

SEXUALITY AND INTIMACY

Sexuality and intimacy are a **NORMAL** part of life for all adults. Enjoyment does not cease just because someone is older or lives in residential aged care. It is a basic human right to be able to express sexuality. However, sexual expression by aged care residents can be uncomfortable for staff, other residents and families/whānau. It is important for facilities to have a sexuality policy. See RN Frailty Care Guides.



Consenting to sexual relations

People with dementia in care homes may form new sexual relationships with other care home residents.

As long as both parties agree and have capacity to consent to these relationships, then care home staff should respect such relationships. But we need to be alert to prevent exploitation of either party.

Sexually disinhibited behaviour

It is not unusual for people with certain types of cognitive impairment to exhibit disinhibited sexual behaviour. It is important to be observant for any risks to others.

Risk levels

Risk level 1:

Kissing, hugging, hand holding, fondling, cuddling (not inclusive), consensual (implies awareness of actions)

Risk level 2:

Verbal sexual talk: flirting, suggestive language, sexually laden language

Risk level 3:

Self-directed sexual behaviours: masturbating, publicly exposing oneself

Risk level 4:

Physical sexual behaviour directed towards another resident with agreement

Risk level 5:

Non-consensual, overt physical sexual behaviour directed towards others

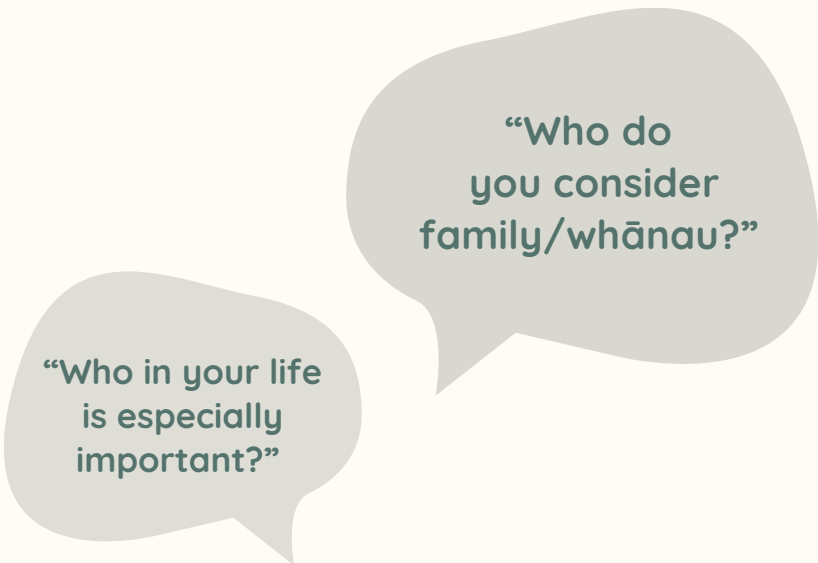


IDENTIFY

Sexual identity

Caring for sexual diversity: lesbian, gay, bisexual, transgender, intersex, queer/ questioning, asexual (LGBTIQA) and many other terms (such as non-binary and pansexual) people

- All staff should avoid making any assumptions about gender identity and sexual orientation, just as they should avoid assuming racial identity, age and other characteristics
- Providers should always work from the premise that they have LGBTIQA people in their service, even if no one has openly identified as LGBTIQA
- Create an opening for LGBTIQA residents to talk about any family/whānau members of choice by asking them open-ended questions, such as “Who do you consider family/whānau?” or “Who in your life is especially important?”
- Don't assume you can identify LGBTIQA individuals by appearances, experiences or external characteristics
- Be aware that a wide range of sexual and gender identities and expressions exist, and that these can change over time



“Who do
you consider
family/whānau?”

“Who in your life
is especially
important?”



CARE AND MANAGEMENT OF RESIDENT

Sexual relations and behaviour

Health care assistants are the most likely to observe residents throughout the day. Please be aware of any changes in behaviour, both positive and negative, such as:

- **Positive:** happiness, smiling, singing
- **Negative:** tearful, withdrawing from activities, not wanting to leave their room, not wanting to be touched, bruising to skin, any blood in genital region

You must keep your own judgements neutral

- Report to registered nurse or manager
- Document behaviours observed

Sexual identity

See RN Frailty Care Guides – 'Sexuality and intimacy: Taeratanga me te pā taupiri'

- All health providers have a duty to deliver services that are respectful of our LGBTIQA community
- Use the resident's correct pronouns (he/him, she/her, they/them) and preferred name
- If you are not sure how the resident wishes to be addressed, politely ask rather than assuming

