

Sexual Health and Intimacy in the Twilight Years: a TR Perspective

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DOUGLAS

BACKGROUND

Sexual health and intimacy are essential components of overall health and quality of life (Piatt et al., 2022). Sexuality is considered a fundamental part of the human experience, regardless of age, sex, ability, consent capability, marital status, gender identity and expression, or socioeconomic status (Vancouver Coastal Health, 2021). Sexual health and intimacy among older adults living in long-term care (LTC) is a complex issue experienced by health care practitioners. Sexuality is considered a taboo topic among many staff, residents and families and concerns regarding sexual health practices often remain overlooked and unaddressed. As Therapeutic Recreation Practitioners (TRPs), it is important to discuss the sexual wellness of older adults and recreation therapy best practices based on a holistic and person-centred approaches to care.

PURPOSE

This study explored the perspectives of TRPs on sexual health of older adults living in LTC. The **research question** was:

"What challenges do TRPs working in LTC experience when supporting residents' sexual expression and intimacy?"

LITERATURE REVIEW

The World Association for Sexual Health defines sexuality as an **essential aspect of human nature throughout the lifespan**, recognizing sexuality as a source of pleasure and well-being that contributes to life fulfillment and satisfaction. (World Association for Sexual Health, 2014).

Sexuality is considered a fundamental part of the human experience, regardless of age, sex, ability, consent capability, marital status, gender identity and expression, or socioeconomic status (Vancouver Coastal Health, 2021).

Sexual expression and intimacy can be expressed through a wide range of interactions such as **holding hands, kissing, hugging, sharing thoughts, bed-sharing, grooming and self-presentation, romantic relationships, masturbation or intercourse** (Alzheimer Society of Canada, 2018; Howard et al., 2020).

Sexual expression and intimacy are complex and often ignored topics in long-term care (Syme et al., 2016).

Moving into LTC should not restrict individuals from **expressing their sexuality in a safe and healthy way**, as care homes have **ethical and legal responsibilities** in **recognizing, respecting and supporting** residents' sexual needs as human rights. (Vancouver Coastal Health, 2021).

Challenges in supporting sexual needs in LTC included restrictive staff and family attitudes, lack of staff education and training, and lack of sexuality standardized assessment tools (Syme et al., 2016).

RESEARCH METHODS

Qualitative exploratory approach to research

Data collection

- 30-45 min one-on-one in-depth semi-structured interviews containing 10 open-ended questions were conducted in-person or online
- Data was transcribed verbatim
- Sample questions:

How do you view the attitude of care staff around residents' sexual expression and intimacy in your workplace?

What challenges do you believe exists in your work environment to address resident' sexual expression and intimacy?

RESEARCH PARTICIPANTS

- 8 participants were recruited through purposive and snowball sampling via infographic poster shared on social media, BCTRA Listserve network and Vancouver Coastal Health Recreation Therapists email list.
- Inclusion Criteria: completion of Diploma or Degree program in Therapeutic Recreation (TR), at least two years of professional experience working in LTC, and holding a full-time or part-time job position.

FINDINGS

APPROACHES TO CARE: PERMISSIVE VS. RESTRICTIVE

PERMISSIVE	RESTRICTIVE
Person-Centered Approach De-stigmatization/Normalization Open Dialogue/Communication	Problem-Based Approach/Behavior Management Stigma/Taboo Separation as Intervention Unmet Needs
De-stigmatization/Normalization "...shifting everybody's mind frame, we're talking management, nursing, care aides, that it's nothing to be ashamed of...let's normalize this, let's not shame people, let's give them the opportunity to be who they are" (Emerald, 2022)	Problem-Based Approach "How do we stop it? Rather than how do we foster it?...it's usually presented as a problem scenario... not looking at it as a need that a person has." (Topaz, 2022)

CHALLENGES & BARRIERS:

DETERMINING CONSENT CAPABILITY

- Congruency between verbal & non-verbal signs: words, body language, facial expressions, eye-contact
- Cognitive decline affecting consent
- Giving and revoking consent

ORGANIZATIONAL STRUCTURES AND SYSTEMS

- Insufficient Policies and Procedures
- Insufficient Education and Training
- The need to include sexual needs in Recreation Assessments

ATTITUDES & BELIEFS

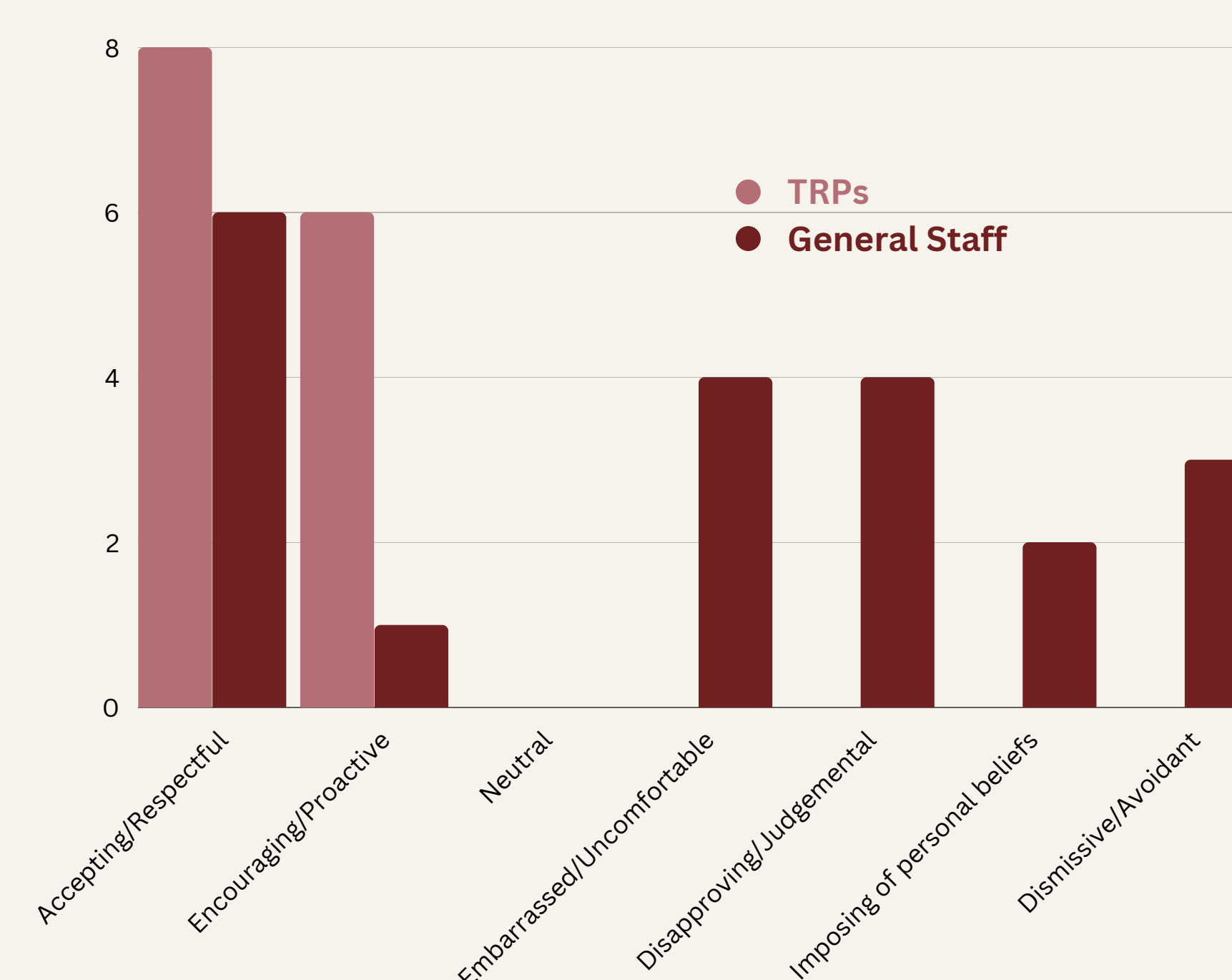


Figure 1 – Attitudes and Beliefs of TRPs and TRPs' perspective on the General Staff

All 8 participants referred to their own attitudes as **Accepting and Respectful** and 6 as **Encouraging/Proactive**:

"We respect how they [residents] view sex and how they view their sexuality. And you don't maybe necessarily have to agree, but you do have to respect it" (Ruby, 2022)

6 participants referred to the general staff attitudes as **Encouraging/Proactive**, 4 as **Embarrassed/Uncomfortable**, 4 as **Disapproving/Judgmental**, and 3 as **Dismissive/Avoidant**:

"It's a very uncomfortable topic for staff to talk about, they have a hard time engaging in the conversation because a lot of times they look at an ageing population as almost an asexual population, believing that sex is not a need anymore" (Topaz, 2022).

DISCUSSION

- It is necessary to include sexual needs in the scope of Therapeutic Recreation practices as part of a holistic care approach (Lichtenberg, 2014).
- Sexual health and sexual expression are often overlooked or repressed by systems that do not place the needs of residents and their best interests at the front of the care provided (Piatt et al., 2022).
- The main challenges shared by the participants were highlighted in the literature, in particular the lack of education and training, restrictive attitudes of individuals involved in the client's care, and insufficient procedures, protocols, and assessment tools available within the care home (Grigorovich et al., 2022; Lichtenberg, 2014).
- The importance of normalizing the expression of sexual needs of older adults (Howard et al., 2020) and implement culture changes that honour a person-centered approach to care (Cornelison & Doll, 2013).

CONCLUSIONS

The research study is a starting point in discussing sexual health in later life, acknowledging sexual needs as an essential component of human nature. The TR community of practitioners are invited to reflect on their attitudes and beliefs toward clients' sexual expression and behaviour with curiosity and openness, honoring the sexual needs of individuals living in LTC. Additionally, health authorities and healthcare providers have a responsibility in providing staff education and training and developing specific policies and strategies to reduce ageism and ableism in elders' sexual wellness practices.

RECOMMENDATIONS

LTC ADMINISTRATION AND TRPs

- To provide ongoing education and staff training on how to support residents' sexual needs.
- To develop policies and procedures around sexual wellness.
- To provide resources on standardized sexual health assessment tools to address residents' needs, behaviours and consent capability.

FUTURE DEVELOPMENT OF RESEARCH IN SEXUAL HEALTH IN LTC

- To understand the cultural and generational diversity of individuals living in LTC.
- To include residents, the interdisciplinary team and managers in future research.
- To consider the intersectionality of sexuality, heteronormativity, and gender diversity as layers that influence systems of oppression, exclusion, and invisibility in LTC.

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