

# Intimacy and Sexual Activity in Senior Living

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“They do not reside in our workplace. We work in their home!” This expression relates to residents living within various senior care organizations, including nursing homes, long-term care facilities, assisted living, and memory care communities. These residents might include older adults as well as younger individuals (e.g., people suffering from chronic conditions, behavioral health diagnoses, or acute traumatic injuries).

The expression is key to promoting residents’ rights in various facets of life, including intimacy and sexual activity. Yet, senior care residents can be vulnerable, and a fine line exists between consent and potential abuse and assault. Senior care providers face the complex challenge of promoting autonomy in decision-making regarding participation in sexual activities, while also maintaining safety for each resident.

Striking the right balance requires awareness, education, and consistent application of policies and procedures. Below are some essential guidelines that senior care organizations should consider to create an independent — yet safe — living environment.

## Code of Conduct and Communication

Senior care organizations should have policies addressing code of conduct for staff as well as for residents and family members. The code of conduct or rules of the community should require each resident to comply for the safety and well-being of other residents, staff, and visitors. The code or rules should specify appropriate public versus private behavior, attire, displays of affection, innuendoes, sexual humor, etc.

Communication about the code of conduct and rules is critical to ensure awareness and understanding. Communication should take place with residents and family members upon admission. Policies should be included in the discussion as well as consideration for each

resident's preferences of whether or not to participate in sexual relationships. In addition, information can be reinforced by including policy reminders and/or open discussion of sexually related issues during town hall meetings with residents and families.

## **Staff Training and Resident Awareness**

Staff training is crucial for quick and professional management of awkward situations. Staff members should be aware of the cognitive status of each resident and whether they have communicated their sexual participation preferences. In addition to admission discussions, this information can be ascertained through routine resident assessments.

Residents who wish to participate in sexual activities should be aware of locations to exercise their rights and how to maintain privacy during active participation. For example, the organization might want to clarify public vs. private spaces and offer appropriate signage (e.g., do not disturb). Staff should respect those times and boundaries when residents may want to engage in sexual activities.

## **Consensual and Nonconsensual Situations**

Should a staff member encounter a sexual situation between residents, having prior knowledge of each resident's preference and their cognitive status will enable that staff member to quickly apply the appropriate response. For example, if two residents are demonstrating affection toward each other in a public space, the staff member can remind them to relocate to a private area.

Conversely, if the staff member is aware that one or both residents does not want or have the cognitive capacity to engage in sexual activities, they can intervene and determine what further action or response is appropriate based on the situation and the individuals involved. Senior care organizations should provide education about the types of situations staff members might encounter and how to address them.

Additionally, if a situation occurs that is abusive (e.g., sexual assault or coercion), organizations should have processes in place to quickly summon assistance, remove the perpetrator, and protect the vulnerable resident. Protective measures should be implemented immediately and remain in place until the perpetrator is no longer able to access the vulnerable resident. All of

this should be thoroughly documented, and all staff members should be made aware of the situation.

If the perpetrator was a visitor, they should be immediately and permanently removed from the premises; the organization also should file a complaint with local law enforcement. If the perpetrator is another resident, the senior care organization should carefully review what resources are available (e.g., transfer to local facilities, etc.) and what policies it has to address this situation. Some organizations may have the resident transferred to a behavioral health center or other senior care community equipped to manage sexual behaviors. Other senior care organizations may have a secured unit with an adequate number of trained staff to manage sexual behaviors. In either case, it is vital that communication occurs with the resident, family, and healthcare providers at the time of the sexual assault. The organization also may need to report the incident to local and state agencies.

Another related topic to address as part of intimacy and sexual activity training and awareness involves situations in which residents are engaging in self-gratification. Residents should be aware of the appropriate locations where they can engage in that activity along with barriers to maintain their privacy. For residents who continually violate the policies, each instance should be documented along with staff and leadership response, notifications to family and medical providers, and any measures implemented to mitigate future occurrences.

## In Summary

Residents' preferences and autonomy regarding sexual activity participation and nonparticipation are important aspects to address in senior living. Communities that proactively develop policies, engage in open communication with residents and families, and train staff in routine assessment of resident cognition as well as their consensual preference will enable staff to provide appropriate and timely responses. These in turn will help to mitigate allegations of resident rights violations along with medical malpractice and potential criminal claims of abuse and assault.

## Resources

- [Aging Well: Sexuality in Nursing Homes: Preserving Rights, Promoting Well-Being](#)
- [AMA Journal of Ethics: Ethics and Intimate Sexual Activity in Long-Term Care](#)

- [Hebrew Home at Riverdale: Administrative Policy and Procedure Manual – Resident Sexual Expression](#)
- [Journal of Applied Gerontology: Negotiating the Lack of Intimacy in Assisted Living: Resident Desires, Barriers, and Strategies](#)
- [Pennsylvania Record: Default Judgment May Occur in Suit from Woman with Dementia Who Suffered Alleged Sexual Assault](#)
- [Sexual Research & Social Policy: Sexuality and Intimacy in Assisted Living: Residents' Perspectives and Experiences](#)
- [State of Wisconsin Board on Aging and Long Term Care Ombudsman Program: Sexuality & Intimacy in Long-Term Care Facilities](#)
- [Verywell Health: Sex Among Residents in Nursing Homes Increasing](#)

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