



Inappropriate Sexual Behaviour

“....defined as a vigorous sexual drive or other sexually related problems developing after the onset of dementia that interferes with normal activities of living or are pursued at inappropriate times and with unwilling partners”

Is it really Inappropriate Sexual Behaviour?

Look for other explanations, Physical, Intellectual, Emotional, Capabilities, Sexual Motivation, and Environment

Inappropriate Sexual Behaviour

- ✚ Sexual talk
- ✚ Sexual acts
- ✚ Disrobing
- ✚ Masturbation
- ✚ Touching
- ✚ Implied sexual acts
- ✚ Open use of pornography
- ✚ Requests for unnecessary genital care
- ✚ False allegations of sexual abuse
- ✚ Sexual activity with non-consenting partners

Assessment of Inappropriate Sexual Behaviour

- ✚ History
 - New behaviour vs. Exacerbation?
 - ABCs
 - Antecedents: What happens before the behaviour
 - Behaviour: What is the patient **ACTUALLY** doing?
Be careful of interpretations of motivation and intent
 - Consequences: What happens because of the Behaviour?
 - Detailed tracking of the behaviours
 - Help recognize patterns, settings, triggers, etc
 - Helps plan and target interventions
- ✚ Physical



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- Physical and Neurological exam
 - Check for UTI
 - Review of medications
 - Anticholinergic medications, benzodiazepines
 - Anything new?
 - Rule out delirium
 - Routine blood work
 - + Intellectual
 - Are they going to respond to redirection?
 - Can they express sexual needs?
 - + Emotional
 - Changes in life dynamic?
 - Losses
 - Nature of previous relationships
 - Other sources of emotional distress
 - Loneliness
 - + Environment:
 - Is something in the environment causing stimulation?
 - + Social:
 - Previous sexual and relationship history
 - Previous behaviours
 - Looking at our own preconceptions of sexuality

Causes of Inappropriate Sexual Behaviours:

- + Physical:
 - Medication effects
 - Medical Issues
 - Libido regulation (temporal/frontal damage)
- + Intellectual:
 - Loss of learned sexual manners
 - Forgetting recent sexual activity
 - Misidentification of partner
 - Misinterpretation of care
- + Emotional:
 - Previous behaviours

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- **Psychological causes**
 - **Loss of closeness and contact in LTCH**
 - **Boredom, self stimulation**
 - + **Capabilities:**
 - **Unaware of behaviour – Public vs. Private**
 - + **Environmental:**
 - **Do they have privacy for appropriate behaviours?**
 - + **Social:**
 - **Misinterpretation by observers**

Management of the Behaviours:

- + Prevention – Be alert for sexual innuendo.
- + Physical – Rule out medical cause, medication side effects etc.
- + Intellectual – Always identify self and what you are doing.
- + Firm but gentle limit setting – explain behaviour is not acceptable, redirect
- + Redirection with other basic needs – food, drink, conversation.
- + Facilitate appropriate behaviours/intimacy – contact with family
- + Isolation from members of the “target” gender.
- + Substitute care givers as needed.
- + Caution in approach – don’t lean over the person.
- + Clothing that opens in the back.
- + Avoid over reaction to appropriate behaviours.

Coping and Prevention:

- + **Be aware of the risk**
- + **Be aware of what you are doing**
- + **Draping during care**
- + **Limit potential for misunderstanding**
- + **Maintain a professional relationship – avoiding suggestive actions/comments, be aware of personal boundaries**
- + **Be aware of warning signs – i.e. asking about marital status**
- + **Focus on actions, not the person**
- + **Respond to the problem i.e. remove the person’s hand or removing yourself or the person from the area, calm and measured responses**
- + **Set limits and consequences**
- + **Acknowledge how you feel – seek support in managing them**

Summary:

- + **Patient and co patient safety and comfort first**

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- ✚ **Manage the behaviour and not the person**
 - ✚ **Medications are a last resort, not first line**
 - ✚ **Regular review**
 - ✚ **Many causes of ISB**
 - ✚ **Use ABCs and PIECES for assessment**
 - ✚ **Assess the behaviours**
 - ✚ **Every behaviour has meaning**
 - ✚ **Affected staff need support and help**
 - ✚ **Be aware of environment cues/triggers**

This information sheet was adapted from a presentation, “Gray Hairs and Groping” given by: Dr. Gordon Thomas

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