

# Empowering Care: Developing Staff Competence in Managing Sexually Disinhibited Behaviour Following Acquired Brain Injury

H.J Swanepoel, C. Barber, M. Devlin, A. Apata, A. Ahmed, I. Ijaz  
Cygnet Brunel, Neuropsychiatric Service, Bristol

RCPsych 20th Year Autumn Academic Conference Cardiff, Wales 14th November, 2025.

## Introduction

Sexually disinhibited behaviour is a recognised challenge in the rehabilitation of male patients with Acquired Brain Injury (ABI). Such behaviours, ranging from inappropriate sexual comments to public masturbation or unwanted touching, often arise due to impaired impulse control, poor self-awareness, and executive dysfunction following neurological damage. These behaviours can distress staff and patients alike, compromise safety, and undermine therapeutic engagement within neuropsychiatric hospital settings.

## Interventions

The Psychology Team at Cygnet Brunel, a 32-bed neuropsychiatric service for adult males, identified a need for staff training and developed a structured module to support the management of sexually disinhibited behaviour among brain-injured inpatients.

### The classroom-based training aimed to:

1. Educate staff on what disinhibited behaviour is;
2. Enhance understanding of the neurological and psychological underpinnings of sexual disinhibition;
3. Promote consistent, person-centred and ethical management strategies;
4. Strengthen communication, de-escalation, and boundary-setting skills;
5. Address patients' sexual needs safely and therapeutically.

Training content was informed by established frameworks, including the Acquired Brain Injury Outreach Service (ABIOS, 2017) and Headway UK (2022) guidelines, and delivered through interactive teaching and case-based discussions emphasising communication skills, clear behavioural boundaries, environmental management, feedback, and supervision. Staff were trained to respond to disinhibited behaviour us-

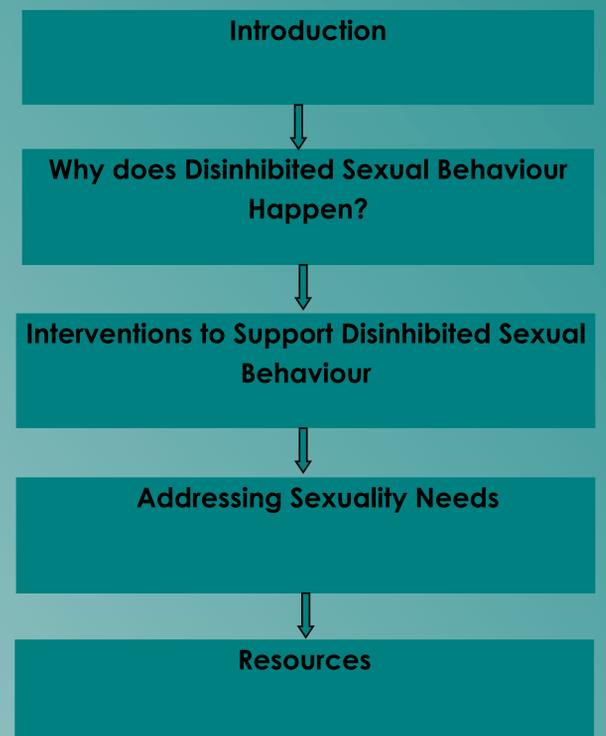
## Outcomes

Behavioural outcomes were monitored using Antecedent–Behaviour–Consequence (ABC) charts over a six-month period before and after training implementation. Results demonstrated a notable reduction in both the frequency and severity of sexually disinhibited incidents across the wards. Staff reported increased confidence and consistency in managing such behaviours, alongside reduced distress and burnout when confronted with challenging situations. Staff were further supported through individual or group debriefs, which may have contributed to these positive findings.

## Limitations

This evaluation was limited by its single-site design, modest sample size, and reliance on self-reported outcomes without formal statistical analysis. Future research should involve larger, multi-centre studies with longer follow-up and objective behavioural metrics to confirm the sustainability and generalisability of these findings.

## DIAGRAM OF MODULES



## Conclusion

Targeted training equips neuropsychiatric staff with the practical and psychological tools necessary to manage sexually disinhibited behaviours effectively and empathetically. This promotes safe, respectful, and therapeutic environments, while empowering staff to uphold patient dignity, maintain professional boundaries, and support positive rehabilitation

## References

Disinhibited and Inappropriate Sexual Behaviours. (n.d.). Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0031/390577/disinhib\\_behav\\_fsw.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0031/390577/disinhib_behav_fsw.pdf).



ACCREDITATION



GOOD



OUTSTANDING



QQQ