



## Sexual Behaviour

This information sheet may be useful for families who are:

- Supporting someone whose sexual behaviour is challenging those around them.
- Wanting to understand how to respond to sexual behaviour that is challenging whilst respecting the person's right to express their sexuality.

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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 resource has some tips for understanding and responding to sexual behaviour displayed by people with severe learning disabilities which are challenging to those supporting them. It also has some ideas to support people with severe learning disabilities to explore their sexuality safely and with dignity. It covers lots of different situations,

although not all of them will apply to everyone. It is especially important to remember that some of what has been written with regards to men and boys can also apply to women and girls. Please note this information sheet doesn't 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. Teenagers 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:

- The 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 the individual or for 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**. Therefore, people who lack capacity should not have sexual relationships with others.

## Sex education

Teaching and informing children, teenagers 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.

['Sex Factor'](#) was developed by the Chailey Heritage Foundation. It is a user-friendly toolkit consisting of training sessions and resources, including 34 ready-made lesson plans and supporting videos for teachers and staff to deliver quality Relationship and Sex Education to children and young people with complex neuro-disabilities.

In general, visual aids are helpful and there are a number of sources of pictures and symbols available (see 'further reading' on pages 9 and 10).

Depending on their age and understanding, children and adults 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 individuals 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 the same rights to a sex life as everyone else.

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.

## **Man and boys: problems with masturbation**

Almost all men masturbate and so we should expect this also for men with learning disabilities, however some cultures 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.

Priapism (a rare condition defined as painful and persistent penile erection that is unrelated to sexual stimulation) may be a side effect of antipsychotic medication and medical advice should always be sought if it occurs.

### **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. If this is in the person's home the bedroom may be preferable to the bathroom.

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.

It may be confusing for the individual if private time is given in a place that is usually a public space. Therefore, as toilets are always a private space, services may decide to offer this space as a last resort.

Whilst the CBF recognise that it is a criminal offence to masturbate in a public toilet, the risk of this becoming a problem in the future is reduced for people with severe learning disabilities who are less likely to access public toilets without support.

**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.

[Things Tom Likes](#) is a simple book with illustrations to help men with learning disabilities to learn about safe masturbation.

## 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 can 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, they have been sexually abused. 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 in magazines or on 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.

It should be noted that exposing any child to pornography is a form of sexual abuse.

## Women and Girls

It is important to remember that some of what has been written above with regards to men and boys can also apply to women and girls. For instance:

- medication side effects do also affect women's sexual function as well as men's. This includes commonly prescribed anti-depressants, anti-convulsants, anti- psychotics and the contraceptive pill.
- women could also experience physical difficulties in accessing their bodies in order to masturbate
- women with learning disabilities do sometimes approach others sexually with words or actions that are unwanted.

Carers often overlook needs around masturbation and sexual arousal for women and girls with learning disabilities. The signs tend to be less obvious in women (unlike male erections, for example, which can be seen by others) but that doesn't mean women aren't interested in the activity or in trying to get aroused. Research evidence suggests that family carers, in particular, rarely recognise women with learning disabilities as having a need for masturbation.

In general, it can be harder to engage women with learning disabilities in discussion/education/support regarding masturbation compared to men. Women often find it especially difficult to speak about it and may feel ashamed or embarrassed. This tends to be more of an issue for women than men because there is no culture of women speaking openly about masturbation, whereas male masturbation is often the subject of jokes, casual conversation, references on TV, etc

Double standards and strong social taboos still exist for all women in talking about the sexual pleasure they can give themselves. This makes it all the more important that those who support women with learning disabilities do not ignore the issue if women need guidance in this matter.

[Things Ellie Likes](#) is a simple book with illustrations to help women with learning disabilities to learn about safe masturbation.

## 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



Björnsdóttir, K., & Stefánsdóttir, G. V. (2020). Double sexual standards: Sexuality and people with intellectual disabilities who require intensive support. *Sexuality and Disability*, 38(3), 421-438.

Cambridge, P., Carnaby, S., & McCarthy, M. (2003). Responding to masturbation in supporting sexuality and challenging behaviour in services for people with learning disabilities: A practice and research overview. *Journal of Learning Disabilities*, 7(3), 251-266.

Retznik, L., Wienholz, S., Höltermann, A., Conrad, I., & Riedel-Heller, S. G. (2023). "It Gives Me, as her Caregiver, a Sense of Security." Young People with Intellectual Disability and Their Experiences with Sexuality, Menstruation, Gynecological Treatment and Contraception: A Follow-up Analysis of Parents' and Caregivers' Perspectives. *Sexuality and Disability*, 41(1), 97-116.

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

[PSHE Resources | Oak Field School](#)

Online Pornography and Illegal Content, an easy read guide

Developed by Care Management Group, CHANGE and Choice Support

[Choice Support | Pornography](#)

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>

You, Your Body and Sex, Jason's Private World & Kylie's Private World. Three DVD resources for working with people with learning disabilities. [Special Educational Needs Archive Resources – Life Support Productions](#)

## Organisations



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

Tel: 0115 9515400 [www.anncrafttrust.org](http://www.anncrafttrust.org)

Choice Support – Supported Loving project

[www.choicesupport.org.uk/about-us/what-we-do/supported-loving](http://www.choicesupport.org.uk/about-us/what-we-do/supported-loving)

In particular

- Masturbation: [Choice Support | Masturbation](#)
- Aids and equipment for people with disabilities: [Choice Support | Aids and equipment](#)
- People with severe or profound learning disabilities: [Choice Support | Supporting people with severe or profound learning...](#)

Chailey Heritage Foundation – Sex Factor  
[Relationship and Sex Education Training \(chf.org.uk\)](http://chf.org.uk)

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](http://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](http://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](http://www.nspcc.org.uk)

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## **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](mailto:info@thecbf.org.uk), or visit our website: [www.challengingbehaviour.org.uk](http://www.challengingbehaviour.org.uk)