

Sexuality & Intimacy in Long Term Care



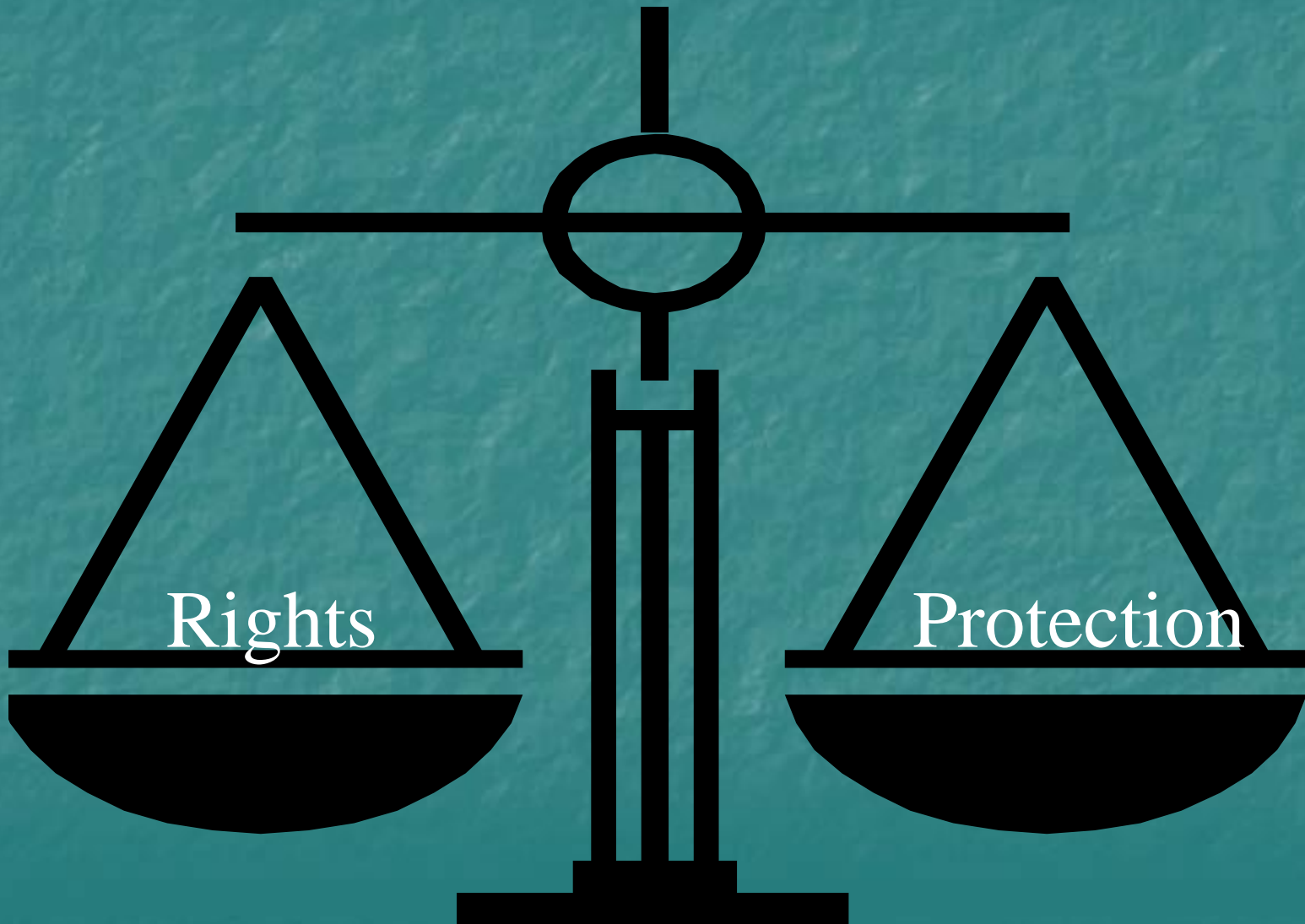
Presented by
Julie Button and Amy Panosh
State of Wisconsin
Board on Aging and Long Term Care
Ombudsman Program

Learning Objectives

- Demystify (de-myth-tify) sex in the elderly
- Distinguish what is sexual assault from consensual intimacy
- Guidelines for consent
- Assessing ability to consent
- Discuss sexuality in long term care and staff's responsibility to...



Balance



In August 2001, Elmer, a sixty year old man and Harriet, a seventy-eight year old woman, lived in the same small community-based residential facility for the elderly. At the time, there were seven residents residing in the facility; Harriet had been living there for over a year, and Elmer for about two or three months. The residents shared all of their meals at a large table, and mingled with each other all day.

According to a caregiver at the facility, Harriet suffers from "severe Alzheimer's," is unable to converse coherently, and does not remember things that have happened in the past or even earlier in the day. She generally responds to questions or attempts to communicate by laughing, or saying "yes ma'am" or "no ma'am." Harriet is not physically impaired, but does require twenty-four hour supervision because of her cognitive deficits.

Elmer was residing in the facility after suffering 3 strokes, but he remained alert and oriented. Elmer used a wheelchair, but was also observed at times walking independently.

On August 22, 2001, Harriet and Elmer were the last two residents awake in the facility. The caregiver, who works the 5:00 p.m. to 7:00 a.m. shift, reported that Elmer was talking to Harriet in a very soft tone, referring to himself as "daddy," on and off for between two to three hours. In response, Harriet would just laugh and say "ha, ha, ha, no, no, no."

At around 10:30 p.m., the caregiver helped Harriet to bed and closed her bedroom door. Elmer remained in the dining room area, watching television and talking to the caretaker for about another hour. At 11:35 p.m., Elmer went to bed. The caregiver ensured that he had gotten into bed and his oxygen was turned on, and then returned to the dining room.

According to the caregiver's report, at around 11:55 p.m., as she was about to start her rounds checking on the residents, she heard some noise, and went to investigate its source.

From about thirty feet away, she saw Harriet "sitting in a chair in the hallway and Elmer standing in front of her with his penis in his right hand and his left hand behind Harriet's head forcing his penis into her mouth and Harriet saying 'no, no,' and she was pushing away from him." The caregiver reported that as Harriet was pushing Elmer away, he was saying "oh, come on, oh, come on."

You are the caregiver.

What would you do?



At that point, the caregiver thought she should call for a second witness, so she stopped, turned around, and went to call for assistance over the intercom.

When she walked back, she heard Elmer moving at a very fast pace back to his bed. The caregiver reported that by the time she returned, she heard Elmer get into his bed, and observed Harriet still sitting in the hallway.

The caregiver called her supervisor and the owner of the facility, and made a bed for Harriet on the sofa so that she would be nearby. She reported that she tried to talk to Harriet about the incident, but Harriet could not remember what happened. The police were called the next day; however, Harriet was not able to respond to any questions from the officer. The caregiver gave the police an account of what happened when she returned to work the next day.

In this scenario, appropriate responses include:

- Separate residents immediately
- Take measures to protect all residents
- Call Police immediately
- Follow facility abuse policy & procedure
- Conduct investigation
- Contact legal decision makers
- File necessary reports
- Involve community resources

Why share this case with you today?

- This case illustrates sexual assault; it is important to understand the difference between assault and consent.
- These incidents could happen in any long term care setting.
- Bad things can happen in the best facilities or home situation...we need to be educated and prepared.

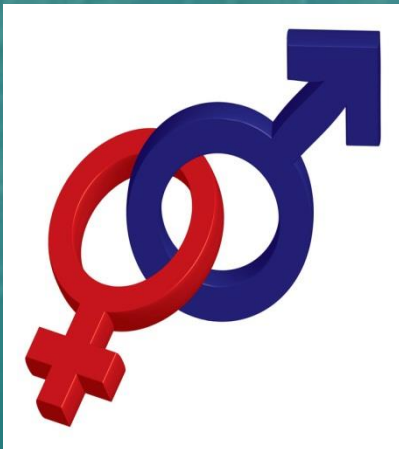
Popular Myths associated with Older Adult Sexuality

- ❖ Older people do not have any sexual desires or healthy sexual relationships.
- ❖ Older people are unable to perform.
- ❖ Any sexual activity among the elderly is perverse and embarrassing.
- ❖ Older people are fragile physically & might harm themselves.
- ❖ Older people are grateful for sexual contact.
- ❖ Elderly people who claim to be sexually active are fantasizing.
- ❖ Sex is for the young!

The reality is...

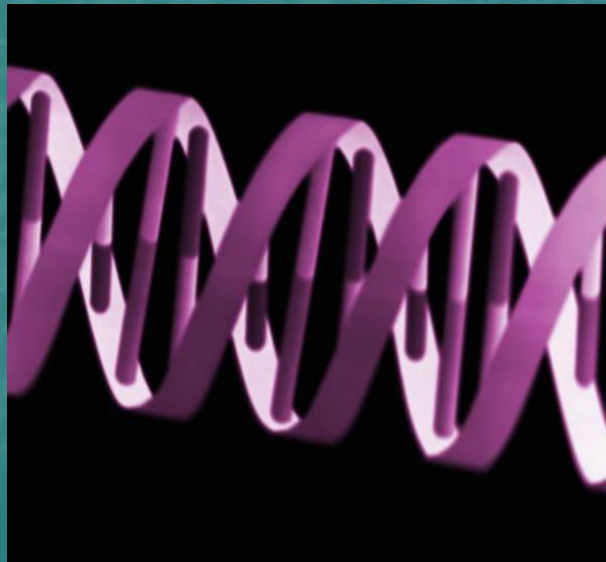
Sexuality is a total sensory experience,
involving the whole mind and body.

Nature and Nurture both play a role.



Sexuality is shaped by a
person's...

genetics



"GEN SILENT"

What would you do to survive if you were old, disabled and ill
- afraid of discrimination or abuse?

Gen Silent is the new LGBT documentary from award-winning director and documentary filmmaker Stu Maddux that asks six LGBT seniors if they will hide their lives to survive.

They put a face on what experts in the film call an epidemic: gay, lesbian, bisexual or transgender seniors so afraid of discrimination, or worse, in long-term/health care that many go back into the closet.

And, their surprising decisions are captured through intimate access to their day-to-day lives over the course of a year in Boston, Massachusetts.

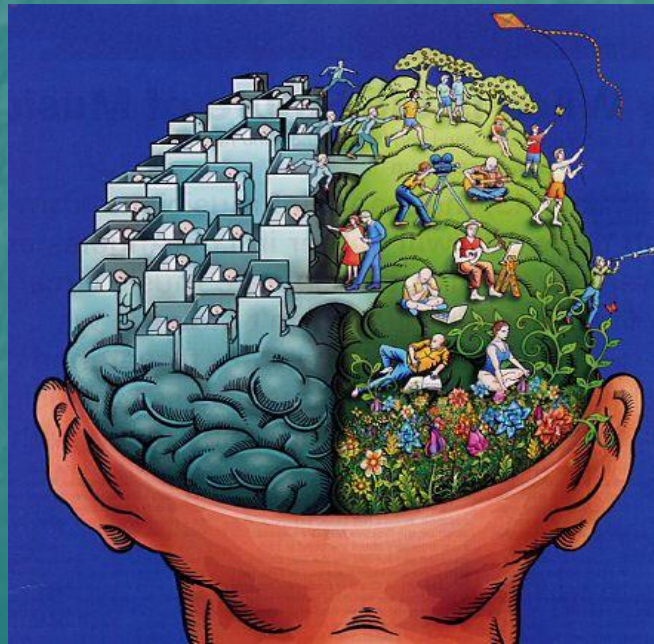
<http://vimeo.com/6896301>

http://stumaddux.com/GEN_SILENT.html

Special considerations for LGBT elders...

- Tendency to go back into the closet
- Many fear not being accepted
- Many fear mistreatment
- Family ties may be severed
- LGBT elder may age alone
- Awareness and sensitivity by LTC providers is essential
- SAGE and National LGBT Resource Aging Center are available resources

Sexuality is shaped by a
person's...
personality



Sexuality is shaped by a person's...

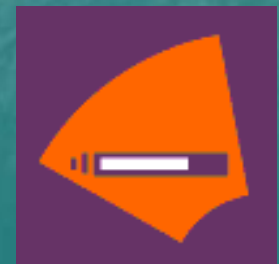
Spirituality

Values

Beliefs

Behaviors

Pop Culture





Everyone is an individual,
every situation is unique,
there is no one simple answer
or response to address instances
of intimacy.



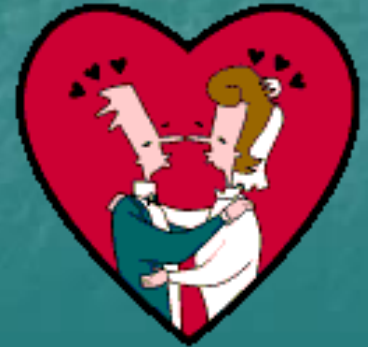
Sexual Contact:

Includes intentional touching of intimate body parts, either directly or through clothing by the use of any body part or object, for the purpose of sexual arousal, gratification, degradation or humiliation.

Paraphrased from 940.225(5)(b)

Which of the following are examples of sexual contact?

- ✓ Hand-holding
- ✓ Kissing
- ✓ Hugging
- ✓ Fondling or touching of breasts or genitals
- ✓ Sexual Intercourse
- ✓ Oral sex
- ✓ Anal sex



What does the behavior suggest?

- ❖ You see a resident disrobing?
- ❖ You see a resident undressing another resident?
- ❖ You see 2 residents holding hands or hugging?
- ❖ You see a male resident with his pants unzipped, holding onto his penis?
- ❖ You see 2 residents in bed together?

Consent is...

- permission
- approval
- agreement
- acceptance
- voluntary
- understanding
- not forced



Random House Dictionary, © Random House, Inc. 2011

Merriam-Webster's Dictionary of Law, © 1996

Consent is NOT...

- Deferring this decision to the guardian, activated HCPOA agent and/or family member or friend
- Deferring this decision to a physician or psychologist
- Deferring this decision to nursing home staff
- Based on resident actions alone

Guidelines in determining a resident's ability to consent to intimacy...

- The person understands the distinctively sexual nature of the conduct...the acts have a special status as "sexual".
- The person understands that their body is private and that they have the right to refuse.
- The person understands there may be health risks associated with the sexual act.
- The person understands there may be negative societal response to the conduct.

Ability to consent is very complex and has basis in case law. This is a brief overview. A more detailed handout is available from the Ombudsman Program.

Acts that are sexual assault, even with "consent"...

- Adult having sexual contact with a child.
- Employee of a nursing home, CBRF, adult family home or a state treatment facility having sexual contact with a resident/patient.
- Any person who performs or claims to perform therapy including social workers, physicians, nurses, counselors or psychologists, having sexual contact with a client.
- Any person having sexual contact with someone whom they know is unconscious, who is physically unable to communicate a refusal, or who is under the influence of an intoxicant or is suffering from a mental illness or defect to the extent it impairs capacity to appraise personal conduct.

Remember...

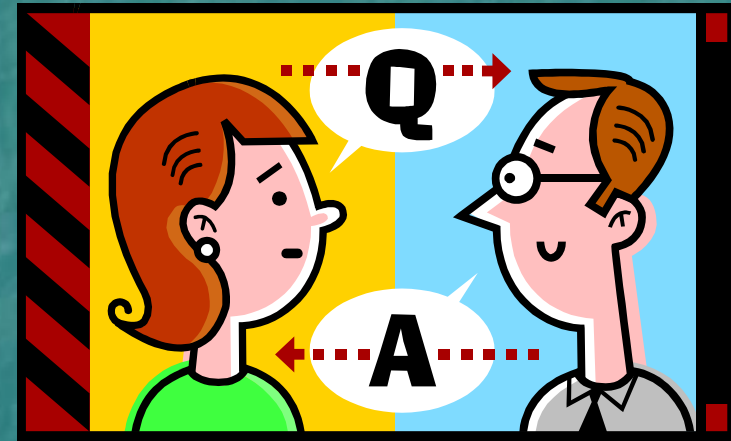
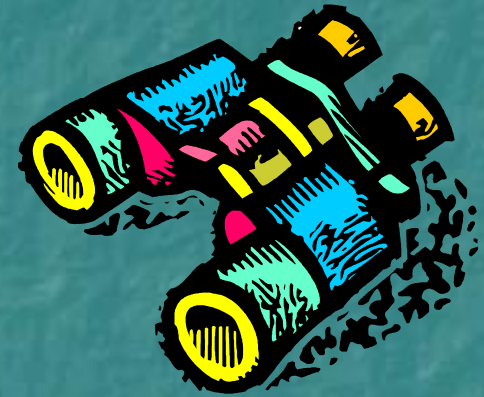
- No one person can make the decision for another person to have intimate relations.
- Not family, not legal guardian, not an agent.
- Intimacy is too personal—every person must be capable of deciding this for themselves.

Consent must be based on individual assessment.

Through the assessment process, the resident reveals their ability or inability to consent.

Assessment is...

- Knowing your resident
- Gathering Information
 - Making observations
 - Asking questions
 - Finding answers
- Analyzing information
- Never making assumptions
- Ongoing process



Social & Intimacy History

- Marital Status, number of marriages or previous relationships?
- Current relationship?
- Sexual Orientation - Heterosexual, bisexual, lesbian, gay transsexual, transgender?
- How do you demonstrate the need for intimacy?
- Are there times when you would like privacy?
- How do you show affection? Do you like giving/receiving hugs?
- Are you accustomed to sleeping alone?
- Any recent changes in your sexual behavior?
- Would you consider your current sexual behavior consistent with your beliefs and values?
- History of being sexually abused? Any type of abuse?
- History of sexually transmitted diseases?
- History of deviation or atypical sexual behaviors?
- History of sexual criminal activity?

Observation Tips...

- Resident interactions
 - With male residents? With female residents? With staff? With family? With visitors?
- Body Language
 - Fearful? Happy? Troubled? Agitated? Calm? Facial grimaces? Posturing? Pushing Away? Waving of hands?
- Verbalizations
 - Angry? Fearful? Friendly? Reserved? Shouting?
- Response to care
 - Acceptance? Refusal? Specific cares? Specific staff? Time of day?
- Changes
 - Medical condition? Cognition? Social? Environment?

Planning the Interview

- Team effort
- Write down the questions
- Address the 5 W's in the questions
- Keep questions simple and clear
- Use both yes/no and open ended questions
- Start broad then narrow questioning
- Avoid leading questions
- Choose staff person to conduct interview



Conducting the Interview

- Assure privacy
- Interview people separately
- Seating arrangement
- Be friendly, interested, non-threatening
- Only ask one question at a time
- Don't be afraid of silence
- Re-word the same question to check for consistency
- Try repeating an answer incorrectly
- Do not show shock, surprise, disgust or any other extreme emotion



Take an interviewing class...this is only the basics!

Guideline #1:

The person understands the distinctively sexual nature of the conduct...the acts have a special status as "sexual".

Example Questions:

- Tell me about your friends.
- Do you have a special friend?
- What do you do with your friend?
- Does this friend touch you? How? Where on your body?
- Do you like being touched this way?
- Are you having sex with your friend?
- Where do you have sex?
- Does this offer you privacy?
- Do you understand what sexual contact means?

Guideline #2:

The person understands that their body is private and that they have the right to refuse.

Example Questions:

- Do you feel comfortable & safe living here? Why?
- Is there anyone you are afraid of? Anyone who makes you feel uncomfortable?
- Has anyone ever hurt you?
- Did you tell them to stop?
- What was their response?
- If you do not like something, how do you say no?
- Do you tell someone? Who?
- Do you understand you have the right to say no?

Guideline #3:

The person understands there may be health risks associated with the sexual act.

Example Questions:

- Do you have any health issues that limit your activity?
- What are they?
- How do they limit you?
- Is having sex a health concern for you?
- Do you know what a STD is?
- Do you know anyone with a STD?
- Is pregnancy a concern?

Guideline #4:

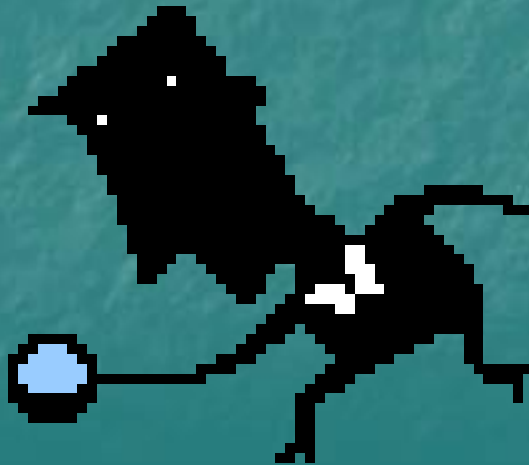
The person understands there may be negative societal response to the conduct.

Example Questions:

- Do people here gossip? About what?
- Does this concern you? Why?
- Have you ever been the target of gossip? What was it about? Did that upset you?
- Have you noticed people being excluded from groups? Have you ever been excluded?
- Has anyone scolded you, called you names, judged your behavior, etc? How did that make you feel?
- Do you have concerns that your family or friends would treat you differently because of this relationship? What are your concerns?
- Will you continue this relationship if your family and/or friends disapprove?

Analyzing information...

means to examine something in great detail in order to understand it better or discover more about it



What if...?

- The resident is married or has a life partner?
- Resident has dementia?
- The family insists the resident can have sex? Or can not have sex?
- The resident looks happy when with her partner?
- The Doctor has determined the resident can have sex? Or can not have sex?
- The resident has a guardian or activated HCPOA?

Assessment is **STILL**
necessary!

'Able to Consent' approaches...

- Respect resident rights
- Assure privacy and confidentiality
- Support relationship
- Accommodate needs
- Access to outside resources
- Re-assess ability to consent as needed

'Unable to Consent' approaches...

- Address the real need
- Distraction
- Redirection
- Activities
- Supervision
- Offer socialization in public, supervised area
- Early identification of relationship
- Use of facility to separate residents, when necessary
- Staff training



Resident to Staff Sexual Contact: Protecting the Caregiver

Prevention:

- Watch your body language—hug carefully
- Watch how you provide cares
- Watch what you wear
- Watch your language, what you say and how you say it
- Explain your role
- Maintain professionalism

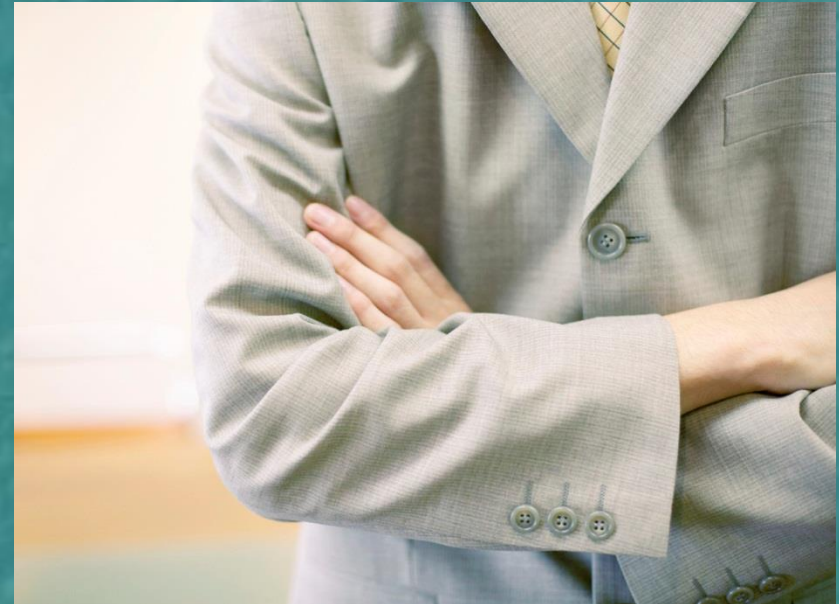
If resident is known to be inappropriate:

- Go in twos
- Consider shaking hands instead of giving hugs
- Address resident formally
- Work as a team to provide relief
- Specific care planning
- CNA support group

Inappropriate Interventions or Attitudes

Never...

- Judge
- Assume
- Holler
- Punish/reprimand
- Belittle
- Humiliate
- Jump to conclusions
- Ignore what is happening under your own nose
- Impose your own values/beliefs onto a resident
- Resort to medications to diminish sex drive



Cornerstone of Resident Rights

Each resident has the right to be treated as an individual with courtesy, respect, and dignity.

Regulatory & Legal Safeguards

- Develop policies and procedures
 - Sexuality
 - Sexual harassment
 - Abuse
 - Reporting
 - Rights
- Respond appropriately to situations and complaints
 - Do Not ignore what is happening in the facility
- Educate ALL staff on Sexuality, Diversity, Policies
 - Conduct periodic audits to assure compliance
 - Closely supervise staff and evaluate competence in policies and caregiving

Staff Training

- Education provides staff with the knowledge and tools needed to address situations appropriately.
- Education allows for open discussion about subjects that, for some people, are embarrassing.
- Education builds teamwork skills and promotes interdisciplinary approaches.
- Education gives confidence.
- Education leads to acceptance and appreciation.
- Education helps staff to respect rights!

Topics for Staff Training

Heterosexuality

Homosexuality

Bisexuality

Transgender

Cross dressing

Masturbation

Abuse

Sexual Assault

Domestic Violence

Alzheimer's Disease &
Related Dementias

Empathy, compassion &
tolerance

Ethics & Boundaries

Legal decision making

Resident rights

Resources to Help with Training, Assessment and Care Planning

- Ombudsman Program
- Guardianship Support Ctr.
- Interdisciplinary Team
- LGBT organizations
- Alzheimer's Association
- Disability Rights Wisconsin
- Memory Assessment Clinics
- Domestic Violence Center
- Ethics Committees
- Sexual Assault Center
- Geriatrician, Physician, Psychologist & Psychiatrist
- Law Enforcement

Summary

- De-myth-tified intimacy in aging - focus on reality
- Everyone is an individual shaped by nature and nurture
- Sexual contact is defined in WI statute
- Responsibility is to balance rights and protections
- Assessment for consent should be based on case law guidelines and knowing the resident
- Analysis of the assessment data leads to the revelation of the person's ability or inability to consent.
- Approaches must be based in resident rights
- Continually educate staff and utilize available resources

