

SUPPORTING SEXUAL EXPRESSION in Older Adults

A Guide for Care Teams and Advocates



Understanding and supporting sexual expression in older adults is important for anyone working with or caring for aging people. This guide outlines strategies for approaching and respecting healthy sexual expression among seniors, regardless of their location or care setting.

When older adults are encouraged to express their sexuality if desired, this can improve their quality of life. Intimate connections and expressions help individuals feel closer to others, boost their emotional health, and support overall well-being. With people living longer and staying healthier, many older adults continue to care about romance, intimacy, and sexual connection. Sexuality is a natural part of life, and this doesn't necessarily change with age.

Whether at home or in long-term care (LTC) settings, allowing people to express their sexuality is becoming more recognized as a basic human right. It's also a key part of respecting a person's dignity and supporting a good quality of life. Still, this topic is often ignored or treated as taboo in elder care.

This guide aims to help social service and healthcare providers, advocates, and care teams create safe, respectful spaces where older adults can express their sexuality and maintain positive well-being.

A Look Ahead

This guide will address the following topics:

- Important Definitions
- Sexuality as a Human Right
- Positive Impact of Supporting Sexual Expression in Seniors
- Addressing Implicit Bias and Myths
- Diversity and Intersectionality
- Barriers to Sexual Expression
- Consent and Cognitive Impairment
- Communication Tips
- Policy Highlight: The Hebrew Home

- Advocacy, Education, and Training
- Tools and Resources



Important Definitions

“Words shape the way we see others, and the way they see themselves”

– Dr. Loretta Ross, human rights activist

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Intimacy

A close emotional bond between people. Intimacy can involve talking, hugging, kissing, holding hands, spending time together, or sexual contact. Not all intimacy is sexual—it’s about feeling connected and cared for.

Sexuality

How a person experiences and expresses themselves as a sexual being. This includes things like their biological sex, gender identity, sexual orientation, preferences, desires, and values. It also

involves how they form relationships and express affection or attraction. A person's sexuality can change over time and is shaped by physical, emotional, social, cultural, and spiritual factors.

Sexual Autonomy

A person's right to make their own choices about their body, sexual relationships, and boundaries. This includes the right to say yes or no to sexual activity, without being forced or judged.

Sexual Behavior

Any behavior that has a sexual purpose or happens in a sexual context. This includes things like masturbation, using sexual aids (such as sex toys or erotic books), and any sexual activity with another person.

Sexual Expression

The ways someone shows their sexuality to the outside world. This might include how they dress or style themselves, how they speak, flirt, or act, and how they show affection or interest in others. Culture, environment, and personal identity all play a role in how someone expresses their sexuality.

Sexual Rights

The idea is that every person, no matter their age, health, or living situation, has the right to express their sexuality safely and freely. These rights include privacy, safety, respect for their body, and freedom from unwanted sexual contact or harassment.

Public Sexual Behavior

Sexual behavior that happens in a public or shared space. In long-term care, this might mean someone touching themselves or another person in public view of others. While not always abusive or non-consensual, these actions must be handled carefully, respecting the person's rights while considering the comfort of other residents and staff.

Sexual Abuse

Any sexual action that happens without clear and willing consent. This includes touching someone sexually when they don't want it, forcing someone into a sexual relationship, or having sexual contact with someone who can't understand or agree to it. In residential settings, this also includes things like sexual teasing, flashing, or spying on others in private moments.

Consent

Saying "yes" freely and clearly to sexual activity, with **a complete understanding of what's involved**. Consent should be enthusiastic and ongoing, and can be withdrawn at any time. For people with memory or cognitive processing issues, consent means **understanding what's happening**, thinking through their decisions, and **choosing freely without pressure**.

Capacity to Consent (Sexual Consent Capacity)

The ability to understand what sexual activity is, what it might mean, and whether or not a person truly wants to take part. To give consent, a person must be able to:

- Know what the sexual activity involves
- Understand the possible risks and feelings that come with it
- Be able to make a free and clear choice without pressure or confusion

Sexuality as a Human Right

Research shows that being able to express one's sexuality is important for older adults' health, emotions, and overall quality of life. The World Health Organization says sexual health is related to our physical, emotional, mental, and social well-being. This kind of well-being is important at every stage of life, including older age.

Despite common myths, the need for closeness, touch, and sex doesn't go away with age. Many older adults, including those in nursing homes, still want connection and intimacy.

Source Spotlight

"People do have sex in long-term care communities—and that needs to be protected as a civil right." — Dr. David Reingold (2023)

More and more professionals agree that respecting older adults' sexual choices is part of good, person-centered care and an ethical responsibility when working in aging services.

Supporting healthy sexual expression can help older adults and LTC residents feel valued and more satisfied with life. On the other hand, ignoring or denying this part of life can lead to loneliness, sadness, and poorer well-being.

Learn More

The World Health Organization says sexual health is important for physical, emotional, and social well-being, and that includes older adults. Read more about their full definition here:

 [who.int/health-topics/sexual-health](https://www.who.int/health-topics/sexual-health)

References You Can Trust

- Reingold, D. (2023). *The times they are a'changing (finally!)* [Generations](#), Winter 2022 - 2023.

**“WE AREN’T ASKING OUR
STAFF TO ACCEPT A
RESIDENT’S LIFESTYLE CHOICES;**

**WE ARE ASKING THEM TO ACCEPT
THE RESIDENT AS THEY ARE.”**

Sharon Praigrod (RN and Palliative Care Manager)
The Hebrew Home at Riverdale



Positive Impact of Sexual Expression

Intimacy and affection offer many emotional and physical benefits. Whether a person is at home, in a senior living community, or in long-term care, the whole environment is warmer when we focus on offering support to those who want connection, without pressure or shame.

Mental and Emotional Benefits

Better Mood and Enjoyment of Life

Older adults who stay sexually active often report being happier and enjoying life more than those who are not. One large study found that people who had engaged in any sexual activity in the past year reported higher life satisfaction. Physical touch releases hormones like endorphins and oxytocin, which help people relax and feel emotionally connected to others.

Less Loneliness and Depression

Loneliness is a serious problem for older adults, which can lead to sadness, poor health, and even memory problems. Some residents say their relationships give them a reason to get up in the morning and make life feel fuller. Staff have noticed that residents in new relationships seem happier and more social. Even a simple touch can ease stress and help people feel less alone.

Physical and Brain Health Benefits

Sharper Thinking and Brain Health

Some studies suggest that sexually active people may also do better on thinking and memory tests.

Light Exercise and Circulation

Sex can also count as light physical activity. It raises the heart rate and increases blood flow, which may help heart and muscle health.

Pain Relief and Better Sleep

Sexual activity and cuddling can help alleviate pain and promote better sleep. Endorphins released during sex can reduce pain in older adults with arthritis. Others sleep more soundly after physical closeness.

✅ Sense of Identity and Control

Being able to express one's sexuality can help older adults keep a sense of who they are, not just as patients or residents, but as whole people. It can help them feel more in control of their lives. Studies show that people who feel desired or in close relationships often feel more energetic. One resident shared, *"The longer I live, the more beautiful life becomes,"* saying that late-in-life intimacy added new joy and meaning.

💖 Redefining Sexuality in Later Life

For many older adults, sexuality becomes less about performance and more about connection. Hugging, holding hands, slow dancing, and being seen as attractive all count as forms of sexual expression. Care providers can support this wider view by:

- Giving clients space for a private dinner with someone they care about
- Letting them wear clothes that help them feel good about themselves
- Encouraging them to express affection in a way that feels right to them

🔍 Explore These Resources

🌐 Supporting residents' expression of sexuality: the initial construction of a sexuality assessm...

🌐 Sexuality and Intimacy in Older Adults

? Addressing Implicit Bias & Myths

What is Implicit Bias?

Implicit bias refers to the unconscious beliefs or stereotypes we hold about people without realizing it. These hidden thoughts can influence our actions, decisions, and the way we treat others. In long-term care (LTC), implicit bias often shapes how we think about older adults and their sexuality, even when we don't mean any harm.

For example, caregivers might:

- Assume older adults don't want or can't have sex
- Feel uncomfortable talking about intimacy
- Ignore signs of sexual interest or relationships

- Only picture residents as straight or cisgender

These attitudes can lead to harm, like missing important information during assessments, creating shame around natural desires, or failing to support residents' identities.

✗ Common Myths and the Truth Behind Them

Myth: *Older adults don't have sex.*

Reality: Sexual desire may change with age, but many older adults remain interested in sex and intimacy.

- Nearly **half of men (46%)** and **a third of women (33%)** over age 70 said they had masturbated in the past year.
- **43% of men** and **22% of women** over 70 said they had penetrative sex in the past year.
- The most significant factor in whether an older adult is sexually active isn't age, it's whether they have a partner.

Myth: *Sexual health isn't a concern in older adults.*

Reality: Sexually Transmitted Infections (STIs) are increasingly an issue among seniors, partly because doctors often don't test for them.

- STI rates in people **55 and older have more than doubled** in the past 10 years.
- Those 55+ make up **10% of new HIV cases** and **41% of people living with HIV** in the U.S.
- When healthcare providers assume seniors aren't sexually active, they may skip testing and miss important health concerns.

Myth: *All older adults experience sexual dysfunction.*

Reality: While 20–40% of older adults report some form of sexual dysfunction, many find ways to manage it or do not feel that it impacts their sexual expression. Some seek treatment, while others report no decline in activity or satisfaction.

Myth: *Older people aren't LGBTQ+.*

Reality: **LGBTQ+ people exist at every age.** Many older adults identify as gay, lesbian, bisexual, transgender, or queer. However, past discrimination may make them more cautious about sharing their identity, especially in care settings. Creating environments where all clients, patients, or residents feel safe, seen, and respected is essential.

✓ How to Reduce Bias in Your Practice

- **Reflect on your own beliefs.** Ask yourself: *What messages did I receive growing up about sex and aging?*
 - **Take an implicit bias test.** Use your results to start conversations in training or supervision.
 - **Talk openly about sexual health.** Normalize asking about relationships and intimacy during assessments.
 - **Use inclusive language.** Say “partner” or “spouse” instead of assuming someone is married or heterosexual.
 - **Challenge stereotypes.** Don’t let age, gender, or culture limit how you support clients’ or residents’ rights to intimacy.
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Reflection for Insight

We are all aging. When you imagine your future, what would you want your later life to look like, considering companionship, closeness, and sexual expression?

Learn More

Bias often hides in plain sight, shaping how we think about aging, intimacy, and identity without realizing it. When care teams take time to **explore their own beliefs and learn from the data**, they can create safer, more affirming spaces for older adults.

Explore These Resources

- 👉 [Harvard Project Implicit – Explore your own unconscious biases](#)
- 👉 [Levy, R. J. – Sexuality has No Expiration Date, Generations, Winter 2022 - 2023.](#)
- 👉 [SAGECare – Inclusive Training for Aging Services Professionals](#)

References You Can Trust

- [Lindau et al. \(2007\). A study of sexuality and health among older adults in the United States - PubMed](#)
- [National Institute on Aging – Sexuality and Intimacy in Older Adults](#)
- [SAGE & Human Rights Campaign Foundation – Long-Term Care Equality Index](#)

Diversity and Intersectionality: LGBTQ+ Identities, Gender, and Cultural Norms

Older adults are a diverse group and how they experience sexuality can vary a lot based on things like gender, culture, race, religion, and whether they identify as LGBTQ+. Taking an **intersectional approach** means understanding that people may face different challenges

based on the mix of their identities. These differences shape their feelings about intimacy and how they are treated in long-term care (LTC) settings.

LGBTQ+ Older Adults

Many LGBTQ+ older adults grew up during historical periods when being gay, lesbian, bisexual, or transgender was heavily judged, punished, or hidden. Because of this, they may not feel safe being open about their identity in a care home. This fear is often referred to as "**identity invisibility**," and sadly, it's based on real concerns. Some LGBTQ+ residents have faced mistreatment or bias, and many care staff have not received proper training on how to support LGBTQ+ residents respectfully.

Studies show that many LGBTQ+ elders hide their relationships or avoid showing affection in care settings because they fear being judged or treated unfairly. But with the right training and policies, facilities can help LGBTQ+ residents feel seen, safe, and supported.

Best practices for inclusive care include:

- Updating forms to include all sexual orientations and gender identities
- Asking about preferred names and pronouns—and using them
- Giving same-sex partners the same rights to visit or share rooms
- Having clear anti-discrimination and anti-harassment policies
- Training all staff in LGBTQ+ cultural competency

Some care homes go further by earning **LGBTQ+-friendly certifications** or hiring a staff member to support LGBTQ+ residents. **Intake questions should be inclusive**—such as asking, *“Is there someone special in your life we should know about?”*—rather than assuming someone is heterosexual. These changes help LGBTQ+ residents trust staff more and feel less afraid of being mistreated.

Inclusive Language in Action

Using inclusive language helps people feel safe, respected, and seen. These examples demonstrate simple ways to discuss relationships, identity, and intimacy without making assumptions.

“ **“Is there anyone important in your life you’d like us to know about?”**

– *Leaves space for partners, chosen family, or close friends.*

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Gender and Sexual Norms

How people express sexuality also depends on gender, and men and women are often treated differently in LTC. For example:

- An older man starting a new relationship might be seen as charming.
- Older women may feel pressure to appear modest or may have internalized stigma about desire.
- Older men may feel embarrassed about changes in sexual performance or worry about being seen as inappropriate.
- Transgender and nonbinary individuals may feel unsafe sharing their identity due to fear of harassment or inappropriate comments.

While it's easy for our preconceived notions to find their way into our day-to-day practice, care providers and advocates can and should avoid making gender-based assumptions and instead focus on each person's unique needs and values.

Culture, Religion, and Personal Comfort

Examples of how cultural background shapes a person's view of sex, love, and caregiving:

- Some residents may prefer same-gender caregivers, especially for personal care
- Some feel uncomfortable with certain topics or physical contact due to religious or cultural beliefs

It's important to ask respectful, open-ended questions, like:

"What helps you feel safe or respected when receiving care/services?"

"Are there any customs or beliefs that are important to you that you'd like me to know about?"

Even within the same cultural group, people are not all the same. That's why we use **cultural humility**—listening carefully, staying curious, and avoiding assumptions, recognizing that we will always be able to learn more about other people's cultural backgrounds and customs.

Race, Language, and Marginalization

Older adults of color may face extra challenges when it comes to sexual expression in care. For example, Black and Latino residents may deal with both racial bias and stereotypes about their sexuality. They may also get less attention to their sexual health needs or have trouble talking about personal topics if there is a language barrier.

Facilities can help by:

- Providing training on how race and culture affect care
- Offering interpreter services or bilingual staff

- Asking residents for permission to involve trusted family or community members to help with sensitive discussions

Health, Disability, and Sexual Expression

Health conditions can affect intimacy, but they do not erase the need for connection:

- Chronic illnesses or medications may lower libido or make intimacy painful or stressful.
- Cognitive conditions, like dementia, can complicate consent and communication, but do not eliminate the need for affection.
- Disability may limit physical ability, but it does not diminish desire. Supportive care and creativity can help make intimacy possible.

Older adults with health concerns still deserve privacy, respect, and options for expressing closeness in ways that feel good to them, even if their options for expression might be more limited or require additional planning or support.

Putting It All Together: Inclusive, Flexible Care

There is no one-size-fits-all model for supporting sexuality in later life. What matters most is creating a care environment that:

- Welcomes people of all backgrounds
- Shows respect to each person's identity
- Protects residents from discrimination
- Allows for different beliefs, bodies, and love stories

Embracing **diversity and intersectionality** means understanding that each resident brings a unique story. Care plans should be flexible and built around those stories.

Learn More

Sexuality and identity are deeply personal and shaped by gender, race, culture, and life experiences. LGBTQ+ older adults and others with marginalized identities may need extra support to feel safe and understood in care settings. These resources can help deepen your understanding:

 [SAGE – Advocacy and Support for LGBTQ+ Elders](#)

 [National Resource Center on LGBT Aging – Training Tools and Best Practices](#)

 [SpringerNature- Taking a Person-Centered Approach to Understanding Sexual Expression](#)

Barriers to Sexual Expression

Even though intimacy is important, many older adults living, particularly those living in long-term care (LTC), face serious challenges when it comes to expressing their sexuality. These barriers often come from the system itself, through rules, the physical setup of care homes, and people's beliefs.

Ageism and Stigma

There's a common and harmful myth that older people don't care about sex or intimacy. This stereotype is ageist and simply not true. In nursing homes, older adults are often seen only as sick or dependent, instead of as **whole people** who still want love, touch, and connection. Because of this, some staff or family members may ignore or criticize their relationships. But living in a nursing home doesn't mean someone stops wanting closeness. When sexuality is treated like something shameful or inappropriate, residents are denied a fundamental part of who they are.

Lack of Privacy

The setup of many nursing homes can make intimacy difficult. Most residents share rooms, and staff often come in and out with little warning. Private places for romantic moments can be hard to find. Many rooms don't have locks, which can make residents feel exposed. Even simple acts like kissing or hugging can feel awkward without privacy. This keeps many people from showing affection at all.

Restrictive Policies or No Policy at All

Most nursing homes don't have clear rules about romantic or sexual relationships. In one recent study, only about 1 in 4 homes had a policy about sexuality, and even fewer had rules for helping residents with memory issues make safe choices. Studies show that without guidance, staff often play it safe and stop romantic activity altogether, worried about complaints or legal issues. In some homes, sexual behavior is treated like a problem instead of something natural. This can leave residents feeling like they have no right to be close to someone they care about.

Staff Discomfort and Lack of Training

Many caregivers and nurses feel unsure about how to handle sexual behavior in older adults. **Most never received training on this topic. Without education, staff may feel embarrassed or uncomfortable.** Some may think a resident's sexual behavior is wrong or part of an illness, just because they've never been taught otherwise. These attitudes often stem from personal beliefs or a lack of knowledge, rather than bad intentions.

“The truth is that even unspoken discomfort can stop residents from getting the privacy or support they need.”— The Hebrew Home at Riverdale Staff Member

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Family Attitudes

Families, especially adult children, may struggle with the idea of their aging parent being sexually active. Some worry that a new relationship is disrespectful to a late spouse or that a parent with memory loss might be taken advantage of. These concerns sometimes lead families to ask caregivers or a LTC facility to stop the relationship, putting staff in a tough position. One care home, the **Hebrew Home at Riverdale**, addresses this by being transparent with families, sharing its policies publicly, and clearly explaining residents' rights. Talking things through can help ease fears over time.

Physical and Health Challenges

Many older adults in LTC live with disabilities or health issues that can make sexual activity harder. Things like limited movement, pain, medications, or conditions like stroke can get in the way. Additionally, many residents, especially women, often live longer than men and therefore don't have a partner. Still, the need for affection remains. Many older adults find new ways to connect, like cuddling, kissing, or holding hands. Staff can help by offering tools, adjusting positions, or giving them time and space to be alone.

Learn More

Sexual expression doesn't end with age, but many long-term care homes make it harder than it needs to be. To understand more about the impact of stigma, privacy, and policy gaps on older adults' rights and well-being, explore these resources:

👉 [*Levy, R. J. – Sexuality has No Expiration Date, Generations, Winter 2022 - 2023.*](#)

👉 [*SAGECare – Inclusive Training for Aging Services Professionals*](#)

👉 [*Journal of Sexual Medicine- Sexual Satisfaction and the Importance of Sexual Health to the Quality of Life*](#)

Consent and Cognitive Impairment

One of the most challenging issues for care partners and health professionals in long-term care (LTC) is around how to support sexual expression for residents with memory loss or dementia. This raises a tough question: Can someone living with cognitive impairment consent to sexual activity?

Staff must walk a fine line. On one side is the need to protect residents from harm. **When provided with a choice of allowing sexual expression or protecting someone from sexual assault, the priority must always be to protect the client.** However, individuals experiencing cognitive impairment may be able to provide consent and an enthusiastic desire for sexual expression and intimacy. There remains a need to respect their freedom, autonomy, and the human need for closeness. A person with moderate dementia might still show affection, initiate a romantic moment, or enjoy being close to someone, even if they forget the details later. What matters most is whether they understand and agree to what's happening *at the time* it happens.

Everyone agrees that no one, regardless of cognitive ability, should ever be forced into unwanted sexual contact. However, figuring out if a resident truly consents can be complicated. Experts have developed ways to help assess if someone with dementia can safely and willingly take part in a sexual relationship.

What Happens in Real Life?

When two residents with dementia start a relationship, many LTC facilities bring in a team to help decide what's safe and respectful. This team might include nurses, social workers, doctors, or psychologists. They assess both people involved to see if each can give genuine consent. For example, at the Hebrew Home at Riverdale, a care team meets to decide if the relationship is safe and whether the benefits outweigh the risks.

Staff must act quickly to protect the resident if a situation seems unsafe or unclear. Sometimes, they may have to facilitate an ending in the relationship to keep someone from harm.

Legal Example and Policy Guidance

A notable case in Iowa in 2015 highlighted the complexity of this issue. A man was charged with sexually assaulting his wife, who had Alzheimer's and lived in a nursing home. He was later found not guilty, but the case made many people realize there weren't clear rules about consent in dementia. After that, experts and states started writing more informative and directive guidelines.

The American Medical Directors Association (now called PALTC) created a guide to help. This guide states while there's no perfect test for consent, teams should assess:

- Whether the person understands what's happening
- Whether they're choosing it freely
- Whether it fits their past values

They also recommend writing down what was discussed and decided in the resident's medical record.

✓ Three Main Signs of Consent

1. Knowledge

Does the person understand what sexual activity means in general? This includes knowing:

- Who the other person is (and not confusing them with someone else)
- What the activity involves physically

They don't need to explain everything perfectly, but they should know the basics of what they're doing.

2. Decision-Making Ability

Can the person reflect on what this activity means to *them*? This means they can:

- Understand how the relationship or activity does or does not align with their past values or beliefs
- Recognize possible risks involved, such as the risk of contracting an STI

This is similar to deciding if someone can make medical or financial decisions.

3. Voluntariness

Is the person choosing freely, without pressure, confusion, or fear? This is especially important in LTC, where:

- One resident may be more mentally sharp than another
- A staff or family member might be pushing for or against a relationship

Even someone with dementia can usually show—through words or behavior—whether they want to be touched or not. Staff must watch carefully for signs of discomfort or pressure.

● What Facilities Can Do

Some care homes use a system like a stoplight to keep things clear:

- **Green** = the resident can give consent
- **Yellow** = needs careful review each time
- **Red** = the resident cannot consent, and any sexual activity would be considered abuse

In other places, a resident's legal representative (like a guardian or power of attorney) may join the conversation—not to give permission, but to explain what the resident believed or valued

before the memory loss. For instance, if a person had strong religious beliefs about sex, that might affect how the team responds to changes in their behavior.

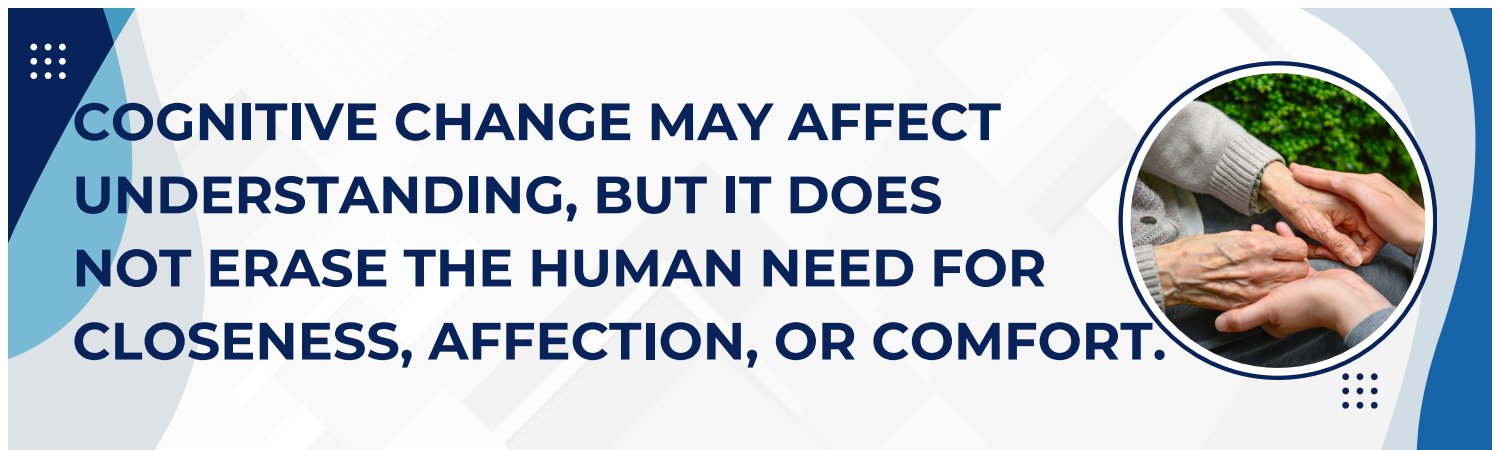
♥ Keeping Residents Safe

Even with dementia, people still want and need touch, closeness, and affection. Simple things like holding hands or cuddling can be deeply comforting. Denying these needs can feel cruel and isolating. But safety is just as important. That's why experts suggest a "cautious yes" approach: allow intimacy only when staff can reasonably tell that it's welcome and safe.

Staff should also watch for signs of distress, like:

- Agitation or confusion
- Trouble sleeping or eating
- Sudden mood changes

These may signal that something is wrong and should be looked into.



💡 Learn More

Consent and memory loss can be a confusing and emotional topic. People with dementia still want love and connection, but care teams must be sure those relationships are safe and wanted. Explore more from these trusted sources:

👉 [PALTC \(Post-Acute and Long-Term Care Medical Association\) – White Paper on Capacity for Sexual Consent in Dementia in LTC](#)

👉 [LTC Ombudsman - Capacity to Consent](#)

👉 [Huitema, N & Syme, M. The Sexual Consent Potential Model, *Generations*, Winter 2022 - 2023.](#)

📖 References You Can Trust

- [LTC Ombudsman - Sexuality and Intimacy Resources](#)
 - [Hillman, J. \(2017\). Sexual Consent Capacity: Ethical Issues and Challenges in Long-Term Care. PubMed.](#)
 - [PALTmed- Caring for the Ages](#)
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Communication Tips

Talking about sexuality and intimacy when caring for older adults at home or in long-term care isn't always easy—but it's essential. Many older adults still have emotional and physical needs for closeness, connection, and expression. When we avoid these topics due to discomfort or bias, we risk silencing people and ignoring a vital part of their well-being. Creating safe, inclusive spaces starts with reflection, communication, and respect.

Reflection for Insight

Before we support others, it helps to understand our own feelings.

How comfortable do you feel discussing sexuality and intimacy with:

- Friends
- Family
- Clients or residents
- Coworkers or supervisors

What shapes your comfort level? Is it your upbringing, training, personal values, or workplace culture?

Getting Started: Create Inclusive Environments

Understanding your comfort level when talking about sexuality and intimacy is the first step to supporting sexual expression in seniors. Once we know what influences our attitudes and language, we can shift the culture around us. Creating inclusive environments isn't just about policies; it's about our everyday choices to listen, respect, and support each person's right to connection and intimacy.

Older adults are more likely to open up about their needs when they feel respected and safe. You can help create that environment by:

- ✓ Using nonjudgmental, inclusive language
- ✓ Respecting different sexual orientations, gender identities, and personal boundaries
- ✓ Avoiding assumptions about age, desire, or relationship status

Inclusive policies to create an inclusive environment in LTC might include:

- Private spaces for personal time or visits
- Staff training on LGBTQ+ identities and respectful communication
- Gender-neutral forms and options during intake
- Clear guidelines supporting each resident's right to intimacy and privacy

Person-centered care means focusing on what each individual wants, needs, and values—including their views on relationships, affection, and sexual expression.

Communication Matters!

Open, respectful conversations about sexuality support autonomy and mental health. Many older adults still want affection, connection, and intimacy, but may fear being judged or dismissed. Talking openly sends the message: *You matter. This part of your life matters, too.*

How to Start the Conversation

Use a whole-person wellness approach: *“I am checking in on emotional, physical, and social needs, including things like companionship, closeness, and intimacy. Would you like to talk about that?”*

Invite, don’t assume: *“Some people value affection and connection as part of their life. Is that something you’d want us to support?”*

Be okay with silence: A pause can mean someone is thinking or deciding how they feel. Let them take their time.

Affirm control and choice: *“If there’s ever anything you’d like to talk more about, I’m here for you.”*

When to Bring It Up Naturally

- **During LTC intake or care planning:**
“Would you like to share anything about companionship, relationships, or what brings you comfort?”
- **While discussing privacy or personal routines:**
“Is there anything about your personal space or relationships we should be aware of to make sure we’re respecting your privacy?”
- **In training or staff meetings:**
Normalize these topics institutionally, not just when issues arise, but as a regular part of care planning and staff development.

Strategies for Shifting Negative Conversations

Sometimes, you may hear staff or others make biased or dismissive comments. Here’s how to respond with respect and leadership:

Reframe assumptions: If someone says, *“They’re too old for that.”*

You might respond: *“Actually, many older adults still value closeness and intimacy. It’s something we’re proud to support.”*

Center residents' rights: *"Our job is to respect each person's dignity, and that includes their right to emotional and physical expression."*

Model respectful language: If someone uses hurtful or teasing language, gently redirect: *"Let's try to use words that respect everyone's identity and choices."*

Encourage curiosity, not judgment: *"It's okay to have questions. What matters most is staying open and respectful as we learn together."*

Language Tips

Avoid asking: *"Are you still sexually active?"* or *"How many sexual partners do you have?"*
These questions may carry judgment or assume specific kinds of relationships.

Instead, use inclusive language like: *"Is there someone important in your life that you'd like us to know about or support?"*




Don't suggest that being sexually active is the goal for everyone. For some, not being sexually active is a personal choice or a reflection of their current life stage, and that's okay too.




Policy Highlight: The Hebrew Home

One of the most well-known examples of inclusive sexual expression policy in long-term care comes from the Hebrew Home at Riverdale in New York. In 1995, it became the first care home in the United States to adopt a formal and detailed sexual expression policy. Their long-standing policy on sexual expression is supported by:

- Regular staff training across departments
- Use of realistic case vignettes, including situations involving dementia
- Inclusive policies that recognize all gender identities and sexual orientations
- Transparent communication—their policy is public-facing for residents and families
- Facilities inspired by their work can shift culture by using this policy as a guide, customizing it to fit their residents, staff, and values.

Key parts of the policy include:

-  **A broad definition of sexual expression:** "Words, gestures, movements, or activities (including touching, flirting, proximity and physical contact, dressing up, or reading) which appear motivated by the desire for affection, relationship, intimacy, and/or sexual gratification."
-  Residents have the right to seek and engage in consensual sexual activity with other residents or visitors.
-  Residents also have the right to access sexually explicit materials—books, magazines, videos, or artwork—for private use.

-  Residents should have access to private spaces to support their personal relationships, when possible.
-  Non-consensual sexual activity and public sexual behavior are not allowed.
-  Staff have to support safe and healthy sexual expression while protecting residents from harassment or abuse.

You can read about the development of the policy [here](#).



Advocacy, Education and Training

Supporting sexual expression in seniors, especially in long-term care (LTC) settings, requires more than knowledge; it calls for advocacy, open-minded learning, and strong leadership. Everyone on the care team, from aides to administrators, should ensure older adults are treated with dignity, respect, and compassion regarding intimacy and relationships.

Unfortunately, many staff members never receive training on this topic. In one study referenced below, the majority of nursing home workers questioned said they weren't taught anything about sexuality in older adults during their schooling. This gap leads to confusion, personal discomfort, and sometimes harmful decisions.

That's why ongoing education and training are critical. It helps shift the culture from silence or shame to support and respect.

1. Learning the Facts About Aging and Sexuality

Research shows that staff training should include clear, science-based information:

- Statistics show many older adults are still interested in sex, romance, and touch
- Physical changes with age don't erase sexual desire
- STI rates are rising among people over 55, partly due to a lack of awareness and testing

When staff understand the realities of aging and sexual health, they can replace myths with facts and support residents in the real world.

2. Challenging Bias and Building Respect

We all have personal beliefs that create hidden bias. Good training and access to education can help advocates and LTC staff reflect on:

- What they were taught about sex and aging
- How they feel about LGBTQ+ relationships
- Whether they've ever made assumptions about a resident's ability, desire, or identity

Activities like group discussion, writing reflections, or reviewing case scenarios can open minds. With this education, individuals can move from judgment to curiosity and respect for older

adults and their sexual expression.

3. Knowing the Policy—and Following It

Staff members should understand their facility's sexual expression policy. Policies should:

- Affirm resident rights to intimacy and privacy
- Provide clear steps for handling different situations
- Emphasize respect and protection, not punishment or shame

For example, at the **Hebrew Home at Riverdale**, staff are trained to quietly leave the room if they see two consenting residents together unless safety is at risk. Staff need consistent guidance and should be trained to respond without panic, fear, or judgment.

4. Practicing Communication Skills

Talking about intimacy with residents or family members can feel awkward, but it doesn't have to be. Staff and family members can learn:

- How to set respectful boundaries (for example, if a resident flirts)
- How to offer support (like asking a resident if they'd like private time with a partner)
- How to respond calmly to family concerns

Simple, respectful phrases can make a big difference:

"I just want to check that you're comfortable and see if you need anything while spending time together."

5. Learning from Real-Life Cases

One of the best ways to learn is through **case studies**. These short, real-life examples help staff think through what to do:

- Two residents with memory loss form a romantic bond
- A resident starts dating while still married
- A resident begins expressing a gender identity for the first time

Discussing these cases in a group helps staff learn from each other and build confidence.

6. Working as a Team

Sexual expression touches many areas of care: nursing, social work, recreation, administration, and more. That's why the best training brings staff together as a team.

When people train together, they:

- Build shared understanding
- Learn who to ask for support

- Know that everyone is working toward the same goals

This team approach helps residents feel supported and helps staff feel less alone when responding to complex issues.

7. Why It Matters

Even short training sessions can make a difference. One study at a VA nursing home showed that a 30-minute session improved knowledge, attitudes, and confidence. Staff said they felt **relieved** to have guidance and were **more comfortable** supporting residents.

Due to high staff turnover, regular training should be offered. New topics can also be added, such as dating apps for older adults or updated consent guidance for individuals with dementia.

References You Can Trust

- [Bauer, M., et al. \(2014\). *Supporting residents' expression of sexuality: the initial construction of a sexuality assessment tool for residential aged care facilities*. *BMC Geriatrics*, 14\(82\)](#)
 - [Reingold, D. \(2023\). *Policy: The Times They Are A-Changin' \(Finally!\)*. *Generations*, Winter 2022 - 2023.](#)
 - [Fasullo, K., et al. \(2022\). *LGBTQ Older Adults in Long-Term Care Settings: An Integrative Review to Inform Best Practices*. *Clinical Gerontologist*, 45\(5\), 1087-1102](#)
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Tools & Resources


Whether you're a student, care provider, or advocate, these tools and materials can help you build inclusive, respectful, and person-centered approaches to sexuality in aging.


Assessment Tools

Support your team or facility with structured tools that evaluate readiness to support residents' sexual expression.

Sexuality Assessment Tool (SexAT)

A checklist that helps residential aged care facilities evaluate how well they support sexual expression.  [Download the Tool \(PDF\)](#)

Learn more about the initial construction of a sexuality assessment tool for residential aged care facilities  [Read the Study](#)

Try this simple sexuality assessment for older adults from try this: Best Practices in Nursing Care to Older Adults:  [General_Assessment_10.pdf](#)

ISEP

Helps make sure quiet or shy residents are still asked about their comfort with intimacy.


 [Read the Case Study](#)

The Hebrew Home Policy

helps staff, families, and residents understand the rules, protect rights, and plan ahead.

 [Download the Policy](#)

Consent Capacity Guidelines

Help teams navigate challenging situations where someone may not fully understand or recall information.  [See the Study](#)

This guide was created by the Sigler Family Aging Scholars at the University of Kansas School of Social Welfare in May of 2025.

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