

Overview Of Cases Of Violence Against Women And Children In Gunung Jati General Hospital, Cirebon City In 2021-2022

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Article Info	ABSTRACT
Keywords: Child, Violence, Visum et repertum, Woman.	Violence against women and children is an increasing phenomenon, but often these cases are not accurately reported. This study aims to identify the characteristics of cases of violence against women and children at Gunung Jati General Hospital, Cirebon City in 2021-2022. Using secondary medical record data, this study was conducted retrospectively with a cross-sectional design. The results showed that the majority of victims were girls aged 11-15 years, not yet working, from Cirebon City, and the perpetrators of violence were generally known people. Sexual violence was the most common type of violence experienced by child victims. These findings indicate the importance of attention to the prevention, handling, and assistance of victims of violence, with the P2TP2A unit of Cirebon City expected to increase these efforts.
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INTRODUCTION

Currently, violence against women and children is a serious crime, identified in basic health services, referral health services, and the police as an iceberg phenomenon (Dwihestie & Ismiyatun, 2021; Fitroch, 2020). Everyone can be a victim of violence, regardless of gender, age, race, culture, social, and economic status (Anggraini, 2023).

Violence against women is defined as any action against women that results in physical, sexual, psychological, and/or domestic neglect, including threats to commit acts, coercion, and deprivation of independence (Soelistrowati & Sitepu, 2017). Meanwhile, violence against children, according to the World Health Organisation (WHO), is all forms of bad behaviour—physically, emotionally, sexually, neglect, and exploitation—that have an impact on children's health, development, and self-esteem (SIMFONI-PPA, 2023). Violence occurs not only in developing countries such as Indonesia but also in developed countries, reaching around 25% of cases. Furthermore, estimates place the prevalence of violence against women and children in Asian and African countries at around 37% (Soelistrowati & Sitepu, 2017).

Cases of violence against women and children in Indonesia have increased every year. The Ministry of Women and Child Protection, through the Online Information System for the Protection of Women and Children (SIMFONI-PPA), reported 20,501 cases in 2020, with

79.2% of the victims being female, or approximately 17,575 cases, and 20.8% being male, or approximately 4,397 cases. In 2021, there was an increase in the number of cases to 25,210, consisting of 21,753 females and 5,374 males (SIMFONI-PPA, 2023).

In 2020, East Java was the province with the highest number of cases of violence, which showed around 1,912 female victims and 1,397 child victims of violence. Central Java province came in second, with 1,866 female victims and 1,335 child victims of violence. In 2021, Central Java Province ranked first with 1,930 female victims and 1,262 child victims of violence (SIMFONI-PPA, 2023). In West Java province, there was a very significant increase in the number of cases of violence. Initially, there were 1,015 female victims and 852 child victims of violence in 2020, with 1,566 female victims and 1,088 child victims of violence in 2021.

The dataset from Open Data Jabar recorded the highest number of violence cases in West Java province in 2021, with 80 cases in Bekasi Regency and 75 cases in Cirebon City (Dinas Pemberdayaan Perempuan, 2021; SIMFONI-PPA, 2023). There are five types of violence against women and children, including physical violence, sexual violence, psychological violence, neglect, and child exploitation (Dewi PS et al., 2017). In 2021, the Indonesian Child Protection Commission (KPAI) reported 3,871 cases of violence against children, 1,028 of which were cases of sexual violence (Noviana, 2015). The general objective of this study was to determine the description of cases of violence against women and children at Gunung Jati General Hospital, Cirebon City.

METHODS

This research design is a retrospective descriptive study with secondary data in the form of medical records of cases of violence against women and children examined at the Forensic and Medikolegal Installation of Gunung Jati General Hospital to obtain data on age, gender, type of violence, education level, occupation, relationship between the perpetrator and the victim, and further management of victims of violence cases.

Research Subject

Secondary data is in the form of medical records of patients who were victims of violence against women and children in 2021–2022, who met the inclusion and exclusion criteria. The inclusion criteria in this study are patient medical record data examined at the Forensic and Medikolegal Installation of Gunung Jati Hospital, Cirebon City, and medical record data for 2021–2022. The study requires complete medical record data, which includes the patient's identity, anamnesis results, physical examination, and treatment performed. Meanwhile, this study excludes data from medical records that are not readable.

Number of Sample

The sampling technique in this study was consecutive sampling. The proportion estimation formula calculated the sample size in this study, yielding a minimum sample of 87 patients, out of a total of 122 victims of violence against women and children.

Place and Time of Research

The Forensic Installation and P2TP2A units of Gunung Jati General Hospital, Cirebon City, hosted this study from October to December 2022. We collected data from the patient's medical record.

Research Procedure

The research began with the preparation stage, namely determining the theme and title of the research and the author made observations in the form of a research survey at the P2TP2A unit and the Forensic Installation of Gunung Jati Hospital, Cirebon City to obtain information about cases of violence against women and children, then submitted a permit application to Bakesbangpol Cirebon City and the director of Gunung Jati Hospital Cirebon to conduct study. In the implementation stage, the author collected data through medical records at Gunung Jati General Hospital, which contained age, gender, education, occupation, regional origin, perpetrator status, type of violence, and further management. The next step involves preparing the report, processing and analysing the collected data, and discussing the results. The Health Research Ethics Committee issued an ethical permit for this study with the number 039/LAYAKETIK/KEPPKRS DGJ/XII/2022 on December 12, 2022.

RESULTS AND DISCUSSION

This study aims to determine the description of cases of violence against women and children examined at Gunung Jati General Hospital, Cirebon City, in 2021–2022. We collected data from patient medical records. This study used the descriptive univariate analysis method and obtained secondary data totaling 122 data points from medical records regarding age, gender, education, occupation, regional origin, perpetrator status, type of violence, and further management.

Table 1. Overview of the Number of Violence Cases by Year of Occurrence

Year	Frequent (n)	Percentage (%)
2021	76	62.3
2022	46	37.7
Total	122	100

Based on table 1, it shows that the highest number of cases of violence at Gunung Jati General Hospital in Cirebon City was in 2021 with 76 people (62.3%), while in 2021 there were 46 people (37.7%).

General Characteristics

Table 2. Characteristics of Thalassemia Patients Based on Gender

Gender	Frequent (n)	Percentage (%)
Child		
Boy	15	12.2
Girl	73	59.8
Adult		
Women	34	28.0
Total	122	100

Based on the data in Table 2, it shows that the majority of victims of violence are child victims, with 73 girls (59.8%) and 15 boys (12.2%). In addition, there were 34 adult female victims (28%). This is in accordance with previous studies, including research by Luluk Rosida et al. (2021), which shows that the majority of victims of violence are women, as much as 65.6%, and it can be concluded that girls are more vulnerable to becoming victims of violence than boys (Dwihestie & Ismiyatun, 2021).

Gender-based violence, also known as violence against women, often originates from issues of inequality in a patriarchal culture (Suswandari, 2014). Society tends to place men in positions to behave aggressively and dominate sexually (masculine), while women are more passive and accepting (feminine), making it a root cause of various forms of violence that are actually injustices that arise and grow in society (Kurnianingsih, 2003; Soelistrowati & Sitepu, 2017). This traps many men in "toxic masculinity," where all pressure and disappointment manifest as anger, ultimately leading to violence. Jufanny & Girsang (2020) research revealed that some men prefer to express their emotions through violence, whereas women tend to be more expressive.

Table 3. Characteristics of Thalassemia Patients Based on Age

Characteristic	Frequent (N)	Percentage (%)
Child's Age		
<5 Years old	4	3.3
6 – 10 Years old	19	15.6
11 – 15 Years old	47	38.5
16 – 17 Years old	23	18.9
Women's Age		
18 – 25 Years old	14	11.5
26 – 35 Years old	8	6.6
36 – 45 Years old	3	2.5
>45 Years old	4	3.3
Total	122	100

Table 3 shows that the majority of ages who experienced violence at Gunung Jati General Hospital in Cirebon City were in the age range of 11–15 years as many as 47 people (38.5%), then in the age range of 16–17 years as many as 23 people (18.9%), age 6–10 years as many as 19 people (15.6%), age 18–25 years as many as 14 people (11.5%), and age 26–35 years as many as 8 people (6.6%).

This is broadly in line with the results of data from the Online Information System for the Protection of Women and Children (Simfoni-PPA), which shows that the highest number of victims of violence by age group occurred at the age of 13–17 years, namely 60%. Similarly, the 2019 Catahu Komnas Perempuan found that victims of violence were classified as 13–18 years old, followed by 25–40 years, 19–24 years, > 40 years, and < 5 years (SIMFONI-PPA, 2023; Soelistrowati & Sitepu, 2017).

Table 4. Characteristics of Thalassemia Patients Based on Survivors' Education

Characteristic	Frequent (N)	Percentage (%)
Education		
Preschool/Kindergarten/Elementary School	27	22.1
Junior High School	38	31.1
Senior High School	29	23.8
College	13	10.7
Unknown	15	12.3
Total	122	100.0

Table 5. Patient Characteristics based on Victim's Occupation

Characteristic	Frequent (N)	Percentage (%)
Work		
Private Employee	4	3.3
Housewife	6	4.9
Self-employed	5	4.1
Not yet employed	107	87.7
Total	122	100.0

The research, which focused on employment and education, revealed that the majority of those who experienced violence at Gunung Jati General Hospital in Cirebon City were unemployed, accounting for 107 individuals (87.7%). Additionally, the majority were students at the junior high school level, with 38 individuals (31.1%), 28 individuals with a high school education (23.0%), 26 individuals with a kindergarten, pre-school, or elementary school education, and 13 individuals (10.6%). Housewives made up as many as 6 people (4.9%), self-employed individuals made up as many as 5 people (4.1%), and private employees made up as many as 4 people (3.3%). This shows that violence is more common in the educational environment for students, which occurs from early childhood education to higher education.

The findings of this study align with the findings of Latjengke et al. (2020), who discovered that, based on their occupation or level of education, students accounted for the majority of violent cases (184 cases), while private employees accounted for the least number (8 cases) (Latjengke et al., 2020). Therefore, we can conclude that an individual's vulnerability to violence increases with their level of education. A person's education, including sex education, influences their acceptance of information. Many Indonesians think that sex education in adolescents is taboo and has not been optimally implemented, which results in low knowledge of sex education in adolescents (Zolekhah & Barokah, 2021).

Table 6. Overview of Victim Characteristics Based on Regional Origin

Region of Origin	Frequent (N)	Percentage (%)
Bandung Regency	1	0.8
Brebes Regency	1	0.8
Cirebon Regency	50	41.0
Indramayu Regency	1	0.8

Region of Origin	Frequent (N)	Percentage (%)
Kuningan Regency	5	4.1
Majalengka Regency	1	0.8
Purwakarta Regency	1	0.8
Cirebon City	62	50.8
Total	122	100.0

Based on Table 6 regarding the frequency distribution of regional origin of cases of violence against women and children at Gunung Jati Hospital, Cirebon City, in 2021–2022, it shows that the majority came from Cirebon City, as many as 62 people (50.8%), then came from Cirebon Regency, as many as 50 people (41.0%), and from Kuningan Regency, as many as 5 people (4.1%).

According to Soelistrowati & Sitepu (2017), factors such as lifestyle, individual behavior, and different profiles of violence perpetrators, including their educational background, occupation, place of residence, and socio-economic status, may influence the higher rate of violent crime in urban areas. The results of this study also show that there is an increase in the number of cases of violence against women and children in Cirebon City, which initially only amounted to 43 cases in 2020.

Table 7. Perpetrators' Relationship with Victims of Violence

Perpetrator Status	Frequent (N)	Percentage (%)
Birth Father	2	1.6
Stepfather	2	1.6
Birth Grandfather	2	1.6
Step Grandfather	1	0.8
Husband	4	3.3
Ex-husband	1	0.8
Brother	4	3.3
Stepmother	1	0.8
Uncle	2	1.6
Girlfriend	19	15.2
Teacher	2	1.6
Work Friend	2	1.6
School Friend	18	14.4
Neighbors	10	8.2
Parent's Relative	5	4.1
Shaman	2	1.6
Delivery Courier	1	0.8
Unknown Person	44	36.0
Total	122	100.0

The results showed that the majority of perpetrators of violence against women and children in Gunung Jati General Hospital, Cirebon City, in 2021–2022, were unknown people,

as many as 44 people (36.0%), followed by boyfriends, as many as 19 people (15.2%), school friends, as many as 18 people (14.4%), and neighbours, as many as 10 people (8.2%), and finally, family, neighbours, teachers, and acquaintances, who were 2 people each (1.6%). However, we can conclude that people known to the victims, such as family, acquaintances, neighbours, teachers, girlfriends, and schoolmates, accounted for the majority of perpetrators, numbering 56 individuals (64.0%).

Albin (2020) research reveals that out of 46 cases of sexual violence, 32 individuals (69.6%) were known to the victim, while the remaining 14 individuals (30.4%) were either strangers or the perpetrator was unfamiliar to the victim. Herlianto et al. (2019) demonstrated in their research that individuals well-known to the victim, such as friends, acquaintances, or family members, committed 84% of the violence, while individuals unknown to the victim committed the remaining 16%.

In addition, it is in line with the results of research by Suwandi et al. (2019), who said that sexual violence was committed by people who were related to the victim by blood or who were part of the victim's nuclear family, including a grandfather, biological father, siblings, uncles, or other people close to the victim, such as a stepfather and stepbrother, as well as people who live with the victim even though they are not related to the victim by blood. This can be due to the emotional bond and compatibility of the perpetrator and victim of violence, which is one of the factors in the occurrence of violence.

Table 8. Distribusi Jenis Kekerasan

Type of Hardness	Frequent (N)	Percentage (%)
Child		
Physical	15	12.3
Sexual	71	58.2
Psychic	1	0.8
Psychic and Sexual	1	0.8
Women		
Physical	18	14.8
Sexual	14	11.5
Physical and Sexual	2	1.6
Total	122	100.0

The research results presented in Table 8 above indicate that female victims experienced various types of violence: 18 individuals (14.8%) experienced physical violence, 14 individuals (11.5%) experienced physical violence, and 2 individuals (1.6%) experienced both physical and sexual violence simultaneously. Meanwhile, the highest number of child victims was sexual violence, with as many as 71 people (58.2%), then physical violence, with as many as 15 people (12.3%), and psychological violence, with as many as 1 person (0.8%). This is in accordance with the data obtained from SIMFONI-PPA in 2021 regarding the types of violence most experienced by women.

Women who were victims of sexual violence in 2021 reached 4,876 victims, while physical violence reached 3,711 victims and psychological violence reached 3,697 victims

(SIMFONI-PPA, 2023). Sexual arousal in children, “inhibition” of normal sexual relations, and a lack of self-control in controlling impulsive behavior are three factors that can trigger sexual violence. In addition, this study found that 1 person (0.8%) experienced physical and sexual violence at the same time. Semahegn & Mengistie (2015) research aligns with this, revealing that the majority of physical violence cases, ranging from 31 to 76.5%, involve women who have experienced sexual violence, typically perpetrated by their husbands or families. About 75% experienced repeated beatings, slapping, kicking, hitting, and various other acts of harassment.

Table 9. Advanced Management Distribution

Continued Management	Frequency (N)	Percentage (%)
Yes	90	73.8
No	32	26.2
Total	122	100.0

Based on the results of the study in Table 9 above, the frequency distribution of victims of violence who received further management was 90 people (73.8%), and 32 people (26.2%) did not receive any further management. Depending on the type of violence experienced, women and children receive a variety of services and ongoing management. Services include complaint services, health services, legal aid, law enforcement, social reintegration, social rehabilitation, and repatriation. Additionally, psychosocial examinations, physical and medicolegal examinations, and counseling provide further management (Soelistrowati & Sitepu, 2017). Based on the data presented above, it is possible for a victim to receive more than one type of follow-up management.

CONCLUSION

Based on the results of research that has been conducted to determine the description of cases of violence against women and children at Gunung Jati General Hospital, Cirebon City, in 2021–2022, several conclusions can be drawn. First, there was an increase in the number of cases of violence in 2021, with sexual violence being the most dominant type of violence against child victims, while physical violence was more common among adult female victims. Second, the characteristics of victims of violence are mostly women, teenagers, not yet working, and from Cirebon City. Third, the majority of cases of violence involved perpetrators known to the victim. Finally, the management of victims of violence mostly involves further management actions. The implication of this study is the importance of attention to the protection and handling of cases of violence against women and children in the hospital environment, as well as the need for more effective prevention efforts in the community.

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