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Identifying Victims and Types of Gender Based Violence Among Survivors Visiting One-Stop Crisis Management Center (OCMC) of Bharatpur Hospital

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ABSTRACT

Background: Gender-based violence (GBV) is a significant global issue that affects individuals across various age groups, genders, and ethnicities. In Nepal, the healthcare system plays a crucial role in providing immediate support to survivors of GBV, particularly through specialized services like One-Stop Crisis Management Centers (OCMC).

Method: A retrospective cross sectional study conducted in Bharatpur Hospital from fiscal year 2076/77 to 2078-79 among 695 survivors. The data were analyzed using Microsoft Excel tool.

Result: The study revealed a predominance of female survivors (98.99%) and a significant representation from the 19-49 years age group (44.46%). The most common forms of violence were rape (45.32%), followed by attempted rape (12.23%) and physical assault (12.09%). The majority of referrals came from police sources (33.81%).

Conclusion: This study revealed the critical role of One-Stop Crisis Management Centers in providing comprehensive care to survivors of gender-based violence. The findings highlight the need for targeted interventions that address the specific needs of different demographic groups, particularly marginalized ethnic communities and female survivors.

Key words: gender based violence; rape; sexual offence; one step crisis management centre.

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INTRODUCTION

According to United Nation Gender Based Violence is defined as, “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women whether occurring in public or private life.” Gender-based violence (GBV) is a significant global issue that affects individuals across various age groups, genders, and ethnicities. In Nepal, the healthcare system plays a crucial role in providing immediate support to survivors of GBV, particularly through specialized services like One-Stop Crisis Management Centers (OCMC). OCMC (One Step Crisis Management Centre) is a government programmed run by government of Nepal under Ministry of Health. OCMC deals with Gender Based Violence (GBV) cases. It emphasis to provide service to the survivors of GBV through ‘one-door’ system. These centers aim to provide holistic care, including medical, legal, and psychological support.

METHODS

The study is a retrospective cross-sectional design, analyzing data collected from the OCMC of Bharatpur Hospital. Data were collected from 695 GBV survivors from a fiscal year 2076/77 to 2078-79. Ethical approval obtained from Institutional Review Committee (IRC Number 080/81-012) Bharatpur Hospital, Chitwan. Information was recorded on the survivor’s age, gender, ethnicity, disabilities, type of violence experienced, referral sources, and the services provided. Descriptive statistical analysis was conducted in Microsoft Excel to understand the distribution of these variables. The data were also examined to identify trends based on time, such as monthly variations in cases.

RESULTS

The study provides a comprehensive overview of victims and types of Gender violence among survivors visiting One-stop Crisis Management Center (OCMC)

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of Bharatpur Hospital. Notable findings include variations in age distribution, Gender, Ethnicity, Disability, Type of Violence, Survivors referred by, Survivors referred to and monthly variation of survivors. Regarding the ages of survivors, it was observed that 180 (25.90%) were between 0-14 years, while 186 (26.77%) members were between 15-18 years, 309 (44.46%) were between 19-49 years, 9 (1.29%) were between 50-60 years, 11 (1.58%) were Over 60 years. The maximum age was 40 years, and the minimum age was 6 years, resulting in a range of 34 years. Regarding the Gender of the survivors, it was revealed that 688 (98.99%) were females, while 7 (1.01%) were males. Regarding the ethnicity of victims, it was found that 306 (44.03%) were Janajati, while 216 (31.08%) were Dalit, 136 (19.57%) had were Brahmin/Chhetri, 27 (03.88%) were Madhesi, and 10 (1.44%) were Muslim (Table 1).

Table 1. Frequency and percentage of age group, gender and ethnicity of the victims.

Variables	Frequency (%)
Age (year)	
0-14	180(25.9)
15-18	186(26.77)
19-49	309(44.46)
50-60	9(1.29)
60 over	11(1.58)
Gender	
Male	7(1.01)
Female	688(98.99)
Ethnicity	
Janajati	306(44.03)
Dalit	216(31.08)
Brahmin/Chettri	136(19.57)
Madhesi	27(3.88)
Muslim	10(1.44)

Regarding the Disability sustained by the survivors 6 (0.86%) had Speech disability, 5 (0.71%) had Mental disability, 3 (0.43%) had Physical disability, 2 (0.28%) had Multiple disability, and 677(97.17%) had no disability (Table 2).

Table 2. Disability sustained by victims.

Disability	Frequency (%)
Speech	6(0.86)
Mental	5(0.71)
Physical	3(0.43)
Multiple	2(0.28)

Regarding the type of violence, 315 (45.32%) were Raped, 85 (12.23%) were attempted to Rape, 84(12.09%) had Physical assault, 17 (2.45%) had Forced marriage, 11 (1.58%) had Denial from resources, 183 (26.33%) had Child Labor, Multiple marriage, Trafficking & Domestic violence (Table 3).

Table 3. Type of voilence among victims.

Voilence	Frequency (%)
Rape	315 (45.32)
Attempt to Rape	85 (12.23)
Physical Assault	84 (12.09)
Forced marriage	17 (2.45)
Denial from resources	11(1.58)
Others	183 (26.33)

Regarding Referral of survivors, 235 (33.81%) were by Police, while 185 (26.62%) by Safe Home, 178 (25.61%) by Relatives, 80 (11.51%) by Self, (1.01%) by Health Organization and 2 (0.29%) from Local Level (Table 4).

Table 4. Victims were referred by.

Referred by	Frequency (%)
Police	235 (33.81)
Safe Home	185 (26.62)
Relatives	178 (25.61)
Self	80 (11.51)
Health Organization	7 (1.01)
Local Level	2 (0.29)

Regarding Referral of survivors, 244 (35.11%) to Family, 227 (32.66%) to Police, 193 (27.77%) to Safe Home, 18 (2.59%) to Lawyer, 1 (0.14%) to higher centre while 3(0.43%) were referred to respective referred Health institution (Table 5).

Table 5. Victims were referred to.

Referred to	Frequency (%)
Family	244 (35.11)
Police	227 (32.66)
Safe Home	193 (27.77)
Lawyer	18 (2.59)
Higher center	1 (0.14)
Others	3 (0.43)

Regarding the Services provided to survivors, 100 (14.38%) had physical examination, 73 (10.50%) had forensic examination, 65 (16.45%) had psychological counseling, 41 (5.89%) had pregnancy test, 8 (1.15%) had treatment of injuries, 3(0.43%) had emergency contraception, 1 (0.14%) had mental treatment and 27

(3.88%) had CAC, treatment of STI (Table 6).

Table 6. Service provided to victims.	
Service	**Frequency (%)**
Physical Examination	100 (14.38)
Forensic Examination	73 (10.5)
Psychological Counseling	65 (16.45)
Pregnancy Test	41(5.89)
Treatment of Injuries	8 (1.15)
Emergency contraception	3 (0.43)
Mental Treatment	1 (0.14)
Other Treatment	27 (3.88)

Regarding monthly data of survivors, 75 (10.79%) were maximum in Shrawan, while 32 (04.60%) were minimum victims in Kartik (Table 7).

Table 7. Monthly data of victims.	
Month	**Frequency (%)**
Shrawan	75(10.79)
Chaitra	74(10.65)
Bhadra	63(9.06)
Ashoj	63(9.06)
Baisakh	63(9.06)
Asadh	63(9.06)
Mangsir	58(8.35)
Magh	54(7.77)
Falgun	54(7.77)
Jestha	53(7.63)
Poush	43(6.16)
Kartik	32(4.6)

DISCUSSION

This study was conducted to identify victims and types of gender based violence among survivors visiting One-Stop Crisis Management Center (OSCMC) of Bharatpur Hospital. This study provides valuable insights into the dynamics of gender-based violence (GBV) in Bharatpur Hospital, particularly in terms of victim demographics, types of violence, referral mechanisms, and services offered. Study showed that the root cause of GBV is multifactorial.[1] In our study, a significant majority of victims were female (98.99%), with the maximum age group being 19-49 years (44.46%) which is similar to other national study.[2] However, the findings from this study are notable for the inclusion of male victims; though their numbers were lower (1.01%). Similar study conducted in Germany highlighted the domestic physical violence against men with prevalence rates of 3.4% to 20.3 %.[3] This study found a notable proportion of victims from marginalized ethnic groups, such as Janajatis (44.03%) and Dalits (31.08%). These groups are often more vulnerable to gender-based violence due to systemic inequalities and social exclusion. In Nepal, ethnic minorities, including the Janajatis and Dalits, face greater socio-economic challenges, which can exacerbate the risk of experiencing violence.[4,5] A similar trend is observed in studies from India and other South Asian countries, where marginalized communities face disproportionate rates of GBV. This highlights the importance of ensuring that OCMCs are accessible to marginalized groups, both in terms of physical access and culturally sensitive services.[6] The most common form of violence reported in this study was rape (45.32%), followed by attempted rape (12.23%) and physical assault (12.09%). This pattern suggests that sexual violence is a key concern for OCMCs across South Asia.[7] According to the National Demographic and Health Survey, sexual violence is more common with illiterate women than with women with secondary education.[8] In this study, the majority of victims were referred to the OCMC by the police (33.81%), followed by safe homes (26.62%) and relatives (25.61%). This is consistent with other OCMC studies, where law enforcement and social services play pivotal roles in identifying and referring survivors of GBV. This suggests that OCMCs are becoming more integrated with the criminal justice system and social services in providing comprehensive support for survivors.[9] However, the relatively low referral rates from health organizations (1.01%) in our study suggest a potential gap in the role of healthcare institutions in identifying and referring GBV survivors. This issue has also been highlighted in research, which found that healthcare providers are often not adequately trained to recognize signs of GBV and provide appropriate referrals. This indicates the need for better training and sensitization of healthcare professionals in the detection and management of GBV cases.[10] Studies emphasize the importance of providing a holistic package of care, which includes medical, legal, and psychological support. In particular, the availability of forensic examinations is critical for ensuring that survivors have access to the necessary evidence for legal proceedings,

a feature that has been identified as a key service in OCMCs across the region However, while services such as physical examination (14.38%) and forensic examination (10.50%) were common, there is a noted gap in mental health services (only 0.14% received mental treatment). Research from other countries has highlighted the need for increased mental health support for GBV survivors, as psychological trauma is often long-lasting and requires specialized care.

CONCLUSIONS

This study revealed the critical role of One-Stop Crisis Management Centers in providing comprehensive care to survivors of gender-based violence. The findings highlight the need for targeted interventions that address the specific needs of different demographic groups, particularly marginalized ethnic communities and female survivors. Furthermore, the study points to the importance of improving referral systems, ensuring inclusive services for male survivors, and increasing outreach to underrepresented groups. Overall, the OSCMC plays a pivotal role in offering immediate and holistic support to GBV survivors, but further efforts are needed to enhance accessibility, reporting, and awareness of these services.

Conflict of Interest: None

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