



JLPH:
**Journal of Law, Politic
and Humanities**

E-ISSN: 2962-2816
P-ISSN: 2747-1985

<https://dinastires.org/JLPH> dinasti.info@gmail.com +62 811 7404 455

DOI: <https://doi.org/10.38035/jlph.v6i4>
<https://creativecommons.org/licenses/by/4.0/>

Exploring The Experiences of Sexual Abuse Victims In The Forensic Examination Process at The Rejang Lebong Regional Public Health Facility

Nova Kristi Fransiska^{1*}, Herlita Eryke², Marliz Tarmizi³

¹ Master of Health Law Program, Universitas Bengkulu, Bengkulu, Indonesia.

² Master of Health Law Program, Universitas Bengkulu, Bengkulu, Indonesia.

³ Master of Health Law Program, Universitas Bengkulu, Bengkulu, Indonesia.

*Corresponding Author: kristif33@gmail.com

Abstract: This study examines the experiences of child and adolescent sexual abuse victims during the forensic examination process at health facilities in Rejang Lebong. Sexual violence against children is a serious and complex problem that requires a multidisciplinary approach to its handling. Based on in-depth interviews and prior literature, it was found that the forensic examination process frequently causes deep psychological trauma to victims, particularly when procedures are conducted invasively and without adequate empathy. Many victims reported feeling afraid, anxious, and disrespected, especially when officers failed to apply a trauma-informed approach or to maintain their privacy. Their experiences highlight the critical need for humane services characterized by empathetic communication and comfortable, safe facilities. The findings indicate that conducting examinations in a sensitive, transparent manner that respects human rights is essential for reducing ongoing trauma and strengthening victims' trust in the legal system and healthcare services. Trauma-informed care approaches, continuous training for personnel, and improvements to facilities and awareness of victims' rights are proposed as principal strategies to ensure that the forensic process is conducted humanely and effectively. Overall, this study underscores the importance of a trauma-informed approach within the healthcare system and law enforcement to protect the human rights of victims and minimize the long-term effects of trauma.

Keywords: Child Sexual Abuse; Forensic Examination; Psychological Trauma; Trauma-Informed Care; Victim Experience.

INTRODUCTION

Sexual violence against children and adolescents constitutes a complex and increasingly alarming social phenomenon worldwide, including in Indonesia. This phenomenon encompasses various forms of violence, both direct and indirect, perpetrated by individuals known to the victim as well as by strangers. Data from UNICEF indicate that sexual violence against children and adolescents represents one of the most destructive forms of human rights violations, seriously disrupting the psychological and physical development of

victims (SPHPN, 2024). In Indonesia, the number of reported child sexual abuse cases has demonstrated a significant upward trend. According to data from the National Police (Polri) and the Ministry of Women's Empowerment and Child Protection, cases increased dramatically from approximately 12,697 in 2015 to 47,209 in 2021 (Budiarti et al., 2022). This trajectory underscores that child and adolescent sexual violence constitutes a serious problem that has not been effectively addressed by the existing legal system and child protection services.

Beyond physical injuries, sexual violence inflicts prolonged psychological trauma. Children and adolescents may experience depression, anxiety, and profound shame that adversely affect their social and emotional development. Such trauma is difficult to overcome and necessitates comprehensive medical and psychosocial intervention (Hasmawati, 2025). One critical stage in the handling of child sexual abuse cases is the forensic examination process, which constitutes an inseparable component of law enforcement and victim protection efforts, as it aims to collect scientifically valid legal evidence (Kaur et al., 2021). Forensic examination not only functions to identify perpetrators through biological evidence such as DNA, but also serves as a medico-legal process that must uphold justice and demonstrate advocacy for victims (Manning & Rattray-Te Mana, 2022).

In Indonesia, forensic examinations are conducted by trained medical personnel adhering to official procedural standards, consistent with Articles 133, 134, and 184 of the Criminal Procedure Code (KUHAP), to ensure that the process complies with the law and respects the rights of victims. Officers are required to ensure that evidence collection is carried out objectively, comprehensively, and without causing additional physical or psychological harm to victims (UUD RI, 1981). Furthermore, under Article 285 of the current Criminal Code (KUHP), the offense of rape is defined as compelling a woman to engage in sexual intercourse through violence or threats of violence outside of marriage, carrying a maximum sentence of 12 years' imprisonment. In cases involving child victims or other aggravating circumstances, the applicable sentence may be increased accordingly.

However, field realities demonstrate that the forensic examination process has yet to operate optimally. Numerous studies and reports document obstacles such as insufficient officer training in trauma-informed care, limited awareness of the importance of sensitive treatment, and suboptimal evidence collection procedures. Without an empathetic and properly conducted process, the likelihood of obtaining sufficient evidence to prosecute perpetrators diminishes, potentially prolonging investigations and impeding the course of justice (Fernandes et al., 2024). Forensic procedures conducted in an inhumane, hurried, and insensitive manner further exacerbate victims' psychological trauma, generating fear and shame while reinforcing the stigma that victims are being treated unjustly (Seitanidou et al., 2024).

Traumatic experiences during forensic examinations profoundly influence victims' willingness to continue the legal process. Victims who receive poor treatment during examination tend to withdraw from judicial proceedings, as such experiences compound their psychological injuries and cause them to feel judged and unsupported (Hasmawati, 2025). It is therefore imperative to implement a trauma-informed approach throughout the forensic examination process to prevent it from further aggravating victims' existing psychological wounds. This study addresses three principal research questions: first, how do child and adolescent sexual abuse victims experience the forensic examination process at health facilities in Rejang Lebong? Second, what obstacles and challenges arise during forensic evidence collection in sexual abuse cases? Third, what recommendations do victims offer to improve the humaneness and effectiveness of the forensic examination process?

LITERATURE REVIEW

Child Sexual Abuse: Definitions, Prevalence, and Legal Framework

Child sexual abuse (CSA) is broadly defined as any sexual act or behavior directed at a minor, including contact and non-contact offenses, carried out by an adult or another child who has power over the victim (World Health Organization, 2020). The World Health Organization (WHO) estimates that approximately one in five women and one in thirteen men report having experienced child sexual abuse before the age of 18, underscoring the global magnitude of this problem (Briere, Runtz, & Rodd, 2024). In the Indonesian context, the legal framework governing the protection of child victims of sexual violence is primarily established by Law Number 35 of 2014 on Child Protection, which comprehensively regulates the rights of child victims and the obligations of the state to provide protection, rehabilitation, and justice (Undang-Undang Republik Indonesia, 2014).

The consequences of child sexual abuse extend far beyond physical injury and encompass a wide spectrum of psychological, social, and developmental impacts. Studies consistently demonstrate that survivors of CSA are at significantly elevated risk for post-traumatic stress disorder (PTSD), depression, anxiety disorders, self-harm behaviors, and difficulties in interpersonal relationships throughout the life course (Jeglic et al., 2025; Keerthana T et al., 2026). The severity of long-term outcomes is often mediated by the quality of institutional responses encountered in the aftermath of disclosure, including the manner in which forensic examination is conducted (Blunden et al., 2020). When the process of seeking justice and undergoing medical examination is experienced as re-traumatizing, victims may disengage from the legal process entirely, thereby allowing perpetrators to evade accountability (Berger et al., 2023).

From a legal perspective, Indonesia's Criminal Procedure Code (KUHP) under Articles 133, 134, and 184 establishes the legal basis for the use of *Visum et Repertum* as medico-legal evidence in criminal proceedings. This document, produced by an authorized medical professional upon the request of law enforcement, serves as the primary instrument through which forensic findings are translated into legally admissible evidence (Kaur et al., 2021). The accuracy, completeness, and ethical conduct of the forensic examination are therefore determinative not only for the victim's well-being but also for the integrity of the criminal justice process.

Forensic Examination Processes in Sexual Abuse Cases

The forensic medical examination (FME) following sexual assault is a complex, multi-step procedure that typically involves the collection of biological and trace evidence, documentation of physical injuries, and assessment of the victim's overall health status. According to Yesodharan et al. (2022), a high-quality forensic examination requires not only technical proficiency in evidence collection but also sophisticated interpersonal skills, including the ability to communicate sensitively with distressed victims, obtain informed consent, and explain each step of the procedure in an accessible manner. The failure to meet these standards can result in the loss of critical evidence and, more importantly, in further psychological harm to the victim.

International best practice guidelines, such as those issued by the International Association of Forensic Nurses (IAFN) and the WHO, emphasize that sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs) should be specifically trained professionals whose competence encompasses both clinical and psychosocial dimensions of victim care (Berger et al., 2023). Research conducted in various national contexts has demonstrated that victims who are examined by specially trained, trauma-informed examiners report significantly lower levels of distress during the examination and are more likely to cooperate with subsequent legal proceedings (George & Lowik, 2025). This body of evidence

strongly supports the case for specialized forensic examination services as distinct from general emergency department care.

In the context of developing countries, including Indonesia, the implementation of forensic examination services frequently confronts resource constraints, inadequate training, and systemic barriers that compromise both the quality of evidence collected and the dignity of victims. Research by Fernandes et al. (2024) found that forensic interview techniques with child victims remain inconsistent, with many practitioners relying on non-standardized approaches that can introduce suggestibility and compromise the reliability of disclosures. Similarly, Kaur et al. (2021) identified a significant gap between formal procedural standards for medico-legal evidence collection and actual practice in many regional hospital settings, highlighting the need for structured training and quality assurance mechanisms.

Trauma-Informed Care in Forensic Settings

Trauma-informed care (TIC) is a framework grounded in an understanding of the neurological, biological, psychological, and social effects of trauma, which translates this understanding into policies, procedures, and practices designed to avoid re-traumatization and to support recovery (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). The six core principles of TIC, as articulated by SAMHSA, are safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and cultural, historical, and gender sensitivity. Applied to the forensic examination context, these principles necessitate that every interaction with a victim be characterized by respect, explanation of procedures, offering of choices where possible, and active efforts to minimize distress.

The empirical literature provides robust evidence for the benefits of trauma-informed approaches in forensic settings. Augustejn et al. (2025), in their participatory research with survivors of rape and serious sexual assault in Scotland, found that experiences of the criminal justice process were significantly shaped by whether frontline professionals adopted person-centered, trauma-aware attitudes. Victims who encountered professionals who prioritized their emotional needs and explained procedural steps reported feeling more respected and were better able to engage with the justice process. Conversely, victims who encountered bureaucratic, rushed, or dismissive responses described feeling violated a second time by the system designed to help them.

Seitanidou et al. (2024) conducted a qualitative exploration of healthcare professionals' perceptions and experiences of implementing trauma-informed care practices in a forensic setting, revealing that while most professionals recognized the importance of TIC, significant structural and organizational barriers impeded its consistent application. These included time pressures, inadequate training, lack of institutional support, and the absence of dedicated forensic spaces separate from general clinical areas. The authors concluded that embedding TIC into forensic practice requires systemic change at the organizational level, not merely individual attitudinal shifts. Similar findings have been reported by George and Lowik (2025), who noted that institutional commitment, dedicated resources, and ongoing supervision are prerequisites for sustaining trauma-informed forensic examination services.

The concept of secondary victimization, also termed institutional or system-induced re-traumatization, refers to the additional harm experienced by victims as a result of insensitive, dismissive, or poorly managed responses by professionals and institutions following the initial assault (Berger et al., 2023). Within the forensic examination context, secondary victimization can occur through a range of mechanisms, including the failure to explain procedures, the conduct of invasive examinations without adequate consent, the exposure of victims to environments lacking privacy, and the use of clinical language or behaviors that communicate disbelief or judgment. Research by (Munir & Siregar, 2025) demonstrated that secondary

victimization during medical and legal processes significantly predicted victims' decisions to withdraw from criminal proceedings, with implications for both individual justice outcomes and broader rates of impunity for perpetrators.

Victims' Experiences and Perspectives in the Literature

A growing body of qualitative research has sought to center the voices of sexual assault survivors in understanding how forensic examination processes are experienced and what improvements survivors themselves identify as most important. Manning and Rattray-Te Mana (2022), in a study of women's experiences of the forensic medical examination after sexual assault in New Zealand, found that the quality of the interpersonal relationship between the examiner and the victim was the single most influential determinant of whether the experience was perceived as helpful or harmful. Women who described examiners as warm, unhurried, and explanatory reported the experience as manageable, while those who encountered cold, clinical, or rushed examiners described experiencing significant additional distress.

The role of informed consent and victim agency within the forensic examination process has emerged as a critical theme in the literature. Yesodharan et al. (2022) argued that the principle of informed consent must be operationalized not merely as a procedural formality but as an ongoing, dynamic process throughout the examination, in which victims are continuously informed of what will happen next, offered the option to pause or stop, and affirmed in their right to make decisions about their own bodies. This approach has been found to be particularly significant for child and adolescent victims, whose developmental characteristics may make them more susceptible to perceiving the examination as coercive or confusing (Hong et al., 2025).

Cultural and gender dimensions of the forensic examination experience have also received increasing scholarly attention. Munir and Siregar (2025) found that victims from minority ethnic and cultural backgrounds frequently reported additional barriers to seeking and engaging with forensic services, including mistrust of institutions, language barriers, and cultural norms that stigmatize disclosure of sexual victimization. The gender of the examining officer emerged as a particularly sensitive issue in multiple studies, with many female victims expressing strong preferences for female examiners and reporting that the presence of male officers during intimate examinations constituted an additional source of distress (Berger et al., 2023; Manning & Rattray-Te Mana, 2022). These findings have direct implications for the staffing and operational protocols of forensic examination services, particularly in culturally diverse settings such as Indonesia.

METHOD

This study employs an exploratory qualitative approach, designed to investigate in depth the experiences, perceptions, and challenges encountered by underage sexual abuse victims during the forensic examination process at health facilities. This approach was selected for its capacity to uncover rich meanings from subjective experiences and complex processes (Pacheco & Fossa, 2025). The research design is a narrative case study, focusing on the collection and analysis of personal narratives from individuals who have experienced sexual abuse.

The study was conducted at the Rejang Lebong Regional Hospital, Bengkulu, a public health service center. Participants comprised victims under 18 years of age and medical officers who had been involved in forensic examinations. Purposive sampling was applied to select participants who had direct experience of forensic examination following a sexual assault, ensuring information-rich cases that could illuminate the phenomenon under study. Ethical approval was obtained in accordance with applicable institutional and national research ethics

guidelines, and all participants (or their guardians, in the case of minors) provided informed consent prior to participation.

Data were collected through in-depth semi-structured interviews and limited observation, guided by an interview protocol informed by the literature and the research team's prior experience. The interviews explored participants' experiences, feelings, obstacles encountered, and recommendations regarding the forensic examination process. Interview questions were developed based on established instruments in the trauma-informed care and forensic nursing literature, and were adapted to the local cultural and legal context. All data were recorded in interview transcripts and field notes, then subjected to systematic analysis.

Data analysis employed the reflexive thematic analysis technique developed by Campbell et al. (2021). The analytical process commenced with multiple readings of the data to understand the context thoroughly, followed by open coding. These codes were subsequently categorized into principal themes reflecting the experiences and perceptions of both victims and officers. Themes were developed reflexively and critically to ensure authentic representation of the data. The themes were then interpreted in depth to examine their interrelationships and meanings, forming the basis for recommendations to enhance child-friendly and trauma-informed forensic examination services. Trustworthiness of the analysis was enhanced through member checking, peer debriefing, and reflexive journaling by the research team.

RESULTS AND DISCUSSION

Victims' Experiences During the Forensic Examination Process

The findings of this study reveal that the experiences of sexual abuse victims during the forensic examination process are profoundly influenced by the attitudes and competencies of the examining officers. The majority of the ten victim participants reported feelings of fear, anxiety, and a sense of being treated inhumanely, primarily attributable to invasive procedures conducted without adequate explanation and the absence of a trauma-informed approach. These findings align with Augusteijn et al. (2025), who demonstrated that examination processes frequently engender trauma and the risk of re-traumatization when empathy and trauma-informed approaches are lacking. Jeglic et al. (2025) similarly documented that the institutional response following sexual abuse constitutes a critical determinant of long-term psychological outcomes for victims.

Table 1 below presents a summary of the experiences of ten victim participants, encompassing the brief chronology of the incident, their condition at the time, and their reactions and impressions of the forensic examination process.

Table 1. Summary of Victim Interview Findings

| No. | Brief Chronology | Condition During Incident | Victim's Reaction and Impression |
|-----|--|---|--|
| 1 | Kissed and forced sexual intercourse; clothing removed; returned home traumatized. | Intoxicated at the time of the incident in a hotel room; undergarments removed; unaware of perpetrator's address. | Psychological trauma, fear, sense of injustice; requested a companion and more thorough explanation. |
| 2 | Taken to and assaulted in a hotel room; genital contact with vaginal area; bodily fluids discharged. | Felt intimidated; possible physical injury; initially unaware of the process. | Felt afraid and traumatized; wished for the process to conclude quickly; feared further assault. |
| 3 | Forced into a house; kissed on the forehead; physically groped; injuries to the genitalia. | Shocked, afraid, felt guilty, unsure of what to do. | Severe trauma; fear of stigma; perpetrator's address unknown. |

| | | | |
|----|--|---|--|
| 4 | Forced removal of clothing; genital friction; felt penetration; brought by family. | Felt coerced, afraid, psychologically traumatized, ashamed, and powerless. | Required a companion and empathetic treatment from officers. |
| 5 | Forced clothing removal; experienced genital friction; vaginal injury; pursued and assaulted. | Felt panic, fear, physical and psychological trauma, sense of injustice. | Required humane treatment and comprehensive explanation. |
| 6 | Discovered alone and sleeping; forced clothing removal; genital friction; felt afraid and traumatized. | Shocked, frightened, unaware of what was happening, psychological trauma. | Requested gentle process and full explanation; did not wish for recurrence. |
| 7 | Assaulted from behind; felt pain and fear; injuries to specific areas; brought by family. | Pain, fear, physical and psychological trauma, sense of injustice. | Required a companion, empathetic treatment, and assurance of privacy. |
| 8 | Forced; genital friction; bodily fluid discharge; brought by family; psychological trauma. | Fear, shame, severe trauma, sense of oppression. | Needed gentler service and clearer procedural explanation. |
| 9 | Limited data available; suspected physical violence and coercion. | Felt afraid and traumatized; no comprehensive explanation provided; needed a companion. | Required trauma-informed services, a companion, and protection of privacy rights. |
| 10 | Incomplete data, but indicates traumatic experience and need for empathetic treatment. | Fear, shock, sense of injustice, psychological trauma. | Needed humane treatment, complete procedural explanation, and psychological support. |

Source: Primary research data (interviews)

The traumatic experiences of victims during the forensic examination process are closely related to the principles of human rights protection and legal provisions in Indonesia. Articles 76C and 77 of Law Number 35 of 2014 on Child Protection affirm that every child who has become a victim of sexual violence is entitled to humane, respectful treatment and protection throughout every stage of the handling process. Furthermore, the KUHAP stipulates that examination procedures must be conducted professionally, with the issuance of a *Visum et Repertum*, with empathy, and with careful attention to the psychological aspects of victims, including providing comprehensive explanations and avoiding invasive procedures (UUD RI, 1981). These legal provisions echo the international standards established by WHO (2020) and the IAFN, both of which emphasize that forensic examination of sexual assault victims must prioritize victim dignity and psychological safety alongside the technical imperative of evidence collection.

The data reveal that many victims felt afraid, anxious, and treated inhumanely due to invasive procedures and minimal explanation, resulting in further exacerbation of their psychological trauma. Numerous victims indicated that the process was conducted too quickly, was insufficiently child-friendly, and failed to take into account their psychological condition. They noted that the presence of male officers during gynecological examinations frequently engendered feelings of shame and fear, and that their privacy was violated. One victim stated: 'If the officer is friendly and gentle, I feel this process is not so painful and I can accept it more.' Conversely, when officers were stern, lacked empathy, and appeared rushed, the victims' experiences deteriorated further and deepened existing psychological wounds. These accounts resonate with findings reported by Manning and Rattray-Te Mana (2022), who identified the interpersonal quality of the examiner-victim relationship as the primary determinant of whether the forensic examination experience was perceived as helpful or harmful.

Many victims emphasized that they needed better, more transparent, and friendlier treatment. They wished for officers to explain procedures thoroughly and patiently, so that they could feel a sense of control over the ongoing process. They also expressed the hope that their privacy and data confidentiality would be strictly maintained to prevent misuse. One victim

stated: 'I want to know what will be done; if the explanation is complete, I feel calmer and not scared.' This aspiration directly reflects the principle of ongoing informed consent articulated by Yesodharan et al. (2022), who argued that victim agency must be actively maintained throughout every phase of the forensic examination. In addition to communication, psychological support was identified as crucial. Many victims experiencing trauma and fear wished for professional companions such as psychologists or counselors who could provide a sense of safety and support psychological recovery during the examination process, consistent with the psychosocial support provisions recommended by Keerthana T et al. (2026).

Experiences During Evidence Collection and Their Impact on Victims

Beyond experiences during the examination process itself, the evidence collection stage also constitutes a significant source of trauma for victims. Many reported that the treatment they received during evidence collection was inhumane and made them feel judged. One victim disclosed: 'I felt as though I was being treated as an object rather than as a human being deserving of respect.' They perceived the process to be conducted hastily and without adequate explanation, further worsening their psychological trauma. These perceptions are consistent with the concept of secondary victimization, described by Berger et al. (2023) as institutional responses that inadvertently compound the harm experienced by victims of sexual assault, and by Munir and Siregar (2025) as a significant predictor of victims' withdrawal from the criminal justice process.

The analysis of victim narratives revealed a pattern of dominant negative experiences associated with specific aspects of evidence collection. Terms such as 'examination process,' 'trauma,' and 'fear of officers' emerged prominently across the interview data, indicating that many victims felt hesitant, afraid, and anxious throughout the procedure. The continued and potentially repetitive nature of the examination process further compounds the negative psychological impact on victims. The manifestation of trauma and fear of officers suggests that such experiences frequently produce deep psychological wounds, particularly when officers fail to demonstrate empathetic and trauma-informed attitudes. These findings corroborate those of George and Lowik (2025), who found that the quality of the examination environment and the interpersonal conduct of examiners were strongly associated with victims' levels of distress and willingness to cooperate with law enforcement.

However, positive experiences can emerge when the evidence collection process is conducted in a trauma-informed manner and victims are provided with both control and comprehensive explanations of each step involved. Under such conditions, victims feel respected and actively involved in the process, and their experiences tend to be more positive, without the addition of further psychological harm to their existing wounds. Hong et al. (2025) similarly found that child and adolescent victims who were offered choices and explanations throughout the forensic process reported feeling more empowered and less re-traumatized, highlighting the transformative potential of even modest modifications to standard forensic practice.



Figure 1. Conceptual Framework of Victim Exploration in Sexual Abuse Cases
Source: Research data analysis

Victims' Reactions, Impressions, and Recommendations

Based on the interview data, victims demonstrated that forensic examination processes conducted inhumanely and without psychological empathy exacerbate their trauma. Many felt that the process made them feel judged and disrespected. One victim stated: 'This process made me feel intimidated, and I felt insufficiently supported.' They further noted that the process frequently engendered feelings of fear and a lack of control over what was occurring. By contrast, positive experiences were reported when officers demonstrated sensitivity and empathy and explained procedures comprehensively. Such conduct helped victims feel more confident and secure during the examination. Many victims expressed the desire for officers of the same gender, consistent with findings reported by Berger et al. (2023) and Manning and Rattray-Te Mana (2022), who identified gender concordance between victim and examiner as a significant facilitator of victim comfort and disclosure.

Many victims recommended that officers undergo specialized training oriented toward trauma-informed and empathetic practices. They wished for the examination process to be conducted gently, with comprehensive explanations, and with strict attention to their privacy and rights. Several recommended that examination facilities provide spaces that are comfortable, safe, and child- and adolescent-friendly. They also expressed the hope that a professional companion, such as a psychologist or a trusted family member, would be present throughout the process to provide a sense of safety and reduce trauma. These recommendations are strongly supported by the evidence base reviewed in the literature review section, particularly the findings of Seitanidou et al. (2024) and Augusteijn et al. (2025).

The discussion of findings is further supported by reference to existing literature. Berger et al. (2023) emphasize the critical importance of training officers to be sensitive to the psychological condition of victims and to maintain privacy and control throughout the process. The use of forensic evidence such as DNA is significant but is often suboptimal due to unsystematic management, which can compound the negative psychological experience of victims. Seitanidou et al. (2024) corroborate the finding that a trauma-informed care approach, focused on victims' experiences and needs, is essential for ensuring that they feel safe and respected, while minimizing trauma and stigma. Fernandes et al. (2024) further underscore that officer training must encompass empathetic communication and the creation of a supportive examination environment.

The protection of human rights is of paramount importance, particularly for victims of sexual violence and children. Privacy must be strictly maintained in accordance with Law Number 35 of 2014, which affirms that the rights of victims must be respected and protected. Providing victims with full agency and taking into account cultural and age-related factors help them feel respected and not further oppressed, consistent with human rights protection principles established in Indonesian legislation and with the cultural competency framework articulated by Munir and Siregar (2025) and Hong et al. (2025). Policy recommendations include continuous trauma-informed training, the implementation of victim-centered and privacy-respecting Standard Operating Procedures (SOPs), the provision of comfortable facilities, and public education regarding victims' rights and service procedures. It is equally important to ensure the presence of a psychologist or professional companion throughout the forensic examination to support victims' psychological well-being, in line with psychosocial support models advocated by Blunden et al. (2020) and Keerthana T et al. (2026).

CONCLUSION

Sexual violence against children and adolescents is a complex phenomenon requiring a multidisciplinary approach. The findings of this study, based on in-depth interviews with ten victims, demonstrate that the forensic examination process at health facilities in Rejang Lebong is frequently experienced as traumatic and insufficiently humane. Victims reported feelings of

fear and anxiety, received inadequate explanations of procedures, and were particularly uncomfortable when male officers were present during gynecological examinations, resulting in shame and distress. The absence of trauma-informed practices and empathetic officer conduct substantially worsened victims' psychological states, a pattern consistent with the broader international literature on secondary victimization in forensic settings (Berger et al., 2023).

The implementation of a trauma-informed approach and the provision of comprehensive training for officers in empathetic communication are critically important to ensure that victims feel safe and respected throughout the forensic examination process. Service standards must be rendered more transparent and victim-centered, including the provision of gender-matched officers and professional companions. Comfortable facilities and strict privacy protection are equally essential to a more humane examination process. Public education to enhance awareness of victims' rights and available procedures is vital for reducing stigma and shame, and for improving reporting rates. The establishment of a robust information system and outreach programs will help improve community trust and increase incident reporting rates.

Overall, the forensic examination process must be conducted in a humane manner, grounded in human rights principles, to ensure that victims receive a fair and dignified path to recovery. The implementation of trauma-informed principles and robust human rights protections will enhance the effectiveness of law enforcement and support the comprehensive psychological recovery of victims. Future research should extend to broader populations across Indonesia's diverse regions, explore institutional and systemic factors that facilitate or hinder trauma-informed forensic services, and evaluate the effectiveness of specific training interventions for forensic examiners. The development of nationally standardized, evidence-based forensic examination protocols that incorporate trauma-informed principles represents a critical priority for Indonesian health law and policy.

REFERENCES

- Augusteijn, F., Bosma, A., Pemberton, A., & Bijleveld, C. (2025). Realizing Crime Victims' Participatory Rights on the Frontstage. *Recht Der Werkelijkheid*, 46(3), 52–71. <https://doi.org/10.5553/rdw/138064242025046003004>
- Berger, L., Tuschy, B., Stefanovic, S., Yen, K., Weiss, C., Sütterlin, M., Saskia Spaich, & Berlit, S. (2023). Forensic Medical Examination After Sexual Violence: Implications Based on Victims' Perceptions. *IN VIVO*, 37(2), 848–857. <https://doi.org/10.21873/invivo.13152>
- Blunden, H., Giuntoli, G., Newton, B. J., & Katz, I. (2020). Victims/Survivors' Perceptions of Helpful Institutional Responses to Incidents of Institutional Child Sexual Abuse. *Journal of Child Sexual Abuse*, 1–24. <https://doi.org/10.1080/10538712.2020.1801932>
- Briere, J., Runtz, M., & Rodd, K. (2024). Child and Adolescent Exposure to Sexual Harassment: Relationship to Gender, Contact Sexual Abuse, and Adult Psychological Symptoms. *Journal of Interpersonal Violence*, 39(13-14). <https://doi.org/10.1177/08862605231225524>
- Budiarti, A. I., Arianto, G. N., & Maharani, M. (2022). Data dan fakta kekerasan seksual di Indonesia 2021. Indonesia Judicial Research Society (IJRS). <http://ijrs.or.id/wp-content/uploads/2022/04/Data-dan-Fakta-Kekerasan-Seksual-di-Indonesia-2021-8-Apr-2022.pdf>
- Campbell, K., Orr, E., Durepos, P., Nguyen, L., Li, L., Whitmore, C., Gehrke, P., Graham, L., & Jack, S. (2021). Reflexive Thematic Analysis for Applied Qualitative Health Research. *The Qualitative Report*, 26(6), 2011–2028. <https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=5010&context=tqr>

- Fernandes, D., Gomes, J. P., Albuquerque, P. B., & Matos, M. (2024). Forensic interview techniques in child sexual abuse cases: A scoping review. *Trauma, Violence & Abuse*, 25(2), 1382-1396. <https://doi.org/10.1177/15248380231177317>
- George, A.-J., & Lowik, V. (2025). Rethinking cross-examination: Reducing retraumatization for victims and survivors of sexual assault. *Alternative Law Journal*. <https://doi.org/10.1177/1037969x251359080>
- Hasmawati, H. (2025). Health Promotion Strategies in Preventing and Handling Sexual Violence against Children : a Literature Review. *Proceeding of International Seminar and Workshop on Public Health Action*, 1(1), 99–104. <https://doi.org/10.60074/iswopha.v1i1.14055>
- Hong, M., Kim, H.-S., Kim, K.-H., Koh, J. E., Han, C., Lee, S., Ryu, J. S., Lee, A. R., & Lee, S. M. (2025). Psychological Impact and Differences in Child and Adolescent Victims of Sexual Violence in South Korea: Using Data From a Sunflower Center in South Korea From 2015 to 2022. *Psychiatry Investigation*, 22(6), 660–667. <https://doi.org/10.30773/pi.2024.0381>
- Jeglic, E. L., Winters, G. M., Johnson, B. N., & Fisher, E. (2025). The Psychological Impact of Experiencing Sexual Abuse Revictimization by a Different Perpetrator in Childhood. *Children*, 12(8), 1070. <https://doi.org/10.3390/children12081070>
- Kaur, S., Kaur, S., & Rawat, B. (2021). Medico-legal evidence collection in child sexual assault cases: A forensic significance. *Egyptian Journal of Forensic Sciences*, 11(1), 41. <https://doi.org/10.1186/s41935-021-00258-y>
- Keerthana T, L., Sireesha S, & Aparna M. (2026). Profiles of Sexual Assault, Psychiatric Morbidity, and Global Functioning in Survivors of Child Sexual Abuse: A Cross-sectional Study. *Indian Journal of Psychological Medicine*. <https://doi.org/10.1177/02537176251414272>
- Manning, S., & Rattray-Te Mana, H. (2022). Health and justice: Experiences of the forensic medical examination after sexual assault. *Forensic Science International: Reports*, 6, 100297. <https://doi.org/10.1016/j.fsir.2022.100297>
- Munir, A., & Siregar, R. A. (2025). Viktimisasi Sekunder Di Luar Sistem Peradilan Pidana: Bentuk Dan Penyebab Pada Korban Yang Tidak Melaporkan. *JURNAL KAJIAN PEMERINTAH Journal of Government Social and Politics*, 10(2), 147–157. [https://doi.org/10.25299/jkp.2024.vol10\(2\).22352](https://doi.org/10.25299/jkp.2024.vol10(2).22352)
- Pacheco, C., & Fossa, P. (2025). Unprejudice as an Approach to Subjective Reality. The Hermeneutic Phenomenological Methodology. *Phenomenological-Hermeneutical Approach to Borderline Personality Disorder*, 37–56. <https://doi.org/10.1108/978-1-80592-281-020251005>
- Seitanidou, D., Melegkovits, E. A., Kenneally, L., Elliott, S., & Alves-Costa, F. (2024). Trauma-informed care practices in a forensic setting: Exploring health care professionals' perceptions and experiences. *International Journal of Forensic Mental Health*, 23(4), 349-361. <https://doi.org/10.1080/14999013.2024.2347238>
- SPHPN. (2024). Kondisi perempuan Indonesia. Survei Pengalaman Hidup Perempuan Nasional.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. SAMHSA.
- Undang-Undang Republik Indonesia. (1981). Undang-Undang Nomor 8 Tahun 1981 Tentang Hukum Acara Pidana (KUHAP).
- Undang-Undang Republik Indonesia. (2014). Undang-Undang Nomor 35 Tahun 2014 Tentang Perubahan Atas Undang-Undang Nomor 23 Tahun 2002 Tentang Perlindungan Anak.

- World Health Organization. (2020). Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. World Health Organization.
- Yesodharan, R., Shehata, S. A., Jose, T. T., Hagrass, A. M., & Nayak, V. (2022). Medico-legal history taking from the victims of sexual assaults: the role of nurse examiners. *Egyptian Journal of Forensic Sciences*, 12(1). <https://doi.org/10.1186/s41935-022-00284-4>