

CRIMINAL RESPONSIBILITY FOR PERPETRATORS OF MURDER OF SCHIZOPHRENIA: A COMPARATIVE STUDY OF DECISION NUMBER 2353/Pid.B/2018/PN.Mdn With 150/Pid.B/2024/PN.Jkt.Brt

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Abstract. This research examines the criminal responsibility of homicide offenders suffering from schizophrenia through a comparative analysis of Decision Number 2353/Pid.B/2018/PN.Mdn and Decision Number 150/Pid.B/2024/PN.Jkt.Brt. This research is motivated by inconsistencies in judicial decisions involving offenders with similar mental disorders, which create legal uncertainty and raise concerns regarding justice and legal protection. This research aims to analyze how judges assess criminal responsibility by considering juridical and psychological aspects, specifically in interpreting Article 44 of the Old Criminal Code and evaluating psychiatric evidence such as *Visum et Repertum Psikiatrikum* (VeRP). This research uses normative juridical methods using statutory, comparative, and conceptual approaches, focusing on legal materials such as laws, doctrines, and court decisions. The findings reveal that differences in judicial decisions are influenced by the interpretation of expert testimony, the quality and strength of psychiatric evidence, and the judge's perspective on the defendant's mental capacity (*toerekeningsvatbaarheid*). The Medan decision found the defendant not criminally responsible and mandated medical treatment, while the Jakarta decision found the defendant guilty due to the intent element. This study offers novel insights by emphasizing the need for clearer legal guidelines and consistent standards in assessing criminal responsibility for individuals with schizophrenia, as well as integrating rehabilitation, restorative, and corrective approaches into a reformed criminal justice system in Indonesia.

Keywords : Criminal Liability, Schizophrenia, Comparative Decision, Criminal Law, Mental Disorder

I. INTRODUCTION

Criminal responsibility is a fundamental doctrine in criminal law because punishment cannot be imposed merely on the basis of a prohibited act. A lawful conviction requires the relationship between the external act and the internal culpability of the offender to be established through a coherent legal assessment. In homicide cases, this requirement becomes particularly complex when the accused is diagnosed with schizophrenia, a severe mental disorder that may affect perception, reasoning, emotional control, and the ability to understand the consequences of one's conduct. The World Health Organization describes schizophrenia as a disorder marked by significant disturbances in the perception of reality and changes in behaviour, while the National Institute of Mental Health emphasizes disruptions in thought processes, perception, emotional responsiveness, and social interaction [1], [2]. Therefore, schizophrenia cannot be treated only as a medical condition; in criminal proceedings, it also becomes a juridical issue because it may influence the offender's capacity to bear criminal responsibility.

In the Indonesian criminal law system, the assessment of criminal responsibility is closely related to the principle of

culpability and the doctrine of *toerekeningsvatbaarheid*, namely the capacity of an offender to understand and control his or her actions. Article 44 of the old Indonesian Criminal Code provides that a person cannot be punished when the criminal act cannot be attributed to him or her because of defective mental development or mental disorder. However, the application of this provision is not automatic. A psychiatric diagnosis alone does not necessarily eliminate criminal responsibility; rather, the court must determine whether the disorder substantially impaired the offender's cognitive and volitional capacity at the time of the offence [3]. This distinction is crucial because schizophrenia may occur in different phases, including acute psychosis and remission, each of which may produce different implications for legal accountability.

The difficulty in determining criminal responsibility among offenders with schizophrenia lies in the intersection between legal proof and psychiatric evidence. In criminal adjudication, judges are required to examine not only the fulfilment of objective elements such as the act of killing, but also subjective elements such as intention, awareness, and control. Psychiatric evidence, including expert testimony and *Visum et Repertum Psikiatrikum* (VeRP), is expected to assist

the court in identifying the offender's mental condition at the time of the offence. Recent studies on Indonesian criminal cases show that schizophrenia may operate as a ground for non-accountability when credible psychiatric evidence proves that the offender was unable to understand or control his or her conduct [4], [5]. Nevertheless, when the court considers that the offender acted consciously, planned the act, or retained sufficient cognitive capacity, criminal responsibility may still be imposed.

This issue has become increasingly important in Indonesia because judicial decisions involving homicide offenders with schizophrenia have not always shown consistent reasoning. Some courts have released defendants from criminal punishment and ordered psychiatric treatment, while others have imposed imprisonment despite the existence of a psychiatric diagnosis. Such disparities indicate that the main problem is not only the existence of schizophrenia, but also the absence of uniform standards for interpreting psychiatric evidence and linking it to the legal concept of responsibility [6]. In this context, the difference between medical incapacity and legal incapacity must be carefully clarified. A person may be clinically diagnosed with schizophrenia, yet the decisive legal question remains whether the disorder eliminated or substantially reduced his or her capacity to understand the unlawfulness of the act or to control his or her behaviour at the relevant time.

The urgency of this issue can be seen in the comparative study of Decision Number 2353/Pid.B/2018/PN.Mdn and Decision Number 150/Pid.B/2024/PN.Jkt.Brt. Both cases involved homicide committed by defendants associated with schizophrenia, yet the outcomes were different. In the Medan decision, the court concluded that the defendant could not be held criminally responsible and ordered medical treatment. In contrast, in the West Jakarta decision, the court considered that the elements of the offence, including intent, were fulfilled and sentenced the defendant to imprisonment. The contrast between these decisions demonstrates the need to examine how judges interpret psychiatric evidence, expert opinions, intent, and the defendant's capacity for responsibility. It also raises broader questions concerning legal certainty, equality before the law, and the protection of both victims and defendants with mental disorders.

The debate also reflects a broader transformation in Indonesian criminal law. The enactment of Law Number 1 of 2023 concerning the new Criminal Code introduces a more modern penal orientation by recognizing the importance of corrective, rehabilitative, and restorative approaches in addition to punishment [7], [8]. This reform is relevant to offenders with mental disorders because it opens wider space for treatment-based measures, reduced responsibility, and judicial consideration of the offender's personal condition. However, the effectiveness of such reform depends on the consistency of judicial interpretation and the availability of reliable psychiatric assessment mechanisms. Without clear standards, the same diagnosis may lead to different judicial conclusions, thereby weakening the predictability and fairness of criminal adjudication.

From a doctrinal perspective, homicide committed by a person with schizophrenia must be analysed through the

relationship between *actus reus* and *mens rea*. The physical act of killing may be objectively proven, but the mental element must be examined more carefully. Indonesian criminal law recognizes intention and negligence as subjective elements that determine blameworthiness. In the case of schizophrenia, the central issue is whether the offender possessed sufficient awareness, intention, and self-control when committing the act [9]. If the offender acted under delusion, hallucination, or acute psychosis that destroyed his or her ability to understand reality, the basis for punishment becomes legally questionable. Conversely, if the offender's conduct shows planning, awareness, and goal-directed behaviour, the court may consider that criminal responsibility remains intact.

Previous research has discussed criminal responsibility among offenders with schizophrenia, but several gaps remain. Some studies focus on schizophrenia and homicide from a criminological perspective, emphasizing the relationship between mental disorder and criminal conduct [10]. Other studies examine the role of psychiatric experts and VeRP in proving the defendant's mental state [11]. More recent studies highlight disparities in judicial decisions involving defendants with paranoid schizophrenia and the relevance of Article 44 of the Criminal Code [12], [13]. However, limited attention has been given to a focused comparison between Decision Number 2353/Pid.B/2018/PN.Mdn and Decision Number 150/Pid.B/2024/PN.Jkt.Brt, particularly in relation to how judges construct legal reasoning from psychiatric evidence, expert testimony, intent, and the doctrine of capacity for responsibility.

The need for standardized assessment is also supported by broader scholarship on professional evaluation and supervision. Although developed in the educational field, Suchyadi and Nurjanah's study on educational supervision shows that professional performance assessment requires systematic indicators and evaluative consistency [14]. Similarly, Suchyadi *et al.* emphasize the importance of competency-based assessment instruments in improving the quality of professional judgment and reducing subjective evaluation [15]. These principles are relevant by analogy to criminal justice because judicial assessment of mental capacity also requires structured indicators, interdisciplinary cooperation, and reliable evidentiary instruments. In cases involving schizophrenia, inconsistent assessment may lead not only to different verdicts but also to unequal protection of legal rights.

Based on the above background, this study aims to analyse the criminal responsibility of homicide offenders with schizophrenia through a comparative examination of Decision Number 2353/Pid.B/2018/PN.Mdn and Decision Number 150/Pid.B/2024/PN.Jkt.Brt. The study focuses on how judges assess juridical and psychological elements, how psychiatric evidence is used in determining criminal responsibility, and how judicial reasoning reflects the principles of justice, legal certainty, and utility. The novelty of this study lies in its comparative analysis of two decisions with similar mental-disorder contexts but different legal outcomes, thereby offering a stronger basis for developing more consistent standards in assessing criminal responsibility among offenders with schizophrenia in Indonesia's reformed criminal justice system.

II. RESEARCH METHODS

This study applies normative juridical research, also known as doctrinal legal research, because the primary object of analysis is not empirical behaviour in society but legal norms, judicial reasoning, statutory provisions, legal doctrines, and court decisions. Normative legal research is appropriate for examining how criminal responsibility is constructed within the Indonesian criminal law system, particularly in cases involving homicide offenders diagnosed with schizophrenia. This method enables the researcher to analyse the relationship between legal rules, psychiatric evidence, and judicial interpretation in determining whether an offender may be held criminally responsible. In this context, the research focuses on the interpretation of Article 44 of the old Indonesian Criminal Code, the principles of culpability and capacity for responsibility, and the evidentiary role of psychiatric expert testimony and *Visum et Repertum Psikiatrikum* (VeRP). Normative legal research is relevant because it allows legal problems to be examined through statutory interpretation, doctrinal reasoning, and the systematic evaluation of legal arguments [16], [17].

The research employs three approaches: the statute approach, the comparative approach, and the conceptual approach. The statute approach is used to examine the legal framework governing criminal responsibility, homicide, mental disorder, and judicial measures under Indonesian criminal law, including the old Criminal Code and the new Criminal Code. The comparative approach is used to compare Decision Number 2353/Pid.B/2018/PN.Mdn and Decision Number 150/Pid.B/2024/PN.Jkt.Brt in terms of case chronology, psychiatric evidence, expert testimony, judicial reasoning, and final verdict. This approach is important because comparative legal research enables the identification of similarities and differences in how legal institutions respond to comparable legal problems [18], [19]. Meanwhile, the conceptual approach is used to clarify key legal concepts, such as *actus reus*, *mens rea*, *toerekeningsvatbaarheid*, excuse, diminished capacity, and rehabilitation-based measures. Through these approaches, the study seeks to explain why two cases involving schizophrenia and homicide may result in different judicial outcomes.

The legal materials used in this study consist of primary, secondary, and tertiary legal materials. Primary legal materials include relevant legislation and court decisions, particularly Decision Number 2353/Pid.B/2018/PN.Mdn and Decision Number 150/Pid.B/2024/PN.Jkt.Brt. Secondary legal materials include journal articles, books, academic commentaries, and previous studies on criminal responsibility, schizophrenia, psychiatric evidence, and comparative criminal law. Tertiary legal materials include legal dictionaries, encyclopaedias, and official legal information sources that support conceptual clarification. The materials are analysed through qualitative legal analysis by identifying legal issues, classifying relevant norms, comparing judicial reasoning, and evaluating the consistency of legal interpretation. The analysis is descriptive because it explains the legal construction of each decision, comparative because it contrasts the two decisions, and prescriptive because it offers normative recommendations for

developing clearer standards in assessing criminal responsibility among offenders with schizophrenia [20].

III. RESULTS AND DISCUSSION

The comparative analysis of Decision Number 2353/Pid.B/2018/PN.Mdn and Decision Number 150/Pid.B/2024/PN.Jkt.Brt shows that criminal responsibility in homicide cases involving defendants with schizophrenia is determined not merely by the existence of a psychiatric diagnosis, but by the court's interpretation of the defendant's mental capacity at the time of the offence. In both cases, the defendants were associated with schizophrenia and the criminal act resulted in the death of the victim. However, the judicial outcomes were substantially different. In Decision Number 2353/Pid.B/2018/PN.Mdn, the court concluded that the defendant could not be held criminally responsible and ordered treatment in a psychiatric hospital. Conversely, in Decision Number 150/Pid.B/2024/PN.Jkt.Brt, the court held that the defendant remained criminally responsible because the elements of intent and unlawful conduct were considered fulfilled.

This finding indicates that schizophrenia does not automatically function as a complete excuse in Indonesian criminal law. Article 44 of the old Criminal Code provides a legal basis for excluding punishment when a person's mental condition eliminates the capacity to understand or control his or her act. Nevertheless, the application of this provision depends on the quality of psychiatric evidence, the persuasiveness of expert testimony, and the judge's legal interpretation of *toerekeningsvatbaarheid*. This is consistent with previous studies stating that offenders with schizophrenia may be exempted from punishment only when the disorder is proven to have directly impaired their cognitive and volitional capacity during the commission of the crime [4], [5], [10].

The first major result concerns the different evidentiary weight given to psychiatric examination. In the Medan decision, psychiatric evidence and expert statements were accepted as sufficient to prove that the defendant lacked the capacity for criminal responsibility. The court therefore emphasized the medical dimension of schizophrenia and treated the defendant's mental disorder as a decisive factor in excluding punishment. In contrast, in the West Jakarta decision, the court considered that psychiatric evidence did not fully eliminate the defendant's legal responsibility. The court focused more strongly on the fulfilment of the elements of homicide, particularly intent, awareness, and the sequence of conduct leading to the victim's death. This shows that VeRP and psychiatric expert testimony may influence judicial reasoning, but they do not bind judges absolutely [11], [12], [21].

The second result relates to the inconsistency of judicial reasoning in connecting psychiatric diagnosis with criminal responsibility. The two decisions demonstrate that Indonesian courts may adopt different standards when assessing defendants with similar mental conditions. One court may treat schizophrenia as a condition that removes culpability, while another court may treat it merely as a mitigating or contextual factor. This disparity creates uncertainty because the legal

consequences differ significantly: one defendant may receive medical treatment, while another may receive long-term imprisonment. Such inconsistency supports the argument that Indonesia requires clearer interdisciplinary guidelines for assessing criminal responsibility in cases involving severe mental disorders [6], [22], [23].

The third result concerns the tension between retributive justice and rehabilitative justice. Homicide is a grave offence that requires legal accountability, protection of victims, and public security. However, when the offender suffers from schizophrenia, the criminal justice system must also consider whether imprisonment is appropriate, effective, and humane. In the Medan decision, the court's order for psychiatric treatment reflects a rehabilitative orientation. In the West Jakarta decision, the imposition of imprisonment reflects a stronger retributive and deterrent orientation. This contrast illustrates the unresolved tension between punishment and treatment in Indonesian criminal law, particularly in cases where legal guilt and psychiatric incapacity overlap [7], [8], [24].

The fourth result concerns the relevance of the new Indonesian Criminal Code. Law Number 1 of 2023 provides a more nuanced framework for dealing with offenders who suffer from mental or intellectual disabilities. The new Criminal Code recognizes categories that allow the court to consider whether a defendant is incapable or less capable of being held criminally responsible. This development is important because the old Criminal Code tends to create a binary model: the offender is either responsible or not responsible. The new framework offers a more flexible approach by allowing the court to consider reduced responsibility and treatment-based measures. However, this reform will be effective only if judges, prosecutors, defence lawyers, and psychiatrists apply consistent standards in evaluating mental capacity [7], [25], [26].

The comparison between the two decisions confirms that the central issue in homicide cases involving schizophrenia is not the diagnosis itself, but the legal meaning assigned to the diagnosis. Schizophrenia is a severe mental disorder that may involve delusions, hallucinations, disorganized thinking, and impaired reality testing [1], [2]. However, criminal law requires a more specific inquiry: whether the disorder affected the offender's ability to understand the nature and unlawfulness of the act or to control his or her conduct at the time of the offence. This means that the judge must distinguish between clinical diagnosis and legal incapacity. A defendant may have schizophrenia, but criminal responsibility can still be imposed if the court finds that the defendant retained sufficient awareness and self-control.

The different outcomes in the Medan and West Jakarta decisions reveal the importance of evidentiary construction. In cases involving mental disorder, VeRP and psychiatric expert testimony should not be treated as supplementary evidence only. They should be integrated into the core assessment of *mens rea* and capacity for responsibility. If psychiatric evidence proves that the defendant acted under acute psychosis, delusion, or severe impairment of reality testing, the element of culpability becomes legally doubtful. Conversely, if the evidence shows that the defendant was capable of planning, choosing, escaping, hiding evidence, or understanding the

consequences of the act, the court may reasonably conclude that criminal responsibility remains. Therefore, psychiatric evidence must be analysed in relation to behaviour before, during, and after the offence [21], [27].

The problem is that Indonesian courts do not yet have a uniform evaluative framework for connecting psychiatric findings with legal responsibility. This absence of standardization may lead to excessive judicial discretion. In one case, the judge may rely heavily on psychiatric evidence and order treatment. In another case, the judge may prioritize the factual elements of homicide and impose imprisonment. While judicial independence must be respected, inconsistency in similar cases can undermine legal certainty and equality before the law. This is especially problematic when the difference between punishment and treatment depends mainly on how judges subjectively weigh expert testimony and psychiatric documents [22], [23].

The role of expert testimony must also be clarified. Psychiatrists are competent to explain diagnosis, symptoms, severity, treatment history, and the possible relationship between mental disorder and behaviour. However, the final determination of criminal responsibility remains a legal judgment. The ideal model is not to subordinate law to psychiatry or psychiatry to law, but to build an interdisciplinary reasoning process. Judges should explain clearly whether they accept or reject psychiatric conclusions, why the evidence is considered sufficient or insufficient, and how the evidence affects the elements of intent, culpability, and responsibility. Such reasoning is necessary to prevent decisions from appearing arbitrary or purely formalistic [11], [12].

From the perspective of criminal law theory, the two decisions reflect different understandings of *mens rea*. In the West Jakarta decision, the court's reasoning appears to emphasize the fulfilment of intent through external indicators of conduct. In the Medan decision, the court appears to place stronger emphasis on the defendant's internal mental disorder and the inability to control behaviour. These approaches show that *mens rea* in cases involving schizophrenia cannot be assessed only through external acts. A person may physically perform a deliberate act, but the law must still ask whether the person possessed meaningful awareness and self-control. This is where psychiatric evidence becomes essential in determining whether the subjective element is genuinely fulfilled [9], [5].

The comparative findings also show that treatment-based measures should not be viewed as impunity. When a defendant is declared not criminally responsible because of severe mental disorder, the legal response may still include compulsory psychiatric treatment, supervision, and institutional care. This approach protects society while respecting the principle that punishment should not be imposed on a person who lacks culpability. In this sense, rehabilitation and public protection are not mutually exclusive. A humane criminal justice system must be able to distinguish between dangerousness, illness, and guilt. The purpose of criminal law is not only to punish, but also to ensure justice, legal certainty, social protection, and recovery where appropriate [7], [8], [24].

The new Indonesian Criminal Code offers an important opportunity to improve this area of law. By recognizing a more flexible model of responsibility, including reduced capacity,

the new Criminal Code can bridge the gap between full responsibility and complete non-responsibility. This is particularly relevant for schizophrenia, because the disorder may fluctuate in severity. Some defendants may be fully psychotic at the time of the offence, while others may retain partial awareness. Therefore, the future application of Articles 38 and 39 of the new Criminal Code should be supported by technical guidelines that define the criteria for incapacity, reduced capacity, and full responsibility. Without such guidelines, the reform may reproduce the same inconsistencies found under the old Criminal Code [25], [26].

Based on the analysis, this study proposes that courts should apply at least four standards in assessing criminal responsibility among homicide offenders with schizophrenia. First, the court must determine the defendant's psychiatric condition at the exact time of the offence, not merely before or after the trial. Second, VeRP and expert testimony must explain the relationship between symptoms and the defendant's conduct. Third, the court must analyse whether the defendant could understand the unlawfulness of the act and control his or her behaviour. Fourth, the judgment must explicitly connect psychiatric findings with the legal elements of *mens rea*, culpability, and capacity for responsibility. These standards may reduce disparity and strengthen the rationality of judicial decisions.

The novelty of this study lies in its focused comparison of two Indonesian homicide decisions involving defendants with schizophrenia but producing different outcomes. Unlike previous studies that discuss schizophrenia and criminal responsibility in general, this study demonstrates how judicial interpretation of psychiatric evidence can produce divergent legal consequences in cases with similar characteristics. The study therefore contributes to the development of Indonesian criminal law by emphasizing the need for standardized interdisciplinary guidelines, stronger judicial reasoning, and a balanced approach between punishment, treatment, legal certainty, and substantive justice.

The findings have several implications for Indonesian criminal justice. First, judges should not rely on psychiatric diagnosis in an abstract manner, but must connect it directly with the defendant's cognitive and volitional capacity at the time of the offence. Second, psychiatric evidence should be prepared with clear forensic standards so that it can answer legal questions, not only medical questions. Third, the implementation of the new Criminal Code should be accompanied by guidelines for assessing incapacity and reduced responsibility. Fourth, criminal justice institutions should strengthen cooperation between judges, prosecutors, defence lawyers, psychiatrists, and forensic psychologists. These implications are essential to ensure that homicide cases involving schizophrenia are resolved through decisions that are legally certain, medically informed, and substantively just.

Table 1. Summary of Comparative Findings

Aspect of Comparison	Decision Number 2353/Pid.B/2018/PN.Mdn	Decision Number 150/Pid.B/2024/PN.Jkt.Br	Legal Implication
Type of offence	Homicide resulting in death	Homicide resulting in death	Both cases involve serious crimes against life.
Mental condition	Defendant was associated with schizophrenia	Defendant was associated with schizophrenia	Diagnosis alone was not treated uniformly by the courts.
Evidentiary emphasis	Psychiatric condition and expert testimony were decisive	Intent and fulfilment of criminal elements were emphasized	Different evidentiary weighting produced different outcomes.
Judicial conclusion	Defendant was not criminally responsible	Defendant was held criminally responsible	Shows disparity in applying Article 44 of the old Criminal Code.
Legal consequence	Medical treatment or psychiatric care	Imprisonment	Demonstrates tension between rehabilitation and retribution.
Core issue	Incapacity to understand or control conduct	Persistence of intent and awareness	Confirms the need for standardized assessment of responsibility.

IV. CONCLUSION

Criminal liability for the perpetrator of murder with schizophrenia is highly dependent on proof of responsible ability assessed through expert testimony and psychiatric evidence. A comparison of Decision Number 2353/Pid.B/2018/PN.Mdn and 150/Pid.B/2024/PN.Jkt.Br shows that there are inconsistencies in the application of the law caused by differences in the judge's interpretation of the defendant's psychiatric condition, the quality of the evidence, and the juridical approach used. Therefore, clearer and more uniform guidelines are needed in assessing criminal liability for people with schizophrenia to ensure legal certainty, justice, and utility, while accommodating a rehabilitative approach in the Indonesian criminal justice system. B. Suggestions Based on the results of the research, clearer and standardized guidelines are needed regarding the assessment of criminal liability for perpetrators of criminal acts who suffer from schizophrenia so that there is no disparity in verdicts in cases that have similar characteristics. Judges, prosecutors, and law enforcement officials need to optimize the use of psychiatric expert testimony and Visum et Repertum Psychiatric (VeRP) as a basis for consideration in assessing the perpetrator's ability to be responsible. In addition, lawmakers need to strengthen regulations regarding the category of responsible ability, including the concept of being less able to be responsible in the New Criminal Code, so that it can provide legal certainty, justice, and balanced protection for perpetrators, victims, and the community. Thus, the criminal justice system can prioritize rehabilitative, corrective, and restorative approaches without neglecting the aspect of legal accountability.

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