

CRNCC
Canadian research network for
care in the community



RCRSC
Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

Debunking Myths!

Sexuality and Aging

Presentation to OANHSS 2012 Annual Conference
Balancing liabilities, risks and healthy sexuality for health and
social care providers

Janet M Lum

May 2012

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RYERSON UNIVERSITY



**Social Sciences and Humanities
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Team

- Janet Lum
 - Ryerson University and CRNCC Co-Chair
- Jennifer Sladek
 - U of T PhD student
- Alvin Ying
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**WHAT IS
NOT OUR AGENDA!**



Nine oldsters booted out of nursing home — for trying to have an orgy!

LONDON — A group of nine love-hungry codgers were booted out of an old folks' home — after they tried to have an orgy in the recreation room!

The unidentified oldsters, who ranged in age from 73 to 98, had apparently planned the unauthorized after-hours get-together for weeks, according to Melinda Helterford, spokesperson for the well-respected Edith Scarborough Nursing Home.

"They somehow got it in their heads to celebrate the 90th birthday of one of the women with a kind of sex party," said Miss Helterford.

"This may sound harmless or amusing to some people, but Scarborough has a reputation to uphold. We cannot tolerate that kind of conduct."

By **MIKE FOSTER**
Weekly World News

The nursing home made a concerted effort to keep the bizarre story out of the press and so details are difficult to come by.

But according to British papers, the let-it-all-hang-out party took place just after midnight on October 28. The three wrinkly Romeos and six sagging seductresses gathered together in the rec room and stripped to the buff.

"They really set the scene," a nursing home staffer who was not identified told a London tabloid. "They'd got

their hands on candles, which they lit, and even put on music to create a sexy mood."

The nude geezer gala went on for about 20 minutes before orderlies heard rumba music coming from the recreational room and went to investigate.

When they opened the doors, they were shocked to find the old-timers crowded together in their birthday suits, slathered with baby oil.

"They hadn't got too far — I guess it was taking some of the gents a while to get started," the staffer said.

"But they were all naked. Believe me, it was the scariest thing I've seen in my life."

WHAT IS OUR AGENDA!



Agenda

- Debunk myths around sexuality and aging
- Learn from some research in this area
- Examine local, national and international experiences about what works around sexuality and aging
- Explore what interventions are needed to allow for healthy sexuality
- Determine what should be the role of housing providers and planners around resident's rights around healthy sexuality while balancing liabilities, risks and safety



Agenda

- Ethical scenarios
 - Jenn Sladek and Alvin Ying - breakout groups
- Wrap up
 - Suggest recommendations and supports for healthy attitudes toward senior sexuality while considering liabilities, risks, privacy and safety



What are we balancing?

Residents' rights to have their "physical, psychological, social, spiritual and cultural needs adequately met"

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07108_e.htm

Risks and Liability

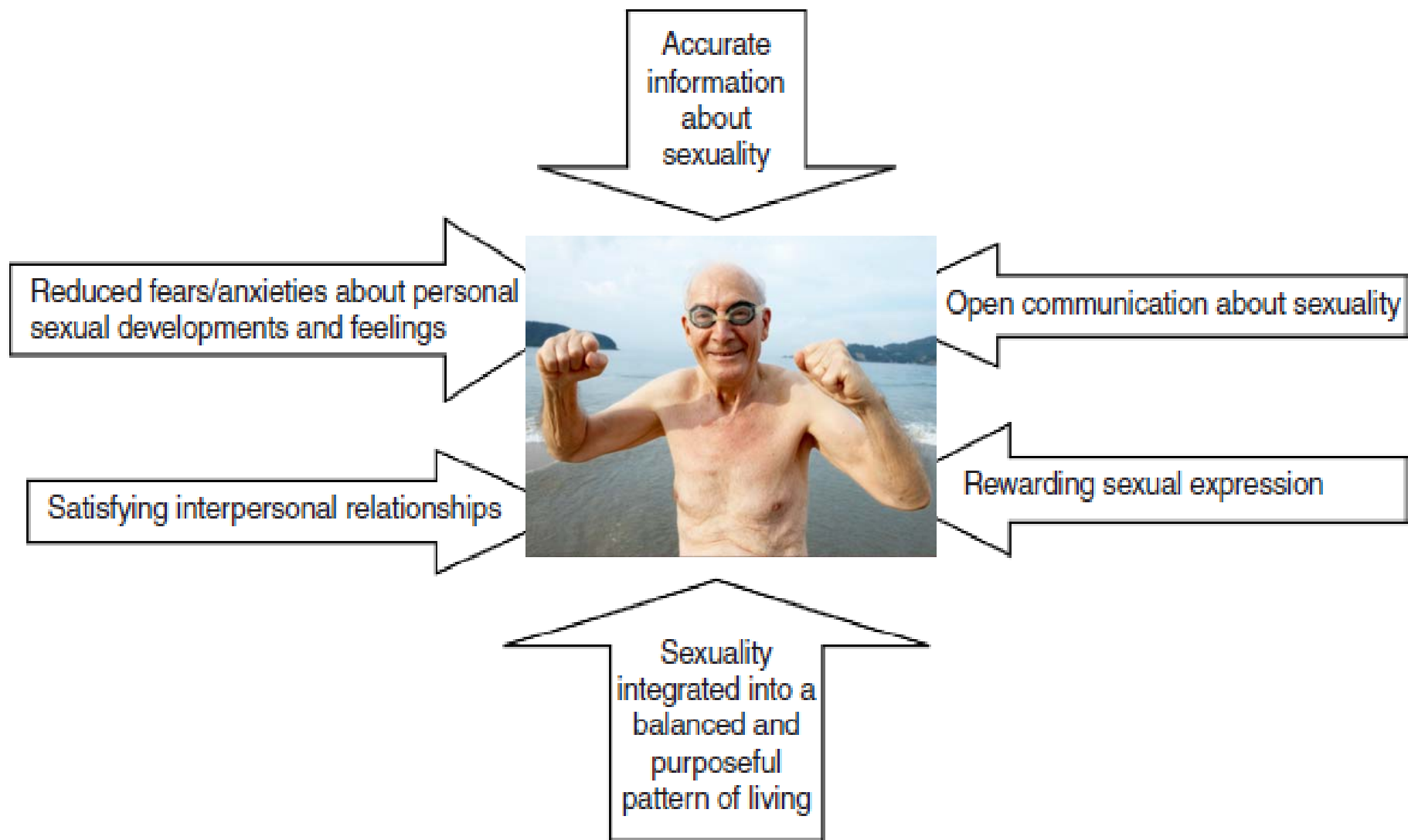


WHY? Putting Clients at the Centre of Care

Promote:

- ✓ Healthy aging and quality of life
- ✓ Mental well-being
- ✓ Physical well-being
- ✓ Social connections
- ✓ Feelings of self-worth





Henry, J., & McNab, W. (2003). Forever young: A health promotion focus on sexuality and aging. *Gerontology & Geriatrics Education*, 23(4), 57-74.

WHY? Ontario: Long Term Care Homes Act, 2007

- Residents' Bill of Rights
- Residents have the right to:
 - form friendships and relationships
 - have their lifestyle and choices respected
 - meet privately with their spouse or another person in a room that assures privacy
 - share a room with another resident according to their mutual wishes
- Came into force July 2010
 - http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07108_e.htm



WHY?

- Importance recognized by Public Health Agency of Canada, *Canadian Guidelines for Sexual Health Education* (2003)
- Provides framework to professionals and other providers for evaluating existing sexual health education programs, policies and related services
- Offers educators and administrators an understanding of the goals and objectives of broadly based sexual health education



MYTH BUSTING



Myth #1: Sexuality is not important for older people

- **FACT:** Sexuality applies to all of us regardless of age
- Contributes to “healthy aging” – promotes mental, physical and social well-being that add up to a sense of self-worth and quality of life



Health Canada Survey

- “...a large majority of people at age 65 said that sex was important...a majority of those between 65 and 74 considered themselves sexually active.”
- “Sexual activity is a natural and important part of a healthy lifestyle, no matter what your age...”
 - Health Canada. (2006) Seniors and aging: Sexual activity
<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/seniors-aines-eng.php>



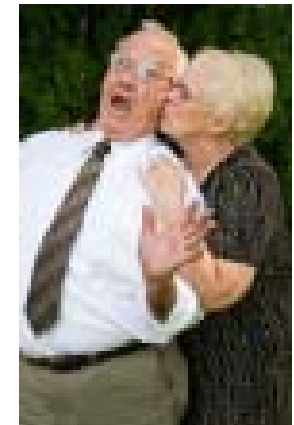
Complicating Factors

- Normal changes in sexuality as we age
 - Physical changes
- Onset of dementia
- Opportunity
 - Partner passes away or is ill
- Cultural biases
 - Between providers and clients



Myth #2: Sexuality is about sex

- **FACT:** Sexuality means different things to different people
- Sexuality is important in many different ways - depends on the individual
- May not be important at all



Looking and Feeling Good



Companionship



Emotional Connectedness

- I feel “happy” ... “whole” ... “complete” ...
- Someone with whom to hold hands and exchange a hug
- Emotional intimacy probably outweighs sexual intimacy... so people can be very close and not have much sex even though there is still physical intimacy ...
sexuality changes through peoples' lives
 - Tim McCaskell, educator, author, equity & anti-homophobia activist



Romance and Relationships



Emotional Intimacy



Physical Intimacy



Sexual Identity and Orientation



Zest For Life



Just Plain Fun

- Shalom Village: non-profit organization in Hamilton Ontario that provides a community of services for older adults!

http://www.youtube.com/watch?v=HeRphS2ymHw&feature=player_embedded#



Myth #3: Providers are ready to address changing values

- **FACT:** Boomers are far ahead of providers and are poised to bust myths around sexuality, aging, and sensibilities about sexual orientation and identity
- 14% of Canada's population is 65 years or older and is projected to rise to 25% in 2031



Viagra Generation

- FACT: Expect sexuality to be part of aging
- Will demand the industry change
- Want their needs accommodated –want their “physical, psychological, social, spiritual and cultural needs adequately met”

Long Term Care Homes Act, S. O. c. 8, s.1 (2007).

Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07108_e.htm



Some Research Findings



Profiling: The Sexuality Access Project

Supporting Sexuality for People with Disabilities Who Use
Attendant Services and Attendant Providers

With support from Springtide Resources and funding from the Ontario Trillium Foundation, Cory Silverberg and Fran Odette conducted a path-breaking study about the delicate and often unspoken topic of sexual health and sexual support within client-attendant work relationships. Currently no framework exists for providing or requesting support for sexual activities or expression for people with disabilities with the result that clients and frontline providers may experience fear, frustration, apprehension, abuse, harassment. The Sexuality and Access Project is the first study to ask over 400 respondents, including 310 attendant service users and 154 attendants, to anonymously share their experiences of how they discussed, negotiated and expressed sexuality within the context of their work relationships.

Here are some highlights of the report.

Attendants and Attendant Service users made clear that although they wanted to start professional and respectful conversations about sexuality, a silence about sexuality and attendant services exists at all levels.

Respondents who use attendant services feared "losing services and/or housing or ... retaliation in other forms." People providing attendant services feared "losing employment and expressed reluctance to provide support without clear guidelines, for fear of retaliation from co-workers and/or employers."

82% of attendants reported that they had never received training or instruction around issues of sexuality or sexual support.

Both service users and attendants readily agreed that guidelines, training sessions and policies to reduce sexual exploitation, sexual abuse and sexual victimization were necessary. They added that guidelines, training sessions and policies need also include positive aspects of sexual health. Specifically, respondents suggested: implementing education and training for staff around sexuality and religious, cultural and moral issues; clarifying staff rights and client rights around sexual support; developing guidelines and policies for staff around sexual support; providing information and seminars for relatives; incorporating sexual support in hiring and orientation processes; and, designating a resource person in each agency.

The authors suggest that integrating the materials contained in *The Canadian Guidelines for Sexual Health and Education* in agency policies and training would be a good place to begin.

Additional Information

[Sexuality and Access Project](#)

[Health Canada—Canada's Seniors](#)

[World Health Organization Sexual Health Working Definitions](#)

[Sexuality and Aging In Focus](#)

[Long-Term Care Homes Act](#)



Fran Odette (top) and Cory Silverberg (bottom)

CRNCC
E-news
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The Sexuality and Access Project

(Cory Silverberg and Fran Odette)

- Ontario Trillium Foundation study on sexual supports within client-attendant work relationships
 - 310 attendant service users and 154 attendants
- Surveyed how attendant users and providers discussed, negotiated and expressed sexuality within the context of their work relationships
- Key finding: **THE BIG SILENCE**

http://www.crncc.ca/knowledge/related_reports/pdf/Sexuality%20and%20Access%20Survey%20Summary.pdf



The Sexuality and Access Project

- Attendants and attendant service users wanted to start professional and respectful conversations about sexuality
- BUT no framework exists for providing or requesting support for sexual activities or expression for people with disabilities



The Sexuality and Access Project

- Respondents feared “losing services and/or housing or ... retaliation in other forms”
- People providing attendant services feared “losing employment and expressed reluctance to provide support without clear guidelines, for fear of retaliation from co-workers and/or employers”
- 82% of attendants reported that they had never received training or instruction around issues of sexuality or sexual support



Respondent Suggestions

- Enhance education and training for staff around:
 - Sexuality
 - Religious, cultural and moral issues
 - Clarify staff rights and client rights around sexuality and sexual support
- Develop guidelines and policies for staff around sexual support
- Provide information and seminars for parents of adult children
- Include sexual support in hiring and orientation processes
- Designate a resource “go-to” person in each agency



Personal Support Worker Survey

(December 2010)

- Over 40%: need more education and training around sexuality issues because they are on the front lines
- Over 50%: need more education and training around sexual orientation issues



Challenges

- Training and education to balance institutional liabilities, client risks, healthy sexuality, personal views
 - E.g., practice decision tree and working through ethical situations to balance risks and healthy sexuality
 - What are their responsibilities in housekeeping regarding sex toys, sexually explicit materials?
- Time constraints



Challenges

- Disincentive for PSWs and other front line workers to deal with sexuality
 - No clear guidelines in the workplace for appropriate action in addressing clients' sexuality issues
 - Fear losing job: avoid sexuality issues altogether



Challenges: Direction of PSW role

- Disconnect between how PSWs see their role and their actual role in sustaining client health and well-being
- PSWs stress importance of ADLs
- In fact, IADLs, monitoring and medication management critical to aging at home
- Sexuality and aging issues adds to the IADL side of the ledger



Myth #4: Older people will talk to doctors about healthy sexuality

- **FACT:** Doctors tend NOT to ask older people questions about sexuality and sexual health during regular check-up visits
- Only 22% of women and 38% of men had discussed sex with a doctor since age 50 (Lindau et al, 2007)



Health Consequences: Sex Ed Not Just for the Young

- Older adults may not feel the need to practice safe sex as they consider condoms merely as methods of birth control
 - AIDS Calgary Awareness Association, 2007.
- http://www.youtube.com/watch?v=1Pfa07ijUCE&feature=youtube_gdata_player
- In 2006 in Canada, people over 50+ accounted for 14% of all positive HIV test reports, double the rate reported in 1985-1998
 - Government of Canada. (2007). HIV/AIDS Epi updates November 2007. Ottawa: Public Health Agency of Canada.



Social Consequences: Looking for Companionship

- Statistics Canada: those 65 years or older are the fastest growing segment of internet users since 2000

Veenhof, B., & Timusk, P. (2009). Online activities of Canadian boomers and seniors. *Canadian Social Trends*, 88, 25-32.

- Who educates older people on internet safety?



Myth #5: Family Knows Best!



- **FACT:** Disagreements among family members within same family
- Disagreements between family members of two clients
- Anger, embarrassment, value conflicts, fear of exploitation



Now What?

- Ontario: Long Term Care Homes Act, 2007
- Regulated Health Professions Act, 1991, S.O. 1991
- Criminal Code
 - Sexual abuse, assault, consent
- Substitute Decisions Act, 1992
- Leave large grey areas that facilities have to navigate on a daily basis at operational level



Local Scan of Best Practices

In balancing healthy sexuality, privacy, liabilities and risks



Shalom Village

- Home to 100 frail seniors
- *Intimacy and Sexuality Practice Guidelines (1997)*
- Recognize that sexuality and sexual expression has different meanings for families and providers
- Engage family in an ongoing dialogue regarding sexual expression and their own belief system
- Part of admissions process



Lanark, Leeds & Grenville Long-Term Care Liaison Network

- Partnered with the Southeast CCAC
- Adapted the *Sexuality Practice Guidelines* (2002) from Shalom Village
- Produced *A Best Practice Approach to Intimacy and Sexuality: A Guide to Practice and Resource Tools for Assessment and Documentation* (2007)



Decision Tree: Possible Staff Responses

- LEVEL 1 Intimacy/ Courtship behaviours
- LEVEL 2 Verbal sexual talk/ language
- LEVEL 3 Self-directed sexual behaviours
- LEVEL 4 Physical sexual behaviours directed towards co-resident with agreement
- LEVEL 5 Unwanted, overt physical sexual behaviours directed toward others

- Action and appropriate interventions depend on identifying behaviour and assessing risks
- Capacity to consent



Scenario

- Elderly male with mild dementia
- Is developing a relationship with another resident also with mild dementia
 - Kiss, hug, hold hands
- What do you do?
 - What do you do when spouse visits?



Level 1: Intimacy/ Courtship

- **Behaviour**

- Kissing, hugging, handholding, fondling, cuddling, consensual, aware of actions

- **Assessment**

- No risk if two residents are consenting

- **Possible Staff Responses**

- Provide socially appropriate context for relationship
- Be aware of family discomfort with hand-holding, kissing, cuddling in public
- Couple needs to have intimacy needs recognized

Scenario

- Flirtatious elderly male whose language can get very colorful and coarse
- What do you do?



Level 2: Verbal Sexual Talk

- **Behaviour**
 - Flirting, suggestive language, sexually laden language, not aggressive
- **Assessment**
 - Low level of risk associated with this behaviour
 - May cause discomfort and reaction when directed toward staff; often occurring during personal care
- **Possible Staff Responses**
 - Staff should recognize their own feelings of unease if behaviour is contrary to personal values and beliefs. Respectful responses.
 - If suggestive language directed at co-resident or visitor, the behaviour should be redirected into a more socially appropriate context.
 - Eg: appropriate redirect response: “Why don’t we have a chat about....”
 - Eg: inappropriate response: “Nice, married men don’t say those kinds of things to ladies!”

Scenario

- 66 year old female with dementia
 - Mildly impaired
 - No behavioral or psychiatric problems
 - Found to be masturbating in her bed
 - Only when roommate is out of the room
- What do you do?



Level 3: Self Directed Sexual Behaviour

- **Behaviour**
 - Masturbating or exposing oneself
- **Assessment**
 - Low risk
- **Staff Response: observe, ask and observe**
 - For males: is there evidence of erection? Ejaculation? Skin irritation?
 - For females: is there evidence of injury as a result of masturbation? Is resident using a foreign object for stimulation?
 - Does the resident engage in this behaviour in the presence of others? How does this affect others?
 - Focus on creative solutions for the resident --this may include sexually-explicit materials &/or vibrators-- while maintaining privacy, dignity, safety and the least amount of restriction

Scenario

- Two residents with mild dementia
 - Found naked in bed together
 - Both still married
 - Both assent to the behavior
- What do you do?
 - One family doesn't care
 - The other family is upset



Level 4: Physical Sexual Behaviours

- **Behaviour**
 - Directed towards co-residents with agreement
- **Assessment**
 - Moderate risk
 - Is there any mistaken identity here?
 - Does one partner look distressed, upset, worried?
 - Does one partner have the ability to say “no” or indicate refusal and/or acceptance?
- **Staff Response: observe for signs of unwelcome sexual overtures**
 - Does one partner have the ability to avoid exploitation?
 - If not, move to Level 5
 - Focus on solutions for residents that maintain privacy, dignity, safety with the least amount of restriction

Scenario

- 76 year old male with severe dementia
 - Grabs caregivers breasts and genitalia
 - Seen touching residents as well
 - Assessment for medical causes unremarkable
 - No quick fix
 - Family embarrassed
 - Other residents' families are upset and angry

- What do you do?



Level 5: Non-consensual, overt physical sexual behaviours

- Behaviour

- Aggressive or repeated sexual overtures that are unwanted and rejected by others in the environment

- Assessment

- High risk

- Staff Response: protect the resident/others from unwelcome sexual behaviour.

What not to do

- Ignore the behaviour
 - It won't go away
- Get upset
- Tell them it is “inappropriate”
 - If they knew that...
- Send mixed messages
 - Kisses, hugs, holding hands

Change our Behaviour

- Because they cannot change their behaviour
 - They cannot learn
- Return to room, close the door
 - Appropriate except for place
- Separate resident from the target
 - Move to another unit, hallway
- Use same sex staff members
 - Especially bathing, dressing, toileting
- Pharmacological treatments?

Protect the Resident and Others

- Conduct complete sexual behaviour, mental health and other assessments
- Document the event, assessments and complete requisite forms
- Discuss with resident/partner/Power of Attorney: Personal Care/family to identify need for support/education
- Follow infection control protocols
- May have to involve police if the incident falls under sexual assault

Other National and International Examples of Best Practices

**In balancing healthy sexuality, privacy,
liabilities and risks**



Toronto Long Term Care Homes and Services

- Policy governing its nursing homes
 - Broad definition of intimacy and sexuality
 - Specific definition of “capacity to consent” adapted from the Health Care Consent Act
 - Based on capacity to understand the information relevant to making a decision
 - Ability to appreciate foreseeable consequences
- http://www.toronto.ca/ltc/pdf/lgbt_toolkit_2008.pdf



Toronto Long Term Care Homes and Services - Resident Care Manual

- Residents' Bill of Rights relating to intimacy and sexuality
- Based on assessed competency
- Decision-making tree for managing intimacy and sexuality for RNs/RPNs, physicians and counsellors

http://www.toronto.ca/ltc/pdf/lgbt_toolkit_2008.pdf



Newfoundland and Labrador Regulations in Long-Term Care Facilities

- Standards make explicit reference to sexual needs, sexual diversity and intimacy
 - Explicit references to residents' rights to:
 - develop friendships and enjoy meaningful relationships without hindrance or embarrassment
 - meet sexual needs with privacy, respect and dignity regardless of their sexual orientation
 - Privacy
 - staff must knock prior to entering bedrooms, bathrooms and other personal space
 - can lock their door, if desired
- http://www.health.gov.nl.ca/health/publications/long_term_care_standard.pdf

Vancouver Coastal Health

- Created the *Supporting Sexual Health and Intimacy in Care Facilities* guidelines
 - Funded by Public Health Agency of Canada/BC Ministry of Health
- Cover nursing homes, group homes and assisted living facilities
- Recognize the legal and ethical responsibility of care facilities to respect and support clients' sexual lives
- Describe the rights of clients; what the law will allow; the roles and responsibilities of the care provider and provides information regarding capacity to consent
http://www.vch.ca/media/FacilitiesLicensing_SupportingSexualHealthandIntimacyinCareFacilities2.pdf



International Jurisdictions

- **United States**

- Federal law requires each State to institute a Bill of Rights that includes issues of sexuality for nursing home residents

http://www.state.nj.us/publicadvocate/home/reports/pdfs/nursinghome_billofrights.pdf



Hebrew Homes for the Aged: New York

- Leader in developing sexual expression policy in LTC
- Policy and programs:
 - See sexual expression as an intrinsic right of consenting adults
 - Address issues of residents with different levels of cognitive impairment
 - Provide staff education and training
 - Implement family orientation series
 - Modify physical environment to support resident sexual expression and intimacy (Reingold & Burros, 2004)



Denmark

- Municipalities decide whether nurses can call sex workers
- Most frequent clients of sex workers in facilities are older men with early dementia
 - Want physical contact - cuddling, sexual touching not intercourse
 - Calming effect...better than sleeping pills



Australia

- Australia
 - Charter of Residents' Rights and Responsibilities
[http://www.health.gov.au/internet/main/publishing.nsf/content/6CBC341074429321CA256F810018368C/\\$File/charter.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/6CBC341074429321CA256F810018368C/$File/charter.pdf)
- In the absence of written policy, some managers sneak in “escorts” on resident’s behalf if requested (Bauer, Nay, & McAuliffe, 2009)
- Nursing homes risk potential six-year jail terms under the Prostitution Control Act for providing prostitution services without a license



New Zealand

- Standards under the Health and Disability Services (Safety) Act 2001 explicitly protect consumers' rights to intimacy and sexuality

[http://www.moh.govt.nz/moh.nsf/pagesmh/8656/\\$File/81341-2008-nzs-readonly.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/8656/$File/81341-2008-nzs-readonly.pdf)



Adding up the Examples of Best Practices

What have we learned?



Guidelines for Healthy Sexuality: Best Practices

- For residents: promoting healthy sexual expression consistent with client-centred care
- For facilities: guidelines help promote consistent and fair standards of care
- For providers and families: guidelines provide clear direction to support healthy sexual expression and management of potentially problematic behaviours



Responsibility of Facility

- Ensure protocols and guidelines are clear
- Staff are trained to assess behavior
- Know when and how to intervene
- Use vignettes from real life to put guidelines into practice
 - Clients holding hands
 - Sexually explicit materials when you do housekeeping
 - When to provide privacy
 - When to provide condoms
 - “Escorts” entering the premise
 - “Cheating” in LTC facilities



Responsibility of Facility: Enhanced Education and Training For Front-Line Providers

- Ensure providers are familiar with mandate and policies of institution
- No ad hoc or post hoc policy making and no surprises
- Make explicit that following a mandate of the institution does not require staff to change their personal moral values



Educational Resources for Family

- Make clear mandate, policies, protocols and guidelines of institution
- Use vignettes from real life to clarify how guidelines work in practice
- No surprises



Facility Design

- Designing facilities with social spaces that also allow for privacy and intimacy
 - To accommodate couples, or more casual relationships for people of diverse sexual orientations
 - For dining, watching films, chatting...
 - Double beds, locks on doors



It's Your Turn

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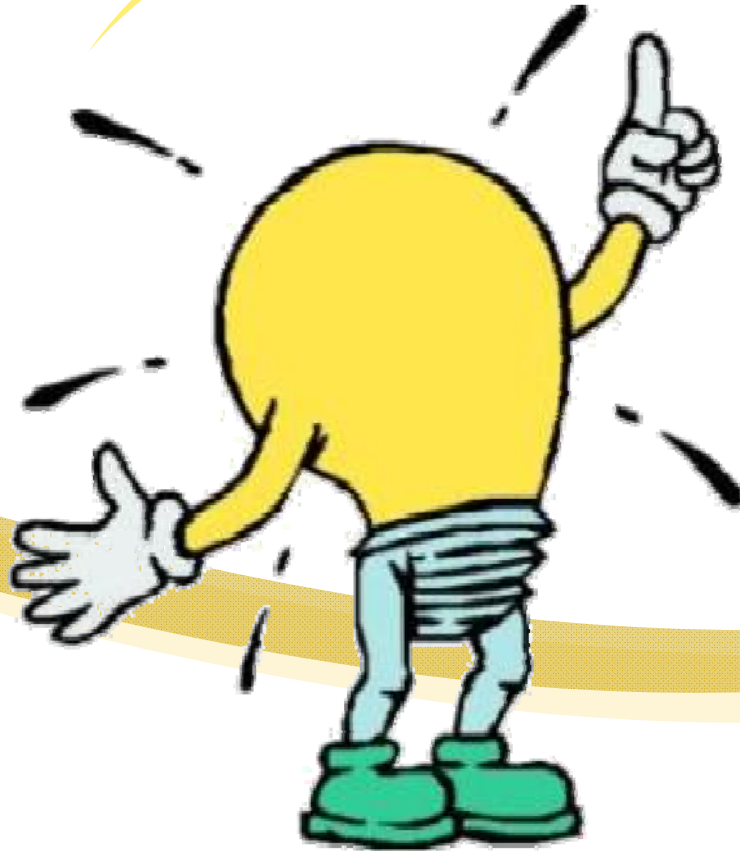


Breakout groups

- 1) What are the key issues? How to balance healthy sexuality while protecting vulnerable clients?
 - a) legal framework; mandate and mission of facility;
 - b) e.g., client's right to self-determination;
 - c) capacity to consent; safety;
 - d) privacy/ confidentiality.

- 2) Recommendations?
 - a) for housing providers and managers;
 - b) for carers;
 - c) community service agencies;
 - d) others?

Moving Forward - Implications for:



- Housing managers and planners
- Community Service Agencies
- Long Term Care Facilities
- Health care providers
- Family members





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sexuality for health and social care
providers

Janet Lum, PhD

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