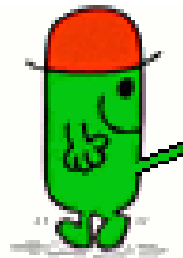


# HORNY BOYS

**MR. HORNY**

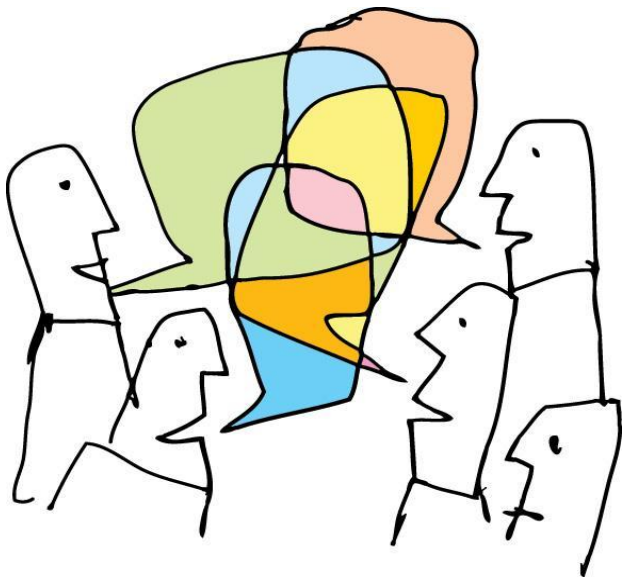


Anne Mathieson  
Clinical Psychologist  
Mental Health Intellectual Disability Team

# What am I going to talk about today?

- Who are horny boys?
- Normal or deviant?
- What is normal?
- Possible explanations
- Responses to horny boys

Where did the idea of this presentation come from?



# Mr Superhero



- 22 years old
- HCN residential placement
- Schooling – special needs unit and Hogben
- Work – unpaid in local packing firm
- Self reported high sex drive
- Daily masturbation
- Accesses porn movies
- Inserts objects in anus to orgasm quickly
- Reports having sex with bath taps and vacuum cleaner
- Past hx of sexual play with boy at Hogben
- High levels of anxiety
- Wants to be normal and have a girlfriend
- “It sucks being me”

# Concerns ,Thoughts and Questions

- Is there really an issue here?
- Are “horny boys” just living in Capital Coast area or are they found in other parts of NZ?
- Is frequent masturbation normal?
- What is normal anyway?
- Does it mean the person is deviant or a risk to others?
- Are we in danger of pathologising what might be part of normal adolescent sexual development for young people with intellectual disability?
- How do we contribute to the “problem”?

# “Normal” masturbation

- Kinsey (1948) – 88% of adult males reported having masturbated by age 16 years, 95% by age 25 years.
- Robbins et al (2010). 73.8% of 14-17yr old males reported having masturbated. Frequency increased with age.
- Gerressu et al (2008). British National Survey of Sexual Attitudes and Lifestyle. 95% of adult males reported having masturbated at least once in their lives. 51.7% reported having masturbated in previous 7 days. Relationship with sexual experience – higher prevalence of masturbation associated with lower frequency of sexual occasions.

# “Normal” masturbation cont.

Das, Parish & Laumann (2009). Chinese men aged 20-60.

Overall prevalence – 45% reported ever having masturbated

Younger men (20-29yrs) – 67% reported ever having masturbated

Frequency

- 12% several times a week
- 11% several times a month
- 35% several times a year
- 42% never

Comparison to US and Finland (prevalence in past year)

	China	US	Finland
Among all men	35%	61%	59%
Young men	57%	63%	72%

# Closer to home

- Smith, Rosenthal & Reichler (1996)  
Australian adolescent males  
50% of 15 yr olds had ever masturbated  
67% of 17 yr olds had ever masturbated  
Frequency in previous month  
39.1% infrequent (never, or 1-2 x month)  
22.7% occasional (1-2 x week)  
38.2% frequent (more than 3 x week)
- Informal survey of NZ adolescent males (16-20 yrs)  
Frequency – several times a week. Daily masturbation common.  
Affected by contextual factors. Frequency reduced with increase in sexual experiences with others.

MASTURBATING  
IS NOT A  
CRIME



# Masturbation in People with Intellectual Disability

- Isler et al (2009)  
55.2% adolescent males with ID reported ever having masturbated.
- Lockhart et al (2010)  
Just over 50% of adults with intellectual disability reported current masturbation.

So far,  
so normal?



So why are people making such a big fuss?



# Frequency of Masturbation

- McCabe (1999)

Frequency	ID	PD	GP
Almost never 44.9%	55.3%	36.5%	
Once a month 20.6%	12.2%	19.2%	
Once a week 27.1%	14.6%	23.1%	
Daily	12.2%	17.3%	7.5%
More than daily	2.4%	3.8%	0

# Sexually Inappropriate Masturbation

Hingsburger (1994) suggests that masturbation is inappropriate if it:

- occurs in the wrong time or place
- causes injury to the genitalia
- is done so frequently that it interferes with regular activities
- occurs almost constantly

Additional criteria could include:

- when it causes distress for others (hygiene problems, using objects such as stolen underwear, making excessive noise)
- When it causes distress for the person (frustration due to inability to reach orgasm, extreme feelings of guilt)

# Why?



- Why do people with intellectual disability present with inappropriate masturbation?
- Why do people with intellectual disability seem to engage in daily masturbation at a greater frequency than in the general population?



**Lack of social skills**

**Media.  
Expectations**

**Medication**

**Brain development**

**Deviance**

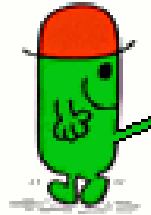
**Lack of stimulation/boredom**

**Family background**

**Hormones**

**Lack of social  
opportunities**

**MR. HORNY**



**Mental state – stress, anxiety,  
depression**

**Attitudes of others**

**Greater dependence on others**

**Childhood sexual experience**

**Anger/Frustration**

**Lack of privacy**

**Stigma.  
Awareness of  
difference**

**Limited access to  
comprehensive  
sexuality education**



# Attitudes of Others



## Historical perspective

- Individuals with intellectual disability were considered child-like, asexual and in need of protection. “Holy innocents” or “eternal children”. *Or*
- They were considered to be sexually threatening, promiscuous, to have uncontrollable urges, or to be “over-sexed”.

# Attitudes cont.

“sexual expression is not a problem for people with cognitive disabilities – but for those who work with them”

# Attitudes/Responses of Professionals

Marshall et al (1999)

Therapists can unintentionally obtain information that fits preconceived beliefs and patients can report information that conforms to expectations that may be unstated – expectations of a treatment culture.



# Expectations and Needs

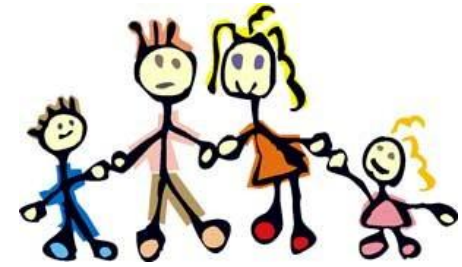


- Transition to sex is a developmental process in which an individual is abstinent, then goes through a period of becoming “ready” (need for curiosity and exploration related to sex), and then transitions to a first sexual experience.
- Adolescents with intellectual disability have the same needs and desires as their peers in the general population. They want to be normal. But seem to be “stuck” at the “ready” stage.
- ? Masturbation as a substitute for partnered sex

# Education, Skills and Opportunities

- Possible lack of access to appropriate sex education programmes for young people with intellectual disability.
- Social development experiential, and young men with intellectual disability may have fewer opportunities for social interactions than their typically developing peers.
- Leads to fewer opportunities to learn social skills, social norms and appropriate behaviours.

# Family Background



- Adolescent development occurs within a broad family and social context
- Being brought up in families where sexual boundaries are loose and unclear or where they may be victims of sexual abuse may impact negatively on an adolescent's understanding of social norms, personal boundaries, and relationships.

# Lack of Stimulation



- Many adolescents with intellectual disability lead narrow lives. Not only are their social opportunities limited but so are their employment and recreational opportunities.
- They may not have enough to do and may be bored
- ? Masturbation as a response to lack of external stimulation



# Mood/Emotions



- Social isolation can lead to loneliness
- Lack of skills and opportunities can result in anxiety and depression
- Wanting to be normal and being aware of being “different” can lead to anger and frustration
- ? Masturbation as emotional regulation.
- Masturbation feels good – self-soothing.

# Multiple Functions of Masturbation

- Compensation for partnered sexual experience
- Release sexual tension
- Obtain physical pleasure
- Relaxation
- Get to sleep
- Reduce anger
- Relieve boredom
- Reduce anxiety
- Response to lack of external stimulation
- Depression
- Genital discomfort
- Effects of medication
- Pain

**Lack of social skills**

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Expectations**

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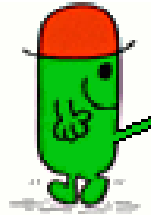
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# Recommendations

- Don't make assumptions
- Remember that masturbation (even on a daily basis) is normal
- Investigate – what purpose is this behaviour serving, why is it occurring?
- Target interventions at the underlying factors.
- Sexuality education and providing opportunities for social learning and appropriate sexual expression should be a higher priority for service delivery.
- **RESEARCH!**

