Sexuality and Long-Term Care: Strange Bedfellows

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Objectives

- Understand forms of sexual expression in nursing homes
- Discern between appropriate and inappropriate expression
- Become informed on issues related to resident to resident aggression
- Learn about important components of training and policy
Definitions

**Long-Term Care:**
a continuum of services offered for frail elders or other people with disabilities.
Intimacy: A need for closeness.
Sexual Expression

The physical expression of the need for intimacy which is manifested in many ways including touch, kissing, the desire to be found attractive, sexual talk, masturbation, sexual intercourse.
Sexual Activities in Kansas Nursing Homes

- Sexual Talk: 90
- Sexual Act: 80
- Implied Sexual Act: 60
- False Allegations: 30
- Romance: 50
Resident-to-Resident Aggression

“Negative and aggressive physical, sexual, or verbal interactions between long-term care residents that in a community setting would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient”

Rosen, Pillemer, and Lachs (2007)
Characteristics of Victims

- Male gender
- Behavioral disturbances (wandering)
- Moderate functional dependency
- Cognitive impairment
- More physically independent
Characteristics of Perpetrators

- Depressive symptoms
- Delusions
- Hallucinations
- Constipation
- Intrusion into personal space
- Psychiatric illness
- Alcoholism
- Substance abuse
Lack of Reporting

• Residents fear retribution
• Relatives fear the resident may be asked to leave
• Administrators fear that it will cause adverse publicity, liability or fines and penalties.
• Employees fear losing their jobs
Sex Offenders

In 2000, it was reported that there were 700 sex offenders living in US nursing homes.

- In Kansas, a sex offender may move into a home without the family or even the administrator knowing it.
Sexual Aggression
Inappropriate Behaviors with Dementia

Some impaired become hypersexual
Men are more physically aggressive
Women more verbal

- Problematic actions:
  - Compulsive masturbation
  - Fondling breasts of caregivers or others
  - Flirtations
  - Disrobing
Dementia and Sexuality
When Only One of the Partners lives in LTC
What is Consent?
Sexual Consent Capacity

“ When doctors (in long-term care) are quick to enforce celibacy (because of consent issues) they replace one form of elder abuse for another.”

Daniel Enberg, Slate @www.slate.com/id/2199606/

People with disabilities have rights.

Provider agencies are required to promote and protect the expression of those rights.

Providers have ethical standards to assist consumers in maximizing their potential.
Sexual Consent Capacity

State laws vary about consent issues.

• On the one extreme consent means—mentally capable of understanding the social mores of sexual behavior
• On the other—must understand the sexual nature of an act and the decision to engage in the sexual behavior is voluntary
• In Kansas there must be understanding of the sexual conduct and the potential consequences of it
Consent

President’s Commission for the Study of Ethical Problems in Medicine and Biomedical Research suggests that mental incapacity should not be the only basis for deciding consent.

May wish to use these criteria:
• Voluntariness
• Safety
• No exploitation
• No abuse
• Ability to say “no”
• Socially appropriate time and place
Lichtenberg’s Assessment for Consent

**Mini-Mental State score greater than 14**
- Yes: Perform assessment interview
- No: Patient unable to consent

**Patient’s ability to avoid exploitation**
- Yes: Continue evaluation
- No: Patient unable to consent

**Patient’s awareness of the relationship**
- Yes: Continue evaluation
- No: Patient unable to consent

**Patient’s awareness of risk**
- Yes: Consider patient competent to participate in relationship
- No: Provide frequent reminders of risk but permit relationship
Substituted Judgment
Best Interest
Staff Reactions
(to Residents’ Sexual Expressions)

- Ask a Supervisor: 68.9%
- Disgust: 32.2%
- Follow the Facility Policy: 41.1%
- Ignore the Issue: 27.8%
- Panic: 20.0%
- Help and/or Respect Residents: 51.1%
- Other: 18.9%

***Facilities were able to mark more than one response.
What Can You Do?

Modification of social cues
Supportive psychotherapy
Behavior modifications
• Changing attitudes (family, caregivers, staff, survey teams)
• Redirecting behavior
• distraction
Next Steps

Staff members should see sexuality as a part of holistic care.

This can be encouraged through targeted training.

- Policy is important to support these needs (how often do you include sexuality in care plans?)
- Consider SEARCH.
Thank You

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References


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