

HIV/AIDS Prevention for Child Victims of Violence and Sexual Harassment in the City of Pari Serdang Bedagai

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Abstract

Sexual violence against children is a moral offence, and sexual harassment is a form of ethical violations that are not only national legal problems in a country but are also global legal problems for all countries. Child sexual abuse can be a means of spreading HIV/AIDS, especially if the perpetrator is HIV-positive. HIV/AIDS transmission to children can also occur from mother to child during pregnancy, childbirth, or breastfeeding. The recent surge in cases of sexual violence against children can be said to be multifactorial. These factors can be identified as two: internal and external. Internal factors are causes originating from within the perpetrator of sexual violence, such as psychological factors, biological factors, moral factors, revenge factors, and past trauma. Meanwhile, external factors can be identified as follows: cultural factors, economic factors, factors of minimal collective awareness of child protection in educational environments, factors of exposure to child pornography and adult pornography that victimizes children, factors of weak law enforcement and relatively light threats of punishment, factors of disharmony between legislative products related to children's issues, factors of children in disaster and emergencies.

Keywords: Children, Victims of Sexual Abuse, Spread of HIV/AIDS.

I. INTRODUCTION

A. Background

HIV/AIDS is a deadly disease. This deadly disease causes physical and mental impairments in sufferers. This disease has spread widely throughout the community, including housewives and children. According to the Directorate General of P2P (SIHA) (in InfoDATIN 2017), cases of HIV infection in children aged 5-14 years showed an increase from 338 cases in 2015, 406 cases in 2016, and 425 cases in 2017.

Furthermore, according to the Directorate General of P2P, Ministry of Health of the Republic of Indonesia, in 2019, data on children aged <4 years old infected with HIV/AIDS in 2018 showed a percentage of 2.1 HIV-positive and 1.7 AIDS-positive. Therefore, it can be concluded that HIV/AIDS transmission occurs from mothers to children under 4 years old. Sexual violence against children can increase the risk of HIV/AIDS transmission. Data shows that sexual violence was the most commonly reported type of violence against children in 2024. Perpetrators of sexual violence, especially adults, may have an unknown HIV/AIDS status, and through sexual violence, they can transmit the virus to children. Furthermore, children who are victims of sexual violence are also more susceptible to mental and physical health problems, which can affect their immune systems

and increase their vulnerability to HIV/AIDS infection. Sexual violence against children can increase the risk of HIV/AIDS transmission, especially if the perpetrator engages in anal or vaginal penetration. Sexual violence can also cause genital injuries, increasing the risk of infection, and impact a child's mental health, which can affect the immune system. (Demartoto, 2018) Data from the National Commission on Violence Against Women shows that sexual violence was one of the most frequently reported types of violence against children in 2024.

HIV/AIDS cases have been reported by 38 provinces in Indonesia as of June 2024. As of June 2024, 512 out of 514 regencies/cities in Indonesia had reported HIV/AIDS cases. HIV/AIDS cases in Indonesia in 2024 showed an increasing trend. From January to June 2024, there were 31,564 new HIV cases detected out of 3,182,913 people tested for HIV, according to a report published by HIV/AIDS and HIV/AIDS Centers (PIMS). The five provinces with the highest number of HIV cases were East Java, West Java, Central Java, Jakarta, and North Sumatra. There are an estimated 570,000 people living with HIV (PLHIV) in Indonesia, ranking Indonesia 14th in the world in terms of the number of cases.

B. Problems

In this study on HIV/AIDS Prevention for Child Victims of Violence and Sexual Abuse in Pari Serdang Bedagai City, the research problem can be formulated as follows:

- 1) What are the conditions and risk levels of HIV/AIDS transmission among child victims of

violence and sexual abuse in Pari Serdang Bedagai City?

Describe the actual situation and vulnerability factors of children to HIV/AIDS due to sexual violence.

- 2) What HIV/AIDS prevention efforts have been implemented by the local government, child protection agencies, and health workers for child victims of violence and sexual abuse in Pari Serdang Bedagai City?

Review policies, programs, and actual implementation in the field.

- 3) What obstacles and challenges are faced in implementing HIV/AIDS prevention programs for child victims of violence and sexual abuse in the area?

Analyze the social, cultural, institutional, and resource factors that hinder the effectiveness of prevention.

- 4) How can effective HIV/AIDS prevention strategies and models with a child protection perspective be developed in Pari Serdang Bedagai City?

Develop strategic recommendations based on children's rights and public health.

C. The Proposed Solution

This study proposes several solutions to address the problem of HIV/AIDS prevention for child victims of violence and sexual abuse. Child victims of violence and sexual abuse face dual vulnerabilities: psychological and health, including a high risk of HIV/AIDS transmission. Therefore, solutions must be integrated, cross-sectoral, and based on child protection, not solely medical aspects.

- 1) Strengthening the Integrated Child Protection System

- Establish an integrated mechanism between the Health Office, Social Services, the Police Women and Children Unit, and child protection agencies.
- Every case of child sexual abuse must be directly connected to health services for HIV/AIDS screening and prevention.
- Establish a Rapid Response Team (TRC) for child victims of violence that is ready to provide prompt medical and psychosocial care.

Goal: Prevent delays in treatment that can increase the risk of HIV/AIDS infection.

- 2) Education and Socialization of Child and Adolescent Reproductive Health

- Implement child-friendly sexuality and reproductive health education programs in schools, orphanages, and communities.
- Involve teachers, parents, religious leaders, and integrated health post (Posyandu) cadres to ensure holistic education and local cultural values.
- Develop visual and short story-based communication materials for easy understanding by children.

Goal: Increase children's awareness and ability to recognize and protect themselves from sexual violence and the risk of HIV/AIDS transmission.

- 3) Integrated Medical Services and Psychological Counseling

- Provide free and confidential HIV/AIDS testing for child victims of sexual violence.
- Assign specialized child health professionals (pediatricians and child psychologists) to address trauma and the risk of infection.
- Provide early ARV (antiretroviral) therapy if testing indicates a potential infection. *Goal:* Ensure children's right to comprehensive physical and mental health.

- 4) Strengthening the Role of Families and Communities

- Conduct training for parents/guardians and community leaders on preventing sexual violence and HIV/AIDS.
- Encourage local communities and community leaders to actively report and prevent violence against children.
- Build a caring, non-discriminatory social environment that supports the recovery of child victims.

Goal: To make the community the vanguard in child protection and HIV/AIDS prevention.

- 5) Strengthening Regional Policies and Regulations

- Local governments can establish Regional Regulations (Perda) or Regent Regulations on the prevention and handling of child sexual violence and HIV/AIDS prevention.
- Allocate a special budget for victim care and preventive education programs.
- Conduct regular monitoring and evaluation of program effectiveness and inter-agency coordination.

Goal: Ensure the legal and administrative continuity and sustainability of prevention programs.

II. RESEARCH METHODOLOGY

A. Types of Research

This research uses a qualitative approach with a case study design. The following is a clearer description of this type of research:

1. Qualitative Approach:
 - a. Qualitative research was used because the issue of HIV/AIDS prevention for child victims of violence and sexual abuse is complex, sensitive, and contextual. This approach focuses on understanding the meanings, experiences, and social interactions that occur among child victims, their families, health workers, and child protection agencies.
 - b. This method is appropriate because the issue being studied involves complex nuances in social and legal interactions, which cannot be measured quantitatively.
2. Case Study Design:
 - a. A case study design is chosen to analyze a specific phenomenon in depth within a specific context. This research will examine in depth a complex social phenomenon, namely HIV/AIDS prevention efforts among child victims of violence and sexual abuse in the real-life context of Pari Serdang Bedagai City.
 - b. The phenomenon of HIV/AIDS prevention among child victims of violence is sensitive and complex. It cannot be explained through numbers alone, and requires a deep and contextual understanding of the relationships between victims, families, communities, and institutions.
 - c. Case studies allow researchers to holistically explore medical, social, and legal aspects.
3. Research Focus:

This research focuses on HIV/AIDS prevention efforts for child victims of violence and sexual abuse, with an emphasis on the role of government institutions, health workers, and child protection mechanisms at the local level (Pari Serdang Bedagai City).

This focus is directed at understanding:

- How child victims of sexual violence are at risk of HIV/AIDS transmission,

- How prevention, treatment, and support are carried out by relevant agencies,
- And how child protection systems and policies support these efforts.

B. Research Data Sources

Data sources in research are anything (people, documents, agencies, recordings, or observation results) that provide the information or facts needed to answer the research problem formulation, namely HIV/AIDS Prevention for Child Victims of Violence and Sexual Harassment in Pari Serdang Bedagai City. The collected data can be in the form of numbers (quantitative) or descriptions/information (qualitative), according to the research approach used.

Data obtained directly from the field or from respondents through the researcher's own research activities.

1. Serdang Bedagai District Health Office (Dinkes Sergai)
 - Regional health profile, HIV/AIDS program reports, ARV and PEP service data.
 - Can be obtained through interviews with the head of the P2P (Disease Prevention & Control) division.
2. P2TP2A (Integrated Service Center for the Protection of Women and Children) Technical Service Unit
 - Data on child violence victims, medical referrals, and psychological support.
 - Interviews with field officers to understand prevention mechanisms.
3. Serdang Bedagai Police (PPA Unit)
 - Reports of child sexual violence cases, chronology, and referral pathways for victims to medical services.
4. Community Health Center or Hospital (Sultan Sulaiman Regional Hospital)
 - Data on medical services for victims of sexual violence (PEP, HIV testing, counseling).
5. Direct interviews with:
 - Health workers, counselors, social workers, school teachers, community leaders, and the victim's family.

C. Data Collection Techniques

Data collection techniques are the methods researchers use to obtain accurate, relevant, and accountable data to answer the research problem formulation.

In the study "HIV/AIDS Prevention for Child Victims of Violence and Sexual Harassment," a descriptive qualitative approach was used to collect data, as the focus of this study was to explore facts,

policies, and the implementation of HIV/AIDS prevention programs for child victims of sexual violence in the field.

A. Interview

Purpose: To obtain in-depth information on HIV/AIDS prevention policies, programs, and practices for child victims of sexual violence from competent parties.

Interview Format: Semi-structured, with general questions as a guide but still allowing the interviewee to elaborate.

B. Observation (Direct Observation)

Purpose: To directly observe the situation, conditions, and implementation of HIV/AIDS prevention activities for child victims of sexual violence.

Observation Method: Non-participatory, where the researcher is not directly involved in the activities but only observes and takes notes.

C. Documentation

Objective: To obtain secondary data in the form of documents, reports, and official records related to the research.

Types of documents collected:

- Annual reports from the Health Office and P2TP2A.
- HIV/AIDS case data by age and sex from the Ministry of Health or local Health Office.
- Data on cases of violence and sexual abuse against children from the Women's Empowerment and Child Protection Unit (PPA) and P2TP2A.
- Regional regulations and guidelines on handling child violence and HIV/AIDS prevention.
- Publications and research reports related to child protection and HIV/AIDS.

D. Data Analysis

Data analysis is the process of processing, interpreting, and concluding data obtained from the field to answer the research problem formulation. In the context of the research "HIV/AIDS Prevention for Child Victims of

Violence and Sexual Abuse," data analysis is used to understand prevention mechanisms, barriers to implementation, and the role of relevant institutions in protecting children from the risk of HIV/AIDS transmission due to sexual violence.

1. Type of Data Analysis

This study uses descriptive qualitative data analysis because the data obtained are in the form of words, narratives, and documents, not statistics.

This analysis aims to:

- Systematically describe HIV/AIDS prevention efforts for child victims of sexual violence.
- Identify the roles of health, social, and legal institutions.
- Analyze obstacles and solutions in implementing prevention programs.

2. Data Analysis Stages (Miles and Huberman Model)

Qualitative data analysis follows the Miles & Huberman (1994) model, which includes three main stages:

A. Data Reduction

Data reduction is the process of selecting, focusing, simplifying, and transforming raw data emerging from field notes.

In this stage, the researcher: Selects interview results, observations, and documentation relevant to the research focus.

Groups data according to themes:

- HIV/AIDS prevention policies and programs
- Mechanisms for handling child sexual violence victims
- Coordination between institutions (Health Office, P2TP2A, Police, Schools)
- Obstacles and challenges in the field

3. Data Display

Data is presented in the form of narrative descriptions, tables, or thematic matrices so that researchers can understand the relationships between pieces of information.

4. Drawing Conclusions and Verification

The final stage of analysis is to deduce the meaning of the reduced and presented data and verify it with other sources to ensure validity.

Steps:

- Compile the main research findings based on interviews, observations, and documentation.
- Compare the findings with national theories or policies on HIV/AIDS prevention and child protection.
- Draw preliminary conclusions, then re-verify them through member checking (confirmation with informants) to ensure the results are valid.
- Draw final conclusions that answer the research problem formulation.

E. Validity and Reliability

In qualitative research such as "HIV/AIDS Prevention for Child Victims of Violence and Sexual Abuse," the concepts of validity and reliability refer not only to the "validity and accuracy of the measuring instrument," but more broadly encompass the trustworthiness of the entire research process and results.

Therefore, data validity testing is conducted based on four criteria according to Lincoln and Guba (1985):

- Credibility
- Transferability
- Dependability
- Confirmability

1. Credibility

Credibility indicates the extent to which research results are trusted or reflect the reality on the ground. To increase credibility, researchers take the following steps:

- a) Data and Methods Triangulation
 - Comparing interview results, observations, and documentation.
 - For example, information on the number of child victims of sexual violence at risk of HIV is compared between data from the Health Office, P2TP2A, and the police.
 - If there are discrepancies, researchers cross-check.
- b) Member Check
 - Researchers return to informants (e.g., P2TP2A or Health Office officers) to ensure that their interpretation aligns with the informant's intent.

c) Prolonged Engagement

- Researchers interact sufficiently in the field to understand the social, cultural, and institutional contexts involved in HIV/AIDS prevention among child victims of sexual violence.

d) Researchers discuss preliminary findings with their supervisor or fellow researchers to avoid personal bias.

e) Negative Case Analysis

- Looking for data that differs from or contradicts general patterns to strengthen the objectivity of the results.

2. Transferability

Transferability relates to the extent to which research results can be applied to other similar contexts.

Steps taken by the researcher:

- Present a detailed contextual description of the research location (e.g., social conditions, health facilities, regional policies in Serdang Bedagai).
- Explain in detail the data collection procedures, informant characteristics, and research situation.

This allows other researchers to assess whether the research results can be applied in other areas with similar conditions.

3. Dependability

Dependability relates to the consistency of research results when repeated by other researchers under the same conditions.

To ensure dependability, researchers:

- Systematically record all stages of the research (from planning, data collection, analysis, to drawing conclusions).
- Maintain an audit trail, such as field notes, interview transcripts, documents, and observation sheets.
- Conduct peer reviews to ensure that research procedures are carried out correctly.

4. Confirmability

Confirmability indicates the extent to which research results are free from researcher bias and are truly based on the data obtained.

Steps:

- Link each conclusion to concrete evidence (interview quotes, documentary photographs, or official reports).
- Involve a third party to verify the data (e.g., an academic advisor).
- Maintain objectivity in interpretation, avoiding adding personal opinions without empirical basis.

III. RESULTS AND DISCUSSION

As a State, the law guarantees children's rights to survival, growth, and development, as well as protection from violence and discrimination, as stipulated in the 1945 Constitution of the Republic of Indonesia (UUD NRI 1945). The rapid flow of globalization and the negative impact of developments in information and communication technology have given rise to a new phenomenon: sexual violence against children. Sexual violence against children is a serious crime that is increasing significantly, threatening and endangering children's lives over time, damaging their personal lives and development, and disrupting their sense of comfort, peace, security, and public order. Children are a gift from God Almighty given to their parents. It is a common understanding that this gift must be safeguarded, protected, and their talents and potential developed according to the children's wishes. Families and the state should pay special attention to children's growth and development. (Rahmansyah, 2017) (Indonesia, 2012)

Violence against children is not merely a psychological problem that occurs only in broken homes, frustrated parents, and poor families unable to cope with the pressures of life. For all of us, violence against children is a social problem that requires collective attention from all levels of society. This is because these incidents are not limited to one or two families or merely an expression of deviant behavior within a frustrated family environment. Rather, the number of children who become victims and who the perpetrators are can transcend geographical and community boundaries, affecting anyone, anywhere. Ample evidence shows that violence doesn't only affect teenagers; even innocent, helpless infants can sometimes trigger emotions in adults that lead to violence against children. Violence against children occurs at all times and places, not only in public spaces like the streets or in secluded areas, but also in homes, which are

supposedly the safest place for children. A home where children should be able to freely play, study or read turns out to be the most hidden and safe place for perpetrators to commit acts of violence against children. Children need protection from the negative impacts of rapid development, the flow of globalization in the field of communication and information, advances in science, as well as changes in the lifestyle and ways of some parents which have brought about fundamental social changes in the lives of people which have a very big influence on children's behavior.⁵ HIV/AIDS is a deadly disease. This deadly disease causes physical and mental impairments in sufferers. This disease has spread widely throughout the community, including housewives and children. According to the Directorate General of P2P (SIHA) (in InfoDATIN 2017), cases of HIV infection in children aged 5-14 years showed an increase from 338 cases in 2015, 406 cases in 2016, and 425 cases in 2017.

Furthermore, according to the Directorate General of P2P, Ministry of Health of the Republic of Indonesia, in 2019, data on children aged <4 years old infected with HIV/AIDS in 2018 showed a percentage of 2.1 HIV-positive and 1.7 AIDS-positive. Therefore, it can be concluded that HIV/AIDS transmission from mothers to children under 4 years old is occurring. HIV/AIDS cases have been reported by 38 provinces in Indonesia as of June 2024. The number of districts/cities that have reported HIV/AIDS cases up to June 2024 was 512 out of 514 districts/cities in Indonesia.

HIV/AIDS cases in Indonesia in 2024 showed an increasing trend. Between January and June 2024, there were 31,564 new HIV cases detected out of 3,182,913 people tested for HIV, according to a report published by HIV/AIDS and HIV/AIDS Centers. The five provinces with the highest number of HIV cases were East Java, West Java, Central Java, Jakarta, and North Sumatra. There are an estimated 570,000 people living with HIV (PLHIV) in Indonesia, ranking Indonesia 14th in the world in terms of the number of cases. Two regencies/cities had not yet conducted HIV testing as of June 2024: Maybrat Regency in Southwest Papua Province and Nduga Regency in Highlands Papua Province. However, from January to June 2024, only 498 regencies/cities had reported HIV/AIDS cases. HIV testing is part of health services according to the Regency/City Health Standards (SPM). HIV testing in Indonesia from January to June 2024 totaled 3,182,913 (41.4%) people, out of a target of 7,685,159. Of the 3,182,913 people tested for HIV, 31,564 (1%) were identified as living with HIV, and 23,375 (74.1%) received ARV treatment.

Child abuse, including sexual abuse, especially chronic abuse beginning in early childhood, has been found to be associated with the development of high levels of dissociative symptoms, including amnesia for memories of the abuse. High levels of dissociation have

been found to be associated with reports of sexual and physical abuse. When severe sexual abuse (penetration, multiple perpetrators, lasting more than a year) has occurred, dissociative symptoms are even more prominent.⁶

Child sexual abuse independently predicts the number of symptoms for PTSD that individuals display, after controlling for potentially confounding variables, according to Widom (1999), who wrote, "Sexual abuse, perhaps more than other forms of childhood trauma, causes dissociative problems. These PTSD findings represent only a portion of the picture of long-term psychiatric sequelae associated with early childhood victimization, such as antisocial personality disorder, alcohol abuse, and other forms of psychopathology."⁷

Children can develop symptoms of post-traumatic stress disorder as a result of child sexual abuse, even without actual or threatened injury or violence. (Indonesia, 2012) Sexual violence can lead to mental health problems such as depression, anxiety, and post-traumatic stress disorder (PTSD). Poor mental health can interfere with victims' ability to make informed decisions about their sexual health, including HIV/AIDS prevention. (Demartoto, 2018)

IV. CONCLUSION

Child sexual abuse is a relationship or interaction between a child and an older person or adult, such as a stranger, sibling, or parent, in which the child is used as an object to satisfy the perpetrator's sexual needs. This act is carried out using coercion, threats, bribery, deception, and even pressure. There are two forms of sexual abuse: all forms of exploitation and sexual violence against children perpetrated by adults. Sexual abuse, particularly rape, involves non-consensual and unprotected penetration, increasing the risk of HIV/AIDS transmission if the perpetrator is infected. Unprotected sex with an HIV-infected partner is the primary mode of transmission, and sexual violence can facilitate this transmission due to the victim's lack of control over the situation. Child sexual abuse can be a means of transmitting HIV/AIDS, although it is not the most common mode of transmission.

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