



Sexual Deviant Behavior Conducted by Student with Hearing Impairment in Special Schools in the City of Surakarta

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Abstract

This paper aims to determine the types of sexual deviant behavior committed by deaf students in special schools in the city of Surakarta. A deaf student is someone who loses the ability to hear either partially or completely due to the malfunction of part or all of the hearing aid so that he has difficulty communicating either with or without using hearing aids. The place used in the study in two special school in the city of Surakarta with a total of 31 resource persons. The data collection technique used an open interview technique. Researchers gave questions to respondents about what sexual deviant behaviors were carried out by deaf children. The data analysis technique used in this study was qualitative data analysis according to Miles and Huberman. Data analysis according to Miles and Huberman consists of three steps. The finding of this research indicate that there are sexual deviant behaviors committed by deaf students, both those committed by deaf students to themselves and those committed to others.

Keywords: *Deaf Students; Sexual Deviant Behavior; Special School*

I. Introduction

Deaf children are children who have lost the ability to hear. The result of hearing loss has an impact on daily life which is complex, thus requiring special educational services. Deaf children are children with special needs who experience hearing problems which cause their intellectual development to be stunted. In addition to intelligence, deaf children also experience language, speech, emotional and social barriers, but deaf children have the same physical growth as children in general. Deaf children also experience the same sexual development as normal children in general, even deaf children can be more aggressive than normal children. The mental development that is left behind makes it possible for deaf children to channel their sexual desires without considering the prevailing social norms (Chomaria, 2012).

The results of the interview in this research, the teacher said that children with hearing impairment did bad things, one of which was holding a friend's chest or breast. The findings of these behaviors indicate sexual deviant behavior committed by deaf children. Sexually deviant behavior is sexual behavior, especially those that are not in accordance with legal norm, religious norm or susila norm (Sarwono, 2006). Sexual deviant behavior committed by deaf children can be caused by several

factors, including their lack of knowledge and understanding of sexual education, the current development of technology and information that is increasingly sophisticated makes it easy for them to find and access all the information they want (Todaro, et al., 2018; Rokhmah, 2017; Irianto, 2014).

From the interview, the researcher wanted to know more deeply about what behaviors were carried out by deaf children that made it possible for them to be sexual deviant behavior so that later the right solutions could be found to overcome these behaviors so that they did not happen again and were not carried out by other students.

II. Methodology

The research method used is qualitative research methods. Qualitative research is used to explore and understand individuals and groups related to social and human problems (Cresweel, 2009). Qualitative research methods are used to obtain in-depth data, data that contains meaning so that in qualitative research it does not emphasize generalizations, but emphasizes more on meaning (Sugiyono, 2015). This research was conducted in two special schools in the city of Surakarta, that is SLB YRTRW Surakarta and SLB YAAT Surakarta with 31 teachers consisting of 28 female teachers and 3 male teachers. The data collection technique in this research is by means of open interviews, in which the informants are given the freedom to answer and express opinions without being limited by the answers that have been prepared in the interview guidelines.

The data analysis in this study is a qualitative analysis according to Miles and Huberman. According to Miles and Huberman, there are three steps to analyze data, namely data reduction, data display and conclusion drawing / verification. The first step is data reduction, the researcher records all the data obtained through the interview then summarizes the results of the interview by selecting the important ones and making categories. The second step is display data, in this step the researcher presents the data in the same pattern to facilitate decision making. In this step, it is recommended that besides using narrative text, it can also present data in the form of tables, graphs, pie charts, pictograms, matrices and the like. The third step, namely conclusion drawing / verification, is the final step in qualitative data analysis, in which the researcher draws conclusions from existing data.

III. Results and discussion

The results of interviews with informants, it can be concluded that there are some deaf children who engage in sexual deviant behavior. Sexual deviation is sexual activity carried out by someone to get sexual pleasure or sexual satisfaction inappropriately (Umah and Saputro, 2016). Types of sexual behavior deviations committed by children with hearing impairment are as follows: (1) the child holds the breast of a friend, (2) dating that exceeds the limit, (3) the child sees pictures of the opposite sex, (4) sees porn videos, (5) want to know about contraceptives, (6) pregnant outside of marriage, (7) poking and groping the opposite sex, (8) kissing, (9) chatting with lustful language, (10) holding friends' genitals, (11) masturbating, (12) lap.

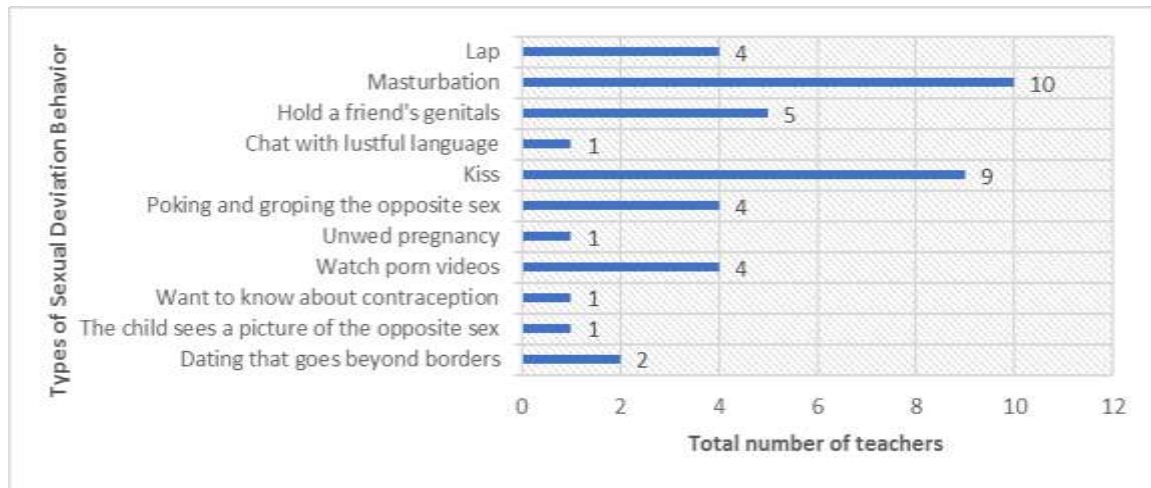


Figure 1. Types of Sexual Abuse by Deaf Children

The results of the interview above are appropriate with the finding of research from Mogavero (2016) which found that sexual deviant behavior carried out by children with special needs with autism, namely inappropriate dating, exposing one's genitals and / or masturbating in public, touching other people sexually, and downloading child pornography.

Sexual deviant behavior committed by the first deaf child, namely the child holding the breast of a friend. Deaf children deliberately hold their female friend's breasts, there are children who deliberately want to do it because of sexual urges, but there are also boys who hold onto a girl's breast because of their curiosity about a friend's breast that is different in shape from her non-protruding breast.

Second, dating that transcends boundaries. Many children with hearing impairment date beyond borders and do not conform to the norms that exist in society. A child girlfriend style that is too free, such as uploading photos and videos of making out and kissing on social media or doing it in public places.

Third, children see pictures of the opposite sex. Deaf children, both boys and girls, see pictures of the opposite sex that they get from the internet or send by friends from their community.

Fourth, see porn videos. Deaf children watch porn videos individually or with friends during recess. They can get the video from YouTube or get a post from a friend. One of the cases of sexual abuse committed by deaf children that has appeared in the media, one of which is the case "A", a 13 year old deaf teenager, was reported to the PPA Unit of the East Jakarta Police, for having sexually abused nine children in the Cililitan area. East Jakarta. The nine children are estimated to be 5 to 8 years old. This harassment began with the perpetrator taking the victim to an internet cafe and showing a pornographic video, then the perpetrator took the victim to an empty building and practiced what was seen in the video earlier.

Fifth, children want to know about contraceptives. Deaf children look for information about contraceptives on the internet about how to use them after they watch pornographic videos. Pornography has a very negative impact on students' sexual behavior, such as having an impact on their development and way of thinking (Haryani, et al. 2012).

Sixth, pregnancy outside of marriage. There are deaf children who get pregnant outside of marriage because they have free sex. Seventh, poking and groping the opposite sex. Deaf boys often poke and grope their female friends' body parts. Eighth, kissing. Deaf children who date often kiss in quiet places or in public places without feeling embarrassed.

Ninth, chatting with lustful language. When chatting with their friends, they discuss things that are pornographic. Tenth, holding the sex of a friend. Deaf boys hold the genitals of their female and male friends even if they are meant to joke.

Eleventh, masturbation. Deaf children often masturbate in class, whether it's quiet or crowded. Masturbation is a deliberate stimulation of the genitals in order to get sexual satisfaction. Ghozally, et al (2009). Masturbation can be done by both men and women. How to masturbate in women is usually by using his fingers to stroke the clitoris and genitals. Male masturbation is usually by grasping the shaft of the penis. According to Wallmyr and Welin (2006), adolescents who are frequently exposed to pornographic media (more than once a month) have different thoughts about how to obtain sex information with adolescents who have never been exposed to pornographic media and teenagers who are rarely exposed to pornographic media (once in a month). Teens who are rarely and never exposed to pornographic media think that information about sex does not have to be obtained from pornographic media because this information can be obtained by asking friends, teachers and parents.

Twelfth, lap. Boys and girls are holding each other's arms in the classroom holding each other, groping the body and on top of the body. Apart from sexual misconduct, deaf children are also sexually abused. Sexual abuse that has been experienced by children with hearing impairment is that the genitals of the deaf child are held by their own neighbors and the deaf child has been attempted rape.

Based on the research results, the causes of deaf children to commit sexual deviant behavior are as follows: first, because of their minimum of knowledge and understanding of sexual education. The minimum of knowledge and understanding of children with hearing impairment is due to the absence of a sexual education program that is provided at school and at home. So far, sexual education is given implicitly and joins in natural science subjects when it comes to material on the reproductive system.

The second cause is the development of technology and information, which is currently increasingly sophisticated, making it easy for them to find and access all the information they want through computers, laptops, tablets or smartphones (smartphones). This situation will be dangerous because they will get information about sexual education from unclear and irresponsible sources so that they will get the wrong understanding of sexual education (Haryani, et al 2012), and will tend to be difficult to correct if the concept is already in their minds. , like they think that kissing their boyfriends is a natural way to show affection and love to their partner. The students said that they obtained knowledge and information related to sex from schoolmates and the internet which made inadequate and inaccurate knowledge about sexuality a key factor for them in engaging in casual sex (Song, 2015).

Lee, et.al (2015) conducted a study and the result was an urgent need for a sex education program that is culturally appropriate to reduce the risk of sexual behavior among Asian-American adolescents. Sex education programs must be made based on local culture and also adapted to the characteristics of children in order to make it easier for children to receive education about sex.

Currently, sex education is still considered taboo, even though sex education for children with special needs is very important (Aziz, 2014). Society still thinks that sex education is related to the relationship between men and women. Providing sex education to children is not to teach children about sexual relations but to prevent children from becoming victims of sexual harassment because they have been provided with knowledge about sex, so that they understand which behavior is classified as sexual harassment (Permatasari & Adi, 2017). Early sexual education is important to provide knowledge about mental and physical growth in aspects of individual health and well-being (McGinn, 2016). The purpose of providing sex education to adolescents is to form a positive attitude towards adolescents in avoiding deviant sexual behavior as an initial effort to prevent sexual problems in adolescents.

Sexual education is something that must be given to children with special needs because they have the same sexual development as normal children and even according to the teacher, deaf children have a higher and more aggressive sexual desire than normal children. Sex education for children with special needs should be given from an early age (Cameron, et al, 2019). Sexual education programs in schools must be provided more basic and detailed to foster sexual health, especially for people with disabilities (Elia and Tokunaga, 2015).

Apart from school responsibilities, sex education is also the responsibility of parents at home. Parents have the potential to be an important source of information and support for their children about sexual problems (Blakey & Frankland, 1996; Peter, et al, 2015). However, many parents think that sex education is a taboo thing to talk about to children and do not need to be given to children because they think that when their children mature their children understand themselves. In addition, many parents feel they lack skills and are not confident in providing sexual education for their children (Blakey & Frankland, 1996). In addition, not all parents understand the importance of providing sexual education for children or not all parents are willing to be open to children in discussing sexual problems (Zhang et al., 2013).

Sex education must be provided through flexible materials and methods. This means that the implementation of sex education must be adjusted to the physical condition, psychology and abilities of the child and be given gradually, starting from the simplest material to the most complex and educational in nature, not containing dirty, pornographic, and immoral discussions.

Proper sex education can change a person's behavior in knowing the stimulus or object of preventing sexual behavior deviations, then conducting an assessment or opinion on what is known, then the next process the child will implement or practice what he knows or acts on (Umah and Saputro, 2016). The use of sexual education for adolescent psychological resilience, which is to answer adolescent curiosity through providing correct information related to sexuality and shaping adolescent positive attitudes in dealing with premarital and premarital sexual behavior (Rinta, 2015).

Conclusion

Types of sexual behavior deviations committed by deaf children are as follows: children holding friends' breasts, dating beyond limits, children seeing pictures of the opposite sex, viewing pornographic videos, wanting to know about contraceptives, getting pregnant outside of marriage, poking and groping the opposite sex, kissing, chatting with lustful language, holding the genitals of friends, masturbating and lap. In addition to sexual deviant behavior, children with hearing impairment also experience sexual harassment, namely having their genitals held and attempted rape.

Sexual deviant behavior committed by deaf children is due to a minimum of knowledge and understanding of the child because there is no special program on sexual education at school. In addition, deviant behavior is also caused by advances in technology now that make it easy for children to access whatever they want without knowing that the information obtained is wrong or correct.

A protective factor that can be done to reduce or eliminate child sexual deviance behavior is to provide sexual education properly and correctly, providing guidance and counseling to children.

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