National Medical Symposium on Sexual and Gender-Based Violence

Provision of person centric medical care to survivors of sexual and gender based violence in India: Review of evidence to influence policy and practice

Kasturba Medical College, Manipal, Karnataka
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Synopsis and position statements
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Conveners -

vydehi INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE

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KASTURBA MEDICAL COLLEGE MANIPAL
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TABLE OF CONTENT

RECOMMENDATIONS AND POSITION STATEMENTS

LEGAL

1. Considering research evidence and practical experience of medical practitioners, we recognize that mandatory police reporting, police intimation, and the statutory age of consent for sexual intercourse are significant barriers to access medical care for the survivors of Sexual and Gender Based Violence (SGBV). We advocate to:

    a. Read down section 19 of the Protection of Children from Sexual Offences Act (POCSO) Act, and other similar and relevant provisions in Indian laws

    b. Exempt medical practitioners providing medical care and treatment to survivors of SGBV from mandatorily reporting to the police

    c. Reduce the statutory age of consent to 16 years

2. Reconcile contradictions in procedures of laws [POCSO act, Medical Termination of Pregnancy (MTP) act, Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) act and Juvenile Justice (JJ) act] governing provision of medical care to the survivors of SGBV and medico-legal documentation; in the best interest of the survivors.

PROGRAMMATIC

3. Reform existing care models (One-Stop Crisis Centers, and the likes), to include community engagement and support to access care and establish tailored access pathways for marginalized and vulnerable groups. Conduct a social audit on one stop crisis centers and adapt the model accordingly.

4. Consider provision of medical care for all survivors of SGBV at primary, secondary and tertiary levels of the health system with appropriate referral linkages. Develop a model of care for each level based on survivor-centered principles of care and capacitate the health system to provide level appropriate medical care.

5. Include awareness and health promotion programs on SGBV at all level of health care system meant for general public and other stakeholders like education institutions, media, police and judiciary.

[1] Survivor centered principles; Privacy, Confidentiality, Informed Consent, Autonomy, Respect and Non-Discrimination

EDUCATION AND RESEARCH

6. Overhaul medical education (MBBS and Nursing curricula) to include integrated and survivor-centered approach for SGBV care within emergency medicine, Obstetrics and Gynecology, Pediatrics, Forensic Medicine, Psychiatry and Community Medicine. Include periodic sensitization and awareness sessions for allied health sciences.

7. Create specific research programs under Indian Council of Medical Research (ICMR), Department of Biotechnology and Department of Science & Technology (DST) to promote, fund and regulate (ethics and practices through Institutional ethics committees) research in SGBV that generate evidence to improve SGBV policies and practices.

BACKGROUND

Noting that merely 2.4% of women survivors of Sexual and Gender-Based Violence (SGBV), disclosing to someone, sought medical care (NFHS-V) (1), a national medical symposium was organized to understand barriers to access health care for the surviovrs of SGBV. The symposium sought to lay out an action plan to support requisite changes in policy and practice with the goal of improving the provision of and access to comprehensive medical care to survivors of SGBV.

The symposium was a part of the continued efforts of the hosting organizations in research, provision of clinical care, and policy advocacy for recalibrating and strengthening health system response for survivors of SGBV.
The symposium brought together senior medical faculty (Forensic Medicine, Gynecology, Pediatrics, Psychiatry, and Public Health), researchers, legal advocates, and women's rights organizations involved in care for survivors of SGBV from across India. The quorum of the symposium was formed by invited professionals with experience in research and advocacy in SGBV care and professionals who responded to an open call for research, clinical experience and advocacy abstracts in are of SGBV care.

Given that the provision of medical care for SGBV is intertwined with legal processes, it is prudent that medical professionals and legal advocates delve into issues around access barriers to comprehensive and quality care (health, legal and social) and work with a common-frame towards the welfare of survivors. Over the years, in India, medical care, legal recourse, and rehabilitation have considerably evolved in the direction of welfare of the survivors.

Further, the present times provide us with significant global evidence and experience to act upon and bridge the enormous systemic gaps to provide person-centered care to survivors of SGBV. Hence, this symposium attempted to confluence Indian research evidence, experience and expertise to chalk a pathway toward changing policy and practice.

The symposium highlighted the need for better policies and practices to mitigate the structural and systemic deterrents that hinder survivors' access to medical and psychological care in India. The symposium culminated into:

A 7-point position statement and agenda that addresses the need for critically re-

[2] Organizers: Medecins Sans Frontieres / Doctors Without Borders, India; Center for clinical and innovative forensics, Kasturba Medical College, Manipal; and Department of Forensic Medicine, Vydehi Medical College, Bangalore

viewing specific laws and policies. These include, the statutory age of consent, Section 19 of the (POCSO) Act, holistic medical education and training among healthcare workers, responsible and sensitized media reporting of SGBV cases, and an overall increase in knowledge and awareness among the survivors to improve their health and help-seeking behaviors. Additionally, three inter-disciplinary working groups consisting of experts on medical, legal, social, and other aspects of SGBV were formed to advocate for operationalizing the 7-point position statement and agenda.

SYNOPSIS OF DELIBERATIONS

Structure of discussion

The deliberations were held across five themes that together contributed to the objectives of the symposium. Under each theme, relevant research or professional experience were presented by delegates, which was followed by a round table discussion. Key issues and possible solutions, relevant to the symposium objective were identified, which contributed to the position statement. Further, the organizers conducted a medical literature search for research publications relevant to each theme. The search yielded a total of 28 original articles, case series and review papers published from India. Twelve papers, relevant to the themes of the symposium were also considered in the thematic discussions.

Opening Presentation: Organization of Medical care for survivors of Sexual and Gender Based Violence: A survivor centered approach
The opening presentation set the framework of deliberation for the symposium. Médecins sans Frontières (MSF) presented global best practices in the organization and provision of medical care for survivors of SGBV. The presentation introduced concepts and definitions, reasons for recognizing SGBV as a public health issue and an emergency, the role of the health sector in providing access to care and quality care (2), and the need for survivor-centric principles (3) in SGBV care.

The presentation also showcased the role MSF plays in providing medical care to SGBV survivors through its community-based clinic, called Ummeed Ki Kiran in Delhi(4), as well as the results and recommendations from a comprehensive research done by MSF in Jahangirpuri, Delhi which assessed the Knowledge, Attitude, Perception and Practices of communities towards SGBV care (5). Lastly, a model health system intervention in the community, clinic, and social support domain was proposed.

The delegates discussed legal and access barriers which communities face while seeking care. Further, MSF's survivor-centric and self-referral model was contrasted with the prevailing One Stop Crisis Center (OSCC) model and police-guided access to care. The ethical and legal compulsion for medical professionals to provide immediate medical care was reiterated.

Theme 1: Clinical presentations and / or health consequences in survivors of sexual violence

Three delegates presented their research on clinical presentation, consequences, and management of child sexual abuse (Dr. Satya Raj), domestic violence (Dr. Mythili Hazarika), and sexually transmitted infections in Sex Workers (Dr. S Kalaivani).

The influence of legal processes on clinical management and follow-up was apparent in all three scenarios. This apart, results of three other Indian papers from the literature were presented, which together showed that injuries (body, hymen, or vaginal) were not a common presentation of rape, including in children (6-8).

Further, the sparsely available data on clinical presentation and health consequences were all published from tertiary centers, which largely cater to survivors with grievous injuries. Hence, clinical issues in a larger proportion of survivors who do not access medical care remain unknown.

Researchers of mental health and child sexual abuse opined that mandatory police reporting may have hampered original research work in the area of child sexual abuse, contributing to the dearth of research in this area.

There was a consensus among all delegates that research evidence from India is grossly insufficient to influence policies and practices. And that field researchers (including social science) have no access to institutional mechanisms (funding, guidance, and ethical oversight) to conduct research in SGBV. Furthermore, delegates noted that current ethical frameworks do not sufficiently address sensitivities of research in SGBV. The delegates unanimously agreed on the need for a national program to promote needs-based research in SGBV and formulation of SGBV research-specific ethical framework and oversight.

Theme 2: Medical treatment and forensic procedures related to sexual violence

This theme presented the evolution and current practices pertaining to evidence collection (Dr. Geeta Sahu) and legal provisions governing forensic procedures (Dr. Jagadeesh Reddy) (9, 10). The gathering was informed about an Indian screening tool published in medical literature to identify sexual assault-related trauma in children, which is open to clinical adaptation after critical review (11, 12). Other publications in literature did not contribute to the theme.

The clinical, ethical, and legal validity of certain procedures (two-finger test, assessment of old hymenal tears, cervical swabs) were debated. The need to revise evidence collection based on history and to move to scientific and progressive methods was amply highlighted.

Research evidence and field experience of mandatory police reporting / intimation were discussed. Though health care workers recognize the need for providing therapeutic medical care to survivors of SGBV, the duty to mandatorily report to police may delay or deter provision of immediate medical care. Further, the perception among public of participation in criminal investigation as a necessity to seek medical care deters survivors from seeking immediate medical care. While all delegates agreed that mandatory police reporting of child sexual abuse and mandatory police intimation in adults are significant barriers to accessing and provision of medical care, some delegates suggested procedural strategies like anonymous intimation to overcome the same. Further, delegates elicited international practices in informed consent-based police reporting and best practices on storing forensic evidence to increase its longevity for later use.

Delegates pointed out that contradictions between POCSO, PCPNDT, JJA, and MTP

rules create barriers to access medical care and application of forensic procedures. For example, in several instances of delayed disclosure (due to social stigma and fear), pregnancy is often detected in advanced gestation period. In such instances, MTP is denied by health care workers due fearing accusation of sex selection under the PCPNDT Act.

Likewise, in instances where the child is in conflict with law, especially under sec 15 of JJ Act, the psychologist is expected to assess whether the child behaved like an adult at the time of committing the crime. In such cases adult law provisions will be applied to the child in conflict with law for heinous offenses. But there are no evidence based Indian assessing scales (research evidence based) for such assessments.

Further, the delegates pointed out that the compulsive need for a female doctor (more so for children) to provide medical care and carry out forensic procedures confer barriers to urgent access to medical care in rural areas. It was emphasized that medico-legal documentation does not always contribute to clinical management and hence a clinical approach to documentation should form the primary medical document.

The delegates concurred that compulsion to provide immediate survivor-centric medical care is essential, and the same should not be compromised to comply with legal procedures. Survivors should not shuttle between health facilities for the want of a female doctor or due to lack of capacity to perform forensic procedures. Rather all medical facilities may be capacitated to compulsorily provide medical care and refer further for forensic procedures upon obtaining informed consent by the survivor. Further, the delegates emphasized the urgent need for all the Indian states to adopt and bolster implementations of the national guidelines on medical care and forensic procedures to mitigate unethical practices. Also, the delegates proposed to move towards a need-based and informed consent-based application of forensic procedures rather than the performance of all procedures which is unnecessary and which may prolong the suffering of the survivor or deter the survivor from accessing medical care.

Theme 3: Organization and provision of clinical care to survivors of sexual violence

The presentations under this theme shed light on - community-based model of care for survivors of domestic violence and work place based sexual harassment, in which the psychological first aid and referrals were provided by the lay counselors and community health workers, as opposed to trained psychologists (Dr.Nancy). The outcomes of a tertiary hospital based holistic model of care with community linkages was presented which showcased operations of a OSCC with context specific standard operating procedures (SoP) (Dr. Yogendra Bansal). The OSCC had SoPs for managing walk in survivors and informed consent-based police reporting. One study in literature reported that while 30% of women attending a mental health OPD suffer from sexual coercion, but only 3.5% of this was recorded in the medical files (13, 14). No other publications contributed to the theme. Other delegates presented their experience with one stop crisis centers (OSCC) in various parts of the country. Various issues around OSCC's concept, administration and functioning were dis-

cussed. It was noted that OSCC model does not address the larger medical needs as they are largely accessed by survivors through the police.

The delegates concurred that care for survivors of sexual violence should be available at all levels of health system and that health system should lead the collaborative processes of increasing access to care. Further, the delegates concurred that medical colleges should be persuaded to work in their communities and systematically establish access pathways to their clinics. The delegates expressed the need of a social audit of existing OSCC model of care.

Theme 4: Community or health workers' knowledge, attitude or practice (KAP) towards sexual violence or need / provision of medical care to survivors of sexual violence

In a study from Assam, knowledge and attitude of doctors towards transgender people deterred survivors with transgender orientation from accessing medical care for SGBV (Dr.Mythilli). Likewise, the KAP study from Jahangirpuri showed that community were concerned of stigmatizing attitude of health workers in hospitals (5). One study from Bangalore noted that 60% of survivors would not disclose SGBV to anyone while they suffered from fear and helplessness (14). This is in line with NFHS-V, which revealed that 77% women do not reveal or seek help despite facing sexual or physical violence (1). Three studies from various parts of India recommended increasing sensitization of medical students towards gender issues, reproductive rights and child sexual abuse (15-17). The delegates concurred on the need to increase awareness of all stakeholders including communities, school teachers, police, judiciary, media and health care workers. Various strategies to sensitize and increase awareness were discussed.

Theme 5: Health care access barriers faced by survivors of sexual violence, including marginalized groups and special populations

This theme shed light on the plight of the persons with disabilities (PwD) (physical and mental) and associated healthcare access barriers and social prejudices. PwD, who manage to access health care systems face discrimination while availing services, which is compounded by the intersectionality of gender identities, socioeconomic status, and caste (Ms Smruti Sudha). Further, physical isolation of PwDs and destitute women in rehabilitation institutions is a barrier to gaining awareness, seeking social support, and accessing health care. It was also shared how PwDs are the most susceptible to forced sterilization, abortions, hysterectomy, and forced medical examination by health professionals.

Recommendations were made for having tailor-made disability-friendly health messaging, physical infrastructure, medico-legal examination protocols, health care access pathways, and social rehabilitation services for an inclusive and comprehensive healthcare provision. This apart, access barriers grouped under personal, familial, social, and health system domains were reiterated. Delegates presented their field observations of access barriers faced by female sex workers, street children, destitute women, and women from socially oppressed (Dalit) communities.

WAY FORWARD

With the goal of reforming access to comprehensive survivor-centric healthcare to all SGBV survivors in India, the three working groups would work to develop evidence based advocacy papers on the aforementioned 7 agenda points. The working groups would then advocate with relevant stakeholders and seek reforms at appropriate levels. The working groups will focus additionally on creating access and providing care to children, destitute women, LGBTQIA+, persons with disabilities, people from socially oppressed classes (those from Schedules Castes and Tribes) and other vulnerable groups.

REFERENCES

1. NFHS. National Family Health Survey - 5. Mumbai: International Institute of Population Sciences; 2022 [Available from: http://rchiips.org/NFHS/NFHS-5Reports/NFHS-5_INDIA_REPORT.pdf].

2. WHO. Violence against women Geneva: World Health Organization; 2022 [Available from: https://www.who.int/health-topics/violence-against-women#tab=tab_3].

3. MSF. Sexual Violence. Geneva: Medecins Sans Frontieres; 2022 [Available from: https://www.msf.org/sexual-violence].

4. MSF. Umeed Ki Kiran: Medecins Sans Frontieres 2022 [Available from: https://ukkdelhi.org/.

5. Verputten M, Himanshu M, Gray N, Siddiqui R, Dockerty C. Improving Access To Services For Survivors Of Sexual & Gender-Based Violence:Knowledge, Attitudes, Practices And Perceptions In Jahangirpuri, Delhi, India. 2019 [Unpublished report]

6. Bhattacharyya SK, Saha SP, Pal R. Rape among women and girls presenting at a gynecological emergency department, North Bengal Medical College, Darjeeling, India. Int J Gynaecol Obstet. 2012;117(2):186-7.

7. Kaur S, Kaur S, Rawat B, Sharma R. A multidisciplinary approach in pre-pubertal child sexual assault cases - forensic evaluation and suggestions. Leg Med (Tokyo). 2022;58:102097.

8. Singla S, Garg R, Singh R, Budhiraja S. Gut prolapse into the perineum in a case of sexual assault. Indian J Pediatr. 2009;76(6):653-4.

9. CEHAT. Role of Medicolegal evidence in rape trials. A review of Judgements at the sessions court in Mumbai. Mumbai: Centre for Enquiry into Health and Allied Themes; 2020.

10. CFCL. Center for Child and Law: Implementation of the POCSO Act, 2012 by Special Courts: Challenges and Issues. Bangalore: National Law School of India University; 2018.

11. Choudhary V, Satapathy S, Sagar R. Development of a multi-dimensional scale to measure trauma associated with child sexual abuse (MSCSA) and its ramifying impacts on children: A pilot study. Asian J Psychiatr. 2018;31:27-35.

12. Choudhary V, Satapathy S, Sagar R.

Multidimensional scale for child sexual abuse (MSCSA): Development and psychometric properties. Asian J Psychiatr. 2021;60:102643.

13. Chandra PS, Carey MP, Carey KB, Shalinianant A, Thomas T. Sexual coercion and abuse among women with a severe mental illness in India: an exploratory investigation. Compr Psychiatry. 2003;44(3):205-12.

14. Chandra PS, Deepthivarma S, Carey MP, Carey KB, Shalinianant MP. A cry from the darkness: women with severe mental illness in India reveal their experiences with sexual coercion. Psychiatry. 2003;66(4):323-34.

15. Bhate-Deosthali P, Rege S. Denial of Safe Abortion to Survivors of Rape in India. Health Hum Rights. 2019;21(2):189-98.

16. Deshpande A, Macwan C, Poonacha KS, Bargale S, Dhillon S, Porwal P. Knowledge and attitude in regards to physical child abuse amongst medical and dental residents of central Gujarat: a cross-sectional survey. J Indian Soc Pedod Prev Dent. 2015;33(3):177-82.

17. Singh R, Koushal V, Bharti B. A descriptive study on child sexual abuse act in India. J Family Med Prim Care. 2022;11(6):2923-32.

PRESENTATIONS

1. Dr. Himanshu M. Organization of Medical care for survivors of Sexual and Gender Based Violence: A survivor centered approach

2. Dr. Satya Raj. Psychological aspects of trauma in Sexual and gender-based violence

3. Dr. Mythili Hazarika. Need for psychosocial care to gender based violence survivors in treatment centers

4. Dr. S.Kalaivani. Clinical Presentations And / Or Health Consequences In Survivors Of Sexual Violence

5. Dr. Geeta Sahu Forensic procedures relating to sexual violence

6. Dr. Jagadeesh Reddy. Role of Medicolegal evidence in rape trials

7. Dr. G.Nancy Angeline. Experience of providing community based interventions for Intimate Partner Violence.

8. Dr. Yogendra Bansal. One Stop Window for the Abused (physical/sexual) Women and Children and Demonstration of SAFE Kit

9. Ms. Joyce Leite. Uptake of clinical services of community-based clinic (Umeed Ki Kiran) for survivors of sexual and gender based violence in Jahangirpuri, Delhi.

10. Dr. Mythili Hazarika. Knowledge and attitude of healthcare professionals towards transgender population in an urban city

11. Ms. Smurti Sudha. Barriers to Access Sexual and Gender Based Violence Health Care faced by Women with Disabilities and intersectional Identities

PARTICIPANTS

1. Dr. Sanjeev Lalwani, Professor of Forensic Medicine and Registrar (Academics), All India Institute of Medical Sciences, New Delhi

2. Dr. Jayanthi Yadav, Professor of Forensic Medicine, All India Institute of Medical Sciences, Bhopal

3. Dr. Yogender Bansal, Professor of Forensic Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh

4. Dr. Geeta Sahu, Professor of Forensic Medicine, S.C.B. Medical College and Hospital, Cuttack

5. Dr. Rajendra K M, Assistant Professor of Child Psychiatry, National Institute of Mental Health and Neuro Sciences, Bangalore
6. Dr. Niraj Jadav, Obstetrician and Gynecologist, Chairperson Sexual Medicine Committee, The Federation of Obstetric and Gynecological Societies of India, Rajkot

7. Ms. Vrinda Grover, Senior Advocate on record, Supreme Court of India and co-author of National guidelines on Medico-legal care for survivors/victims of sexual violence

8. Dr. Pradeep Gouda, Vice Chancellor, Sri Devaraj Urs Academy of Higher Education and Research, Kolar and Former Professor and Forensic Medicine, Kasturba Medical College, Manipal

9. Dr. Achal Gulati, Professor of Excellence, Maulana Azad Medical College, New Delhi and former President, Ethics & Medical Registration Board, National Medical Commission, India

10. Dr. Sathya Raj, Professor of Child and Adolescent Psychiatry Christian Medical College, Vellore

11. Dr. Mousumi Sen, Professor of Forensic Medicine, Christian Medical College, Vellore

12. Dr. Debasis Das Adhikari, Professor of Pediatric Emergency Medicine, Christian Medical College, Vellore

13. Dr. G. Nancy Angeline, Senior Resident, Department of Community Health, St. John's Medical College, Bangalore

14. Dr. S Kalaivani, Director & Professor, of Dermatology Venereology And Leprosy, Madras Medical College, Chennai

15. Dr. Prachi Renjhen, Professor of Obstetrics and Gynecology, Dr. Baba Saheb Ambedkar Medical College, Rohini, New Delhi

16. Dr. Mythili Hazarika, Associate Professor of Clinical Psychology, Guwahati Medical College and Hospital, Guwahati

17. Dr. Shaibhya Saldanha, Obstetrician and Gynecologist, Enfold Proactive Health Trust, Bangalore

18. Dr. Vidya Reddy, Executive Director, Tulir - Centre for the Prevention and Healing of Child Sexual Abuse, Chennai

19. Dr. Meenacshi Martins, Psychiatrist and Chairperson, LCC POSH of women at workplace, North Goa

20. Ms. Smruti Sudha, Coordinator, Programs and Innovation CREA, New Delhi

21. Ms. Donna Fernandes, President, Aweeksha Trust, Bangalore

22. Ms. Sathyadevi, Coordinator, Aweeksha Trust, Bangalore

23. Ms. Meggy Verputten, Sexual and Gender Based Violence care specialist, Doctors Without Borders, New Delhi

24. Ms. Joyce Leite, Medical Team Leader, Sexual and Gender Based Violence project, Doctors Without Borders, Delhi

25. Ms. Purnima Khandelwal, Advocacy Manager, Doctors Without Borders, New Delhi

26. Dr. Swapan Kumar Kachop, Chief of Operations, Doctors Without Borders, New Delhi

27. Dr. Ida D'souza, Director, Prasanna School of Public Health, Kasturba Medical College, Manipal

28. Dr. Shankar Bakkannavar, Associate Professor of Forensic Medicine, Kasturba Medical College, Manipal

29. Dr. Vinod Nayak, Professor of Forensic Medicine, Kasturba Medical College, Manipal

30. Dr. Jagadeesh Narayana Reddy, Professor and Head of Forensic Medicine, Vydehi Institute of Medical Sciences and Research, Bangalore

31. Dr. Himanshu M, Medical Coordinator, Doctors Without Borders, New Delhi

ENDORSEMENTS IN-ABSENTIA

1. Dr. Indrajit Khandekar, Professor, Department of Forensic Medicine & Toxicology, Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, Maharastra

2. Dr. Rajeev Seth, Chairperson, Indian Child Abuse Neglect & Child Labour (ICANCL), New Delhi

3. Ms. Sangeeta Rege, Director, Centre for enquiry in to health and allied themes (CEHAT), Mumbai

4. Dr. Padma Deosthali, Program Director, CREA, New Delhi

5. Dr. Kiran SharmaSr. Specialist-Gender (Consultant)Engender Health

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CORRESPONDENCE

Dr. Jagadeesh Reddy -
forensicjagadeesh@gmail.com

Dr. Himanshu M -
india-medco@oca.msf.org

Dr. Vinod Nayak -
vinod.nayak@manipal.edu

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NOTES

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