



Difficult Sexual Behaviour

This information sheet may be useful for families who are:

- Looking for information on difficult sexual behaviour.
- Wanting to understand how to respond to difficult sexual behaviour.



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Please see the end of this information sheet for details of how to support us.

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Introduction

This information sheet gives some suggestions about understanding and responding to difficult sexual behaviour, displayed by people with severe learning disabilities. A wide range of issues are described – not all will be relevant to each individual, gender or age group. This information sheet does not cover offending behaviour, due to the capacity and understanding of people with severe learning disabilities.

What is difficult?

Sex and relationships for people with learning disabilities has always been a difficult topic for health and social care professionals and families. Teens and adults with learning disabilities have often lacked the appropriate support to enable their sexual expression and stimulation. This has been changing in recent years and there is some very positive work going on to enable people's rights to sex and relationships while ensuring they are safe.



There are varying attitudes to sex and sexual behaviour in people with learning disabilities. These are influenced by:

- Social context the behaviour occurs in
- Who else is involved

- Cultural values
- Religion
- Attitudes/approach of the family or support organisation

Challenging behaviour is challenging for the people around the individual. This very much applies to sexual behaviour, which may be pleasurable for the individual but problematic for others. There are also times when the sexual behaviour can be difficult or frustrating for the person themselves.

This information sheet looks at areas where the sexual behaviour of a person with severe learning disabilities may be a problem for themselves or to other people. It makes suggestions for the kinds of support that could be offered and where to go for specialist information and advice.

Throughout this information sheet, the term ‘severe learning disabilities’ should be taken to include people with profound learning disabilities. See the Challenging Behaviour Foundation website for a definition of severe learning disabilities.

Severe learning disabilities and sex

People with severe learning disabilities are usually unable to consent to sexual activity with a partner. A capacity assessment must be carried out to determine whether an individual is able to decide for themselves whether to have sex. The Mental Capacity Act is clear that when a person lacks capacity to decide this, **decisions about sex cannot be made in the person’s best interest.**

Sex education

Teaching and informing children, teens and adults about sex and relationships is very varied. From 2020, sex and relationships education has been compulsory for all schools in England and must be inclusive for children with special educational needs. Teaching for anyone with severe learning disabilities will need to be carefully tailored to their level of understanding and the communication methods they use. Visual aids are helpful and there are a number of sources of pictures and symbols available (see ‘further reading’ on page 6).

Depending on their age and understanding, people with severe learning disabilities may be taught about:

- Body, biology and reproduction
- What sex is
- Body parts and behaviours that are private
- Masturbation (see below for more information on teaching people about masturbation)

Sexualised language



A fairly common and often upsetting problem is children, young people or adults picking up and repeating sexualised language. Individuals with severe learning disabilities who have very little verbal language may still repeat words or phrases they have heard. If using this language gets a strong reaction from others, then this behaviour may be reinforced, and they are more likely to say it again.

The person may have been exposed to sexualised language from various places, their peers, television or the general public. It should be appropriately investigated if it's suspected that paid or unpaid carers or support workers have been using sexual or explicit language around the person.

Support strategies should be tailored to the individual but may include reactive strategies like not reacting to the language and proactive strategies like social stories to remind that these are not words to say to others, perhaps suggesting alternative acceptable words and phrases.

Self-stimulation

People with severe learning disabilities may touch themselves or rub their genitals on surfaces or objects. This behaviour can begin in childhood when sexual feelings are developing. It is important to be aware that siblings can be a focus of touching or inappropriate physical play.

Self-stimulation and masturbation is problematic when the person does it in public view; communal areas of their home or out and about (e.g. at a swimming pool).

Support strategies include explaining and reinforcing the idea of private space (going to a bedroom or bathroom), in a way that makes sense to the person. See the 'education' section below. It is important the young person or adult is not made to feel that what they are doing is wrong; people with learning disabilities have a right to a sex life.

As with non-sexual self-stimulatory behaviour, when someone spends a lot of time masturbating, it may be a sign that they are under stimulated in other ways. Think about whether there are times when the person seems bored or has little support to engage in activities. Enabling the person to do more meaningful activities in their spare time might reduce the amount of time they want to spend masturbating.

Men and boys: Problems with masturbation

Almost all men masturbate and so we should expect this also for men with learning disabilities. Some cultures however do not value this sexual expression. Often people try to stop men with learning disabilities from masturbating. The intention here is to help boys and men with learning disabilities feel good about masturbation together with having an understanding of privacy.

Many men with learning disabilities have difficulties with masturbation. These include:

Organic causes:

There are specific sexual issues for some syndromes. For example, men with Down's syndrome often find it difficult to have erections and to ejaculate. Men with Prader-Willi syndrome have under-developed sexual organs.

Difficulties caused by medication:

The known side effects of many anti-epileptic and psychotropic drugs include causing problems with erection and ejaculation.

Physical difficulties:

Physical disability can make it hard for some men to masturbate. For some men there may be practical difficulties of touching their penis because they are unable to remove clothes or incontinence pads.



Some men with learning disabilities are thought to become anxious because of difficulties with masturbation. It is hard to confirm this link. Regardless, men can be given support to masturbate. This could include: reviewing medication, giving ideas on technique as a form of sex education (including suggesting the use of a lubricant), helping men access their own bodies by giving them private time with clothing and/or incontinence pads removed.

When asked about masturbating, men with learning disabilities generally feel bad about it and do not think other men do it. To make men feel less guilty (about what may be their only sexual experiences) try to find ways to help them understand it is normal and healthy. One of the most powerful is for valued men in their life to say they themselves masturbate.

Education/teaching about masturbation

General work on masturbation could include teaching:

Masturbation is good: This may be done by showing pictures / videos to help people understand the normality of masturbation.

Private places to masturbate: Identify private and public places. For some people this will require responding immediately when they try to masturbate in public, by taking them to a private place at that time.

Day centres and schools often say they are places where people should not masturbate. This is unhelpful as teenagers may masturbate alone in toilet cubicles during their breaks. Some individuals with learning disabilities may not cope with being unable to masturbate for long periods. Rather than constantly trying to stop someone masturbating publicly (and so exposing themselves inappropriately to other people) it can be more effective to give them some private time.

How to masturbate: For people with limited communication, any teaching about technique would need to be very intimate, for example guiding their hands. This should never be done without a wide consultation. It happens extremely rarely but there may be a place for this, particularly if the person is causing themselves physical injury or appears very distressed.

Men and boys: Unwanted sexual contact with other people

Some men may expose themselves or touch other people sexually when this is not wanted. Typically, this involves other people with learning disabilities, female staff or the general public. Irrespective of the men's understanding of what they are doing, it should be treated as both unacceptable and serious. Unfortunately, such behaviour tends only to be taken seriously when children or women in the general public are involved. There is a danger of men with learning disabilities learning they can *get away with it* with some people.

Work with men should try to help them understand the seriousness of the behaviour. Some people may need restrictions on their opportunities or changes to their support to minimise the risk of this behaviour. This could include having all male staff, or increased levels of supervision.

Sexual contact with other people with learning disabilities

When there is sexual contact between two people with learning disabilities, it is very important to consider carefully the consent and capacity of both people. Different sexual contact requires different levels of understanding. So some people with learning disabilities may be able to consent to hugging (with no physical risks) but not intimate sexual acts (with risks the person may not be able to understand even with support).



When trying to establish the relative consent of the people involved consider:

- Who initiates the contact?
- Does the person have the skills and power to say no?
- Is there awareness of the intentions of the people involved?

Particularly because of the vulnerability of people with learning disabilities, a lack of resistance should not be seen as consent. Where there is doubt about the ability of an adult with learning disabilities to consent to sexual contact, a formal capacity assessment should be undertaken. There has been some guidance from the Court of Protection about what this should cover. (see further reading).

Sometimes it will be necessary to draw clear boundaries about what touch is and is not acceptable and to intervene where necessary. For example,



to decide it is in the best interests of two individuals with severe learning disabilities to be able to hold hands but not to sit on each other's laps.

Often people with learning disabilities *get into trouble* for any sexual contact which can undermine their understanding of consent and abuse. People with learning disabilities learn to be secretive about sex, which is very different to being private and can increase their vulnerability to abuse.

Difficult sexual behaviour and the possibility of the person having been sexually abused



It is sometimes assumed that if someone with learning disabilities is showing some kind of abusive/ unacceptable sexual behaviour, that they have been sexually abused themselves. There is little clear evidence for this link. That said we know people with learning disabilities are at increased risk of sexual abuse, so there needs to be consideration to this having happened.

Where someone is displaying unexpected sexual behaviour it is worth asking how did they know to do this? People with learning disabilities have fewer opportunities to learn about sex than others so may be more dependent on learning from experience. Ask the question do they know this because it has happened to them?

Sexual suppressant medication

Medication may be suggested to respond to difficult sexual behaviour in men. This should be strongly resisted because of the lack of evidence it is effective with men with learning disabilities together with having very worrying side effects (for example, breast development in men).

Access to a sexual partner

Another common suggestion when a man with learning disabilities has unacceptable, or abusive sexual behaviour, is this would be resolved if he had a sexual relationship. There is no evidence of this being helpful. Consideration should instead be given to the risk of any sexual partner being sexually exploited.

Access to prostitutes is sometimes similarly unhelpfully suggested. The law is clear that carers should not support men to access any sexual opportunities where they are unable to make their own informed choices about this.

Specific sexual interests

Some people with severe learning disabilities may find specific objects or textures sexually arousing and seek them out for sexual stimulation. Those supporting them should try not to judge this interest; it may seem strange or unusual, because people with learning disabilities may be less able to keep their interests secret than adults without learning disabilities (due to the level of support they receive with daily living). Whatever is thought of these varied sexual interests, they are extremely resistant to change. Rather than trying to change the person's interests, work may instead need to focus on avoiding them having a negative impact on them or other people, for example, by ensuring their interests are kept private.

Pornography

Some adults with learning disabilities use pornography, however their access to it may be very limited because of the difficulties of buying it independently or using the internet. They may however have access to arousing images which are more easily available, for example, holiday brochures, clothing catalogues or websites.

It is sometimes suggested for men with learning disabilities who have problem sexual behaviour to be supported to access pornography. The suggestion is it would *relieve their sexual frustration*. There is no evidence this would help. Instead it risks reinforcing the idea of other people being sexual objects. One possible line to draw is accepting the person's use of legal materials they access independently and use privately, but not providing people with learning disabilities with pornography.

Adults' internet use may need to be monitored to ensure they are not accessing illegal material. Content blockers can be used to limit what they can access.

Exposing children to pornography is classed as a form of sexual abuse.

Support and advice

Help may be available from the local community team for people with learning disabilities. Social workers, community nurses, psychologists and psychiatrists may have an interest / experience working on sexual issues.

Further reading



Thompson D. & Brown H. (2005) Men with learning disabilities who sexually abuse: working together to develop response-ability. Pavilion Tel 01273 623222 www.pavpub.com

McCarthy, M & Thompson, D. (2007) Sex and the 3 R's – A sex education package for people with learning disabilities. Pavilion Tel 01273 623222

<https://www.pavpub.com/learning-disability/sexual-health/sex-and-the-3-rs-rights-risks-and-responsibilities>

Lindsay W. (2002) Research and literature on sex offenders with intellectual and development disabilities. *Journal of Intellectual Disabilities* 46 (supplement 1) 74-85.

McCarthy, M & Thompson, D. (2010). *Sexuality and Learning Disabilities: A handbook*. Pavilion Tel 01273 623222

<https://www.pavpub.com/learning-disability/sexual-health/sexuality-and-learning-disabilities-2nd-edition>

Now they are Growing Up: A series of booklets for parents of people with learning disabilities covering masturbation. Available from Oak Field School and Sports College Tel 01159153265

<http://www.oakfieldsportscollege.org.uk/uploads/BodyWorks.pdf>

Online Pornography and Illegal Content, an easy read guide

Developed by Care Management Group, CHANGE and Choice Support

<http://cmg.co.uk/wp-content/uploads/2019/04/Online-Pornography-and-Illegal-Content-draft2-17-09-18.pdf>

Relationships and sexuality in adult social care services. Care Quality Commission.

<https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf>

Stewart D. & Bustard S. (2011) Living your Life: A sex education and personal development resource for special educational needs. www.brook.org.uk

You, Your Body and Sex, Jason's Private World & Kylie's Private World. Three DVD resources for working with people with learning disabilities.

www.lifesupportproductions.co.uk

Organisations



The **Ann Craft Trust** supports people with learning disabilities who may be abused.

Tel: 0115 9515400

www.anncrafttrust.org

British Institute of Learning Disabilities (BILD) does work on sex and relationships for people with learning disabilities.

www.bild.org.uk/friends-and-relationships/ourwork

Choice Support – Supported Loving project

www.choicesupport.org.uk/about-us/what-we-do/supported-loving

Respond can provide support for people with learning disabilities who are either the victims or perpetrators of abuse.

Tel 0808 808 0700

www.respond.org.uk

The **Lucy Faithfull Foundation** works with perpetrators of child sexual abuse and has experience working with men with learning disabilities.

Tel: 0808 1000 900

www.lucyfaithfull.org.uk

The **National Clinical Assessment and Treatment Service** provide a service to children and young people up to the age of 21 where concerns exist about sexually harmful or abusive behaviour.

Tel: 020 7428 1500

www.nspcc.org.uk

Acknowledgement:

Thanks to David Thompson for providing the sections about issues for men and boys.

Email DavidJThompson1962@outlook.com

Last reviewed: January 2023

The Challenging Behaviour Foundation

We are the charity for people with severe learning disabilities who display challenging behaviour. We make a difference to the lives of children and adults across the UK by:

- Providing information about challenging behaviour
- Organising peer support for family carers and professionals
- Giving information and support by phone or email
- Running workshops which reduce challenging behaviour

To access our information and support, call 01634 838739, email info@theCBF.org.uk, or visit our website: www.challengingbehaviour.org.uk

If you have found this information useful, please consider making a donation. You can show your support at www.challengingbehaviour.org.uk/support-us. Make a £5 donation by texting CBF DN05 to 70085 Or email us to get involved at support_us@theCBF.org.uk