

EXPRESSING SEXUALITY IN RESIDENTIAL DEMENTIA CARE

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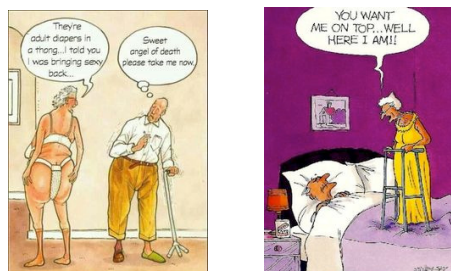
Typical images of how people as sexual beings are displayed in the media



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.

Older people and sex!!!



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 deemed 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



Older people as still sexually active people



Benefits for well being

- Pleasure
- Communication
- Mutual tenderness
- Passion
- Increased Self esteem
- Confidence
- Feeling attractive

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 sensuous caring touch, giving and receiving loving warmth and affection, sharing feelings. (Alzheimer's Australia 2008)

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 can affect everyday functioning and intimate relationships .
- Loss of independence.
- Lack of privacy.

- 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)

- 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)

Consent and capacity to engage in sexual acts

- Support the person.
 - Support families.
 - Support staff.
 - Risk assessment.
 - Monitor for signs of ill being or abuse.
 - "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)

Risk assessment tool

- Intimacy and Sexuality in Long-Term Care
- A guide to practice: resource tools for assessment, response and documentation
- Debora Steele
- May 2012
- Lanark, Leeds and Grenville Long-Term Care Working Group
- Intimacy and sexuality Practice guidelines in LTCHs in Lanark, Leeds and Grenville: Draft #21

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.

Level 1

Behaviour

- Intimacy/ Courtship
- 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.

- Provide privacy around masturbation...bring resident to their room.
- Avoid labelling/ judging people.
- Don't avoid / limit personal contact.
- Attend to the persons need for attention and affection in an appropriate way.
- Allocation of staff.
- Praise and encourage positive expressions of intimacy.
- Monitor your own response.
- Assess for any triggers for the behaviour which may be avoided.
- Support staff.
- Liaise with medical team if behaviour is aggressive and a risk to staff or others.

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.

Supporting families

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

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 basic needs and immediate gratification such as sexual activity is retained (Post, 2000).
- The staff must be vigilant about observing the resident(s) for any signs of sexual overtures that are unwelcome:
- Does resident present as distressed, upset, worried, anxious or exhibit any behavior eliciting concern?
- Do they have the ability to say "no" or indicate refusal and/or acceptance?
- Does their life story indicate difficulties past in relationships?
- If the resident is distressed or non-consenting move to Level 5

Lesbian, Gay, Bisexual, Transgender people with dementia

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

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 unwelcome and upsetting for the person. The incidence of sexual inappropriate behaviours in persons with dementia is very low ranging from 2.6%-8% (Harris & Weir, 1998).
- The response indicates the person is objecting and the staff view it as an unwanted invasion of personal space.
- Is there any known history of Sexually transmitted Infections?

Guidance for best practice

- Older people in care homes: sex, sexuality and intimate relationships. *An RCN discussion and guidance document for the nursing workforce*. RCN (2011) London.
- Guidance for Designated Centres Intimacy and Sexual Relationships (GDE6) HIQA November 2013.
- Australian Centred for aged based care (2013) 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)

• SCENARIO 2

- Mary is a 66 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 Marys 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 Marys ability to consent to any sexual activity.
- Some staff has also said they feel uncomfortable about it.

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)

• 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.

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 4

- Bill, a single gentleman with dementia is often found holding hands and sitting with John, a married gentleman who also has dementia.
- Johns 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.

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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

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