



Demographical Description of Victims Undergoing Clinical Visum Examinations in UNS Hospital Period 2017–2021 as a Consideration for Determining Health Policy

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Abstract. Differences in the demographic characteristics of victims who underwent a clinical visum. It is necessary to conduct a descriptive study related to the demographic description of victims with clinical visum, which has been carried out at UNS Hospital for the past 4 years. The result of this study is expected to represent the demographic data of clinical forensic victims in Surakarta.

This research is a descriptive observational study. The study used clinical visum records at Medical Partner Installation, UNS Hospital from 2017 to 2021. The population in this study was all clinical visum records handled at UNS Hospital for the 2017–2021 period by total sampling (January 2017–December 2021).

The forensic installation has conducted a clinical visum of 41 cases with demographic characteristics: (1) male 61%, female 39%. (2) adult victims 54%. (3) work of the victim as a private employee 63%. (4) Indonesian citizenship is 83%. (5) victim's address is in Sukoharjo 43%. (6) education level, SHS of victims 20%.

Most cases of clinical visum were injuries, most years of clinical visum was 2019, the sex of the victim who underwent a clinical visum was mostly male, the age of the victim was most adult, most of the victim's occupations were private employees, most nationalities are Indonesian citizens most victims addresses are Sukoharjo, most of the victim's education levels are at the high school, most of the crime incidents occur in the victim's house, most of the time of clinical visum was carried out at the night.

Keywords: Demographics · clinical visum · forensics

1 Introduction

The Criminal Statistics 2020 publication data showed that criminal incidents in Indonesia still didn't experience a significant decline, even though the government had implemented some preventive measures. More surprisingly, the crime rate in Central Java is

noted to be increasing. In Indonesia, the rate of risk of becoming the victim of crime per 100.000 residents is 129 cases or 0,129%. This is in line with registration data from the State Police of the Republic of Indonesia. Statistics Indonesia Central Java recorded that the total number of criminal incidents in 2018 was 9.127 cases and 10.712 cases in 2020. The rate of risk of becoming the victim of crime per 100.000 residents in the Province of Central Java in 2018 was 27 criminal incidents and in 2020 31 criminal incidents in [1].

In handling cases of criminality, a court needs the role of a health institution to perform a clinical visum that can be used as valid evidence in a legal proceeding. Examinations of clinical visum is a branch of medicine that deals with live victims [2].

Examinations of clinical visum can be performed by a health facility after receiving an official request letter from an investigator of the police [3]. Clinical visum requests are usually related to criminal cases of live victims caused by sexual crimes, blunt violence, sharp violence, gunshot, violence with high or low temperatures, auditory violence, physical violence, violence with radiation, violence with strong acid or strong base, and intoxication [3].

The clinical visum examination results are called *Visum et Repertum*. In a *Visum et Repertum*, there is information on the identity of the investigator, the identity of the request letter, the identity of the victim, the identity of the event, the identity of the crime scene, types of examinations, other evidence, the identity of the forensic medicine team, and the identity of time. Based on those data, an investigator can understand clearly all information related to the victim [3, 4].

The identity of the victim which includes name, age, sex, occupation, place of origin, religion, level of education, and home address can be material for a study. A study related to the identity of the victim is intended to determine the correct target when performing community outreach.

According to the Criminal Statistics 2020 publication data, residents that have become the victims of a crime are classified by age and sex. From 2019 to 2020, adults were more often to experience crime, with 94,32%, compared to children, with 6,58%. Broken down by sex, as many as 64,46% of the victims of crime were male and 35,54% of victims were female [1]. Those data are data retrieved from all regions of Indonesia, regardless of whether a clinical visum examination was conducted or not. The researcher is interested in studying how demographical characteristics correspond with victims who underwent clinical visum examinations in the UNS Hospital. This research is entitled "Demographical Description of Victims Undergoing Clinical Visum Examinations in UNS Hospital Period 2017–2021".

The general purpose of this research is to discover the breakdown of the number of victims who underwent clinical visum examinations in the UNS Hospital for the period of 2017–2021 by sex, age, occupation, nationality, home address, and level of education. Meanwhile, the specific purpose is to retrieve statistical data related to the demographical characteristics of victims who underwent clinical visum examinations in the UNS Hospital for the period of 2017–2021 broken down by victims of injuries and crimes against decency.

2 Methods

The type of research is a descriptive study. The approach used in this research is a cross-sectional approach. This approach is observational or through the collection of data.

The subject of the research is all *Visum et Repertum* record files of clinical forensic cases in the UNS Hospital for the period of 2017–2021 which are specifically related to the demographical characteristics of the victim.

The sample is grouped by the studied variables. Those variables are sex, age, occupation, nationality, home address, and level of education (Table 1).

The collected data is secondary data from *visum et repertum* files of clinical forensic examinations in the UNS Hospital for the period of 2017–2021. All files of clinical forensic *VeR* of UNS Hospital period 2017–2021 are collected. After all, *VeR* has been collected, the data is recorded based on the studied variable. The studied variables in this research are sex, age, occupation, nationality, home address, and level of education. After all, *VeR* has been recorded, the recapitulated data is analysed (Fig. 1).

Table 1. Operational Definitions

Variable	Definition	Result of Measurement
Sex	Type of genitalia of patient	Male Female
Age	The lifespan of the victim from birth until death, in the day, month, and year	Child Adolescent Young adult Middle adult Older adult No data
Occupation	Main activity which is performed regularly to earn money	Private employee Farmer Student Civil servant Pensioner Member of military/police Self-employed Unemployed Others No data
Nationality	Membership associates a citizen with their country	Indonesian Foreign No data

(continued)

Table 1. (continued)

Variable	Definition	Result of Measurement
Home address	A set of information related to the residence of an object or living being	Municipality District No data
Level of education	The level of study of knowledge, skills, and behavior by someone	Kindergarten Primary school Middle school/equivalent High school/equivalent Diploma 1 Diploma 2 Diploma 3 Diploma 4/Bachelor's degree Master's degree Doctorate



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ETHICAL CLEARANCE
KELAIKAN ETIK
No : 48 /UN27.06.11/KEP/EC/2022

The Research Ethics Committee of Faculty Medicine Universitas Sebelas Maret after reviewing the research protocol, here with to certify that the research protocol titled:

Komite Etik Penelitian Fakultas Kedokteran Universitas Sebelas Maret setelah menilai dokumen protokol penelitian yang diusulkan, dengan ini menyatakan bahwa usulan penelitian dengan judul :

Deskripsi Demografi dari Korban yang Dilakukan Pemeriksaan Visum Klinis di RS UNS Pada Tahun 2017-2021

Protocol ID : 01/02/04/2022/46
Nomor Protokol

Principal Investigator : Danika Juwitasari
Peneliti Utama : NIM. G0019048

Is Ethically Approved
Dinyatakan Lalk etik

The ethics approval expires 1 (one) year after issued and the Principal investigator must send progress report and/or final report to REC by 30 November.

Sertifikat kelainan etik ini berlaku 1 (satu) tahun sejak diterbitkan dan Peneliti Utama wajib memberikan laporan kemajuan dan/atau laporan akhir penelitian selambat-lambatnya 30 November.

Surakarta, 27 April 2022




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Fig. 1. Ethical Clearance

Table 2. Breakdown of Clinical Visum Cases By Attachment Of SPV

	Total	%
With SPV	34	82,9%
Without SPV	7	17,1%
Total	41	100%

Table 3. Breakdown Of Clinical Visum Cases By Year

Year	Total	%
2017	6	14,6%
2018	6	14,6%
2019	13	31,8%
2020	10	24,4%
2021	6	14,6%
Total	41	100%

3 Results

After executing the research procedure that had been agreed upon by relevant parties, several data of clinical visum from the UNS Hospital which were conducted between January 2017 and December 2021 were successfully retrieved. The clinical forensic *visum et Repertum* that had been retrieved contained 41 files. Seven of those files were not found to have an SPV as the SPV was not stored in the same file folder. Thirty-four other files were in complete condition (Table 2).

3.1 Breakdown of Clinical Visum Cases by Year

Clinical visum cases which occurred in 2017 amounted to 6 cases. 2018 had 6 cases, 2019 had 13 cases, 2020 had 10 cases, and 2021 had 6 cases. Based on overall data, it can be deduced that the average amount of clinical visum cases from 2017 to 2021 by year is 8 cases (Table 3).

3.2 Breakdown of Clinical Visum Cases by Sex of Victim

Clinical visum cases conducted in the UNS Hospital from 2017 to 2021 were predominantly on male victims. The 41 total cases are divided into male victims with 25 cases (60,9%) and female victims with 16 cases (39,1%) (Table 4).

3.3 Breakdown of Clinical Visum Cases by Age of Victim

Based on the 41 researched data, clinical visum cases were predominantly of young adult victims (26–45 years old) with 22 cases (53,6%). Adolescents (12–25 years old)

Table 4. Breakdown Of Clinical Visum Cases By Sex Of Victim

Sex	Total	%
Male	25	60,9%
Female	16	39,1%
Total	41	100%

Table 5. Breakdown Of Clinical Visum Cases By Age Of Victim

Age	Total	%
Toddler (0–5 yrs)	0	0%
Child (6–11 yrs)	2	4,9%
Adolescent (12–25 yrs)	12	29,2%
Young adult (26–45 yrs)	22	53,6%
Middle adult (46–65 yrs)	3	7,4%
Older adult (>65 yrs)	2	4,9%
Total	41	100%

placed second, with 12 cases (29,2%). The third is middle-aged victims (46–65 years old) with 3 cases (7,4%). Fourth is children (6–11 years old) and the elderly (>65 years old), each with 2 cases (4,9%). There were no cases of toddlers (0%) (Table 5).

3.4 Breakdown of Clinical Visum Cases by Occupation of Victim

Based on the overall researched data, victims were mostly private employees, occurring in 26 cases (63,4%). Next is students with 8 cases (19,5%). Civil servants had 2 cases (4,9%). The self-employed had 2 cases (4,9%). Victims of other occupations, such as housewives, had 2 cases (4,9%). The unemployed had 1 case (2,4%). Clinical visum cases did not occur for the groups of farmers, members of the military/police, and pensioners (Table 6).

3.5 Breakdown of Clinical Visum Cases by Nationality of Victim

Based on 41 clinical visum record files, the data shows that most victims were Indonesian citizens, as many as 34 cases (82,9%). While 7 other victims (17,1%) had no data on their nationalities as their SPV could not be found (Table 7).

3.6 Breakdown of Clinical Visum Cases by Home Address of Victim

Clinical visum cases conducted from 2017 to 2021 in the UNS Hospital mostly came from Sukoharjo Regency with 17 cases (41,5%), then Boyolali Regency with 7 cases

Table 6. Breakdown of Clinical Visum Cases By Occupation Of Victim

Occupation	Total	%
Private employee	26	63,4%
Farmer	0	0%
Student	8	19,5%
Civil servant	2	4,9%
Pensioner	0	0%
Member of military/police	0	0%
Self-employed	2	4,9%
Unemployed	1	2,4%
Others	2	4,9%
Total	41	100%

Table 7. Breakdown Of Clinical Visum Cases By Nationality

Nationality	Total	%
Indonesian	34	82,9%
Foreign	0	0%
No data	7	17,1%
Total	41	100%

(17,1%), and then Karanganyar Regency with 4 cases (9,8%), and the City of Surakarta with 4 cases (9,8%). In Sragen and Klaten, there were 2 cases each (4,9%). Moreover, Wonogiri, Lampung, Jember, Pekanbaru, and Kendal Regencies each had 1 case (2,4%). In Sukoharjo Regency with 17 cases, the regency is divided into several districts. A plurality of these occurred in Kartasura District with 13 cases (31,8%), Gatak District with 2 cases (4,8%), and Grogol and Baki Districts each with 1 case (2,4%). Cases in Boyolali Regency occurred in Banyudono and Ngemplak Districts. In Banyudono District, there were 4 cases (9,9%) and Ngemplak District had 3 cases (7,4%). From Karanganyar Regency, there were 4 cases, all of which occurred in Colomadu District (9,9%). Meanwhile, the City of Surakarta had 4 cases occurring in Laweyan and Banjarsari Districts: Laweyan with 1 case (2,4%) and Banjarsari with 3 cases (7,4%). Sragen Regency had 2 cases, 1 case in Mondokan District (2,4%) and 1 case in Kaligawe District (2,4%). Klaten had 2 cases, 1 case in Ceper District (2,4%) and 1 case in Wonosari District (2,4%). Wonogiri Regency had 1 case in Wuryantoro District. There was one case from Lampung. The case of the victim from Lampung occurred in Colomadu District because the victim lived at Kos Helin, Colomadu. There was also one case from Pekanbaru. The case occurred in Sukoharjo District because the victim lived at Kos Zahfira, Kartasura.

Table 8. Breakdown of Clinical Visum Cases By Municipality Of Address

Municipality	Total	%
Sukoharjo	17	41,5%
Wonogiri	1	2,4%
Boyolali	7	17,1%
Lampung	1	2,4%
Karanganyar	4	9,8%
Jember	1	2,4%
Pekanbaru	1	2,4%
Surakarta	4	9,8%
Sragen	2	4,9%
Klaten	2	4,9%
Kendal	1	2,4%
Total	41	100%

Jember Regency had 1 case in Summersari District. Kendal Regency had 1 case in Boja District (Tables 8 and 9).

3.7 Breakdown of Clinical Visum Cases by Level of Education of Victim

Based on the 41 clinical visum record files, most data related to the level of education of the victim is unknown because there is no data, amounting to 27 cases (65,8%). High school or equivalent level of education had 8 cases (19,5%). Other education had 4 cases (9,9%). Middle school or equivalent with 1 case (2,4%) and primary school with 1 case (2,4%) (Table 10).

3.8 Breakdown of Clinical Visum Cases by Crime Scene

Based on research results towards clinical visum which contained 41 files, the number of visum can be broken down by crime scene as follows, there were just 34 visum files to which the data of the crime scene can be found, as the other 7 files were incomplete (SPV file could not be found). A plurality of cases occurs inside a house with 10 cases (24,6%). Next, on a road with 9 cases (21,9%). Then, inside a lodging, cemetery, and café each with 2 cases (4,8%). Other crime scenes, which are a roadside, terrace of the post office, parking lot of a café, a salon, a store, and front of a house each occurred in 1 case (2,4%). Three other files contained no data on the crime scene (Table 11).

3.9 Breakdown of Clinical Visum Cases by Time of Examination

From the research on clinical *VeR*, it can be deduced that clinical visum examinations were performed on almost all periods as there are data that appear to be similar between

Table 9. Breakdown Of Visum Cases By District Of Address

District	Total	%
Grogol	1	2,4%
Kartasura	13	31,8%
Gatak	2	4,8%
Baki	1	2,4%
Wuryantoro	1	2,4%
Banyudono	4	9,9%
Ngemplak	3	7,4%
Ubiyan	1	2,4%
Colomadu	4	9,9%
Sumbersari	1	2,4%
Panam	1	2,4%
Laweyan	1	2,4%
Banjarsari	3	7,4%
Mondokan	1	2,4%
Kaligawe	1	2,4%
Ceper	1	2,4%
Wonosari	1	2,4%
Boja	1	2,4%
Total	41	100%

morning, early afternoon, late afternoon, dusk, evening, early morning, and dawn. There was a period with the least amount of visum examinations which was during dusk (18.00–19.00), with only 1 case (2,4%). Clinical visum cases were performed during the morning (05.00–10.00) with 7 cases (17,1%), early afternoon (10.00–15.00) with 8 cases (19,6%), late afternoon (15.00–18.00) with 6 cases (14,6%), evening (19.00–24.00) with 10 cases (24,4%), early morning (00.00–03.00) with 4 cases (9,8%), and dawn (03.00–05.00) with 5 cases or 12,1% (Table 12).

3.10 Breakdown of Clinical Visum by Type of Case

From the overall cases, they can be grouped into two, cases of injury and crime against decency. Cases of injury amounted to 39 cases (95,2%) and a crime against decency to 2 cases (4,8%) (Table 13).

Table 10. Breakdown Of Clinical Visum Cases By Level Of Education

Level Of Education	Total	%
Kindergarten	0	0%
Primary school	1	2,4%
Middle school/equivalent	1	2,4%
High school/equivalent	8	19,5%
Diploma 1	0	0%
Diploma 2	0	0%
Diploma 3	0	0%
Diploma 4/Bachelor's degree	0	0%
Master's degree	0	0%
Doctorate	0	0%
No education	0	0%
Other education	4	9,9%
No data	27	65,8%
Total	41	100%

Table 11. Breakdown of Clinical Visum Cases by Crime Scene

	Crime Scene	Total	%
Without SPV	No data	7	17,1%
With SPV	House of victim	10	24,6%
	Lodging	2	4,8%
	Roadside	1	2,4%
	Road	9	21,9%
	Terrace of the post office	1	2,4%
	The parking lot of café	1	2,4%
	Cemetery	2	4,8%
	Salon	1	2,4%
	Store	1	2,4%
	Café	2	4,8%
	Front of house	1	2,4%
	No data	3	7,4%
	Total	41	100%

Table 12. Breakdown of Clinical Visum Cases By Time Of Examination

Period	Total	%
Morning (05.00–10.00)	7	17,1%
Early afternoon (10.01–15.00)	8	19,6%
Late afternoon (15.01–18.00)	6	14,6%
Dusk (18.01–19.00)	1	2,4%
Evening (19.01–24.00)	10	24,4%
Early morning (00.01–03.00)	4	9,8%
Dawn (03.01–05.00)	5	12,1%
Total	41	100%

Table 13. Breakdown of Clinical Visum by Type Of Case

Type	Total	%
Injury	39	95,2%
Crime against decency	2	4,8%
Total	41	100%

4 Discussion

4.1 Discussion of Research Data

Forensic cases which were performed clinical visum examinations for the period of 2017–2021 in the UNS Hospital and were evaluated by demographical factors can be learned by studying medical record files of clinical visum stored in the UNS Hospital. After fulfilling all requirements set by the UNS Hospital and Faculty of Medicine, UNS, the opportunity was given to study those files. Demographical factors referenced in this research are sex, age, occupation, nationality, home address, level of education, crime scene, and time of visum examination.

Results of the research explain that criminal cases which were performed clinical visum examinations mostly occurred in 2019, then in 2020. The retrieved results match the Criminal Statistics 2021 which stated that there was an increase of criminal offenses by 7,04% during the pandemic [5]. During that time, there was a spike in coronavirus cases which caused significant hardships in the lives of people, both economically and socially. According to the Analysis Of Survey Results Of The Impact Of Covid-19 On Businesses which covered economic hardships, as many as 66,09% of large businesses experienced a decline in revenue and 67,77% of small businesses also experienced a decline in revenue [1]. Hardships in the social sphere, according to the Directorate Of Middle Schools, were social restrictions. During the implementation of social restrictions, the educational process was performed remotely. This caused students to spend

more time at home, which could increase the risk of violence, child marriages, child exploitations, and teenage pregnancies [6]. There is a possibility that those two phenomena above are connected. The more difficult it is to find a source of income, the more encouraged someone becomes to commit a criminal offense. This causes a rise in clinical visum cases compared to the previous and succeeding years.

From the research data breakdown by sex, it can be learned that males performed more clinical visum examinations than females. There were more male victims (56,25%) than female victims. This matches Police Data from 2020, which stated that there were more male victims by 41,95% than female victims who became targets of a crime [1]. This is possibly due to the role of males as the backbone of the family so they felt pressured to find a source of income and were most in contact with the outside world. In the condition of a coronavirus-induced crisis, they still had to fulfill the needs of the family. This caused them to be forced to perform injury-prone activities. Moreover, males have a wider field for movement than females. Males interact more with strangers, allowing for more social conflicts which compel them to act inappropriately or receive inappropriate acts. Females had fewer cases because females tend more to perform activities at home or indoors. Females have a more limited field for movement [7]. Moreover, the emotion of females tends to be more composed so tend less to be emotionally provoked.

The age of victims of crime who performed clinical visum examinations was mostly in the age range of young adults or 26 – 45 years old with 22 cases (53,65%). It is then followed by adolescents at around 12–25 years old with 12 cases (29,26%). At the ages of 12–45 years old, humans perform more activities with other people. This matches the Criminal Statistics 2021 publication which stated that 94,32% of victims of crime were adults and 6,58% of victims were children [5]. For people of these ages, issues could form which provoke negative emotions and induce criminal acts. They are also at their prime conditions, so any criminal acts could almost be guaranteed to cause injury. This matches the results of the Potential for Criminal Acts by Adolescents Reviewed by Age and Education Factors Using Multi-Factor Evaluation Process (MFEP) Method research which stated an increase of 26.002% of criminal acts among adolescents [8]. This caused many victims to have to undergo clinical visum examinations to prove the facts of the crime.

Criminal cases rarely occur for toddlers, children, and the elderly or, according to data from the results of the research, showed a lower number. Toddlers and children have not yet performed many activities outside the home, and have not yet had many social relationships. Moreover, toddlers and children have not yet possessed knowledge about other people. And so is the case with the elderly too, they have mostly left activities involving interactions with the public. Moreover, the physical condition of toddlers, children, and the elderly is not as fit as those of productive age. They would avoid acts that lead to the risk of crime.

Evaluating by the occupation of victims who performed clinical visum examinations, private employees represent the largest figure. A private employee is an employee who receives no fixed income. If the private employee is tenacious, resilient, and an achiever, they would get much income. But if they work ordinarily, the income received would thus be little. The group of private employees is pressured to innovate, be creative, think positively, and be capable of finding new ways to raise their income. As

such, high motivation from a private employee is highly demanded. Private employees with high motivation are characterized by punctuality and passion in completing tasks, punctuality in attendance, and satisfactory results. In contrast, the characteristics of an unmotivated private employee are laziness in attending work and completing tasks, as well as unsatisfactory results. The process of motivation in completing work is a way of expressing satisfaction with work. This means they have to be competitive with other private employees. This leads to competing interests between a private employee and others in which part of the conflict involves injury-inducing criminal acts.

Other than that, the lives of private employees are less tranquil than public employees. According to a survey by Jobstreet in 2014 of 17.623 private employees in Indonesia, 73% of those employees are unsatisfied with their occupation [9]. Research the title *Discrepancy In Work Satisfaction For Employees In Public And Private Plantations* showed that public employees felt that their salary matched their level. Moreover, employees with overtime work also received additional income based on their work. Meanwhile, private employees felt that their salary is only on par with minimum wage (Abdul, 2018). This causes their emotions to be easily ignited which can cause acts of crime.

Aside from private employees, students placed second by occupation which performed clinical visum examinations. This is because students are classified as adolescents. Based on data collected by the Ministry of Women Empowerment and Child Protection in 2016, Indonesia still had issues with juvenile delinquency with 4620 cases. Based on a graph of *Characteristics Of Victims Of Violence By Age Group*, 60% of adolescents aged 13–17 years old experienced crime [10]. Adolescents have not yet possessed a persistent personality. They are still in a phase of searching for identity so they are easy to replicate the actions of others, from TV, YouTube, or other mass media. This sometimes leads to acts of crime that cause injury to peers of the same age or those from an older or younger age group.

There are lower figures for civil servants, the self-employed, the unemployed, and others. It is possible because this group does not interact much with a heterogeneous public or has stronger self-control of emotion or ethics.

The nationality of victims who performed clinical visum by the UNS Hospital from 2017 to 2021 was mostly Indonesian citizens. Of the 41 researched visum record files, 34 of those files were of a victim who was an Indonesian citizen. According to the files, the other 7 files had no data on the nationality of the victims. This is because the SPV file could not be found. According to the domiciles of the 7 victims whose visum record files were not complemented with an SPV, they were Indonesian citizens. Even though they originate from the region of Solo, the nationalities of those 7 victims could not be confirmed.

According to the home address of the victims who performed clinical visum examinations in the UNS Hospital, Solo, many originated from Sukoharjo, Boyolali, and Surakarta. The location of those three municipalities is in proximity to the location of the UNS Hospital. Also, the UNS Hospital has an easily accessible location from the three cities or regencies. So other than the proximity, the UNS Hospital is also easily accessible from nearby municipalities.

Based on the level of education of the victims who performed clinical visum examinations in the UNS Hospital, from the researched visum record files, most of them were

not found any educational data in 27 cases (66%). This may be because education is not considered important data by the officers, so they did not question and register it in the visum record files.

Those with high school education are the level of education of victims who frequently performed visum examinations, even though they do not constitute a majority, with 8 cases or 20%. Someone with a high school education, they do not yet have a sufficient understanding of life. Their emotions are still unstable, easily ignited by small issues. As such, some of them commit violence that causes injury to themselves and others.

By crime scene, houses and roads were places that frequently became places where a criminal act occurred. This is the case because houses and roads are places where someone meets with many people in a free situation. This is not the same with a school or office. A free situation allows someone to act unfavorably towards other people, including injury-inducing acts of violence.

Based on the time clinical visum examinations were performed, they are identical to the time an act of crime occurred. Out of 24 h, there are 7 periods of time, which are morning (05.00–10.00), early afternoon (10.01–15.00), late afternoon (15.01–18.00), dusk (18.01–19.00), evening (19.01–24.00), early morning (00.01–03.00), and dawn (03.01–05.00). Acts of violence occurred in almost every available period. They are distributed almost evenly, but the highest figure is in the evening (24,4%). This is because, at night, the atmosphere is dark, with most people commonly resting from work. For those who still perform activities, most of those activities are not usually performed by a layperson. Unusual activities are usually performed by people with unnatural behavior. These people meet each other in a dark and desolate environment, and emotions will be easy to trigger unusual acts, such as harassment, violence, crime with a sharp weapon, and theft of a motor vehicle, either intentionally or unintentionally, causing injury.

From the 41 cases which were performed clinical visum examinations, 39 cases related to physical violence which cause injury. The other two cases are cases of sex crimes. This urges members of the public to be vigilant with anyone, anywhere, and over any problems.

4.2 Research Limitations

This research faced difficulties in retrieving data from patients because it only utilizes clinical visum record files stored at the medical record section of the UNS Hospital. This research could only evaluate data written in clinical visum records. Not all of these cases have a complete profile. There are cases in which the SPV could not be found as the storage of the SPV is separated from clinical visum results files. There are also some data which were omitted, such as the education of the victim. 27 clinical visum files did not mention the education of the victim. In the clinical visum files, the time of injury also could not be found, only the time of the clinical visum examination at the UNS Hospital Emergency Department.

5 Conclusion

After research was conducted into clinical visum files in the UNS Hospital containing 41 files with the observational descriptive method, it can be concluded that the description of demographical factors of victims who performed clinical visum examinations in the UNS Hospital for the period of 2017–2021 was mostly performed on male victims. Cases that required clinical visum examinations were mostly faced by those of productive age, namely adolescents and adults who worked as private employees with Indonesian nationality. Cases that were performed clinical visum examinations in the UNS Hospital mostly came from municipalities in proximity to Solo, i.e. Sukoharjo, Boyolali, and Surakarta. The education level of victims was not recorded completely as 27 files did not include data related to the education of patients. Places that most frequently became locations for acts of violence were mostly houses and roads with the time spread between dawn, morning, and until dawn. A plurality of Clinical visum examinations was performed in the evening. From the available 41 files, 39 files were cases of injury and the other 2 cases were cases of sex crimes.

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