SEXUAL / INTIMATE BEHAVIOR

POLICY

Staff should understand, recognize and support the healthful expression of sexuality and intimacy among residents, and demonstrate an understanding of the procedures for staff response to and interaction with residents who demonstrate sexual or intimate behavior. Staff will attempt to determine a resident’s ability to consent to sexually intimate behaviors if residents are involved in sexual activity.

OVERVIEW

The need for intimacy is strong in human nature, as it provides a sense of worth, well-being, and community. Handholding, handshakes, friendly hugs, hand massage and other displays of affection are considered appropriate in most environments and are encouraged as outlets for expressing intimacy.

Staff should understand that a resident with dementia may make verbal or physical sexual advances toward others, or exhibit behaviors not generally accepted in society. The reason is that the resident forgets the social rules governing sexual behavior.

Expressions of sexualized behavior in residents with dementia can be the result of impairment in cognitive functioning. An expression of sexualized behaviors in residents with dementia does not indicate, and should not be considered, as a lapse in morality. Staff should not take such behavior personally. A loss of cognitive functioning or cognitive abilities often causes a loss of understanding about social rules and can affect behavior so that a resident mistakenly uses inappropriate objects in a sexual manor, uses areas as a restroom, or takes off clothes in public when becoming too warm.

Inappropriate behavior can be a result of the following:

- A resident might show increased sexual behavior or activity not recognized in the past, if a loss of cognitive functioning or cognitive abilities results in loss of inhibition or appropriate judgment.

- A resident mistakes personal care as a sexual advance.

- A resident mistakes another person for their spouse and make advances toward that person.

- A resident’s inappropriate touching or fondling of their private area could be a result of infection, need to toilet, and/or ill-fitting clothes.

Staff should rule out any physical problems and/or medication side effects that might be causing inappropriate behavior. Factors that might trigger sexual behavior include

  o Lack of meaningful stimulation during the day

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Memory Care – Community Standards

- Mental confusion
- Discomfort, itching, infection
- Loneliness or need for affection, touch, companionship
- Need to use the restroom
- Non-sexual gestures and friendliness, such as teasing or comforting from another

RESIDENT RELATIONSHIPS

This Community acknowledges that residents have the right to interaction and relationships with one another if both have capacity to consent (for an interaction or relationship).

Staff should recognize that a resident with dementia is able to meet the human need for intimacy in ways besides sexual contact. If a resident with dementia exhibits behavior new or inconsistent with previous habits, the action might represent loss of inhibition, low self-esteem, or a need for touch.

The following general steps are meant to support residents for healthful expression of sexuality and intimacy and to define for staff how to respond and interact with residents.

Procedure

1. If residents enter into a relationship, Community staff will assess each resident’s capacity for consenting to the relationship. To assess resident capacity for consent, staff should follow direction in the attached sheet (“Evaluation for Resident Relationship”).

2. The Community will make available health education to the consenting residents and/or responsible parties to help them assess the risks and benefits of an intimate relationship.

3. Staff will assist to develop a plan for privacy when need is observed, such as when a resident exhibits behavior not consistent with previous habits or has difficulty finding an appropriate time or place for private time.

4. The Community reserves the right to define “appropriate/inappropriate behaviors” for all Community public space and on the grounds. When residents are observed at behavior not appropriate, staff will provide neutral redirection and, if needed, review by supervisor staff to design an appropriate plan for resident assistance.

5. Each resident must consent for a relationship; and the Community shall report any allegation of sexual assaults/rape for investigation by the proper authority, and shall provide close observation as necessary to support residents after any such report.

EPISODE RESPONSES

The Community recognizes that residents with Alzheimer’s disease or other age-related dementia might demonstrate sexually inappropriate behavior due to disease processes that result in memory loss, confusion, and reduced inhibition. Staff should regard sexually

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Memory Care – Community Standards

inappropriate behavior the same as any other inappropriate behavior, and should learn how to identify it and how to respond.

Residents

- When a resident disrobes, toilets in an inappropriate area, or has intimate contact with another person or themselves while in a Community public area, the resident exhibiting such behavior will be redirected appropriately to either a private room or the resident’s apartment.

- Staff observing that a resident or residents are engaged in intimate/sexual behavior should remain calm and unemotional. A reaction of shock, disgust or laughter might confuse or upset the resident(s). Handle each situation appropriately, as follows:

  One resident -
  - Do not allow the resident to be “spotlighted,” laughed at, or receive any demeaning reaction from others.
  - If in a public location, quietly lead the resident to a private place.
  - If the resident is underdressed or exposed, provide something as cover-up.
  - Act as though nothing unusual happened.

  Two residents –
  - If in an inappropriate area, intervene for moving residents to a private area.
  - If in an appropriate area, appraise the situation to determine if the actions are wanted by each resident (consensual).
  - If the activity is deemed consensual, leave the residents in private.
  - Consider involving resident family members, while maintaining resident confidentiality as appropriate.
  - Contact the residents’ physicians to notify of the behavior.
  - If needed, develop plans to assist with approaches or interventions and document appropriately.

Sexual contact –

A staff member who discovers that sexual contact occurred between two residents, and it was unknown to staff, should notify an appropriate supervisor. Supervisory staff should:

- Review the residents’ legal rights, and evaluate (per attached direction).
- Consider involving the family members, while maintaining resident confidentiality as appropriate.
- Contact the residents’ physicians to notify of the behavior.
- If needed, develop plans to assist with approaches or interventions and document appropriately. When developing a care plan, consider what might have led to the
behavior and whether circumstances should be changed to control similar behavior in the future.

Caregivers

Sexually inappropriate behavior often is expression of a need for human contact, being loved or belonging, which might result in a resident inappropriately touching another resident or a caregiver. Staff may acknowledge this expression of need by teaching or demonstrating acceptable ways for the resident to meet their needs, but in a manner such that the resident should not interpret the acknowledgment action as an advance by the caregiver.

- When a resident acts inappropriately, the caregiver’s immediate response should be as follows:
  - Don’t scold, but speak in a formal manner.
  - Stay calm and remind the resident that unwanted remarks/touching are not proper.
  - If mistaken by the resident for a loved one, remind the resident in a manner such as, “Oh, Mr. Smith, I am your care provider.”
  - Check to determine if a care/assistance action might be misinterpreted as an advance; review, for example, actions such as
    - Leaning down in front of the resident
    - Entering the resident’s personal space
    - Making gestures of an intimate nature – hugging, kissing, etc.

- Further response to resident behavior expressing need for contact (e.g., touching of another, including a caregiver) can include the following:
  - Provide neutral redirection unless otherwise specified in the resident’s service plan.
  - Indicate other ways for the resident to gain caregiver attention, including the following, which are acceptable:
    - handshakes
    - pats on the upper back
    - brief lateral hug
    - social conversation
    - eye contact
    - waving and compliments

Redirection Required

The following behavior toward a caregiver or another resident is not appropriate, and staff should immediately redirect the resident who is

- Staring inappropriately

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Memory Care – Community Standards

- Invading another's personal space
- Makings sexual propositions
- Giving a frontal hug
- Rubbing/stroking/winking
- Fondling
- Grabbing another’s arm or clothing
- Exposing self (or public masturbation)
- Touching genital areas
- Verbally or physically threatening

When redirecting in response to resident expressions of need for touch, intimacy or sexual response, it is very important that a staff member remain neutral in body language, tone of voice, and spoken response. Staff should contact a supervisor or other appropriate advisor about specific training and strategies for remaining neutral in this type of situation.

**Reporting**

Any report of a situation related to resident sexual/intimate behavior, to the family, physician, supervisor, etc., should convey only the facts, without unnecessary details, and should be presented in a professional manner. Staff who report should evaluate each situation on a case by case basis.

Completion of an incident report and communication to supervisors are required for any incident about a resident's sexual/intimate behavior, whether an episode involves appropriate or inappropriate behavior. The appropriate Community staff must investigate incidents as required, and should share with other staff any pertinent outcomes and recommendations.

Based on circumstances when discovered and Community evaluation (per attached direction), if a resident relationship is determined to be non-consensual, the Community shall follow regulations and policy to report appropriately for the situation as resident abuse.
EVALUATION FOR RESIDENT SEXUAL/INTIMATE RELATIONSHIP

The procedure and guidelines here should be the basis for evaluating resident capacity for consent to a sexual relationship. To participate in the procedure steps below, “staff” should at a minimum be comprised of the Administrator and the RCC/LN (or other if appropriate). Staff should seek input from the resident’s physician and, as applicable, invite the resident (if able) and the resident’s, family, representative and/or responsible party to participate for an evaluation meeting or to provide input otherwise, as applicable for the situation.

- NOTE: Staff must conduct separate sessions when more than one resident in a relationship will be evaluated for capacity to consent.

Procedure

- The Administrator should facilitate for evaluation participation/input and appropriate documentation. If necessary, copy this attachment’s second sheet as a record of evaluation results for a resident’s record. In addition, use the resident’s service plan to document details about who participates and how evaluation occurs, and about any interventions determined to be appropriate as a result of evaluation.

- Staff and the resident, if able, and/or others with input should discuss the following questions to determine whether conditions might allow a sexual relationship to continue.

  1. Resident ability to avoid exploitation -
     - Is resident behavior consistent with formerly held beliefs/values?
     - Does the resident have the ability and/or capacity to say no to uninvited sexual contact or make his/her wishes known?

  2. Resident awareness of the relationship –
     - Is the resident aware of who is initiating sexual contact?
     - Does the resident know the other’s identity? For example, if the resident believes that the other person is a nonexistent spouse, acquiescence is because of that mistaken belief, and therefore not consensual. Can the resident state/describe a level of sexual intimacy he/she would be comfortable with?

  3. Resident awareness of potential risk –
     - Does the resident realize that this relationship might be time limited? (For example, one resident might lose interest, leave the Community, become ill, etc.)
     - Can the resident describe how he/she will react if/when the relationship ends?
     - Does the resident exhibit an understanding of the possible transmission of STDs?

Based on the questions above, staff will use the “guidelines” table (see next page) to facilitate a determination (separately for each resident) whenever a resident (or residents) suffering from dementia or a loss of cognitive functioning or cognitive abilities engage in sexualized behaviors. Proceed through consideration of indicators in the order shown, and refer to the “general guideline” column about the answers, which probably is the
determination most appropriate for the resident. Record a decision about each indicator and comment if necessary.

**EVALUATION FOR RESIDENT SEXUAL/INTIMATE RELATIONSHIP**

**Record of Decision**

<table>
<thead>
<tr>
<th>GUIDELINE INDICATOR</th>
<th>GENERAL GUIDELINE</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Resident’s Mini-Mental State score greater than 14?</td>
<td>Consider the resident’s score with other factors, but initiate the questions above.</td>
<td></td>
</tr>
<tr>
<td>B. Answers to #1 above indicate that resident is able to avoid exploitation?</td>
<td>“YES”: Continue questions above. “NO”: Not likely that resident is able to consent</td>
<td></td>
</tr>
<tr>
<td>C. Answers to #2 above indicate that resident is aware of the relationship?</td>
<td>“YES”: Continue questions above. “NO”: Not likely that resident is able to consent</td>
<td></td>
</tr>
<tr>
<td>D. Answers to #3 above indicate that resident is aware of risk.</td>
<td>“YES”: Consider resident competent for the relationship. “NO”: Allow the relationship but provide frequent reminders of risk</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Service plan, progress notes, other resident record documentation updated as required?

Circle one \[ \text{YES} \quad \text{NO} \quad \text{N/A} \]

Administrator signature \[ \quad \]
Date evaluation complete

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(File completed form in the resident's record.)

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