

Long-Term Care Residents' Rights to Sexual Expression

Discussion points

- Meaning of sexuality in older adulthood
- Sexual rights of residents in long-term care facilities (LTCF)
- Influence of physical and cultural environments on residents' sexual expression
- Education and policies related to residents' sexuality and the role of the LTCF

WHAT IS “SEX?”

Sex is...

- Whatever you think it is! There's no universally accepted definition; it means something different to everyone
- Intercourse, penetration, oral sex, anal sex, masturbation, genital stimulation



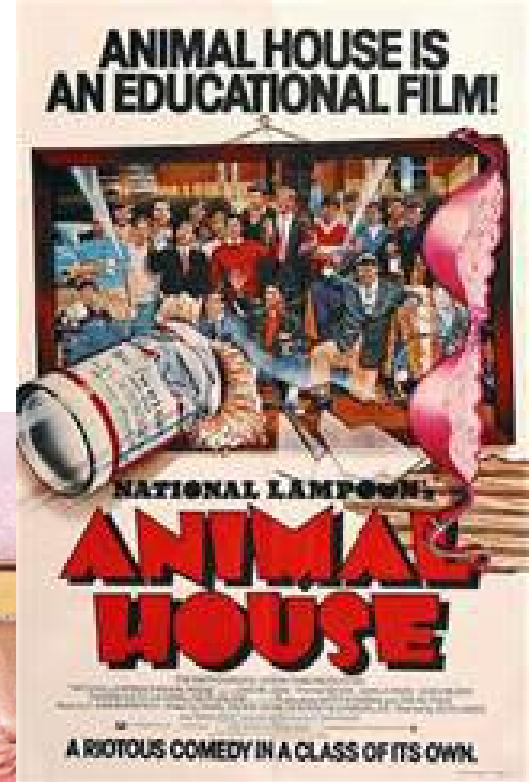
Is sex different for older adults?

But also...

- Hugging, kissing
- Hand holding
- Masturbation
- Touch/stimulation
- Flirting/teasing
- Romantic affection
- Other signs of companionship

Oftentimes, it's more about affection and affirmation than acts of sexual gratification

Who gets to have sex and why? (myths and preconceptions)



Sex matters to older adults

- Sexuality remains an important component of well-being throughout the life span; We don't "age out" of being sexual
- Sexual activity can...
 - fulfill a natural desire; provide for affection/passion
 - connect people; enhance relationships
 - may improve functional/health status, mood, quality of life

Sexual expression in LTC

- 85+ population was approx. **5.5 million in 2010**; projected to increase **6.6 million in 2020** (19% for that decade)
- **1,368,667** = People living in nursing homes in 2014
- **15,643** = Nursing homes in 2014

(Source: Centers for Disease Control and Prevention; Caregiver.org)

- **BOTTOM LINE:** Ultimately, LTCFs will face sexually-related situations involving residents whether they're prepared or not

LTC residents' rights

- LTC residents are guaranteed specific rights under the federal 1987 Nursing Home Reform Law
- Sexual expression is not explicitly stated, but several rights relevant to sexuality are addressed:
 - ✓ Privacy; confidentiality regarding personal affairs; the right to make independent choices, personal decisions; right to private, unrestricted communication with visitors of one's personal choosing; to be free from all forms of abuse/restraints

LTC residents' rights (cont.)

- These rights are enhanced by coinciding federal regulations (42 CFR 483.10)
 - Right to “dignified existence, self-determination, and communication with and access to persons/services inside and outside the facility”
- LTCFs must promote these rights in a manner that enhances QOL; ensures dignity, choice, and self-determination, while affording residents privacy to engage in safe, consensual sexual expression

Barriers to sexual expression for LTC residents

- Residents face significant barriers to sexual expression in LTC environments
- The transition from autonomy/independence in the community to greater dependence on others in the LTCF is extremely difficult for many (without even considering the idea of sex)



Barriers to sexual expression in LTC: Lack of privacy

- Shared rooms, common areas for socialization; lack of designated areas for privacy.
- LTCFs may consider...
 - Scheduling opportunities for privacy (roommates leave for designated period of time)
 - Designating specific areas for residents to spend time together
 - Asking residents what they want/need in terms of privacy and how the facility can accommodate

Barrier: Lack of opportunity or partner

- Separation, divorce, widowed;
 - Widows to widowers ratio = 4:1
 - Accommodating sexual expression is often considered the residents' personal issue to be resolved independent of LTCF, rather than facilitated through it
- LTCFs may consider...
 - Offering diverse opportunities for socializing and getting to know other residents
 - Encouraging residents to participate/ask for input on social gatherings/events (“Speed dating”, date nights, after hours)

Barrier: Fear of reactions

- Fear of staff, family, other residents' reactions (disgust, ostracism, shame)
- Subjective interpretations of sexual expression and uncertainty regarding the types of behaviors considered sexual (what's appropriate/inappropriate?)
 - Can result in embarrassment for all; even punitive staff responses
- LTCFs may consider...
 - Preparing staff for the possible (and likely) occurrence of sexual expression; equip with proper response strategies

Barrier: Cultural, religious, societal attitudes

- Cultural differences across societies: family/religious traditions, historical experiences, political views impact thoughts on sexuality
- LTCFs may consider...
 - Creating a respectful culture by emphasizing ethics and boundaries and reminding staff to set aside personal biases
 - Establishing formal guidelines/standards of conduct in policies
 - Demonstrating how to respect residents' dignity/privacy, and promote their rights to remain sexual

Barrier: Family involvement

- Families are sometimes resistant to their resident's sexual expression; sometimes aim to prevent it
- LTCFs may consider...
 - Speaking openly to families prior to resident admission about the sexuality policy and the facility's desire to honor the resident's rights in a safe manner
 - Family education (family council meetings)

Barrier: Healthcare providers

- Physicians and healthcare providers can contribute to problems surrounding sexuality and aging;
 - They're subject to myths/attitudes like the rest of us; may avoid conversations with elderly patients regarding sexuality
- LTCFs may consider...
 - Sharing the LTCF's sexuality policy with the physician
 - Encouraging healthcare providers and physicians to be open, approachable, and proactive in discussing sexuality with residents and families

Barrier: Health changes, medication, and illness

- Some medications and illnesses alter or complicate sexual expression and functioning
 - Antidepressants, anti-hypertensive meds (for high blood pressure), cancer/diabetes medications
 - HIV/AIDS: HIV cases among U.S. older adults is increasing; appx 25% of infections occur in adults over 50
 - Depression and sexual health: depression often causes decline in desire and ability to perform
 - Dementia, Diabetes, Cardiac Disease, Depression, Breast cancer/prostate cancers, etc.

Cognitive impairment

- U.S. Department of Health and Human Services estimates nearly ½ of all nursing home residents have dementia (www.medicare.gov, 2009)
- 6.2 million = People over 85 with severe or moderate memory impairment by 2050, up from 1.6 million currently (2014)

(Source: Centers for Disease Control and Prevention, 2014; Caregiver.org)

Dementia and capacity to consent

- Dementia causes changes within the brain, therefore, it is likely to cause changes within sexual relationships
 - Affects relationship memories, abilities to limit/control emotions, impulsive speech/actions, self-control (acting out, keep private thoughts private), interpret sensory information
 - Hypersexuality/Sexual Disinhibition: clinically significant level of desire to engage in sexual behavior
 - » appx 2.9% - 8% of patients living at home; 3.8% - 7% in institutions

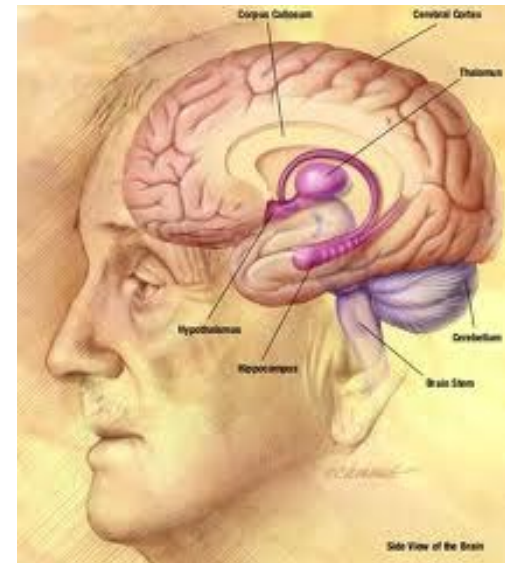
(Ibrahim & Reynaert, 2014)

Issues of consent

- Issues regarding consent often arise when one or both partners has diminished cognitive capacity
- Presence of dementia at varying stages of severity poses challenges in determining capacity to consent
 - *However, cognitive impairments don't necessarily eliminate one's ability for "recognizing their desire for intimacy and pursuing a meaningful relationship" (Hebrew Homes, 2011)*

Determination of capacity

- Who determines a resident's ability to consent?
 - No *single individual* should make the decision for another to have intimate relations
 - Resident's ICT must collectively assess the resident's level of capacity to determine benefits/potential harm



- I thought this would be a good stopping point for us and a natural place for David to start... HERE....

Thoughts?

**Policy Guidance and
Advocacy Strategies for
Addressing Resident Sexual
Expression**

LTCF role in residents' sexual expression

- Assist residents in developing maximum self-reliance and independence and enable them to function at the highest possible level of social and emotional wellness
- Respect residents' rights to privacy, preserve their dignity, promote autonomy, and advocate for their right to choose what to do with their own body

LTCF role in residents' sexual expression (cont)

- Consider the influences/barriers within residents' physical and cultural environments and make adjustments where possible
- Educate residents, staff and families on residents' rights and options related to sexual expression
- Be proactive vs. reactive:
 - DEVELOP A POLICY ON SEXUAL EXPRESSION AND SHARE IT

A sexual expression policy should...

- Clarify LTCF's views on addressing residents' sexual needs/actions
 - Define appropriate/inappropriate sexual expression
 - Explain what constitutes sexual abuse; process for determining
 - Educate on safety/risks (STI's), the aging body, boundaries, rules, and ethics
 - Provide staff skills/knowledge to address situations independently
- Every situation is different and **MUST** be looked at individually. LTCF must consider what the resident wants. Is it harmful?

Developing a sexual expression policy

STEP 1: ASSEMBLE STAKEHOLDERS

STEP 2: BECOME SUBJECT-MATTER EXPERTS

STEP 3: BUILD POLICY GUIDELINES

STEP 4: ASSESS FACILITY ENVIRONMENT

STEP 5: POLICY DEVELOPMENT

STEP 6: POLICY IMPLEMENTATION

STEP 7: POLICY EVALUATION

Education and training concepts for staff

- Prepare staff!
 - Share the sexual expression policy with current/potential staff
 - Staff spends the most face-to-face time with residents and will likely encounter a situation directly at some point in career
 - Staff often know the residents best and may be first to notice changes in health, attitude, or demeanor
 - Continuously provide support through sharing ideas, training, in-services, discussions, monthly meetings, etc.

Education and training concepts for staff (cont)

- Prepare staff!
 - Normalize discussion through conversation of existing or possible scenarios between residents; remind of residents' rights
 - Encourage staff to tell supervisors what they need to feel comfortable addressing resident' sexual expression
 - Identify barriers where they exist; suggest solutions
 - Train staff to differentiate between acceptable (healthy/safe) and unacceptable (unhealthy/unsafe) forms of sexual expression; equip with proper response strategies

Sensitivity training for staff

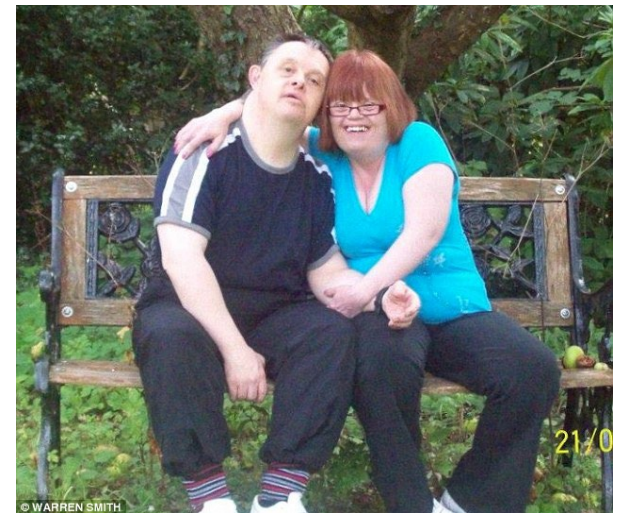
- Diversity/sensitivity training: increase LGBTQA presence in LTC
 - Appx 10,000 U.S. LGBT elderly nearing retirement age per week (National Resource Center on LGBT Aging, 2015)
 - Est LGBT Americans over the age of 65 will increase from 3 to 7 million in the next 25 years (Grant, 2009)
- “LGBT... face significant discrimination from senior care providers, including in places where we are most vulnerable, such as ALPs and end-of-life care" (hrc.org, 2009)
- LGBT-focused LTC environments and retirement communities
 - California, Florida, Arizona, New Mexico

Recognizing *unhealthy* sexual expression

- Unhealthy: when someone is taken advantage of or abused; sexual contact between a resident and facility employee, consultant, or third party affiliate
- Sexual contact between any individual and a resident who is unconscious, physically unable to communicate refusal, under the influence of intoxicants, suffering from *mental illness/defect* to the extent it impairs capacity to appraise personal conduct

Recognizing *healthy* sexual expression

- Healthy: consensual sexual expression between residents who are cognitively intact where neither residents' safety is at risk
- Consensual sexual expression between residents with diminished capacity where neither residents' safety is at risk
- Masturbation in a private, safe location



Effective response strategies

- Effective response strategies:
 - Respond calmly and patiently
 - Take time to consider what is going on and whether it's safe for all parties involved
 - Relocate to appropriate location when necessary
 - Address the resident in a formal tone/manner
 - Display a neutral reaction
 - Gently, but firmly remind resident when behavior isn't appropriate

Effective response strategies (cont)

- Distract and/or redirect
- Offer other forms of affection (pat on the back or hand shake)
- Demonstrate acceptance, comfort, promote open discussion, replace negative past experiences or alleviate fear of family/staff reaction
 - Listen, convey respect for the resident; their beliefs/values
 - Don't belittle, convey understanding
 - Be supportive of staff

Response strategies to AVOID

- Ineffective response strategies...
- DO NOT:
 - Scream and run!
 - Impose personal values/beliefs onto a resident
 - Punish/reprimand the resident
 - Shame or ridicule, argue with or embarrass
 - Become angry, over-react or express shock
 - Jump to conclusions – address the true need

Remind staff...

- It is not their role to determine a resident's capacity to consent or validate whether abuse has occurred, but to react appropriately; Follow policies and report to supervisor
- All residents have same rights (privacy, confidentiality, dignity, respect, independent choices, visits)
- Every person and situation is unique and should be looked at individually. There is no single perfect answer.

Document

- Sends the message that sexuality is a rightful need of residents and should be recognized accordingly
- Aides in creating an action plan to address residents' sexual needs
- If self-reporting ever becomes necessary, LTCF can show they've developed a thoughtful process from which to draw/support conclusions
- Paper trail/history for understanding if a pattern of sexual behavior is being established

Resident and family education

- Be upfront about the facility's policy upon admission (eg., does the facility offer erotic content on request? Provide condoms?)
- Periodically distribute sexually relevant information (brochures, newsletters)
- Address important topics from the news/media that may arise (sex abuse cases, LGBT, STDs)
- Remind families and residents of their rights
- Show relevant films, documentary, bring in an expert
- Talk to Resident and Family Councils

Thank you!

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