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Article

5 Years Retrospective Study of Child Sexual Abuse at Dr. M. Djamil Hospital Padang Indonesia

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A B S T R A C T

Introduction. The purpose of this study was to analyze the profile of child sexual abuse cases. **Methods.** The research design was a cross-sectional analytic method. Data were obtained from medical records of child sexual abuse at Dr. M. Djamil Hospital Padang from 2012 to 2016. The sample was 114 medical records of child sexual abuse. **Results.** The highest incident was in the year of 2015 (28.9%). The highest age range of the victims was 11-18 years old (66.7%). Most victims were junior high school students (27.2%). The highest incident was rape (38.6%). Many of the victims were assaulted by 1 perpetrator (85.1%). An intact hymen was found in 20.2% cases and the highest non-intact hymen was old complete laceration (27.2%). The highest external genitalia examination result was no injuries (69.3%). Most of the victims had previous sexual experience (31.6%). The most commonplace of sexual abuse was the perpetrator's house (21.9%). The boyfriend was the highest rank of the sexual perpetrator (27.1%). There was a significant relationship between child sexual abuse category and status of the hymen ($p=0.00$). **Conclusion.** Child sexual abuse categorized as molestation, rape and consent sex, while rape was the highest incident of child sexual abuse. There were various hymen lacerations had found in the victims of child sexual abuse.

I. INTRODUCTION

Child sexual abuse is a violation of human rights and becomes a health national problem all over the world. The National Child Abuse and Neglect Data System (NCANDS) defines child abuse as an act or failure of caregivers, parents, or others who cause harm to children due to physical, emotional, sexual, or neglect. Child sexual abuse in NCANDS includes the exposure of children to sexual behavior, sexual contact with children, rape, and exploitation of children for any kind of sexual activity.^{1,2,3} Sexual violence can be conducted by coercion or without coercion, both with physical violence or the threat of violence. Sexual violence without coercion is usually carried out by persuading or other actions that can manipulate the victims, this case often happens to children because of limited experience and way of thinking. Meanwhile, sexual violence with an element of coercion is known as rape. This child sexual abuse is regulated in article 287 of the Indonesian Criminal Code (KUHP). According to Indonesian law regulation no. 35/2014, violence against children is any physical, psychological, sexual, and negligent acts that result in suffering or misery on children. Based on the 2011 NCANDS report, there were 6.2 million children who were referred for child protection and 9% of children reported were victims of sexual violence and 18% of children were victims of physical violence⁶

Data from the annual records of the National Commission (KOMNAS) for women in 2018 shows that there were 348,446 cases of violence against women have been reported during 2017. This violence against women's case was divided into 3 domains, namely the private domain, the public domain, and the state domain. The private domain has the highest percentage, which is 9,609 cases (71%). Sexual violence ranks second high in the private domain as many as 2,979 cases (31%), with the case of incest (perpetrators of closest people/ having family relations) as many as 1210 cases, rape of 619 cases, and sexual exploitation of 555 cases. Most perpetrators were boyfriends in 1528 cases, biological father in 425 cases, and uncle in 322 cases. Whereas in the public domain, sexual violence was the highest cases with 2,670 cases (76%), and in the state domain was 247 cases³. The purpose of this study was to analyze the profile of child sexual abuse at dr. M. Djamil Hospital Padang from 2012 to 2016.

II. METHODS

This study was an observational study with a cross-sectional analytic design. Data were collected from medical records of child sexual abuse at Dr. M. Djamil Hospital Padang from January 1st, 2012 to December 31st, 2016. 114 cases met the research inclusion criteria. These 114 consecutive cases were reviewed, and descriptive data collected which includes sociodemographic of the victims (sex, age, education), child sexual abuse category, number of perpetrators, status of hymen and external genital examination, victim's previous sexual experience, place where child sexual abuse had happened, relationship between victims and perpetrators and the relationship between child sexual abuse category and status of hymen. The data obtained were analyzed using the SPSS 20.0 computer program. Significance of the study if p-value <0.05

III. RESULT

During the year 2012 until 2016, 114 forensic child sexual abuse examinations were conducted by forensic medicine specialists of the Department of Forensic Medicine of Faculty of Medicine of Universitas Andalas and Dr. M. Djamil Hospital Padang Indonesia. The highest incident was in the year of 2015 (28.9%) (Table 1).

Table 1. Number of cases

Year	n (114)	%
2012	25	21.9
2013	14	12.3
2014	21	18.4
2015	33	28.9
2016	21	18.4

About 99.1% (113/114) of the cases were female victims. Age range from 3 years to 18 years with a mean of age was 12.31 years, a median of age was 14.00 years, and a mode of age was 15.00 years and SD was 4.62 (Table 2).

Table 2. Distribution by sex and age groups

Sex	0-10	11-18
	n=38	n=76
Male	1	0
Female	37	76

As expected according to the mean age of the victims, the majority of victim's educational level was junior high school students (Tabel 3).

Tabel 3. Education of victims

Education	N	%
Unknown	10	8.8
Preschool	12	10.5
Early childhood education	2	1.8
Elementary school dropout	3	2.6
Elementary school graduated	6	5.3
Junior high school graduated	2	1.8
Senior high school graduated	6	5.3
Elementary school	26	22.8
Junior high school	31	27.2
Senior high school	15	13.2

The highest incident of child sexual abuse was rape (38.6%) or 44 cases of 114 total child sexual abuse (Tabel 4)

Tabel 4. Child sexual abuse category

Category	N	%
Molestation	30	26.3
Rape	44	38.6
Consent sexual activity	40	35.1

In the large majority, child sexual abuse will have been perpetrated by a single perpetrator (85.1%), although in 14.9% of the cases two or more perpetrators were indicated (Table 5).

Tabel 5. Number of perpetrators

Category	n	%
1 Perpetrator	97	85.1
>1 Perpetrator	17	14.9

Hymen examination found intact hymen (20.2%) of the victims and non-intact hymen divided into old complete laceration (27.2%), old incomplete laceration (25.4%), recent complete laceration (4.4%), recent incomplete laceration (4.4%), redness (3.5%) and mixed laceration (14.9%) (Tabel 6).

Tabel 6. Hymen examination

Category	N	%
Intact	23	20.2
Old complete laceration	31	27.2
Old incomplete laceration	29	25.4
Recent complete laceration	5	4.4
Recent incomplete laceration	5	4.4
Redness	4	3.5
Mixed laceration	17	14.9

External genitalia examination of the victims found no wound (69.3%), redness (16.7%), abrasion (9.6%) and laceration (4.4%) (Tabel 7).

Tabel 7. External genital examination

Category	N	%
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Redness	19	16.7
Laceration	5	4.4
No wound	79	69.3
Abrasion	11	9.6

Based on the victim's confession, many of them often had previous sexual experience (31.6%), first-time sexual experience (24.6%), unknown (27.2%) and none (16.7%) (Table 8).

Tabel 8. Victim's previous sexual experience

Category	N	%
First time experience	28	24.6
Often	36	31.6
None	19	16.7
Unknown	31	27.2

According to the victim's, the places where the child sexual abuse had happened were on another place (22.8%), perpetrator's house (21.9%), victim's house (16.7%) and unknown (14.9%) (Tabel 9).

Tabel 9. Places of child sexual abuse

Category	N	%
Victim's house	19	16.7
Bushes area	3	2.6
Neglected house	7	6.1
Perpetrator's house	25	21.9
Friend's house	5	4.4
Empty public transportation	2	1.8
Hotel	3	2.6
Mosque's toilet	1	0.9
River bank	6	5.3
Another place	26	22.8
Unknown	17	14.9

According to the alleged victim's statement that had been documented on forensic medical record, the relationship between the victim and the perpetrators were categorized as: "boyfriend" in 25.4% of the cases; "neighbor and unknown" in 20%; "friend" in 17% of the cases (Table 10). The relationship was closely associated with the age groups considered. Children of less than 12 years of age were more frequently abused by single-family members, or neighbors, while in adolescents and adults sexual offenses were mainly related to friends, boyfriends, and lovers.

Tabel 10. Relationship between victims and perpetrators

Category	N	%
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Boyfriend	29	25.4
Brother in-law	1	0.9
Biological father	5	4.4
Grandfather	1	0.9
Mother's friend	2	1.8
Cousin	1	0.9
Friend	17	14.9
Family member	4	3.5
Husband	1	0.9
Neighbour	20	17.5
Step father	6	5.3
Uncle	7	6.1
Unknown	20	17.5

To analyze the relationship between the child sexual abuse category and status of the hymen, the chi-square method was applied and obtained the Pearson chi-square $p=0.00$. It was indicated that there was a significant relationship between child sexual abuse category with the status of the hymen.

IV. DISCUSSION

World Health Organization (WHO) defines sexual violence as any sexual act, an attempt to commit a sexual act, inappropriate sexual comments directed to someone's sexuality by force regardless of the victim's relationship, wherever the condition including home and work environment. Sexual violence on children better known as child sexual abuse. There were several definitions of a child. Under the Indonesian law of children protection no 23/2002, the definition of a child is someone under the age of 18 years old even the fetus^{3,4,5,6,10,14,15}

Based on data of Komnas Anak, from January to June 2013 1,032 children experienced sexual violence, with 535 cases (52%) of these cases being sexual violence. Data from the National Anti-Violence Commission on the Protection of Women in 2018 in the private or personal domains there were 9609 cases of violence against women with 31% of them being sexual violence or the second most violent after physical violence. In this study, from January 1st, 2012 to December 31st, 2016 there were 114 victims of child sexual abuse who conducted forensic examination at dr. M. Djamil Hospital Padang and had made the medical report or *Visum et Repertum* for law enforcement.

The highest types of child sexual abuse at Dr. M. Djamil Hospital Padang were rapes (38.6%) followed by consent sexual activities (35.1%), and molestation (26.3%). This result is different from another study in which the highest types of child sexual abuse were molestation.

This study showed that based on sex, female children are the most victims of child sexual abuse, while based on age, children in the age range 11-18 years old were the largest majority.

The findings of this study were in line with a study in the United States on rape cases which found that 90% of victims of sexual crimes were women. Similar results were also found in other studies in Turkey where the highest age range of victims was 10-19 years old and all of them were female. Although sexual violence can affect all races, sexes, and ages, mostly women are victims of sexual violence. The literature states that this is because the existing value system places women as weak and inferior to men, still placed in a position of subordination and marginalization that must be controlled, exploited and enslaved by men and also because women are still seen as second class citizens.

As many as 31 junior high school students (27.2%), 26 elementary school students (22.8%) and 15 senior high school students (13.2%) were the victims of child sexual abuse. Another study at Bhayangkara Dumai Hospital in 2009-2013 found similar findings where 71 people (59.17%) of the victims examined were students, with the highest age prevalence being 0-18 years. The results of this study were also in line with studies in Denmark which mentioning 187 out of 423 sexual crime victims as students^{7,8,12,20}

Forensic medicine specialist conducts physical and genitalia examinations on victims of child sexual abuse. The examination of the genitalia includes external genitalia and hymen status. In this study we found 20.2% of the hymen was intact, 27.2% had an old complete laceration, 25.4% had an old incomplete laceration, 4.4% had a recent complete laceration, 4.4% had a recent incomplete laceration, 3.5% had redness and 14.9% of hymen had a mixed laceration. The similar findings were found at a similar study at Sanglah Hospital^{7,8}

Based on the results of the external genital examination, there was redness (16.7%), laceration (4.4%), 70.7% no wounds (69.3%) and abrasion (9.6%). Research at Sanglah Hospital showed victims of sexual violence (14.7%) were physical violence. Doctors should be aware of the patterns of trauma that occur due to sexual violence. The most frequent blunt trauma to victims of sexual violence are bruises on the thighs, neck due to strangulation, bruising blows to the upper arm, bruising because the posture persisted on the side of the outer arm. It also often found whip-like wounds or straps on the victim's back, blows or bites on the breast and nipples, blows to the abdomen and thighs, bruises, blisters, and lacerations on the face.

Based on the literature, 68% of perpetrators were victim's acquaintance, including 34% committed by own biological father. Other literature also found 16 cases of investigated sexual crime, only one sample of cases were committed by an unknown person. According to the record of violence against women in 2017, it was found that boyfriends are the most sexual perpetrator. This is consistent with the results of this study that boyfriend was the highest ranks as perpetrators (25.4), neighbor (17.5%) and friend (14.9%)⁹

We also analyze the relationship between the child sexual abuse category and the status of the hymen and found Pearson chi-square $p=0.00$. It was indicated that there was a significant relationship between child sexual abuse category with a status of the hymen.

V. CONCLUSION

Child sexual abuse categorized as molestation, rape and consent sex with adults partner, while rape was the highest incident of child sexual abuse. There were various hymen lacerations had found in the victims of child sexual abuse.

REFERENCES

- Aspect of Rape Investigation, A Multidisciplinary Approach. Fourth Edition. Hazelwood RR, Atmadja DS. Aspek medikolegal pemeriksaan korban perlukaan dan keracunan di rumah sakit. In: Prosiding Simposium Tata laksana Visum et Repertum Korban Hidup pada Kasus Brown KP, Sommers MS. Injury and Forensic Examination of The Victim. In: Practical Budiyanto A, Widiatmaka W, Sudiono S, Mun'im WA, Sidhi, Hertian S, Sampurna B. Burgess AW, editors. Boca Raton: CRC Press, 2009
- Cattaneo C, Ruspa M, Motta T, Gentilomo A, Scagnelli C. Child sexual abuse: An Italian perspective. Am J Forensic Med Pathol. 2007; 28: 163-7.
- Clinical Guidelines. Geneva.2017.
- D2L. Child Sexual Abuse Statistics. https://www.d2l.org/wp-content/uploads/2017/01/all_statistics_20150619.pdf. 2017
- Forensik dan Medikolegal Fakultas Kedokteran Universitas Andalas : Padang. 2017
- Gani HA. Kekerasan terhadap Anak; Tinjauan dari Sisi Pelaku (Studi di Wilayah Kabupaten Jember). Departemen Promosi Kesehatan dan Ilmu Perilaku Fakultas Kesehatan Masyarakat Universitas Jember.2011
- Humaira D, Rohmah N, Rifanda N, Novitasari K. Kekerasan Seksual Pada Anak: Telaah Relasi Pelaku Korban Dan Kerentanan Pada Anak. Jurnal psikoislamika. Vol 12 (2), 2015. pp; 1-10
- Idries AM. Sistematis pemeriksaan ilmu kedokteran forensik khusus pada korban kejahatan seksual. In: Idries AM, Tjiptomartono AL, editors. Penerapan ilmu kedokteran forensik dalam proses penyidikan. Jakarta: CV. Sagung Seto; 2008. pp. 113-32.
- Indrayana TM. Profil Kasus Kekerasan Seksual terhadap Perempuan dan Anak yang Diperiksa di Rumah Sakit Bhayangkara Dumai. Jurnal kesehatan Melayu. 2017. Pp; 9-13
- Ingesmann-Hansen O, Sabroe S, Brink O, Knudsen M, Charles AV. Characteristic of Victims and Assaults of Sexual Violence-Improving Inquiries and Prevention. Journal of Forensic and
Journal of Forensic and Legal Medicine. 2013 Mar; 20: pp 404-7

- Kalangit A, Mallo J, Tomuka D. Peran Ilmu Kedokteran Forensik Dalam Pembuktian Tindak Karafil R, Keten a, Zeren C, Arslan MM, Eren A. Evaluation of sexual assault in Turkey.
- LeBeau M, Mozayani A. Collection of evidence from DSFA. In: LeBeau M, Mozayani A, editors. Drug-facilitated sexual assault: A forensic handbook. UK: Academic Press; 2001. pp. 197-209.
- Legal Medicine. Volume 16(10). 2008. pp:182-8
- Lembar Fakta Catatan Tahunan (CATAHU) Komnas Perempuan Tahun 2018. https://www.komnasperempuan.go.id/file/pdf_file/2017%20Siaran%20Pers/Lembar%20Fakta%20Catahu%202018.pdf. 2018
- Macdonald G, Livingstone N, Hanratty J, et al . The effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents: an evidence synthesis. Southampton (UK): NIHR Journals Library. 2016
- Marsa F, O'Reilly, G Car, Murphy P. Attachment styles and psychological profiles of child sex offenders in Ireland. Journal of Interpersonal Violence, Vol 19, 2004. pp 1-24
- NICE. When To Suspect Child Maltreatment. National Collaborating Centre for Women's and Children's Health (UK). London. 2009
- Pemeriksaan Medik pada Kasus Kejahatan Seksual dalam: Ilmu Kedokteran Forensik. Bagian kedokteran Forensik Fakultas Kedokteran Universitas Indonesia. Jakarta. 1997. Pp 147-58
- Perluasaan dan Keracunan di Rumah Sakit; 2004 Jun 23; Jakarta; 2004. pp. 1-5.
- Pidana Pemerkosaan Sebagai Kejahatan Kekerasan Seksual. <https://ejournal.unsrat.ac.id/index.php/eclinic/article/view/4861>. 2013.
- Rogers D, Newton M. Sexual assault examination. In: Stark MM, editor. Clinical forensic medicine: A physician's guide. 2nd ed. Totowa (NJ): Humana Press Inc.; 2005. pp. 61-126.
- Savino JO, Turvey BE. Defining rape and sexual assault. In: Savino JO, Turvey BE, editors. Rape investigation handbook. USA: Elsevier Inc.; 2005. pp. 1-22.
- Smith MD, ed. Encyclopedia of rape. Wesport (CT): 2004. p. 169.
- Susanti R, Manela C, Hidayat T. Modul Forensik Pemeriksaan Kejahatan Seksual. Bagian
- Suyanto B, Hariadi S, dan Nugroho PA. Tindak Kekerasan terhadap Anak. Surabaya: Lutfansah Mediatama.2000
- Undang – Undang Nomor 35 Tahun 2014 Tentang Perubahan Atas Undang-Undang Nomor 23 Tahun 2002 Tentang Perlindungan Anak
- WHO. Guidelines for Medico-Legal Care of Victims of Sexual Violence. <http://apps.who.int/iris/bitstream/10665/42788/1/924154628X.pdf> - .2003

WHO. Responding to Children and Adolescents Who Have Been Sexually Abused: WHO

Wijaya ck, Henky, Alit IBT. Gambaran Bukti Medis Kasus Kejahatan Seksual yang Diperiksa di Bagian Ilmu Kedokteran Forensik RSUP Sanglah Periode Januari 2009 – Desember 2013. E-Jurnal Medika. Vol 6 (9). 2017. pp;1-6

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