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INJURY-RELATED FACTORS ASSOCIATED WITH THE CONTINUATION OF ASSAULT CASES TO COURT BASED ON VISUM ET REPERTUM FINDINGS

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ABSTRACT

Background: A significant number of physical assault cases in Indonesia do not proceed to court, despite victims undergoing forensic medical examinations. The Visum et Repertum (VeR), a legal medical report describing a victim's injuries, plays a crucial role in the judicial process. However, it remains unclear which aspects of the documented injuries are associated with the continuation of legal proceedings. **Objective:** To identify injury-related factors in Visum et Repertum that influence whether assault cases proceed to trial. **Methods:** A cross-sectional analytical study was conducted using secondary data from 67 Visum et Repertum reports of living victims of assault examined at Dr. Kariadi General Hospital Semarang between 2018 and 2022. Only cases with an official police request for VeR were included. Cases related to traffic accidents, psychological violence, domestic violence, or with incomplete documentation were excluded. Bivariate and multivariate analyses were performed to assess the association between injury characteristics and case continuation to trial. **Results:** Among 67 cases, only 11 (16.4%) proceeded to court. Injury severity ($p<0.001$; $r=0.557$) and the type of medical intervention ($p<0.001$; $r=0.440$) were significantly associated with case continuation. Other variables, such as age, gender, wound type, number of wounds, wound size, and perpetrator-victim relationship, showed no significant associations. Severe injuries had the strongest influence on trial continuation ($OR=222.0$; $p<0.001$). **Conclusion:** Injury severity and medical interventions recorded in the Visum et Repertum are key predictors of whether assault cases proceed to court.

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BACKGROUND

According to a survey by the Central Bureau of Statistics (BPS) in 2020, 36,672 cases of physical persecution were reported. It includes cases of minor persecution, serious persecution, and domestic violence.¹ According to KHUP chapter 351 clause 4, persecution is an act carried out intentionally to damage health.² Certain factors, inseparable from uncontrolled societal behavior, such as education and bad social interactions, can influence the occasional increase in acts of persecution.³

Despite this high number, only 52.43% of victims of violence in the past 12 months reported the incident to the police—44.58% among women and 58.67%

among men.¹ The decision to report a crime is critical, as unreported cases can have long-term physical, psychological, and legal consequences for both the victim and society. In this case, the decision of the victim or witness to report their victimization to the police is critical.² In cases of assault, medical reports play a vital role in supporting the legal process. One such document is the Visum et Repertum (VeR), a formal medicolegal report written by a physician at the request of law enforcement. It details the injuries observed during examination and serves as valid evidence in court, as recognized in Article 184 of the Indonesian Criminal Procedure Code (KUHAP). The contents of the VeR—particularly the severity, type,



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and extent of injuries—may influence whether a case proceeds to prosecution and eventually to trial.⁴

Research by Mbewu, I., et al (2021), revealed that the main factors that inhibit reporting crimes to the police are a lack of loyalty to citizens, a lack of support for victims, and a lack of follow-up on reported cases.⁵ Mubarok MF, et al (2023) also stated that the condition and motivation of the victim to process, lack of community knowledge, and minimal role of the community as social control are factors that influence the implementation of restorative justice for criminal acts of persecution at the investigation level at the Pekalongan Police.⁶

Although several studies have explored factors influencing victims' decisions to report violence, few have examined how injury characteristics documented in the VeR affect the likelihood of a case advancing to the courtroom. In practice, not all cases with a VeR report are brought to trial, and the reasons for this remain unclear. This study aims to examine the correlation between injury-related factors described in the Visum et Repertum and the continuation of physical assault cases to trial, using data from Dr. Kariadi General Hospital in Semarang.

METHODS

This was an analytical observational study with a cross-sectional design. The data were collected from secondary sources, specifically Visum et Repertum (VeR) reports of living victims of physical assault examined at Dr. Kariadi General Hospital in Semarang from 2018 to 2022. Cases were selected using a consecutive sampling method. The inclusion criteria were VeR reports for physical assault cases involving living victims, accompanied by an official request letter from the police. Incomplete data, injuries caused by domestic violence, crimes of morality, traffic accidents, and psychological violence were excluded.

The independent variables in this study consisted of injury-related characteristics documented in the VeR, including the severity of injury, number of wounds, wound location, wound size, wound type, and type of medical intervention. Injury severity was categorized based on the Indonesian Criminal Code: minor injuries referred to superficial wounds typically treated with basic wound care (Article 352), moderate injuries included deeper wounds requiring further medical treatment but not life-threatening (Article

351), and severe injuries encompassed serious bodily harm such as fractures, deep lacerations, or life-threatening conditions (Article 90).² The dependent variable was the continuation of the case to trial, defined as whether the case advanced from the investigation phase to formal prosecution and court proceedings.

All data were processed using SPSS version 26. Descriptive statistics were used to present categorical variables as frequencies and percentages. Bivariate analysis using the contingency coefficient test was conducted to identify significant associations between injury characteristics and case continuation. Variables with p-values less than 0.25 were then included in a multivariate logistic regression model to determine the most influential predictors. Statistical significance was set at $p < 0.05$. Ethical approval for this study was granted by the Health Research Ethics Committee of the Faculty of Medicine, Diponegoro University and Dr. Kariadi General Hospital, Semarang (approval number: 071/EC/KEPK/FK-UNDIP/II/2024).

RESULTS

A total of 67 physical assault cases were included in this study, based on Visum et Repertum reports completed between January 2018 and December 2022 at Dr. Kariadi General Hospital, Semarang. The majority of victims were male (80.0%) and fell within the age group of 12–25 years (53.8%). Most injuries were caused by blunt force trauma (67.7%) and were classified as minor in severity (58.5%). In terms of wound count, 70.8% of victims sustained five or fewer wounds. The most common wound location was the head (41.5%), followed by the trunk (29.2%) and extremities (26.2%). Wounds were typically small in size, with 66.2% measuring ≤ 5 cm. Regarding medical intervention, most victims (84.6%) received basic wound care, while 15.4% underwent surgical procedures. The relationship between the perpetrator and the victim was unknown in 55.4% of cases, while others involved friends (18.5%), family members (12.3%), and other acquaintances. Among all cases, only 11 (16.4%) proceeded to trial, while the remaining 56 cases (83.6%) did not. (Table 1).



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Table 1. Data Characteristics

Variable	Frequency (n%)
Age	
< 5 years old	0 (0%)
5 – 11 years old	2 (3,1%)
12 – 25 years old	35 (53,8%)
26 – 45 years old	19 (29,2%)
46 – 65 years old	9 (13,8%)
> 65 years old	0 (0%)
Gender	
Male	52 (80%)
Female	13 (20%)
Jenis Luka	
Blunt	44 (67,7%)
Sharp	21 (32,3%)
Severity of wounds	
Minor	38 (58,5%)
Moderate	20 (30,8%)
Severe	7 (10,8%)
Number of wounds	
>5	19 (29,2%)
≤5	46 (70,8%)
Location of wound	
Head	27 (41,5%)
Neck	2 (3,1%)
Truncus	19 (29,2%)
Extremities	17 (26,2%)
Size of the wounds	
>5 cm	22 (33,8%)
≤5 cm	43 (66,2%)

Medical intervention

Operation	10 (15,4%)
Wound care	55 (84,6%)
Relationship of the perpetrator	
Family	8 (12,3%)
Friend	12 (18,5%)
Boss	1 (1,5%)
Staff	2 (3,1%)
Neighbor	6 (9,2%)
Unknown	36 (55,4%)
Continuation Case	
Continue	11 (16,9%)
Not Continue	54 (83,1%)

Bivariate analysis using the contingency coefficient test revealed statistically significant associations between case continuation and two key variables: injury severity ($p<0.001$; $r=0.557$) and type of medical intervention ($p<0.001$; $r=0.440$). In contrast, other variables such as age ($p=0.374$), gender ($p=0.869$), wound type ($p=0.084$), number of wounds ($p=0.194$), wound location ($p=0.612$), wound size ($p=0.111$), and the relationship between perpetrator and victim ($p=0.964$) were not significantly associated with case continuation. (Table 2)

Table 2. Bivariate Analysis of Factors on Case Sustainability

Variable	Continuation Case		r^{\dagger}	p-value	
	Continue	Not Continue			
Age	5-11	0 (0,0%)	2 (3,1%)	0,214	0,374
	12-25	4 (6,2%)	31 (47,7%)		
	26-45	4 (6,2%)	15 (23,1%)		
	46-65	3 (4,6%)	6 (9,2%)		
Gender	Male	9 (13,8%)	43 (66,2%)	0,021	0,869
	Female	2 (3,1%)	11 (16,9%)		
Type of wounds	Blunt	5 (7,7%)	39 (60,0%)	0,210	0,084
	Sharp	6 (9,2%)	15 (23,1%)		
Severity of wounds	Minor	1 (1,5%)	37 (56,9%)	0,557	<0,001*
	Moderate	4 (6,2%)	16 (24,6%)		
	Severe	6 (9,2%)	1 (1,5%)		
Number of wounds	>5	5 (7,7%)	14 (21,5%)	0,159	0,194
	≤5	6 (9,2%)	40 (61,5%)		
Location of wounds	Head	3 (4,6%)	24 (36,9%)	0,165	0,612
	Neck	0 (0,0%)	2 (3,1%)		
	Truncus	4 (6,2%)	19 (29,2%)		
Size of wounds	Extremities	4 (6,2%)	17 (26,2%)	0,194	0,111
	>5 cm	6 (9,2%)	16 (24,6%)		
	≤5 cm	5 (7,7%)	38 (58,5%)		
Medical intervention	Operation	6 (9,2%)	4 (6,2%)	0,440	<0,001*
	wound care	5 (7,7%)	50 (76,9%)		
	Family	2 (3,1%)	6 (9,2%)		
Relationship between perpetrator and victim	Friend	2 (3,1%)	10 (15,4%)	0,122	0,964
	Boss	0 (0,0%)	1 (1,5%)		
	Staff	0 (0,0%)	2 (3,1%)		
	Neighbor	1 (1,5%)	5 (7,7%)		
	Unknown	6 (9,2%)	30 (46,2%)		

† Contingency coefficient test

* Significant: $p<0.05$



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Variables with p-values <0.25 in bivariate analysis were included in the logistic regression model. The multivariate analysis identified injury severity as the most influential factor in predicting whether a case proceeded to trial. Severe injuries significantly increased the likelihood of case continuation ($p<0.001$; OR=222.0; 95% CI: 12.179–4046.486). (Table 3)

Table 3. Multivariate Analysis of Factors on Case Sustainability

Variable	Multivariate Analysis			
	<i>p</i> ^δ	OR	95% CI	
			Min	Max
Severity of wounds				
Minor				
Moderate	0,055	9,25	0,957	89,393
Severe	<0,001	222,00	12,179	4046,486

^δBinary Logistic test

OR = Odds Ratio

CI = Confidence Interval

DISCUSSION

This study explored how injury-related factors described in Visum et Repertum reports influence the continuation of physical assault cases to trial. The results indicate that only 16.4% of assault cases proceeded to court, suggesting that a large proportion of victims who underwent medical-legal examination did not follow through with formal legal proceedings. Among the variables examined, injury severity and the type of medical intervention were significantly associated with case continuation.

The finding that severe injuries were more likely to result in trial continuation aligns with the expectations of both legal and medical frameworks. In the Indonesian Criminal Code (KUHP), severe injuries—such as those involving fractures, significant disfigurement, or life-threatening harm—are considered more serious offenses (Article 90), and thus tend to carry heavier legal consequences. These injuries may motivate victims to pursue justice and increase the likelihood that law enforcement and prosecutors will follow through with legal action. Similar findings have been observed in other studies, where the severity of physical harm often correlated with increased police follow-up and prosecution.^{2,7} Suwandono & Atmoko (2024) emphasized that judges often take the classification of injuries in the VeR as a central consideration in determining the hard of the case.⁸

Furthermore, the type of medical intervention also played a role. Victims who required surgical procedures were more likely to have their cases proceed to court compared to those who received only basic wound care. Surgical intervention may reflect the severity or complexity of injuries, which not only strengthens the legal case through clearer medical reports but also signals to investigators the seriousness of the assault.⁹ As also shown by Prasetyo et al. (2020), VeR content that documents surgical actions or long-term treatment often strengthens the credibility of assault claims during trial proceedings.¹⁰

In contrast, variables such as age, gender, wound location, wound size, and the relationship between the perpetrator and the victim were not significantly associated with case continuation. This may indicate that, in legal practice, the nature of the injury itself carries more weight than demographic or relational factors.^{9,11} However, it is worth noting that emotional or familial bonds may discourage some victims—especially those familiar with the perpetrator—from pursuing prosecution, despite injury severity. Other research has shown that victims may withdraw from legal proceedings due to fear, pressure from family, reconciliation, or lack of trust in the justice system.⁹

This study also highlights an important legal-medical dynamic: not all cases that result in a Visum et Repertum are pursued through the court system. Although a VeR is a crucial piece of legal evidence, it does not guarantee prosecution. Factors beyond the content of the VeR—such as investigative priorities, access to legal assistance, or victim cooperation—may also influence case progression but were beyond the scope of this study.

Limitations

This study has several limitations. First, it relied solely on Visum et Repertum reports and accompanying police requests, without access to full legal case records or follow-up information from prosecutors or courts. As such, the determination of whether a case continued to trial was based on medical record tracking rather than official court decisions. Second, the sample was limited to a single hospital, which may reduce the generalizability of the findings. Third, while the exclusion of domestic violence cases was justified based on legal distinctions, it also removed a significant subset of assault cases that may behave differently in legal pathways.



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Implications

Despite these limitations, the findings emphasize the role of forensic medical reporting in influencing the criminal justice process. The classification and documentation of injuries—especially severe ones—should be performed with accuracy and clarity, as these may be pivotal in helping victims obtain justice. Future studies should explore broader legal and social variables, such as police follow-up, victim support systems, and socioeconomic factors, to provide a more comprehensive understanding of barriers to case continuation.

CONCLUSION

This study demonstrates that not all cases of physical assault supported by Visum et Repertum (VeR) proceed to trial. Among the variables analyzed, only the severity of injuries and the type of medical intervention showed a significant association with case continuation. Victims with severe injuries and those who underwent surgical treatment were more likely to pursue legal proceedings.

ETHICAL APPROVAL

This research process has received permission from the Health Research Ethics Commission (KEPK) Faculty of Medicine, Diponegoro University Semarang, and Dr Kariadi Hospital Semarang with letter number 071/EC/KEPK/FK-UNDIP/II/2024.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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AUTHOR CONTRIBUTIONS

Conceptualization, IMR and INR; methodology, IMR; data curation, INR; writing—original draft preparation, IMR; writing—review and editing, UU, GS; visualization, WP; supervision, INR.

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