

# Medico Legal Cases in One Stop Crisis Management Center (OCMC) Kaski

Madan Prasad Baral

## Correspondence:

Dr. Madan Prasad Baral, MBBS,MD  
Department of Forensic Medicine  
Pokhara Academy of Health Sciences  
Western Regional Hospital, Pokhara  
**Email:** [madanprasadbaral@gmail.com](mailto:madanprasadbaral@gmail.com)

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## ABSTRACT

**Background:** The OCMC (One stop crisis management center) has been established in the recognized-government hospitals of Nepal. The OCMC has built coalition and create an organizational management system with other organizations for providing comprehensive health and treatment services, legal aid services, and counseling services and make certain protection to the survivors of GBV (Gender based violence) as well as to manage and control GBV incident. Worldwide more than 119 countries have laws on domestic violence, 125 countries have laws on sexual pestering and 52 countries have laws on marital rape but still women are suffering from different physical, sexual and Psychological violence. Rape, hurt/battery, Indecent assault, are the main forms of violence.

**Materials and Methods:** Study is conducted in Western regional Hospital Pokhara, in OCMC (One stop crisis management center). It is a cross-sectional type of study. Data collected by the observation, interview and case study from the survivors of violence, available published materials related to women Violence and OCMC are also studied. Total 200 cases of GBV survivors came to OCMC center of Kaski from 2073 Baisakh to 2074 Ashad and included in the study as a primary source of data.

**Conclusion and Result:** Out of total 200 cases, sexual offence victims were maximum in number which was 140 and least were forced marriage victim which were only 4 in number. More than 50% of dalit caste people were the survivors of GBV cases. GBV cases were predominant in age group of 20-30 years. Maximum numbers of victims of GBV in sexual offence cases were alleged Rape cases which accounts 85% of total cases came to OCMC center.

**Key Words:** One Stop Crisis Management Center, OCMC, Gender Based Violence, GBV, Medico legal case, sexual offence.

## INTRODUCTION

Gender based violence is a universal problem which is affecting the life of millions of people. GBV (Gender based violence) is a challenging issue that affects the health as well as the development capacity of individual. The Gender violence is always exchangeable to women violence. This is

not fact that men are not violated in society but through various studies it is found that in compare to Female, male are very less violated. Women are always not pursuing their full right due to society barrier in all sectors from home to work place. Throughout the world 1 in 3(35%) female experience some kind of physical and/or sexual violence by a partner or sexual violence

by a non-partner. 30% the women reported that they have suffered from physical and/or sexual violence intimate life partner.<sup>1</sup> Through the study of different countries only less than 40% of women suffering from violence are seeking some kind of help.<sup>2</sup> This study makes an attempt to study the OCMC Program and its effect for the survivor as well as medico legal cases as a case of GBV. Government of Nepal have OCMC program in different regions of the country under the hospital. The number of the women violence problem is rising in the country. The increasing problem of the women violence should be recognized from the policy perspectives. Government is spending the huge resource and effort to address the violence against women, but still some gap is seen between the government effort and survivors of violence. The effort of the government in OCMC Program can be justified only when it achieve the objective that has been set by the government. Worldwide more than 119 countries have laws on domestic violence, 125 have laws on sexual harassment and 52 have laws on marital rape and many more normative framework to address violence against women despite these still women are suffering from different physical, sexual and Psychological violence. Rape<sup>3</sup>, hurt/battery<sup>4</sup>, Indecent assault<sup>5</sup> are the main forms of violence. Studies in Nepal have documented the prevalence of sexual violence in women from 12% to 50%.<sup>6-9</sup> Empirical studies in Nepal<sup>10</sup> have shown that among women 15 to 49 years of age, 22% had experienced physical violence and 12% had experienced sexual violence at least once in their lives. Sexual Violence Assessment in Seven Districts of Nepal study drew attention to adolescent girls: 1 in 10 (9.8%) girls 15–19 years of age reportedly experienced sexual violence.<sup>11</sup> In today context women against violence is globally discuss issue and different initiation are done from government and non-government to address this issue. A large literature exists on caring for survivors of physical and sexual abuse within specific professional disciplines, but research on the effectiveness, quality and impact of social service programs is scarce in low and middle-income countries. Most evaluations document numbers of persons served, services provided, and types of cases reported.<sup>12</sup> However, Studies in Nepal have documented the prevalence of sexual violence in women from 12% to 50%.<sup>13</sup> Nepali women from claiming reproductive age have secondary suicide aerial attacker rates, large portions of

which would attributed with DV toward life partner alternately family-members.<sup>14</sup> Colombini, Manuela, et al (2011) the review done on one stop crisis center focuses The discoveries demonstrate that women's NGOs and Health Professional were instrumental in the detailing and scaling-up of the OSCC approach. Be that as it may, the resulting breakdown of the NGO-wellbeing coalition adversely affected on the long term execution of the implementation, which needed money finical resources and clear strategy direction from the Ministry of Health. The discoveries affirm that a plainly characterized organization amongst NGOs and health professional staff can be capable for affecting the lawful and implementation condition in which medicinal services administrations for intimate partner violence are produced.<sup>15</sup>

## MATERIALS AND METHODS

Researcher did the study in Kaski district as researcher belongs to Kaski district and currently working in Western Regional Hospital as a Medical Officer (Forensic) and member of OCMC(One stop crisis management center) as well as Coordinator of case management committee of OCMC center. This is a cross-sectional study which was conducted in OCMC center, Western regional Hospital Pokhara, Nepal on 200 cases of Gender based violence (GBV).It is conducted during the period of 2073 Baisakh to 2074 Ashad.Necessary other data collected from the available published materials related to women Violence and OCMC, GBV survivors came to OCMC center of Kaski. The quantitative data was analyzed by using descriptive statistics and presented in relevant tables, with frequencies and percentages.The nature of the study is exploratory where Researcher had tried to find out detailed perception of service user (victims of GBV) about reflecting the effectiveness of OCMC in addressing Gender based violence through case studies and the detail information regarding the factors which influence the OCMC.

## RESULT

Total numbers of GBV survivor cases presented in OCMC center of Kaski district in a time period of 2073 Baisakh to 2074 Ashad were 200.All were medicolegal cases.Among them 140 was sexual assault victims amounting 70% of total cases and then 36 cases were of Domestic violence cases

amounting 18% of total percentage. 20 cases were of Physical assault cases amounting 10% of total cases. Similarly 4 cases were of force marriage cases amounting 8% of total cases presented in OCMC center Kaski.

**Table 1: Total Medicolegal cases in OCMC center, Kaski, Western Regional Hospital**

Type of GBV cases	Number of cases	Percentage of cases
Sexual offence victims	140	70%
Domestic violence victims	36	18%
Physical assault cases	20	10%
Force Marriage cases	4	8%
Total	200	100%

Out of 200 total cases of sexual offence cases 170 were of Alleged Rape case which were 85% of total cases. Among those 10% of cases are of sodomy cases which amounts 10% of total cases. Likewise 5% of cases are of child abuse cases which amounts 10 numbers of cases out of total 200 cases.

**Table 2: Different types of medico legal case as a sexual offence cases**

Name of different type of cases	Number of cases	Percentage of cases
Alleged Rape	170	85%
Sodomy	20	10%
Child abuse	10	5%
Total number of cases	200	100%

Domestic violence cases were 36 in number out of total 200 cases. Various types of domestic violence cases includes Assaulted by husband cases which were 30 in number out of total 36cases with percentage of 88.88 percentage. After this second most type of domestic violence case was assaulted by mother in law case in which 5.55% of total cases were included and just 2 in number out of total 34 cases. Third most type of domestic violence case was assaulted by a father in law case which accounts only one case out of total 36 cases and amounts only 2.77percentages. Third most type of domestic violence case was similar to the case of assaulted by sister of husband which amounts 2.77% and 1 case

only.

**Table: 3 Different types of medico legal cases as a Domestic violence cases**

Name of different type of domestic violence	Number of cases	Percentage of cases
Assaulted by Husband	32	88.88%
Assaulted by mother in law	2	5.55%
Assaulted by father in law	1	2.77%
Assaulted by sister of husband	1	2.77%
Total	36 cases	100%

In a physical assault cases 20 cases were presented out of 200 cases of GBV survivors. Among which assaulted by wife were of 15 cases out of total 20 cases of physical assault and which amounts 75% cases out of 100. Then second highest number of physical assault cases was assault by brother of husband for property matter which amounts only 3 cases out of 20 that is only 15% of total physical assault cases. Next one is assaulted by unknown person and reveals only 10% of total physical assault cases amounting only 2 cases out of total 20 cases of physical assault.

**Table: 4 Different types of medico legal cases as a Physical assault cases**

Name of different type of physical assault	Number of cases	Percentage of cases
Assaulted by wife	15	75%
Assaulted by Brother of husband for property	3	15%
Unknown	2	10%
Total	20 cases	100%

There was predominance of 20-30 years age group which was 150 in number and 75 in percentage. This was followed by a age group of 40-50 years age group in which 20 cases were the victims accounting 10 percentage of total cases. Then in a age group of 30-40 years 18 victims of GBV took benefit in OCMC center measures 9 percentage of

total cases presented in OCMC center. Lastly age groups of 10-20 years were presented in OCMC center which accounts only 6 percentages of total cases.

**Table: 5** Age wise distribution of total cases

Age range	Number of cases	Percentage
10-20 years	12	6%
20-30 years	150	75%
30-40 years	18	9%
40-50 years	20	10%

The highest number of victims of gender based violence(GBV) presented in OCMC (One stop crisis management center) of Kaski district were belongs to Dalit caste which were 110 in number out of 200 cases.It accounts 55 Percentage of total cases. It was followed by Chhetri and Gurung of 25 persons in each caste amounts 12.5% each. Then it was immediately followed by Magar caste which accounts 16 victims and 8 percentage of total cases. Newar caste people presented were only 14 in number and least was Bramhins of only 10 cases.

**Table: 6** Caste wise distribution of total cases

Caste	Number of cases	Percentage
Bramhins	10	5%
Chhetris	25	12.5%
Newars	14	7%
Gurungs	25	12.5%
Magars	16	8%
Dalits	110	55%

## DISCUSSION

OCMC cases in 14months period at Kaski District OCMC center (Western Regional Hospital) were 200 cases and all of the OCMC cases got benefited from the OCMC program conducted in Kaski district. Most of the cases were directly brought by police after FIR in police station. In all 200 cases lawyer of district attorney office were presented as per need during the OCMC case examination. All data were collected by a author. Most common method used by a author for collecting the data was interviewing the GBV victims (survivors) presenting in a Hospital based OCMC center present in Western Regional Hospital, Pokhara. Besides this interview with a staffs working in OCMC center, related NGOs and INGOs were also done for data collection. Most of the data collected and presented

here were in the tabular form which was interpreted by suitable figures. Main source for data collection was OCMC case study by interview during examination. Sexual offence cases were the highest number of cases presented in OCMC center which was directly related to GBV and in which mostly women and children were the victims. Force marriage cases were the least number of cases presented to OCMC center in which teenage girls were the main victims including few number of children as well. Although Domestic violence cases and Physical assault cases were similar types of cases but in this research work researcher had included both in separate topics in data presentation because as in GBV cases both male and females were dealt. Here in this report in physical assault cases assaulted by wife cases were also included that's why physical assault cases and domestic violence cases were dealt separately. In domestic violence cases wives were assaulted by husbands and other relatives. Maximum numbers of cases presented in OCMC center were fall in an age group of 20-30 years and the maximum numbers of cases were belongs to dalit caste community. Awareness in this age group and in that community will decrease the number of cases presenting to OCMC center of kaski district in future.

## CONCLUSION

The Gender Based violence (GBV) is always interchangeable to women violence. Throughout the world 1 in 3(35%) experience some kind of physical and/or sexual violence by a partner or sexual violence by a non-partner. 30% the women reported that they have suffered from physical and/or sexual violence intimate life partner. Nepal is also seeing in providing the multi-dimensional service to survivor in order to address women violence. In that context OCMC(One stop crisis management center) is another form of the service to the women suffering from any kind of violence in Nepal. The service is provided by the Hospital based one stop crisis management center.Out of total 200 cases sexual offence victims were maximum in number which was 140 and least were forced marriage victim which were only 4 in number.In domestic violence cases assaulted by the husband cases were more in number accounts to 32 out of 36 cases.Dalit caste people were the main victims of GBV cases. More than 50% of dalit caste people were the survivors of GBV cases.GBV cases were predominant in age group of 20-30 years.Maximum numbers of victims of GBV in sexual offence cases were Rape cases which accounts 85% of total cases came to OCMC center.In sexual offence cases, child abuse cases were very less in number that was only

10 out of 200 cases in Western Regional Hospital, pokhara.

## RECOMMENDATIONS

It is recommended that the GBV victims were not easy to identify. Hospital based OCMC program helps to identify and help the GBV survivors in the community. In present study GBV survivors came to OCMC center were maximum of the age group of 20-30 years of age so it is recommended that to provide the maximum knowledge about GBV, consequences and outcomes of GBV in society (community). Educating the age group of 20-30 years in Kaski district will be fruitful to reduce the number of GBV cases presenting to OCMC. This study also showed that the Dalit caste people were the main victims of GBV cases so it is recommended that awareness and education program about the consequences of GBV in Dalit community of Kaski district will help to reduce the number of cases of GBV coming to OCMC center in Kaski. Most of the GBV survivors and even common people living in kaski district were not familiar about OCMC program so it is recommended to do advertisement about the OCMC program by various types of media in national level and local level present in kaski district. As like in kaski district this type of OCMC program will be helpful in all districts of Nepal for GBV survivors. The data was collected and processed before 2074 Bhadra so the latest law is not coded in the study reference. This change in law affect the study reference and may not compatible in few points with current law.

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