

GNC Sexuality Case Studies

Bill's Story

(excerpt from, "The Last Taboo, A Guide to Dementia, Sexuality, Intimacy, and Sexual Behavior in Care Homes" ILC-UK 2011)

Bill has Dementia and has lived in the care home for 3 years. Staff have increasingly found the need to support and assist Bill with his personal care, such as washing and dressing. However, in recent months Bill's language and behavior towards them have become overtly sexual and explicit. Such to the point he was reaching out and trying to grab hold of females staff when they tried to assist him.

The care manager was concerned that members of staff were becoming reluctant to support Bill and often scared to enter his room. There was not always a male member of staff available to support Bill.

The Social Worker spent time with staff and held discussion groups to help staff to identify possible triggers for Bill's responses and behaviors towards them.

1. Name some possible triggers?
2. What information would you want to know to develop interventions? How would you get that information?
3. How would you approach Bill to assist with care?

Paula & David's Story

(Excerpt from, "The Last Taboo, A Guide to Dementia, Sexuality, Intimacy, and Sexual Behavior in Care Homes" ILC-UK 2011)

Paula and David had been looking forward to enjoying their retirement together.

Then Paula was diagnosed with Alzheimer's disease. As her dementia progressed, she was admitted to a hospital before going to live in a care home. At first David visited her every day, then once a week, and then less often. It was clear that he found the changes in his wife difficult to cope with, despite support from staff. He said he had lost the woman he fell in love with. Paula found verbal communication very difficult and would approach all men in a sexual manner.

Paula would smile, hold hands, kiss and rub herself against any man who was near or approached her. Staff were encouraged to promote appropriate physical contact for Paula and encourage her to participate in meaningful activities.

1. What are some examples of "appropriate" physical contact? How would you do that?
2. How would meaningful activities be determined?
3. Why would these interventions help?

Norman & Marie's Story

(Excerpt from, "The Last Taboo, A Guide to Dementia, Sexuality, Intimacy, and Sexual Behavior in Care Homes" ILC-UK 2011)

Norman was diagnosed with Vascular Dementia following a stroke. Marie had been Norman's constant support for 4 years prior to Norman moving into a care home. They had a very close, loving relationship and Norman would constantly ask when Marie was coming to visit, Norman appeared quite anxious when Marie was not around and this was often communicated through his behavior. He would open doors "looking" for Marie and approach female residents for a hug or try to hold their hand. Marie visited on a regular basis and Norman was always overjoyed to see her. They spent lots of time hugging each other and always held hands.

Norman's physical health began to deteriorate and Marie spent as much time with him as possible. She spoke with staff and said she would ideally like to spend a night with Norman. Staff spent time with Norman to ensure he would be happy for Marie to spend a night with him. He clearly communicated through body language and facial expression that he wanted Marie with him.

1. Would Marie be allowed to spend the night in her partner's room in this community?
2. What arrangements would need to be made? What needs to be considered?

Frank & Maggie's Story

(Excerpt from, "The Last Taboo, A Guide to Dementia, Sexuality, Intimacy, and Sexual Behavior in Care Homes" ILC-UK 2011)

Frank had a diagnosis of vascular dementia and had been living in the care home for 2 years when Maggie arrived. Maggie had been diagnosed with Alzheimer's disease and after several years of living at home, supported by her family, it was decided she needed greater levels of care and support. Frank & Maggie started spending increasing amounts of time together at the home and it soon became clear to the staff and their families that they had formed a relationship of a sexual nature.

Both Frank's and Maggie's family objected to this relationship. Both individuals were widowed and it was felt by family members that the relationship was inappropriate. As a result, it was decided to assess Frank and Maggie's capacity. It was agreed that they both had the capacity to make this decision for themselves and the relationship was a positive one. While both families were still unsure about it, they did accept Frank & Maggie's close relationship.

However, over the next year, Maggie's health declined. She had a serious fall and numerous other health problems. Frank's dementia had also become more severe and he lacked capacity to understand just how ill Maggie was and wanted to continue the relationship as before. Maggie could not continue the relationship and was spending a lot of time in bed in her room, which unfortunately confused Frank further, as he kept trying to get into bed with her.

1. How would this community determine capacity?
2. What interventions would be put into place for Frank?

Mr. N, Age 67

(“Sexual Violence in Later Life-A Technical Assistance Guide for Advocates” NSVRC 2010)

Mr. N suffers from moderate dementia, long-term alcoholism, and a host of physical problems. He required constant supervision and medical management and was placed in a nursing home. Facility staff soon realized that Mr. N presented a severe supervision challenge in that he was repeatedly found sexually molesting women who reside in the facility. All of his victims were more physically and cognitively impaired than he. Some suffered from advanced dementia, some were aphasic or paralyzed. Many were assaulted in their beds or wheelchairs. –Ramsey-Klawnsnik et al., 2007

1. What is the primary concern?
2. Interventions?

Patricia & Elaine’s Story

(Excerpt from, “The Last Taboo, A Guide to Dementia, Sexuality, Intimacy, and Sexual Behavior in Care Homes” ILC-UK 2011)

Elaine and Patricia are partners who lived together as a couple for several years. Patricia, however, was diagnosed with Alzheimer’s disease. Elaine managed to support Patricia at home for over a year, but when she suffered a stroke she felt she could no longer cope with the physical demands of her care. It was agreed by Patricia and Elaine that Patricia needed additional care and support and Patricia moved into a local care home.

Elaine visits Patricia on a regular basis. Patricia looks forward to spending time with Elaine when she visits; this is the time when Patricia appears most content. Patricia & Elaine sit and hold hands and spend time together in Patricia’s room. However, Patricia’s family are opposed to her relationship with Elaine and asked staff to not “allow” Elaine to visit Patricia.

1. Would you honor the families’ wishes?

Sinita & Dorothy’s Story

(Excerpt from, “The Last Taboo, A Guide to Dementia, Sexuality, Intimacy, and Sexual Behavior in Care Homes” ILC-UK 2011)

Sinita and Dorothy had lived at the home for over 4 years and during this time they had become very good friends. Both of them were diagnosed with Vascular Dementia and although there was evidence of deterioration they were managing by helping each other.

One day, Sinita was observed in the lounge by staff and visitors touching Dorothy’s breast in a sexual manner. Dorothy was smiling at Sinita.

1. What is staff’s initial response?
2. What happens next?

Margaret, Age 74

(excerpt from "Naked at Our Age, Talking Out Loud About Senior Sex" Joan Price, Seal Press 2011)

My sex life is alive only in my dreams. My husband, age 87, is in the advancing stages of dementia. I grieve the loss of sex and the loss of the man I love to Alzheimer's disease.

My husband still is a handsome man, but I wouldn't want to have sex with him right now, even if he were able. It just doesn't seem right, being his caregiver. I have had a terrible struggle making sense of my caregiving of him, and I have trouble keeping a connection with him. He looks good, and we are still able to go out socially, take walks, go to the movies, and visit with friends. It stops here.

At times, I mourn the end of my sexual life. At times, I am resentful. And yet I look at the man and feel a quick start of my heart as I see the essence of who he is and was. I feel pangs that this part of our life is really over. He shows affection by massaging my sore shoulder muscles when we settle down for the night. It is sometimes comfortable falling asleep by his side. I do feel a tremendous sexual feeling in the dream world at times.

The last four years of my life have been a slow, painful, frustrating passage into understanding, education, caregiving, and learning how to take care of myself. I have a lot of support through friends, the Alzheimer's Caregiver Support Group, and private counseling. But in some ways, I am completely alone. I go through the motions of responding to constantly repeated questions. I'm continually on alert to make sure he is safe, and I wonder what is next. When the lights go out at night, I lie in bed next to my husband and wonder who I am, what I am doing here, where is this going. I am frightened. Am I losing myself?