

Sexual Behaviors in Facility Care

Humans possess an innate capacity for sexual feelings. Social guidelines teach us appropriate ways to express these sexual feelings in public settings, while intimate partners mutually agree upon acceptable behaviors in their private relationship. FTD alters specific areas of the brain that may lead to three types of changes in sexual behavior: decreased sexual desire, disinhibited remarks and actions, and increased sexual desire. Disinhibition and hypersexuality pose particular challenges in facility care.

Interventions strategies

- If approached, remain calm; do not take the remarks personally. Do not raise voice or reprimand.
- Redirect to another preferred activity, treat their suggestions with humor, distract, and walk away.
- Do not make fun of the resident. Address in a professional manner.
- Correcting or trying to “punish” the person will not be effective and might be construed as abusive.
- Track remarks for triggers. Avoid clichés, such as “Let’s go to your room” or “It is time to go to bed,” or statements that could be misunderstood; “Take off your clothes.” The resident may take these phrases literally.
- Report remarks to the supervisor immediately. Understanding the manifestation of symptoms is necessary for effective management. The longer one waits to report and intervene with behaviors, the worse they will become.
- A support person should always accompany the individual in public.
- Positive behavioral and environmental interventions are most effective. If behaviors are determined to be disinhibited or compulsive, SSRI antidepressant medications may be tried.

When physical touching is involved

- While persons with FTD are unable to stop themselves from doing socially inappropriate actions, they may respond to the structure of someone telling them to stop.
- Ask the resident to remove their hand, etc. If they refuse or do not understand, remove their hand gently.
- If the resident has previously touched inappropriately, provide adequate personal space.
- It may be necessary to have a private duty caregiver with the resident, a caregiver of the same sex and/or two staff provide care.
- Provide the resident with something to carry, e.g., newspaper and/or a hands-on activity, such as a craft.
- Modest staff apparel is recommended, e.g., no low cut top, shorts.
- Track incidents of touching for triggers, positive interventions.
- Report all incidents of inappropriate touching of other residents, staff, and visitors to the supervisor immediately. If another resident is involved, nursing should conduct a full body assessment immediately.
- Assign 1:1 to be with the resident if constant supervision is necessary.

Approaches to personal care

- Follow resident’s usual routine, and schedule when they are most agreeable rather than for the facilities schedule; break up tasks if needed, e.g., bathe arms on Mon., legs on Tues. to reduce time.
- Assign same gender staff to help bathe, if possible.
- Tell the resident what you are going to do before proceeding.
- Modest staff apparel is recommended; women wearing a smock that conceals breasts to reduce visual triggers.
- Ensure privacy, e.g., close shower curtain, cover with a towel, provide a robe.
- Go slowly, explain each step.
- Provide eye contact, keep level voice tone, and use simplified language.
- Be aware of personal and intimate space. Allot at least arm’s distance when providing care.

- Give the resident something to hold, e.g., wash cloth, back scrubber, bath sponge.
- Report any inappropriate behaviors to the supervisor immediately.

Remember: These behaviors are part of a disease process AND staff may have individual reactions that interfere with care. Provide ample education and support, and allow opportunities for staff to discuss their feelings about resident sexual behaviors.

