SEXUALITY IN LTC: THE HEART HAS NO WRINKLES

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75%

OA AGED 70 AND UP ENGAGED IN SEXUAL ACTIVITIES SUCH AS KISSING, HUGGING, SEXUAL TOUCHING, INTERCOURSE, SELF-STIMULATION, OR ORAL SEX

The Myths

- Asexual
- Too Sick or Disabled
- Perverted
Facts

OA REMAIN SEXUAL THROUGHOUT LIFE
Lindau, et al. (2007); Miles & Parker (1999)

70-90% OF NURSING HOME RESIDENTS HAVE SEXUAL THOUGHTS
Hubbard et al. (2003); Lichtenberg & Strzepek, (1990)

STIS ARE ON THE RISE IN OAS.
CDC, (2016)

Backseat Bingo

Working Definitions

INTIMACY
The need to be close to, to be a part of, and to feel familiar with another person.

SEXUALITY
One way of expressing intimacy
Defined as: the quality or state of being sexual
A combination of sex drive, sexual acts, and the psychological aspects of relationships, emotions and attitudes (Drench & Losee, 1996)
Benefits of Sexuality

**PHYSICAL BENEFITS**
- Restores energy
- Inspires healing
- Helps maintain overall fitness
- Increases heart and breathing rates
- A good muscle exercise

**EMOTIONAL & PSYCHOLOGICAL BENEFITS**
- Enhances quality of life
- Increases self-esteem
- Gives a sense of belonging
- Decreases loneliness
- Decreases depression
- Helps express intimacy

A Closer Look

Sexuality in Nursing Homes: The Myths Run Deeper

- It doesn’t happen
- Ignored/taboo
- They are too sick
- It is not safe
- Labeled as a behavior problem

Let’s talk!

Pair and share:
Talk about a time in your own working career where sexual expression came up.

What was the situation?
Who was involved?
What was the response?
What was the outcome?
Sexual Expression in LTC

Administrators and DONs report various sexual expression types in NHs. Sexual Talk and Sexual Acts are the most common types.

ATTITUDES TOWARDS OLDER PEOPLE’S SEXUALITY

OLDER ADULTS
- Victorian Values
- Only for procreation
- Only within a marriage
- Private subject
- Is this changing?

FAMILIES OF OLDER ADULTS
- Prescribe Victorian values to older adults although they may apply different values to themselves
- Sex is equated with youth
- Financial concerns
- Fear of losing loved one’s love and/or interest
- Betrayal of a deceased family member

STAFF MAY
- Have little understanding of sexuality and this may lead to seeing older adults as asexual
- View sexuality from one’s religious and/or moral values
- Fear that it is too much work to respond to residents’ sexual needs
- Believe that sexual needs are only appropriate for young people
- Be repulsed by older adults’ sexual interest
- Not know how to respond
Staff Reactions

The most common response is to ask a supervisor.

In qualitative studies, direct caregivers report many types of sexual expression and often report feeling unprepared to respond.

Unique Challenges

- PRIVACY
- DEMENTIA
- MENTAL ILLNESS
- FAMILY MEMBER INVOLVEMENT
- ATTITUDES
- VULNERABILITY OF ABUSE
- DISEASE TRANSMISSION

Autonomy vs. Risk
Inappropriate Sexual Expression

- Sexual Talk
- Implied Sexual Act
- Sexual Act
- False sexual allegations/abuse

Strategies for Inappropriate Sexual Expression

- Redirect the resident either verbally or physically if necessary.
- Tell the resident the act is inappropriate.
- Isolate the resident from others subject to the act.
- Substitute another staff member of the opposite sex to provide personal care.
- Clothing alterations.
- Ignore unwanted acts and encourage appropriate expressions.
- Engage resident in an activity where the resident must be hands on (distraction).

Avoiding Inappropriate Expression

For residents prone to act inappropriately try:

- Ensure the resident has sufficient healthy emotional stimulation.
- Staff should avoid doing things that could be misinterpreted by residents.
- Staff should adopt care practices that minimize physical, environmental or emotional stress.
SUMMARY

Sexuality is a normal part of life regardless of age.
Ignoring the subject will not eliminate it.
Don’t shame elders from their feelings and needs
Consider training your teams on how to respond
Consider policies
Seek out partners to help you navigate the tougher issues