

Pioneering Change

Sexuality in Nursing Homes Education Module



to

Promote **E**xcellent **A**lternatives in **K**ansas
Nursing Homes

ABOUT THIS MODULE

This educational module is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of this module is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments.

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Course Objectives:

1. Understand the meaning and functions of sexuality for older adults.
2. Identify barriers for residents' sexual needs.
3. Identify strategies to help residents appropriately express their sexual needs.
4. Identify inappropriate sexual expressions and strategies to respond to them.
5. Identify fundamental elements for effective staff training on sexuality.





Pre-Test

The pre-and post-tests included with the module are optional. The questions provide information about the material to be covered and can be used for learning self-examination.

1. What percentage of cognitively intact nursing home residents have sexual thoughts?
 - A. 5.4%
 - B. 7%
 - C. 90%
 - D. 0.5%

2. What is the most cited reason for older adults for not being sexually active?
 - A. Poor health
 - B. Lack of a partner
 - C. Mental health
 - D. All of the above

3. Identify an activity that is not a manifestation of a sexual expression:
 - A. Drinking coffee with your friend
 - B. Holding hands
 - C. Flirtation
 - D. Masturbation

4. What are the benefits of being sexually active at an older age?
 - A. Better self-esteem
 - B. A higher quality of life
 - C. Feeling loved and needed
 - D. All of the above

5. Sexual problems and dysfunction are caused by:
 - A. Aging process
 - B. Poor nutrition
 - C. Disability
 - D. Stress
 - E. All of the above

6. What percentage of people with dementia exhibit sexually inappropriate behavior?
 - A. 12%
 - B. 8.5%
 - C. 7%
 - D. 3.7%



7. The percentage of older men, age 65 and above, who disapprove of sex outside of marriage is:
 - A. 15%
 - B. 27%
 - C. 63.5%
 - D. 37%

8. The percentage of older men and women in the boomer generation who disapprove of sex outside of marriage is:
 - A. 15%
 - B. 35.9%
 - C. 40%
 - D. 48.3%

9. Appropriate humor used when responding to residents' sexual needs may:
 - A. Reflect staff's support
 - B. Improve a resident's self-esteem
 - C. Relieve tension
 - D. All of the above

10. The most common reason(s) for older adults not entering into a new relationship are:
 - A. Fear of family's reaction
 - B. Fear of loss
 - C. Religious principles
 - D. All of the above

Answers can be found on page 31.



Sexuality in Nursing Homes

Introduction

“Young love is about wanting to be happy. Old love is about wanting someone else to be happy.”

--Mary Pipher, psychologist

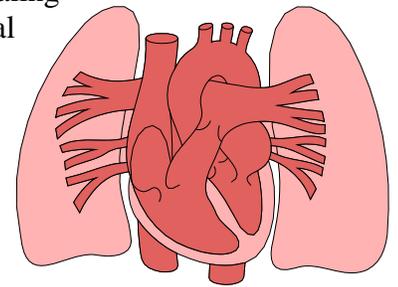


Some of the most difficult situations for nursing home staff involve the sexual activity and sexual desires of residents. This difficulty is compounded when nursing home administration, staff and families do not have candid discussions about these issues. Most situations related to residents' sexuality are handled individually in hushed voices without making it a learning opportunity for staff. Sexuality of older people is rarely addressed in staff training. The subject of different sexual orientation is rarely considered for staff education or discussion. This module provides some talking points to begin these discussions and increase staff awareness and sensitivity related to residents' sexual needs.

Most of us have grown up not wanting to believe that our grandparents ever had sex, let alone that they might be having sex now. Little research has been conducted about the frequency of these activities in the older generation (Low, Lui, Lee, Thompson & Chau, 2005). Despite the aging of the population on an unprecedented scale, the sexuality of older Americans is not well researched (Lindau, Schumm, Laumann, Levison, O'Muircheartaigh & Waite, 2007). The lack of interest related to older individuals' sexuality is based on the assumption that older people are asexual.

However, when older adults were surveyed, they revealed that sex was not an activity exclusively reserved for young people. More than a quarter of those between the ages of 65 and 85 report having an active sexual life (Low et al., 2005). In a study involving 250 nursing home residents, 8% of residents reported sexual activity in the past month, and 17% expressed a desire for sexual activity. Ninety percent of the residents had sexual thoughts and fantasies. The residents who were interviewed were cognitively intact, even though they were physically dependent (Lantz, 2004). Interest in sex and level of sexuality in later life corresponds to when people were young (Bretschneider & McCoy, as cited by Miles & Parker, 1999). The most often cited reason by older adults for having no sexual activity was lack of a partner (Lantz, 2004).

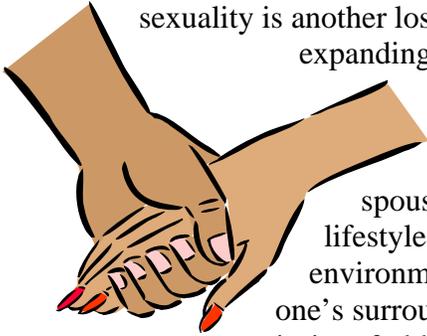
Sexuality generates many positive benefits for older adults. Sex restores and enhances energy and inspires healing (Karlen, 1992). “Sexual activity... is good muscle exercise, it stimulates...nerves, and, like any good exercise, it also helps maintain fitness. It raises heart and breathing rates. The genitals are kept in shape and all body systems function better.” (Rankin, 1989)



In the last decade, there has been a strong movement to increase nursing home residents' quality of life. Even though sexual health has been known to be an important part of quality of life for many people, it has



not been easy for staff to encourage older people to express themselves through sexual activities or even accept their needs in this area (Low et. al., 2005). Consequently, sexuality is another loss for elders, expanding the list of other losses such as one's independence, a spouse, an individual lifestyle, a home environment, familiarity of one's surroundings, etc. for the majority of older adults living in nursing homes. Loss of physical and emotional intimacy is a profound and often ignored source of suffering for elderly individuals.



As stated earlier, sexuality of older adults is a neglected topic, especially when it is related to living in nursing homes. When the subject is discussed, it causes embarrassment for many staff and residents. Surveys of nursing home staff showed that 80% of staff members believe that residents have sexual needs. However, less than 40% think that older adults should discuss sexual topics or work on being physically attractive. It is important for nursing home staff "to acknowledge that adults, including the elderly, maintain an interest and desire in sexuality" (Lantz, 2004, p.34).

Education programs for staff have proven to be effective in increasing their awareness of normal sexuality throughout the human lifespan. A program may promote elders' independence as well as their need for privacy and respect of confidentiality. Training encourages staff to discuss their opinion of sexual activities for older adults. It also directs staff attention to the admission process, as it addresses a new residents' sexual needs, increases their awareness

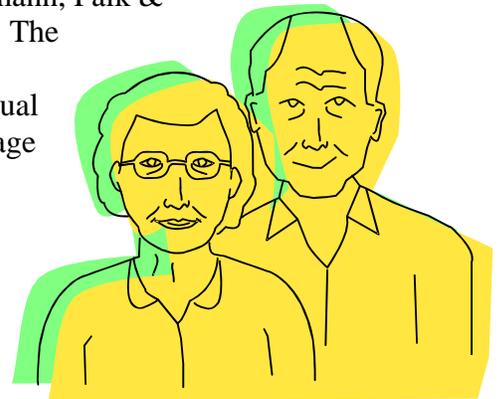
about residents' sexual needs and enhances staff sensitivity to different sexual orientations (Lantz, 2004). Sexual needs of older adults receiving long-term care services "must be addressed with the same priority as nutrition, hydration, and other well-accepted needs." (Wallace, 2003, p.53)

Diverse Ways of Expressing Sexuality

"I truly feel that there are as many ways of loving as there are people in the world and as there are days in the life of those people."

-Mary Calderone, physician and pioneer in the field of human sexuality (1904-1998)

Sexuality is a basic human need and it does not go away with aging. However, being older may contribute to difficulties in this area (Hajjar & Kamel, 2003). With age, the frequency of sex decreases or sexual intercourse may be replaced with different intimate expressions. The physiological slowing down process is a normal component of aging. In addition to this, some older people are affected by illnesses such as arthritis that further impact intimacy (Rankin, 1989). However, sexual problems and dysfunction are not part of the aging process (Laumann, Paik & Rosen, 1999). The likelihood of continued sexual activity with age is strongly correlated to self-reported health (Lindau et al., 2007). Most people





living in nursing homes are frail older adults, and consequently sexuality is not on the forefront of the long-term care industry's educational agenda. Nevertheless, nursing home residents' sexual needs should not be neglected just because they pertain to a minority.

For most people sexual activity is associated with sexual intercourse. However, human intimate and emotional needs can be expressed in many ways. They can be met by a simple human touch on the hand, face or shoulder, or by a hug. Sexuality of older adults may be manifested through affection, romance, enjoyment of each other's company, taking care of one's physical appearance, having the need to feel attractive and still wanting to be seen as a woman or as a man. Studies report that the most frequent sexual expression among nursing home residents is manifested through maintenance of their physical attractiveness (Hajjar & Kamel, 2003). Other studies identify handholding, kissing, petting and masturbation as commonly observed sexual behavior among residents (Roach, 2003).

Each person's sexual experience is unique. Sexual intimacy is connected to a person's life experience and self-esteem. It reflects how a person forms relationships with others and is affected by the impact of physiological changes of aging on a person's sexual functioning (Kamel, 2001).

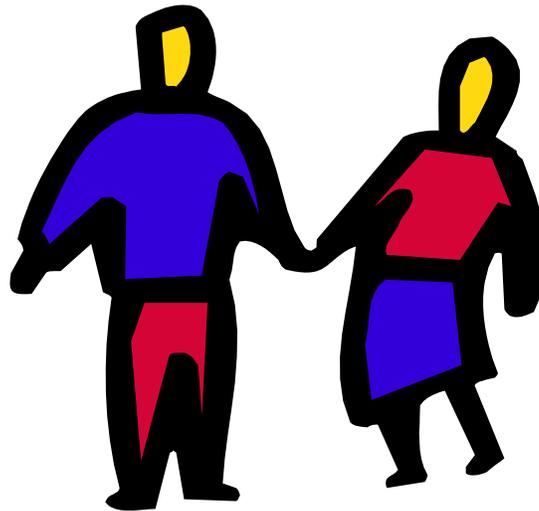
One human need is to be connected to other people. The need for connection does not

necessarily need to be expressed in a sexual manner. Caring for each other and spending time with another person builds an emotional closeness and social intimacy between people. Researchers have concluded that the memory of love is present even if one's memory is compromised (Loue, 2005). "Love is instrumental to life. Intimacy is the core of love" (Calderone, 1971, as cited by Loue, 2005). Maria Calderone, 1971, identified five aspects of intimacy:

- Choice
- Mutuality
- Reciprocity
- Trust
- Delight

All five of these elements form a circle resulting in all the elements being connected with each other. None of these elements can occur without time and privacy (Loue, 2005).

Miles and Parker, 1999, suggest that the concepts of loneliness and intimacy help us understand the human need for sexuality. Thus, these two elements may provide answers for studying the importance of sexuality. Loneliness is feeling that one is deprived of intimate relationships. "Intimacy is a sense of being in a deeply rewarding, emotionally intense relationship in which one has a confidante for safe self-disclosure." (Miles and Parker, 1999, p.37) Intimacy may be expressed in many different ways. Residents identified social intimacy as the most important element of intimacy. Sexual or physical intimacy was rated the lowest (Lichtenberg, 1997).





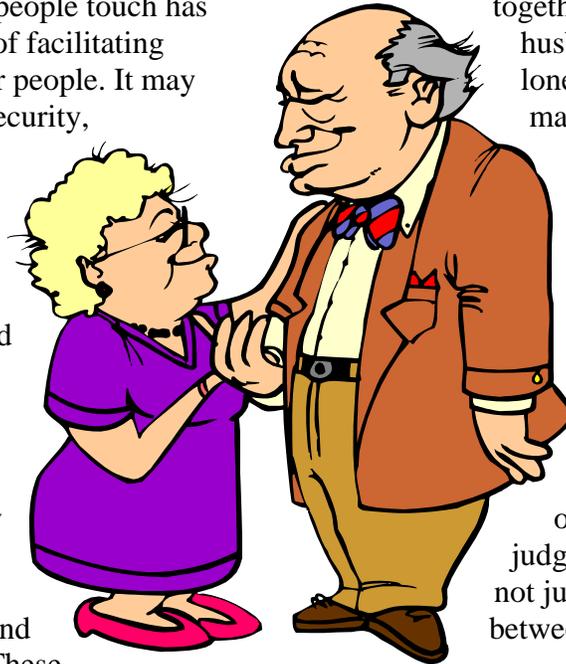
Sexual intimacy can be expressed in terms of genital and non-genital caressing. The latter one reflects the need for sharing the warmth of another body. Many researchers highlight the importance of touch in order to maintain health, well-being and a sense of self-esteem. For older adults touch may be of an even greater value, perhaps meeting their psychic needs and not necessarily sexual desires. Psychic needs could be the result of loss of a spouse or feeling deprived. For cognitively impaired people touch has the additional dimension of facilitating communication with other people. It may give a person a sense of security, having control over the environment, or belonging to others (Loue, 2005)

Researchers from Scotland (Hubbard, Tester & Downs, 2003) observed residents' social relationships in nursing home environments. They noticed that one of the many interactions that occurred between males and females were flirtations. These flirtations were interwoven with humor which served as a means to display affection. Another form of expressing fondness was passing compliments. Some of the affection between males and females was romantic and sexual.

The Scottish researchers concluded that in nursing homes that were supportive of residents' sexuality, non-sexual interactions like flirtation were more common, in contrast to the homes where residents felt that staff did not approve of intimacy among elders (Hubbard, Tester & Downs, 2003). With appropriate training and understanding of the functions of sexuality for older adults, staff can be instrumental in creating a

suitable environment for residents who want to express their sexual needs or feel less lonely through forming a new relationship.

For some older adults, development of a same-sex relationship may take place in a nursing home for the first time in their lives. Two widowed women may find comfort hugging each other, resting in the same bed, and holding hands. The need for physical touch may be strengthened by grieving together for their deceased husbands, as well as relieving loneliness. Their union may or may not be seen as a lesbian relationship regardless of whether it is expressed through sexual activities (Sisk, 2007). No matter how this relationship is viewed by staff or the nature of the union, as long as they are two consenting adults who find comfort with each other, staff should not judge them just as they should not judge any other relationship between consenting adults.

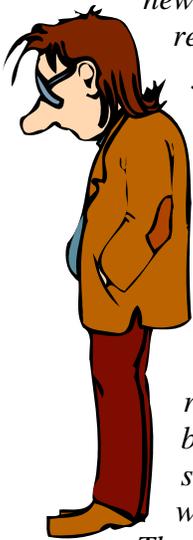




Case Study: Sexual Needs

This case study is a true story from a Kansas nursing home that has been given the Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK) award for its achievements in the person-centered model of care.

When a gentleman transferred to one nursing home from another, a social worker asked him what would make his stay at the new facility more comfortable to him. He replied by saying that he'd like help finding a woman to please him sexually. This shocked the social worker because she had never heard such a request. The social worker discussed the issue with the interdisciplinary team that was assigned to help him settle into the facility. The group decided that nothing could be done for his specific request illegally such as prostitution but that the resident had a legitimate sexual need. The team asked the social worker to learn more about his request.



The resident commented that he was lonely and needed a woman to make him feel satisfied. The social worker explained that this option was illegal and offered an alternative to help him meet his need. The resident liked the suggestion of using sexually explicit materials for his sexual fulfillment. To address his need the team came up with a two-fold solution. The team purchased (with the resident's money) various resources that he viewed in the privacy of his room. In addition, the team noted that the gentleman had a history of substance abuse and feelings of abandonment. The team gave extra attention to developing relationships with him. As he started feeling connected to others, he began

to have fewer discussions about feeling lonely and fewer requests to view the materials.

Have you ever dealt with a resident's request related to his/her sexual needs? How have you handled the request?

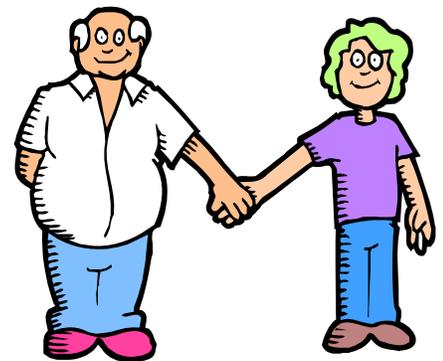
Would the purchase of erotic movies/magazines for a resident be possible in your facility using the resident's funds?

Perceptions of Older Adults

"You cannot be lonely if you like the person you're alone with."

Wayne Dyer, American psychologist, 1940-

Many studies have shown that nursing home residents have admitted to having sexual thoughts and fantasies. As stated earlier, the most often identified reason for not being sexually active was the absence of a partner. Studies show that sexual interest is much higher among residents who still have partners. Seventy-three percent of couples expressed their sexuality through hugging and kissing at least monthly, and 17% reported having intercourse at least one time per month (Mulligan and Palguta, as cited by Lichtenberg, 1997).





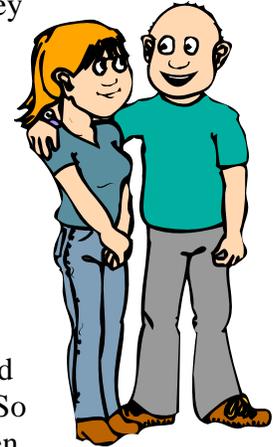
Being sexually active at an older age is socially taboo. Many elders are taught to believe that sex is only for the young. Their attitude toward sexuality is influenced by societal norms and morals they grew up with (Aizenberg, Weizman & Barak, 2002). Many people from the cohort born between 1900 and 1920 were never encouraged to develop close intimate relationships when they were young. Most nursing home populations grew up in the first half of the 20th century. This era influenced their social and moral values that are very conservative compared to present standards. Sex as a pleasurable activity was reserved for men. Women were taught to accept sexual activities only for procreation and for providing pleasure to their husbands (Hajjar & Kamel, 2003). Pre-and extra marital sex was considered a severe violation of social norms, especially when it concerned women. Puritanical views on sexuality have clearly dictated what, when and by whom a sexual activity is appropriate. Modification of societal norms learned during youth would be very hard to execute at the later stages of life.



Older adults whose principles related to sexuality are not governed by Victorian principles may still be reluctant to let a new person be in their lives. Widowed women and men may be fearful of entering into a new relationship due to the possibility of another loss and emotional pain in their lives (Rankin, 1989).

Perceptions of Families

The next generation, the children of the previous cohort, were taught the same conservative values by their parents. Regardless of how they view their generation's sexuality, they tend to follow the old societal norms regarding sexuality to their parents. Sex was considered an activity entirely reserved for procreation within a marriage. Sexual activity was also associated with physical attractiveness and the appearance of youth. So when older people are seen as having sexual needs and they do not meet societal criteria for "the youthful standards of beauty and attractiveness", such behaviors evoke "distaste, disgust and denial" (Holmes, as cited by Reingold and Burros, 2004, p.177).



Sexual interest by an older relative may seem inappropriate by their children and grandchildren. It is even less acceptable if an older relative is sexually active with a new partner. This new relationship may be viewed by the younger generation as disloyalty to their grandparent/parent (Hajjar & Kamel, 2003).

Sometimes a family not only expresses dissatisfaction with a new situation but also demands an end to the relationship. In one particular case, a married man started a sexual relationship with a female resident. His family requested that nursing home management terminate this relationship. In another case, the children of a new couple expressed happiness for both of them and supported the union (Villarosa, 2002).



Concerns regarding an older relative's sexual interests may also be influenced by financial concerns. A new relationship may threaten the economic prospect for children whose future welfare may be in jeopardy (Reingold & Burros, 2004). Some children may be concerned that their relative's interest and energy will shift from them to another person. A new relationship is often viewed as a threat to the family (Rankin, 1989).



Case Study: Family's Concerns

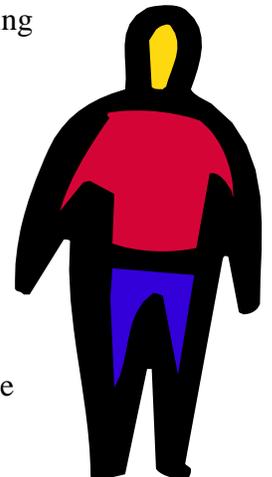
Jane's mother, 89, has been a resident of the Riverview nursing home for six months. At her last visit, Jane's mother introduced her to a new male friend, Aaron. Jane liked the gentleman and was happy that her mother found a companion. Over time, she noticed that the relationship between her mother and Aaron was more than a pure friendship. She called her two siblings to discuss the situation, as she felt anxious about the romance and was not sure how to view it. She remembered how unhappy their mother was with their father but the thought of her being in a new relationship made Jane feel uneasy. Their father developed Alzheimer's disease and had been living in a supported memory unit for three years. Due to the disease, he was not able to recognize any of his family members. Jane's mother was cognitively intact but Aaron exhibited some

problems with his memory. Jane found out that Aaron was widowed and had two children. He and his children were the owners of the biggest company in town.

1. How would you react if you were Jane? And how would you react if you were Aaron's family?
2. What were Jane's concerns associated with her mother's new relationship?
3. How would your facility handle this situation?
4. What might Aaron's children possibly be concerned about regarding their father's new relationship?

Attitudes of Nursing Home Staff

Most staff have minimal understanding of older adults' sexuality and their sexual needs. This contributes to seeing residents' sexual interests as behavioral problems and not expressions of love and intimacy (Kamel, 2001). Studies suggest that the frequency of sexual activity among nursing home residents is in contrast to that of older non-institutionalized adults (Roach, 2004). Negative attitudes of staff toward residents' sexuality are not conducive to continuity of sexual activities in nursing homes. Expression of





residents' physical intimacy is usually not favorably received by staff. Often, residents' sexual activities are viewed as "abnormal or inappropriate behavior" (Miles & Parker, 1999). Behaviors such as



handholding in a private setting are generally seen as culturally appropriate for residents. However, this behavior as observed by a different staff member may be regarded as inappropriate and possibly discouraged. Any sexual expression aimed at a staff member and any form of public sexual expression toward staff or residents is generally unacceptable in nursing homes (Archibald, 1998). A study conducted with nursing home nurse assistants and nurses demonstrated that staff members who had a conservative attitude toward premarital and extramarital sexual relations were also conservative about the sexuality of elders. As a result caretakers' conservative values may interfere with a resident's right to sexual expression either alone or with another resident (Dickey, 1989).

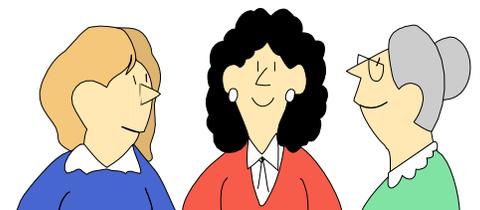
Roach, 2003, analyzed various nursing staff attitudes toward elders' sexuality. Staff members represent different backgrounds. They are a product of their diverse upbringing, education, culture, religious and life experiences. This means that the level of comfort in discussing sexuality is different among staff. The self-confrontation process may be uncomfortable. Training on residents' sexuality may help staff confront their own sexuality. Roach has distinguished four usual approaches to residents' sexuality. Each approach has a different impact on residents.

Standing guard occurs when staff prevent themselves from feeling uncomfortable. This approach produces avoidance of everyone's sexuality, including their own. For that reason, staff do not address residents' sexual needs. This attitude may result in health decline of the resident. Roach claims that this attitude is typical in homes where residents' sexuality is strongly discouraged.

Reactive protection includes the same element of avoiding discomfort as in the *standing guard* attitude. However, in an environment where residents' sexuality is encouraged, staff are less likely to create barriers for residents. They use their moral, religious or cultural values to "protect" residents. This attitude is potentially more harmful to residents than the *standing guard* attitude due to its inconsistency and hidden agendas of staff.

Guarding the guards occurs when a staff member offers an approach to resident sexuality that is not accepted by the nursing home due to its restrictive organizational standards. This open attitude means that staff have discussed resident rights and responsibilities, including the right to express their sexuality. Due to the organization's policy, staff guard residents' desires against other staff members to protect elders' rights for intimacy.

Proactive protection occurs when management provides training on resident sexuality and educates them on strategies to respond to the issue in a dignified, respectful and consistent manner. This approach reduces positive outcomes both for residents and staff. Resident sexuality is not oppressed and staff are more comfortable





dealing with diverse sexual expressions due to their increased awareness and sensitivity in this area.

A group of researchers were observing residents' interactions with each other and staff reactions to these behaviors. When residents would display mutual romantic interest, staff would have various responses, from being angry to being amused. To a certain degree, staff treated residents like small children. When residents developed loving and caring relationships and their sexual display was acceptable, staff were mostly supportive. This support was evident regardless of whether the relationship was between the same gender or residents' marital status. Erotic behavior reflecting sexual excitement or desire was met with rejection, disgust and anger by staff. The intensity of negative emotions increased when a male resident with dementia would harass a female resident or a staff member (Ehrenfeld, Bronner, Tabak, Alpert & Bergman, 1999). The unfavorable opinions of staff about sexuality of older adults may also come from the notion that sex is equated with youth and any form of sexual expression displayed by older adults is distasteful to them (Holmes, as cited by Reingold and Burros, 2004).

Barriers to Sexual Expression in Nursing Homes

“Loving is not just looking at each other, it's looking in the same direction.”

Antoine de Saint-Exupery
(French novelist, 1900-1944)

Hajjar and Kamel, 2003, identified major barriers to any sexual activity for nursing home residents:

Lack of privacy

Most nursing home buildings were designed for the traditional medical model. A typical nursing home is structured as an open public space with a few long halls where residents' rooms are found. This design was created so that residents could be monitored by staff 24 hours a day. Residents' rooms are typically open and very few residents have private rooms. In shared rooms a curtain separating the beds is supposed to provide privacy to residents. Staff members seldom respect residents' privacy and enter their room without either knocking or waiting for an answer.





Case Study: Privacy

In working with a gentleman who had advanced dementia, a social worker, Lacey, was approached by his wife who was a resident in another unit. The wife asked if she could move in with her husband. Lacey listened to what her needs were in the situation and assisted her in moving. Several days after she moved in with her husband, she asked a direct care



worker for assistance in moving their beds closer together. The direct care worker assisted her with this need. Later in the afternoon, a staff member doing rounds walked by the couple's room and noticed the door shut. She politely knocked on the door and asked if they needed any help. The wife replied, "NO!" Shortly after this occurred, the wife walked out of the room and asked to speak with Lacey who noticed that the wife was quite angry. The wife had been looking forward to being with her husband for a long time and was upset that a staff member interrupted their time together.

From this point on, staff members were informed that when the couple's door was shut it meant "do not disturb."

1. What is the policy regarding residents' spouses/partners' visits in your facility?
2. How do you accommodate residents' needs for privacy in your facility?

Lack of partner or lack of willing and able partner

About 30% of elderly men and 40% of elderly women report sexual inactivity due to lack of partner (McCracken, 1980, cited by Hajjar and Kamel, 2003). In a typical nursing home about 70% of residents are women. An older single woman would most likely not dare break societal norms by having extramarital sex. However, this norm does not seem to apply to men. (Pfeiffer, as cited by Hajjar and Kamel, 2003).

Mental illness

Dementia is highly prevalent in nursing homes. Staff are always alarmed when a cognitively impaired resident expresses his/her sexuality. Consensual sexual activity is more often questioned with dementia residents than with residents whose judgment is not impaired. Men with dementia exhibit inappropriate sexual behaviors more often than women (Holmes, Reingold, Teresi, as cited by Hajjar and Kamel, 2003). Sexual needs of residents with dementia are more frequently discouraged by staff than when the same needs are expressed by cognitively able residents.

Case Study: Justice O'Connor

Former Justice Sandra O'Connor's husband suffers from Alzheimer's disease and lives in a nursing home. Lately, her husband has developed a romance with another woman living in the same home. He is seen holding her hand and looks very content when in the company of his female friend. Mrs. O'Connor is very happy for her





spouse. She has noticed that his anxiety has diminished and he seems happier than in the past (Zernike, 2007).

1. What is your opinion about Mrs. O'Connor's decision regarding her husband's romance?
2. If the family of a resident with dementia does not have a problem with his/her new relationship, would your facility try to accommodate the new couple's wishes for intimacy?

Physical limitations

Poor health was identified by both men and women as the explanation for not engaging in sexual activity (Wasow & Lebel, as cited by Hajjar and Kamel, 2003).

Attitudes of staff and family members

Absence of education on sexuality often produces negative, if not hostile, attitudes toward older people's sexual needs. Staff members look at resident sexual behaviors as problems rather than recognizing their need for intimacy. Diversity among staff and their different moral and religious values result in inconsistent attitudes about residents' sexuality. It is often very difficult for families to accept that their older member is sexually active with anyone other than who they are used to seeing as this relative's long-term spouse (Wallace, 2003).

Adverse effects of medications

Some medications diminish sexual desire.

Feelings of being unattractive

A study showed that 58% of male nursing home residents and 78% of women feel sexually undesirable (Wasow & Lebel, as cited by Hajjar and Kamel, 2003).



Erectile dysfunction in men

Many men residing in nursing homes experience erectile dysfunction that significantly impacts their sexual activity. In addition to this common problem, testosterone levels decline with age compounding the decrease of libido. (Kamel, Kaiser & Morley, as cited by Hajjar and Kamel, 2003)

Dyspareunia in women (painful intercourse)

Postmenopausal estrogen deficiency causes decreased elasticity and lubrication in the vagina that may result in painful intercourse. This problem may discourage women from entertaining thoughts of sexual activity (Kamel, as cited by Hajjar and Kamel, 2003).



Group Activity: What Is Appropriate Sexual Behavior?

Please list appropriate and inappropriate sexual behaviors. Check how many participants listed similar behaviors as appropriate or inappropriate. Provide arguments as to why you defined particular behaviors as appropriate or inappropriate.

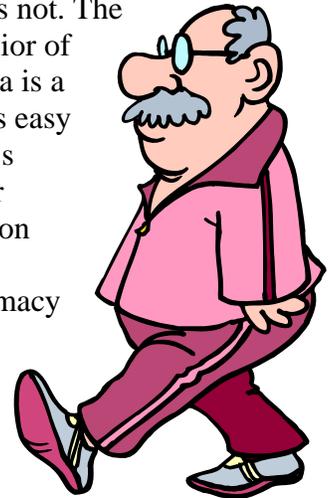
Responding to Inappropriate Sexual Behavior in the Nursing Home

What is appropriate and inappropriate sexual behavior is often defined through the lens of one's moral and ethical values. Consequently, it is not clear exactly what behavior is acceptable. The most cited inappropriate behaviors include using sexually explicit language, exposing and touching genitalia, and inappropriately touching a staff member or another resident. Some staff members would define reading pornographic magazines or requests for condoms as unacceptable sexual expressions. Some staff members are fine with residents giving them and other residents hugs or kisses. Others would not tolerate it. Without open discussion, training and clearly written policies, resident behaviors are always left to individual interpretation.

Inappropriate sexual behavior is most often seen among older adults who are cognitively impaired. Some studies report that 7% of

people with dementia exhibit sexually inappropriate behavior (Kamel and Hajjar, 2003). Sexually aggressive behavior among female nursing home residents with dementia is rare (Raji, Liu & Wallace, 2000).

Dementia seems to remove social judgments that help people distinguish what is appropriate and what is not. The interpretation of behavior of residents with dementia is a challenge for staff. It is easy to misjudge a resident's behavior due to his/her impaired communication skills. A resident may express a need for intimacy or reassurance but his/her expression may be seen as inappropriate sexual behavior. A person with dementia may not be aware of his/her environment. Due to their confusion, a resident may display behaviors which are acceptable in private but intolerable in public such as masturbation. A resident with dementia may also think that a staff member or resident is his/her spouse and may display physically intimate behaviors that they used to share (Kamel and Hajjar, 2003).



Elders with dementia are often hypersensitive to psychotropic toxicity that further complicates dealing with inappropriate and often aggressive behaviors (Raji, Liu & Wallace, 2000). Staff must be educated in order for them to understand and view inappropriate sexual expressions as a symptom of mental impairment. Expressions that are often perceived as degenerate or degrading and which cause staff to overreact should be seen as the person's inability to control his/her impulses (Stafford, 1998).



Group Activity: Inappropriate Sexual Behaviors

1. What inappropriate sexual behaviors have you encountered while working in a nursing home?
2. How has it made you feel?
3. How have you handled this situation?
4. How might you have handled it differently?

Researchers, Hashmi, Krady, Quayum, & Grossberg, 2000, have distinguished four inappropriate behaviors:

Sexual talk occurs when a person uses sexually explicit language that is out of touch with one's personality. A person may describe his/her past sexual activities or make sexual advances. Twenty five percent of incidents that are defined as inappropriate are caused by sexual talk.

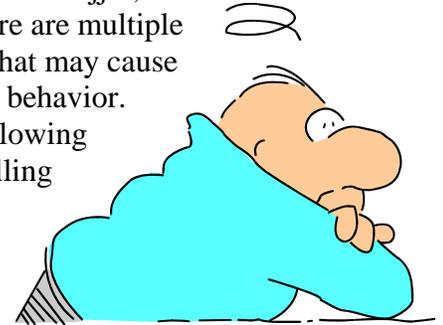
Sexual act occurs when a person displays behaviors that should be reserved for a private setting. It may be a solitary activity like masturbation or it may involve another person, like groping or fondling.

Implied sexual act includes reading pornographic materials in public or requesting unnecessary genital care.

False sexual allegation/abuse is when a demented resident may falsely accuse staff or another resident of sexual abuse due to his/her disorientation and/or delusions.

(Hashmi, Krady, Quayum, & Grossberg, 2000)

In order to appropriately deal with cognitively impaired resident behaviors, management needs to study each person's medical and sexual history. It is important to involve family for help in providing relevant information. Kamel and Hajjar, 2003, report that there are multiple medical conditions that may cause inappropriate sexual behavior. They suggest the following strategies for controlling inappropriate sexual behaviors in nursing homes:



Behavioral Therapy

- Redirect the behavior either verbally or physically if necessary
- Tell the resident that the behavior is inappropriate
- Isolate the resident from others who are subject to the behavior
- Substitute another staff member of the opposite sex to provide care
- Select clothing that opens in the back for male residents who expose genitalia or masturbate publicly

(For example, a resident whose sexual expression is inappropriate should be moved away from a resident or staff member targeted by this resident.)

(Using clothing that opens in the back and involving a resident in an activity which requires his/her hands may minimize exposing and fondling of genitals and public masturbation.



Using this type of clothing requires tact and diplomacy to protect his/her dignity.)

- Ignore unwanted behaviors and encourage appropriate behaviors

Nursing home staff should provide strategies that help residents meet their needs for love and intimacy. Strategies planned in advance may help decrease or eliminate inappropriate sexual expressions. Providing privacy by hanging a “Do Not Disturb” sign on the door will aid a resident with expressing his/her sexuality in private. Professionals play a key role as advocates for the rights of nursing home residents to express their sexuality.

Pharmacological therapy, attractive appearance, physical contacts

The authors also mention that pharmacological therapy that a physician may prescribe to a resident to control his/her behaviors when behavior modification methods have failed. Having beautician and cosmetic services available to residents may help them feel physically attractive and sexually desirable and help them control their behaviors. It is important to encourage family members to hug, caress, and kiss their loved ones to meet a human need for physical touch. Pets and/or stuffed toys may also help satisfy needs for companionship, love, and intimacy (Kamel and Hajjar, 2003).



expression. Staff need to remain objective and nonjudgmental and remind a resident that his/her behavior is unacceptable. If redirecting the behavior is not effective, a resident needs to be moved to a private area. Staff members should not inappropriately joke with residents. Staff should be conscious about what they wear, how they talk to residents, as well as how they talk among themselves when residents are present. When staff are wearing appropriate clothing and are using appropriate language, they enhance residents’ proper behavior. (Atlanta Legal Aid Society)

Activities and protection

- Bonner, 2005, suggests reviewing and learning from previous circumstances of inappropriate behavior to avoid and/or decrease such behaviors:
- Residents should have sufficient emotional stimulation
- Staff should protect residents from seeing sexually explicit images
- 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

Non-judgment and use of humor

Other experts recommend abstaining from punishing a resident or negatively labeling him or her due to inappropriate sexual



A normal approach

Moyle, 2006, states that using a normal approach in responding to inappropriate sexual behaviors is not useful for persons with dementia. Staff should:

- conduct a thorough assessment to find any underlying cause of the problem including a review of resident records and observing the resident if necessary
- systematically examine specific environmental factors that could influence behaviors
- remove possible triggers or change the response of the caregiver
- remain calm and use a very specific approach

Humor

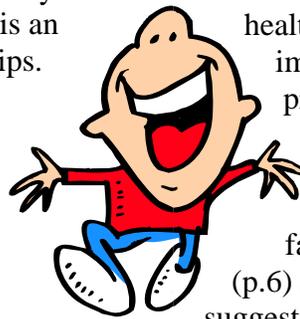
Appropriate humor may be one of the most effective tools helping to address sexuality in nursing homes. Appropriate humor is an important element in caring relationships. Humor plays multiple functions:

- improves mood
- improves working environment
- relieves tension
- facilitates working
- helps people cope with stress

The most important purpose of appropriate humor is deflecting a painful issue and regulating social boundaries. Humor helps deliver a message that would otherwise be hard to deal with. It is easier to redirect a resident's inappropriate behavior when staff uses humor. In such cases, the humor serves

as a form of social control against unwanted behavior and without being disrespectful

toward a person who displays inappropriate conduct. "For humor to be healthy it needs to be inclusive and used with understanding." (Bauer & Geront, 1999, p. 153) Humor can also work against residents' wishes when it is used by caregivers to ignore their needs. Humor may convey a message to residents that their sexual needs are not treated seriously by caregivers. A humorous response to sexuality perpetuates many incorrect assumptions about the sexuality of older people (Bauer & Geront, 1999). Staff need to remain alert to the feelings of the resident when using humor. A staff member must be guided by respect toward a resident and his/her rights, must know a resident's personality, and use humor in an appropriate context as a means to respond to a resident and help with his/her needs.



A working group that included personnel from many nursing homes and various health care providers identified important developed important practice guidelines and policies for long-term care facilities in 2002. The group concluded that a policy ensures "consistency and fairness in management strategies." (p.6) Since this module includes suggestions for policy development in another section, these guidelines are not incorporated here. The focus should be on identification of conditions and circumstances under which a relationship between residents with dementia may continue. The group recommends analyzing each situation by utilizing Lichtenberg's decision tree (used with the author's permission).



Decision Tree for Assessing Competency to Participate in an Intimate Relationship

Mini-Mental State score greater than 14

Yes

Perform assessment
interview

No

Patient unable to consent

Patient's ability to avoid exploitation

Yes

Continue evaluation

No

Patient unable to consent

Patient's awareness of the relationship

Yes

Continue evaluation

No

Patient unable to consent

Patient's awareness of risk

Yes

Consider patient competent
to participate in an intimate
relationship

No

Provide frequent reminders
of risk but permit
relationship

Lichtenberg, 1997, also recommends that a policy should list interventions that clearly tell staff how to respond to various situations. The group that worked on the guidance cautions that a Standardized Mini-Mental State Examination score of 14 may be misleading, as many residents with lower scores may have an awareness of a relationship. This examination should not be the only deciding factor in the decision-tree (Shindel, Gibson, Christie, Botham, Gilbert, Hall, Latner, Luchsinger, Miller, Treen & Coughlin, 2002).



Policy Related to Residents' Sexuality

Loue, 2005, recommends developing a policy to address intimate (sexual and otherwise) relations between residents. She identifies the following elements to be considered in such a policy:

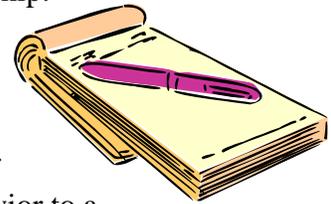
- ✓ To what degree is a facility prepared to provide opportunities for privacy and visitation by other residents or persons outside of the home? In the Netherlands, it is common for a resident to invite prostitutes to provide sexual acts for a fee. This service most likely would be regarded as unacceptable in American nursing homes. What would be acceptable?
- ✓ Should the facility be receptive and open to discussion addressing sexuality and sexual needs? If so, what kind of training should staff, residents and families receive? What would it cover? Would it address issues associated with gay, lesbian, transgender and bi-sexual elders?
- ✓ Should the facility help residents maintain their sexuality by providing condoms and educating family members about the meaning and functions of human sexuality?
- ✓ Are staff members responsible for educating residents about potential risks associated with sexual activities?
- ✓ What kind of balance must the nursing home establish to address sexual needs while simultaneously protecting demented residents from being exploited?



- ✓ Do family members, guardians, or conservators have a right to be informed about a resident's sexual interests/activities?

There are many other issues to be considered as well. What if one or both partners have dementia? A spouse may face a frequent demand for sexual activities by a spouse whose judgment is impaired by dementia. Some experts recommend that residents should be allowed to engage in sexual activities if they can understand, consent to, and form a relationship.

Others suggest evaluating a resident to see if the behavior is the result of a progressive disease. Only then should staff assess the meaning of the behavior to a resident and his/her values as well as external factors that may influence the resident's behavior. Lichtenberg and Strzepek, 1990, recommended a three-objective assessment to be performed in two parts. They suggest that a psychologist or a psychiatrist of the same gender as the resident should interview him or her. The focus of the interview is on the following items:



1. Awareness of the relationship (who is initiating the sexual relationship, is he or she aware of the partner's identity, is he or she aware of their level of comfort with sexual intimacy?)
2. Ability to avoid exploitation (what are his/her values, can he/she refuse unwanted advances?)
3. Awareness of potential risks associated with the relationship (does he/she know that the relationship may be time-limited, can he/she predict how they would react if a partner terminates the relationship, does



he/she know how to protect themselves from sexually transmitted diseases?)

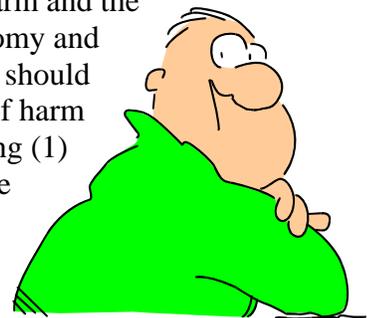
In the second part of the assessment, individuals who have collected the information share it with an interdisciplinary team and encourage everyone to express their opinion. The resident's competency will be evaluated as the prerequisite for further discussions. A resident must have the capacity to understand the nature of the sexual activity. It is also important that a resident can foresee potential consequences of the relationship. Protection of a demented adult to make sure that he/she is not exploited needs to be the guiding principle for discussions. The resident's family should also be informed about their relative's readiness to be sexually active.

Institutional policy requires not only addressing residents' needs and the most appropriate decisions and actions related to their sexuality, but also needs to protect the institution itself. Pursuing a lawsuit is always a possible reaction by those who may disagree with the nursing home's decision. A family member or a resident's friend may feel that their loved one's rights are neglected or exploited, and their confidentiality violated. In some extreme cases, an accusation of rape may occur when someone feels that sexual activity was coerced. Failure to provide privacy may also be used against the home. Loue, 2003, strongly recommends using qualified legal advice to review relevant policies and procedures so they fully meet resident and staff concerns related to needs for intimacy.

The same issues identified with appropriate sexual behaviors may also be associated with inappropriate sexual behaviors among older adults. Researchers noted that such

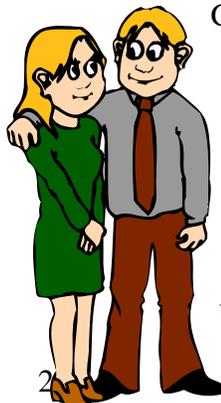
behavior may be a part of a resident's personality or "acting out." Inappropriate behaviors do not go away once a resident is admitted to a nursing home. Nursing home staff need to obtain behavioral history on the resident so they can respond appropriately (Atlanta Legal Aid Society).

Everett, 2007, states that the primary legal issue related to this subject is how to balance the tension between the facility's duty to protect residents from harm and the resident's right to autonomy and self-determination. Staff should assess whether the risk of harm is reasonable by analyzing (1) the degree of the possible risk in light of the value of the goal the resident wants to achieve, (2) the seriousness of harm, (3) and the availability of a less risky alternative course of action. The principle that staff should remember is that "their aim is to protect those in their charge from unreasonable harm. It is not to prevent all possible harm." (p.23) By developing a policy that explicitly addresses resident sexuality, the moral judgments of staff related to sexuality are dealt with using a universal approach and not at a personal value system. (Fairchild, Carrino & Ramirez, 1996)



Ehrenfeld et al., 1999, recommend that staff should meet to discuss problems and conflicts and include the family if necessary.

Group discussions should include all-level and all-discipline employees. Dr. Nichols (2007) advocates starting a conference with a family by validating their concerns and love for the resident. When a facility confronts the family using their own understanding of the situation





rather than that of the family, it does not lead to productive results. The goal of the conference should be a compromise satisfying everyone concerned in the matter.

Case Study: Hebrew Home/Riverdale in the Bronx, New York

Hebrew Home in New York City formalized resident rights to sexual expression in 1995. In order to establish policies and procedures addressing this issue, the home created a team consisting of diverse positions and expertise. The team included social workers, psychiatric nurses, therapeutic recreation specialists, researchers, residents' families, and religious representatives. They have developed the following policy (see also Appendix 1):

- *Residents have a right to privacy and to sexual and intimate relationships (for all sexual orientations)*
 - *Staff and the facility have specific responsibilities (Sisk, 2007).*
 - *Sexual expression may be between or among residents or may include visitors from outside*
 - *Residents have a right to access and/or obtain for private use, materials with legal but sexually explicit content: magazines, film, video, pictures or drawings*
 - *To the greatest extent possible, residents have the right to access facilities, most notably private space, in support of sexual expression (Villarosa, 2002)*
1. If you were in charge of forming a committee to develop a policy on residents' rights for expressing their sexuality, who would you ask to be on the committee and why?

2. What topics related to residents' sexuality would you like to address?
3. What are the benefits of having a policy related to residents' sexual needs?

The Hebrew Home produced a training video titled "Freedom of Sexual Expression: Dementia and Resident Rights in Long-Term Facilities" which is available to the public (see the resource list at the end of this module). The training video addresses both appropriate and inappropriate sexual expressions. Creating an inviting environment for residents to express their sexual needs reflects the homes' emphasis on their happiness and quality of life which are fundamental pillars of the person-centered model of care. The training is offered to all-level and all-discipline staff so everyone working at the home can help residents meet their needs in this area.

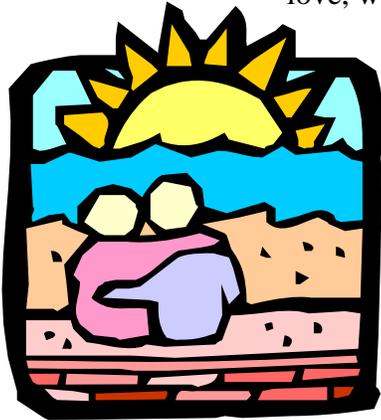


Same-sex relationships and residents whose spouses live outside of facilities and visit them in nursing homes can cause the most problems for staff. The principal goal of the training is for staff to support the rights of resident sexual expression (Sisk, 2007). There are some limitations such as relationships with minors, public display of sexual desire and non- consensual acts (Villarosa, 2002).

Steve Shields, CEO of Meadowlark Hills in Manhattan, Kansas, stated: "We do not have the right to dictate relationships. The mere asking of the question indicates how we



have accepted our rule to ‘rule’ others in nursing home settings. If two people fall in love, we must treat that



relationship as we do any other couple we witness falling in love. We are happy for them. If they wish to spend time alone, which they do, then we must honor that. Sex

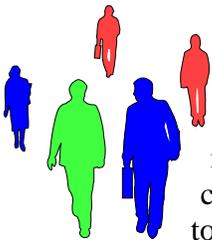
does happen in your 90’s and 100’s. Those who report about it at that age say it is better than it was in their twenties and thirties. If love leads to that, then we must honor and celebrate it.”

The Fundamental Elements of Effective Training on Sexuality

A number of California nursing home staff members formed the Intimacy Group, which identified two objectives on which to focus:

- Support for residents for expressing their sexual needs
- Establishment of appropriate sexual means

The Intimacy Group was led by a charge nurse selected by peers due to her expertise in this area. All residents were invited to participate in the Intimacy Group discussions with the exception of residents known to be inappropriate in a group setting as well as cognitively impaired individuals. Prior to meeting with the group, the leader educated herself by reading the literature and attending a conference related to the issue. Sexuality was broadly defined as everything from intimacy needs to touching



and friendship. Eight weekly sessions discussed diverse aspects of sexuality.

Session 1

Established group rules, the purpose of the group and get acquainted

Sessions 2-7

Explored participants’ sexuality issues, such as:

-the differences between sexuality, intimacy and “having sex”

-the personal meaning of sexuality

-change in sexuality due to the loss of partner and/or physical health

- change in sexuality associated with living in a nursing home

-family attitudes

-intimacy and relationships

-current sexual and intimacy needs

-how to accommodate these needs, including appropriate sexual expression

Session 8

Closure

In the fourth week, the leader met with each participant separately to discuss sensitive issues and to see whether the group’s discussion was meeting their needs.

Several rules were established to build trust. No interruptions were allowed, all shared information was to be kept confidential, and



participants were not allowed to invalidate another's comments.

Also for Session 8, the participants organized a dinner and invited important people to attend. This last session reinforced the themes of intimacy and friendship.

The management learned that role modeling was fundamental in demonstrating appropriate responses to sexual behaviors. For example, if a male resident would touch a staff member's breast, she would set boundaries by saying, "I do not want you to touch my chest, please remove your hand." Sanctions were executed only if this intervention failed. Having personal counseling or a support group to discuss sexual needs with residents was found to be very successful in finding solutions for behaviors like public masturbation or leaving sperm on sheets. (Tunstall & Henry, 1996)

Geo and Frances' Story

Plaza West Regional Health Center in Topeka has been in the media's spotlight due to the recent marriage of two residents there. Prior to this, staff had never participated in a wedding between their residents in this facility. However, due to the presence of advanced culture change training and the daily execution of its principles, accommodation of the couple's intimacy and privacy needs has gone smoothly.

Plaza West Regional Health Center does not have a specific policy related to residents' sexuality and written rules on how to respond to needs in this area. The management acknowledges that sexuality is one of many human needs and trains staff to be nonjudgmental when this need is

expressed. For example, staff are taught that sexual desire can be manifested through masturbation and that their role is to make sure that when a resident practices it, the activity should be conducted in private. When two residents with Alzheimer's expressed a sexual desire for each other, the management's principal concerns has been whether their interest was mutual and that neither party would be exploited. Both families and staff have been involved in lengthy discussions to assess the situation before everyone felt confident that the residents should pursue their sexual interest.

Geo and Frances Freiberg believe that staff at Plaza West have been very supportive of their relationship. Staff have displayed a mature attitude toward their romance and "have cooperated completely" to provide the couple privacy. Geo and Frances met in the nursing home and courted the old fashioned way, hence the need for a room for both of them materialized once they announced their wedding day. Geo and Frances now enjoy a spacious upgraded room including their own private

bathroom that suits their needs as a couple. Staff are respectful of their privacy. They knock on the door and wait for permission before entering. Staff abstain from entering the room when they hear "no." Both Geo and Frances state that they have received help from some staff members in guiding communication with their family members and feel they can talk to staff if they ever have marital problems (per a personal conversation with the couple and Plaza West administration).





Case Study: Discomfort

Anna R., a resident in a Kansas nursing home, reported to surveyors that she found it very disturbing to watch/hear her roommate’s boyfriend engage in sexual activities with the roommate with only a privacy curtain separating the two beds.

1. How might the couple’s behavior impact Anna?
2. What is an appropriate way to respond to these two individuals’ sexual needs?

Policy Guidance developed by Center for Practical Bioethics

The Center for Practical Bioethics, at the request of leaders in the long-term care industry, developed a guidance document titled “Considerations Regarding the Needs of Long-Term Care Residents for Intimate Relationships and Sexual Activity”. The document does not provide a universal



resolution, but a conceptual framework and methodology that should help nursing homes address issues associated with this sensitive problem.

Facilities must have procedures and policies protecting residents from sexual abuse and preventing residents from sexually abusing others (who live and work in nursing homes). Typically, however, these policies do not address residents’ need for intimate

relationships and sexual activity. The Center identified three ethical principles that should be considered in a policy.

1. “The principle of respecting residents as persons.” This principle implies consistent effort by staff in maintaining and/or improving residents’ quality of life. Intimate relationships enhance the lives of everyone.
2. “The principle of doing good and avoiding harm.” Staff need to analyze each case separately to determine potential benefits or harm to the resident due to his/her sexual needs or development of intimate relationships.
3. “The principle of privacy and confidentiality.” Privacy is understood as the right to have control in all aspects of their lives. Confidentiality refers to the rule that any disclosed information from a resident and/or about a resident cannot be disclosed to anyone unless the information is necessary to assure appropriate care to the resident.

The Center also emphasized two primary obligations to residents.

- Respect for residents’ personhood - staff “show respect for residents by supporting their efforts to fulfill the traits of their personhood.”
- Protective oversight - staff provide necessary protection of a resident (Center for Practical Bioethics, 2006).

Federal regulations do support sexuality in nursing homes, i.e. 483. 10 (e) Privacy and 483.10 (1) Married Couples (pertaining to sharing room).



Sexual Attitudes of the Baby Boomer Generation

The Baby Boomer generation redefined sexual norms when they were young. This is the cohort that created the slogan “Make love not war.” According to an AARP study of the sexual attitudes and practices of Americans 45 and older, the Boomers are creating a second sexual revolution. Their attitudes related to sex and older adults will forever change the way people think about sex and aging.



This new revolution operates from the assumption that health and age-related physical problems, including sexual dysfunction, should be treated. Baby Boomers do not want to give up on their sexuality in later life. They are not willing to exclude sexual needs and accept their absence as part of growing older.

Sexual attitudes of the boomers reflect the spirit of “free love”. They feel strongly that sex is ageless, not just for the young. The boomers do not reserve sex only for married couples. And a large percentage of both men and women in their 40s and 50s see no reason why sex should not be enjoyed by singles, the divorced, widows and widowers. When older generations were surveyed regarding their attitudes toward sex outside of marriage, half the women 70 and older and 37 percent of men in that age group disapprove. This discrepancy between the two generations clearly reflects a difference in their sexual attitudes.

Women, in particular, believe that they are entitled to sexual pleasure. They are bringing a whole new meaning to the term “do it yourself.” According to the AARP study, the majority of women reported that they masturbated at least once in the last six

months. They feel they should be sexually active (even those 70-plus) regardless of availability of a partner and identify self-stimulation as an important part of sexual pleasure at any age (Jacoby, 2005).

The Boomer attitude toward sexuality will also change the range of nursing home staff responsibilities, as future nursing home residents will expect their retirement homes to accommodate their sexual needs.

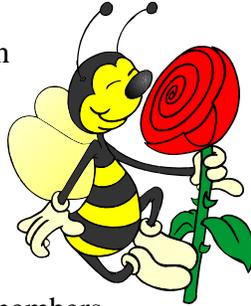
The message from examining the Boomers’ outlook on sexuality is that the differing values of generations, caregivers and care recipients are sometimes in conflict. It is always proper not to make assumptions but examine the value systems of all involved parties and provide appropriate training so all staff members will approach residents’ sexuality in uniform manner.



CONCLUSION

“Life is the flower for which love is the honey.”

Victor Hugo (French author, 1802-1885)



The sexual needs of older adults will not go away just because they are ignored. Nurses and other appropriately trained staff members in health care need to be role models for less experienced staff members. Nursing homes must provide the opportunity to create and/or adjust an environment to help residents express their sexual needs. In a suitable environment, residents will not feel ashamed or guilty when engaged in intimacy. With appropriate training and education all staff members can learn to anticipate residents' needs, accommodate them in a private area and discreetly assist them in order for residents to meet their sexual needs. Adopting a proactive attitude is less stressful for everyone concerned. Residents whose basic needs are fulfilled display less agitation.

Nurses and appropriately trained staff members have a responsibility to explain the functions of human sexuality and identify its meaning for older adults. Education helps staff members clarify their own reaction to

the sexuality of others, identify myths and stereotypes, review information regarding physiological changes and explore possible outcomes and their impact on residents. Open discussions with staff prevent inappropriate or paternalistic behaviors being imposed on the residents. Staff education should also encompass areas such as nutrition, fitness, rest, aromatherapy, massage, and personal appearance, all correlated to sexual intimacy (Rankin, 1989). Geriatric social workers also play an important role in making sure that residents have the opportunity to express their sexuality and in helping them develop and maintain intimate relationships with other residents or outside partners (Sisk, 2006).

Nursing homes strive to create a home for their residents through the person-centered model of care. The term 'home' means a place of choice and a place of pleasure, including sexual pleasure. When staff support sexual needs and create a welcoming environment to help residents meet these needs, they further deinstitutionalize the long-term care industry. A positive attitude toward older adults' sexual needs enhances nursing home residents' quality of life and happiness (Sisk, 2006). The effort to examine and understand the functions of sexuality can further help humanize nursing homes (Lichtenberg, 1997).





Post-Test

The pre-and post-tests included with the module are optional. The questions provide information about the material to be covered and can be used for learning self-examination.

1. What percentage of cognitively intact nursing home residents have sexual thoughts?
 - A. 5.4%
 - B. 7%
 - C. 90%
 - D. 0.5%

2. What is the most cited reason for older adults for not being sexually active?
 - A. Poor health
 - B. Lack of a partner
 - C. Mental health
 - D. All of the above

3. Identify an activity that is not a manifestation of a sexual expression:
 - A. Drinking coffee with your friend
 - B. Holding hands
 - C. Flirtation
 - D. Masturbation

4. What are the benefits of being sexually active at an older age?
 - A. Better self-esteem
 - B. A higher quality of life
 - C. Feeling loved and needed
 - D. All of the above

5. Sexual problems and dysfunction are caused by:
 - A. Aging process
 - B. Poor nutrition
 - C. Disability
 - D. Stress
 - E. All of the above

6. What percentage of people with dementia exhibit sexually inappropriate behavior?
 - A. 12%
 - B. 8.5%
 - C. 7%
 - D. 3.7%



7. The percentage of older men, age 65 and above, who disapprove of sex outside of marriage is:
 - A. 15%
 - B. 27%
 - C. 63.5%
 - D. 37%

8. The percentage of older men and women in the boomer generation who disapprove of sex outside of marriage is:
 - A. 15%
 - B. 35.9%
 - C. 40%
 - D. 48.3%

9. Appropriate humor used when responding to residents' sexual needs may:
 - A. Reflect staff's support
 - B. Improve a resident's self-esteem
 - C. Relieve tension
 - D. All of the above

10. The most common reason(s) for older adults not entering into a new relationship are:
 - A. Fear of family's reaction
 - B. Fear of loss
 - C. Religious principles
 - D. All of the above

Answers can be found on page 31.



Pre-Test and Post-Test Answers

- 1. C**
- 2. B**
- 3. A**
- 4. D**
- 5. E**
- 6. C**
- 7. C**
- 8. B**
- 9. D**
- 10. D**



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Additional Resources

Internet

Shindel, M.L., Gibson, M., Christie, D., Botham L., Gilbert, S., Hall, B., Latner, L., Luchsinger, G., Miller, B., Treen. B. & Coughlin, M. (2002). Intimacy, sexuality and sexual behavior in dementia: how to develop practice guidelines and policy for long term care facilities. (2002). Retrieved November 5, 2007, from www.fhs.mcmaster.ca/mcah/cgec/toolkit.pdf

Video-tape

Freedom of sexual expression: dementia and resident rights in long-term facilities. Produced by National Alzheimer Center of the Hebrew Home for the Aged At Riverdale by Terra Nova Films. Contact number: 773-881-8491 or www.terrano.org

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