



The Role of *Visum et Repertum* and Clinical Examination in Sexual Violence Cases: A Literature Review

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Abstract

Background: Physical examination of victims of sexual violence is required for the preparation of a *visum et repertum* as evidence in trial. This review aims to discuss the role of *visum et repertum* and clinical examination of victims who have experienced sexual violence. Method: The literature search was carried out through an electronic search engine with keywords related to the purpose of the review. Discussion: *Visum et Repertum* is one of the pieces of evidence to reveal the incidence of sexual violence experienced by the victim. In handling cases of sexual violence, a doctor must understand his role as a medical professional to help disclose cases. Physicians must carry out the necessary clinical examinations to be able to interpret their findings into the *visum et repertum* requested by the police. Also, a physician has a role to help the patient's recovery by providing treatment so that the victim can recover from the trauma experienced by the victim due to sexual violence. Understanding the role of physicians in handling cases of sexual violence can help many parties to reveal cases of sexual violence and reduce the burden on sexual violence victims.

Keywords:

crime evidence; physical examination; prosecution; sexual violence; *visum et repertum*

1. INTRODUCTION

The level of sexual violence is increasing in society [1]. Based on data from the World Health Organization (WHO), more than 30% of women from 80 countries experience violence, be it physical or sexual violence [2]. Although sexual violence can happen to anyone regardless of gender, women are the most vulnerable group [1,3]. Children and youth groups are vulnerable to experiencing sexual violence from people who are older or from lower socioeconomic groups. higher than them, although sexual violence can also occur in the same age group [1,3,4]. Based on a report from WHO

in 2018, the South Asia and Sub-Saharan regions have the highest prevalence of sexual violence cases (35% and 33% %) [5].

In Indonesia, the number of reports of violence against women increased from 259,150 in 2016 to 431,471 in 2019 [6]. he 2015 National Commission on Violence Against Women report, data regarding the prevalence of sexual violence occurring at the household level is lower than physical violence (30% vs 38%) [7]. Based on the Child Protection Commission report in 2015, in Yogyakarta, there were 2989 cases of violence against children with 62% of these cases being cases of sexual violence

[8]. However, it is still a habit in society to hide or cover up cases of sexual violence, especially for children who are victims [9]. Limited access to reporting victims of sexual violence also becomes a challenge for reporting cases of sexual violence, and sometimes cases are resolved using traditional laws or only resolution between perpetrators and victims.[10]

Sexual violence is defined as any sexual activity or act that is forced or without the consent of the victim [11]. Sexual violence can be described as any attack of a sexual nature against women, whether sexual intercourse has occurred or not, regardless of the relationship between the victim and the perpetrator [12]. However, victims of sexual violence are not limited to women, men can also be victims [13]. Victims of sexual violence can cause various health problems for victims, including physical injuries with symptoms similar to cardiopulmonary and neurological disorders such as shortness of breath, chest pain, back and facial pain as well as fibromyalgia, unwanted pregnancy, and sexually transmitted infections (STIs) [14]. Victims of sexual violence are also vulnerable to experiencing psychological disorders such as depression, anxiety disorders which can be characterized by difficulty sleeping and eating, and posttraumatic stress disorder (PTSD) [14].

In Indonesia, the definition of sexual violence is widely discussed based on the Criminal Code Law Chapter XIV concerning Crimes against Morality, as in the Rape article which is regulated in Article 285 of the Criminal Code "Any person who, by force or threat of violence, forces a woman to have sexual intercourse with him outside of marriage, is threatened for committing rape with a maximum imprisonment of twelve years." Meanwhile, in the case of underage victims, it is

regulated in article 287 paragraph 1 which reads, "Anyone who has sexual relations with a woman outside of marriage, even though he knows or should reasonably suspect that she is not yet fifteen years old, or if her age is not clear, that it is not yet her time to marry. shall be punished with a maximum imprisonment of nine years." Apart from that, the sexual violence article is also found in Child Protection Law no. 23 of 2002, the Elimination of Domestic Violence Law no. 23 of 2004, and the Crime of Sexual Violence which was ratified in 2022 [15].

Sexual violence can occur in several domains, namely the personal, public, and state domains. The personal domain means that sexual violence can involve someone who has family relationships, such as parents and those closest to them. In the public domain, perpetrators come from outside the victim's family or close relatives, such as neighbors, community figures, or work friends. In the state domain, sexual violence can occur if state officials do not take action or allow incidents of sexual violence to occur [11]. Some of the risks of sexual violence are age, socioeconomic status, gender role, race or ethnicity, closeness to the perpetrator, and educational level [3,13]. Even though cases of sexual violence are increasingly common, the role of physicians in the management of these cases is still not widely discussed, even though physicians are not only providers of health services but also as legal instruments. This review aims to discuss the role of physicians in medical examinations of sexual violence and their influence on criminal law evidence through the preparation of a *visum et repertum*.

2. MATERIAL AND METHOD

This research uses a literature observation method using a combination of

the keywords sexual violence, forensic examination, sexual harassment, sexual violence, and *visum et repertum* with search studies published in Indonesian and English. A literature search was carried out using the electronic data sources Google Scholar and PubMed with a period of research studies published between 2000-2023. Publication in abstract or inaccessible studies was excluded. The purpose of this insight is to discuss the management of sexual violence cases in general by physicians and aspects of *visum et repertum* as a result of a physician's examination.

3. RESULT AND DISCUSSION

3.1. Type of sexual violence

There are three types of sexual violence, namely [12,16]:

- 1) Sexual violence without penetration: In this type of violence, the patient's hymen is often found to be intact when examined, even though there are still wounds caused by the victim's resistance by the perpetrator.
- 2) Sexual violence with penetration: In this type of violence, when an examination is carried out, it is found that the patient's hymen has been torn, which indicates that there was penetration which resulted in a tear in the hymen. There are two types of hymen tears, namely old tears and new tears.
- 3) Sexual violence with penetration accompanied by ejaculation: In this type of violence, apart from finding the patient's torn hymen, ejaculation was also found which was the result of sexual activity by the perpetrator.

In several related studies, the most reported type of sexual violence was sexual violence with penetration, where research by Albin and Zubir (2020) showed that there were 65.2% of cases of sexual violence [12]. Another study in Australia also found that

the most evidence of sexual violence was sexual violence accompanied by penetration of either vagina, anal, or oral [17]. Even so, the results obtained in each region are different, as obtained from a study by Wijaya et al (2017) which found that 78% of cases of sexual violence recorded were signs of penetration without signs of ejaculation [18]. In children victims, findings of penetration are often found with signs of ejaculation outside the vagina, which results in findings of ejaculation often not being detected [19].

3.2. *Visum et Repertum* in Sexual Violence Cases Ethic and Medicolegal Aspects

Visum et Repertum comes from two words, namely *visum* which comes from the word 'visa' which means a sign to see or view something as evidence of findings, approval, and validation, while "repertum" means reporting facts that have been obtained from a physician's examination of the victim [20]. *Visum et Repertum* is a clinical statement made by a physician at the official (written) request of an investigator regarding a medical examination regarding a medical examination of a person, whether alive or dead or part of the human body, in the form of findings and interpretation, under oath and for justice [21]. *isum et Repertum* has a role as one of the valid pieces of evidence as included in article 184 of the Criminal Code [21,22].

Physicians have two roles in managing cases of sexual violence, including as an attending physician, namely as a general clinical physician, namely one whose job is to diagnose, treat, or cure patients, and an assessing physician, namely a physician whose role is to help search for evidence of criminal acts, especially by making a *visum et repertum* [11,15]. In sexual violence cases, several aspects need to be considered, namely the process of

collecting evidence of sexual intercourse obtained from the body of the patient/victim of torn hymen, seminal fluid, or sperm cells and looking for signs of violence such as wounds, and a history of loss of consciousness [21].

In the case of victims of sexual violence who also have the status of patients, it is necessary to provide informed consent which contains the purpose of the examination including its importance in efforts to reveal the case, the examination actions that will be carried out including taking samples, documentation in the form of photographs, and submitting the results for *visum et repertum* purposes [15]. Informed consent is given to legally competent victims, the requirements are that the victim is 21 years of age or older, or the victim is less than 21 years of age but has previously been married, is not currently serving a sentence, and is of sound mind and spirit. For victims under 21 years of age, consent must be given by the victim's legal guardian [15]. Apart from that, because the victim is also evidence, the legal procedures for examination need to be considered. When making a *visum et repertum*, a *visum* order letter is required to be issued by an investigator with a rank as low as Assistant Second Lieutenant and an assistant investigator with a rank as low as Second Sergeant or the local regional police chief, even if the highest leader of the area is a non-commissioned officer (brigadier) [11,15,23].

3.3. Management of *Visum et Repertum* in Sexual Violence Case

The objectives of conducting a *visum et repertum* examination on victims include [15,22,24]:

1) Carry out identification, including estimating the victim's age

- 2) Determine the presence of signs of intercourse
- 3) Determine the presence of signs of violence, including signs of intoxication with narcotics, psychotropic substances or addictive substances (NAPZA).
- 4) Determine the victim's suitability for marriage through sexual development
- 5) Help identify the perpetrator

In cases of sexual violence, apart from being carried out by a forensic specialist, the examination can also be carried out by a specialist in obstetrics and gynecology, or in areas that do not have these two physicians, it can be carried out by a general practitioner on duty as an examining physician or in the Emergency Department [2,22,25]. The examination is carried out as soon as possible to avoid loss of evidence [15,26]. The maximum time limit for obtaining evidence in cases of sexual violence is 7 days [26]. Meanwhile, within 48 hours, cases of sexual violence are considered a forensic emergency because they are indicated as prophylaxis against the risk of exposure following human immunodeficiency virus (HIV) infection [26].

3.4. Physical Examination in Sexual Violence Cases Anamnesis

In general, anamnesis aims to explore the victim's health history. Questions such as marital status, pregnancy (parity and abortion), menstrual and coitus history, medication use, and previous medical history need to be asked [15,26]. The data obtained from the anamnesis is useful for analyzing the pattern of injuries experienced by the patient to determine the next examination steps that will be taken [15,26]. Apart from that, family history also needs to be sought, especially in child victims because they are vulnerable to

experiencing sexual violence repeatedly [27].

Anamnesis on victims of sexual violence also aims to obtain details of the mechanism of trauma that occurred, such as the type of sexual violence that occurred, the presence of violence or threats, the condition of the victim whether he was conscious or not, the provision of related food or drink by the perpetrator, the presence of penetration and its location, the complaints experienced. by patients such as bleeding from the vagina, and pain when urinating [15,24]. Actions after the incident, such as whether the patient showered, changed clothes, and cleaned the genital area, were also asked because this could result in the loss of evidence also need to be questioned [28]. Other details of the time of the incident such as when and how many times it happened and where the incident occurred, questions related to who the perpetrator is and whether the victim knows the perpetrator must also be asked. [15,27].

It must be explained to the victim or the guards that the physician will carry out an anamnesis which includes questions about the chronology related to possible injuries caused as a result of acts of sexual violence, while the police will also conduct interviews regarding the chronology of the incident but from another aspect [28]. Questions asked during the history taking will make the patient feel less comfortable telling the chronology of events [26]. In cases of sexual violence against children or teenagers, special treatment is sometimes required, such as a private examination without being accompanied by parents because of the possibility of different interview results [27]. For child victims, sources of information may be obtained from investigating officers, companions, or parents [27]. Extracting information on sexual violence against children can be

inconsistent because there are still many health workers who have not been trained in interviewing young children, so the results of the anamnesis can be inconsistent [27].

3.5. Physical Examination

The purpose of a physical examination after a sexual assault is to document any injuries that may have been suffered as a result of the sexual assault [27]. The examiner must provide confidence to the victim, especially child victims, that even though the victim has experienced an act of sexual violence, the victim's body will remain in a normal and healthy condition [27]. The physical examination must be carried out in a way that does not increase the child's psychological trauma [27]. In cases of sexual violence in children, samples can be found within 24 hours and in adolescents within 72 hours [27]. Physical examination as far as possible meets the requirements used in criminal law [22]. The existence of physical trauma must be proven by documenting it in the form of photos or videos and describing it through images in the form of written documents which can strengthen the victim's statement [22].

The examination carried out includes generalist status starting from the victim's general condition up to head-to-toe [15]. The patient's physical characteristics such as hair, height, weight, appearance, clothing worn, and emotional state are recorded to ensure identification of the victim [15]. When recording the evidence in the body, it is necessary to write down the patient's vital signs which include level of consciousness, respiration, temperature, blood pressure, and pulse [24]. Then, the examination can start from the head, including each orifice, eyelids, and neck [28]. The victim is then asked to lie down for an examination of the body (chest, abdomen) up to the extremities and also signs of secondary sexual growth in

the breasts, axillae, and pubis [21,28]. The extremities are also checked for signs of injection marks which may indicate a history of loss of consciousness due to drugs or anesthetics [21]. Wounds are often found on the form [22]:

- 1) Bruising of the upper legs and thighs
- 2) Bruising on the neck due to strangulation
- 3) Blow bruise on the upper arm
- 4) Bruising due to defensive posture on the outer side of the body
- 5) Trauma that resembles a whip or rope
- 6) Trauma from a blow or bite to the breast or milk dizziness
- 7) Blow trauma to the abdomen or limbs
- 8) Bruises, abrasions, or lacerations on the face

A special physical examination is needed to look for physical evidence related to the sexual violence experienced by the victim [15]. Special physical examinations are generally gynecological examinations carried out by specialist gynecologists [26]. Gynecological examinations can also assess primary sexual development through the use of Tanner levels [26]. The examination starts from the pubic area, vulva area, labia majora and minora, vestibule and posterior fourchette, hymen (hymen), and vagina [11,21]. Examination of the cervix and uterus is carried out to check for signs of having given birth [11,21]. The areas where genital trauma is often found include the posterior fourchette (70%), labia minora (53%), hymen (29%), fossa navicularis (25%), anus (15%), and vagina (11%) [22].

Examination of the hymen wound is often difficult due to differences in the shape of the hymen and most medical personnel have little skill when examining the hymen [15,29]. It is necessary to record the shape, diameter of the ostium, elasticity or thickness, and the presence of injuries (torn, bruised, abrasions, or hyperemia) [15]. If there is an injury to the hymen, the number

of tears, the location and direction of the tear, and signs of healing at the edge of the tear are recorded [15].

Generally, if a tear is found at the 3 and 9 o'clock positions (the patient's supine position) it can be caused by penile penetration when the patient in lithotomy position (Figure 1) [15,24] Meanwhile, the shape of the wound on the hymen can differentiate whether the tear is old or new, where if the wound due to new penetration forms the letter V, while the wound due to new penetration forms the letter U [24]. It should be considered that there is no standard for the shape of the hymen (Figure 2), so it is necessary to avoid calling intact hymen or damaged hymen and describing specific findings using international standards and terminology for the morphology found [29].

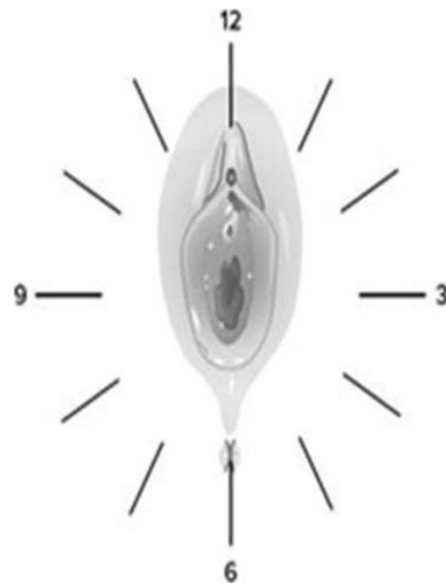


Figure 1. Representation of the hymen findings [29].

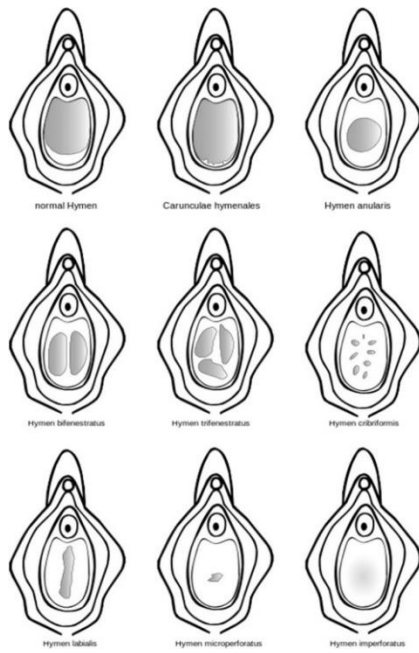


Figure 2. Hymen shapes [29]

During a gynecological examination, it is necessary to prepare direct lighting to see the condition of the genital area as a whole [26]. The use of colposcopy is recommended to be able to assess the size of the cervix directly while taking pictures as a form of documentation [26]. During vaginal examinations, a speculum can be assisted to make the examination easier [26]. An anal examination is also carried out with the help of a colposcopy if information is obtained from the history [15,27]. If the victim is male, an inspection of the penis and scrotum is carried out to find signs of injury [15,27]. A special physical examination can prove signs of intercourse. There are two types of signs, namely direct signs (torn hymen, abrasions or bruises at the sexual canal, sperm found) and indirect signs (pregnancy, sexually transmitted diseases).[11]

3.6. Laboratory Examination

Laboratory examinations were carried out to look for evidence of the victim. Supporting examinations are carried out by taking samples by swab from all body orifices according to indications [30]. In sexual violence case, duration between the

incidence and examination have important role for confirmation the results [26]. When taking sperm samples in cases of sexual violence accompanied by ejaculation, sperm cells can be found and are still moving 4 - 5 hours postcoital and do not move again after 24 - 36 hours but can still be found with the most frequently found areas being in the posterior fornix and cervix [30,31]. In addition, examination for sexually transmitted diseases such as gonorrhea, bacterial vaginosis, trichomoniasis, and HIV can be checked because at the beginning the infection can be asymptomatic [27].

Toxicological examinations such as examinations by taking blood, hair, and urine samples are needed to determine whether there is a possibility of alcohol consumption or drug use [15,26,27]. Apart from that, a urine examination is also needed to check pregnancy, especially in victims of puberty and who do not experience menstruation during the follow-up process [15,27]. Toxicological examination is very important to show that the victim's condition is helpless when under the influence of substances that can cause loss of consciousness [32]. The results of toxicology examinations are also influenced by time, with the longer interval between the examination and the incident reducing the possibility of positive results [33]. WHO recommends collecting samples up to 72 hours after the incident because sample quality will decrease drastically afterward [28].

Searching for traces of DNA can be done by taking samples from the skin, nails, or bite marks to collect saliva, semen containing spermatozoa, blood, epithelial cells, and hair [28,30]. NA samples can be taken through saliva up to 48 hours while several studies show that bite samples can be taken from victims up to 7 days after the incident, even if the victim has showered

and cleaned the wound [30]. However, differences in each forensic location can influence how the samples obtained are treated and affect the results of the examination obtained [30].

Apart from being obtained from the victim's body, trace DNA examination can also be obtained from the clothes worn by the patient to look for trace evidence from the patient's semen or blood [15]. Clothing worn at the time or since the incident, especially underwear that may have released semen, should be bagged separately to avoid contamination [34]. On some clothing materials such as cotton or towels, sperm can survive up to six washings [34]. However, sperm cells can be transferred during the cleaning process when mixed with other clothing, resulting in wrong conclusions regarding the examination of evidence [31].

3.7. Management and Follow-Up

After the forensic examination is complete, it continues with follow-up from both a legal and medical perspective [15]. From a legal perspective, the examination results are reported in the form of a *visum et repertum* following the SPV (*surat perintah visum/ visum warrant*) of the police investigator [15]. *visum et repertum* is different from a medical certificate because the use of *visum et repertum* is for judicial purposes as evidence [15,22]. The use of *visum et repertum* as evidence is required based on Article 285 of KUHP which requires signs of sexual intercourse to determine the occurrence of rape [22]. Based on one review, the period included in the golden period is 72 hours after an act of violence is committed to immediately obtain a *visum et repertum* [35].

After an examination is carried out, legally the victim can be given legal protection, as stated in Law Number 7 of

1984 dated 24 July 1984, concerning the Ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (Convention on The Elimination of All Forms of Discrimination Against Women/ CEDAW) including derivative statutory regulations [36]. Legal protection for victims needs to be carried out before the trial, during after the trial [22]. The protection is also needed for victims to prevent actions that can be taken by perpetrators such as revenge, blackmail, and the distribution of pornographic content to victims [37].

In the medical aspect, it should be noted that the victim is also a patient who comes to the physician, and if the patient comes in an emergency condition with unstable vital signs such as bleeding, trauma, or severe infection, then the victim needs to be stabilized first [38]. Management of sexual violence cases can include treatment in the fields of obstetrics-gynecology and psychiatry [15]. In the field of obstetrics-gynecology, victims require pregnancy prevention measures by administering a single dose of 1.5 mg levonorgestrel or 2 pills containing 50 µg ethynyl estradiol and 250 µg levonorgestrel taken 12 hours apart. The victim must also be tested again if she experiences no menstruation for 4 weeks [39]. Pregnancy prevention can also be done by installing an intrauterine device (IUD) after 5 days of the event [39]. Prevention of transmission of sexually transmitted diseases is also required by early detection and administering prophylactic drugs for post-HIV infection exposure as soon as possible up to 72 hours after the incident as well as administering antibiotics to prevent infection [27].

The victims also often experience psychological trauma and require therapy or counseling [15]. Some symptoms of

psychological disorders that can be found include sleep disturbances, decreased or increased appetite and weight, excessive feelings of guilt, difficulty concentrating, weakness, and thoughts of suicide [39]. Management of psychological trauma itself requires a lot of effort to recover the victim by providing psychological encouragement, understanding the victim, and letting the victim talk about their condition [40]. Giving antidepressant drugs such as benzodiazepines has a short-term effect and the drug fluoxetine can reduce the symptoms of posttraumatic stress disorder (PTSD) [41]. Management non-pharmacology with cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) can be a long-term non-pharmacological treatment for victims of sexual violence [41].

4. CONCLUSION

With the increasing number of cases of sexual violence, comprehensive management that is by ethics and procedures is needed to help uncover cases of sexual violence. *visum et repertum* can help collecting the evidence and follow up on cases of sexual violence. Physicians need to know the ethical and medicolegal aspects of carrying out examinations in cases of sexual violence. Probing information and good examination can help collect evidence to be recorded in the *visum et repertum* as evidence in the trial. It is necessary to collaborate with various parties so that further management for victims of sexual violence can be optimal to enhance the recovery of the victim's condition so that they can continue their daily activities as usual.

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