Birds & Bees of Dementia Sexuality

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Objectives

At the end of this session, participants will be able to…

- Have a better understanding of older adults sexuality
- Identify needs of an older adult
- Understand mental capacity
- Problem-solve sexual behaviors of the person with dementia.
- Be aware of sexual violence in later life.
- Be aware of the LGBT Issues in LTC

"The Last Taboo A guide to dementia, sexuality, intimacy, and sexual behavior in care homes?" ILC-UK, June 2011

"I have always thought of older people as being sexless."

"Touching and cuddling is ok, but I am not sure about anything else."

"Sex is for younger people."

"How do we know this is really what they want?"

"I just want to protect the residents and look after them. They are defenseless. How can they be expected to fend off the advances of some other residents?"

"I did not realize until now, but my reaction to men and women is quite different. When I see an older man with Dementia touching an older woman, I do tend to get angry, whereas towards the older woman with Dementia I feel quite protective and maternal towards them."

FACT

The need for human intimacy for most people lasts until the end of their life. (Kuhn, 2002)

FACT

The benefits of sexual expression and intimacy for older people with dementia are often overlooked- evidence suggests they enhance general health and wellbeing. (Kuhn, 2002)

FACT

“Very few care plans address the sexual needs of individual clients, despite the potential benefits to person-centered care of this aspect of care planning.” (Wallace, 2003)

Statistically Speaking…

- 3005 US Adults (1550 women 1455 men) 57-85 years of age.
- Sexual Activity declines with age.
  - 57-64=73% - 65-74=53% - 75-85=26%
- Women were significantly less sexually active then men.
- About 50% of both men & women report at least 1 bothersome sexual problem.
- Women & men who reported poor health were less likely to be sexually active.

NIH Public Access-N Engl J Med 8/23/07-*"A Study of Sexuality and Health among Older Adults in the U.S."*

Human Needs...Defined by Merriam-Webster

COMPANIONSHIP	INTIMACY	LOVE
The good feeling that comes from being with someone else.	An intimate quality or state: such as emotional warmth and closeness, a quality that suggests informal warmth or closeness, something that is very personal and private.	A feeling of strong or constant affection for a person, attraction that includes sexual desire, the strong affection felt by people who have a romantic relationship, a person you love in a romantic way, an expression of love and affection, a feeling of great interest, affection or enthusiasm for something, something about which a person feels great interest or enthusiasm.

...at any age

"Young love is about wanting to be happy. Old love is about wanting someone else to be happy"

Mary Pipher, Psychologist, Pioneering Change: "Sexuality in Nursing Home"

“Birds DO IT. Bees DO IT. And so do Grandmothers and Grandfathers.”

“Birds do it. Bees do it. So why shouldn’t grandparents do it?”
Matt Perry, CA Health Report, 12/26/12.

Challenges

- *"In fact, the aging with sex movement is targeting these highly regulated facilities as bastions of uptight Puritanical thought staffed by administrators and caregivers uncomfortable with sex—especially Granny sex."*

Gayle Appel Doll, director, Kansas State University's Center on Aging

- Lack of Privacy
- Staff Reactions
- Concern for Safety

Pre-Existing Relationships with Dementia

- May experience changes such as…
  - Awkward sequencing of sexual activity
  - Requests for activities not normally performed
  - Lack of consideration for sexual satisfaction or feelings of healthy partner.
- Additional problems
  - Loss of sexual interest
  - Increased sexual demands
  - Inadequate sexual advances by the individual w/dementia
  - Concerns over mental capacity

Forming NEW Relationships

- Are family and friends aware of the new relationship?
- If there is a partner living outside of the care home, are they aware of the relationship and do you know how this will make them feel?
- Does the family or partner feel comfortable in expressing their views about the relationship?
- To what extent should the views of family and friends be taken into consideration if they are unhappy with the relationship?

How Memory Loss Affects Sexual Behaviors

- Disinhibition
- Increased or Decreased Sexual Desire
- Think they're younger, don't recognize their partner.
- May forget decades-long relationships.
- Live in the NOW-seek out other partners for needs to be met.

SEXUAL BEHAVIORS

- Companionship/ Courtship
- Verbal Sexual Talk
- Self-Directed Sexual Behavior
- Physical Sexual Behavior
- Intimacy/Intercourse

Companionship/Courtship

- Handholding
- Hugging
- Kissing
- Cuddling
- Fondling

It is harmless if mutually consensual.

Usually staff &/or family is uncomfortable with it. We need to provide privacy.

Verbal Sexual Talk

- Flirting
- Suggestive Language
- Sexually Laden Language

Usually non-aggressive and non-threatening. If directed toward staff, they need to not take comments personally and validate feelings and redirect conversation about spouse. If directed toward another resident, redirect conversation to a more appropriate topic.

Self-Directed Sexual Behaviors

- Self-stimulating
- Exposing Oneself

Ask-is this a responsive behavior to UTI, skin irritation, discomfort, full bladder, other infection.

Focus on creative solutions while remaining calm, and maintaining privacy, dignity, and safety.

Physical Sexual Behaviors

- **Mutual Consent.**

Determine ability to be consenting.

Does resident present as distressed, upset, worried, anxious, or exhibit any behavior eliciting concern?

Do they have the ability to say “no” or indicate acceptance or refusal?

- **When there’s NOT Mutual Consent.**

Appropriate staff response is to protect the unwilling resident from unwelcome sexual advances. The sexually assertive resident should be treated with respect and dignity.

Interventions/Behavior Management

1. What form does the behavior take?
2. What factors may contribute to this? Triggers?
3. Reflect on how you define and classify inappropriate behavior.
4. Consider what risks are involved?
5. Look after yourself.

Determining Ability to Consent

- Mental Capacity is defined by Merriam Webster as “sufficient understanding and memory to comprehend in a general way the situation in which one finds oneself and the nature, purpose, and consequence of any act or transaction into which one proposes to enter.”
- We presume a person with Dementia is unable to Consent
- Who determines? Is there a Policy?
- Families get involved

Determining Capacity

- Assessment tools-
  - Function
  - Cognition
  - Communication
  - Decision-Making
  - Sexual Competency
  - Capacity
  - Psychiatric
  - Emotional
  - Risk
  - Sensory
- Observation
- Interview Staff/Family
- Refer to Professionals
- Consider Medical Hx & Social Hx

CONSIDER…

- Each Resident and Situation is UNIQUE. There should not be a cookie-cutter approach.
- A Person With Dementia may score poorly on tests, but their affection for the other person and need for companionship/intimacy/love is very clear.
- *"As you lose capacity to make decisions for yourself, others will make them for you."*

  Elizabeth Edgerly, chief program officer, Alzheimer's Association of Northern CA & Northern Nevada

Sexual Violence in Later Life

- Sexual Violence against people in later life involves a broad range of contact and noncontact sexual offenses perpetrated against people over 60.
  - Contact-Oral/Anal/Vaginal Rape, Molestation, Sexualized Kissing. Unnecessary or painful touching of genitalia.
  - Non-Contact-Sexual harassment/threats, forced pornography viewing, producing pornography, exhibitionism, exposing breasts or buttocks for humiliation.
- It is Elder Abuse

People with Dementia as Targets

- Victims often have conditions that put them at the mercy of their caregivers.
- Victims often have disabilities which make it difficult for them to report these crimes.
- Victims are easily manipulated.

Indicators of Sexual Violence

- Physical
  - Genital, anal, throat, and oral injuries.
  - Bruising on breasts, buttocks, thighs, neck, and other body areas.
  - Imprint injuries
  - Human bite marks
  - DX of STD
- Psychosocial
  - Sleep disturbances
  - Incontinence
  - Increased anxiety
  - Crying spells
  - Withdrawal
  - Depression
  - Agitation
  - Restlessness
  - Exit-seeking

This Generation

- Spouses may consider their wives as “sexual property”
- Victims may feel intense shame and embarrassment, suffer in silence, and be reluctant to seek help.
- *“Today’s elder victims grew up in a world of sexism, where even the rape crisis movement discriminated on the basis of age, race, and gender. This affects how elders experience and view victimization.”*

Vierthaler, 2008, p.309

Rise of STD's in Elders

- Chlamydia, Gonorrhea, and Syphilis have increased by 50% in people 50-80 years of age.
- 885 Reported Cases of Syphilis in 45-64 year olds in 2000. More than 2,500 in 2010.
- Reported Cases of Chlamydia in 2000=6,700 in same age group and over 19,000in 2010.
- 15% of newly diagnosed people with HIV in the US were people over 50 in 2005.

Contributing Factors

- This generation came into their sexual prime when STD's were not as prevalent.
- There is an increase in divorces which creates more opportunities for new partners later in life.
- Increased use of Medications-Viagra, Cialis, Osphena
- Longer lives
- Lowest use of Condoms in any age group. Don't realize condoms have gotten better.

Safe Sex for Elders

- Age is not a barrier to STD's
- May not think to use condoms because there's no risk of getting pregnant. Educate need to prevent STD's.
- Encourage good hygiene to also decrease risk of infection.
- Refer to OT for safety concerns or assistive devices. Refer to MD if there are other health concerns.
- Provide safe environment and privacy.

LGBT-Lesbian, Gay, Bisexual, Transgender

- The biggest LGBT concern is that they need to go back into the closet to be able to move into a care home.
- Our care homes need to be accepting of the growing diversity of our aging population.
  - Need for intimacy doesn't change because of sexual preference.
  - Often estranged from biological family and has created a non-biological support system.

Good practices

- Encourage an environment for residents to develop friendships and interact with each other while monitoring for everyone's best interest.
- Provide opportunities for couples to spend time together engage in meaningful activities together.
- Provide tactile objects that engage the person.
- Encourage residents to feel good about themselves.
- Promote a safe and secure, inclusive, and private environment.
- Offer support and training for staff and families.

“It gives them more joy, more health, a gleam in their eye.”

Joan Price, author, “Naked at Our Age, Talking out Loud about Senior Sex” Seal Press 2011

“There’s no less want or need for camaraderie, intimacy, or touch as we age, loneliness is one of the foremost reasons of depression in the elderly.”

Robin Dressel, Director of Memory & Vision

Care *and sexual rights educator for Hebrew Home of Riverdale*.

SUMMARY

- Older Adults sexuality
- Needs of an Older Adult
- Mental Capacity
- Dementia Sexual Behaviors
- Sexual Violence in Later Life
- The LGBT Issues in LTC