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Sexual Violence Against Minors: A Case Report

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Abstract. Sexual violence against children in Indonesia has significantly increased, with 50.78% of children aged 13–17 years having experienced violence in their lifetime and 33.64% within the past 12 months. This case highlights the crucial role of medical professionals in victim identification and protection. This case report aims to demonstrate the critical role of medical professionals in managing child sexual violence through proper forensic examination, trauma-informed care, and multidisciplinary coordination. This study is a clinical descriptive case report of a 10-year-old girl who was sexually assaulted by a 60-year-old man in Serang Regency. Examinations included anamnesis, physical and genital assessment, *visum et repertum*, and coordination with the Women and Children Service Unit (PPA). The victim presented with genital pain and white discharge. Examination revealed a thick annular hymen with abrasions in the 4–9 o'clock direction, indicating a fresh lesion approximately one day after the assault. No anal injury was found. The victim complained of dysuria. The perpetrator had previously given the child Rp2,000–Rp10,000 as part of a grooming pattern. The victim's general condition was stable (compos mentis, normal blood pressure, good nutritional status). This case emphasizes the importance of early detection, aseptic wound care, analgesic administration, hepatitis B and tetanus immunization, and psychological support. A trauma-informed and empathetic approach is essential for recovery and accurate forensic documentation to ensure justice for child sexual assault victims.

Keywords: Sexual violence; empathetic approach; children; Indonesia.

INTRODUCTION

Children are the nation's assets and the next generation that must be maintained and protected so they can grow and develop optimally. During their period of physical, mental, emotional, social, and spiritual growth, children are highly vulnerable to various forms of violence, especially sexual violence (Dewi & Hapsoro, 2025). This phenomenon not only causes physical injuries but also leaves deep psychological trauma that can affect children's development into adulthood (Octaviani & Nurwati, 2021).

Children, as the successors of the nation, hold a strategic role in determining the country's future (Angelita, Saksono, & Nurtanti, 2025). Therefore, protecting children from all forms of violence—especially sexual violence—is not only the responsibility of parents but also the obligation of the state and all levels of society (Eleanora & Zainab, 2025; Saputra & A'la Salna, 2025). Child protection represents a long-term investment in the sustainability of national development (Balogun & Aruoture, 2025; Muzingili, 2025).

Furthermore, it is important for every party to foster awareness that children are not merely objects of protection but subjects with the right to live, grow, and develop with dignity (Ezer, 2004; Singh, 2025). Efforts to protect children from violence must begin early through character education, parental supervision, and the provision of a safe and supportive social environment (Kibtiyah, Idawati, & Muaz, 2025).

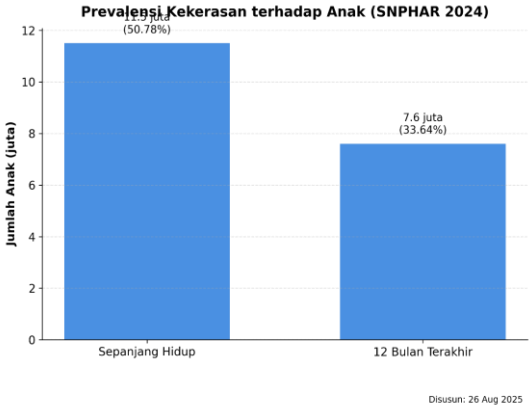

Figure 1. Prevalence Graph of Violence Against Children

Cases of sexual violence against children in Indonesia show an alarming increase from year to year. Based on the 2024 National Survey of Life Experiences of Children and Adolescents (SNPHAR), around 50.78% of children aged 13–17 years have experienced violence throughout their lives, and 33.64% of them have experienced violence within the last 12 months. These data indicate that violence against children has become a serious social and public health problem in Indonesia (Ministry of Communication and Digital, 2024).

As a form of state responsibility, the Ministry of Health of the Republic of Indonesia collaborates with the Ministry of Women's Empowerment and Child Protection (KemenPPPA) and the Ministry of Education, Culture, Research, and Technology in implementing various programs to prevent sexual violence against children (Hale et al., 2022). These programs include strengthening child-friendly health services, training health workers in early detection and handling of violence, conducting public education campaigns on safe reproductive health and sexuality, and establishing cross-sector networks between health facilities, educational institutions, and law enforcement officials. This collaboration aims to build an integrated prevention system so that every case of sexual violence can be identified more quickly and victims can receive comprehensive protection.

Sexual violence against children is often committed by people close to the victims, such as family members, teachers, peers, or neighbors (Hairi & Latifah, 2024). This situation arises from weak parental supervision, inadequate sexuality education, and a cultural taboo surrounding discussions of sexual issues (Siswanto & Miarsa, 2024). Permissive social norms toward violence and persistent gender inequality also worsen the problem (Novianti et al., 2022).

In addition to internal family factors, efforts to prevent violence against children must also encompass broader cultural and societal dimensions. Each culture possesses social norms, values, and practices that influence how children are perceived and treated (Maulana et al., 2025). Therefore, prevention approaches should be sensitive to local cultural contexts by emphasizing human values, gender equality, and respect for children's rights. Such cross-cultural efforts are crucial to ensure that the message of child protection is widely accepted and does not conflict with the local community's social values.

Besides social and family factors, the development of digital technology has expanded the potential space for sexual violence to occur. The internet and social media have become

platforms for perpetrators to engage in online grooming, disseminate child sexual content, and perform online exploitation that is often difficult to detect. This phenomenon demands serious attention, as child victims frequently do not understand the risks involved or how to protect themselves in cyberspace (Hidayah & Izadi, 2025).

From a legal perspective, the state has implemented protection measures for children through Law Number 35 of 2014 concerning Child Protection, which affirms that every child has the right to be protected from physical, psychological, and sexual violence. In addition, Law Number 12 of 2022 concerning the Crime of Sexual Violence (TPKS) broadens the scope of protection by emphasizing a victim-centered approach and guaranteeing victims' rights to rehabilitation and restitution (Hairi & Latifah, 2024).

Although this legal framework exists, implementation in the field still faces various obstacles, such as low public legal awareness, stigma toward victims, and a lack of coordination among law enforcement agencies (Islam, 2024; Siswati & Sunggara, 2025). These challenges cause many cases to go unreported or remain unresolved, preventing victims from receiving the justice they deserve (Prema et al., 2022).

In this context, health workers—especially doctors—play a crucial role in addressing cases of sexual violence against children. Doctors serve not only as medical professionals but also as whistleblowers, educators, and partners in legal processes (Brockstedt, Baysal, & Daştan, 2025; Dubowitz, Finkel, Feigelman, & Lyon, 2024). Their responsibilities include stabilizing the victim's physical condition, conducting forensic examinations, preparing *visum et repertum*, and providing psychological support and education to the family. Moreover, doctors are obliged to maintain medical confidentiality and cooperate with authorities to ensure victims' protection and safety.

Understanding the complexity of this issue requires collaboration among health workers, law enforcement, educational institutions, families, and communities to prevent and respond to sexual violence against children. A comprehensive multidisciplinary approach will create a safe, healthy, and violence-free environment, enabling every child to grow and develop with dignity. Therefore, this case report aims to demonstrate the critical role of medical professionals in managing child sexual violence through proper forensic examination, trauma-informed care, and multidisciplinary coordination. This study provides evidence-based clinical guidance for healthcare workers, forensic specialists, and policymakers to enhance victim protection and ensure justice.

MATERIALS AND METHOD

This study is a case report with a clinical descriptive approach conducted at the dr. Drajat Prawiranegara Regional General Hospital, Serang Regency. The subject of the study was a 10-year-old girl who was allegedly a victim of a criminal act of sexual violence by an adult male aged about 60 years.

The instruments used in this study include:

1. A comprehensive physical examination includes an evaluation of general conditions, vital signs, and examination of the genital area with regard to the principle of child-friendly examination.
2. Medicolegal forensic examination, in the form of *visum et repertum* examination to identify signs of physical and genital violence.

3. Laboratory supporting tests, such as vaginal swab collection if needed for sperm testing or sexually transmitted infections.
4. Medical photographic documentation is conducted according to forensic procedures to support objective evidence without eliminating the value of legal proof.

Data collection techniques are carried out through:

1. Structured and empathic anamnesis is carried out on the victim and the parents to obtain the chronology of the incident, the history of trauma, and the complaints experienced by the victim.
2. Direct medical observation, carried out during examination and treatment to assess the physical condition and psychological response of the victim.
3. Review of medical records and legal documents, including a request letter for *visum et repertum* from the police and the results of supporting examinations.
4. Coordination with the Women and Children Service Unit (PPA) to ensure psychological assistance and victim protection.

Data analysis was carried out in a narrative descriptive manner, by reviewing the results of medical and forensic examinations based on the guidelines for examining child sexual violence from the Ministry of Health of the Republic of Indonesia (2019) as well as ethical standards for the forensic and medicolegal medical professions. The analysis also considers psychological, social, and legal aspects to provide a comprehensive picture of the case and its management.

Case Illustration

On Friday, October 25, 2024, a 10-year-old girl came with her mother to the dr. Drajat Prawiranegara Regional General Hospital, Serang Regency on suspicion of having experienced sexual intercourse and obscene acts. The *visum et repertum* request letter was issued by the hospital's forensic and medicolegal doctors on October 28, 2024. This case then received assistance from the Serang Regency Women and Children Service Unit (PPA).

According to the victim's mother, her son is suspected of being a victim of sexual violence committed by a man with the initials Mr. S, about sixty years old, who is a neighbor of the victim. The incident occurred on Thursday, October 24, 2024 at around 17.30 WIB at the perpetrator's residence. Based on the victim's confession, at that time he was picking fruit around the perpetrator's house. The perpetrator called the victim to enter his house, but the victim refused. The perpetrator then forcibly pulled the victim into the house, closed the door, and took the victim to the room.

In the room, the perpetrator covered the victim's eyes using his veil, smothered the victim's mouth, and held the victim's hand so that he did not resist. The perpetrator then opened the victim's pants and slapped his body. The victim felt that his genitals were touched and felt that something had entered his genitals. After the incident, the victim felt pain in the genital area and cried in fear. The perpetrator did not provide medicine, food, or drinks that caused the victim to lose consciousness.

The victim's mother found out about the incident after receiving news from neighbors that her child was put into the perpetrator's house. Together with her brother, the victim's mother immediately went to the perpetrator's house and broke the back door of the house and the door of the room. When the door was successfully opened, the perpetrator was found naked and

trying to cover his body with a cloth, while the victim was found crying in the corner of the room. The victim's mother immediately chased the perpetrator, while the victim's brother pulled the victim out of the perpetrator's house.

After the incident, the victim complained of pain when urinating. The victim's mother had examined her son's genitals and saw a thick white mucus in the pubic area. On the same night, the victim's mother reported to the head of the RT, the village, and then to the police. Some time later, residents reported that the perpetrator was seen returning to his house with a machete.

Based on additional information, the victim admitted that he had also been spied on by the perpetrator since he was in the fourth grade of elementary school. The perpetrators often chased, strangled, and tickled the victim and gave pocket money ranging from two thousand to ten thousand rupiah. In one of the previous incidents, the victim also experienced light bleeding after experiencing a similar action. The victim has never experienced menstruation, never had sexual intercourse, masturbated, or experienced other trauma to the genital area.

The results of the physical examination showed that the victim's general condition appeared to be mildly ill, with composing awareness of mentis, normal blood pressure, and good nutritional status. No wounds were found on the surface of the body. On the genital examination, it was found that the annular-shaped hymen was quite thick, with red abrasions in the direction of four to nine o'clock in the direction of the clockwise. No lesions were found on the anus and the muscle tone of the release hole was good.

RESULTS AND DISCUSSION

This case describes a 10-year-old girl who was a victim of sexual violence in the form of intercourse by an adult male around 60 years old who was a neighbor of the victim. The victim came to the hospital with his mother after experiencing pain in the genital area and complaints of stinging when urinating. From the results of the anamnesis and physical examination, signs were obtained that led to trauma to the genital organs due to penetration of a blunt object, in accordance with the description of intercourse in the child. The examination of clinical medical aspects is as follows:

1. General Conditions of Victims
    a) The general condition is good, the consciousness of the composing mentis, the vital signs are stable.
    b) No external wounds were found other than in the genital area.
2. Genital Examination
    a) The annular-shaped hymen is quite thick with red abrasions in the direction of 4–9 hours.
    b) The wound was a fresh lesion, according to the time of occurrence ±1 day earlier.
    c) No wounds were found on the anus, indicating violence through the genital tract.
3. Clinical Interpretation
    a) The wound shows trauma due to partial blunt penetration.
    b) Complaints of urinary pain indicate local irritation due to wounds and inflammation.
    c) The physical prognosis is good because no heavy bleeding or signs of acute infection are found.
4. Medical Administration

a) Observation of vital signs and stabilization of general conditions.
b) Wound treatment with aseptic techniques without removing forensic evidence.
c) Provision of analgesics and education on genital area hygiene.

Consideration of prophylactic antibiotics as well as hepatitis B and tetanus immunization when needed.

From the medical side, the victim showed a stable general condition with local trauma to the genital area without serious injuries. The results of the examination support the diagnosis of sexual violence with partial penetration. Treatment is focused on wound care, pain control, and infection prevention. The victim's physical condition is relatively good, but it still requires short-term monitoring. A careful, aseptic, and empathic medical approach is important to prevent physical complications while keeping forensic evidence from being damaged during the examination and treatment process.

From the psychological side, the victim showed a trauma response in the form of fear, crying, withdrawing, and being reluctant to interact with other people, including medical personnel. This reaction corresponds to the early phase of acute trauma described by the Post-Traumatic Stress Disorder (PTSD) theory according to Kaplan & Sadock (2015), where children who are victims of sexual violence often experience intrusive symptoms (imagining events), avoidance, and hyperarousal (easily afraid and crying) (Hidayati & Ahyani, 2023). In children, these symptoms can appear in the form of behavioral regression such as returning to bedwetting again, refusing to eat, or prolonged silence. Children do not yet have the cognitive maturity to process traumatic events, so the examination must be carried out with a trauma-informed care approach, which is an empathetic, child-friendly examination, and avoids actions that can cause secondary trauma. Mentoring by a child psychologist is highly recommended from the beginning to help the process of emotional adaptation and prevent long-term psychological disorders such as chronic anxiety or confidence disorders.

If associated with causative factors, the victim falls into the category of individual factors because his early age causes limitations in recognizing risky situations and defending himself. The low understanding of body boundaries and sexuality education makes the victim unable to assess the danger faced when the perpetrator calls and forces him into the house. From the perpetrator's side, there is a possibility of a disturbance in the control of sexual urges or behavioral deviations that need to be further studied by the authorities.

According to the social ecology theory of Bronfenbrenner (1979), sexual violence against children can be influenced by the interaction of various factors: individual factors (age, gender, level of knowledge of the child), relational factors (victim-perpetrator relationships), community factors (environmental norms and social supervision), and socio-cultural factors (patriarchal values and sexual taboos) (Borualogo et al., 2023). In this case, the perpetrator is a close neighbor so that close interpersonal relationships and minimal supervision strengthen the opportunity for violence. The unbalanced relationship pattern between children and adults also creates power dynamics that make victims easy to control.

This event also shows the existence of a grooming pattern that took place before. Based on the victim's confession, the perpetrator often committed obscene acts such as strangling, intriguing, giving pocket money, and making inappropriate physical contact. This pattern is a manipulative stage that commonly occurs before the perpetrator commits more severe sexual violence. Psychologically, children will consider the treatment as a form of attention, so they

are not aware of the danger they are experiencing.

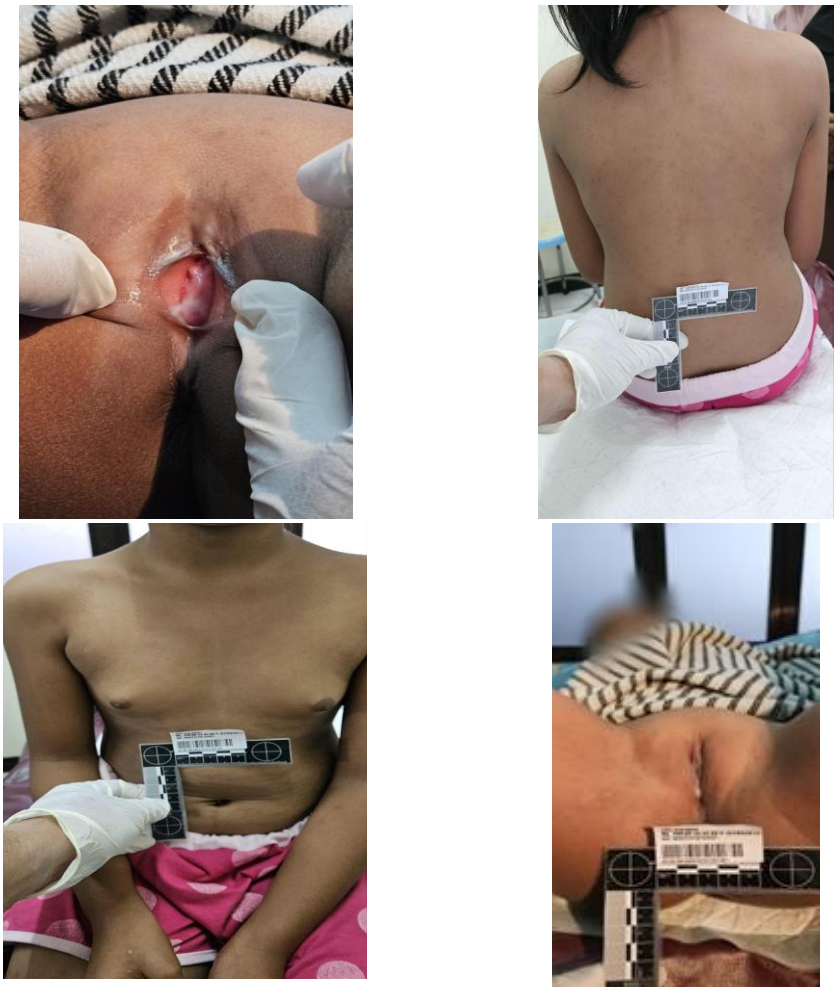

Figure 2. Examination of the Victim

The results of the examination of the forensic aspects of the medicolegal are as follows:

1. Purpose of Examination
   a) Assess the presence of signs of physical and genital violence.
   b) Record findings for the purposes of *visum et repertum*.
2. Forensic Findings
   a) Abrasions on the hymen in the direction of 4–9 o'clock with a reddish color as evidence of sexual violence.
   b) No wounds were found on the anus and there were no signs of sedative use.
3. Additional Procedures and Evidence
   a) Taking vaginal swabs for sperm testing when needed.
   b) Laboratory tests to assess the risk of sexually transmitted infections.
   c) Complete documentation of the results of the examination in *visum et repertum*.

From a forensic perspective, the results of the examination showed strong evidence of sexual violence with the finding of abrasions on the hymen that were still fresh. The absence of a wound on the anus indicates that penetration occurs genitally. The examination is carried out in accordance with procedures for legal purposes through the preparation of *visum et repertum*. Fast, complete, and objective forensic findings have a high evidentiary value in

court, so that the timeliness and thoroughness of forensic doctors greatly determine justice for victims of child sexual violence.

In terms of medical management, the handling of sexual violence against children includes three main aspects, namely stabilization of physical condition, prevention of complications, and psychological support. After ensuring the vital condition is stable, the genital area is cleaned with aseptic techniques without removing forensic evidence. If there is an open wound, wound treatment is carried out and analgesics are given according to the child's age. Prevention of sexually transmitted infections can be considered through the administration of prophylactic antibiotics if the results of the examination support a high risk. In some cases, hepatitis B vaccination and tetanus immunization also need to be considered.

Psychological assistance is an important part of managing child victims. Fear and shame often make the child refuse examinations or cry constantly. Doctors need to coordinate with a child psychologist or psychiatrist to provide initial counseling and minimize the impact of trauma. Education to parents must also be done so that families do not blame their children and instead provide emotional support. A safe and loving home environment is the main factor in accelerating the recovery of the victim's psychological condition.

The physical prognosis of the victim is relatively good, but the psychological prognosis needs to be considered because trauma can have long-term effects such as excessive fear, sleep disturbances, or decreased confidence. Long-term psychosocial therapy and regular supervision are highly recommended. In the context of medical law and ethics, doctors have important responsibilities as examiners and whistleblowers. Based on Law No. 35 of 2014 concerning Child Protection and Law No. 12 of 2022 concerning the Crime of Sexual Violence, every child has the right to protection from physical, psychological, and sexual violence (Rindani & Sgn, 2025).

The role of the doctor includes an objective medical examination, preparation of *visum et repertum*, reporting to the authorities, and maintaining the confidentiality of the identity and results of the examination of the victim. Medical ethics require doctors to uphold the principles of beneficence (the best interests of the victim) and non-maleficence (no harm), as well as carry out examinations with professionalism, empathy, and a humanistic attitude. The balance between legal obligations and professional empathy is an important basis in maintaining justice as well as humanity, so that the safety and dignity of children remain a top priority in the practice of forensic medicine. In addition, the role of doctors in cases of child sexual abuse can be differentiated into the following aspects:

1. Medical Role: Ensuring the stabilization of the child's condition by monitoring vital signs, treating bleeding or injury, as well as conducting a complete physical examination to detect signs of other sexual and physical abuse. Doctors are also tasked with conducting supporting examinations such as laboratories (STI tests, pregnancy tests) and imaging if there is a suspicion of internal organ trauma, as well as providing treatment in the form of analgesics, antibiotics, or HIV prophylaxis, hepatitis B, and emergency contraceptives when indicated.
2. Forensic Role: compiling *Visum et repertum* as an official medical report for legal purposes, systematically documenting all injuries and clinical findings, as well as collecting biological evidence such as sperm, blood, hair, or clothing of the victim according to procedures and maintaining the chain of custody.

3. Psychosocial role: providing initial psychological support, calming the victim during the examination, referring to a child psychologist or psychiatrist, and ensuring that the examination process is carried out in a child-friendly and non-repetitive approach so as not to add to the trauma.
4. Legal and Ethical Role: maintaining the medical confidentiality of patients in accordance with the medical code of ethics, reporting cases of child sexual violence to the authorities in accordance with the Child Protection Law, and cooperating with the police, social workers, and child protection institutions in the context of legal and social protection for victims.
5. Preventive and Educational Role: educating families about post-traumatic stress disorder, infection prevention, and helping to ensure children are in a safe environment to prevent recurrent violence. Public education about healthy sexuality and child protection is also part of the social responsibility of medical personnel.

Thus, this case demonstrates the importance of early detection, proper forensic examination, and psychological and social support for victims of child sexual violence. Medical personnel have a central role not only as an examiner but also as a reporter and protector of child victims of violence. An empathetic, professional, and trauma-based approach is the main key in establishing the diagnosis and assisting the recovery process of children who are victims of sexual violence.

CONCLUSIONS

This case of a 10-year-old victim of sexual assault by a 60-year-old perpetrator demonstrates the multifaceted nature of child sexual violence in Indonesia, where approximately 50.78% of adolescents aged 13–17 have experienced violence. The fresh genital trauma with abrasions at the 4–9 o'clock position, combined with the documented grooming pattern involving monetary incentives, illustrates how perpetrators systematically manipulate vulnerable children before escalating to severe violence. Comprehensive medical management—including physical stabilization, aseptic wound care, appropriate analgesia, prophylactic immunizations, and psychological support—proved essential for this victim's recovery. According to Bronfenbrenner's social ecology theory, this case exemplifies the interaction of individual factors (child's age and limited risk awareness), relational factors (close neighbor relationship with power imbalance), community factors (inadequate supervision), and socio-cultural factors (permissive social norms toward violence). Medical professionals play multifaceted roles extending beyond clinical care to include forensic examination, legal reporting, psychological coordination, and ethical advocacy. Future research should investigate long-term psychological outcomes of survivors receiving trauma-informed care, examine the effectiveness of integrated multidisciplinary intervention protocols in reducing secondary trauma, evaluate barriers to reporting in rural communities, and develop culturally-sensitive perpetrator risk assessment tools and community-based prevention programs incorporating digital safety education. Strengthened coordination mechanisms between health facilities, law enforcement, social services, and child protection agencies are urgently needed to enhance victim protection and ensure justice in the Indonesian healthcare system.

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