SEX BETWEEN PSYCHIATRIC INPATIENTS

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This report reviews the literature on the subject of sexual activity between psychiatric inpatients. The author discusses the psychological reasons why patients engage in sexual activity as well as the possible psychological effects. In addition, the author discusses medical considerations including concerns about injury, pregnancy, and venereal disease and legal implications including issues related to wrongful life, wrongful birth and deteriorating mental condition resulting from sexual activity. The report also discusses ethical issues, staff attitudes and various options for management of sexual activity between patients.

On inpatient psychiatric units, patients display certain behaviors which are implicitly or explicitly prohibited (e.g., violence to others, suicidal acts, or sexual acting out). Although much has been written about physical assaults and suicidal behavior on inpatient units, surprisingly little has been written about sexual activity between patients. This report discusses the incidence of sexual activity between inpatients and reviews psychological, medical, legal, and ethical issues as well as staff attitudes and management considerations related to sexual activity between patients.

INCIDENCE

It is difficult to know the true incidence of sexual contact between patients since sexual activity is a private matter and many cases go unreported. Modestin found nine instances of overt sexual exchanges among 1,060 patients, with sixteen patients involved in the exchanges. The sexual interactions involved genital intercourse in five patients. His design consisted of procedurally requiring a report of all reported sexual contacts occurring on the unit in the period of study. Akhtar, et al., reported 34/1,120 patients had engaged in overt sexual activity during two years. Five/1,120 engaged in sexual intercourse. The design of Akhtar, et al., was retrospective in that he met with each staff member and asked them to recall occur-

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rences of sexual involvement of patients during the prior two-year period. Even though the true incidence of sexual contact between patients cannot be established, it seems probable that the incidence increases when the setting permits greater privacy and there is decreased nursing staff availability to supervise the patients. For example, in Akhtar's study, it was reported that most incidents occur in the patients' bedrooms and during evening hours when patients are afforded the most privacy.

Keitner, et al., suggest that emotional and sexual relationships between patients are most likely to develop on units with middle range lengths of stay (more than 2-4 weeks but under 3-6 months). Nevertheless, as reported by Harticollis and Morgan, et al., emotional and sexual relationships do occur between patients on long-term units and in fact may even be more of an issue on units with chronic patients with longer lengths of stay.

Akhtar's study showed that psychiatric inpatients who engage in overt sexual behavior were more often younger, single, character-disordered or mentally subnormal than the remaining inpatient population. Morgan, et al., compared patients who displayed emotional interest in patients of the opposite sex with those that did not and found the former group to be less ill, less withdrawn, and less often schizophrenic; i.e., patients who are better able to form relationships. On units with adolescents, sexual activity may even be more of a problem than on units with only adults. Nevertheless, sexual contact has been reported between patients from many different diagnostic and age groups.

Psychological Factors

It is unwise to generalize about psychological factors causing sexual contact or resulting from sexual contact between patients. Patients who engage in sexual contact on an inpatient unit likely do so for a variety of psychological reasons. The literature on this subject implicates a number of psychological factors and dynamics including: acting out staff's expectations, proving masculine identity, meeting dependency needs, expressing aggression through sexual activity, anger at staff, compensating for feelings of loneliness, boredom, or emptiness, response to hallucinations or delusions, and acting out transference feelings about therapist.

The psychological effects of sexual contact appear to depend upon many variables and are viewed differently by different observers. The range of psychological response of patients to sexual contact includes observations that the experience was harmful and caused ego disintegration and psychotic regression, led to an emotional symbiosis that caused a decreased impetus towards independence, separation and growth, retarded recovery, and resulted in sexual promiscuity, acute decompensation or suicide when the patient experienced rejection at the end of the relationship. Other reports suggest that emotional and sexual relationships may in fact have positive aspects because patients feel helpful to each other or patients may learn how to handle relationships or the patient may become more cheerful, energetic, and engaged in treatment.

Medical Factors

When sexual contact occurs between patients on the unit, the major medical considerations relate to possible physical injury to the woman, consideration of