

## Chapter 13

# One-Stop Crisis Centre, Bangladesh

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### 13.1 Context

Bangladesh, like many other countries, has deep-rooted patriarchal structures that include the manifestation of various forms of VAWG. VAWG is a serious social, cultural and economic problem in Bangladesh, where nearly two out of every three women have experienced violence during their lifetime. Bangladeshi women usually do not perpetrate violence, nor do they seek help against the violent behaviour of men (WHO 2005 cited in Das, Amin, Johnson and Hossain 2008). The Constitution of Bangladesh guarantees every woman and man 'equal rights in all spheres of the state and public life'. However many experts, including the United Nations Special Rapporteur on Violence against Women, noted that the personal status laws treat women and men differently, and perpetuate discrimination against women (UN General Assembly 2014).

Domestic violence is the most prevalent form of violence against women (MDGs Achievement Fund 2014). The Bangladesh VAW Survey 2011 found that 87 per cent of currently married women have experienced physical, sexual, psychological or economic violence by their current husband (Hossen 2014). Further, the survey indicates that 82 per cent of women have experienced psychological violence, 65 per cent have been physically abused (which includes attacks by acid, knife or burning), 53 per cent have faced economic violence (which includes demands for dowry) and 36 per cent have faced sexual violence at some point in their life (Hossen 2014). Occurrences of domestic violence are higher in rural areas (80.98 per cent) than urban areas (19.02 per cent) (Khanom, Saha, Begum, Nur and Tanira 2010). While women are largely unaware of their rights at one level,<sup>1</sup> those who muster the courage to seek help are often left to struggle with an unwilling and unhelpful institution (One-Stop Crisis Centre cited in Islam 2011). To counter this, the government initiated the Multi-Sectoral Programme on Violence against Women (MSPVAW).

### 13.2 Key institutional actors

MSPVAW is a Bangladesh–Danish initiative. It was started as a pilot programme from 2000 to 2003 and in 2011 entered its third phase (2011–16). MSPVAW is being implemented by the Ministry of Women and Children Affairs, in collaboration with the ministries of Law, Justice and Parliamentary Affairs; Information; Social Welfare; Home Affairs; Health and Family Welfare; Education; Religious Affairs; Youth and Sports; and Local Government, Rural Development and Co-operatives. To enable effective co-ordination, a memorandum of understanding for partner ministries agreed in principle to provide and complement support services to women and children who are victims of violence, and to participate in actions to prevent and

combat VAWG. The programme is managed by a policy level steering committee headed by the secretary of the Ministry of Women and Children Affairs. A project implementation committee, which comprises desk officers of partner ministries, also oversees the programme.

The main components of the MSPVAW are: eight One-Stop Crisis Centres (OCCs) in medical college hospitals; 40 One-Stop Crisis Cells at district general hospitals and 20 at *upazila* (sub-district level) health complexes; a national forensic DNA profiling laboratory in Dhaka and seven divisional DNA screening laboratories at medical college hospitals; a national trauma counselling centre in Dhaka; the National Helpline Centre for Violence against Women and Children (10921); a national database on violence against women and children; and a national centre on gender-based violence in Dhaka.

### 13.3 Theory of change

The commitment of the Government of Bangladesh to tackle VAWG has provided the impetus for a number of focussed laws and policies, and the creation of the multi-sector programme to help balance the legal framework with practical structures to support victims of violence, and address the social institutions and discriminatory norms that negatively impact females in Bangladesh. One of the key elements of the programme is the creation of OCCs within tertiary-level medical college hospitals. OCCs are meant to make access to support services easier for women and children who have been subjected to physical and sexual violence by integrating various services within a single facility. The idea stemmed from the realisation that VAWG survivors face tremendous physical, emotional and psychological trauma, and are often victimised further while accessing services. By providing medical, police and legal services at one location the centres ensure that females are not re-victimised, but instead find it easy to seek the required protection and rehabilitation services, and to facilitate their recovery and reintegration.

### 13.4 Social institutions and discriminatory norms

**Formal laws, policies and accountability:** Bangladesh has a number of policies and laws in place to address VAWG. They include the Women and Children Repression Prevention Act 2000, Acid Control Act 2002, Birth and Death Registration Act 2004, Human Trafficking Deterrence and Suppression Act 2012, Village Court Act 2006, Domestic Violence (Prevention and Protection) Act 2010, Domestic Violence (Prevention and Protection) Rules 2013 and the National Action Plan to Prevent Violence against Women and Children 2013–25 (NAPPVAW, 2013–25) (CEDAW 2011). The idea behind these regulatory frameworks is to achieve gender equality and empowerment, eliminate discrimination and guarantee socioeconomic and political development of women.

**Access to resources and opportunities:** The OCC has a special focus on the creation of spaces and institutional mechanisms to provide victims of violence access to resources and opportunities ‘under one roof’. It is meant to provide services to women and children, such as healthcare, police assistance, DNA tests, social services,

legal assistance, psychological counselling and shelter. People can consult and seek advice and other support services by telephone or in person.

**Women's and men's consciousness:** OCCs also contribute toward changes in women's and men's consciousness through the sensitisation and capacity building of various service providers, including government staff, doctors, paramedics, nurses and police officials. Women accessing OCC services often report the violence; some opt to initiate formal complaint and justice processes, which is an indicator of change in attitudes to violence. From 2006 to 2015, a total of 5,183 cases were filed through the centres (MSPVAW 2015). The fact that victims of violence break their silence by reporting it to the police and then seek justice in the courts indicates a change in individual consciousness. According to an MSPVAW official:

*Moreover, the victims realised that they had some shelters including medical, legal and police protection supports to fight out the aftermaths of violence against them. These services had enhanced the courage of women to fight against violence and inform or assist other victims in need of protection, treatment, rehabilitation or need for shelter.*

(Government of Bangladesh 2014)

**Informal cultural norms and exclusionary practices:** Through a change in individual consciousness and access to resources, OCCs are able to initiate a change in informal cultural norms and exclusionary practices, as women begin to break their silence and seek support and justice against violence.

### 13.5 Strategies

The OCC model represents a comprehensive and accessible approach to addressing VAWG on the part of the government's MSPVAW. Of the eight centres run by the programme (seven in division-level medical college hospitals and one in a district-level medical college hospital), two were set up during the pilot phase (2000–03), four were established during phase one (2004–08) and two during phase two (2008–11). Since December 2012, the programme has added 60 One-Stop Crisis Cells: 40 are in district hospitals and 20 have been established in health complexes at the sub-district (*upazila*) level. The primary objective of a crisis cell is to provide information to women and children survivors of violence about various services (i.e. healthcare, police assistance, legal advice and trauma counselling).

Women and children who are victims of violence – physical and/or sexual violence or burn assaults – are referred to the OCC (which is located close to the emergency department of the respective hospital). OCCs are spacious enough to include one special ward of eight to ten beds, one meeting room, a waiting room for visitors and rooms for various professionals. The team at the centre covers legal and medical matters and comprises: four police officers, four doctors, six nurses, a psychosocial counsellor and a social welfare officer. A senior doctor acts as the centre's co-ordinator. A working group, chaired by the director of the medical college hospital in which the centre is located, is responsible for overall management. Other members include

representatives of the concerned medical departments and wards, plus a district women affairs officer and deputy director (magistrate) of the Women Support Programme of the Department of Women Affairs.

Shelter, medical care and treatment, and advice are the three pillars of an OCC. Shelter services are available on an immediate and temporary basis for three to seven days. A VAWG survivor can reach a centre in multiple ways: she can lodge a report with the police, who are required to escort her to a hospital; she can reach the hospital directly; or she can call the OCC hotline. The centres support victims who wish to file a case with the services of a lawyer who works with the police from the OCC to co-ordinate with the local police station and the court. Legal procedures to file the case are completed during the victim's stay at an OCC (Government of Bangladesh 2014).

Besides offering support to victims, the police and judiciary (judges and magistrates) also benefit from the MSPVAW through various sensitisation programmes organised in collaboration with the Judicial Administration Training Institute and Bangladesh police at the national, division, district and sub-district levels. Public awareness campaigns have been undertaken on television on issues such as trauma counselling, sexual harassment, child labour, child sexual assault, acid violence, DNA tests and dowries. A website has also been created to provide information (Government of Bangladesh 2014).

### 13.6 Outcomes to date

*The treatment, health care, police protection, assistance to legal action, DNA tests, psychosocial counselling, shelter and rehabilitation through OCC, the Help-line support and Database information have created tremendous impact for the victims, in spite of the lapses within the project.*

(Government of Bangladesh 2014)

Up to August 2014, OCCs provided various services to a total of 20,452 women and children victims of violence, who stayed in OCC wards for a particular period.<sup>15</sup> Furthermore, a total of 2,670 women and children victims received various services from the One-Stop Crisis Cells (CEDAW 2013). In terms of rehabilitation and reintegration of OCC clients into society, from 2006 to November 2014 696 women were trained on income-generating activities, such as sewing, computer skills, nursing, beauty parlours, and managing poultry and cattle. They were also provided with various productive assets, such as sewing machines and cash transfers. As part of an impact evaluation study, 37.48 per cent of former clients surveyed reported that they had become financially independent as a result of the training received in the OCCs (Government of Bangladesh 2014).

As per OCC data, about 25 per cent of women (i.e. 4,608) filed cases and in 15 per cent of these cases (i.e. 708) a judgement was secured. However, a penalty was imposed in only 14 per cent of the cases where a judgement was meted out (Government of Bangladesh 2014). Statistics to February 2015 give the following breakdown of types of violence by client: 16,197 physical assaults, 5,547 sexual assaults and 396 burn victims (MSPVAW 2015).

Substantial training – including orientation on OCC and DNA lab activities, psychosocial counselling, burn victim management training, and staff capacity building to handle victims of violence against women and children – has been provided to the groups of professionals of each OCC. A training module for combating VAWG will be developed for OCC staff, teachers, students, health assistants, family planning officers and other professionals. An operational manual has been developed for the effective functioning of the OCCs, which helps to ensure a similar protocol for all centres. The officials and staff who are working at an OCC are aware of this protocol.

Training for doctors, lawyers and counsellors, police and law enforcement agencies, social welfare officers and nurses has improved the quality of OCC services. Various professionals have been provided with specialised training to enhance their capacity to deal with victims, and to facilitate and co-ordinate a support network that engages actors across sectors – for example, lawyers, police and NGO personnel. Stakeholder involvement is important to the work of the centres. For example, NGOs and CSO oversee the activities of the OCCs, and are invited for consultations and advocacy programme work. The changing mind-set of the professionals and stakeholders will ensure sustainability of efforts to address the issue of VAWG; working together in an OCC has synergised these efforts to date. Overall MSPVAW has conducted 148 training workshops and seminars on capacity development, strengthening VAWG activities, counselling, DNA and gender sensitisation for 11,143 professionals and stakeholders at the national, division, district and sub-district levels (Government of Bangladesh 2014).

All of the OCCs organise monthly ‘former client’ meetings to increase dialogue, obtain feedback on OCC services, and enable clients to express their needs and interests regarding future plans. OCC professionals also share information about anti-VAWG activism, women’s human rights and child marriage issues during the meetings.

A registration form with personal details and facts about incidents is used to collect information on the victims. Basic data includes age, profession, socioeconomic status, nature of injury, history of incidents etc. About 96 per cent of the clients are very poor and often abused by their husband, boyfriend or close relatives. Children and adolescent girls are more vulnerable to sexual assaults. The results obtained from the victim’s registration form, follow-up meetings, medical reports, first information report and charge sheet of the criminal cases, along with media reports, are compiled, analysed and reported on a regular basis. Some of the reports are published in a newsletter. These reports are also used to compare incidence of violence trends and to review the services of OCCs. All VAWG data from OCCs are preserved. Data and other information from OCCs are disseminated to the stakeholders.

Overall, people are more aware about human rights, women’s rights and the various forms of violence against women and children as a result of the MSPVAW initiatives. Inclusion of economic deprivation and psychological violence as major categories under the Domestic Violence (Prevention and Protection) Act 2010 has contributed to an increase of reported incidents of VAWG. Reporting of VAWG cases by the media has also increased.

### 13.7 Lessons learned and the way forward

This government initiative provides access to a set of services for women that contributes towards addressing the issues of providing immediate relief and initiating the process of rehabilitation and justice for victims of violence. Professionals and other stakeholders largely appreciate OCCs and the quality of their services. Elaborating on the work of the OCCs, Dr Abul Hossain, MSPVAW Project Director, said:

*It established a close relationship between women and children victims of violence and service providers. It mobilised all actors and activists towards violence against women and children. All types of co-ordination mechanisms among institutions and organisations had been improved.*

(Government of Bangladesh 2014)

Moreover, the programme has successfully incorporated human rights issues into its work with clients. The concept of the OCC is being replicated by:

- United Nations Population Fund (UNFPA) women support and survivors support centres.
- Police Reform Project (PRP) victim support centres, which are supported by the UN Development Programme (UNDP), European Union (EU) and UK Department for International Development (DFID).
- The Women Friendly Hospital Initiative of the Directorate of Health Services.

Furthermore, some South Asian countries have expressed their willingness to establish similar units following the success of the OCC operations in Bangladesh.

Some of the key lessons learned from OCC functioning are:

- When services (legal, police, medical) are co-located and adequately resourced, reporting and demand for those services increase. Female survivors feel more confident to report instances of violence and have more faith in protection and medical services. OCCs have also enhanced awareness among women regarding the services available to them.
- The success of integrated service provision for VAWG survivors requires institutional buy-in of key stakeholders. MSPVAW is a collaborative effort between various ministries that have facilitated co-ordination at the OCC level. Moreover, each OCC has a hospital management committee, which includes representatives from various service providers (medical, legal, police), besides representatives from other government departments.
- The introduction of a skills-building programme into OCC operations has helped some women gain employment and break the 'vicious cycle' of economic dependence that often perpetuates violence by their partners.
- Partnerships with NGOs and CSOs have not only helped increase awareness regarding VAWG in society, but have also helped females access various services available at OCCs and survivors of violence to reintegrate into their communities.

Furthermore, NGOs and CSOs have been key partners in monitoring OCC performance.

- A strong emphasis has been placed on collection of data. This has been instrumental in monitoring the quality of service provision at OCCs and in taking corrective measures as needed.
- It is important to ensure on-going capacity building of service providers. However, this needs to extend beyond training on service protocols to gender sensitisation programmes that help change mind-sets, and ensure everyone is more responsive to the needs of women and female survivors of violence.

Although OCCs provide women and children victims of violence with many services, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) noted that the existing number of OCCs is not sufficient to address VAWG requirements in the country (CEDAW 2011). The second phase evaluation report of MSPVAW also noted space limitations at the centres, posing a challenge in the management of OCCs as it is difficult to accommodate all the professionals needed (doctors, nurses, psychosocial therapists, radiologists, lawyers, counsellors, police, social workers etc.). It further reports the need for proper orientation, wider dissemination of information about OCCs in the mass media and speedier trials of VAWG cases (in the absence of which victims, their parents and relatives lose interest and confidence in the justice process). The report recommended the establishment of OCCs in every district, *upazila* and union, since it is difficult for victims from remote areas to reach divisional cities for medical treatment, shelter, protection and legal action. Furthermore, evidence and proof are usually destroyed if case victims do not reach an OCC in time (Government of Bangladesh 2014). According to one of the victims of violence:

*Much of the successes of OCC will be attained if law enforcement forces and lawyers are more dedicated and honest about providing fair justice and support to the victims, otherwise all efforts to provide services from OCC will be fruitless.*

(Government of Bangladesh 2014)

Implementation of the plan to improve and consolidate integrated public services related to VAWG, building awareness about VAWG and related public services, and capacity building of the Ministry of Women and Children Affairs, would further enhance the quality, efficiency and sustainability of OCCs, encourage the use of facilities, and improve and consolidate inter-ministerial co-ordination and action in relation to VAWG (Center for Health Market Innovations 2015). OCCs are an important step towards responding to the various needs of women and children who are victims of violence, by incorporating a range of services in one place and thereby ensuring that these victims receive the necessary assistance as quickly as possible.

*Women's empowerment increased as they now themselves visit OCC in cases of violence, knowing their cases will be heard and they can fight back*

(Government of Bangladesh 2014)

## Notes

- 1 Annual Report of One-Stop Crisis Centre (2009), as mentioned in Islam M Z (2011).
- 2 [http://mspva.gov.bd/index.php?option=com\\_content&view=article&id=188&Itemid=143&act\\_id=9&cmp=1](http://mspva.gov.bd/index.php?option=com_content&view=article&id=188&Itemid=143&act_id=9&cmp=1) (accessed on 10 October 2015).

## References

- Center for Health Market Innovations (2015), 'One-Stop Crisis Centre (OCC) Bangladesh', available at: <http://healthmarketinnovations.org/program/one-stop-crisis-centre-occ-bangladesh> (accessed on 1 April 2015).
- Committee on the Elimination of Discrimination against Women (CEDAW) (2011), 'Concluding Observations of the Committee on the Elimination of Discrimination against Women: Bangladesh', Forty-Eighth Session, CEDAW/C/BGD/CO/7, available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/BGD/CO/7&Lang=En](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/BGD/CO/7&Lang=En) (accessed 13 April 2015).
- Committee on the Elimination of Discrimination against Women (CEDAW) (2013), 'Concluding Observations on the Combined Sixth and Seventh Periodic Reports on Bangladesh', addendum, available at: [http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/BGD/INT\\_CEDAW\\_FCO\\_BGD\\_14997\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/BGD/INT_CEDAW_FCO_BGD_14997_E.pdf).
- Das, MB, S Amin, K Johnson and A Hossain (2008), *Whispers to Voices: Gender and Social Transformation in Bangladesh*, World Bank Report, South Asia Regions Bangladesh Development Series, Paper No. 22.
- Government of Bangladesh (2014), *Impact Evaluation Study of Multi-Sectoral Programme on Violence Against Women (2nd Phase)*, IMED, June 2014, available at: [http://imed.portal.gov.bd/sites/default/files/files/imed.portal.gov.bd/page/e773d5bf\\_182e\\_4fc5\\_a856\\_dfd3c8d05ced/women.pdf](http://imed.portal.gov.bd/sites/default/files/files/imed.portal.gov.bd/page/e773d5bf_182e_4fc5_a856_dfd3c8d05ced/women.pdf) (accessed 29 March 2015).
- Government of Bangladesh, Multi-Sectoral Programme on Violence Against Women (MSPVAW) (2015), 'Multi-Sectoral Programme on Violence Against Women', available at: [www.mspva.gov.bd/](http://www.mspva.gov.bd/) (accessed on 29 March 2015).
- Hossen, A (2014), *Measuring Gender-Based Violence: Results of the Violence against Women (VAW) Survey in Bangladesh*, available at: [www.bbs.gov.bd/WebTestApplication/userfiles/Image/knowledge/VAW\\_%20Survey\\_Bangladesh\\_2014.pdf](http://www.bbs.gov.bd/WebTestApplication/userfiles/Image/knowledge/VAW_%20Survey_Bangladesh_2014.pdf) (accessed on 14 May 2015).
- Islam, MZ (2011), 'Efficiency Measurement of General Activities of One-Stop Crisis Centre: A Study on Khulna Medical College Hospital, Bangladesh', *Journal of Education and Practice*, Vol. 2 No. 5, 29–35.
- Khanom, R, DK Saha, K Begum, J Nur and S Tanira (2010), 'Violence against Women—A Study Done in the One-Stop Crisis Centre (OCC) of Dhaka Medical College Hospital, Dhaka, Bangladesh', *Journal of Dhaka Medical College*, Vol. 19 No. 2, 98–101.
- MDGs Achievement Fund (2015), 'Bangladesh: Joint UN Programme to Address Violence against Women in Bangladesh', available at: [www.mdgfund.org/program/jointunprogrammeaddressviolenceagainstwomenbangladesh](http://www.mdgfund.org/program/jointunprogrammeaddressviolenceagainstwomenbangladesh) (accessed on 26 March 2015).
- Multi-Sectoral Programme on Violence Against Women (MSPVAW) (2015), 'One-Stop Crisis Centre' (OCC), available at: [www.mspva.gov.bd/index](http://www.mspva.gov.bd/index).

php?option=com\_content&view=article&id=188&cmp=1&adfile=1 (accessed 14 August 2015).

UN General Assembly (2014), *Report of the Special Rapporteur on violence against Women, its causes and consequences*, Rashida Manjoo, 10, A/ HRC/26/38/Add.2, available at: [www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session26/Documents/A-HRC-26-38-Add2\\_en.doc](http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session26/Documents/A-HRC-26-38-Add2_en.doc) (accessed on 29 March 2015).

World Health Organization (WHO) (2005), *Multi-country Study on Women's Health and Domestic Violence Against Women*, available at: <http://www.who.int/reproductivehealth/publications/violence/24159358X/en/>