



Sexuality in the Nursing Home Tip Sheet

1. The expression of sexuality is normal, even in the nursing home environment.
2. Sexual behavior does need to be consensual. Determining capacity for sexual activity is the job of the medical provider.
3. Decision makers, such as DPOAs or guardians, must be made aware of any potential sexual contact between residents (two residents who hold hands and may go into a room and close the door) to determine their wishes about such activity.
4. Providing time and personal space for a married couple to share intimacy, whether one or both are residents, should be considered the standard. Making sure there is notice (do not disturb sign) to prevent embarrassment is necessary.
5. Self-stimulation, unless dysfunctional or disturbing (in public areas), should be seen as normal and appropriate steps should be taken to assure privacy (i.e., close the door.)
6. Pathologic sexual activity should be addressed at once. Touching, hugging, kissing and efforts to engage in very directed sexual acts can all be considered pathologic sexual activity. Residents who prey on others, public sexual expression or that which could lead to injury or distress need to be monitored and treated.
7. Sexual verbalizations are only pathologic if distressing to the resident themselves or others.
8. Understanding the resident's views and behavior towards sexuality throughout their life can help explain the resident's current behavior. Baby boomers have much different views concerning sexuality than their parents.
9. If a resident is displaying hypersexual symptoms do not send mixed messages (no affection, such as hugging or kissing on the cheek to someone who touches or gropes facility workers).
10. Bathing and dressing can provoke such behavior. Try and use same sex caregivers to reduce the risk of promoting hypersexual behavior.
11. Medications, such as Parkinson's disease medications, or stimulants can provoke heightened sexual feelings in some residents. Some medications, such as certain antidepressants or estrogen, can lower sex drive in hypersexual residents.
12. Men receiving testosterone replacement may display increased sexual thoughts and behaviors.
13. Residents who display such behavior are not able to control these impulses. Though uncomfortable, and potentially threatening, these behaviors will not respond to rationalization.
14. Close monitoring of such residents is essential to safeguard others. Sometimes only particular residents or staff members are targeted, other times it may be particular types of persons (young female staff or visitors). Residents may even be very impulsive and nonselective with their behavior.