Let's Talk About Sex

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Dementia Training Australia is supported by funding from the Australian Government under the Dementia Training Program.

DTA would like to show our respect and acknowledge the traditional custodians of these lands. We extend this respect to elders' past, present and emerging, and to all Aboriginal and Torres Strait Islander peoples. We also pay respect to Aboriginal and Torres Strait Islander peoples living with dementia and their carers.

Dementia Training Australia

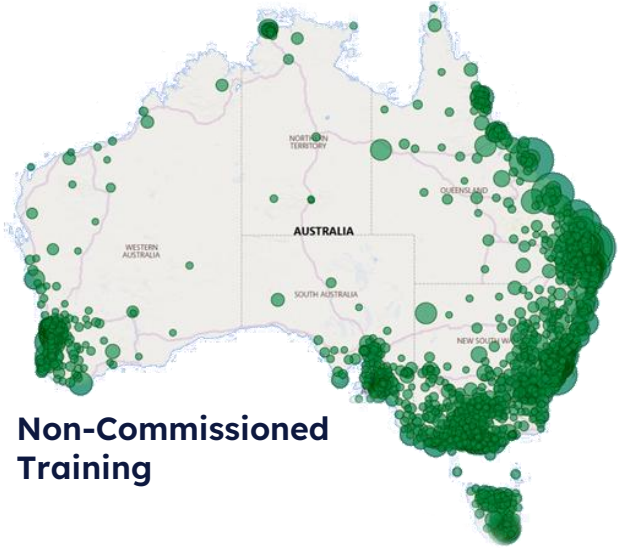
Focus

This presentation supports you to:

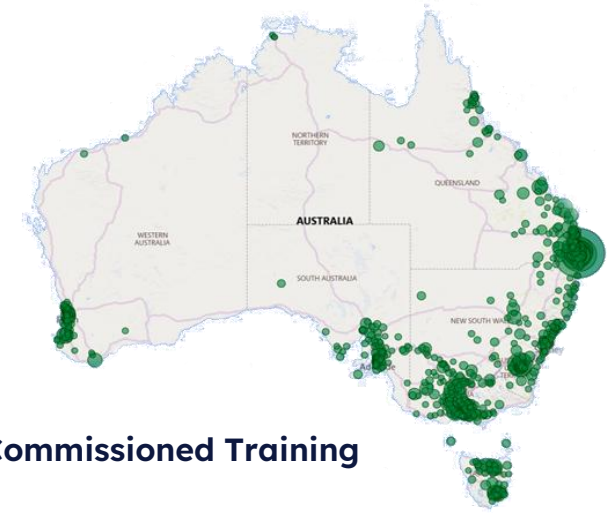
1. Recognise sexual expression and intimacy as a lifelong human right — and identify the myths that deny it in ageing and dementia.
2. Distinguish misinterpreted or unmet need from genuine questions of capacity and consent.
3. Identify how services, professionals and families can uphold the right to intimacy — and how denying it can itself be a harm.

Dementia Training Australia

Improving the health and wellbeing of people living with dementia and the people who support them.



Non-Commissioned Training



Commissioned Training

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The Living Experience

Living Experience Statement

I have the right to make informed decisions that affect me and have those decisions respected. I am supported to make decisions if needed. I have the right to make informed choices that may have risks and have those choices honoured.

Source: DTA Living Experience Reference Group

Sexuality and Intimacy

A person living with dementia isn’t sexual.

True or false?

Sexuality and Intimacy in Later Life:
False Beliefs

Older People Are-

- Asexual
- Undesirable
- Not interested in sex
- Might hurt themselves if they have sex
- Those with dementia cannot consent to sexual activity

Sexuality and Intimacy in Later Life: False Beliefs

Reasons these false beliefs are common:

- Sexuality in later life is rarely seen or discussed
- Assuming sex refers only to partnered sex and intercourse
- Overlooking the importance of physical and emotional intimacy
- Lack of education around sexuality in later life, especially in relation to dementia

Sexuality and Intimacy in Later Life:
The Facts

- Kissing
- Cuddling
- Holding hands
- Caressing
- Fondling
- Positive communication

- Masturbation
- Oral sex
- Vaginal penetration
- Anal penetration
- Tenderness and care
- Supportive relationships

1. There is a decline in frequency of sexual activity as one ages
2. Many older people continue to be sexually active:
   - 13-60% of older women
   - 26-74% of older men
3. Many people living with dementia continue to be sexually active:
   - 51% of women
   - 59% of men
4. Love, romance and intimacy are important to many older people

Aged Care Standards (2025)

Standard 1: The Person

1.1.3 The provider and workers recognise the rights, and respects the autonomy, of older people, including their right to intimacy and sexual and gender expression.

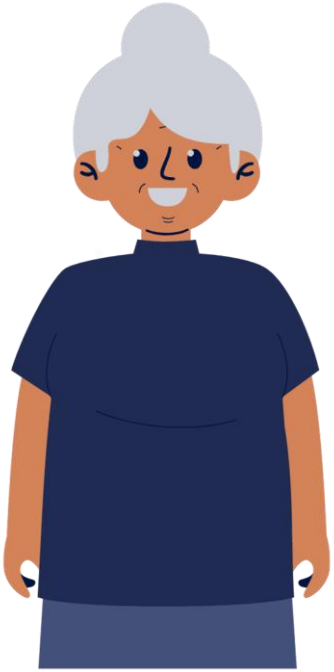
Standard 7: The Residential Community

7.1.6 Older people can maintain relationships of choice free from judgement, including intimate relationships, and engage in sexual activity

(Strengthened Aged Care Quality Standards, 2025)

Human Rights, Ethics, and Supporting Autonomy

- Sexual expression and intimacy are fundamental human rights regardless of cognitive capacity
- Respecting dignity and autonomy means balancing protection with respect for individual choice and self determination
- Legal frameworks include the Aged Care Act 2024 supported decision-making provisions

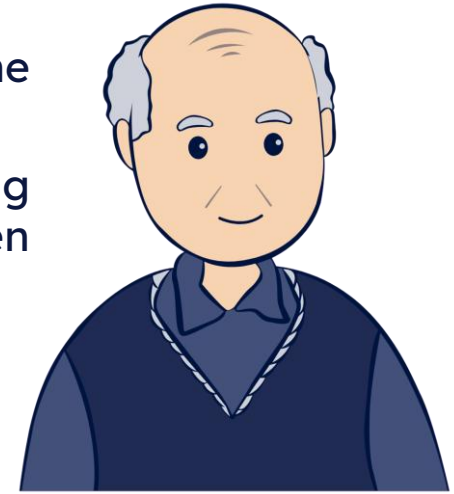


National Dementia Action Plan:

Action 1: Promote equity and human rights
Action 7: Build capability of the workforce to support people living with dementia

Sexual Health and STIs

- Age-related biological changes impact sexual health
- Medications can also impact libido and sexual functioning
- Rates of STIs are increasing among older adults
- Chlamydia, gonorrhoea, and syphilis more than doubled in the past 10 years for people 55 years and older (US data)
- Chlamydia, gonorrhoea, and syphilis are increasing among older women at a faster rate than among younger women (Australian data)
- Older adults are currently the second largest group affected



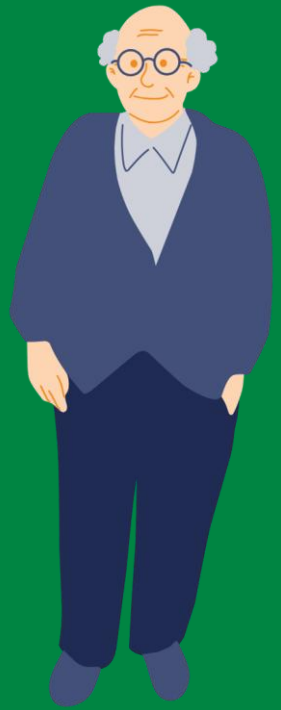
Sexuality, Intimacy and Dementia

- Dementia causes changes in the brain that can affect how we behave
- Dementia can impact sexuality in different ways in different people
- Depends on type and stage of dementia

- There can be increased sexual desire and widened sexual interests
- There can be apathy and loss of sexual interest
- There can be increased need for closeness and reassurance
- There can be inappropriate sexual behaviour

Denial of intimacy is itself a rights failure

Case Study



John has lived with dementia in residential care for five years. He likes to sit in the communal lounge in the evenings watching television. Over the past few weeks he has started masturbating in his chair in the lounge.

Other residents are upset, and staff have asked him to stop — but each night is the same.

How could this situation be addressed?

(Mis)understanding Resident Behaviour

Sometimes ‘inappropriate’ sexual behaviour is misinterpreted behaviour.

Residents may:

- Mistake public space for private space e.g. masturbating in shared lounge room
- Mistake the person (e.g. thinking another resident is their wife/husband)
- Take off clothes because they are hot or need the toilet
- Touch their own genitals because of pain (e.g. UTI)
- Need human touch and comfort

(Mis)understanding Resident Behaviour

Sometimes ‘inappropriate’ sexual behaviour is misinterpreted behaviour.

Staff:

- Cultural background and experiences influence what we personally think is ‘appropriate’
- Deliver intimate personal care (e.g., resident can be confused about why staff member is taking off the resident’s clothes)
- Use language that may be confusing (e.g., “Let’s have a shower” sounds like the staff member is inviting the resident to go have a shower with them).

Case Study: Norm and Carol

Norm moved into residential care a year ago. He has mild cognitive impairment — he forgets staff names, repeats stories, struggles to recall his day. Carol arrived around the same time, admitted for declining physical health, with no cognitive impairment. The two have become close companions and are rarely apart.

Would you intervene?

Capacity and Consent

- Resident's awareness of the relationship (who it is, not spouse)
- Capacity to indicate assent/dissent (verbal or non-verbal)
- Capacity to express level of intimacy they are comfortable with
- Awareness of risks (relationship ending)

Chemical Suppression

Where an older person's sexual expression is seen as a problem, the common response is to medicate it — antipsychotics, antidepressants, and hormonal agents are all used to suppress it.

What does the evidence tell us?

- No drugs are licensed for this use
- Best-practice guidance says non-drug approaches come first, and treatable causes — pain, boredom, loneliness, a need for closeness — should be ruled out before prescribing
- Suppressing sexual expression can itself breach a person's autonomy, capacity and consent must be considered first

De Giorgi, R., & Series, H. (2016). Treatment of inappropriate sexual behavior in dementia. Current Treatment Options in Neurology, 18(9), 41.

Severe Dementia and Inappropriate Sexual Behaviour

- Non-pharmacological interventions can be effective in managing inappropriate sexual behaviour in older adults with dementia
  - Environmental modification
  - Distraction and diversion
  - Resident and caregiver education

- Pharmacological intervention may also sometimes be needed (co-prescribed with non-pharmacological interventions)

- Specialist Dementia Care Program – referral to DSA

Strategies to Support Sexuality in Dementia

Understand that having sexual needs are normal, including for people living with dementia

Recognise that sexuality is important to our identity and personhood (who we are)

Respect that sexual needs are individualised (including LGBTQIA + needs)

Support staff to deliver person-centred care in this area

Understand that by assessing for individual sexual and intimacy needs of residents, staff can help prevent at least some instances on 'inappropriate' sexual behaviour

Supporting Families

- Educate families about sexuality and dementia early
- Provide them with resources (e.g., consumer booklet)
- Refer to professional support if needed (e.g., National Dementia Hotline)

This is for You

Learning Pathways
Find free, online learning relevant to you

DTA Changed Behaviour Toolkit
Free training, resources and workshops

DTA Newsletter
Be the first to know about our latest education and training

Dementia Dialogues with DTA
A podcast to help those in the dementia care space

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Thank You! Questions?

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To find out more visit

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