



Research article

Exploring the role of the One Stop Crisis Centre for supporting rape victims: A study in Dhaka Medical College Hospital

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ABSTRACT

Rape is widespread in Bangladesh, and survivors often experience long-term physical, psychological, and social repercussions that are made worse by stigma and limited access to justice. The One Stop Crisis Centre (OCC) is the only government-created initiative in Bangladesh that offers rape victims one-stop assistance in different service categories, including health services, psychological counselling, legal advice, safe homes, and rehabilitation. Finding any gaps in the One Stop Crisis Centre's (OCC) service delivery is essential to effectively addressing the trauma experienced by rape victims and ensuring effective supports. Therefore, this paper investigates the role of the OCC of Dhaka Medical College Hospital (DMCH) as a support centre for the rape victims in Bangladesh. Because of the sensitivity of this topic convenient sampling, purposive sampling and snowball sampling techniques were used. The study made use of qualitative techniques. To find out detailed information regarding the service delivery of the OCC, in-depth interviews (IDIs) and key-informant interviews (KIIs) were engaged as necessary research instruments. In-depth Interviews were conducted on rape victims who had previously benefited from this OCC. The in-depth interviewees were questioned regarding the OCC's service delivery, the attitude of the OCC personnel and the challenges the victims encountered. Caregivers who worked at the OCC for more than two years were regarded as key informants in assessing the program's implementation status. The key-informant interviewees shared their work experiences, challenges they faced during service delivery and some recommendations for the betterment of this program. The study found that this OCC was capable of providing necessary medical services, counselling, and legal assistance. However, absence of 24/7 service, equipped lab, separate counselling room were the key impediments for rape survivors. Additionally, absence of trained female counsellors, female forensic examiners, and curtains during medical examination made their privacy in question. In the area of policy implications, this study suggested that providing one Stop service would be dynamic if the authority resolved issues such as insufficient staffing, poor staff capacity building, lack of trained professionals, inadequate awareness-raising programs and so on. Despite differences of opinion of the rape victims and their caregivers at the OCC of DMCH, this research concluded that OCC's influence in supporting rape victims is commendable.

Introduction

Sexual violence, especially rape, is one of the most horrific and widespread violations of human rights throughout the world (Borumandnia et al., 2020; Campbell et al., 2009; WHO, 1997). Rape is defined as any act of sexual penetration forced upon an individual without their consent that includes physical force, coercion, or a situation where the victim is unable to give consent

ARTICLE INFO

Article timeline:

Date of Submission:

06 May, 2025

Date of Acceptance:

19 October, 2025

Article available online:

22 October, 2025

Keywords:

Rape

Rape victims

One Stop Crisis Centre

One door assistance

Dhaka Medical College
Hospital

(Dworkin et al., 2021; Shrestha et al., 2024). Globally, the prevalence of rape is alarmingly high. Approximately one in eight women and girls experienced rape or sexual assault before the age of puberty (Lay, 2024). Survivors often experience long-term physical, psychological, and social consequences, which are further intensified by stigma and limited access to justice (Eogan et al., 2013). Victims experienced physical and life-threatening injuries,

*Corresponding author: <tasniashuha@soc.ku.ac.bd>DOI: <https://doi.org/10.53808/KUS.2025.22.02.1404-ss>

internal damage, sexually transmitted diseases, unwanted pregnancies, post-traumatic stress disorder, depression, and anxiety (Campbell et al., 2009; Jina & Thomas, 2013).

To overcome the trauma of rape, a collaborative effort is required with the expertise of various fields, including government policies, hospitals, non-governmental organisations, police and legal professionals (Verma et al., 2020). One Stop Crisis Centres (OCCs) are the special facilities set up at hospitals that offer all-encompassing care, including medical attention, temporary accommodation, psycho-social counseling, legal assistance, and rehabilitation (Newaz, 2023; Verma et al., 2020). From the crisis phase to the rehabilitation phase, it seeks to protect the survivors' privacy and anonymity while offering them the best multidisciplinary treatment and multilevel crisis interventions (Eogan et al., 2013; Rose McKeon et al., 2020; WA et al., 2022)

Bangladesh has enduring patriarchal systems that give rise to multiple kinds of sexual violence including rape against women (Lewis O'Connor et al.). The national data and human rights reports indicate the rise of sexual violence across the country (Al Mamun et al., 2021). Many victims experience stigma, lack of support, and restricted access to necessary assistance, which makes their recovery even more difficult (Khanom et al., 2010; Ms. Salma Mahmud, 2014). Similar to other nations that have implemented One Stop Crisis Centres (OCCs) to provide prompt and comprehensive assistance for victims of sexual assault, the government of Bangladesh has also made specific services for women available in OCCs (Rose McKeon et al., 2020). The first OCC was set up in Dhaka Medical College Hospital (DMCH) in 2001, with additional centres later established in other divisional hospitals (Mia, 2011; Newaz, 2023).

Several studies addressing the patterns, experiences, strengths and weaknesses of OCC services have been carried out in different nations (Josiah & Kumaresan, 2005; Verma et al., 2020). As far as us aware, very few studies have explored the survivors' satisfaction regarding the service delivery of the OCC in Bangladesh. Among them, a relevant study shows that survivor satisfaction with One Stop Crisis Centres (OCCs) in Bangladesh is mixed, with high satisfaction for medical and legal services but lower satisfaction for financial assistance. Study indicates 68.5% of survivors reported high satisfaction with medical services, and 74.2% with legal support, though these areas also show room for improvement. While OCCs offer comprehensive support including police assistance, psychological counseling, and shelter, their effectiveness is influenced by factors like the severity of the violence, survivor characteristics such as marital status, and the overall quality of customer service provided by the centre staff. (Saha, 2025)

Hence, this study was designed to explore survivors' experiences, service qualities, confidentiality measures, and overall satisfaction with interventions on legal courses through the perception of rape victims and the caregivers in this area. The study provides important insights to improve the OCC's service structure in Bangladesh, making it more survivor-centric, safe, and beneficial to the survivors' overall recovery.

Methodology

Research Design

The aim of this study is to understand the level of satisfaction of rape victims who received services from the OCC at Dhaka Medical College Hospital. This exploratory study tries to find out detailed information about the role of this crisis centre from the perspective of the rape victims and their caregivers. On this ground, a qualitative approach was used as it facilitates researchers' understanding regarding the nature, availability and limitations of services of the OCC. Qualitative methods, such as in-depth interviews (IDI) and key informant interviews (KII), were applied to gather empirical data for this research.

Study Area

This study has been conducted in the capital city Dhaka. In spite of being the capital city of Bangladesh, the security system of Dhaka city is not well executed. The women feel unsafe at night when attending other responsibilities and activities outside home due to the presence of potential rapist in public transport and roads. They do not feel safe even at their home, and the rate of intimate partner violence in Dhaka is higher than in any other city in Bangladesh. Thus, a large number of women, working or not, suffer from sexual violence in the region of greater Dhaka. Though this OCC acts as a support centre for these sexual violence survivors, very few researches has been conducted in this area. Therefore, this study selected the OCC of Dhaka Medical College Hospital to assess its service delivery to the survivors.

Study Subject

The target group of this research are the rape victims who need immediate support after the brutal incident of their lives. Thus, participants for IDIs were chosen by following the criteria (1) Women who were rape victims, (2) must be admitted at the One Stop Crisis Centre of Dhaka Medical College Hospital. Service providers (Medical officers, Officer-in-charge of the OCC, Nurse) were taken as the samples of KII. When recruiting service providers, the criteria were: (1) they must work at the OCC of DMCH, (2) have at least two years of experience caring with rape survivors. Since it was challenging to locate the victims due to confidentiality concerns, snowball sampling and convenient sampling procedures were employed to choose the IDIs. When selecting service providers, purposive sampling were used to make initial contact with relevant samples. It's important to note that a small sample size, especially in qualitative research that relies on interviews, increases the likelihood that researchers will win participants' confidence and gather extensive information (Bryman, 2016), both of which were crucial for this study. Thus, total of 10 participants were selected for this study, 6 in-depth interviews (IDIs) and 4 key informant interviews (KIIs).

Interview Outline

Semi-structured interview schedules were prepared for the in-depth interviews and key informant interviews. The questionnaires of the interviews are developed based on the criteria set on OCC manual. The first section of the interview schedule of IDIs was based on two sections. The first section was based on the personal information of the

participants, and the second segment focused on the service availability and trends, as well as the difficulties and obstacles they encountered while being admitted to the OCC. The interview outline of the KIIs was based on two sections. The first section was based on their work experience, and the second section was based on the general information of their work experiences, challenges of delivering their services and some recommendations for the improvement of their services. All the questions were open-ended and prepared in English, then in Bangla.

Data Collection

The study was conducted from 5th to 21st August 2021 during the emergency situation of the Covid-19 pandemic. Due to the guidelines of maintaining social distance during that pandemic and to maintain the privacy of the respondents, interviews of rape survivors were taken by telephone. All interviews were conducted in Bangla, and without interruptions. Each interview lasted roughly 35-40 minutes on an average. Standard ethical concerns were maintained, interviews were conducted in absolute confidentiality, and each participant was free to withdraw from the study at any moment during the interview. Because of the sensitivity of the subject, the researchers were careful not to make them vulnerable by asking direct sensitive questions. Despite researchers' awareness, participants occasionally experienced emotional turmoil throughout the interview and paused for a short while, efforts were made to understand them and pay close attention to their answers and responses. When the interviewers became mentally disturbed after a few interviews, and data collection was temporarily postponed for a week. The interviews of the medical officers were collected via email, and face-to-face interviews of the

DMC staff were conducted at the DMCH premises. Due to privacy issues, the interviews weren't recorded and were noted manually in written format.

Ethical Consideration

As sexual violence is a very sensitive issue, the purpose of the study was made understood to the respondents. Informed consents were taken before the interview. Privacy of the information obtained from the respondents was ensured. Moreover, to keep the anonymity of the participants of the study, participants' pseudonyms had been used.

Results and Findings

Background information of the informants

Of our 10 in-depth interviewees (all female), six were the victims of rape who had previously benefited from this OCC, and the remaining four were caregivers of the victims who served at the OCC for more than two years. According to the informants' background information, four of the six rape victims had no earnings. Two of them are students, while the other two females are housewives. The remaining two victims earned money from their private employment as NGO workers and housemaids. Two of the four caregivers are doctors with four years of experience at this OCC, while the other two (officer and nurse) have three and six years of experience, respectively (see Table 1.1).

Themes from the results

Based on the qualitative data we gathered from the field, our results generated seven significant themes, including some subsets of themes (see Table 1.2)

Table 1.1: Profile of the participants

Sl. No	Pseudonym	Age	Sex	Occupation	Perpetrator behind the Rape	Years of experience as caregivers
1	Asha (IDI)	32	Female	Housewife	Relative	Not Applicable
2	Sadia (IDI)	21	Female	Student	House Tutor	
3	Salma (IDI)	38	Female	NGO worker	Colleague	
4	Nahida (IDI)	28	Female	Housewife	Husband's Friend	
5	Nishi (IDI)	20	Female	Student	Stranger	
6	Fatima (IDI)	24	Female	Housemaid	Homeowner	
7	Sabrina Aktar(KII)	35	Female	Doctor	Not Applicable	Four
8	Maliha Anjum(KII)	29	Female	Doctor		Four
9	Kaberi Biswas(KII)	45	Female	Officer		Three
10	Saleha Begum(KII)	50	Female	Nurse		Six

Note: Owing to the confidential issue, informant's pseudonyms were use

Table 1.2: Themes of this study

Key-themes	Sub-themes	Codes from qualitative data
Attitude of the service providers	Empathy from Medical Officers	Sensible, sympathetic, talked with calm voice, trauma-sensitive approach, professional behaviour etc.
	Variable Attitude of Nurses and Ward Boys	Harsh behaviour, asking personal questions, victim blaming, Character judgment etc.
Confidentiality Management	Privacy maintenance	Privacy maintenance, restricted access, legal compliance etc.
	Challenges in Maintaining Confidentiality	Police visits, lawyer interactions, difficulty during legal proceedings etc.
Availability of Services: Medical Treatment, Psychosocial Counselling and DNA test	Medical treatment	Free treatment, provision of medicine, accessibility for low-income patients etc.
	Psychosocial counseling	Counseling sessions, mental health support, unavailability of professional counselors etc.
	DNA and forensic services	Equipment shortage, absence of female forensic staff, delays in testing, privacy concerns etc.
Availability of necessary logistics	Infrastructure adequacy	Separated OCC unit, waiting areas, meeting rooms, furnished office rooms, separate toilets etc.
	Resource limitations	Lack of curtains, dirty toilets, inadequate basic amenities, limited private spaces etc.
Availability of staff	Staff shortage	Absence of doctors and psychologists, multitasking of nurses/doctors etc.
	Staff dedication and Teamwork	Passion for work, teamwork, flexibility in duty etc.
Coordination with stakeholders	Collaboration with NGOs	Ignorance of guidelines, lack of cooperation by shelter home provision etc.
	Coordination with legal stakeholders	Police cooperation, lawyers' support Facilitation in filing cases etc.
	Awareness and Outreach	Government funded awareness campaigns, workshops
Suggestions for the betterment of Services	Staffing and Resource Improvement	Availability of psychosocial counselor, presence of female forensic experts, 24/7 DNA testing etc.
	Infrastructure and Logistics	Adequate beds, spacious environment, quality food, basic amenities etc.
	Capacity Building	Staff training, workshops, skill development etc.

Theme 1: Attitude of the service providers

The attitude of the service provider is one of the key factors in providing effective service to survivors. The victims become mentally traumatized after being raped. Their behaviour may differ from their actual one, which includes crying, talkativeness, acute stress disorder, anger, etc. Positive attitude acts as a stimulant to them as it assures them to go through the formal process required by the OCC.

The attitude of the medical officers was generally positive toward the patients. They normally showed a sensible attitude and exchanged kind words with them. The patients felt safe under the supervision of the doctors of OCC. But the attitude of nurses and ward boys varied from person to person. Most of the participants in this study were satisfied by the attitude and behaviour of the OCC staff.

Nishi (20), a student during IDI said,

“Doctors and staff in OCC were very professional and sympathetic towards me. They talked to me in a calm voice, assured me that I wasn't alone in the world. They never asked me about the incident and helped me to overcome the trauma of that day. I am still grateful to them.”

But sometimes the behaviour of the nurse and ward boys was found to be harsh and unprofessional, especially for those who came from lower socio-economic strata. They often tried to ask personal questions of the respondents, which seriously affected their dignity.

Nahida (28), one of the survivors, during IDI supported the statement by saying that

“When I reached the OCC, the nurse asked me some irrelevant questions. She often tried to remember the day when I was raped by my husband's friends and asked how the incident had happened. Sometimes I felt that she tried to question my character too.”

Theme 2: Confidentiality Management

Confidentiality management is one of the prime concerns for rape victims. As the survivors spent the initial days of this brutal violence in the OCC, there was always a risk of disclosing their identity. In this study, both the IDIs and the KIIs were asked about the confidentiality issues. Most of the survivors are assured that the confidentiality issues are maintained properly in the OCC.

Sadia (21), a student brutally raped by her house tutor, during IDI said,

"They did maintain confidentiality. Since OCC is a part of law enforcement authority, they are bound to abide by all the laws. They have tough security against strangers wanting to enter, they do not let journalists get in, and they do not talk to anyone inside."

Medical officers in DMCH also claimed that they followed the guidelines of the OCC manual to maintain their privacy. They did not provide any information regarding the survivors to anyone without their consent.

Kaberi Biswas (45), an officer of the OCC of DMCH, said,

"We are very concerned about their confidentiality. For that reason, sometimes we do not write their full name without their consent. We do not take any photos of the victims; if needed, the faces are blurred. The door of the OCC remains closed to the strangers."

But sometimes the staff felt difficult in maintaining confidentiality when the cases are taken for legal process. Police and lawyers' routine visit to this OCC put their privacy at risk.

Theme 3: Availability of Services: Medical Treatment, Psychosocial Counselling and DNA test

According to the OCC Manual, One Stop Crisis Centres are dedicated to performing free medical and psychological treatment to sexual violence survivors. Most of the rape victims are found to be seriously injured due to the brutal violence of the perpetrators, for which they need one stop medical services such as proper medical treatment, medical tests, medicine, psychosocial counselling and so on. As, most of the survivors admitted in the OCC of government hospitals came from lower- and middle-income families, cost-free treatment and medicines are necessary for them to release tension about money in this crisis period. All of the respondents assured that they got free medical treatment with free medicine at the OCC of DMCH.

Asha (32), a housewife brutally raped by a close relative, said during IDI,

"My mother brought me to the OCC late at night after the incident. My husband and in-laws refused to spend a single penny for my treatment. The OCC offered free treatment, and I am grateful to them."

Psychosocial counselling is very important in dealing with sexual violence survivors. The researcher found that psychological counselling was provided by professional counsellors, and it was done based on the severity of the problem. Sometimes, three-to-four-day-counselling sessions were arranged for sexual violence survivors.

Saleha Begum (50), a nurse appointed at the OCC, said,

"The psychological counselling provided by OCC makes our task easier and the patients are benefited greatly."

Not all survivors are treated equally in the OCC of DMCH due to the unavailability of professional counsellors. Only two of the six survivors attended the counselling sessions, and they assured us that counselling was very beneficial for them to live a normal life.

Sadia (21), IDI participant said,

"Fortunately, I attended two counselling sessions at the OCC. The counsellor led us through a deep breathing, relaxation, and icebreaker session. When society attempted to blame the victims for the crime (rape), the sessions made me aware of the true situation. However, not all of the responders took advantage of this chance. I believe it should be on their (OCC authority) priority lists."

Sexual violence is a highly sensitive issue which hampered the mental health of the staff and officials, too. But there is no psychological therapy training among the employees.

A DNA test is considered another necessary service of a crisis centre. It must be available 24/7 in order to give quality assistance to sexual abuse survivors. But interviews with survivors and care providers discovered that cases that arrive late at night must wait until the next day for DNA tests. The medical lab of the OCC was not equipped properly. It did not have sufficient medical kits for tests. Female DNA and forensic examiners were not appointed, and the rape victims found it difficult to maintain their privacy in front of male experts.

Fatima (24), a housemaid sexually assaulted by a man from her workplace, said,

"The absence of female experts at the OCC made me uncomfortable. After that day of the incident, I couldn't bear the touch of a male person."

But the interviews from the officials confirmed that, due to the objection of the survivors, the tests are now conducted in the gynecology ward to maintain privacy.

Theme 4: Availability of necessary logistics

According to the guidelines of OCC, it should be based within the hospital, having a separate unit. The unit should be separated, having eight to ten beds with necessary furniture in one room, one meeting room, a waiting room for visitors and rooms for various professionals. Basic medical instruments for a DNA test should be present in the OCC to provide service to the survivors.

The OCC at DMCH is running with the coordination of the hospital. All the necessary furniture required for medical instruments and other things were supplemented by the logistics of DMCH. The interviews of the respondents assured that there was shortage of beds and furniture. Sometimes the patients had to wait a long time to avail beds, and curtains were missing during medical examinations. The toilets weren't clean enough, which made the environment filthy. There were rooms for professionals, a waiting room, a meeting room and a furnished office. But separate counselling rooms for psychosocial counselling sessions were not observed, which violates the guidelines of the OCC. Most of them complained about the congested area of the OCC.

Nahida (28) said, *“When I got admitted to the OCC, I found the area crowded. I did not get a bed and had to sleep on the floor. There were separate toilets for the patients, but the bad smell of the toilets was unbearable to me.”*

In spite of those difficulties, the statement of the survivors and staff proves that though the infrastructure is limited, the medical officers and OCC officials are concerned to maintain the basic amenities.

Theme 5: Availability of staff

According to the OCC manual, there should be different categories of staff: Officers, doctors, nurses, well-trained psychosocial counsellors, police and volunteers for providing 24/7-hour services to the survivors. In DMCH, only three categories of staff (officers, nurses, and helpers/volunteers) were present 24/7 hours according to the responses of the victims. Furthermore, the respondents claimed that most of the services provided within the OCC were given by the official staff of DMCH. The same nurses were giving services to the patients in the hospital as well as OCC survivors. The doctors and nurses weren't separately posted for this OCC. The doctors of the DMCH also acknowledged the shortage of necessary staff. At the same time, they stated that though the manpower at the OCC is limited, the hospital staff perform their duties passionately, which helps the survivors most. Some medical officers reminded the interviewer about the shifting duties of the staff for which all categories of staff can't be present at all times.

Sabrina Aktar (35), a medical officer posted at the OCC, said,

“The doctors have their shifts- morning shift, evening shift and night shift. They are available at their duty time in the OCC. But the professors and specialists are available for their valuable opinion on direct contact only in the morning and early evening.”

OCC officials had their own views, too. They thought that as the rape victims need treatment from all departments of the hospital, all kinds of staff need to be present at the OCC.

According to an OCC official

“The OCC doesn't need separate posting of staff. It is teamwork of not only specialists in the forensic department but also medicine, surgery gynae department and gyne departments where the hospital staff try their level best to help the victims. So, the survivors are not deprived.”

Theme 6: Coordination with stakeholders

Following the OCC manual, the OCC of DMCH is working in coordination with other agencies like NGOs, shelter homes, police, and lawyers.

In the cases of sexual violence, the NGOs played a vital role by referring sexual violence survivors to an OCC. Interviews with OCC staff of DMCH uncovered that most of the NGOs in the Dhaka Metropolitan area are ignorant of OCC's guidelines and they did not refer the rape victims to the OCC. At the same time, they added that when the hospital staff seek help from the NGOs, they do not cooperate with OCC regarding providing shelter homes to the survivors.

The lawyers and police, as stakeholders, performed their duty and coordinated well with the OCC of DMCH.

All of the participants in this study assured that the OCC helped them to file the cases against the perpetrator with the help of the local police station and the court.

Theme 7: Suggestions for the betterment of Services

The respondents were asked about how the delivery service of the OCC could be improved. Both the IDIs and KIIs suggested that raising awareness should be the first priority of the Government among the people who weren't informed about the OCC. Three out of six sexual violence survivors suggested that the issues of the absence of psychosocial counsellors, nurses and doctors should be addressed properly. Two of the six IDIs suggested the availability of DNA tests and female forensic experts for 24/7 hours. All of the respondents reached a consensus that the number of beds should be increased, the area needs to be clean and spacious, and basic amenities need to be fulfilled. Apart from these, a variety of opinions suggested arranging workshops, raising funds for treatment, providing quality food for the patients and so on.

Salma (38), a victim in IDI added that,

“A capacity building workshop can be arranged between the staff of this OCC. It will help them in patient dealing.”

Despite these limitations, all of the respondents praised the role of OCC as a support centre in their lives.

Nahida (28), a victim said

“I was admitted for ten days to this OCC. Initially, the environment was uncomfortable for me. I was unable to eat the meal offered. I occasionally became traumatized but did not get any psychological treatment. However, the kind behaviour of the doctors and other officials assisted me in recovering from trauma. When my own family questioned me about the awful event and refused to give me protection, the OCC was the only place I could find peace.”

Discussion

A closed One Stop Crisis Centre (OCC) is considered a safe and secure environment for rape victims, where they can disclose their experience with confidentiality (Verma et al., 2020). Assuring free medical treatment for the victims is one of the major responsibilities of an OCC. Besides, it provides comprehensive care, including food, short-term housing, psycho-social therapy, legal support, and rehabilitation (Newaz, 2023).

This qualitative study aimed to investigate the availability of services provided by the OCC of Dhaka Medical College Hospital. The findings revealed the level of supports OCC provided to the victims as well as their limitations and future recommendations for improved services.

Attitude of the service providers (including Doctors, nurses, and officers) is one of the prime concerns for any rape victim because positive attitudes help them to overcome the trauma. This study revealed that the duty doctors showed positive behaviour to the patients, whereas the staff nurses' behaviour varied manner in terms of socio-economic strata of the patients. Maintaining confidentiality is another concern for the rape victims, which was maintained properly in the OCC. The officers, duty doctors, and other employees rigorously upheld secrecy by preventing anonymous individuals from

entering and by prohibiting them from disclosing their identities. Previous studies also reported positive responses to the confidentiality issues among the victims. (Islam, 2011; Josiah & Kumaresan, 2005)

In terms of service delivery, this study exposed a variety of opinions of the respondents. The majority of respondents confirmed that the OCC provided them with free medical care and medication. There were no certified lab attendants on duty 24/7, and the lab was unequipped. Participants reported feeling uneasy during examinations because there were no female forensic examiners posted at the OCC. The majority of them complained about the irregularity of counselling sessions and the lack of qualified psychosocial counsellors. Likewise, an earlier study discovered that the OCC's service delivery was adversely affected by the absence of forensic examiners, child psychiatrists, female physicians, and qualified social workers. (Torrance, 2024).

The majority of respondents believed that the OCC of DMCH had weak institutional capabilities. There were not enough beds, curtains, or cleaning supplies. The interviewees stated that the OCC has furnished office spaces, waiting areas, meeting rooms, and separate toilets. But the rape victims felt claustrophobic as their surroundings were not spacious. Furthermore, several counselling rooms are required for an OCC to serve multiple victims at the same time while maintaining their privacy (Verma et al., 2020). This study revealed that there was no specific counselling area at the crisis centre. There was a staffing shortage, too. According to the respondents, the OCC did not have a distinct posting for physicians, nurses, medical attendants, or psychosocial counsellors. They consequently had to wait for hours and were unable to get service late at night or early in the morning. In a comparable manner, a study found similar employees and financial resource limitations. (Torrance, 2024). Despite the human constraints, officials and doctors were confident in their ability to work extended hours to provide all forms of assistance.

In terms of stakeholder coordination, the participants in this study universally noted that the police and lawyers worked seamlessly with the OCC during case filing, report lodging, and legal proceedings. An earlier study found a similar result, acknowledging the efficiency of legal support at the OCC. (Torrance, 2024). However, the local NGOs' function as a significant stakeholder is unsatisfactory. By establishing shelters for survivors of sexual assault or referring rape victims to this OCC, their officials demonstrated a lack of concern.

From the findings of this research, it appears that the OCC of DMCH played a crucial role for sexual violence survivors. However, there are certain limitations as well. Survivors believed the government could do more to enhance service delivery, including planning seminars and workshops to increase public awareness, protecting privacy during examinations, hiring enough staff for the OCC, providing basic amenities, fostering close collaboration with stakeholders, and more. Despite the OCC's shortcomings in service delivery processes, the majority of respondents agreed that the organization's efforts to prevent sexual violence are admirable. It serves as a place of support for the victims, giving them hope even in the midst of their worst fears.

Limitations of the study

The research was carried out in the midst of the COVID-19 pandemic, which created several limitations. Since the DMCH was a restricted area, most of the interviews were conducted through remote sessions via e-mail and telephonic interviews. That meant that we were unable to meet participants in person, which made it harder to understand their behaviour and reaction. The limited face-to-face interaction through screens and over-the-phone conversations became a limitation for this study. The study also focused on a small group of participants due to the sensitivity of the topic. For this reason, the findings may not apply to the large population. Another limitation was that it was difficult to build a strong connection with the participant because of telephonic communication. These meetings do not allow the same level of trust and comfort as the face-to-face interview does. Another issue was communication; most participants were hesitant to share their experiences because discussing sexual harassment and rape was sensitive and traumatic for the victims. Despite these challenges, we believe that the study still provides valuable insights, though we acknowledge that more data from a larger group of people would be needed to make the findings more generalizable.

Implications of this study

The study's findings highlight significant deficiencies in the OCC's current services, which have important practical, policy and research implications. To address the gap found at the practical and policy level, the government and hospital authorities could increase the number of DNA testing facilities, hire qualified women professionals, and guarantee the privacy of survivors. The government could also organise seminars and awareness campaigns, where stronger collaboration with NGOs is essential, to increase survivors' outreach and awareness.

More comprehensive multi-site studies and longitudinal research are required to close the research gap by assessing how OCC supports long-term rehabilitation, recovery, and access to justice. Additionally, strategies for addressing stigma and victim-blaming in society must be identified.

Conclusion and recommendations

The One Stop Crisis Centre (OCC) is considered a secure hospital wing where rape victims can receive medical-legal support and confidentially share their trauma with others. The study aims to explore the efficiency of services provided by the One Stop Crisis Centre (OCC) at Dhaka Medical College Hospital. A qualitative approach was taken for this exploratory research, and the data were collected from in-depth interviews and key informant interviews in 2021.

From the findings, it is evident that this OCC at the DMCH plays a crucial role in providing free medical treatment, psychological support and legal assistance to the victims. However, persistent challenges, such as unprofessional behaviour from nurses and nursing staff, inadequate psychological therapy sessions, availability of 24-hour lab service, insufficient safe home facilities etc. undermine the effectiveness of these services. Due to a shortage of trained female experts, male practitioners performed critical medical tests, triggering privacy

concerns. The crowded and filthy area caused medical issues for the victims as well as the OCC staff. In order to overcome these shortcomings, the authorities should simultaneously take the required actions to maintain a well-equipped medical room, female healthcare experts, qualified psychosocial counsellors, 24-hour assistance and a healthy environment.

Despite OCC's vital role in assisting women, the general public is still ignorant of how the crisis centres operate. In addition to hospital-level improvements, more comprehensive national measures are needed to address this issue. It is necessary to increase staff training, scale up awareness campaigns, strengthen coordination with NGOs, and extend safe home facilities. If the relevant authorities implement these recommendations, this institution will become more efficient, survivor-centric, and sustainable, resulting in increased trust and accessibility for survivors.

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Acknowledgement

The authors would like to express their profound gratitude to their team members for their guidance, inspiration, and assistance during the course of this work. They are incredibly appreciative of the survivors who bravely and trustingly shared their stories. For their kind assistance during data collection, the authors also want to express their gratitude to the doctors, nurses, and officers of the One-Stop Crisis Centre at Dhaka Medical College Hospital. Lastly, the authors would like to sincerely thank their family members for their unwavering support and encouragement throughout the writing of this piece.

Conflict of Interest

The authors declare no conflict of interest.

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