



Case Report

DOMESTIC VIOLENCE CASE ANALYSIS AT REGIONAL PUBLIC HOSPITAL DR. MOEWARDI, SURAKARTA IN 2018-2024

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ABSTRACT

In Indonesia, the incidence of domestic violence has tended to increase over the past five years. There were 11,758 cases of domestic violence in 2018 and 16,519 cases in 2022. To determine the characteristics of cases in victims of domestic violence at Regional Public Hospital Dr. Moewardi Surakarta in 2018-2024. This study is a descriptive observational study using secondary data derived from medical records of victims of domestic violence at Regional Public Hospital Dr. Moewardi in 2018-2024. The sampling technique was done by total sampling. The research data was then analyzed for frequency distribution in the form of tables and graphs. There were 7 cases of domestic violence that occurred in the span of 2018 to 2024, the highest number of cases was in 2024 for 4 cases, followed by 2022 with 2 cases and in 2021 with 1 case. In 2018, 2019, 2020 and 2023 there were no confirmed cases of domestic violence examined. The characteristics of the wounds on 50% of the victims were abrasions, 41.67% were bruises and 8.33% were cuts. The location of the wounds was 40% on the head, 26.6% on the upper extremities, 20% on the lower extremities, and 13.3% on the body. The highest incidence of domestic violence in the last 7 years was in 2024, all victims of domestic violence were adult women who suffered the most abrasions with the most wound locations on the head.

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INTRODUCTION

In Indonesia, the incidence of domestic violence has tended to increase over the past five years. According to data reported by the Ministry of Women's Empowerment and Child Protection, domestic violence cases in 2018 were recorded at 11,758 cases, in 2019 at 11,773 cases, in 2020 at 12,632 cases, in 2021 at 14,080 cases, and in 2022 at 16,519 cases. The number of cases in 2018 increased by 40.49% compared to 2022. According to the type of violence, the number of cases both increased and decreased. Physical violence decreased by 1.054%.

Meanwhile, sexual, psychological, exploitation, trafficking and neglect violence increased by 47.01%, 47.07%, 70.13%, 94.78% and 15.34% respectively¹².

Central Java is one of the provinces with the highest rate of violence. There were 1,323 cases of domestic violence in 2018 and 1,523 cases in 2022, which means there was an increase of 15.12%. In general, the types of violence that occur include: physical, sexual, psychological violence, and neglect. Based on these types of violence, the data on violence in Central Java in 2018-2022 has both increased and decreased. According to the reported data, physical violence and neglect decreased by 25.07% and 20.72% respectively. Meanwhile, sexual and psychological violence increased by 10.73% and 12.28% respectively¹². The most common type of violence was domestic violence with 104 cases or 50% of all cases. The most cases occurred in Surakarta City, Karanganyar Regency, and Sukoharjo Regency with 32, 23, and 19 cases respectively².

METHODS

This type of research is descriptive observational research with a cross sectional research design. Cross sectional is a study that aims to observe data or observation to collect data directly at one time. Thus, this research design uses secondary data derived from medical records of victims of domestic violence. The location used as a place to conduct research is at Regional Public Hospital Dr. Moewardi, Surakarta. Data collection time was carried out in December 2024 - February 2025. The target population of this study was all medical records of victims of domestic violence examined at Regional Public Hospital Dr. Moewardi from 2018 to 2024 and met the criteria set by the researcher.

The samples of this study were all medical records of victims of domestic violence examined at Regional Public Hospital Dr. Moewardi from January 2018 to December 2024. The research sample must also qualify according to the inclusion and exclusion criteria. The inclusion criteria in this study were the victim and the perpetrator were families who lived in one house and were examined at Regional Public Hospital Dr. Moewardi, Surakarta with complete medical record status. There is no exclusion criteria. The variables examined encompassed gender, age, the nature of the injury, and the specific anatomical region afflicted by the injury.

RESULTS

Number of Domestic Violence Cases

The research was conducted at Regional Public Hospital Dr. Moewardi, which was carried out from October 2024 to December 2024, with the results of a total of 7 cases of domestic violence. The most cases were found in 2024 as many as 4 cases, followed by 2 cases in 2022 and 1 case in 2021. In 2018 to 2020 and 2023 there were no cases of domestic violence examined at Regional Public Hospital Dr. Moewardi (Figure 1).

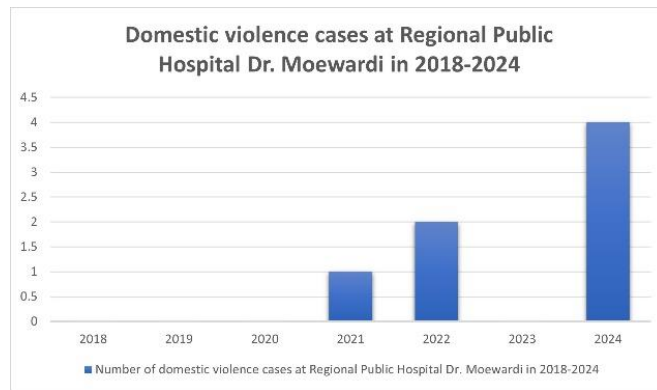


Figure 1. Number of domestic violence cases at Dr. Moewardi Hospital in 2018-2024.

All victims of domestic violence cases examined by Regional Public Hospital Dr. Moewardi in 2018-2024 were adults with an age range of 20 years to 59 years. While in the age category of infant, children, adolescents, and the elderly there were no domestic violence cases examined by Regional Public Hospital Dr. Moewardi (Figure 2).

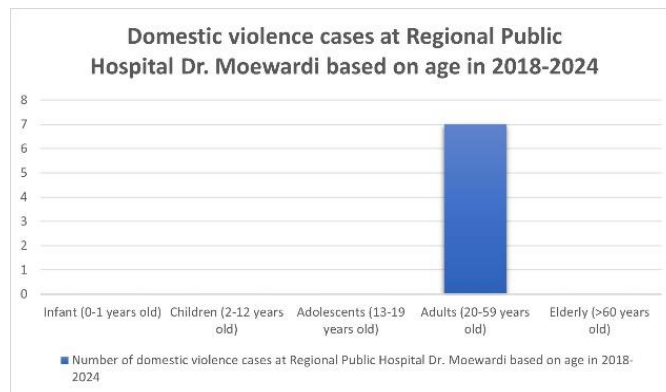


Figure 2. Domestic violence cases at Regional Public Hospital Dr. Moewardi based on age.

All victims of domestic violence examined by Regional Public Hospital Dr. Moewardi in 2018-2024 were women (7 cases), while there were no male victims examined by Regional Public Hospital Dr. Moewardi (Figure 3).

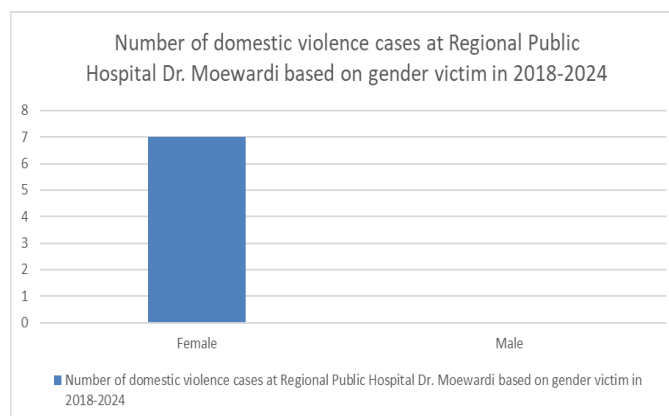


Figure 3. Domestic violence cases at Regional Public Hospital Dr. Moewardi based on gender victim.

Based on the visum et repertum data, it was found that victims of domestic violence who were examined at Regional Public Hospital Dr. Moewardi, all victims had more than one type of injury, most victims experienced blunt force. The most common types of injuries experienced by victims were abrasions totaling 6 and bruises totaling 5. In addition, there was also sharp object violence with 1 cut wound (Table 1).

Table 1. Domestic violence cases at Regional Public Hospital Dr. Moewardi based on the type of injury to the victim

No.	Wound	Result
1.	Abrasions	6
2.	Bruising	5
3.	Cut	1

According to the visum et repertum data, the majority of wounds suffered by victims of domestic violence examined by Regional Public Hospital Dr. Moewardi were located on the head and neck with 6. Furthermore, the location of the most wounds was on the upper extremities with 4, followed by wounds on the body with 3, and on the lower extremities with 2, and all victims had more than one wound location (Table 2).

Table 2. Domestic violence cases at Regional Public Hospital Dr. Moewardi based on the location of the victim's injuries

No.	Body region	Result
1.	Upper extremities	4
2.	On the body	3
3.	Lower extremities	2
4.	Head and neck	7

DISCUSSION

Based on the results of the research conducted, there were 7 cases of domestic violence examined by Regional Public Hospital Dr. Moewardi in the range of 2018 - 2024. The highest number of cases occurred in 2024 (4 cases) that examined by Regional Public Hospital Dr. Moewardi in the 2018-2024 period.

In instances of domestic violence, legal institutions and law enforcement agencies occasionally prioritize the resolution of such cases through family mediation. Rather than emphasizing regulations designed to dissuade perpetrators and safeguard victims, the focus is directed towards rules that can serve as a deterrent for the aforementioned perpetrators. The utilization of family-based resolutions has been demonstrated to be ineffective in ensuring justice for victims and can potentially contribute to the perpetuation of domestic violence by providing a sense of impunity to offenders. The rise in reported cases of domestic violence can be attributed to several factors. Firstly, there has been an increase in victim awareness regarding their rights

and the importance of fighting for them. Secondly, the role of education and community support has been enhanced, leading to a more informed and empowered populace. Thirdly, the reporting system has been streamlined and made more accessible, facilitating the process of documenting incidents. Fourthly, socio-cultural factors have been identified as contributing elements in cases of violence. Finally, public attention to domestic violence cases has increased, leading to greater awareness and action²⁷⁻²⁸.

In cases of harassment, rape, sexual violence, physical violence, and verbal abuse, these incidents are merely the proverbial tip of the iceberg because victims are often reluctant to report them. Victims experience a range of verbal threats, including threats of dismissal, non-payment of wages, reporting to the police, threats of murder, and some victims only dare to report to the authorities or at least go to the hospital for a check-up months or even years after the incident. Consequently, in cases of long-standing domestic violence, the number of cases reported to Dr. Moewardi Regional General Hospital remains low. Rape, which frequently occurs but is seldom reported, is often perpetrated by someone close to the victim and is underreported due to the social stigma associated with it. Verbal threats typically manifest as intimations of violence against the victim, including threats of physical harm such as assault or murder. A plethora of verbal threats have been documented, including threats of termination, non-return home, and reporting to law enforcement. However, it is noteworthy that victims often delay reporting these incidents for extended periods, often spanning months or even years. The following text is intended to provide a comprehensive overview of the subject matter²⁹⁻³⁰.

This is different from 2020 where there were no cases of domestic violence examined, this could be related to the Covid-19 pandemic. The Covid-19 pandemic has greatly affected many things, including the hospital service system that prioritizes services for patients affected by Covid-19 infection. The government also issued regulations related to limiting visits to hospitals to suppress the spread of Covid-19 so that hospitals themselves experienced a decrease in the number of patients and only focused on treating Covid-19 patients²⁷.

All victims of domestic violence cases are adult women with an age range of 20-59 years, which is a productive age and the perpetrator is male, who is the victim's husband. This is in line with the results of previous research conducted in Manado that domestic violence occurs mostly in the productive age range¹¹.

Women are the majority of victims of domestic violence due to several things such as individual factors : women, economics, and partners. The rise of arguments between wives and husbands leads to domestic violence and the patriarchal culture in Indonesia is also a factor, so that men or husbands feel more powerful and can commit acts of violence against women or their wives²⁴. Many assume that the position of women is below men, and often women are always

considered inferior and women's main job is only taking care of household affairs, and this is one of the causes of women as victims of domestic violence¹⁹. Women's tendency to forgive makes women not report to the authorities, and the presence of children is something that makes women think about family integrity, so that women who already have children tend to forgive their husbands who commit domestic violence³.

Based on the results of the analysis of the visum et repertum, this study found that 6 out of 7 victims of domestic violence had abrasions on their bodies. In cases of domestic violence examined at Regional Public Hospital Dr. Moewardi, the majority of victims suffered abrasions caused by blunt objects and scratches. Furthermore, 5 out of 7 victims of domestic violence suffered bruises on their bodies, based on the results of research conducted at Bhayangkara Manado Hospital, bruises are the most common type of injury experienced by victims of domestic violence¹⁵.

One out of seven victims of domestic violence examined at Regional Public Hospital Dr. Moewardi suffered cuts. The victim who suffered a cut wound in the study did not die. In this study, the victim who suffered a cut wound was on the back 14 cm long which had dried up, indicating that the patient had experienced domestic violence not for the first time. The location of wounds experienced by victims of domestic violence in the cases examined had the most locations on the head and neck as many as 6 people, this is in accordance with research conducted at Bhayangkara TK II Medan Hospital that the location of wounds in victims of domestic violence is mostly on the head and neck^{16, 22}. Violent wounds found on the head can cause disruption to brain function and based on one case of domestic violence in Kolaka, North Sulawesi victims who suffered head injuries had to be intensively treated in the hospital for 9 days¹⁸.

The most prevalent form of violence is that which involves the head and neck, often constituting a component of a broader pattern of sexual violence. The preponderance of violence targeting the head and neck region can be attributed to the anatomical accessibility of these areas, which are considered vulnerable and susceptible to fatal injury³¹.

Domestic violence is an act of violence that can be described as an overt or covert behavior, can be defensive or offensive, and is usually accompanied by the use of power over others that causes misery¹⁰. The context of violence in the domestic sphere is not some kind of difference of opinion or debate, but worse. According to the Law on the Elimination of Domestic Violence No.23 of 2004 Chapter I Article 1 Paragraph 1, Domestic Violence is an action against a person, both women and men, which can result in psychological, physical, sexual suffering, or deprivation of independence against the other party²⁵.

In the Law on the Elimination of Domestic Violence No. 23 of 2004 Chapter I Article 2, violence can be considered in the realm of the household if the perpetrators and victims include: a) Husbands, wives, and children, b) People who have a family relationship with the person

referred to in letter a because of blood, marriage, breastfeeding, care, and guardianship, who live in the household; and / or, c) People who work to help the household and live in the household, d) The person who works as referred to in letter c is considered as a family member for the period of time during which he/she is in the household concerned²⁵.

The *cycle of violence* is a concept coined by Walker and Gelles regarding the phases in the process of domestic violence. It generally goes through three main phases: 1) tense phase/increased tension; 2) acute phase/acute abuse, and; 3) calm state/pseudo honeymoon phase⁸. In the tension building phase, abusers tend to get angry or annoyed easily and begin to commit minor acts of violence, for example: slapping, cursing, and/or psychologically attacking. In addition, the abuser will also feel fearless, unwilling to take responsibility, frantic, see the victim as a subject who is always wrong, and feel uncomfortable⁸.

Victims tend to feel afraid and try to reconcile the situation to avoid being yelled at by making excuses such as blaming themselves or giving in. This will cause an unbearable increase in tension so that the victim can feel anxious, depressed, insomnia, tired, over or under eating, and headaches⁴.

In the acute phase, an explosion of sexual, verbal and physical abuse occurs. This is generally a short-term phase, lasting from a few minutes to days. However, this stage can cause injury or death. The forms of abuse vary, such as: choking, hitting, kicking, even with weapons⁸.

In the third phase, the calm state/pseudo-honeymoon phase, the situation becomes more pleasant. The abuser will apologize and promise to change. The victim will see the good side of the abuser and consider it an abnormality. This phase is the longest phase in the domestic violence cycle because this phase is the right time for victims to seek help⁸.

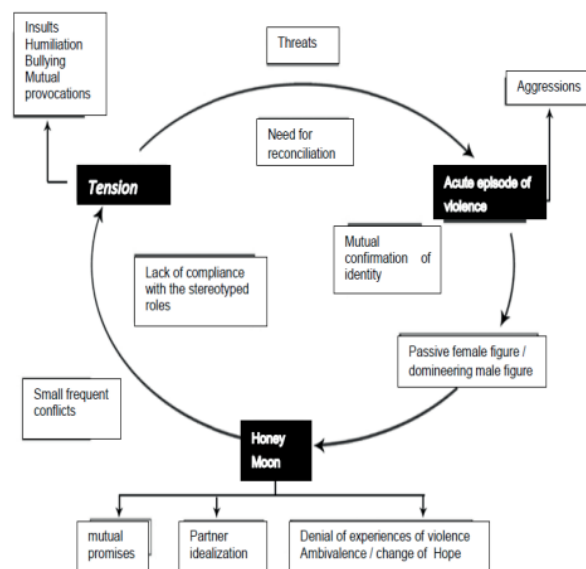


Figure 4. Cycle of domestic violence⁴.

CONCLUSION

A distinctive characteristic of domestic violence is that victims often do not report incidents until they have experienced repeated instances of violence. Consequently, victims will exhibit a range of injuries. The preponderance of female victims of domestic violence is a matter of significant concern, with this phenomenon often being ascribed to societal perceptions of women as inherently vulnerable and inherently reluctant to engage in physical confrontations. Consequently, medical personnel conducting examinations on victims of domestic violence, who are predominantly adult women, must exercise caution and thoroughness during the examination. It is imperative that injury examinations encompass the documentation of both pre-existing and recent injuries. Furthermore, psychological evaluations conducted by psychiatrists and psychologists are necessary, as victims not only suffer physical injuries but also psychological trauma that requires proper care. It is evident that further research is required in order to furnish the entire community with the necessary data and educational resources. The objective of this research is to empower the community to promptly report and examine victims of domestic violence.

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