

INFORMATION SHEET



making a difference
to the lives of people with
severe learning disabilities

Difficult sexual behaviour amongst men and boys with learning disabilities

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This information sheet gives some suggestions about understanding and responding to difficult sexual behaviour. It is specifically about the behaviour of men and boys with learning disabilities who are more likely to present challenges in this area than women with learning disabilities. A wide range of issues are described – not all will be relevant to what is a very diverse group of individuals. It is largely drawn from the training package: Men with learning disabilities who sexually abuse: working together to develop response-ability co written with Hilary Brown (Pavilion, 2007).

What is difficult?

All sex can be difficult. What is difficult for some people can be seen as positive by other people. Cultural values and religion make it hard to agree on what is acceptable and what is not. On top of this it is not unusual for any sexual expression shown by people with learning disabilities to be seen as a problem. Rarely is it celebrated as a normal aspect of development.

This information sheet looks at some common areas where the sexual behaviour of a man with learning disabilities may be a problem for himself or to other people. It makes suggestions for the kinds of support which could be offered.

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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:

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. Be aware of any specific sexual issues for syndromes.

Difficulties caused by medication:

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

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.

Sometimes 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 lubricants), helping men access their own bodies by giving them private time with clothing and or incontinence pads removed.

More able men with learning disabilities when asked about masturbating generally feel bad about it and do not think that men without learning disabilities do it. To make men feel less guilty (about what may be their only sexual experiences), it is good 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.

General work which could happen during school years could include teaching:

Masturbation is good:- this could be done by showing pictures / videos to help men understand the normality of masturbation.

Where are good / private places to masturbate: identifying private and public places. For some men this will need to be done by responding when they masturbate in public. This could involve taking them to a private place at that time.

Day centres and schools often say that these are places where people should not masturbate – even in private and during breaks. Responses should be realistic and fair (some individuals will not cope with not being able to masturbate for prolonged periods and there is little to stop staff masturbating in their breaks). Rather than constantly trying to stop a man masturbating publicly (and so exposing themselves inappropriately to other people) it can be more effective to give the man some private time.

Look for patterns in masturbation. Often men do it when other activities offer little interest. For example, a man may not masturbate on a bus but often does it in specific sessions. This can show that the men are making some choice about when they masturbate and so it is more hopeful to be able to put boundaries on time and place.

When men have an understanding of privacy and are choosing to continue to masturbate in public, it is important to treat the behaviour as abusive (see unwanted sexual contact with other people).

Some men's communication means that any teaching about technique would need to be very intimate / hand over hand. This should never be done by any individual without a wide consultation. It happens extremely rarely but there is a place for this, particularly if the man is causing himself clear injury or distress.

Unwanted sexual contact with other people

Some men may expose themselves or touch other people sexually which is not wanted. Typically this involves women with learning disabilities, women staff and women and children in the general public. Irrespective of the men's understanding of what they are doing this should be seen as both unacceptable and serious. Unfortunately such behaviour tends only to be taken seriously when women and children in the general public are involved. Women and men with learning disabilities are wrongly expected to tolerate it, and women staff often feel they have to put up with it as part of the job. This behaviour is sexual abuse in law but the legal system tends to turn a blind eye to this (unless children are the victims).

Work with men should try to help them understand the seriousness of the behaviour. For many this will mean ensuring there are meaningful consequences. For some it will mean putting restrictions on their opportunities to minimise the risks. This might include having all male staff, or increased levels of supervision. In England and Wales attention will need to be given to the new Deprivation of Liberty Safeguards which amend the Mental Capacity Act 2005.

Sexual contact with other people with learning disabilities

Attitudes to men with learning disabilities having any sexual contact with other people with learning disabilities vary extremely. Some people will stop any sexual contact regardless, others will see it very positively without checking that both parties are consenting. People also respond very differently depending on whether the contact is with another man or woman. This can make it very difficult for men to understand what is and isn't acceptable. Hopefully the focus of support and responses is on the consent of the people involved – whether this be for hand holding, cuddling or more intimate sexual contact.

The Sexual Offences Act 2003 replaced some very unhelpful laws on sex with people with learning disabilities so that now consent determines what is and isn't acceptable legally. The age of consent is now 16 regardless of the genders of the people involved.

Different sexual contacts require 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 (which can have physical risks which 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 / power to say no?
- Is there awareness of the intentions of the people involved? Some women with learning disabilities may believe that the man is their boyfriend but the man has no interest in such a relationship.

Less able people with learning disabilities are particularly vulnerable in such situations and advice is to err on the side of caution when consent is in doubt. Sometimes it will be necessary for those involved in the individuals' support to draw clear boundaries about what touch is and is not acceptable and to intervene where necessary. For example, to accept two individuals with severe learning disabilities holding hands but not to sit on each other's laps.

Generally people with learning disabilities learn they will get into trouble for any sexual contact, which undermines a good understanding of consent. Sex still tends to happen in the toilets of day centres and social clubs. Thus people with learning disabilities learn to be secretive about sex (very different to being private) which enhances their vulnerability to abuse. Where people have the capacity to consent to sexual relationships it is important to support and value sexual opportunities. This could include ensuring that adults have double beds and not putting unnecessary obstacles in people's way to have overnight guests.

Pornography and other sexual stimuli.

Sex has several dimensions for men. Firstly, there is the physical side of rubbing the penis or other sensitive parts of the body. There may be an emotional aspect to the relationship with another person involved. There may also be sexual fantasy involved, for example through the use of pornography. There is some evidence that fantasy plays a smaller part in the sexual lives of men with learning disabilities compared to other men. This is not surprising as fantasy is a cognitive activity. That said some men with learning disabilities are interested in pornography. Their access to this may however be very limited (e.g. because of the difficulties of buying this independently). They may however have access to other arousing images which are more easily available, for example, holiday brochures or TV magazines.

It is often suggested that men with learning disabilities with problem sexual behaviour should be supported to access pornography, including videos, in theory to '*relieve sexual frustration*'. There is no clear evidence to suggest this is helpful. Indeed there are risks that the idea that other people are sexual objects is reinforced.

However it also seems unfair to deny men with learning disability access to pornography when other men use it so much. One possible line to draw is accepting men's use of materials they access independently but not providing men with learning disabilities with material.

Very occasionally men with learning disabilities appear to be aroused by things other than adult women or men. This includes images of children but also could be certain objects or textures. Care needs to be taken in thinking the men's interests are so strange or unusual

because men with learning disabilities are less able to keep their interests secret (other men don't, for example, have people checking the contents of their bedrooms). Whatever people think of these varied sexual interests we know (by, for example, the failed attempts to turn gay men straight) that sexual interests are extremely resistant to change. The focus of work in this area is ensuring the men's interests are not a problem for other people, for example, by ensuring these are kept private. There may also be a need to ensure that these interests do not cause harm to the man himself. Specialist support should be sought where there is a belief that a man is sexually interested in children.

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

It is too commonly assumed that if a man with learning disabilities is showing some kind of abusive / unacceptable sexual behaviour that he has been sexually abused. There is very little evidence for this link. That said we know that men and boys with learning disabilities are at increased risk of sexual abuse than other men and so there needs to be consideration to this having happened and also to minimising any risks (a key strategy being very careful about sharing services with more able men with learning disabilities).

Where men are displaying sexual behaviour it is worth asking how did they know to do this? Men with learning disabilities have less opportunities to learn about sex than other men so may be more dependant on experience. Therefore ask the question does he know this because it has happened to him?

Sexual suppressant medication.

This may be suggested to respond to difficult sexual behaviour. This should be strongly resisted because of the lack of evidence that it is effective with men with learning disabilities together with the very worrying side effects profile (for example, growing breasts).

Access to a sexual partner

Another common suggestion when men with learning disabilities have difficult sexual behaviour is that it would be sorted were the man to have a sexual relationship (typically with a woman). This is an unhelpful suggestion largely because there is no evidence that it would work. There should also be concern about the risks for the sexual partner being sexually exploited, particularly if the man has a history of abusive sexual behaviour.

Access to prostitutes may also be suggested but again people should not expect this to solve difficult sexual behaviour. 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.

Publications

Men with learning disabilities who sexually abuse: working together to develop response-ability. Pavilion Tel 01273 623222 www.pavpub.com

Sex and the 3 R's – A sex education package for people with learning disabilities. Pavilion
Tel 01273 623222 www.pavpub.com
<http://www.pavpub.com/pavpub/trainingmaterials/showfull.asp?Product=916>

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

Organisations

The Sexuality Support Team, part of Hertfordshire Partnership NHS Foundation Trust, provides advice and training on a wide range of sexual issues for people with learning disabilities. Tel: 01923 670796 www.hertspartsft.nhs.uk/working-for-us/training-and-development/consent/

The Ann Craft Trust supports people with learning disabilities who may be abused. Tel: 0115 9515400 www.anncrafttrust.org

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

Voice UK supports people with learning disabilities on issues of abuse, particularly with the legal system. Tel 01332 291 042 www.voiceuk.org.uk Helpline 080 8802 8686 or email helpline@voiceuk.org.uk

National Clinical Assessment and Treatment Service This NSPCC resource provides a national services for children and young people up to the age of 21 where concerns exist about sexually harmful or sexually abusive behaviour www.nspcc.org.uk/freshstart 020 7428 1500

Local support

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

About the Author

David Thompson has a wide experience of working with people with learning disabilities. He has spent over ten years working directly with men with learning disabilities on sexual issues and this was the focus of his PhD. His current position at the Social Care Institute for Excellence focuses on decision making for people who may lack the capacity to make their own decisions.

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