

Behavioural Resource Sheet: Sexualized Behaviours

Sexualized behaviour occurs in most people across the lifespan, regardless of diagnosis or ability. Sexual behaviour can include discussing sexual topics, removing clothing, requesting sexual acts, masturbation, or touching.

Sexualized behaviour can become problematic when it happens in a public space (e.g. masturbation), when it is directed toward an unwilling person (e.g., co-resident, staff), or otherwise happens in a way that creates distress for others. These behaviours can occur in up to 25% of people with dementia and higher in long-term care homes.

Possible Triggers of Sexualized Behaviours:

- Urinary tract Infection
- Body temperature or urinary urgency
- Lack of intimacy
- People with dementia may misinterpret touch when given care in intimate areas (e.g., bathing)

Things to know...

- An impact on the person's inhibition may cause behaviours to occur.
- This behaviour is not done "on purpose."
- It is important to be respectful and maintain dignity when redirecting this behaviour.

In the moment...

- Avoid shaming or confronting. Re-direct the individual to their room and allow privacy.
- If it is directed to you, respond calmly with respect. Set boundaries by saying "Stop, I'm here to do care."
- Check for unmet or basic needs when it is safe to do so (e.g., skin rash in groin area, uncomfortable clothing, need to urinate, boredom, loneliness.)

To prepare for next time...

- Minimize exposing and the fondling of genitals by using clothing that closes in the back.
- Have a same-sex caregiver complete care, providing frequent reminders of the role of caregiver.
- Use distraction techniques such as activity boxes, crafts, or folding towels to keep hands occupied.
- Fidget blankets, soft blankets, or stuffed animals can sometimes satisfy the need for touch.

Other helpful tips...

- Evaluate your own values and beliefs related to the behaviour. Ask yourself: is the behaviour truly inappropriate? Or does the behaviour just seem inappropriate because it's happening in a public/inappropriate setting? It's important to evaluate the true risks of the behaviour.
- Ensure others (e.g., family, witnessing visitors) understand and are able to normalize these behaviours. Sexualized behaviours can seem shocking, but shame/guilt does not reduce their occurrence.
- Ensure that medications are not causing the behaviour. Review medications with health care team to assess if the medications are making them disinhibited or hypersexual.
- Referral to geriatric specialists (e.g., Geriatric Psychiatrist, Psychologist, Behavioural Consultant, etc.) if the behaviour does not lessen with the non-pharmacological interventions.