

CHEMICAL CASTRATION IN PERPETRATORS OF SEXUAL VIOLENCE**Hudi Winarso^{1*}, Abraham Arwinta Sakti², Irene Oktadiana Setijo³**Universitas Ciputra, Indonesia¹, Universitas Surabaya, Indonesia², Rumah Sakit Baptis Kediri, Indonesia³Email : hudi.winarso@ciputra.co.id^{1*}, bramarwinta22@gmail.com², irene.zhou.ai.ling@gmail.com³

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ABSTRACT

Keywords: Chemical castration; Sexual criminality; Community Protection.

Regulations on chemical castration for perpetrators of sexual violence have been stipulated in the legislation in Indonesia, Law 17 of 2016. They followed up with Government Regulation (PP) NO 70 OF 2020, which regulates the chemical castration procedure in more detail. However, at the level of implementation, medical and bioethical perspectives, there are still pros and cons. The paradigm of the group that agrees to perform chemical castration on perpetrators is that the act of chemical castration causes a decrease in sex hormone (testosterone) levels, thus helping perpetrators manage their sex drive more controllable. The paradigm of the group that does not agree on the act of chemical castration, from the aspect of low levels of sex hormones, will cause discomfort or health problems in the perpetrator. On the other hand, the performing physician believes that the doctor's job is to help, not cause discomfort. Medical studies and bioethical studies of chemical castration in perpetrators of sexual violence can improve the understanding of holistic management.

**Introduction**

UNICEF's global data on sexual violence against young women states that at least 5% of young women have experienced sexual violence. In Indonesia, data from the Ministry of Women's Empowerment and Child Protection from January 2023 to August 30, 2023, found 17,039 cases of sexual violence, of which 10,296 cases were children (Kurniasari et al., 2017). The majority of cases are found in children aged 13-17 years. In cases of sexual violence, 89.6% of the perpetrators are men. Data on sexual violence is an iceberg phenomenon because not all victims of sexual violence dare to report the incident experienced, whether to parents or authorities (Daming, 2020).

The increasing number of cases of sexual violence against children must be a concern for all parties, including the government (Probosiwi & Bahransyaf, 2015). Sexual violence has a devastating impact on victims, including psychological impacts where children can become traumatised; victims of sexual violence who are not appropriately rehabilitated in the future can become perpetrators (Batubara, Leoni, Salim, & Sinaga, 2023). The physical impact of sexual violence, including contracting sexually transmitted infections, pregnancy, and even continuing abortion, will add to the increasingly complex problem. The passing of the Law on punishment for perpetrators of sexual violence against children is expected to reduce the incidence of sexual violence and deter perpetrators of sexual violence in Indonesia (Sihotang, Warman, Yunara, & Ikhsan, 2022). Based on Law No. 17 of 2016 Article 81, perpetrators of sexual violence

against children will be subject to criminal law, and one of the penalties written there is chemical castration.

This castration or castration sentence raises a new problem. Namely, the government expects the executor of this punishment to be a doctor because it is considered that the medical profession is competent to carry out this castration act (Santoso & Sispradana, 2021). However, this castration action contradicts the Code of Medical Ethics, where the medical profession adheres to helping to ease the burden of patients and not adding to suffering.

Chemical Castration Bioethical Concepts

In Indonesia, there are four bioethical principles that a doctor must always hold. The first is Beneficence, a bioethical principle in which a physician acts for the benefit of his patient to help prevent or eliminate harm. Beneficence can be interpreted as a doctor's need to do good, respect human dignity, and make maximum efforts so that the patient remains in good health (Sinurat & Dirgantara, 2021). The second principle is Non-maleficence, where a doctor does not perform an act or action that can aggravate the patient. The third principle is Autonomy; a doctor must respect human dignity and rights, especially the right to determine his destiny (Widnyana, Dewi, & Karma, 2020). The fourth principle is Justice, the principle by which a doctor is obliged to give fair treatment. The act of chemical castration that can have an impact on worsening the quality of life, and without regard to human rights as a whole, from a bioethical aspect, should be pondered by the doctor implementing chemical castration.

Chemical castration medical concepts

The hormone testosterone, which is 98% produced by Leydig cells in the testes, during puberty is produced in significant levels, influential, among other things, in sexual attraction. Testosterone levels after puberty will increase, which peaks at about 30 years, for then levels will be constant until around the age of 45. Age 45 is the average age at which the hormone testosterone decreases. Lower testosterone levels in the blood will cause discomfort. The impact of decreasing testosterone levels includes mood disorders (bad mood), easy abdominal obesity (visceral obesity), decreased haemoglobin levels, decreased muscle mass, decreased bone mass, decreased sex drive, and sex potential (Octascriptiriani & Putri, 2022).

Chemical castration is done by giving substances that cause a decrease in testosterone levels in extreme conditions of decline, which will cause discomfort/physical and psychological problems.

Research Methods

The method used in this study is a literature study. The author collects various data sources from legislation, articles and papers as data in this study. The author uses primary data and secondary data. Primary data is obtained from the Law of the Republic of Indonesia, Fatwa MKEK and KODEKI. Secondary data are taken from various journals and articles with related topics. Then, the author will explain in narrative-descriptive form.

Results and Discussion

Acts or acts that degrade, insult, attack and other acts against the body related to sexual appetite, sexual desire, and reproductive function, which are carried out forcibly, are classified as sexual violence. In children, sexual violence is a relationship between a child and an older person or adult, where the child is used as an object to satisfy the sexual needs of the perpetrator. This violence can take the form of sexual immorality, threats, coercion, physical violence and rape (Lewoleba & Fahrozi, 2020). The impact that occurs on victims of sexual violence can be physical, psychological, or social (Ekaningtyas, 2020). The problem is that not all victims of sexual violence want to come forward, so the trauma that occurs cannot be rehabilitated completely. The psychological trauma that is not resolved will make the problem counterproductive continuously, and there can be severe or fatal problems, including suicide attempts. This psychological trauma can also be a supporting factor that allows a korab to become a perpetrator of sexual violence in the future (Winarso & Subagyo, 2016).

The incidence of sex violence cases in Indonesia, which has no signs of decreasing, as well as the impact of the problem on victims of sex violence, which is very detrimental, is a consideration for the government to play a role in tackling the problem of sex violence. Efforts made by the government to minimise cases of sexual violence need support. At the regulatory level, the promulgation of Law No. 17 of 2016 concerning Child Protection and (PP) No. 70 of 2020, which regulates the chemical castration procedure in more detail, shows the government's sincerity.

Bioethical Perspective of Chemical Castration for Perpetrators of Sexual Violence

The concept of medical bioethics has four principles, namely Beneficence (all actions for the good of patients), non-maleficence (not worsening or harming patients), justice (doing justice), and autonomy (respecting the right to autonomy of patients). In this principle, a doctor is expected to do his job by thinking about what is good and positive for the patient and does not harm the patient.

Chemical castration is carried out on sex abusers by injecting substances/drugs that function to cause testosterone levels to be deficient. In the body, the hormone testosterone not only functions related to sex drive but also other body functions, including anabolic. The condition of the hormone testosterone is deficient and will have a health impact that interferes with health conditions. Disorders that occur due to chemical castration actions that cause health problems are not appropriate from the aspect of medical bioethics.

In addition, according to KODEKI article 6, a doctor must be careful in applying any discovery or treatment. The effectiveness of chemical castration is still a question because no solid double-blind studies have proven it. Hence, the principle of Beneficence and non-maleficence of chemical castration is still debated. This is also why IDI refuses to be involved in criminal Chemical Castration (Efendi, 2023). so that in MKEK fatwa number 1 of 2016, the Indonesian Medical Association (IDI) rejected the involvement of doctors as executors of chemical castration.

In Law No. 29 of 2004 concerning the practice of medicine, article 52 explains that patients have the right to get a complete explanation of the medical action to be given.

This relates to Article 45, where a doctor or dentist must get the patient's approval for medical actions. However, currently, there is no precise regulation on whether sex offenders who will get chemical castration can be aligned as patients. In some countries, this chemical castration sentence is carried out without the consent of the individual concerned, resulting in controversy in medical ethics (Efiyanti & Widjaja, 2021). Consideration of regulatory and bioethical aspects of medicine, making chemical castration for sex violence perpetrators not easy to do.

Regulation of Chemical Castration for Perpetrators of Sexual Violence

Castration has been carried out in various countries as a form of punishment for perpetrators of sexual violence since medieval times. Castration is the medical term for castration. Denmark is the first country to make castration a punishment for perpetrators of sexual violence, followed by 20 other countries and states to date (Alam, 2020).

Table 1
Chemical agents in chemical castration

no	Agent Name	How it Works	Dose	Special Attention
1	Dietilstilbesrol (DES)	It is a non-steroidal synthetic estrogen. Kills the HPG axis, thereby decreasing testosterone production		Blood clotting disorders
2	Cyproterone acetate (CPA)	1. is a potent androgen receptor antagonist, competes with testosterone, and DHT occupies the receptor 2. decrease LHRH secretion from the hypothalamus	1.oral 100-600 mg (daily) 2. Depot 400-700 mg Im (weekly)	1. Interference Freezing blood 2. Gangguan liver heavy 3. Interference active pituitary
3	Medroxyprogesterone acetate (MPA)	1. Induces testosterone-a-reductase production and increases the binding of testosterone with hormone-binding globulin 2. decreases LHRH secretion from the hypothalamus	1.Oral 100-500 mg (daily) 2. Depot 100-600 mg ml (weekly)	1. Blood clotting disorders 2. Severe liver disorders 3. Active pituitary disorders

4	Leuprolide (agonies luteinising hormone-releasing hormone (LHRH))	Overstimulation of LHRH receptors leads to a significant decrease in LH and testosterone	Depot 3.75-7.5 mg lm (daily)	1. Osteoporosis 2. Active pituitary disorder
5.	Selective serotonin reuptake inhibitors (SSRIs)	Increases the secretion of prolactin. Thus lowering libido and disrupting the sexual response cycle.	Same with therapeutic doses in cases of depression or obsessive-compulsive disorder	Are using drugs that increase serotonin (increases the risk of severe serotonin syndrome)

The use of chemical castration drugs also has some side effects, such as blood clotting disorders, osteoporosis, alopecia, emotional disorders, and liver and hormonal disorders. So, in its use, close assistance and supervision are needed.

Low testosterone can decrease an individual's sex drive, but it does not guarantee that when therapy is stopped, the crime will not be repeated. There are still many psychological factors at play. There is a possibility that the perpetrator can become more aggressive after therapy is stopped due to psychological and social factors where the perpetrator feels hurt, anger and resentment.

Therefore, this chemical castration will be more effective when monitoring physical and psychological conditions. Education on physical, psychological and spiritual aspects needs to be done, with the hope that perpetrators of sexual violence do not experience health problems and minimise the potential to repeat these evil deeds.

Conclusion

Chemical castration is performed using drugs to target lowering testosterone levels in the body. Lowering testosterone levels at a significant level is expected to decrease the sex drive and aggressiveness of the perpetrator.

The pros and cons of opinion against the implementation of chemical castration in perpetrators of sexual violence, on their grounds, can be understood. Implementing chemical castration by taking into account bioethical and medical aspects, accompanied by regular monitoring of physical and psychological conditions, as well as improvement of disorders experienced due to chemical castration procedures, is a solution that must be the concern of all parties.

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