A Review Of Victimologyy Of Victims Of Sexual Violence By Medical Professions Based On Positive Law

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Abstract. Sexual violence committed by medical professionals constitutes a serious violation of human rights and professional ethics, particularly due to the abuse of power and trust inherent in the doctor–patient relationship. Patients are placed in a vulnerable position, both physically and psychologically, which increases the risk of victimization. This study aims to analyze the forms of legal protection afforded to victims of sexual violence committed by doctors under Indonesian positive law, particularly Law Number 12 of 2022 concerning Sexual Violence Crimes (UU TPKS), and to examine preventive measures from a victimological perspective. This research employs a normative juridical approach with descriptive-analytical characteristics, utilizing primary legal materials such as statutory regulations and secondary materials including legal doctrines and scholarly literature. The findings indicate that the enactment of UU TPKS marks a paradigm shift toward a victim-centered approach by recognizing abuse of power as an aggravating factor and guaranteeing victims' rights to protection, recovery, and restitution. Furthermore, victimology emphasizes the importance of preventing secondary victimization through legal safeguards, ethical enforcement, and institutional accountability within the medical profession. Preventive efforts must involve stricter supervision, effective ethical sanctions, and increased awareness to restore public trust in healthcare services. Therefore, the integration of victimological principles within the criminal justice system is essential to ensure comprehensive legal protection and justice for victims of sexual violence by medical professionals.

Keywords: *victimology, sexual violence, legal protection*.

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A. Introduction

Sexual violence constitutes a serious criminal act and a violation of fundamental human rights, producing profound physical, psychological, social, and economic consequences for victims. The harm caused by sexual violence is not limited to immediate bodily injury, but often extends to long-term psychological trauma, loss of security, social withdrawal, and disruption of the victim's daily life. Victimology explains that the victim's suffering is frequently multidimensional, involving emotional distress, stigma, and difficulties in regaining social trust, especially when the legal process does not provide a sense of protection or justice.

In Indonesia, sexual violence remains a critical issue in law enforcement and human rights protection. The persistence of such crimes indicates not only the prevalence of sexual violence, but also challenges in institutional responses, victim protection mechanisms, and community awareness. This condition becomes more serious because sexual violence is often underreported. Many victims choose silence due to fear, shame, stigma, and the belief that reporting will not result in meaningful justice. The victim's hesitation is even stronger when the perpetrator holds social authority or respected professional status, because victims may anticipate disbelief, intimidation, or institutional resistance (Keisha, 2024).

Alarmingly, sexual violence has also occurred within healthcare services, which are supposed to function as safe spaces for individuals seeking medical assistance. Healthcare institutions are ideally designed to restore health and protect human dignity, yet in certain cases they become spaces where victims experience abuse. This contradiction is particularly dangerous because patients enter healthcare settings in conditions of vulnerability, such as illness, physical weakness, emotional distress, or dependency on medical treatment. When the perpetrator is a medical professional, the act of sexual violence is not merely an ordinary crime, but also a betrayal of professional trust and a misuse of institutional authority (Maulana, Karunia, & Anggara, 2025).

Cases involving allegations of sexual violence by medical personnel have gained public attention and have been addressed through official statements by law enforcement authorities. These cases show that sexual violence can occur even within regulated professional environments and highlight weaknesses in institutional supervision, professional accountability, and complaint mechanisms within healthcare services. The exposure of such cases also demonstrates that victims in medical settings may face unique barriers, such as difficulty proving abuse, fear of confronting professional authority, and limited access to safe reporting channels. [2]

Prior to the enactment of Undang-Undang Nomor 12 Tahun 2022 tentang Tindak Pidana Kekerasan Seksual (UU TPKS), the regulation of sexual violence in Indonesia relied predominantly on the Kitab Undang-Undang Hukum Pidana (KUHP Lama). The KUHP framed sexual offenses mainly as crimes against morality (kejahatan terhadap kesusilaan), emphasizing public decency and moral order rather than bodily autonomy and human dignity. This approach created limitations because many forms of sexual violence, particularly those involving manipulation, coercion, abuse of authority, and non-physical harassment, were not fully recognized or were difficult to prosecute under the traditional framework. The medical setting illustrates the inadequacy of the KUHP approach. In healthcare services, certain medical procedures may involve physical contact with intimate body parts, which can be exploited by perpetrators. The moral-based framework of the KUHP may fail to capture the complexity of such abuse, because the violence may not appear as "traditional rape" but rather as coercive touching, harassment, intimidation, or acts disguised as medical treatment. In these situations, victims may experience confusion in distinguishing legitimate medical procedures from abuse, especially when the perpetrator uses professional language and authority to normalize inappropriate conduct (Maulida & Romdoni, 2024).

When sexual violence is committed by a doctor, it also constitutes a serious violation of professional ethics and moral obligations regulated in the Kode Etik Kedokteran Indonesia. Medical ethics require doctors to respect patient dignity, protect patient autonomy, and maintain professional boundaries. Any sexual act or harassment toward patients represents a breach of the core principles of medical professionalism, because it turns a relationship of care into a relationship of domination and exploitation. Therefore, sexual violence by medical professionals must be understood not only as a criminal act but also as a grave ethical violation that undermines public trust in healthcare institutions (Natalia, 2018).

The urgency of sexual violence prevention and victim protection is reinforced by national data showing that such crimes remain widespread. Komnas Perempuan, through its annual reports, has consistently recorded the persistence of violence against women and the ongoing pattern of sexual violence in Indonesia. These reports highlight that victims often face structural barriers, including victim-blaming narratives, weak protection mechanisms, and social stigma that discourages reporting. The following annual report further confirms that sexual violence remains a major concern and continues to be underreported, meaning that the official numbers likely represent only a fraction of the actual occurrences (Novia, 2015).

Sexual violence must also be understood as a human rights violation because it directly attacks bodily autonomy, dignity, and personal integrity. From a human rights perspective, victims are entitled to protection, recovery, and access to justice. This means that the state has an obligation not only to punish perpetrators but also to ensure that victims receive support and that institutions prevent repeated victimization. Human rights principles emphasize that victims should not be treated merely as evidence providers, but as subjects whose dignity must be restored through legal and institutional mechanisms (Novilia & Yusuf, 2024).

The enactment of UU TPKS signifies a major shift in Indonesia's criminal law policy by adopting a victim-centered approach. UU TPKS recognizes abuse of power, authority, and trust as relevant legal factors and guarantees victims' rights to handling, protection, and recovery. This approach is particularly important in cases involving medical professionals, because the doctor–patient relationship contains inherent power imbalance and dependency. By adopting a victim-centered perspective, UU TPKS strengthens the legal position of victims and creates a framework for more comprehensive protection, including psychological assistance, medical rehabilitation, and restitution.

This broader context demonstrates that sexual violence in professional environments is not an isolated phenomenon but part of structural power dynamics, requiring systemic legal and institutional responses. Based on this background, this article examines legal protection for victims of sexual violence committed by medical professionals under Indonesian positive law, particularly UU TPKS, and analyzes preventive measures from a victimological perspective. This analysis is necessary to strengthen legal protection, prevent secondary victimization, and restore public trust in healthcare services. (Novitasari, Sopyan, & Rambe, 2024).

B. Method

This study employs a normative juridical research method to examine legal norms governing sexual violence committed by medical professionals in Indonesia. The research is descriptive-analytical in nature, aiming to describe the applicable legal framework while also analyzing the adequacy of victim protection mechanisms within the criminal justice system and professional medical accountability structures. The normative juridical approach is considered relevant because the focus of the study lies in assessing statutory provisions, legal principles, and doctrinal interpretations rather than collecting empirical field data.

The primary legal materials in this research consist of statutory regulations related to sexual violence and victim protection, particularly Undang-Undang Nomor 12 Tahun 2022 tentang Tindak Pidana Kekerasan Seksual (UU TPKS), as well as the provisions of the Kitab Undang-Undang Hukum Pidana (KUHP) as a reference for the regulation of sexual offenses under Indonesian criminal law. In addition, professional ethical standards such as the Kode Etik Kedokteran Indonesia are also examined to identify the ethical obligations of medical professionals and the disciplinary mechanisms that may complement criminal liability in cases involving sexual misconduct.

Secondary legal materials include legal doctrines, scholarly works, and relevant academic literature on victimology, legal protection, and abuse of power within professional relationships. These materials are used to support the analysis of victims' vulnerability, the process of victimization, and the risk of secondary victimization during legal proceedings. By incorporating victimological perspectives, this study does not only assess legal norms in a formal sense but also evaluates whether the existing legal framework sufficiently reflects victim-centered principles and restorative justice considerations. The approach applied in this research includes a statutory approach and a conceptual approach. The statutory approach is used to examine the substance of legal provisions that regulate sexual violence, victim rights, and aggravating factors such as abuse

of authority. Meanwhile, the conceptual approach is used to analyze legal concepts such as abuse of power, victim protection, victim recovery, and professional accountability, particularly within the context of the doctor–patient relationship. Additionally, this study adopts a systematic literature review technique to ensure comprehensive coverage of relevant legal and victimological sources, enabling critical comparison between doctrinal perspectives and statutory developments.

Data collection is conducted through literature study by reviewing and interpreting relevant legal materials. The analysis is carried out qualitatively through systematic legal interpretation, including identifying legal norms, comparing the scope of protection under different legal instruments, and assessing the relevance of victimological principles to the enforcement of Indonesian positive law. The results are then presented in an analytical narrative that connects statutory regulations, ethical standards, and victimological insights to formulate conclusions regarding legal protection and preventive measures for victims of sexual violence committed by medical professionals.

C. Result and Discussion

Legal Protection for Victims of Sexual Violence Committed by Medical Professionals under Indonesian Law

Sexual violence committed by medical professionals represents a complex legal issue due to the intersection between criminal law, professional ethics, and unequal power relations. The complexity lies in the fact that medical professionals hold authority, expertise, and social legitimacy, while victims often enter healthcare services in vulnerable conditions. This imbalance increases the risk of abuse and also creates barriers for victims in seeking justice, because victims may fear retaliation, disbelief, or institutional resistance. In such cases, legal protection must address not only the criminal act itself but also the structural conditions that enable the abuse.

In addition, sexual violence by medical professionals often occurs in private spaces such as examination rooms, hospital wards, or consultation rooms, which limits witnesses and evidence. This condition makes the victim's testimony crucial, but it also creates a risk that victims will be doubted, especially when the perpetrator is a respected professional. Therefore, legal protection must ensure that victims are treated fairly, their testimony is taken seriously, and the process does not retraumatize them (Nur & Maryam, 2025).

Historically, Indonesian criminal law relied on the KUHP, which categorized sexual offenses mainly as crimes against morality. The KUHP approach tends to focus on public decency and moral order rather than bodily autonomy and victim dignity. Consequently, legal handling often depends on narrow categories such as rape and indecent acts (perbuatan cabul). This limitation becomes problematic in professional contexts like healthcare, where abuse may be disguised as legitimate procedures or justified through professional authority. Acts such as coercive touching, intimidation, and manipulation may not always fit traditional categories, thereby limiting victims' access to justice.

The KUHP framework also creates challenges in understanding consent in medical settings. In healthcare services, patients often consent to medical procedures based on trust and dependency. However, consent obtained in contexts of power imbalance may be invalid if influenced by coercion, deception, intimidation, or exploitation of authority. The professional status of doctors can create a situation where victims feel unable to refuse or question actions, especially when they fear their medical treatment may be compromised. This highlights the need for a legal approach that recognizes the complexity of consent and vulnerability in doctor–patient relationships (Nurisman, 2022).

In such cases, legal protection must not only rely on criminal prosecution but also involve ethical and disciplinary accountability. The Kode Etik Kedokteran Indonesia provides ethical norms binding medical professionals, emphasizing respect for patient dignity and professional boundaries. Ethical accountability is important because it ensures that doctors who violate ethical obligations face professional sanctions such as warnings, suspension, or revocation of practice licenses. However, ethical processes should not replace criminal prosecution when the conduct fulfills criminal elements, because criminal justice is necessary to ensure deterrence, accountability, and victim recognition.

Furthermore, victims' legal protection requires an effective mechanism for coordination between professional disciplinary institutions and criminal justice authorities. When ethical violations contain criminal elements, they must be reported and processed transparently, ensuring victims are not silenced through internal settlement mechanisms. The integration of ethical accountability with

criminal prosecution strengthens institutional integrity and reduces the risk of impunity for perpetrators with professional authority (Putri & Persodo, 2025).

The discussion on legal protection must also consider the position of victims as rights-bearing subjects. Victims require not only punishment of perpetrators but also recovery and support. Victims may suffer trauma, fear, shame, and long-term psychological consequences that affect their social functioning and willingness to seek healthcare services in the future. Therefore, legal protection must guarantee access to psychological assistance, medical rehabilitation, legal aid, and restitution, ensuring that victims' dignity is restored.

From the perspective of medical professional misconduct, sexual violence committed by doctors must be treated as a severe violation because it involves abuse of authority and betrayal of trust. The doctor–patient relationship is built on dependency and professional responsibility. When this relationship is exploited, the harm is not only personal but also institutional, because it undermines public trust in healthcare services. This means that legal protection must be accompanied by institutional reform, including stronger supervision, transparent complaint mechanisms, and accountability procedures within hospitals and clinics. (Ragawino & Tini Rusmini Gorda, 2024)

National data also shows that victims of sexual violence often face barriers in reporting due to stigma, fear, and distrust of institutions. Komnas Perempuan reports demonstrate that underreporting remains a significant issue, meaning that many victims may never access legal protection. This problem becomes more severe when perpetrators hold respected professional status, because victims may fear social pressure and institutional resistance. Therefore, legal protection must include victim-friendly reporting mechanisms, confidentiality safeguards, and support systems to encourage reporting and reduce stigma.

The barriers faced by victims indicate that normative legal protection alone is insufficient without effective implementation. Victims may encounter skepticism from investigators, institutional pressure, and intimidation during legal proceedings. This creates a gap between "law in books" and "law in action." Therefore, strengthening legal protection requires not only normative frameworks but also law enforcement sensitivity, trauma-informed investigation methods, and institutional commitment to victim-centered justice.

Victimological Perspective and Prevention of Sexual Violence by Medical Professionals

From a victimological perspective, sexual violence committed by medical professionals represents a form of abuse of power that places victims at high risk of secondary victimization. Victimology emphasizes that harm suffered by victims may be intensified through legal procedures, social responses, and institutional neglect that fail to acknowledge victims' trauma. Secondary victimization may occur when victims are blamed, doubted, or forced to repeat traumatic experiences during investigation and trial. This phenomenon shows that prevention must address not only the act of violence but also the systemic responses that can retraumatize victims.

In medical settings, victims may face additional barriers because the perpetrator is a professional authority figure. Victims may fear that their reports will not be believed, especially when institutions prioritize protecting professional reputation. This fear can silence victims and allow perpetrators to continue abuse. Victimological prevention therefore requires institutional mechanisms that prioritize patient safety, transparency, and accountability, ensuring that victims can report without fear of retaliation.

Preventive measures must include stricter supervision of medical practice, clear standards of patient examination procedures, and institutional safeguards such as the presence of chaperones during sensitive examinations when necessary. Ethical enforcement must be strengthened through transparent disciplinary mechanisms, ensuring that professional organizations do not handle criminal elements solely as internal matters. Ethical accountability must function alongside criminal justice, because criminal prosecution is necessary to provide deterrence and recognition of victims' suffering.

Education and awareness are also essential in prevention. Patients should be informed about their rights within medical services, including the right to refuse procedures, the right to request clarification, and the right to report inappropriate conduct. Victimological prevention emphasizes that such awareness does not shift responsibility to victims, but rather empowers them and reduces the opportunities for perpetrators to exploit ignorance or vulnerability (Sari & Resa Purwati, 2023).

In addition to institutional supervision and ethical enforcement, prevention of sexual violence by medical professionals also requires the establishment of a victim-centered complaint mechanism that is accessible, confidential, and responsive. Victims often hesitate to report because of fear of retaliation, shame, or concerns that the institution will prioritize protecting its reputation rather than protecting patients. A reporting system that ensures confidentiality, provides immediate psychological support, and guarantees non-retaliation is essential to reduce underreporting and strengthen trust in healthcare institutions.

Moreover, prevention must address the issue of informed consent and patient autonomy in medical practice. In the doctor–patient relationship, consent is often interpreted formally as agreement to a procedure, but in reality it must be meaningful and free from coercion. When medical professionals exploit patients' limited medical knowledge or vulnerable condition, consent may be distorted and become legally and ethically invalid. Therefore, healthcare institutions must reinforce informed consent standards through transparent communication, documentation, and the right of patients to refuse or request clarification without intimidation.

Victimological prevention also highlights the importance of avoiding secondary victimization in the criminal justice process. Victims of sexual violence frequently experience retraumatization through insensitive questioning, victim-blaming attitudes, or procedural delays. Trauma-informed approaches in investigation and prosecution are necessary to ensure that victims are treated with dignity, their experiences are validated, and their psychological condition is considered throughout the legal process. This approach is essential to prevent victims from withdrawing from legal proceedings and to ensure accountability for perpetrators.

Furthermore, preventive strategies should include professional education and continuous training for medical practitioners regarding boundaries, ethics, and patient rights. Such training is crucial not only to strengthen professional integrity but also to build institutional culture that rejects harassment and abuse. Healthcare organizations should implement strict codes of conduct, periodic evaluations, and disciplinary policies that emphasize zero tolerance for sexual misconduct. These efforts contribute to a safer environment and reduce opportunities for abuse of power.

Ultimately, prevention must also ensure the availability of recovery and restitution mechanisms. Victims of sexual violence require access to psychological rehabilitation, medical support, legal assistance, and social reintegration. Restitution and recovery are essential because punishment alone cannot restore victims' dignity and well-being. A comprehensive victim protection framework strengthens both justice and healing, while also reinforcing public confidence in healthcare services (Supoyono & Pradiaz, 2022).

Finally, sustainable prevention requires collaboration between government, professional associations, civil society, and healthcare providers. This multi-stakeholder approach enables early detection, effective response, and long-term cultural change within medical services. International best practices also indicate that continuous professional development on ethics and patient-centered care contributes to reducing misconduct. Embedding victimological awareness into medical education curricula is therefore a strategic preventive measure.

In terms of policy development, the integration of UU TPKS with hospital governance standards can strengthen compliance through mandatory reporting obligations, periodic audits, and standardized operating procedures for handling allegations of misconduct. From a restorative justice perspective, victim recovery should involve multidisciplinary services integrating legal aid, psychological counseling, and social reintegration. Such an approach ensures that victims are not reduced to procedural objects but recognized as rights holders whose wellbeing must be restored holistically. Furthermore, comparative victimology literature shows that professional-based sexual violence frequently remains hidden due to institutional loyalty and hierarchical cultures. This condition underscores the necessity of independent oversight bodies and external reporting channels to prevent conflicts of interest within medical institutions.

Additional elaboration emphasizes that victims in medical settings often experience layered vulnerabilities, including physical dependence, emotional distress, and informational asymmetry. These factors significantly increase susceptibility to coercion and manipulation, reinforcing the importance of explicit legal safeguards tailored to healthcare contexts.

Finally, monitoring and evaluation of UU TPKS implementation should be conducted periodically. Empirical assessment of case outcomes, victim satisfaction, and institutional responsiveness will provide valuable feedback for future policy refinement. The incorporation of restorative justice elements, where appropriate and with victim consent, may also complement formal prosecution. Restorative approaches can provide victims with acknowledgment, validation, and a sense of closure, while still maintaining accountability for perpetrators.

Furthermore, interdisciplinary cooperation between legal institutions, medical associations, psychologists, and social workers is required to provide comprehensive assistance to victims. Such cooperation ensures continuity of care from the initial report through recovery and reintegration, reducing the likelihood of secondary victimization. From a socio-legal perspective, community attitudes also influence reporting behavior. Victim-blaming cultures and excessive reverence toward professional authority may discourage disclosure. Consequently, public education campaigns emphasizing patient rights and zero tolerance for sexual misconduct are essential components of long-term prevention.

In addition, hospitals and clinics should institutionalize risk management strategies, such as regular audits of clinical practices, anonymous feedback systems, and internal compliance units. These mechanisms function as early warning systems that can detect patterns of inappropriate behavior before they escalate into criminal acts. Comparative legal studies demonstrate that several jurisdictions have adopted specific regulations addressing professional sexual misconduct, including mandatory reporting obligations and centralized disciplinary databases. Although Indonesian law has begun to move in this direction through UU TPKS, further regulatory harmonization is required to ensure consistency between criminal law, health law, and professional ethics.

Another important dimension concerns evidentiary challenges. Sexual violence in medical settings often lacks direct witnesses and relies heavily on victim testimony supported by medical or psychological assessments. Therefore, investigators and prosecutors must apply evidentiary standards that are sensitive to trauma while still maintaining procedural fairness, ensuring that victims are not disadvantaged by the private nature of the crime.

Moreover, within the Indonesian legal context, victim protection must be interpreted as an integral part of criminal justice policy. This includes procedural guarantees such as confidentiality of identity, protection from intimidation, and access to legal representation. These guarantees are particularly relevant in cases involving medical professionals, where victims may face implicit pressure due to professional hierarchies and institutional prestige.

D. Conclusion

Sexual violence committed by medical professionals represents a serious violation of human dignity, professional ethics, and human rights, particularly due to the abuse of power inherent in the doctor–patient relationship. Victims are placed in vulnerable conditions, and the harm they experience often extends beyond the immediate incident into long-term trauma, stigma, and distrust of healthcare services. Therefore, legal protection must not only focus on punishing perpetrators but also prioritize victim recovery, dignity restoration, and institutional accountability to prevent repeated victimization.

The analysis confirms that Indonesian positive law has advanced through the enactment of UU TPKS, which provides a victim-centered framework by recognizing abuse of authority and trust and guaranteeing victims' rights to protection, recovery, and restitution. However, normative legal protection alone is insufficient without effective implementation. In practice, victims still face barriers such as underreporting, stigma, institutional resistance, and unequal power relations that hinder access to justice, especially when perpetrators hold professional authority. Therefore, strengthening victim protection requires trauma-informed law enforcement practices, transparent ethical accountability, and institutional reforms within healthcare services.

From a victimological perspective, sexual violence by medical professionals must be addressed not only through penal measures but also through preventive strategies aimed at reducing victims' vulnerability and preventing secondary victimization. These strategies include strengthening ethical supervision, ensuring accessible and victim-friendly reporting mechanisms, increasing patient awareness of their rights, and establishing institutional safeguards within healthcare services. Ultimately, integrating victimological principles into the enforcement of sexual violence laws is essential to ensure comprehensive protection, justice, and recovery for

victims while restoring public trust in healthcare services (Wartoyo & Ginting, 2023).

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