

# GENDER-BASED VIOLENCE CASES RECORDED AT ONE-STOP CRISIS MANAGEMENT CENTER (OCMC) OF A PROVINCIAL HOSPITAL OF NEPAL, A DESCRIPTIVE STUDY

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## ABSTRACT

The term “violence” denotes an act of physical force that causes or is intended to cause harm. Gender-based violence is a worldwide problem and has been affecting 1 (35.00%) in three women in their lifetime. Following cases fall under GBV in Nepal: rape, sexual abuse, physical abuse, forced marriage and child marriage. This is a hospital-based prospective study conducted for a period of 6 months (from January 1st 2023 till the end of June 2023). It was collected from the records, which is secondary data, of all the gender-based violence cases being presented to the One-Stop Crisis Management Center (OCMC) of the provincial hospital of Bagmati Province. The level of violence was identified by the medico-legally trained medical officers and nursing personnel (allocated as the OCMC head) of the hospital. The data collected were grouped as under physical violence, domestic violence, sexual violence, child marriage, mental abuse and other violence. The data was analyzed using SPSS-16. Out of the total cases (156) which arrived to the OCMC, maximum cases (39.10%) were in the age group of 15-30 years. Majority of the cases (94.87%) were females. The gender-based violence cases were predominantly observed on janajatis (58.97%). Sexual violence accounted for 45.51% of the total number of cases. Majority of the perpetrators of violence (17.94%) was accounted by relatives. The highest number of gender based violence cases (32.69%) returned to respective organizations. The OCMC of the provincial hospital provides a one-door system for the effective management of the cases. Strict plans and policies need to be made by the government to reduce the burden of violence in females. More centers need to be established throughout the country so that there is more coverage of the cases.

## KEYWORDS

Gender-based violence, intimate partner violence, women violence, OCMC

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## INTRODUCTION

The term “violence” denotes an act of physical force that causes or is intended to cause harm which may be physical, psychological or both.<sup>1</sup> Violence against women has a large public health impact and gross violation of women’s human rights.<sup>2</sup> Domestic and family violence (DFV) during pregnancy is a significant global problem that varies in its prevalence rates and nature.<sup>3</sup>

Gender-based violence (GBV) is a worldwide problem and has been affecting 1 (35.00%) in 3 women in their lifetime. It is highly prevalent in Nepal. GBV has been defined by the United Nations Declaration on the Elimination of Violence Against Women (1993) as: ‘Any act that results in, or is likely to result in, physical, psychological or sexual harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life’. Documentation regarding GBV in Nepal is lacking though they exist.<sup>4</sup> One in three married women between the age of 15-49 years experienced violence by their partners and 40.00% suffered physical injuries. Two in three victims never told anyone due to fear of stigmatization and lack of support services. Twelve percent experienced sexual violence at least once in their lifetime.<sup>5</sup>

Gender equality was considered of importance in Nepal after the Fourth World Conference on Women in Beijing. Eighty one percent of women in rural communities face recurring domestic violence such as polygamy, child marriage, dowry, *Deuki*, *Chaupadi* and accusations of *Jhankri* and *Boksi*. The government of Nepal declared 2010 as the year to eliminate GBV.<sup>6</sup> Following cases fall under GBV in Nepal: rape, sexual abuse, physical abuse, forced marriage and child marriage, deprivation from resources, opportunity and service, mental abuse, discrimination according to conservative tradition, dowry tradition, witchcraft, *Jhuma*, *Wadi*, *Deuki* tradition, *Chaupadi* tradition.<sup>7</sup>

Women violence is on the rise in Nepal. About 12-50% prevalence has been observed in Nepalese women suffering from sexual violence. About 22% of Nepalese women between the ages of 15-49 years have experienced physical violence.<sup>8</sup> Globally, 119 countries have laws on domestic violence, 125 have laws on sexual harassment, 52 have laws on marital rape.<sup>9</sup> The term ‘domestic violence’ has been used in Nepal instead of intimate partner violence due to the reason that women often live in extended families and other family members may be the perpetrators of violence.<sup>10</sup>

After recognition of GBV as an integral part of health service provision, One-Stop Crisis Management Center (OCMC) was introduced in 2011 by the Ministry of Health and Population (MOHP) under National Plan of Action and aims to provide integrated service package for survivors of gender-based violence through a ‘one-door’ system. The services provided by the OCMCs are hospital based. In addition, they help to provide justice to the survivors.<sup>11</sup>

Fifty five OCMCs were established in 54 districts by 2018/19. Fourteen more OCMCs were established in 2019/20. The MOHP intended to complete scale-up across the country by 2020/21. Critical gaps in safe home and rehabilitation services have left many OCMCs without shelter accommodation and rehabilitation care to which they can refer clients.<sup>12</sup>

The government has yet to decide on the duration of the OCMC pilot phase.<sup>13</sup> About 90% of the clients are women. Most clients are referred to the OCMC by the police. The number of cases of physical and sexual violence that are reported to any service provider in Nepal is a small proportion of actual occurrence. Despite children representing about 40.0% of survivors accessing OCMC services the services are still planned and organized keeping in mind of adult women.<sup>14</sup>

## MATERIALS AND METHODS

This is a hospital-based descriptive study which was conducted in the provincial hospital of Bagmati Province. The samples for the study were taken from the hospital only and not of the population of the whole province. After getting ethical approval letter (Ref. No.: 40-080/081, 2023) from the Research Institutional Review Committee of Nepal Medical College, Attarkhel and approval from the OCMC of the provincial hospital (Bagmati Province), the researcher started taking data from the OCMC of the same provincial hospital from January 1<sup>st</sup> 2023 till the end of June 2023, i.e. for a period of 6 months. The researcher visited the hospital and collected the data from the records of all the gender-based violence cases being presented to the center of the hospital rather than interviewing the alleged perpetrator and victim directly. The researcher co-ordinated with the OCMC head and collected data from the records, i.e. not from direct interview with the patients. The level of violence was identified by the medico-legally trained medical officers and nursing personnel (allocated as the OCMC head) of the hospital. The data collected were grouped as under physical violence, domestic

violence, sexual violence, child marriage, mental abuse and others violence. Violence causing blunt and sharp force injuries were categorized into physical violence. Violence causing blunt and sharp force injuries that were done only by alleged perpetrators inside the family were categorized as domestic violence. The data of alleged victims of physical violence and domestic violence were entered separately as physical and domestic violence are separate terms. The violence done by one of the members of the alleged victim's family in contrast to physical violence which is violence done by any person outside the family was categorized as domestic violence. The violence in which any act of sexual assault to a female without consent if she is more than 18 years old or with consent if she is less than 18 years old, were categorized as sexual violence. Similarly, partial insertion of penis into vagina, anus or mouth or insertion of any object besides penis into the vagina is amounted to sexual assault. The term child marriage was categorized as forceful marriage of a person who is below 20 years of age. The term mental abuse was categorized as cases with mental or emotional trauma or violence. The data collection for ethnicity was done using codes from 1 to 6, based on hospital based gender based violence related OCMC operational manual. *Dalits* fall under No.1 of the code, *Janajatis* fall under No. 2, *Madhesi* fall under No. 3, *Muslims* fall under No. 4, *Brahmins/Chettris* fall under No.5 and other ethnicities such as *Thakuri*, *Sanyasi* fall under No. 6.<sup>7</sup> The data was analyzed using SPSS-16.

## RESULTS

Data of a total of 156 gender-based violence cases were taken from the records of the OCMC (One-stop crisis management center) of the provincial hospital of Bagmati Province between the time period of January 1<sup>st</sup> 2023 till the end of June 2023. Out of the total sample of cases, maximum cases (39.10%) were in the age group of 15-30 years, followed by 0-14 years (35.89%), respectively.

Out of total sample of gender based violence cases, majority of the cases (94.87%) were females. Only 5.12% of the cases were males.

**Table 1: Age distribution of various GBVs (n=156)**

Age of the alleged victim	n	%
0-14 years	56	35.89
15-30 years	61	39.10
31-60 years	36	23.07
>60 years	3	1.92

**Table 2: Sex distribution of various GBVs (n=156)**

Sex of the alleged victim	n	%
Male	8	5.12
Female	148	94.87

Majority of the sample of gender-based violence cases were *Janajati* (58.97%). The term *Janajati* has been included in the OCMC guidelines

**Table 3: Ethnicity distribution of various GBVs (n=156)**

Ethnicity	n	%
<i>Dalit</i>	26	16.66
<i>Janajati</i>	92	58.97
<i>Madhesi</i>	5	3.20
<i>Muslim</i>	1	0.64
<i>Brahmin/Chettri</i>	31	19.87
Others	1	0.64

of 2077 B.S. which has been coded as 2 and includes *Sherpa*, *Thakali*, *Tharu*, *Rajbanshi*, etc. The second common GBV presentation was by *Brahmin/Chettri* (19.87 %) which is coded 5 in the guidelines.

Data of a total sample of 71 sexual violence cases were obtained from the OCMC during the study period which accounted for 45.51%

**Table 4: Nature of violence (n=156)**

GBV cases	n	%
Physical violence	21	13.46
Domestic violence	13	8.33
Sexual violence	71	45.51
Child marriage	12	7.69
Mental abuse	5	3.20
Others	34	21.79

of the total number of cases. This was followed by other cases (34.00%), physical violence cases (8.33%), domestic violence cases (8.33%), child marriage cases (7.69%) and lastly mental abuse cases (3.20%). Of the total cases, few cases were follow up cases, out of which 27 were of sexual violence, 2 were of physical violence, 2 were of domestic violence, 3 were of mental abuse, 1 was of child marriage and 7 were other GBV cases. As already mentioned in materials and methods section, the data of alleged victims of physical and domestic violence were entered separately.

Among the data of the alleged perpetrators related to the GBV cases being presented to

**Table 5: Alleged perpetrators (n=156)**

<b>Alleged perpetrator</b>	<b>n</b>	<b>%</b>
Husband	26	16.66
Relative	28	17.94
Neighbor	20	12.82
Friend	8	5.12
Stranger	23	14.74
Lover	27	17.30
Others	24	15.38

the OCMC, majority (17.94%) was accounted by relatives, followed by lovers (17.30%) and husbands (16.66%). No multiple alleged perpetrators per case were recorded in this study duration period.

The highest number of gender based violence cases (32.69%) returned to respective organizations from where they had been presented to the OCMC. Forty cases (25.64%) returned home and only 1.92% of the cases were admitted for further treatment.

**Table 6: Management of the cases after examination (n=156)**

<b>Management</b>	<b>n</b>	<b>%</b>
Admission	3	1.92
Returned home	40	25.64
Returned to organization	51	32.69
Returned to police station	40	25.64
Safe house	15	9.61
Other	7	4.48

## DISCUSSION

The OCMC of Hetauda Hospital, Bagmati Province has been specifically providing medical and psychological services to not only women and girls experiencing sexual violence but also to other gender-based violence victims. It has been managing the cases from all over Makwanpur through a one-door system. Most of the cases there are brought by the police. The data was collected from the medical records of the OCMC.

Data collection from the records of the OCMC of a total of 156 cases was done of which nearly half fell into the age group of 15-30 years. A similar study conducted by Baral<sup>8</sup> in Kaski District, between the period of 2073 and 2074 BS, stated that more than half of the gender based violence cases fell into the age group between (20-30) years.

Females predominated the majority of the gender-based violence cases in the OCMC. Although our society is male predominated,

males also presented to the center which signifies that males are also not barred from the occurrence of violence, but the incidence was very low. A study done by Ministry of Health and Population (MOHP) on the performance of hospital-based OCMC, Health Sector Transition and Recovery Program, Kathmandu,<sup>15</sup> between 2011 and 2016/17 AD stated that Sunsari District had maximum cases of domestic violence (326 cases) and sexual violence (196 cases) and followed by Makwanpur District. Maximum were females (1,216 cases). This indicates that females are highly vulnerable to gender based violence in our society.

*Janajatis* contributed to more than half of victimized ethnicities in Makwanpur District as per the study data, followed by *Brahmin / Chettri*. In contrast to this study, the same study, mentioned above, conducted by Baral,<sup>8</sup> found that more than half of the cases belonged to *Dalits*. So these studies indicate that the ethnicity categories of gender based violence cases in Nepal depend upon the geographical area.

Sexual violence was the most common form of violence recorded which contributed to nearly half of the total population of victims. The same study, mentioned above, conducted by Baral<sup>8</sup> stated that majority were sexual violence victims out of total gender based violence cases.

Relatives accounted for nearly 2/10<sup>th</sup> of recorded perpetrators in this study, followed by lovers of the victims which suggests that people in the community are not safe from anyone, i.e. not even their closest ones. A study done by Nepal Health Sector Strategy Program of the Ministry of Health and Population, Nepal<sup>12</sup> stated that 1 in 3 married women of age 15 to 49 years experienced gender based violence perpetrated by their partners and 40.0% of them suffered physical injuries.

Nearly half of the victims returned to the respective organizations which had brought them to the OCMC suggesting that organizations are playing a good role towards the management of violence victims. The clients that were brought to the OCMC via those organizations initially were finally reported to the nearby police station ultimately. A similar study conducted by the Department of Health Services of the Ministry of Health and Population, Nepal<sup>11</sup> in 2020 AD stated that the police referred most of the clients to the OCMC in each province.

In conclusion, OCMC has been established in many areas of the country including Makwanpur which mainly focuses on gender-based violence cases. It provides a one-door

system for the effective management of the cases and the victims are really benefited from the service which is a good approach from the government in coordination with multiple sectors. As we can see in the data, females predominate the scenario of gender-based violence. So, strict plans and policies need to be made by the government to reduce the burden of violence in females of the society. More centers need to be established throughout the country so that there is more coverage of the cases.

The limitation of this study is that there was no direct conversation with the alleged victim and alleged perpetrator regarding the alleged violence as data were taken from the

available records. Besides, it does not provide the overall data of the province. The strength of this study is that it provides valuable data regarding the status of GBV which would be helpful in conducting other similar studies and also would help to notify related authorities for further awareness and action. As already mentioned just above, the study has selection bias, i.e. the sample population may not represent the broader community affected by GBV. Secondly, the study has survivor bias, i.e. it has focused solely on individuals who have sought support and has overlooked those who have not engaged with the services.

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