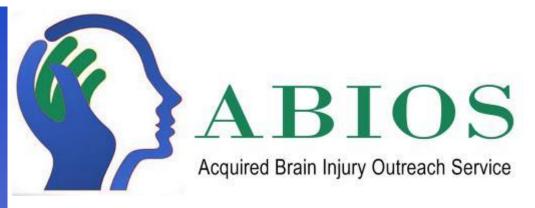
FACT SHEET:



Category: Behaviour

Audience:

Family and Support Workers

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

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Disinhibited and Inappropriate Sexual Behaviours

Introduction

Any disinhibited or poorly controlled 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
- unwanted touching
- 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 offensive or rude to someone else.

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2. Impulsiveness

Impulsiveness 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). A person 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 discomfort.
- 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

- 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 behavioural impairments. If this is the case you may need to use 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

6. In the person's home:

Always visit with another person Make sure someone knows you are there when you visit

Take a mobile phone with you, and carry it at all times

Have your car keys in your pocket. Get familiar with the home, so you know where the doors are located

Keep a comfortable distance. For example, sit across a table, sit close to the door or exit

Addressing Sexuality Needs:

- Individuals with ABI may need others to give them space and privacy to express their sexual needs e.g. privacy to masturbate, watch videos or to have a sexual relationship.
- In residential care situations or where a person with ABI is living with family or carers individual sexual and relationship needs may need to considered and negotiated as part of their individual needs and goals.
- Talk about sexual needs and preferences and what is important to the person.
- Remember that sexuality is a normal part of life and just because the person has a disability because of their brain injury, does not mean they don't have normal sexual needs.
- Encourage the person to access information and advice regarding sexual activity and choices (contraception, STD's, safe sex practices).
- Consulting a Physiotherapist or Occupational Therapist regarding any physical limitations and aids may be helpful.

Information about sexuality and support may be available from:

- Family Planning
- General Practitioner
- Psychologist or Counsellor
- Rehabilitation services

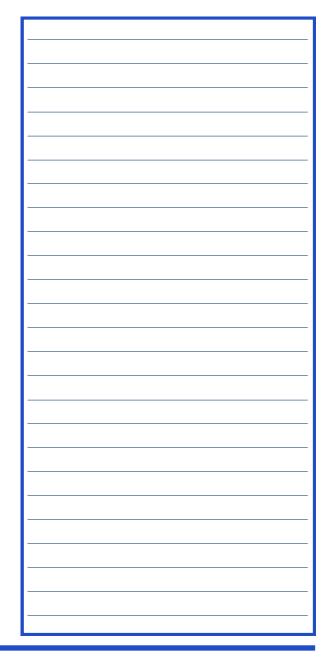
Resources:

See other Acquired Brain Injury Outreach Service (ABIOS) Information sheets at <u>http://www.health.qld.gov.au/abios/</u>

"You and Me: a guide to sex and sexuality after Traumatic Brain Injury " by Grahame Simpson, Liverpool, N. S. W. : Brain Injury Rehabilitation Unit, c1999

Talk to a Psychologist, Psychiatrist, Social Worker, or other Professional

Notes:



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