Case Report

Medicolegal Genital Findings in Adolescents with Suspected Sexual Violence in Remote Areas: A Case Series

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Abstract
Introduction: Sexual violence against adolescents is a major public health concern in Indonesia with significant medicolegal and psychosocial consequences. UNICEF estimates that more than 370 million girls in Asia have experienced sexual assault in childhood, while Indonesia's 2021 National Survey reported a 6.9% lifetime prevalence among youth. Adolescents are particularly vulnerable due to stigma and limited access to adolescent-friendly services. Clinical descriptions of medicolegal genital findings in Indonesian adolescents remain limited.
Case Presentation: This case series describes three female adolescents aged 16–18 years who underwent medicolegal genital examination following alleged sexual assault. Two patients had fresh hymenal lacerations consistent with acute penetrative trauma, while one had healed hymenal lacerations. All presented with emotional distress and received clinical assessment, reproductive health counseling, and recommendations for psychological support, sexually transmitted infection evaluation, and follow-up care. Examinations were conducted according to national forensic protocols.
Conclusion: Normal or healed genital findings do not exclude sexual violence. Obstetricians and gynecologists play an important role in trauma-informed care. Multisectoral collaboration is needed to ensure comprehensive management and long-term support for adolescent survivors.

Keywords: Adolescent sexual violence; medicolegal examination; social obstetrics and gynecology; hymenal laceration; forensic gynecology

Temuan Genital Medikolegal pada Remaja dengan Dugaan Kekerasan Seksual di Daerah Terpencil: Seri Kasus

Abstrak
Pendahuluan: Kekerasan seksual pada remaja merupakan masalah kesehatan masyarakat di Indonesia dengan konsekuensi medikolegal dan psikososial yang bermakna. UNICEF memperkirakan lebih dari 370 juta anak perempuan di Asia pernah mengalami kekerasan seksual pada masa kanak-kanak, sedangkan Survei Nasional Indonesia tahun 2021 melaporkan prevalensi seumur hidup sebesar 6,9% pada kelompok usia muda. Remaja rentan akibat stigma dan keterbatasan akses terhadap layanan yang ramah remaja. Deskripsi temuan genital medikolegal pada remaja Indonesia masih terbatas.
Laporan Kasus: Seri kasus ini melaporkan tiga remaja perempuan usia 16–18 tahun yang menjalani pemeriksaan genital medikolegal setelah dugaan kekerasan seksual. Dua pasien menunjukkan laserasi himen baru yang konsisten dengan trauma penetratif akut, sedangkan satu pasien memiliki laserasi himen yang telah sembuh. Seluruh pasien mengalami distres emosional dan mendapatkan asesmen klinis, konseling kesehatan reproduksi, serta anjuran dukungan psikologis, evaluasi infeksi menular seksual, dan tindak lanjut.
Kesimpulan: Temuan genital yang normal atau telah sembuh tidak menyingkirkan kemungkinan kekerasan seksual. Dokter spesialis obstetri dan ginekologi berperan penting dalam pelayanan berbasis trauma, dengan kolaborasi multisektoral untuk menjamin penanganan komprehensif dan dukungan jangka panjang bagi penyintas remaja.

Kata kunci: Kekerasan seksual remaja; pemeriksaan medikolegal; obstetri dan ginekologi sosial; laserasi himen; ginekologi forensik

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Introduction

Child sexual abuse (CSA), particularly suspected intercourse in adolescents, constitutes a critical public health issue in Indonesia and Asia, marked by rising incidence and profound health repercussions. In Indonesia, child sexual violence cases surged from 6,969 victims in 2020 to 11,771 in 2024, with adolescents aged 13-17 comprising the majority, often perpetrated by family members in domestic environments.[1]

Regionally in Asia, UNICEF data indicate over 370 million girls have faced childhood rape or assault, with lifetime sexual violence prevalence at 6.9% among Indonesian youth per the 2021 National Survey, peaking during adolescence due to vulnerability factors like online risks and stigma-driven underreporting.[2,3] Long-term effects encompass STIs, unintended pregnancies, PTSD and behavioral disorders, and persistent psychosocial difficulties. Comprehensive management therefore requires not only medicolegal examination but also trauma-informed reproductive healthcare, psychological support, and social protection follow-up. However, Indonesia still lacks detailed case series describing the clinical presentation, medicolegal findings, and multidisciplinary management of adolescents with suspected sexual violence.

This case series documents adolescent cases with varying genital findings, clinical presentations, and follow-up recommendations to inform clinical detection, management, and prevention strategies in these contexts.[3–6]

Case Presentation

This case series describes three female patients who underwent medicolegal genital examinations (*visum et repertum*) following alleged sexual assault. All examinations were conducted by authorized medical personnel in accordance with national forensic protocols and international ethical standards for the care of survivors of sexual violence.

Case 1

A 16-year-old female adolescent underwent medicolegal examination on June 18th, 2025, approximately one day after the alleged sexual assault. The patient complained of genital pain, discomfort during walking, fear, and difficulty sleeping following the incident. She denied previous sexual intercourse and had no history of chronic illness, gynecological disease, or previous surgery. Menstrual history was reported as regular.

General physical examination revealed stable vital signs without major extragenital injuries. During the interview, the patient appeared anxious and emotionally distressed. Examination of the genital region demonstrated multiple fresh hymenal lacerations at the 3, 6, and 9 o'clock positions. The lacerations showed no evidence of epithelialization or scarring, indicating recent injury. The forensic conclusion was fresh hymenal lacerations, consistent with acute genital trauma.

The patient received counseling regarding reproductive health risks and underwent basic assessment for STI and pregnancy risk because the examination was performed shortly after the alleged assault. Counseling regarding genital hygiene, reproductive health, and possible psychological reactions after trauma was provided. Short-term follow-up for psychological condition and reproductive health evaluation was advised. Referral to child protection and social support services was also recommended.

Case 2

An 18-year-old woman was examined on July 28th, 2025 following a report of sexual assault occurring approximately two days

Table 1 Case Characteristics

Age (years)	Date of Examination	Time Interval Since Alleged Event	Main Complaints	Hymenal Findings	Location of Laceration(s) (Clock Position)	Forensic Conclusion	Intervention
16	June 18th 2025	~1 day	Genital pain, fear, sleep disturbance	Multiple fresh hymenal lacerations	3, 6, and 9 o'clock	Acute hymenal lacerations	Counseling, STI follow-up recommendation, psychological referral
18	July 28th 2025	~2 days	Genital discomfort, lower abdominal pain	Multiple fresh hymenal lacerations	2, 3, and 9 o'clock	Acute hymenal lacerations	Pregnancy risk counseling, psychological referral
16	December 21st 2024	Delayed presentation	Anxiety, emotional distress	Old hymenal lacerations	3 and 9 o'clock	Healed (old) hymenal lacerations	Psychological counseling and long-term follow-up recommendation

prior to presentation. The patient complained of genital discomfort, lower abdominal pain, and emotional distress after the event. She denied a significant previous medical or surgical history.

Genital examination showed a stable clinical condition without evidence of severe systemic injury. Genital examination revealed fresh lacerations of the hymen at the 2, 3, and 9 o'clock positions. The absence of fibrotic tissue or healed margins supported the interpretation of recent trauma.

Pregnancy risk evaluation and counseling regarding the prevention of sexually transmitted infections were performed during the examination. Because the patient presented within the early post-assault period, emergency contraception was considered according to clinical indication. The patient also received trauma-informed psychological support and was referred for further reproductive health and psychosocial follow-up. The medicolegal impression was acute hymenal lacerations.

Case 3

A 16-year-old female presented for forensic examination on December 21st, 2024 following disclosure of a previous incident of sexual violence that had occurred several weeks earlier. The patient initially delayed seeking medical attention because of fear and social stigma. At presentation, she denied acute genital pain or bleeding but reported emotional distress and anxiety.

The patient had no known chronic illness or previous gynecological disorder. On examination, the hymen showed old lacerations at the 3 and 9 o'clock positions, characterized by smooth edges and signs of healing. No acute injury was identified.

Due to delayed presentation, management focused on psychological support, trauma-informed counseling, and long-term reproductive health follow-up. The patient was advised to undergo continued psychosocial monitoring and was referred to appropriate social support and child protection services because of possible long-term emotional consequences. The forensic conclusion was old hymenal lacerations, suggestive of previous genital trauma rather than a recent event.

Discussion

This case series illustrates the intersection between clinical forensic findings and the broader domain of social obstetrics and gynecology, emphasizing sexual violence against children and adolescents as a multifaceted public health and reproductive health issue. Beyond the identification of hymenal injuries, these cases reflect how biological vulnerability, social determinants, gender norms, and access to healthcare influence both presentation and outcomes following sexual assault.[4]

Sexual Violence in Adolescents: A Social Obstetrics and Gynecology Perspective

Sexual violence against children and adolescents is increasingly recognized as a critical concern in social obstetrics and gynecology due to its profound impact on sexual and reproductive health across the life course.[1,3,4] Adolescence represents a vulnerable developmental period marked by ongoing physical maturation, evolving sexual identity, and limited social power.[4] Global data indicate that a significant proportion of sexual violence occurs before the age of 18, with girls disproportionately affected.[6]

From a Social Obstetrics and Gynecology perspective, early sexual trauma is associated with adverse reproductive outcomes, including increased risks of sexually transmitted infections, unintended pregnancy, unsafe abortion, menstrual disorders, and long-term gynecologic morbidity.[6–8] The cases presented

in this series reflect these vulnerabilities and underscore the responsibility of obstetricians and gynecologists to address sexual violence as both a clinical and social determinant of reproductive health.

Gender Inequality Drives Delayed Care-Seeking

Cases 1 and 2, involving adolescents aged 16 and 18 years, demonstrated multiple fresh hymenal lacerations, suggesting acute penetrative trauma. In Social Obstetrics and Gynecology discourse, adolescent sexual violence is closely linked to gender inequality, power asymmetry, and limited sexual and reproductive health literacy.[6,7] Adolescents may lack the autonomy and resources to seek timely care, while fear of blame or social repercussions often discourages disclosure.[9]

Recent studies emphasize that adolescent girls who experience sexual violence face heightened risks of repeat victimization, coercive relationships, and adverse reproductive health outcomes. These cases reinforce the need for gender-sensitive Obstetrics and Gynecology services that integrate sexual violence screening, counseling, and referral pathways into routine adolescent reproductive healthcare.[8,10]

Timing Shapes Forensic Findings and Care Pathways

Case 3, characterized by healed hymenal lacerations, reflects delayed disclosure of sexual violence, a phenomenon frequently reported in adolescent populations. Cultural norms related to virginity, honor, and family reputation remain significant barriers to early reporting in many societies. Within Social Obstetrics and Gynecology, delayed presentation is recognized as a major challenge, as physical evidence may resolve while psychological and reproductive consequences persist.[10,11]

Importantly, healed hymenal injuries should not be misconstrued as the absence of sexual intercourse. Contemporary forensic and Obstetrics and Gynecology guidelines stress that normal or healed genital findings are common even among confirmed survivors. This underscores the importance of adopting a holistic, survivor-centered approach that prioritizes history-taking, psychosocial assessment, and long-term reproductive health follow-up.[10,11]

In Social Obstetrics and Gynecology, medicolegal examination serves not only evidentiary purposes but also functions as a gateway to comprehensive sexual and reproductive healthcare. The standardized documentation of hymenal injuries in this series demonstrates how forensic assessment can be integrated into broader Obstetrics and Gynecology care, including evaluation for sexually transmitted infections, pregnancy prevention, menstrual and gynecologic follow-up, and mental health support.[9,11]

Obstetricians and gynecologists play a pivotal role in bridging legal, medical, and social services. Trauma-informed, adolescent-friendly care models have been shown to improve health outcomes and reduce secondary victimization among survivors of sexual violence.[12]

Comprehensive Therapeutic and Multidisciplinary Management in Social Obstetrics and Gynecology

Beyond medicolegal documentation, adolescent survivors of sexual violence require comprehensive management addressing reproductive, psychological, and social consequences. From a social obstetrics and gynecology perspective, management of adolescent sexual violence should include consideration of STI screening and prophylaxis, emergency contraception when clinically indicated, menstrual and gynecologic follow-up, as well as trauma-

informed psychological support. Previous studies emphasize that early multidisciplinary intervention may reduce long-term reproductive morbidity and psychological sequelae among adolescent survivors.[10,13]

Psychological distress was observed in several patients in this series, particularly anxiety, fear, and delayed disclosure related to social stigma and concerns regarding family or community reactions. These findings are consistent with literature describing how shame, fear of victim-blaming, and limited autonomy frequently delay healthcare seeking among adolescents experiencing sexual violence.[9,10]Trauma-informed communication and adolescent-friendly services therefore play essential roles in minimizing secondary victimization during clinical evaluation. Early psychological intervention and adolescent-friendly communication may help reduce secondary victimization and long-term psychosocial sequelae[13,14].

Ethical and Policy Implications in Social Obstetrics and Gynecology

These cases highlight ethical imperatives central to Social Obstetrics and Gynecology practice, including respect for autonomy, confidentiality, and informed consent or assent.[12,13] Adolescents require tailored approaches that balance guardian involvement with the patient's right to privacy. Furthermore, Obstetrics and Gynecology professionals have an advocacy role in promoting policies that strengthen child protection systems, expand access to adolescent sexual and reproductive health services, and address the structural drivers of sexual violence.[14,15,16]

Strengths, Limitations, and Social Implications

This case series contributes valuable insights into the Social Obstetrics and Gynecology dimensions of suspected child sexual intercourse in a low- to middle-income setting. However, its limitations include the small number of cases and the absence of longitudinal reproductive health outcomes. Future research integrating social, psychological, and reproductive trajectories is warranted to inform evidence-based policy and practice.

Implications for Social Obstetrics and Gynecology

The findings reinforce sexual violence against adolescents as a core issue within social obstetrics and gynecology. Strengthening adolescent-friendly services, improving early access to forensic and reproductive healthcare, and addressing sociocultural barriers to disclosure are essential strategies to mitigate the long-term reproductive and psychosocial consequences of sexual violence.

Conclusions

This case series shows that suspected sexual intercourse in children and adolescents can present with different medicolegal genital findings, depending largely on the timing of examination. Acute hymenal lacerations were identified in patients examined shortly after the alleged event, while healed lacerations were found in a delayed presentation. These findings emphasize that physical evidence may support recent genital penetration, but its absence does not exclude sexual violence. From a social obstetrics and gynecology perspective, sexual violence in adolescents is not only a forensic issue but also a major reproductive health and social concern. Biological vulnerability, social stigma, gender inequality, and limited access to adolescent-friendly health services often contribute to delayed disclosure and care-seeking. As a result, many survivors may

present after physical injuries have healed, while psychological and reproductive health consequences persist.

These cases highlight the important role of obstetricians and gynecologists in providing integrated, trauma-informed care that combines medicolegal assessment with comprehensive sexual and reproductive health services in remote areas. Improving early access to care, strengthening adolescent-friendly services, and addressing social barriers are essential to reducing the long-term impact of sexual violence on adolescent health.

Conflict of Interests

This article has been permitted to be discussed in this journal by the medical committee of the hospital, but it is not permitted to mention the name of the hospital, and is not for outside academic interests.

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