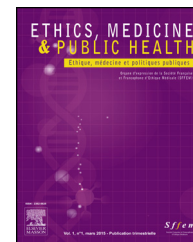




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# Intimate relationships between older people in institutional settings: Ageism, protection or fear?



*Personnes âgées et relations intimes en milieu institutionnel : âgisme, protection ou peur ?*

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## KEYWORDS

Sexuality;  
Intimate relationships;  
Older people;  
Residential care;  
Care home;  
Human rights

## Summary

*Objectives.* – To clarify the implications of human rights for older people within institutional settings wishing to continue or to develop intimate relationships. To identify key issues facing practitioners responding to intimate relationships in residential settings. To emphasise the importance of avoiding assumptions based on stereotypical views of older people.

*Equipment and methods.* – A review of the literature and the law on intimate relationships between older people in residential settings.

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## MOTS CLÉS

Sexualité ;  
Relations intimes ;

## Résumé

*Objectifs.* – Clarifier les implications des droits de l'homme pour les personnes âgées dans les milieux institutionnels qui souhaitent entretenir des relations intimes. Identifier les principaux

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Personnes âgées ;  
Soins en  
établissement ;  
Foyer de soins ;  
Droits de l'homme

problèmes auxquels sont confrontés les praticiens qui ont répondu à des relations intimes en milieu résidentiel. Souligner l'importance d'éviter les vues stéréotypées sur personnes âgées. *Matériel et méthodes.* — Une revue de la littérature et de la législation concernant les relations intimes entre les personnes âgées en milieu résidentiel.  
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## Introduction

Sexuality is believed to decline and eventually disappear as part of ageing. Alternatively, any sexual activity by an older person is considered unnatural and distasteful conjuring up images of the "dirty old man". Older people are either "asexual or hypersexual" [1]. As with all assumptions about older people, the stereotype is not reality. Studies show that sexual activity continues into older age, although its nature and frequency may change. The extent of decline, in both qualitative and quantitative terms, is unclear. Lindau et al. in their report on sexuality and health amongst older adults in the United States found that sexual activity declines with age (Table 1).

Their study showed that women are less likely to be sexually active than men at all ages. Roughly half of the sample (both men and women) reported a sexual problem [2]. However, Beckman et al. found that sexual activity amongst married and unmarried 70-year-olds in Gothenburg, Sweden, increased between 1971 and 2001. The level of sexual satisfaction increased, particularly in women. They reported that attitudes towards sexuality had changed [3]. Older people, including those with dementia, may continue with flirtatious behaviour and with other displays of affection. These may be open and welcome by the other person [4].

Discussing sexuality is difficult for some people. There may be reluctance by doctors and other health or care practitioners to raise these matters with a patient or resident, particularly an older person where the practitioner is younger [5]. Subramani et al. speculated about the cause of this professional reticence:

*"Sex is a difficult topic to discuss with older people. Society's attitudes towards sexuality in later life and attitudes among older people themselves lead to unrecognised sexual problems in this age group. Professionals often fail to recognise these problems for various reasons, including lack of training, their own beliefs about sexuality in later life and sexual health priorities not perceived as being relevant to older people."* [6] (p. 35).

**Table 1** Sexual activity/age range.  
*Activité sexuelle/tranches d'âge.*

Age range	Prevalence of sexual activity (%)
57–64 years	73
65–74 years	53
75–85 years	26

Despite possible change in frequency and nature, intimate relationships remain part of the lives of many older people [7]. The reformed social care laws in England and in Wales emphasise the duty to promote the "well-being" of people. Section 2 Social Services and Well-being (Wales) Act 2014 includes as an indicator of "well-being" "domestic, family and personal relationships." There is a similar provision in the Care Act 2014 for England. The English eligibility regulations (the Care and Support Regulations, 2014) refer to the inability of a person to develop or maintain personal relationships. Local authorities in applying the criteria should consider whether their identified needs for care and support "prevent them from maintaining the personal relationships they have or because their needs prevent them from developing new relationships." [8] (p. 99).

Providers of residential care must not ignore the rights of older people to enjoy and benefit from intimate relationships. Such relationships can be complex involving capacity, safeguarding and sometimes criminal law. They embrace a debate pervading social care law and older people, namely the balance between protection and autonomy [9–11]. This is challenging for practitioners working in residential care and for family members. [12] The reluctance to countenance that older people have such needs and the belief that entering residential care ends expectations that intimate relationships can develop or be maintained inhibits discussion. This article considers the difficult ethical, legal and practical issues engaged in the debate on older people and sexuality within residential care. It argues that a right to sexuality is contained in article 8(1) of the European Convention on Human Rights (ECHR) as part of private life, family life and home. This right can only be qualified under article 8(2) ECHR, which states:

*"There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others."*

A further right engaged is the article 3 ECHR right not to be subjected to inhuman or degrading treatment. Article 3 is an absolute right and cannot be qualified.

## Sexual health and older people

Ageist attitudes to sexuality and older people are apparent in their marginalisation in sexual health programmes.

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