

Follow-Up Analysis of Sexual Violence Case in Hospital; Before and During the Covid-19 Pandemic

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ABSTRACT

Sexual violence may cause numerous health consequences, either short-term or long-term. Therefore, victims need access to healthcare facilities immediately after the incidents and follow-up care to prevent further complications. This study aims to recognize prognostic factors of sexual violence patients, analysed the follow-up visits to the hospital, and analysed how the Covid-19 pandemic affects the patients' visits. We collected medical records data of sexual violence patients that visited the hospital during 2017-2021. Prognostic factors, comprised of demographic profile and case characteristics, were analysed with follow-up visits to the hospital. Our subjects were 113, 108 female and five males. Most female patients were aged 14-17 years and were secondary school students, while all male patients were aged 6-13. Most perpetrators were known to the victims while the incident places were mainly at their places. Penetration, anogenital injury, and psychological symptoms were present in most patients. We found that 24 (21.2%) patients appeared in a follow-up visit. We found no difference in patient visits before and during the Covid-19 pandemic. However, statistical analysis of follow-up visits indicated a significant relationship with the follow-up plan.

KEYWORDS:

Covid-19, Follow-Up, Rape, Sexual Violence, Victim

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INTRODUCTION

Getting accurate data regarding sexual violence remains challenging, considering reporting bias. Most sexual violence victims are reluctant to disclose their cases because of the social stigma (Kuo *et al.*, 2018). In addition, different definitions and laws applied to sexual violence in different countries might be an issue for victims to get the justice they need. For instance, in some countries, the perpetrators can legally marry their victims to prevent punishment. Some laws also enable rape in marriage, even to underage women (Equality Now, 2017).

Sexual violence may cause numerous health consequences, from physical injury to mental trauma, even death. In addition, there might be

short-term and long-term impacts after the incidents. Sexual violence in childhood is related to various health problems later when they grow up. Therefore, victims of sexual violence need access to healthcare facilities, whether immediately after the incidents or some time afterward. They also need access to follow-up care to prevent further complications. Previous studies indicate the relationship between the characteristics of sexual violence patients and follow-up visits. These studies are beneficial to understand the population of sexual violence victims who obtain health services and the kinds of healthcare they need (World Health Organization, 2003; Baert *et al.*, 2021; Kaplan *et al.*, 2021).

In Indonesia, people consider sexual violence a disgrace to the victims and their families; hence they conceal the case. As a result, awareness about health consequences after sexual events is low. Hospital-based studies in Indonesia about sexual violence mostly show descriptive data of victims' profiles and cases' characteristics from the first visit. Limited data exist about how patients obtain follow-up care (Indrayana, 2014; Wiraagni & Widihartono, 2016; Herlianto *et al.*, 2019; Iskandar & Zubir, 2020; Syukriani *et al.*, 2022).

This study aims to recognize prognostic factors of sexual violence patients and analyze the follow-up visits to the hospital. In addition, we analyzed how the Covid-19 pandemic affects the patients' visits.

METHODS

Ethical approval was issued by The Medical and Health Research Ethics Committee, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada (letter number KE/FK/0285/EC/2020).

This study was an observational cross-sectional study with a total sampling technique. The study population is all sexual violence patients in X Klaten Hospital during 2017-2021. We collected data from patients' medical records.

The inclusion criteria were X Klaten Hospital patients who first came to the hospital because of sexual violence. The exclusion criteria were the follow-up patients from another hospital or healthcare center. We defined prognostic factors as

the demographic profile of patients and case characteristics. Demographic profiles were sex, age, education, and occupation. Case characteristics were the relation to the perpetrator, incident place, time of visit, physical violence, penetration, anogenital injury, sperm analysis, psychological symptom, therapy, and follow-up plan.

Descriptive data presented demographic profiles, case characteristics, follow-up visit intervals, and health problems appeared. We conducted statistical analysis to recognize the relationship between each variable and the follow-up visit. We used the chi-square for bivariate analysis, or Fisher's exact test if there was an equal to or less than five values in the table. For multivariate analysis, we used multinomial logistic regression. Incomplete data in variables were marked as missing data and emitted from statistical analysis. We considered the results statistically significant if the p-value was less than 0.05. We used SPSS® software to perform the tests.

RESULT AND DISCUSSION

The trend of sexual violence patients visits

There were 113 patients met our inclusion and exclusion criteria. Figure 1 shows annual visits; most were in 2018, with 28 cases, drastically increasing from 18 cases in 2017. There was a decline in 2020 with 20 cases when the Covid-19 pandemic commenced, then slightly increased in 2021 with 22 cases.

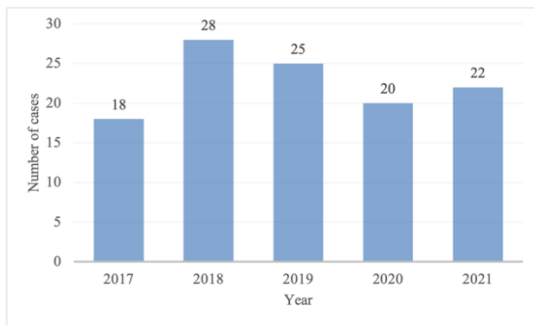


Fig. 1 Graphic of sexual patients' visits in X Klaten Hospital during 2017-2021

Sexual violence cases from national data increased in 2018 and decreased in 2020 because of the Covid-19 pandemic (Komnas Perempuan, 2019, 2021, 2022). The pattern was like the case number in this study, shown in Figure 1. Overall patient visits in this hospital also decreased in 2020, which was shown in the hospital's public information [Figure 2]. A previous study in Northern Italy from 2010-2019 showed no particular pattern of sexual violence cases (Maghin *et al.*, 2022). Meanwhile, another study in Eastern Denmark on lockdown impact indicated no difference in sexual assault case examinations before and during the Covid-19 pandemic (Bidstrup *et al.*, 2022). A study in Zimbabwe from 2019-2020 presented the decline of sexual assault cases in the first half of 2019, then reaching its peak in November 2019. In 2020, cases increased and decreased in conformity with the lockdown stage based on the Covid-19 cases (Takarinda *et al.*, 2022).

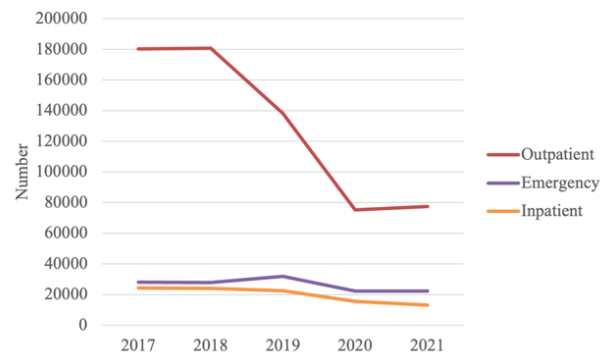


Fig. 2 X Klaten Hospital outpatient, emergency, and inpatient visits during 2017-2021 (RSUP dr. Soeradji Tirtonegoro, 2022)

The demographic profiles and case characteristics of sexual violence

There were 108 (95.6%) female and 5 (4.4%) male patients. Most female patients (53.1%) were 14-17 years old while male patients were all aged 6-13. Consistent with the age profile, most patients were secondary school students (33.6%). Table 1 presents the demographic profile of the patients.

Most perpetrators were boyfriends (37.2%), followed by acquaintances (31.9%). The incident place was mainly in the perpetrators' place (43.4%), then in the victims' place (22.1%).

Physical violence was found in 6 (5.3%) cases, with all female victims. Penovaginal or peno-anal penetration occurred in most victims (75%), and anogenital injuries were found in 86 (79.6%) female victims and 2 (40%) male victims. No sperm analysis was found positive.

Psychological symptoms were found in 61 (56.5%) female and 4 (80%) male victims. Most patients received psychotherapy, which were 57 (52.8%) female patients and 3 (60%) male patients.

Table 1. Demographic profile based on sex

Variable	Female (n=108)	Male (n=5)
Age		
≤5 years	7	0
6-13 years	28	5
14-17 years	60	0
18-24 years	10	0
25-40 years	2	0
41-60 years	1	0
Education		
Pre-school	7	0
Primary school	16	4
Secondary school	38	0
High school	28	0
Diplome/undergraduate	2	0
No data	17	1
Occupation		
Unemployed	11	0
Student	79	5
Private employee	3	0
Housewife	3	0
No data	12	0

From all the cases, we observed how many medical records mentioned the instruction for a follow-up visits. However, we found only 36 (31.9%) patients who had instruction follow-up visits to the hospital and 5 (4.4%) to the primary health center. Table 2 presents all variables of case characteristics.

Table 2. Case characteristics based on sex

Variable	Female (n=108)	Male (n=5)
Relation with the perpetrator		
Boyfriend	42	0
Blood-related family	9	0
Marriage-related family	8	0
Acquaintance	32	4
New acquaintance	9	0
Stranger	4	1
No data	4	0
Incident place		
Victim's place	25	0
Perpetrator's place	47	2
School/college/workplace	5	0
Public lodging	10	0
Public place	7	1
No data	14	2
Time of visit		
Before Covid-19 pandemic	69	2
During Covid-19 pandemic	39	3
Physical violence		
Present	6	0
Absent	102	5
Penetration		
Present	81	4
Absent	23	1
Undecided	2	0
No data	2	0

Anogenital injury		
Present	86	2
Absent	20	3
No data	2	0
Sperm analysis		
Positive	0	0
Negative	15	1
Unconducted	75	4
No data	18	0
Psychological symptom		
Present	61	4
Absent	41	1
No data	6	0
Therapy		
Drug	11	1
Psychotherapy	39	2
Drug and psychotherapy	18	1
Other therapy	2	0
No therapy	32	1
No data	6	0
Follow-up plan		
Noted to the hospital	36	0
Noted to the primary health center	5	0
Not noted	67	5

Indonesia, a country with a socio-centric culture, considers sexual violence a taboo. Disclosing the case could be stigmatized not only the victim but also the whole family. For the sake of the family's dignity and harmony, sexual violence must be kept secret (Kalra & Bhugra, 2013; Rumble *et al.*, 2018). Moreover, for women, getting support for the violence they endured was not easy. A phenomenological study in a rural area in Java showed that even women with high education levels and who had jobs were facing difficulties in stopping the abuses. Internalized gender norms as the harmony keeper in the family played a role in this (Hayati *et al.*, 2013). While our data captured the victims seeking help at the hospital, either because of the injuries or the requirement of forensic examination, the number might differ from overall cases recorded in social or law services.

Sexual violence victims in our data were primarily adolescent girls, similar to previous hospital-based studies in some countries (Amenu & Hiko, 2014; Cerdas *et al.*, 2014; Loder & Robinson, 2020; Brahim *et al.*, 2022; Takarinda *et al.*, 2022). Other studies found that the victims were primarily young women, which supports the tendency of people of young age to be victims (Chiu *et al.*, 2016; Rathi *et al.*, 2019; Baert *et al.*, 2021). This study revealed that the perpetrators were predominantly known to the victims, and the incidents were mainly at home (Amenu & Hiko, 2014; Loder & Robinson, 2020; Baert *et al.*, 2021; Brahim *et al.*, 2022; Takarinda *et al.*, 2022). A study in Costa Rica recorded that rape by strangers mainly occurred in public places, while rape by people known or close to the victims happened at home (Cerdas *et al.*, 2014). Meanwhile, only a few male victims, primarily young boys, reported their cases. Stigma, shame, and the law system might play a role (Monk-Turner & Light, 2010; Cerdas *et al.*, 2014; Rathi *et al.*, 2019). Only recently, Indonesia accommodated law protection for male sexual violence victims with the ratification of a new sexual violence bill in 2022. Earlier Indonesian criminal code acknowledged rape only if the victims were women and not bound by marriage to the perpetrators (Indonesia, 1915; Republik Indonesia, 2022).

Most sexual violence victims that visited the hospital had penovaginal or peno-anal penetration

and visible anogenital injury (Amenu & Hiko, 2014; Lal *et al.*, 2014; Hassan *et al.*, 2016). Our study did not differentiate between new and old injuries. Although the forensic examination could not determine anogenital injury due to sexual assaults and consensual intercourse, it should be recorded (Ouellette *et al.*, 2022).

We performed chi-square or Fisher's exact test to analyze patients' profiles with the Covid-19 pandemic. The statistical analysis was performed based on the data available, therefore, the total cases might be different in some variables. We found no difference ($p= 0.359$) in sex, age, education, occupation, relation with perpetrators, and incident place before and during the Covid-19 pandemic.

Follow-up analysis

Our data showed follow-up visits in 24 (21.2%) patients; 23 were female and 1 male. Most of the visits were less than 7 days after the first visit. Figure 3 presents the proportion of follow-up visits and the intervals from the first visits.

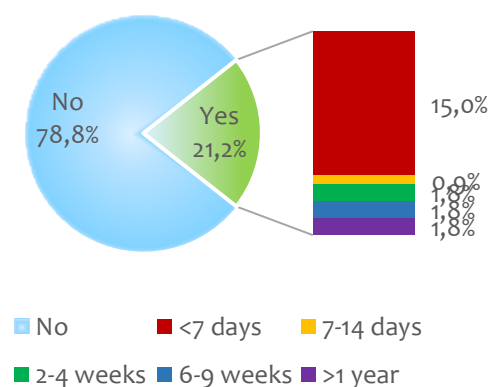


Fig. 3 Follow-up visits based on intervals from the first visits

The follow-up rate in our study was relatively low compared to other studies in various countries (Chiu *et al.*, 2016; Kaplan *et al.*, 2021; Short *et al.*, 2021; Bravo-Queipo-de-Llano *et al.*, 2022; Torres *et al.*, 2022). Note that X Klaten Hospital is a national reference hospital. Therefore, after initial forensic examination, patients could get medical care from other healthcare centers nearer their homes. Our data was limited to follow-up visits in the hospital that could not cover follow-up visits in other healthcare facilities. Some physical or mental symptoms or signs might be visible weeks after sexual violence incidents. Further follow-up outpatient visits could give more complete findings than initial examinations at the emergency department. Even though most patients admitted the need for long-term psychological therapy, only a few committed. Some avoided recalling the incident, while others had ongoing therapy for mental health conditions before the incidents. The distance of patients' homes to health facilities and limited practice hours were other issues regarding constraining follow-up visits (Khadr *et al.*, 2018; Baert *et al.*, 2021; Kaplan *et al.*, 2021; Short *et al.*, 2021). The attitude of healthcare providers played a role in patients' compliance with follow-up visits. Some victims experienced unpleasant reactions that led to revictimization, either by police or healthcare provider (Maier, 2008; Holton *et al.*, 2018).

We performed a bivariate analysis for all prognostic factor variables to compare patients with and without follow-up visits. Only one variable indicated a significant difference, which was the follow-up plan ($p < 0.000$). Patients with a follow-up plan to the hospital, stated clearly in the medical records, tended to return for follow-up visits with an odd ratio of 15 [Table 3].

Table 3. Statistical analysis of follow-up plan and follow-up visit

Follow-up Plan	Follow-up Visit			p-value	OR (95% CI)
	Yes	No	Total		
Noted to the hospital	19	17	36	0,000*	15 (4.89-45.89)
Not noted	5	67	72		
Total	24	84	108		

*Chi-square test

We continue the analysis with multivariate analysis for variables with a p-value of less than 0.25 in the bivariate analysis (Bursac *et al.*, 2008). Those were education, penetration, psychological symptom, and follow-up plan. Again, the result was similar: the follow-up visit was significantly related only to the follow-up plan with an adjusted odd ratio (AOR) of 18 (95% CI = 4.6-71.9).

Our statistical analysis for all prognostic factor variables and follow-up visits indicated a significant relationship only in the follow-up plan variable, both the bivariate and multivariate analysis. This result agreed with a qualitative study in South Africa that stated documented follow-up appointments as an enabler to follow-up visits (Holton *et al.*, 2018). Another study in the USA showed no difference in a

follow-up visit, there was a higher chance of a follow-up visits if the patient met the same examiner as the first visits (Darnell *et al.*, 2015). While other studies appeared to have some prognostic factors associated with follow-up visits, such as female, young age, the presence of genital injury, and partner as a perpetrator, our study displayed no significant association (Ackerman *et al.*, 2006; Morgan *et al.*, 2015; Gilmore *et al.*, 2021).

Health problems after sexual violence

Of 108 female patients, 15 (13.89%) patients were pregnant. We found no information regarding the HBsAg test in all 113 patients. Only 2 (1.77%) performed HIV tests, and all the results were negative. Sexually transmitted infection test (STI) results were positive in 3 (2.65%) patients and negative in 3 (2.65%) patients, while other patients did not conduct the exam or had no data in their medical records.

In the follow-up visits, we found one patient did HIV test with a negative result. In addition, 17 (70.8%) patients who did follow-up visits had psychological symptoms, either stand-alone or concurrently with other symptoms.

Three-quarters of our subjects had penetration during the assaults. However, the data for HIV, HBsAg, and STI testing in the medical records was relatively low compared to other studies (Amenu & Hiko, 2014; Brahim *et al.*, 2022; Takarinda *et al.*, 2022). It might be due to most of the victims being

children. A study in Belgium mentioned that children less frequently received medical tests for sexual-related infection, which might be related to the case characteristics and higher coverage of Hepatitis B vaccination (Baert *et al.*, 2021).

CONCLUSION

Sexual violence victims that visited X Klaten Hospital were primarily adolescent girls. Most perpetrators were known to the victims, and the incidents occurred in their places. In general, the cases involved penetration and anogenital injury visible.

We found that follow-up visits to the hospital related significantly to the follow-up plan noted in the medical records. However, statistical analysis of the time of visit found no difference in the visits to the hospital before and during the Covid-19 pandemic.

DECLARATIONS

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