

SEXUALITY ASSESSMENT TOOL (SexAT) for residential aged care facilities



Australian Centre for Evidence Based Aged Care (ACEBAC)
A centre of the
Australian Institute for Primary Care & Ageing (AIPCA)
La Trobe University



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ABOUT THIS ASSESSMENT TOOL

IMPORTANT DEFINITIONS

SEXUALITY / SEXUALITIES

How a person experiences and expresses themselves as a sexual being. Sexuality encompasses biological sex, gender identity and roles, sexual orientation and preferences.

SEXUAL EXPRESSION

The outward expression of a person's sexuality. This can include dress, grooming, styling, speech, actions, attitude, and sexual behaviour.

SEXUAL BEHAVIOUR

Behaviour that occurs in a sexual context. This can include masturbation, the use of sexual aids such as erotic literature/films or sex toys, or sexual contact with another individual.

INTIMACY

Emotional connection with another individual. Expressions of intimacy may include talking, hugging, kissing, holding hands, romance, intercourse.

- This tool has been developed to help residential aged care facilities support the expression of sexuality of residents, both with and without dementia. Intimacy and the expression of sexuality are fundamental aspects of a person's wellbeing that continue to be important as we age. Many older people living in residential aged care facilities continue to desire intimacy, which may range from simple touching and cuddles, to sexually explicit contact. As well, grooming, dress and styling, even in the presence of ill health, dementia, or other cognitive impairment can still be important to older people living in residential aged care facilities.

Unfortunately, expressions of sexuality by older people can present difficulties and challenges for staff working in residential aged care facilities, as well as families. Challenges and difficulties can include negative or judgemental staff attitudes towards sexuality (including cultural beliefs), lack of staff education, lack of privacy, lack of time to ascertain and respond to the older person's needs, and the prioritisation of other aspects of their wellbeing over sexuality. Furthermore, staff may be unaware of other sexualities and the needs of older people who identify as gay, lesbian, bisexual, transgender or intersex (GLBTI). Some facility staff may have good intentions, but be unsure of how to change practice, or how to make the facility environment conducive to sexual expression.

Little information currently exists to guide residential aged care facilities. This assessment tool has been developed to fill the information gap. The tool is designed to support quality in residential aged care facilities by helping to identify areas where further improvements may be required and monitor facility practices over time.

- This tool was developed in consultation with a wide range of experts, industry professionals, and consumers, including staff, family members, and older people (with and without dementia) of Australian residential aged care facilities.

HOW TO USE THE ASSESSMENT TOOL

IMPORTANT DEFINITIONS

SEXUAL ASSAULT

Any sexual behaviour that makes a person feel uncomfortable, frightened or threatened. It is sexual activity to which a person does not consent.

STAFF

An individual employed by an aged care facility (e.g. nurse, care worker, manager, lifestyle therapist).

FAMILIES

Relatives, partners, or 'family-like' friends and 'significant others'.

- The assessment tool is divided into 7 sections:

1. Facility Policies
2. Determining the Needs of the Older Person
3. Staff Education and Training
4. Information and Support for Older People
5. Information and Support for Families
6. The Physical Environment
7. Safety and Risk Management.

- Managers should tick 'Yes', 'No', or 'Sometimes' (where applicable) for each statement in each section to assess the facility's practice in each area. Every 'Yes' answer is worth 1 point and each 'Sometimes' answer is worth 0.5 points. Each section receives a score, with an overall score out of **69**.

The scoring guideline at the end of the assessment tool should provide an indication of how well the facility supports the sex and intimacy needs of residents overall.

SECTION 1 - FACILITY POLICIES

The facility has policies which **explicitly state** that:

The organisation recognises each resident's right to express their sexuality, and supports this expression providing it does not impinge upon the rights of others.

Residents have a right to privacy regarding their sexuality.

Assessment and care planning documentation will include questions about a resident's wishes with regard to personal presentation, grooming, and dress.

Assessment and care planning documentation will include questions about whether a resident wishes to discuss their sexuality and intimacy needs with appropriately trained staff.

For residents without cognitive impairment, information and decisions about sexual expression are treated with confidentiality, and are not discussed with family members unless requested by the resident.

Residents are to be provided with 'Do Not Disturb' signs for their doors (except where impractical or impossible for medical reasons).

Staff must knock before entering a resident's room and will wait for permission before entering, except in situations where danger may be real or suspected.

Staff will not enter a resident's room if there is a 'Do Not Disturb' sign on the door, except in emergency situations (e.g. fire, intruder, call bell ringing, medical issue).

The use of discriminatory/sexist/ageist/homophobic language or behaviour by staff, family, visitors, or residents is not acceptable.

Staff offer residents the same level of assistance with personal/intimate hygiene care surrounding sexual activity (e.g. clean up of semen) as is given for other activities of daily living such as toileting.

Residents who wish to exercise their rights to use sex aids/equipment/sexual visuals will be supported to do so in the privacy of their own rooms.

YES

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SOMETIMES

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SECTION 1 - FACILITY POLICIES

The facility has policies which **explicitly state** that:

Residents who want to access the services of a sex worker (if legal in your state) will be supported to do so.

Appropriate mediation/counselling/education will be sought to assist family to understand the rights of the person with cognitive impairment in situations where the family's wishes appear to conflict with the resident's wishes or interests.

Support will be provided to staff members who feel uncomfortable about a resident's sexual expression.

Support will be provided to family members who feel uncomfortable about a resident's sexual expression, in a form they can understand.

YES NO SOMETIMES

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SCORE / 15

SECTION 2 - DETERMINING THE NEEDS OF THE OLDER PERSON

The facility uses a sexuality assessment tool for trained staff to identify residents' needs relating to sexual expression.

YES

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NO

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SOMETIMES

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Changes in sexual expression or behaviours that impinge on the rights of others (disinhibition, obscene gesturing, unwanted contact, abusive behaviour, stalking, sexual harassment etc.) are documented and potential reasons investigated.

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Residents are given the opportunity to discuss the effects of any medications on their ability to express their sexuality at any time.

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Residents are given the opportunity to discuss how satisfied they are with the facility support for the expression of their sexuality and anything that may be impacting on it (continence, pain, lack of opportunity) with appropriately trained staff.

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Residents are asked how satisfied they are with their personal presentation and styling, and are offered opportunities to discuss, change, or adapt their personal style.

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Residents are asked if they are satisfied with their opportunities to socialise.

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The facility's promotional or marketing materials indicate that residents' rights to sexual expression will be supported (including residents who identify as gay, lesbian, bisexual, transgender or intersex).

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SCORE / 7

SECTION 3 - STAFF EDUCATION & TRAINING

The facility provides education for varying levels of staff (as deemed appropriate) on:

YES **NO** **SOMETIMES**

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|--|--------------------------|--------------------------|--------------------------|
| • Personhood and sexuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ageing, older people and sexuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The impact of dementia on sexual expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sexual health including sexually transmitted infections, safe sex, and older people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Managing risk (physical/emotional) for residents who wish to express their sexuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • How to manage differences or conflict between families' and residents' wishes with regard to sexual expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • What constitutes discrimination on the basis of sexual orientation or identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Issues surrounding consent and difficulties determining decision-making capacity for people with dementia and other cognitive impairments with regard to sexual expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Approaches to the provision of privacy and/or the importance of privacy in supporting sexual expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The specific side effects of certain medications on sexual expression. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The facility has competency standards to evaluate staff knowledge of existing policies and procedures with respect to sexual expression.

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An education program exists for senior staff and management that covers strategies and resources to assist in dealing with issues of concern raised by staff with regard to sexual expression.

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The facility has guidelines for staff about what is appropriate/inappropriate sexual expression for residents (e.g. masturbation in private versus masturbation in public).

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CONTINUED...

SECTION 3 - STAFF EDUCATION & TRAINING

Staff are trained to differentiate between a resident's expressions of sexuality and behaviours that may be expressions of other unmet needs (pain, feeling hot etc.).

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SOMETIMES

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Guidelines are provided for staff about what is an appropriate and inappropriate level of assistance they can offer a resident in expressing their sexuality (e.g. cannot directly assist a resident with a sexual act).

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Staff are offered training in developing communication skills that will assist them in responding to residents and families on the topic of sexuality.

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Written information is available for staff at any time (e.g. fact sheets, guidelines, training packages on the internet/intranet, internet links) to assist them in dealing with residents' sexual expression.

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Staff are provided with summaries of relevant legislation relating to privacy, guardianship and residents' rights in a general sense.

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Staff attitudes towards the sexual expression of residents are measured before and after education.

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The facility has competency standards for staff who are qualified to have conversations about, and collect information on sexuality.

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The facility has competency standards to evaluate staff performance in respecting residents' right to sexual expression.

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SCORE / 21

SECTION 4 - INFORMATION & SUPPORT FOR OLDER PEOPLE

Residents are informed about which staff member they can/should approach to discuss any aspect of their sexual expression.

YES

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NO

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SOMETIMES

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The facility has a designated trained staff member able to provide support for residents with regard to sexual expression, in a way they can understand and appropriate to their individual needs.

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The facility has available written information for residents such as information booklets, fact sheets, or guidelines, in a format they can understand (large print, languages other than English, simplified text etc.) covering:

- STIs and sexual health

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- What constitutes sexual consent

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- What constitutes sexual assault

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- What constitutes discrimination on the basis of sexual orientation or identity

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- Their rights to sexual expression.

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If requested, the facility offers residents verbal and/or written information regarding sexual aids/lubricant/condoms/audio-visual aids.

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The facility provides residents with verbal and written information about who to approach if they feel they have been abused or discriminated against.

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SCORE / 9

SECTION 5 - INFORMATION & SUPPORT FOR FAMILIES

Education is offered to families about older people’s rights to express their sexuality.

YES	NO	SOMETIMES
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The facility has designated trained staff able to support families in coming to terms with residents’ sexual expression, in a way they can understand and appropriate to their individual needs.

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Written information (e.g. booklets, fact sheets, guidelines) is offered to educate families about older people and expression of sexuality, in a format they can understand.

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SCORE / 3

SECTION 6 - THE PHYSICAL ENVIRONMENT

The facility provides private spaces for residents.

YES

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NO

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SOMETIMES

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The facility provides opportunities for residents to express their sexuality in a social setting (e.g. dances, parties, cocktail hour).

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Residents are able to request sexually explicit materials to use in the privacy of their own rooms (e.g. DVDs, magazines).

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Double rooms or adjoining rooms are available for residents who wish to live as a couple.

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Double beds are available for residents.

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Privacy measures are available for individuals who are sharing a room but are not a couple (e.g. curtain, divider).

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SCORE / 6

SECTION 7 - SAFETY & RISK MANAGEMENT

If the sexual expression of a resident impinges upon the rights of others or causes others to feel harassed, the facility will determine the cause of the harassment and investigate ways to prevent it from re-occurring.

YES

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SOMETIMES

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The facility does not use chemical or physical restraint to control sexual expression, except in a crisis situation where the risk of harm to other residents or staff is present.

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The facility has an individualised activity program that is meaningful for residents with dementia who display behaviours that impinge upon the rights of others (e.g. grabbing other residents, masturbating in public).

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Trained staff assess whether a resident with dementia is able to consent/assent to sexual intimacy on an episode-by-episode basis.

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Staff are assessed on their knowledge of current legislation surrounding sexual abuse or reportable assaults (mandatory reporting).

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A risk assessment is performed on residents to determine any safety issues connected with sexual expression (e.g. falls risk, trouble getting in/out of bed, pain, other health issues).

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Staff are trained to recognise signs that a resident may have been, or is being, sexually assaulted or abused.

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Staff are able to recognise signs of unwanted sexual contact.

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SCORE / 8

TOTAL SCORE / 69

SCORING and HELPFUL RESOURCES

SCORING

0-20 NEEDS IMPROVEMENT

Your facility may need to rethink its policies and procedures in order to become more supportive of older people's needs with regard to expressions of sexuality. Greater emphasis needs to be placed on balancing residents' rights with duty of care. Staff, residents, and family members are likely to need more education, information and/or support. You may want to use this assessment tool as a guide for changing the environment, developing an education program for staff and/or preparing other resources which may improve knowledge and attitudes towards the sexual expression of older people. A list of helpful resources you can use to improve your facility's performance has been provided – don't be discouraged!

21-40 GOOD

You are on the right track, but some work still needs to be done for the facility to successfully support older people's sexual expression. Policies and procedures and the physical environment need to take residents' needs and rights to express their sexuality into account to a greater extent, and the provision of information and support to older people and their families needs to reflect this. Staff are likely to need more education on topics related to sexuality and sexual health. The list of resources may be helpful.

41-59 VERY GOOD

Your facility is supportive of residents' expressions of sexuality; however, there is still some room for improvement. You may need to increase the amount of education, or the range of information offered to families and residents, or perhaps the support you offer needs some adjustment. You may be able to modify your policies and procedures and/or the environment so that residents' rights are supported to a greater extent.

60-69 EXCELLENT

Your facility is strongly supportive of, and sensitive to, residents' expressions of sexuality. You have a range of policies and procedures in place to ensure that staff and family are well-informed about sexuality, risks are managed and residents' rights are protected. The facility environment is supportive of the expression of residents' sexuality and processes are likely to include sexuality as a priority area for care. Keep up the good work!

Helpful Resources

Dementia Training Studies Centres (2013). *Sexualities and Dementia Education Resource*. Download from: <http://dtsc.com.au/sexualities-dementia-resource/>

Alzheimer's Australia (2010). *Quality Dementia Care Series 6: Understanding Dementia and Sexuality in Residential Facilities*. Download from: http://www.fightdementia.org.au/common/files/NAT/20101001_Nat_QDC_6DemSexuality.pdf

Alzheimer Scotland (2011). *Information sheet: Sexuality and Dementia*. Download from: <http://www.alzscot.org/pages/info/sexuality.htm>

International Longevity Centre, UK (2011). *The last taboo: A guide to dementia, sexuality, intimacy, and sexual behaviour in care homes*. Download from: http://www.ilcuk.org.uk/files/pdf_pdf_184.pdf

Lanark, Leeds & Grenville Long Term Care Working Group (2007). *A Best Practice Approach to Intimacy and Sexuality: A guide to practice and resource tools for assessment and documentation*. Download from: http://www.cmcc.ca/knowledge/related_reports/pdf/SexualityPracticeGuidelinesLLGDraft_17.pdf

Royal College of Nursing, UK (2011). *Older people in care homes: sex, sexuality and intimate relationships (An RCN discussion and guidance document for the nursing workforce)*. Download from: http://www.rcn.org.uk/_data/assets/pdf_file/0011/399323/004136.pdf

Continuing Gerontological Education Cooperative, Canada (2002). *Intimacy, sexuality and sexual behaviour in dementia: How to develop practice guidelines and policy for long term care facilities*. Download from: <http://fhs.mcmaster.ca/mcah/cgec/toolkit.pdf>

Vancouver Coastal Health Authority (2009). *Supporting Sexual Health and Intimacy in Care Facilities: Guidelines for Supporting Adults Living in Long-Term Care Facilities and Group Homes in British Columbia, Canada*. Download from: http://www.vch.ca/media/FacilitiesLicensing_SupportingSexualHealthandIntimacyinCareFacilities2.pdf

