

Sex, Intimacy and Sexual Wellbeing in Later Life

Edited by Shirley Ayres and Mervyn Eastman



“Provocation Papers explore controversial, risk taking or nascent ideas that have the potential to spark debate and discussion”

We are publishing this Provocation Paper exploring Sexual Health, Intimacy and Wellbeing in Later Life because we believe that the time is right to both challenge and increase the awareness of health and social care professionals working with older adults. This is an important topic for many older adults and those who provide care and personal support which is not often discussed or acknowledged.

About the Editors

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Introduction

Dawne Garrett

Sexual intimacy is a normal, natural and positive aspect of older age. This innovative paper explores many of the facets of the subject, exploring areas rarely discussed. Each individual citizen will have different desires and aspirations for their own engagement or disengagement with sexual intimacy as their circumstances change over time. The experts who have contributed to this paper correctly remind us of our professional obligation to ensure this aspect of people's lives is respected and considered. We are encouraged to challenge our own perceptions and to reflect on our practice while being informed and delighted.

Attitudes towards sex and intimacy in later life

Dr Sharron Hinchliff

Over the past 20 years there has been a significant shift in the way that the sexuality of older adults is viewed within Western societies, particularly the UK and other parts of Europe, the US, and Australia. The shift signals a move away from thinking about people aged 60 and older as sexless (e.g. not interested in sex, not sexually active), to one where their sexual agency, expression, and pleasure is recognised and, sometimes, celebrated. It is a positive step forward. Indeed, the World Health Organization and the World Association for Sexual Health, organisations with significant stature and global reach, have long asserted that sexual health is a life-long concern.

Saying that, social attitudes are tremendously hard to shift and there is evidence that the stereotype of a sexless older age is still dominant. The stereotype is connected to ageism and the tendency to associate older age with frailty, decline, and disease: reflecting a societal structuring of age relations which positions older adults as dependent (e.g. on others for care), powerless, and vulnerable. The Global Report on Ageism (World Health Organization 2021) highlighted the pervasive nature of ageism across the world, showing how it has been brought into sharp focus, and further exacerbated, during the COVID-19 pandemic.

Not all stereotypes are damaging, but the stereotype of a sexless older age can be. It can prevent open and honest conversations about sexual health and well-being, thereby perpetuating myths and misunderstandings. Not only that, ageist assumptions influence the resources that are made available to, and for, older adults. For example, an absence of training about ageing and sexual health for nurse students on regulated courses has an impact on awareness, knowledge, and skills to care for older patients in this area.

In the UK, we have an increasing older population but many people aged 60 and older live a lengthy period in poor health (King's Fund 2021). Numerous health conditions, especially long-term conditions and the medicines prescribed to manage them, can significantly impact sexual pleasure and function (Conaglen and Conaglen 2013). But not everyone is aware of this. When social attitudes towards older age are predominantly around poor health and lack of autonomy, it halts progression and understanding, and fails those who are in good health and do not fit the decline narrative.

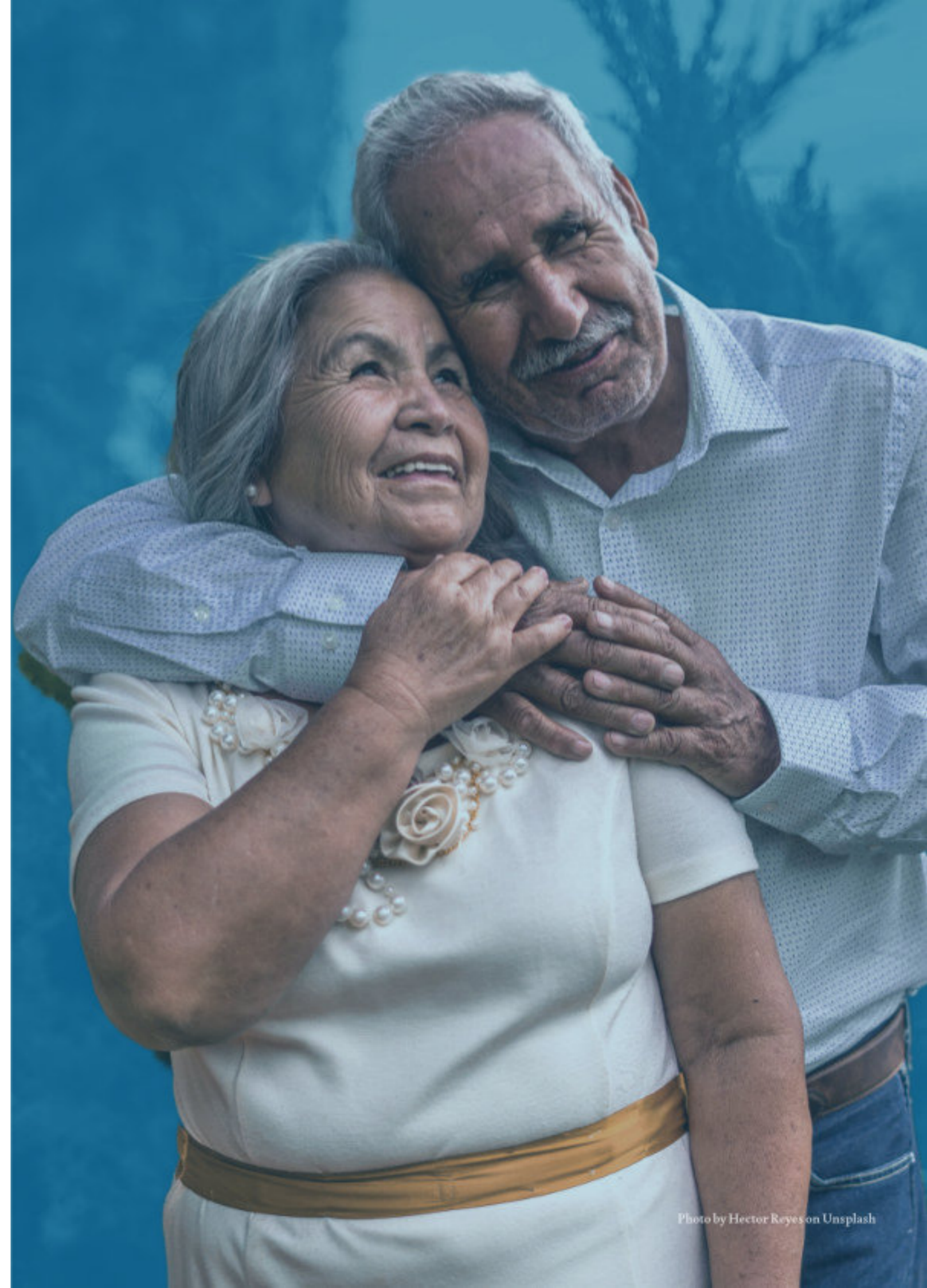


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Sexual Rights of Older Adults

Dr Sharron Hinchliff

One way to put ageing and sexual health and well-being on the health and social care agendas is to take a rights-based approach. Sexual rights are human rights as applied to sexuality. They exist to ensure that people are treated with dignity and respect, and are able to influence the direction of their lives through the choices they make. The overarching sexual right is that people are free from prejudice and discrimination when it comes to matters of sexuality (sexuality is understood here as both an identity and as a behaviour) (Barrett and Hinchliff 2017).

There is little awareness that sexual rights are applicable to older adults because sexual rights have historically been considered in relation to young people. This is because there is a higher prevalence of sexually transmitted infections and HIV in young people, even though older adults are not immune to contracting these diseases. But also because, as above, there is a tacit assumption that older adults are not sexually active, and if they are, then they don't take sexual risks (such as having unprotected sexual intercourse with a new partner or multiple sexual partners).

Such judgements can have negative consequences. They can affect the behaviour of older adults by preventing them from seeking help for a sexual issue: research has identified that older adults fear being judged negatively for expressing an interest in sex 'at their age'. The situation is more complicated when sexual identity intersects with age, and research has shown that older lesbians and gay men who require general health care often avoid disclosing their sexual orientation to health and social professionals due to previous experiences of prejudice (Westwood 2016). Non-disclosure can be an act of self-protection when accessing mainstream services.

Such judgements can also affect the behaviour of health and social care professionals, and research has consistently identified that they tend not to be proactive in the sexual health management of older patients (Hinchliff et al 2021).

A dismissive response from the health professional, one that fails to take the issue seriously when disclosed by the patient, can have serious consequences and put an end to a much longed-for sex life.

A sexual rights framework can be useful in many areas of nursing practice. It guides us to respect older adults' right to be sexually active, but it does not discriminate on the basis of whether older adults are sexually active or not. It reminds us about equality and that individuals should receive the same level of health care regardless of their sexual orientation, gender identity, and other personal characteristics. It ensures that people are treated without discrimination, that privacy is respected, that access to comprehensive sexual education and scientific information is provided,

and that we can live freely from cruelty, violence, and oppressive policies. For those keen to implement a rights-based approach in their own practice, see the guidance offered in Barrett and Hinchliff's book *Addressing the Sexual Rights of Older People*.

resources

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Photo by Dylan Sauerwein on Unsplash

Sexuality in Residential and Nursing Homes

Dr Jane Youell

There is an unspoken assumption that once we reach 65 we are expected to be sexually retired. Sex is framed in our society as a domain of the young and beautiful, not for our grandparents. Older age sexuality is often the topic of humour or aspersions such as ‘dirty old man’. These assumptions are more keenly felt when private spaces become more public, such as when residential or nursing care is needed.

It is estimated that 70% of those living in older people’s residential care have dementia or memory problems which often creates added complications for family and staff, especially if residents are seeking romantic, intimate and/or sexual relationships. The assumption that older people do not have sex and that those who are cognitively impaired should not have sex often prevail.

When I began researching with older people about their relationships, I was mindful not to cause offence and spoke of intimacy, not sex. All of my participants, however, talked about sex, how important it was to them, how they missed it, how they maintained it when separated from their partners, how they found it with another when their partner was no longer an able participant in their relationship. Residential care providers were often cited as a barrier to potential sexual relationships, with a focus on raising safeguarding concerns rather than supporting sexual and intimate relationships.

If we can start to understand that sexuality is a fundamental human need across the lifespan and that some of the issues we deal with in residential care are expressions of that need, maybe we can offer better more fulfilling services to our residents. If we can acknowledge that when Fred touches himself in the lounge, he is expressing a need for the comfort of touch (a gentle massage might alleviate these expressions). Or when Jack masturbates at bath time this might be because that is the only time he has access to his own naked body (some private alone time in his room without a pad on might help). Or that Joanie might like access to a sex toy because she misses sex with her late husband. Or that romantic relationships in older age feel no different at 70 than they do at 17, but that sex education might be needed. Or that Kath’s biggest fear might not be the death of her husband, but the fact that she may never kiss his lips again because of the hospital bed he now inhabits. Then perhaps we can move away from ‘managing behaviour’ and towards greater understanding.

My research experiences have shown that if we create safe spaces for older people to talk about their relational needs, without judgement, we can learn so much about wellbeing in older age. I would urge care providers to create those safe spaces for residents, staff and family.

Sexuality and Living with Dementia

Esther Wiskerke

Sexuality is personal. Everyone has their own preference and desires. It can exist in the mind, be practised alone, as a couple or in even in a group. You can approach it pragmatically, or you can get delightfully creative. From the moment of discovery and reaching legal maturity: it is your choice.

Simple enough, but when you want to have sex with others, having their consent is the difference between ‘having a good time’ or potentially ‘doing time’. England and Wales law prescribes when people cannot give consent, for example when they are intoxicated, asleep or lack capacity.

But what if your mental capacity fluctuates due to dementia and/or you live in a care home?

Where is the balance between your Human Right for intimacy and keeping you safe when you have dementia (Peisah et al, 2021)?

The current legal situation is thorny. Criminal and civil law are not aligned. The Sexual Offences Act 2003 stipulates the need for contemporaneous and capacious consent to sexual acts, while at the same time Article 8 of the European Convention on Human Rights provides a right to respect for one’s “private and family life, his home”. Meanwhile, the Mental Capacity Act 2005 both safeguards people with reduced capacity, yet allows for unwise decisions, and prohibits making sexual decisions on another’s behalf.

Ultimately, the Court of Protection decides whether someone has the capacity to consent to sex, when there is doubt.

Recently it tightened its criteria (EWCA/Civ/2020): not only must the person be able to convey what sex is and the possible consequences (CQC, 2019), they also must be able to ‘read’ whether the other person is consenting to their sexual actions.

Though the law protects for the right reasons, it may feel grossly unfair to penalise the partner or restrict the person with dementia who may have been enjoying intimacy as part of their loving relationship, possibly even established long before the dementia diagnosis. Moreover, a continued affectionate relationship may improve carer’s stress levels and positively impacts on wellbeing (Fitzpatrick and Haase, 2010).

This is where the suggestion of the Advanced Intimate Directive may provide a solution. What if you can indicate upfront how important intimacy is and whether you would like to engage in the eventuality that you lose the ability to consent according to traditional law (Sorinmade, 2020)?

Because the progression of dementia is a path with many unexpected challenges, being criminalised for what should otherwise be a positive and natural act, would be another unwelcome one. Besides, living your life as you please is a human right that is quickly at risk of dwindling once diagnosed. It is therefore important to honour personal choice and wellbeing on things that give pleasure.

However, there can be a fine line between pain and pleasure. Even if it became possible to pre-consent once your mental ability is impacted how can it be ensured that no harm is done?

Raising these dilemmas publicly is a healthy step towards the discussion on what is morally and legally right, though it is not likely that there will be easy answers.

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Photo by Freddy Kearney on Unsplash

Later life sexuality and intimacy in BAME communities: the definition of a non-starter

Jackie Marshall Cyrus

I loathe the acronym BAME and what it stands for, and I am not alone in that assertion. Nadine Morris, Deputy Editor of the Metro, most accurately described the categorisation of Black, Asian, and Minority Ethnic groups (BAME) as “a lazy homogenisation of all non-white groups, and the erasure of individual struggles”[1]. A Report by the Independent Commission on Race and Ethnic Disparities,[2] launched by Boris Johnson after the Black Lives Matter protests last July, recommended scrapping the label as one of its ‘key proposals’. The commission identified the term BAME as ‘unhelpful and redundant’ and should no longer be used by public bodies and companies. The Sir Lenny Henry Centre for Media Diversity Industry report[3] was unflinching in its recommendations that the term BAME should never be used verbally and strongly recommended against its use in writing.

Transformational change around sexuality and intimacy in later life has to be relational, around people’s stories and their narratives. Therefore, to address the subject of sexuality and intimacy in the context of BAME would be a retrograde step, serving only to dismiss the rich and complex lived experiences of individually distinct groups of non-white peoples in the UK, including my own.

It is important to establish that the Black ethnic group is not homogenous. Neither is the Asian ethnic group. Black Caribbean culture and identities differ distinctly from that of Black Africans and Black Americans.

The Black diaspora is plagued with deeply rooted and enduring racial narratives and stereotypes about Black sexuality. The Black male is stereotyped as sexually ravenous, well-endowed, promiscuous with violent sexual prowess. The racial narratives use animalistic terminology to describe his sexual being, e.g, big buck, beast, bull, and stud. During sex he is ‘breeding’, ‘stabbing’, ‘ramming’, and ‘destroying’ his partner. The Black female fares no better. The dominant stereotype is one of sinful hypersexuality, animality, and raunchiness. Story (2010) [4] claimed the imagery surrounding Black female bodies was and is both erotic and propagandistic. Her claim is not outdated as I have had many a White male whisper into my ear, “I hear Black women are very good”, and “Once you go Black you don’t go back”. It gets even cruder on internet forums where Black women’s genitalia are mocked as looking “like medium rare beef”. Sarah Baartman[5] forever stands as a symbol of the objectification of the Black female body.

As a Black Caribbean woman on the threshold of my 6th decade of life, I grapple with multiple jeopardies. I will continue to face systematic racism, homogenisation as

BAME, sexism, sexual stereotyping, and ageism. However, ageism undoubtedly poses the greatest threat to my ability to enjoy sexuality and intimacy as I advance in years. It echoes so many of my experiences of racism but, no other form of discrimination has the power to render me an asexual human being. We are looking at the same horizon and we must approach it by asking deeper questions, asking questions people are afraid to ask, and educating wherever and whenever we need to.

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[4] Story, K.A. 2010 Racing sex – Sexing race: The invention of the Black feminine body. In *Imagining the Black Female Body*, edited by C.E. Henderson, 23-43. New York: Palgrave Macmillan.

[5] Sarah Baartman, a.k.a. Hottentot Venus, was a South African woman who, due to her large buttocks, was exhibited in a freak show during the 19th century in Europe.

Older LGBTQ People, Sex and Intimacy

Dr Paul Simpson

Older people identifying as lesbian, gay, bisexual, trans or queer/questioning (LGBTQ) face additional challenges concerning sex and intimacy rights in care contexts that are distinct from those facing older people who are heterosexual and cisgender (happy with the gender given at birth).

Specifically, older LGBTQ individuals can find their opportunities for sexual pleasure and intimacy constrained by the 'double jeopardy' of ageism (that discounts them as valid sexual/intimate beings), which is 'multiplied' by or combined with homo-/bi-/transphobia (Simpson et al, 2018a). Like their heterosexual and cisgender peers, older LGBTQ people may be seen as sexless or 'post-sexual' but they can also find that their sexuality and/or gender goes unrecognised and is thus denied in care settings as well as in their personal lives. Even if sex in later life is seen as health- and life-enhancing, LGBTQ people can be discounted as the 'wrong' or abnormal kind of older sexual being (Hafford-Letchfield et al, 2017). Further, any sexual/intimate past can be wrongly presumed to have been a heterosexual, cisgendered one. Indeed, research evidence has consistently shown that LGBTQ people can feel pressured to go back into the closet when in care (Simpson et al, 2018b). Even when living independently, LGBTQ people can still feel reluctant to inform health and care professionals of their sexual/gender differences (Willis et al, 2018).

Given the above factors, carers need to be aware of the complexities of identity where being older intersects with being L, G, B, T or Q. Indeed, ageing/later life itself is differentiated. There are clear differences between what is needed to support the sex/intimacy needs of a sixty-year-old (bisexual) man needing services to maintain living independently and an eighty-year-old (trans) woman needing to live in a care home. Consideration of such differences should alert carers to factor in the differences between LGBTQ people but they also need to be aware of differences within these individual labels. Consider, for instance, the different sexual and intimacy needs - and across varying care contexts - of an older black or Asian, working-class, lesbian and an older middle-class, white lesbian. Carers, then, need to be aware that identities are multiple and enmeshed, given that they combine being old(er), with being black, lesbian, transgender, working-class and so on.

Essentially, the take-home message here is that service providers should avoid approaches to care that claim to treat service users 'all the same' when such an approach effectively means treating LGBTQ people as if they are cisgender-heterosexual (Simpson et al, 2018b). Given the differences already dealisation of care is particularly urgent and so too are genuinely holistic and inclusive care assessments that avoid the universal presumption of heterosexuality and cisgender status



(Simpson et al, 2018c). In readiness for a post-COVID-19 world, a curriculum designed to help support the sexuality and intimacy needs of older care home residents has been devised by the Older People's Understandings of Sexuality (OPUS) Research Group (see also the section in this article on care homes), which could be used in or adapted across care settings. The resource is called, Let's Talk about the S-Work 'Let's Talk About the S Word' and the link is provided: <https://medicinehealth.leeds.ac.uk/dir-record/research-projects/1132/let-s-talk-about-the-s-word-developing-an-interactive-training-resource-to-engage-and-meet-the-sexuality-and-intimacy-needs-of-care-home-residents>.

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The Forbidden, the Hidden and the politics of older sex workers, and pornography in Later Life

Dr Mervyn Eastman

It is rare to find in the literature of gerontology, social work, health and social care much reference to older adults engaged in prostitution and/or pornography. Can it be that generally professionals are too shy, or is it too judgmental and politically correct to confront the fact that regardless of age, gender or sexual orientation the over 50's (God forbid those in their 80's or 90's) should actually engage or be interested in such basic 'immoral' behaviour?

Here's a fact or two: many older adults continue to provide sexual services, be that prostitution, escorting, or be interested or actually engaged in hard core pornography. The 'Grab a Granny' evening out is very popular for those older women who find flirting or sexual intercourse, mainly with young males, a far better option than a night in watching television or reading a book – depending, I suppose, on what they are watching or reading.

Jennifer Souness, a former escort agency owner was once asked what happens to prostitutes as they get older or nobody wants to book them? Her response was that they retire or look for another job but makes the point that sex workers do not really have a sell by date. In fact she says "many sex workers get better with age" (Souness J., *Dear Jennifer: What happens to aging sex workers*, Life and Style: The Guardian, June 2018)

See also: Fokkens L & M *Travelling with the Fokkens*. Bertram & de Leeves 2012)

Chiu Joanna. Canada's Co-operative Brothels: Herijons Magazine – joannachiu.wordpress.com/2011/01/29/are-co-op-brothels-the-answer

Price Joan. *Naked at Our Age Sensuality for Hire* chapter 17. p291 Seal Press 2011

"Is pornography a crime, a sin, a vice or a choice"? asks Shira Tarrant adding that "it cuts to the heart of sexual pleasure, sexual danger, censorship' coercion and personal agency" Add into the mix systemic ageism, then no wonder attitudes to ageing older adults and their engagement with pornography is so little researched. The failure to include in the context of sex education and well being, let alone in residential and nursing care, day centres and Forums, presumes that such conversations do not take place between attendees or patients whilst the professionals are out of earshot!

Hard core pornography is not only a psychological valence issue but also a politically positional one (Tarrent S. *The Pornography Industry* Oxford University Press. 2016. pp 9–10)

In researching this topic I checked out Twitter accounts and those related to age and aging were numerous with 1000's upon 1000's of Followers. Every aspect or sexual preference was catered for which re enforces the need for not just further research but challenges assumptions, hesitation and denial of professionals which is shameful. The rejection of sexual activity, however defined is and remains in the control of each and every one of us. It is an individual and public health issue. It is about the risk of addiction, fractured relationships and physical and mental well being where sexual activity is a factor. It has to be free from moral judgement.

See also: Weeks J. *Sex, Politics and Society*. Pearson 2012 p29, 324, 329

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Could Digital Technology enhance Sexual Wellbeing in Later Life?

Shirley Ayres

As Professor Stephen Hawking has stated: “*Technology is a vital part of human existence. They show us that the right tools, in the right hands, can help everyone, regardless of our frailties, to achieve our true potential and advance as a civilisation.*”

Describing older adults dismissively as ‘the elderly’ has allowed the sexual health and wellbeing needs of three generations of adults with very diverse life experiences, expectations and aspirations to go unrecognised. The subject of sexuality in older people remains largely taboo in many cultures even though older people the world over are known to have sexual desires and to engage in sexual activity.

The lack of representation of older adults in sexual scenarios suggests (incorrectly) that older people have lost their interest in sex. All adults, irrespective of their age, should have the right and opportunities to enjoy a satisfying and fulfilling sex life. Understanding how sexual responses and feelings change as you grow older is an important part of healthy ageing. Sex and intimacy are part of a healthy diet just like fruit, vegetables, sleep and exercise.

There are currently almost 12 million people aged 65 and it is estimated that by 2036, one in four of the population will be over 65. This will require radically different approaches across society including assumptions about sexuality, intimacy and wellbeing in later life.

Technology has had an impact and influence on all of our lives. Digital technology offers powerful tools to enable us to access information, advice, support and to build a sense of belonging and community. However there are a number of challenges which need to be overcome before we can recognize the value and benefits of technology in this intimate area of our lives.

The reliance on technology during the c o v i d -19 pandemic has highlighted the ‘digital divide’ across generations. It is important that we consider those who are unable to access technology as well as those that have access but continue to experience barriers to using the internet.

Research shows that older adults may find it difficult to discuss sexual health and difficulties with healthcare professionals. Assumptions and stereotypes about ageing do not foster an appreciation that people of every age can have health, psychosexual or relationship problems and these can interact and impact upon physical difficulties. These can include the impact of diabetes, heart attacks, disability, strokes, and prostate cancer. A medical condition or disability should not limit your ability to pleasure yourself or enjoy a great sex life.

A **Cochrane** review in 2017 revealed the lack of relevant and reliable evidence for those experiencing sexual difficulties associated with chronic health conditions and treatments and in response launched the #theproblemwithsex blog campaign to address this.

uk.cochrane.org/problem-sex

The Sexual Advice Association have produced the free Sexual Management, Advice, Resources and Tips (SMART) app designed to allow men and women to ask the questions about their sex lives that they didn't feel comfortable asking before.

sexualadviceassociation.co.uk

Sex technology, also called sextech is defined as any technology designed to enhance, innovate and disrupt in every area of human sexuality and human sexual experience. It encompasses the wide range of new technologies that aim to enhance our experience of sex. Sextech includes WiFi-enabled sex toys, wearable devices, virtual reality and robots.

The idea of sex robots is controversial and concerns about privacy and consent are hotly debated. Whatever your views with the launch of the world's first AI sex robot the sextech market is becoming ever more profitable and sophisticated. A thoughtful and detailed exploration of the human sexual condition and how it may be affected by the emergence of mechanical sex partners is explored in Kate Devlin's book *Turned On: Science, Sex and Robots*.

Given the importance of satisfying sexual relationships to our wellbeing at any age it is encouraging and exciting to see the increasing number of sextech resources available.

Growing older is not about the quantity of years you have left but the quality of your life during this time. If we want older adults to be more excited about growing older the longevity industry needs to focus on the potential benefits of technology to improve the lives of older adults in the areas of sex, intimacy and sexual wellbeing.

Disability Horizons TV — sex, body image and disability representation

www.youtube.com/watch?v=5UBKw4oigNs

The Problem with Sex blog (Cochrane 2017)

uk.cochrane.org/problem-sex

What is sextech and why is everyone ignoring it? (Gallop C 2021)

www.hottopics.ht/14192/what-is-sextech-and-why-is-everyone-ignoring-it

Turned On: Science, Sex and Robots (Devlin K 2018)

www.drkatedevlin.com

The race to build the world's first sex robot: Guardian (27/04/2017)

www.theguardian.com/technology/2017/apr/27/race-to-build-world-first-sex-robot

Further Resources

Age of Love addresses the prejudice and discrimination that older adults can experience around intimate relationships and sex.

ageoflove.org

Age, Sex and You is dedicated solely to ageing, sexual health and sexual well-being with the aim of promoting better sexual health in older adults.

agesexandyou.com

Alzheimer Europe has published a discussion paper *Sex, gender and sexuality in the context of dementia* and prepared guidelines for the ethical consideration of supporting people to maintain an intimate life even after they have begun to live with dementia.

alzheimer-europe.org

June Andrews is a dementia specialist adviser, writer and broadcaster, and professor of dementia studies. In her recently published book *Carers and Caring* she highlights the issue of ensuring that older adults remain entitled to access to sexual intimacy.

As June stated in a recent Times article *Don't let age or dementia steal the right to a sex life* going into care should not mean the end to intimacy.

juneandrews.net

CochraneUK aim to improve health by promoting high quality research evidence by patients, healthcare professionals and those who organize and fund healthcare services, Cochrane reviews reveal the lack of evidence for those experiencing sexual difficulties associated with chronic health conditions and treatments. #Theproblemwithsex blog campaign was launched in 2017 to explore what helps and hinders communication between people experiencing sexual difficulties and professionals.

uk.cochrane.org/problem-sex

Macmillan Cancer Support provides specialist health care, information and financial support to people affected by cancer. It also looks at the social, emotional and practical impact cancer can have, and campaigns for better cancer care. The charity have published *Cancer and your sex life* which explores how cancer and its treatment can affect your sex life.

<https://www.macmillan.org.uk/cancer-information-and-support>

OPUS *Sexuality and intimacy in care homes for older people: work of Older People's Understandings of Sexuality*. OPUS is a trans-disciplinary research group that has published on the challenges and opportunities in meeting residents' needs concerning sex, sexual identification and intimacy.

www.youtube.com/watch?v=RofvCbiPLXw

Joan Price is an 'advocate for ageless sexuality' and the author of *Better Than I Ever Expected: Straight Talk about Sex After Sixty*, *Naked at Our Age: Talking Out Loud about Senior Sex* and *The Ultimate Guide to Sex After 50: How to Maintain or Regain a Spicy, Satisfying Sex Life*. She has reviewed over 100 sex toys from the senior perspective

and co-produced *Jessica Drake's Guide to Wicked Sex: Senior Sex Edition*, an explicit educational film about how sex changes and how to remain 'sexually zesty lifelong'.
joanprice.com

Prostrate Cancer UK Many men with prostate cancer say that changes to their sex life are the biggest issue they have to deal with. The charity have produced *Prostate cancer and your sex life* which explains how prostate cancer and its treatment can affect your sex life, how you feel about yourself and any relationships you have. It explains the treatment and support available.

prostatecanceruk.org/about-us/news-and-views/2013/2/prostate-cancer-and-sex-it-s-time-we-all-talked-about-it

Royal College of Nursing *Older People in Care Homes: Sex, Sexuality and Intimate Relationships*. This guidance has been developed to help nurses and care staff work effectively with issues of sexuality, intimate relationships, sexual expression and sex, particularly people living in care homes. Its aim is to facilitate learning, support best practice and serve as a resource to help nurses and care staff address the needs of older service users in a professional, sensitive, legal and practical way.

www.rcn.org.uk/professional-development/publications/pub-007126

The Sexual Advice Association is a charity created to help improve the sexual health and wellbeing of men and women, and to raise awareness of the extent to which sexual conditions affect the general population. They offer a number of free downloadable booklets for individuals and health professionals about sex and how it relates to health issues including heart disease, diabetes, smoking and getting older.

sexualadviceassociation.co.uk

The Sex and Intimacy in Later Life Forum is a UK wide Forum comprising academics, service providers, campaigning/voluntary organisations and supporting older adults. SILFF seeks to create a model that encourages the development of age-inclusive sexual health services whether in primary and secondary health care and recognises the need for research to address the specific issues faced by faith and BAME communities.

sexintimacylaterlifeforum.wordpress.com

SH:24 is a free online sexual health service, delivered in partnership with the NHS. Depending on where you live you can access free test kits for the four most common sexually transmitted infections (STIs) Information and advice is available 24 hours a day and the service is quick, discreet and completely confidential.

sh24.org.uk

United States National Institute on Aging website has a section on Sexuality in Later Life which provides a range of useful information including what causes sexual problems and safe sex in later life.

www.nia.nih.gov/health/sexuality-later-life

We-Vibe, a Us company have produced an informative series of videos featuring older, sexually active people and international experts discussing how ageing affects sex.

www.we-vibe.com/us/silversex



Conclusions

Dawne Garrett

This paper has taken us on a journey from the enduring social mores of the past to the cyber future of sexbots. It has been underpinned by curiosity and challenge inviting healthcare professionals to think about their assumptions, to research the evidence and most importantly to uphold sexual rights as we would with any other human right.

Whilst we recognise the entrenched ageism in society our role in promoting health, sexual health, in all its forms has never been more important.

If older people are experiencing true equality as empowered adults, we have to consider the needs of those who have issues related to capacity and consent. However, this is true of all those we work with, from the 16 year old experiencing their first sexual encounter to middle aged individuals in unhealthy relationships and people who experience discrimination because of their sexuality.

If we have learnt anything from this discussion, it is that sexual activity or non-activity is diverse and it is interesting. Sexual intimacy is important and the things that are important to the people we serve should be important to us. We have an opportunity to understand it more, to discuss it further and above all to remember sexuality is healthy.

Contributors

Dr Dawne Garrett has committed her nursing career to working with older people through a variety of clinical, academic and entrepreneurial roles. Her experience has spanned acute hospital care, community nursing, integrated services and academic roles. Dawne also undertook a variety of early advanced practice and lecturer practitioner posts working with academic institutions, developing clinical practice, lecturing students and undertaking research. Dawne completed a PhD as a Florence Nightingale Scholar, researching older people's experiences of sexual intimacy. She has been the United Kingdom professional lead older people and dementia care for the Royal College of Nursing for the last six years and maintains a clinical role and publishes widely.

Dr Sharron Hinchliff is Reader in Psychology and Health at the Division of Nursing and Midwifery, University of Sheffield, where she leads the ageing, gender, and sexual health/sexual well-being programme of research. She has a PhD and a BSc (Hons) in Psychology. Sharron has worked in the area of sexual and reproductive health since 2001 and has a particular interest in middle and older age. She draws on insights from psychology to better understand, and ultimately improve, health and healthcare. Her work is underpinned by a sexual rights approach. For more information about Sharron's work visit her website sharronhinchliff.com or Twitter @DrSharronH

Jackie Marshall-Cyrus is the Director of Jackie Marshall-Cyrus & Associates Ltd, an Independent Consultancy supporting entrepreneurs and companies to develop innovative age-related healthcare and independent living products, services, and systems. Formerly Lead Specialist at Innovate UK she designed and led their first academic competition 'Social and Behavioural Studies' and their first design-centred collaboration with the Design Council 'Independence Matters: Design & Technology Improving Quality of Life'. Jackie was a chief architect of DALLAS, the largest assisted living demonstrator project in the world. Her penchant for disruptive innovation led her to design The Long-Term Care Revolution SBRI Challenge, one of Innovate UK's highest grossing challenge-led innovation competitions in 2013. Jackie is an RGN, Nurse Teacher, and Fellow of the Royal Society of Arts. She holds a BSc First Class degree in nursing and a Masters' degree in Education. Her research interests include the sexuality of older adults and transcultural nursing education.

Dr Jane Youell is a Chartered Psychologist, Churchill Fellow, freelance consultant and Research Fellow. Jane's research interests are focused on sexuality, intimacy and dementia. She currently holds an Honorary Title with the University of Leeds. Her Churchill Fellowship focused on LGBTI+ inclusive older peoples services. Jane has recently (2021) completed a project at the University of Leeds which developed an online training resource for care home staff to support the sexual, intimacy and relational needs of residents.

Esther Wiskerke has worked over 14 years in Social Care, managing a service that specialises in meeting the needs of people who experience complex behavioural psychological symptoms of dementia (BPSD's). Following the publication of her MSc in Advanced Care in Dementia's research, she specialises in managing sexuality in a care setting via writing, speaking, and training workshops. She is also a member of an International Think Tank on Sexuality, Dementia and Human Rights. In spring 2021, she founded Symbiosia (a Community Interest Company symbiosia.org.uk), which proposes to reimagine the current UK's residential nursing care model.

Dr Paul Simpson is a sociologist who has lectured in several universities in Northwest England, including the University of Manchester. He has published extensively on gay men and ageing, including a book (2015) on this subject plus many academic journal articles on LGBTQ ageing. He is also editor-in-chief of a book series, Sex and Intimacy in Later Life (Policy Press). Paul has co-edited and contributed to two edited volumes in this series, *Sex and intimacy in Later Life: Critical Perspectives* and *Desexualisation: the Limits of Sex and Intimacy in Later Life* (both published in 2021).

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