

Thinking about a resident's competence to participate in intimate relationships

If residents are competent to understand, consent to, and form a relationship then they should be free to engage in sexual activity. Sexual contact has the potential to be physically and psychologically beneficial.

However, the principle of **informed consent** is important. This requires:

- 1** **Voluntary participation.** The person must not be physically or psychologically coerced in any way. The behavior should be an authentic choice, in keeping with the individual's known religious/moral beliefs.
- 2** **Mental competence.** This is difficult to assess. Caregivers need to recognize the content-specific nature of competency.
- 3** **Awareness of risks and benefits.** Individuals should be aware of possible risks, such as the impact of the loss of a partner, and the potential benefits, such as avoiding loneliness.

Guidelines and Questions to Ask:

- 1** **Resident's awareness of relationship.**
 - Is the resident aware of who is initiating sexual contact?
 - Does the resident believe that the other person is someone else, such as a former spouse? Does the resident thus acquiesce out of a delusional belief? Or is s/he aware of the partner's identity and intent?
 - Can the resident state what level of sexual intimacy they desire?
- 2** **Resident's ability to avoid exploitation.**
 - Is the behavior consistent with known religious beliefs or values?
 - Does the resident have the capacity to say no to unwanted sexual contact?
- 3** **Resident's awareness of potential risks.**
 - Does the resident realize that this relationship might be limited in duration?
 - Can the resident talk about how they might feel when the relationship ends?