

## Sexual Violence among University Medical Students in Sumatera, Indonesia

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### Abstract

Sexual violence is a pervasive issue affecting both adults and children globally, resulting in severe trauma for victims. Due to the power dynamics, this problem also extends to educational institutions, including universities. Therefore, this study aimed to investigate incidents of sexual violence among medical students at a state university in West Sumatra, Indonesia in 2023. A descriptive cross-sectional survey was conducted using a questionnaire distributed to pre-clinical and clinical medical students. A total of 1,170 students were included as respondents, of which 9.7% of them reported experiencing sexual violence. Specifically, 46.0% of respondents had previous experience of sexual violence, and 42.5% of these occurred during their time as university students. The most common forms were non-physical sexual violence, accounting for 35% of reported cases, with 30.3% of the perpetrators being strangers. Over half of the victims experienced sexual violence more than once, and only 46.2% of victims reported their experience. This study showed that sexual violence affected medical students, mainly in non-physical forms, with a low reporting rate. Consequently, collaboration between campus leaders and the academic community is crucial to empower victims in participating and creating an environment that is free from sexual violence. Preventive efforts must also be comprehensive, engaging multiple sectors and community, to effectively combat sexual violence in universities.

**Keywords:** Medical student, sexual violence, Universities

### Introduction

Sexual violence is a pervasive issue affecting individuals across all age groups and social environments, including private settings, families, workplaces, and educational institutions.<sup>1</sup> In Indonesia, sexual violence is defined as any act that degrades, harasses, insults, or assaults an individual's body and/or reproductive function. These acts are often rooted in gender inequality and power imbalances, potentially resulting in physical and psychological harm, disruption of reproductive health, and the loss of opportunities to pursue higher education safely and effectively.<sup>2</sup>

According to the World Health Organization (WHO), approximately 120 million women under the age of 20 have experienced some form of sexual violence.<sup>3</sup> However, the actual prevalence remains uncertain, as nearly 50% of cases are never reported.<sup>4</sup> In Indonesia, data

from the Ministry of Women's Empowerment and Child Protection (2021) identified the education sector—particularly universities—as a significant setting for sexual violence.<sup>5</sup> Most incidents occurring in these supposedly “safe” environments, such as schools and campuses, are perpetrated by individuals known to the victims, including peers, teachers, lecturers, or institutional leaders. These perpetrators exploit their power dynamics to indoctrinate victims into complying with their desires.<sup>5,6</sup> Moreover, victims of sexual violence are often discovered late due to the absence of witnesses, lack of evidence, feelings of shame, the existence of power relations, or threats from the perpetrator.<sup>7</sup> This phenomenon can disrupt the entire education process of students on campus and their quality of life.<sup>8,9</sup>

In Indonesia, especially Sumatra, the medical education program consists of 2 stages. Pre-clinic stage and clinical stage. These two stages allow medical students to meet many strangers in short interactions, such as patients and patient families. Educational conditions, which sometimes require students to remain active at

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night in hospitals, provide more opportunities for them to receive sexual violence from various people.<sup>10</sup> Traumatic experiences of victims can potentially cause acute or long-term emotional, physical, social, and economic disorders.<sup>7</sup> Studies have shown that victims usually develop anxiety disorders (smoking, consumption of alcohol and drugs, and unsafe sexual relations), suffer from chronic diseases (cancer, diabetes, and heart problems), infectious diseases (HIV), and social issues (breakup education, become perpetrators of violence and crime) in the future.<sup>3</sup> Therefore, to build a campus environment free from sexual violence, there is a need to implement preventive measures and management for handling sexual violence cases. These efforts must focus on addressing factors that contribute to the occurrence of sexual violence in the university environment. Currently, there are still many cases that have not been disclosed, which might be kept by higher education leaders to reduce the number of reported cases in their institutions. Due to the demanding academic activities of medical students, it is essential to consider their well-being. Therefore, this study aimed to analyze the incidence of sexual violence among pre-clinic and clinical medical students.

## Methods

This descriptive cross-sectional study was conducted in 2023 among pre-clinical and clinical medical students at a state university in West Sumatra, Indonesia. Data were collected using a structured questionnaire designed to capture students' experiences related to sexual violence. The development of the questionnaire was guided by the Indonesian Minister of Education and Culture Regulation No. 30 of 2021. Participants were asked about the characteristics of the respondents (gender, age, year of program, type of student, and sexual orientation), then about sexual violence history (frequency, age of first experiencing sexual violence, type of sexual violence, perpetrated history of sexual violence, and report status), and sexual violence experience behavior consisting of 27 questions with the responses consisted of three choices (1=yes, 2=uncertain, 3=no). This survey consisted of a maximum of 52 questions, depending on the respondents' answers, and took 5–7 minutes to complete. Before sending out the survey, a pilot test was run with 30 participants with different profiles to screen the study for possible bias and confusion.

A content validity test was conducted on the questionnaire through expert judgment. We asked a forensic doctor and a psychologist to evaluate the items already created based on quantitative and qualitative criteria (giving scores) and suggest or add any wording changes. Then to evaluate the reliability, we assessed internal consistency by evaluating Cronbach's alpha, which is 0.914.

The inclusion criteria encompassed all active medical students, with a total sampling population of 1,181 individuals. Of these, 1,170 students consented to participate and completed the questionnaire. Data collection was facilitated by contacting class leaders via telephone and individually reaching out to students through WhatsApp messages to request their voluntary participation. The exclusion criteria included medical students who declined to participate or those who did not respond after being contacted directly at least twice.

Due to the sensitive nature of the questions, participants were not required to disclose their real names, allowing them to respond honestly and comfortably. The researchers ensured the confidentiality of all respondents' personal

**Table 1 Characteristics of Medical Student Respondents**

Respondents Characteristics	(n=1170) (%)
Gender	
Male	389 (33.2)
Female	781 (66.8)
Age (year)	21 (1.9)
Year in Program	
Second	230 (19.7)
Third	227 (19.4)
Fourth or more	713 (60.9)
Type of Student	
Pre-clinical	668 (57.1)
Clinical	502 (42.9)
Sexual Orientation (by self-report)	
Heterosexual	1134 (96.9)
Lesbian/Gay	2 (0.17)
Bisexual	2 (0.17)
Unsure	32 (2.7)
Sexual Violence Experience	
Never	937 (80)
Ever	113 (9.7)
Do not know	120 (10.3)

**Table 2 Characteristics of Medical Students Who Have Experienced Sexual Violence**

Respondents Characteristics	n (%)
Ever experienced sexual violence	113 (9.7)
Age (year)	
5–10	26 (23.0)
11–15	40 (35.4)
16–20	31 (27.4)
21–25	10 (8.9)
>25	1 (0.9)
Not sure	5 (4.4)
Gender	
Male	11 (9.7)
Female	102 (90.3)
Sexual Orientation	
Heterosexual	108 (95.6)
Lesbian/Gay	0
Bisexual	1 (0.9)
Unsure	4 (3.5)
Time of occurrence of sexual violence in medical faculty	
Pre-clinical period	32 (28.3)
Clinical period	16 (14.2)
Both	13 (11.5)
Before becoming a medical student	52 (46.0)
How many times have you experienced sexual violence?	
1	27 (23.9)
2	14 (12.4)
>2	72 (63.7)
When did you experience sexual violence?	
06.00–17.59	69 (61.1)
18.00–23.59	44 (38.9)
When you experienced sexual violence, did you report it?	
No	56 (49.6)
Yes	52 (46.1)
Do not remember	5 (4.4)

information. Data were analyzed using SPSS software. Ethical approval for this study was obtained from the Research Ethics Committee of the Faculty of Medicine, Universitas Andalas (Approval No. 349/UN.16.2/KEP-FK/2023).

## Results

This study included 1,170 respondents, consisting of 668 (57.1%) pre-clinical and 502 (42.9%) clinical students. The sample was further divided by gender, with 389 (33.2%) male and 781 (66.8%) female participants. Among the respondents, 113 (9.7%) reported

having experienced sexual violence. Of these, 52 (46.0%) reported experiencing sexual violence prior to becoming medical students, while 61 students (54.0%) experienced it during their university studies. Additionally, 24 respondents (21.2%) reported experiencing sexual violence only while attending university, and 42 (37.2%) experienced sexual violence in both pre-university and university settings. The majority of respondents indicated that their first experience of sexual violence occurred between the ages of 11 and 15 years (35.4%).

The analysis based on the occurrence during medical studies showed that sexual violence mainly occurred in the pre-clinical period

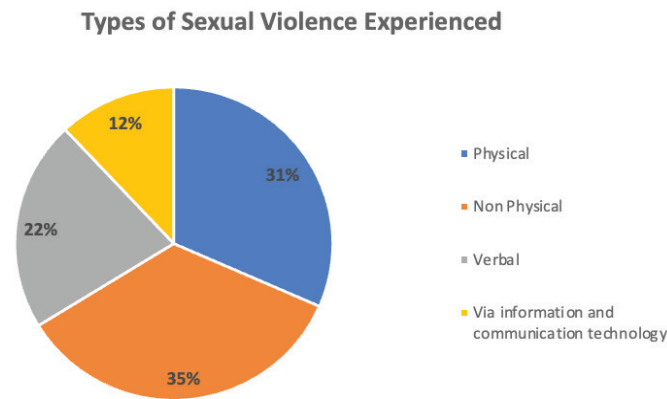


Figure 1 Types of Sexual Violence Experienced

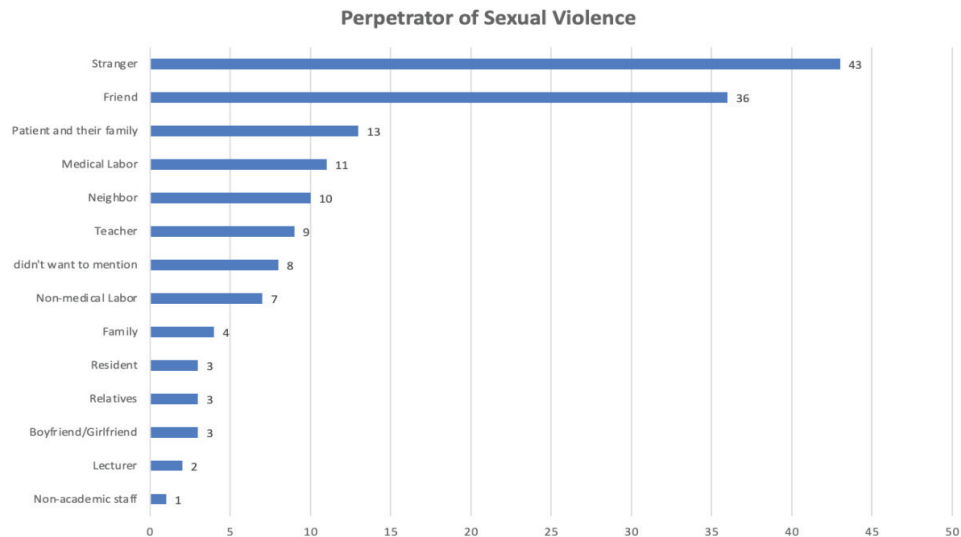


Figure 2 Perpetrator of Sexual Violence in Medical Students

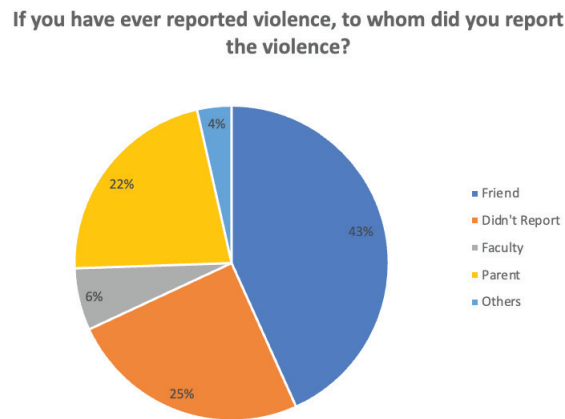


Figure 3 Reporting by Victims of Sexual Violence

(28.3%), compared to in the clinic (14.1%). A total of 72 respondents (63.7%) admitted experiencing sexual violence more than twice, occurring mainly between 06.00 am to 06.00 pm (61.1%).

The predominant type reported was through information and communication technology (for example, receiving inappropriate photos and videos), accounting for 35%, followed by physical contact (31%), as shown in Figure 1. Furthermore, Figure 2 showed that perpetrators were dominated by individual's unknown to the victim (43 events), followed by friends (36 events).

Approximately 46.0% of respondents had the courage to report their experience, while others remained silent regarding the incident. Among those who reported, the majority (43%) only told their friends, and 6% reported to lecturers or authorized university leaders (Figure 3).

## Discussion

This study focused on medical students, showing that the risk of becoming victims of sexual violence is significantly high among children (<18 years old). Based on the results of the study, among students who were victims of sexual violence, 41.59% of respondents admitted to experiencing sexual violence before entering college, while others were sexually assaulted at 11 years old. However, a previous study by Zilkens et al. in Australia showed a more mature age, ranging from 20–29 years old.<sup>11,12</sup>

In this study, 9.7% of medical students had experienced sexual violence, with victims being dominated by women. Similar studies at universities in Australia stated that 30.6% of students were victims of sexual violence, predominantly women, respectively.<sup>13</sup> The prevalence of sexual violence against women is related to several factors, including a robust patriarchal culture, the presence of gender inequality, power dynamics, a lack of education on sexual violence, and underreporting of sexual harassment on campus.<sup>14,15</sup> Moreover, the close hierarchical structure in medical education between senior and junior has the potential to cause abuse of authority, including acts of sexual violence in lower hierarchical groups.<sup>5,16</sup> However, this study showed that only 3% of victims experienced sexual violence related to power relations in the educational environment (lecturers and residents).

Recently, the scope of sexual violence is no

longer limited to touch or physical contact. This study showed that the use of information and communication technology (for example, receiving inappropriate photos or videos) facilities was the main form of sexual violence occurring among medical students. In contrast, the results obtained from Norway showed that verbal violence sexual expressions and suggestions, comments about the body, appearance, or private life, including physical violence (unwanted touching, hugging, or kissing) were the most common forms.<sup>17</sup> Although limited numbers were recorded from institutions, most of the perpetrators of sexual violence in this study were unknown to the victims, such as public transportation drivers and people who met accidentally in public areas.

Compared to the study by Zilkens et al.,<sup>12</sup> the majority of perpetrators of sexual violence were friends of victims. This shows the negative impact of the rapid development of information and communication technology facilities, with the increase in cybercrime, particularly among students.<sup>18</sup> Through easy access to the internet, pornography, and various social media that support online grooming, predators can easily access the child, initiate the abuse, and conceal the process.<sup>19,20</sup>

Significant information was obtained in this study, where 61.06% of victims experienced sexual violence not at night but during routine activity times (06.00 am to 06.00 pm). Despite the high prevalence rates, the majority of victims in this study preferred not to report their experiences. Although most respondents admitted being victims of sexual violence more than twice, the desire to report is still challenging. When victims attempt to speak up, most report the incident to their friends and not institutional leaders or authorities capable of following the reported cases. These delays in reporting have an impact on the slow handling of victims, which indirectly provides opportunities for perpetrators. According to Nikmatullah<sup>21</sup>, victims of sexual violence in college often feel embarrassed, unsure of where to complain, and worried that reporting incidents could affect academic activities, leading to dropping out of college.

Fitri et al.<sup>22</sup> stated that several factors contributed to the vulnerability of students to becoming victims of sexual violence, including insufficient understanding and the tendency of universities to prioritize their reputation. This often leads to mediation between victims and perpetrators to reconcile without formal



reporting. Therefore, the concern of university structures in preventing and handling sexual violence on campus is very crucial, considering the large impact on students who become victims in the future. Currently, there is a regulatory policy of the Indonesian Minister of Education and Culture regarding handling sexual violence in higher education environments, including establishing a Task Force for preventing and controlling sexual violence at the university level.<sup>2</sup>

The limitation of this study is that the sample is only one university in Sumatra and the lack of analysis regarding factors contributing to the vulnerability of students to becoming victims of sexual violence. In addition, the questions in this study are in the form of answer choices. Further research using open questions (essays) certainly provides wider opportunities for analyzing findings. Therefore, future study is recommended to explore these factors to explain the results obtained in this study in some universities.

In conclusion, medical students are not significant as a vulnerable group to experience sexual violence. All students can experience sexual violence anytime and anywhere, especially the number of students who experience sexual violence is higher at the pre-clinical stage (meaning almost the same as the situation of students from other faculties). The results of this study indicate the great potential to become victims of violence at the age of children (school age). Efforts to eradicate sexual violence must not only address known cases but also require preventive measures. Creating an environment free from sexual violence requires the role of university structures and student bodies with a high awareness of gender equality perspectives and the issue of sexual violence. Coordination efforts should also be comprehensive and integrated across the entire university community. Furthermore, the establishment of Task Force for preventing and handling sexual violence ("*Satuan Tugas Pencegahan dan Penanganan Kekerasan Seksual-Satgas/PPKS*") is expected to help eradicate sexual violence by increasing awareness of times and potential risk areas. However, the major challenge is developing effective screening methods to identify people at high risk or victims of sexual violence that have not been reported. Thus, it is necessary to carry out further research regarding the considerations of victims in choosing whether to report the sexual violence they have experienced or not.

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