Sexual expression in residential aged care - A person-centred approach

Education and policy

Michael Bauer PhD
Linda McAuliffe M. Psych
Rhonda Nay PhD
Background
### What do we know about sexuality?

#### Sexuality and older people?

- **Sexuality is multidimensional**
- Component of quality of life and wellbeing
- Wide range of behaviours reported in residential aged care facilities
- Sexuality remains meaningful for many residents

#### Sexual behaviours reported in aged care - Australian and overseas research

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>flirting</td>
</tr>
<tr>
<td>holding hands</td>
</tr>
<tr>
<td>cuddling</td>
</tr>
<tr>
<td>intimate touch</td>
</tr>
<tr>
<td>fondling</td>
</tr>
<tr>
<td>kissing and other displays of affection</td>
</tr>
<tr>
<td>intercourse</td>
</tr>
<tr>
<td>masturbation</td>
</tr>
<tr>
<td>talking ‘dirty’</td>
</tr>
<tr>
<td>sadomasochism</td>
</tr>
<tr>
<td>sexual identity</td>
</tr>
<tr>
<td>the use of sexual materials and sexual services</td>
</tr>
</tbody>
</table>
The expression of resident’s sexuality can be problematic

- Sexuality is usually not talked about unless it’s the butt of humour, or perceived to be a problem by staff.
At my age, the only thing that gets hard is my arteries.

www.cafepress.com/GeezerShop
Some of the problems…

• The attitudes, skills & education of staff
  – Not seen to be part of the role
    • ‘It’s not our job to clean up semen’
  – Staff (and residents) are not comfortable
  – Staff do what they think is best (act as moral guardians)
  – Absence of good role models
    • Some facility managers think this is an inappropriate & intrusive and/or not applicable topic
Nine oldsters booted out of nursing home — for trying to have an orgy!

LONDON — A group of nine love-hungry codgers were booted out of an old folks’ home — after they tried to have an orgy in the recreation room!

The unidentified oldsters, who ranged in age from 73 to 98, had apparently planned the unauthorized after-hours get-together for weeks, according to Melinda Helterford, spokesperson for the well-respected Edith Scarborough Nursing Home.

“They somehow got it in their heads to celebrate the 90th birthday of one of the women with a kind of sex party,” said Miss Helterford.

“This may sound harmless or amusing to some people, but Scarborough has a reputation to uphold. We cannot tolerate that kind of conduct.”

By MIKE FOSTER
Weekly World News

The nursing home made a concerted effort to keep the bizarre story out of the press and so details are difficult to come by.

But according to British papers, the let-it-all-hang-out party took place just after midnight on October 28. The three wrinkly Romeros and six sagging seductresses gathered together in the rec room and stripped to the buff.

“They really set the scene,” a nursing home staffer who was not identified told a London tabloid. “They’d got their hands on candles, which they lit, and even put on music to create a sexy mood.”

The nude geester gala went on for about 20 minutes before orderlies heard rumba music coming from the recreational room and went to investigate.

When they opened the doors, they were shocked to find the old-timers crowded together in their birthday suits, slathered with baby oil.

“They hadn’t got too far — I guess it was taking some of the gents a while to get started,” the staffer said.

“But they were all naked. Believe me, it was the scariest thing I’ve seen in my life.”
Some of the problems:

• There is no assessment of residents’ needs/the consultation is not a part of routine care.

• Environment not conducive – no privacy.

• ‘The family’

• Behaviours are easy to dismiss if there is dementia.
What information related to sexuality is provided to residential aged care consumers?

Survey of all 826 residential aged care facilities in Victoria, Australia - content analysis (Neunendorf, 2002)

Residents

Hostel accommodation is available for residents in need of assistance with daily living and personal care. Residents must be ambulatory.

Level of Care

Personal care staff look after the individual needs of each resident. Breakfast, lunch and dinner are provided in addition to morning and afternoon tea and supper. A laundry service is also provided along with weekly cleaning of the unit. Bed linen and towels are provided.

A 24 hour emergency call system with a call button in the bathroom and a pendant to wear.
Sexuality - an information void

- Response rate poor after 3 reminders (<20%).
- Less than 3% addressed the topic of sexuality, love, intimacy, or relationships in the text or images used.
- Reminder asked for reason for non-response.
- 64% reported having no information available for staff or residents!

(Bauer, Nay & McAuliffe, 2009)
Residential care survey- qualitative data

• Strategies employed
  – Developing a policy (17)
  – ‘We address it verbally as part of our assessment’ (17)
  – Allow double beds from home
  – Allow some ‘private time’
  – Connect adjoining rooms
  – Contact a sex worker
  – Referral to a social worker/psychologist if needed
Residential care survey - qualitative data cont.

• Strategies employed cont.
  – Do nothing
    • it’s not relevant - dementia specific facility, nursing home, religious orientation, facility for priests/nuns
    • too sensitive to discuss
    • lack of staff education/training
    • one less thing to document
Changing the culture amongst care staff

- Education for staff (and where relevant residents & family)
  - Sexuality, myths & stereotypes
  - Dealing with inhibitions
  - Responsibilities, supporting staff/residents/family
  - The need for assessment, life history, medical review
  - Sexuality & dementia
  - Understanding/interpreting residents’ behaviours
  - Residents’ rights
  - Consent & legal issues
  - The need for a decision making framework
Workshop data


3 hour workshops

Victorian rural & regional aged care staff

Pre-test n=98

Post-test n=96
# Participant characteristics

<table>
<thead>
<tr>
<th></th>
<th>Female:</th>
<th>Male:</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>RN1:</td>
<td>RN2:</td>
<td>PCW:</td>
</tr>
<tr>
<td>65%</td>
<td>25%</td>
<td>5%</td>
</tr>
<tr>
<td>Other:</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

### Age

<table>
<thead>
<tr>
<th></th>
<th>18-30:</th>
<th>31-40:</th>
<th>41-50:</th>
<th>61-60:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>12%</td>
<td>31%</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>61+:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. **Aged people have little interest in sexuality (aged \( \geq 65 \) + years of age). [disagree]
2. An aged person who shows sexual interest brings disgrace to himself/herself. [disagree]

\% ** p<0.05
3. Institutions such as nursing homes ought not to encourage or support sexual activity of any sorts in its residents. [disagree]

4. Male and female residents of nursing homes ought to live on separate floors or in separate wings of the nursing home. [disagree]

5. Nursing homes have no obligation to provide adequate privacy for residents who desire to be alone, either by themselves or as a couple. [disagree]
6. As one becomes older (say past 65 years of age) interest in sexuality inevitably disappears. [disagree]

7. If a relative of mine, living in a nursing home, was to have a sexual relationship with another resident I would complain to the management. [disagree]

8. If a relative of mine, living in a nursing home, was to have a sexual relationship with another resident I would move my relative from this institution. [disagree]
9. If a relative of mine, living in a nursing home, was to have a sexual relationship with another resident I would stay out of it as it is not my concern. [agree]

10. If I knew that a particular nursing home permitted and supported sexual activity in residents who desired such, I would not place a relative in that nursing home. [disagree]

11. It is immoral for older persons to engage in recreational sex. [disagree]
12. **I would like to know more about the changes in sexual functioning in older years. [agree]

13. **I feel I know all I need to know about sexuality in the aged. [disagree]

14. I would complain to the management if I knew of sexual activity between any residents of a nursing home. [disagree]
15. **I would support sex education courses for aged residents of nursing homes. [agree]  
16. **I would support sex education courses for the staff of nursing homes. [agree]  
17. **Masturbation is an acceptable sexual activity for older males. [agree]
18. **Masturbation is an acceptable sexual activity for older females.** [agree]

19. Institutions such as nursing homes ought to provide large enough beds for couples who desire to sleep together. [agree]

20. Staff of nursing homes ought to be trained or educated with regard to sexuality in the aged and/or disabled. [agree]
21. Residents of nursing homes ought not to engage in sexual activity of any sort. [disagree]

22. Institutions such as nursing homes should provide opportunities for the social interaction of men and women. [agree]

23. Masturbation is harmful and ought to be avoided. [disagree]
24. **Institutions such as nursing homes should provide privacy so as to allow residents to engage in sexual behaviour without fear of intrusion or observation.** [agree]

25. If family members object to a widowed relative engaging in sexual relations with another resident of a nursing home, it is the obligation of the management and staff to make certain that such sexual activity is prevented. [disagree]

26. Sexual relations outside the context of marriage are always wrong. [disagree]
27. Residents who have dementia are not capable of making sound decisions regarding participation in sexual relationships. [disagree]

28. A married couple with one spouse living in the community and the other one with dementia residing in a care facility is entitled to be sexually intimate in a private place within the facility. [agree]

29. Two residents, both of whom have dementia, are entitled to an exclusive and consensual relationship but should not be sexually intimate if one of them is married to another person. [disagree]
30. **Two residents, one with Alzheimer's disease and the other who is cognitively intact, are entitled to be sexually intimate as long as they are both single and their relationship appears consensual. [agree]

31. **Two residents who are of the same sex are entitled to be sexually intimate with one another as long as their relationship appears consensual. [agree]

32. Staff should provide a private place so as to allow a male and female resident to engage in sexual activity, even though both of them are mildly impaired due to dementia. [agree]
33. No one should interfere in the sexual lives of residents as long as no civil or criminal laws are broken. [agree]

34. **A resident displaying hypersexual behaviour should be transferred out of the facility. [disagree]
Thank you