricians & Gynaecologists of Delhi (AOGD) Multidisciplinary Patient Management Committee & Indian Menopause Society(IMS)

Sunday, 13th December 2015, Auditorium, Sant Parmanand Hospital 18 Shamnath Marg, Civil Lines, Delhi 110054.

<b>09:30-10:00AM</b>	<b>Registration</b>
<b>10:00-11:00AM</b>	<b>Session 1</b>
10AM-10:15AM	Domestic Violence And Pregnancy: A House Where A Woman Is Unsafe Is Not A Home
10:15-10:30AM	Domestic Violence: Easier to Build Up A Child than to Repair an Adult
10:30-10:45AM	Domestic Violence: When It's Hard to Talk, It's Upto us to Listen
<b>10:45-11:00AM</b>	<b>Tea/ Coffee Break</b>
<b>11:00-11:30AM</b>	<b>Session 2 Osce Station on Domestic Violence</b>
11:00-11:10AM	An Interview Gone Bad
11:10-11:30AM	The Correct Approach
11:30- 12:00Noon	Inaugural Ceremony
<b>12:00Noon-01:00PM</b>	<b>Session 3 Panel Discussion</b>
<b>Stop Domestic Violence Against Women : The Power of Change is in our Hands</b>	
<b>01:00-02:00PM</b>	<b>Lunch</b>
02:00-03:00PM	AICC RCOG NZ (UK) General Body Meeting

### General Body Meeting (GBM)

North Zone AICC RCOG Members & Fellows

Sunday, 13th December 2015 Auditorium, Sant Parmanand Hospital 18 Shamnath Marg, Civil Lines, Delhi 110054

# FACULTY\*

## **OBGYN**

Dr Anjila Aneja  
Dr Arbinder Dang  
Dr Chanchal Singh Ahmed  
Dr Chinmay Umarji  
Dr Jyoti Bhaskar  
Dr Monika Nagpal  
Dr Nirmala Agarwal  
Dr Priti Arora Dhamija  
Dr Puja Verma  
Dr Sohani Verma  
Dr Sonal Bathla  
Dr Sweta Balani  
Dr Sweta Gupta

## **Pediatrician**

Dr Anil Sabharwal  
Dr Bharat Balani

## **NON OBGYN**

**Dr ( Mrs) Aruna Broota** (Psychologist)  
**Miss Amrit Kaur** (Social Worker/ Counselor)  
**Mrs Amita Kalkal** (Lawyer)  
**Mr Madhur Verma** (Police Official)  
Deputy Commissioner, North Zone, Delhi Police  
**Mrs Sarla Maheshwari**  
**Mrs Varsha Sharma** (Police Official)  
Deputy Commissioner of Police, Special Police Unit for  
Women and Children





# Message from Executive Director and Vice President Sant Parmanand Hospital



I am extremely happy that the Department of Obstetrics and Gynaecology at Sant Parmanand Hospital is hosting this prestigious Annual conference of Royal College of Obstetricians & Gynaecologists (UK) Northern Zone, India.

## **“Multi Disciplinary Approach to “Domestic Violence Against Women” and Public Awareness Programe,**

in association with Association of Obstetricians & Gynaecologists of Delhi (AOGD) & Indian Menopause Society(IMS) on Sunday, 13th December 2015.

Sant Parmanand hospital is a modern hospital with unique combination of academics and clinical practice. I believe that this fusion brings in the best of patients care.

The conference theme and public awareness programe is very appropriate in today's scenario as domestic violence is probably more common than public violence and it is usually not reported in its full extent. The violence can be both physical and mental torture and has a large impact on social fabric and society at large. This public awareness program will bring to light all these various issues in a comprehensive manner and the audience will understand the magnitude and nature of this social problem.

I am sure the deliberations of this conference will be useful to the entire faculty and delegates

Have a great conference and enjoy the hospitality of Sant Parmanand Hospital.

Best Wishes.



### **Dr Shekhar Agarwal**

M.S. Ortho. MCh. (Liverpool) F.I.C.S.

Executive Director Vice President & Sr. Consultant Orthopaedic Surgeon  
Sant Parmanand Hospital

## Message from the Chairperson North Zone India - RCOG



I am delighted to write this message and welcome all participants to the Annual Conference of North Zone AICC-RCOG. I congratulate Dr Nirmala Agarwal to have chosen an extremely important social and medical issue as the theme for this year. The multidisciplinary conference hosted by Sant Parmanand Hospital sets an excellent platform for thought-provoking discussion and positive ideas on the challenging issue of "Domestic Violence Against Women".

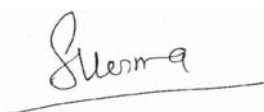
I take this opportunity to sincerely thank each one of our RCOG Courses conveners (Dr Saritha Shamsunder, Dr Mamta Dagar, Dr Sweta Gupta, Dr Puneet Kochar, Dr Mamta Sahu, Dr Arbinder Dang and Dr Jasmine Chawla) and all course faculty, for their continued passionate hard work and contributions over the years, making these courses extremely popular and successful.

I also wish to convey my deepest grattitudes to all members of the representative committee, especially Dr Nirmala Agarwal, Dr Mala Arora, Dr Anita Kaul, Dr Ranjana Sharma and Dr Arbinder Dang and respected patrons Dr Urmil Sharma, Dr Urvashi Jha, Dr Sheila Mehra, Dr S.K. Bhandari and Dr M.Kochar for their support and valuable guidance to keep up the high standards of our society.

I am pleased to inform you that, once again we are planning to organize the hugely popular Video Conference (live relay from London with interaction) of two RCOG courses early next year- Maternal Medicine Course on 10 & 11 March 2016 (2 days event) and Reproductive Endocrinology and Assisted Conception Course on 11 – 15 April 2016 (5 days event). Please do block these dates and inform all your colleagues and friends, not to miss this unique opportunity for a complete update at a highly subsidized registration fee and without travelling to UK.

I wish great success for the conference and look forward to many more similar purposeful academic events in future also.

Best wishes



### **Dr Sohani Verma**

Chairperson – RCOG North Zone India  
Sr Consultant Obstetrician & Gynaecologist  
Infertility and ART Specialist  
Academic Co-ordinator – Dept of Obstetrics & Gynaecology  
Indraprastha Apollo Hospitals, New Delhi, India  
President Elect – Indian Fertility Society  
Honorary Professor- Centre for Reproductive Biology  
Amity University, UP, India

## Message from Organising Chairperson



Dear friends and colleagues

This multidisciplinary academic event is organized with the aim to sensitise doctors and public regarding domestic violence against women. There are social, economic and legal issues involved. We doctors see these women in our daily clinic and ignore these issues as we can identify issues related to domestic violence if only we look. How to identify these helpless women, what all we can do in Indian scenario, when to involve social services and the police will be highlighted. We hope to educate public regarding this sensitive issue regarding stepwise approaches to help needy women. Hope you all gain meaningful and positive enthusiasm to reduce domestic violence in our society.

A handwritten signature in black ink, appearing to read 'N. Agarwal', written in a cursive style.

**Dr Nirmala Agarwal**

MBBS, DGO, MRCOG, FRCOG (UK)

Head of Department, Obstetrics & Gynaecology

Sant Parmanand Hospital, Civil Lines, Delhi 110054

Vice chair-person, Royal College of Obstetricians & Gynaecologists-North Zone, India.

## Message from the Organizing Secretary and Editor's Desk



We cordially invite our privileged and honoured guests to the Annual Conference and Public Awareness Programme of Royal College of Obstetricians and Gynaecologists (UK) Northern Zone India with the theme topic of Multi Disciplinary Approach to "Domestic Violence Against Women" in association with Association of Obstetricians & Gynaecologists of Delhi (AOGD) Multidisciplinary Patient Management Committee & Indian Menopause Society (IMS) on Sunday the 13th December 2015, Delhi

Our Guest faculty belonging to various fields of specialization of OBGYN, Pediatrics, Psychology, Delhi Police, Indian Law and Counsellors are doyens in their respective fields and will update and abreast us with current practices and recommendations relevant to this important issue in our society. Clinical lectures for the doctors and practitioners, OSCE role playing station for the trainees and budding doctors and the panel discussion format for public awareness of the conference will provide ample scope for lively interaction among participating renowned expert faculty from several specialties and audience. The main emphasis will be to create awareness among doctors and public on this relevant issue of today. The face to face discussion based on evidence and latest recommendations will provide an excellent opportunity to clear all doubts and reach a consensus take home message.

It is that time of the year again when we have the opportunity to look into the past to help understand & plan the future. 2014-2015, saw an exciting year full of academic activities, starting with our Annual Conference Northern Zone AICC RCOG Theme - Multi Disciplinary Management for Best Care in Obstetrics & Gynaecology on 31 August 2014, Auditorium, Indraprastha Apollo Hospitals and four pre conference workshops on COHS, IVF and ICSI- Conventional Protocols and Modifications in Challenging Cases on 29 August Friday at Indraprastha Apollo Hospitals, Live Workshop on Pelvic Floor Dysfunctions & Management on 30 August Saturday at Sant Parmanand Hospital, Fetal CTG, Ultrasound and Delivery Decisions on 30 August Saturday at Indraprastha Apollo Hospitals and Male Infertility and IUI on 30 August Saturday at Noble Hospital Faridabad which were a huge success.

We also had our Academic events : MRCOG Part 2 courses including OSCE course, RCOG franchised Basic Practical skill course and Enhanced online MRCOG part 2 revision course, members of northern zone being the pioneers in collaboration with the Royal college. A new addition to our monthly activities was introduction of Multidisciplinary team meeting (MDTM), a clinical-path-breaking initiative by RCOG north zone in association with Institute of Obstetrics & Gynaecology, at Indraprastha Apollo Hospitals, Delhi.

The Editorial team takes immense pleasure in presenting the proceedings of the annual conference 2014 and Annual activities of RCOG NZ with photographs. All the above were made possible with the team effort of young, enthusiastic and dedicated fellows and members of RCOG-North zone, under the able and dynamic chairperson Dr. Sohani Verma and vice chairperson Dr. Nirmala Agarwal who has been our continuous source of encouragement.

We have compiled a directory of all Fellows and Members of AICC RCOG Northern zone in

alphabetical order and to express special thanks to our dedicated team, whom we cannot thank often enough.

We have messages from the our NZ Zonal Chairperson, Organizing chairperson, Organizing secretaries and Editorial desk.

Review of literature with some articles on Domestic violence have been presented.for future reference.

I take the opportunity to convey our most sincere thanks to all the esteemed members of the faculty, organising committee who have devoted their precious time and efforts to make this conference successful.

Our main sponsors Shree Cement and Sant Parmanand Hospital have been included, who have helped and supported us to make this event a grand success.

We wish to acknowledge and thank our Dr Shekhar Agarwal Executive Director and Vice President, Dr Rajagopal Medical Director, administrative staff of Sant Parmanand hospital , all secretaries especially Mrs Geeta Rana for their continuing support in our endeavour.

A special thanks to Convenors and co convenors of all courses, Dr Sanjeev Sharma (UK) for his unconditional support, our web editors for keeping our website updated and working quietly behind the scenes.

Heartfelt thanks to Dr Sohani Verma, Dr Nirmala Agarwal- my guiding light, Dr Aruna Broota, Mr Madhur Verma, Mrs Varsha Sharma, Mrs Amita Kalkal, Miss Amrit Kaur, Mrs Sarla Maheshwari, Dr Anil Sabharwal ,all our OBGYN esteemed faculty (Fellows and Members) involved the conference and above all the general public, our friends from Friends of SPH, and Inner Wheel club who have constantly helped and inspired me in this endeavour.

Last but not the least, our special thanks to Mr. Rakesh Ahuja and his team at "Process and Spot" publications to prepare this souvenir and book of abstracts.

We hope you would enjoy reading it and cherish it as a memento of our annual conference.

Please visit our website [www.aicccognzindia.com](http://www.aicccognzindia.com) for regular updates on our courses and other academic activities.

We hope that you enjoy the scientific programme. We look forward to your participation and feedback.

With warm regards and best wishes.



**Dr Arbinder Dang**

MD, DNB, MNAMS, MRCOG (UK) CERT. CLINICAL EMBRYOLOGY

Senior Consultant, Sant Parmanand Hospital, Civil Lines, Delhi 54

Member Representative RCOG UK North Zone India and Web Editor

Editor Souvenir and Abstract Book

Multi Disciplinary Approach to "Domestic Violence Against Women"

Annual Conference and Public Awareness Programme of Royal College of Obstetricians and Gynaecologists (UK)

Northern Zone India 2015 in association with Association of Obstetricians & Gynaecologists of Delhi (AOGD)

Multidisciplinary Patient Management Committee & Indian Menopause Society (IMS)

Sunday the 13th December 2015, Delhi



## Friends of Sant Parmanand Hospital Welfare Association

Main Office:

### Friends of Sant Parmanand Hospital Welfare Association®

Room No. 433, Sant Parmanand Hospital, 18, Shyam Nath Marg, Delhi-110054 • Tel.: 23994401-8

"Friends of Sant Parmanand Hospital Welfare Association (F.S.P.H.W.A.)" is a Non Govt. Organisation (N.G.O.) sharing in activities of Sant Parmanand Hospital as a 'Friend' in day to day needs and activities. We are a non profit making organization with the mission to improve health of the less and under privileged, poor and needy people of the community.

### Services provided to Gynaecology

1. Community outreach programme which provides free prolapse surgical services to patients in remote villages free of cost with collaboration of FSHWA & IWC Delhi North since last 3 years regularly
2. Organizing of " Live workshop on Urogynae & vaginal surgeries on 31st August 2013 under 28th AICC RCOG NZ National Conference at SPH, Delhi.
3. Organized a talk on " Osteoporosis" with collaboration of FSPHWA & Inner wheel club of Delhi North.
4. Organizing Public awareness on Breast & Hormones under Aegis of Indian Menopause Society at SPH on 16th March 2013
5. Organized "Live workshop on Pelvic floor Dysfunction evidence based non mesh management" Pre conference workshop on 31st August 2014 at SPH
6. Organized a symposium on osteoporosis and Bone health under aegis of Indian Menopause Society on 19/10/2008 at SPH with Dr Nirmala Agarwal
7. Free surgical camp for prolapse patients at SPH on 30th August 2014 & 2015 in collaboration with Inner wheel in which 15 patients of prolapse and urinary incontinence were operated
8. Every year organized female & child health check up camp and cancer screening
9. Organized HPV vaccination camp under aegis on 3rd July 2013. 3 doses of vaccination were provided at cost Rs 5200/-
10. Cancer screening camp on 25/10/2009 at SPH
11. Mobile cancer screening in village Kundali on 27th March 2011 with FSPHWA
12. Organized free gynae checkup Camp at SPH on 3rd March 2014 in which 40 patients were subjected to Free examination & investigated.

### Mrs Sudha Gupta

Chairperson  
FSPHWA

### Mrs Rajita

President  
FSPHWA

### Mrs Nisha Bhargava

Secretary  
FSPHWA





NORTH ZONE

**Annual Conference Royal College of Obstetricians and  
Gynaecologists  
(UK) Northern Zone India**

**Annual Conference and Public Awareness Programme**

**Multi Disciplinary Approach to  
“Domestic Violence Against Women”**

in association with

**Association of Obstetricians & Gynaecologists of Delhi (AOGD)  
Multidisciplinary Patient Management Committee  
& Indian Menopause Society(IMS)**

*Date:* **Sunday, 13 December 2015, New Delhi**

*Venue:* **Auditorium Sant parmanand Hospital**

**INAUGURATION**

**Sunday, 13 December 2015**

11:30am - 12:00 noon

**GENERAL BODY MEETING**

**Sunday, 13 December 2015**

02:00 - 03:00 pm

**SCIENTIFIC PROGRAM**

**Sunday, 13 December 2015**

10:00 am - 01:00 pm

**Outline**

One hour each session of clinical discussion , training the trainees and Public Awareness Programme by the Multi Disciplinary panel consisting of OBGYN and Non OBGYN experts consisting of Police Officials, Lawyer, Social Worker/Counsellor, Psychologist and Pediatrician.

All answers and opinion will be based on cases and judgements.

Speakers and Moderator will aim to cover all conventional issues and reach a consensus take home message.

The audience will have an interactive session.

# Scientific Program: Sunday, 13 December 2015

## PROGRAMME

Time	Topic	Speaker	Chairpersons/ Moderator
09:30 -10:00AM	Registration		
10:00-11:00AM	Session 1		
10:00-10:15AM	Domestic Violence and Pregnancy A House Where a Woman is Unsafe is not a Home	Dr Anjila Aneja	Dr Sonal Bathla Dr Bharat Balani Dr Sweta Balani Dr Priti Arora Dhamija
10:15-10:30AM	Domestic Violence Easier to Build up a Child than to Repair an Adult	Dr Anil Sabharwal	
10:30-10:45AM	Domestic Violence when it's Hard to Talk, it's upto us to Listen	Dr Aruna Broota	
10:45-11:00AM	TEA BREAK		
11:00-11:30AM	Session 2: Osce Station on Domestic Violence		
11:00-11:10AM	An Interview Gone Bad	Dr Monika Nagpal Dr Puja Verma	Dr Sohani Verma Dr Sweta Gupta
11:10-11:30AM	The Correct Approach	Dr Chanchal Singh Ahmed Dr Chinmay Umarji	
11:30-12:00Noon	Inaugural Ceremony	Mr BS Bassi Police Commissioner (Chief Guest)	
12:00Noon-01:00PM	Session 3: Panel Discussion		
12:00Noon-01:00PM	Stop Domestic Violence Against Women The Power of Change is in Our Hands	Dr Nirmala Agarwal (OBGYN) Dr Jyoti Bhaskar (OBGYN) Dr Anil Sabharwal (Pediatrician) Mr Madhur Verma (Police Official) Mrs Varsha Sharma(Police Official) Dr Aruna Broota (Psychologist) Mrs Amita Kalkal (Lawyer) Miss Amrit Kaur (Counsellor)	Dr Arbinder Dang
01:00PM-02:00PM	Lunch		
02:00PM-03:00PM	AICC RCOG NZ (UK) General Body Meeting		



# An Overview of the Activities of the RCOG (UK) Northern Zone India Committee 2014-2015

**“If everyone is moving forward together, then success takes care of itself.” Henry Ford**

Site: [www.aicccognzindia.com](http://www.aicccognzindia.com)

Email: [rcog\\_nz2012@yahoo.com](mailto:rcog_nz2012@yahoo.com)/[drsohaniverma@gmail.com](mailto:drsohaniverma@gmail.com)

Secretariat: Hostel Complex (Basement Office Complex) Indraprastha Apollo Hospitals, New Delhi 110076

Academic Centre & Library - B-235 CR Park, New Delhi-110019

Legal Status - Society

Registered Charity (u/s12A) DEL- RR 22975 – 05062013/1847 Since 05.06.13

U/S 80G - DEL – RE 25104 - 03122013 / 3892 Dated 03/12/2013

***“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishment toward organizational objectives. It is the fuel that allows common people to attain uncommon results.”***

*-Andrew Carnegie*

I am honored to write this report of the activities of the AICC-RCOG Northern Zone India Committee, an organization of academic excellence in the field of obstetrics and gynaecology, the goal being to provide quality patient care and setting standards in accordance with international standards. Over the last few years, it has grown phenomenally, thanks to the hard work and team spirit of our patrons, fellows, members and associate members. The organizing committee is grateful to all who have helped us grow leaps and bound and thankful for the continuing good work. The academic activities of the year 2014-2015 were based on the theme of evidence based, multidisciplinary approach and highlighted the importance of team work to enhance patient care and avoid litigation. The various RCOG franchised courses were upgraded and our Annual conference 2014 with four workshops was an unqualified success. On philanthropic front, under the aegis of RCOG North zone, department of Obstetrics and gynaecology, Sant Parmanand hospital, Civil Lines, Delhi conducted various gynecology surgery and screening camps all year round in Delhi and regions of Himachal Pradesh.

Chairperson	: Dr Sohani Verma
Vice Chairperson:	Dr Nirmala Agarwal (Fellow Representative)
Treasurer	: Dr Anita Kaul (Fellow Representative)
Secretary	: Dr Mala Arora (Fellow Representative)
Member Representatives	: Dr Kaberi Banerjee Dr Arbinder Dang Dr Jasmine Chawla
Web Editors	: Dr Ranjana Sharma Dr Arbinder Dang
Immediate Past Chairperson	: Dr Urvashi P Jha (AICC Chairman)
Patrons	: Dr Urmil Sharma Dr S K Ghai Bhandari Dr Sheila Mehra Dr M Kochhar Dr R P Soonawala Dr Prathap C Reddy Dr Ashok Chauhan Dr Sanjeev Sharma (UK) Dr Prabha Sinha (UK)



## Annual Conference Northern Zone AICC RCOG

### Multi Disciplinary Management for best Care in Obstetrics & Gynaecology

Venue: 31 August 2014 Indraprastha Apollo Hospitals, Mathura Road, New Delhi - 110076

Organizing Chairperson: Dr Sohani Verma

Organizing Vice Chairperson: Dr Nirmala Agarwal

Organizing Secretaries: Dr Mala Arora, Dr Anita Kaul, Dr Anjila Aneja

### Conference Highlights

Annual Conference of RCOG North Zone India-leading the way through monthly Multi Disciplinary Team Meetings (MDTM) and now a multidisciplinary conference for the first time, to maximize standards in women's healthcare.

*International faculty:* Dr Philip Owen - Chair, RCOG Guidelines Committee UK. Maternal-Fetal Medicine Expert.

More than 30 renowned experts from Non- OBGYN specialties discussed updates on current clinical management and recent developments in their areas. Entire conference was planned in the form of clinical based discussions by Multi Disciplinary (MD) panel consisting of 3-4 eminent OBGYN & 3-5 Non-OBGYN experts on each topic. Inaugural ceremony with cultural programme and welcome dinner was held at Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi on 30th August 2014 and was attended by RCOG national and international fellows and members

including Dr.Philip Owen: Chair, RCOG Guidelines Committee UK.

Dr Arbinder Dang was felicitated with AICC RCOG NZ plaque for contribution towards academic activities of northern zone.

**Annual Conference Northern Zone AICC RCOG**  
**Multi Disciplinary Management for Best Care in Obstetrics & Gynaecology**  
 29-31 August 2014, Indraprastha Apollo Hospitals, New Delhi

**HIGHLIGHTS**  
 Experts from all specialties are invited to get together on a single platform for face to face discussion with main emphasis on practical management  
 A unique opportunity to learn the concept, scope & optimal application of multidisciplinary management for best care in OBGYN  
 Entire Conference planned as clinical case based discussion by the Multi disciplinary (MD) panel consisting of 3-4 eminent OBGYN and 3-5 Non-OBGYN experts on each topic  
 More than 30 renowned experts from Non-OBGYN specialties will update on current clinical management based on recent developments in their areas  
 International faculty Dr Philip Owen - Vice Chair, RCOG Guidelines Committee UK and Feto-Maternal Medicine Expert

**PLANNED TOPICS**  
 Endocrine disorders in Obs&Gynae (Delayed/Precocious Puberty, DM, Thyroid, HRT)  
 Pregnancy with hepatic/gastrointestinal disorders (Cholestasis, Inflammatory Bowel Diseases, Hepatic disorders)  
 Pelvic Floor Dysfunction & Urinary Incontinence  
 Vascular malformations in Obs&Gynae (Placenta Praevia / Accreta, Uterine A-V malformation)  
 Oncology multidisciplinary update  
 Pregnancy with connective tissue disorders (SLE, APLA)  
 Cardiovascular disorders

**PRE CONFERENCE WORKSHOPS /CME**  
 1. COHS, IVF and ICSI-Conventional Protocols and Modifications in Challenging Cases  
 2. Live Workshop on Pelvic floor Dysfunction & Management  
 3. Male Infertility and IUI  
 4. Fetal CTG, Ultrasound and Delivery Decisions

**FOR MORE DETAILS AND REGISTRATION, PLEASE VISIT**  
 WEBSITE: [www.aicccognzindia.com](http://www.aicccognzindia.com)  
 EMAIL: [rcog\\_nz2012@yahoo.com](mailto:rcog_nz2012@yahoo.com)  
 TEL: 91-11-29871616/2146/2199, 09716801190/09810116623

Name of the Event	Date	Total number of participants	Organizing Chairpersons/ Co Chairpersons/ Organizing Secretaries
Multi-Disciplinary Management for Best Care in Obstetrics & Gynaecology	31 August 2014	307	Dr Sohani Verma Dr Nirmala Agarwal Dr Mala Arora, Dr Anita Kaul Dr Anjila Aneja

### Pre-conference Workshops

Name of the Event	Date	Total number of participants	Organizing Chairpersons/ Convener / Co-Conveners
COHS, IVF and ICSI – Conventional Protocols and Modifications in Challenging Cases	29 August 2014	96	Dr Sohani Verma Dr Sweta Gupta, Dr Sushma Sinha
Live Workshop on Pelvic Floor Dysfunction	30 August 2014	78	Dr Nirmala Agarwal Dr Sonal Bathla , Dr Arbinder Dang
Male Infertility & IUI Workshop	30 August 2014	49	Dr Mala Arora Dr Kaberi Banerjee Dr Sweta Gupta
Fetal CTG, Ultrasound and Delivery Decisions	30 August 2014	105	Dr. Anita Kaul Dr. Chanchal Singh



## 1. COHS, IVF & ICSI – Conventional Protocols and Modifications in Challenging cases

*Date:* 29 August 2014

*Time:* 09:00 am to 5:00 pm

*Venue:* Auditorium Indraprastha Apollo Hospitals, New Delhi

*Convener:* Dr Sohani Verma

*Co-Conveners:* Dr Sweta Gupta, Dr Sushma Sinha

This workshop - as a part of the Annual Conference 2014 North Zone AICC RCOG, was organized by the Apollo's Assisted Reproductive Unit (IVF Department) under the aegis of Indian Fertility Society (IFS).

The total number of participants was 96. The faculty comprised of 30 very experienced and renowned infertility and IVF experts from Delhi and NCR. There was ample interaction between the audience and speakers. Both conventional protocols and how to tackle difficult cases, were discussed and explained to the audience. All participants found the workshop useful and rewarding and very good feedbacks were received.

## 2. Live Workshop on Pelvic Floor Dysfunction- Evidence Based Management

*Date:* 30 August 2014

*Time:* 09:00 am to 5:00 pm

*Venue:* Auditorium Sant Parmanand Hospital, Civil Lines, Delhi

*Convener:* Dr Nirmala Agarwal

*Co-Conveners:* Dr Sonal Bathla, Dr Arbinder Dang

Live Pre congress Workshop was held at Sant Parmanand Hospital, Civil Lines, Delhi as a part of Annual conference of All India Coordinating committee of RCOG Northern zone, theme being "Multi Disciplinary Management for Best Care in Obstetrics & Gynaecology" on Saturday, 30 August 2014.

*Faculty :* Dr Uma Swain, Dr Jasmine Chawla, Dr Sweta Balani, Dr Priti Arora Dhamija, Dr Praveen Kumar.

Total number of delegates who attended this workshop was 78 including 8 faculties ( 63 paid delegates including 8 faculties, 15 complementary delegates).A novel approach was an introduction of a handbook containing review articles, guidelines and recommendations on pelvic floor dysfunction & urinary incontinence. A feedback was taken from each delegate at the end of workshop.Live surgeries were shown by senior and guest faculty comprising of Vaginal hysterectomy with pelvic floor repair (fascial repair), Biosling with sacrospinous ligament fixation, TVT –O for stress urinary incontinence, High Uterosacral suspension with intact uterus, Manchester repair and Abdominal Sacrocolpopexy. Video surgery on different types of urogenital fistulae as part of a lecture. A quiz was organized following each surgery . Lectures on Controversies around mesh usage, Urodynamics in gynaecological practice, Medical management of incontinence and Evidence based surgical management of Pelvic Organ Prolapse were taken. A lecture on Pelvic floor Anatomy and Assessment was taken with tutorials to demonstrate pelvic floor musculature and POPQ classification. On

each case POPQ system as a part of assessment was demonstrated before the surgical procedure, which was appreciated. Expert opinions from Dr. Shiela Mehra, Dr. Neelam Bala Vaid, Dr. JB Sharma, Dr. Subramanian and Dr Bob Schull (You Tube video) who are renowned experts in Urogynaecology were shown through pre-recorded video.



### 3. Report on Male Infertility & IUI Workshop

*Date:* 30 August 2014

*Time:* 09:00 am to 5:00 pm

*Venue:* Noble IVF Centre, Sector 14 market, Faridabad, Haryana

*Convener:* Dr Mala Arora

*Co-Conveners:* Dr Kaberi Banerjee and Dr Sweta Gupta

This was Pre-conference workshop focused on practical aspects of infertility and had live demonstration of IUI sperm preparation. It was attended by 15 faculty and 34 delegates. In the morning session topics covered were semen analysis, work-up and management of azoospermia, erectile dysfunction, non-consummation, ejaculatory dysfunction, infections of the male genital tract and role of DNA fragmentation index. There was panel discussion on medical management of male infertility. In the afternoon session there was live demonstration of sperm preparation, scientific talks on surgical management to enhance male fertility, ICSI (indications and video demonstration), IMSI. There was panel discussion on treatment modality for oligo-astheno-teratospermia followed by audience interaction. Excellent feedback was given in terms of relevance of topics, live demonstration, audience interaction, food and hospitality arrangements.



### 3. Workshop Report on Fetal CTG, Ultrasound and Delivery Decisions

*Date:* 30 August 2014

*Time:* 09:00 am to 5:00 pm

*Venue:* Auditorium Indraprastha Apollo Hospitals, New Delhi

*Convener:* Dr Anita Kaul

*Co-Conveners:* Dr Chanchal Singh

The pre-conference workshop on Fetal CTG, Ultrasound and Delivery Decisions was well attended by nearly 100 delegates including the faculty members. Some of the delegates had come from as far away as Guwahati and Pondicherry!

The first half of the workshop focused on the role of Ultrasound in Delivery decisions and the brilliant talks by Dr Sushma Kaul, Dr Ashok Khurana, Dr Deepika Deka, Dr Chanchal Singh and Dr Neha Gupta drew a lot of audience interaction. The keynote talk given by Dr Philip Owen focused on prediction of preterm labour which is currently the most researched and yet elusive dilemma in Obstetrics worldwide. The second half was as much fun for the faculty as it was informative to the delegates with 'hands-on' experience of walking through the CTGs of real case scenarios. All candidates were divided into batches of 10 and each workstation was overseen by senior faculty members. The delegates were given 5 CTGs along with the history and information regarding labour and delivery of the individual cases. The candidates attempted to read and classify the CTGs and were given relevant information regarding the cases as they went along interpreting the changes in CTGs with progress of labour. The CTGs were chosen so as to cover all the important aspects of CTG - variations in baseline heart rate, distinction between variable and uniform, typical and atypical, early and late decelerations and acute labour ward events like cord prolapse. Despite the exhaustive and long day, the question whether the Quiz at the end of the day should be undertaken drew a resounding 'yes' from everyone!



## Academic Activities/ Events of AICC RCOG Northern Zone - Academic Year 2014-15

S. No.	Academic Activities/ Events	Frequency/ Venue	Convener/ Organizing Chairpersons	Dates	Candidates
1.	Enhanced Revision Programme Package	Twice a year (online course)	Dr Sohani Verma Dr Saritha Shamsunder, Dr Puneet Kochhar, Dr Sweta Gupta Dr Manjusha Dr Sanjeev Sharma (UK)	Sept 2014– Jan 2015 April - July 2015	12 14
2.	RCOG Franchise MRCOG Part II Theory & OSCE Course	Twice a year Academic Centre & Library – B-235 CR Park, New Delhi-110019	Dr Sohani Verma Dr Saritha Shamsunder, Dr Sweta Gupta Dr Mamta Sahu Dr Sanjeev Sharma (UK)	Jan 2015 July 2015	8 6
3.	RCOG Franchise Basic Practical Skills Course	Twice a year Ethicon Institute, Johnson and Johnson, Delhi	Dr Sohani Verma Dr Mamta Dagar, Dr Arbinder Dang Dr Jasmine Chawla Dr Sanjeev Sharma (UK)	Jan 2015 July 2015	11 12
4.	Multi Disciplinary Team Meeting	Indraprastha Apollo Hospitals, New Delhi.	Dr Sohani Verma Dr Anita Kaul Dr Chanchal Singh	20 <sup>th</sup> September 2014 25 <sup>th</sup> October 2014 15 <sup>th</sup> November 2014 6 <sup>th</sup> April 2015 19 <sup>th</sup> September 2015	
5.	Examinations conducted Part I & Part II MRCOG Examinations	Every year at Indraprastha Apollo Hospitals, New Delhi.	Dr JB Sharma Dr Sohani Verma	September 2014/2015	
<b>NEW ADDITIONS</b>					
6.	Video Workshop on Vaginal Surgery and Urogynaecology	Sant Parmanand Hospital, Civil Lines, Delhi	Dr Nirmala Agarwal Dr Sonal Bathla Dr Priti Arora Dhamija	18 <sup>th</sup> October 2015	96
7.	MRCOG Final Revision OSCE Course (specially for those who passed Part II theory exam in September 2015).	Indraprastha Apollo Hospitals, New Delhi.	Dr Sohani Verma Dr Saritha Shamsunder, Dr Sweta Gupta, Dr Mamta Sahu, Dr Sanjeev Sharma (UK)	5 & 6 <sup>th</sup> November 2015	
8.	MRCOG Part II OSCE examination (first time in India)		Dr JB Sharma	9&10 <sup>th</sup> November 2015	
9.	Annual Conference of North Zone AICC RCOG 2015	Auditorium, Sant Parmanand Hospital, Civil Lines, Delhi	Dr Nirmala Agarwal Dr Sohani Verma, Dr Sonal Bathla, Dr Arbinder Dang	13th December 2015	

### RCOG UK Franchise Mrcog Part II Final Preparation - Written and OSCE Combined Course

This three day course includes lectures on the practice of obstetrics and gynaecology within the NHS, lectures on examination technique and practice examinations. The candidates will have two papers each containing 50 SBAs and 50 EMQs to reflect the new format. They will also do two mock OSCE circuits, once as the candidate and once as an observer. The course syllabus

and all practice papers are provided by RCOG UK. This course is ideally suited to candidates who are exam readying their knowledge, skills and competencies. It is intended to complement your local training programme and therefore focuses purely on exam technique and practice. The seats are limited so that each candidate can practice OSCE experience with individualised feedback's from the tutors.

### India North Zone Conveners

Dr Sohani Verma- (drsohaniverma@gmail.com)  
Dr Saritha Shamsunder - (shamsundersaritha@gmail.com/ 9313826748)  
Dr Sweta Gupta - (swetagupta06@yahoo.com/ 8130140007)  
Dr Mamta Sahu - (mamta2sahuyahoo.co.in/ 9810106470)

JAN & JULY, 2015

### UK Conveners

Dr Sanjeev Sharma



### The RCOG UK MRCOG Part II Enhanced Revision Programme (ERP)

The Enhanced Revision Programme is a 15 week revision programme organized by RCOG UK, to prepare for the Part 2 MRCOG examination. This unique and rewarding programme is mapped to the syllabus of the membership examination and its content is developed and reviewed by experienced RCOG examiners.

### Dates

August 2015 – January 2016

- E-lectures live from UK. Small group tuition in a dedicated learning environment
- Virtual interactive weekly classroom sessions live direct from UK to your home
- The course will be preceded by a "Pre-Course e-Induction Module"
- Focuses on many aspects of the NHS and practice in UK, which may be unfamiliar to Indian candidates.
- Extensive revision tests with feedback from UK moderators

Online classrooms start 13 September 2015- 10 January 2016

### India North Zone Conveners

Dr Sohani Verma- (drsohaniverma@gmail.com)

Dr Saritha Shamsunder - (shamsundersaritha@gmail.com/ 9313826748)

Dr Sweta Gupta - (swetagupta06@yahoo.com/ 8130140007)

Dr Puneet Kochhar - (drpuneet.k20@gmail.com/ 9953001628)

### UK Conveners

Dr John Duthie

Dr Moshen Iskander

Dr Sanjeev Sharma

### RCOG UK Franchise Basic Practical Skills (BPS) in Obstetrics & Gynaecology

BPS Course is a RCOG Franchised Course which aims at enhancing Basic Surgical, Endoscopic and Obstetric Skills in Obstetrics and Gynaecology. It is an essential component of MRCOG part 2 examination, especially for OSCE. This course is also useful for MD/ MS/ DNB Students, as well as for the practicing OBGYN doctors to refresh their skills.

Jan & July 2015

Spend more time practicing basic operative obstetric, gynaecological surgery and endoscopy skills. Learn about new topics such as Human Factors and Enhanced Recovery pathways.

### India North Zone Conveners

Dr Sohani Verma- (drsohaniverma@gmail.com)

Dr Mamta Dagar - (mamtadagar2004@yahoo.co.in/ 9811437782)

Dr Arbinder Dang- (arbidang@yahoo.co.in/ 9871356917)

Dr Jasmine Chawla - (drjasminechawla@gmail.com/ 9310009321)

### UK Conveners

Dr Sanjeev Sharma



### Multidisciplinary Team Meeting (MDTM)

A unique initiative to provide 'clinical decision making support' to the doctors and improve women's healthcare with easy access to a team of experts from different specialties on a single platform. Face to Face' discussion based on current evidence and recommendations and "On spot" consensus opinion without any medico-legal obligations.



A Video Workshop on Vaginal Surgery and Urogynaecology was conducted on 18th October 2015 at Sant Parmanand Hospital, Civil lines, New Delhi to mark the "World Menopause Day". The Workshop was conducted under the aegis of Royal College of Obstetricians & Gynaecologists (RCOG-NZ), Indian Menopause Society(IMS), and NARCHI Delhi chapter. It was a comprehensive workshop with lectures by national level faculty, video sessions, panel discussions and OSCE station. Apart from 27 faculty members there were 69 delegates and the workshop was well attended by practitioners as well as PG students. Topics covered included anatomy of female pelvis, urodynamics principles, management of incontinence and video sessions on female cystoscopy, vaginal surgeries for pelvic organ prolapse and stress incontinence, urethroplasty, abdominal sacral colpopexy and hysteropexy to mention a few. The audience response was excellent and there were many interesting discussions. All the delegates received a kitbag with a Handbook on Vaginal Surgery and Urogynecology and were required to fill a feedback form at the end of the session. To summarize, the workshop was extremely interactive and fruitful and we look forward to conducting similar workshops in the near future.

### Organizing Chairperson

- Dr Sohani Verma (drsohaniverma@gmail.com/9810116623)

### Members

- Dr Shakti Bhan Khanna, Dr Nirmala Agarwal, Dr Anita kaul, Dr Chanchal Singh, Dr V K Aneja (Internal Medicine), Dr R K Joshi (Dermatology), Dr Sanjay Sikka (Gastroenterology), Dr Pinak Shrikhande (Intensivist)

### Video Workshop on Vaginal Surgery & Urogynaecology

Venue: Auditorium, Sant Parmanand Hospital, Delhi  
 Date & Time: 18th October, 2015; 8:30am - 4:00pm  
 Chairpersons: Dr Nirmala Agarwal, Dr Sonal Bathla  
 Organizing Secretary: Dr Priti Arora Dhamija

Time	Topic	Speaker	Chairperson/Paravice
08:30am-09:00am	Registration & Inauguration		
09:00am-10:00am	Knowledge Capsule: Surgical Anatomy of Female Pelvis - PPT/CD, Classification, Urodynamics, Transport & its Clinical Application, Basics of Female Urinary Incontinence	Dr. Neel Tyagi, Dr. Anshu Sharma, Dr. Anshu Sharma, Dr. Anshu Sharma, Dr. Anshu Sharma, Dr. Anshu Sharma	Dr. Anshu Sharma, Dr. Anshu Sharma
10:00am-11:00am	Meet the Experts- Panel Discussion: Tether Bladder Surgery for Cancer Survivors	Dr. Kamal Bhatnagar, Dr. Kamal Bhatnagar, Dr. Kamal Bhatnagar, Dr. Kamal Bhatnagar, Dr. Kamal Bhatnagar	Dr. Kamal Bhatnagar, Dr. Kamal Bhatnagar
11:00am-11:45am	Tea Break		
11:45am-12:15pm	Urogynaecology: Max Surgical Management of Female Urinary Incontinence, Uteral Prolapse in Postmenopausal Women, Complications of Laparoscopic/Robotic Tare in Gynaecological Incontinence	Dr. Anshu Sharma, Dr. Anshu Sharma, Dr. Anshu Sharma, Dr. Anshu Sharma, Dr. Anshu Sharma	Dr. Anshu Sharma, Dr. Anshu Sharma
12:15pm-02:00pm	Lunch		
02:00pm-03:00pm	OSCE Station on Urinary Incontinence		

### Special Achievements by North Zone Course Students

1. **Dr Harpreet Kaur Isher** (Chandigarh)  
 Recipient of prestigious "Vijaya Patil Award" for obtaining maximum marks among all Indian candidates in 2013
2. **Dr Mamta Sahu** (Noida)  
 Recipient of prestigious "Vijaya Patil Award" for obtaining maximum marks among all Indian candidates in 2014



### Other (Philanthropic) Activities by North Zone Members

Free surgical camp work : 30 and 31st August 2014 at Sant Parmanand Hospital in association with Inner Wheel Association & Friends' of Parmanand Welfare Association. 10 patients were operated during the above workshop. All surgical expenses and drugs expenses were borne by the Inner Wheel Society.



Gynae Health Checkup Camp & Public Awareness : 14 December 2014: On occasion of World Women's day, a Health Check Camp and Public Awareness Programme was organized by Department of Obstetrics & Gynaecology at Sant Parmanand Hospital in association with Friends of Sant Parmanand Hospital Welfare Association under aegis of Royal College of Obstetricians and Gynaecologists, North Zone in Delhi. Total 37 patients belonging to poor socio- economic strata attended the camp. Health checkup of the patients was done by a team of consultants. The Investigations including transvaginal sonography, pap smear, basic blood investigations & serum vitamin D3 levels. Free medicines were distributed to the patients according to their complaints. Health awareness lectures were given to the patients by the Consultants of Department of Obstetrics & Gynaecology, Sant Parmanand Hospital & the topics covered were: Cervical cancer, Osteoporosis, Breast Cancer. The Chief Guest of the occasion was Dr. Nirmla Agarwal & The Guest of honor was Mrs. Sudha Gupta.

Free Mobile Surgical Venture at Herbertpur with ONGC on 29/9/14 in which 35 free surgeries were done including 14 surgeries for Prolapse.

2 Free surgical Venture at Nagaland & Dimapur in Sep 2014 in which 42 surgeries were done.

Free Surgical Venture at Joginder Nagar Himachal Pradesh in Oct 2014 by Shree Cement Ltd. in which 35 major surgeries were done.

Surgical Venture at ECS Society Hospital Longpang Tuinsang, Nagaland in December 2014 in which 70 major surgeries were conducted by Dr. George Verghese and International team.

Free Surgical Venture at Joginder Nagar Himachal Pradesh by Friends of Parmanand & Jaguar Foundation Ltd. and RCOG NZ on 22<sup>nd</sup> and 23<sup>rd</sup> May 2015 in which 19 major surgeries were conducted.

Free Surgical Venture at Manali, Himachal Pradesh on 20<sup>th</sup> and 21<sup>st</sup> July 2015 by Shree Cement Ltd. in which 23 major surgeries were conducted.



We are extremely grateful to Sant Parmanand Hospital for organizing this conference and surgical camp. We are thankful to Vice President Dr. Shekhar Agarwal, Medical Director Dr. Rajagopal, Members of Innerwheel club, Officer liasions Mr. Hari Purohit, Departmental

secretaries Mrs. Geeta Rana and Mrs. Rama Thakur, Sisters Molly Rajan & Reny, staff from urodynamic department, Biomedical and IT department staff and all the pharma companies who helped us in making this workshop memorable and successful. A special thanks to Department of Anaesthesia and especially to HOD Dr. Vinod Kalla, Dr. Raminder Saigal and Dr. Mohanjeet Juneja for their patience and diligence.

### FORTHCOMING ACTIVITIES

Apart from continuing twice a year all 3 RCOG franchised courses and all other regular activities North Zone plans following new events in 2016 for details visit website or email – rcog\_nz2012@yahoo.com

- 10 & 11 March 2016- Live Video Conference of RCOG UK Course on "Maternal Medicine" Venue – Indraprastha Apollo Hospitals New Delhi
- 11-15 April 2016 Live Video Conference of RCOG UK Course "Reproductive Endocrinology and Assisted Conception".
- Many more to be announced later!!!!

### The RCOG North Zone India Centre



The RCOG North Zone India Centre whilst being a temple of academic activities continues to bond us, the RCOG North Zone fraternity. We thank all the administrative staff of various hospitals, secretaries and a special thanks to Mr. Asif Muniri --Administrative assistant North Zone AICC RCOG ph: +919560069925/+919716801190 who has to multitask many times, to keep our flag flying. We profusely thank our course convenors and convenors of various workshops for their diligent work and continuous support given to our organization. Our web editors, Dr. Ranjana Sharma and Dr. Arbindar Dang are doing an excellent work in keeping our website updated and we are thankful for their brilliant work. It has been the vision and determined motivation by all our patrons, our dear Chairpersons and now are present Chairperson Dr. Sohani Verma to develop the various courses to an excellent standard and pursue academic excellence.

**"Synergy - the bonus that is achieved when things work together harmoniously."** Mark Twain

### Dr. Arbindar Dang

MD. DNB. MNAMS. MRCOG (UK). CERTIFICATE IN CLINICAL EMBRYOLOGY  
Senior consultant  
Sant Parmanand hospital, Delhi  
Editor Annual Report AICC RCOG Northern Zone 2014--2015  
Dated: 28.11.2015





# Royal College of Obstetricians & Gynaecologists (UK)

## -Northern Zone India

Website: [www.aicccognzindia.com](http://www.aicccognzindia.com)

### Announces Upcoming Courses / Meetings / Workshops

**These courses are invaluable not only for MRCOG aspirants, but also for all postgraduates (DNB, MD students) and Obstetrics & Gynaecology practitioners to refresh their skills**

#### Details on website

S No	Dates	Course	Venue	Contacts	Course Fee
1	August 2015 - January 2016 x 15 weeks	<b>The RCOG UK MRCOG Part II Enhanced Revision Programme (ERP) Package</b> Integrated distance and classroom learning course. Interactive weekly classroom sessions live direct from UK to your home over 15 weeks with focus on NHS practice. Package includes 3 days Part II written & OSCE course on 15-17 January 2015 in Delhi	Online Course Written & OSCE Course at RCOG NZ Academic Centre, B-235,C R Park, New Delhi	shamsundersaritha@gmail.com 09313826748 swetagupta06@yahoo.com 08130140007 drpuneet.k20@gmail.com 09953001628	Rs70,000:00  <b>Only 15 Seats</b>
2	21, 22 & 23 January, 2016	<b>RCOG UK Franchise Part II MRCOG Revision Course - written and OSCE Combined</b> Course Content : Extensive revision session in SAQs, MCQ, EMQs, Demonstration OSCE & OSCE circuits	RCOG NZ Academic Centre, B-235,C R Park, New Delhi	swetagupta06@yahoo.com 08130140007 mamta2sahuyahoo.co.in/ 9810106470	Rs. 50,000.00  <b>Only 10 Seats</b>

#### FORTHCOMING COURSES 2016

4	10 & 11 March 2016	Live Video Conference of RCOG UK Course on "Maternal Medicine"	Indraprastha Apollo Hospitals New Delhi	Dr Sohani Verma (drsohaniverma@gmail.com/ 9810116623)	<b>To be announced</b>
5	11-15 April 2016	Live Video Conference of RCOG UK Course "Reproductive Endocrinology and Assisted Conception".	Indraprastha Apollo Hospitals New Delhi	Dr Sohani Verma (drsohaniverma@gmail.com/ 9810116623)	<b>To be announced</b>

#### Registration Guidelines (Online registration available on website)

- Bank Transfer or Demand Draft must be made in favour of "RCOG NZ 2012 Plus" payable at New Delhi. (cheques not accepted for MRCOG & BPS Courses).
- There will be no refunds on cancellation
- Registration request along with Demand Draft to be posted to the Secretariat mailing address as given below:-

**Mailing Address: RCOG North Zone Secretariat**  
**Hostel Complex- Basement, Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi 110076**  
**Tel No.: 91-11-29871616/2146/2199, 09716801190/09810116623**  
**Email: [rcog\\_nz2012@yahoo.com](mailto:rcog_nz2012@yahoo.com)/[drsohaniverma@gmail.com](mailto:drsohaniverma@gmail.com)**

# Our Dedicated Team









Compiled by **Arbinder Dang**, Editor Souvenir AICC RCOG Annual conference











Coming together is a beginning.









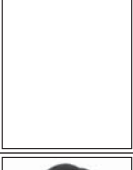

Keeping together is progress.

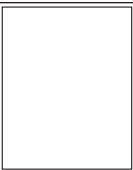


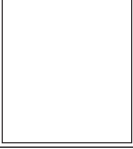




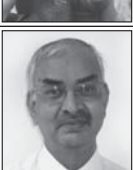

Working together is success.










-Henry Ford

Name	Designation	Hospital	Email/ Phone Number	Course	Photograph
<b>Anita Kaul</b>	MBBS, MD, FRCOG (UK) Dip Advanced Obstetric Scanning	Senior Consultant & Head of Department Apollo Fetal Medicine Unit, Apollo Hospital, New Delhi	anitagkaul@gmail.com M: 9811100511	Treasurer AICC - RCOG NZ, India Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Anjila aneja</b>	MBBS, MD, DNB, MRCOG, FRCOG, Diploma in Pelvic Laparoscopy	Head – Gynae Unit & Sr. Consultant Obstetrician & Gynecologist Fortis Hospitals, Gurgaon	anjilaaneja1966@gmail.com M: +91-9810059519	Convenor Advanced Obstetric Skill Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Arbinder Dang</b>	MBBS, MD DNB MNAMS, MRCOG (UK) Member Representative North Zone RCOG UK	Senior Consultant, Sant Parmanand Hospital, Delhi	arbidang@yahoo.co.in; arbidang@gmail.com M: +91-9871356917	Editor Souvenir Web Editor Co Convenor RCOG Basic Practical Skill Faculty Part II MRCOG Course Advanced Obstetric Skill	
<b>Arun Prasad</b>	FRCS, FRCSEd, MS (MAMC) MBBS (AFMC)	Senior Consultant Surgeon - Minimal Access Surgery (Gastro Intestinal, Robotic, Bariatric & Thoracoscopy) Apollo Hospital, New Delhi, India	surgerytimes@gmail.com Tel office: +91-11-29871368 M: +91-9811082425,	Faculty RCOG Basic Practical Skill	
<b>Asmita Rathore</b>	MBBS, MD, FRCOG (UK)	Director Professor Maulana Azad Medical College, New Delhi	asmita.rathore@yahoo.com M: +91-9968604345	Faculty RCOG Basic Practical Skill Advanced Obstetric Skill Part II MRCOG Course	
<b>Astha (Takkar) Dayal</b>	MBBS, MD, MRCOG(UK), FMAS, DMAS(WALS)	Consultant, Panacea Newrise Hospital, Gurgaon	asthatakkar@gmail.com M: +91-9810031488	Faculty Part II MRCOG Course Faculty RCOG Basic Practical Skill	
<b>Chanchal Singh</b>	MBBS, MD, MRCOG (UK)	Associate Consultant, Apollo Centre for Fetal Medicine Apollo Hospital, Delhi	chanchalsingh@yahoo.com M: +91-9899092076	Faculty RCOG Basic Practical Skill Advanced Obstetric Skill Part II MRCOG Course	
<b>J.B. Sharma</b>	MD, FRCOG (London), FAMS, FICOG, MFFP, DNB, FIMSA	Additional Professor Deptt. of Obstetrics & Gynaecology AIIMS, New Delhi	jbsharma2000@gmail.com M: +91-9868397309 Office - 011-26589665	Coordinator Part I & II MRCOG Exams	

<b>Jasmeet K Monga</b>	MD, DNB, MRCOG(UK), PGA(ART)(UK)	Consultant Obstetrics & Gynaecology, Paras Hospital Sushant Lok Gurgaon	jasmeetmonga@gmail.com M: +91-9871464264	Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Jasmine Chawla</b>	MD, MRCOG (UK)	Senior Consultant, Hindu Rao Hospital	drjasminechawla@gmail.com M: +91-9310009321	Member Representative North Zone RCOG UK Co Convenor RCOG Basic practical Skill Faculty Part II MRCOG Course	
<b>Jayasree Sundar</b>	MD, MRCOG (UK)	Senior Consultant, Max Medcentre, Panchsheel Park	jayasreesundar@yahoo.co.in M: +91-9810297461	Faculty Part II MRCOG Course Faculty RCOG Basic Practical Skill Advanced Obstetric Skill	
<b>Jharna Behura</b>	MD, MRCOG (UK)	Senior Gynaecologist Kasturba Hospital	jharnabehura@yahoo.co.in M: +91-9810247593	Faculty RCOG Basic Practical Skill Advanced Obstetric Skill Part II MRCOG Course	
<b>Jyoti Bhaskar</b>	MD, MRCOG	Consultant & Director Pushpanjali Crosslay Hospital	jyotbhaskar@yahoo.com M: +91-9711191648	Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Kaberi Banerjee</b>	MD, MRCOG	Senior Infertility and IVF Specialist	banerjee.kaberi@gmail.com M: +91-9871096615	Member Representative North Zone RCOG UK Faculty Part II MRCOG Course	
<b>Kiran Arora</b>	MD, MRCOG	IVF Specialist, Gurgaon IVF Clinic	kiran_popli@hotmail.com M: +91-9582333696	Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Mala Arora</b>	FRCOG (UK), FICOG, FICMCH	Consultant Infertility IVF Noble IVF Centre, Sector 14 Market, Faridabad, Consultant Obstetrician & Gynecologist, Fortis La Femme. S 549 Greater Kailash -2, New Delhi	narindermala@gmail.com 0129-4006483-84 M: +91-9818676801	Honorary Secretary AICC-RCOG NZ, INDIA Faculty Advanced Obstetric Skill Part II MRCOG Course Faculty RCOG Basic Practical Skill	
<b>Mamta Dagar</b>	MBBS, MD, MRCOG, FICOG, FICMCH	Associate Professor GRIPMER Consultant Gynaecologist & Obstetrician Gynae Endoscopic & Robotic Surgeon, Sir Ganga Ram Hospital, New Delhi	mamtadagar2004@yahoo.co.in M: +91-9811437782	Convenor RCOG Basic Practical Skill Faculty Advanced Obstetric Skill Part II MRCOG Course	
<b>Mamta Mishra</b>	MBBS, MD, MRCOG	Senior Consultant Obstetrics & Gynecology Fortis Hospital, Vasant Kunj, Delhi	drmmishra12@gmail.com, shreeja11@yahoo.co.in M: +91-9810058708	Faculty RCOG Basic Practical Skill	

<b>Manavita Mahajan</b>	MBBS, MD, MRCOG	Senior Consultant Obstetrics & Gynecology Fortis Memorial Research Institute Gurgaon	manavitamahajan@hotmail.com M: +91-9810583876	Faculty Advanced Obstetric Skill Part II MRCOG Course	
<b>Meena Naik</b>	MD, MRCOG Diploma in Advanced. Gynae Endoscopy (France) Diploma in Advanced Laparoscopic Surgery (Germany)	Senior Consultant Gynaecologist & Gyn laparoscopic Surgeon Max Super Speciality Hospital, Saket, New Delhi	m.naik1971@yahoo.com, meena.naik@maxhealthcare.com M: +91-9818258503	Faculty RCOG Basic Practical Skill Advanced Obstetric Skill Part II MRCOG Course	
<b>Meenakshi Sahu</b>	MD, DNB, MRCOG (UK)	Sr. Consultant, Department of Obstetrics & Gynecology, Fortis la Femme, ADIVA and Institute of Liver and Biliary Sciences, New Delhi	meenakshi_sahu@rediffmail.com M: +91-9313-872-444	Faculty Part II MRCOG Course	
<b>Monika B Nagpal</b>	MBBS, DCH, MS, DNB, MRCOG	Assistant Professor LHMC & SSKH, New Delhi	drmonikanagpal@gmail.com M: +91-9811045610	Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Neema Sharma</b>	MBBS, MD, MRCOG (London)	Senior Consultant, Department of Minimal & Natural Access Gynae & Gynae Cancer Surgery Gynae Onco Unit, Fortis Ft Lt Rajan Dhall Hospital & Fortis Memorial Research Institute	drneemasharma@yahoo.com M: +91-9811057456	Co Convenor Part I MRCOG Course Hysteroscopy, Laparoscopy Workshops at Fortis, Vasant Kunj. Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Neena Bahl</b>	MD Obst. & Gynae	Senior Consultant & Advanced Laparoscopic Surgeon, Max Healthcare, New Delhi		Faculty Advanced Obstetric Skill Special field of Interest - Advance Laparoscopic & Hysteroscopic Surgery	
<b>Neeta Gupta</b>	MD, MRCOG	Consultant Obs & Gynae Fellowship in Infertility Medicine (CIMAR, EDAPPAL)	drneetagupta@hotmail.com M: +91-9899305479, 9539858886	Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Nirmala Agarwal</b>	DGO, FRCOG (UK)	Head of Department, Obstetrics & Gynaecology, Sant Parmanand Hospital, Delhi	n.menoky@gmail.com M: +91-9811888732	Vice Chairperson, AICC RCOG-NZ Faculty RCOG Basic Practical Skill Advanced Obstetric Skill Part II MRCOG Course	
<b>Nivedita</b>	MBBS, MD, MRCOG	Consultant, Fortis Hospital, Delhi	drniveditakaul@gmail.com M: +91-9999052393	Faculty RCOG Basic Practical Skill	
<b>Pakhee Aggarwal</b>	MBBS, MD, MRCOG	Pool Officer Safdarjang Hospital & VMMC	pakh_ag@yahoo.com M: +91-9868692466	Faculty RCOG Basic Practical Skill Part II MRCOG Course	

<b>Parul Chopra</b>	MBBS, MD, MRCOG			Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Pooja Thukral</b>	MD, DNB, MRCOG	Consultant Obs & Gynae Asian Institute of Medical Sciences Faridabad	poojacthukral@gmail.com M: +91-9873980655	Faculty Advanced Obstetric Skill Part II MRCOG Course	
<b>Poonam Tara</b>	MD, MRCOG, CCT (UK) Diploma in Advanced Obs Scan (UK) Accredited in Fetal Med (UK)	Senior Consultant, Max Saket & Panchsheel, New Delhi	poonamtara@hotmail.com M: +91-9717077700	Faculty RCOG Basic Practical Skill Advanced Obstetric Skill Part II MRCOG Course	
<b>Priti Gupta</b>			priti.krish@yahoo.co.in	Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Puneet Kaur Kochhar</b>	MBBS, MD (Obst & Gyne), DNB, MRCOG, MICO, Diploma Reproductive Medicine (Germany), FMAS	Elixir Fertility Center Plot no.6, Vardhman Royal Plaza, LSC, Gujranwala town, New Delhi 110 009	E-mail: drpuneetkochhar.art@gmail.com, drpuneet.k20@gmail.com Mobile: +91 9953001628	Co Convenor The RCOG UK MRCOG Part II Enhanced Revision Programme (ERP) Package	
<b>Ramandeep Kaur</b>	MBBS, MD	Consultant, Department of Minimal & Natural Gynae and Gynae Cancer Unit, Fortis Flt LT Rajan Dhall Hospital, Vasant Kunj & Fortis Memorial Research Institute, Gurgaon	dr.ramandeep@gmail.com M: +91-9810605842	Hysteroscopy, Laparoscopy Workshops at Fortis, Vasant Kunj, New Delhi	
<b>Ranjana Sharma</b>	MBBS, MS, MRCOG, FRCOG, MFFP	Senior Consultant Obstetrician, Gynaecologist, Urogynaecologist, Indraprastha Apollo Hospitals, Delhi	rnj_sharma@yahoo.com M: +91-9810162431	Web Editor AICC - RCOG NZ, India Faculty Part II MRCOG Course Advanced Obstetric Skill RCOG Basic Practical Skill	
<b>Sandhya Gupta</b>	MBBS, DGO, MRCOG, Dip Endoscopy (Germany)	Director & Sr Consultant Deptt of Obs. & Gynae Niramaya Hospital Vis. Consultant Apollo Hospital	sums.sandhya@gmail.com M: +91-9910693456	Co Convenor Part I MRCOG Course Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Sanjeev Sharma (UK)</b>	MRCOG, FRCOG (UK)	Consultant, Gynaecologist Director of Medical Education, Southport & Ormskirk NHS Trust Southport, UK	sdsharma@gmail.com sdsharma49@hotmail.com	Chief Co-ordinator Part I MRCOG Course Part II MRCOG Course Advanced Obstetric Skill RCOG Basic Practical Skill	
<b>Saritha Shamsunder</b>	MRCOG, FRCOG (UK),	Specialist Gynaecologist, Vardhmaan Mahaveer Medical College & Safdarjung Hospital, New Delhi	shamsundersaritha@gmail.com M: +91 9313826748	Convenor The RCOG UK MRCOG Part II Enhanced Revision Programme (ERP) Package Faculty RCOG Basic Practical Skill	

<b>Seema Sharma</b>	MD, DGO, MRCOG	Director Srishti Clinic, HOD, Apollo Clinic Rajouri Garden, Delhi	drseemagyn@hotmail.com Info@drseemasharma.com M: +91-9910700555	Faculty RCOG Basic Practical Skill Advanced Obstetric Skill Part II MRCOG Course	
<b>Shweta Gupta</b>	MBBS, MD, MRCOG (UK), DFRH (UK) MSc (Reproduction and Development, UK)	Sr Consultant Reproductive Medicine and IVF Moolchand Medcity, Delhi	swetagupta06@yahoo.com M: +91-8130140007	Convenor The RCOG UK MRCOG Part II Enhanced Revision Programme (ERP) Package, Co Convenor Part II MRCOG Course, Faculty RCOG Basic Practical Skill	
<b>S N Basu</b>	MBBS, MS, MRCOG (UK), FRCOG (UK)	Senior consultant and HOD, Max Hospital, Delhi	ssndbasu@yahoo.com M: +91-9810119072	Convenor Part I MRCOG Course	
<b>Sohani Verma</b>	MRCOG, FRCOG (UK), FICOG, FIMSA, PGDMLS, PGDHHM	Incharge-IVF Lab, Senior Consultant Obstetrician & Gynaecologist and IVF Specialist, Academic Coordinator Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi	rcog_nz2012@yahoo.com drsohaniverma@gmail.com M: +91-9810116623	Chairperson - NZ AICC RCOG (UK) Faculty RCOG Basic Practical Skill Advanced Obstetric Skill Part II MRCOG Course	
<b>Sonal Bathla</b>	MD, FICOG, FICMCH, FIMSA	Senior Consultant, Department of Obstetrics & Gynaecology, Sant Parmanand Hospital.	tcsharma@hotmail.com M: +91-9811444563	Faculty Advanced Obstetric Skill	
<b>Sonu Agarwal</b>	DGO, FRCOG (UK)	Senior Consultant Obstetrician & Gynaecologist Fortis La Femme Hospital, Max Super Specialty Hospital	sonuagarwal393@hotmail.com M: +91-9810508029	Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Tanya Buckshee Rohatgi</b>	MD DNB MNAMS MRCOG (London, UK) DFFP (London, UK), Fellowship IVF & Reproductive Surgery (London and Singapore) Laparoscopy Fellowship (AIIMS)	Senior Consultant Reproductive Medicine, Surgery & Assisted Reproductive Techniques (IVF), Max Super Specialty Hospitals, Saket, Panchsheel, and Noida	tanyabrohatgi@gmail.com M: +91-9910003731	Faculty MRCOG Part II Course	
<b>Urvashi Prasad Jha</b>	MRCOG, FRCOG (UK), AICC (Chair)	Senior Consultant, Head of Department Department of Minimal and Natural Access Gynae & Gynae Cancer Surgery Gynae Onco Unit. Fortis Ft Lt Rajan Dhall Hospital & Fortis Memorial Research Institute	urvashipjhaclinic@gmail.com M: +91-9811029310	Immediate Past Chairperson AICC-RCOG NZ, India Chief Coordinator Hysteroscopy, Laparoscopy and Vaginal Surgery Workshops at Fortis, Vasant Kunj. Faculty RCOG Basic Practical Skill Part II MRCOG Course	
<b>Vinita Jaggi Kumar</b>	MD (Gynae), FICMCH, MRCOG (UK) Fellow Gynecological Oncology (Accredited to RANZCOG) K K Hospital, Singapore	Assistant Professor Oncosurgery (Gynecological Oncology) Delhi State Cancer Institute Govt of NCT of Delhi, Dilshad Garden, Delhi	drvinitakumar@yahoo.co.in M: +91-9810638648 +91-9560390112	Faculty RCOG Basic Practical Skill Part II MRCOG Course	

## Current Office Bearers May 2012-Present

Fellows and Members		R No	E Mail	Telephone	City/ State/Country
<b>Patron &amp; Past Chairperson</b>					
Dr S K Ghai Bhandari (1989-92)	FRCOG	4306	drskbhandari@rediffmail.com	24625994/ 24690679	Delhi
Dr Sheila Mehra (1992-97)	FRCOG	4964	drmehra@hotmail.com	9810059047 24333026	Delhi
Dr Urmil Sharma (2002-07)	FRCOG	5497	sharmaurmil33@gmail.com	9810068815	Delhi
<b>Patron</b>					
Dr M Kochhar	FRCOG	1429	drmkochhar@yahoo.com	9810018277	Delhi
Dr Prabha Sinha	FRCOG		agynaecologist@gmail.com		UK
Dr Sanjeev Sharma	FRCOG		sdsharma@gmail.com		UK
Dr R P Soonawala					
Dr Prathap C Reddy					
Dr Ashok Chauhan					
<b>Past Chairperson and Current Chairman, All India Co-ordinating Committee (AICC)</b>					
Dr Urvashi P Jha	FRCOG	12373	urvashipjhaclinic@gmail.com	9811029310	Delhi
<b>Chairperson</b>					
Dr Sohani Verma	FRCOG	11488	drsohaniverma@gmail.com	9810116623	Delhi
<b>Vice Chairperson</b>					
Dr Nirmala Agarwal	FRCOG	12198	n.menoky@gmail.com	9811888732	Delhi
<b>Secretary</b>					
Dr Mala Arora	FRCOG	11988	narindermala@gmail.com	9818676801	Faridabad
<b>Treasurer</b>					
Dr Anita Ganju-Kaul	FRCOG	115412	anita_kaul@apollohospitals.com	9811100511	Ghaziabad
<b>Web Editor</b>					
Dr Ranjana Sharma	FRCOG	105134	rnj_sharma@yahoo.com	9810162431	Delhi
<b>Member Representative &amp; Web Editor</b>					
Dr Arbinder Dang	MRCOG	142444	arbidang@yahoo.co.in, arbidang@gmail.com	9871356917	Delhi
<b>Member Representative</b>					
Dr Jasmine Chawla	MRCOG	144343	drjasminechawla@gmail.com	9310009321	Delhi
Dr Kaberi Banerjee	MRCOG	131945	banerjee.kaberi@gmail.com	9871096615	Delhi

## Team AICC RCOG North Zone (Delhi & NCR)

Fellows and Members		R No	E Mail	Telephone	City/ State/Country
Dr Anjila Aneja Wig	FRCOG	118800	anjilaaneja1966@gmail.com	9810059519	Delhi
Dr Asmita Rathore	FRCOG	116779	asmita.rathore@yahoo.com	9968604345	Delhi
Dr Astha Takkar	MRCOG	156074	asthatakkar@gmail.com		Gurgaon
Dr Chandan Dubey	MRCOG	142402	chandandubey15@gmail.com	9871489719	Delhi
Dr Deepti Goswami	MRCOG	113104	drdeeptigoswami@hotmail.com		Delhi
Dr Deepti Goswami	MRCOG	171208	gosdeepti@hotmail.com		Delhi
Dr J B Sharma	FRCOG	107421	jbsharma2000@gmail.com	9868397309	Delhi
Dr Jasmeet Kaur	MRCOG	154486	jasmeetmonga@gmail.com	9871464264	Gurgaon
Dr Jayasree Sundar	MRCOG	137233	jayasreesundar@yahoo.co.in	9810297461	Delhi
Dr Jharna Behura	MRCOG	127953	jharnabehura@yahoo.co.in	9810247593	Delhi
Dr Jyoti Bhaskar	MRCOG	150433	jyotbhaskar@yahoo.com	9711191648	Delhi
Dr Kiran Popli	MRCOG	132095	kiran_popli@hotmail.com		Gurgaon
Dr Mamta Dagar	MRCOG	131988	mamtadagar2004@yahoo.co.in	9811437782	Delhi
Dr Mamta Mishra	MRCOG	144162	drmmishra12@gmail.com, shreeja11@yahoo.co.in	9810926599/ 9810058708	Delhi
Dr Manavita Mahajan	FRCOG	118732	manavitamahajan@hotmail.com	9810583876	Delhi
Dr Meena Naik	MRCOG	140657	m.naik1971@yahoo.com	9818258503	Delhi
Dr Meenakshi T Sahu	MRCOG	140555	meenakshi_sahu@rediffmail.com	9313872444	Ghaziabad
Dr Monika Nagpal	MRCOG		drmonikanagpal@gmail.com	9811045610	Delhi
Dr Neema Sharma	MRCOG	139025	drneemasharma@yahoo.com	9911057456	Delhi
Dr Neena Malhotra	MRCOG	121703	malhotraneena@yahoo.com	9891557707	Delhi
Dr Neeta Gupta	MRCOG	142145	drneetagupta@hotmail.com	9899305479	Delhi
Dr Nivedita M N Kaul	MRCOG	181984	drniveditakaul@gmail.com		Delhi
Dr Pakhee Agarwal	MRCOG		pakh_ag@yahoo.com		Delhi
Dr Parul Chopra	MRCOG	160925	drparulchopra@gmail.com		Gurgaon
Dr Pooja C Thukral	MRCOG	140847	poojacthukral@gmail.com	9873980655	Haryana
Dr Poonam Tara Neeti	FRCOG	128066	poonamtara@hotmail.com	9717077700	Delhi
Dr Preeti Rastogi	MRCOG		preeti818@icloud.com		Gurgaon
Dr Priti Gupta	MRCOG	144344	priti.krish@yahoo.co.in	9871928660	Delhi
Dr Puja Dewan	MRCOG	131666	pujadewan2006@yahoo.com		Noida
Dr Puneet Kaur Kochhar	MRCOG		drpuneetkochhar.art@gmail.com drpuneet.k20@gmail.com	9953001628	Delhi
Dr Ritika Bhandari	MRCOG	112818	bhandariritika@yahoo.co.in	9811602921	Delhi
Dr S N Basu	FRCOG	12795	ssnbasu@yahoo.com	9810119072	Delhi
Dr Sandhya Gupta	MRCOG	158357	sums.sandhya@gmail.com	9910693456	Delhi
Dr Sangeeta	MRCOG	152397	drsangeetamamc@gmail.com	9810465757 / 9968604349	Ghaziabad
Dr Sangeeta Sabherwal	FRCOG	10254	sangeetadhawan3@gmail.com	9810465757/ 9968604349	Delhi
Dr Seema Sharma	MRCOG	120284	drseemagyn@hotmail.com		Delhi
Dr Shikha Pasrija Chadha	MRCOG	164825	shikhapasrija@gmail.com	9718599656	Delhi
Dr Sonu Agarwal	FRCOG		sonuagarwal393@hotmail.com	9810508029	Delhi
Dr Sushma P Sinha	FRCOG	105004	sinha_sushma@hotmail.com	9810068543	Delhi
Dr Sweta Gupta	MRCOG		swetagupta06@yahoo.com	8130140007	Delhi
Dr Tanya B Rohatgi	MRCOG	142257	niteshrohatgi@yahoo.com		Delhi
Dr Tripti Madan	MRCOG	161011	triptimadan@yahoo.co.in	9810277214	Delhi
Dr Usha M Kumar	MRCOG	139297	dr_usha_mkumar@hotmail.com	999293741	Delhi
Dr Vinita Jaggi Kumar	MRCOG	143764	drvinitakumar@yahoo.co.in	9560390112/ 9810638648	Delhi
Dr Saritha S Kale	FRCOG		shamsundersaritha@gmail.com	9313826748/ 09496805062	Delhi



## AICC RCOG North Zone (Alphabetical Order)

Fellows and Members		R No	E Mail	Telephone	City/ State/Country
Dr A Sharma	MRCOG	156015	archana_doc05@yahoo.com		Kanpur
Dr A Gauba Singh	FRCOG	4294			Delhi
Dr A K Kanwar	FRCOG	4582			Delhi
Dr A Raman	MRCOG	153916	2006.anusri@gmail.com		Chennai
Dr A Sanadaya	MRCOG	124607	gouranita@gmail.com		Jaipur
Dr A Singh	MRCOG	135473	anubha_singh167@hotmail.com		Delhi
Dr B Ganjoo	FRCOG	101416	basantiganjoo@gmail.com		Srinagar
Dr B K Dhaliwal	FRCOG	4098	drmp007@yahoo.co.in		Moga
Dr Chetna Jain	MRCOG		jainchetna@gmail.com		
Dr D M Thaker	MRCOG	108768	darshanapawar2003@yahoo.com		Nagpur
Dr G I Dhall	FRCOG	1183	dhallgi@yahoo.com		Panchkula
Dr G Rai Chowdhuri	FRCOG	5384			Delhi
Dr G S Tomar	MRCOG	142560	drgtomar@gmail.com		Indore
Dr G V Padubidri	FRCOG	5171			Delhi
Dr Gunjan Gupta	MRCOG	144623	Gunjan21sep@gmail.com		Ghaziabad
Dr H K Narang	MRCOG	144285	hrkng@hotmail.com		Delhi
Dr I M James	MRCOG	4526	irismanjula@hotmail.com		Delhi
Dr J A Naqshbandi	MRCOG	5064			Srinagar
Dr J Sidhu	FRCOG	3290	drjasusidhu@gmail.com		Bathinda
Dr K Dua	MRCOG	106884	drdua@msn.com		Delhi
Dr K Dwivedee	MRCOG	140562	kaushikid@yahoo.com		Gurgaon
Dr K Gupta	MRCOG	124400	sg2710@gmail.com		Varanasi
Dr L Mehta	FRCOG	4962			Lucknow
Dr M Jindal	FRCOG	4540			Meerut
Dr M Karna	MRCOG	4590			Delhi
Dr M L Aggarwal	FRCOG	3598	Shashi_aggarwal@rediffmail.com		Delhi
Dr M M Dass	FRCOG	4058	mohinidass@gmail.com		Lucknow
Dr M R Dutta	FRCOG	4160			Delhi
Dr M Sahai	FRCOG	5414			Jaipur
Dr M Singhal	FRCOG	5551	msinghal07@yahoo.co.in		Muzaffarnagar
Dr M Srivastava	MRCOG	10964	drmadhusrivastava@gmail.com		Noida
Dr Madhu Ahuja	MRCOG	13118	madhu_ahuja@hotmail.com		Delhi
Dr Manjusha	MRCOG	135182	manjusha9000@gmail.com		Lucknow
Dr Mrs S K Vohra	FRCOG	5773	docvohra@gmail.com		Delhi
Dr N Bhan	MRCOG	120117	neerabhan@yahoo.com		Ghaziabad
Dr N Metre Singh	FRCOG	5537			Himachal Pradesh
Dr N V Baheti	FRCOG	10724	nvbaheti@gmail.com		Rajasthan
Dr Neelamvinay Singh	MRCOG	143903	neelamvinay@gmail.com		Lucknow
Dr P Gupta	MRCOG	164916	prerna12in@yahoo.co.in		Jaipur
Dr P Gupta	FRCOG	4377			Gurgaon
Dr Puneet R Arora	MRCOG		indianfertility@gmail.com, parora@doctors.org.uk		
Dr Renu Mittal Lakhatia	MRCOG	139197	devishiv2001@yahoo.com		Lucknow
Dr S Aggarwal	FRCOG	10144	ashim14@gmail.com		Delhi
Dr S Bahl-Dhall	FRCOG	3718			Noida
Dr S Bhalgotra	FRCOG	12459			Delhi
Dr S C Kohli	FRCOG	4672	rsck19@gmail.com		Delhi
Dr S C Saha	MRCOG	112296	drscsaha@sify.com		Chandigarh

Dr S G Singh	MRCOG	5552			Patiala
Dr S Jindal	MRCOG	139263	shobakapil@rediffmail.com		Rajasthan
Dr S K Mangat	FRCOG	12193	drsmangat@yahoo.com		Jalandhar City
Dr S Kamra	FRCOG	4569	shailakamra@gmail.com		Delhi
Dr S Kataria	MRCOG	135323	savysab15@yahoo.com		Delhi
Dr S Patodi	MRCOG	127915	sweetynsoni@yahoo.com		Jaipur
Dr S Patra	MRCOG	108680	sukanya.97@hotmail.com		Delhi
Dr S Rakheja	MRCOG	144105	anilrakheja@hotmail.com		Delhi
Dr S V Sachdev	MRCOG	137279	sachdevshivani@yahoo.co.in		Noida
Dr Suman Bansal	MRCOG	150846	drsumanbansal@gmail.com		Ambala
Dr Sumita Prabhakar	MRCOG	121376	sumitaprabhakar@hotmail.com		Dehradun
Dr Sushma Dikhit	MRCOG	140577	sushmadikhit@hotmail.com		Ghaziabad
Dr T M Malik	FRCOG	103640	tahirmalik235@yahoo.com		Srinagar
Dr U Sharma	FRCOG	5443			Ghaziabad
Dr Uma Pandey	MRCOG	127582	uma.pandey2006@yahoo.com		Varanasi
Dr V B Arora	MRCOG	136727	vbbarora@yahoo.com		Ghaziabad
Dr V K Garg	FRCOG	12115	vibha_garg@hotmail.com		Jaipur
Dr Witty Raina	MRCOG	152181	wittysumbli@yahoo.co.in		Haryana



**Royal College of Obstetrician and Gynaecologist  
(UK) Northern Zone India  
Annual conference and Public Awareness  
Programme**

**Multi Disciplinary Approach to  
“Domestic Violence Against Women”**

in association with  
**Association of Obstetricians & Gynaecologists of Delhi (AOGD)  
(Multidisciplinary Patient Management Committee)  
& Indian Menopause Society(IMS)**

**Sunday, 13<sup>th</sup> December 2015, New Delhi**

*Scientific Programme*





## Funny facts

- The good always defeats the bad. That means that the one, who wins is always the good one.
- Over a lifetime a woman eats about 20 kg of lipstick.
- The world's oldest piece of chewing gum is 9000 years old ..
- Fingernails grow four times faster than leg nails.
- The strongest muscle in the body is the tongue.
- Physically it is impossible to sneeze with opened eyes.
- People talk in average speed of 120 words per minute.
- Electric chair was invented by a dentist.
- Months, starting on Sunday, will always have a Friday the 13th.
- Only 55% of Americans know that the sun is a star.
- Los Angeles has more cars than people.
- Just like people, dogs and cats can be left-handed or right-handed.
- A pig has no physical possibilities to look at the sky.
- Only China and India have more people than there are on Facebook.
- More than 50% of the people in the world have never made or received a telephone call.
- Eskimo has 20 different words to say "snow".
- Elephants - the only animals that cannot jump.
- The sales of vodka in Russia brings its Government 10 percent of income.
- Women purchases 85% of all Valentine's day greeting cards.
- A sneeze can reach a speed of 100 miles per hour.
- 5% of Microsoft Word users do not know how to change the font style.

## One liners

- Q Where does Thursday come before Wednesday?  
A In the dictionary.
- Q What do you call 2 orthopedic doctors reading an EKG?  
A double blind study!
- Q What is the difference between God and an orthopedic surgeon  
A God doesn't think he is an orthopedic surgeon.
- Q Did you hear about the baby born in the high tech delivery room?  
A It was cordless!
- Q Did you hear about the optometrist that fell into his lens grinding machine?  
A He made a spectacle of himself.
- Q What do you call a doctor that fixes websites?  
A URLologist

## Hard Sudoku Puzzles

8				1	6		4	
		4				2		
				3	2	9		
1		5						
	3	6		7	8	4	9	1
			2					3
3	9	2						
4					7	5		

9							8	
3			7					4
	6			2	3			
						6	7	
		3	4					9
		7						1
7					5	9	6	
	1	5	8		9			
8			3				2	

				9		3		6
5	4			7				
	2					4		
3			2		6		5	9
				4				
8		9	3	1				7
						9		
			1					8
1	5		4			7		

**RCOG North Zone Annual Conference and Public Awareness Programme 2015**  
**“Multi Disciplinary Approach to**  
**Domestic Violence Against Women”**

**Session 2**  
**OSCE Station on Domestic Violence**

**Candidate’s Instructions**

You are about to see Sarah Button who is attending the hospital for a routine antenatal visit at 36 weeks gestation. Before you go to see her the midwife speaks to you outside the room. She is concerned about the patient who she says is complaining of rather vague symptoms of headache and generalised aches and pains. She’s not sleeping and appears to have multiple bruises of different ages on her body.

You will be awarded marks on your assessment of the patient and the advice that you feel is necessary based on the outcome of your consultation.

**Role Players Instructions**

You are Sarah Button, you are 24 years old and are 36 weeks pregnant. This wasn’t a planned pregnancy but you thought your boyfriend was pleased that he was going to be a father so you carried on with the pregnancy.

You didn’t see the midwife until 18 weeks gestation to book your antenatal care because you were hesitant about telling your partner about the new baby. You went to the hospital for your 20 weeks scan and have been seeing your midwife for antenatal appointments but have not attended very often.

You already have a 5 year old son from a previous relationship who is living with you and your boyfriend. Only give this information if you are directly asked about other pregnancies or children in the household.

There have been no obstetric complications to date but you have been having domestic problems with your partner, Billy.

Billy works as an estate agent. Recently he claims to have been under a lot of pressure at work and has been spending more time than usual away from home. You recently moved to this area and have no family or friends who live nearby. Soon after you were together he began hitting you. This has continued throughout your pregnancy and you no longer feel safe at home.

He returned home late last night offering no explanation of where he has been. You argued and eventually he hit you several times on the chest and abdomen. This has happened before on about five occasions but he has never hit your son.

You now feel you need help but don’t know where to turn.

You are attending the antenatal clinic in the hospital for the first time since your scan. The midwife has booked this appointment at the hospital as you had missed your last three clinic appointments. She has noticed the bruising and you have also told her that you have problems with headaches, generalised pains and can’t sleep.

The doctor believes this is a routine visit but should be suspicious about the bruising, as the midwife has specifically mentioned it to him/her. If (s)he enquires about the bruising you should open up and discuss the true situation frankly. If after a few minutes the doctor makes no effort to discuss the bruising you should initiate discussion about your domestic situation.

Mention                      unable to cope with the violence  
                                     No longer feel safe at home  
                                     You feel it’s your fault  
                                     You feel powerless  
                                     Frightened of officialdom/agencies/ don’t want them to take your baby away  
                                     Fearful of repercussions of disclosure- you are worried he may hit you more often.

# Mark Sheet

## A. History taking

- Relevance of direct Questions
- Build a rapport so that patient feels able to disclose abuse
- Reassures her the consultation is confidential
- Enquires about personal and social history in details
- Excludes bleeding diathesis( no epistaxis/bleeding gums etc)
- Find out about other child in the home

0      1      2      3      4      5      6

## B. Advice

- Mentions 'place of safety': offers short term admission or women's refuge
- Offer to contact Domestic Violence Police Officer and offers referral to Social Worker
- Offers to document/photograph bruises for future use if needed
- Risk assessment for unborn child
- Discusses issues regarding existing child
- Informs Health Visitor and GP
- Legal options including injunctions or prosecution
- Advises cannot maintain confidentiality if child protection concerns (nb Billy hasn't make any threat towards baby or other child)
- Woman's aid help line and website
- Inform Consultant and Senior Midwife

1      1      2      3      4      5      6      7      8      9      10

## C. Role Player's Score

Ability to lead the discussion:

Led the discussion and asked relevant questions      2  
 Needed some prompting      1  
 Needed considerable prompting      0

### Communication Skills:

Simple appropriate language      2  
 Some jargon but mainly simple language      1  
 Mainly jargon, hard to understand      0

0      1      2      3      4

Marks      20

# Domestic Violence in India: Integrated Approach

Dr Arbinder Dang MD. DNB. MNAMS. MRCOG (UK)  
CERTIFICATE IN CLINICAL EMBRYOLOGY  
Senior consultant, Department of Obstetrics and Gynaecology,  
Sant Parmanand hospital, Delhi

India's National Family Health Survey-III, carried out in 29 states during 2005-06, has found that a substantial proportion of married women have been physically or sexually abused by their husbands at some time in their lives. The survey indicated that nationwide 37.2% of women experienced violence after marriage. Bihar was found to be the most violent, with the abuse rate against married women being as high as 59%. It was followed by Madhya Pradesh (45.8%), Rajasthan (46.3%), Manipur (43.9%), Uttar Pradesh (42.4%), Tamil Nadu (41.9%) and West Bengal (40.3%). The National Crime Records Bureau (NCRB) Report for the year 2011 further highlights some staggering statistics about the domestic violence against women. The percentage share of domestic violence against women in the cognizable crime has grown from 3.8% in 2007 to 4.3% in 2011. The cruelty by husband and relatives under IPC 498A comes at number four in the maximum incidences of cognizable crimes.

The Universal Declaration of Human Rights, 1948, states that "Everyone has the right to life, liberty and security of person" in Article 3. In Article 7, it states that "All are equal before the law and are entitled without any discrimination to equal protection of the law." In Article 8, it declares that "Everyone has the right to an

effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law."

The Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979, defines discrimination against women as:

"...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." (Article 1)

The United Nations Declaration on the Elimination of Violence against Women, (DEVAW) 1993, acknowledged that the root cause of violence against women is the subordinate status of women in society by stating that:

"...violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full

advancement of women, and that violence against women is one of the crucial social mechanisms by which

women are forced into a subordinate position compared with men..." Preamble

The Protection of Women From Domestic Violence Act (2005) of India (hereinafter law of India) defines domestic violence as follows:

Definition of domestic violence.-For the purposes of this Act, any act, omission or commission or conduct of the respondent shall constitute domestic violence in case it -

- (a) harms or injures or endangers the health, safety, life, limb or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or
- (b) harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or
- (c) has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or
- (d) otherwise injures or causes harm, whether physical or mental, to the aggrieved person.

India has adopted the Convention on the Elimination of All Forms of Discrimination against Women and the Universal Declaration of Human Rights, both of which ensure that women are given equal rights as men and are not subjected to any kind of discrimination. The Constitution of India also guarantees substantive justice to women. Article 15 of the Constitution provides for prohibition of discrimination against the citizens on grounds of religion, race, caste, sex or place of birth or their subjection to any disability, liability or restriction on such grounds. Article 15 (3) gives power to the legislature to make special provision for women and children. In exercise of this power, the Protection of Women from Domestic Violence Act was passed in 2005.

## THE PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE ACT 2005

**Domestic Violence:** The term "domestic violence" includes elaborately all forms of actual abuse or threat of abuse of physical, sexual, verbal, emotional and economic nature that can harm, cause injury to, endanger the health, safety, life, limb or well-being, either mental or physical of the aggrieved person. The definition is wide enough to cover child sexual abuse, harassment caused to a woman or her relatives by unlawful dowry demands, and marital rape.

The kinds of abuse covered under the Act are:

1. Physical Abuse-
  - i. an act or conduct causing bodily pain, harm, or danger to life, limb, or health;
  - ii. an act that impairs the health or development of the aggrieved person;
  - iii. an act that amounts to assault, criminal intimidation and criminal force.
2. Sexual Abuse-
  - i. any conduct of a sexual nature that abuses, humiliates, degrades, or violates the dignity of a woman.
3. Verbal and Emotional Abuse-
  - i. any insult, ridicule, humiliation, name-calling;
  - ii. insults or ridicule for not having a child or a male child;
  - iii. repeated threats to cause physical pain to any person in whom the aggrieved person is interested.
4. Economic Abuse-
  - i. depriving the aggrieved person of economic or financial resources to which she is entitled under any law or custom or which she acquires out of necessity such as household necessities, stridhan, her jointly or separately owned property, maintenance, and rental payments;
  - ii. disposing of household assets or alienation of movable or immovable assets;
  - iii. restricting continued access to resources or facilities in which she has an interest or entitlement by virtue of the domestic relationship including access to the shared household.
5. **Domestic Relationship:** A domestic relationship as under the Act includes live-in relationships and other relationships arising out of membership in a family.
6. **Beneficiaries under the Act:**
  - i. Women: The Act covers women who have been living with the Respondent in a shared household and are related to him by blood, marriage, or adoption and includes women living as sexual partners in a relationship that is in the nature of marriage. Women in fraudulent or bigamous marriages or in marriages deemed invalid in law are also protected.
  - ii. Children: The Act also covers children who are below the age of 18 years and includes adopted, step or foster children who are the subjects of physical, mental, or economical torture. Any person can file a complaint on behalf of a child.
  - iii. Respondent: The Act defines the Respondent as any adult male person who is or has been in a domestic relationship with the aggrieved person and includes relatives of the husband or male partner.

**Shared Household:** A shared household is a household where the aggrieved person lives or has lived in a domestic relationship either singly or along with the Respondent. Such a household should be owned or tenanted, either jointly by both of them or by either of them, where either of them or both of them jointly or singly have any right, title, interest or equity in it. It also includes a household that may belong to the joint family of which the Respondent is a member, irrespective of whether the Respondent or person aggrieved has any right, title or interest in the shared household.

#### **RIGHTS GRANTED TO WOMEN**

##### **Right to reside in a shared household:**

The Act secures a woman's right to reside in the matrimonial or shared household even if she has no title or rights in the household. A part of the house can be allotted to her for her personal use. A court can pass a residence order to secure her right of residence in the household.

The Supreme Court has ruled in a recent judgment that a wife's claim for alternative accommodation lie only against her husband and not against her in-laws and that her right to «shared household» would not extend to the self-acquired property of her in-laws.

##### **Right to obtain assistance and protection:**

A woman who is victimized by acts of domestic violence will have the right to obtain the services and assistance of Police Officers, Protection Officers, Service Providers, Shelter Homes and medical establishments as well as the right to simultaneously file her own complaint under Section 498 A of the Indian Penal Code for matrimonial cruelty.

**Right to issuance of Orders:** She can get the following orders issued in her favour through the courts once the offence of domestic violence is prima facie established:

1. Protection Orders: The court can pass a protection order to prevent the accused from aiding or committing an act of domestic violence, entering the workplace, school or other places frequented by the aggrieved person, establishing any kind of communication with her, alienating any assets used by both parties, causing violence to her relatives or doing any other act specified in the Protection order.
2. Residence Orders: This order ensures that the aggrieved person is not dispossessed, her possessions not disturbed, the shared household is not alienated or disposed off, she is provided an alternative accommodation by the Respondent if she so requires, the Respondent is removed from the shared household and he and his relatives are barred from entering the area allotted to her. However, an order to remove oneself from the shared household cannot be passed against any woman.
3. Monetary Relief: The Respondent can be made accountable for all expenses incurred and losses suffered by the aggrieved person and her child due



to the infliction of domestic violence. Such relief may include loss of earnings, medical expenses, loss or damage to property, and payments towards maintenance of the aggrieved person and her children.

4. **Custody Orders:** This order grants temporary custody of any child or children to the aggrieved person or any person making an application on her behalf. It may make arrangements for visit of such child or children by the Respondent or may disallow such visit if it is harmful to the interests of the child or children.
5. **Compensation Orders:** The Respondent may be directed to pay compensation and damages for injuries caused to the aggrieved person as a result of the acts of domestic violence by the Respondent. Such injuries may also include mental torture and emotional distressed caused to her.
6. **Interim and Ex parte Orders:** Such orders may be passed if it is deemed just and proper upon commission of an act of domestic violence or likelihood of such commission by the Respondent. Such orders are passed on the basis of an affidavit of the aggrieved person against the Respondent.

Right to obtain relief granted by other suits and legal proceedings:

The aggrieved person will be entitled to obtain relief granted by other suits and legal proceedings initiated before a civil court, family court or a criminal court.

#### **LIABILITIES AND RESTRICTIONS IMPOSED UPON THE RESPONDENT**

1. He can be subjected to certain restrictions as contained in the Protection and Residence order issued against him.
2. The Respondent can be made accountable for providing monetary relief to the aggrieved person and her children and pay compensation damages as directed in the Compensation order.
3. He has to follow the arrangements made by the court regarding the custody of the child or children of the aggrieved person as specified in the Custody order.

The Act does not permit any female relative of the husband or male partner to file a complaint against the wife or female partner.

#### **AUTHORITIES RESPONSIBLE AND THEIR FUNCTIONS**

The Act provides for appointment of Protection Officers and Service Providers by the state governments to assist the aggrieved person with respect to medical examination, legal aid, safe shelter and other assistance for accessing her rights.

**Protection Officers:** These are officers who are under the jurisdiction and control of the court and have specific duties in situations of domestic violence. They provide assistance to the court in preparing the petition filed in

the magistrate's office, also called a Domestic Incident Report. It is their duty to provide necessary information to the aggrieved person on Service Providers and to ensure compliance with the orders for monetary relief.

**Service Providers:** These refer to organizations and institutions working for women's rights, which are recognized under the Companies Act or the Societies Registration Act. They must be registered with the state government to record the Domestic Incident Report and to help the aggrieved person in medical examination. It is their duty to approach and advise the aggrieved person of her rights under the law and assist her in initiating the required legal proceedings or taking appropriate protective measures to remedy the situation. The law protects them for all actions done in good faith and no legal proceedings can be initiated against them for the proper exercise of their powers under the Act.

**Court of first class Judicial Magistrate or Metropolitan Magistrate:** This shall be the competent court to deal with cases of domestic violence and within the local limits of this court, either of the parties must reside or carry on business or employment, or the cause of action must have arisen. The Magistrate is allowed to hold proceedings in camera if either party to the proceedings so desires.

General duties of Police Officers, Service Providers and Magistrate: Upon receiving a complaint or report of domestic violence or being present at the place of such an incident, they are under a duty to inform the aggrieved person of:

1. her right to apply for obtaining a relief or the various orders granted under the Act;
2. the availability of services of Service Providers and Protection Officers;
3. her right to obtain free legal services; and
4. her right to file a complaint under Section 498 A of the Indian Penal Code.

**Counselors:** The Magistrate may appoint any member of a Service Provider who possesses the prescribed qualifications and experience in counseling, for assisting the parties during the proceedings.

**Welfare experts:** The Magistrate can appoint them for assisting him in discharging his functions.

**In charge of Shelter Homes:** The person in charge of a shelter home shall provide shelter to the aggrieved person in the shelter home upon request made by the aggrieved person, a Protection Officer or a Service Provider on her behalf.

**In charge of Medical Facilities:** The person in charge of a medical facility shall provide medical aid to the aggrieved person upon request made by the aggrieved person, a Protection Officer or a Service Provider on her behalf.

**Central and State Governments:** Such governments are under a duty to ensure wide publicity of the provisions of this Act through all forms of public media at regular intervals, to provide awareness and training to all officers of the government, and to coordinate the services provided by all Ministries and various Departments.

## **PROCEDURE OF FILING COMPLAINT AND THE COURT'S DUTY**

1. The aggrieved person or any other witness of the offence on her behalf can approach a Police Officer, Protection Officer, and Service Provider or can directly file a complaint with a Magistrate for obtaining orders or reliefs under the Act. The informant who in good faith provides information relating to the offence to the relevant authorities will not have any civil or criminal liability.
2. The court is required to take cognizance of the complaint by instituting a hearing within three days of the complaint being filed in the court.
3. The Magistrate shall give a notice of the date of hearing to the Protection Officer to be served on the Respondent and such other persons as directed by the Magistrate, within a maximum period of 2 days or such further reasonable time as allowed by the Magistrate.
4. The court is required to dispose of the case within 60 days of the first hearing.
5. The court, to establish the offence by the Respondent can use the sole testimony of the aggrieved person.
6. Upon finding the complaint genuine, the court can pass a Protection Order, which shall remain in force till the aggrieved person applies for discharge. If upon receipt of an application from the aggrieved person, the Magistrate is satisfied that the circumstances so require, he may alter, modify or revoke an order after recording the reasons in writing.
7. A complaint can also be filed under Section 498 A of the Indian Penal Code, which defines the offence of matrimonial cruelty and prescribes the punishment for the husband of a woman or his relative who subjects her to cruelty.

## **PENALTY/PUNISHMENT**

1. For Respondent: The breach of Protection Order or interim protection order by the Respondent is a cognizable and non-bailable offence. It is punishable with imprisonment for a term, which may extend to one year or with fine, which may extend to twenty thousand rupees or with both. He can also be tried for offences under the Indian Penal Code and the Dowry Prohibition Act.
2. For Protection Officer: If he fails or does not discharge his duties as directed by the Magistrate without any sufficient cause, he will be liable for having committed an offence under the Act with similar punishment. However, he cannot be penalized without the prior sanction of the state government. Moreover, the law protects him for all actions taken by him in good faith.

## **APPEAL**

An appeal can be made to the Court of Session against any order passed by the Magistrate within 30 days from the date of the order being served on either of the parties.

## **THE PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE RULES 2005**

The Act empowers the Central government to make rules for carrying out the provisions of the Act. In exercise of this power the Central government has issued the Protection of Women from Domestic Violence Rules 2005 relating to the following matters:

1. the qualifications and experience to be possessed by a Protection Officer and the terms and conditions of his service;
2. the form and manner in which a domestic incident report may be made;
3. the form and the manner in which an application for Protection Order may be made to the Magistrate;
4. the form in which an application for legal aid and services shall be made;
5. the other duties to be performed by the Protection Officer;
6. the rules regulating registration of Service Providers;
7. the means of serving notices;
8. the rules regarding counseling and procedure to be followed by a Counselor;
9. the rules regarding shelter and medical assistance to the aggrieved person;
10. the rules regarding breach of Protection Orders.

## **WHY DOES A WOMAN STAY WITH HER PERPETRATOR?**

- She does not enjoy support from anybody,
- Nobody believes her,
- Others blame her,
- Legal proceedings are too long,
- She is afraid of her perpetrator,
- She lacks income,
- She has nowhere to go,
- She has children,
- She is afraid that he may take away her children,
- She is ashamed of what people may think of her,
- She depends emotionally on her partner,
- She takes care of the perpetrator,
- She believes that things are going to improve.

## **SCREENING TOOLS - DOMESTIC VIOLENCE**

ACOG recommends that physicians screen ALL patients for intimate partner violence.

For women who are not pregnant, screening should occur:

- at routine ob-gyn visits
- family planning visits
- preconception visits.

For women who are pregnant, screening should occur at

various times over the course of the pregnancy because some women do not disclose abuse the first time they are asked and abuse may begin later in pregnancy. Screening should occur:

- at the first prenatal visit
- at least once per trimester, and
- at the postpartum checkup.

Domestic violence screening can be conducted by making the following statement and asking these three simple questions.

"Because violence is so common in many women's lives and because there is help available for women being abused, I now ask every patient about domestic violence:

1. Within the past year -- or since you have been pregnant -- have you been hit, slapped, kicked or otherwise physically hurt by someone?
2. Are you in a relationship with a person who threatens or physically hurts you?

Has anyone forced you to have sexual activities that made you feel uncomfortable?"

## **IDENTIFICATION OF VIOLENCE**

### **Physical violence against women within the family:**

Physical violence is the deliberate use of physical force that can cause pain, injury, disability or death. It includes behaviour such as scratching, pushing, hair-pulling, shaking, slapping, hitting, kicking, biting, strangling, stabbing, burning, physical restraint, battering and killing, not excluding other manifestations

### **Sexual violence against women within the family:**

Sexual violence is a sexual act without consent or the ability of the victim to choose to give consent, regardless of whether the act has been performed; sexual act or attempt of this act when a person is not in the position to consent to or refuse participation due to illness, disability, influence of psychoactive substances, age, that is, because of intimidation, blackmail or pressure; painful and humiliating sexual act. Intimidation, blackmail or pressures to participate in an unwanted sexual act include using words, gestures, objects or weapons expressing intention to cause pain, injury or death.

### **Psychological violence against women within the family:**

Psychological violence is the violation of victim's serenity through behaviour, threats and applying methods of intimidation with or without using tools and weapons that can inflict physical injuries. It includes the humiliation of victims, controlling their behaviour, withholding information, embarrassing and degrading, blaming, isolating the victim from friends and family, manipulating children and degrading the victim as parent, denying access to money and other resources influencing the victim's mental and emotional state. A specific form of psychological violence is controlling the victim by way of following or stalking, with repeated use of harassment and intimidation, such as stalking a person, appearing

at their place of work or residence, making disturbing phone calls, sending letters and messages and destroying the victim's property.

### **Economic violence against women within the family:**

Economic violence is a form of psychological violence which includes unequal access to joint resources, denying or controlling access to money, prevention of employment or education and professional advancement, denying rights to property, forcing renouncement of property, alienating property without consent, not excluding other manifestations.

## **DETECTION OF VIOLENCE**

Directly when performing their scope of activities in the field of social and family protection.

Indirectly, by means of reports filed by other state bodies, organizations, institutions, victims of domestic violence, relatives and citizens.

## **PARTICIPANTS**

Institutions, bodies and organisations, with statutory responsibilities or programmes to implement activities focusing on detecting cases of domestic violence, stopping the violence, ensuing safety, support and empowerment to the victims, rehabilitation of women victims of domestic violence and sanctioning violence perpetrators.

- The police
- Social protection institutions and other service providers in the social protection system
- Health institutions and other forms of health services
- Institutions in the education system in cases when children are involved as witnesses of violence
- Public prosecutor's office
- Regular and misdemeanour courts

## **ELIGIBILITY ASSESSMENT**

### **Screening and the assessment of eligibility shall be conducted in the following manner:**

- In case of the report being made orally, the professional conducting the reception procedure shall notify the applicant on the competencies and procedures conducted in the centre, lead a standardized interview with the applicant on all relevant facts known to them on the committed act of domestic violence (time, place, manner, duration, known consequences and the victim – victims and witnesses of domestic violence and possible involvement of other institutions in response to the act of domestic violence) and shall check if the family or the individual is already registered in the centre for social work – custody authority and on which grounds.
- The professional shall fill in the Reception Form based on the data obtained through the interview, the enclosed documentation and the conducted check.
- Professional conducting the reception procedure

shall make a decision to forward the Reception Form, together with the opened File on the beneficiary, to the professional in charge of assessment if there are no services established as specific organizational units within the centre.

### **DETERMINING THE PRIORITY OF RESPONSE**

If they assess that urgent intervention is necessary, they shall take action to organize the urgent intervention.

The circumstances taken into account in determining the priority of response in cases of domestic violence and described are:

- Need for support and/or security of the victim or the child who is an indirect victim of domestic violence;
- Specific characteristics of the situation and the severity of circumstances threatening the victim or the child who is an indirect victim of domestic violence which may lead to acute domestic violence, which cannot be prevented;
- If the victim of domestic violence or the child who is an indirect victim of domestic violence has sustained physical injury or if the threat is such that it may lead to physical injury; Prior knowledge of the centre for social work – custody authority on the specific case of domestic violence;
- Quality of cooperation of members of the family where violence takes place or in which there is a risk of occurrence of domestic violence, in prior contact with the professionals of the centre for social work – custody authority;
- Objective and subjective circumstances in the family and the relations of family members which threaten the victim of violence or the child who is an indirect victim of domestic violence;
- Other circumstances which indicate the priority of action in cases of domestic violence.

### **URGENT INTERVENTIONS**

Urgent intervention shall be provided immediately or no later than 24 hours as of the moment the case has been detected and/or the assessment of eligibility of report has been conducted in the course of screening.

**Urgent intervention is about ensuring promptly the following:**

- Security of the victim of domestic violence;
- Health care of the victim of domestic violence;
- Existential conditions for the victim of domestic violence

### **RESPONSE PRIORITY LEVELS**

“Immediate” – if in the specific case the collected data indicate acute violence with immediate threatening to the physical and emotional integrity of the victim or a high risk that such violence may occur, the initial assessment procedure takes place immediately, and immediate intervention must be performed as soon as possible, and no later than 24 hours thereon

“Urgent” – if the collected data indicate that a child is a victim of domestic violence under moderate risk of threat to their physical and emotional integrity, the initial assessment takes place immediately, and no later than three days (72 hours) as of the report and/or detection of the case of domestic violence

“Regular” – if the collected data indicate that the risk of violence occurring in the family is low and/or the level and quality of established communication among family members and the organization of family life is such that it may not result in domestic violence in immediate future, the procedure of initial assessment takes place immediately and no later than five working days as of the report and/or detection of domestic violence.

### **INITIAL ASSESSMENT, PLANNING INITIAL ASSESSMENT AND THE PROCEDURE**

**Initial assessment shall include the following procedures:**

- Observation and interview with the beneficiary – victim of domestic violence and/or the child, the witness – indirect victim of domestic violence and any other person in the household (interview with the child shall be adapted to the age and communication abilities of the child);
- Observation and interview with the members of a wider family, other relevant persons in the environment of the beneficiary – victim of domestic violence; Direct observation of the living conditions in the family where violence has, or is occurring, or if there is a high risk that it may occur .
- Collection and analysis of information from other sources including the existing documentation in the centre, health care, education and other institutions;
- Collection of relevant data and/or findings and professional opinions from professionals employed in institutions of socially organized systems
- Description and assessment of the needs of the beneficiary – victim of domestic violence and/or the child who is an indirect victim, the witness of domestic violence and the family itself (personal characteristics and development needs.)

### **DIRECTED ASSESSMENT, PLANNING AND THE PROCEDURE**

The directed assessment procedure shall last no longer than 30 working days as of the day of finalization of screening.

- Identification of the area of assessment
- Members of the family or other relevant persons from the beneficiary’s environment that should be involved in further assessment.
- Areas of assessment which necessitate the involvement of other professionals of the centre for social work – custody authority, which call for cooperation of professionals from other institutions and services; Special bodies, organizations and institutions which

should be involved in the procedure (police authorities, health care institutions, national employment service, etc).

- Identification of the manner of collecting necessary factual data (interviews, documentations, tests, scales, questionnaires, visits to home, school, workplace etc).
- Identification of deadlines for the implementation of necessary activities.

### **GENERAL PRINCIPLES OF PROTECTION OF WOMEN VICTIMS OF DOMESTIC AND INTIMATE PARTNER VIOLENCE**

Domestic and intimate partner violence against women is recognised as a serious offence with negative impact on the social community and rights of individuals and it requires strong and efficient response of government

bodies and civil society organisations dealing with these issues.

1. Victim's security (safety) is the priority in the work of professional services.
2. Ensure the safety and wellbeing of the child by ensuring safety and supporting the independence of the non-violent parent.
3. The perpetrator is solely responsible for violent behaviour.
4. All interventions should take into account the inequality of power between the victim and the perpetrator of domestic violence.
5. Respect the needs, rights and dignity of the victim.
6. Emergency of procedure is in accordance with the assessed danger of the situation and vulnerability of the victim.
7. Institutions, within their roles, competencies and missions, shall be responsible to stop violence and undertake protection measures.
8. Raise professional competencies through planned education and promotion of best practice examples.

### **HOW TO REGISTER A POLICE COMPLAINT**

It is important to register a complaint with the police regarding ones situation. Especially, if you have chosen to leave, you should register a complaint regarding the circumstances that forced you to quit and the things that you have taken along with you. It is also helpful to know police procedure in these situations. Before contemplating any legal remedies, you need to create proof of domestic violence. Therefore when you report the problem at the police station, write out the incidents briefly and ensure that they contain the name of the perpetrator/abuser. You should make two copies and get one endorsed at the police station by the police authority. When at the police station you may come across these terms : NC's/CO's and FIR's - here's some basic information about these terms and how you can use the following processes when registering your complaint.

**NC: Non-cognizable Offence** A non-cognizable offence is an offence in which a police officer has no authority to arrest without warrant. The police cannot investigate such an offence without the court's permission.

**CO: Cognizable Offence** A cognizable offence is one in which the police may arrest a person without warrant. They are authorised to start investigation into a cognizable case on their own and do not require any orders from the court to do so.

**FIR: First Information Report** First Information Report (FIR) is a written document prepared by the police when they receive information about the commission of a cognizable offence. It is a report of information that reaches the police first in point of time and that is why it is called the First Information report.

It is generally a complaint lodged with the police by the victim of a cognizable offence or by someone on his/her behalf. Anyone can report the commission of a cognizable offence either orally or in writing to the police. Even a telephonic message can be treated as an FIR.

#### **Why is an FIR important?**

An FIR is a very important document as it sets the process of criminal justice in motion. It is only after the FIR is registered in the police station that the police takes up investigation of the case.

#### **Who can register an FIR?**

Anyone who knows about the commission of a cognizable offence can file an FIR. It is not necessary that only the victim of the crime should file an FIR. A police officer who comes to know about a cognizable offence can file an FIR himself/herself.

#### **What is the Procedure for filing an FIR?**

The procedure of filing an FIR is prescribed in Section 154 of the Criminal Procedure Code, 1973.

- When information about the commission of a cognizable offence is given orally, the police must write it down.
- It is your right as a person giving information or making a complaint to demand that the information recorded by the police is read over to you.
- Once the information has been recorded by the police, it must be signed by the person giving the information. You should sign the report only after verifying that the information recorded by the police is as per the details given by you.
- People who cannot read or write must put their left thumb impression on the document after being satisfied that it is a correct record.
- Always ask for a copy of the FIR, if the police do not give it to you. It is your right to get it free of cost.

#### **What should you mention in your FIR?**

- Your name and address;
- Date, time and location of the incident you are reporting;

- The true facts of the incident as they occurred;
- Names and descriptions of the persons involved in the incident;

### **THE CONDUCT OF POLICE OFFICERS**

Protection against domestic violence begins by recognising violence. The police are obliged to act in cases of domestic and intimate partner violence. The police shall accordingly undertake measures to prevent, discover and document criminal acts and misdemeanours perpetrated by use of violence by the family member or partner.

The police should respect ethical rules when treating victims of violence and accordingly give them safety and support. The police conduct shall include establishing cooperation with other government bodies and civil society organisation

### **Reporting domestic and intimate partner violence against women**

#### **The police can find out about an act of domestic violence in different ways (directly, indirectly and on own initiative):**

- When the victim reports violence on own initiative
- By an anonymous or known person (over the telephone or in writing)
- Through report by a professional in a health centre, centre for social work or other institution
- While performing other police work and security tasks

### **Reporting domestic and intimate partner violence against women by telephone call**

With the aim of ensuring citizen safety, the police are required to undertake IMMEDIATE INTERVENTION in all cases, and particularly when the life and health of the victim may be in danger.

The police officer who receives the report on violence should obtain answers to the following questions:

1. Where the violence is (address, apartment number)
2. Who they are talking to (victim, witness, family member)
3. What has happened (is the violence in progress at the time of the call)
4. If someone is hurt (if yes, whether they need emergency medical assistance)
5. Who the reported person is, whether they are there, if not, where they are
6. Who the victim is (if she is in immediate danger)
7. Whether weapons have been used, whether there has been threat with weapons, where the weapon is now  
If the reported person is under the influence of alcohol or opiates
9. Whether there are children present (how many children, what ages, whether they are safe)

10.If violence has occurred before (if the police have intervened before)

11.Whether there is a court measure in force for protection against violence.

The police officer who communicates with the victim cannot make comments and express personal attitudes about the incident while they are talking with the victim of violence, nor can they inquire in the victim's readiness to testify in further legal proceeding.

### **Reporting domestic and intimate partner violence by the victim or other person in the police offices**

One of the ways to report domestic and intimate partner violence against women is for the victim or another person to directly report it to police officers in police premises. When taking a statement from the victim of violence it is necessary to provide physical protection and enable the victim to give a statement about the event without the perpetrator present, if possible in police offices that are separated and free from disturbance and everyday work activities of police officers.

### **Referral of police officers and their arrival to the scene of domestic and intimate partner violence**

The aim of police intervention is to stop domestic violence within the limits of police authority.

At least two police officers shall be referred to the scene of events (preferably officers of different sexes to provide opportunity for the victim to talk to a woman), with the aim to determine the circumstances of the case and provide protection and other assistance to the victim of violence, prevent the perpetrator from continuing with violent behaviour, and as needed, provide transport to the nearest medical institution or shelter.

It is necessary to give information to the police officers appointed to the intervention on what is known about the reported person, if they are under the influence of alcohol, opiates or medicines that can alter his mental state. Also, it is important to know if force, weapons or other means were used during the reported violence to hurt the victim or might have hurt the victim, as well as whether the reported person had previously committed the same or similar acts with elements of violence.

Upon arrival to the scene of events, the police officers' duty is to:

1. Perform identification of the perpetrator of violence (one or more), victim and witnesses to the event.
2. Separate the victim from the perpetrator and provide physical protection to the victim of violence and enable her to make her statement without the presence of the perpetrator and out of his sight.
3. Collect all data necessary to inform and prove the criminal offence or misdemeanour of domestic or intimate partner violence. In doing so, special care should be given to take into account all information regarding the circumstances related to the concrete situation of violence, define the type of violence more precisely and the way in which the violence was

committed, the duration, continuity, possible earlier violence and if the authorities have already been involved and to what extent.

4. Take into special consideration the children exposed to violence
5. Inform the victim of violence that the relevant centre for social work will be notified about the case
6. Inform the perpetrator of violence about the concrete measures that will be taken against him

### **Most common risks**

1. The perpetrator of violence has access to, is using or threatening to use weapons.
2. Prior history of domestic violence and escalation of violence.
3. There are court orders in place and a history of violation.
4. The perpetrator has criminal history (not necessarily related to acts of domestic violence)
5. There is alcohol or drugs abuse or suspicion of mental disorders or illness.
6. Suicide threats or attempts (by the perpetrator and/or the victim).
7. Victim's feeling of fear and her opinion about the risks of future violence.
8. Unemployment and financial issues.
9. Current problems in intimate partner or family relations (e.g. announced leaving of the partner, divorce, property, custody or visiting rights over children and similar).
10. If there are children present, whether they have been or might be hurt.
11. Threats to victim, her family, friends.
12. Coercion to sexual intercourse.
13. History of jealous behaviour of the perpetrator in relation to the victim, stalking or harassment of the victim by former partner.
14. Other indicators of potential relevance: victim isolation (social or geographic), reluctance to leave the apartment/house, lack of (or weak) language skills or no citizenship, certain types of disability

### **FALSE REPORTS**

- Revenge towards the partner for breaking off the relationship
- Jealousy
- Unrequited love
- Material benefit
- With young persons to justify: running away from home, staying out late, missing school, bad results in school, turning the parents' attention to personal or family problems.

Some of the elements that may indicate that the domestic

and intimate partner violence report is false are the following:

- inaccurate details about the time, place and method used in the act
- lack of defence injuries with the plaintiff reporting forced intercourse
- Time lapse between the moment when the crime was "committed" and when it was reported, etc.

### **STATEMENTS OF SUPPORT TO THE VICTIM**

The violence you experience was not your fault

Violence is solely the responsibility of the perpetrator

Nobody has the right to abuse you

Violence is prohibited (as misdemeanour and as criminal offence)

You are not alone, you can get help, I can tell you who can give you help other than the police

Violence has serious effects on your health, but also the health of your children

### **STATEMENTS OF HARM TO THE VICTIM**

How could you let this happen to you?

What did you do to make him angry?

Why didn't you tell me this before?

Why didn't you call the police? Why are you with him when you know he's violent?

Why didn't you leave him the first time he hit you?

### **RAISING AWARENESS AND EMPOWERING THE VICTIM**

- Making the woman aware of her rights:
- Preventing further episodes of violence through self-defence
- Working out a safety plan
- Improving the woman's self-image and self-confidence
- Encouraging the woman's participation in the decision-making process
- Helping the woman attain economic independence
- Providing the woman shelter for first 48 hours
- If possible, the victim shall be given a leaflet containing information she needs. This shall include: addresses, phone numbers and other details about the following participants: police station, centre for social work, health institution, emergency telephone line for victims of violence, shelter (safe house) and other organisations in the community specialised in domestic violence and violence against women. The leaflet would immediately be presented to the victim by staff in bodies, organisations and institutions on first contact with the woman victim of violence within the family and in intimate partner relationship. Wherever the language of national minorities is in use, the leaflet should be also printed on the languages in official use in these environments.

It is in this context that Delhi Police started an intervention program 'PARIVARTAN' (change) on 29th August 2005 against rape and domestic violence by deploying women police constables (WPCs) in field in partnership with parents, teachers, psychologists, sociologists, lawyers, students, youth, area security committee members, not-for-profit organizations and resident welfare associations (RWAs) in a well-planned program.

**ACTION PLAN**

- Orientation and training of Police staff on gender issues.
- Door to Door Awareness Campaign by women beat constables.
- Pantomime performances for sensitization of communities.
- Awareness Lectures by Police Officers for sensitization of parents.
- Psychological counseling for sensitization of girl child and teachers.
- Formation of women safety committees in the communities

**STEPS FOLLOWED IN RESPONDING TO A CASE OF VIOLENCE AGAINST WOMEN**

- A written application describing the problem faced by the client and the help that she is seeking is taken from the client.

- The counsellor offers an attentive ear and listens closely to what the woman has been through as well as what she wants.
- The counsellor helps the client to analyse for herself what her immediate needs are and those issues that are more long term.
- If the client wants to file a police complaint, she is informed about the process and all the legal implications.
- The reasons for the violence are explored during the counselling sessions. The client is helped in identifying the ways in which she thinks her problem can be solved. Her support structure, allies, vulnerabilities, etc. are also explored with her during this phase.
- The perpetrator is called to the centre through a letter or, if needed, a home visit is made.
- The perpetrator is allowed to present his version of the story and to recount his side of the problem.
- A joint session may be held, during which both parties are made to tell each other their views and to air their problems.
- If the client wants to compromise and return to the family, she may be helped to do so through a negotiated settlement with strict safeguards in place for her safety

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### **Workshop Secretariat**

Department of Obstetrics & Gynaecology, Sant Parmanand Hospital  
18, Shamnath Marg, Civil Lines, Delhi-110054.

Dr Arbinder Dang: 9871356917; Email: arbidang@yahoo.co.in

Mrs Geeta Rana : 9716123282