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### ***Module 6 : Session 1 : Printed Instructions “Sex, Violence, and Other Dementia Related Surprises” PDF***

**1**

#### ***Watch Intro Video***

“Intro to Sex, Violence and Other Dementia Issues”  
Module 6, Session 1

**2**

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“Sex and Dementia Part 1” and “Sex and Dementia Part 2”

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“Alzheimer’s & Dementia Anger” and “Alzheimer’s &  
Personality Profiles”

**5**

#### ***Complete Workbook Page 18***

**6**

#### ***Watch Video***

“I’m Mad as Hell, and I Don’t Know Why!”

**7**

#### ***Complete Workbook Page 19***

**8**

#### ***Read Action Step***

**9**

#### ***Finish Button***

# Dementia-Related Challenging Behaviors

Applying the three steps of Creative Indifference to your experience with challenging behaviors, complete the following statements:

I am **AWARE** that Alzheimer's and other forms of dementia affect a person's memories, emotions, actions, and behaviors. I also understand that some people may:

- Develop a heightened interest in sex - even to the point of aggression
- Experience a waning or complete loss of interest in sex
- Experience a change in their sexual ability - increases as well as decreases
- Lose the ability to understand what kind of sexual behavior is acceptable
- Become addicted to pornography
- Lose the ability to determine whether another person is receptive to their advances
- Misinterpret friendly actions for sexual interest

The following actions/behaviors exhibited by my care receiver are the most challenging for me:

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I **ACCEPT** that as the disease progresses it will impact my care receiver's perception of reality. I also accept that I may have to adjust and adapt to \_\_\_\_\_

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# Action steps: **Challenging Behaviors**

I will remind myself:

- \_\_\_\_\_ I will **not** Argue
- \_\_\_\_\_ I will **not** try to talk them out of anything
- \_\_\_\_\_ I will **not** try to make them remember

Understanding that the disease is in control and that my care receiver is NOT, I accept that I am the one in this relationship who has the ability to choose my attitude and control my actions. **I WILL:**

- \_\_\_\_\_ separate the disease from the person
- \_\_\_\_\_ speak slowly and give my care receiver time to process short sentences
- \_\_\_\_\_ ask for a favor rather than give an order
- \_\_\_\_\_ distract and redirect with music, dancing, or other physical activity
- \_\_\_\_\_ monitor my emotional state when we are together
- \_\_\_\_\_ release my attachment to who he/she was before the disease
- \_\_\_\_\_ accept that his/her dementia-altered reality is just as real to my care receiver as my current reality is to me

Just as I wouldn't expect a person to walk if they'd lost a leg, I cannot expect rational, reasonable, predictable behavior from a person's whose brain has been damaged by Alzheimer's or another form of dementia. In order to maintain my own mental and physical health, I will \_\_\_\_\_

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# Dad did what?

## Dealing with dementia-related, inappropriate sexual behaviour

By Elaine K. Sanchez

**M**anaging the overt sexual behaviour of a person with dementia can be very complicated and require great delicacy. As a general rule, we keep our own sexual fantasies, desires and habits private. It can therefore be extremely shocking and upsetting for a family to learn that their loved one is displaying inappropriate sexual behaviour in a public setting.

Such was the case with Dorothy, a lovely woman who put Stan, her 83-year-old husband, into a long-term care facility after he suffered a debilitating stroke. Everyone understood and accepted the problems Stan had with speaking, walking and using his hand. They knew these issues were a result of the stroke.

But when Stan developed a fervent crush on his 35-year-old physical therapist, his family's sympathy and compassion quickly turned to disgust. Every time Stan saw the therapist she was cheerful, encouraging and

friendly, which he misinterpreted as mutual attraction. One day he asked her to have sex with him. When she said she liked him, but not in that way, Stan went to the facility's administrator and claimed that she was abusing him and neglecting his physical needs. Understandably, the administrator was concerned, the therapist was upset and Stan's wife Dorothy was furious.

In a different memory-care facility, the staff thought 92-year-old Sadie, their newest resident, was going to be easy to care for. She loved to sit in the reception area, where she would cheerfully greet visitors as they came and went. One summer afternoon, a good-looking UPS deliveryman came through the door wearing shorts and a short-sleeved shirt. Sadie evidently appreciated his well-muscled arms and legs. She smiled sweetly and asked if he'd like to see her dance. He said, "Sure I would."

Imagine everyone's surprise when Sadie stood up, wrapped herself around the nearest column and started gyrating and stripping off her clothes. When the administrator called Sadie's daughter and told her what had happened, the daughter exclaimed, "My mother would never do such a thing! She's a good Christian woman!" Understandably, Sadie's pole dance was an upsetting event for her family.

Such events are usually surprising and sometimes amusing, but it is important to remember that the erratic behaviour of people with dementia is generally a result of the damage that has been done to their brains. Their inhibitions are lowered and they often lose awareness of what qualifies as socially accept-



able behaviour. It has nothing to do with their love for their spouse or partner, and is not in any way a rejection of their relationship.

### Expressing unmet needs

Inappropriate sexual behaviour is usually a result of an unmet need that the person cannot adequately express. It can be brought on by pain, hunger or thirst. People may grab hold of themselves because they need to use the bathroom or have a urinary tract infection. Or they may long for some kind of comfort, and associate sex with their memories of feeling good. Joyce Graves, program director at Southwest Health Center's Senior Behavioral Sciences unit, gives these tips for caregivers in a professional setting:

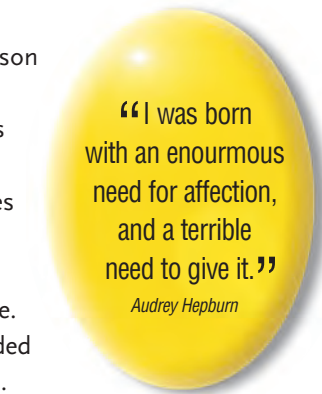
- **Assess** if the behaviour is harmful to anyone else. Is the resident making unwanted advances, climbing into other people's beds or acting in a way that is upsetting or offensive to other people?
- **Develop a plan** to respond to inappropriate behaviour and protect other residents. Educate all caregivers so the response is consistent.
- **Sit down with residents** and ask them to name what they are feeling. Do they need to be held or cuddled? Are they hungry, thirsty or in pain?
- **Wear appropriate clothing**, act in a professional manner and employ firm, consistent responses.
- **Address residents** by their proper names. Refer to them as Mr. Smith or Mrs. Jones and avoid endearments such as "honey," "sweetie" or "darling."
- **Be aware** of where you place your hands and head in relation to residents' bodies when you are helping them use the toilet, take a shower or change clothes.
- **Be specific** when you are explaining your actions, and be selective with your words. Avoid phrases that could be misinterpreted, such as "Let's go to bed now" or "Let's get you out of those pants." Instead, say something like, "It's time to get you dressed for bed so you can sleep," or "We need to get your clothes changed so you'll look nice for breakfast."
- **Switch caregivers** if it's helpful. One administrator from a care facility reassigned the personnel so that an elderly man with an ardent affection for any female got help with his bathing and toileting needs from a big, burly man.

- **Consider medication management** and consult a behavioural health expert if a person is aggressive.
- **Hormone imbalances** can affect a person's sex drive. The introduction of oestrogens can reduce sex drive. Doctors will sometimes prescribe antidepressants for a person displaying inappropriate sexual behaviour, as these medications can diminish that drive.
- **If all else fails**, hospitalization may be needed so that the person can be closely monitored.

### Understanding and accepting

Residents will often develop a genuine affection for one another. This can be a source of great joy to the residents but one of huge stress and unhappiness to family members, especially if there is a living spouse.

Retired Supreme Court Justice Sandra Day O'Connor exhibited incredible grace and compassion when she learned that her husband John had developed a romance with another Alzheimer's patient in his assisted living facility. Although it must have hurt her to see him sitting on a swing holding hands with another woman, she understood that it did not diminish their marriage or the relationship they had shared through the years. In an interview, their son Scott O'Connor said, "Mom was thrilled that Dad was relaxed and happy."



## Sexual abuse and seniors

The other side of the equation for family members to consider is the possibility of elder sexual abuse. Defined as coercing an older person through force, trickery or threats, it includes sexual contact with elders who are unable to give consent, as well as unwanted sexual contact between service providers and their elder clients.

What to watch for:

- Harassment by older men in nursing homes, which can be traumatic for the victim.
- Vulnerability, if someone is dependent physically or emotionally.
- Generational beliefs about sex and sexual abuse that may impede reporting incidents because of shame, guilt, fear or embarrassment.
- Signs of abuse—genital infections, internal injuries, or fear or anxiety around certain individuals.





## What to do if you know someone is being abused?

- **Believe them.** Acknowledge what the person is telling you.
- **Don't judge.** Listen to what they tell you and let them know you care. Be sure to offer support.
- **Be understanding.** Know that it's difficult for the person being abused to try and change their relationship with the abuser.
- **Encourage them.** Inform them of community resources they can use and encourage them to get help.
- **Avoid confrontation.** Do not confront the abuser; this could put you and/or the person being abused in anger.

Source: [www.healthunit.org](http://www.healthunit.org)

Understanding and dealing with sexual behaviour in persons with dementia takes a lot of patience and understanding on the part of an individual's spouse, children and friends, as well as professional caregivers. While you would never want to make fun of someone, a sense of humour can go a long way toward diffusing potentially upsetting situations.

We are born sexual beings, and no matter how old or sick we become, we never lose our desire for affection and comfort. It is important to respect that, and to remember that inappropriate behaviour is caused by a loss of judgment and inhibition related to the dementia. Keeping this in mind can help all caregivers honour the unique and sometimes surprising needs and desires of the individuals in our care. ●



Elaine K. Sanchez is an author and speaker. Visit her website [www.elaineksanchez.com](http://www.elaineksanchez.com) for information and videos about caregiving.

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