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Research Article

Evaluating the Effectiveness of One Stop Crisis Centre in Responding to Gender-Based Violence in Bangladesh

Shanta Saha[1], Alahi Khandaker[2, *], Anupam Saha[3], Rumana Yasmin Ferdausi[4]

[1]College of Health and Human Sciences, Purdue University (West Lafayette Campus), West Lafayette, USA

[2]Executive Director-Bangladesh Center for Health Studies, Dhaka, Bangladesh

[3]Bangladesh Road Transport Corporation, Dhaka, Bangladesh

[4](Legislative Drafting) Legislative and Parliamentary Affairs Division, Ministry of Law, Justice and Parliamentary Affairs, Government of the People's Republic of Bangladesh, Dhaka, Bangladesh

Abstract

Background: Gender-based violence represents a critical challenge in Bangladesh, with one-stop crisis center serving as essential facilities for survivors seeking medical care, legal aid, and psychosocial support. Limited comprehensive data exists on victim profiles, violence characteristics, and service effectiveness at these centers, particularly in urban settings like Chittagong. Objective: This study aimed to evaluate the effectiveness of one stop crisis centres in responding to gender-based violence in Bangladesh. Methods: We conducted a hospital-based cross-sectional study of 124 GBV victims at the One-stop Crisis Center (OCC), Chittagong Medical College Hospital, Bangladesh. Data collection included structured interviews and medical record reviews, with analysis performed using SPSS version 23.0. Statistical methods included descriptive analyses, chi-square tests, linear regression, and t-tests. Results: The study revealed 46.8% of victims were aged 20-29 years, with 91.9% female. Physical assault by husbands (22.6% dowry-related) and sexual assault by neighbors (17.7%) were predominant. While 68.5% strongly endorsed medical care, legal/financial support showed lower satisfaction (25.8% neutral). Married victims reported higher satisfaction than unmarried ($p=0.015$). Education level showed no significant association with injury type ($\chi^2=3.82$, $p=0.28$). However, higher education predicted greater satisfaction with legal support ($\beta=0.28$, $p=0.012$). These findings highlight important relationships between victim characteristics and service experiences. Conclusion: This study reveals critical gaps in Bangladesh's GBV response, particularly in legal and financial support services. While medical care was effective, comprehensive reforms are needed to address socioeconomic vulnerabilities and ensure equitable services for all victims, especially unmarried women and adolescents. Integrated, victim-centered approaches remain essential.

Keywords

Gender-based Violence, Crisis Intervention, Physical Assault, Victim Services, Satisfaction Assessment

*Corresponding author: dralahi@gmail.com (Alahi Khandaker)

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1. Introduction

Gender-based violence (GBV) remains a significant public health and human rights issue in Bangladesh, with alarming prevalence rates across the country. According to recent national surveys, approximately 72% of married women experience some form of intimate partner violence during their lifetime [1]. The situation is particularly dire in urban areas like Dhaka, where rapid urbanization and socioeconomic pressures exacerbate vulnerabilities [2]. In response to this crisis, the Bangladeshi government established One Stop Crisis Centres (OCCs) in major hospitals to provide comprehensive medical, legal, and psychosocial support to survivors [3]. The concept of OCCs was introduced to address the fragmented nature of GBV response services. Before their establishment, survivors had to navigate multiple facilities to access medical care, legal aid, and counseling, often leading to secondary victimization [4]. OCCs aim to provide integrated services under one roof, following international best practices for GBV case management [5]. However, despite their theoretical advantages, implementation challenges persist, including resource constraints, staff training gaps, and systemic barriers to justice [6]. Existing literature highlights several critical gaps in our understanding of OCC effectiveness. While some studies have examined clinical outcomes for survivors [7], few have comprehensively analyzed both the epidemiological patterns of GBV cases and the quality of services provided. Furthermore, most research has focused on rural settings, despite evidence suggesting unique patterns of violence in urban centers [8]. Dhaka's OCCs serve a particularly diverse population, including urban poor, migrant workers, and victims of trafficking, yet their experiences remain understudied [9]. Specifically, we examine: (1) the demographic and socioeconomic characteristics of GBV survivors, (2) the patterns and perpetrators of violence, and (3) survivor satisfaction with medical, legal, and psychosocial services. Our findings have important implications for strengthening GBV response systems in Bangladesh and similar contexts. The significance of this research extends beyond academic circles. With Bangladesh's commitment to achieving the Sustainable Development Goals, particularly Goal 5 on gender equality, robust evidence on GBV service delivery is crucial for policy formulation [10]. Moreover, as the COVID-19 pandemic has exacerbated GBV rates worldwide, understanding service delivery challenges becomes even more urgent [11]. This study contributes to the growing body of literature on health system responses to GBV in low-resource settings [12].

2. Methodology

This study utilized a mixed-methods design to examine gender-based violence cases documented at the One Stop Crisis Centre (OCC), Chittagong Medical College Hospital, Bangladesh. The research incorporated both quantitative analysis of medical records and qualitative insights from structured interviews with survivors. Data collection spanned cases recorded between January 2022 and December 2022 with a total sample size of 124. The quantitative component involved systematic extraction of three key data categories from medical records: demographic characteristics (including age, marital status, and educational background), detailed accounts of violent incidents (documenting the type of violence, relationship to perpetrator, and resulting injuries), and standardized satisfaction ratings for services received. These quantitative data were analyzed using SPSS version 23.0, employing descriptive statistics to profile cases, chi-square tests to identify significant associations between variables, linear regression to determine predictors of service satisfaction, and independent t-tests for comparative analysis between different survivor groups. Complementing the quantitative analysis, qualitative data gathered through open-ended interview questions underwent thematic analysis to identify recurring patterns in survivors' experiences and perceptions of service delivery. The research focused specifically on adult cases (aged 18 years and above) presenting to the OCC during the designated study period. Purposive sampling ensured representation across various forms of gender-based violence. Any instances of missing data were addressed through case-wise exclusion to preserve the integrity of statistical analyses.

3. Result

The study revealed important findings about GBV victims and service outcomes at the Dhaka crisis center. Demographic data showed that nearly half of victims (46.8%) were young adults aged 20-29 years, while adolescents (10-19 years) accounted for 13.7% of cases. Females represented the overwhelming majority (91.9%) of victims. Educational attainment was generally low, with 52.4% having only primary-level education and 17.7% being illiterate. Half of victims (50.8%) were married, while 44.4% were unmarried. Nearly half (48.4%) had no children. Analysis of violence patterns revealed disturbing trends. Physical assault by husbands was most common, accounting for 22.6% of dowry-related cases and 15.3% of other assaults. Sexual violence cases frequently involved neighbors (17.7%) or intimate partners (15.3%). Injuries were reported in 56.5% of cases, including sexual assault (28.2%), simple injuries (16.9%), and grievous injuries (11.3%). Perpetrators were predominantly known to victims, with husbands and in-laws responsible for 41.1% of cases, followed by neighbors (21.0%) and boyfriends (16.9%). Service satisfaction levels varied significantly across different support areas. Medical services received the highest approval, with 68.5% reporting "strongly good" satisfaction. Legal support showed more mixed responses, though 74.2% expressed positive ratings ("very good" or "strongly good"). Financial assistance received the most neutral responses (25.8%), suggesting room

for improvement. Overall management satisfaction was positive, with 83.1% giving "strongly good" or "very good" ratings. Statistical analysis yielded several key insights. Education level showed no significant association with injury type (χ^2=3.82, p=0.28). However, higher education predicted greater satisfaction with legal support (β=0.28, p=0.012). Married victims reported significantly higher overall satisfaction than unmarried victims (t=2.47, p=0.015). These findings highlight important relationships between victim characteristics and service experiences.

Table 1. Demographic profiles of victims (N=124).

Variable	n	%
Age (Years)		
0–9	6	4.8%
10–19	17	13.7%
20–29	58	46.8%
30–39	25	20.2%
40–49	11	8.9%
50–59	7	5.6%
Participant type		
Adult	95	76.6%
Children	29	23.4%
Gender		
Female	114	91.9%
Male	10	8.1%
Education		
Illiterate	22	17.7%
Primary (up to Class 5)	65	52.4%
Secondary (up to Class 10)	31	25.0%
Higher secondary (Class 12)	8	6.5%
Graduate	6	4.8%
Marital status		
Married	63	50.8%
Unmarried	55	44.4%
Widow	6	4.8%
Number of children		
0	60	48.4%
1	44	35.5%
2	17	13.7%
3	3	2.4%

Table 2. Nature of violence and perpetrators.

Subcategory	n	%
Sexual assault (S/A)		
By neighbor	22	17.7%
By boyfriend/Ex-partner	19	15.3%
By relative (Cousin/Uncle)	16	12.9%
By landlord	9	7.3%
By unknown persons	9	7.3%
Physical assault (P/A)		
By husband (Dowry-related)	28	22.6%
By husband (Other reasons)	19	15.3%
By in-laws (Dowry-related)	12	9.7%
Other Contexts		
Rejected marriage	19	15.3%
Familial/Social conflict	12	9.7%
Kidnapping	3	2.4%
Injury type		
No injury	54	43.5%
Sexual assault	35	28.2%
Simple injury	21	16.9%
Grievous injury	14	11.3%
Perpetrator relation		
Husband and in-laws	51	41.1%
Neighbor	26	21.0%
Boyfriend	21	16.9%
Unknown	7	5.6%
Relative (Uncle/Cousin)	6	4.8%
Landlord	4	3.2%
Others	9	7.3%

Table 3. Victim satisfaction levels.

Service Aspect Satisfaction Level	n	%
Medical treatment		
Strongly good	85	68.5%
Very good	25	20.2%
Good	9	7.3%

Service Aspect Satisfaction Level	n	%
Neutral	4	3.2%
Bad	3	2.4%
Very bad	2	1.6%
Legal support		
Very good	51	41.1%
Strongly good	41	33.1%
Good	13	10.5%
Neutral	10	8.1%
Bad	3	2.4%
Very bad	3	2.4%
Financial support		
Strongly good	36	29.0%
Very good	30	24.2%
Neutral	32	25.8%
Good	19	15.3%

Service Aspect Satisfaction Level	n	%
Bad	5	4.0%
Very bad	2	1.6%
Judicial proceedings		
Strongly good	38	30.6%
Very good	37	29.8%
Good	22	17.7%
Neutral	15	12.1%
Bad	3	2.4%
Very bad	4	3.2%
Overall management		
Strongly good	62	50.0%
Very good	41	33.1%
Good	11	8.9%
Neutral	10	8.1%

Table 4. *Statistical associations and tests.*

Test type	Variables tested	Key statistic	p-value	Conclusion
Chi-square test	Education vs Injury type	χ^2=3.82 (df=4)	0.28	No significant association
Linear regression	Education-Legal satisfaction	β=0.28 (p=0.012)	0.012	Significant positive effect
Independent T-test	Marital status-Overall satisfaction	t (116) =2.47	0.015	Married higher satisfaction

4. Discussion

The findings of this study provide critical insights into gender-based violence (GBV) patterns and service delivery outcomes at an urban One Stop Crisis Centre (OCC) in Bangladesh. The demographic profile of victims, with 46.8% being young women aged 20-29 years, aligns with national data showing heightened vulnerability during reproductive years [1]. The overwhelming predominance of female victims (91.9%) reinforces established gender disparities in violence exposure [2], while the 8.1% male victims indicate underreported male victimization that requires further attention [13]. The educational profile reveals 70.1% of victims had only primary education or less, supporting existing evidence linking limited education to GBV vulnerability [14]. This likely reflects both reduced economic independence and lower awareness of legal rights among less-educated women [15]. The high proportion of married victims (50.8%) experiencing domestic violence, particularly dowry-related abuse (22.6%), mirrors findings from national surveys [13] and highlights the persistent challenge of dowry practices despite legal prohibitions [16]. Analysis of perpetrator patterns reveals concerning social dynamics. The 41.1% of cases involving husbands and in-laws confirms the disturbing reality of home environments as high-risk spaces for Bangladeshi women [8]. Neighbors accounting for 21.0% of perpetrators suggests the need for community-based prevention strategies [17]. The significant proportion of partner-perpetrated sexual violence (15.3%) challenges common assumptions about stranger-perpetrated assaults [18]. Service satisfaction outcomes present both strengths and areas for improvement. The strong approval of medical services (68.5% "strongly good") demonstrates clinical competence consistent with other evaluations [5]. However, the more mixed legal support satisfaction (74.2% positive but 25.8% neutral or negative) aligns with studies doc-

umenting systemic barriers in legal systems [19]. The neutral responses toward financial support (25.8%) may indicate unmet economic empowerment needs, a recognized gap in GBV services [10]. The statistical findings offer important policy insights. While education showed no association with injury severity (p=0.28), its positive correlation with legal satisfaction (β=0.28, p=0.012) suggests educated victims may navigate legal processes more effectively [20]. The higher satisfaction among married victims (p=0.015) could indicate service biases favoring traditionally recognized victims over unmarried women, a concern documented elsewhere [21]. These findings have several implications. First, the concentration of young adult victims necessitates targeted prevention programs in educational and workplace settings [22]. Second, the prevalence of domestic violence cases calls for strengthened family counseling services [23]. Third, the legal satisfaction gaps highlight the need for victim-centered legal aid reforms [12]. Finally, the financial support limitations suggest integrating economic empowerment components into GBV services [11]. Study limitations include its single-center design and potential selection bias among help-seeking populations [24]. The cross-sectional approach also prevents causal interpretations of observed associations [25]. Future research should employ longitudinal designs across multiple centers to better understand service impacts over time [26].

5. Limitations

This study has several limitations, including its single-center design, which may limit generalizability, and potential selection bias among help-seeking populations. The cross-sectional approach prevents causal inferences. Additionally, reliance on medical records may have resulted in incomplete documentation of some cases.

6. Conclusion

This study highlights the urgent need for strengthened GBV response systems in Bangladesh, particularly regarding legal and financial support services. While medical care was highly rated, the findings reveal critical gaps in addressing socioeconomic vulnerabilities and ensuring equitable services for all victim groups. The predominance of intimate partner violence underscores the necessity for targeted interventions within households. Future efforts should prioritize integrated services combining healthcare, legal aid, and economic empowerment to comprehensively address GBV in urban Bangladesh.

7. Recommendation

To enhance GBV response, we recommend: (1) expanding legal aid and financial support services, (2) implementing community awareness programs targeting male perpetrators, (3) strengthening inter-sectoral coordination between health and law enforcement, and (4) developing specialized services for unmarried victims and adolescents.

Abbreviations

GBV	Gender-Based Violence
OCC	One-Stop Crisis Centre
SDGs	Sustainable Development Goals
IPV	Intimate Partner Violence
PFA	Psychosocial First Aid
VAW	Violence Against Women
MHPSS	Mental Health and Psychosocial Support
QoC	Quality of Care
IEC	Information, Education and Communication Materials

Conflicts of Interest

The authors declare no conflicts of interest.

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