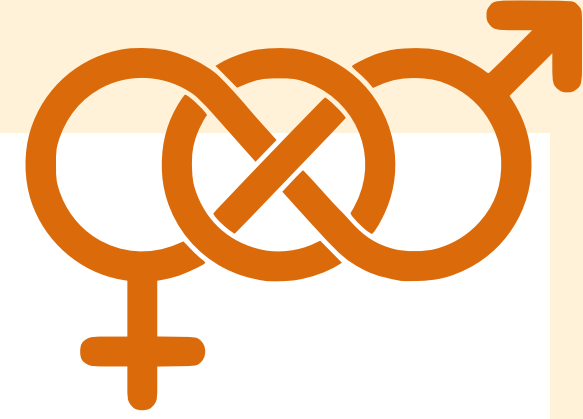




# Breaking Taboos: Why talk about sexuality in caregiving?



When we talk about sexuality, we tend to believe that it's all about reproduction and sexual relations. However, sexuality is a complex, global phenomenon that encompasses many spheres. Here's a tool to broaden our vision of human sexuality.

## THE 5 DIMENSIONS OF SEXUALITY <sup>1</sup>

### Biological

- Development of the human body (e.g. physical changes associated with puberty), how the human body functions (e.g. reproduction, sexual response);
- Sexual and reproductive health (e.g. sexually transmitted infections, contraception).

### Psychoaffective

Self-affirmation and satisfaction, expression of emotions and desires, development and intimacy, gender identity, sexual orientation, body image.



### Relational

Relationships with others, communication.

### Moral

Values, beliefs and principles in relation to sexuality.

### Sociocultural

Cultural practices and social norms (e.g. gender stereotypes), legal framework (ex.sexual consent, sexual violence).

## SEXUALITY IN A CAREGIVING CONTEXT <sup>2</sup>

**Changes in sexuality can occur in the context of caregiving. It is possible to note an increase or decrease in intimacy between caregivers and their loved ones. A stop or a very sharp decrease of genital sexual activity can also be observed.**

### These changes can be influenced by :

- Loss of physical autonomy (e.g. pain, recent surgery, urinary catheterization, etc.)
- The type of care provided to the person being cared for
- Decreased desire on the part of the person living with a loss of autonomy
- A change in roles and/or identity: the caregiver-assisted dyad is in the process of adapting to the health condition of the person living with a loss of autonomy. For example, the caregiver may perceive himself/herself as a parent rather than a spouse
- Ambivalence about initiating sexual activity, or discomfort when there are communication difficulties with the person being cared for
- Prioritization of needs deemed more essential than sexuality (e.g. taking a rest rather than initiating sexual activity)
- Mental workload and hypervigilance (organization, planning and execution of daily tasks) related to the reality of caregiving

1. Projet sexo Clic, Direction régionale de santé publique, CIUSSS Centre-sud-de-l'île de Montréal, 2019

2. Gilbert et al., 2009 ; Drummond et al., 2013

# Strategies to ensure sexual consent

Consent is respected if you manage to answer *yes* to all these questions

- Consent was expressed by gestures, looks or words?
- Is the person in a state to consent?
- Is the partner's cognitive capacity sufficient to understand the nature of the sexual activity and consent to it?
- Consent has been obtained WITHOUT violence (threat, blackmail, pressure, force, coercion, power power dynamics...)?

In certain situations where, for example, one of the partners has a neurocognitive disorder, it is still possible to experience uncertainties.

What to do in these situations?

- If you or your partner seem unsure, stop sexual activity, consent is never assumed.
- Developing communication skills can help you identify mutual needs and expectations.
- Specialized resources can help you update your knowledge of sexuality.
- Sharing your experiences in a support group or to a person you trust can help you to deal with the situation.

## Let's start by defining sexual consent

Sexual consent is the agreement a person gives to his or her partner to participate in sexual activity.(Definition from CALACS Estrie). Consent must be free and informed. Free means that it must be obtained without coercion. Informed, means that the person giving consent has all the information necessary to consent, as well as the ability to understand it. Thus, a person who is unconscious, confused or severely intoxicated by alcohol and/or drugs systematically invalidates consent. Consent is a shared responsibility, it is reciprocal and can be revoked at any time, even during sexual activity.

## Did you know that

Marital or civil status does not guarantee consent. Every human being, regardless of their level of autonomy, is free to give or withhold consent, without suffering reprisals or violence.

Prior to 1983, people in couples (common-law or married) could not be sexually assaulted by their partner. In 1983, Canada's sexual assault law now allows a person in a couple to lodge a complaint against his/her partner for sexual assault.

(référence : Article 278 du Code criminel, site INSPQ, section cadre légal).



## Words from a caregiver

*The caregiving context brings changes that can have an impact on the partners' sexual desire.*

*It is possible to observe that:*

*"My boyfriend is in so much pain that he doesn't want to have sex like he used to. Together we explore what works for us."*

*"For some time now, I've felt like my husband's mother, I've decided to have separate bedrooms. Even though I still love him, I don't want to share my intimacy with him anymore."*

*"My parents live with me, so I didn't expect so many responsibilities, which means my partner and I have to take care of our relationship."*

*"My husband is insistent; he wants to have sex with me every night, but I don't feel like it anymore. I opened up to my best friend about it, and she advised me to say yes to him once in a while. I won't do it, I don't feel like it."*

*"I feel like I'm all alone, my partner has been staying with me for so long. I'd like to get back to our intimate moments."*

*"I feel like I'm all alone, my partner has been in a residential facility for so long. I'd like to get back to our intimate moments."*

*"We've grown older, we have pains that weren't there when we were young, We've been married for 30 years and we're still in love. My husband has cognitive difficulties, we've learned to understand each other in a different way."*



*Here are some resources to help you::*

Sexual assault resource line at 1 888 933-9007.

This confidential, bilingual hotline operates 24 hours a day, 7 days a week.

**SOS Violence conjugale 1 800 363-9010.**



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