



Staying Connected

SEXUAL WELLNESS IN LATER LIFE

Ground Rules

- ▶ There are no stupid questions
 - ▶ Please remember that I am not medically trained
- ▶ This will be safe for work
 - ▶ Instructions are available with trained professionals / online
- ▶ We will reserve judgement and infer best intentions
- ▶ Every person is different, so goals and care preferences may vary

Addressing broader questions

- ▶ Why do people have sex?
 - ▶ More reasons than you think
- ▶ How is that different than sexuality?
 - ▶ Covers biological sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction [WHO, 2018]
- ▶ What does this have to do with wellness?
 - ▶ Misalignment can impact both mind and body, which impact each other
- ▶ Will this presentation be relevant forever?
 - ▶ Nope.
 - ▶ Every generation is unique in its advancements and complications
 - ▶ Some concepts will be useful as you inevitably grow older, though

Establishing a Baseline

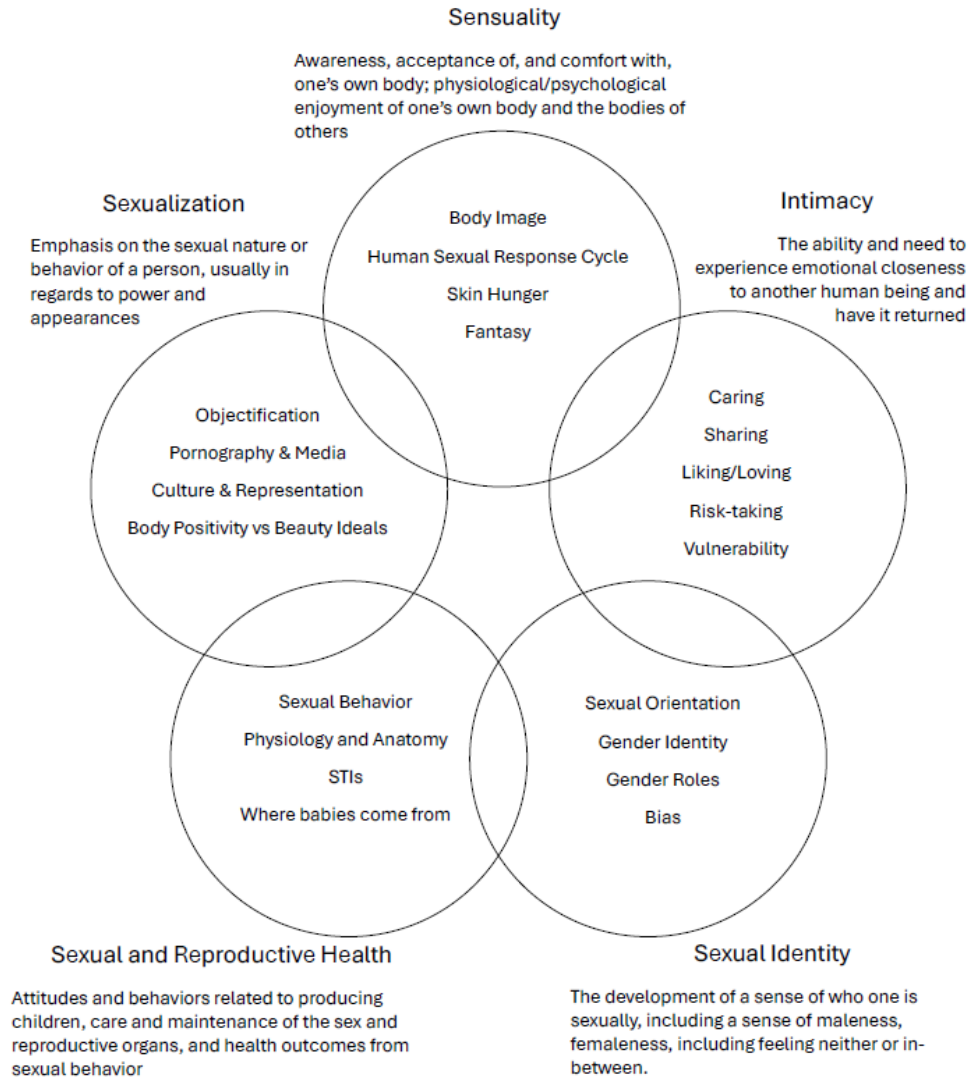
- ▶ Research shows that sexuality persists as a core aspect well into later life
 - ▶ This is consistent in diverse sexes and orientations [Flynn et al. 2016]
- ▶ Aging impacts sexual functioning and pleasure [NIH:NIA 2022]
- ▶ American culture stigmatizes sexuality in older adults
 - ▶ Stigma has broad impacts on individual expression and wellbeing
- ▶ Older adults with fewer sexual experiences report [Jackson et al 2019]:
 - ▶ Lower reported quality of life
 - ▶ Higher number of depressive symptoms

What is sexual health?

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” [WHO, 2006]

A fundamental human right

Circles of Sexuality



Physicality

Concerns

- ▶ Intimacy
 - ▶ ED / Menopause
 - ▶ Leaking
 - ▶ Self-image
- ▶ Pleasure
 - ▶ Limitations of the body
 - ▶ Arthritis
 - ▶ Diabetes
 - ▶ Cardiac health
 - ▶ Normal effects of aging
 - ▶ Thinning of skin/tissues
 - ▶ Hormonal changes
 - ▶ Decline in sensitivity

Solutions

- ▶ Penetrative sex is rarely the end-all, be-all
 - ▶ Branch out; try new things
 - ▶ Rewrite the script
- ▶ Honesty
 - ▶ With yourself, your body, and your partner(s)
- ▶ Lube
- ▶ Less strenuous positions and duration of activities
- ▶ Working with your care team
- ▶ Medical interventions

STIs

- ▶ Rates are going up
 - ▶ Lack of communication
 - ▶ Doctors & Patients
 - ▶ Lack of education
 - ▶ Lack of condoms
 - ▶ Viagra

5-Year Change in STI Rates, By Age Group (2018-2022)

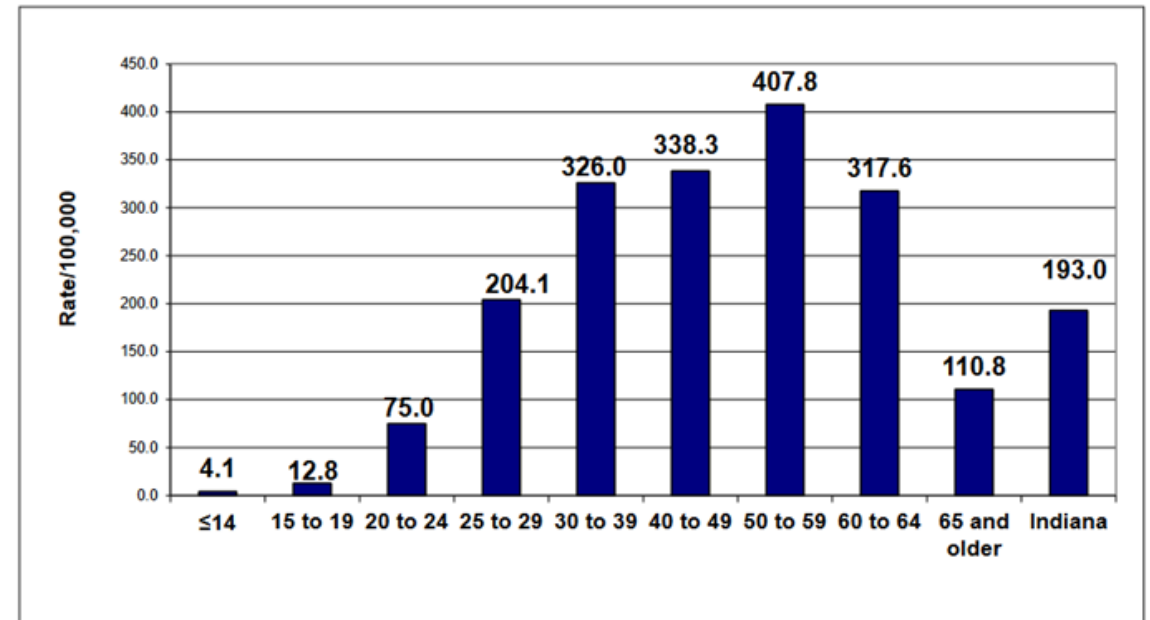
Age group	Chlamydia	Gonorrhea	Syphilis
15-19	-19%	0%	36%
20-24	-14%	-2%	35%
25-29	-3%	4%	52%
30-34	10%	22%	82%
35-39	14%	26%	86%
40-44	21%	31%	86%
45-54	17%	17%	49%
55+a	32%	22%	54%

Source: Centers for Disease Control and Prevention. NCHHSTP AtlasPlus.

Aging with HIV

- ▶ Advancements in HIV treatment
 - ▶ People living with HIV are getting older
 - ▶ U=U
 - ▶ Maintaining a low viral load eliminates chance of sexual transmission

Prevalence Rates of Persons Living with HIV/AIDS by Age, 2021



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas. 2021. *HIV Surveillance Report* 2023;34.

Psychological

Concerns

- ▶ Depression / Ennui
- ▶ Anxiety
- ▶ Stigma / Shame
- ▶ Traumatic loss and grief

Solutions

- ▶ Socializing
- ▶ Play
- ▶ Activities that inspire purpose
- ▶ Recontextualize what age brings
 - ▶ Experience
 - ▶ Wisdom
 - ▶ Sexual diversity
- ▶ Therapy and Counselling

Sociocultural

- ▶ Loneliness and social isolation
 - ▶ Dating apps
- ▶ Acceptability
- ▶ Desirability
 - ▶ Sexy = youth, physical attractiveness, external comparisons
- ▶ Attitudes towards behavior
- ▶ Roles of adult children

Sociocultural

Stereotypes

- ▶ Older adults are seen as:
 - ▶ Asexual
 - ▶ Feeble
 - ▶ Mentally declining
 - ▶ Out of touch
- ▶ Fueled by media and culture, which shapes public perception

Stigma

- ▶ Ageism
 - ▶ Medical
 - ▶ “Successful aging” vs “Positive aging”
 - ▶ Stereotypes feed into bias
 - ▶ “Boomer” (derogatory)
- ▶ Internalized shame
 - ▶ Feeling unattractive, unworthy, and dismissed
 - ▶ Overlooking positive qualities for negative perceptions
 - ▶ This influences behavior, which influences self-image, and so on

Ethics, Human Rights, and Cognitive Decline

- ▶ Alzheimer's / Dementia / Stroke
 - ▶ Changes in expression and perception of sexual and intimacy needs
- ▶ Solutions include:
 - ▶ Sexuality Assessment Tool (SexAT)
 - ▶ Support from clinical professionals for partners and family
 - ▶ Advance Decisions on Intimacy (ADI)

TABLE 1. Human Rights-Driven Approach to Sexuality in Dementia: A Guide for Health Professionals^{3,37,38}

- 1 What are the systemic and family factors contributing to the referral?
 - a Is there good reason to rebut the presumption of capacity for all adults? Does the sexual expression warrant assessment and intrusion on the person's privacy and rights due to harm or abuse?
 - b Do family and staff understand sexuality and the needs and rights of the person?
- 2 If assessment warranted, consider each partner in the relationship in regards to:
 - a Causes of behavior: neurodegenerative/ cognitive; needs based (e.g., intimacy, sexuality) and drives (disinhibition, aggression);
 - b Capacity (Do they understand the nature and consequences of sex)
 - i Nature:-
 - 1 Do they understand what sex is?
 - 2 Do they understand who the partner is?
 - ii Consequences
 - 1 Do they understand what the consequences of sexual activity are, if there are any (e.g. genital trauma/itch etc.)?
 - 2 Can they advocate for their interests, say "No" when they want to;
 - 3 Can they understand and respond appropriately when the partner says "No"
 - c Harm, risk or abuse
 - i Is there inequity in age, cognition or power?
 - ii Is there evidence of protest, resistance or coercion? NB. Accession or assent is NOT consent.
 - iii Is there evidence of pleasure?
 - iv Is there evidence of harm or injury: physical (e.g. bruising, bite marks) or psychological. Consider in nonverbal, dysphasic or apathetic patients other signs such as behavioral change after conjugal visits, increased agitation, behavioral psychological symptoms of dementia, sleep or appetite disturbance?
- 3 To intervene or not: Use positive risk management, or risk enablement approach.³⁹ Use nonpharmacological measures involving needs satisfaction, access and distraction first where possible. Reserve medication use for harm and intractable predatory behavior.

Any clinician applying this guide must have regard to the law in their own jurisdiction.

What can you do?

▶ If you're older:

- ▶ Social norms are malleable
 - ▶ Live how you want (within reason)
 - ▶ Find liberation from the shackles of public perception
- ▶ Support groups
 - ▶ Socialize, meet people, find comfort
- ▶ Therapy/Counseling
 - ▶ Work through trauma, loss, shame
- ▶ Talk with your care team about your needs
 - ▶ Overcoming discomfort for your overall wellness

▶ If you're younger:

- ▶ Critically examine held beliefs
- ▶ Be compassionate
 - ▶ Simple differences in generations are not sufficient for animosity
- ▶ Check on older adults in your life
 - ▶ (personal boundaries may apply)

Recommended Resources

- ▶ Bloomington Center for Connection
 - ▶ www.bloomingtoncenterforconnection.org/
- ▶ SAGE: LGBTQ Resource Group
 - ▶ sageusa.org
- ▶ Council for Relationships: Older Adult Program
 - ▶ councilforrelationships.org/oap/

Thank you for your time!

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Sources:

- ▶ Decline in sexuality and wellbeing in older adults: A population-based study
 - ▶ Jackson, S. et al; Journal of Affective Disorders 245 (2019) 912-917
- ▶ Sexuality and aging: Is it time for a new sexual revolution?
 - ▶ Curley, C., Johnson, B.; Social Science & Medicine 301 (2022)
- ▶ National Institute of Aging [NIA]; Division of the National Institute of Health [NIH]
 - ▶ nia.nih.gov/health/sexuality Accessed 09/2025
- ▶ The Senior List: STIs in Older Adults (2024)
 - ▶ <https://www.theseniorlist.com/sti-older-americans/> Accessed 9/2025
- ▶ Sexuality and the Human Rights of Persons with Dementia
 - ▶ Peisah, C. et al; Am J of Geriatric Psychiatry (2021)