

Sex and assisted living

New research uncovers a surprising sexual twist on nursing home life, and the complicated issues it stirs up

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An adult son went to visit his father in a California assisted living center and received the surprise of his life: dear old dad, at 95 years of age, was engaged in oral sex with an unknown woman.

What's a son to do? Well, if you're the one described above, you place your father in another assisted living center faster than you can say those words. But is a decision like that made in the best interests of the elderly father, not to mention his lady friend?

No, according to Laci Cornelison, research assistant/instructor at the Kansas State University Center on Aging. The father's lady friend became so despondent after his departure that she sat in front of a window all day for three months, then died.

Adult sexual activity in assisted living centers is an emerging issue. Forty percent of assisted living workers surveyed by KSU's Center on Aging said they would feel obligated to notify senior residents' family members if two competent seniors were sexually active. Cornelison quoted this statistic during a panel titled "Sex in the Nursing Home: Assessing Capacity to Consent" at the November conference of the American Association of Homes and Services for the Aging (AAHSA).

But sexual expression is a human right to which assisted living residents are entitled — even if they have dementia, noted Robin Dessel during the same panel. Dessel is the director of memory care services at the Hebrew Home in Riverdale, New York.

Sexual expression, which runs the gamut from flirting to intercourse, eases depression and increases self-esteem and healing, Cornelison said. Doctors who enforce celibacy because of consent issues are merely replacing one form of abuse with another, she added, quoting a recent article on Slate.com.

"You cannot dismiss someone's rights," Dessel said. "Just because someone doesn't have money and has dementia, it doesn't mean he does not have rights."

This issue becomes complicated once dementia enters the picture because a spouse or adult child may have legal guardian rights. But do these rights mean they can forbid their assisted-living husband or wife, or mom or dad, sexual rights?

Dessel doesn't believe so. She told of one man in Hebrew Home who had developed a relationship with a woman there, even though his wife was still alive. The wife at first wanted to move him to another facility — she felt he had violated their marriage vows. And she didn't enjoy seeing him holding hands with his girlfriend when she visited Hebrew Home.

However, after meeting with the facility's staff, she decided that her husband was comfortable and happy there. She agreed not to move him, nor to stop him from

having the relationship with the girlfriend.

When the girlfriend died, the husband never found another one at Hebrew Home, nor did he return to his wife in that capacity. The wife also admitted to Dessel that before her husband went into Hebrew Home, they were often arguing and had a troubled marriage.

The situation was similar to that of former Supreme Court Justice Sandra Day O'Connor, the AAHSA panellists said afterward. O'Connor allowed her husband's assisted-living relationship to continue because she realized it made him happy.

There is no age cut-off for consent, the panellists said. In addition, mental incapacity shouldn't be the only basis for determining consent, Cornelison said. Rather, assisted-living or nursing-home sex must be voluntary; participants must be able to define appropriate times and places for sex. They must also understand the emotional risks if the relationship is fleeting.

Hebrew Home has developed a Sexuality Workgroup and shifted its policy on sexual expression among residents. Such expression is no longer seen as a "behavior," but as a "right, need, and quality-of-life activity," Dessel said. Workers at Hebrew Home intervene only in cases of non-consensual acts, risk, or abuse.

Dessel explained, "Our policy is not to challenge, offend, or convert." But, she added, "Where there's a will, there's a way." Sexual expression now fits into the Hebrew Home mandate to assist residents in meeting "their highest practicable physical, mental, and psychosocial well-being."

The key to providing services for the elderly is to give them as much control over their lives as possible, said Dr. Robyn Stone in a telephone interview.

Stone is the executive director of the Institute for the Future of Aging Services (IFAS) and senior vice president of research at AAHSA. The 5,700-member AAHSA spans the continuum, from adult day services to home health, community services, senior housing, assisted-living residences, continuing-care retirement communities, and nursing homes. Its mission is to create the future of aging services with "services people need, when they need them, in the place they call home."

Moving into a care home can mean a sense of loss for seniors. However, managing that transition with appropriate support can help them develop a better quality of life. Helping them maintain their identities and sharing decision making with them are two practices Stone picked up from the "My Home Life" model developed in the United Kingdom.

But right now in the United States, Stone said, the need is for more infrastructure, and making better use of what we already have.

"There is a lack of affordable senior options that bring together shelter and services. It's very ad hoc and fragmented," she said. There are "huge" waiting lists for publicly subsidized housing, running the gamut from senior apartments with no services to assisted living and nursing homes.

The situation for seniors mirrors homelessness across the nation. "The elderly are either hanging on in houses they can no longer afford or that are in bad physical shape or not allowing them to age in place, or they are living with family," Stone said.

An inner-city program that trains family members as caregivers is a cost-effective model for affordable senior housing, she

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said. "This is a program that is designed to help service coordinators and housing properties understand better the role of the family, and have the family understand better the role of service coordinators, and what the property can do to help elderly residents age in place."

Located in three sites — Baltimore; Rockville, Maryland; and Washington, D.C. — the pilot program was in partnership with Cornell University and funded by a grant from the Jacob and Valeria Landeloth Foundation. The average age of residents was 86, but seniors ranged in age from 65 to 97.

Seventy-eight percent of residents had family living in the area. According to Alisha Sanders, senior policy research associate at IFAS, family caregivers were trained on how to take care of their older loved ones through service coordinators. The second part of the training was understanding the service coordinators' role and improving conversation skills with them. The approach was individualized, Stone said. A good analogy was that the caregiver was the senior relative's "wingman."

"Families are already doing much of this," she added. "The families are engaged in doing everything from care management to taking (elderly relatives) to the doctor's office, but they are doing it in an uninformed way. The goal is to educate them to what they can do and to partner with service coordinators to be more effective in helping their elderly relatives remain independent as long as possible. The service coordinator is there every day and can interact with them on whether their relative is eating well, having medication problems, at risk of falls or of inappropriately calling 911."

