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 aged residential 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 and whānau. It is important for facilities to have a sexuality policy. See *RN Frailty Care Guides (2023 edition).*

OBSERVE

Consenting to sexual relations

People with dementia in aged residential care may form new sexual relationships with other residents.

As long as both parties agree and have capacity to consent to these relationships, then 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 the person 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

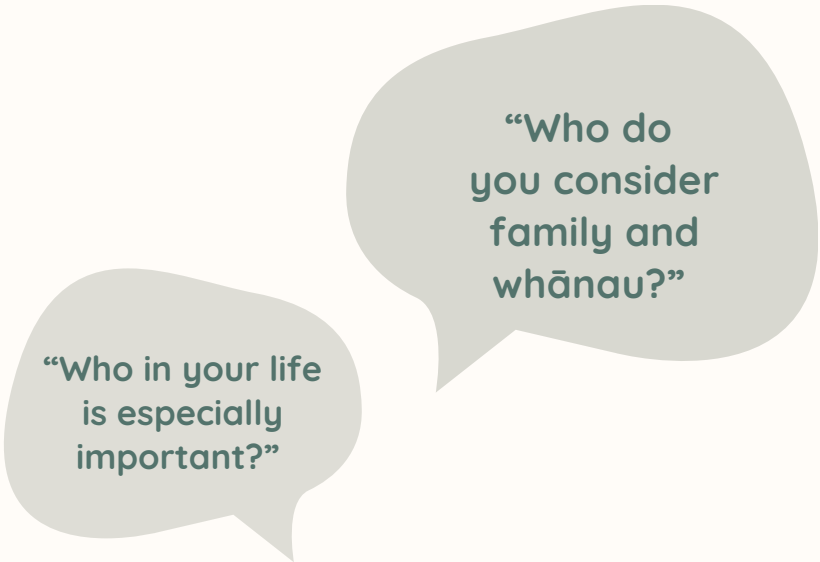
Risk level 5
Non-consensual, overt physical sexual behaviour directed towards others

IDENTIFY

Sexual identity

Caring for gender and sexuality diverse peoples (LGBTTIQA+): lesbian, gay, bisexual, transgender, Takatāpui, intersex, queer/questioning, asexual 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 LGBTTIQA+ people in their service, even if no one has openly identified as LGBTTIQA+
- Create an opening for LGBTTIQA+ residents to talk about any family and whānau members of choice by asking them open-ended questions, such as "Who do you consider family and whānau?" or "Who in your life is especially important?"
- Don't assume you can identify LGBTTIQA+ 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



RECORD

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 and gender identity

See *RN Frailty Care Guides (2023 edition)* – 'Sexuality and intimacy: Taeratanga me te pā taupiri'

- All health providers have a duty to deliver services that are respectful of our LGBTTIQA+ 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

ACTION

Document behaviours observed

REPORT

Notify registered nurse or manager