EXPRESSING SEXUALITY IN RESIDENTIAL DEMENTIA CARE

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Outline

• Perceptions and attitudes to older people and sex.
• Defining intimacy, sexuality and their significance for well being.
• Barriers to expression of sexuality in residential care.
• Challenges when dealing with sexually explicit behaviour.
• Consent and capacity to engage in sexual acts.
• Supporting families.
• LGBT people with dementia.
• Guidance for good practice.
• Promoting moments of intimacy in everyday life.
• Challenging our attitudes.

Perceptions and attitudes to older people and sex

• A literature review of public perceptions of older people revealed that:
  • Older people are often viewed as asexual especially women.
  • Any sexual behaviour in older people is generally perceived negatively and is
described as unacceptable by the public. (Kane 2006).
  • Students in 20% of cases sketched older people without clearly defining gender,
explanation was that they viewed them as sexless; lacking sexual desire, interest,
ability and activity (Barrett and Cantwell 2007).
  • This contrasts with the reality that while sexual activity may decline as people age
sexual interest often still remains. (Allen et al 2009)(NCPOP 2009)

How we comfortably view older people and intimacy

Typical images of how people as sexual beings are displayed in the media

Older people and sex!!!
Older people as still sexually active people

Benefits for well being

Defining Intimacy, Sexuality and their significance for well being

- Intimacy refers to the feeling of being in a close personal relationship. (Doll 2012)
- Intimacy can be experienced on an emotional as well as physical level.
- Intimacy encompasses the sensory caring touch, giving and receiving loving warmth and affection, sharing feelings. (Alzheimer’s Australia 2008)

- Sexuality is described as
  - sexual character; possession of the structural and functional traits of sex.
  - recognition of or emphasis upon sexual matters.
  - involvement in sexual activity.
  - an organism’s preparedness for engaging in sexual activity. (Webster’s College Dictionary 2010)

- It is how people experience or express themselves as sexual beings. (Doll 2012)

Barriers to the Expression of Sexuality in Long Term Care

- For older people
  - Attitudes, myths and stereotypes surrounding sexuality and ageing.
  - Loss of a partner and limited opportunities to form new relationships.
  - Ill health or disability.
  - Common health problems such as incontinence which affect everyday functioning and intimate relationships.
  - Loss of independence.
  - Lack of privacy.

- For staff
  - Inadequate training or education in sexuality or sexual health.
  - A lack of relevant experience.
  - Personal or religious beliefs about sexuality, including when people should or should not be sexually active.
  - The culture of the home or care environment, its care regimes, or the style of management may not regard sexuality issues as either important or appropriate to address.
  - Embarrassment or lack of confidence that prevent staff raising the issue.
  - Fear they might offend an older person. (RCN 2013)

• Pleasure
• Communication
• Mutual tenderness
• Passion
• Increased Self esteem
• Confidence
• Feeling attractive
Consent and capacity to engage in sexual acts

- Support the person.
- Support families.
- Support staff.
- Risk assessment.
- "Service providers and their staff should not intrude into the privacy of people using their service, unless it is warranted to keep people safe." (HIQA 2013)

Challenges when dealing with sexually explicit behaviour

- Fondling/ grabbing staff when attending to personal care.
- Masturbating in public.
- Undressing or being naked in public.
- Using sexually explicit language.
- Unwanted advances or displays of affection to other residents.

Risk assessment tool

- Intimacy and Sexuality in Long-Term Care
- A guide to practice: resource tools for assessment, response and documentation
- Deborah Steele
- May 2013
- Lanark, Leeds and Grenville Long-Term Care Working Group
- Intimacy and sexuality Practice guidelines in LTC in Lanark, Leeds and Grenville: Draft #2

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Level 1

- Behaviour
  - Intimacy/Courship
  - Kissing, hugging, handholding, fondling, cuddling (not inclusive)
  - Consensual (implies awareness of actions)
- Risk
  - No risk associated with this behaviour, if both persons consenting.
  - Overall goal of staff response is to provide socially appropriate context for relationship that offers comfort and reassurance.

Level 2

- Behaviour
  - Verbal Sexual Talk
  - Flirting, suggestive language, sexually laden language
  - Non aggressive or threatening
- Risk
  - Low level of risk associated with this behaviour.
  - This behaviour may cause discomfort and reaction when directed toward staff, often occurring during personal care.
**Level 3**

**Behaviour**
- Self-directed sexual behaviours
- Masturbating
- Exposing oneself

**Risk**
- Low level of risk.
- Rule out a physical cause/discomfort
- Does the resident engage in this behaviour in the presence of others?
- How does this affect others?
- The act is not inappropriate rather the environment may be socially inappropriate when needs for privacy are not met.

**Level 4**

**Behaviour**
- Physical Sexual Behaviours
- Directed towards co-resident(s) with agreement
- Directed to resident by companion/spouse/partner with agreement
- Risk immediately increases when sexual expression involves a partner

**Risk**
- Moderate level of risk associated with this behaviour.
- In early dementia the capacity to make decisions regarding their needs and intimate relationships with sexual activity is retained (Post, 2000).
- The staff must be vigilant about observing the resident for any signs of sexual overtures that are unwanted.
- Does resident present as distressed, upset, worried, anxious or exhibit any behaviors that concern you? If so “no” to indicate/refuse/acceptance.
- Does the history indicate difficulties past in relationships?
- If the resident is distressed or non-consenting move to Level 5

**Level 5**

**Behaviour**
- Non-consensual, overt physical sexual behaviours directed towards others that are a source of distress
- Aggressive or repeated sexual overtures that are unwanted and rejected by others in the environment

**Risk**
- A HIGH risk is associated with this series of behaviours.
- A resident may enter another’s personal space and clearly touch them in a way that is uncomfortable and unwanted for the person.
- The incidence of sexual inappropriate behaviours in persons with dementia is not low ranging from 2.6% to 8% (Harris & Weir, 1998).
- The response indicates the person is objecting and they should be treated as an unwanted intrusion of personal space.
- Is there any known history of Sexually Transmitted Infections?

**Supporting families**

- Start the conversation.
- Provide written information.
- Non-judgmental.
- Ongoing support.
- Discuss as a normal part of life.

**Lesbian, Gay, Bisexual, Transgender people with dementia**

- Friend/caregiver/partner?
- Sensitivity/discussion.
- Equality.
- Repressed feelings now being displayed.
- Unable to distinguish male and female.

**Guidance for best practice**

- Australian Centre for Aged Care (2015) Sexuality Assessment Tool (SexAT)
SEXUALITY ASSESSMENT TOOL (SexAT) for residential aged care facilities

- 1. Facility Policies
- 2. Determining the Needs of the Older Person
- 3. Staff Education and Training
- 4. Information and Support for Older People
- 5. Information and Support for Families
- 6. The Physical Environment
- 7. Safety and Risk Management.

(Australian Centre for Evidence Based Aged Care 2013)

Promoting moments of intimacy in everyday life

- Sitting holding hands
- Cuddling up to someone whilst reading, watching television.
- Caring for loving pets.
- Spending time and caring for young grandchildren who may be less threatening.
- Encouraging your partner or parent to touch you, if you feel comfortable with this.
- Participating in activities that involve touching.
- Using touch to praise and value someone.

(Sheard 2013)

Our attitudes……
Tolerant / accepting/ supporting?

- SCENARIO 1
  - Jill is a 75 year old woman with dementia.
  - Her husband Michael visits a few times a week.
  - They are very affectionate to each other, holding hands, kissing.
  - Jill recognises him and is the one who initiates this display of affection.
  - They have their visits in public areas and don’t spend any time in Jill’s bedroom.

- SCENARIO 2
  - Mary is a 65 year old single lady with dementia and Mark is a widowed 72 year old man with dementia.
  - Neither of them have any children but they have some nieces and nephews who visit.
  - They have been found on a few occasions laying on Mary’s bed and staff have generally separated them by taking Mark out for a cigarette.
  - Despite staff attempts to keep them apart they continue to spend a lot of time together.
  - Staff are worried about Mark and Mary’s ability to consent to any sexual activity.
  - Some staff has also said they feel uncomfortable about it.

- SCENARIO 3
  - Patrick is a 80 year old bachelor who has no cognitive impairment.
  - Sally is a 72 year old married lady with dementia.
  - They have become great companions, sitting together for meals.
  - Patrick likes to look out for her.
  - They love to watch TV at night when Sally will often rest her head on his shoulders.
  - Sally’s husband is a little sad by this development but also glad that Sally is not lonely.
  - Sally’s children have asked that staff keep them apart.

- SCENARIO 4
  - Bill, a single gentleman with dementia is often found holding hands and sitting with John, a married gentleman who also has dementia.
  - John’s wife visits everyday.
  - Both Bill and John are visibly upset if they are away from each other for a significant period.
  - They actively seek each other out and are often seen laughing together.
  - Lately staff have noticed them going to the quieter sitting room on the unit.
  - Today a member of staff noticed them kissing.
How to help meet sexual needs people with dementia in residential care

• Develop policy in your setting.
• Training for staff.
• Education and support for families.
• Continually reassess for signs of ill being/well being in the person with dementia…fluctuating capacity
• View sexual needs as important as physical, social, spiritual, psychological ones.
• Don’t impose your values.
• Don’t make assumptions.

What is real?
What you see?
What the person with dementia sees or feels?

We must accept and embrace the whole person that they are, including as a sexual being by assisting them to live all aspects of their life to the full.

References and Resources

• Public Perceptions of Older People and Ageing: A literature review. (2009) NCPOP National Centre for the Protection of Older People. UCD
• Bauer, M., Fetherstonhaugh, D., Ney, R., Taras, L. & Beattie, E (2013). Sexuality Assessment Tool (SexAT) for residential aged care facilities. (Available from the Australian Centre for Evidence Based Aged Care, La Trobe University, Melbourne VIC) (p.6)
• Doll G. (2012) Sexuality and Long Term Care: Understanding and supporting the needs of older adults. Maryland; Health Professors Press.
• Worrell D (2014) Sexuality and Dementia: Compassionate and practical strategies for dealing with unexpected or inappropriate behaviours. NewYork; McNaughton and Gunn.
• HOGA (2003) Guidance for Designated Centres Intimacy and Sexual Relationships (GDE6)