

# FACT SHEET:



# ABIOS

Acquired Brain Injury Outreach Service

**Category:**  
**Behaviour**

**Audience:**  
**Family and Support Workers**

For more information  
contact the Acquired Brain  
Injury Outreach Service  
(ABIOS)

PH: (07) 3406 2311

Email: [abios@health.qld.gov.au](mailto:abios@health.qld.gov.au)

Address: PO Box 6053, Buranda 4102

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Reviewed Aug 2017

For review Aug 2018  
ABIOS Neuropsychologist

## Disinhibited and Inappropriate Sexual Behaviours

### Introduction

Any disinhibited or poorly controlled behaviour, particularly sexual behaviour, can be a distressing for the person with brain injury, but also for family and carers, or others following acquired brain injury.

#### **Disinhibited sexual behaviour can include:**

Sexual conversation or content  
Comments and jokes of a personal or sexual nature  
Inappropriate touching or grabbing  
Explicit sexual behaviour:

- sexual propositions
- exposure of genitals or nudity in public
- masturbation in a public place
- sexual assault.

Disinhibited sexual behaviour can happen because the person is not able to follow social rules about when and where to say / do something. This means that sexual thoughts, impulses or needs are expressed in a direct or disinhibited way, for example:

- in inappropriate situations,
- at the wrong time
- with the wrong person.



### Why does Disinhibited Sexual Behaviour Happen?

Most people with brain injury do not have increased sexual libido after an injury. In fact decreased sexual libido is more common. There are a number of other reasons for disinhibited sexual behaviours. These can include:

#### **1. Decreased awareness**

Decreased awareness and insight, and poor self-monitoring of a person's own behaviour can result in inappropriate behaviours. For example, a person may not realise their conversation or behaviour is offending or rude to someone else.

## 2. Impulsiveness

Impulsivity and disinhibition can result in behaviour that is not controlled by usual social or interpersonal rules. Thoughts, which are usually private, may be spoken out aloud (results in sexual conversation or jokes). They may act too hastily or on an impulse (touching, grabbing, masturbation). They may not be able to think about the consequences of behaviour (e.g. impact on relationships)

## 3. Changes in communication skills

A person may have impaired verbal and non-verbal communication skills, resulting in:

- Inappropriate choices of jokes, comments, questions, or conversations.
- Misunderstanding social relationships – believing a relationship is closer than it is.
- Not picking up verbal and non-verbal cues and feedback from others e.g. not picking up disapproval, dislike or fear.
- Awkward expression or inappropriate use of language.
- Difficulties with social communication skills such as eye contact, social distance, space, and appropriate touching, may also cause social behaviour that makes others feel uncomfortable.

## 4. Inability to express sexual needs

This may mean that:

- Relationships are still just as important to the persons' identity and self-esteem but opportunity to maintain or form relationships is reduced or not available at all.
- Impaired cognitive, communication, and behavioural skills can reduce ability to make and keep new social and sexual relationships.
- Limited social opportunities and isolation can result in lack of understanding of appropriate behaviour.

## Things to try:

### 1. Talk about behaviour

- Talk to the person about their behaviour and what you or others expect.
- Let them know if behaviour is not appropriate – if they don't know, they can't change it.
- Let them know how the behaviour makes you feel e.g. "I feel uncomfortable when..."

Let other people know what strategies to use

### 2. Provide feedback about behaviour

Provide the person with frequent, direct and clear feedback. Feedback should:

- Be immediate and early

- Be direct
- Be concrete and describe the behaviour
- Give direction
- Be consistent
- Not reinforce/encourage unwanted behaviour
- Help the person to learn
- Not be demeaning or humiliating
- Doesn't impose your own values

## 3. Manage the environment

Some individuals have limited insight and awareness about sexually disinhibited behaviour, and / or very limited capacity to change behaviour due to severe cognitive and behaviour impairments. In this case you may need to find strategies to manage the environment. For example:

- Try to predict situations where the behaviour is more likely and plan for this.
- Work out strategies ahead of time (e.g. give someone something to hold if they grab)
- Restrict any opportunity to engage in inappropriate behaviour (Planning, Proximity, Opportunity, Means)
- Limit any "at risk" social activities e.g. crowded clubs or pubs or where alcohol is being consumed, unsupervised contact with children.
- Provide cues re behaviour – what the person should/should not do – before, during, and after social activities.

Provide alternative activities e.g. small groups verses large groups.

Keep a comfortable distance so the person cannot touch, grab or get too close e.g. when providing personal care

## 4. Provide supervision and structure

Provide one-to-one support and supervision in any "at risk" situations.

Provide cues and prompts about appropriate or inappropriate behaviour.

Redirect, distract or divert the person e.g. more appropriate topics of conversation, or change the activity or task.

## 5. Plan Ahead

If a person has a history of severe disinhibited sexual behaviour (exposure, masturbation in public, or sexual assault), it is essential that you plan ahead regarding personal safety.

Consider:

- having two people provide care
- limiting home visits
- supervising children
- limiting access

