

# The use of the SASBA in the Assessment of Inappropriate Sexual Behaviour in Neurological Impairment

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MANAGING **CHALLENGING BEHAVIOURS** IN OLDER PEOPLE WITH COGNITIVE IMPAIRMENT

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# Structure of Presentation

- ❖ The context for the creation of a recording tool of Inappropriate Sexual Behaviour (ISB)
- ❖ Brief discussion about the research and development work undertaken to construct SASBA
- ❖ The SASBA tool
- ❖ Preliminary SASBA Field Data with Older People
- ❖ Issues for consideration



# Why was SASBA developed?

- ❖ Inappropriate Sexual Behaviour (ISB) is a frequent reason for referral to St Andrew's Healthcare
- ❖ Significant consequences for individual and those around them
- ❖ Often overlooked in comparison to other forms of challenging behaviour
- ❖ Tool to work in partnership with the Overt Aggression Scale - Modified for Neurorehabilitation (OAS-MNR)

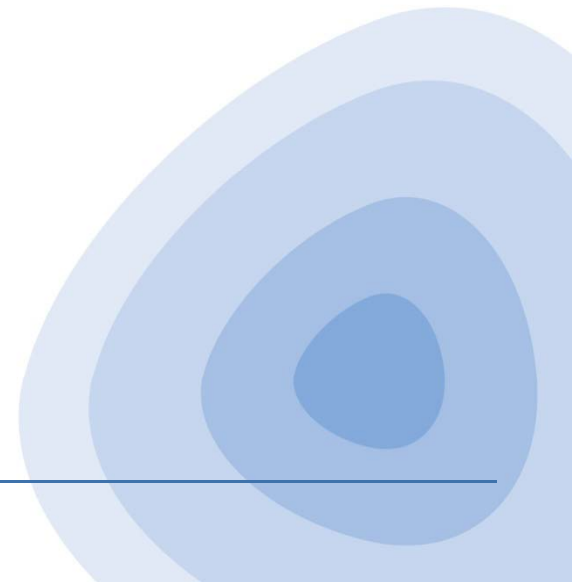


# Challenges of dealing with ISB

- ❖ Limited published research
  - Johnson, Knight & Alderman (2006) Brain Injury: 20(7)
- ❖ Inconsistent terminology & definition
  - Confusing mix of terminology and subjectivity
  - For example
    - " True sexually inappropriate behaviour consists of overt acts with a sexual meaning"*
    - (Zeiss et al, 1996)

## Our attempt!

*"Inappropriate Sexual Behaviour is any verbal or physical act of an explicit or perceived sexual nature which is unacceptable within the social context in which it is carried out."*



### 3. Lack of formal measurement & reporting tools

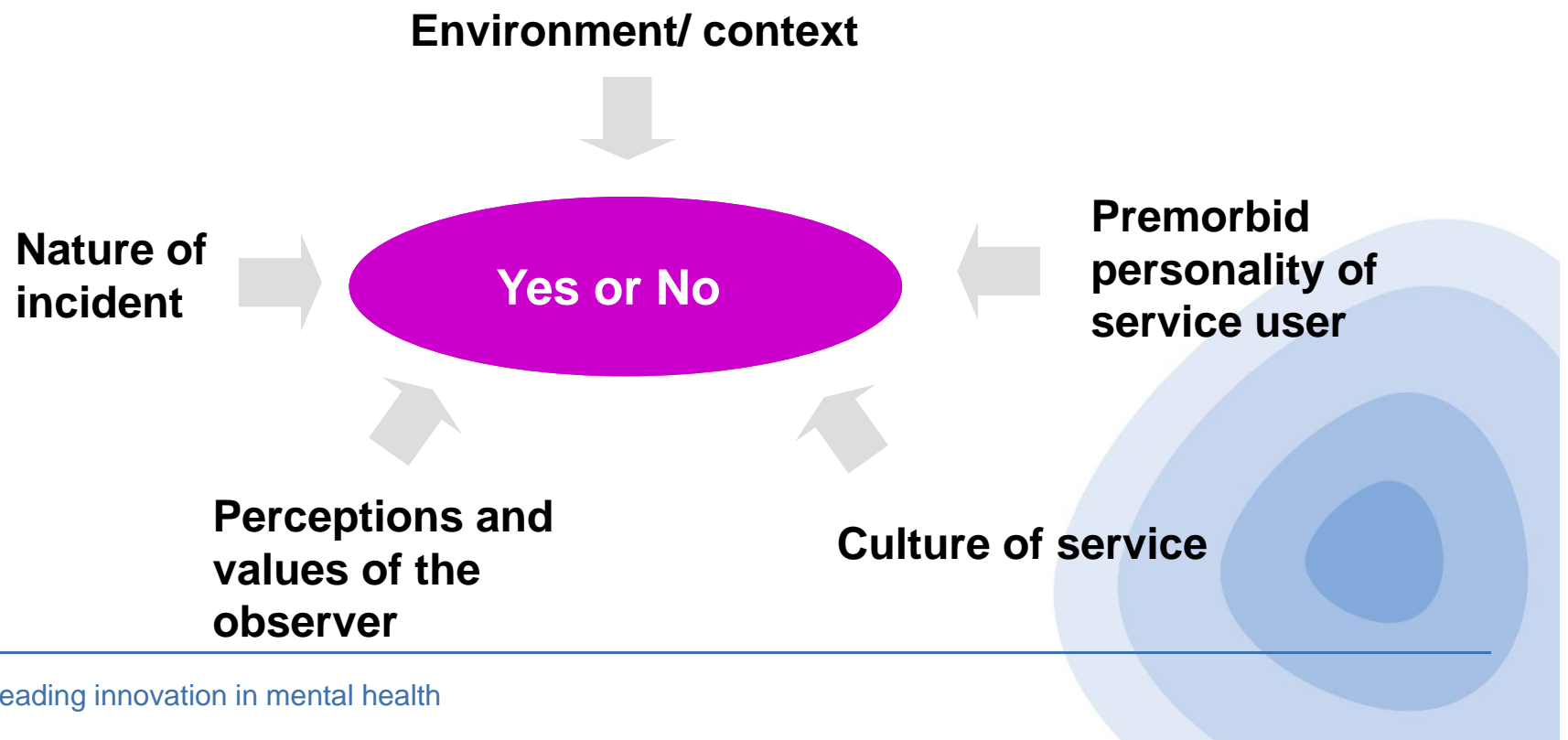
- Previously no specific measures though elements of ISB in other scales (RAS; CMAI; OBS; Sexual Aggression add on to OAS-MNR)
- Implications for risk assessment and care planning
- Prevents detailed research

### 4. Stigma surrounding sexuality

- Staff may have "negative social stereotypes" re: sex and sexuality re: service users (i.e. asexual) (Ducharme & Gill, 1990)
- Can lead to "overreactions" to incidents or conversely unwillingness to record or address ISB
- Subjective nature of "what is inappropriate" left to individuals

## 5. The question of "intent"

- Need to separate the **WHAT** from the **WHY** to have confident reporting and analysis
- *"Did they really mean it like that?"*
- Factors which may influence this judgement:



# The St Andrew's Sexual Behaviour Assessment (SASBA) Scale

**Knight et al., (2008) Neuropsychological Rehabilitation: 18(2)**

# The Five Stages

1. Identify types of ISB, levels of severity and appropriate behavioural descriptors
2. Validate severity of both different types of ISB (relative to one another) and items within each category
3. Determine inter-rater reliability of the new scale - that is, the degree of agreement among raters using SASBA when recording information about the same event
4. Determine test-retest reliability - that is, the consistency of ratings regarding the same event captured on different occasion
5. Gather some preliminary field data to help validate predicted benefits of SASBA

# Stage 1 – Generation of ISB Items

- ❖ Incidents of ISB identified and described
- ❖ Questionnaire sent to all clinical staff in Acquired Brain Injury and Older People's services
- ❖ Asked to describe in writing up to 3 examples of ISB personally encountered using series of prompts:
  - ✓ *"Where did the event take place?"*
  - ✓ *"What was happening just before the behaviour occurred?"*
  - ✓ *"What inappropriate sexual behaviour did you see?"*
  - ✓ *"What happened just after the behaviour?"*
  - ✓ *"Are there any factors which you think may have influenced the patient's behaviour which you haven't already described?"*

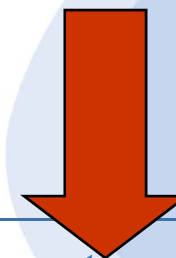
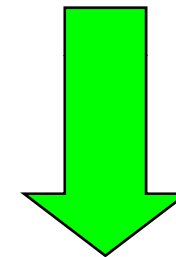
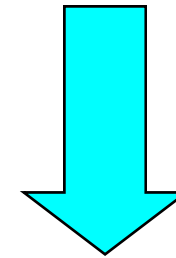
# 1. SASBA BEHAVIOUR CATEGORIES

	Verbal Comments <b>VC</b>	Non Contact Behaviour <b>NC</b>	Exposure <b>E</b>	Touching Others <b>TO</b>	
<b>1</b>	<i>Intimate personal comments of mild severity, e.g. "Have you got a girlfriend?", "I love you", "You're gorgeous"</i>	<i>Blowing kisses, kissing self or staring at another persons groin, female breasts or buttocks, or makes obscene gesture</i>	<i>Appears unaware that is exposing genitals, female breasts or buttocks in a public setting</i>	<i>Touches for a prolonged period (excess of 2 seconds) or strokes another person – does not include groin, female breasts or buttocks</i>	<b>1</b>
<b>2</b>	<i>Comments of a sexual nature, clearly not person directed, e.g. "I've got a big dick"</i>	<i>Touches own groin, female breasts or buttocks over or under clothes (no exposure)</i>	<i>Wearing no clothes in a public setting, clearly not person directed</i>	<i>Kissing another person</i>	<b>2</b>
<b>3</b>	<i>Descriptions of another persons groin, female breasts or buttocks clearly directed to another person e.g. "You have a nice bottom", "She's got lovely breasts"</i>	<i>Masturbates in a non shared setting where staff are present (e.g. begins when staff enter bedroom or in bath)</i>	<i>Intentionally exposes genitals, female breasts or buttocks to another person (appears to be a deliberate premeditated behaviour)</i>	<i>Lifting skirts, pinching or touching buttocks, sitting on other's knee</i>	<b>3</b>
<b>4</b>	<i>Explicit accounts of sexual intent, requests or activity e.g. "Show me your knickers", "I want to shag you"</i>	<i>Masturbates without genitals being exposed in a public setting, including ward shared areas (e.g. dining room)</i>	<i>Masturbates with genitals being clearly exposed in a public setting, including ward shared areas (e.g. patient's lounge)</i>	<i>Touching others groin, female breasts, or rubbing own genitals or female's breast against another person</i>	<b>4</b>

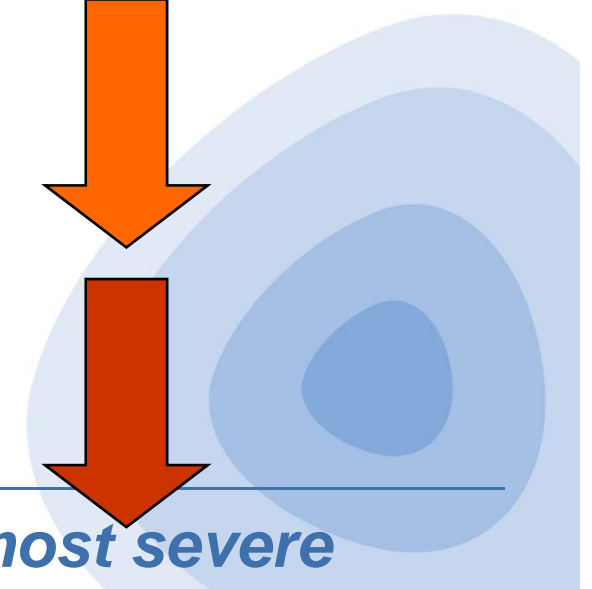
# Stage 2 – Validate Severity Order

ISB Categories		Mean Severity Rankings
Verbal Comments	VC1	1.25
	VC2	2.23
	VC3	2.62
	VC4	3.90
Non- Contact	NC1	1.53
	NC2	2.00
	NC3	2.99
	NC4	3.49
Exposure	E1	1.43
	E2	1.70
	E3	3.05
	E4	3.85
Touching Others	TO1	1.63
	TO2	1.80
	TO3	2.65
	TO4	3.92

*least severe*



*most severe*



# Stage 3 – Determine Inter-rater Reliability

Extent to which different observers record the same event in the same way on SASBA

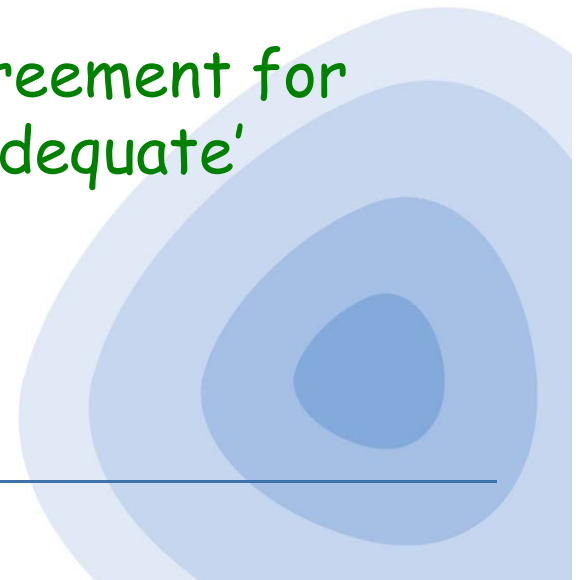
- ❖ 25 staff rated written descriptions of ISB
- ❖ 3 clinicians rated video enactments of ISB acted out by staff
- ❖ 'moderate' to 'almost perfect' agreement achieved on measures of inter-rater reliability



# Stage 4 – Determine Test-retest Reliability

Similarity of recordings made by same observers about the same events at two different times

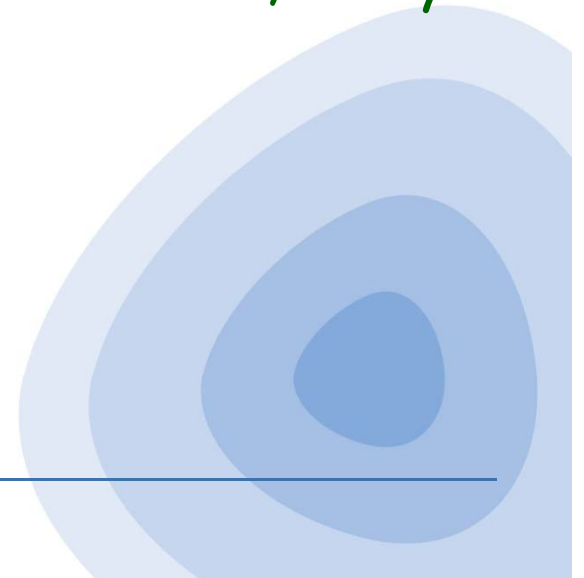
- ❖ same 3 observers made SASBA recordings about the 12 video re-enactments 4 weeks later
- ❖ Only slight difference in ratings and agreement for categories remained static, indicating 'adequate' test-retest reliability



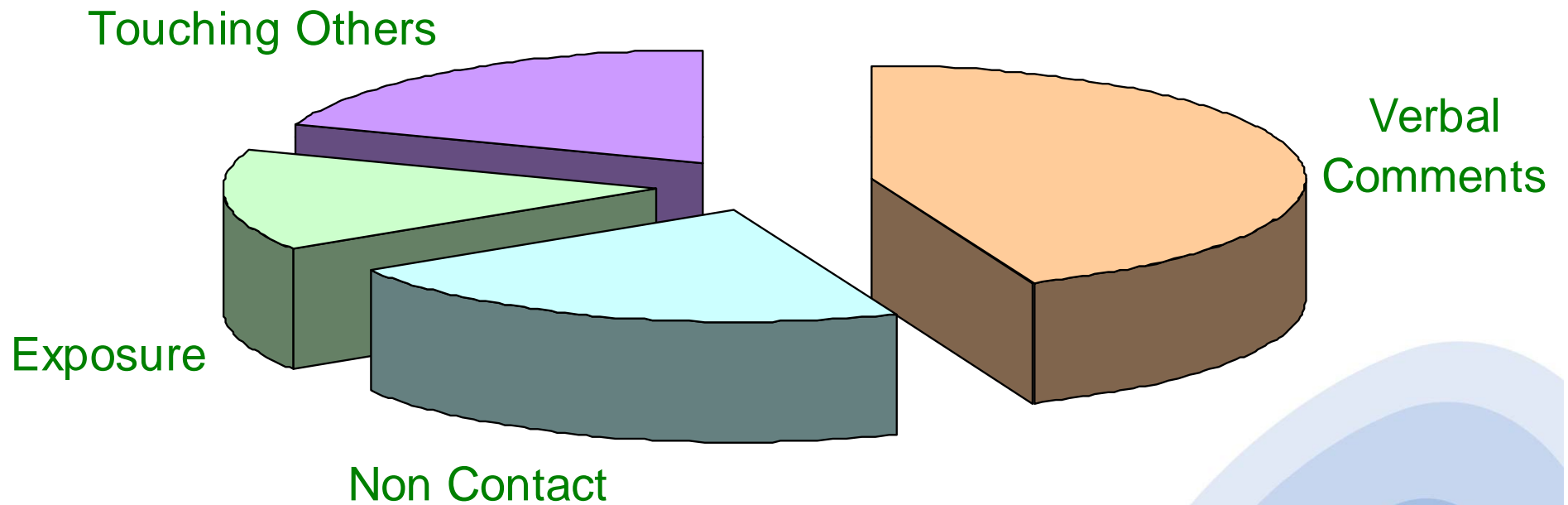
# Preliminary SASBA Field Data with Older People

# What we did: Procedure

- ❖ Continuous observational data concerning all ISB across all wards during a 3-month period was recorded on the SASBA
- ❖ For each separate incident data was collected concerning:
  - Setting event: Time of day, structured session, noisy environment, epileptic activity
  - Antecedent (directly before)
  - Type of ISB
  - Severity of ISB
  - Intervention used by staff



# What type of ISB happened most often?

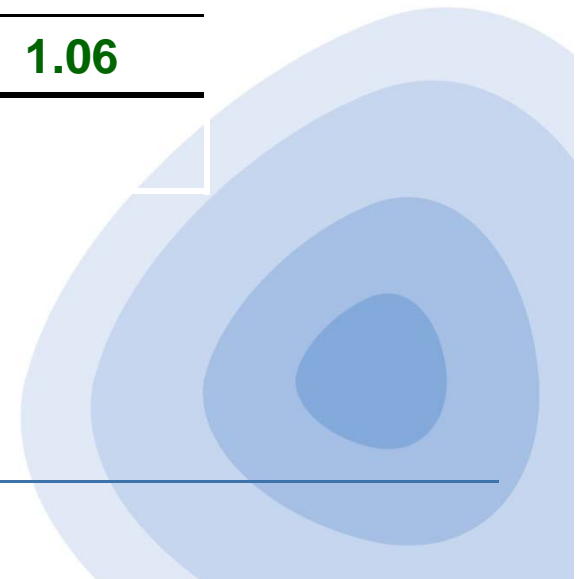


# What type of ISB: frequency?

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	Frequency	Percentage	SD
<i>Verbal comments</i>	<b>99</b>	<b>44</b>	<b>0.969</b>
<i>Non-contact</i>	<b>49</b>	<b>21.8</b>	<b>0.522</b>
<i>Exposure</i>	<b>33</b>	<b>14.7</b>	<b>1.00</b>
<i>Touching others</i>	<b>44</b>	<b>19.6</b>	<b>1.06</b>
<b><i>Total</i></b>	<b>225</b>		

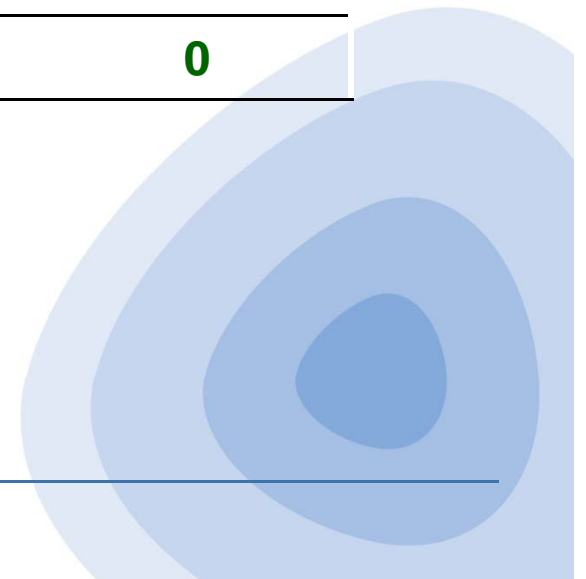
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# What typically happened before?

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	Frequency	Percentage
<b><i>Contributing factors</i></b>		
Structured activity	<b>66</b>	<b>29.3</b>
Noisy environment	<b>9</b>	<b>4.0</b>
Epileptic fit in last 24 hours	<b>0</b>	<b>0</b>



# What typically happened before?

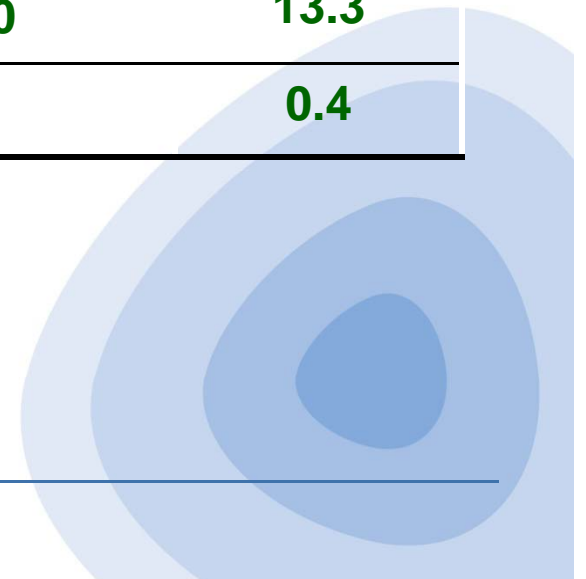
	Frequency	Percentage
<b><i>Observed directly before ISB</i></b>		
No obvious antecedent	130	57.8
Other verbal interaction	46	20.4
Direct verbal prompt to comply with instruction	10	4.4
Physical guidance/facilitation	8	3.6
Given verbal/visual feedback	8	3.6
Other	7	3.1
Agitated or distressed	6	2.7
Behaviour downplayed	6	2.7
Given verbal guidance/advice	3	1.3
Response to other patient entering personal space	1	0.4

# What time of day?

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	Frequency	Percentage
Morning (06:01-12:00)	<b>89</b>	<b>39.6</b>
Afternoon (12:01-18:00)	<b>105</b>	<b>46.7</b>
Evening (18.01-23.00)	<b>30</b>	<b>13.3</b>
Overnight (23:01-06:00)	<b>1</b>	<b>0.4</b>

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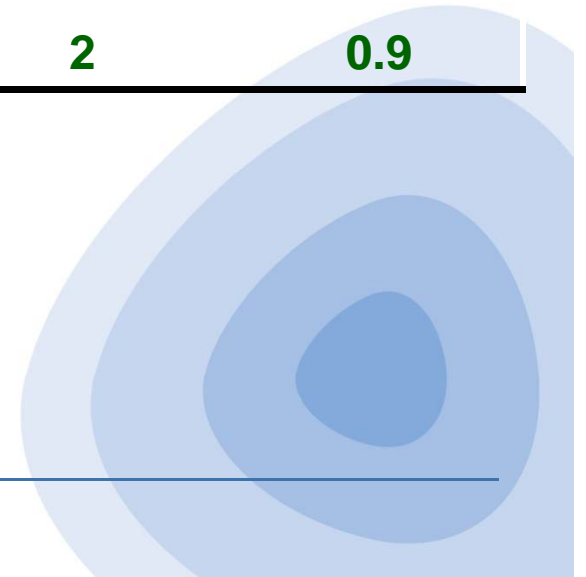


# How did staff respond to the ISB?

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	Frequency	Percentage
Talking to patient	<b>102</b>	<b>45.3</b>
ISB ignored/played down (TOOTS)	<b>89</b>	<b>39.6</b>
Closer observation	<b>19</b>	<b>8.4</b>
Holding patient (physical restraint)	<b>9</b>	<b>4.0</b>
Physical distraction (leading patient away)	<b>4</b>	<b>1.8</b>
Other	<b>2</b>	<b>0.9</b>

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# Issues for Consideration

- ❖ SASBA should be only be implemented alongside a training programme
- ❖ SASBA is only part of the way to addressing concerns about ISB
  - Policy and procedure
  - Wider education for staff re sexuality and their patient group
  - Clear ward rules
  - Clear management structures
  - Questions and Discussion regarding ISB



## SASBA – Why Use It?

- ❖ Good convergent, face and content validity
- ❖ Good inter-rater reliability
- ❖ Stable across time (good test-retest reliability)
- ❖ Objective recording of behavioural events
- ❖ Facilitate cultural change through common language
- ❖ Role in clinical work, research, service evaluation & audit

For more benefits, information, examples and latest news about SASBA visit

[www.stah.org/sasba](http://www.stah.org/sasba)

The screenshot shows the SASBA website homepage. At the top, there is a navigation bar with the SASBA logo and text: 'SEXUAL BEHAVIOUR ASSESSMENT DEVELOPED BY ST ANDREW'S HEALTHCARE'. To the right of the logo are three links: 'Make a referral 0800 434 6690', 'Download referral form', 'Contact Us', and 'Register for updates'. Below the navigation bar is a sidebar with a menu: 'HOME', 'THE SASBA SCALE', 'RESEARCH BACKGROUND', 'BENEFITS OF SASBA', 'CASE STUDY', and 'AUTHORS OF SASBA'. The main content area features a large image of St Andrew's Hospital. Below the image is a section titled 'SASBA' with the subtitle 'A Universal Language in the Assessment of Inappropriate Sexual Behaviour' and a link 'Click here for the main St Andrew's website >'. To the right of the image are three featured sections: 'Downloadable SASBA® Scale', 'Featured News Story' (with text about the scale's publication in the journal 'Neuropsychological Rehabilitation' and interest from Canada and Australia), and 'Featured Case Study' (with text about an 'Acquired Brain Injury Case Study' and a 'Read More' link). At the bottom, there are two columns: 'Introduction' and 'Testimonial'. The 'Introduction' column contains text about inappropriate sexual behaviour (ISB) and its consequences, and the 'Testimonial' column contains a quote from St Andrew's about their mission and the spread of good practice.



**St Andrew's**  
HEALTHCARE

# Thank you

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