



Dementia  
Training  
Australia

# Sexualities and Dementia

## Webinar 2019

Dementia Training Australia is supported by funding from the Australian Government under the Dementia and Aged Care Services Fund.



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## Sexualities & Dementia

Education Resource for Health Professionals



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Sexualities and Dementia

# INTIMACY & INTIMATE BEHAVIOURS

- Refers to the experience of connecting with another based on feelings of care & affection
- Trust, choice, security, & reciprocity
- A desire to have companionship, '*a shoulder to lean on*,' & thus be free from loneliness
- Sharing a caring touch, empathic understanding, reassurance and/or comfort
- Associated with friendship
- Sexual or non-sexual in nature
- Feeling of safety is paramount

<b>Physical</b>	touching, holding, kissing on the cheek
<b>Emotional</b>	offering a shoulder for someone to cry on
<b>Intellectual</b>	sharing ideas, humour or jokes
<b>Social</b>	being in the company of friends
<b>Sexual</b>	sensuous activities



# SEXUALITY

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The World Health Organisation defines sexuality as *“a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction”*

*(2002; pg. 5).*



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# SEXUAL BEHAVIOURS

- Expressed with oneself or with another person
- Direct link to satisfying sexual desire
- More overt & pleasure-based than intimacy
- Intimate touching, cuddling/hugging, kissing, flirting, romantic gestures, oral sex, various forms of penetration & sexual intercourse
- On one's own through actions related to increasing one's body sensation & stimulation such as dressing up, reading sexually explicit books & magazines, watching pornography as well as through to acts of self-gratification such as masturbation



# WHY IS EXPRESSION OF SEXUALITY IMPORTANT FOR OLDER PEOPLE?

- ✓ Quality of life
- ✓ Identity & personhood
- ✓ Positive self-concept



© Timeless Love by Marie Bot

- ✓ Healthy interpersonal relationships
- ✓ A sense of integrity



**If deprived... detrimental effects on social relationships, self-image & mental well-being for older people...**



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## Ageist views: older people

- X don't have sex
- X aren't interested in sex
- X can't have sex
- X stopped developing sexual relationships



## In reality...

- ✓ meaningful & important issue
- ✓ may not express their sexuality (redefine & reprioritise)
- ✓ want to discuss sexual needs, function & concerns with their health caregivers and part of clinical care

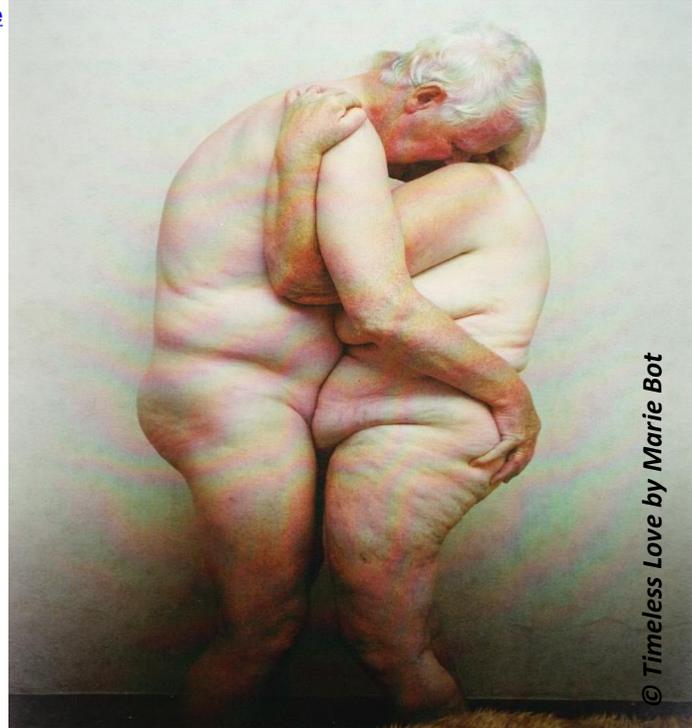


## The Health in Men Study of 12,000

### Australian man aged $\geq 65$

<http://www.agedcareinsite.com.au/pages/section/article.php?idArticle=15325>

- 75 to 79: 40% sexually active
- 80 to 84: 30% sexually active (in the past 12 months)
- 85 to 89: 20% sexually active
- 90+: 10% sexually active



## US national study of 1550 women & 1455 men aged 57 to 85 (Lindau et al. 2007)

### Oral Sex

- 57 to 75:  $> 50\%$
- 75 to 85:  $\approx \frac{1}{3}$

### Sexually Active

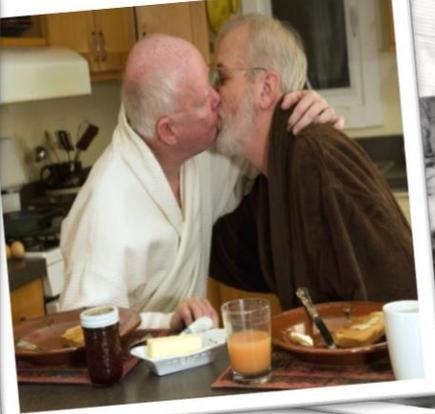
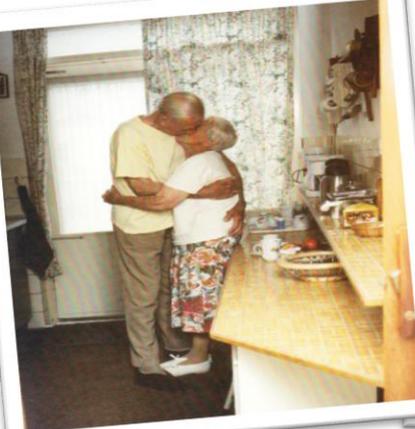
- 57 to 64: 73%
- 65 to 74: 53%
- 75 to 85: 26%

- Sexual activity decline with age
- Prevalent sexual problems
  - ✧ Women: low desire (43%), difficulty with vaginal lubrication (39%) & inability to climax (34%)
  - ✧ Men: erectile difficulties (37%) - 14% reported using medication or supplements to improve sexual function



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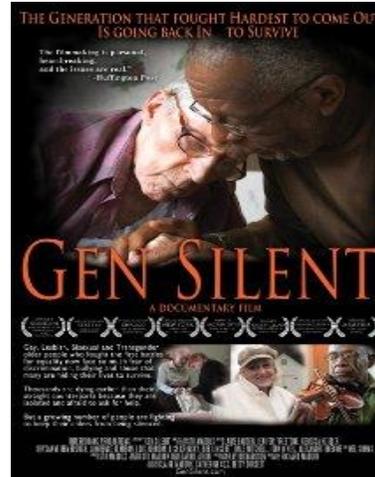




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# Movie: GEN SILENT



Sponsored by the Brookline Council on Aging, Goddard House and the LGBT Aging Project, this is an award-winning documentary by filmmaker, Stu Maddux, that follows six Boston-area LGBT older adults over the course of a year as they deal with the challenges of aging and being gay, lesbian, bisexual or trans.



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# Dementia-related sexual expression considered as different from norms:

- Removal of clothing in public
- Exposing and touching their genitalia (including masturbating) in public
- Attempting to touch, kiss, hug or flirt with others without the other person's consent
- Making rude sexual comments that may include swearing
- Requesting sexual acts from residents, staff and/or visitors
- Unwarranted sexual advances towards others
- Unexpected change in sexual orientation or sexual preference

**CHALLENGING  
INAPPROPRIATE  
IMPROPER**



- PWD have changed or changing awareness but can still agree to participate in sexual activities
- ‘Decision-specific’: Capable of periods of insight: valid decisions despite having deferred care to another
- Assent: Can generally be reflected through:

Signs of Well-being	Signs of Ill-being
<ul style="list-style-type: none"> <li>❖ positive mood shown by smiling, laughing</li> <li>❖ relaxed in the body (facial expression and body posture)</li> <li>❖ comfortable with physical closeness</li> <li>❖ enjoyment in interactions and events</li> </ul>	<ul style="list-style-type: none"> <li>❖ being agitated and/or restless</li> <li>❖ negative mood (display of distress in facial expression, posture and sounds)</li> <li>❖ high levels of body tension</li> <li>❖ showing anxiety and/or fear</li> <li>❖ Unable to enjoy thing</li> </ul>



**Protect the PWD  
from harm**



**Rights for PWD to  
make decisions about  
*sexualities*, intimacy  
and physical  
relationships**

**Adoption of a sexual decision-making framework for  
people with dementia that uses the pursuit of  
happiness as its guiding principle**

**(Tarzia, Fetherstonhaugh & Bauer, 2012)**



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# RESPONDING TO PWD'S EXPRESSIONS OF SEXUALITY

If behaviour is deemed 'inappropriate', staff needs to remain **non-judgemental, calm and objective**. Response strategies:

- Remain calm – avoid feeling embarrassed or show shock
- Be respectful to PWD - preserve their dignity.
- If others are present & behaviour is 'inappropriate', reassure others that the PWD means no harm
- If the behaviours are occurring in a communal area, distract the PWD and lead them away
- Appropriate jokes, witty replies and humour - be tactful and with respect to PWD, staff and visitors



# Pre-existing & new developing relationships should be supported

While *“to the outside world it may seem uncomfortable or odd at first sight for a sexual or intimate relationship to continue when one partner has dementia...many couples do wish to maintain some level of intimacy and any problems can be handled and successfully navigated within the relationship”* (Bamford, 2011; pg. 15)  
with the right approach.



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## P-LI-SS-IT Model of Care (White, 2011)

**PERMISSION**

Gain permission first from family to discuss sexual behaviour of their loved one

**LIMITED**

Give family some information showing how the process of dementia may impact on a person's sexuality, explaining that sexual desire does continue throughout a person's lifespan and it can be beneficial to well-being to maintain intimate contact with loved ones or form new relationships.

**INFORMATION**

**SPECIFIC**

Offer suggestions of how one may be able to approach caring for the sexual needs of the person living with dementia. Suggestions can include; sensory therapies (remedial massage, aromatherapy, music); inviting spouse or partner to stay overnight or to take the person living with dementia home for occasional overnight stays (if they are in residential care); and asking family to ensemble an autobiographical account of the person's life with photos and reminders of good times to be used in later reminiscence-distraction programs.

**SUGGESTIONS**

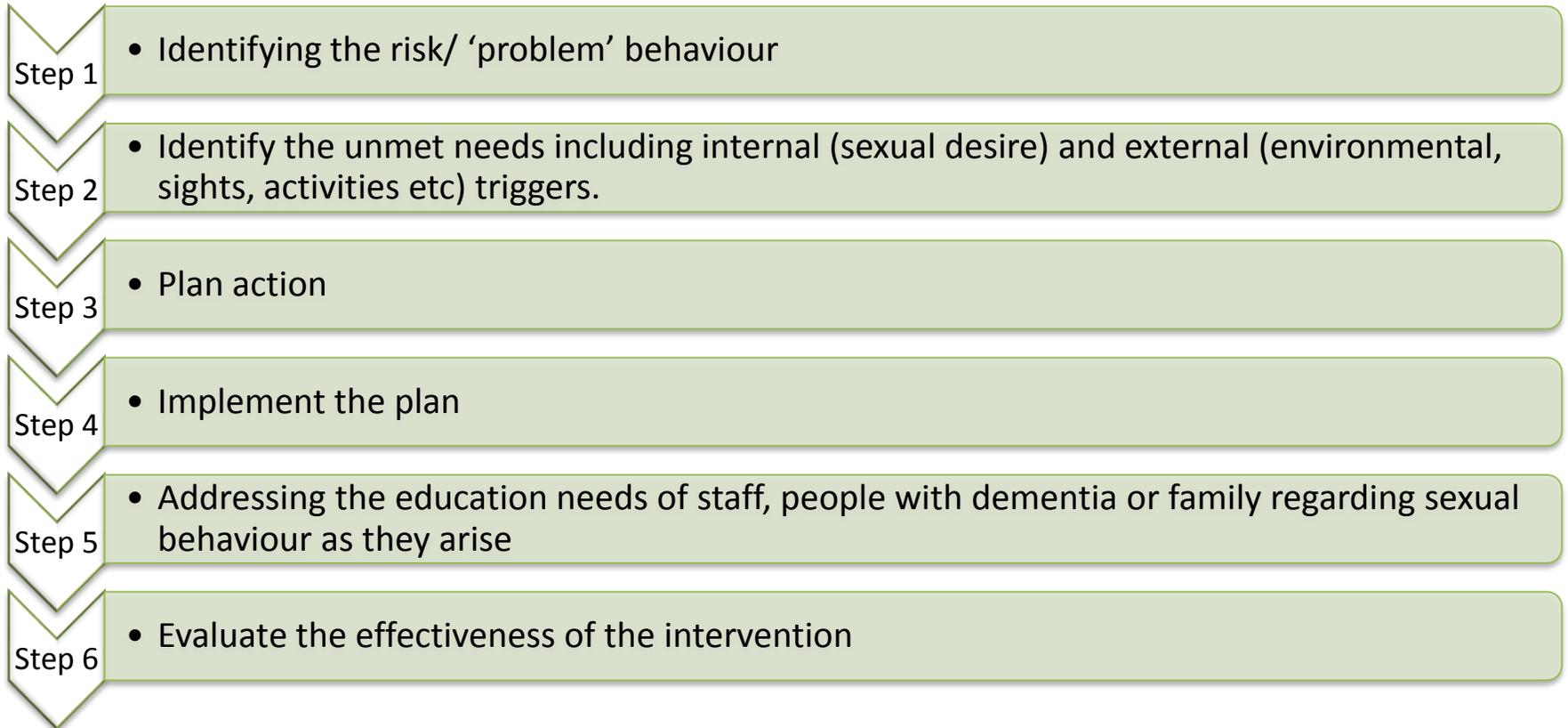
**INTENSIVE**

Advise family on the availability of counsellors, community support groups, sex therapists, psychologists, social workers or clinical nurse consultants that may be able to help family work through their own feelings and obtain support.

**THERAPY**



# Needs-Based Approach (McCarthy, 2011; White, 2011)



# Louise & Maureen



© Gay & Lesbian Elderly Series by Richard Renaldi

**Cognitive Capacity & Consent**

**Privacy Rights**

**Personhood**

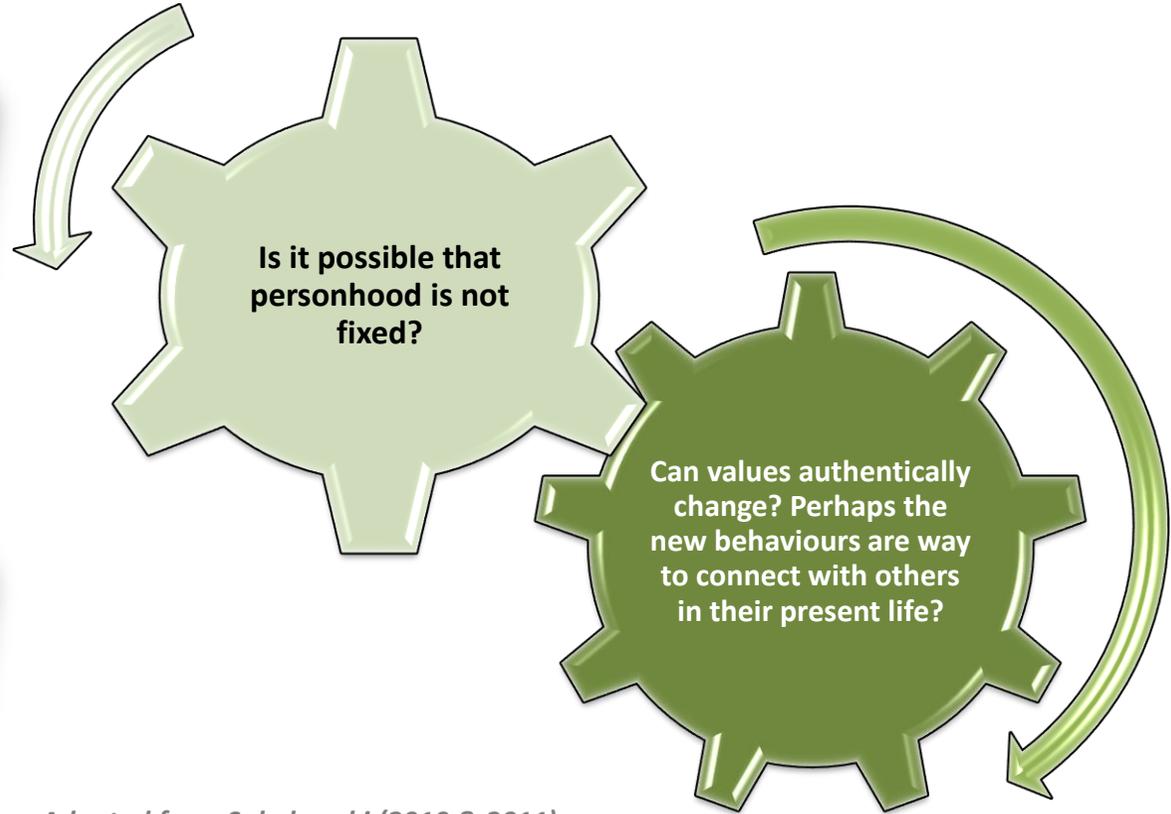
**Autonomy & Solidarity**



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# 'NOW' PERSON VS. 'THEN' PERSON



*Adapted from Sokolowski (2010 & 2011)*



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*“People’s desires & preferences respond to their beliefs about norms & about their own opportunities. Thus people usually adjust their desires to reflect the level of their available possibilities”*

*(NUSSBAUM, 1999)*



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## Stripper at New York nursing home leads resident's son to sue



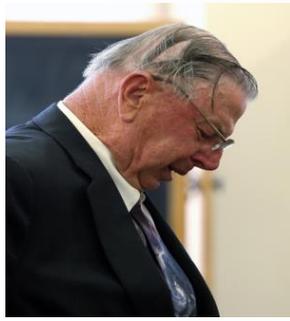
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# Sex, Dementia and a Husband on Trial at Age 78

By PAM BELLUCK APRIL 13, 2015



Henry Rayhons at the grave of his wife, Donna Lou Rayhons, an Alzheimer's patient who died last year.  
Daniel Acker/Bloomberg, via Getty Images



There is no question that Donna Lou Rayhons had severe Alzheimer's. In the days before being placed in a nursing home in Garner, Iowa, last year, Mrs. Rayhons, 78, could not recall her daughters' names or how to eat a hamburger. One day, she tried to wash her hands in the toilet of a restaurant bathroom.

But another question has become the crux of an extraordinary criminal case unfolding this week in an Iowa courtroom: Was Mrs. Rayhons able to consent to sex with her husband?

Henry Rayhons, 78, has been charged with third-degree felony sexual abuse, accused of having sex with his wife in a nursing home on May 23, 2014, eight days after staff members there told him they believed she was mentally unable to agree to sex.

It is rare, possibly unprecedented, for such circumstances to prompt criminal charges. Mr. Rayhons, a nine-term Republican state legislator

## Man accused of sexually abusing his wife with dementia is found NOT GUILTY

- Henry Rayhons was arrested for sexually assaulting his wife in August
- The 78-year-old politician was accused of having sex with her in a care home when she had dementia and didn't have mental capacity to consent
- Mr Rayhons always claimed they kissed and prayed but did not have sex
- Found not guilty by a jury and he said tearfully 'the truth finally came out'

By CLAIRE CARTER FOR MAILONLINE  
 PUBLISHED: 05:14 EST, 23 April 2015 | UPDATED: 22:51 EST, 23 April 2015

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 71 shares

An Iowa politician who was accused of abusing his wife by having sex with her when she no longer had the capacity to consent because of her dementia has been cleared.

Henry Rayhons, 78, was accused of having sex with his wife Donna Lou Rayhons at her nursing home - despite being told her dementia and Alzheimers meant she no longer had the capacity to decide for herself.

Mr Rayhons, who served 18 years as a Republican member of the Iowa House, had argued that on the night in question he and his wife had been affectionate but had not had any sexual contact.



© AP  
 Henry Rayhons is pictured tearfully hugging his daughter Sara Abbas after he was found not guilty of sexually assaulting his dementia suffering wife, following a trial in Hancock County  
 Jurors acquitted the lawmaker following a trial after the court heard that medical tests could not



## Extreme Love: Dementia Love (Louis Theroux)



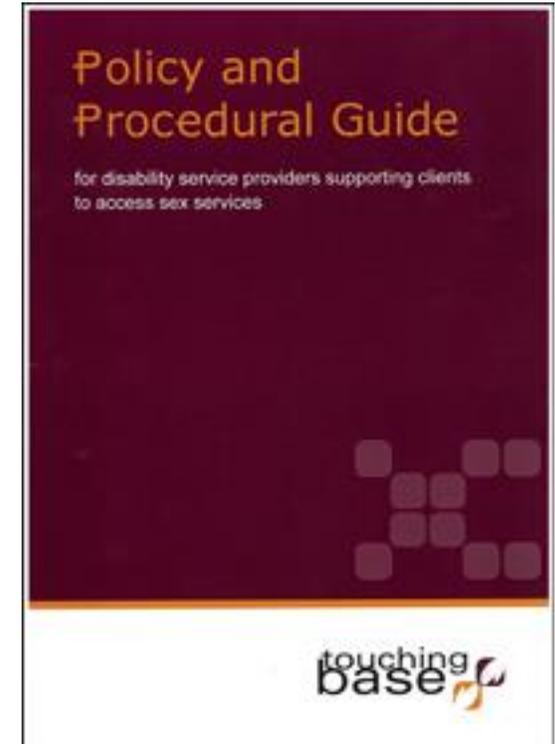
69-years-old Gary Gillian, who used to be a dentist, lives in the institution still thinking he practices his profession. Like many other residents, he does not realise that his stay there is permanent and that he cannot leave. Gary is married to Carla. He however does not remember his wife anymore but thinks she is just a business partner. Gary has two special lady friends: Betty “*a very possession lady friend*” & Pat “*more normal*” – as described by Carla...





## Ageing, Dementia & Sex Workers

An 80-year-old nurse is on a crusade to raise awareness about the sexual needs of people with dementia, and the necessity for them in some cases to use sex workers. Sex worker Rachel Wotton features in the documentary *Scarlet Road*, and hopes by speaking out she can break down the stereotypes and popular misconceptions held about people with disabilities and their sexuality. Ms. Wotton, along with fellow sex workers Saul Isbister, established the charity Touching Base, which helps people with a disability - including those with dementia - access the services of sex workers.



Abstract obtained from online article "*Nurse campaign for sexual needs of dementia patients*" by Rebecca Baillie [www.abc.net.au/news/2013-03-19/dementia-sex-human-rights-nurse-campaign/4582770](http://www.abc.net.au/news/2013-03-19/dementia-sex-human-rights-nurse-campaign/4582770)



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# CONCLUSIONS

- Cognitive capacity for consent = complex issue
- Avoid stereotypical attitudes about PWD's decision-making capacity
- Practice framework should address privacy rights, cognitive capacity & consent, autonomy & solidarity and personhood
- Genuineness of sexual needs and behaviours should not be refuted or less favourably regarded simply because of an inconsistency with needs and behaviours demonstrated before dementia.
- A balance is needed between the potential risk of older people being harmed and the limitation both car providers and family place on their ability to develop, engage in or maintain sexually intimate relationships within the care environment.





**THANK  
YOU**  
for  
**LISTENING**  
**ANY QUESTIONS?**

ANY QUESTIONS?



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# Education Resource for Health Professionals

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**Reviewed by:**  
Expert Advisory Group

This education resource has been reviewed and approved for publication by the Expert Advisory Group on 4th September 2012. Members of the Expert Advisory Group are as follow:

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Sexualities and Dementia

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