



## Original Research Article

# Effectiveness of planned teaching programme regarding knowledge of one stop crisis centre among nursing students

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## Abstract

**Introduction:** Violence against women is a serious public health problem globally, with almost one-third of women suffering from physical or sexual violence in their lifetime. To ensure comprehensive care for survivors, Government of India implemented One Stop Crisis Centers (OSCCs) under Nirbhaya Fund, providing medical, legal, psychosocial, and shelter services under same roof. Nurses are an integral part of operation of these centers; yet, research indicates limited knowledge and awareness amongst nursing students regarding OSCC services.

**Aim and Objective:** To create awareness using planned teaching programme regarding One Stop Crises Centre among nursing students.

**Materials and Methods:** A pre-experimental research study was conducted using total enumeration sampling technique to select 184 nursing students. Self-structured knowledge questionnaire was administered to assess pretest knowledge of students, following administration of planned teaching regarding OSCC and post-test-1 was done post-intervention and post-test 2 ten days after. The data was analysed descriptively and inferentially using SPSS 22

**Result:** Findings revealed significant improvements in knowledge from pre-test mean score (9.793) to post-test 1 (17.798) and post-test 2 (18.472). There is evident rise in the number of "good" scorers from pretest (7) to post-test 1 (122) and post-test 2 (134). The analysis of knowledge scores in relation to academic year revealed a Chi-square value of 10.544 and a p-value of 0.032, indicating a statistically significant association ( $p < 0.05$ ).

**Conclusion:** The teaching program was found effective in creating awareness and knowledge regarding OSCC among nursing students. Incorporation of such programmes can enhance readiness of future nurses to function as first responders and advocates for survivors of violence, hence support better utilization and functioning of OSCCs.

**Keywords:** One stop crises centre, Knowledge, Nursing students.

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## 1. Introduction

Across the world, 35% of women have endured sexual assault, with 1 in 3 facing violence, both physical and sexual, at one time or another. In nations with rape data available, fewer than 40% of women request aid, and 1 in 71 men are also victims. In India, rape is the fourth most common offense against women. The National Crime Records Bureau (NCRB) reports an estimated 90 rapes daily in 2022, though actual figures are likely higher due to underreporting from fear, stigma, and mistrust of authorities. The NCRB's 2021 data recorded 31,677 rape cases, averaging 86 daily, up from 28,046 in 2020 but slightly down from 32,033 in 2019. Nearly 89% of offenders were known to the victims, and 10% of victims were underage or below the legal age of consent.<sup>1</sup>

One Stop Crisis Centers (OSCCs) are instituted as sanctuaries for women subjected to multifaceted forms of maltreatment in both private and public spheres, encompassing domestic, communal, and occupational domains. These establishments furnish remedial interventions for women ensnared in the harrowing experiences of sexual coercion, sexual assault, intimate consort violence, human trafficking, honor-based retribution, corrosive substance attacks, and witchcraft persecution. OSCCs proffer bespoke services for women enduring corporeal, sexual, psychological, emotional, or financial subjugation, irrespective of their demographic attributes, including age, social stratification, caste, educational attainment, marital status, racial background, or cultural identity. In addition, these institutions extend vital assistance

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to female minors below the age of 18, ensuring a comprehensive array of rehabilitative measures and restorative justice for all survivors of gendered violence.<sup>2</sup>

On April 1, 2015, the Ministry of Women and Child Development (MWCD) launched the One-Stop Crisis Centres (OSCCs) initiative as a key part of the National Mission for Empowerment of Women (NMEW). This initiative was driven by the tragic Nirbhaya incident. This polymorphic and polysemous enterprise deftly amalgamates an eclectic array of medico-legal, jurisprudential, and psychosocial intercessions into an indivisible, synergistic nexus.<sup>3</sup> Currently, 234 operational One-Stop Centres (OSCs) are strategically situated across the vast, heterogeneous expanse of the nation's territorial domain, delivering unparalleled and irreplaceable succour to 190,527 women who have borne the insufferable burden of grievous corporeal, emotional, and psychological desolation, wrought by an extensive array of violent, exploitative, and reprehensible adversities.<sup>2</sup>

The One-Stop Centre framework, a quintessential and indispensable constituent of the National Mission for Empowerment of Women, encapsulates a comprehensive array of subsidiary programs, with particular emphasis on the Indira Gandhi Matritva Sahayog Yojana, which serves as a crucial intervention within this paradigm. In the wake of the heinous 2012 Nirbhaya gang rape atrocity, the Indian state initiated the Nirbhaya Fund in 2013, a meticulously designed financial instrument aimed at effectuating an expansive spectrum of reforms to augment women's security, autonomy, and holistic well-being. Simultaneously, the Usha Mehra Commission presented a seminal report underscoring the imperative for the establishment of a purpose-built One-Stop Centre within a designated healthcare institution, charged with providing a comprehensive, multi-faceted constellation of services to survivors of sexual violence. Recognized colloquially as "Sakhi," this initiative endeavours to foster an integrated and synergistic service delivery infrastructure, ensuring that victims of gender-based violence acquire rapid, streamlined access to both urgent and non-urgent assistance, all within a unified institutional framework, with the overarching objective of dismantling and confronting the pervasive scourge of gender-based violence in its manifold and complex manifestations.<sup>4</sup>

The OSCC dispenses a comprehensive and multifarious array of succour to women who have endured maltreatment, including minors under the age of 18, unmarred by any form of discriminatory bias predicated on caste, socio-economic echelon, religious affiliation, regional origin, sexual proclivity, or psychological constitution. In relation to juvenile victims, the OSCC operates in seamless synchronization with the statutory frameworks and institutional structures outlined in the Juvenile Justice (Care and Protection of Children) Act, 2000, and the Protection of Children from Sexual Offences (POCSO) Act, 2012.

Furthermore, the OSCC extends its restorative and custodial services to male minors who have fallen prey to violent infractions, thereby ensuring their protection and facilitating their rehabilitative reintegration into societal structures.<sup>5</sup>

Violence that is based on gender is an issue that is related to global health, human rights and development that affect every country and community in every corner of the world. According to the 2021 annual report by the National Crime Records Bureau (NCRB), India recorded 31,677 rape cases, averaging 86 per day. This represents an increase from 28,046 cases in 2020 but a slight decline compared to 32,033 cases in 2019. Alarming, nearly 89% (28,147 cases) of these offenses in 2021 were committed by individuals known to the victims. In 2022, the reported rape cases in Haryana, Punjab, and Chandigarh were 1,787, 517, and 78, respectively.<sup>6</sup>

OSCC have been setup nationwide based on phased approach. In phase I, each state and UT received one OSCC, while phase II saw the addition of 150 more centres. During 2016-17, typically the priority is given to proposals where appropriate and spacious accommodations are available featuring at least five rooms and a carpet area of 132 square meters. These accommodations should have a separate entrance and be situated within a hospital or medical facility that is highly visible and easily accessible for women facing cruelty. Ideally this centre is located near hospital emergency units.<sup>7</sup>

In GMCH-32, Chandigarh, OSCC was started in January 2016. B.Sc. nursing students will have to deal with such cases specifically in emergency areas and triage, but this is very harsh truth to know that nursing students don't have much knowledge about legal issues, facilities and care provided to abuse victims. Thus, it's very important to impart knowledge about this sensitive topic to nursing students as to give holistic care to victims. Therefore, present study for creating awareness and knowledge regarding One Stop Crisis Center in B.Sc. nursing students was taken up.

## 2. Materials and Methods

Pre-experimental one group pretest posttest study design was used for creating knowledge of OSCC among Nursing students. Approval from Research and Ethics committee was taken on 29/05/2024 with reference letter No GMCH/CON/2024/293. Sample size for present study was 184 which was calculated with reference to Loganandham et al.<sup>8</sup> (finite population-300, p- 50%, d  $\pm$ 5%, CI- 95%, and design effect -1 with 10% attrition). Total enumeration sampling technique was employed for recruiting samples from B.Sc. Nursing 2<sup>nd</sup>, 3<sup>rd</sup> semester and 3<sup>rd</sup> year students studying in College of Nursing including those who were willing to participate and 18 years above excluding those who were not available during pretest. The pretest and posttest 1 were administered on 3<sup>rd</sup> June 2024 using google form following which the teaching programme was conducted,

then posttest 1 was administered inciting immediate recall. A gap of 10 days was given for administering post-test 2 which was administered on 13<sup>th</sup> June 2024 provoking remote memory.

### 3. Tools and Techniques

After discussion with experts in the fields of forensic medicine, pediatric nursing and midwifery & gynecology nursing and an extensive review of literature, a self-structured questionnaire on OSCC was constructed and selected as the tool. The tool was divided into two different sections:

**Section A:** Socio-demographic Performa - This section of tool consists of Age, Gender, Academic year and any workshop/conference attended on OSCC administered using google form.

**Section B:** Self-structured questionnaire on OSCC - This section of tool consists of 25 set of questions, in total relation to the concept of OSCC, which were employed to assess the

level of knowledge regarding OSCC which is evaluated using criterion method where scores of 0-8 were poor, 9-17 average and 18-25 were categorised as having good knowledge. Tool was administered using google form. Tool was validated by experts in the fields of forensic medicine, pediatric nursing and midwifery & gynecology nursing. Tool was found reliable with  $r = 0.75$  for knowledge questionnaire. Planned teaching program covered – Introduction to OSCC, Background, Need, Objectives, Target groups, Setup, Personnel and services provided and the role of nurse. The teaching plan was validated by experts in the field of forensic medicine, pediatric nursing and midwifery and gynecology nursing department.

### 4. Results

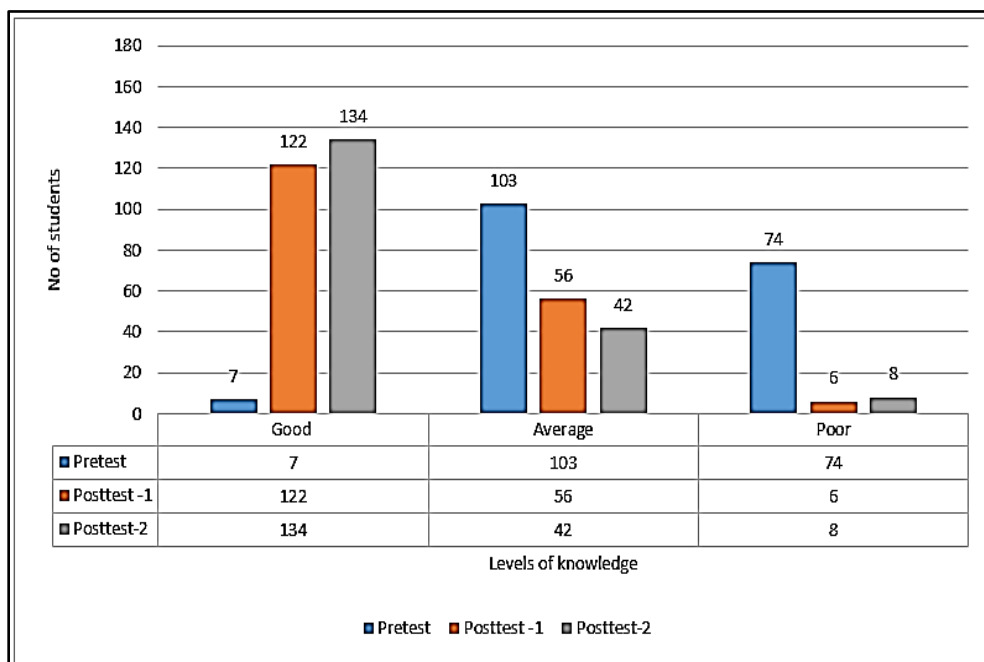
Frequency percentage of various socio-demographic variables and mean scores of knowledge and utilization tests were done using descriptive statistics.

**Table 1:** Table showing frequency percentage of all socio-demographic variable included in the study. N=184

Demographic	Variable	Frequency	Percentage
Age -	18-20	92	50.00%
	20-22	78	42.39%
	22-24	14	7.60%
	>24	0	0%
Gender-	Male	43	23.37%
	Female	141	76.63%
Workshop attended	Yes	13	7.07%
	No	171	92.93%
Academic year-	3 <sup>rd</sup> year	58	31.52%
	3 <sup>rd</sup> semester	64	34.78%
	2 <sup>nd</sup> semester	62	33.69%

Majority of the nursing students participated in study belongs to age group of 18-20 years i.e. N=92 (50%) followed by 20-22 years i.e. N=78 (42.39%). However, nursing students from 22-24 years of age are minimum in number i.e. N=14 (7.6%) and there is no participant of > 24 years of age participated in study. Maximum number of females participated i.e. N= 141 (76.6%) and remaining were male participants i.e. N=43 (23.37%). Most of the participants, N=171 (92.89%) didn't attend any workshop on OSCC before with only N=13 (7.07%) attending workshop. Participants involved in study were of 3<sup>rd</sup> year N=58 (31.58%), 3<sup>rd</sup> semester N=64 (34.78%) and 2<sup>nd</sup> semester N= 62(33.69%) nursing students respectively.

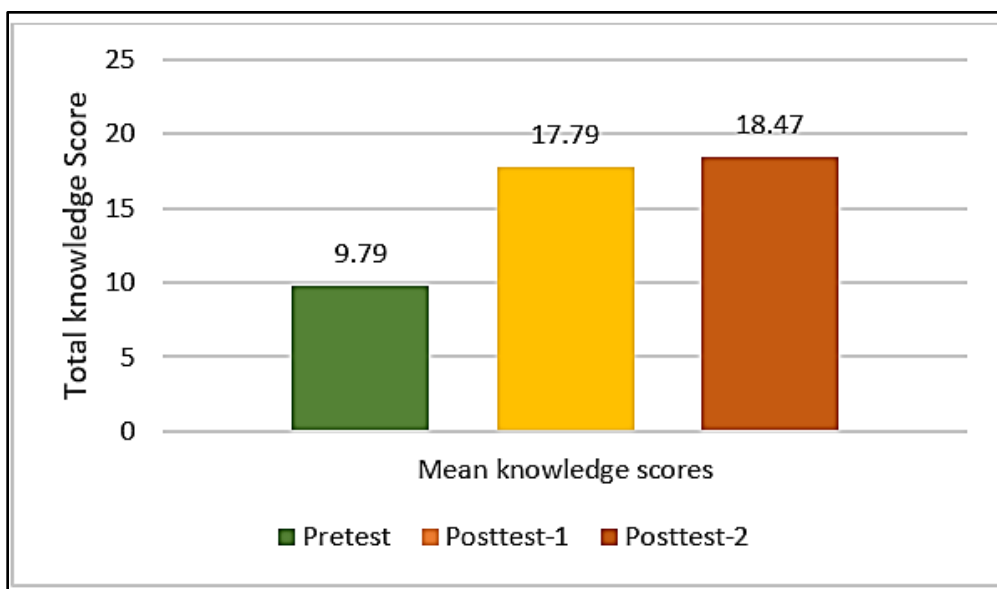
4.1. Comparison of level of knowledge regarding OSCC in pre- test, post-test 1, post-test 2.



**Figure 1:** Figure showing graphical comparison of level of knowledge and awareness among pre-test, post- test 1, post-test 2.

The graph shows significant increase in knowledge of students from pre test to post test1 and post test 2. Number of good scorers got increased from 7 in pretest to 122 in post test 1 and 134 in post test 2. Number of average and poor scorers decreased from 103 in pretest to 56 in post test 1& 42 in post test 2 and from 74 in pretest to 6 in post test 1& 8 in post test 2 respectively

4.2. Comparison of average mean scores of knowledge regarding OSCC in pre-test, posttest-1 and posttest-2.



**Figure 2:** Figure showing graphical comparison of average mean scores of knowledge of pre- test, post-test1, post-test 2.

The mean score in the immediate post-test 1 of knowledge and awareness are observed to increase significantly from 9.793 to 17.798. However, a slight increase is observed in post-test 2 scores from post-test 1 i.e. 17.798 to 18.472.

**Table 2:** Table showing association between socio-demographic variables and pretest scores.

Socio demographic variables (Pretest)								
Variables	Options	Frequency				df	Chi-square	P
		Low	Average	High	Total			
Age (in years)	18-20	43	48	1	92	4	8.738	0.068
	20-22	27	47	4	78			
	22-24	4	8	2	14			
Gender	Female	59	76	6	141	2	8.652	0.553
	Male	15	27	1	43			
Workshop attended	No	64	96	6	171	2	0.578	0.749
	Yes	5	7	1	13			
Academic year	3 <sup>rd</sup> year	14	40	4	58	4	10.544	0.032
	4 <sup>th</sup> semester	29	33	2	64			
	2 <sup>nd</sup> semester	31	30	1	62			

#### 4.3. The association of pre-test knowledge scores with socio demographic variables has been computed with the help of Chi-square.

The association between knowledge scores and various demographic factors was analysed using Chi-square tests for the pretest data. For age, the calculated Chi-square value was 8.738, resulting in a p-value of 0.068, indicating that the association was not statistically significant ( $p > 0.05$ ). In terms of gender, the Chi-square value was 8.652, with a p-value of 0.553, also showing no significant association ( $p > 0.05$ ). When examining the association with workshop attendance, the Chi-square value was 0.578, yielding a p-value of 0.749, further supporting the lack of significance ( $p > 0.05$ ). Finally, the analysis of knowledge scores in relation to academic year revealed a Chi-square value of 10.544 and a p-value of 0.032, indicating a statistically significant association ( $p < 0.05$ ).

## 5. Discussion

The current study examined how effective a teaching program was in increasing nursing students' knowledge of One Stop Crisis Centres (OSCCs). The results showed a significant improvement in knowledge levels after the intervention. Mean scores increased from a pre-test score of 9.793 to 17.798 in post-test 1 and 18.472 in post-test 2. This consistent increase indicates both the immediate effects of the teaching program and the retention of knowledge over time. The number of participants classified as "good" scorers rose sharply, going from just 7 in the pre-test to 122 in post-test 1 and 134 in post-test 2. This change highlights how structured educational interventions can close knowledge gaps and raise awareness about critical issues like gender-based violence

and crisis response. The similar scores in post-test 1 and post-test 2 confirm that the program was effective and memorable.

Additional analysis revealed a statistically significant link between academic year and knowledge scores (Chi-square = 10.544,  $p = 0.032$ ). This means that a student's year in school affects their baseline understanding and learning ability. Senior students may have benefited more from the intervention because of their greater clinical exposure and maturity.

These findings support previous studies showing that planned teaching programs can improve knowledge of health-related and social issues among nursing students and other health professionals.<sup>9-12</sup> A research study by Chew et al. (2015)<sup>13</sup> examined the knowledge attitudes and practices of healthcare workers in the emergency department as well as nursing students under supervision regarding their responses to rape survivors at the OSCC in Malaysia. The data collection process involved a self-administered Likert scale questionnaire distributed between January and October 2013. Out of the 159 individuals invited to participate 110 responded yielding a response rate of 69.2%. The analysis showed statistically significant differences in the results among the four groups of healthcare professionals, specifically there were notable differences in the knowledge 16.0,  $p < 0.001$  attitudes and 27.1,  $p < 0.001$  and practices 15.8,  $p < 0.001$ . The findings emphasize the importance of healthcare providers not only having a solid understanding of relevant issues but also adopting a compassionate non-judgmental approach when interacting with victims of rape.

A descriptive cross-sectional study conducted by L. Loganandham, Mani Sandeep Valavala, and S.

Priyadharshini<sup>8</sup> aimed to evaluate nursing student's knowledge and attitudes toward the One Stop Crisis Centre (OSCC). The study involved 100 students, selected using purposive sampling. A semi-structured, self-administered questionnaire was used to gather data on their knowledge and attitudes regarding the OSCC. The results indicated that 30% of the participants had inadequate knowledge, 60% had moderately adequate knowledge, and only 10% demonstrated adequate knowledge about the One Stop Crisis Centre.

Campbell and Raja<sup>14</sup> discovered that 58 of rape survivors felt distressed by intrusive nature of medical personnels questions regarding their sexual history pre-assault behaviours and the way they were treated during physical exams this discomfort often led to feelings of depression violation and in some cases hesitation to seek additional care even more concerning their study revealed that some healthcare providers were unaware of the negative impact their knowledge, attitude and actions had on victims.

Researches on assessment of knowledge, practice and attitudes regarding medicolegal cases affecting society at large have highlighted the need for planning awareness and teaching interventions planned for healthcare workers and other stakeholders.<sup>15-18</sup>

Previous research consistently found that interactive and structured educational methods not only improve understanding but also prepare future health workers to handle sensitive social health challenges effectively.<sup>19,20</sup>

In conclusion, this study emphasizes the need for focused teaching modules on OSCCs in nursing education. Since nurses play a vital role as first responders to victims of violence, equipping them with knowledge about OSCC services is crucial for timely referrals, compassionate care, and advocacy.

## 6. Conclusion

The study findings concluded that planned teaching programme was effective in creating awareness among nursing students of OSCC's medicolegal and psychosocial services to cater to survivor of violence. Such programmes enhance readiness of future nurses in handling such cases effectively thereby supporting better utilization and functioning of OSCCs.

## 7. Conflict of Interest

Author has no conflict of interest to announce between authors.

## 8. Source of Funding

No funding or grants received for conducting this study.

## 9. Ethical Committee Approval

Approval from Research and Ethical committee was obtained on 29/05/2024 with reference to letter No GMCH/CON/2024/293 from Institutional Ethical Committee of Government Medical College & Hospital, Sector 32, Chandigarh, India.

## 10. Source of Funding

None.

## 11. Conflict of Interest

None.

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