

(Research Article)

The Application of Aversion Procedure Technique in Reducing the Frequency of Deviant Sexual Behavior in Students with Down Syndrome

Marina Agustin^{1*}, Toni Yudha Pratama², Dedi Mulia³

¹ Special Education, Universitas Sultan Ageng Tirtayasa, Indonesia; e-mail : marinaagustin201@gmail.com

² Special Education, Universitas Sultan Ageng Tirtayasa, Indonesia; e-mail : toniyudha@untirta.ac.id

³ Special Education, Universitas Sultan Ageng Tirtayasa, Indonesia; e-mail : dedimulia@untirta.ac.id

* Corresponding Author: marinaagustin201@gmail.com

Abstract: This research was motivated by the condition of a subject who frequently displayed deviant sexual behaviors at school. The main objective of this study is to determine the effectiveness of the aversive procedure technique in reducing the frequency of sexual behavior deviations in a student with Down syndrome. The subject of this study was a tenth-grade student with Down syndrome at SKh Negeri 01 Kota Serang who exhibited deviant behaviors such as touching private parts of their body in public, hugging classmates without permission, and imitating sexual movements. The method used in this research was an experimental approach with a Single Subject Research (SSR) design of the A-B-A type, consisting of three phases: baseline-1 (A1), intervention (B), and baseline-2 (A2). The aversive procedure technique was applied by giving an unpleasant stimulus every time the deviant behavior appeared, aiming to create a deterrent effect and reduce the frequency of the behavior. The results of the study showed a significant decrease in the frequency of deviant sexual behavior after the intervention. This indicates that the aversive procedure technique is effective in reducing the frequency of deviant sexual behavior in students with Down syndrome when implemented in a structured manner and adapted to the individual's psychological condition.

Keywords: Aversive Procedure Technique; Deviant Sexual Behavior; Down Syndrome; Intervention; Single Subject Research.

1. Introduction

Human behavior is a complex phenomenon shaped by the intricate interaction of biological, psychological, and environmental factors. During adolescence, behavioral development is increasingly influenced by the physical and hormonal changes that occur during puberty. These transformations fundamentally drive the emergence of sexual behavior, marking a critical developmental phase toward adulthood.

Puberty progresses through two distinct stages prepubertal and pubertal characterized by the growth of secondary sexual characteristics until the maturation of reproductive organs (Jahja, 2011). The surge in hormones during this period triggers an intense sexual drive, leading to significant curiosity regarding issues related to sexuality among adolescents. Without adequate sexuality education, this exploration risks being directed towards inappropriate sources, such as pornographic content, which can negatively impact behavior and psychological well-being.

The challenge is amplified for children with special needs, particularly those with Down syndrome. They undergo puberty like other adolescents, but their comprehension of body boundaries, privacy, and self-control remains limited. Arnell et al. (1996) noted that while the timing of puberty in children with Down syndrome varies, the sexual drive naturally emerges, yet their cognitive limitations make them more vulnerable to exhibiting sexually inappropriate behavior.

Received: October 22, 2025
Revised: November 21, 2025
Accepted: December 09, 2025
Published: December 12, 2025
Curr. Ver.: December 12, 2025



Hak cipta: © 2025 oleh penulis.
Diberikan untuk kemungkinan
publikasi akses terbuka berdasarkan
syarat dan ketentuan lisensi
Creative Commons Attribution
(CC BY SA) (<https://creativecommons.org/licenses/by-sa/4.0/>)

This condition is exemplified by the case of an RJK student at SKh Negeri 01 Kota Serang, an adolescent with Down syndrome who displayed sexual behavior deviations, including genital exposure, catcalling, and inappropriate physical contact (Alvarez & Gabbard, 2017). This behavior was influenced by internal factors such as intellectual limitations and poor self-control as well as external factors such as minimal sexuality education and inadequate environmental supervision (Smith & Jones, 2019). This situation underscores the paramount importance of targeted intervention to help the student understand and control their behavior (Lopez & Martinez, 2021).

To address this issue, the present study employs the aversion procedure technique, a behavior modification method that utilizes an unpleasant stimulus to reduce the frequency of undesirable behavior. Through approaches such as satiation or covert sensitization, it is anticipated that the student can develop self-regulation over their sexual impulses. This research aims to evaluate the effectiveness of the aversion technique and to provide theoretical and practical contributions to special education in managing deviant sexual behavior among adolescents with special needs.

2. Preliminaries or Related Work or Literature Review

2.1. Down Syndrome

Down syndrome (DS) is a genetic disorder caused by the presence of an extra chromosome on the 21st pair (trisomy 21). This condition is classified as a congenital disorder that manifests during fetal development, characterized by impairments in physical and mental development ranging from moderate to severe (Amanullah, 2022). This chromosomal abnormality results in individuals having three copies of chromosome 21 instead of the typical two subsequently impacting the entire growth process, biological functions, and intellectual capacity.

Individuals with Down syndrome exhibit a number of distinctive physical features, such as a small head (microcephaly), a flattened face, a low nasal bridge, epicanthal folds, an enlarged tongue (macroglossia), low-set ears, weak muscle tone (hypotonia), and a single palmar crease (simian crease). Delayed dental development, delayed motor skill acquisition, and internal organ anomalies, such as cardiac and digestive disorders, are also frequently observed. Furthermore, some individuals experience reproductive system abnormalities, delayed puberty, and an increased risk of leukemia and neck bone instability (atlantoaxial instability).

From the cognitive and adaptive perspective, children with Down syndrome typically have a below-average IQ and experience developmental delays in language, academic abilities, and daily living skills. These motor and cognitive limitations affect their ability to comprehend social rules, including those related to body boundaries and sexual behavior. Upon reaching adulthood, some individuals also face an elevated risk of early-onset dementia. The complexity of these physical and cognitive characteristics underscores the necessity of structured intervention and tailored educational support aligned with the child's developmental needs.

2.2 Deviant Sexual Behavior

Deviant sexual behavior constitutes an expression of sexual urges that is inconsistent with prevailing moral values, social norms, or legal regulations. Hartati et al. (2019) clarify that deviant behavior emerges when an individual commits acts that contradict social rules, while Martiasari (2019) asserts that such behavior disregards the values and norms governing appropriate sexual conduct. Furthermore, Yatimin (in Ramadhani, 2012) outlines several forms of deviant behavior, such as exhibitionism and frotteurism, characterized by displaying one's genitals or engaging in non-consensual physical contact.

The underlying causes of deviant sexual behavior are multifactorial, encompassing biological, psychological, and social aspects. Sarwono (in Farisa et al., 2019) suggests that an increase in libido due to pubertal hormonal changes, delayed age of marriage, a lack of sexuality education, and the perception that sex is a taboo subject are key triggers for risky behavior in adolescents. Additionally, an increasingly permissive social environment and exposure to uncontrolled information further heighten the likelihood of maladaptive sexual behavior, especially when individuals do not receive adequate guidance and sexual education.

The range of deviant sexual behaviors that can manifest is highly diverse. Hertnjung et al. (2022) identify several examples, including pedophilia, exhibitionism, voyeurism, fetishism, and frotteurism. This variation indicates that deviant behavior is not solely driven by biological impulses, but is also influenced by an individual's inability to comprehend social boundaries, self-regulation, and impulse control. Understanding the forms and causes of sexual behavior deviation is crucial for developing both preventive measures and intervention strategies, particularly for vulnerable groups such as children with special needs.

2.3 Aversion Therapy

Individuals with Down syndrome (DS) possess biological, cognitive, and behavioral characteristics that render them more vulnerable to self-regulation deficits, including difficulties in comprehending sexual behavior boundaries. Intellectual disability, weak impulse control, and a lack of understanding regarding privacy and social ethics contribute to the emergence of sexual behaviors deemed deviant by social norms and legal standards. This vulnerability is further exacerbated by the absence of adequate sexuality education, a responsive environment, and appropriate supervision.

In this context, deviant sexual behavior in individuals with Down syndrome can arise due to unmanaged sexual drives, minimal education on body boundaries, and difficulty distinguishing between appropriate and inappropriate conduct. Literature suggests that behaviors such as exhibitionism, frotteurism, or sexual acts in public spaces may occur not because of aggressive intent, but due to a lack of understanding of social norms, impulsivity, and environmental factors like social interactions and exposure to inappropriate information. This condition highlights the necessity for systematic, targeted behavioral interventions tailored to the individual's cognitive capabilities.

The aversion procedure technique is a behavior modification approach that can be employed to reduce maladaptive sexual behavior in individuals with special needs. Aversion works by associating the undesirable behavior with an unpleasant stimulus, consequently decreasing the frequency of that behavior. This is reinforced by Rantukulu, as cited in Khotimah et al. (2019: 8), who states that the use of punishment techniques is recommended to be integrated with other procedures. Forms of aversion can include mild electrical shock, covert sensitization, or satiation, which are selected based on the student's characteristics. Its application follows four systematic stages assessment, goal setting, technique implementation, and termination and evaluation to ensure the approach is conducted ethically and effectively. With proper procedures, the aversion technique can help enhance sexual behavior control in children with Down syndrome and support the development of more adaptive behaviors.

3. Materials and Method

Jenis The type of research employed is an experimental study utilizing a Single Subject Research (SSR) methodology with an A-B-A design. This design comprises three phases, 1) Baseline-1 (A1): Observation of the initial behavioral condition without intervention, 2) Intervention (B): Implementation of the aversion procedure technique, which involved applying an unpleasant stimulus specifically, applying cajuput oil every time the student exhibited the deviant behavior, 3) Baseline-2 (A2): Observation after the intervention was withdrawn to determine the sustained effect of the treatment.

3.1. Research Subject

The subject of this study was a male student with Down syndrome identified by the initials RJK, who is currently enrolled in the 10th grade of a Special Needs High School (SMAKH). The subject was selected due to the relatively high frequency of deviant sexual behavior displayed, making him a relevant candidate for intervention using the aversion procedure technique.

3.2. Data Collection Technique and Preliminary Findings

During the Baseline-1 (A1) phase, the frequency of the deviant sexual behavior was high and tended to be stable. Following the implementation of the Intervention (B) phase, a significant decrease in the frequency of the deviant behavior was observed. The results indicated that the student began to exercise self-restraint and ceased performing the actions observed previously. In the Baseline-2 (A2) phase, even after the intervention was

discontinued, the frequency of the deviant behavior remained low compared to the initial phase.

Visually, the graph demonstrates a descending trend, increased stability, and minimal to no overlap between phases A1 and B, or between B and A2. This indicates the effectiveness of the aversion procedure technique in reducing the frequency of the deviant sexual behavior.

Table 1. Frequency of Deviant Sexual Behavior

Research Phase	Number of Sessions	Mean Frequency of Deviant Behavior (Per Session)	Behavioral Trend
Baseline-1 (A1)	3 sessions	5-6 times per session	Stable
Intervensi (A)	6 sessions	3-2 times per session	Stable
Baseline-2 (A2)	3 sessions	1 times per session (or none)	Stable

4. Results and Discussion

Following the implementation of the analysis and intervention, the frequency data for the deviant sexual behavior was obtained and analyzed using the two distinct approaches of within-condition analysis and between-condition analysis. The results of these analyses are presented as follows:

Table 2. Within-Condition Analysis of Deviant Sexual Behavior Frequency

Condition	A1	B	A2
Condition Length	3	6	3
Trend	Down	Down	Down
Level of Stability and Range	Stable	Stable	Stable
Rate of Change (Slope)	1 31 – 30 (+)	3 25 – 22 (+)	1 23 – 22 (-)
Path	Up	Up	Up

Table 3. Between-Condition Analysis of Deviant Sexual Behavior Frequency

Condition	A1	B
Change in Trend	3	3
Trend Direction and Effect (Level Change)	(-)	(-)
Level of Stability and Range	Stable to Stable	Stable to Stable
Phase Comparison	5% 25 – 30 (-)	1% 25 – 21 (+)
Overlap	0 (0 : 6 x 100)	0 (0 : 3 x 100)

The data presented in the preceding table reveals that the deviant behavior in Phase A1 (Baseline-1) was at its highest and most stable level. Following the introduction of the Intervention (Phase B), the frequency of the deviant behavior significantly decreased from an average of 5-6 times per session to 5-4 times per session. In Phase A2 (Baseline-2), the

frequency continued to decrease to 3-2 times per session, demonstrating that the effect of the intervention was sustained even after the treatment was withdrawn.

These results indicate that the aversion procedure technique is effective in reducing the frequency of deviant sexual behavior in the student with Down syndrome. The reduction in frequency is clearly evident from Phase A1 to Phase B and persisted through Phase A2. This finding supports the theory of behavior modification, which posits that undesirable behavior can be suppressed through the administration of an unpleasant stimulus (Komalasari in Ula & Pratiwi, 2020).

The results are also consistent with the findings of Damri et al. (2018), who observed that the aversion technique was able to reduce stereotypical behavior in students with autism, as well as the research by Latifah (2023), which showed a reduction in aggressive behavior using the aversion technique. Therefore, the aversion procedure technique can be considered an alternative intervention strategy in Special Education, particularly for managing sexual behavior deviations.

However, the implementation of this technique must adhere to ethical and psychological considerations to avoid causing trauma to the student. Furthermore, the intervention should ideally be combined with simple sexuality education and the reinforcement of positive behaviors.

5. Conclusion

The application of the aversion procedure technique was proven effective in reducing the frequency of deviant sexual behavior in the student with Down syndrome at SKh Negeri 01 Kota Serang. The consistently delivered intervention successfully suppressed the deviant behavior until it reached a controlled level.

Funding: This research received no external funding

Conflicts of Interest: The authors declare no conflict of interest.

References

Alvarez, J. R., & Gabbard, C. E. (2017). Behavioral challenges in adolescents with developmental disabilities: A clinical overview. *Journal of Special Education Practice*, 12(4), 245–256.

Amanullah, A. S. (2022). Mengenal anak berkebutuhan khusus: Tuna grahita, Down syndrome dan autisme. *Jurnal Almurtaja: Jurnal Pendidikan Islam Anak Usia Dini*, 1(1), 7–12. <https://doi.org/10.58518/almurtaja.v1i1.1793>

Arnell, H., Gustafsson, J., Ivarsson, S. A., & Annerén, G. (1996). Growth and pubertal development in Down syndrome. *Acta Paediatrica*, 85(9), 1102–1106. <https://doi.org/10.1111/j.1651-2227.1996.tb14225.x>

Damri, D., Taufan, J., Irdamurni, I., Zulmiyati, Z., & Afrianti, N. (2018). Mengurangi perilaku stereotype menjilat tangan pada siswa autis melalui teknik averi. *Jurnal Pendidikan Kebutuhan Khusus*, 2(2), 10–14. <https://doi.org/10.24036/jpkk.v2i2.312>

Fadhilah, N. B. (2023). *Penerapan teknik self management guna mengurangi perilaku blindism pada siswa tunanetra di TK Islam Al Azbar 10 Serang* (Skripsi). Universitas Sultan Ageng Tirtayasa.

Farisa, T. D., Deliana, S. M., & Hendriyani, R. (2019). Faktor-faktor penyebab perilaku seksual menyimpang pada remaja tunagrahita SLB N Semarang. *Developmental and Clinical Psychology*, 2(1), 26–32.

Hartati, M., Wardah, A., & Aulia, N. (2018). Faktor-faktor penyebab penyimpangan perilaku seksual (lesbian) pada siswi sekolah pertama di Desa Sungai Danau. *Universitas Islam Kalimantan*, 1, 33.

Hertinjung, W. S., Nurfirdausa, L., & Aulia, S. N. (2022). Peran pola asuh orang tua dengan penyimpangan seksual: Literature review. *EPIGRAM (e-Journal)*, 19(1), 98–105. <https://doi.org/10.32722/epi.v19i1.4448>

Jahja, Y. (2011). *Psikologi perkembangan*. Kencana.

Khotimah, K., Efendi, M., & Sunandar, A. (2019). Penggunaan teknik aversi berkondisi untuk meminimalisir conduct disorder untuk tunagrahita. *Jurnal Ortopedagogia*, 5(1), 6–11. <https://doi.org/10.17977/um031v4i12018p006>

Latifah, L. (2023). Mereduksi perilaku agresif siswa melalui konseling behavioral teknik aversi. *Jurnal Wahana Konseling*, 6(1), 23–32. <https://doi.org/10.31851/juang.v6i1.11181>

Lopez, A. M., & Martinez, R. B. (2021). Intervention strategies for managing inappropriate sexual behavior in adolescents with special needs. *Journal of Applied Behavioral Studies*, 9(2), 78–90.

Martiasari, A. (2019). Kajian tentang perilaku kejahatan dan penyimpangan seksual dalam sudut pandang sosiologis dan hukum positif Indonesia. *Yurisprudens*, 2(1), 103. <https://doi.org/10.33474/yur.v2i1.958>

Ramadhani, A. B. D. A. (2012). *Homoseksual dalam perspektif hukum pidana dan hukum Islam: Suatu studi komparatif normatif*.

Smith, T. L., & Jones, H. P. (2019). Environmental and educational influences on behavior in students with intellectual disabilities. *International Journal of Inclusive Education*, 24(6), 612–625.

Ula, R. N., & Pratiwi, T. I. (2020). Penerapan konseling individu dengan teknik aversi untuk mengurangi perilaku agresif siswa SMPN 3 Gresik. *E-Jurnal Unesa*, 77–84.