

CORNELISON CONSULTING, LLC

# 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

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## The Myths

		
Asexual	Too Sick or Disabled	Perverted

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**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)

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**Backseat Bingo**  
<http://www.com/284410>

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**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)

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**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

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**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

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**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?

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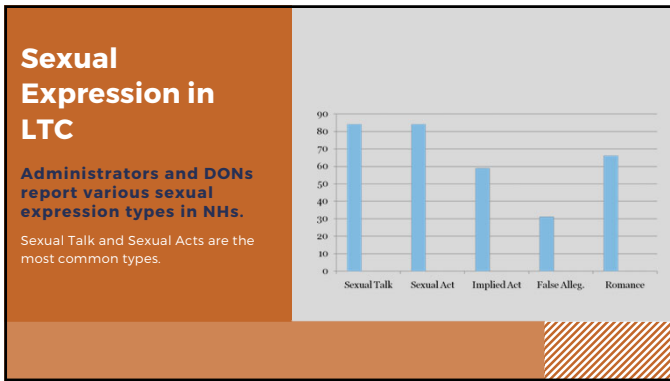
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### ATTITUDES TOWARDS OLDER PEOPLE'S SEXUALITY

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

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11

### 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

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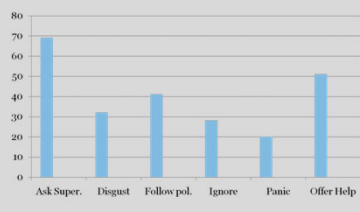
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### Staff Reactions

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.



Reaction	Percentage
Ask Super.	70
Disgust	30
Follow pol.	40
Ignore	25
Panic	20
Offer Help	50

13

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### Unique Challenges

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

14

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### Autonomy vs. Risk



AUTONOMY = INDEPENDENCE

RISK = Resident Safety and Liability

15

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## Inappropriate Sexual Expression

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

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## 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 ALTERNATIONS

IGNORE UNWANTED ACTS AND ENCOURAGE APPROPRIATE EXPRESSIONS

ENGAGE RESIDENT IN AN ACTIVITY WHERE THE RESIDENT MUST BE HANDS ON (DISTRACTION)

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### Avoiding Inappropriate Expression

**FOR RESIDENTS PRONE TO ACT INAPPROPRIATELY TRY:**

Ensure the resident has sufficient healthy emotional stimulation.

Staff should avoid saying or doing things that could be misinterpreted by residents

Staff should adopt care practices that minimize physical, environmental or emotional stress

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**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



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