The Intimacy and Sexuality Expression Preference Tool

User Guide

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The Intimacy and Sexuality Expression Preference (ISEP) Tool

User Guide

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Contents

The Intimacy and Sexuality Expression Preference (ISEP) Tool 2

Purpose of the User Guide 4

Introduction 6

The ISEP Tool 8

Who, Where, and When 10

Beginning the Discussion 12

Responding to Inappropriate Behaviours 15

Question 1 - Preferred Name and Pronoun 16

Preferred Name and Pronoun 16

Question 2 - Gender Identity 17

Question 3 - Intimacy 18

Question 4 - Sexuality 19

Question 5 - Sex 23

Question 6 - Sexual Orientation 26

Question 7 - Romantic and/or Sexual Relationship 27

Question 8 - Safe Sex 28

Question 9 - Others 29

Question 10 - Supporting Intimacy and/or Sexual Needs and Preferences 30

Barriers to Expressing Meaningful Sexual Behaviours 31

Case Studies 35

Resources 48

Purpose

of the user guide

The Intimacy and Sexuality Expression Preference (ISEP) tool is designed for health professionals to initiate discussion with older people about their preferences for intimacy and sexuality expression in an aged care setting.

This user guide will provide an overview of the ISEP tool. This guide will also explain who this tool is used for, who should administer it, and how it should be used. This guide will provide an in-depth overview of the questions in this tool, and explain key considerations and recommendations which can be given to support the older person's preferences for intimacy and sexual expression in aged care setting.

Note. The ISEP tool does not focus on disorders related to sexual expression.

Introduction

Intimacy and Sexuality in Older People

Sexual health refers to "a state of physical, emotional, mental, and social wellbeing in relation to sexuality".

The ability to freely express intimacy and sexuality is an important aspect of holistic care in older people, including those living with dementia. Sexual expression helps to form new and meaningful interpersonal relationships, enables older people to engage in sexual behaviours of significance, and can improve quality of life.

WHAT IS SEXUAL EXPRESSION IN OLDER PEOPLE?

Sexual expression in older people can include a range of activities, including:

- Maintenance of physical appearance
- Proximity and physical contact, such as holding hands, hugging, cuddling, and kissing
- Displays of affection
- Flirting
- Reading or watching sexually explicit materials
- Masturbation
- Sexual intercourse

WHY IS SEXUAL EXPRESSION IN OLDER PEOPLE IMPORTANT?

Despite the importance of being able to express intimacy and sexuality, changes to this can often occurs with aging, and particularly when an individual develops dementia. Sexual health is often a neglected component of care for older people, both with and without dementia. An older person's expression of intimacy and sexuality can often cause embarrassment, distress, and unease for health professionals and care providers. In some instances, an interest in intimate and sexual behaviours is seen as a symptom of dementia, and the behaviour is likely to be discouraged. Despite this, older people generally desire the opportunity to discuss their preferences. Therefore, there is an identified need for a tool which enables the intimacy and sexuality preferences of an older person to be explored.

SUPPORTING OLDER PEOPLE'S SEXUAL PREFERENCES

In order to allow older people to freely express and maintain their sexual preferences, their sexual rights must be respected. To enable this, it is important to understand an older person's preferences for expression of intimacy and sexuality.

The Intimacy and Sexual Expression Preference (ISEP) tool has been designed to initiate discussion between a health professional and an older person to get to know their intimate and sexual desires, needs, and preferences.

The ISEP Tool

Aim

The aim of the Intimacy and Sexuality Expression Preference (ISEP) tool is to support the expression of intimacy and sexuality in older people living in residential aged care, with a particular emphasis on enhancing satisfaction with care, outcomes, and quality of life.

Purpose

The purpose of the ISEP tool is to address the need for older people in residential aged care to have their intimacy and sexual expression preferences respected and supported, and to promote their overall well-being and quality of life. The ISEP tool can be used by health professionals to initiate conversations with older people to get to know their needs and preferences for expression of intimacy and sexuality.

Information collected from the ISEP tool can be used to improve person-centred care, and help enable the healthcare team to work with the older person and their family to honour and address their needs and preferences for expression of intimacy and sexuality. It can also assist in making recommendations to support an older person's sexual preferences, and identify any areas for concern which need to be addressed.

The ISEP Tool covers ten key areas:

- Preferred name and pronounciation
- Gender identity
- Intimacy
- Sexuality
- Sex
- Sexual orientation
- Romantic and/or sexual relationship
- Safe sex
- Other aspects, including history of abuse or trauma
- Supporting intimacy and/ or sexual needs and preferences

Who, Where, and When

Planning the Conversation

The ISEP is designed to be used with older people living in residential aged care. This includes those who do not have dementia, as well as those with early to mid-stage dementia.

The information provided in the ISEP Tool is highly personal in nature. Due to this, the older person may find the conversation difficult, uncomfortable, or embarrassing. It is important that the conversation remains open, lighthearted, and guided by the older person. Strategies to keep the conversation comfortable may include:

Humour

Attempts in making light of the discussion can help make the older person feel at ease and defuse an awkward or uncomfortable situation.

Addressing distress

If the older person appears to be distressed, it is important to address this and explore their feelings.

Knowing when to stop

If the older person does not wish to discuss a certain topic or question, their feelings need to be respected, without pushing the conversation further.

Who should initiate the discussion?

- **Someone known and trusted to the older person, with good interpersonal skills**
- **Spend time getting to know the older person to build rapport**

It is preferable that the discussion is initiated by someone who is known and trusted to the older person, such as a care provider who the older person is familiar with. This may help the older person feel more comfortable to discuss private and sensitive information. If the person conducting the discussion is not known to the older person, it is important to spend some time getting to know the older person, so that they feel comfortable talking to the interviewer. The person initiating the discussion should have good interpersonal skills and be able to discuss sensitive information whilst ensuring the older person does not experience unnecessary discomfort or distress.

Where should the discussion take place?

- **In a quiet, private area (e.g. the older person's bedroom, or a quiet area of the garden)**
- **Be mindful of other people who may be present**

Given the sensitive nature of the areas discussed in the ISEP tool, the interview needs to be conducted in a quiet area where the older person has privacy to freely discuss their preferences. The older person may be most comfortable in a private space, such as their room. Alternatively, a quiet living space or garden area where other people are not present may be suitable. If the interview is being conducted in a communal area, take consideration of people who may be walking past or nearby. Be aware of your vocal volume to ensure that your conversation is not overheard by others.

When should the discussion take place?

- **Ideally, within the first six months of the resident's stay in the aged care facility.**
- **Otherwise, as soon as feasibly possible.**
- **It is always possible to revisit the discusison at a later date.**

It is advisable to have the discussion at the earliest convenient time to ensure timely support for residents' needs and preferences. It is recommended that the conversation takes place during the first six months of the resident's stay in the aged care facility. This timeframe allows for a settling-in period for the resident to adjust to their new environment, develop relationships, and determine their requirements and preferences regarding support for intimacy and sexuality expression.

If residents decline an offer to hold this discussion, it is always possible to revisit the discussion at a later time. Residents' preferences and needs may change over time, and it is important to periodically reassess and discuss the available options with them. As long as it is done respectfully and with the resident's best interests in mind, revisiting the conversation should be encouraged.

Beginning the Discussion

Introducing the ISEP Tool

1 *Introduce yourself to the resident and build rapport*

To begin the discussion, take some time to introduce yourself to the resident. Explain who you are, and what your role or job is.

Hello. My name is [name], and I am the [position] here at [facility]. How are you today?

My record shows that your name is [resident's name]. How would you prefer or like us to address you?

If the resident is an existing resident in the aged care facility, you may have already introduced yourself, and know how they prefer to be addressed.

Hello [resident's name]. How are you today?

Allow some time for the older person to talk about themselves, to build rapport and help them to familiarise themselves with you as the interviewer. Whilst you should use the ISEP questions to guide the discussion, it is beneficial to allow a natural flow of conversation during the interview. This will assist you to gain valuable insight into the older person's life and their story, which can provide more context around the older person's responses to the ISEP questions.

2 *Introduce the ISEP Tool*

Take some time to introduce the ISEP Tool to the resident. Explain in clear, easy to understand terms what the ISEP aims to achieve, and the types of questions that will be asked.

This conversation is to help us get to know you better in terms of your intimacy and sexuality needs and preferences if any. Information gathered from this conversation will allow us to work together to support your sexuality needs and preferences to the best of our ability. The questions are about you, so there are no wrong answers. If you are uncomfortable with any question, please let me know. Feel free to not answer that question. Please let me know if I say something that you do not understand. I will try my best to say it again in a way that makes sense to you. Before we begin, do you have any questions?

3 *Reassure the resident that their information will remain confidential*

It is critical that the older person is assured that the information they share will remain private. The information disclosed in the interview should not be shared with anyone else, unless explicitly permitted by the older person. Reassure the resident that information will only be shared with their explicit consent, and only with people they grant permission to.

It may be helpful to audio record the discussion so that you can return to it when writing the report of your findings. However, as the topics are highly sensitive, the older person may prefer not to be recorded. Ensure that you ask the older person's permission, and that they provide consent to be recorded.

We are mindful of the personal nature of the information you are providing us. We will not share your responses with anyone without your agreement. Will you be agreeable to the care team accessing the collected information?

4 *Explain how the interview will work*

Take some time to explain to the resident how the interview will work, including the types of questions they will be asked, the types of responses for each question, and how nested questions work. Show the resident the response card that reads: “very important, somewhat important, not very important, not important at all”, and place it in front of the resident for their reference.

I am going to ask you questions about your preferences in terms of your intimacy and sexuality needs and preferences if any. I would like to know what your preferences are right now. Some of the questions may ask about things you feel you can no longer do by yourself, but I would like to know if these activities would be important to you if you could do them with assistance or find a way to do them.

I am going to ask you whether an activity is important to you or not. I would like you to answer this question as either “Very Important, Somewhat Important, Not Very Important, Not Important at all.” For example, if the question is “How important is it to you to watch TV?” you decide what answer best fits how important watching TV is to you. [Show response options to resident]: You could answer “Very Important, Somewhat Important, Not Very Important, or Not Important at All”. Do you have any questions?

Once you have answered how important a preference is to you, I will ask you for details about your preference.

If you are aware that the resident has a history of trauma, refer to the trauma informed care resources provided on the ‘Further Resources’ page.

Responding to Inappropriate Behaviours

During the discussion the resident may behave in a way that is deemed inappropriate (e.g. making sexual advances towards the interviewer). The resident may mistake you for their spouse, partner, or significant other, or misinterpret the meaning of words or actions, such as the topics covered during the interview. If this occurs, it is important to remain calm, non-judgemental, and avoid displaying signs of embarrassment or shock. It is important to be respectful towards to resident, and remember that the resident may not be aware that their behaviour is inappropriate.

Remind the resident of who you are, your role, and respectfully identify the behaviour which is inappropriate. In some cases, the resident may not be able to comprehend why their behaviour is inappropriate, and in this instance, words may be ineffective. Instead, it can be useful to distract the resident or re-direct their behaviour. Using humour may be helpful for this, however it is critical to remain respectful towards the resident.

If you feel that you are at risk, you must remove yourself from the situation, and seek support. The inappropriate behaviour may need to be reported, to determine what triggered the behaviour, and how this can be avoided in the future. You may need to debrief with a colleague or supervisor, to receive support if you experience distress following the inappropriate behaviour.

Question 1

Preferred Name and Pronoun

Question 1 asks the resident about their preferred name and pronouns. Respecting a resident's desired identity and pronouns is essential to show respect and consideration for them. It is crucial to use their specified name and pronouns when addressing them in conversations, even if they differ from the recorded ones.

1A: My record shows that your name is [resident's name]. How would you prefer or like us to address you?

1B: How important is it to you for us to address you by your preferred name and pronoun?

1C: Would you like to add or tell me anything else about this before we move onto the next question?

Question 2

Gender Identity

Question 2 pertains to acknowledging the resident's preferred gender identity. Gender identity is an individual's personal perception of oneself as male, female, non-binary or fluid, indeterminate, intersex, or unspecified.

If a resident's preferred gender doesn't align with their biological sex, it's crucial to honour their gender identity and use their preferred pronouns to avoid causing distress. Failure to do so may upset or distress the resident.

The following questions will allow us to understand the resident's gender identity and appropriately address residents by their preferred pronouns.

2A: How do you identify your gender identity?

2B: Is your gender identity different from the sex you were assigned at birth? *If yes, what sex were you assigned at birth?*

2C: How important is it to you for us to acknowledge your gender identity?

2D: Would you like to add or tell me anything else about this before we move onto the next question?

Question 3

Intimacy

Intimacy refers to the experience of connecting with another based on feelings of care and affection. It can include behaviours involving the display of closeness and familiarity within a relationship.

Question 3 concerns the resident's comprehension and needs for intimacy, and reveals its significance and the preferred intimate behaviours that may be enjoyed. Knowing a resident's intimate preferences not only helps in meeting their needs but also assists care providers and care staff. It prepares them to expect intimate behaviours from the resident, especially if it is their preferred way of engaging with others. This understanding can also aid in identifying whether acts of intimacy are part of their communication and connection. For instance, holding hands may be a way for a resident to connect with a care provider or another resident. Ultimately, comprehending these intimate behaviours can lead to better support for the resident, ensuring that their preferences and needs are fulfilled.

All people have a need for intimacy in their lives. Intimacy can mean different things for different people.

3A: What does intimacy mean to you?

3B: How important is it to you to have intimacy in your life?

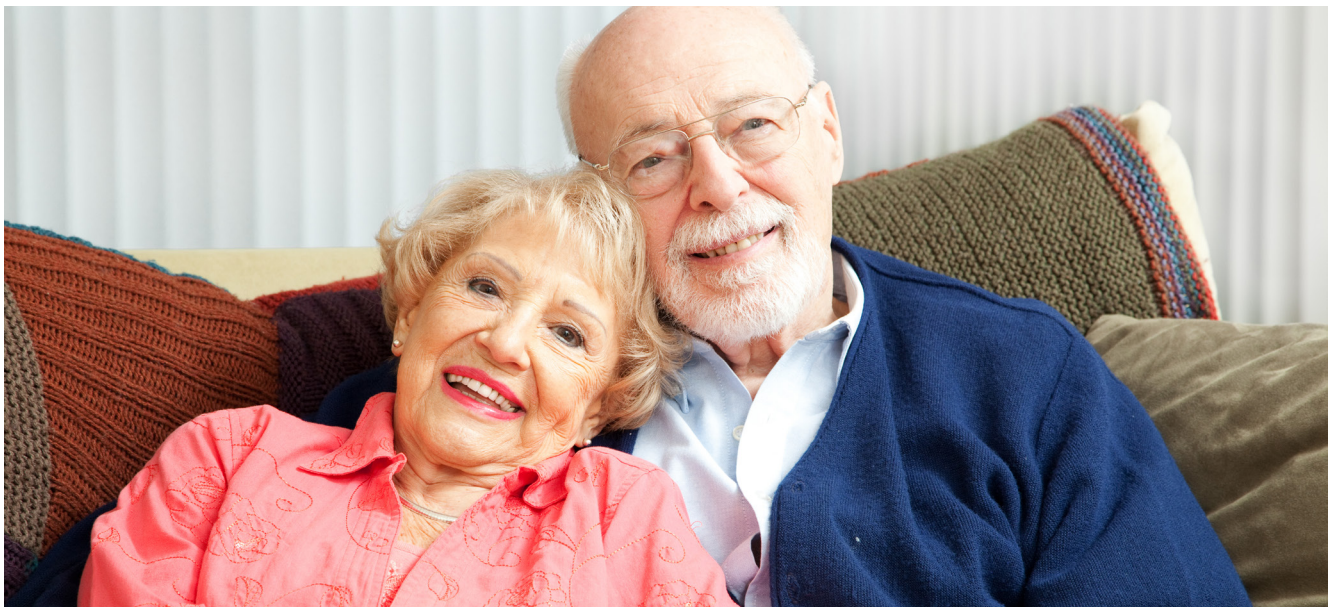
3C: Would you like to add or tell me anything else about this before we move onto the next question?

3D: What forms of intimate behaviour do you prefer or enjoy?

If a resident expresses a desire to engage in intimate behaviours, they should be encouraged to discuss this with their spouse, partner. significant other, lover, or special friend, and engage in them appropriately. With consent of the resident, this information should be shared with the care team, so that they are understanding and aware of these behaviours from the resident.

Question 4

Sexuality



Sexuality is defined by the World Health Organisation as "a central aspect of being human throughout life, and encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction". Sexuality consists of many constructs, and includes physical, psychological, and social components. Sexuality can have a different meaning to each person, however, can be an important part of self-expression.

Question 4 relates to the resident's understanding of and needs for sexuality, highlighting its significance and the desired expression of sexuality that they may enjoy.

Sexuality can be an important part of life for older people. Sexuality can mean different things to different people.

4A: What does sexuality mean to you?

4B: How important is it to you to be able to express your sexuality in your life?

4C: Would you like to add or tell me anything else about this before we move onto the next question?

4D: How would you prefer to express your sexuality?

4E: What, if anything, is getting in the way of you being able to express your sexuality in the way you want to express it?

The resident may indicate several ways that would like to express their sexuality. Below are several suggestions for how these preferences can be supported:

1

Through their appearance (e.g., clothing, makeup, pedicure/manicure)

- Encourage the resident to express their personal style preferences and provide options for them to choose from, such as different clothing styles, colours, and makeup options.
- Provide regular grooming services, such as haircuts, pedicures, and manicures, and incorporate the resident's preferences into the service.
- Provide access to appropriate resources and materials, such as mirrors, makeup, and hair products, to allow the resident to maintain their preferred appearance.
- Respect the resident's decisions regarding their appearance and avoid making assumptions about their preferences or abilities based on their age or physical condition.
- Work with the resident and their family or friends to identify and address any financial or logistical barriers that may prevent them from accessing desired appearance-related services.

2

Through being in intimate casual and/or committed relationships with others (e.g., intimate touching, cuddling/hugging, kissing, flirting, and/or romantic gestures)

- It is important to have an open discussion with the resident about their desire for intimate relationships and behaviours, including understanding their preferences and boundaries for engaging in such behaviours.
- If the resident is interested in forming intimate relationships, it may be helpful to hold social groups or events (e.g., Valentines' Day theme dining) that cater to residents looking for companionship.
- Care providers and care staff can help create a safe and respectful environment that allows for the expression of intimacy, such as providing private spaces for residents to engage in intimate behaviours, and ensuring that consent and boundaries are respected.

3 *Through engaging in sexual behaviour/activity (e.g., with themself or someone of the same and/or opposite sex and gender as them, and/or with multiple partners)*

- It is important to respect the resident's right to privacy and freedom of expression.
- If a resident expresses a desire to engage in these activities, care staff should assess the resident's capacity to understand the content and potential consequences, as well as the impact on other residents and care staff, if any.
- Encourage open and non-judgmental communication between the resident and their care team to discuss their intimate and sexual desires and preferences.
- Discuss safe and consensual sexual activity, if appropriate, with the resident.
- Consider modifying the environment to enable privacy and encourage expression of intimacy and sexuality, such as providing a "do not disturb" sign, a lock on the door or curtains for privacy.
- Respect the resident's choices and preferences, as long as they do not violate the rights or safety of others.
- Seek support and guidance from professionals with expertise in sexual health and aging, such as geriatrician, geriatric sex therapists or counsellors, to ensure that the residents' needs are met in a healthy and safe manner.
- If a resident's behaviours become disruptive or harmful, care staff should work with the resident and their healthcare provider to develop a care plan that addresses the underlying needs while promoting safety and wellbeing for all.

4 *Talking about sexuality with someone else, or in a group*

- Provide information about support groups or therapy sessions that specifically address issues related to sexuality in older adults. These groups can provide a safe and supportive environment for residents to discuss their concerns and experiences with others who may have similar concerns.
- Offer the option of speaking with a therapist or counsellor who specialises in sexuality and aging. This can be a valuable resource for residents who may feel more comfortable speaking one-on-one with a professional.
- Consider organising a discussion group on sexuality and aging for residents. This can provide a space for residents to ask questions and share their experiences in a supportive and non-judgmental environment.
- Encourage open and honest communication with trusted family members or friends who are willing to listen and provide support. Sometimes simply having someone to talk to can make a significant difference in a resident's sense of well-being.
- Provide access to educational materials and resources that can help residents better understand their sexuality and sexual health as they age. This can include books, articles, and online resources that offer information and support on a wide range of topics related to sexuality and aging.

5

Watching TV programs and movies, looking at artwork, music and plays, or reading magazines, journals, and newspapers (such as those of a pornographic/erotic nature)

- It is important to respect the resident's right to privacy and freedom of expression.
- If a resident expresses a desire to engage in these activities, care staff should assess the resident's capacity to understand the content and potential consequences, as well as the impact on other residents and care staff, if any.
- Care staff should also consider the appropriateness of the materials based on cultural and religious beliefs of the resident and the community.
- Ensure that the older person has privacy and is comfortable with the chosen activity.
- Provide them with the necessary equipment, such as a TV or a tablet, to engage in the activity.
- Discuss with them any concerns they may have about accessing or viewing this content and provide reassurance as needed.
- Offer guidance and support in navigating and accessing appropriate content.
- Discuss with them any potential risks associated with these activities, such as the risk of scams or malware when accessing pornographic websites, and provide tips on how to stay safe.
- It may be helpful to offer alternative activities that satisfy the resident's interests while also promoting healthy and respectful relationships, such as discussing romantic novels or watching romance films.
- If a resident's behaviours become disruptive or harmful, care staff should work with the resident and their healthcare provider to develop a care plan that addresses the underlying needs while promoting safety and wellbeing for all.

Question 5

Sex

Question 5 is designed to evaluate the resident's views on sex and the level of importance they place on engaging in sexual behaviours. By comprehending the significance of sex to the resident, appropriate measures can be taken to support them to engage in the sexual behaviours they desire, where reasonably possible. This question also identifies any barriers that may be preventing the resident from participating in their preferred sexual behaviours.

5A: What does sex mean to you?

5B: How important is it to you to engage in sexual behaviour/activity in your life?

5C: What forms of sexual behaviours/activity do you prefer or enjoy?

5D: What do you think is preventing you from being able to engage in sexual behaviour/activity that you enjoy?

The resident may indicate that it is important to them to engage in sexual behaviours. Below are several suggestions for how the resident can be supported to engage in these behaviours.

1

Oral sex or penetrative sex

- If the resident currently has a partner, encourage the resident to speak with their partner about their needs and preferences.
- If the resident does not currently have a partner, the care team may wish to discuss the possibility of engaging services, such as Touching Base, an organisation which can connect older people with sex workers. This can be recommended on the resident's care plan, with discussion around funding opportunities for this.
- Educate care staff on sexuality and aging, including sexual health, sexual orientation, and the importance of consent.
- Encourage open communication between residents and care staff about their sexual needs and preferences.
- Ensure that residents have privacy and confidentiality when engaging in sexual activities, including access to private spaces.
- Ensure that all sexual activities are consensual and that residents have the ability to comprehend and give consent.
- Provide access to sexual aids and devices, such as lubricants, vibrators, and condoms
- Provide opportunities for residents to socialise and form relationships with others who share their interests and needs.
- Ensure that care staff are inclusive and respectful of all sexual orientations and gender identities.
- Foster a culture of empathy and respect for the residents' sexual desires and preferences, and address any stigma or discrimination that may exist.
- Develop policies and procedures that promote sexual health and well-being, and ensure that these policies are communicated to staff and residents.
- Provide ongoing training to care staff on sexuality and aging, including how to support residents with their sexual needs and preferences.

2

Masturbation with or without adult toys

- Create a supportive environment where the older person feels comfortable discussing their needs and preferences with care staff.
- When discussing masturbation with the resident, it is important to use non-judgmental language and avoid shaming or stigmatising language.
- Ensure that the older person has a private space where they can engage in masturbation without feeling self-conscious or embarrassed, and allow the older person to make decisions about their own sexual health and wellbeing, including whether or not they wish to use toys.
- Ensure that the older person has access to the types of toys and materials they prefer to use, and allow them to experiment with different options if desired.
- Provide the resident with information and education about the benefits of masturbation, including the release of tension, improved mood, and reduced pain.
- If the resident wishes to use adult toys, education will also need to be provided to the resident regarding how to safely use these (e.g., hygiene between uses).
- Resources such as books, videos, or websites, may be provided to the resident that offer guidance on masturbation techniques and toy usage.
- The care team may need to be informed that the resident wishes to engage in masturbation, to allow privacy for the resident to engage in these behaviours.

3

Reading adult books or magazines, or watching adult movies

- Allow for the resident to explore their preferences, and provide a range of different materials for them to use.
- It is important to respect the resident's right to privacy and freedom of expression.
- If a resident expresses a desire to engage in these activities, care staff should consider the resident's capacity to understand the content and potential consequences, as well as the impact on other residents and care staff, if any.
- Where appropriate, efforts can be made to provide the resident with adult materials, such as books, magazines, and movies, and provide a range of different materials so that the resident can explore their preferences.
- Care staff should also consider the appropriateness of the materials based on cultural and religious beliefs of the resident and the community.
- Ensure that the older person has privacy and is comfortable with the chosen activity.
- Provide them with the necessary equipment, such as a TV or a tablet, to engage in the activity.
- Discuss with them any concerns they may have about accessing or viewing this content and provide reassurance as needed.
- Offer guidance and support in navigating and accessing appropriate content.
- Discuss with them any potential risks associated with these activities, such as the risk of scams or malware when accessing pornographic websites, and provide tips on how to stay safe.

Question 6

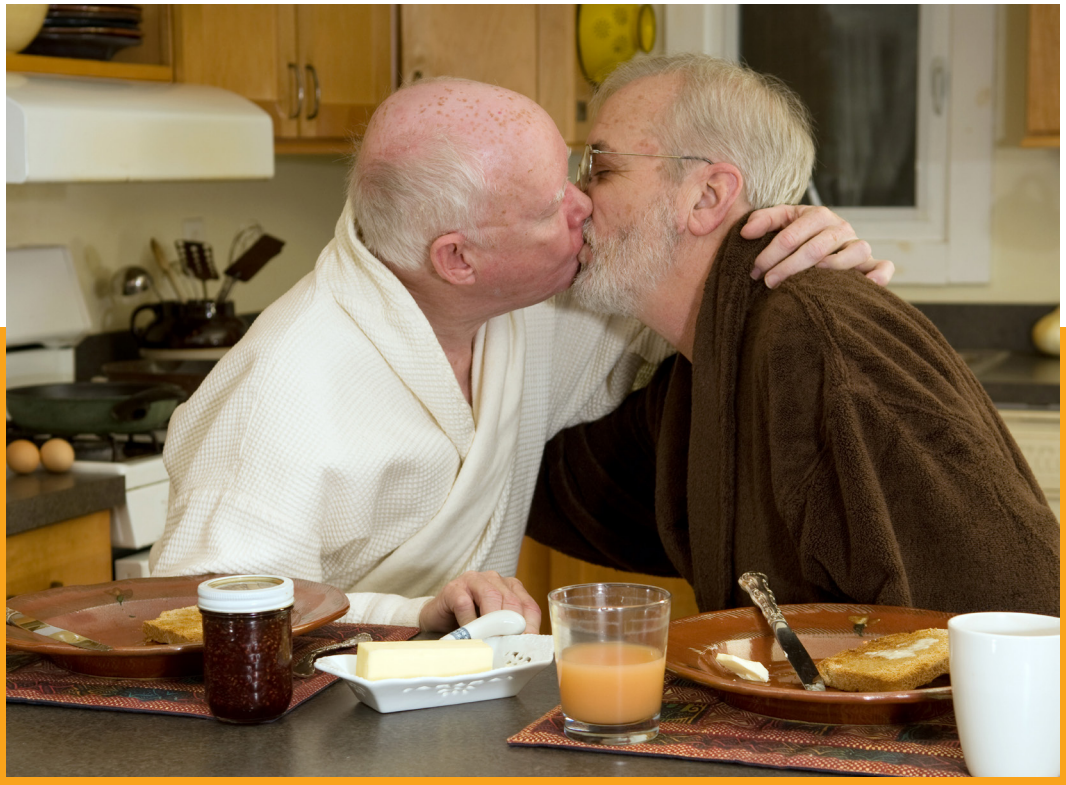
Sexual Orientation

Question 6 concerns the resident's sexual orientation. To provide comprehensive support for the resident, it is essential to avoid making assumptions about their current sexual orientation based on their past relationships. This can help the care team to have an accurate understanding of the resident's current relationships and expectations. It may also prompt discussions within the family if the resident discloses a different sexual orientation from what they have previously indicated.

6A: How do you identify your sexual orientation?

6B: How important is it to you for us to acknowledge your sexual orientation?

6C: Would you like to add or tell me anything else about this before we move onto the next question?



Question 7

Romantic and/or Sexual Relationship

Question 7 relates the resident's current desire to be in either a romantic or sexual relationship. This question focuses on determining whether the resident seeks an interpersonal relationship, despite expressing a preference for engaging in intimate or sexual behaviours. The answer to this question can help inform recommendations on how to best support the resident, such as whether to facilitate their involvement in intimate or sexual behaviours with a partner or on an individual basis.

7A: How important is it to you to be in a romantic and/or sexual relationship with someone?

7B: Would you like to add or tell me anything else about this before we move onto the next question?

7C: Have you been married or involved in a romantic and/or sexual relationship with another person?

If yes to 7C, follow up with 7D: Over the course of your life, have you been married or involved in a romantic and/or sexual relationship with another person?

Are you currently in a romantic and/or sexual relationship with someone or more than one person?

If yes: Is he/she/they living in or outside the nursing home?

If no: Would you like to be in a romantic relationship with someone?

7E: How important is it for your spouse/partner/significant other/lover/special friend to feel comfortable visiting and spending private and intimate time with you in this place of residence?

7F: Would you like to add or tell me anything else about this before we move onto the next question?

7G: How would you like us to support you and your spouse/ partner/significant other/ lover/special friend to have an intimate and private time together?

If the resident discloses being in a current romantic or sexual relationship, it is important to take into account and monitor the following:

- **Any signs of distress or negative effects on either person in the relationship**
- **An escalation in the level of intimacy**
- **An increase in cognitive decline (for the resident)**
- **Emotional turmoil**
- **Possible resistance from the resident's family towards the relationship**

Question 8

Safe Sex

Safe sex is the act of engaging in sexual intercourse whilst taking measures to reduce of pregnancy, sexually transmitted diseases, and infections. Question 8 will inform the resident's level of understanding about what safe sex is, and how they can practice this, if relevant and appropriate.

8A: Have you heard of the expression 'safe sex'?

8B: What does safe sex mean to you?

8C: Do you know what sexually transmitted infections are?

8D: Do you know how to protect yourself from getting a sexually transmitted infection?

These questions provide an opportunity to discuss with the resident about safe sex practices and address any misconceptions they may have. It is common for residents to hold the belief that safe sex is primarily necessary to prevent pregnancy, but it is crucial to emphasise the significance of safeguarding against sexually transmitted infections and diseases as well.

Question 9

Others

Question 9 covers additional aspects related to sexual relationships, such as consent, and potential prior sexual abuse or trauma.

Consent refers to explicit and voluntary agreement between all individuals involved in sexual activity. It must be given freely, without coercion, manipulation, threats, or intimidation. Consent is not a one-time event and can be withdrawn at any point, even during sexual activity. If someone decides to no longer engage in sexual activity, they have the right to say no and immediately stop. Respecting a person's decision on consent is crucial. Any sexual activity without consent is deemed non-consensual and can be classified as sexual assault.

9A: Do you know what the term "consent" means in the context of sexual expression with another person?

9B: What does "consent" mean to you?

9C: Have you experienced any type of sexual encounter that was not mutually consensual?

9D: Is there anything else you would like to tell us at this time? For example, if you have experienced abuse or trauma (sexual, physical, emotional or verbal). We want you to feel safe and supported and if you do not feel comfortable disclosing this information at this time, we understand. If you would like to discuss any of this in the future, please let us know.

9E: Is there anything else you would like to ask us?

This question provides an excellent opportunity to discuss with the resident on what consent means and the importance of obtaining it before engaging in sexual activity. It is essential to consider the resident's cognitive abilities since they may lack the capacity to provide consent, and if there is any uncertainty regarding this matter, it should be addressed with the resident's care team.

In cases where the resident discloses past non-consensual experiences, trauma, or abuse, it may be necessary to notify the care team of this, and refer the resident to appropriate support services is there are concerns over the impacts on their current well-being. Further investigation may be necessary if the disclosed past non-consensual experiences, trauma, or abuse occurred in an aged care setting where appropriate action, such as involving relevant authorities, may need to be taken to support the resident and ensure their safety.

Question 10

Supporting Intimacy and/or Sexual Needs and Preferences

Question 10 is designed to summarise the resident's identified needs and make recommendations on how to support them. It also aids in comprehending the resident's general attitudes towards engaging in intimate and sexual behaviours while in long term aged care. Since residents in long-term aged care may have limited chances to express their sexual needs, providing adequate support is crucial in promoting sexual wellness.

10A: Do you think intimacy and/or sexual needs and preferences should be supported in long term care?

If yes: How do you think intimacy and/or sexual needs and preferences should be supported in long term care?

If no: Why do you think intimacy and/or sexual needs and preferences should not be supported in long term care?

If the resident states that their intimacy and/or sexual needs and preferences should be supported, a follow-up question can provide additional information on specific approaches they would prefer to use. This will assist in identifying innovative strategies for promoting sexual well-being in long-term residential care.

Alternatively, if the resident indicates that their intimacy and/or sexual needs and preferences should not be supported, the follow-up question will explore the reasons for their perspective. This may include addressing any challenges or barriers that they believe need to be resolved.

Barriers to Expressing Meaningful Sexual Behaviours

Care staff, residents, and their families may feel uncomfortable discussing an older person's wishes to engage in intimate or sexual behaviours. This perceived discomfort can discourage residents from engaging in their preferred behaviours.

Residents may face various other obstacles that prevent them from expressing their sexuality in the way they desire. Addressing these barriers is crucial whenever feasible. Here are some examples of such barriers, along with considerations and suggestions on how to help residents overcome them.

1

Privacy

- A lack of privacy within the care home can be a major barrier to residents feeling willing or able to engage in meaningful sexual behaviours.
- Ensure that residents have privacy and confidentiality at all times, particularly when engaging in sexual activities, including access to private spaces.
- Make accommodations where possible for the resident to have privacy when engaging in these behaviours. This may include a private room, a lock on their door, or a 'do not disturb' sign.

2

Not having an available or able partner

- The availability of a partner who is able and willing to partake in the desired intimate and sexual behaviours is a common barrier which prevents residents from expressing their sexuality.
- The availability of an existing partner may also present as a barrier, particularly where one partner resides within the long-term care home, and the other resides outside of the care home.
- Facilitate visits from the resident's partner, and encouraging private time spent together.
- Offer senior-specific social groups to facilitate connections among like-minded individuals.
- Organise social events within the aged care facility to encourage residents to form friendships and potential romantic connections.
- Provide intimacy and sexuality related education and resources, including the use of sex toys, to enable residents to safely and comfortably explore their sexuality on their own if they are not able to find a suitable partner.
- Create a supportive environment within the facility that is accepting of residents' intimacy and sexuality expression, which may help residents feel more comfortable discussing their needs and preferences as well as seeking out potential partners.

3

Medications

- Some prescribed medications may affect residents' ability to engage in sexual activities, and also affect sexual function, responsiveness, sensitivity, reaction, and libido.
- Encourage residents to consult with their care team to discuss their concerns relating to medication, and strategies to overcome any limitations.
- Medications may be able to be altered to accommodate any limitations in sexual expression.

4

Physical health

- Physical health problems can hinder the meaningful expression of intimacy and sexuality, such as by presenting difficulties in performing physical acts, decreases in libido, and increases in fragility.
- Encourage residents to consult with their care team, including their GP or medical practitioner, to discuss their physical health and any limitations this may cause them to engage in intimate and sexual behaviours.
- Seek support and guidance from professionals with expertise in sexual health and aging, such as geriatrician, geriatric sex therapists or counsellors, to ensure that the residents' needs are met in a healthy and safe manner.
- Provide education to the residents on strategies they can use to address physical health limitations when engaging in sexual activity, for example, the use of lubricant and a slower sexual pace.

5

Organisational culture

- A negative organisational culture can discourage and deter residents from engaging in meaningful intimate and sexual behaviours.
- Encourage an organisational culture and values which is responsive, aware, and supportive of the residents' sexual needs and preferences.
- Make effort to remove or reduce any barriers to residents' engaging in their preferred intimate or sexual behaviours.
- Normalise the natural need for residents to engage in intimate and sexual behaviours by providing care staff with education to normalise intimacy and sexuality expression within the aged care setting.

6

Cultural values, attitudes, and beliefs

- Conservative cultural beliefs, values, and attitudes can lead to negative views of an older person's wish to engage in meaningful sexual behaviours.
- The family of an older person may have differing beliefs of what is appropriate behaviour, which is inconsistent with the preferences of the older person.
- Behaviours which are acceptable in one culture may not be acceptable in other cultures.
- It is important to be culturally sensitive and be aware of cultural differences, whilst avoiding any sexual prejudices and preconceptions.

7

Social norms and care staff attitudes

- Care staff can impede residents engaging in sexual behaviours by failing to support or facilitate activities, expressing disapproval, or showing discomfort.
- Normalise the natural need for residents to engage in intimate and sexual behaviours by promoting open discussions.
- Discuss the resident's preferences and needs, where appropriate, with the care team to prepare them for potential behaviours.
- Provide care staff education to normalise intimacy and sexuality expression within the aged care setting.

8

Cognitive impairment

- Residents with dementia may be discouraged by care staff to engage in intimate or sexual behaviours.
- Dementia raises a number of issues regarding the ability to provide consent, and the responsibility of the care staff for the wellbeing of the resident.
- Dementia can also lead to changes in sexual behaviours, including reduced interest in sexual activities, sexual confusion, or lowered levels of inhibition.
- Decisions need to be made on a person-basis to consider their level of cognitive impairment and ability to consent to sexual activities.
- Whilst some residents may be able to indicate consent with both verbal and non-verbal cues, care staff should monitor for any signs of ill-being or sexual abuse.

Case Study

Gladys and George

Gladys is 73 years old with mid-stage dementia, who has been living in the residential aged care facility for the past year. Gladys is widowed, and has a sister who regularly visits her in the residential care home. Gladys frequently experiences forgetfulness, and often has trouble identifying people who are familiar to her, including her sister.

George is 79 years old and has early-stage dementia. George has been living in the residential aged care facility for the past six months. George is divorced and has three adult children. Whilst his two older children do not regularly visit him, his youngest son visits weekly.

In the past three months, Gladys and George have formed a relationship. Although Gladys generally has trouble recognising people, she is easily able to recognise George and often seeks him out within the residential care home.

Note. The names and images in this case study are used in a fictional context, and are not intended to represent the real persons pictured.

Gladys

ISEP Report

1 PREFERRED NAME AND PRONOUN

Gladys prefers to be addressed by her first name, **Gladys**, using the pronouns **'she, hers, and her'**. She believes it is **very important** to be addressed by her preferred name and pronoun.

2 GENDER IDENTITY

Gladys identifies her gender as **female**, and that her gender identity is **not different** from the sex she was assigned at birth. She believes it is **somewhat important** that her gender identity is acknowledged.

3 INTIMACY

Gladys defines intimacy as **"a bit of romance"**. She identifies intimacy as **very important** in her life. Gladys prefers or enjoys the following forms of intimate behaviour: **touching, holding hands, talking/whispering, cuddling or hugging, and kissing (on the cheek, mouth, and hand).**

4 SEXUALITY

When asked to how Gladys would define intimacy, she responded **"I am not sure...I don't really know"**. She believes it is **not very important** to be able to express her sexuality in her life.

Gladys prefers or likes to express her sexuality through the following forms:

- **Appearance (i.e., clothing, makeup, hair)**
- **Being in intimate casual and/or committed relationships with others**

5 SEX

Gladys appeared uncomfortable when asked to define sex, and declined to provide an answer. Gladys identified engaging in sexual behaviour/activity in her life as **not important at all.**

6 SEXUAL ORIENTATION

Gladys identifies as **heterosexual** and believes that it is **somewhat important** for her sexual orientation to be acknowledged.

7

ROMANTIC AND/OR SEXUAL RELATIONSHIP

Gladys believes that it is **somewhat important** to be in a romantic and/or sexual relationship with someone. Gladys is **currently** in a romantic and/or sexual relationship with someone (George), who is currently living inside the nursing home.

Over the course of her life, Gladys **has not been** married more than once, but has been involved in a romantic and/or sexual relationship with more than one person.

Gladys believes that it is **very important** for her spouse/partner/significant other/special friend to feel comfortable visiting and spending intimate and private time with her in her place of residence.

Gladys believes that she and her spouse/partner/significant other/lover/special friend would like to be supported in having intimate and private time together by having **a private room**. Gladys also noted that she "**would like to be left in peace when she is spending time with George**".

8

SAFE SEX

Gladys **has not** heard of the expression safe sex.

Gladys **understands** what a sexually transmitted infection means, **knows** how to protect herself ("**getting him to wear protection**"), and **has not** had a sexually transmitted infection in the past.

9

OTHERS

Gladys **knows** what the term consent means in the context of sexual expression with another person. Gladys defines consent as "**saying yes**". She **has not** had any type of sexual encounter that was not mutually consensual.

10

SUPPORTING INTIMACY AND/OR SEXUAL NEEDS AND PREFERENCES

Gladys believes that intimacy and/or sexual needs and preferences **should** be supported in long term care. Gladys elaborates on this by saying "**everyone should be allowed a bit of privacy**".

Gladys

Interviewer Observations and Recommendations

Gladys and George, another resident in the care home, are in a relationship. Although Gladys often forgets people who are known to her, she was able to recognise George and displayed warmth and affection towards him.

Gladys mentioned that her and George regularly eat their meals together, go for walks, and engage in leisure activities together. Gladys also acknowledged that her and George engage in intimate behaviours, such as kissing, cuddling, and holding hands. When enquired if she would consider sex with George, Gladys responded, "**No...that's not something we want to do...we're far too old.**"

During the visit to the care home, Gladys and George were observed to be completing a jigsaw puzzle together. There was nothing to suggest that either person did not enjoy the relationship, or that any non-consensual interactions had occurred.

RECOMMENDATIONS

- Presently, no action is required. There is no immediate concern with the romantic relationship between Gladys and George, which is characterised by them spending time together (i.e., eating meals together, talking walks together, and participating in leisure activities together). Whilst there is physical intimacy (e.g., kissing, cuddling, holding hands), there is no sign of ill-being in this relationship. Gladys displayed positive wellbeing where she smiled and displayed happiness when speaking about George.
- A meeting may be required to discuss if and when Glady's and George's families need to be informed of their relationship. Points of consideration:
    - Possible opposition from Gladys and George's families with regards to their relationship
    - Different levels of cognitive impairment in Gladys (moderate) and George (mild), although currently Gladys appears to be aware and understands her relationship with George, and appreciates the physical intimacy in their relationship.
- Continuing observation in the coming weeks of Gladys and George's relationship. In particular, be observant for any:
    - Signs of ill-being by either party in relation to their relationship.
    - Increase in level of intimacy.
    - Increase in cognitive impairment for either Gladys or George.
    - There may be concerns over Gladys and George's ability to understand and/or provide verbal consent/dissent and/or show behaviour assent/dissent to the relationship when there are changes to their cognitive awareness and level of intimacy, particularly if sexual intimacy becomes present.

Note. Please refer to the Interviewer Observation and Reflection and Recommendations for George.

George
ISEP Report

1 PREFERRED NAME AND PRONOUN

George prefers to be addressed by his first name, **George**, using the pronouns '**he, him, his**'. He believes it is **somewhat important** to be addressed by her preferred name and pronoun.

2 GENDER IDENTITY

George identifies his gender as **male**, and that his gender identity is **not different** from the sex he was assigned at birth. He believes it is **very important** that his gender identity is acknowledged

3 INTIMACY

George defines intimacy as "**having a close friendship with a lady**". He identifies intimacy as **somewhat important** in his life. George prefers or enjoys the following forms of intimate behaviour: **touching, holding hands, talking/whispering, cuddling or hugging, and kissing (on the cheek, mouth, and hand).**

4 SEXUALITY

George defines sexuality as "**showing that you're looking for a close friendship with someone**". He believes it is **somewhat important** to be able to express his sexuality in his life.

George prefers or likes to express his sexuality through the following forms:

- **Appearance (i.e., clothing, makeup, hair)**
- **Being in intimate casual and/or committed relationships with others (i.e., intimate touching, cuddling/hugging, kissing, flirting and/or romantic gestures)**
- **Engaging in sexual behaviour/activity (i.e., with someone of the opposite sex and gender)**

George noted that, in relation to maintaining his appearance, he prefers to "**look like a man, and keep shaved and tidy**".

5 SEX

George defines sex as "**the physical private act, but it's not that important now since [Gladys] isn't bothered about it**", and believes that it is **not very important** for him to engage in sexual behaviour/activity in his life.

George prefers or enjoys the following forms of sexual behaviour: **penetrative sex with someone of the opposite sex.**

George believes that "**his partner**" prevents him from being able to engage in sexual behaviour/activity that he enjoys. George further elaborates by saying that "**Gladys doesn't want to do it so I'm not that worried. I'm too old anyway.**"

6 SEXUAL ORIENTATION

George identifies as **heterosexual** and believes that it is **very important** for his sexual orientation to be acknowledged.

7 ROMANTIC AND/OR SEXUAL RELATIONSHIP

George believes that it is **very important** to be in a romantic and/or sexual relationship with someone. George is **currently** in a romantic and/or sexual relationship with someone (Gladys), who is currently living inside the nursing home.

Over the course of his life, George **has not** been married more than once, but **has been** involved in a romantic and/or sexual relationship with more than one person. He is **currently** in a romantic and/or sexual relationship with someone [Gladys], who is currently living **inside** the nursing home.

George believes that it is **very important** for his spouse/partner/significant other/special friend to feel comfortable visiting and spending intimate and private time with him in his place of residence.

George believes that he and his spouse/partner/significant over/lover/special friend would like to be supported in having intimate and private time together by having: **a private room, a lock on my room's door.**

8 **SAFE SEX**

George **has not** heard of the expression safe sex, however indicated "**it probably means not having sex**".

George **understands** what a sexually transmitted infection means, **knows** how to protect himself ("**a condom**"), and **has not** had a sexually transmitted infection in the past.

9 **OTHERS**

George **knows** what the term consent means in the context of sexual expression with another person. George defines consent as "**making sure the person you are with is keen**". He **has not** had any type of sexual encounter that was not mutually consensual.

10 **SUPPORTING INTIMACY AND/OR SEXUAL NEEDS AND PREFERENCES**

George believes that intimacy and/or sexual needs and preferences **should** be supported in long term care. George elaborates on this by saying "**it's not really any of my business what other people want to do**".

George

Interviewer Observations and Recommendations

George appeared to be friendly and articulate. He spoke about his previous career as a firefighter and interest in woodwork. George also spoke about his family, and expressed sadness that his older son and daughter do not visit him often. He believes that his eldest son "**cannot be bothered making the trip**", and that his daughter is "**too busy with her own family**", however he spoke positively about his youngest son, and indicated that they were very close. He did not wish to speak about his marriage, however stated that he "**doesn't know what [his ex-wife] is doing now and doesn't really care**."

George displayed affection towards Gladys, another resident within the care home, who he has formed a relationship with. George disclosed that he has become "**much happier in the care home since meeting Gladys**". George expressed concern about older son and daughter finding out about his relationship, and stated that he "**knows they won't approve**". George has introduced his youngest son to Gladys on a visit to the care home, and is pleased that his son is friendly towards Gladys, and approves of the relationship.

When asked whether George desires to engage in sexually intimate behaviours with Gladys, George responded that he was not particularly concerned, as he did not think Gladys was interested. He elaborated on this by stating "**I just like spending time with her**".

RECOMMENDATIONS

- Presently, no action required. There is no immediate concern with the romantic relationship between George and Gladys, which is characterised by them spending time together (i.e., eating meals together, talking walks together, and participating in leisure activities together). Whilst there is physical intimacy (e.g., kissing, cuddling, holding hands), there is no sign of ill-being in this relationship. Gladys displayed positive wellbeing where she smiled and displayed happiness when speaking about George.
- A meeting may be required to discuss if and when George and Gladys' families need to be informed of their relationship. Points of consideration:
    - George expressed that his older son and daughter may not approve of the relationship.
    - Different levels of cognitive impairment in George (mild) and Gladys (moderate), although currently George appears to be aware and understands his relationship with Gladys, and appreciates the physical intimacy in their relationship.
- Continuing observation in the coming weeks of George and Gladys' relationship. In particular, be observant for any:
    - Signs of ill-being by either party in relation to their relationship.
    - Increase in level of intimacy.
    - Increase in cognitive impairment for either Gladys or George.
- There may be concerns over George and Gladys' ability to understand and/or provide verbal consent/dissent and/or show behaviour assent/dissent to the relationship when there are changes to their cognitive awareness and level of intimacy, particularly if sexual intimacy becomes present.

Note. Please refer to the Interviewer Observation and Reflection and Recommendations for Gladys.

Case Study

Douglas

Douglas is 74 years old with early-stage dementia, and has been living in the residential aged care facility for the past six months. Douglas is married, however is currently separated from his wife, and does not maintain regular contact with her. He has four adult children who do not regularly visit him within the care home. Douglas does not consider himself to have a good relationship with his children.

Several complaints have been made about Douglas engaging in inappropriate behaviours towards staff and other residents within the care home, including inappropriate comments or remarks, touching, and providing unwanted attention. However, Douglas claims he does not have bad intentions, and explains that this is how he communicates and forms relationships with others.

Note. The names and images in this case study are used in a fictional context, and are not intended to represent the real persons pictured.

Douglas

ISEP Report

1 PREFERRED NAME AND PRONOUN

Douglas prefers to be addressed by his first name, **Douglas**, using the pronouns '**he, him, his**'. He believes it is **very important** to be addressed by her preferred name and pronoun, and noted that he "**do[es] not like to be called Doug**".

2 GENDER IDENTITY

Douglas identifies his gender as **male**, and that his gender identity is **not different** from the sex he was assigned at birth. He believes it is **very important** that his gender identity is acknowledged.

3 INTIMACY

Douglas defines intimacy as "**having private time with a woman**". He identifies intimacy as **somewhat important** in his life. Douglas prefers or enjoys the following forms of intimate behaviour: **touching, holding hands, talking/whispering, cuddling or hugging, and kissing (on the cheek, mouth, and hand).**

4 SEXUALITY

Douglas defines sexuality as "**showing that you want to have private time with a woman**". He believes it is **very important** to be able to express his sexuality in his life.

Douglas prefers or likes to express his sexuality through the following forms:

- **Appearance (i.e., clothing, makeup, hair)**
- **Being in intimate casual and/or committed relationships with others (i.e., intimate touching, cuddling/hugging, kissing, flirting and/or romantic gestures)**
- **Engaging in sexual behaviour/activity (i.e., with someone of the opposite sex and gender)**
- **Talking about sexuality with someone else**

Douglas noted that "**no privacy in the care home, [his] finances, lack of opportunity, and negativity from the staff**" are reasons that prevent the expression of his sexuality in the way that he would like to express it.

5 SEX

Douglas defines sex as "**pleasure and enjoyment**", and believes that it is **somewhat important** for him to engage in sexual behaviour/activity in his life.

Douglas prefers or enjoys the following forms of sexual behaviour: **oral sex with someone of the opposite sex, penetrative sex with someone of the opposite sex, masturbation without adult toys.** Douglas elaborated on this, with respect to masturbation without adult toys, and stated that "**this is more realistic as I do not have a partner**".

Douglas believes that "**age, and not having a partner**" prevents him from being able to engage in sexual behaviour/activity that he enjoys.

6 SEXUAL ORIENTATION

Douglas identifies as **heterosexual** and believes that it is **very important** for his sexual orientation to be acknowledged.

7 ROMANTIC AND/OR SEXUAL RELATIONSHIP

Douglas believes that it is **somewhat important** to be in a romantic and/or sexual relationship with someone. Douglas is **still** married, however is separated from his wife.

Over the course of his life, Douglas **has been** married more than once, and **has been** involved in a romantic and/or sexual relationship with more than one person. He is **not currently** in a romantic and/or sexual relationship with someone. Douglas expresses that he **would like to be** in a romantic and/or sexual relationship with someone.

Douglas believes that it is **very important** for his spouse/partner/significant other/special friend to feel comfortable visiting and spending intimate and private time with him in his place of residence.

Douglas believes that he and his spouse/partner/significant over/lover/special friend (if he had one) would like to be supported in having intimate and private time together by having: **a private room, a lock on my room's door, a 'do not disturb' sign outside his room's door.**

8 **SAFE SEX**

Douglas **has heard** of the expression safe sex. Douglas defines safe sex as "**using a condom**".

Douglas **understands** what a sexually transmitted infection means, **knows** how to protect himself ("**a condom**"), and **has not** had a sexually transmitted infection in the past.

9 **OTHERS**

Douglas **knows** what the term consent means in the context of sexual expression with another person. Douglas defines consent as "**everyone deciding what they want to do**". He **has not** had any type of sexual encounter that was not mutually consensual.

10 **SUPPORTING INTIMACY AND/OR SEXUAL NEEDS AND PREFERENCES**

Douglas believes that intimacy and/or sexual needs and preferences **should** be supported in long term care. Douglas elaborates on this by saying "**we should all be allowed to do what we want to do**".

Douglas

Interviewer Observations and Recommendations

Douglas has reported that he does not have a good relationship with his family. Although he is currently married, he is separated from his wife and does not maintain regular contact with her. Douglas' children do not visit or contact him regularly. Douglas believes this is because "**they have taken their mother's side**." Douglas was previously a car salesman, and reported that he enjoyed that job as it allowed him to meet many people. Douglas appears to be very sociable and enjoy the company of others.

Douglas has indicated that he is a "**touchy feely person by nature**", and is dismayed at the complaints he has received about his behaviour. He is particularly upset about a complaint from Caroline, who is "**[his] favourite staff member [in the care home]**". Douglas explained that he did not mean to offend the staff, and was annoyed that the staff did not address the complaints with him directly. He did not appreciate the complaints to management, and said it "**made [him] feel like a child.**"

Douglas has expressed his need for an intimate and sexual relationship, however he has noted a barrier to this is that he is currently not in a relationship. It has been suggested to Douglas that he may like to hire a sex worker, and whilst he was open to this suggestion, he appeared embarrassed by the idea. Douglas also expressed concern about the level of privacy in the care home, and stated that he did not think that a lock on his door or a do not disturb sign would be sufficient. He believes that the care home staff generally have "**negative attitudes towards us having relationships and private time**".

RECOMMENDATIONS

- Engagement of a sex worker (e.g., via Touching Base) may be beneficial.
- Exploring potential funding opportunities to assist with engaging a sex worker as part of Douglas' care plan.
- Staff education and training to improve awareness on the residents' needs in this area.

For More Information About the ISEP Tool

FURTHER INFORMATION ABOUT THE ISEP TOOL IS AVAILABLE ON OUR WEBSITE:
https://www.iseptool.com

TEMPLATES FOR WRITING THE ISEP REPORT ARE ALSO AVAILABLE:
https://iseptool.com/isep-tool-resources-and-templates/

TO READ ABOUT THE DEVELOPMENT OF THE ISEP TOOL:
https://doi.org/10.1016/j.gerinurse.2021.04.004

IF YOU HAVE FURTHER QUESTIONS ABOUT THE ISEP TOOL, PLEASE CONTACT A/PROF. CINDY JONES:
cjones@bond.edu.au

Further Resources

DEMENTIA AUSTRALIA: INTIMACY AND SEXUAL ISSUES
https://www.dementia.org.au/support-and-services/families-and-friends/personal-care/intimacy-and-sexual-issues

SOCIAL CARE INSTITUTE FOR EXCELLENCE: THE EXPRESSION OF SEXUALITY IN DEMENTIA
https://www.scie.org.uk/dementia/living-with-dementia/difficult-situations/sexual-expression.asp

ALZHEIMER'S SOCIETY: HOW DOES DEMENTIA AFFECT SEX AND INTIMACY?
https://www.alzheimers.org.uk/get-support/daily-living/sex-intimacy-dementia

DEMENTIA UK: SEX, INTIMACY AND DEMENTIA
https://www.dementiauk.org/get-support/living-with-dementia/sex-intimacy-and-dementia/

DEMENTIA SUPPORT AUSTRALIA: SUPPORTING SEXUALITY AND INTIMACY FOR LGBTIQ+ PEOPLE WITH DEMENTIA
https://www.dementia.com.au/resource-hub/supporting-sexuality-and-intimacy-for-lgbtiq-people-with-dementia

TO CONTACT SEX THERAPISTS AND OTHER SEXUAL WELLNESS SPECIALISTS:

PALIAGED
https://www.palliaged.com.au/

SEXUAL HEALTH AUSTRALIA
https://www.sexualhealthaustralia.com.au/

FOR INFORMATION ABOUT TRAUMA INFORMED CARE:

TRAUMA INFORMED CARE IMPLEMENTATION RESOURCE CENTRE: WHAT IS TRAUMA INFORMED CARE?
https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

NSW HEALTH: WHAT IS TRAUMA INFORMED CARE?
https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/trauma-informed.aspx

NATIONAL HOSPICE AND PALLATIVE CARE ORGANISATION: TRAUMA INFORMED CARE FOR PERSONS WITH DEMENTIA, BRAIN FAILURE AND COGNITIVE IMPAIRMENT
https://www.nhpco.org/wp-content/uploads/TIC_persons_with_dementia_etc.pdf

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