

Description of clinical forensic profile '*visum et repertum*' quality in Yogyakarta 2011-2016

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Abstract

Background. Clinical forensic medicine is the practice of assessing the living condition of someone, either as victims of an assault or the alleged perpetrator of the offense. This publication shows the profile of clinical forensic medicine quality were reported on *Visum et Repertum* in Yogyakarta.

Objective. The purpose of our study was to provide descriptive data on clinical forensic profile and *Visum et Repertum* quality in Yogyakarta 2011-2016.

Method. Retrospective data were collected on all clinical forensic victims of five Regional Public Hospital in Yogyakarta, for a six-year period. *Visum et Repertum* quality was assessed by Herkutanto's scoring method.

Result. There were 2902 cases with male victims 50.7% and female 49.3%. Most cases were from Yogyakarta Regional Public Hospitals (72.6%). The most victims from 18 to 30 years old (38.4%). The data from road traffic accidents (RTA), persecution, sexual violence, domestic violence, and poisoning cases were, 66.1%, 13.3%, 8.9%, 6.7%, and 5% respectively. There were no photo documentation in all hospitals. Blunt trauma was the highest number of trauma. While Almost hospitals have moderate quality in writing *Visum et Repertum*.

Conclusion. Women victims in four Regional Public Hospitals (Sleman, Wonosari, Bantul, and Wates) were higher than men. The largest age group of the victims was a group of 18 to 30 years old. The most cases happened was road traffic accidents (RTA). For the type of trauma, blunt trauma was the highest proportion of trauma. All clinical forensic cases obtained were no photo documentation. Overall, *Visum et Repertum* scores for clinical forensic cases throughout Regional Public Hospitals in Yogyakarta province were in moderate category (range 50% - 75%).

Keywords: clinical forensic medicine; visum et repertum; Yogyakarta.

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Introduction

The act of violence results in 1.6 million death worldwide annually (1). In Indonesia, the number

of violence in 2012 was 40.343 cases, increased in 2013 as many as 44.990, and increased again in 2014 as many as 46.366 (2). World Report on Violence and Health (WRVH) WHO defines violence as a use of physical strength or control by purpose, threatening, against oneself, another person, or a group or community, which resulted in injury, death, psychological harm, developmental disorders, or deprivation (3). In reporting criminal cases, the legal authority (investigator) will ask help from a doctor/physician to examine the wounds of the victim's body, so that forensic medicine could be used to support law enforcement in handling criminal cases. Forensic medicine or known as legal medicine is a specialist branch of medicine that studies the use of medical science for law enforcement and justice gain (4). It involves the assessment and interpretation of an individual involved either as a suspect or a victim of a criminal activity. The term forensic medicine consists of forensic pathology and clinical forensic medicine. Clinical forensic medicine is the practice of assessing the living condition of someone, either as victims of an assault or the alleged perpetrator of the offense (5). The clinical forensic cases are included abuse case, domestic violence, poisoning, sexual violence, and traffic accidents. Traffic accidents are the most widely cases treated in the hospital, such as those treated in Dr. Sardjito Public Centre Hospital (6). It may cover a wide field of subjects including clinical pharmacology, criminology, and traffic medicine (5).

Clinical forensic cases in Indonesia can be managed by all of the physicians, not only forensic physicians. It was listed in KUHAP (Indonesian Criminal Procedure Codes), number 133 (1), that the legal authority (investigator) would ask help from a physician to examine the wounds of the victim's body, and he/she shall make a report of the examination. Report of the examination in Indonesia is called *Visum et Repertum* (VeR). *Visum et Repertum* is a statement made by a physician based on the request of authorized investigators about the medical examination results to the victim, live or dead or part of the body suspected belongs to the victim, based on scientific and under oath for the sake of justice. It has three parts; opening, report, and conclusion. *Visum et Repertum* is a valid evidence, as stated in KUHAP, article 184, and used in the process of proving a criminal case toward the health and the human soul (7). In managing the clinical forensic cases, physicians must keep patients' medical confidentiality, as stated in Indonesian Government Regulation number 10 in 1966 (8).

Physicians in handling clinical forensic cases, including a preventive, diagnostic, therapeutic, or rehabilitative procedure to the victim need patient's consent based on Indonesian Medical Practice Regulation number 29 in 2004 (9).

Forensic medical examination of the living victim has a purpose to find out the cause and the degree of injury. The examination can be done if there is a request letter from authorized investigators. The clinical forensic examination begins with *anamnesis*, either auto or allo-anamnesis depends on patient's condition and age. The general physical examination begins by assessing the general condition and vital signs. It should be done in detail and thorough in every part of the body, including the anatomy and its function. If the physician found injuries, it should be assessed from forensic aspect such as location, coordinates, type of injury, form of wound, wound line, the color of wound, the wound condition, and size of the wound (10).

Materials and Method

This study was an observational descriptive study, using cross-sectional design. Sampling method of this study was consecutive sampling. The purpose of our study was to provide descriptive data on clinical forensic profile and *Visum et Repertum* quality in Yogyakarta 2011-2016. Collecting data was conducted over 6 months, from April to September 2016. This study involved clinical forensic cases in 5 Regional Public Hospitals in Yogyakarta Province; Sleman, Bantul, Yogyakarta, Kulon Progo, and Gunung Kidul Regional Public Hospital. The subjects of this study were clinical forensic cases handled in Sleman, Yogyakarta, Bantul, Kulon Progo, and Gunung Kidul District Hospitals from 2011 to 2016, with the inclusion criteria, that the variables report data observed were complete (Subject age, gender, place of birth, event/crime scene, type of cases and type of trauma). The profile and quality of *Visum et Repertum* were described. The profile of the clinical forensic consisted of the number of cases, cases classification by gender, age, types of cases, types of trauma, and the availability of photo document. While the quality of *Visum et Repertum* was the content completeness of *Visum et Repertum*.

Type of case was a clinical forensic case grouped into torture, domestic violence, poisoning, sexual violence, and traffic accidents. The number of clinical forensic cases was the proportion of clinical forensic cases handled, such as abuse cases, domestic violence, poisoning, obscene or sexual

crimes cases, and traffic accidents. The number of cases by age was the proportion of cases handled based on age, divided into infant (0-5 years old), children (6-17 years old), young adults (18-30 years old), adult (31-50 years old), and elderly (over 50 years old). Type of trauma was grouped into blunt trauma, sharp trauma, gunshots, chemicals, high temperatures, and multiple trauma. Length of a *Visum et Repertum* resolved was the length of a *Visum et Repertum* completed; 1-3 days, 4-7 days, and >7 days. Checklist quality of *Visum et Repertum* was determined by quality criteria of *Visum et Repertum* (arranged by Herkutanto, Table 1), with > 75% was considered good, 50%-75% was moderate, and <50% was poor.

Results

This study involved clinical forensic cases in 5 Regional Public Hospitals in Yogyakarta Province;

Sleman, Bantul, Yogyakarta, Kulon Progo, and Gunung Kidul Regional Public Hospital. But the data were taken in 5 Regional Public Hospitals in Yogyakarta Province were only for 6 years, from 2011 to 2016. In the following, here are reported data that could be taken at 5 Regional Public Hospitals in Yogyakarta Province (Table 2). Most cases came from Yogyakarta Regional Public Hospital because this region is the densely populated area. The rising population led to high traffic and caused the prevalence of accidents increases. In addition, this area is the center of government and tourism which attract many visitors from outside the town to visit. The more difficult economic competition and the number of residents from various norms cause the higher crime. These are the things causing clinical forensic cases.

Table 1: Visum et Repertum scoring method arranged by Herkutanto (21)

Opening			
Variable	Score : 0	Score : 1	Score : 2
1. Place of examination	Place of examination was not mentioned (neither hospital name nor department)	Mentioned hospital, institution, department, or installation name only.	Hospital or institution name with department or installation name were completely mentioned
2. Time of examination	Time of examination wasn't mentioned	Mentioned date, month, and year of examination only without specific time (an hour).	Date, month, year, and hour of examination were completely mentioned
3. Patient's data and identity	Patient's data and identity weren't mentioned	One element of subject data (name, sex, age, or address) only.	Mentioned two elements or more (name, sex, age, and address).
4. Investigator's data and identity	Investigator data weren't mentioned	Only one element (investigator's name, or investigator's workplace – resort police or sectoral police office -)	Investigator's name, and investigator's workplace.
5. Examiner data	Without physician name	Only physician's name	Physician's name, qualification and/or position
Report			

6. Anamnesis/ history	Anamnesis or alloanamnesis weren't mentioned.	Only one element (trauma biomechanic history, or patient's complaint)	Two elements (trauma biomechanical information and patient's complaint) were mentioned.
7. Vital sign	Vital sign wasn't mentioned	Only one element of vital sign (level of consciousness, respiratory rate, circulation, or temperature)	Two or more elements of the vital sign (level of consciousness, respiratory rate, circulation, and temperature) were mentioned.
8. Wound location	Wound location wasn't mentioned	Wound region only.	Wound region and wound site or coordinate were mentioned.
9. Wound characteristics	Wound characteristics weren't mentioned	Wound characteristic only	Two or more wound characteristic were mentioned
10. Wound size	Wound size wasn't mentioned	Mentioned wound size qualitatively (no metric system)	Wound size was mentioned quantitatively (in metric system)
11. Therapy	Therapy and care weren't mentioned	Only "patient was treated", without mentioned specific therapy and care	Mentioned therapy and care completely and specifically, also the patients follow up.
Conclusion			
12. Wound classification	Type of wound wasn't mentioned	Mentioned type of wound incompletely. Other wounds aforementioned in report part hadn't mentioned here.	Completely mentioned type of wound, including that aforementioned in the report part.
13. Violence classification	Not mentioned conclusion about violence classification (sharp, blunt, or gunshot)	Mentioned and describe kind of wound but not right	Completely mentioned and describe kind of wound.
14. Wound qualification	Wound classification wasn't mentioned	Wound classification was mentioned without guidance from KUHP ¹ (Indonesian Criminal Codes) article 351, 352, and 90.	Wound classification was mentioned with guidance from KUHP ¹ article 351, 352, and 90.

KUHP (Kitab Undang-Undang Hukum Pidana) or Indonesian Criminal Code are main guidance for legal practitioners in Indonesia. It consists of 9 Chapters and 569 articles. Guidance for wound

Table 2: Data of the clinical forensic cases in Yogyakarta Province from 2011 to 2016

Regional Public Hospitals	Number (%)
Sleman	150 (5.2)
Bantul	125 (4.3)
Yogyakarta	2108 (72.7)
Kulon Progo	224 (7.7)
Gunung Kidul	295 (10.1)
Total	2902 (100)

(persecution) classifications include in article 351 (mild persecution), 352 (moderate persecution), and 90 (heavy/serious persecution).

Table 3: Data of the clinical forensic cases in Yogyakarta Province from 2011 to 2016 by gender

Regional Public Hospitals	Male Number (%)	Female Number (%)
Sleman	54 (3.6)	96 (6.7)
Bantul	45 (3.1)	80 (5.6)
Yogyakarta	1158 (78.7)	950 (66.4)
Kulon Progo	97 (6.6)	127 (8.9)
Gunung Kidul	118 (8)	177 (12.3)
Total	1472 (100)	1430 (100)

Table 4: Data of the clinical forensic cases in Yogyakarta Province from 2011 to 2016 by age group

Regional Public Hospitals	0-5 yo Number (%)	6-17 yo Number (%)	18-30 yo Number (%)	31-50 yo Number (%)	>50 yo Number (%)
Sleman	11 (20.8)	50 (8.1)	46 (4.2)	35 (4.7)	8 (2.2)
Bantul	1 (1.9)	57 (9.3)	33 (3)	23 (3.1)	11 (3)
Yogyakarta	33 (62.2)	328 (53.4)	863 (77.3)	561 (75)	323 (87)
Kulon Progo	3 (5.7)	81 (13.2)	79 (7)	48 (6.4)	13 (3.5)
Gunung Kidul	5 (9.4)	98 (16)	95 (8.5)	81 (10.8)	16 (4.3)
Total	53 (100)	614 (100)	1116 (100)	748 (100)	371 (100)

Table 5: Data of the clinical forensic cases in Yogyakarta Province from 2011 to 2016 by type of case

Regional Public Hospitals	Persecution Number (%)	Poisoning Number (%)	Sexual Violence Number (%)	Domestic Violence Number (%)	RTA Number (%)
Sleman	70 (18.2)	0 (0)	26 (10)	49 (25.3)	5 (0.3)
Bantul	49 (12.7)	0 (0)	58 (22.3)	9 (4.6)	9 (0.4)
Yogyakarta	46 (11.9)	144 (100)	0 (0)	80 (41.2)	1838 (95.8)
Kulon Progo	92 (23.9)	0 (0)	73 (28.1)	22 (11.3)	37 (1.9)
Gunung Kidul	128 (33.3)	0 (0)	103 (39.6)	34 (17.6)	30 (1.6)
Total	385 (100)	144 (100)	260 (100)	194 (100)	1919(100)

Table 6: Data of the clinical forensic cases in Yogyakarta Province from 2011 to 2016 by type of trauma

Regional Public Hospitals	Blunt Trauma Number (%)	Sharp Trauma Number (%)	Firearm Trauma Number (%)	High Temperature Number (%)	Multiple Trauma Number (%)	Chemical Trauma Number (%)	Unreported Number (%)
Sleman	145 (18)	3 (14)	0 (0)	0 (0)	2 (8)	0 (0)	0 (0)
Bantul	105 (13)	3 (14)	0 (0)	0 (0)	1 (4)	0 (0)	16 (0.8)
Yogyakarta	96 (12)	9 (43)	0 (0)	0 (0)	18 (72)	0 (0)	1985 (97)
Kulon Progo	184 (23)	4 (19)	1 (100)	2 (66.7)	2 (8)	2 (100)	29 (1.5)
Gunung Kidul	276 (34)	2 (10)	0 (0)	1 (33.3)	2 (8)	0 (0)	14 (0.7)
Total	806 (100)	21 (100)	1 (100)	3 (100)	25 (100)	2 (100)	2044 (100)

Discussion

More women became victims than men in the clinical forensic cases in four hospitals (Table 3). This related to cases of Intimate Partner Violence (IPV) / violence in an intimate partner (11). Several

studies indicating the spread of more victims of violence were experienced by women. The data from the WHO indicated that 1 in 3 women experienced IPV (11). Usually, every three victims of violence, two of them were women and the other was male (12). Most mistreatment of

women was due to the violence of the spouse and sexual violence (13). Male victims in Regional Public Hospital of Yogyakarta City were more than female because most cases in this region were accident cases (Table 5). Men tended to be more active outside the home and drove a vehicle at high speed, so the tendency of an accident was greater (14). According to Soroush, *et al.* (2008) due to cultural factors, more men do an activity outside the home, so that the propensity of an accident is greater (15).

The largest age group of the victims was a group of 18 to 30 years old (Table 4). This was supported by the WHO report in 2014, where the highest number of violence was found within the range of age of 15-29 years old (10.9 per 100.000) and the second highest was within the range of 30-44 years old (9.3 per 100.000) (13). This group was age group with the complex problems of human relationships. Many conflicts and violence arose in this group because of couple problems (married or unmarried people), problems with co-workers, traffic accidents (related to the minimum age of having a driver license and high of mobility), and conflicts with people around. Adults had greater access to something that brings happiness to him/her. Besides, adults also felt that they had a greater role in social life. So, if they did not get something that they want, the propensity of committing a crime to obtain a personal satisfaction would increase, one of them by committing violence (16).

The cases that were most prevalent in 5 Regional Public Hospitals in Yogyakarta Province were road traffic accidents (RTA) (Table 6). Traffic accidents caused more than 1.2 million people died and 20-50 million people injured worldwide (17). In Indonesia, traffic accidents had increased 11.2% annually with the number of injuries and death as many as 256.199 people from 2009 to 2013 (18) and put Indonesia in fifth the highest rank in traffic accidents in the world (19). Many RTA could be related to the number of vehicles, disorder, and negligence motorists resulted in traffic accidents. The productive age has higher mobility than the other ages because they often spend their time on the street for work.

Blunt violence became the most frequently trauma happened in clinical forensic cases based on trauma types group (Table 6). It was caused by the objects used to commit violence was quite easy to obtain, even with parts of their body. It was needed to be examined again what the source of the blunt violence is. Blunt violence can come from

the hand and blunt objects (stones, sticks, and other objects that have no taper surface). All clinical forensic cases obtained in process conducting the data there was no photo documentation. This would be difficult for investigators and physicians in court. The court would call the physicians who handle the case and required additional evidence from them. According to the Istanbul Protocol, for case documentation, it would be better to complete the document by taking the photo using a camera with a diameter of 35 mm. Besides photo, the case documentation can also be accompanied by audio and video recordings to strengthen the evidence (20).

Visum et Repertum quality was divided into three categories: (1) poor, if the percentage <50%; (2) moderate, if the percentage 50 -75%; (3) good, if the percentage >75% (21). The data were obtained in this study showed that at the introduction part, the mean score from five Regional Public Hospitals was more than 75% which can be considered good. At reporting part, Yogyakarta Regional Public Hospital got the mean score more than 75%, two Regional Public Hospitals, in Kulon Progo and Sleman, got the mean score between 50% - 75%, and the others, in Gunung Kidul and Bantul, got below 50%. At the conclusion part, the mean score of four hospitals is above 50% -75% and Bantul Regional Public Hospital was below 50%. Moreover, it was found that the qualification of injuries were the fewest data inserted into *Visum et Repertum*. In fact, this qualification of injury was used to determine the punishment for the perpetrators in court. Poor quality of *Visum et Repertum* will cause the difficulty of legal process. In addition, if there were doubts to the *Visum et Repertum*, the judge could ask another expert witness to clarify the case. Overall, the scores of *Visum et Repertum* for clinical forensic cases throughout Regional Public Hospitals in Yogyakarta province were in medium category (range 50% - 75%). The highest score of *Visum et Repertum* was in Yogyakarta Regional Public Hospital of approaching a good score. This would have much effect on the process of handling cases in court. One way to prevent a low score of *Visum et Repertum* was the physicians are needed to be trained for improvement VeR quality. Herkutado (2005) states that the training for physicians on duty in Regional Public Hospital has a significant effect in improving *Visum et Repertum* quality (20).

Conclusion

The number of clinical forensic cases handled by 5 Regional Public Hospitals in Yogyakarta Province of

Indonesia for 6 years (2011-2016) was 2902 cases. Women victims in four Regional Public Hospitals (Sleman, Wonosari, Bantul, Wates) were higher than men. The largest age group of the victims was a group of 18 to 30 years old. The most cases happened was road traffic accidents (RTA). Moreover, for the type of trauma, blunt trauma was the largest trauma. All clinical forensic cases obtained were no photo documentation. Overall, *Visum et Repertum* scores for clinical forensic cases throughout Regional Public Hospitals in Yogyakarta province were in moderate category (range 50% - 75%).

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