

Reformulating the Policy of Chemical Castration for Child Sexual Offenders: Ensuring Legal Certainty for Medical Practitioners

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Abstract

Chemical castration for perpetrators of sexual violence against children has been legalized through Law Number 17 of 2016 and Government Regulation Number 70 of 2020 as an additional sanction in the Indonesian criminal justice system. However, the implementation of this policy continues to spark debate, particularly in terms of medical professional ethics. This study aims to examine the differences in the application of chemical castration in Indonesia and several other countries, as well as to provide policy recommendations that ensure legal protection for medical personnel. The research method used is normative juridical with a comparative approach. The findings indicate that several countries have implemented chemical castration as a voluntary therapeutic measure with medical and psychiatric supervision. Therefore, a reformulation of chemical castration policy in Indonesia is necessary—one that emphasizes a therapeutic approach, ensures ethical and legal protection for doctors, and involves informed consent from the perpetrator.

I. Introduction

From a legal standpoint, children are recognised as subjects entitled to special protection under the law. The safeguarding of children's rights is acknowledged from the moment of conception until birth.¹ This fundamental principle is enshrined in Law No. 17 of 2016, which formalised Government Regulation in Lieu of Law No. 1 of 2016 as the second amendment to Law No. 23 of 2002 on Child Protection. The statute firmly establishes the imposition of legal sanctions upon perpetrators of sexual crimes committed against minors.

Sexual offences against children are categorised as serious crimes, given that children represent a highly vulnerable demographic to such acts of violence.² In recent years, incidents of sexual violence involving minors have intensified, inflicting severe psychological trauma upon victims. According to data compiled by

¹ Setiawati, Erna, Sukinta, and Bambang D. Baskoro. 2017. "Implementasii Kebijakan Diversi Di Dalam Penegakan Hukum Pidana Dalam Perkara Anak Yang Berhadapan Dengan Hukum (Studi Kasus Di Pengadilan Negeri Ungaran)." 6 (2): 2.

² Fitria.R.S, et al.. 2023. "Kebijakan Hukum Pidana Terhadap Pelaku Tindak Pidana Kekerasan Seksual Pada Anak di Kota Medan, 5(2), 23." 5 (2).

the Online Information System for the Protection of Women and Children (SIMFONI PPA), approximately 28,831 cases of violence against children were recorded between January and December 2024.³ Among these, sexual violence consistently emerged as the most frequent form of abuse from 2019 to 2024, thus highlighting the persistent ineffectiveness of existing protective measures.⁴

In response to the escalation of such offences, Government Regulation in Lieu of Law (Perppu) No. 1 of 2016 was issued as the second amendment to Law No. 23 of 2002 on Child Protection. This was subsequently enacted into law by the House of Representatives (DPR) through Law No. 17 of 2016 on 9 November 2016. This legal instrument forms the basis for the imposition of chemical castration and the utilisation of electronic monitoring devices for recidivist sex offenders, particularly in cases involving multiple victims or serious bodily harm.

Castration, in essence, constitutes an effort to deactivate the reproductive function—specifically the testes in males and the ovaries in females—through surgical intervention or the administration of chemical agents. With advances in medical science, castration is now divided into two forms: physical and chemical.⁵ Physical castration entails the surgical removal of the reproductive organs, whereas chemical castration is achieved through the administration of pharmacological substances that inhibit the activity of reproductive hormones, especially testosterone, thereby markedly diminishing sexual drive.

In the Indonesian legal system, the regulatory framework has formally legitimised the use of chemical castration for offenders convicted of sexual crimes against children. A number of final and binding judicial decisions have affirmed this sanction, including Mojokerto District Court Decision No. 69/Pid.Sus/2019/PN Mjk and Banjarmasin District Court Decision No. 858/Pid.Sus/2022/PN Bjm. Nevertheless, the implementation of chemical castration continues to incite controversy. Despite the promulgation of the relevant government regulation, the framework remains inadequate in addressing the practical and ethical dilemmas arising from its enforcement.⁶

The imposition of chemical castration sentences upon perpetrators of sexual offences against children has indeed been implemented in practice. However, its

³ Joko Susanto 2024. “Data Kementerian PPPA: Kekerasan Anak Capai 28.831 Kasus pada 2024.” NU Online. <https://www.nu.or.id/nasional/data-kementerian-pppa-kekerasan-anak-capai-28-831-kasus-pada-2024-npRIs>.

⁴ “Laporan Kasus Kekerasan terhadap Anak dan Perempuan Meningkat 3 Tahun Terakhir.” 2022. KOMPAS.com. <https://nasional.kompas.com/read/2022/01/20/12435801/laporan-kasus-kekerasan-terhadap-anak-dan-perempuan-meningkat-3-tahun>.

⁵ Noviana, D.A. 2021. “Analisis Terhadap Pelaksanaan Pidana Kebiri Kimia Dalam Kasus Kekerasan Seksual Pada Anak Dalam Perspektif Yuridis Dan Kedokteran.” 4 (1): 49.

⁶ Dian Narwastuty. 2024. “Implementasi Hukuman Kebiri Kimiawi Terkait Perspektif Korban: Perbandingan Antara Indonesia - Amerika Serikat.” 15 (2). <https://journal.maranatha.edu/index.php/dialogia/article/view/8623>.

application continues to encounter a number of substantial challenges. The first significant obstacle arose following the legalisation of this sanction and the issuance of final and binding court decisions mandating chemical castration. In response, the Indonesian Medical Association (Ikatan Dokter Indonesia, or IDI) explicitly refused to execute the procedure.⁷ This rejection was formally conveyed through the Fatwa of the Honorary and Medical Ethics Council No. 1 of 2016, in which IDI asserted that the administration of chemical castration constitutes a breach of the medical oath and a violation of the Indonesian Code of Medical Ethics. A second challenge stems from the absence of a comprehensive legal framework regulating the procedural mechanisms for the implementation of chemical castration in Indonesia. While the legislation provides the normative basis for its imposition, it lacks detailed provisions governing the technical, ethical, and operational aspects of enforcement.

The third issue concerns the rejection of this policy by the National Commission on Human Rights (Komnas HAM), which contends that chemical castration amounts to a form of human rights violation and inhumane treatment, infringing upon individuals' constitutional rights.⁸ Komnas HAM argues that the policy contradicts Article 28G paragraph (2) of the 1945 Constitution of the Republic of Indonesia, which affirms: "Every person shall have the right to be free from torture and other degrading treatment which demeans human dignity, and shall have the right to seek political asylum from another country."

In the international context, the implementation of chemical castration varies significantly across jurisdictions. In certain states within the United States—such as Georgia, Montana, and Texas—chemical castration is employed as a mandatory and coercive form of penal sanction. By contrast, other states, such as Louisiana and Iowa, categorise chemical castration as a form of medical treatment, typically requiring the consent of the offender and medical oversight.⁹

In Indonesia, chemical castration has been introduced relatively recently as an additional punishment within the criminal justice system. Its implementation has generated critical discourse, particularly concerning its efficacy in addressing the psychological and behavioural disorders underlying sexual violence. Furthermore, there remain serious concerns regarding the extent to which such a punitive

⁷ Abdul Rahman. 2024. *Tindakan Penolakan Dokter Dalam Melaksanakan Kebiri Kimia Sebagai Pidana Tambahan* 8 (1): 39.

⁸ "Mengupas Peraturan Pemerintah (PP) Kebiri Kimia Dalam Perspektif HAM." 2021. <https://www.komnasham.go.id/index.php/news/2021/2/1/1660/mengupas-peraturan-pemerintah-pp-kebiri-kimia-dalam-perspektif-ham.html#:~:text=%E2%80%9CKomnas%20HAM%20menentang%20kebiri%20kimia,menjadi%20narasumber%20dalam%20Kajian%20terbuka.>

⁹ Endik Wahyudi and Gerry Joe. 2020. "Kebijakan Formulasi Sanksi Pidana Kebiri Kimia Di Indonesia Yang Akan Datang." 4 (1).

approach can contribute meaningfully to reducing the prevalence of sexual offences within society.

In light of these considerations, this study seeks to examine two core issues: (1) What are the key differences in the implementation of chemical castration policies between Indonesia and selected comparative jurisdictions?. (2) What policy recommendations can be advanced to ensure legal certainty and ethical safeguards for physicians involved in the enforcement of chemical castration in Indonesia?.

2. Research Method

This study employs a normative juridical approach alongside a comparative legal approach to analyse the policy and implementation of chemical castration in Indonesia in relation to international practices. The normative juridical approach in this research is grounded in a systematic analysis of legal principles, doctrines, and statutory frameworks. It aims to re-examine the prevailing legal theories, concepts, and legislative instruments relevant to the policy of chemical castration. This method is applied to respond to the legal and ethical controversies that have emerged from the enforcement of chemical castration as an additional sanction against perpetrators of sexual violence against children. Through doctrinal legal analysis, the study seeks to clarify inconsistencies in regulation and to propose normatively sound policy alternatives. The comparative legal approach is employed to enhance the analytical depth of the study and to support the formulation of reasoned conclusions. This method involves the systematic comparison of chemical castration policies and their implementation in selected jurisdictions, with particular reference to countries that have adopted differing legal and ethical models. The study integrates a statute-based approach, concentrating on the comparative analysis of legislative frameworks that govern the use of chemical castration in both Indonesia and other legal systems. This approach facilitates an evaluative understanding of best practices and highlights the normative gaps that require reform within the Indonesian context..

3. Results and Discussion

A Comparative Study of Chemical Castration Policies in Indonesia and Selected Jurisdictions

In the field of medicine, chemical castration refers to the administration of pharmacological agents aimed at suppressing sexual drive. The primary objective of this procedure is to reduce or eliminate sexual urges, particularly in individuals exhibiting deviant sexual behaviours. In practice, chemical castration and surgical (or

physical) castration are distinct in both method and purpose. Surgical castration entails the permanent removal of reproductive organs, while chemical castration involves the temporary suppression of androgen hormone activity—specifically testosterone—in males.

From a medical perspective, the hormone testosterone plays a crucial role in the regulation of sexual desire and functioning, particularly among men.¹⁰ A study conducted by Giammanco established a correlation between elevated androgen levels and increased sexual aggression. Based on such findings, researchers have hypothesised that reducing testosterone levels below a certain threshold may contribute to diminished sexual urges in individuals convicted of sexual violence, thereby potentially reducing the recurrence of such offences.

Testosterone suppression may be achieved through physical or chemical means. An understanding of the biological mechanism underpinning testosterone synthesis is essential. When an individual receives sensory stimuli, signals are transmitted to the brain, activating the hypothalamus to release gonadotropin-releasing hormone (GnRH). This hormone subsequently stimulates the pituitary gland to secrete reproductive hormones, ultimately resulting in testosterone production.¹¹

In medical practice, chemical castration is categorised as a form of hormonal therapy and is commonly used in the treatment of prostate cancer, as well as in managing individuals suspected of having paraphilic disorders, such as paedophilia.¹² Accordingly, from a clinical standpoint, the procedure is therapeutic in nature. However, within the legal domain, chemical castration is primarily regarded as a punitive mechanism, particularly when applied to perpetrators of sexual offences against children. In the Indonesian context, Law No. 17 of 2016 designates chemical castration as an additional criminal sanction applicable to offenders convicted of child sexual abuse. This regulatory development has sparked ongoing legal and ethical discourse, particularly regarding whether chemical castration should be regarded as a *maatregel* (a rehabilitative or preventive measure) or as a punitive sanction reflective of retributive justice principles.

When viewed through a treatment-oriented lens, chemical castration is conceptualised as a medical intervention designed to assist offenders in managing sexual impulses and reducing the risk of recidivism. This rehabilitative approach

¹⁰ Harrison Wein. 2013. "Understanding How Testosterone Affects Men. National Institutes of Health (NIH)." <https://www.nih.gov/news-events/nih-research-matters/understanding-how-testosterone-affects-men>.

¹¹ Ika Puspitasar. 2021. "Apa itu Kebiri Kimia? - Fakultas Farmasi UGM." Fakultas Farmasi UGM. <https://farmasi.ugm.ac.id/apa-itu-kebiri-kimia/>.

¹² Thomson A et al. 2025. "Time to castrate the cost? the rising expense of chemical castration for the management of prostate cancer." (January). <https://www.sciencedirect.com/science/article/pii/S2287888225000030?via%3Dihub>.

typically necessitates comprehensive psychological support, counselling, and the informed, voluntary consent of the offender. By contrast, under a punitive paradigm, chemical castration is construed as an additional criminal sanction aimed at exacting retribution for the offence and serving a deterrent function. Under this model, the consent of the offender is not a prerequisite, and the emphasis lies on repressive state measures.

In Indonesia, the policy of chemical castration is mandated by Law No. 17 of 2016. Article 81 paragraph (7) of the law explicitly states that perpetrators of sexual violence against children shall be subject to additional sanctions in the form of chemical castration and the installation of electronic monitoring devices. This statutory provision was subsequently reinforced by the issuance of Government Regulation No. 70 of 2020, which provides further technical guidelines for implementation.

To this day, the implementation of chemical castration remains a subject of considerable controversy, particularly among medical professionals and professional medical organisations, owing to its perceived incompatibility with medical ethics and the principle of non-maleficence—the obligation to do no harm to patients. One of the principal legal debates surrounding the enforcement of this policy concerns its legal classification: whether chemical castration ought to be regarded as an additional criminal sanction or as a *maatregel*—that is, a rehabilitative or preventive measure—within the framework of the criminal justice system. Criminal law generally categorises penalties into three principal classifications:

- a. Principal punishments, which include capital punishment, life imprisonment, short- and long-term imprisonment, as well as minor and substantial fines;
- b. Additional punishments, such as the publication of the offender's identity;
- c. Measures (*maatregelen*), including chemical castration, the installation of electronic monitoring devices, and rehabilitation programmes.

Additional criminal sanctions are inherently repressive, aimed at reinforcing the deterrent effect of principal punishments. As posited by Dhiwa, such sanctions are typically imposed to supplement the principal sentence.¹³ This interpretation is consistent with Article 10 of the Indonesian Penal Code (*Kitab Undang-Undang Hukum*

¹³ Dhiwa.A.P. 2022. “Pidana Pokok dan Pidana Tambahan.” https://spada.uns.ac.id/pluginfile.php/685804/mod_resource/content/1/MAKALAH%20PIDANA%20POKOK%20DAN%20PIDANA%20TAMBAHAN_KELOMPOK%2012.pdf#:~:text=Pidana%20tambahan%20adalah%20pidana%20yang,dari%20sesuatu%20hal%20yang%20pokok.

Pidana, KUHP), which enumerates additional punishments as including: (1) the revocation of certain rights; (2) the confiscation of specific items; and (3) the publication of judicial verdicts.

By contrast, *maatregelen* (measures or rehabilitative sanctions) are corrective and preventive in nature, designed to facilitate the offender's rehabilitation while protecting society from potential recidivism. The application of such measures is recognised within the Indonesian penal framework not only for individuals deemed legally irresponsible due to mental disorders but also for those held criminally accountable. Accordingly, rehabilitative sanctions may be imposed irrespective of the offender's mental capacity to bear criminal responsibility.

Both Law No. 17 of 2016 and Government Regulation No. 70 of 2020, which govern the implementation of chemical castration, refer to the intervention as a 'treatment'. Nevertheless, these provisions simultaneously position chemical castration as an 'additional punishment'. In practice, this means that chemical castration may only be enforced once the offender has been found legally guilty and sentenced to a principal punishment, typically in the form of imprisonment. This aligns with the legal maxim *ubi non est principalis, non potest esse accessorius*—meaning "where there is no principal, there can be no accessory". Thus, additional punishments cannot be lawfully imposed in the absence of a principal sentence; however, a principal punishment may be rendered without the need for a corresponding additional sanction.

The implementation of chemical castration in Indonesia remains relatively novel. Despite the promulgation of regulatory instruments and the issuance of judicial decisions mandating chemical castration for convicted perpetrators of child sexual abuse, actual execution of these orders remains limited. In several instances, courts have rendered sentences involving chemical castration; however, their enforcement has not been realised. This limited application suggests that the adoption of chemical castration in Indonesia has functioned more as a populist and symbolic legal response to the increasing prevalence of sexual violence, rather than as a coherent policy backed by comprehensive medical, legal, and socio-political frameworks.

Given these challenges, it is imperative to undertake a comparative analysis of the implementation of chemical castration in jurisdictions where such policies have been in place prior to their adoption in Indonesia. At present, countries that continue to enforce chemical castration include Denmark, Sweden, Australia, various states within the United States (notably Louisiana and Iowa), South Korea, Russia, Estonia, and Germany. In these jurisdictions, the regulation and administration of chemical castration have undergone significant development and have become more systematically integrated. Several of these countries have framed chemical castration

not solely as a punitive sanction, but rather as a therapeutic intervention administered under medical supervision and guided by consent-based protocols.

**Table 1. Implementation of Chemical Castration in Selected Countries
(Comparative Study)**

No	Countries	Year Implemented	Description
1	Denmark	1925 – 1970 (surgical castration) 1973-present (chemical castration)	Denmark was the first European country to implement castration policies
2	Sweden	1970	Sweden has allowed the voluntary use of chemical castration primarily as part of a therapeutic and rehabilitative approach for sex offenders. The treatment is offered under medical supervision and is typically combined with psychological counseling. Chemical castration in Sweden is not mandated by the court but rather provide upon the offender's consent, aiming to reduce sexual drive and prevent recidivism in a manner consistent with human rights principles.
3	California	1996	California was the first U.S state to implement this policy. In this jurisdiction, chemical castration is administered to repeat sexual offenders.
4	Mendoza	2010	The first south American country to implement a chemical castration policy. The procedure is administered with the offender's informed and voluntary consent. In this country, chemical castration in

			incentives by offering a reduction in prison sentence duration
5	Australia	Since word war II	In 2014, the policy was revised to allow chemical castration to be administered voluntarily by the offender, subject to a court order. The policy is applied in several territorial jurisdiction, including Queensland, Victoria, and Western Australia. In Australia, chemical castration is implemented as a medical treatment aimed at reducing an individual's libido.
6	United Kingdom	Since World War II	Chemical castration has been administered voluntarily to repeat sexual offenders, with the provision of reduced prison sentences as an incentive.
7	South Korea	2011	South Korea was the first asian country to implement this policy. In South Korea, chemical castration may be carried out following a psychiatric diagnosis confirming that the offender poses a risk of reoffending.
8	Russia	2011	Chemical castration allowed by court decision for crimes against minors: treatment administered under supervision of health professionals.
9	Germany	2012	Germany was the most recent European country to legalize the use of chemical castration. In this jurisdiction, the procedure is conducted voluntarily and is preceded by counseling sessions that inform the offender about the

			potential impacts and side effects of chemical castration.
10	Louisiana, Iowa, dan Florida (U.S states)		In case of a first offense, the application of chemical castration is subject to a court order. However, for second offenses (recidivism), chemical castration is mandatory. In both Louisiana and Iowa, chemical castration has been implemented as a form of medical treatment using medroxyprogesterone acetate (MPA)
11	Estonia	2012	In Estonia, chemical castration is administered to individuals diagnosed with pedophilia as a form of medical treatment aimed at reducing the libido of sexual offender.

Policy Recommendations on Chemical Castration in Indonesia to Ensure Legal Certainty for Physicians

Within the framework of Indonesia's criminal policy, chemical castration has been designated as a coercive measure imposed on perpetrators of sexual violence against children, as stipulated in Law No. 17 of 2016. However, it is imperative to reaffirm that the implementation of chemical castration should not be construed as a repressive or torturous form of punishment. Rather, it must be understood as a form of hormonal therapy designed to regulate the offender's sexual impulses and reduce the risk of recidivism. Medically, chemical castration is conducted through the administration of hormonal agents such as medroxyprogesterone acetate (MPA) or cyproterone acetate (CPA). These pharmacological substances act to suppress the production of testosterone in the body, thereby significantly diminishing excessive sexual desire and hypersexual behaviour. Testosterone is a key androgen hormone that plays a central role in sexual arousal and functioning, particularly among males. By interfering with the hormonal pathway responsible for androgen synthesis, MPA

and CPA serve to moderate the physiological impulses that may otherwise trigger sexually deviant conduct. The therapeutic effects of these agents typically become evident within a timeframe ranging from 40 hours to three months, depending on dosage, method of administration, and the biological response of the individual concerned.¹⁴

When conceptualised and applied as a form of hormonal therapy, chemical castration must adhere to clear and rigorous medical principles. This includes the existence of legitimate clinical indications, continuous supervision by licensed medical professionals, and compliance with prevailing standards of medical care. Crucially, this approach should be guided not by retribution, but by therapeutic intent—specifically, the aim of restoring psychosexual equilibrium in individuals suffering from paraphilic disorders that pose a serious risk of harm, such as paedophilia or compulsive sexual offending.

In accordance with the principle of non-maleficence, which constitutes a cornerstone of medical ethics, practitioners are under a moral obligation to do no harm. This extends beyond the avoidance of physical harm to include safeguarding the psychological and social well-being of patients. Consequently, the administration of chemical castration must be grounded in a framework that prioritises the health and dignity of the offender while simultaneously serving the broader interest of public safety. Viewed through this lens, chemical castration can be regarded as a therapeutic and preventive intervention, rather than as a punitive measure designed to inflict suffering or humiliation.

However, if improperly conceptualised or implemented without ethical safeguards, chemical castration may generate profound professional and ethical dilemmas. Physicians, in particular, may find themselves at a moral crossroads—torn between their duty to heal and their potential role in executing a state-imposed sanction that may be perceived as punitive in nature. This tension is further exacerbated when the procedure is framed primarily as a legal punishment rather than as a therapeutic response to a medical condition. Under such conditions, the participation of medical professionals in chemical castration may be viewed as a breach of professional ethics, or even as an act of medical misconduct.

To address these concerns, a paradigm shift is required—one that

¹⁴ Legal Reasoning Hakim Dalam Pernjaatuhan Hukuman Chemical Castration Pada Pelaku Sexual Harassment Terhadap Anak Perspektif Keadilan Aristoteles (Studi Analisis Putusan Nomor. 859/Pid.sus/2023/PN Bjm [Skripsi]. 2025. UIN SAIZU.
https://repository.uinsaizu.ac.id/30172/1/Ika%20Nur%20Janah_Legal%20Reasoning%20Hakim%20DalamMenjatuhkanHukumanChemicalCastrationPadaPelakuSexualHarassmentTerhadapAnakPerspektifKeadilanAristoteles%28StudiPutusanNomor859PidSus2023PNBjm.pdf

reconceptualises chemical castration as a voluntary, therapeutic measure administered exclusively for the purpose of reducing recidivism among individuals diagnosed with dangerous psychosexual disorders. Such a redefinition would provide an ethical justification for medical involvement and distinguish the procedure from punitive criminal sanctions. This approach not only aligns with established medical ethics but also enhances the legitimacy and efficacy of the policy itself.

A concrete step towards ethical implementation would be to ensure that chemical castration is administered solely on a voluntary basis, particularly in cases involving recidivist sexual offenders, and only following a comprehensive medical and psychiatric evaluation. The process must involve informed consent, obtained freely and without coercion, in a manner that respects the autonomy and legal rights of the individual concerned

Additionally, the participation of physicians must be entirely voluntary and based on careful ethical reflection. One institutional mechanism that could support this is the establishment of a medical ethics committee or an independent ethical review board. Such a body would be responsible for evaluating, on a case-by-case basis, whether the proposed intervention is medically indicated, ethically defensible, and therapeutically justified. This would ensure that decisions surrounding the use of chemical castration are not made arbitrarily or under undue pressure from legal authorities.

Moreover, it is essential to develop a clear and standardised protocol governing the entire process of chemical castration. This protocol should include guidelines on: (1) the clinical and legal criteria for eligibility; (2) the specific hormonal agents and dosages to be used; (3) informed consent procedures; and (4) post-treatment monitoring mechanisms to assess both efficacy and adverse effects. Regular psychiatric assessments should also be mandated to evaluate the long-term psychological impact on the offender and to determine the continued necessity of the intervention. Ultimately, these safeguards are indispensable for ensuring that medical professionals operate within the boundaries of legal and ethical standards, uphold their professional oath, and contribute positively to a justice system that aspires to be both humane and effective..

4. Conclusion

Based on the findings of this study, it can be concluded that the implementation of chemical castration in Indonesia remains a subject of persistent legal and ethical controversy. Although the procedure has been formally legalised through Law No. 17 of 2016 and Government Regulation No. 70 of 2020, its practical enforcement has yet to be

fully realised. The primary impediment lies in the opposition expressed by the Indonesian Medical Association (Ikatan Dokter Indonesia, IDI), which maintains that the procedure violates professional medical ethics and contravenes one of the fundamental principles of medical care—namely, the doctrine of non-maleficence, which obliges practitioners to refrain from causing harm. Furthermore, the policy framework currently adopted in Indonesia appears to be predominantly repressive and punitive in nature, without adequate attention to rehabilitative strategies that seek to address the psychological and behavioural factors underlying sexual violence. The framing of chemical castration as an additional criminal sanction, rather than a therapeutic measure, raises significant concerns regarding its compatibility with medical ethics and human rights standards.

The comparative study conducted as part of this research—drawing on the experiences of countries that have previously implemented similar policies—reveals that chemical castration is more likely to gain public and institutional acceptance when administered with the informed consent of the offender and framed within a medical treatment paradigm. Jurisdictions such as Louisiana, Iowa, Sweden, and others have incorporated chemical castration as a voluntary therapeutic intervention. These models are grounded in multidisciplinary collaboration, wherein the psychological condition of the offender is thoroughly evaluated and the procedure is implemented under the supervision of a qualified team of medical and psychiatric professionals. Such approaches ensure that chemical castration functions not only as a legally enforceable measure but also as one that is ethically defensible and aligned with international human rights norms. In light of the foregoing analysis, it is recommended that the Indonesian policy on chemical castration be reformulated to emphasise a therapeutic and rehabilitative orientation, rather than maintaining a solely punitive character. This reformulation should acknowledge the medical nature of the procedure and aim to reposition it within a framework that prioritises the treatment and reintegration of offenders.

To achieve this, relevant state authorities—particularly the Ministry of Law and Human Rights, the Ministry of Health, and the judiciary—must collaborate closely with key stakeholders, most notably the medical profession, in developing a comprehensive and ethically robust implementation mechanism. This mechanism must include clear clinical guidelines, consent protocols, psychiatric assessment procedures, and post-treatment monitoring systems. Additionally, an independent medical ethics committee should be established to review each case on an individual basis to ensure adherence to professional standards. Such a revised framework would not only enhance the legal legitimacy of chemical castration in Indonesia but also secure its ethical justification. Ultimately, the adoption of a rehabilitative model serves the broader objectives of restorative justice, protects public safety, and upholds the dignity of all parties involved—including victims, offenders, and medical practitioner.

Refrences

- Ali Dahwir, & Barhamudin. (2021). Penerapan Sanksi Kebiri Kimiaterhadap Pelaku Tindak Pidana Seksual Terhadap Anak. *19*(3).
- Ari Purwita Kartika. (2020). Reformulasi Eksekusi Kebiri Kimia Guna Menjamin Kepastian Hukum Bagi Tenaga Medis/Dokter Dan Perlindungan Hukum Bagi Pelaku Pedophilia. *27*(2).
- Bakhtiar, H. S. (2022). Pentingnya bukti forensik pada pembuktian tindak pidana. *Jurnal Hukum Pidana Dan Kriminologi*, *3*(2), 36-43.
- Bakhtiar, H. S. (2022). Utilization of Forensic Evidence in the Criminal Justice System. In *International Conference on Law Studies (INCOLS 2022)*. Atlantis Press. (pp. 237-245)
- Bakhtiar, H. S. (2023). The Role And Nature Of Evidence: Forensic Insight. *Jurnal Yuridis*, *10*(2), 10-22.
- Bakhtiar, H. S. (2024). The Evolution of Scientific Evidence Theory in Criminal Law: A Transformative Insight. *Media Iuris*, *7*(2).
- Endik Wahyudi, & Gerry Joe. (2020). Kebijakan Formulasi Sanksi Pidana Kebiri Kimia di Indonesia Yang Akan Datang. *4*(1), 42.
- Ferdiani, D., Waluyo, B., & Bakhtiar, H. S. (2024). The Evidentiary Power of Dementia Witnesses in Domestic Violence Cases. *Journal of Law and Regulation Governance*, *2*(5), 198-207.
- Hafrida. (2021). Pro Kontra Tindakan Kebiri Kimia: Tindakan Yang Progresif atau Primitif? *1*(1), 14.
- Hery Chariansyah. (2023). Pelaksanaan Hukuman Kebiri Kimia Terhadap Pelaku Kejahatan Seksual Pada Anak Sebagai Pembaharuan Hukum Perlindungan Anak. *14*(2).
- Ika Puspitasari. (2021, January 5). *Apa itu Kebiri Kimia? - Fakultas Farmasi UGM*. Fakultas Farmasi UGM. Retrieved May 5, 2025, from <https://farmasi.ugm.ac.id/apa-itu-kebiri-kimia/>
- Joko Susanto. (2024, December 30). *Data Kementerian PPPA: Kekerasan Anak Capai 28.831 Kasus pada 2024*. NU Online. Retrieved May 10, 2025, from <https://www.nu.or.id/nasional/data-kementerian-pppa-kekerasan-anak-capai-28-831-kasus-pada-2024-npRIs>
- Legal Reasoning Hakim Dalam Pernjatuhan Hukuman Checmical Castration Pada Pelaku Sexual Harassment Terhadap Anak Perspektif Keadilan Aristoteles (Studi Analisis Putusan Nomor. 859/Pid.sus/2023/PN Bjm [Skripsi]*. (2025). UIN SAIZU. https://repository.uinsaizu.ac.id/30172/1/Ika%20Nur%20Janah_Legal%20Reaso ning%20Hakim%20DalamMenjatuhkanHukumanChemicalCastrationPadaPelakuSe xualHarassmentTerhadapAnakPerspektifKeadilanAristoteles%28StudiPutusanNo

- mor859PidSus2023PNBjm.pdf
- Mengupas Peraturan Pemerintah (PP) Kebiri Kimia Dalam Perspektif HAM. (2021, Februari 1). Komnas HAM. <https://www.komnasham.go.id/index.php/news/2021/2/1/1660/mengupas-peraturan-pemerintah-pp-kebiri-kimia-dalam-perspektif-ham.html#:~:text=%E2%80%9CKomnas%20HAM%20menentang%20kebiri%20kimia,menjadi%20narasumber%20dalam%20Kajian%20terbuka>.
- Nur, R., Bakhtiar, H. S., Santosa, P. I., & Mardin, N. (2022). Reformulation of the Recidivist Concept in the Juvenile Criminal Justice System in Indonesia. *Jurnal Hukum Volkgeist*, 7(1), 16-21.
- Pamungkas, M. F. I. (2022). Urgensi Pengaturan dan Penerapan Sanksi Kebiri Kimia Dalam Tindak Pidana Kekerasan Seksual Terhadap Anak. 3(7), 549.
- Purbadi, D. A. (2022). Pidana Pokok dan Pidana Tambahan. 12. https://spada.uns.ac.id/pluginfile.php/685804/mod_resource/content/1/MAKALAH%20PIDANA%20POKOK%20DAN%20PIDANA%20TAMBAHAN_KELOMPOK%2012.pdf#:~:text=Pidana%20tambahan%20adalah%20pidana%20yang,dari%20sesuatu%20hal%20yang%20pokok.
- Ratri, A. K., Wahyudi, S. T., & Bakhtiar, H. S. (2025). Optimizing Legal Protection for Child from Terrorist Perpetrators in Case of Bullying. *International Journal of Social Welfare and Family Law*, 2(3), 17-29.
- S, T., & Nathalina Naibaho. (2020). Penjatuhan Kebiri Kimia Bagi Pelaku Kejahatan Seksual Terhadap Anak Dalam Perspektif Falsafah Pemidanaan. 50(2), 330.
- Siregar, F. R. (2023). *Kebijakan Hukum Pidana Terhadap Pelaku Tindak Pidana Kekerasan Seksual Pada Anak di Kota Medan*, 5(2), 23.
- Sulaeman, W. A., Harefa, B., & Bakhtiar, H. S. (2025). Law Enforcement Against the Crime of Sexual Exploitation of Children in the Legal Systems of Indonesia and Malaysia. *International Journal of Social Welfare and Family Law*, 2(3), 01-16.
- Susanti, S., Bakhtiar, H. S., & Prasetyo, H. (2023). Protection of genetic data in health services based on genomics technology in Indonesia. *Asian Journal of Healthy and Science*, 2(11), 860-870.
- Wein, H. (2013, September 23). *Understanding How Testosterone Affects Men*. National Institutes of Health (NIH). Retrieved May 5, 2025, from <https://www.nih.gov/news-events/nih-research-matters/understanding-how-testosterone-affects-men>
- Widnyana, I. K. (2020). Sanksi Pidana Kebiri Kimia Terhadap Pelaku Tindak Pidana Kekerasan Seksual Anak. 1(1).