



Support Strategies for people who display Sexualised Behaviours that Challenge Others or the System

‘Not even sure if my line manager even understands about his sexuality and stuff like that’



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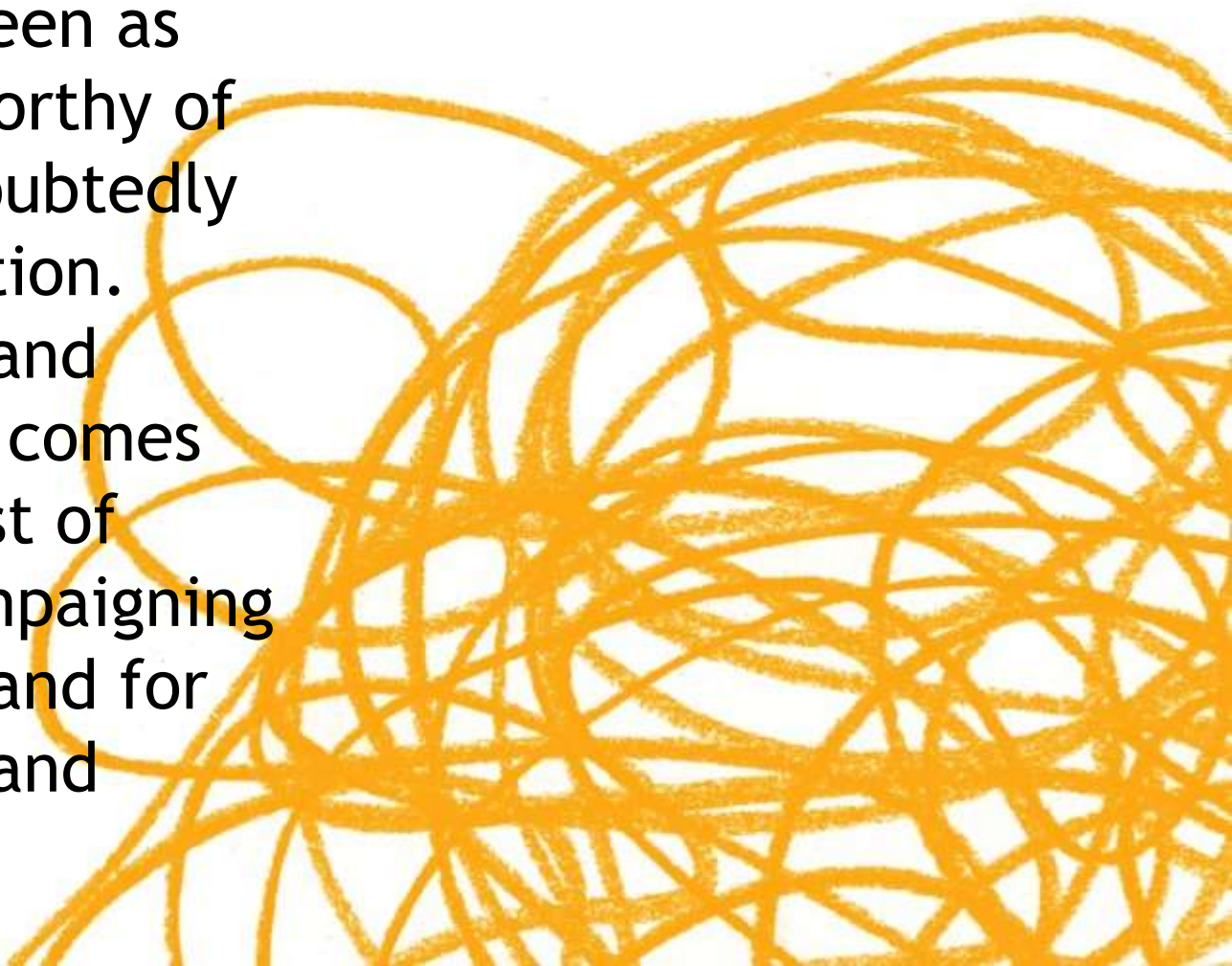
Why Study Sexualised Behaviours?

Thoughts?



Shakespeare, T. (2000)

‘ The private lives of disabled women and men were not seen as being equally worthy of concern.... Undoubtedly about prioritisation. Ending poverty and social exclusion comes higher up the list of needs, than campaigning for a good f***, and for access to clubs and pubs.’



Current Research

- Dr. Paul Cambridge
- Dr. Michelle McCarthy
- Wendy Lawson
- Sarah Hendrickx
- 2011 FPA 'Just Ask' project
- Rights movement and self advocacy



Support Outcomes

Services actions to prevent abuse can often in turn be an autonomous abuse, depriving a person's liberty due to fear of allowing the person to experience negative events

Schwabenland, C. (1999).



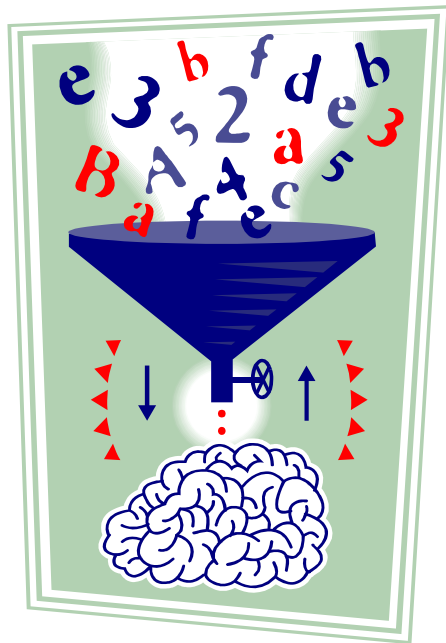
**What Sorts of sexual
'behaviours' occur in
your work settings?**

What makes these behaviours different
to sex/ sexuality outside of service
settings?



Beliefs

Knowledge



Attitudes

Values



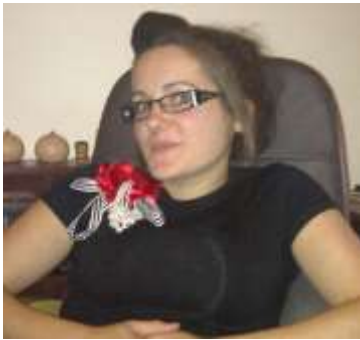
Self-Identity

My Belief, Values and Attitudes



‘Me’ is made up of the experiences I have had





My family and Friends



Forces not to be messed with A.K.A. Managers



These factors shape...

- My professional self
 - My academic self
 - My relationships
 - My personality
- My interests/ social life
 - And my sex life....
- My beliefs, values and attitudes to sex

So What makes you... you?

Who supports out service users
and their sexual identity?

Positive Behaviour Support

An approach that blends

- Rights of people with learning disability
- Practical science of why a behavior occurs.

Horner 2000

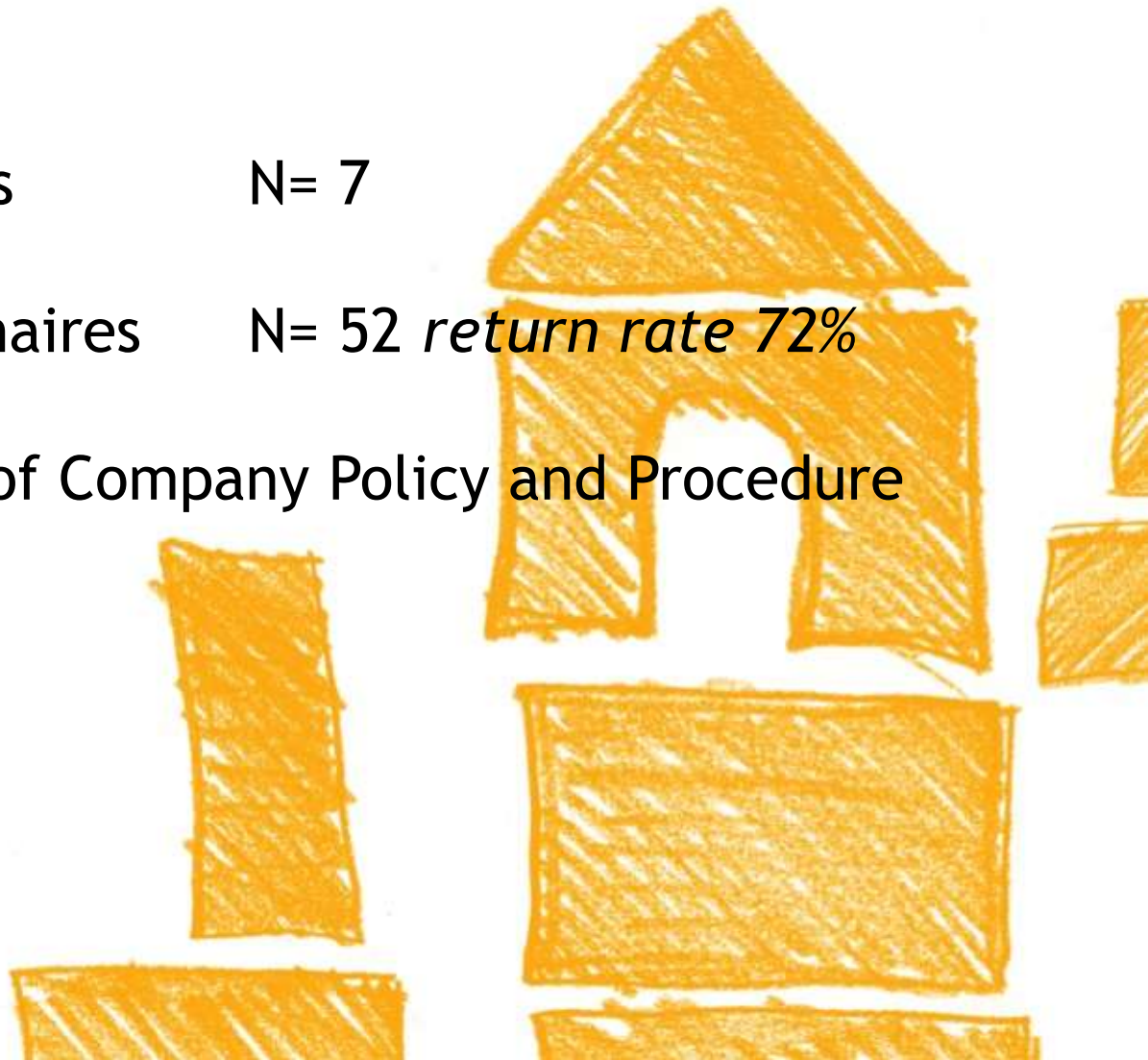
QoL Domains

- Relationships
- Choice
- Competence
- Respect
- Community presence

– O'brien 1987

Research Project

- 1- staff interviews N= 7
- 2- Staff Questionnaires N= 52 *return rate 72%*
- 3- Dissemination of Company Policy and Procedure



Sexual autonomy

No sexual autonomy

- Others make **all** decisions on individuals behalf

Limited sexual autonomy

- Limited friend network
- Basic physiological sex education

Good sexual autonomy

- Age appropriate support
- Support to engage with other professionals
- Access contraception, sex aids, sex education
- Proactive support to form relationships
- Physical adaptations
- Person centred Support

Full sexual autonomy

Defining Sexual challenging behaviour

- Culturally abnormal
- Jeopardy of physical safety (self/
others)
- Deny community access

Emerson 1995

Lockhart (2009)

- Inappropriate (by nature of behaviour)
- Setting
- Self directed or at others
- Non consensual
- Interfere with normal activity

Bishop 2016 (??)

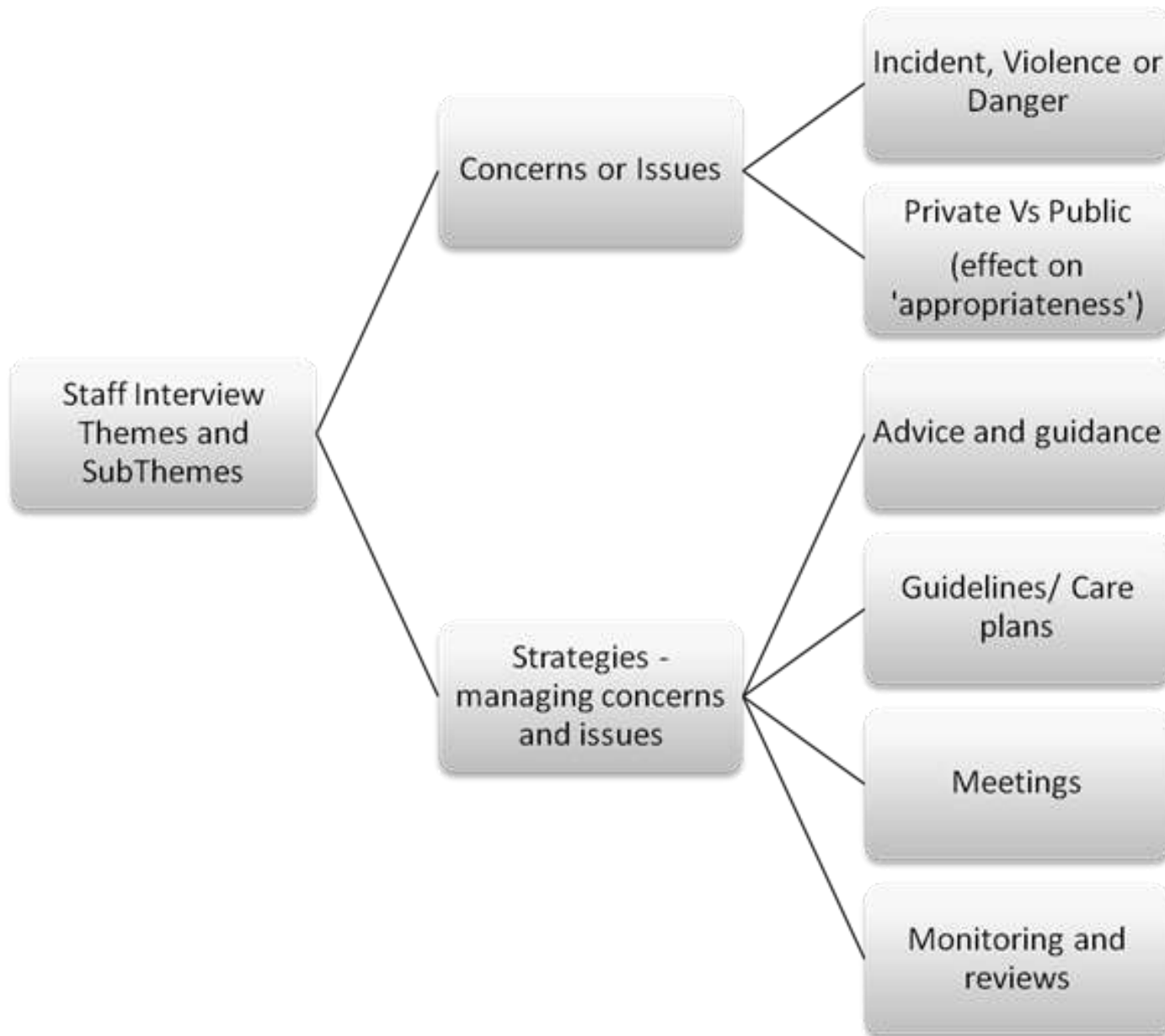
Sexualised Challenging Behaviour: The behaviour is categorised as challenging where it is divergent from the parameters of the homogenous in-group due to the frequency, duration, intensity or topography of the socially identified behaviour. The behaviour is classified as challenging where it fulfils one or more of the DSM F65.0 to F65.9 criteria.

Sexually challenging behaviour is an adaptive response between the individual and their environment. The function of this behaviour is to gain sexual pleasure and can include (but is not limited to) masturbation, paraphilia and fetishisms, oral, anal or vaginal intercourse, verbal or physical acts of aggression, inappropriate communication or topics, inappropriate encroachment within boundaries of personal space where intent is to gain gratification and not specifically seeking power or control over others.

Sexualised challenging behaviour includes any behaviour that limits access to ordinary community facilities or the ability of the individual to engage in 'ordinary' daily living tasks, the challenging behaviour may be independent of the setting but achieves a functional outcome meaningful, reinforcing and rewarding to the individual. Behaviour is challenging where objectification of the second party occurs, it is harmful to self or others; physically, spiritually or psychologically.'

Results

- 50% knew of a sexuality Policy
- 88.5% knew location of policy
- 92% felt comfortable raising the topic of sexuality
- 71.2% did not feel sufficiently trained
- 96.2% had a contact for advice (mainly line manager 92.3%)



Results - Policy and Procedure (Katrack and Fanstone, 2003; p. 34)



Conclusions

- Combined formal and informal staff training
- Support Sexuality within a PBS & QoL framework.
- The focus on sexual autonomy must be closely matched with staff awareness of risk indicators
- Revise and distribute company policy
- Nominate appointed person for best practice advice / signposting resource



Sex is like math:

You add the bed, subtract the clothes and pray you don't multiply



Thank you

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