



DementiaUK
Helping families face dementia

Changes in sexual behaviour



As a person's dementia progresses, it can have a significant impact on their sexual and intimate relationships and behaviour. They may also begin to display unusual or inappropriate sexual behaviour towards their partner or other people, which can be distressing for everyone involved.

It is important to recognise that these changes are due to the person's dementia and may be beyond their control. By taking steps to understand why the person's behaviour has changed, you can find ways to try to prevent difficult situations.

Sexual and intimate relationships in dementia

It is often assumed that people with dementia no longer need or desire sexual contact or intimacy – especially if they are older – but this is not necessarily the case. However, sexual and intimate relationships may change when someone has dementia. For example, they may be more or less interested in sex than they were previously, or struggle to communicate their wishes.

Some couples will continue to be sexually active; others might find different ways of sharing intimacy. These may include physical closeness like touching, cuddling and holding hands; taking part in activities together; sharing memories; or simply spending time together at home. For more information on sex and intimacy, please see Sources of support on p10.

Types of changes in sexual behaviour

Dementia can cause changes in the brain that affect a person's sexual behaviour. There are three main categories of change that may occur. These are:

- Sex talk: the language the person uses is not in keeping with their previous behaviour, eg they may say inappropriate things to family, friends or members of the public



- Sexual acts, eg touching or grabbing themselves or other people, exposing themselves or masturbating in front of others
- Implied sexual acts, eg an obsession with pornographic material or requesting unnecessary genital care

Families and friends may be embarrassed or ashamed about these changes and find it difficult to talk to anyone about what is happening. This may be especially problematic if the person's partner feels threatened by their behaviour, for example if there is sexual force or violence. However, it is important that anyone who is affected by the changes in the person's behaviour receives support to cope with any physical or emotional trauma.

If the person is liable to displaying uninhibited sexual behaviour or using inappropriate language in a public place, other people may

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avoid going out with them, leading to both the person and their partner or family member becoming socially isolated. It may be particularly upsetting or embarrassing to any children or teenagers in the family, who may not want to be seen with the person.

If the person does display inappropriate behaviour in public – such as exposing themselves – there is a risk that the police may be called to intervene. This may lead to the person being charged with a sexual offence and possibly detained in police custody or under the Mental Health Act (also known as being sectioned).

There may also be breakdowns in care arrangements – for example if the person with dementia behaves in a sexual manner towards their carers, who may then feel unable to continue to support them.

Why do changes in sexual behaviour happen?

Some forms of dementia can cause a loss of inhibitions, especially if there is damage in the frontal and temporal lobes of the brain – this is known as frontotemporal dementia, which is more common in people aged 45-65. This may lead to the person acting inappropriately on their sexual desires or thoughts. They may not understand that their behaviour has changed, and that other people may find what they do or say upsetting or embarrassing.

In some situations, disinhibited behaviour results from the person with dementia misinterpreting other people's actions – for example, if a carer is performing personal care, they may interpret it as sexual contact.

Changes in sexual behaviour may be an expression of the person's need for closeness and comfort that they are unable to communicate in other ways.



Sexual advances towards a person other than their partner could be caused by mistaken identity due to changes in perception caused by dementia. The person may believe that the other person is their partner or forget that they have a partner and so initiate sexual or intimate contact with someone else.

Sometimes, the person's behaviour may be misinterpreted by others – for example, trying to undress or touching their genitals could indicate a physical need such as needing the toilet, feeling too hot or cold or being in discomfort, rather than a sexual act.

Problems with sexual expression may also arise because of:

- other people's prejudice
- misunderstandings – for example, the person not understanding that their partner is not consenting to sex

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- ageism – the belief that older people do not or should not have an interest in sex
- judgements about the person’s sexual preferences and gender identity, for example if they identify as LGBTQ+ and have not previously been open about this, but now show attraction to people of the same sex
- lack of privacy, for example in a care home

Managing changes in sexual behaviour

Changes in sexual behaviour are the result of the person’s dementia rather than something they are doing intentionally, so it is important to try to stay calm and understand what is happening from the person’s perspective.

If you can establish a cause, such as a desire for comfort or reassurance, needing the toilet or being too hot or cold, you can try to address it, for example by helping them fulfil their unmet need or offering physical closeness like a cuddle or holding their hand. However, if this is not successful you may need to consider ways of managing the changes in their behaviour.

If the person becomes disinhibited in public – for example, if they say inappropriate things, undress or behave in a sexually provocative way – the following may be helpful:

- Avoid places that are likely to trigger changes in sexual behaviour, eg crowded and over-stimulating environments
- Try to distract the person if their behaviour is becoming disinhibited: suggest a cup of tea, or a walk to a quieter, less stimulating place



- If the person is behaving in a challenging way in front of children or teenagers, encourage the young person to move to another space – depending on their age and level of understanding, you could explain that their behaviour is a result of their dementia
- Limit alcohol as this may further reduce inhibitions. You could offer soft drinks or low alcohol products
- Carry a ‘help card’ – this is a card that explains that the person has dementia and how it may affect their behaviour. This can be discreetly shown in challenging situations
- Quietly explain to others why the person is behaving in this way
- If the person is masturbating publicly, discreetly guide them to their room or away from a public area for privacy

- In cases of mistaken identity, attempt to reorientate the person by reminding them who the other person is and gently steering them away

It is important not to avoid going out or seeing other people for fear of the person doing something embarrassing, as social contact is important for mental and emotional wellbeing for you and the person with dementia.

In a personal care situation, you or the carer should calmly explain to the person what is happening to avoid misunderstanding – for example, “I am going to help you take your clothes off and have a wash.” If the person is heterosexual and showing problematic sexualised behaviour during personal care, it may be worth thinking about having a same-sex carer. If they are attracted to people of the same sex, you may wish to consider having a carer of the opposite sex.

It is important to share your concerns regarding sexual behaviour with family and with the person’s health and social care workers. Many people are embarrassed about doing this, but professionals have experienced these changes in behaviour many times before so will be able to give helpful advice and support. You can also contact our Helpline for non-judgmental support from a specialist dementia nurse – see Sources of support on p10 for details.

Aggressive and abusive behaviour

On rare occasions, a person with dementia may become sexually aggressive or abusive. If this happens, remove yourself from the situation until the person calms down. In an emergency where you fear for your safety, phone 999 and ask for the police. You will find more advice in our leaflet on keeping safe when you care for a person with dementia – please see Sources of support on p10.



If you have been injured, you should make an urgent appointment with your GP, call 111 for advice, or go to A&E, depending on the severity of the injuries. The health professional can record what has happened and advise you on what to do next. This may depend on whether the person with dementia is deemed to have had ‘mental capacity’ when they carried out the act, and what action you would like to take. For instance, you may not wish to involve the police, but a Mental Health Act assessment for the person with dementia may be appropriate.

Emotional support is also very important, whether that is from a family member, friend and/or professional. There are various charities that provide advice and support around domestic and sexual violence for both men and women – please see Sources of support on p11. You could also speak to your GP or contact our dementia specialist Admiral Nurses for support.

Sources of support

If you are caring for someone with dementia or living with the condition yourself, you can register for our free online sessions, ‘Dementia: what next?’ Hosted by dementia specialist Admiral Nurses, they cover topics like types of dementia, symptoms, financial and legal issues and planning for the future. Sign up at

➤ dementiauk.org/dementia-what-next

To speak to an Admiral Nurse on our free Helpline, call **0800 888 6678** (Monday-Friday 9am-9pm, Saturday and Sunday 9am-5pm, every day except 25th December) or email ➤ helpline@dementiauk.org

If you prefer, you can book a phone or video call with an Admiral Nurse at a time to suit you: please visit ➤ dementiauk.org/book

Dementia UK resources

Changing relationships and roles

➤ dementiauk.org/changing-relationships-and-roles

Coping with distress

➤ dementiauk.org/coping-with-distress

Dealing with restlessness

➤ dementiauk.org/dealing-with-restlessness

Keeping safe when you care for someone with dementia

➤ dementiauk.org/keeping-safe

Sex, intimacy and dementia

➤ dementiauk.org/sex-intimacy-and-dementia

When someone stops recognising you

➤ dementiauk.org/when-someone-doesnt-recognise-you

Other resources

Domestic abuse: how to get help

➤ [gov.uk/guidance/domestic-abuse-how-to-get-help](https://www.gov.uk/guidance/domestic-abuse-how-to-get-help)

Hourglass (Action on Elder Abuse)

➤ wearehourglass.org

Men's Advice Line – for male victims of domestic abuse

0808 801 0327

➤ mensadvice.org.uk

NHS sexual health information

➤ [nhs.uk/live-well/sexual-health](https://www.nhs.uk/live-well/sexual-health)

Rape Crisis (England and Wales)

➤ [rapecrisis.org.uk](https://www.rapecrisis.org.uk)

Rape Crisis (Scotland)

➤ [rapecrisisscotland.org.uk](https://www.rapecrisisscotland.org.uk)

Rape Crisis (Northern Ireland)

➤ [rapecrisisni.org.uk](https://www.rapecrisisni.org.uk)

Women's Aid

➤ [womensaid.org.uk](https://www.womensaid.org.uk)

**To speak to a dementia specialist Admiral Nurse
about any aspect of dementia:**

Contact our Helpline:
0800 888 6678 or [👉 helpline@dementiauk.org](mailto:helpline@dementiauk.org)

Book a virtual appointment:
[👉 dementiauk.org/book](https://dementiauk.org/book)

**Our charity relies entirely on donations to fund our
life-changing work. If you would like to donate to help us
support more families:**

- Call **0300 365 5500**
- Visit [👉 dementiauk.org/donate](https://dementiauk.org/donate)
- Scan the QR code

Thank you.



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Dementia UK, 7th Floor, One Aldgate, London EC3N 1RE
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