



Public Perspectives toward Long-Term Care Staff Intervention in Demented Resident's Sexual Relationships

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Literature Review

- Aging adult sexual activity is integral to relationship satisfaction¹, quality of life², and mental health³
- Aging adults still engage in various forms of sexual activity⁴ despite onset of dementia-like symptoms⁵ or residency in LTC facility⁶
- Partnered sexual activity that includes one person with dementia exists within and outside spousal relationships



Literature Review

- Misconceptions of sexual health, ability, and desires of aging adults exist within LTC facilities and by LTC staff^{7,8}
- 45% of LTC administrators indicated not providing staff trainings related to sexual behavior of residents; 39% reported no trainings existed⁹
- 63% of LTC administrators reported no policies regarding sexuality or sexual activity¹⁰



Sample Characteristics

- 318 respondents
 - Age: 18-94 years ($M = 55.9$, $SD = 16.1$)
 - Female: 69.5%
 - White: 92.5%
 - Somewhat or Very Religious: 81.4%
 - Have Children: 81.4%
- Education:
 - HS diploma or less: 34.5%
 - Some college: 26.4%
 - Bachelor's degree: 22.3%
 - Post-bachelor's degree: 16.8%
- Income
 - Median: \$30,000-\$50,000
- Importance of Sexual Intimacy
 - Very important: 39.7%
 - Somewhat important: 29.7%
 - Not very important: 11.0%
 - Not at all important: 19.7%
- Know/Known someone with Dementia: 66.5%



Research Design and Methods

- Examine public attitudes towards dementia-caused adulterous sexual relationships in LTC facilities
- Multiple segment factorial vignette
- Variables examined were:
 - degree of intimacy
 - obligation of LTC staff to intervene
 - healthy spouse's disposition



Research Design and Methods

- Segment #1 – Degree of Intimacy
 - Due to dementia, *David* no longer realizes that *he* is married and has developed an intimate relationship with another resident of the nursing home who also has dementia. The two have been *seen having intimate physical contact/seen engaging in flirtatious behavior.*
- Segment #2 – Spouse's Disposition
 - The nursing home care staff explain to *Amy* that it is common for people with dementia to develop new intimate relationships even if they were happily married for many years. *Nevertheless, Amy is comfortable with/distressed about David having a new intimate relationship.*



Analytic Approach

- Independent variables:
 - degree of intimacy and spousal disposition
- Respondent characteristics:
 - age, sex, education, religiosity, importance of sexual intimacy, and knowledge of a person with dementia
- Respondent open-ended rationales inductively coded ($\kappa = .86$)



Degree of Intimacy

- 78% - LTC staff should intervene if flirtatious conversation or intimate physical activity
- 53% - LTC staff highly obligated to inform spouse of relationship
- Less education and higher levels of religiosity = less permissive attitudes
- Qualitative responses suggested intervention due to:
 - Spouse had a right to know (16%)
 - Marital status was an important consideration of a spouse's right to know (15%)
 - Individuals with dementia lack mental competency to have intimate or sexual relationships (12%)



Spousal Disposition

- 83% - Attempt to stop adulterous relationship due to distressed spouse
- 46% - Attempt to stop the adulterous relationship due to a supportive spouse
- 7x more likely to suggest intervening after hearing about a distressed spouse
- More formal education = more permissive attitudes
- Qualitative responses for LTC **stopping** the relationship:
 - The relationship being adulterous/immoral (41%)
 - The healthy spouse's distressed disposition (17%)
- Qualitative responses for LTC **not stopping** the relationship:
 - The healthy spouse's positive disposition (43%)
 - Adult autonomy (23%)
 - Not the responsibility of LTC facility or staff (6%)



Discussion and Implications

- Results suggest a need for:
 - LTC policies that address resident sexual activity
 - trainings for LTC staff about aging, sexuality, and how to properly intervene to assess competence and risk
 - Inclusion of family members in decision-making processes and provide educational resources about dementia and relationships



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