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28/4/16



**GOVERNMENT OF KERALA**

Abstract

Social Justice Department – Nirbhaya Cell – One Stop Crisis Cell – Standard Operating Procedures – Modified - Orders issued.

**SOCIAL JUSTICE (B) DEPARTMENT**

G.O.(Rt) No.227/2016/SJD

Dated, Thiruvananthapuram, 25.04.2016.

Read:- 1) G.O.(Rt) No.196/2016/SJD, dated 31.03.2016.  
2) Letter No. N/284/15 dated 11.04.2016 from the Director of Social Justice, Thiruvananthapuram.

**ORDER**

The Standard Operating Procedures for the working of One Stop Crisis Cell has been approved as per the Government Order read above. Now, the Director of Social Justice as per the letter read above, has reported that the Standard Operating Procedures which has been appended with the above said Government Order was not the updated version and hence requested to approve the modified and updated version of the Standard Operating Procedures.

2) After having examined the matter in detail Government are pleased to approve the modified Standard Operating Procedures appended herewith, for the working of One Stop Crisis Cell.

By Order of the Governor,  
**A.SHAHJAHAN**  
**SECRETARY**

To

The Director of Social Justice, Thiruvananthapuram.  
The Principal Accountant General (Audit), Kerala, Thiruvananthapuram.  
The Accountant General (A&E) Kerala, Thiruvananthapuram.  
The Accountant General (DB Cell), Kerala, Thiruvananthapuram.  
Web & New Media (for Publishing in the website).  
Stock File, Office Copy

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Section Officer



# **ONE STOP CRISIS CELL**

## **STANDARD OPERATING PROCEDURES**

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# Standard Operating Procedure for One Stop Crisis Cell

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## Background and Introduction

1. Rape, sexual assault, eve-teasing and stalking are matters of serious concern – not only because of the physical, emotional and psychological trauma which they engender in the survivor, but also because these are practices which are being tolerated by a society ostensibly wedded to the rule of law. The right to be protected from sexual harassment and sexual assault is guaranteed by the Constitution, and is one of the pillars on which the very construct of gender justice stands. Several pieces of policy and legislation have been enacted by the state to prevent and deter such violence against women (**Annex 1**). Such violence is not only against the fundamental right to live in dignity, but also has a debilitating effect on women and children, thereby wiping out the gains of any advancement in empowerment of women.

2. The duty of the State, therefore, is to provide a safe environment, at all times, for women and children, who constitute half the nation's population. Crimes against women are an egregious violation of several human rights demanding strict punishment with deterrence to prevent similar crimes in future by the likeminded. As part of its efforts to empower women, the State has established 21 Bhoomika Centres to support women affected by violence<sup>1</sup> in private and public spaces, within the family, community and at the workplace. While these 21 Bhoomika Centres are expected to function as One Stop Crisis Cells (OSCCs), currently they operate more as referral centres. Staffed with two counsellors, they operate from 7am to 7 pm with specialists on call.<sup>2</sup> They address all types of violence including sexual and domestic.

3. *It is the intention of the Government to ensure that these 21 centres operate as proper OSCCs.* OSCC is a service categorized by a 'fast-track' integrated and coordinated teamwork of multi-sectoral and inter-agency network for the management of women/children who have faced sexual abuse and/or domestic violence. OSCC should be generally located in the non-critical zone of the hospital. OSCC is basically a 'survivor-centered' management place, where officials from all relevant agencies and departments will come to provide assistance once they are called.

4. The objective of this Standard Operating Procedures (SOP) is to issue guidelines to shift Bhoomika Centres from a referral role to one of well-functioning OSCCs. This SOP is prepared by a joint team of stakeholders and are supplementary to the procedures contained in the specific laws and the rules framed on violence against women. They are not to be considered as derogation to or a substitution to the existing processes under the specific laws/rules.

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<sup>1</sup> All violence covered by Acts stated in Annex 1 will be considered violence for purposes of the OSCC

<sup>2</sup> Police Officer, Doctor, Lawyer, Service Provider and Protection Officer.

5. This SOP states minimum standards that must be followed in each OSCC operated in the state. It discusses, responsibilities of each partner institution, staffing of OSCCs, the infrastructure, capacity development of functionaries, IEC programs for prevention of violence, and monitoring mechanisms. **Annex 2** provides the protocols for procedures to be instituted in the OSCC.

## Objectives of OSCCs

6. In addressing violence against women, there are four key dimensions that need to be addressed, namely, prevention, protection, prosecution, and policy formulation. OSCCs will specifically support:

- **Protection of women and children affected by violence:** End the violence and provide a safe and secure environment for the complainant, and Provide practical and psychosocial support to women and children affected;
- **Support prosecution of the perpetrator of violence:** Provide police and legal aid in a timely and professional manner, including the collection and preservation of medico-legal evidence that will effectively hold the perpetrator to account, through law and justice enforcement.

7. In addition, as a supplementary objective, OSCCs will also support IEC and capacity development programs that will aim to *prevent* violence against women as well as contribute to policy making through the establishment of a MIS system that will provide relevant and useful data for better understanding of the types, extent of, and causes of violence against women.

## Basic Principles Underlying OSCC Services

8. **Universal Services for All Women and Children:** The OSCC will serve all women and children upto 18 years of age affected by violence, irrespective of caste, class, religion, region, sexual orientation or marital status. For children below 18 years of age, institutions and authorities established under Juvenile Justice (Care and Protection of Children) Act, 2000 and the Protection of Children from Sexual Offences Act, 2012 will be linked with the OSCC. Survivors of sexual and domestic violence will receive the same standard of care, regardless of the circumstances of the violence, their legal or social status.

9. **Provision of Integrated Services Under One Roof:** The One-Stop Crisis Cell takes a coordinated inter-sectoral approach that provides all required services to a survivor of violence in one place. In short, the OSCC aims to provide holistic and comprehensive support and assistance to the survivors of sexual/domestic violence as a '**one-stop service**' under one roof. Key partners, namely Health Services, Police Department, Legal Aid Personnel, and Social Justice staff will work in a coordinated manner to ensure a single window survivor-centric system to book any case of sexual assault. This will involve a cell, where:

- a. A survivor of sexual assault will record her First Information Statement (FIS) in the presence of a police officer trained for such purposes, medical examination will be conducted by a Government Lady Medical Officer (preferably a

Gynaecologist), immediate trauma care, counselling and emotional support will be provided by a trained counsellor and a trained Lawyer from District Legal Service Authority (DLSA) will offer legal assistance and explain the legal provisions and remedies available to the survivor.

- b. In cases of threat perception to the survivor, a Protection Officer of the Social Justice Department shall offer guidance and referral services regarding safe accommodation in Shelter Homes under Government or those conducted by accredited Non Governmental Organizations (NGOs).

10. **Best Interests of the Survivor:** The best interest and safety of the survivor shall be the paramount priority in any service provided to a complainant. OSCC should reduce 'secondary victimization' by providing quality and sensitive treatment to survivors. OSCCs will be integrated within health facilities, thereby reducing any stigmatization that may occur in the current social context. OSCCs have been established at the General Hospitals and Taluk hospitals with the aim of assisting survivors (women and children) of both sexual and domestic violence (**Annex 3**).

11. **Quality of Services:** OSCC Services should be based on clearly established protocols for handling violence by the hospital staff and mandatory training of all responder/stakeholders. The protocols should be distinct when they involve sexual offences. Such protocols should be placed in public domain and the Health Department will be responsible for ensuring strict enforcement of Protocols. The protocols should be available in user-friendly manner and in both Malayalam and English.

12. **Confidentiality and Privacy of Services:** All services provided at the OSCC should be provided in a manner that respects the survivor's privacy. During examination, treatment or counseling only people whose presence and involvement is necessary should be present; and people specifically requested by the survivor (such as family members). All matters and details about the case including the name of the complainant and that of the alleged perpetrator should be kept confidential. Necessary security arrangements must be in place to ensure such confidentiality. **The Institutions shall not deal with media only the district and state can deal with media**

### ***Nature of Services Provided***

13. The OSCC will provide services and assistance, which include: -

- Medical examination and treatment - provided by the Medical Department/Hospital (Health)
- Medico-legal examination and collection and preservation of evidence (Health)
- Lodging of First Information Statement at the OSCC, and registering First Information Report (Police)
- Psychological counseling – provided by a Counsellor (Health)

- Legal advice and legal aid– provided by District Legal Service Authority (KELSA)
- Shelter/safe accommodation referral– (Social Justice Department).

## Accessing OSCC Services

14. A survivor affected by violence can access OSCC in any of the following ways:
  - a. Seek services directly by walking in to the OSCC;
  - b. Referred to OSCC by any staff of the hospital or another institution;
  - c. Through any person including any public spirited citizen, public servant (as defined under section 21 of Indian Penal Code, 1860), relative, friend, NGO, volunteer etc., or
  - d. Through telephone directly or through Women Helpline and Child Line integrated with police, ambulance and other emergency response helplines.

## Process of Handling Complaints

15. The Counsellor remains the first contact point for a Survivor arriving at OSCC. A Counsellor's responsibilities and code of conduct during this initial meeting are detailed in **Annex IV**.

16. **Protocols:** Different types of protocol, depending upon nature of offence as prescribed by the Kerala Medico-Legal Code as per GO (MS) No. 19/2015/Home Dated: 31.1.2015. The Department of Health will be responsible for updating the existing protocols consistent with Central Government guidelines.

17. **Shelter:** In the event of a woman above 18 who seeks shelter, the WPO must be contacted for immediate assistance. In the event of a child below 18 approaching the OSCC needing shelter, the OSCC Counsellor should approach the Child Welfare Committee for instructions.

18. **Dealing with a woman survivor – a step wise approach:** All survivors who walks in to the OSCC on their own or referred from the hospital or other institutions should get a standard set of services in a streamlined manner. The following steps should be followed:

- i. **Receiving a client:** The client shall be received in a friendly and reassuring manner by the counsellor on duty.
- ii. **Registration of Complaint:** Each grievance received by the OSCC should be immediately registered in the Entry Register (manually and electronically as when the latter is ready) and allotted a code number. Entry register should contain the following information: Name, Age, Address & Contact Number, name, number, and address of alternate contact and ending with an ID Code.

- iii. **Case history:** After allotment of code number, the details of the grievance should be collected in the case record. It should contain a detailed description of the grievance including place, date, and time of occurrence; and remarks and observations of the Counsellor. The case record should not contain any identification details except the code number.
- iv. **Preliminary Counselling Before Taking Action:** The Counsellor should do a preliminary counselling of the survivor before taking any action. The purpose of this counselling is mainly two-fold – (1) to reassure the survivor and (2) to make a quick assessment of the issues involved including safety and security concerns. The Counsellor should ensure that the salient points and details of steps to be taken and implications, thereof, are communicated to the survivor during this counselling.
- v. **Classification of Complaints:** Once the Counsellor receives the information about the aggrieved woman in the above-mentioned manner and after quick assessment of the situation, the counsellor will categorise the cases into three as discussed below. The counsellor will record the reasons for such categorisation in the electronic Complaints register maintained at the OSCC. The categories are described below:
  - a. Category A: All offences that are sexual in nature or involve physical injuries that would require immediate medical attention or evidence to be taken immediately;
  - b. Category B: Non-sexual offences primarily involving domestic violence, but do not require any immediate evidence given that there are no physical injuries evident, although the women may need immediate protection in terms of shelter;
  - c. Category C: Other cases, not related to sexual or domestic violence that do not require any evidence taking and/or where the woman is not in any need of protection, but attending the centre for psychosocial support / counselling etc.
- vi. **Responses:** The type of response and the speed at which it happens is mainly determined by the categorisation of the complaint made in step (v) above.

**Category A:** Category A requires an emergency response. This would also include in special cases transportation of the survivor to the OSCC where information is received that a woman is in danger or suffering from violence in any private or public space. In such cases arrangements should be made to dispatch the Police to immediately rescue/stop violent situation. This should also include sending an ambulance for medical aid and transfer to a hospital where needed. Once the survivor reaches the OSCC, the responses should be:

- a. Immediate assessment of the health condition of the survivor by the medical officer on duty. Emergency management of life threatening conditions should precede any evidence collection / counselling. Once the condition is stable / there is no immediate danger to health, further steps as below should be initiated;



- b. A call should be sent to the Doctor on duty from the expert panel. The doctor should do a proper medical and medico-legal examination of the survivor and provide necessary treatment and collect all available evidence using the approved formats under the Kerala Medico-legal Code;
- c. Inform immediately the designated Police Officer/Legal counsellor/WPO of the concerned area;
- d. Ensure proper recording of all evidentiary aspects;
- e. Supporting the survivor to lodge the FIR/NCR/DIR through contacting the police and facilitating the recording of the FIS/FIR in the OSCC;
- f. Ensuring the safety of woman by providing police protection/putting her in nearest shelter home; and
- g. Referring her for psycho-social counselling to deal with any post traumatic issues; and
- h. Taking all steps that may become necessary to ensure that the matter is addressed in a satisfactory manner.

In the case of Categories B and C, a Non-Emergency Response would be sufficient. This will involve but will not be limited to:

- a. Informing the survivor/survivor of her legal rights and the various remedies available to her;
- b. Putting her in touch with a legal counsellor so as to provide her with free legal aid;
- c. Assisting the survivor/survivor in lodging a FIR with the police, if necessary;
- d. Contacting WPO in case shelter is needed, and ensuring that such shelter is provided through WPO/CWC or through Service Providing Centres;
- e. Providing and arranging for counselling where necessary; and
- f. Taking all steps that may become necessary to ensure that the matter is addressed in a satisfactory manner.

## Staffing and Responsibilities of Partners

### *Staffing Pattern for OSCC*

19. **Fulltime Staff:** Monitoring and Coordination Committee, depending on the demand for services, may determine the exact staff pattern for each centre. The staff may be recruited on contractual basis as per the guidelines of the state government for effective operation of OSCC. At minimum, each OSCC should consist of two counselors, working in shifts.

20. **On Call:** In addition, the various departments should ensure the services of panels of professionals in each district to provide services when required. These include but are not limited to:

- a. A panel of seven trained police officers authorized to record FIRs to each OSCC (Also see Para 22.3)

- b. A panel of 10 gynecologists / medical officers from the Government General Hospital (see Para 22.1)
- c. A panel of lawyers from KELSA/DLSA (see Para 22.4)
- d. A panel of ten clinical psychologists
- e. The WPO or services of an authorised Service Providing Centre (one per district)

### ***Responsibilities of Different Partners in the Functioning of the OSCC***

21. The Service Providers of the OSCC have the following responsibilities:

#### **21.1. Police Officer (PO)**

- a. The Designated Police Officer will help the aggrieved woman in initiating appropriate police proceedings against the perpetrators. In case a woman affected by violence is denied lodging of FIR/Complaint or any other assistance, the Designated Police Officer would help expedite the process
- b. In case the denial to initiate proceedings relates to the commission of offences punishable u/s 326A, 326B, 354, 354B, 370, 370A, 376, 376A, 376B, 376C, 376D, 376E or 509 IPC(Annex II), he/she will initiate proceedings under section 166A IPC against the accused police officials.
- c. The Designated Police Officer would advise on which laws are to be invoked for issues related to violence against women. The officer will ensure that the woman affected by violence is not further harassed.

#### **21.2. Legal Counsel on Call**

- a. She/he will inform and orient the woman about her legal rights and help/guide the woman to initiate legal proceedings against the abuse/violence suffered, if she is willing to do so.
- b. She/he will coordinate/liaise with the Public Prosecutor or the KELSA/DLSA Lawyer, to support the survivor even after her case has been filed in court as well as to ensure follow-up of the case to its logical conclusion.
- c. She/he will ensure that the rights and dignity of the survivor is adequately taken care of in terms of the existing laws and procedures.

#### **21.3. Woman Protection Officer (WPO), Department of Social Justice**

- a. The WPO and/or all Service Providing Centres in the district appointed under the DV Act, will be on call with the OSCC.
- b. The WPO will personally meet any woman approaching the OSCC with a grievance which can be considered under the DV act and will provide her with all the redressal mechanisms envisaged under the act
- c. Where the woman in distress needs shelter, the WPO will ensure that she gets shelter in any shelter home under her jurisdiction
- d. She will disperse the imprest money according to the guidelines (Annex 5).

22. The administrative and financial responsibilities of the different stakeholders are provided below:

### 22.1. HEALTH DEPARTMENT

- a. Health Department shall be the Nodal Department
- b. The Health Department will be in charge of managing and administering the OSCC on a day-to-day basis. It will ensure that MOUs are signed with each identified stakeholder.
- c. It would be responsible for identifying and appointing the required counselors and other staff as and when allotted.
- d. It shall be responsible for establishing and updating protocols for doctors as well as stating the procedures for evidentiary collection, the latter in consultation with the Police.
- e. The Department would be responsible for training and sensitization of Health personnel including medical staff.
- f. The Department will also ensure collection evidence in cases of sexual assault and others when needed.
- g. The Health Department should prepare and maintain panels of Doctors/clinical psychologists/Hospitals/ Clinics that should be updated and be available at the OSCC. The list should be complete with address, phone number of in-charge/nodal doctor to be made available.
- h. A list of ambulances services (public and private) must be available for hire in the district.
- i. The Health department shall designate a panel of minimum ten Gynaecologists from Government hospitals who will be available on call for the OSCC.
- j. It will provide all clearance for the doctors on the panel to attend trainings organized by the Health / Home / Social Justice Departments for the effective functioning of the OSCC.
- k. It will identify a space in the concerned hospital, which has adequate infra-structure to set up an OSCC that includes at least three big rooms and reception area in a non-threatening environment with private access to toilet.
- l. It will provide basic furniture for the counselling room and the statement recording room. It will also set up one examination room with bed and provide adequate Sexual Assault Evidence collection Kit or Sexual Assault Forensic Evidence (SAFE) kit consisting of items for gathering and preserving physical evidence following a sexual assault. The minimum contents of the SAFE kit are given in (Annex 6).
- m. Will give detailed guidelines/orders to the medical officers based on the 2013 guidelines issued by Ministry of Health on the protocols to be followed for Medico-legal Care of sexual assault survivors.
- n. Will identify and accredit a panel of experts such as special educators, psychiatrists, psychotherapist etc. The database will be provided to the OSCC to be utilized whenever such need arises.

## **22.2. SOCIAL JUSTICE DEPARTMENT**

- Will pay the salary of one trained counselor in each OSCC.
- Will set up the state level hotline for survivors of sexual assault, which will be linked to OSCC.
- Will identify and accredit credible service providers, as needed in each district, who will be responsible for providing safe shelter for any survivor who has a threat perception.
- Will provide Standard Operating Procedures (SOP) for all stakeholders so that all processes adopted in the OSCC are survivor centric. SOP will also include reporting mechanisms, documentation for recommendation for survivor compensation fund.
- Will appoint a part-time data operator who will do the necessary documentation and dissemination work. The data operator will be responsible for sending weekly status report of the cases, jurisdiction and the support provided by the OSCC to all stakeholders.
- Will provide for the care & protection of a survivor referred to an NGO for safe shelter.
- Department of Social Justice will be responsible for monitoring the results of OSCCs in the State.

## **22.3. POLICE DEPARTMENT**

- Will designate a panel of minimum 7 police officers, preferably women, in each district, of a rank not less than that of an Inspector of Police to coordinate activities related to the functioning of the OSCC as well as violence related to women under other laws implemented by the Social Justice Department. She or he should be equipped with relevant powers and authority to file an FIR and transfer it to the concerned jurisdiction, as well as facilitate the proper collection of evidence.
- Prepare exhaustive and comprehensive guidelines for police officers on their role in the OSCC, especially related to recording of statements, transfer to concerned jurisdiction and reporting mechanisms to avoid duplication or confusion.
- Will ensure that the Police Vanita Cell within the department monitor all the cases that are registered in the OSCC. The cell will record the following:
  - Type and date of complaints received from the OSCC
  - transfer of cases to the appropriate jurisdiction and date of such transfer,
  - details of case investigation
  - charge-sheets by the concerned police station,
  - briefing of the public prosecutors before & during trial,
  - survivor protection during trial,

- on risk perception, recommend video- conferencing
- recommend for speedy trial
- Will be responsible for organizing a 2-days joint induction training of all functionaries who are going to be responsible for the operationalizing of the OSCC.
- Will be responsible to organize quarterly up-gradation training for all the functionaries of the OSCC.
- As a part of the Joint Task Force will monitor the effective functioning of the OSCC.
- All budget related to training and up-gradation of all functionaries responsible for OSCC will be borne by the department.

#### **22.4.KELSA**

- KELSA shall provide through the respective DLSAs, a panel of lawyers, preferably women, to be available on call at the OSCCs.
- KELSA shall ensure that the panel lawyers attend the various training programmes organized by the various stakeholders besides designing its own training programmes for the panel lawyers.

#### **22.5.NGOs**

- Only Shelter Homes operated by Service Providing Centers (accredited by SJD) will be utilized for shelter services.
- On identification of a threat perception for a survivor either by the perpetrator/accused or any other persons with mal-intention to harm the survivor, the OSCC counselor will refer the survivor for safe stay to the NGO shelter.
- The NGO will provide all necessary care and protection including confidentiality to the survivor till she is ready to face the society.
- Will take necessary steps to ensure total security of the survivor if need be till the end of the trial.
- Will maintain proper documentation including medical history, psycho-social profile and the care plan of all referred survivors.
- Will provide all measures for rehabilitation such as trauma care, educational support, life-skills, employability skills and livelihood options.
- Will submit monthly reports to the Department of Social Justice on the status of the cases referred to them.

23. In order to fulfil the above responsibilities, the following orders will need to be issued and revised as necessary:

- a. Order from Director General of Police designating a police officer from each district for OSCC who should be equipped with relevant powers and authority to file an FIR and transfer it to the concerned jurisdiction, as well as facilitate the proper collection of evidence.
- b. Order from DMO, Department of Health designating a panel of Government Medical Officers and/or lady gynaecologists in each district to conduct medical examination at OSCCs as well arrange for a panel of clinical psychologists wherever possible.<sup>3</sup>
- c. Order from KELSA/DLSA designating a panel of dedicated and sensitive lawyers ready to give legal aid to the survivors. They should be from diverse backgrounds (religious and gender), for each district. The list of such panel will contain address, email and phone numbers of lawyers to put in public domain.
- d. Accreditation of credible NGO/Government homes, which provide safe shelter, by the Social Justice Department.

## Operation of OSCC

24. OSCC will operate on a 24 hours basis, although this may vary depending on the demand for services in each vicinity where the OSCC is located. Where there is insufficient demand for keeping the OSCC open for 24 hours, the District-level Committee (see below) may decide that the OSCC will only operate from 7 am to 7pm on all working days. In such a case, from 7pm to 7 am, an “on call” procedure will be established by each OSCC within the following parameters. When an aggrieved woman calls the help line, the police station nearest to the location of the crime should be notified immediately through the designated Police Officer. Medical attention including medico-legal examination and counselling must be arranged at the hospital and provided at the centre. Where hospital vehicles are not available, arrangements may be made by the OSCC.

## Management of OSCC

25. The overall management of the OSCC will be undertaken by the Health Department.
26. A State Management Committee comprising of the following members or their representatives will support the Health Department:
  - Director of Health Services (Chair)
  - Director, Social Justice Department (Convener)
  - ADGP of Police
  - A representative from KELSA of the rank of District Judge/ representative of the Judge
  - Members of the Civil Society nominated by the Chairperson (3 members out of which at least 2 will be women)
  - Any other member co-opted by the Chairperson

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<sup>3</sup> In cases where this is not possible, Department of Social Justice will allow for sharing of the panel of clinical psychologists/ psychiatrists

27. A **District level committee** will consist of the following members:

- Chair: Chairman (Health standing Committee) Jilla Panchayath
- Co-Chair: DMO (Health)
- Convener: District Social Justice Officer
- District Police Chief
- Full Time Secretary of DLSA (and in districts without such a functionary, a judicial officer nominated by the chair person of DLSA)
- Superintendent of the Hospital (GBV Centre)
- DPM - NHM
- District RCH Officer (District Nodal Officer Bhoomika)
- Women Protection Officer
- GBV Coordinator/Counsellor
- Members of the Civil Society nominated by the Chairperson (3 members out of which 2 will be women)
- Any other person co-opted by Chairman.

#### 28. **Institutional Level Committee**

A Committee at the institutional level should also be formed for managing the day-to-day activities of the centre with the following members:

- Chairperson – Superintendent
- Convener – Institution level Nodal Officer of OSCC
- Other Members
  - RMO
  - Casualty Medical Officer preferably Lady Medical Officer
  - One Psychiatrist/ Clinical Psychologist
  - One General Surgeon
  - One ENT Surgeon
  - One Ortho surgeon
  - One Pediatrician
  - One Gynecologist
  - One Physician
  - PRO
  - Nursing Superintendent
  - One member from HMC suggested by Chairman HMC

29. In case of non – availability of specialized doctors, as mentioned above, the committee can be constituted by the Chairperson with available specialist doctors.

### **Responsibilities of the Different Committees**

30. The State Management Committee will give the overall policy directions and approve the annual action plan, review the physical and financial progress on a half yearly basis. The State Committee will be responsible for coordinating the state wide IEC strategy and for finding additional resources for such activities.

31. The District level Committee will meet once every quarter to discuss the functioning of the OSCC(s) in the districts. A brief report will be prepared every quarter and sent to the Health Department. A copy will be provided to the Nirbhaya Cell in the Department of Social Justice.
32. Each Institutional Committee will be responsible for the day-to-day activities of the OSCC. It will also prepare an IEC strategy on how the OSCC will proactively disseminate information on the need to prevent sexual violence and the services offered by the cells. The Committee will enter into a service arrangement with ambulance services to support the functioning of OSCC during times when hospital ambulances are not available.

## **Capacity Development of OSCC Staff and Other Functionaries**

33. Continuous training and capacity building of all service providers is the key to the successful operations of the OSCC. Each stakeholder should be specifically trained as to the nature of their duties and responsibilities to be able to provide effective assistance to the survivors.
34. All training programs will be organized by the Health Department, in consultation with all stakeholders. The Health department should ensure the following, when needed in consultation with other key stakeholders such as the Home Department:
  - Joint trainings are conducted for all the functionaries who are responsible for the operationalizing of the OSCC so as to ensure better team collaboration and cooperation in a multi-stakeholder setting.
  - Within the joint training special sessions for each stakeholder on their specialized roles and the protocols they need to follow. For example special sessions for the police on recording of statement, preliminary investigation procedures, transfer to concerned jurisdictions etc. Similarly for the medical officers on the new guidelines provided by Ministry of Health, GOI and Government of Kerala on MLC/Medico Legal Protocol for sexual assault survivor.
  - Common training session during the joint training on common protocols that all of them should follow in relation to inter-departmental procedures and boundaries, means of communication, code of conduct, referral mechanism and survivor sensitivity.
  - The course material should include all formats/frameworks that has to be followed by each of the stakeholder.
  - OSCC should have protocols for handling sexual violence by the hospital staff and mandatory training of all responder/stakeholders.
  - All staff and responders should be trained with respect to survivor's confidentiality and privacy and also medical samples and records.



## Infrastructure Standards for OSCC

35. OSCC will be located in an office with a minimum of 600 square feet. There should be at least 3 rooms: a sit out–waiting room, medical examination room, counseling/consultation room and a waiting area with a space for children to play as their mother obtains services. The examination room should preferably have access to a toilet and a shower. The surroundings should also be survivor friendly which is non-threatening, sanitized and well lit. This should include space for:
- Appropriate office facilities and furniture for the Counsellor to meet the survivor.
  - A room with privacy and with a bed for preliminary medical examination of the survivor.
  - A shower and toilet facility for the survivor.
  - A second office space with the computer – for maintenance of database of reported cases.
  - A waiting space, which should include a play area for children.

## Monitoring Performance of OSCC

36. **Monitoring and Coordination Committee:** At the State level there will be a Monitoring and Coordinating Committee (MCC); Secretary of Health, will be the chairperson. MCC will consist of representatives from the Departments of Home Affairs (Police), Social Justice, KELSA and Civil Society members. The responsibilities of MCC include:
- 36.1. MCC Chair will convene a half yearly review meeting to monitor the functioning of OSCC;
- 36.2. Provide timely recommendations for improving OSCCs' functioning.
37. **Monthly Review Meetings:** NHM shall convene a monthly review of OSCC functioning. All stakeholder representatives, in particular the Nirbhaya Cell, will attend the meeting. Standardized monitoring reports, covering both financial as well as operational performance data will be prepared at OSCC Centers on a monthly basis and copies will be sent to the National Health Mission (NHM) as well as State Nirbhaya Cell (Department of Social Justice).
38. **Monitoring of Results:** Nirbhaya Cell, Department of Social Justice will be responsible for monitoring the results of OSCCs in the State. The cell will develop a centralized electronic monitoring database with linkages to each OSCC. All OSCCs will enter monthly reports (including outputs and outcomes) to track the support and assistance services to the survivor. Such a database will eventually provide both NHM and SJD with a snapshot of the

true extent of violence reporting and the demand for social assistance, while collecting information on the OSCC's utilization, to ensure further improvements in their responsiveness and effectiveness.

39. MCC will monitor the effective functioning of the OSCC especially related to disbursement of survivor compensation fund. MCC will also conduct periodical social audits, which will be conducted by Civil Society Groups to obtain direct feedback from those who have availed the services from the OSCC through appropriate evidence gathering methods.
40. **Framework for Monitoring Results:** Services provided by the OSCC will aim for the following results, around which the monitoring framework will be organized.
  - **Effective Protection of Aggrieved Women**
    - Provision of quality medical, counselling, police, and legal services at the OSCC
    - Provision of shelter when requested or when deemed necessary by counsellor
    - Maintaining complete confidentiality about the survivor, case, and any details
    - Ensuring privacy in all services provided to the survivor
  - **Effective Prosecution of Perpetrator of Violence**
    - Proper and timely collection of evidence through strict compliance of protocols framed by police and Department of health leading to improved prosecution.
  - **Empowered Survivor**
    - Obtaining informed consent from the aggrieved for any action taken on her behalf
    - Effective linkage of the Survivor to all socio-economic services available to a person in her situation
41. Regular annual evaluations will be undertaken and a client satisfaction survey will be conducted periodically, jointly by NHM and Nirbhaya Cell. A Comments box will be placed in each OSCC and will be opened at a meeting of the Institutional Committee. All comments or complaints received will be duly recorded with any actions noted.

## ANNEXURE - I

### **National Legal Provisions/Acts Relevant to Sexual and Domestic Violence**

‘Violence Against Women’ has been defined in the United Nations *Declaration on the Elimination of Violence against Women* (1993) vide Article 1 -

For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

The relevant legal provisions on sexual and domestic violence pertaining to women and children are highlighted for reference.

#### **1. *Indian Penal Code, 1860***

- S. 354 - Outraging modesty of a woman
- S. 354 A – Sexual harassment and punishment for sexual harassment
- S. 354 B – Assault or criminal force to woman with intent to disrobe
- S. 354 C – Voyeurism
- S. 354 D - Stalking
- S. 366 – Kidnapping, abducting or inducing woman to compel her marriage
- S. 366 A - Procurement of a minor girl (below 18 years of age) inducing to go from place to place for illicit intercourse.
- S. 366 B - Importation of a girl to India from any foreign country.
- S. 367 - Kidnapping or abducting in order to subject person to grievous hurt, slavery etc.
- S. 370 – Trafficking of person
- S. 370 A – Exploitation of a trafficked person
- S. 372 – Selling minor for purposes of prostitution
- S. 373 – Buying minor for purposes of prostitution
- S. 375 – Sexual Assault/Rape
- S. 376 – punishment for sexual assault/rape.
- S. 376 B – Sexual intercourse by husband with his wife during decree of separation
- S. 376 C – Sexual intercourse by a person in authority
- S. 376 D – punishment for Gang rape
- S. 376 E – punishment for repeated offender.

- S. 377 – Unnatural Offences
- S. 166 B – Punishment for non – treatment of survivor under the provisions of S. 357 C of Code of Criminal Procedure, 1973

2. *The Immoral Traffic (Prevention) Act (ITPA), 1956*

- S. 5 - Procuring, inducing or taking person for the sake of prostitution
- S. 6 - Detaining a person in premises where prostitution is carried on
- S. 9 - Seduction of a person in custody

3. *The Protection of Women from Domestic Violence Act, 2005*

- S. 3 - Definition of domestic violence
- S. 18 – Protection Orders
- S. 19 – Residence orders
- S. 20 – Monetary reliefs
- S. 21 – Custody orders
- S. 22 – Compensation Orders
- S. 29 – Appeal
- S. 31 - Penalty for breach of Protection order

4. *The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013*

- S. 3 – Definition & Prevention of sexual harassment
- S. 9 – Complaint of sexual harassment
- S. 12 – Enquiry into complaint
- S. 19 – Duties of employers

5. *The Juvenile Justice (Care and Protection of Children) Act, 2015*

- S. 75 - Punishment for cruelty to juvenile or child
- S. 76, S. 77, S.78 - Exploitation of juvenile or child employee

6. *The Protection of Children from Sexual Offences Act, 2012*

- S. 3 - Penetrative sexual assault
- S. 5 - Aggravated penetrative sexual assault

- S. 7 - Sexual assault
- S. 9 - Aggravated sexual assault
- S. 11 - Sexual harassment
- S. 13 - Use of child for pornographic purposes

7. *Scheduled Caste and Scheduled Tribe (Prevention of Atrocities) Amendment Act, 2015*

- S. 3 - Punishment for offences of atrocities
- S. 14 – Special Courts
- S. 15 A – Rights of victims & witnesses.

## Procedures to be followed by OSCC

Specific steps are outline below:

**Step 1** –Immediately upon reporting of a case / complaint by a survivor (or anyone else on her behalf), the Counsellor will note down the *preliminary statement* of the survivor (or details provided by those who accompanied the survivor) to understand the incidents / offences against the survivor. This will enable the Counsellor to gauge her immediate first response to the situation.

- The survivor should be in a position (physically and mentally) to narrate the incident briefly.
- If the survivor is a child, the Counsellor should seek information in an age - appropriate manner.

The Counsellor may consider asking the survivor / family members of survivor to provide the following documents (if the documents can be readily produced): -

- A copy of the Police report (if a Police report has been made)
- For the child: Some form of identification and / or birth certificate
- For the parent / guardian: Some form of identification.

**Step 2** – The Counsellor should provide *preliminary information and counselling* to the survivor / family members / anyone accompanying the survivor, pertaining to the procedures that will be followed at the OSCC.

**Step 3** - If the survivor is unable to provide any information OR after understanding the brief facts of the case from the survivor or those accompanying her, if the Counsellor comes to a decision, that the survivor is in need of immediate medical intervention, the notified Government Medical Officer or Gynaecologist should be immediately contacted for *medical examination and treatment*. The safety of the survivor comes first. The medical examination should be done immediately in a separate examination room that protects privacy and confidentiality of the survivor.

**Step 4** – If the Counsellor comes to a decision that the survivor is not in need of immediate medical intervention, the designated police official should be contacted forthwith for recording the First Information Statement (FIS) and First Information Report (FIR). The statement should

be recorded in the OSCC or the medical ward (where the survivor may be admitted in cases of serious physical injuries). The police official would take the next steps as per laws and legal procedures and Departmental Guidelines in the matter with respect to preliminary investigation and providing adequate physical security to the survivor.

**Step 5** – The Counsellor should meanwhile contact another empanelled professional Counsellor for *intensive trauma care and counselling*. This will enable the survivor to get psychological and emotional support.

**Step 6** – The designated woman lawyer from KELSA / DLSA should be contacted by the Counsellor, who shall explain the legal provisions and remedies available to the survivor at the OSCC. The lawyer will also offer legal aid and assistance under the applicable laws as per the provisions of the Legal Services Authorities Act, 1987.

**Step 7** – The Counsellor should in the interim also contact the Protection Officer of the Social Justice Department. The Protection Officer will assess if the survivor is in any danger if she returns home. If the home is not a safe place for the survivor's immediate return, the Protection Officer shall offer guidance and referral services to safe accommodation in Shelter Homes under the Government or those conducted by accredited NGOs. If the Protection Officer together with the Counsellor, the police official and the lawyer come to the conclusion (with reasons recorded in writing) –

- that the survivor's home is a 'safe' residence for her;
- that the survivor desires to go home with the family members / guardians; and
- that the family members / guardians have no involvement in the offences against the survivor, -

then the survivor may be allowed to go home with her family members / guardians.

**List of One Stop Crisis Cells**

Sl No	Name of the Centre
1.	General Hospital, Thiruvananthapuram
2.	District Hospital, Neyyattinkara
3.	District Hospital, Kollam
4.	THQH, Karunagappally
5.	General Hospital, Pathanamthitta
6.	District Hospital, Kottayam
7.	General Hospital, Alappuzha
8.	District Hospital, Idukki
9.	Medical College Hospital, Thodupuzha, Idukki
10.	THQH, North Paravoor
11.	General Hospital, Ernakulam
12.	THQH, Chavakkad
13.	District Hospital, Thrissur
14.	District Hospital, Palakkad
15.	THQH, Alathur
16.	Medical College Hospital, Manjeri, Malappuram
17.	General Hospital, Kozhikkode
18.	District Hospital, Vadakara
19.	THQH, Sulthanbathery
20.	District Hospital, Kannur
21.	General Hospital, Kanjangad



## **Roles and Conduct of Counsellor**

- a. The Counsellor must be a woman with a master's degree in Psychology/MSW and with five years relevant experience. Unless significant demand, the Counsellor will be in charge of functioning of OSCC.
- b. She would be the first point of contact with the survivor who is accessing services offered at OSCC. She will categorise the case, provide psychological counselling and guidance, and support the survivor in referral services that may be deemed necessary.

### **The Counsellor must:**

- Greet the survivor by name; use her preferred name.
- Make her the central focus and ensure that she is comfortable and feels protected;
- Introduce herself to the survivor and tell her the pivotal role of the Counsellor and the services offered;
- Ensure privacy for history taking, examination and counseling.
- Maintain eye contact and act at all times in a respectful, empathetic, non-judgmental, and professional manner;
- Have a calm demeanor. A frightened survivor will want to be in the company of people who are not frightened.
- Be patient and understanding; give time for the survivor to narrate her story.
- Ask the survivor if she wants to have a specific person present for support.
- Ask the survivor if she has any questions, and respond to all concerns.
- The Counsellor would be responsible for supervision of each case, taking it to a logical conclusion and later following up with the aggrieved woman.
- The Counsellor would be responsible for coordination with all stakeholders (police station, hospital, legal aid) and registration of cases with the help of partners, the Counsellor will consolidate a list of agencies/individuals providing/willing to provide legal/medical/psycho-social counselling services at OSCC.
- The Counsellor will coordinate with CBOs specialized in addressing violence against women, Gender Cells, Women's Study Centres at Universities to seek technical inputs in terms of training and capacity building of women affected by violence.
- Identify accredited volunteer panel of language experts who are available on call.
- Have access to a panel of psycho – social counsellors;

**Guidelines for Use of Imprest Funds**

1. Imprest funds, provided to WPOs, may be used for the following purposes
  - For the purchase of non available medicines (in the government hospital)
  - For the immediate or later specialised medical treatment and diagnostic techniques (Eg: Lab test/CT Scan/MRI Scan etc).
  - For food for the survivor.
  - For clothes including inner wears.
  - Transportation expenses (to travel to specialist hospital/Doctor/Shelter Homes/to Courts etc).
  - Miscellaneous expenses that are clearly justified (for unforeseen expenses)
2. Proper vouchers/registers must be maintained for all expenditures as required by SJD Guidelines.

## ANNEXURE – VI

### **Sexual Assault Forensic Evidence (SAFE) kit as per Kerala medico - legal protocol**

A Sexual Assault Evidence collection kit or Sexual Assault Forensic Evidence (SAFE) kit consisting of a set of items used by medical personnel for gathering and preserving physical evidence following a sexual assault should be available in all OSCCs. A sexual assault evidence collection kit should contain commonly available examination tools such as:

- Detailed instruction for the examiner
- Forms for documentation
- Tube for blood sample
- Urine sample container
- Paper bags for clothing collection
- Large sheet of paper for patient to undress over
- Cotton swabs for biological evidence collection
- Sterile water
- Glass slides
- Unwaxed dental floss
- Wooden stick for fingernail scrapings
- Envelopes or boxes for individual evidence samples
- Labels

Other items needed for a forensic/medical exam and treatment that may be included in the SAFE kit are:

- Woods lamp
- Toluidine blue dye
- Drying rack for wet swabs and/or clothing
- Patient gown, cover sheet, blanket, pillow
- Needles/syringes for blood drawing
- Speculums
- Post- it notes used to collect trace evidence
- Camera (35mm, digital, or Polaroid) film, batteries.
- Medscope and/or coloscope
- Microscope
- Surgilube
- Acetic acid diluted spray
- Medications
- Clean clothing and shower/hygiene items for the victims use after the examination