



What Are Disinhibited and Inappropriate Sexual Behaviours?

Disinhibited or poorly controlled behaviour, particularly sexual behaviour, can be a distressing change 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 in public
 - masturbation in a public place
 - sexual assault.

Disinhibited sexual behaviour occurs because the person doesn't 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 behaviour. These can include:

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 to someone else.

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.
- They may act too hastily or on an impulse.
- They may not think about the consequences of behaviour – e.g. impact on relationships.

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 or threatened.

Inability to express sexual needs

This may mean that:

- Opportunity to maintain or form relationships is reduced
- Relationships are still just as important to the persons' identity and self-esteem.
- 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:

Talk about behaviour

- Talk to the person about their behaviour and what you 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.

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 behaviour
- Help the person to learn
- Not be demeaning or humiliating
- Doesn't impose your own values

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
- Work out strategies ahead of time
- 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.
- 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

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.

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

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

- A person 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.
- 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). Information may be available from:
 - Family Planning
 - General Practitioner
 - Rehabilitation services

Extra Resources

- See other Acquired Brain Injury Outreach Services Information sheets on <http://www.health.qld.gov.au/abios/>
- “You and Me” by Grahame Simpson, Brain injury Rehabilitation Unit, South Western Sydney Area Health Service, 1999.
- Talk to a Psychologist, Psychiatrist, Social Worker, or other professional