The Second Sexual Revolution? Baby Boomer Women and Their Changing Sexuality Needs in Later Life Decades and in Long-Term Care

Angela Priede

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School of Psychology
Faculty of Social Sciences
University of Ottawa

Abstract

As one of the largest generational cohorts in history, the baby boomer generation is viewed as having significantly upended societal conceptualizations of aging and what it means to become "old." It has also been suggested that baby boomers differ significantly from previous generations in how they experience their sexuality. There has been much speculation in the literature that baby boomers will expect to maintain their sexuality well into later life and will persist in their refusal to buy into societal standards of aging, including those pertaining to sexual expression. Yet, to date, little is actually known about their experience of sexuality over their lifetime, including their expectations for sexuality in the future and within the long-term care context. Given that women tend to live longer than men and are less likely to have access to informal care services, the largest consumers of these services will be women. It is important that their voices be heard. The studies in this dissertation contribute positively to existing knowledge. First, by reporting on mid-life women's perceptions and expectations regarding their sexuality, and, second, by eliciting the attitudes and opinions of Ontario's long-term care (LTC) administrators regarding the current and perceived future state of LTC with regard to supports and impediments to residents' sexuality. The first study of this dissertation adopted a qualitative approach and was comprised of 24 women aged 54 to 65 years. Participants' perceptions of their sexuality were varied, involved a number of interrelated variables, and were commonly understood to develop over time in response to changing life circumstances. Descriptions of sexuality moved beyond traditional conceptualizations of specific sexual behaviours to include aspects of body image and body awareness, as well as personal and relational features. The possibility of having to transition to LTC to meet one's later life needs was not a popular prospect and participants perceived numerous barriers to continued sexuality within this context.

Many participants were uncertain about the availability of supports; however, some were optimistic they would be made available when needed. This knowledge strengthens previous assertions that existing policies and procedures will not be sufficient to meet the expectations and demands of the next generation of LTC residents. The second study of this dissertation was a survey study of 150 long-term care LTC administrators/Directors of Care. It investigated their attitudes and opinions regarding the preparedness of Ontario's aged-care facilities to meet the sexuality and intimacy needs of the next generation of residents–baby boomers. Our findings show that although they are quite knowledgeable regarding late-life sexuality, many LTC administrators hold the opinion that, as it stands, their facility is unprepared to respond to residents' changing needs and expectations. The findings of this dissertation have important implications for practice and policy development, healthcare curriculum and staff training, community level interventions, and for the sexual health outcomes of aging women.

Overview of the Dissertation and Author Contributions

The content of this dissertation follows a multiple-article format including a general introduction, two articles, and a general discussion. The general introduction outlines the overarching objective of the dissertation research by placing it in the context of existing knowledge and areas requiring further research attention. It also provides a detailed review of the relevant literature, including historical and theoretical context that informed our research questions and framework. The first article is entitled *Young Baby Boomer Women's Perceptions of Their Sexuality and Expectations for Future Sexuality in the Institutional Care Context.* The second article, entitled *Sexual Expression in Long-term Care: Are We Ready for the Baby Boomer Generation,* has been published in a peer-reviewed journal and has been reprinted here with permission[1]. The general discussion presents the results of both studies in the context of the research questions, the implications of the findings, and pre-existing knowledge on the topic at hand. In this section we also address limitations inherent to the dissertation and provide recommendations for further research.

Authorship was credited based on each author's relative contribution over the course of the project and publication process. The writer of this dissertation, Ms. Angela Priede, is primary author on both articles, and her dissertation supervisor, Elke Reissing, is acknowledged as the second author. Ms. Priede took the lead in each stage of the dissertation research beginning with a literature review, conceptualization of the research questions, and preparation of the ethics applications. She also assumed responsibility for participant recruitment and data collection, organization and execution of all study procedures and methods, data analysis and

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interpretation, and production of the study articles and dissertation document. Dr. Reissing acted as an advisor throughout the entirety of the dissertation process. Her contributions included general oversight of the dissertation research, defining the project scope and research plan, and ongoing consultation and the provision of feedback during each stage of the research and writing process. Lisa Henry, was credited as third author on Study 1 for her significant contribution to the qualitative data analysis process.

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To my friends and loved ones, I am forever grateful for your continued encouragement, emotional and practical support, humour, and love. This was at times a very lonely and disheartening process, however, you collectively provided a safe space for me to land during times of overwhelm and self-doubt. Debrief sessions over food and drink, backyard chats, evenings on the town, short getaways, shared celebrations of life and love, and much needed trips to the spa always worked to remind me of what's most important in life. This dissertation was inspired by the courageous women who agreed to be interviewed for my first study. This was not an easy undertaking, yet you each invited me into your inner world; sharing vulnerably about your thoughts and feelings and the experiences that have shaped the women you are today.

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General Introduction

Decreased birth rates and longer life expectancy have led to an increasingly older population in most parts of the world (United Nations, 2015). In Canada, the proportion of adults 65 years of age and older continues to rise, accounting for approximately 20% of the population, and nearly 70% are baby boomers (Statistics Canada, 2023). Described as the "generation that broke the mould of the modern life course" (Gilleard & Higgs, 2002, pg. 376), the baby boomer cohort was instrumental in bringing about a major socio-cultural shift in the way that sexuality is viewed and lived in many parts of the world. Baby boomers, as architects of the sexual revolution, grappled with issues of sexual and reproductive rights. As a result, they enjoyed more liberal sexual lives and are more likely than previous generations to consider sexuality as an integral part of their identities and essential to healthy aging and the maintenance of close relationships (Doll, 2012; Rahn et al., 2020). However, there is a paucity of information on the putative desire to maintain sexuality in the later decades of life, including in a long-term care (LTC) environment. Therefore, this dissertation is focused on an investigation of the younger baby boomer cohort of women, aged 54 to 65, their current and projected sexuality needs, and the perceived preparedness of LTC homes to meet current and future residents' shifting needs and expectations.

Beliefs, values, and attitudes regarding sexuality and sexual behaviours have been linked to membership in particular generational cohorts (Bentrott & Margrett, 2011; Kontula & Haavio-Mannila, 2009; Lodge & Umberson, 2012), and there is evidence suggesting a recent cultural shift regarding later life sexuality is reflective of the baby boomer cohort's more liberal and permissive views (Delameter, 2012; Kirkman et al., 2013). Recent findings suggested that as adults approach mid and later life they become more likely to strongly identify with the ideals

and values of their generational cohort (Weiss, 2014; Weiss & Perry, 2020). In addition, a sense of shared identity among members of a distinct group has been shown to impact perceptions of self-efficacy and buffer against the negative impact of discrimination and stigma (Haslam et al., 2008; Schmidt & Branscombe, 2002; Weiss & Perry, 2020). Thus, a continuity of beliefs, values, and experiences that align with one's social or generational identity as a baby boomer may be viewed as a resource for coping with the trials of advancing age.

Unlike previous generations of older adults, baby boomers are more likely to seek to continue enjoying sexuality during their later decades of life (Fisher, 2010; Rahn et al., 2020). Yet, increased life span, together with declining family size and geographically dispersed support systems increase the probability that many baby boomers may have to rely on the support of LTC homes to meet their physical, psychological, and social needs (Johnson et al., 2007; Statistics Canada, 2018). While many aging adults rebuff the idea that they will need to rely on the services of LTC in their future (Henning-Smith & Shippee, 2015), analysis suggests that at least one third will need to access LTC services in their lifetime (Sussman et. al, 2012). Other studies, however, suggest that the need to access LTC may be much higher (Kemper et al., 2005; Spillman & Lubitz, 2002).

Considering the potential impact of increased life expectancy and the resultant shift in demographic composition, it is important that a plan for addressing the needs and expectations of the next generation of LTC residents be in place. As baby boomers begin the transition into LTC homes, it is unclear whether today's establishments will be prepared for this shift in attitude and behaviour regarding sexuality. This thesis is placed at the intersection of baby boomers' expectations regarding their future sexuality and the preparedness of LTC to shift the current culture of sexual repression to an accepting and sex-positive environment.

Defining Sexuality

Conceptualizations of sexuality can vary widely, most notably across generations, making it difficult to define older adults' sexuality (Macleod & McCabe, 2020). Historically, the term sexuality was used to refer to sexual intercourse and/or behaviours performed in pursuit of procreation; however, the World Health Organization (WHO) developed a broad definition of sexuality that counters the predominant discourse of sexual function and intercourse driven sexual health and satisfaction. According to the WHO, sexuality is not only defined by intercourse but also encompasses gender identity, sexual orientation, eroticism, sexual expression, and freedom from coercion and sexual violence (World Health Organization [WHO], 2006). Further, this conceptualization acknowledges that individuals engage in a wide range of sexual behaviours including kissing, cuddling, holding hands, and non-genital and genital pleasuring as an integral way of maintaining emotional and physical intimacy throughout life (Bauer et al., 2007). Moreover, a broader definition accommodates age-related changes in sexual expression within a larger framework of identity and the need for interpersonal connection in a safe and accepting space. The WHO has highlighted in their 2015 report on healthy aging that intimate relationships play a central role in the lives of increasingly older populations, including combatting loneliness— a social phenomenon associated with numerous negative psycho-physiological consequences (WHO, 2015). In keeping with the WHO's broad conceptualization of sexuality, Study 1 of this dissertation research considers baby boomer women's current perceptions and future expectations regarding sexuality and sexual expression in relation to their understanding of the impact of aging on their experiences.

Sexuality and Well-being

The importance of sex and sexual expression across the lifespan has been well documented (Laumann et al., 2006; Müller et al., 2014). Studies investigating sexuality in later life indicate that older adults consistently identify continued sexual activity as important and sexual expression as a central factor impacting their quality of life (Davison et al., 2009; DeLamater & Sill, 2005; Forbes et al.; 2017; Laumann et al., 2006). Contrary to popular depictions, advanced age does not necessarily equate with an inevitable decline in sexual interest. Many midlife and older adults indicate that sexuality continues to be highly valued and many pursue active sexual lives well into later life (Delamater, 2012). In one longitudinal study in the US, 73% of participants aged 57–64 years, 53% aged 65–74, and 26% aged 75–85 were sexually active; and of those who reported sexual activity in their 70s and 80s, 23% indicated that they engage in sex once a week or more (Lindau et al., 2007). In a large-scale epidemiological study of 27,500 men and women aged 40-80 from 29 countries, participants reported that 53% of men and 21% of women between 70 and 80 years had engaged in sexual intercourse during the previous 12 months (Nicolosi et al., 2004). Finally, older adults currently living within the LTC context, including those with dementia and other cognitive impairments, also expressed ongoing interest in sexuality and intimacy, although the types of activities they engaged in varied (Archibald, 1998; Doll, 2013; Kuhn, 2002; Roelofs et al., 2015).

For some older-adults, however, continued sexual expression can be problematic. Previously identified barriers to sexual expression have included physical and mental health problems, side effects of medication, lack of a willing or able partner, and changes in relationship quality and stability (Hajjar & Kamel, 2003; Villar et al., 2014a). As well, the enthusiasm with which sexuality has been equated with youthful vigour and meaningful social

interactions among the baby boomer generation may be experienced as a source of pressure, anxiety, and/or distress for those who would prefer to forego an active sexual life. Balancing the needs of all older adults, particularly within the LTC context, will be challenging. This is complicated by existing barriers to autonomous sexual decision making, particularly with regards to environmental constraints, negative attitudes, and lack of policy and procedural guidelines directing the accommodation of sexual behaviour (Elias & Ryan, 2011; McAuliffe et al., 2007; Villar et al., 2014a; Villar et al., 2016). Inadequate sexuality training for staff, negative and intrusive family and staff attitudes, and difficulty navigating one resident's right to sexual expression with another's right to live in an environment free of romantic entanglements engenders a culture where it is easier to ignore sexuality-related issues than address them (Shuttleworth et al., 2010).

Given the paucity of information regarding the relationship between the current LTC culture and future LTC residents' expectations for accommodation, our focus on young baby boomer women in Study 1 explored the diverse perspectives of aging women, including the juxtaposition of the desire to remain sexual throughout life by some and the desire to let go of pressures to be sexual, sexy, and responsive by others. This investigation is expected to shed light on important factors informing aging women's perception of their current and future-selves as sexual beings. These perspectives were then considered in Study 2, as LTC administrators were queried on their perception of the readiness of LTC homes to meet the sexual needs and expectations of the next generation of LTC residents.

The Role of Bio-psycho-social Influences on Continued Sexuality for Women

Previous research on later life sexuality has highlighted a number of factors that may hinder older women's ability to maintain a successful and satisfying sexual life (e.g., Brown &

Bachman, 2005; Hillman, 2008; Nappi et al., 2013). However, this body of research has a strong bio-medical foundation with a focus on sexual function. Fewer studies are available on psycho-social factors that may impact older women's sexuality. As each generational cohort is shaped by their sociocultural context; given what we know regarding the baby boomer cohorts' unique social and demographic characteristics, overlooking the significance of psychosocial factors could directly and negatively impact the level of care received within future LTC home setting.

Normative Biological Changes

Not surprisingly, menopause and the associated changes to the female urogenital system is one of the most frequently researched phenomena regarding older women's experiences of sexuality. What is generally referred to as the *menopausal transition* begins during the years preceding the cessation of menstruation (peri-menopause) and continues until the time when a woman has not experienced menstruation for 12 consecutive months (National Institute on Aging, n.d.). While the age at which a woman experiences menopause can vary between women, the average age for North American women is 52 (Shifren et al., 2014). This transition represents a normal, biological change that may or may not impact a woman's experience of sexuality. Declining levels of estrogen have been associated with a myriad of physiological changes including decreased lubrication and thinning of vaginal tissues leading to impairment in sexual functioning for some women (Brown & Bachman, 2005; Nappi et al., 2013; Scavello et al., 2019). However, others report no significant impact on their sexuality beyond the changes that they perceive to be associated with chronological aging (Hawton et al., 1994; Hinchliff & Gott, 2008). In fact, researchers investigating the relationship between menopause and continued sexual activity, including intercourse and self-stimulation, noted that some women reported fewer negative symptoms, lower rates of sexual dysfunction, and less distress associated with

reported sexual problems (Bancroft et al., 2003; Kay & Neelley, 1982; Leiblum et al., 1982; Masters & Johnson, 1981). While others still, indicate that women's experiences may be influenced by a range of factors including socioeconomic status (Dasgupta & Ray, 2013; Delanoe et al., 2012), generational belonging (Utz, 2011), and the cultural meaning ascribed to menopause (Bachmann & Leiblum, 2004; Koch et al., 2005; Nappi & Nijland, 2007; Shea, 2006). Such conflicting and inconclusive findings lead to considerable confusion regarding the impact of the menopausal transition on women's subjective experience of their sexuality. What is clear from the research, however, is that there exists a relationship between cultural messaging about the menopausal transition and women's perceptions and experiences of menopausal symptoms (Kingsberg et al., 2023; Maciel & Lagana, 2014); with Western societies holding fast to a medicalized approach to describing and understanding this phenomenon.

The Aging Body

Aging affects all systems of the body, and the speed and extent to which individuals experience significant decline and reduction in quality of life depends on a host of genetic and lifestyle factors (Fredriksen-Goldsen et al., 2014; Netuveli et al., 2006). However, nobody is immune to the gradual changes in function associated with increasing age, and the role of both chronic and acute illness in women's experiences of sexual difficulties must be considered. Many factors have been cited to potentially impact women's experience and enjoyment of sexuality. For example, reduced mobility and muscle strength, arthritis, poor blood circulation and medication use (Hillman, 2008; Lochlainn & Kenny, 2013; Taylor & Gosney, 2011); however, other researchers have argued that women who are able to accommodate changes associated with aging may be able to maintain an active sexual life if they wish to do so (Rosen & Bachmann, 2008; Sandberg, 2013).

Past studies of sexuality in older women have predominantly focused on sexual function and very little is known about older women's experiences of change and motivation for accommodation and subsequent experiences of sexual satisfaction. In fact, it is unclear whether the decrease in sexual interest that some women report following the menopausal transition is a consequence of hormone related changes, physiological factors, negative internalized attitudes regarding later-life sexuality, or other social or psychological factors (Hillman, 2008). What is apparent, however, is that many older women can and do maintain an active sex life despite the age-related barriers that they must contend with (Delamater, 2012; Lindau et al., 2007; Nicolosi et al., 2004). Research supports a link between past sexual behaviours, lifetime experiences of sexual satisfaction, and rating sexuality as important (Bell et al., 2017; Bretschneider & McCoy, 1988; Starr & Weiner, 1981). Accordingly, it stands to reason that baby boomers, having experienced their socialization at the height of the sexual revolution, may be even more motivated than previous generations to maintain a sexual and intimate repertoire consistent with their perception of themselves as a sexual person.

Social Factors Impacting Sexuality in Later Life

In Western cultures, older adults are often portrayed as sexually undesirable or likely suffering from sexual dysfunction (Drummond et al., 2013; Hinchliff & Gott, 2008). These stereotypes, in conjunction with societal standards associating sexuality with youth and physical attractiveness (Robbins & Reissing, 2017), have resulted in demonstrations of sexual interest being viewed as highly inappropriate, problematic, or even depraved (Bauer, 1999; Kessel, 2001; Parker, 2006). Despite the large body of research discrediting these out-dated assumptions and supporting the evidence that older adults can and do engage in sexually expressive behaviour (e.g., Delamater, 2012; Waite et al., 2009), negative attitudes continue to persist. Health care

providers, including nurses and personal care support workers, adult children, and even older adults themselves (Bouman et al., 2007a, 2007b; Hillman, 2012) have reported negative and restrictive attitudes when it comes to later life sexuality.

No less problematic, however, is the more recent norm that an active sexual life is a hallmark sign of vitality and youthfulness in older adults and the notion of "successful" aging (Curley & Johnson, 2022; Fileborn et al., 2015). According to Hinchliff and Gott (2008) the notion of the "sexy oldie" sets high, and arguably unattainable, standards for sexually by idealizing and prioritizing the maintenance of youthful sexual vigour and performance. Similar to the prevalent asexual stereotype of older adults (Kenny, 2013), this conceptualization ascribes to a version of sexuality that prioritizes penetrative sexual intercourse over other sexual and intimate behaviours, and discounts the broader definitions of sexuality generally adopted by older adults. Bio-medical approaches to sexuality add support to the "sexy oldie" version of later life sexuality by promoting medication (i.e. Viagra) to "treat: normative age-related changes to sexual functioning (Fileborn et al., 2015)

Sexuality in Later Decades: The LTC Context

When considering the literature on sexuality and aging, a gap between what can be considered "sexuality as usual" (i.e., in a dyadic or single context of an independently living person of varying degrees of physical, mental, and sexual health), and sexuality under "special circumstances" (i.e., in nursing homes and LTC) can be observed. In the first instance, sexuality is investigated with the caveats posed by increasing age along a number of demographic and lifestyle variables. However, when considering sexuality in residential care, sexually motivated behaviour is often conceptualized as problematic (e.g., in the context of dementia; Shuttleworth et al., 2010), or, at best, it is discussed as a challenge in the context of care provision (e.g., lack

of private space, Zeiss & Kasl-Godley, 2001). Addressing issues related to older adults' sexuality and opportunities for sexual expression is important at all ages and stages of care (e.g., independent supportive living, assisted living, LTC). However, these challenges are amplified among those requiring the services of LTC given differential health and social challenges (e.g. decreased mobility, smaller support networks), resulting in increased reliance on care providers to help meet sexuality and intimacy needs. For this reason, we opted to focus our research on the LTC context. Previously identified barriers to sexual expression within the LTC context include a range of individual and environmental constraints, including fear of discrimination, negative staff and family attitudes, issues of privacy, limited communication about sexuality, and a general dearth of policy guiding the care and management of resident's sexual health (Bauer, Fetherstonhaugh, et al., 2013; Elias & Ryan, 2011; Villar et al., 2014b).

In an effort to address some of these issues, a few of the more forward thinking LTC homes are moving toward a more progressive approach to addressing issues of sexual expression and have attempted to develop care strategies that are more supportive of residents' rights to autonomy. A few LTC homes and regional health authorities located in Australia and New Zealand, and to a smaller extent, North America (i.e., River Spring Health, 2000/2017; Vancouver Coastal Health, 2009, 2023); have been at the forefront of this person-centered movement. A review of the literature outlining these proposed strategies, however, suggests that the majority of the existing policies focus almost exclusively on the management of problematic sexual behaviours and the assessment of capacity to consent, paying little or no attention to the accommodation of residents' sexual and intimacy needs. A study involving 198 directors of nursing (DONs) or nursing managers from randomly selected residential age care facilities throughout Australia found that while 75% of the homes purported to have policies relevant to

resident's sexuality, only 9% had policies that mentioned sexuality specifically, and fewer than 5% attempted to address issues specifically related to sexual expression (Shuttleworth et al., 2010). When queried, however, on the extent to which matters of sexuality were an issue within their facility, 78% of DONs and nurse managers cited this as a prominent issue.

Similarly, in a nation-wide US based survey of 366 directors of nursing, 72% reported ongoing issues related to managing residents' sexual activity within their facility, yet 63% indicated that their facility lacked specific policies to address such matters (Lester et al., 2016). While policies focused on the management of problematic sexual behaviour are no doubt necessary—as they have the dual benefit of safeguarding residents from unwanted or harmful sexual encounters and protecting LTC homes from the legal ramifications of such events, they neglect to provide clear guidelines to LTC staff regarding their duty to support residents' efforts to have their sexual and intimacy needs respected. As a result, staff are left to their own devices to either accommodate or deny residents' requests for support—leading to inconsistent practices that are informed by personal beliefs and biases regarding later life sexuality rather than an acknowledgement of residents' rights to be treated with respect and dignity.

How do Baby Boomers Differ?

Compared to previous generations, the baby boomer cohort is distinct not only in terms of sheer size but also in relation to its diverse social and demographic characteristics. Baby boomers are more highly educated and more culturally and ethnically diverse than previous generations (Frey, 2010). They report lower rates of marriage, higher rates of divorce and cohabitation, and fewer children (Hughes & O'Rand, 2004). Aided by advances in science and technology they are expected to live longer and healthier lives than their predecessors (Byles et al., 2013; Tavener et al., 2014). While baby boomers will not be immune to the bio-psycho-

social difficulties that accompany old age, it is expected that the combination of their unique characteristics will result in a refusal to succumb to the confines of representations of old age as frail and devoid of sexuality.

The contrast in attitudes between baby boomers and the generation that preceded them is poignantly depicted in an ethnographic study involving residents of a U.S. retirement community. In their analysis, Roth and colleagues (2012) found notable cultural and attitudinal differences between mid-life (boomers) and later life residents. Specifically, the younger cohort of residents actively resisted associations between old age, frailty, and illness; placing high value on the maintenance of their social identity and image. Having come of age during a time when effective methods of contraception became readily available, sex for pleasure was increasingly acceptable, and societal views regarding the morality of sex outside of marriage were being relaxed (Doll, 2012), baby boomers are viewed as the generation of change. This is particularly true for younger baby boomers who were the first to experience same-sex relationships with fewer negative consequences and, in Canada, have had the right to legally marry since 2005 (MacIntosh et al., 2010). Considering the potential divergence in experiences between mid and later life adults (Roth et al., 2012) and a reported association between sexuality and the relational context among older generations (Sandberg, 2013; Stentagg et al., 2023), the first study of this dissertation research focuses specifically on a younger cohort of partnered baby boomer women; exploring their current perceptions of the effect of age on their sexuality. More specifically, we explored how this cohort of women view the trajectory of their sexuality, moving from earlier life stages to their current life and how they project their sexuality into the future, including a time when they may require more assistance in living.

There are a number of reasons for which we have decided to focus this investigation exclusively on this subset of baby boomer women, some of which have been previously discussed. As young women living in Western counties, this group of women were among the first to reap the benefits of the sexual revolution (Horn, 2010). They experienced the freedom to openly seek out and engage in premarital sexual relationships, remain childless by choice, and have the option to leave unhappy marriages. Yet, when compared to their male counterparts, the impact of intersecting discourses of ageing, sex, and decline generally results in a greater loss of sexual value or erotic capital for this group of women rendering them more sexually invisible. Our decision to focus specifically on the youngest subset of post-menopausal baby boomer women is reflective of our effort to speak to the variability in aging women's experiences, in a defined group with shared life-stage experiences, such as being still likely to be in relatively good health, living independently, and engaging actively in typical activities of everyday life. This group of women is unique and distinct from other generational cohorts. Compared to the first wave of baby boomers, who internalized a "can do" attitude as a result of their experience of the Vietnam War, the women's movement, and the civil rights movement, the younger cohort benefited from a strong post-recession economy and the surge in technological advancements (Morton, 2001). For this segment of the baby boomer cohort, increased focus on wealth, personal growth, and quality of life has led to higher expectations and an overall heightened sense of entitlement (Morton, 2001).

In considering the younger baby boomer cohort's lifetime experience of more liberal sexual mores, their focus on self-fulfillment, and their tendency toward high expectations and self-advocacy, we have located our research within the continuity theory (Atchley, 1971) framework. This theoretical framework describes a process of aging in which adults strive to

maintain their personal proclivities for a variety of domains (i.e., activities, behaviours, relationships) as long as possible (Atchley, 1971, 1989). Continuity theory assumes that as individuals age they will make accommodations in order to maintain their self-concept and identity consistent with their previous lifestyle. In undertaking this research, we will examine whether the sexual subjectivity of baby boomer women can also be understood from this life span perspective. We believe that this research will represent a necessary first step toward understanding the complex relationship between baby boomers' experiences of their sexuality in the context of aging, their perceptions and expectations for future sexual expression, and the existing supports and barriers to meeting their needs.

Theoretical Foundation: A Psychosocial Theory of Adaptation to Aging

The phenomenon of aging has long been a topic of interest for social scientists and laypeople alike. Given improvements in health and increased longevity, adjustment to old age has received an upsurge in attention, making it one of the most common areas of gerontology research in recent years (Kavinson et al., 2020). In an effort to explain why some individuals are more "successful" in adapting to the challenges of aging than others, the factors that affect adjustment to ageing and enhance quality of life have become a main area of focus. Within the literature on aging, three major psychosocial theoretical frameworks have been proposed to explain the transition from mid to later life: disengagement theory (Cummings & Henry, 1961), activity theory (Havinghurst, 1961), and continuity theory (Atchley, 1989).

Prior to the 1960s, biological theories of aging prevailed as the main source of explanation for the many changes and sometimes challenges that older adults experience during the transition from mid to later life. Disengagement theory and activity theory were the first to

adopt a developmental perspective on aging, shifting the focus from frailty and decline to the impact of social, psychological, and interpersonal factors on the transition from mid to later life.

Disengagement theory, proposed by Cummings and Henry (1961) suggests that mutual withdrawal between the aging individual, society and its organizing social systems is a natural and inevitable process. An increased focus on *personal meaning* experienced during a time of decline in role participation (i.e., worker, parent) and a natural narrowing of the social sphere help facilitate a successful transition to old age (Cumming & Henry, 1961). This theory has been largely abandoned in recent years as it has been shown to reinforce discrimination and ageist stereotypes (Palmore, 1999; Sharpe, 2004). In some LTC homes, the assumption that older adults wish to withdraw from society has resulted in environments that lack adequate social stimulation (Palmore, 1999). There is also contradictory evidence supporting a relationship between socialization, continued community involvement, and markers of health in later life (Everard et al., 2000; Umberson & Montez, 2010).

Activity theory views aging as a dynamic process and emphasizes the importance of preserving active and meaningful engagement in social roles and leisure and productive activities for as long as possible to promote physiological and psychological well-being in later life (Havinghurst, 1961; Teles & Riberio, 2019). When considering sexuality in the context of activity theory, we might surmise that continued sexual activity and opportunities for sexual expression may be important contributors to positive outcomes for older adults. However, activity theory is not without its critics. It has been argued that the emphasis on continued activity and productivity may overlook the impact of structural barriers and inequalities on older adults' continued participation in activities and social roles (Powell, 2006). It has also been highlighted that activity theory's primary focus on the quality and frequency of activity discounts

the importance of diversity of older adults' experiences and interests and fails to consider cultural variations in values and priorities that may not align with western ideals of activity and productivity (Loue & Sajatovic, 2008).

Continuity Theory

In contrast to activity theory's assertion that older people must remain active in later life in order to preserve well-being, continuity theory suggests that individuals strive to maintain continuity in their identity, behaviours, relationships, and personalities as they age by adjusting or finding substitutes that are consistent with past roles, relationships, and activities (Kaufman, 1986). Continuity theory is the first theory of aging to recognize the importance of individual differences in response to aging (Atchley, 1989; Lange & Grossman, 2014). The concept of continuity as an adaptive strategy has a long history in the social and gerontology literature beginning with Cavan, Burgess, Havinghurst, and Goldhamer (1949) who argued that the most successful transition from mid to later life involves continuity of internal and external experiences. Maddox (1968) added support to this theory by demonstrating a relationship between continuity of activity patterns over the life-course and well-being, and Kaufman (1986) showed how continuity of life themes are used to construct a sense of identity by organizing, evaluating, and interpreting personal experiences. The theory was further advanced by Atchley (1989) who used continuity theory to explain older adults' tendency towards constancy after finding that, despite significant changes in biological, psychological, and social functioning, a significant proportion of older adults demonstrate consistency over time in patterns of thoughts, feelings, and behaviours, as well as environmental and social arrangements.

The concept of continuity as a framework to describe adult development emerged in response to an accumulation of research supporting that older adults demonstrate consistency

across time in a number of life domains. According to continuity theory, the primary markers of adult development are the maintenance of equilibrium and adaptive adjustment in the face of normative age-related changes (Atchley, 1989). Atchley (1993) posited that in order to deal with ageing-related changes, older adults will call on familiar and well established social and psychological patterns learned across the life course (i.e., attitudes, beliefs, personality, preferences, behaviours) in an effort to maintain stability in the roles and activities that they engage in during mid-life. Adaption to age-related changes takes place via two interrelated processes; *internal continuity*—beliefs about the self, including perceptions of personal agency and emotional resilience, personal goals, and one's sense of identity, and *external continuity*—expressed through the roles, social arrangements, and lifestyle choices that individuals have engaged in over their lifetime (Atchley, 1989; Nimrod & Kleiber, 2007). Accordingly, baby boomer women's expectations, presumptions, and attitudes about participation and involvement in future sexual activities may be informed by past experiences and preferred activities, as well as their sense of personal agency and identity.

Within this theoretical perspective, continuity and adaptation are not mutually exclusive; rather, continuity theory purports that these themes generally coexist within a person's self (Atchley, 1989; Schultz, 2006). For instance, although age related decline in physical functioning generally occurs gradually over time, when a loss of capabilities is experienced as more profound and limiting, such as in the case of stroke, an individual may cope with this loss via one of two processes. They will either engage in *reinterpretation of activities*— diminishing the importance of lost activities and magnifying the importance of retained activities, or *substitution*— replacing previous activities with alternatives that closely align with the original activity in an effort to ease the impact of the physical and/or social limitations on their sense of

self, thus enhancing their overall life satisfaction (Atchley, 1989; Nimrod & Kleiber, 2007). It should be noted, however, that continuity theory does not presume that the use of such strategies will necessarily lead to successful outcomes; rather, it simply predicts that the use of continuity strategies will facilitate the maintenance of life satisfaction for the majority of adults who employ these adaptive practices.

Since Atchley's initial conceptualization of continuity theory in 1961, a number of studies have been amassed in support of the theory's major tenants and the related concept of self-continuity. For example, an association between continuity and a number of life domains has been established including adjustment to retirement (e.g., Richardson & Kilty, 1991; von Bronsdorff & Kllmarinen, 2012; Shlomo & Oplatka, 2023); recovery from illness (e.g., Secrest & Zeller, 2003), maintenance of relationships (e.g., Finchum & Weber, 2000; Koren, 2011), preserving personal identity (e.g., Breheny & Griffiths, 2017), and future self-views (e.g., Kornadt &Rothermund, 2012). The link between continuity and post-retirement leisure behaviour has also received significant attention (e.g., Crawford et al., 1986; Lounsbury & Hoopes, 1988; Nimrod & Kleiber, 2007; Scott & Willits, 1989, 1998; Searle et al., 1993), with study findings indicating that older adults adjust to and accommodate age related changes, including health and social changes, in order to continue to engage in the same activities that they previously found pleasurable.

Continuity theory has faced criticism regarding insufficient attention to change and discontinuity (Becker, 1993) and its emphasis on the notion of "normal aging", which is inadequate as a description of those experiencing physical or cognitive decline (Atchley, 1989). Atchley (1989) responded to these critiques by further elucidating that continuity should not be equated with an absence of change; rather, individuals adapt to new situations by employing

strategies that have previously proven useful and that are consistent with their sense of self. Atchley (1989) also broadened the scope of continuity theory to include the health, illness, and disability experiences of older adults.

Sexuality, as an important source of pleasure, is a universal human experience generally engaged in for a host of intrinsic, relational, and recreational purposes (Meston & Buss, 2007). Accordingly, the notion of sex for non-reproductive purposes has received increased attention from researchers working within the field of recreation and leisure studies (e.g., Berdychevsky et al., 2013; Freysinge & Kelly, 2004; Godbey, 2008; Meaney & Rye, 2007). Unfortunately, the distinct relationship between sex as a recreational activity and continuity has yet to be explored. It stands to reason, however, that women who previously experienced sex as a desired activity associated with intimacy and closeness, pleasure, and a sense of well-being would endeavor to continue to engage in this activity (e.g., Bell et al., 2017).

Adjustment to Age-related Life Changes

Although social and gerontology scholars have investigated many factors related to adjustment to old age, few have examined the adjustment process as it relates to later life sexuality (e.g., Gladstone, 1995; Kasif & Band-Winterstein, 2017; Koren, 2011). In consideration of the existing theories of aging, continuity theory appears to be the most representative of an individual's experience of their sexuality. From this perspective, sexuality in later life is experienced as the culmination of a lifetime of internal and external processes that an individual has experienced, including thoughts, feelings, and beliefs about sexuality and aging, sexual preferences and range of experiences, perceptions of personal agency, sense of self-identity, and past sexual activity.

Gaining freedom of sexual expression was the hallmark of the baby boomer generation's adolescence and early adulthood. Building on the sexual revolution spearheaded by the oldest of the baby boomers, the younger cohort of women continued to fuel this movement by demanding their right to unhindered access to contraceptives and sexual aids and by advocating for the equal acceptance of sexual minorities and women's rights to control their own reproduction. For this group of women, the right to express themselves sexually in ways they see fit, unhindered by social and environmental barriers that are currently inherent to the LTC context, will be an important aspect of their continued satisfaction and overall well-being. For some, this will necessitate access to enhanced levels of care (e.g., sexual aids, personal supports, etc.) within a LTC context in order to diminish the negative impact of age related obstacles. For those who attribute less importance to maintaining a level of sexuality, an environment that respects the notion that a LTC facility is, first and foremost, a person's home and, as such, should respect their wishes to live a life somewhat void of sexuality will take precedence. Managing one resident's expectations with regards to sexual expression, with another's right to live comfortably (e.g., accommodating a single sexual minority resident in a facility with double occupancy rooms) is a complex and multifaceted issue with few easy answers.

Objectives of the Dissertation Research

The overarching goal of this dissertation research was threefold:

- to deepen our understanding of baby boomer women's subjective experience of their sexuality and the factors that they perceive to impact their experience,
- to query how these perceptions impact mid-life women's expectations for future sexual expression in a LTC context, and

- to identify current and perceived future supports, barriers, and priorities for meeting the next generation of LTC residents' sexual and intimacy needs.

As the existing literature suggests that there is limited knowledge related to baby boomers' perceptions and expectations regarding future opportunities for sexual expression, Study 1is primarily exploratory in nature. The aim was to investigate how baby boomer women perceived their sexuality over the life course and in the context of aging, and, in turn, how they anticipate the impact of aging may shape their future sexual needs and expectations. This inquiry sets the stage for Study 2 which queried LTC administrators and directors on their perceptions of the supports, barriers, and priorities for meeting incoming LTC residents' sexual and intimacy needs.

Study 1

Young Baby Boomer Women's Reflections on Sexuality over their Life Course and Expectations for Sexuality in Long-Term Care

Angela Priede, Lisa Henry, & Elke Reissing

School of Psychology, Faculty of Social Sciences

University of Ottawa

Author Note

We have no conflict of interest to disclose. Any correspondence concerning this article should be addressed to Elke Reissing, School of Psychology, Department of Social Sciences, University of Ottawa, 136 Jean-Jacques Lussier, Ottawa, K1N 6N5. Email: reissing@uottawa.ca

Abstract

Baby boomers are credited with having led the sexual revolution and are anticipated to continue this trend by challenging outdated views of sexuality and aging, yet little is known about their experience of sexuality over their lifetime, including their expectations for sexuality within the aged care context. This research adopted a qualitative approach that was rooted in a critical realist paradigm. In depth, semi-structured interviews were conducted with twenty-four women aged between 54 and 65 years and data were analyzed thematically. A number of themes were identified. Mid-life women's conceptualizations of their sexuality were varied and complex; comprising aspects of body image and body awareness, as well as personal and relational features. It was commonly held that one's understanding of sexuality developed over time in response to a variety of social and biological processes and changing life circumstances. Admittance to LTC was not viewed favorably, and numerous barriers to later life sexuality in this context were identified. Specific contributors to future sexuality were less clear, yet, some participants were optimistic that support would be available when needed. These findings add to existing research by providing useful insight into women's diverse perceptions and expectations of their sexuality, both currently and in the context of long-term care.

Young Baby Boomer Women's Reflections on Sexuality over their Life Course and Expectations for Sexuality in Long-Term Care

Individuals born between 1946 and 1964 are commonly referred to as Baby Boomers. As they advance in age, the demand for residential care services will sharply increase, placing significant pressure on the aged care sector to adapt and accommodate their unique needs and expectations. It is generally accepted that the baby boomers differ from the generations that preceded them in terms of lifestyles, attitudes, and social mores. Whereas their immediate predecessors were coined the Silent Generation and commonly portrayed as accommodating, baby boomers are described as more self-assured, assertive, and engaged regarding their care and desire for continued independence (Gill & Cameron, 2022; Kahana & Kahana, 2014)**.** It has also been suggested that baby boomers differ significantly in how they experienced sexuality over their lifetime. They benefitted from the development of reliable contraceptives and have been credited as the drivers of the "sexual revolution" and other progressive social movements. Over their life course, they witnessed or actively participated in advancing sexual and gender rights, and as a result, same-sex couples experienced increasingly more social acceptance, culminating in the legalization of same-sex marriage in many countries (MacIntosh et al., 2010). In their later years, baby boomers are expected to be motivated to maintain a sexual life consistent with their perception of themselves as sexual beings (Das et al., 2012; Gill & Cameron, 2022; Golant, 2017), however, little is known about baby boomers' experience of sexuality over their lifetime and their expectations for later sexuality in the context of LTC.

Sexuality is not limited to sexual function, and perhaps in old age, even more so than in other decades of life, sexuality can vary significantly in expression and meaning (Bell & Reissing, 2017). The World Health Organization (WHO) developed a broad definition of

sexuality that moved beyond the predominant discourse of reproduction and sexual function to include sexual expression, gender identity and sexual orientation, and experiences of pleasure, intimacy, and sexual freedom (WHO, 2006). This conceptualization acknowledged that sexuality is experienced in a variety of ways (e.g., thoughts, desires, beliefs, attitudes, practices, roles, relationships) and is influenced by an interaction between personal, biological, social, and cultural contexts. This definition accommodates age-related changes in sexual expression within a larger framework of identity and the need for interpersonal connection in a safe and accepting space.

Indeed, there is a considerable body of literature highlighting the importance of sexuality and opportunities for sexual expression in older adults' lives (Carpenter & Delamater, 2012; DeLamater & Koepsel, 2015; Langer, 2009; Lusti-Marasimhan & Beard, 2013), including in the context of LTC (Doll, 2012, 2013; Rahn et al., 2020). Sexuality has been shown to be an important contributor to quality of life (Forbes et al., 2017; Lindeau & Gavrilova, 2010; Robinson & Molzahan, 2007), central to a person's identity (Ginsberg et al., 2005; Rahn et al., 2020) and integral to maintaining emotional and physical intimacy over the life course, regardless of age or physical state (Bauer et al., 2007; Pangman & Sequire, 2000; Towler et al., 2023). Yet, the significance of later life sexuality has long been overlooked within the aged care context (Dyer & das Nair, 2013; Garrett, 2014; Villar et al., 2014a). Expressions of sexuality continue to be conceptualized as problematic (Doll, 2012), met with uncertainty and, in some cases, disapproval and distain (Haesler et al., 2016; Nilsson, 2022; Roach, 2004; Villar et al., 2018). LTC settings appear to be ill-prepared to receive residents who, unlike previous generations, may expect to continue living their sexuality as they personally find relevant. As LTC homes may wish to adapt better, this research was designed to shed light on what

expectations older adult women may have as they contemplate sexuality in the context of their later years and how they wish to be accommodated in LTC settings.

On average, women live longer than their male counterparts and are more likely to live later years in LTC settings (McCann et al., 2012; Statistics Canada, 2018; Steinbeisser et al., 2018). However, to our knowledge, no Canadian studies exist outlining the perceptions and expectations that baby boomer women have regarding their sexuality in residential care settings. As a group, baby boomer women are a generation straddling their parent's conservative and restrictive sexual attitudes and their own era of increasingly liberal sexual attitudes, yet, over their life course, they also met with a number of challenges that potentially affected sexuality, including physical, psychological, and hormone related changes, negative internalized attitudes, and other significant life stressors (DeLamater, 2012; Lindau et al., 2007; Nicolosi et al., 2004). In this research, we address this gap in the literature by providing mid-life women with an opportunity to reflect on their sexuality across their life course and envision how they would live their sexuality in the future when they may need to live in a residential care context in order to meet their health care needs.

The underlying philosophy guiding this research is a critical realist perspective. Critical realism acknowledges an objective reality while at the same time recognizing the existence of a socially constructed world influenced by the social, cultural, and historical context in which we exist (Bhaskar, 1978). This perspective offers a useful framework for understanding the dynamic interplay between the objective biological and physiological aspects of aging and the influence of social and cultural factors in shaping young baby boomer women's perceptions and experiences of their sexuality currently, and in the future.

Method

Design

Interviews were conducted with women born between 1952 and 1964, comprising the younger segment of the baby boomer generation. Previous researchers (e.g., Bell & Reissing, 2017; Green & Pontell, 2006; Schweighart et al., 2022) suggested that older adults are not a homogenous group and different decades of elder years may present with different challenges and opportunities. A more focused approach to investigation on generational subsets of older adults will increase our understanding of the refined differences between older adult cohorts. The younger subset of the baby boomer cohort is a generation that experienced more liberal expression of sexuality heralded by the older segment of the baby boomers (Fingerman & Dolbin-McNab, 2006; Joyner & Laumann, 2001). Traditional family structures gave way to homes with two working parents, increased divorce rates, and smaller family size. Whereas the oldest of the baby boomers began turning 75 in 2020, this younger cohort of women has only recently navigated menopause and may still be in the process of coming to terms with the process of age-related changes – including those regarding sexuality. How they project themselves into their later decades of life was of interest in this study in particular, regarding sexual expression and identity.

Author Positionality

As the primary researcher on this project, I accompanied the women who took part in the study throughout each stage of the research process. Our relationships were first established during the recruitment phase. Then, as I immersed myself in their narratives throughout the analysis phase my relationship with the women's lived experience deepened, and it was fortified as I actively engaged with the data during interpretation and dissemination of the finding. As

such, it is important to acknowledge my positionality as a heterosexual, middle-age woman from a middle-class family who ascribes to the notion of sexual rights for all. I recognize the influence that my personal, academic, and professional background, identity, and prior assumptions may have had on my engagement with this research.

Although not a baby boomer myself, as a woman approaching my fifth decade of life, I found that I could readily identify with many of the social and cultural influences on women's sexuality described by the women who took part in this study. My bi-racial heritage and white-presenting appearance has provided me with a nuanced understanding of the intersectionality of identity, privilege (increased opportunities), and marginalization. Throughout my clinical training, I have been fortunate to work with clients from a wide range of backgrounds. Together, my personal and professional involvements have revealed to me that peoples' experiences may differ greatly depending on the various identities that they hold. My dual heritage not only facilitates understanding of the views of women from diverse backgrounds but also allows me to acknowledge the privilege that my white-presenting appearance affords me.

My previous academic, research, and clinical experiences have also significantly contributed to my mindset when engaging with this research. This mindset guides both my approach to understanding my participants' experiences, and my appreciation of the impact of my own biases and assumptions throughout the research process. My background has equipped me with a foundational understanding of the ethical considerations required when researching sensitive topics like sexuality. In addition, the nature of my past research and clinical work has allowed me to accrue valuable skills in active listening, fostering relationships, and providing a safe space in which individuals feel comfortable discussing sensitive topics.

Procedures

Participants were recruited via community and online advertisements posted at locations frequented by mid-life women (i.e., community centres, libraries, Facebook page, on-line forums for women). The first author responded to inquiries by telephone or email to explain the nature of the study and determine participant eligibility. All interviews were completed prior to the COVID-19 pandemic, between January and December of 2018. Each meeting lasted approximately 1 hour. Interviews were held by telephone (n = 19), at the participant's place of residence (n = 3), in an office space located at the researchers' university (n = 2). The semi-structured interview guide consisted of 7 open-ended questions designed to cover the key areas of interest (e.g., "*Can you tell me a bit about what being sexual has meant to you."*). The guide also contained a-priori determined prompts (e.g., partner vs. individual factors; personal, social and environmental factors) to encourage a rich account of each participant's experience. Follow-up questions were asked to ensure clarity and understanding of participants' perspectives. To build rapport, the interview began with general questions about the participant's relationship history and important milestones experienced over her life (e.g., marriage, children, etc.). Participants also completed a brief demographic questionnaire and they were debriefed at the conclusion of the interview regarding their experience with the study.

All digitally recorded interviews were conducted and transcribed by the first author (AP), who has received training in interviewing skills and possesses previous experience in qualitative methods of inquiry, specifically exploring women's experiences of sexuality. During the interview, AP made brief notes regarding her impressions and participants' key comments. These notations were further refined after the interview and throughout the transcription process. To

ensure confidentiality and anonymity, each participant self-selected a pseudonym to be used in the study documents and to identify quotes. All participants were offered a $20 honorarium for their time. Ethics approval for the procedures of this study was granted by the researchers' University Research Ethics Bureau.

Participants

A total of 24 cis-gender women took part in the study. Participants were required to be post-menopausal, in a committed relationship of at least 2 years duration, residing in Canada, and self-reporting good health (i.e., absence of major health conditions, living independently). Study participants were aged between 54 and 65 (M = 58). They identified predominantly as Caucasian (n = 21) and heterosexual (n = 23). Relationship length varied from 2 to 42 years (M = 23.7). The majority (n = 21) of participants described their relationship status as either married or common-law/living together. All but two participants reported having children. The number of children per participant varied from 1 -7 (M = 2.2). The majority (n = 19) of participants were college or university educated, and they reported household earnings consistent with an average Canadian middle-income household (Organization for Economic Co-operation and Development, 2019). Self-reported health status ranged from good to excellent. Demographic information is provided in Table 1.

Table 1

Sociodemographic Characteristics of Participants (*N* = 24)

Participant Characteristics		*n*
Culture /Ethnicity		
	Aboriginal/Indigenous	1
	Biracial/Mixed-race	2
	Caribbean	1
	Caucasian	20
Religion		
	Catholic	8
	Pagan	1
	Protestant	7
	Spiritual	4
	Not religious	4
Relationship status		
	Committed (living separately)	3
	Common-law	4
	Married	17
Sexual orientation		
	Heterosexual	23
	Pansexual	1
Highest education level		
	Highschool	5
	College	9
	Bachelors' Degree	4
	Masters' Degree	6
Employment status		
	Full-time	9
	Part-time	5
	Self-employed	3
	Semi-retired	1
	Retired	6
Household income		
	≤ $20, 000	1
	≤ $35, 000	2
	≤ $50, 000	2
	≤ $75, 000	7
	$100 000 +	10
	Not reported	2

Note: One married participant also identified as polyamorous.

Data Analysis

Data analysis was guided by a six-phase inductive thematic analytical approach as described by Braun and Clarke (2006, 2013, 2020). This approach was well-suited because of a significant paucity of existing research on the perspectives of older adult sexuality in general, and sexuality in LTC settings in particular. The benefit of an inductive, or data-driven approach is that the identified themes remain closely linked to the data and are therefore expected to be most reflective of the participants' reported experiences (Braun & Clarke, 2006, 2013). Data collection and analysis were undertaken simultaneously. Our approach to data analysis was inductive and we utilized both semantic and latent coding to describe and explore both what participants said and the ideas and assumptions that underlie their statements. A semantic approach involves describing the explicit content of the data as communicated by the participant, whereas, a latent approach requires the researcher to look beyond what was said to interpret the implicit or underlying meaning of the data (Braun & Clarke, 2006; Byrne, 2022).

Our approach to data analysis prioritized collaboration and reflexivity in an effort to achieve richer interpretations of meaning. The analytic process began with the first author (AP) and second author (LH) independently reading and re-reading the interview transcripts to ensure familiarity. Each coder then systematically moved through the transcripts, highlighting and assigning short descriptive labels (codes) to aspects of the data (data excerpts) potentially relevant to answering the research questions. They met a total of 8 times throughout this stage and each meeting lasted approximately 2 hours. Initially, they met to discuss first impressions of the data, talk through variations in data interpretation, and explore possible associations among preliminary codes. This process of exploring and deliberating interpretations has been proposed as a way to enhance methodological rigour (Braun & Clarke, 2013, Malterud, 2001). Later, as

associations among coded data became apparent, AP and LH devised preliminary category labels (themes) and descriptions that captured the essence or central organizing themes that were being identified. As new themes became apparent, previously coded transcripts were re-read to ensure that any relevant data was not missed. New codes were considered in contrast to existing codes with a view to identifying patterns of variation, disparity, and replication and to assess for data saturation. Incongruities and contraindications in the data were actively sought out, implications were explored in the context of our reflexive assumptions, and alternative or more nuanced interpretations were identified to more accurately describe the data. After 10 transcripts had been coded in this manner, the third author (ER) reviewed the data and provided feedback regarding correspondence with the proposed interpretative descriptions. Category labels and definitions were revised or modified for clarity and to better reflect the essence of the data.

Once the primary categories were established, AP coded the remaining transcripts repeating the same process, systematically moving forward and backward across and between study transcripts. Comparisons within and between participants' accounts and AP's reflexive notations (taken during the interview process and throughout the analytic process) were used to inform theme development and shape the final interpretations. The original transcripts were regularly consulted to ensure what participants said, how they said it, and that relevant implications of their statements were represented appropriately. Coding of data during the initial stages of analysis was facilitated by the use of word processing software (Microsoft Word), whereas, later stages of analysis employed the use of computer assisted qualitative data analysis software (NVivo 12).

It is generally understood that thematic saturation is reached when the participants' narratives no longer yield novel themes and it is determined that there are no new insights to be

gained (Fusch & Ness, 2015; Mason, 2010; Morse, 2000; Morse et al., 2002). Saturation was established at eight interviews following methodology outlined by Guest and colleagues (2020). This process involved first summing the total number of unique themes (base set) generated during the first four interviews. Next, we analyzed each subsequent pair of interviews to determine the number of new themes. This process was repeated until the total number of novel themes identified remained at or below a threshold of ≤ 5% of the base set. Our results are in line with those of previous studies, indicating saturation generally occurs within the first 12 interviews (Guest et al., 2020; Hennink & Kaiser, 2022). The inclusion of additional interviews beyond this point further enhanced the quality and richness of the data, ensuring saturation in study concepts and meaning (Hennink et al., 2017)**.**

Results

Study participants were first asked about their lived experience of sexuality and the circumstances and events that have shaped their perspectives over their lifetime. The following main themes related to women's perceptions of their sexuality were identified in the data: (a) connection, closeness, and love; (b) embodied sexuality: body image and appearance; (c) setting the stage: early messages of sexuality; (d) sexuality evolves over time; and (e) navigating reproductive milestones: physical and hormonal change. Next, participants were asked to project forward 15 to 20 years and consider their sexuality at a time when admittance to a residential care facility, such as a LTC home, may become necessary. Three main themes were associated with participants' perceptions and expectations regarding their future sexuality, and the barriers and supports they foresee: (a) an unwelcome prospect, (b) cautious optimism: hope in the face of uncertainty, and (c) changing times: smoothing the way for sexuality in later years.

Perceptions of Sexuality Across Time

Participants depicted their sexuality as multifaceted and complex. Sexuality encompassed not only sexual behaviours, but also physical and psychological responses (e.g., sexual interest, pleasure, arousal), and a woman's perception of herself as a sexual being in the context of her body, her relationships, and her life circumstances. This perspective is in contrast to traditional conceptualizations of women's sexuality that use narrowly defined medical or socially prescribed constructs. For many of the women in the study, sexuality held different meanings at different times and could evolve as a result of increased insight, new experiences, or specific life events.

Connection, Closeness, and Love

For the majority of women in this study, sexuality was a relational construct. Women recounted very close connections between sexuality and physical and emotional intimacy and it was important to them to feel connected to their partner. Sex was a means to convey love and commitment or to deepen and re-establish feelings of emotional closeness. Past sexual experiences and relationships provided context for how women viewed and understood their sexuality. Reflecting on her experience of sexuality over her lifetime, Nina commented, "I have to say, even though I had a lot of relationships, and a lot of intimate connected relationships, it was more about the connection of two humans than the sexual part." Likewise, Yardie's understanding of her sexuality is rooted in having a shared experience with her partner. She remarked, "When I think of sexuality, I didn't really think of the individual part but I guess sharing with a partner." Here, she explains how this perspective has been informed by previous unsuccessful attempts to uncouple sex from love:

> I think I've tried once or twice to say, "OK, well, I don't have anybody in my life right now and this guy is available so we'll just have sex," but it always ends negatively for me because I don't know how to separate having sex from being in love.

While, strictly speaking, sexual intercourse is a physical act that doesn't require intimacy, for several of the participants, the two are too intertwined to exist independently. When elaborating on their perspectives, some women juxtaposed sex motivated by sexual pleasure (e.g., orgasm), with sex motivated by a desire for connection and emotional intimacy. For instance, Bailey's perception of sexuality encompasses both personal (e.g., physical pleasure) and relational components.

> Well, to me [sexuality] brings a closeness to a couple. The release is great when you have orgasms…There is just a feeling of peace and contentment and I just feel more connected to my partner.

From Bailey's account we get the sense that, although sexual pleasure and emotional intimacy can be experienced independently of each other; combining the two enhances the bond she shares with her partner. Sexuality is more than engaging in a physical act; it is how you interact with your partner in a sensual way. Maureen, whose husband spent extended periods away from home for work, shared this perspective:

> He wasn't home that much, so I'd see him when he would come home. That reunion every time which is always a nice feeling. You want that intimacy, and not necessarily just sex, but being together—the cuddling, the hugging, just being even in the same room together.

Again, the implication is that intimacy and demonstrations of love and affection can add an emotional depth to sexual experiences, and sex promotes a sense of emotional closeness. The physical experience and its effect of facilitating emotional intimacy appear to have a restorative effect for women experiencing various relational obstacles.

Embodied Sexuality: Body Image and Appearance

Several participants conceptualized sexuality in relation to their body and appearance. These accounts emphasized the objectified nature of women's bodies and evoked traditional standards of youthful beauty. This theme summarized how women navigated changes in their bodies while striving to maintain a coherent sense of self and self-image as a sexual being. Aggie begins her account with the assertion that she is not bothered by the aging process in and of itself, yet she then goes on to describe an idealized version of her aged self who has maintained youth, relevance, desirability, and sex appeal. She states,

> I'm ok about getting older but I want to stay young, I want to stay current. And I feel sexier, you know, I want to look good at a certain point. And I want to feel sexy and look sexy because I'm still, you know, I'm still alive… I still have needs. I do have needs.

During her account, Aggie paraphrased a quote commonly attributed to the philosopher, Madame Anne Louise Germaine de Staël *(1766-1817),* to underscore just how important it is for her to feel desired. She asserts,

> "The desire of man is the woman, but the desire of the woman is the desire of the man." That's exactly it, to be desired as a woman. And that's what I found out about myself. To be desired by somebody is like the hugest turn on. I wish I could put that in a pill for men and replace Viagra because it's amazing.

Participants' perspectives on sexuality were often framed in the context of the self-monitoring and self-improvement practices that they carry out in an effort to maintain their appearance in the context of aging.

> I still like to look, you know, I try to dress nicely… So, if that's part of feeling feminine, I guess I want to make myself attractive to my husband or keep myself attractive. It also… well, I like being at the lower weight; I just feel better overall. (Carole)

> My husband seems to be still pretty attracted to me. I feel like I'm fairly lucky, but I have kept myself in pretty good shape and trim. But I can see that as you get older you lose that attractiveness. And I don't know in the next five or ten years, there's a difference between being in your 50s and being in your 60s, and I don't know if that attraction will still be as

> potent as it still is now. I mean, even now it might be waning a bit; I'm not sure. (Marilynn)

The implication was that while aging is inevitable, the effect may be mediated through continued attention to social and relational determinants. However, as Marilynn noted, while her efforts to maintain her feminine and youthful appearance have benefits in terms of sexual appeal and desirability, the ability to maintain sex appeal in the context of continued aging is fraught with uncertainty.

In contrast to the accounts above, a few women offered perspectives that seemingly challenge arbitrary societal attitudes that can de-sexualize women's aging bodies. Like many baby boomers, Joan was taught early on that the main purpose of sex was to procreate. According to Joan, her current conceptualization of sexuality involved a process of personal reflection and the challenging of early messages pertaining to female sexuality that evolved over time.

> I understand the emotional attraction to another partner and that sort of thing, but also, it's about how you feel about yourself, your own sexuality. And it's not, it's not just about "I feel sexy" or not. It's feeling comfortable in your own skin. Being confident with knowing what your needs are and how to get those needs met. (Joan)

Holly also offered an account of her sexuality that evolved over time to include increased confidence and self-acceptance. She reflects,

> I'm not the size I was when I first got pregnant, when I first got married, but I'm feeling more confident in my body and my sexuality with my husband and on my own. So, if he doesn't satisfy me, I will satisfy me. And that doesn't bother me.

These accounts suggest that, over time, having come to know and appreciate their own bodies has led to increased confidence and comfort with their bodies and their sexual needs.

Setting the Stage: Early Messaging about Sexuality

The foundation for participants' sexuality was laid beginning in childhood and was

further shaped throughout adolescence and early adulthood. This theme describes the perceived impact of formal and informal sex education on participants' understanding of sexuality over their lifetime, including interactions with family members and other authority figures or institutions (e.g., religious teachings, school-based sex education), and the sexual climate of the time. For the most part, participants indicated that negative and restrictive messages about sexuality were commonplace and formal sex education (e.g. school-based sex education) was limited or nonexistent. Parents were the most influential factors in participants' early understanding of their sexuality. Words such as taboo and forbidden were employed to describe prevalent attitudes towards sexuality, and many women reported a culture of shame and fear associated with the concept of sexuality and sexual expression. Mae, for example, stated "sexuality wasn't something that I was able to talk freely to my parents about." In an effort to make sense of her current relationship with her sexuality, Mae recalled an early, impactful experience. She stated,

> I remember wearing the bra, the training bra, and my dad just one day freaking out because I had it on. And he made me go in and go put my undershirt on. So, things like that. He made you feel very uncomfortable with your sexuality. So, I guess maybe that's why I always did, and still do to this day…I guess maybe he made you feel like you weren't a good girl... Even today, if I put on a bikini or bathing suit I still feel that way, I feel uncomfortable. I feel like I'm doing something wrong.

Aggie, who grew up in what she described as a "very strict and very repressed" catholic household recalled receiving the message that "[kissing] was a sin, it was dangerous physically." According to Aggie, experiences such as this one "made me want to go the total opposite way." Rather than adopt the prevalent sexual narrative as her own, she began to listen to her body and to trust her intuition about her sexuality.

Despite being one of the few participants who received school-based sexual

education, Tolspin nevertheless was impacted by her family's conservative approach to sexuality. She stated, "In our house it was, 'you don't do this, you don't do that' …but you don't understand why. You were never told why. It was all just one big ball of confusion." Bailey, who also describes a strict upbringing, shared how messages such as "boys only want one thing" and "[sex] was something you did to have children" impacted how she navigated early relationships with men. She asserts, "the whole notion of sexuality was an inner conflict for me, basically, because I had to undo all those messages I received as a child and a teenager growing up."

In contrast to the negative or conflicting messages noted above, a few women highlighted the impact of positive messaging about sexuality. Charm speaks about the evolution of communication about sexuality across successive familial generations, noting that, by comparison, "[Sexuality] actually was spoken about quite openly in my family." Charm's favourable view of sexuality was further reinforced by the social climate in which she grew up in. She explains,

> I would have to say that the Sexual Revolution had a huge impact on me. And the feminist revolution, the whole feminist movement, had a huge impact on me sexually as well. Because I was lucky enough to grow up hearing, "you can do anything you want, you can be who you are."

Sexuality Evolves Over Time

The idea that one's perception of sexuality evolves over time was a central theme across participants' accounts. While sexuality was considered a normal and natural part of participants' selves, the meaning it holds at various times throughout one's life span may shift in response to various life circumstances and age-related processes. In fact, many of the previous excerpts show vestiges of this perspective (e.g., Joan, Holly, Bailey). Participants depicted their current understanding of sexuality as the culmination of a lifelong process of experiential learning and knowledge acquisition, personal reflection, and active challenging of societal

messages. Contrasting her current experience of sexuality with that of a younger version of herself who often felt like sexuality was a taboo topic, Holly describes herself as more "self-assured" and concludes, "I became much more open as I aged."

Increased sexual knowledge and experience were viewed as important to sexual growth for many participants; however, the way that individuals choose to express their sexuality was thought to differ from person to person and across contexts. Reflecting on her experience of sexuality over her lifetime, Linda commented, "It's something that we all experience differently. I think sexuality evolves over time in the sense of how we identify with it or how we experience it." Puppe shared a similar perspective. She stated:

> You're born with it and it develops through different experiences in your life and you express yourself in different ways. It could be the way you wear clothing or what you pick as clothing. It could be how you interact with people.

When asked to reflect on the meaning that sexuality holds for her, Aggie provided a fulsome description of the evolution of her sexuality beginning in childhood and culminating her current day perspective. She began,

> What sexuality is? Oh God, that's so hard because I think it has different meanings at different times. I think in the earliest decade where you are aware of sexuality it's about your self-image and how you connect to other people and who you are.

According to Aggie, early experiences of self-discovery and exploration led to the "breaking away of [her] role as a child," allowing her to overcome her need for external validation of her sexuality and determine who she is, independent of her relationship with her family. As a result of this process, Aggie's current view of sexuality contains aspects of both the self and the relational. She states: "it becomes less about you as an individual and more about you as part of a partnership as you get older."

Navigating Reproductive Milestones: Physical and Hormonal Change

As young girls matured into women and began the process of building their families, their concept of sexuality continued to be refined. At this point in their lives, navigating age-related physical changes, in general, and hormonal changes associated with the reproductive milestones of pregnancy, post-partum periods, and menopause, in particular, were identified as factors influencing women's sexuality. Yet, the nature and extent to which these experiences were perceived to impact women's experiences varied notably. For approximately half of the women interviewed, symptoms associated with menopause were experienced as debilitating, whereas others described only minor inconveniences, or in some cases, the overall experience was viewed as positive and liberating. Maureen, whose experience of menopause involved hot flashes and severe insomnia described the impact. She explained, "there are times where I would think I just don't have the energy right now…not just for sex, even intimacy." Although Maureen is now finding that her interest in sex is "starting to come back" she can readily recall once thinking, "I don't want to be touched." Red provided an evocative account of severe symptoms. She began her account by rejecting the notion that "things get easier when you hit menopause" She explains,

> So, there's me in a homicidal rage with two teenage boys in the house who were also all hormones. Holy crap! Anyway, so that was the hot flashes, and the night sweats, and the homicidal rage. Then it progressed to the vaginal wall thinning and the dryness and the actual pain…The itchiness it starts and it never stops itching… and this went on for THREE YEARS! … And, of course, [husband] and I want to be sexually active, but he couldn't even look at me because it hurt.

Holding back tears, she reflects on how age and experience have afforded her insight into how she may have viewed her sexuality differently if she were to have the opportunity to re-live these years of transition.

> I wasn't expecting it to be so hard… I mean, if everybody knew it was going to be this hard, maybe they would make the best of it when they're younger. Like, not waste so

> much time trying to figure out what the hell you think you want and all that stuff. But, of course, this is all age and experience that comes to the fore, right.

While Red's experience represents one end of the continuum of distressing menopause symptoms, she was not alone in her rejection of the notion of menopause as positive and liberating. Agatha, who described feeling a visceral shift in her body when she experienced the cessation of menses at age 50, shared a similar sentiment:

> There was still like a campaign about "your life is not over with menopause." You know, "you can rock on…" Maybe our mothers or grandmothers might have said, "It's all over now. You can't have a baby any more or you might as well just not bother having sex." Even ten years ago there was very strong messaging in the media, you know, for magazines for women and websites and things like, "you can rock on sister."

The incongruence between Agatha's lived experience and popular media depictions of mid-life and the menopausal transition left her feeling like an "anomaly" a "failure," and as though she was "not normal."

In contrast to the accounts above, some women reported neutral or positive experiences of menopause. Menopause brought freedom from physical and emotional symptoms associated with menstruation, pregnancy, and contraception worries. Bailey, who experienced heavy periods and severe premenstrual symptoms during her childbearing years, noted that, despite the hot flashes and vaginal dryness associated with menopause, she welcomed the sense of freedom and "not [worrying] about getting pregnant". While a number of women reported a decline in sexual interest and/or desire, for others it had the opposite effect. Brandy, who characterized her experience as "liberating", shared how the end to pregnancy worries has resulted in a reawakening of her sexuality. She noted, "all of the stuff I should have been doing in my early 20s, I'm just doing now." Margaret described a similar experience. She shared, "I don't know if it was the freedom or what but that's when my libido kicked in." She elaborated on her experience,

> I didn't really have anything, I kind of sailed through it…Freedom more like, you know, not having to ever have to worry about getting pregnant or, you know, anything like that…No monthly things to deal with. Freedom, it's awesome! …. Yes. It took away the bitch though…I'm definitely not as um… you know, when I'd be PMSing I'd be a total grouch. So, it took away that bitchiness. (Margaret)

Many women formed an opinion about their own experience by comparing it to those of friends, acquaintances, and unspecified "others" who they believed to be far worse off. For these women, the image of menopause as a burden, laden with symptoms to be endured, acted as the benchmark against which to evaluate and make sense of their own experience. One such woman was Mona, who described her experience:

> I'm happy because I had very limited sort of psychological emotional problems around it. I do remember going through a few months of being snappy but nothing really, nothing too bad. So that makes me happy…Um, you know, hot flashes, right. Um, but not too bad, I mean I think my sleep is not as good as it used to be. I'm waking up a bit more easily, I think. Um, I didn't get-, honestly, not compared to some people.

Angie, who believes she made out "pretty well" overall, shared how, compared to other women she "was relatively unscathed." The act of social comparison generally led to more favorable evaluations of the menopausal experience regardless of the physical impact of menopause.

Perceptions and Expectations for Future Sexuality

The COVID-19 pandemic had a devastating effect on Canadian's perceptions of the LTC sector; yet, even in this sample of participants who were interviewed prior to the pandemic, the prospect of admission to a LTC setting was not viewed favourably. Commonly associated with frailty, functional impairment, and reduced autonomy, the possibility was viewed as highly aversive, with some participants indicating reluctance to consider the prospect at all. Many participants expected to maintain their sexuality into later life, including in the LTC context, although they lacked clarity regarding how exactly that would be achieved. Perceived barriers to

future sexuality were readily identified and included personal and facility level constraints. Factors supporting later life sexuality were less obvious to participants; some expressed a high level of uncertainty, whereas others were optimistic.

An Unwelcome Prospect

Participants perceived many obstacles to sexuality in the aged care context including lack of privacy, negative and restrictive attitudes, loss of autonomy, limited availability of safe and inclusive spaces for sexual and gender minority elders, and forced separation from intimate partners. Participants held strong opinions on this topic, oftentimes informed by their vicarious experiences of residential care. For instance, Holly, who had observed a lack of privacy and judgemental attitudes when visiting family members, shared about the importance that she attributes to her sexuality and how the possible loss of opportunities for companionship, physical touch, and other sexuality-related activities (i.e., sexting) would be experienced. She stated, "I would hope that was the end of my life." Like Holly, many participants referenced unfavourable situations they had witnessed or stories they had read or heard about regarding the way that others had been treated in support of their perspectives.

> The horror stories that you read about in the media about the facilities, and I don't even think they're even touching the tip of the iceberg. There's a lot more going on in nursing homes than what's being found... So that issue of having to go into care, Oh, my God, that just freaks me out. (Tolspin)

> I hope I have health and I don't live in a nursing home, unless they change their ways. From my perspective of what I saw, they need to look at the people that they are a person, they are a human being, they have desires. So, I hope for me going forward I can live in my home for as long as I can and have the desires, and the wishes and do everything I want to do, whether it be with a partner or by myself, with no interruptions. (Brandy)

In the participants' narratives, personal obstacles and facility level barriers often intersect. In the following account, Rebecca explains how a multitude of institutional barriers, combined with

declining health (physical and/or mental incapacity) may combine to increase residents' vulnerability to harm, including sexual exploitation.

> It would be like Big Brother is watching you. You're relegated to a cement building with one bed in the room, people floating around all the time, people coming in and out of your room, nurses checking on you, so you lose all your privacy. I mean, they have a door but I still consider it open concept living because anybody can go into your room. So, I hope I never end up in one. They're very sad places, they're very lonely places sexuality-wise. I don't really see anything healthy sexuality-wise in those places and, unfortunately, the more incapacitated that you become, the more vulnerable you become to other people possibly doing and taking advantage of you in compromising situations. (Rebecca)

The barriers that appeared to elicit the most concern for participants were lack of privacy and the prospect of involuntary separation from a spouse or partner when one partner requires more care than the other or when facility policies and/or environmental constraints limit access to private spaces. Again, participants expressed strong views on this topic. The prospect of separation from one's partner was characterized as "awful" (Marilynn), "brutal" (Angie), "very, very cruel" (Agatha), "abhorrent" (Linda), and a "sad" and "horrible, horrible thing" (Maureen). Here, Linda and Agatha elaborate on their perspectives:

> I think that's abhorrent that we would separate couples that have been together for all these years because we can't arrange for them to be able to stay in the same place to have that closeness, that physical need fulfilled. I think that's awful. I think we, as a society, need to understand that as the boomers, and we're a big cohort, that these things are important to us. Hell, we're the ones who started the sexual revolution. You think that that's going to change just because we've gotten older? (Linda)

> I haven't heard of such a nursing home where the two people, husband and wife, or partners that might meet later, would be able to share a bed. And then if they were in a single bed together they would probably be taken apart very quickly by the staff. (Agatha)

The overarching sentiment was that no couple, regardless of relationship status and duration, should be forced to endure the emotional and mental anguish associated with being separated from their loved one.

Cautious Optimism: Hope in the Face of Uncertainty

Baby boomers, on the whole, are generally known for their optimistic outlook, and some of the women who took part in this study were no different. While a few participants found it difficult to fathom continued sexuality in the context of LTC, most participants indicated a desire to maintain their sexuality as long as they could, although what exactly that would entail was less apparent. Joan, who viewed her sexuality as integral to her sense of self and a "relationship with a man right until the end" as "something that's always going to be a need," shared the following perspective:

> I guess that I'm hopeful that the way things are advancing, that health care can advance when it comes to senior care… But I don't know how realistic that is. (Joan)

Bailey's account further exemplifies this perspective. She begins with the assertion:

> I'm just hoping that even in my 80s there will be some kind of sexual intimacy. I have no idea what that will look like, but I do have hope. I went to a workshop years ago; I can't remember what it was on, and this 80-year-old was talking about still being sexually active and whatnot. So, it gives me hope. (Bailey)

However, upon further contemplation Bailey concedes that despite her hopefulness, she has "a feeling that [sexuality] may just diminish and then be gone" were she to experience relational or physical changes, such as loss of partner or diminished sex drive. Like Bailey, when asked to consider their future sexual selves, some women speculated about the continuation or cessation of their sexuality in relation to a change in relationship status (i.e., partner loss), as well as age-related decline in physical and cognitive health. These factors appeared to be the largest contributors to participants' uncertainty, yet they were not uniformly

experienced as barriers. Charm, who is cognizant that she may outlive her husband who is a decade older, “has no doubt that [she] will maintain [her] sexuality as long as she possibility can” even in his absence. She was less certain, however, that her future sexuality would withstand the effects of declining health. She asserts, “that’s the only way I can see it happening, because certainly my mindset is not ever going to slow down that way.” It appears that although participants hold out hope that they will be able to maintain their sexuality well into their later years, they do so with a measure of uncertainty and a view of later life sexuality as vulnerable to changing circumstances.

Changing Times: Smoothing the Way for Sexuality in Later Years

This theme summarizes participants’ perceptions and expectations regarding factors supporting opportunities for future sexuality within a LTC context. Meeting the diverse sexual and intimacy needs of older adults in the context of care was largely viewed as a topic with many challenges and participants perceived considerably fewer supports. Perceived supports were associated with the belief that generational shifts in sexual knowledge and attitudes, and increased sexual permissiveness would lead to more favorable outcomes for themselves and their peers. Angie, for instance, expects to have a much different experience than her predecessors did. She stated, I think people will be more open and there will probably be more allowance made for [sexual expression] and more effort to maybe give people privacy. When contemplating the possibility that she and her husband, whom she characterized as a “real cuddler” wouldn’t be allowed to share a bed, Marilynn speculated that “20 years down the road things will have changed, there will be awareness that people should be together.” Here, Mona shares her perspective:

> It seems to me that there are more people interested in the issues of the aging, in the studies of aging, that perhaps it will become a more respect based, or more

> understanding of the needs of people at that age. I mean, I think our respect for people as a whole is increasing value. If you know what I mean. Like think about all of those stupid racist jokes that you're expected to smile through in the past and now people are, if they have the nerve to say them, they're going to hear about it. (Mona)

Many participants shared the belief that aging baby boomers will be the catalyst for positive change by creating more demand and opportunities for continued sexuality and sexual expression within a LTC context.

> I think that the baby boomers are going to have different expectations of what they want their long-term care to be, for two reasons. One, they don't want to be separated, whether they're sexual or not. But, in all honesty, I can see baby boomers who are going to be in long term care who are still fully intending to be sexually active in whatever friggin' way they can because that's what they've done all their lives. (Red)

> I just think maybe we'll be the ones who to make those changes. We've been more at the forefront for the changes, for women's lib, all those things. I think it's going to be different. I really do. I'm positive, I think there's going to be change. (Marie)

Baby boomers were characterized as being quite different than the generations that preceded them. Participants held similar views as generally reported in the literature, the current generation of elders was characterised as passive and complacent, whereas the baby boomer generation was portrayed as assertive and agentic.

> They were more complacent…The doctors, and priests, and everyone had power over them. Where my generation has looked within and gotten to know their bodies and themselves and what their needs are better than someone else saying this is what's best for you. (Margaret)

> I can see a lot of baby boomers demanding, and I mean demanding because we are pushy little brats; demanding that we do have private rooms. You know, that we have a lock and key, so to speak. So, I can see that becoming something that could very well come into play. (Rebecca)

Discussion

This research provides new insights on the meaning young baby boomer women ascribe to their current sexuality, changes in sexuality over the course of their lives, and their perceptions of their future sexual selves in a LTC context. Sexuality was commonly depicted as diverse,

personal, and a fundamental aspect of being human at every stage of life. Further, women reflected that sexuality developed and evolved over time in response to a range of intrapersonal, relational, social and cultural experiences. While many participants expressed a desire to continue living their sexual lives as they wish, they lacked confidence in their ability to do so in the LTC context.

Over their life course, women in this study placed the meaning of sexuality typically within a relational context, and sexual behaviour, broadly defined, served to support the relational bond. A strong subset of women contemplated on bodily changes associated with aging, including anticipating a loss of desirability, and discussed their current efforts to maintain beauty and attractiveness. In contrast, a smaller subset of women spoke of changes over their lifetime that led them to a place of acceptance of their own bodies, resulting in a readier assertion of their sexual needs and expressions. For some women, the physical changes associated with aging challenged a sense of continuity with their younger selves, whereas others appeared to be more readily able to adjust their perspectives to accommodate age related changes.

Early learning experiences continued to influence how women in their 5th and 6th decades perceived their sexuality. In positive ways, women were affected by changes in social values and attitudes associated with movements furthering women's and sexual minority rights. Some women, however, were still struggling with negative messages received from parents, teachers, or religion. The reproductive milestones of pregnancy, post-partum period(s), and menopause influenced women's sexuality in various ways, ranging from negative and debilitating, to positive and liberating. Many participants employed common western conceptual models of women's health to describe their experiences. When asked to consider their sexuality in the years to come, especially in the context of requiring LTC, women paused, as many had not

considered such situations. Admittance to LTC was not viewed favorably and numerous barriers to later life sexuality in this context were identified. Yet, some participants were optimistic that, due to the efforts of the baby boomers, supports would be available when needed. Others were less hopeful and did not anticipate effective change in their lifetime.

Conceptualizing Sexuality

Participants indicated that sexuality is experienced and expressed in a multitude of ways and is an important aspect of how they understand themselves in relation to their bodies and to others. Participants depictions of sexuality moved beyond the traditional conceptual domains of sexual behaviours and sexual responses to include aspects of body image and body awareness, and personal and relational goals, including wanting to feel attractive and sexually desired and to promote or enhance physical and emotional intimacy. This way of perceiving and experiencing sexuality supports previous findings that older adults tend to have broader interpretations of sexuality beyond the imperative of intercourse (Hinchliff & Gott, 2008; Hurd Clarke, 2006; Menard et al., 2015; Sandberg, 2013) and that they engage in sex for various sexual and non-sexual reasons including personal (e.g., to feel attractive and sexually desired) and interpersonal (e.g., to express love) motives (Gewirtz-Meydan & Ayalon, 2018; Mark et al., 2014).

For the women in this study, sexuality was not only personal, it was also relational. With few exceptions, the concept of sexuality was inextricably linked to a shared sexual experience with a partner and often had a meaning and purpose that extended beyond an experience of sexual satisfaction. Participants engaged in sex in an effort to foster feelings of closeness, convey love, and enhance or re-establish relational bonds. This aspect of participants' sexuality closely resembles Sternberg's (1986) definition of intimacy as encompassing the feelings of closeness, connectedness, and bondedness in the context of a relationship. The

perception of sexuality as relational is both a strength and a potential liability for women during their later decades. As Sandberg (2013) concluded in her research with older men, making sense of later life sexuality through narratives of closeness and intimacy offers an alternative view that moves beyond the conventional double standards of the *sexless senior* or *sexy oldie,* which can be limiting to those who do not recognize themselves in these images. Whereas traditional conceptualizations of sexuality equate sexual activity with sexual functioning and performance, a more fulsome definition of sexuality that includes aspects of emotional intimacy and physical tenderness may buffer the psychological impact of age-related decline.

A further liability of the relational conceptualization of sexuality, for heterosexual women in particular, is differential longevity and lack of partner availability in later years (Beckman et al., 2014; Delamaer, 2012; Freak-Poli, 2017). Women have a longer life expectancy than most men, and they tend to partner with men who are older (Freak-Poli, 2017; Karraker et al., 2011; Lindau et al., 2007). Even when women are partnered, they may experience reduced opportunities for sexual expression due to partner-related barriers, including declining physical and/or psychological health and sexual dysfunction (Bell et al., 2017). Obstacles to relational sexuality also extend to the residential context where women constitute the majority of residents (McCann et al., 2012; Statistics Canada, 2018; Steinbeisser et al., 2018). Partnered residents may encounter limited privacy or forced separation, and those who may wish to establish new relationships may be hindered by restrictive staff, co-resident, and family attitudes (Bauer, McAulife, et al., 2013; Ehrenfeld et al., 1999; Elias & Ryan, 2011; Hajjar & Kamel, 2003; McAuliffe et al., 2007; Parker, 2006; Villar et al., 2015a; Villar et al., 2015b; Ward et al., 2005).

The societal narrative about aging has been shifting in recent years to the view that physical aging is normal and therefore should be embraced, yet not everyone subscribed to this

view. Some women in this study viewed age-related physical changes as a threat to their continued desirability as sexual partners and engaged in self-monitoring and self-improvement practices to maintain the continuity of their youthful appeal. In contrast, a few participants described placing less importance on the appearance of their bodies as they age. By embodying positive aging discourses these women appeared to resist the influence of femininity norms and ageist ideals of physical attractiveness on their evaluations of their sexuality.

Collectively, these findings have important implications for the sexual health outcomes of aging women. Whereas body dissatisfaction has been shown to have deleterious effects on older women's physical, psychological, and sexual health and well-being (Kilpela et al., 2023; Peat et al., 2008; Pujols et al, 2010), body appreciation has been associated with improved mental health outcomes (Swami et al., 2014) increased sexual satisfaction and functioning, and decreased sexual distress (Robbins & Reissing, 2018a; Satinsky et al., 2012). While previous research findings suggest that body image remains relatively consistent across the female life span (Lewis & Cachelin, 2001; Quittkat et al, 2019, Tiggemann & Lynch, 2001) our findings add support to a small but growing body of research (e.g., Robbins & Reissing, 2018b; Oberg & Tornstam, 1999; Reboussin et al., 2000; Tiggemann & McCourt, 2013), including a recent large-scale study conducted by Hockey et al (2021), indicating that some women may experience an increase in body appreciation as they approach later life. It is possible that women whose perception of their sexual-self incorporates not only an evaluation of the body's appearance but also the affective experience of embodiment may be able to transcend damaging societal standards of youthful ideals and be better able to adapt to age related physical changes.

Factors Influencing Women's Sexuality Across the Life Span

A common narrative across participants' accounts was that their understanding of sexuality developed and evolved over time in response to a variety of social and biological factors, including early learning, physiological and psychological processes, and changing life circumstances. This finding aligns with the continuity theory of aging which emphasizes the integration of past and present experiences in shaping one's perceptions and experiences. Two main influences were predominantly discussed: early interactions with family members and other authority figures (i.e., educational and religious institutions); and navigating the physiological and psychological changes associated with aging and the menopausal transition. These appeared to be universally shared factors influencing women's sexuality over their life span.

Research on sexual socialization suggests that early learning about sexuality may have salient effects on sexual behaviours, experiences, and attitudes beginning early in life, and these effects may persist across the life span (Menard et al., 2015; Nurgitz, 2021). The present study builds on these findings by highlighting that even in the 5th and 6th decades of life, women's sexuality may continue to be impacted by gendered sexual scripts and messaging about sexuality that they received early in life. Despite coming of age in the midst of the sexual revolution, participants overwhelmingly reported that their early experiences of sexuality were shrouded in an atmosphere of repression, secrecy, and shame.

Much like Ayalon and colleagues (2019) observed in their qualitative study examining older adults' communication about sexual issues in the context of significant social change, many participants reported that sexuality was not talked about at all. If it was addressed, normative sexual discourses of *sexual abstinence until marriage* or the *sexual double standard*, which conveys more stringent expectations for girls and women, tended to dominate. Accordingly, participants largely viewed the impact of early messaging from family and other

authority figures as something to be worked through or overcome. For some, the process of challenging and letting go of these negative messages led to a newfound understanding of their sexuality. For others, the process persisted and vestiges of early messages remain. These findings show that although freedom of sexual expression was the hallmark of the baby boomer generation's youth, some may still find it difficult to overcome more conservative views of sexuality internalized in youth.

Another common factor perceived to influence sexuality included traversing reproductive aging millstones, particularly the menopausal transition. As with previous research, women in this study produced contradictory results regarding the impact of menopause. Some findings have highlighted the deleterious effects of decreasing hormones on sexual functioning (e.g., Dennerstein et al., 2001; Scavello et al., 2019), while others indicate that women report a diversity of positive and negative experiences (de Salis et al., 2018; Hvas & Gannik, 2008; Rubinstein & Foster, 2013), which may be influenced by a range of factors including socioeconomic status (Dasgupta & Ray, 2013; Delanoe et al., 2012), generational belonging (Utz, 2011), culture, and the meaning ascribed to sexuality (Bachmann & Leiblum, 2004; Koch et al., 2005; Nappi & Nijland, 2007; Shea, 2006).

In this study, some women employed a medicalized narrative of menopause as a condition to be treated (Ultz, 2011); while others viewed menopause as a normal developmental phase (Ultz, 2011), and as transformative and liberating (de Salis et al., 2018). These ways of talking about menopause were not independent or exclusive. At times, participants explicitly rejected or aligned themselves with certain perspectives by juxtaposing their own experience against existing narratives of menopause. While the medicalized model of female aging has been regularly denounced by proponents of the women's health movement for its pathologizing of

menopause and inherent assumption of sexual disorder and decline, for many women the medicalized model may still feature prominently. Some, however, appear to have adopted a more holistic view of menopause as natural and normal, while others still, perceive positive aspects. For these women, the menopausal transition, and perhaps other age-related changes, appear to be experienced as contributing to an always evolving sexuality rather than determining it. Menopause can represent a critical juncture in a woman's life, prompting adaptation in her sense of self and identity as a sexual being. More research is necessary to understand the interplay between physiological experiences and adaptive or hindering conceptualizations in general, and with regard to sexuality in particular.

Considering Later Life sexuality: Perceptions and Expectations in the Context of Care

When asked to contemplate the prospect of sexuality in residential care, the majority of participants indicated a desire to continue living their sexuality as they did over the course of their lives. This finding is in line with continuity theory which consistently highlights how older adults desire to maintain their identity, sense of self, preferences, and ways of living in the face of age-related changes (Atchley, 1989; Becker, 1993, Breheny & Griffiths, 2017; Utz et al., 2002). Physical and physiological health, relationships, and environmental changes are closely related to the experience of continuity (Atchley, 1989; Becker, 1993; Gladstone, 1995). Sexuality as one aspect of self is not different. Yet all of the participants perceived many contextual and structural barriers to sexuality, leading some to question the feasibility of continued sexuality in this context.

Consistent with barriers commonly highlighted in the literature (Barmon et al., 2017; Elias & Ryan, 2011, Palacious-Cena et al., 2016; Schubert & Pope, 2020; Villar et al., 2014), participants raised issues related to freedom and autonomy, privacy, negative attitudes, and the

accommodation of intimate partners within the same facility or shared living space. As in previous research (e.g., Ballard et al., 2011; Binette & Farago, 2021; Dupuis-Blanchard et al., 2009), participants in our study were strongly motivated to remain in their home as long as possible. Staying in their own homes was seen as a way to uphold continuity of one's identity as autonomous and as a sexual being. The urgency of this desire in our sample of women was remarkable, given that the data were collected before the COVID-19 pandemic. Remaining in one's home was viewed as a way to maintain continuity in their experiences and sense of self as a sexual being. Past learning and experiences are understood to influence and contribute to older adults' adaptation to new situations (Chapman, 2005).

In contrast to the many barriers they perceived, participants struggled to identify current facilitators of later life sexuality in the LTC context. Yet, some were optimistic that, due in large part to the efforts of the baby boomer, supports would be available when needed. Existing literature contains much speculation that baby boomers—a cohort widely viewed as self-reliant and empowered, and known for their aspirations for old age, will leave their mark on the aged care industry and redefine what it means to be old (e.g., Das et al., 2012; Gill & Cameron, 2022; Golant, 2017). Much like Gill and Cameron's (2022) qualitative study of Australian baby boomers' aged care service expectations, many of the women in our study also share this perspective. In fact, many participants spoke confidently about the power of the collective to compel necessary structural and systematic level change. However, it is important to note that while participants indicated that they would not accept the limitations on sexuality currently imposed by the aged care industry, their expectations remained speculative in nature. In fact, some participants indicated that they had not considered the prospect of their own future sexuality until specifically queried in this study. This raises questions as to whether baby

boomers are sufficiently prepared to assert their needs while they are still healthy enough to take up the cause, and, if so, how and to what extent they will continue to be motivated to do so when they are confronted with age related physical and cognitive decline.

Study Limitations and Future Research

Evidence from existing research highlights the ways in which positive aspects of sexuality, including a positive sexual self-conceptualization and body image, adoption of a positive sexuality-discourse, including a more holistic view of age-related changes as natural and normal, are associated with a multitude of positive physical and mental health outcomes. Our findings add to this research by providing useful insight into the diverse experiences, perceptions, and expectations of women as they consider their sexuality both currently and as they approach the later part of their lives. While cohort membership is important, consideration of the range of sexual scripts, sexual experiences, and life events shaping women's understanding of their sexuality is needed to provide proper care for this population. Whereas some women appear to be able to transcend negative and limiting narratives of sexuality and adopt a more holistic understanding, the supposition that all baby boomers adopt the same approach is misleading. As our findings illustrate, baby boomers are a more heterogeneous group than we may have previously believed.

Although this study adds important perspectives to the discourse and research on sexuality and aging, it has limitations. Our primary interest was to obtain insights into women's perceptions of their sexuality, both now and in the future. While the findings represent a first step toward this goal, the limited scope and homogeneity of the study population restrict their generalizability to the wider population. This was a qualitative study with a self-selected sample of women. Our sample was quite similar in terms of culture, education, socio-economic status,

and sexual orientation. In addition, all women were expected to be in a relationship; in retrospect, a more open recruitment strategy would have allowed for the voices of women who were not sexually active, or sexually active outside of a relationship context to be represented. We were transparent in our study recruitment and likely recruited women who were interested in, and open to sharing subjective experiences of sexuality and how these and other factors may impact their perceptions and expectations for sexual expression. These women may place a greater value on sexuality in later years and in the LTC context.

Future studies should examine this topic with more diverse women, men, and gender and sexual minorities, individuals with major health issues, as well as persons who are single and widowed. This study contained both retrospective and prospective properties. Participants were asked to recall and reflect on past experiences, as well as discuss possible future scenarios, which may be subject to recall or projection bias. A longitudinal study would provide insight into changes in perspective and experiences over time, as well as the interplay between physiological aspects of aging and helpful and hindering attitudes. Significantly increased public attention and investment in respectful care that includes the consideration of individuals' sexuality needs is absolutely crucial. After all, while our participants are reluctant to think of later years requiring residential care, many may very well find themselves in care.

Study 2

Sexual Expression in Long-term Care Institutions: Are we Ready for the Baby Boomer Generation?

Angela Priede, B.A., and Elke Reissing, Ph.D.

School of Psychology, Faculty of Social Sciences

University of Ottawa

Author Note

We have no conflict of interest to disclose. Any correspondence concerning this article should be addressed to Elke Reissing, Ph.D., School of Psychology, Department of Social Sciences, University of Ottawa, 136 Jean-Jacques Lussier, Ottawa, Ontario, K1N 6N5.

Email: reissing@uottawa.ca

Abstract

Baby boomers were at the forefront of profound social changes in sexual attitudes and many have expressed a desire to remain sexually active throughout their life course. The purpose of this survey study was to assess the preparedness of Ontario's long-term care (LTC) homes meet the changing sexuality needs and expectations of LTC residents. We examined sexuality related attitudes, including in the context of dementia, among 150 LTC administrators. Participants also completed a questionnaire assessing their experiences and perceptions regarding existing and anticipated supports, barriers, and priorities. Most participants demonstrated positive sexual attitudes; however, multiple challenges to meeting residents' sexuality needs were noted, including assessing capacity to consent, limited privacy, staff training, conflicting attitudes, and a lack of adequate policy and guidelines. Challenges are broad and significant and considerable attention is required to meet the expectations of the next generation of LTC residents, including gender and sexual minority elders.

Keywords: older adults, sexuality, long-term care, administrators, sexual attitudes, quantitative research

Sexual Expression in Long-term Care Institutions: Are we Ready for the Baby Boomer Generation?

The importance of sexual expression across the life span has been well documented. Research consistently highlights associations between sexual activity and improved health (Bauer et al., 2015; Lee et al., 2016; Lindau et al., 2007), greater enjoyment of life, and overall well-being (Steptoe et al., 2015). Contrary to stereotypes that position older adults as asexual, positive sexual outcomes are not the exclusive domain of the young. Accumulating evidence, including findings from large population-based studies, shows that older adults not only remain sexually active (Beckman et al., 2014; Hyde et al., 2010; Traeen et al., 2019), they also consistently identify continued sexual activity and opportunities for sexual expression as a central factor impacting their quality of life (Davison et al., 2009; DeLamater & Sill, 2005; Laumann et al., 2006; Lindeau & Gavrilova, 2010; Robinson & Molzahan, 2007).

Despite the reported benefits, sexual expression in long-term care (LTC) homes remains largely overlooked and poorly understood (Dyer & das Nair, 2013). This is problematic given that baby boomers tend to hold more positive sexual attitudes and place more importance on sexuality and intimacy than previous cohorts (Fisher, 2010), and many expect to maintain a higher level of sexual interest and frequency of sexual activity in their later years (Das et al., 2012; Hillman, 2012; Waite et al., 2009). Moreover, once in care, they want to be able to access the same sexual health services (e.g., referral to sexual health professionals), sexual aids (e.g., vibrators, condoms, lubricants), and erotic materials as their community-dwelling counterparts (Rahn et al., 2020). This study was designed to assess the perceived preparedness of Ontario's LTC homes to meet the sexuality needs and expectations of LTC residents and to identify

existing supports, barriers, and key priorities that must be met in order to uphold residents' rights to sexual expression.

Historical Context

In Canada, it is estimated that by 2030, baby boomers, people born between 1946 and 1964, will constitute approximately 22% of the population (Statistics Canada, 2023). In the Western world, this cohort is viewed as instrumental in bringing about a profound sociocultural shift in the way sexuality is perceived and expressed, gradually moving from a view of sex for procreation to sex as recreation (Twenge et al., 2015). Baby boomers have enjoyed more liberal and diverse sexual lives than previous generations, and are thus even more likely to consider sexuality as an integral part of their identities and central to healthy aging (Doll, 2012; Rahn et al., 2020). Further, given that sexual identity and sexual attitudes have been shown to remain consistent throughout adulthood (Das et al., 2012), baby boomers are likely to experience continuity in their perception of Self as sexual and are expected to assert their right to remain sexually active (Das et al., 2012; Rowntree, 2014).

As the average age of the population continues to rise, it is projected that the number of individuals needing LTC services will reach 606,000 by 2031, representing a 59.5% increase in demand as compared to 2019 (Canadian Medical Association, 2021). However, following a review of existing documentation, including policy literature (e.g., Government of Ontario, 2022; Ministry of Health and Long-term Care, 2007), working group reports (e.g., Brassolotto & Howard, 2018) and discussion and research papers (e.g., Lester et al., 2016; Sussman et al., 2018; Syme et al., 2016), it remains unclear whether LTC homes are prepared to meet the shifting needs and expectations of the baby boomer cohort.

Barriers to Sexual Expression

Accumulated research confirms that older adults, including those who reside in LTC homes, continue to experience sexual desire and engage in sexually expressive behaviour even in the presence of cognitive decline (Bauer, Fetherstonhaugh, et al., 2013; Delamater & Moorman, 2007; Kuhn, 2002). Yet, a number of challenges that impede expressions of sexuality within the LTC context have been identified. Reported barriers include biological and physical limitations, restrictive staff and family attitudes, and institutional barriers, such as limited privacy, inadequate training, and an absence of specific policy and guidelines informing the facilitation of healthy sexual expression (Bauer, Fetherstonhaugh, et al., 2013; Ehrenfeld et al., 1999; Elias & Ryan, 2011; McAuliffe et al., 2007; Villar et al., 2015a; Villar et al., 2015b; Ward et al., 2005).

Environmental and Organizational Barriers

While expressions of sexuality and intimacy are generally considered to be private, sexual expression becomes increasingly more public within the LTC context. Research by Howard and colleagues (2020) highlights how the dichotomous nature of LTC homes; functioning as both a home and a public workspace, creates an ambiguous boundary between private and public space. They observed how behaviours that would generally be considered appropriate for one's living space (i.e., viewing pornography) can be perceived as inappropriate for one's workspace, and competing needs of residents and care staff (e.g., ease of access, patient monitoring) can lead to prioritization of organizational efficiency over residents' personal needs. Adding further to this problem, the availability of private spaces for residents is limited due to outdated designs—modeled after the needs of the previous generation, favouring communal space over privacy (McAuliffe et al., 2007). It is generally acknowledged that baby boomers place a much higher value on personal choice and independence and they are much more active

and engaged in their care than their predecessors were (Gill & Cameron, 2022; Kahana & Kahana, 2014). In fact, researchers suggest that baby boomers are more likely to demand individualized care that meets their specific needs and standards (Gill & Cameron, 2022), including LTC homes that offer access to a variety of private and public spaces (Miedema, 2009).

Attitudes Toward Residents' Sexual Expression

Negative or restrictive staff attitudes and lack of training have also been shown to hinder residents' expressions of sexuality (Hajjar & Kamel, 2003; Howard et al., 2020; Roach, 2004). Staff responses to sexual expression differ according to organizational culture (Hajjar & Kamel, 2003; Tzeng et al., 2009), and a range of residents' characteristics, including level of cognitive functioning (Villar et al., 2014b; Walker et al., 1998), gender and sexual orientation (Hinrichs & Vacha-Haase, 2010; Nay, 1992; Villar et al., 2015b), and the specific nature of the sexual behaviour being expressed (Ehrenfeld et al., 1999; Roach, 2004; Villar et al., 2015b; Villar et al., 2016). Moreover, LTC staff have their own diverse cultural and religious backgrounds and some may experience residents' sexual expression as morally or religiously offensive (Bouman et al., 2007); whereas others view supporting later life sexuality as being outside of their scope of practice (Haesler et al., 2016). Despite consistent findings indicating that knowledge and training can attenuate negative sexual attitudes (Mahieu et al., 2011; Walker & Harrington, 2002), findings from a systematic review examining health professionals' perceptions of later life sexuality indicated that staff knowledge and perspective are often lacking and opportunities for training remain significantly limited (Haesler et al., 2016).

Another challenge that may generate discomfort within the LTC context is sexual expression in persons with dementia (Doll, 2013; Syme et al. 2016; Wilkins, 2015). Yet, like

their healthy counterparts, individuals with cognitive decline continue to engage in meaningful forms of sexual expression (Kamel & Hajjar, 2003; Tabak & Shemesh-Kigli, 2006) and maintain satisfying sexual relationships (Archibald, 1998; Archibald, 2003; Davies et al., 2012; Kuppuswamy et al., 2007). In fact, findings indicate that 70% of couples with at least one partner presenting with dementia-related cognitive decline report continued sexual activity (Davies et al., 2012). The confluence of sexuality and dementia continues to pose a unique set of challenges in the LTC context. Capacity to consent remains a contentious issue both in terms of public opinion (Syme et al., 2017) and among staff who are tasked with providing care (Syme et al., 2016). This issue is insufficiently addressed in the research and policy development context (Nilsson et al., 2022; Syme et al., 2016).

Despite recent notable changes in the advancement of sexual and gender rights and freedoms in North America, evidence suggests experiences of discrimination and marginalization continue to negatively impact sexual and gender minority elders' access to necessary health and social services (Dune et al., 2020; Jackson et al., 2008; Johnson et al., 2005; Schwinn & Dinkel, 2015; Stinchcombe et al., 2017) including in the LTC context (City of Toronto & Long-Term Care Homes and Services, 2022; Doll, 2012; Hinrichs & Vacha-Haase, 2010; Sussman et al., 2012, Sussman et al., 2018; Villar et al., 2015a). It has been suggested that sexual minority elders are five times less likely to access LTC services than their heterosexual counterparts (Toronto Long-Term Care Homes & Services, 2008) despite evidence that they are at increased risk of requiring formalized care due to higher instances of social isolation (e.g., smaller family networks, lack of financial security), and marginalization (Fredriksen-Goldsen et al., 2011; Lowers, 2017). Multilevel challenges include fear of prejudice or reprisal, exclusion from health policies and practices, lack of knowledge among service providers, and perceptions

of inequity in care (City of Toronto & Long-Term Care Homes and Services, 2022; Dune et al., 2020; Jackson et al., 2008; Johnson et al., 2005; Schwinn & Dinkel, 2015). Many gender and sexual minority individuals have expressed fear of being driven back into the "closet" in order to receive quality LTC care services (Connolly et al., 2012; Doll, 2012; Services & Advocacy for GLBT Elders et al., 2021; Wilson et al., 2018). Queer (non-cisgender), bisexual, and transgender residents are at even greater risk as they may experience both discrimination from heterosexual communities and rejection from gay and lesbian communities (Brotman et al., 2015). Further, transgender elders' ability to choose to disclose, or not, their queer identity becomes compromised in the LTC context, as they will inevitably be outed to staff during personal hygiene and physical care activities (Brotman et al., 2015).

Potential Facilitators of Residents' Sexual Expression

The Role of Leadership

LTC administrators and managers generally report positive attitudes toward residents' sexuality, including toward residents living with dementia (Shuttleworth et al., 2010; Syme et al., 2016). Further, LTC administrators' engagement in cultural change activities supportive of residents' sexuality has been shown to influence expressions of sexuality among residents (Bentrott, 2012). These findings are in line with accumulated research on organizational management which has shown that leaders' attitudes, perceptions, and approaches in the workplace (e.g., demonstrating strong values, providing a clear vision, initiating and empowering followers to implement change) can impact organizational outcomes and employee variables, including organizational commitment, morale and performance, behaviours and attitudes, and investment in their work (Chin et al., 2019; Loi et al., 2012; Neihoff et al., 1990).

While care staff may be the first point of contact for residents addressing sexuality-related issues, it falls to LTC administrators to interpret policy, navigate residents' demands for supports and services, respond to family concerns, and manage employee responses while also considering the specific needs and characteristics of the institutional setting (Bentrott & Margrett, 2011). As representatives of their respective homes, LTC administrators are optimally positioned to model appropriate attitudes and responses to residents' sexually expressive behaviours. Research indicates that they are more likely to recognize residents' sexuality needs and perceive a greater need for training as compared to direct care staff (Villar et al., 2020). It stands to reason that this influence would extend to creating more positive environments for residents' sexual expression, including employees' willingness to proactively and openly address residents' sexual and intimacy-related needs.

LTC Policies and Procedures

In North America, there has been a notable lack of guidance for LTC administrators seeking support to manage issues related to residents' sexual expression (Lester et al., 2016; Syme et al., 2016). LTC homes in Canada are licensed and regulated at the provincial and territorial level; however, the definition of LTC varies across jurisdictions. In Ontario, LTC homes are overseen by the Ministry of Health and Long-term Care and include residences that provide 24-hour nursing and personal care for individuals with complex needs. Until recently, the Long-term Care Homes Act, 2007 (LTCHA), and the associated Resident's Bill of Rights, served as the sole legislation governing Ontario LTC homes. While the LTCHA was developed to help ensure that residents receive a high level of care that upholds their right to live safely, comfortably, and with dignity, in an environment that meets their diverse needs (Ministry of

Health and Long-Term Care, 2007), review of the LTCHA revealed a significant lack of specific guidelines pertaining to the management of residents' sexuality needs and related privacy rights.

Shortcomings in the translation of the standards outlined in the LTCHA were recently brought to light, informed in large part by the impact of the COVID-19 pandemic, and the topic of protecting seniors' rights in the LTC context became subject to a vigorous public discourse. In April 2022, a decision was made to replace the LTCHA with the *Fixing Long-Term Care Act, 2021* (FLTCA). The FLTCA expands on the previous legislation and includes new provisions around enhanced safety for residents through increased transparency and accountability and implements changes related to staffing and provision of care, regulation enforcement, and licensing (Government of Ontario, 2022; Ontario Association of Residents' Councils, 2022). This new legislation represents a positive step toward the provision of quality LTC care that is resident centered and safe; however, the management of residents' sexuality needs and related privacy rights remain largely unaddressed.

A small selection of LTC homes and regional health authorities located in Australia, New Zealand, and to a smaller extent, North America have previously addressed a lack of guidance by developing their own practice guidelines (e.g., River Spring Health, 2000/2017; Vancouver Coastal Health, 2009, 2023) or adapting sample policies from other agencies to address specific sexuality-related issues (e.g., Lanark, Leeds, & Grenville Long-Term Care Working Group, 2007; Schindel Martin, 2002), including delivery of culturally competent services for sexually and gender diverse residents (e.g., City of Toronto & Long-Term Care Homes and Services, 2022; Toronto Long-term Care Homes and Services, 2008). However, despite these important initiatives, research findings continue to highlight a need for province-

wide, resident-centred standards of practice (Brassolotto & Howard, 2018; Howard et al., 2020; Sussman et al., 2012).

Study Objectives

Directors and administrators of LTC are uniquely positioned to not only influence the development of policy agendas, but also to ensure that such policies are implemented by staff at all levels of care. In this study we draw upon the collective knowledge of LTC professionals in Ontario to gain a better understanding of organizational supports and barriers to meeting the sexual and intimacy needs of current and future LTC residents. This research was guided by three research questions:

- What are the attitudes of LTC administrators/Directors of Care regarding later life sexuality?
- How do LTC administrators/Directors of Care evaluate their LTC home regarding preparedness to receive a new generation of baby boomer residents?
- What key priorities must be met for LTC homes in Ontario to meet the sexual and intimacy needs of LTC residents?

Method

Sampling and Procedures

A total of 150 Directors of Care/LTC administrators from Ontario LTC homes completed the survey between September and December of 2018. Potential participants were first identified via the Ontario Ministry of Health and Long-Term Care website which provides a detailed list of all LTC homes in Ontario. In line with our research objectives, we made concerted efforts to direct survey invitations to our intended recipients (Directors of Care); however, in their absence, other senior level administrators (e.g., assistant directors) may have completed the survey in their

stead. A total of 620 invitations to participate were forwarded via email, which included a weblink to the study hosted by Qualtrics©, a web-based survey platform. To broaden our reach, we also placed an invitation to participate in the Ontario Long-term Care Association's (OLTCA) online digital newsletter. The OLTCA membership represents approximately 70% of the LTC homes in Ontario including private, not-for-profit, and municipal homes (Ontario Long Term Care Association, n.d.). When possible, issues related to mail delivery failures were resolved through further internet searches, and follow-up emails were sent two weeks later to encourage those who had not yet responded. As an incentive, all respondents were given the opportunity to enter a draw to win a Visa gift card valued at $100. Ethics approval for this study was granted by the authors' University Research Ethics Bureau.

Measures

Aging Sexual Knowledge and Attitude Scale, Attitudinal Subscale (White, 1982)

The *Aging Sexual Knowledge and Attitude Scale* (ASKAS) is a 61-item standardized self-report measure designed specifically to assess individuals' knowledge and attitudes regarding later life sexuality. The attitudinal subscale of the ASKAS consists of 26 items assessing participants' age-related sexual conservatism/permissiveness (e.g., *I would support sex education courses for the staff of nursing homes; An aged person who shows sexual interest brings disgrace to herself/himself.*). Respondents were asked to indicate on a 5-point Likert-type scale the degree to which they *agree (1)* or *disagree (5)* with each statement. Negatively worded items were reverse scored and then all items on the ASKAS attitudinal subscale items were summed in order to derive a total attitudinal score ranging from a possible 26 to 130. A lower attitudinal score is indicative of a more permissive attitude.

The ASKAS has previously demonstrated satisfactory psychometric properties across a range of community, professional, and cultural samples including young adults, family members, and older adults (e.g., Allen et al., 2009; Cybulski et al., 2018; Hillman & Stricter, 1996; White & Catania, 1983); and nurses and students in health related fields, aged care staff, and gynaecologists (e.g., Bouman et al., 2007; Chen et al., 2017; Gomez Barba & Mendoza Ruvalcava, 2018; Langer-Most & Langer, 2010; White & Catania, 1983). The ASKAS has demonstrated content and criterion validity. Split-half, internal consistency, and test-retest reliability have been reported in the range of .72 to .96 for the attitudinal subscale (White, 1982). In the present study, reliability was satisfactory as demonstrated by a Cronbach's alpha of .78.

Staff Attitudes About Intimacy and Dementia Scale (Kuhn, 2002)

As the ASKAS measure does not assess attitudes specific to sexuality among LTC residents living with dementia, the *Staff Attitudes about Intimacy and Dementia* Scale **(SAID)** was included. The SAID scale is a 20-item self-report measure that utilizes a 5-point Likert response scale ranging from *agree (1) to disagree (5*). It was developed to assist care staff in recognizing their personal attitudes about sexuality in the context of dementia (e.g., *Residents who have dementia are not capable of making sound decisions regarding participation in sexual relationships.*). Consistent with previous use of this measure to target sexuality in the context of dementia (Bauer, Fetherstonhaugh, et al., 2013; Chen et al., 2017) a selection of items (10 of 20) were included in the study questionnaire. Negatively worded items were reverse scored and all items on the SAID attitudinal subscale items were summed in order to derive a total attitudinal score ranging from a possible 10 to 50. A lower attitudinal score is indicative of a higher level of permissiveness. We were unable to locate information regarding the reliability and validity of the SAID scale. In the present study, a Cronbach's alpha of .68 indicated moderate reliability.

However, when the questionnaire item assessing attitudes related to sexual and intimate acts between two married residents (not to each other) was removed the value increased to .71.

Socio-demographic Questionnaire

Participants were asked to provide demographic information about themselves and their respective LTC home including information related to the participant's gender and years of experience, ownership of the LTC home (e.g., public, private, not-for-profit), relevant cultural and/or religious affiliations, as well as the geographical location of the LTC home.

Baby boomers, Sexuality and Intimacy: The Ontario LTC Preparedness Survey

As there is currently no instrument available measuring LTC professionals' experiences and perceptions regarding current and future supports and barriers to residents' sexual expression, it was necessary to develop some additional survey items. In order to inform this portion of the survey, we conducted interviews with 5 aged-care stakeholders including senior-level LTC professionals and a representative from a senior pride organization with a mandate to support and advance the quality of life of older adults. The feedback they provided, together with knowledge gained from an in-depth literature review, was then used to develop specific questionnaire items related to perceived supports and barriers to LTC residents' sexual and intimacy needs. Before the questionnaire was distributed, study consultants were asked to comment on the overall content, focus, and clarity. Adjustments were made in accordance with their feedback, and the final version of the survey was utilized in the current study.

This portion of the study questionnaire consists of a total of 20 questions, including four yes/no, seven multiple response, three rank order, and two Likert-type scale items. The remaining four items invited respondents to provide any additional information, in the form of qualitative responses, that they believed to be pertinent to the topic at hand. Yes/no questions

query respondents' knowledge or experience of a specific matter or event (e.g., *Does your LTC facility currently have a written best practices policy or procedural manual that specifically addresses the care and management of sexually-related matters?*); whereas, multiple response questions (e.g., *In your opinion, which of the following factors currently represent a barrier to meeting residents' sexual and intimacy needs and expectations within your LTC facility?*), rank order questions (e.g., *Which of the following barriers that you previously identified would you consider to be top priorities in need of attention*? *Please rank your responses in order of importance.*), and Likert-type questions (e.g., *How would you rate the adequacy of your sexual health training with regards to aging sexuality?*) capture more detailed information about respondents' opinions and perceptions on such matters. Throughout the survey, respondents are regularly encouraged to provide additional clarifying information in the form of qualitative responses.

Finally, as completion of this survey may, in and of itself, have an effect on respondents' perception of their LTC home's level of preparedness, respondents are asked their opinion on this matter both at the beginning and directly following completion of the survey. Respondents were asked to indicate their answer on a 4-point scale ranging from very prepared (1) to not at all prepared (4).

Data Analysis

Study data were analyzed using SPSS, version 22. Usual data screening and cleaning methods were employed (Tabachnick & Fidell, 2007). Descriptive statistics and t-tests were used to describe participant and facility characteristics and to assess differences in pre and post-survey perceptions of preparedness. Pearson correlations and multiple regression analyses were

conducted to examine relationships among participant characteristics and the two attitudinal measures.

Results

Sample Characteristics

Study participants identified predominantly as female (81.3%, $n = 122$) and Caucasian (73.3%, $n = 110$). Total number of years working in the LTC industry ranged from 4 to 50 years ($M = 21.7$, $SD = 9.45$). Total number of years as LTC administrator/Director of Care ranged from 1 to 40 years ($M = 9.81$, $SD = 7.40$). Although the exact number of eligible participants who received the invitation to participate cannot be known, we estimated a conservative response rate of 24% by dividing the total number of valid responses by the total number of LTC homes in Ontario at the time of data collection–during the latter half of 2018. The resulting response rate is modest but is keeping with other research assessing attitudes and perceptions of health care providers (e.g., Doll, 2013; Hughes & Wittmann, 2015).

The distribution of participants was comparable to the distribution of LTC homes in Ontario regarding ownership status (i.e., public, private, and not-for-profit). Nearly half of the participants (48.7%) reported no training in sexuality-related issues. In keeping with this, a majority of respondents rated their level of training as inadequate (46.7%) or highly inadequate (12.6%). Regarding self-evaluated knowledge of older adult sexuality, nearly half of the participants rated their knowledge as inadequate (41.6%) or highly inadequate (5.1%). A summary of survey respondents' characteristics is presented in Table 1.

Table 1

Participant and Facility Characteristics (*N* = 150)

Participant Characteristic		*n*	%
Gender	Female	122	81.3
	Male	16	10.7
	Missing	12	8.0
Culture/Ethnicity	Caucasian	110	73.3
	Aboriginal/Indigenous	5	3.3
	Caribbean	4	2.7
	Bi-racial/Mixed race	3	2.0
	East Asian	2	1.3
	Central or South American	1	0.7
	Middle Eastern	1	0.7
	Southeast-Asian	1	0.7
	Other	7	4.7
	No response	14	9.3
Education levels	Cégep	1	0.7
	College diploma	62	41.3
	Bachelors' degree	59	39.3
	Masters' degree	14	9.3
	Doctorate degree	1	0.7
	No response	13	8.7
Previous sexuality training	Yes	65	43.3
	No	73	48.7
	No response	12	8.0
Facility Characteristic		*n*	%
Facility location	Urban	98	65.3
	Rural	52	34.7
Facility type	Privately owned	107	71.3
	Not-for-profit	27	18.0
	Municipal	16	10.7
Religious affiliation	Yes	18	12.0
	No	132	88.0
Cultural affiliation	Yes	15	10.0
	No	135	90.0

Certain characteristics were associated with settings that were more proactive regarding sexuality. Results from correlational analyses indicated settings that had written policies specific to addressing sexuality-related concerns were more likely to be located in urban settings, $r(145)$

= -.20, p = .015 (2-tailed), be associated with a spiritual or religious affiliation, $r(145) = .166$, p = .045 (2-tailed), and include assessment of sexuality-related topics during admission, $r(144)$= .299, $p < .001$ (2-tailed).

Thirty-seven percent of respondents indicated that their LTC setting has written procedural manuals with specific policies addressing sexuality-related topics. The issues most commonly addressed included assessment of capacity to consent, upholding residents' right to privacy and sexual expression, and sexual abuse. The topics covered in manuals are summarized in Table 2. A minority of respondents (15.5%) reported assessment of sexuality and intimacy needs during the admissions process, with sexual identity and recent changes in sexual behaviour being the most commonly assessed areas. Specific topics addressed during the assessment process are summarized in Table 3. In the day-to-day operations of the LTC homes, however, 85% of settings reported sexuality-related concerns. Table 4 summarizes the range of concerns respondents endorsed. The most frequently (85%) reported concern was demonstrations of "uninhibited sexual behaviour as a result of dementia (e.g., public masturbation);" but a wide range of other sexuality-related issues perceived as requiring attention were endorsed by a majority of participants.

Table 2

Sexuality-related Issues Addressed by Policy and Procedure Manual (*N* = 147)

	Sexuality-related content areas	*n*	%
Sexuality-related policies		54	36.7
	Assessing capacity to consent	45	83.3
	Sexuality-related training for staff	25	46.3
	LGBT + inclusiveness strategies	7	13.0
	Management and treatment of STIs	10	18.5
	Communicating with residents about sexuality	26	48.1
	Communicating with family members about residents' sexuality	23	42.6
	Supporting residents' efforts to obtain sexual aids	8	14.8
	Addressing problematic sexual behaviours	33	61.1
	Residents' rights to privacy	44	81.5
	Residents' right to sexual expression	37	68.5
	Accommodation of residents' sexual activity	16	29.6
	LGBT+ sensitivity training for staff	6	11.1
	Management of sexual abuse	42	77.8
No sexuality-related policies		93	63.3

Table 3

Sexuality-related topical areas assessed during the admission process (N = 148)

	Areas assessed	*n*	%
Sexuality assessed		23	15.5
	Sexual orientation	11	47.8
	Sexual/relationship history	8	34.8
	Sexual health status	4	17.4
	Expectations regarding opportunities for sexual expression	10	43.5
	Sexuality-related values and attitudes	8	34.8
	Capacity to consent to sexual relationship	9	39.1
	Perspectives of family members	5	21.7
	Recent changes in sexual behaviours or attitudes	11	47.8
Sexuality not assessed		125	84.5

Table 4

Reports of Sexually-expressive Behaviours Occurring Among Residents (N = 150)

	Concerns	*n*	%
Concerns reported		128	85.0
	Intimate sexual relationships between residents	100	78.1
	Uninhibited sexual behaviour as a result of dementia	109	85.2
	Sexual harassment/assault between residents	75	58.6
	Expression of sexuality toward staff	103	80.5
	Negative or restrictive staff attitudes	76	59.4
	Problems related to jealousy	34	26.6
	Family disapproval of sexual expression	84	65.6
	Family disapproval of relationship formation	95	74.2
	Sexual activity presenting a physical risk/danger	17	13.3
	Resident's contraction of STIs	4	3.1
	Concerns related to assessing capacity to consent	100	78.1
	Difficulties related to LGBT+ sexual expression		
	Residents leaving the facility to meet partner	37	28.9
	Staff initiated sexual activity	12	9.4
		3	2.3
No concerns		22	15.0

Sexual Attitudes and Associated Characteristics

The ASKAS was used to evaluate sexuality-related attitudes; scores ranged from 27 to 73 of a possible 130. Sexuality-related attitudes regarding residents with dementia specifically were evaluated by the SAID; scores ranged from 14 to 41 of a possible 50. Overall, LTC administrators reported a moderately-high (M = 39.59, SD =9.28) level of sexual permissiveness on the ASKAS attitudinal measure, and a moderate (M = 25.41, SD = 6.55) level of sexual permissiveness on the SAID attitudinal measure. Correlational analysis was used to explore the relationship between sexual permissiveness and participant characteristics (see Table 5). Factors associated with more positive and permissive attitudes regarding residents' sexuality on the ASKAS included having more experience working in the LTC context, $r(136) = -.196$, $p = .033$ (2-tailed); and having received training about later life sexuality, $r(136) = -.214$, $p = .012$ (2-tailed). Correlational results also suggested a strong relationship between the two attitudinal measures, $r(138) = .509$, $p < .001$ (2-tailed), however, no association between scores on the SAID attitudinal measure and training or work experience was observed.

A multiple linear regression analysis was conducted to examine whether training and years in LTC significantly predicted respondents' sexual attitudes on the ASKAS attitudinal scale. The results indicated that the model explained 7.1% of the variance ($r^2 = .071$, $F(2,135) = 5.15$, $p = .007$). However, when the individual predictors were examined, only training significantly contributed to the model ($\beta = -.183$, $p = .032$), accounting for 3.24% of the variance.

Table 5

Summary of Means, Standard Deviations and Correlations of ASKAS, SAID, & Participant Characteristics

Variables	*M*	*SD*	1	2	3	4
1. ASKAS	39.84	9.41				
2. SAID	25.41	6.55	.509**			
3. Years in Administration	10.05	7.47	-.105	-.206		
4. Years in LTC	21.72	9.45	-.196*	-.129	.499**	
5. Previous training	.47	.50	-.214*	-.154	.209*	.190*

Note: To address issues of non-normality, ASKAS attitudinal scores and years in administration were normalized using the Thompson two-step method to normality, ** $p < 0.01$ level (2-tailed), *$p < 0.05$ level (2-tailed)

Perception of Facility Preparedness

We anticipated that completion of this survey may prompt some participants to re-evaluate their original assessment of their home's level of preparedness. We asked respondents their opinion both at the beginning and directly following completion of the survey. Participants' responses ranged from very *prepared* (1) to *not at all prepared* (4). Results of a paired sample t-test indicated a significant difference in respondents' perception of their home's level of preparedness before ($M = 2.74$, $SD = .863$) and after completing the survey ($M = 3.05$, $SD = .798$), $t(136) = -5.46$, $p = 0.01$. These results suggest that there was an effect of survey completion on administrators' ratings of their facility's level of preparedness, with administrators reporting less certainty following completion of the survey. Cohen's effect size value ($d = .37$) suggests a small to medium effect.

Supports and Barriers to Sexual Expression

Descriptive statistics and correlational analyses were used to understand current knowledge and practice with respect to the accommodation of residents' sexuality needs and to determine the degree of consensus among LTC professionals regarding perceived supports and barriers to meeting future residents' sexuality-related needs. A majority of participants endorsed the presence of barriers to residents' sexual expression; however, it should be noted that 7% of respondents indicated that they do not believe there are any current barriers to sexual expression at their setting. When queried regarding perceived future barriers, 11% of respondents indicated that they do not believe there will be any significant barriers to meeting the next generation of residents' sexuality needs and expectations. Table 6 provides a summary of current and anticipated future barriers to sexual expression including information regarding the specific barriers that respondents endorsed as requiring priority attention.

In line with our goal to assess the preparedness of Ontario's LTC homes to meet current and future residents' sexual and intimacy needs, we also queried LTC administrators about existing supports. Specifically, we asked them to identify which sexuality-related supports and resources are currently available within their LTC home, which supports and resources they would like to have access to, and which they considered to be top priority. Existing, desired, and top priority supports and resources are summarized in Table 7.

Table 6

Current and Future Barriers and Barriers Considered Top Priority (*N* = 150)

	Current			Future		
	M	*n*(%)	*n*(%) priority	*M*	*n* (%)	*n*(%) priority
Assessing capacity to consent	2.89	113 (75.3)	24/97(24.7)	-	-	-
Limited access to private space	2.95	108 (72.0)	26/91 (28.6)	2.85	81(54.0)	13/53(24.5)
Lack of staff education	3.04	103 (68.7)	17/89 (19.1)	2.77	63(42.0)	11/48(22.9)
LTC Homes Act regulations	3.46	66 (44.0)	24/54 (44.4)	1.78	54(36.0)	25/41(61.0)
Inadequate policies & guidelines	3.50	78(52.0)	6/72 (8.3)	2.75	52(34.7)	7/44(15.9)
Family interference	3.87	104(69.3)	10/86 (11.6)	3.07	79(52.7)	12/60(20.0)
Negative staff attitudes	4.28	54 (36.0)	2/50 (4.0)	3.48	59(39.3)	7/44(15.9)
Differing culture/religious beliefs (staff)	5.43	62(41.3)	1/54 (1.9)	3.93	59(39.3)	2/44(4.5%)
Differing culture/religious beliefs (residents)	5.88	47(31.3)	2/41 (4.9)	4.11	52(34.7)	4/38(10.5%)

Note: *n*(%) = frequency and percentage of participants who endorsed the item as being a significant barrier to sexual expression. n(%) priority = frequency and percentage of participants who ranked the item as the top priority requiring attention. *M* = the mean ranking of each item.

Table 7

Frequency and Percentage Endorsement of Existing, Desired, and Top Priority Supports and Resources (N = 150)

	Existing	Desired	Top Priority	
Supports & resources	*n*(%)	*n*(%)	*M*	*n*(%) priority
Access to private space	56(37.3)	71(47.3)	1.69	27/42(64.0)
Information regarding safe-sex practices	19(12.7)	79(52.7)	2.74	7/53(13.2)
Written communications addressing sexuality-related issues	30(20.0)	75(50.0)	2.70	15/43(34.9)
Ongoing opportunities for socializing	113(75.3)	9(6.0)	2.40	2/5(40.0)
Beds that can accommodate more than one person	18(12.0)	90(60.0)	2.88	12/57(21)
LGBT+ themed activities	10(6.7)	49(32.7)	4.60	2/35(5.7)
LGBT+ inclusive language in facility documents	4(2.7)	72(48.0)	4.27	2/48(4.2)
Welcoming environment for LGBT+ residents	7(4.7)	69(46.0)	4.04	6/51(11.8)
LGBT+ training for staff	13(8.7)	86(57.3)	3.55	11/60(18.3)
Recruitment of LGBT+ staff and volunteers	7(4.7)	44(29.3)	6.53	1/32(3.1)

Note: *n*(%) = frequency and percentage of participants who endorsed the item as being an existing or desired support. *n*(%) priority = frequency and percentage of participants who ranked the item as a priority and as the top priority requiring attention. *M*= the mean ranking of each item.

Discussion

This study was designed to assess Ontario's LTC administrators' attitudes and perceptions regarding older adults' sexuality within the LTC context and the perceived preparedness, supports, and barriers to Ontario's LTC homes to meet the changing sexuality needs and expectations of LTC residents. Study findings highlighted multiple barriers to sexual expression and sexuality-related concerns were reported by a majority (85%) of participants/settings. Similar to findings from other North American studies (i.e., Lester et al., 2016; Shuttleworth et al., 2010), Ontario's LTC homes lack clear policies guiding staff responses on sexuality-related questions and very few regularly assess sexuality or discuss sexuality-related needs and/or concerns upon admission. On the positive side, a majority of LTC administrators reported positive and permissive attitudes about older adults' sexuality and topics related to dementia and sexuality. As positive attitudes are related to creating a more positive environment regarding sexuality (Bentrott, 2012), these results may be indicative of a willingness to adapt current LTC practices to the baby boomer generation.

Settings with written policies were more likely to be situated in urban settings, be associated with a spiritual or religious affiliation, and include assessment of sexuality-related issues during admission. This is in line with results from Lee and Quam (2013) who found that sexual minority elders in urban settings consistently report higher levels of being "out" and demonstrate lower levels of guardedness regarding their sexual orientation as compared to their rural counterparts. Finally, considering the strong influence of religion on norms for sexual behaviour, informing not only when sex is appropriate but also how and with whom one may engage (Iveniuk & O'Muircheartaigh, 2016), it is possible that religiously affiliated LTC homes

are more likely to emphasize policies that affirm their own sexuality-related values and beliefs than their non-religious counterparts.

Existing policies regarding sexuality in LTC appear to be largely aspirational at this point. For example, both the LTCHA and its recent successor, the FLTCA, acknowledge residents' right to privacy. Yet, in practice, residents commonly share rooms and ease of staff access may be prioritized over access to private space (Frankowski & Clark, 2009; Howard et al., 2020; Knaplund, 2008). How individual settings translate general policy into respectful practice is a complex issue and may be applied variably across settings. In this study, when LTC administrators were asked which barriers to sexuality would require priority attention, existing legislation (i.e., the LTCHA) was identified as the most pressing issue both currently and within the future context. The development of clear standards and guidelines could facilitate residents' rights to express sexuality and provide them the freedom to choose the time and setting (Iveniuk & O'Muurcheartaigh, 2016).

Thirty-seven percent of settings have policies pertaining to some aspects of residents' sexuality. However, such policies focus predominately on challenges that may have legal and ethical ramifications for LTC homes, such as the assessment of capacity to consent, residents' rights to privacy, and the response to instances of sexual abuse or harassment. Very few provide explicit information on how such policies may be applied in a manner that may balance the need to be supportive of sexuality needs with safeguards in order to avoid anticipated negative outcomes. Moreover, guidelines relevant to the accommodation of residents' diverse sexuality needs, such as the provision of training for care staff (e.g., gender and sexual diversity, sexuality and aging), inclusivity practices, and management of sexually transmitted infections (STIs), are conspicuously absent. Previous research on this topic suggested that in the absence of clear

guidelines, decisions regarding residents' sexuality may be made inconsistently. Staff responses may be informed by personal values and attitudes, and when cognitive decline is present, may favour risk restriction over respect for residents' autonomy and right to determine what contributes to their quality of life (Di Napoli et al., 2013). Researchers highlighted differences in staff reactions in the presence of cognitive decline ranging from ignoring sexuality needs and behaviours to implementing restrictive measures and admonishing and shaming residents for sexually expressive behaviour (Villar et al., 2018).

Older adults may present with a variety of sexuality-related concerns, ranging from accessing sexual aids (e.g., condoms, lubricants, sex toys, medication to treat age-related sexual dysfunction) to more complex matters such as facilitation of sex for persons with ability issues or accessing adequate healthcare for transgender persons. Restrictive and paternalistic responses will discourage residents from being proactive. Further, in the context of rising numbers of STIs among older adults (Centre for Communicable Diseases and Infection Control, 2017; Shaw, 2020), an ad hoc approach to managing residents' sexuality will not be sufficient. Current policies regarding residents' sexuality must be updated to reflect residents' changing needs. Such guidelines should include specific information regarding how to foster an inclusive, sex positive, and safe environment and assist residents who need help accessing sexual aids or preparing for sexual expression.

Increasing knowledge about older adults' sexuality at all staffing levels of care would be absolutely essential to facilitate open communication about sexuality needs and would assist in the recognition of problematic sexual situations (e.g., harassment, consent issues). Yet, when asked to reflect on their own ability to respond to residents' sexuality, LTC administrators were not assured of their competence. Nearly half evaluated their sexuality-related knowledge as

insufficient and a majority considered their level of training to be inadequate. Previous research has identified a relationship between *perceived* adequacy of sexuality-related knowledge and training, and staff responses. Mellor and colleagues (2013) found that health professionals who perceived themselves to have limited knowledge were more likely to consider sexuality-related issues to be outside of their scope of practice. In other studies, health care staff have described a hesitancy to initiate conversations regarding sexuality due to discomfort with the topic, a perceived lack of knowledge or training, or a belief that sexuality was outside of their responsibility (Fitch et al., 2013; Haesler et al., 2016; Hayward et al., 2013). These findings reinforce the assertion that training should not only emphasize knowledge acquisition but also increase comfort and confidence in dealing with older adults' sexual health related issues. Such training is particularly relevant for LTC administrators, given that they are uniquely positioned to influence workplace culture through the modeling of sex-positive attitudes and the implementation of facility level procedures that are respectful and supportive of residents' diverse sexuality needs.

While previous findings indicate that attitudes towards later life sexuality vary widely among health care professionals, our results were in keeping with findings that LTC professionals in supervisory positions report relatively positive and permissive attitudes (i.e., Bouman et al., 2007). Factors associated with more positive attitudes in this study included having more experience working in LTC and having previously received training. Research has consistently demonstrated that access to sexuality-related training, even interventions of relatively short duration, is generally predictive of more positive and permissive attitudes (e.g., Bauer, Fetherstonhaugh, et al, 2013; Bauer, McAuliffe, et al., 2013). Our findings were no different; however, it should be noted that while training significantly predicted permissiveness

on its own, experience in LTC did not. This finding is not surprising given that more experience working with older people has previously been associated with both, more permissive (Bouman et al., 2007) and more restrictive sexual attitudes (Di Napoli et al., 2013). Moreover, Helmes and Chapman (2012) found no participant characteristics were significant in predicting sexuality-related attitudes. Taken together, these findings suggest that, except for training, our understanding of the impact of personal characteristics on sexual attitudes is not well understood and therefore warrants further investigation.

In the context of cognitive decline, no participant characteristics were found to predict attitudes toward later life sexuality. Inspection of responses to the SAID survey indicated that when expressions of sexuality among persons with dementia diverged from traditional norms (e.g., married resident having sex with another resident, multiple partners), or went against family members' wishes, respondents' attitudes tended to be more negative and restrictive. This may imply that LTC administrators find it particularly challenging to make decisions about the appropriateness of sexually expressive behaviours that could result in negative ramifications for their facility (e.g., displeasing family members, legal, ethical consequences). In fact, family interference and difficulty assessing capacity to consent were two of the most commonly noted barriers to residents' sexual expression reported in this study. To mitigate this, educational interventions recognizing respect and autonomy in the context of care needs, and acknowledging the complexity of diversity and changing attitudes regarding relationships (e.g., polyamory, non-monogamy, open relationships) would be important, as future cohorts of LTC residents are expected to be more varied in their expressions of sexuality.

When asked explicitly regarding their perception of barriers to residents' sexual expression, LTC administrators identified a number of current and anticipated future barriers.

Assessing capacity to consent, accessing private space, family interference, and staff education/training topped the list of existing barriers. Interestingly, while respondents recognized lack of staff training as a current problem, responses indicate that they anticipated this problem may be exacerbated in the future. This makes sense when viewed in the context of younger baby boomers with more liberal sexual attitudes moving to LTC and the specific staffing challenges in LTC. Unregulated care workers (e.g., Personal Support Workers, Nursing Assistants), with comparatively less formal training and professional organizational oversight, are increasingly providing the direct care work that was once carried out by nursing staff in Canada (Afzal et al., 2018) and internationally, across a wide range of healthcare settings (Blay & Roche, 2022; Roche et al., 2017).

LTC administrators reported few existing supports specific to residents' expressions of sexuality; 75% of respondents indicated that their home provided residents with ongoing opportunities to socialize. However, socialization was communal; only 37% of respondents indicated that residents have access to private space. Not surprisingly, respondents recognized the need for privacy and identified this as one of the most pressing issues requiring priority attention. Even fewer existing supports for gender and sexual minorities were reported. The most commonly cited support, endorsed by 9% of respondents, was the provision of inclusivity training for staff. Only 5% of respondents believed that their LTC home provided a welcoming environment and a mere 3% indicated inclusive language was used in facility documents. Given this reality, it is perhaps not surprising that 57% of LTC administrators endorsed inclusivity training as one of their most desired supports. While there have been advances made in recent years to promote the health and well-being of sexual minorities and address gaps in the provision of culturally competent care for gender and sexually diverse persons, these findings highlight

that much more work is needed to prepare Canadian LTC homes to meet the needs of these populations.

Overall, study findings suggest that, as a group, Ontario's LTC administrators/Directors of Care are highly cognizant of issues pertaining to later life sexuality in the LTC context, yet they lack confidence in their own ability to respond to older adults' changing sexuality needs and expectations. They are provided with few supports and guidelines to help navigate the complexity and diversity of older adults' sexuality in the context of LTC. As a result, the majority of LTC administrators/Directors of Care hold the opinion that their LTC home is currently unprepared to meet the sexuality and intimacy needs and expectations of the next generation of LTC residents. In fact, analysis of pre and post survey responses indicates that LTC administrators demonstrated even less certainty after completing our study.

Study Limitations

This study has some limitations that should be noted. Although our findings are in line with previous studies that indicate that LTC administrators generally report permissive sexual attitudes, selection bias may affect the results of this study. Given that participation in this study was voluntary, it is possible that only those with more liberal attitudes towards sexuality in later life participated in the study and the voices and experiences of more conservative LTC care staff are not included in this sample. In addition, a data entry error during the data collection phase impacted our ability to collect information regarding participants' age. Consequently, a more fulsome analysis of the relationship between participant age, sexual permissiveness, and perceptions of supports and barriers to residents' sexuality was not possible. Given the total number of years participants have worked in LTC ($M = 21.7$), it is reasonable to assume that some participants are themselves part of the baby boomer cohort. This was a missed opportunity

to explore the relationship between cohort membership and views on the future sexuality of the generational cohort we are we are seeking to better understand.

The lack of an existing measure to assess LTC professionals' experiences and perceptions regarding supports and barriers to residents' sexual expression made it necessary to develop some additional survey items. Despite our attempt to mitigate problems by having stakeholders review and provide feedback, non-validated survey items may be subject to measurement error (e.g., question order effects). Effect sizes of the results from quantitative measures in this study were small. It is likely that there are additional factors affecting sexual attitudes and knowledge that were not captured in the current study. In addition, feedback from stakeholders regarding time to complete the survey led to a decision to shorten the survey; consequently, an objective measure of participants' aging sexual knowledge (i.e., ASKAS aging sexual knowledge subscale) cannot be determined from the findings.

Study Implications and Future Research

The findings of this study provide an important first snapshot of institutional barriers and supports to residents' sexual expression from a diverse sample of Ontario LTC homes. At this time, LTC settings appear to be in the trenches of adjusting to the changing sexuality needs of baby boomers. Generally, the leadership of LTC homes in Ontario appear motivated to move forward with perspective, respect, and positivity. However, existing policies are lacking in detail and specific direction. As a result, challenges to developing and implementing operational policies in LTC homes continue to rest with individual LTC homes, and substantive training needs for LTC administrators and staff remain unmet. These findings, together with previous research exploring challenges and facilitators to sexual expression in LTC homes (e.g., Schubert & Pope, 2020; Syme et al., 2016; Villar et al., 2014b), should be used to inform further research

and to develop collaborative working groups involving a broader contingent of key stakeholders to ascertain their perspectives on the priorities that have been identified herewith. Given the complexity of this issue, active collaboration among stakeholders at all levels, including policy advisors and compliance officers, LTC executives and staff, aged care associations (e.g. OLTCA), advocates, researchers, and current and future LTC residents is imperative.

As Syme and colleagues (2016) point out, existing tools developed by consulting experts and working groups can serve as a foundation for developing more specific sexual expression management policies that can be adapted to meet the diverse needs of LTC residents. Of note, two such recent initiatives are the National Standards of Canada for LTC published by the Canadian Standards Association Group (2022) and the Health Standards Organization (2023). These complimentary standards address a range of topics including aspects of LTC home design and operation, safety practices, and the provision of evidence-based and resident-centered care. While the scope of the standards is broad, the inclusion of benchmarks pertaining to sexual expression management, the accommodation of residents' sexual health and intimacy needs, and gender and sexual inclusivity is very promising.

Finally, the development and ongoing provision of sexual management education and inclusivity training for LTC staff at all levels must be prioritized. Effective leadership in LTC is more vital now than it ever was. LTC administrators are in a unique position to promote and support residents' sexual expression and advocate for sex-affirming policies. However, they must do so while simultaneously navigating organizational and employee needs in a space that functions as both a home and a workspace. This will not be an easy feat; relevant and discerning training tailored to specific professional roles and responsibilities will be necessary. LTC administrators themselves will require a specific set of skills including the ability to assert

positive influence and push back against outdated sexual beliefs and a historically patronizing approach toward sexual expression. In order to inform this process, additional research investigating the relationship between leadership characteristics, aging sexual knowledge and attitudes, and procedural outcomes is indicated.

General Discussion

Over the past two decades, the women's movement and the social rights movement have had a transformational effect on research approaches and societal and academic conceptualizations of sexuality. This has led to increased research on various aspects of sexuality, including sexual behaviours and attitudes, gender and sexual identity, and developmental concerns related to sexual health and functioning in early and mid-life. Despite these advancements, research addressing factors impacting sexuality during the later-part of life remains underdeveloped. Additionally, there has been insufficient effort to disseminate and integrate findings that could enhance the quality of life of older adults in LTC settings, including training, guidelines, and policy development.

The absence of research and practice addressing sexuality and aging is significant, particularly for the baby boomer generation. Having experienced the transformational effects of social movements during their adolescence and early adulthood, they tend to be more sexually liberal and are more likely than previous generations to consider sexuality as an integral part of their identities and essential to fulfillment in later life (Doll, 2012; Rahn et al., 2020). They are generally more educated and values-driven, and they have remained active in their communities and fought for social justice issues throughout their lives (Spindel, 2023). Many have also faced and endeavored to change racial, cultural, gender and sexual discrimination during their lives, and they are now demanding care that positively imparts dignity in old age. However, there is a notable lack of understanding regarding the specific needs and preferences for care in their later years, including in a long-term care (LTC) context. Despite the progression of baby boomers into later life stages, research on aging and sexuality has not kept up.

Adding to this problem, the recent COVID-19 pandemic exposed major shortcomings in the Canadian LTC system. LTC residents were disproportionately impacted by COVID-19 infections and deaths; and LTC homes in Ontario and Quebec were the worst affected in the country (Canadian Institute for Health Information, 2021). It quickly became apparent that existing LTC homes are structurally deficient, policies and procedures are inadequate, and LTC administrators and staff are unprepared and lacking critical supports (Betini et al., 2021; Clarke, 2021; Estabrooks et al., 2023). Given that the number of seniors in Canada requiring LTC is projected to drastically increase with the aging of the baby boomer cohort, these findings are alarming. In response, there has been increased urgency and attention to finding policy solutions to issues pertaining to staffing, resident safety, regulation enforcement, and licensing. Yet, these proposed solutions do not address some of the broader contextual and generational differences associated with the baby boomer cohort.

As this cohort continues to age, it is expected that they will require the LTC homes that they inhabit to expand current services and provide specialized and innovative solutions that are designed to meet their unique needs (Gill & Cameron, 2022; Golant, 2017), including those related to sexuality and intimacy (Das et al., 2012; Rahn et al., 2020). Yet, there is general consensus that the aged care sector is ill-prepared to meet the increasing needs and demands of the baby boomer cohort in general (Canadian Medical Association, 2021; Knickman & Snell, 2002), and specifically with regard to sexuality (Rahn et al., 2020). LTC administrators recognize these challenges and acknowledge that meeting these demands will necessitate a broader and more diverse range of care than has historically been provided (Gill & Cameron, 2022; Miedema, 2009; Syme et al., 2016). However, as our own findings show, LTC

administrators lack certainty on how to effectively address these changes and how older adults can meet their sexuality needs in the context of care.

This dissertation research aimed to explore these aforementioned priority areas by directly engaging with two main sources of information: (1) young baby boomer women, and (2) LTC administrators, those responsible for overseeing the health and daily living needs of older adults when they are no longer able to do so themselves. The following sections summarize the objectives, results, and contributions of the two studies that were conducted to achieve this goal.

Summary of Major Findings

Study 1 of this dissertation was a qualitative interview study that queried 24 women aged between 54 and 65 years—from the second wave of the baby boom, regarding their understanding of their sexuality across their life span, and their expectations for sexual expression in the future, including potentially in the context of LTC care. To date, there has been much speculation regarding the potential impact of generational differences in sexual experiences, perceptions, and expectations on the future of LTC; however, research explicitly exploring these issues remains relatively sparse, especially in the Canadian context. The overarching goal of Study 1 was to begin to address this knowledge gap by providing young baby boomer women with the opportunity to express, in their own voices, their thoughts and feelings on these topics.

When we asked participants about their lived experience of sexuality and the circumstances that have influenced their perspectives over their lifetime the following main themes were identified: (a) connection, closeness, and love; (b) embodied sexuality: body image and appearance; (c) setting the stage, early messages of sexuality; (d) sexuality evolves over time; and (e) navigating reproductive milestones: physical and hormonal changes. Next, we

asked participants to consider their sexuality at a time in the future when admittance to a LTC home may become necessary. Three main themes were associated with participants' expectations regarding their future sexuality and the barriers and supports they foresee in the LTC context: (a) an unwelcome prospect; (b) cautious optimism/hope in the face of uncertainty; and (c) changing times: smoothing the way for sexuality in later years.

In the context of this study, our definition of sexuality was not based on aprori assumptions; rather, participants were asked about their own understanding of their sexuality. Participants commonly depicted sexuality as complex, individualized, and as a fundamental aspect of their sense of self. Conceptualization of sexuality encompassed the typical aspects of sexual behaviours and attitudes, sex for reproduction, and physical and psychological responses. However, they also spoke about their sexuality in the context of their bodies, relationships, and life experiences. Sexuality was conceptualized holistically and included an understanding of her identity as a woman and as a sexual being, awareness and feelings about her body, and was considered an important factor contributing to the maintenance of intimacy in the context of a relationship. At this point in their lives, for many women, expressions of sexuality served to support or maintain youthful ideals of sexual desirability and attractiveness.

In contrast, a smaller subset of women experienced a lifelong process of body acceptance and appreciation, resulting in increased physiological and psychological enjoyment of their bodies, positive feelings, and a readier assertion of their sexual needs. Many of the women in the study indicated a perception that their sexuality evolved over time in response to a range of intrapersonal, relational, social and cultural experiences. Some of these changes were predictable and expected (e.g., childbirth), whereas others were unanticipated (e.g., sexual awakening following the end of a relationship), although such outcomes were not always

experienced negatively. Two of the most significant contributors to women's experiences were the impact of early messaging and navigating the physiological and psychological changes associated with aging and the reproductive milestones.

A majority of participants indicated that early learning experiences continue to influence how they perceive their sexuality. Many women described how early messaging from important agents of socialization (e.g., parents and other family members, teachers, religious leaders, the women's movement) became part of their self-concept and was reflected in their behaviours, thoughts, and attitudes about their own sexuality. For some, the process of analyzing, synthesizing, and challenging such messaging led to a newfound understanding of their sexuality. For others, this process is ongoing and significant vestiges of early messages remain. These findings suggest that despite coming of age during a period of significant social change and liberation of sexual and gender rights, some women may still find it difficult to overcome more conservative views of sexuality, including those related to sexuality and later life and this may result in different expectations for sexuality of self and others in LTC settings.

Considering that the physiological effects of the menopausal transition can impact a woman for the remainder of her life (post-menopausal stage) it is not surprising that the developmental milestone of menopause was identified as a factor influencing women's understanding of sexuality. Yet, analysis of participants' accounts indicated that the impact of menopause was not straightforward; rather, it represented a complex interaction between a range of biological, psychological, and social factors. For some, the menopausal transition, a time characterized by hormonal, physiological, and psychological changes, was associated with a decrease in sexual interest and desire, sexual functioning, and a general decline in their quality of life. In contrast, others described menopause in neutral or positive terms and indicated only

minimal inconvenience during this transition. One similarity that traversed the majority of women's accounts, however, was the use of common depictions of menopause to describe, understand, and make meaning of their own experience.

Of particular interest in Study 1 was the investigation of young baby boomer women's perceptions of existing and potential future supports and barriers to sexual expression in the LTC context. In fact, when first asked about their future sexuality, especially in the context of LTC, many women indicated that they had not considered such situations. This finding is consistent with literature demonstrating a general tendency to avoid planning for and discussing topics associated with future stages of one's own life (Finkelstein, et al., 2013), even among those with a heightened awareness of their own future LTC needs (Robison et al., 2013). When prompted further to contemplate the possibility, the majority of participants indicated that they did not view this outcome favorably and many made plain their strong aversion to the prospect.

Meeting the diverse sexual and intimacy needs of current and future LTC residents was largely viewed as a daunting task with many challenges. As with prior research (Rahn et al., 2020), participants in our study identified numerous barriers to later life sexuality in the LTC context, whereas supports appeared to be much less obvious. Participants expressed concern about issues related to freedom and autonomy, negative attitudes, access to privacy, and the accommodation of intimate partners within the same facility or shared living space. They expressed concerns regarding the prospect of being separated from their partner upon admittance into a LTC home; a sentiment that echoes those commonly identified in existing literature.

In contrast, perceived supports were commonly associated with the belief that generational shifts in sexual knowledge and attitudes, and increased sexual permissiveness would lead to more favorable outcomes for themselves and their peers. While a few participants were

optimistic that necessary supports would become available when needed, many others did not anticipate that these issues would be addressed within their lifetime. Among those who held positive outlooks, social change spearheaded by the baby boomer cohort was viewed as a likely facilitator of change. This perspective is in line with previous findings indicating that baby boomers not only expect to maintain control over the nature of the aged care services they receive they also expect to influence industry change in line with their specific needs (Gill & Cameron, 2022).

Findings from Study 1 of this dissertation set the stage for our second study, a survey study of 150 LTC administrators. The main purpose of Study 2 was to evaluate the preparedness of Ontario's long-term care (LTC) homes to meet the changing sexuality needs and expectations of the next generation of LTC residents—baby boomers. In addition to questions assessing participants' sexual attitudes, we also queried them regarding their experiences and perceptions of existing and anticipated supports, barriers, and priorities to meeting current and future LTC residents' needs.

Despite 85% of participants reported having to address concerns related to residents' expressions of sexuality in the day-to-day functioning of their LTC home, only 37% indicated that their LTC home had written policies directly addressing sexuality-related issues. The most common topics were the assessment of capacity to consent, upholding residents' rights to privacy and sexual expression, and sexual abuse. Even fewer (15.5%) participants reported that sexuality and intimacy needs were addressed during the admissions process with sexual identity and recent changes in sexual behaviour being the most commonly discussed topics. Of note, LTC settings with sexuality-related policies were more likely to assess sexuality-related topics upon admission

and tended to be located in urban settings and be associated with a spiritual or religious affiliation.

Descriptive statistics and correlational analyses were used to explore current knowledge and practices regarding the accommodation of residents' sexuality among LTC administrators and to assess the degree of consensus on this topic. Participants endorsed various current and future barriers to residents' sexuality, including issues related to assessing capacity to consent, limited access to private spaces, inadequate staff training, conflicting values and attitudes, family interference, and a lack of adequate policies and guidelines. One interesting yet unsurprising outcome was the expectation among participants that a lack of staff training would become an even more significant problem in the future. Moreover, nearly half of study participants rated their own sexuality-related knowledge as insufficient and a majority considered their level of training to be inadequate.

On the positive side, most participants reported permissive sexual attitudes, including in the context of dementia. Correlational analyses indicated that specific factors associated with sexual permissiveness included having received sexuality-related training and more years of experience working in LTC. However, the results of a multiple linear regression analysis indicated that, while training significantly predicted permissiveness on its own, experience in LTC did not. Further, our analyses of the relationship between participants' characteristics (i.e. training, work experience) and sexual attitudes specifically towards persons with dementia indicated no correlation. When expressions of sexuality were not perceived to align with family wishes or diverged from traditional norms (e.g., married resident having sex with another resident, multiple partners), sexual attitudes tended to be more negative and restrictive.

In line with our goal to evaluate the preparedness of Ontario's LTC homes to meet future residents' sexuality needs, we also queried participants about the availability of sexuality-related supports and resources within their LTC home, which supports and resources they would like to have access to, and which they considered to be top priorities. Similar to Study 1's young baby boomer participants, Study 2 participants also perceived a shortage of sexuality-related supports. Ongoing opportunities to socialize were by far the most common support, endorsed by 75% of participants; only 37% indicated that residents have access to a private space. Even fewer supports were reported when it came to the inclusion and accommodation of gender and sexual minority residents. Only 9% endorsed the provision of inclusivity training for staff, 5% believed that their LTC home provided a welcoming environment, and a mere 3% indicated inclusive language was used in facility documentation. Given the apparent scarcity of necessary supports and resources, it was not surprising that participants recognized a need for privacy as one of the most pressing issues requiring priority attention, and that a majority identified inclusivity training as one of their most desired supports.

Study 2 findings suggest that LTC administrators perceive many barriers and few facilitators to current and future residents' sexuality. As it stands, they also lack confidence in their facility's preparedness to overcome existing barriers in time to meet the anticipated heightened needs and expectations of the next generation of LTC residents. Moreover, participants indicated even less certainty of their preparedness following completion of our survey. While there have been recent advances to promote the health and well-being of older adults in the context of LTC and to address gaps in the provision of culturally competent care for gender and sexually diverse persons, these findings highlight that much more work is required if Canadian LTC homes are to meet the needs of these populations.

While LTC administrators' perspectives regarding sexuality-related supports and barriers aligned with the views of study 1 participants in many ways, there were some notable differences. When asked about top priorities requiring attention, LTC administrators tended to emphasize issues that pose operational challenges (e.g., assessing capacity to consent, environmental constraints to privacy, inadequate staff training, family interference, inadequate policies and guidelines). Whereas, young-baby boomer women prioritized issues related to upholding freedom and autonomy in decision making and the accommodation of intimate partners within the same living space. This difference suggests that while baby boomers' views on the topic may be largely influenced by personal and generational experiences, the need to address the broader aspects of LTC (safety concerns, liability and ethical considerations) and navigate staff and residents' diverse needs, may factor more heavily for LTC administrators, leading to a more conservative approach to residents' sexuality.

Research Implications

There are several important implications that can be drawn from this dissertation. To begin, this research responds to a marked lack of attention and understanding of middle and later life adults' experiences and expectations regarding their sexuality. This omission was recently acknowledged by the Gerontological Society of America following a historical review of published works in their scholarly journal, *The Gerontologist* (Meeks, 2023). Further complicating this issue is a lack of consistency in how sexuality has been conceptualized and a tendency to overlook the individuality of older adults in sexuality and aging research (Bell et al., 2017; Macleod & McCabe, 2020). On a positive note, recent scholarship has begun to explore the complex interplay between later life sexuality and other aspects of identity, revealing associations between sexuality and well-being (on multiple levels) in later life (e.g., Carpenter &

Delamater, 2012; Delamater & Koespel, 2015, Fredriksen-Goldsen et al., 2017; Langer, 2009; Lindau et al., 2007; Lusti-Marasimhan & Beard, 2013; Nevedal & Sankar, 2016; Rahn et al., 2020; Traies, 2016). Yet, despite this promising upsurge in attention, research reflecting the voices, experiences, and expectations of baby boomers as they contemplate their sexuality now and in the future remains sparse. This dissertation research addresses this omission by exploring the perceptions, experiences, and expectations of a specific subset of the baby boomer cohort—young baby boomer women.

The baby boomer generation is one of the most distinct and clearly delineated generational cohorts. It is widely acknowledged that they have shared many common experiences and have lived a vastly different social climate than the generations that preceded them. As such, it is not surprising that research examining baby boomers tends to view them as one large group (e.g., Kirkman & Fisher, 2021; Rahn et al, 2020). Yet, evidence indicates that not all baby boomers are alike (Rowntree, 2014; Thorpe, 2019). For instance, early boomer women witnessed and participated in the "sexual revolution", while late boomers were still in infancy and childhood. While, for the most part, social change persisted and intensified for the second wave of baby boomer women (Galarneau, 1994), it is reasonable to surmise that the younger cohort benefited from the hard-won victories of the women that came before them. Whether they were passive observers or active participants in social change, they experienced easier access to birth control and family planning, more flexible gender and sexual scripts, and increased freedom to self-determine their sexuality and gender expression (Fingerman & Dolbin-McNab, 2006; Joyner & Laumann, 2001). Study 1 furthers existing research by highlighting heterogeneity among the youngest subset of baby boomer women. Participants' narratives revealed diverse attitudes, experiences, values, and expectations. This finding uniquely

contributes to the sexuality and aging literature by beginning to inform a nuanced understanding of the baby boomer generation's sexuality-related perceptions and expectations now and in the future.

The findings from Study 1 highlight the multidimensional nature of young baby boomer women's sexuality. These findings extend previous research on the perspectives and experiences of other adults in mid and later life (e.g., Hinchliff & Gott, 2008; Hurd Clarke, 2006; Menard et al., 2015; Sandberg, 2013), and add support to the WHO's (2006, 2017) working definition of sexuality as a comprehensive human construct comprising identities, practices, relationships, and experiences. As in previous research with aging adults (e.g., Carpenter & Delamater, 2012; Delamater & Koespel, 2015, Langer, 2009; Lusti-Marasimhan & Beard, 2013; Rahn et al., 2020), sexuality was viewed as integral to identity and well-being across the life span even when experiencing the normal effects of aging. With regard to the future, many participants anticipate being sexual beings for the remainder of their lives, and as such, they expect to retain agency over how and if their sexuality will be enacted in later life. For some that may mean continued engagement in sexually expressive behaviors, whereas others may choose to selectively disengage from some aspects of their sexuality due to personal and contextual factors (e.g., loss of a partner, decreased interest, physical health issues). These findings emphasize the importance of understanding the complexities of later life sexuality when conceptualizing sexuality in the LTC context. A clear understanding of how sexuality evolves across life can help LTC stakeholders (e.g., policy makers, home owners, administrators) and health care professionals provide inclusive and tailored supports for LTC residents.

Study 1 findings revealed that young baby boomer women's sexuality was still marked by experiences in childhood and youth and continued to be influenced by contextual factors and

changing life circumstances. This aligns with existing research on the variable impact of sexual socialization, cultural messaging, and life experiences on women's understanding and experience of their sexuality over their lifetime (e.g. Levin et al., 2012; Menard et al., 2015; Nurgitz, 2021; Thorpe, 2019). These results have implications for gerontological and developmental theory and research, particularly in understanding continuity theory and the related concept of self-continuity. Continuity theory emphasises the integration of past and present experiences in shaping individuals' lives. According to this paradigm, older adults strive to maintain consistency in internal (e.g., identity, beliefs, self-concept) and external structures (e.g., relationships) by integrating past and present experiences into their lives (Atchley, 1971,1989). For the most part, participants indicated that reflecting on past learning (e.g., early messages from authority figures) and experiences (e.g., developmental milestones, loss of relationships), and challenging these beliefs facilitated the integration of new understandings into their evolving sexuality and sexual identity. However, certain conservative beliefs and attitudes about sexuality ingrained during early life appeared to persist over time despite societal change and personal growth. Extrapolating from these findings, it appears that some beliefs and experiences, such as those that hold emotional significance or are reinforced through social interactions, may be more likely to be maintained and have a lasting impact on women's experiences and expectations over time.

Continuity theory also acknowledges that, while people seek continuity in the face of normative developmental trajectories, they also adapt to accommodate changing life circumstances (Atchley, 1989). In line with this perspective, participants envisioned their future sexuality in alignment with past experiences, beliefs, and values. They emphasized the importance of maintaining intimate relationships. Remaining in their homes for as long as

possible was viewed as a way to uphold continuity of self as a sexual being, particularly in the face of uncertainty. Overall, our research findings align with the principles of continuity theory by illustrating how a desire for continuity influences young baby boomers' expectations and attitudes in the future.

Taken together, these findings suggest a sense of continuity may pose both risk and protective factors for aging adults. That is, while adaptive beliefs and self-concepts may foster a sense of stability and resilience, excessive alignment with negative past beliefs and experiences may hinder adaptation and growth, particularly amid age related challenges. Moreover, the cumulative disadvantages and inequalities that many aging women have experienced, and continue to experience, may challenge their ability to self-determine their sexuality, particularly in the context of physical and cognitive decline. These findings raise two important questions. First, to what extent and through what mechanisms do negative experiences and messages encountered in early life persist and influence sexuality in later stages of life? Second, can changes experienced across the lifespan (e.g., early adulthood) potentially mitigate the impact of earlier negative experiences? While the women in our study have yet to experience the personal impact of transitioning to LTC, it can be expected that this life-altering experience may be just as, if not more, impactful on their perception of their sexuality.

On a positive note, previous research indicates an association between a greater sense of continuity and mental health outcomes (Martin-Storey et al., 2021), life satisfaction (Ji et al., 2022) and increased resilience and adaptive coping in the face of adversity (Sadeh & Karniol, 2012). Higher levels of perceived self-continuity have also been shown to predict engagement in beneficial behaviours, such as saving for retirement (Bryan & Hershfield, 2012; Ersner-Hershfield et al., 2009), engagement in healthy practices, and improved health outcomes

(Rutchick et al., 2018). Although research examining age differences in continuity is limited, some studies investigating this topic (e.g., Ji et al., 2020; Lang et al., 2013; Löckenhoff & Rutt, 2017; Rutt & Löckenhoff, 2016) have found an association between older age and greater self-continuity. These findings highlight the importance of examining factors associated with sexual self-continuity as a mechanism to enhance well-being and quality of life for older adults.

Previous research on sexuality in the LTC context has predominantly focused on exploring experiences of sexuality and intimacy from the perspectives of current LTC residents and staff, including assessment of issues related to the management of problematic sexual behaviours and barriers to healthy sexual expression. Study 2 extends the literature by considering LTC professionals' expectations for the provision of sexuality-related care now and in the future. It also provides exacting knowledge regarding supports, barriers, and top priorities requiring immediate attention in Ontario's LTC homes. As in previous research, Study 2 results corroborate the existence of numerous barriers and few facilitators to residents' sexuality. These findings also confirm that the majority of Ontario's LTC homes do not have adequate policies, procedures, or systems in place to address aging adults' most pressing sexuality-related concerns and expectations (e.g., privacy, relationship continuity, autonomy) despite accumulating evidence indicating that these are important topics for aging Canadians—a perspective that was further substantiated by Study 1 findings.

Taken together, the results of Study 1 and Study 2 give legitimacy to the previous conjecture that the LTC system is unprepared to meet the sexual and intimacy needs and expectations of the next generation of residents. Our findings substantiate that the general approach to LTC residents' sexuality is at best passive and at times reactive. Proactive approaches to supporting residents' sexuality appear to be the exception rather than the norm. On

a positive note, Ontario's LTC administrators generally demonstrate positive sexual attitudes and they appear to be cognizance of these pressing issues, despite a lack confidence in their home's ability to adequately accommodate residents' sexuality needs in the absence of clear policies and guidelines guiding their responses.

Across North America, there has been growing recognition of the need to reform health and LTC; moving away from a biomedical or disease management model towards a person-centered, or, in the case of LTC, resident-centered approach. Decision making in the medical model often defers to the expertise of the provider, and the individual assumes a passive role in their own care, whereas a person-centered approach emphasizes collaboration and addresses holistic needs, including values and preferences (Glyn et al., 2012; Schneider-Kamp & Askegaard, 2020). In addition, when considering sexuality and the growing body of research highlighting significant diversity among older adults, it becomes apparent a person-centered approach is evidence-based. This approach has been associated with increased quality of life among LTC residents (Bangerter et al., 2017; Davies et al., 2023; Koren, 2010; Van Haitsma, 2009).

The findings of this dissertation emphasize the need for a comprehensive multi-level and multi-systems approach to address this crucial and timely issue. To adequately address the evolving sexuality and intimacy needs of future residents requires changes in provincial and jurisdictional policies, development and implementation of organizational level practices and procedures, and expansion of training and education for health care students and LTC staff at every tier. It also calls for facilitation of enhanced knowledge transfer between sexuality and aging scholars, LTC stakeholders, and community members, including current and prospective LTC home residents. This includes the implementation of practices that promote inclusivity,

prioritize cultural competence, and enhanced access to support services tailored to the unique needs of sexual and gender minorities. While not the primary focus of this dissertation, the following section provides suggestions and recommendations for LTC reform that are in line with a resident-centered approach. These suggestions are based on an amalgamation of our own findings with those of previous research.

Implications for Policy and Practice

Several implications for policy and practice have arisen in response to the findings of this dissertation research. Sexuality and aging scholars consistently highlight that the current ad hoc approach to residents' sexuality can have a detrimental impact on LTC residents' well-being and can negatively affect working relationships amongst residents, their families, and staff (Doll, 2012; Syme et al., 2016). Further, as demonstrated by the strong negative response from participants when asked to consider a potential need for admission to LTC, the current dynamic has further eroded public trust in the LTC system. One way that some LTC homes in North America and some European countries have proactively addressed residents' sexual expression is through the development of best-practice guidelines (e.g., River Spring Health, 2000/2017; Vancouver Coastal Health, 2009, 2023) or adapting sample policies from other agencies to address specific sexuality-related issues (e.g., Lanark, Leeds, & Grenville Long-Term Care Working Group, 2007; Schindel Martin, 2002).

Best practices guidelines are established through rigorous review of academic and clinical literature and consideration of specific direct experiences and targeted needs (Murad, 2017). Their development is carried out by a multidisciplinary panel of experts in consultation with relevant stakeholders, including policymakers, affected members (e.g., residents, family members, staff), and members of the community (Murad, 2017; Schindel Martin, 2002).

Unfortunately, as our findings and those of others (Lester et al., 2015, Shuttleworth et al., 2010; Benbow & Beeston, 2012) illustrate, despite the existence of best practices, their widespread adoption has been limited. One potential reason for this lack of uptake may be the perception that best practices tend to lack nuance and may be overly prescriptive, thus non-accommodating to the diverse and evolving needs and preferences of individual residents. While best practices generally aim to standardize procedures and increase efficiency, previous research indicated that they can also present several limitations (e.g., Bretschneider, 2005; Kahan & Goodstadt, 2001; Nat Ntarajan, 2006). For instance, strategies that work in one facility may not translate well to another due to contextual factors such as size, organizational culture, and availability of supports and resources. Hence, while existing best practice tools can offer valuable insight, they may best serve as a basis to inform practice initiatives that are more tailored to each facility's specific needs (Syme et al., 2016).

Manduca-Barone (2021) and colleagues have advocated for an alternative approach. They propose the adoption of a principle-based approach that guides healthcare professionals in making decisions based on ethical principles, jurisdictional laws and regulations regarding residents' rights, and organizational values. In general terms, this would entail moving away from reliance on detailed directives or the imposition of specific rules, in favor of emphasizing overarching standards and principles that can be applied flexibly in response to various situations or as individual needs arise (Black, 2007; Manduca-Barone et al., 2021). The advantages of this approach are several, including promoting a systematic approach to decision making, reducing bias by establishing common language and concepts that can be used by staff to discuss complex issues, offering flexibility to address diverse issues (e.g., issues of consent, dating, public acts),

aligning procedures with each facility's overarching values, affirming residents' sexual rights, and encouraging organizational accountability (Manduca-Barone et al., 2021).

While a principle-based approach clearly has many advantages, it is important to also consider the challenges it may present in terms of application, regulatory oversight and enforceability. That is, in the absence of clear directives or standards on specific actions that are expected or discouraged, there may be opportunities for ambiguity in application, misuse, or exploitation of loopholes by individuals or LTC homes. Smaller LTC homes may lack the resources and expertise to interpret vague principles, and they may prefer clear practice guidelines to follow. In addition, regulatory bodies/enforcement agencies may find it difficult to determine performance benchmarks and whether actions comply with underlying principles. The advantages and disadvantages of principal-based approaches have been discussed in various academic papers and policy and governance literature (e.g., Arjoon, 2006; Black, 2007; Sama & Shoaf, 2005).

To mitigate these potential problems, we propose that an integrated approach that combines elements of both, balancing principles with specific guidelines on more critical topics (e.g., sexual consent in residents with dementia), may better suit the intended purpose and ensure consistency in application. The use of short concise wording and the provision of well-chosen case studies to illustrate good and less favorable practices have also been shown to be effective at enhancing compliance (Black, 2007). Finally, the relative effectiveness of any approach is largely dependent upon the dissemination (e.g., manuals), interpretation (e.g., ease of use) and application (e.g., adherence) of guidelines, and the inclusion of diverse perspectives, including the voices of current and future residents (Manduca-Barone et al., 2021; Syme et al., 2016).

The findings of this dissertation also highlight significant deficiencies in existing provincial and jurisdictional policies. While the general principles of residents' rights to privacy, self-determination, and freedom from abuse are acknowledged, these concepts have not been operationalized and do not include the right to sexual expression. Even the most recent legislation (i.e., *The Fixing Long-Term Care Homes Act, 2021*) developed to address considerable systemic issues in LTC exposed during the COVID-19 pandemic, fails to acknowledge the rights and preferences of spouses in LTC settings. This omission is alarming, especially given that it was a primary concern among Study 1 women. To rectify these issues, policy makers need to develop policies that affirm that sexuality is a fundamental aspect of being human across all life stages, and integral to overall well-being in line with the WHO's (2002) statement on sexual rights. These initiatives should include specific benchmarks pertaining to the accommodation of the sexuality and intimacy needs of all residents, including sexual and gender minorities.

Provisions should also be made to support couples who wish to remain together in LTC. In an effort to have this pressing need realized, Waterloo MPP Catherine Fife recently introduced a private member bill entitled *The Fixing Long-Term Care Amendment Act* or the *Till Death Do Us Part Act, 2022*. If adopted, every individual who is admitted to LTC will be afforded the right not to be separated from their spouse and to have suitable accommodation provided for both spouses to live together in the same home (Fife, 2022). This bill is currently under review by the Standing Committee of the Legislative Assembly of Ontario.

Introducing resident-centered features into LTC homes, such as private rooms and communal spaces (e.g., hosting spaces, engagement activities) where individuals can come together and build relationships is essential to fostering socialization and enhancing well-being

among residents. The *Long-Term Care Home Design Manual 2015,* established by the Ontario Ministry of Long-Term Care outlines design standards and optional features to enhance residents' comfort, dignity, independence, privacy in a safe environment. However, a critical review of the manual reveals significant short-comings in addressing residents' sexuality and intimacy. For instance, while the guidelines been updated from previous iterations to include privacy drapes or screen at each bed, there remains a need for further enhancements to accommodate residents needs effectively. Such measures may include: adjustable furniture and positioning aids (e.g., wedge pillows) that can accommodate residents' mobility needs during intimacy (see: Naphtali et al., 2009), beds that can fit more than one person comfortably, soundproofing measures (e.g., white noise machines, ambient music), and ensuring private spaces are equipped with furnishing conducive to intimacy and connection (e.g., dimmable light sources, flameless candles, comfortable seating, furnishings that can be easily arranged). By implementing these structural changes LTC homes can create environments that promote intimacy and connection.

With respect to sexual decision making with residents who have dementia, assessing consent to engage in sexual activity presents a significant challenge for LTC staff and requires careful consideration and sensitivity from staff members. This is evidenced by the proliferation of research and best practices literature produced on this specific topic. For instance, in their research exploring factors associated with supporting sexual expression among residents with dementia, Grigorovich (2022) and colleagues found that despite understanding the importance of supporting residents' sexuality, LTC staff often experience conflicts with their personal values and broader societal views, and these discrepancies contributed to the persistence of restrictive practices. Following their analysis, they proposed a multi-system approach to LTC reform that is

grounded in a human rights and affirmative duty approach to facilitating sexual expression. Recommendations included the development or expansion of public policies to recognize sexuality as intrinsic to self-expression and acknowledge a positive obligation to support uncoerced and positive sexual expression and relationship formation among residents, including those living with dementia. This may include challenging existing laws that overly restrict voluntary sexual expression and developing legal documents that allow individuals with dementia to communicate their values and preferences regarding sexuality, and assign a surrogate decision maker (Gigorovich et al., 2022). This approach is consistent with a resident-centered care approach and mirrors existing practices in Ontario concerning decision making for other legally incapable people. Finally, this approach also aligns with the perspective of future LTC residents, as indicated in a study by Syme and colleagues (2019), who prioritized indicators of assent, such as seeking proximity and displaying happiness, over obtaining explicit consent when approaching sexual decision making for people with dementia.

In addition to rethinking LTC's approach to policy and practices, there are a number of additional organizational-level barriers that must be addressed if the sexual needs and expectations of the next generation of LTC residents are to be met. To begin, the use of inclusive language regarding sexual and gender identity and orientation in all facility documents and communications is essential for establishing an environment that is welcoming, equitable and resident-centred. This demonstrates an openness to discussing sexual orientation and gender identity and a home's commitment to ethical principles. It also facilitates clear communication among LTC residents and staff, and increases staff comfort and confidence in delivering culturally competent care (Moore & Dukes, 2019; Soon & Owens, 2022; The Joint Commission, 2011). To facilitate such initiatives, Soon & Owens (2022) provided a compressive *Inclusive*

Language Guide that is broadly applicable to a range of health care, research, and workplace settings.

Another practical first step in easing the burden of initiating conversations about sexuality and bridging the gap in knowledge transmission between LTC authorities, professionals, and older adults would be the development of written resources that provide detailed information about available supports and how to access them (see Smith & Doe, 2020; Vancouver Coastal Health, 2023). Such resources could also outline organizational values and procedures related to topics such as dating, public displays of affection, and navigating issues related to consent. This information can then be made available to current and prospective residents and their families through a variety of online, digital, and written sources (e.g., websites, email newsletters, social medial platforms, webinars, printed materials, collaborations with community leaders). Providing direct and specific information early in the admission process will allow for early recognition of potential challenges that could negatively impact residents' sexuality. It would also work to establish a precedence and baseline for later, more fulsome discussions regarding residents' evolving sexual needs and expectations. This practice would constitute the first step in the development of a multifaceted person-centered approach that addresses the medical, personal, and relational contexts of residents.

Health authorities have emphasized the importance of obtaining a sexual history as an integral part of providing quality, person-centred care across health care settings (Centre for Disease Control and Prevention, 2022; Vancouver Coastal Health, 2009). This process begins at admission or shortly thereafter, and communicates a positive acceptance of sexuality and fosters an environment where residents' feel comfortable raising concerns if and when they occur (Vancouver Coastal Health, 2009). A minimal step forward could be asking prospective residents

a few questions about their sexual health and sexual practices during the admission process to identify areas of an individual's life that may require further consideration. The National LGBTQIA+ Health Education Centre (2015; see also Landes, 2020, Smyth, 2018) provides a toolkit for communicating with clients about sexuality-related concerns that can be modified for use with older adults or adapted to suit different clinical settings, including the LTC context. This tool presents a step-by-step process beginning with recommendations on how to engage older adults in a discussion of sexuality. The next step involves asking three screening questions that will inform the direction of the discussion and identify specific topics relevant to the individual's needs and experiences. The final stage includes provision of education, counselling, and, when warranted, facilitating access to additional resources or referrals based on the individual's needs.

Strengthening counselling for older adults about the many benefits of continued sexual activity in later years may work to counter internalized beliefs pertaining to the role and meaning of sex and gendered sexual activity and further normalize sexuality in the context of aging (WHO, 2010). Helping and encouraging older couples to communicate about physical discomfort and limitations in the context of sexuality and intimacy needs can make this a time of connection and mutual support as opposed to one of alienation and isolation. While the implementation of these recommendations may not go so far as to address broader societal level barriers to later life sexuality, social change in its broadest sense is the transformation of structures that shape society including social relations and social institutions, and that includes in the context of LTC.

Finally, it is also essential to offer a variety of leisure and social activities that support residents' sexuality and facilitate the maintenance and formation of intimate relationships

(Grigorovich, & Kontos, 2018; Grigorovich et al., 2022). This entails enabling both autonomous and partnered sexual experiences, such as supporting residents in the acquisition of sexual aids and materials or assisting them with body positioning (Earle, 2001; Thomsen, 2015). This could involve facilitating access to professional sexual surrogacy services or sex care workers. Of note, such services are already accessible to individuals living with disabilities in some central European (e.g., Italy, Switzerland, Germany, and the Netherlands; Bahner, 2015; Morales et al., 2020) and Nordic countries (e.g., Sweden, Denmark; Appel, 2010; Kulick & Rydstrom, 2015; Pinho, 2020). This work highlights the notion that sexual expression is a human right, which is consistent with the World Health Organization's (2002) and World Association for Sexual Health's (2015) declaration that all people have the right to pursue a pleasurable, safe and satisfying sex life.

Implications for Healthcare Curriculums and Staff Training

While we did not directly assess staff's comfort talking with residents about issues pertaining to sexuality, Study 2 findings together with previous research underscores the importance of health care curriculums supporting students' acquisition of communication skills and advanced knowledge about sexuality in the context of aging. When it comes to initiating conversations with older adults, special care must be taken with those who may not be accustomed to talking openly about issues related to sexuality; this includes supports for LTC workers who may also not be accustomed to discussing sexuality openly given their own background. As Garrett (2014) suggests, health professionals are optionally positioned to normalize later life sexuality and promote older adults' sexual well-being by talking openly with them about their sexual needs, including querying them about the specific contextual factors that inform their sexual experiences. Education in sexuality assessment in health care curriculum is

associated with increased student confidence and comfort (Bourne et al., 2020) which, in turn, is related to more frequent engagement in sexuality-related discussions among health care providers and clients (Tong et al., 2013). Moreover, general communication training has been shown to improve the quality of communication skills among health care professionals (Harms et al., 2004), though acquired skills may lapse over time (Brown et al., 1999). Despite these findings, evidence confirms that health care curricula do not address communication skills (Kleason et al., 2017; Ha & Longnecker, 2010; Patel et al., 2019), let alone addressing the fundamentals of assessing and discussing sexuality. Further adding to this problem, there are a number of additional factors that may limit discussions on this topic in the LTC setting, many of which have already been discussed including lack of knowledge about later life sexuality, negative and restrictive attitudes, discomfort with the topic, and an absence of specific guidelines informing how to approach discussions of this nature. To further mitigate these issues, all levels of staff need to receive ongoing training regarding sexual expression in the context of aging, including among gender and sexual minority individuals.

Implications for Community Level Interventions

Findings illustrate the diversity of women's perspectives and experiences and the various biopsychosocial factors that may work to shape their sexuality across their life span. For this reason, we believe it is important to emphasize that the most effective interventions supporting and nurturing the healthy development of women's sexuality may necessarily begin well before mid and later life. It is critical that health professionals, sex educators, and other relevant persons of influence (e.g., faith leaders) who work directly with girls and women increase efforts to normalize talking about sexuality beginning at a young age. For this to become a reality, training in the provision of appropriate and effective methods of sex education delivery is required.

Existing research, together with the findings of Study 1, suggests that early learning about sexuality can have salient effects on individuals' sexuality-related perceptions and experiences beginning early in life and persisting across the life span (Menard et al., 2015; Nurgitz, 2021). As a starting point, there are many quality resources that provide guidance on how to integrate sexual history taking and discussion of sexuality in a non-judgemental and culturally sensitive way (see: American Academy of Pediatrics Committee on Psychosocial Aspects of Child Family Health, Committee on Adolescence, 2001; Centre for Disease Control and Prevention, 2022: Physicians for Reproductive Health, 2024).

Limitations

Although this dissertation research adds important perspectives to the literature on sexuality and aging, the findings must be considered in light of some limitations. Both study samples were quite homogeneous in terms of gender, race and cultural background, education, socio-economic status, and sexual orientation. In view of the diversity of sexuality in older adults, Study 1 was planned to include the younger cohort of baby boomer women who were in relationships. While cohort membership is a salient factor influencing people's understanding of their sexuality, further consideration of the impact of a range of sexual scripts, sexual experiences, and life events is also important. Future studies should examine this topic with different samples and cultural contexts, focusing specifically on different cohorts, racial backgrounds, gender and sexual orientations, and especially with women who are single and widowed.

The voluntary nature of study participation must also be taken into consideration when assessing the generalizability of this dissertation research. Previous findings have indicated that those who self-select for sexuality research differ on a number of sexuality-related variables,

including more positive sexual attitudes, increased sexual experience, and less sexual guilt (Dawson et al., 2019; Strassberg & Lowe, 1995). It is possible that our samples were comprised of individuals with more liberal attitudes towards later life sexuality; the voices and experiences of those who hold more conservative views may not have been represented. Our participants may place more value on sexuality in later years and in LTC contexts.

With respect to the Study 2 sample, findings indicate that LTC administrators generally report higher sexual knowledge and more permissive attitudes towards later life sexuality as compared to frontline care staff (Bouman et al., 2007; Lester et al, 2016). In their capacity as representatives of their homes, they are well positioned to influence workplace culture by developing and implementing policies and modelling appropriate attitudes and responses to residents' sexuality. However, the views of the LTC administrators included in this study may not fully capture the lived experiences and actual culture of their LTC homes. There may be a dynamic tension between the vision of administrative staff and diverse staff in various positions of operating the facility. Past research has highlighted that negative attitudes and behaviours can be directed towards residents who express affection openly by direct care staff, including unregulated care providers (i.e., personal support workers; Bauer et al., 2013; Hajjar & Kamel, 2003; Ho & Goh, 2022; Howard et al., 2020; Roach, 2004; Tzeng et al., 2009; Villar e al., 2014b, 2015b) with comparatively less formal training and potentially little to no training at all regarding older adults' sexuality. While there is a growing body of literature reporting on the knowledge and attitudes of LTC staff (e.g., nurses, managerial staff) it will be crucial to better understand the specific views of staff directly caring for residents or those in other supportive positions (e.g., nurse aides, orderlies, patient care aides). Speaking to staff from all levels of care will allow for a more fulsome picture of the current and future LTC landscape from different

working positions and allow for realistic guidelines for the implementation of more sexuality positive initiatives. As Villar and colleagues (2020) noted, considering staff views in an undifferentiated way, could be misleading, since an individual's relative position within the organizational hierarchy could influence their perspective on such matters. It would be particularly important to ascertain the views of those who provide the hands-on day-to-day care (e.g., personal support workers, nursing assistants) that are tasked with enacting policies and responding to residents' sexual and intimacy needs.

A methodological limitation of this dissertation research also needs to be noted. Both studies included retrospective and prospective aspects, in that participants were asked to recall and reflect on past experiences and consider possible future scenarios. Recalling past experiences is susceptible to bias due to its reliance on memory. A person's memory of past experiences may be distorted by their current reflections, the salience of the experience, or a desire to search for meaning in past experiences to make sense of a current outcome. For instance, an individual who has recently experienced significant relationship conflict may undervalue important aspects of their sexuality at an earlier point in their life, or a LTC administrator who had previously experienced a highly contentious interaction with a resident's family member following the development of an intimate relationship with another resident may overemphasize the frequency with which this has been an issue within their facility. In order to reduce recall bias, future studies might consider integrating the use of pre-existing records such as incident reports, medical records, or journals instead of relying solely on participant recall. A longitudinal study would provide insight into changes in perspective and experiences over time, especially regarding sexuality upon admission to a LTC home and following up with the same residents over time.

Study 1 did not include participants reporting major health issues, and thus, this research cannot ascertain whether participants' perspectives and expectations regarding their sexuality will be maintained in the context of age-related physical and cognitive decline. The continuity theory of aging would suggest that older adults are motivated toward maintaining both internal and external consistency, and while they adapt and change in response to illness, such changes are consistent with pre-existing beliefs, self-perception, and personal history (Diggs, 2007). It is therefore likely that participants' expressions of their sexuality may undergo modification and adaptation as they are increasingly faced with physical limitations and major illnesses; however, it is expected that their pre-existing sense of self as a sexual being and beliefs regarding sexuality may remain unchanged. Further research is required to identify the perspectives of baby boomer women who experience major health issues.

In undertaking the studies that comprise this dissertation research, we needed to decide which methodological approaches best fit our research objectives. Given the dearth of knowledge regarding young baby boomer women's experiences and perceptions regarding their sexuality currently and in in the context of LTC, we felt that a qualitative approach would be best suited to our endeavor. A qualitative approach provided us the opportunity to obtain detailed and in-depth information from women who have lived experiences of the very context that we were interested in elucidating. However, the results of the qualitative study has limited scope in its generalizability. While the 24 women who took part in our study came from various regions across Canada, the majority identified as White, middle income, educated, and heterosexual. It is conceivable that a more diverse sample would provide insights into broader experiences and different socio-cultural factors that shaped their youth and younger adult years.

The effect sizes of the results from quantitative measures in Study 2 were small, increasing the likelihood that there are additional factors affecting sexual attitudes and knowledge that may not have been captured. In addition, feedback from stakeholders regarding time to complete the survey, led to a decision to shorten the survey; consequently, an objective measure of participants' aging sexual knowledge (i.e., ASKAS aging sexual knowledge subscale) cannot be determined from the findings.

The results of this dissertation also need to be considered in relation to the time period in which it was conducted. Data for both studies were collected prior to the COVID-19 pandemic. In this context, potential future LTC residents and current LTC administrators offered their perspectives regarding perceived supports and shortcomings of the elder care sector with respect to supporting later life sexuality and sexual expression and provided valuable insight into their expectations for the future. In particular, they articulated a perceived need to establish not only an ethos of resident-centered care but also develop policies and procedures that will effectively address the next generation of LTC residents' specific needs and expectations. However, the COVID-19 pandemic has had a devastating effect on Canadians' perceptions of the LTC sector. Seniors residing in aged care settings have been disproportionally affected by the outcomes of the pandemic and a number of significant shortcomings and systemic issues with respect to standards of care, inadequate staff training, quality of life, and older adults' safety were revealed (Government of Canada, 2020). Current research investigating the impact of the COVID-19 pandemic and public perception indicates that many Canadians are fearful of the prospect of requiring admittance to an aged care home (Estabrooks et al., 2020; Estabrooks, 2023). Were we to speak to participants now we imagine that their opinions regarding this topic may be even more negative. Further investigation is required to ascertain if perspectives have changed.

Future Research Directions

This dissertation research advances our understanding of young baby boomer women's experiences and expectations regarding their sexuality now and in the future context of LTC, and provides real-time information regarding the state of LTC in Ontario in relation to meeting future residents' sexuality and intimacy needs. Perhaps more importantly, study findings highlight the discrepancy between existing supports and aging women's expectations regarding the nature and level of services that they will receive when it comes to supporting their sexual well-being.

An important recommendation for future research involves expanding the scope of the research agenda to include the voices and perspectives of a more diverse sample of women, including women with intersecting minority status, sexual minorities, individuals with major health issues, and single and widowed women. This topic should also be explored with men and individuals whose gender identity exists outside of the gender binary. To note, there is a small but growing body of literature on the perceptions and anticipated needs of aging sexual and gender minority adults related to LTC (see Buczak-Stec et al., 2023 and Caceres et al, 2020 for reviews). However, given their increased vulnerability to health care disparities due to discrimination and inadequate cultural competency among service providers, coupled with a higher likelihood of requiring assistance due to fewer family supports and smaller social circles (Henning-Smith et al., 2015; Hiedemann & Brodoff, 2013; Fredriksen-Goldsen et al., 2013) there is a pressing need for additional research on this understudied population. More work is required to raise awareness about the unique perspectives and expectations of sexual and gender minority individuals regarding sexuality in the LTC context; increased knowledge is essential to addressing systemic barriers and advocating for policy reform that fosters more inclusive and supportive LTC environments for all individuals.

As previously noted, this program of research was largely developed in response to longstanding speculation that baby boomers' will assert their preferences and demand services aligned with the sexual behaviours and lifestyles that they are accustomed to. Study 1, alongside recent studies (e.g., Rahn et al., 2020) indicated that many baby boomers indeed hold such expectations. However, what remains less clear is how they will be able to fulfill those needs. Personal agency is an important psychological resource linked to improved physical and psychological well-being and decreased mortality (Gerstorf et al., 2019; Stagsvold & Sorensen, 2013). Research revealed that, while aging baby boomers demonstrated increased individualism, agency, and control behaviours compared to their older counterparts, they were less agentic than younger generations (Slagsvold & Hansen, 2021). This suggests that baby boomers may be a "bridging" generation between the "quiet generation" and more demanding generations to follow. Consequently, further research on the relationship between values, expectations, and behaviours, generally, and more specifically with regard to sexual agency among aging adults is warranted.

While cohort membership is important, our research also underscores the importance of recognizing the diversity within the baby boomer cohort, contrary to common portrayals. For some women, contemporary perspectives on sexuality in the context of aging retain vestiges of traditional beliefs. As such, consideration of the way that sexual scripts, sexual experiences and life events, and other contextual factors shape sexuality is needed to properly care for this population. While some of the women we interviewed challenged and rejected negative messaging about sexuality and aging, the supposition that all baby boomers share the same experiences, perceptions, and attitudes is misleading. In order to make wider generalizations, additional research is required to comprehend factors influencing older adults' susceptibility and

resilience to contextual factors and the challenges of implementing sexual ideals and values in everyday life.

The road to supporting equity and inclusion and upholding older adults' rights to autonomy, privacy, and respectful care in Ontario's LTC homes necessarily begins with an assessment of the perceptions and expectations of those who will soon come to rely on LTC services for support with their own activities of daily living. This dissertation in part meets that need as it presents the views and experiences of the young-old, aging baby boomer women. However, if this information is to be used to effect positive and enduring change, LTC home stakeholders, including home owners, administrators, and policymakers, must also be willing to reflect critically on existing policies, or lack thereof, and organizational practices and procedures. This process will not be easy as it necessitates the adoption of a stance of shared responsibility and accountability.

Conclusion

It is remarkable and heartening that over the course of this dissertation notably more research on older adult sexuality outside the bio-medical context has been conducted, and sexuality in LTC settings has received more attention. Far more resources need to be invested in funding and supporting researchers and policy developers in further systematic study, as well as translational work in developing practical guidelines to assist LTC settings in respecting the rights to sexuality and sexual expression in their homes. There is no doubt that a sexuality positive and facilitating view is a major paradigm shift for policymakers, LTC settings, residents and their families. This dissertation concludes with the anticipation that another sexual revolution may be in the works.

> As a generation, the Boomers, we started the sexual revolution. I think we're going to expect the same opportunities. And not like our parents, where it was hushed up and, in

> the closet. We're still a viable force as a generation goes. You know what, we're going to ask and demand changes. Hell, we paid for all of this stuff. I mean it's our tax dollars that have gotten us to a certain point, right or wrong, and we can argue that point…We want society to understand and accept that these feelings don't go away as you age. (Linda)

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Appendix A

Recruitment Poster

Intimacy in Mid-life: Perceptions of Baby BoomerWomen's Life Experiences

Angela Priede, a doctoral candidate under the supervision of Dr. Elke Reissing from the School of Psychology at the University of Ottawa, is conducting a study considering factors that impact mid-life women's subjective experiences of sexuality. In talking with you, we hope to gain a better understanding of the factors that contribute to your experiences and your perception of how these and other factors may impact your opportunities to express yourself sexually in the future, and most particularly, in an assisted living or long-term care context.

- Are you a post-menopausal woman between the ages of 55 and 65?
- Are you currently in a relationship lasting 2 or more years?
- Would you generally agree that you are in relatively good health?

If you've answered "yes" to all of these questions, we're very interested in hearing about your experiences!

Study Details:

- This research will be conducted through individual, one-on-one interviews with the principal researcher.
- Interviews are anticipated to last approximately 1 to 1.5 hours
- All information will be kept completely confidential.
- As a thank you for your time, eligible participants will be compensated $20 for their participation.

For more information please contact the researcher:

Angela Priede **(**XXXXX@uottawa.ca, XXX-XXX-XXX, ext. XXX)

This research has received ethics approval from the University of Ottawa Office of Research Ethics and Integrity (REB # HO8-16-16)

SPACE IS LIMITED, PLEASE CONTACT US TODAY!

Study participants will be selected on a first come, first serve basis.

Appendix B

Telephone Script

Hello, my name is Angela Priede and I am a doctoral candidate in clinical psychology at the University of Ottawa. I am working under the supervision of Dr. Elke Reissing a professor at the University of Ottawa and director of the Human Sexuality Research Laboratory. Thank you for expressing interest in our study, did you have a chance to read the information that was provided in the email that I sent to you?

IF YES: Great! To start, I'd like to ask you a few questions to make sure that you are eligible to participate in the study, and then I can answer any questions that you may have. Would that be OK?

- Do you self-identify as female?
- Are you currently between the ages of 55-65?
- Are you currently in a relationship lasting 2 or more years?
- Would you say that you are in relatively good health?
- Do you live in Canada?

IF NO: OK**.** Well then, to begin I'd like to ask you a few questions to make sure that you are eligible to participate in the study, and then I can provide you with a bit of context and answer any questions that you may have. Would that be OK?

CONTEXT [To be provided if prospective participant indicates that they did not read the enclosed information]: The purpose of this study is three-fold; first, to deepen our understanding of mid-life women's subjective experiences of sexuality and the factors they perceive to impact their experience, second, to look at how these perceptions impact mid-life women's expectations for future sexual expression (i.e., in an institutional context), and, third, to explore priorities and barriers to meeting their future sexual and intimacy needs.

As well, as the proportion of older Canadians is increasing, there has been much speculation regarding the impact that the baby boomer generation may have as they continue to age. However, while there has been increased focus by researchers on the impact of the baby boom will have on public programing and services, it remains unclear how baby boomers perceptions and expectations regarding sexual expression may measure up against existing policies and practices in the long-term care/assisted living context.

INTERVIEW FORMAT [To be provided in the instance that an in-person interview is not feasible] If a one-on-one, in-person, interview is not feasible for you we (i.e., due to geographical limitations) we could arrange to meet via telephone or Internet conferencing (i.e., Skype).

Do you have any questions for me? Are you interested in participating?

Thank you for taking the time to speak with me.

Appendix C

An Invitation to Participate: Email/Mail Correspondence

Dear [NAME]

Thank you for your expressed interest in this research project exploring factors that impact mid-life women's subjective experiences of sexuality. My name is Angela Priede and I am a doctoral candidate in clinical psychology at the University of Ottawa working under the supervision of Dr. Elke Reissing, a professor at the University of Ottawa and director of the Human Sexuality Research Laboratory.

The purpose of this study is three-fold; first, to deepen our understanding of mid-life women's subjective experiences of sexuality and the factors they perceive to impact their experience, second, to look at how these perceptions impact mid-life women's expectations for future sexual expression (i.e., in an institutional context), and, third, to explore priorities and barriers to meeting their future sexual and intimacy needs.

There has been much speculation regarding the impact that the baby boomer generation may have on public services (i.e., long-term care homes). The proportion of older Canadians is increasing at a faster rate than any other age group, and thanks to advances in science and technology, your generation is expected to live longer, healthier, and more productive lives than your predecessors. Research also suggests that this cohort will be increasingly more sexually active and will expect to continue to exercise their right to be open about their sexual orientation and sexual preferences. While there has been increased focus by researchers on the impact of the baby boom will have on public programing and services, it remains unclear how perceptions and expectations regarding sexual expression may measure up against existing policies and practices in the long-term care/assisted living context.

If you decide to participate in this study you will be asked to take part in a one-on-one interview discussing a range of sexuality-related topics. While the amount of time required will vary by interviewee, it is anticipated that a time commitment of approximately 1 to 1.5 hours would be sufficient. If you are interested in participating, we can arrange a time to meet that is convenient for you. Also, if you agree, I would like to record our discussion, as this will allow me to focus all of my attention on our conversation rather than note taking. It will also allow for an additional level of certainty that I will capture everything that we talk about. However, if this is a concern for you we can certainly proceed without the audio recording. Please note that the recording is kept in a secure, password-protected file. Please also note that you are not obligated to answer questions that you prefer not to.

Please read over the enclosed information and consent form. Then, if you have further questions about this study, or if you'd like to set up a time to participate please contact Angela Priede by telephone at XXX-XXX-XXX (ext. XXX), or respond to this email indicating your interest.

Thank you in advance for your consideration. Please note, space is limited, as such study participants will be accepted on a first come, first serve basis.

Kindest regards,

Angela Priede, Ph.D. candidate,
School of Psychology,
University of Ottawa

Appendix D

Reminder Email Script

Dear [NAME];

This email is to remind you that you have an interview scheduled with Angela Priede, tomorrow [DATE] at, [TIME], in [LOCATION]. If you are unable to keep this appointment please contact me at XXXXX@uottawa.ca or by telephone at XXX-XXX-XXX (ext. XXX) at your earliest convenience.

I am looking forward to talking with you about this important subject and thank you again for your time.

Kindest regards,

Angela Priede, Ph.D. candidate,
School of Psychology,
University of Ottawa

Appendix E

Semi-structured Interview Guide

As you know, one of the goals of our research is to gain a deeper understanding of how mid-life women, such as yourself, experience their sexuality. For many women, the concept of sexuality, the meaning and role that it plays in their lives changes over the course of their lives depending on their experiences. I'm wondering what your experience has been like?

- To begin, can tell me a bit about what sexuality and being sexuality has meant to you.

- Has your experience of (PARTICIPANTS' DESCRIPTORS OF SEXUALITY) changed over time? How so?

- What factors would you say have had the largest impact on your (PARTICIPANTS' DESCRIPTORS OF SEXUALITY) across your life span?

Another of our goals is to use the knowledge that we gain from this study to inform research looking at the preparedness of long-term care homes to meet the next generation of long-term care dwellers needs and expectations.

- Have you had any previous experience with the long-term care system (i.e., parents, family members)?

- If you could project yourself forward to a time that you may require the services of an assisted living or long-term care home, how do you imagine your sexuality will be impacted?
- What barriers do you anticipate may impact your ability to express yourself sexuality?
- What supports do you foresee?

Potential Interview Prompts:
- Partnered and solo sexual behaviours
- Perception/comfort level regarding others' right to sexual expression in a long-term care setting
- Perception of current/existing practices regarding residents' sexual expression within long-term care settings.
- Life span related psychological and physiological changes
- Partner variables
- Personal and/or institutional variables that may impact women's experiences
- Individual adjustment and accommodation to sex related changes (i.e., functioning)

Appendix F

Study Information and Participant Consent

Title of the Study: Intimacy in Midlife and Beyond: Perceptions of Baby-Boomer Women's Life Experiences
Principal Researcher: Angela Priede, Ph.D. candidate, Clinical Psychology, University of Ottawa, 136, Jean-Jacques Lussier, Ottawa, ON, K1N 6N5, Email: XXXXX@uottawa.ca, telephone: XXX-XXX-XXX (ext. XXX)
Project Supervisor: Dr. Elke Reissing, Clinical Psychology, University of Ottawa, 136 Jean-Jacques Lussier, Ottawa, ON, K1N 6N5 Email: XXXX@uottawa.ca, telephone: XXX-XXX-XXXX (ext. XXX)

Before agreeing to take part in this research, we ask that you review this information sheet carefully and voice any questions or concerns that you may have about this study. If, after considering this information, you are still interested in participating in this study, please indicate your assent by signing and dating the bottom of this form and returning it to the researcher.

THE STUDY:

This study is being conducted by Angela Priede, a Ph.D. candidate in clinical psychology working under the supervision of Dr. Elke Reissing, director of the Human Sexuality Research Laboratory at the University of Ottawa's School of Psychology. In talking with you we hope to gain a better understanding of the factors that impact women's subject experiences of their sexuality and their perceptions of the barriers and supports to continued sexual expression over the long-term. The data generated from your, and other women's interviews will also be used to inform a larger research project exploring the preparedness of long-term facilities in Ontario to meet the sexual and intimacy needs of potential future residents.

The interview for which you have been invited is anticipated to last approximately one to one and a half hours and will involve a discussion of your experience of sexuality in the context of mid-life. The discussion may include a range of topics such as barriers and supports to sexual expression as well as any other topical areas that you deem pertinent to your experience. With your consent, this interview will be audio recorded.

RISKS and BENEFITS:

Due to the personal nature of study content, it is possible that you may experience some discomfort during the interview process. Remember, your participation in this study is completely voluntary. As such, you have the right to refrain from answering any question without providing an explanation. You also have the right to withdraw your consent to participate at any time during the interview, and at that time all documents/recordings will be destroyed. All participants will also be provided with a resource pamphlet containing relevant community and on-line supports, as well as a

list of relevant references to literature on the topical area. It is expected that by participating in this study you may benefit from reflecting on your experiences and beliefs about sexuality in the context of your lifespan and the factors that inform your expectations for future sexual expression. In previous research studies, we often found that women experience talking about their sexuality in a research context rewarding, as this topic is still generally considered taboo by some and we have few opportunities to share our perceptions. Participating in this study is likely to prompt you to reflect on the subject matter which you may find enriching and beneficial.

CONFIDENTIALITY:

At no time will your identity be shared, nor will any identifying information be linked to any forms, audio recordings, or transcripts resulting from this research. All paper and digital records of the data will be kept for 5 years following completion of the research project. Digital data will be stored on a password protected USB key, and all digital and paper records will be kept in a locked filing cabinet located in the Human Sexuality Research Laboratory at the University of Ottawa. All digital data will be wiped and deleted securely following the conservation period. All paper records will be shredded by a professional shredding company.

If at any time before dissemination of the findings of this study you choose to withdraw your information, you may simply contact the principal researcher or the research supervisor to advise them of your wish to do so. All paper records associated with this study will be stored in a secured cabinet located in the researcher's (A. Priede) locked office, and all digital copies will be stored in a password protected file. Your name will not be divulged in any reports or publications that may result from this study.

COMPENSATION:

As a thank you for your participation in this study, you will be compensated $20 for your time. This token of our appreciation will be provided to you at the beginning of the interview, regardless of whether you decide to withdraw your information from the study.

QUESTIONS OR CONCERNS:

Any questions or concerns that you may have regarding this study should be directed to the principal researcher, Angela Priede, by telephone at XXX-XXX-XXX (ext. XXX), or by email at XXXXX@uottawa.ca, or the project supervisor Dr. Elke Reissing, at the Psychology Department, University of Ottawa, Office VNR 4010, at XXX-XXX-XXXX (ext. XXX) or XXXX@uottawa.ca. If you have any questions regarding the ethical conduct of this study, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, by phone at 613-562-5387 or by email at ethics@uottawa.ca.

Two copies of this consent form are provided, one of which is yours to keep.

By signing and returning this form to the researcher, you are agreeing to participate in the proposed research project.

- ☐ Yes, I agree to having the interview audio recorded.
- ☐ No, I do not agree to having the interview audio recorded.

_____	_____
Name – please print	Signature
_____	
Date	
_____	_____
Researcher's signature	Date

Appendix G

Demographic Questionnaire

1. Please indicate your birthdate: (Year) _____

2. Which of the following best describes the culture/ethnic group that you identify with:
   - ☐ Caucasian/White, European descent
   - ☐ Latina/Hispanic
   - ☐ Middle Eastern
   - ☐ African descent
   - ☐ Aboriginal/Indigenous (please specify): _____
   - ☐ Caribbean
   - ☐ East Asian (e.g., Chinese, Japanese, Korean)
   - ☐ South Asian (e.g., Indian, Pakistani, etc.)
   - ☐ Southeast Asian (e.g., Thai, Vietnamese, Cambodian, etc.)
   - ☐ Bi-racial/mixed race: _____
   - ☐ Other, please specify: _____

3. If you were not born in Canada, what country did you grow up in?
   Please specify: _____

4. If were not born in Canada, at what age did you emigrate from your country of origin?
   Please specify: _____

5. Which term best describes your religious orientation/affiliation:
   - ☐ Catholic
   - ☐ Protestant
   - ☐ Jewish
   - ☐ Christian Orthodox
   - ☐ Muslim
   - ☐ Hindu
   - ☐ R
   - ☐ Sikh
   - ☐ Buddhist
   - ☐ Atheist
   - ☐ Not applicable
   - ☐ Other, please specify _____

6. Which of the following best describes your current relationship status?
   - ☐ Married
   - ☐ Common-law
   - ☐ Living with partner
   - ☐ Living alone, but in a committed relationship
   - ☐ Other: please specify _____

7. How long have you been in your current relationship? _____
8. If you are a parent, please indicate how many children you have:

- ☐ Not applicable
- ☐ one
- ☐ two
- ☐ three
- ☐ four
- ☐ five
- ☐ 6 or more

9. Do any of your children currently reside with you in your home?
   - ☐ Yes
   - ☐ No
   - ☐ I reside with my child in their home (please specify his/her age)

8. If you are a parent, please indicate the current age(s) of your children:
   - ☐ Not applicable

   Child 1 _____
   Child 2: _____
   Child 3: _____
   Child 4: _____
   Child 5 _____
   Child 6: _____

   More children? Please indicate their ages: _____

9. Please indicate which term best describes your sexual orientation:
   - ☐ Heterosexual
   - ☐ Lesbian
   - ☐ Bisexual
   - ☐ Transsexual woman
   - ☐ Other, please specify _____

10. What is the highest level of education that you have completed, or are currently completing?
    - ☐ Elementary School
    - ☐ Junior high School
    - ☐ High school
    - ☐ Cégep
    - ☐ College
    - ☐ Bachelors' degree
    - ☐ Masters' degree
    - ☐ Graduate degree
    - ☐ Post-doctoral degree

11. How would you best describe your current employment status?
    - ☐ Employed, full-time
    - ☐ Employed, part-time
    - ☐ Unemployed
    - ☐ Semi-retired
    - ☐ Retired
    - ☐ Other,

    Please specify _____

12. What is your approximate current annual household income?
    - ☐ ≤ $20, 000
    - ☐ ≤ $35, 000
    - ☐ ≤ $50, 000
    - ☐ ≤ $75, 000
    - ☐ Over $100,000

Additional Questions to Assess Health Status:

Next, we'd like to ask you some questions about your health:

13. Generally, how would you rate your current physical health?
    - ☐ Excellent
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

If you rated your current health as fair or poor, please provide context:

_____
_____

---

14. In your opinion, have you recently experienced a negative impact on your sexual functioning as a result of a physical ailment?
    - ☐ Yes
    - ☐ No

    If you indicated yes, please provide context

_____
_____
_____

14. How would you rate your current mental health?
    - ☐ Excellent
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

If you rated your current mental health as fair or poor, please provide context:

_____
_____
_____

15. In your opinion, have you recently experienced a negative impact on your sexual function as a result of emotional difficulties and/or a psychological disorder?
    - ☐ Yes
    - ☐ No

If you indicated yes, please provide context:

_____
_____
_____

16. Are you currently taking any drugs or medications that may affect your sexual function? (i.e., antidepressants, antipsychotics, anti-seizure drugs, estrogen inhibitors, anti-hypertensives)

    ☐ Yes
    ☐ No
    ☐ Uncertain

If you indicated "uncertain", please provide additional information:

_____
_____
_____

17. If you indicated yes, do you believe you have experienced a negative impact your sexual functioning as a result of this?

    ☐ Yes
    ☐ No
    ☐ Not applicable

Appendix H

An Invitation to Participate (Phase 1): Email Correspondence

Dear [selected person]

My name is Angela Priede and I am a doctoral student in clinical psychology at the University of Ottawa working under the supervision of Dr. Elke Reissing, a professor at the University of Ottawa and director of the Human Sexuality Research Laboratory. I am writing to you today to invite you to participate in our research study investigating the preparedness of long-term care facilities to meet the sexual and intimacy needs of future residents.

The reality is that the proportion of older Ontarians, aged 65 years and older, is growing faster than any other age group, and one third to nearly one half of this group will conceivably access the services of assisted living and/or long-term care to meet their later life needs. Aging baby-boomers are less constrained by the social and cultural ideologies that shaped the previous generations' understanding of sex and sexuality. Research suggests that this cohort of older adults will be increasingly more sexually active and will expect to exercise their right to be open about their sexual orientation and sexual preferences. As such, it is likely that they will not only desire, but also demand that the facilities in which they reside be supportive of their diverse sexual and intimacy needs. If long-term facilities in Ontario are going to effectively meet the needs of future residents, it is important that we gain an understanding of the existing opportunities, supports and barriers that are in place within these facilities**.**

The first phase of this research will involve interviews with key informants, like you, with the aim of generating a list of barriers and priorities regarding sexual expression within long-term care facilities. This information will then be used to inform a questionnaire to be distributed to a wider group of individuals with experience in this area. If you are amenable, you will be asked to provide feedback on this survey document before it is distributed to a wider audience.

In considering your experience (as a researcher in the area of older adults/working directly with older adults etc...) you have been identified as an ideal candidate to inform the first phase of our study. As such, I'd like to invite you to take part in a one-on-one interview. While the amount of time required will vary by interviewee, it is anticipated that a time commitment of approximately 1 hour would be sufficient.

If you are interested in participating, we can arrange a time to meet that is convenient for you. I can either travel to you at your place of work or arrange a quiet and comfortable place on campus to meet. Also, if you agree, I would like to record our discussion, as this will allow me to focus all of my attention on our conversation. It will also allow for an additional level of certainty that I will capture everything that we talk about. However, if this is a concern for you we can certainly proceed without the audio recording.

If you are interested in finding out more about this study, or if you'd like to set up a time to participate please contact Angela Priede by telephone at XXX-XXX-XXXX (ext. XXX), or by email at XXXXX@uottawa.ca.

Thank you in advance for your consideration.
Kindest regards,

Angela Priede, Ph.D. student,
Clinical Psychology,
University of Ottawa

Appendix I

An Invitation to Participate: Telephone Script

Hello, my name is Angela Priede and I am a doctoral student in clinical psychology at the University of Ottawa. I am working under the supervision of Dr. Elke Reissing a professor at the University of Ottawa and director of the Human Sexuality Research Laboratory. I am calling you today to invite you to participate in a research study investigating the preparedness of long-term care facilities to meet the sexual and intimacy needs of future residents.

Let me offer you a little bit of context: The reality is that the proportion of older Ontarians, aged 65 years and older, is growing faster than any other age group and one third to nearly one half of this group will conceivably access the services of assisted living and/or long-term care to meet their later life needs. Research suggests that aging baby-boomers are less constrained by the social and cultural ideologies that shaped the previous generations' understanding of sexuality. It is expected that this cohort of older adults will be increasingly more sexually liberal and will expect to exercise their right to be open about their sexual orientation and sexual preferences. As such, it is likely that they will not only desire, but also demand that the facilities in which they reside be supportive of their diverse sexual and intimacy needs. It is our belief that if long-term facilities in Ontario are going to effectively meet the needs of future residents, it is important that we gain an understanding of the existing opportunities, supports and barriers that are in place within these facilities**.** As such, we will conduct a survey in order to identify barriers to sexual expression in long-term care settings with the goal of establishing a list of short-term and long-term priorities for addressing these barriers.

The first phase of this research will involve interviews with key informants, like you, with the aim of generating a list of barriers and priorities regarding sexual expression in long-term care facilities. This information will then be used to inform a questionnaire to be distributed to a wider group of individuals with experience in this area. If you are amenable, you will be asked to provide feedback on this survey document before it is distributed to a wider audience.

In considering your experience (as a researcher in the area of older adults/working directly with older adults, etc.) you have been identified as an ideal candidate to inform the first phase of our study. As such, I'd like to invite you to take part in a one-on-one interview. While the amount of time required will vary by interviewee, it is anticipated that a time commitment of approximately 1 hour would be sufficient.

If you are interested in participating, we can arrange a time to meet that is convenient for you. I can either travel to you at your place of work or arrange a quiet and comfortable place on campus to meet. Also, if you agree, I would like to record our discussion, as this will allow me to focus all of my attention on our conversation. It will also allow for an additional level of certainty that I will capture everything that we talk about. However, if this is a concern for you we can certainly proceed without the audio recording.

Are you interested in participating? Do you have any questions? Thank you for taking the time to speak with me.

Appendix J

Reminder Email Script

Dear [NAME];

This email is to remind you that you have an interview scheduled with Angela Priede, tomorrow [DATE] at, [TIME], in [LOCATION]. If you are unable to keep this appointment please contact me at XXXXX@uottawa.ca or by telephone at XXX-XXX-XXXX (ext. XXX).

I am looking forward to talking with you about this important subject and thank you again for your time.

Kindest regards,

Angela Priede, PhD student,
Clinical Psychology,
University of Ottawa

Appendix K

Phase 1 Study Information and Participant Consent

Title of the Study: Sexual Expression in Ontario's Long-term Care Facilities: Identifying Priorities and Barriers to Meeting Aging Baby Boomers' Sexual Needs and Expectations.
Principal Researcher: Angela Priede, PH.D. student, Clinical Psychology, University of Ottawa, Email: XXXXX@uottawa.ca, telephone: XXX-XXX-XXXX (ext. XXX)
Project Supervisor: Dr. Elke Reissing, Clinical Psychology, University of Ottawa. Email: XXXX@uottawa.ca, telephone: XXX-XXX-XXX (ext. XXX)

You have been invited to participate in this research study based on your relevant expertise. As such, the purpose of this information and consent form is to provide you with sufficient information to ensure your understanding of the nature of this study. Before agreeing to take part in this research, we ask that you review this information sheet carefully, and voice any questions or concerns that you may have about this study or the methodology being employed. If, after considering this information, you are still interested in participating in this study, please indicate your assent by signing and dating the bottom of this form and returning it to the researcher.
THE STUDY: This study is being conducted by Angela Priede, a Ph.D. student in clinical psychology working under the direct supervision of Dr. Elke Reissing, director of the Human Sexuality Research Laboratory at the University of Ottawa's School of Psychology. The interview that you have been invited to participate in is anticipated to last approximately one hour and will constitute the first phase of a two-part study. The goal of which is to identify barriers to future residents' sexual expression and establish a list of short-term and long-term priorities for addressing these barriers. Information obtained from your, and other participants' interviews will be used to generate a questionnaire that will be distributed in the second phase of the study. With your consent, this interview will be audio-recorded.
RISKS and BENEFITS: Participation in this study is not expected to pose any risks; however, the potential benefits of this research are significant. That is, if long-term facilities in Ontario are going to effectively meet the sexual and intimacy needs of future residents, it is crucial that we gain an understanding of the existing opportunities, supportive factors and barriers that are in place within these facilities. As such, the findings from these interviews will provide an overview of the preparedness of long-term care institutions to adequately address these needs. Participating in this study is likely to prompt you to reflect upon subject matter which you may find enriching and beneficial. For instance, you may be prompted to reflect upon your attitudes and values with respect to sexuality and sexual expression in

older age and/or to consider the potential barriers to meeting the diverse sexual and intimacy

needs of the next generation of long-term care residents. If you experience any adverse or untoward effects as a result of your participation in this study, please contact the principal researcher, Angela Priede at XXX-XXX-XXXX (ext. XXX), or XXXXX@uottawa.ca, or the project supervisor Dr. Elke Reissing, at XXX-XXX-XXXX (ext. XXX) or XXXX@uottawa.ca.

CONFIDIENTIALITY: Your participation in this study is completely voluntary. As such, you have the right to withdraw from this study at any time, or to refrain from answering any question without providing an explanation. If at any time before dissemination of the findings of this study you choose to withdraw your information, you may simply contact the principal researcher or the research supervisor to advise them of your wish to do so. At this time, your data will be destroyed and will not be used in any way. Although the nature of this research necessitates that the information that you provide will be used to inform subsequent phases of this study, it is only considered in the form of group data and information; your individual opinion will not be shared. At no time will your identity be shared with your fellow panellists, nor will any identifying information be linked to any forms, audio recordings, or transcripts resulting from this research. All paper and digital records of the data will be kept for 10 years following completion of the research project. Digital data will be stored on a password protected USB key, in a locked filing cabinet located within a locked office located in the Human Sexuality Research Laboratory at the University of Ottawa. Similarly, all paper records will be stored in a locked filing cabinet within the same office. All digital data will be wiped and deleted securely following the conservation period and all paper records will be shredded by a professional shredding company.

QUESTIONS and CONCERNS: Any questions or concerns that you may have regarding this study or the methodology being employed should be directed to the principal researcher, Angela Priede, by telephone at XXX-XXX-XXXX (ext. XXX), or by email at XXXXX@uottawa.ca, or the project supervisor Dr. Elke Reissing, at the Psychology Department, University of Ottawa, Office VNR 4010, at XXX-XXX-XXXX (ext. XXX) or XXXX@uottawa.ca.

If you have any questions regarding the ethical conduct of this study, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, by phone at 613-562-5387 or by email at ethics@uottawa.ca.

By signing and returning this form to the researcher, you are agreeing to participate in the proposed research project. There are two copies of this consent form, one of which is yours to keep.

☐Yes, I agree to having the interview audio recorded.

☐No, I do not agree to having the interview audio recorded.

_____ _____

Name – please print Signature

_____ _____

E-mail address* Date

_____ _____

Researcher's signature Date

Appendix L

Semi-structured Interview Guide – Phase 1

The current interview is part of a continuing study aimed at shedding light on Ontario's preparedness with regards to meeting the sexual and intimacy needs of the next generation of older individuals as they transition into long-term care. When considering your responses, please reflect upon your own experiences, as well as any knowledge that you have pertaining to long-term facilities in Ontario. As this is meant to be a brainstorming exercise, I urge you to provide as many responses to each question as you deem necessary to exhaust your repertoire on the subject.

Question 1:
Please consider and describe any factors that you feel may represent barriers to future residents' needs for sexual intimacy and sexual expression being met by long-term care institutions in Ontario.

Question 2:
What would you identify as the main priorities requiring attention if the sexual and intimacy needs of the next generation of long-term care residents are to be met? When formulating your answer, please reflect upon factors such as current policies and practices, resident and family expectations, staff knowledge and training, culture and research needs.

Themes:

- Current/existing practices and policies regarding residents' sexual expression within long-term care settings.
- Current state of preparedness of long-term care facilities in Ontario.
- Key priorities that must be met if facilities in Ontario are going to remain competitive among long-term care providers.
- Personal, social, economic, and/or institutional variables that may impact future residents' experience with long-term care.
- Factors such as resident and family expectations, staff knowledge and training, culture and research needs.
- Public vs. privately funded care -- associated priorities and barriers.

Appendix M

Demographics Form

Name: _____

Job title: _____

Number of years in current position: _____

Previous related work experience (& number of years): _____

_____

_____

_____

Relevant training/Educational background: _____

_____

_____

_____

Appendix N

Debriefing Form (Phase 1)

Title of the Study: Sexual Expression in Ontario's Long-term Care Facilities: Identifying Priorities and Barriers to Meeting Aging Baby Boomers' Sexual Needs and Expectations.

Principal Researcher: Angela Priede, Ph.D. student, Clinical Psychology, University of Ottawa, Email: XXXXX@uottawa.ca, telephone: XXX-XXX-XXXX (ext. XXX)

Project Supervisor: Dr. Elke Reissing, Clinical Psychology, University of Ottawa
Email: XXXX@uottawa.ca, telephone: XXX-XXX-XXXX (ext. XXX)

Thank you again for agreeing to participate in this very important research. In talking with you we hope to gain a better understanding of the preparedness of long-term facilities in Ontario to meet the sexual and intimacy needs of future residents. The data generated from your, and other expert interviews will be used to inform a questionnaire that will be distributed to a wider group of individuals. As such, the overarching goal of this research is to draw from the collective knowledge of experts in this area with the aim of identifying barriers to residents' sexual expression, and to generate a list of key priorities and solutions to meeting these needs.

STUDY CONTEXT:

The reality is, the population of older adults 65 years and older is growing proportionately faster than any other age group, and one third to nearly one half of this group will conceivably access the services of assisted living and/or long-term care to meet their later life needs. Aging baby-boomers, having spearheaded the sexual revolution of the 60s and 70s, are less constrained by the social and cultural ideologies that shaped the previous generations' understanding of sex and sexuality. Research suggests that this cohort of older adults will be increasingly more sexually active and will expect to exercise their right to be open about their sexual orientation and sexual preferences. As such, it is likely that they will not only desire, but also demand that the facilities in which they reside be supportive of their diverse sexual and intimacy needs.

As aging baby boomers begin to transition into institutional care, a paucity of institutional policies regarding the topic of sexuality and aging is highly problematic and may result in serious repercussions for older individuals' continued sexual satisfaction, and ultimately, their quality of life. If long-term facilities in Ontario are going to effectively meet the needs of future residents, it is important that we gain an understanding of the existing opportunities, supports and barriers that are in place within these facilities**.**

QUESTIONS OR CONCERNS:

If you experience any adverse or untoward effects as a result of your participation in this study please contact the principal researcher, Angela Priede at XXX-XXX-XXXX (ext. XXX), or

XXXXX@uottawa.ca, or the project supervisor Dr. Elke Reissing, at XXX-XXX-XXXX (ext. XXX) or XXXX@uottawa.ca, to arrange to receive psychological services.

If you have any further questions or concerns, or if you would like information regarding the results of the study please direct your queries to the principal researcher, Angela Priede, by telephone at XXX-XXX-XXXX (ext. XXX), or by email at XXXXX@uottawa.ca, or the project supervisor Dr. Elke Reissing, at the Psychology Department, University of Ottawa, Office VNR 4010, at XXX-XXX-XXXX (ext. XXX) or XXXX@uottawa.ca.

Appendix O

An Invitation to Participate Email/Mail Correspondence

Dear, [NAME]

I am writing you today to ask for your help with a research study investigating the perceived preparedness of long-term care facilities to meet the sexual and intimacy needs of future residents. You are part of a randomly selected sample of long-term care (LTC) Administrators/ Directors of Care identified because of your expertise in the area of LTC management. Specifically, we are seeking your opinions and perceptions regarding the existing supports and barriers to meeting the sexuality and intimacy needs of future long-term care residents, and asking you questions about your ageing sexually knowledge and beliefs.

The reality is that the proportion of older Ontarians, aged 65 years and older, is growing faster than any other age group and one third to nearly one half of this group will conceivably access the services of assisted living and/or long-term care to meet their later life needs. Research suggests that aging baby boomers are less constrained by the social and cultural ideologies that shaped the previous generations' understanding of sexuality. It is expected that this cohort of older adults will be increasingly more sexually liberal and will expect to exercise their right to be open about their sexual orientation and sexual preferences. As such, it is likely that they will not only desire, but also demand that the facilities in which they reside be supportive of their diverse sexual and intimacy needs. It is our belief that if long-term facilities, such as your own, are going to effectively meet the needs of future residents, it is important that we gain an understanding of the existing opportunities, supports, and barriers that are currently in place.

Your participation in this survey is voluntary, IP addresses will not be tracked, and any information that you provide will remain strictly confidential. Should you have any questions or comments about this study please contact Angela Priede by telephone at XXX-XXX-XXXX (ext.XXX), or by email at XXXX@uottawa.ca

To begin the survey or to receive more information about this study, simply click on this link:

http://uottawapsy.az1.qualtrics.com/jfe/form/SV_d72uUPsUfibj3tb

Thank you in advance for your valuable contribution to this very important research.
This research has received ethics approval from the University of Ottawa Office of Research Ethics and Integrity (REB # H-06-18-723)

Kindest regards,

Angela Priede, Ph.D.
candidate in Clinical Psychology,
Human Sexuality Research Laboratory, University of Ottawa

Appendix P

Follow-up Email Script

Dear [NAME];

We recently reached out to you to invite you to participate in our survey regarding the perceived preparedness of long-term care institutions to meet the sexual and intimacy needs of the next generation of long-term care residents. If you have already completed the survey, we would like to extend our thanks for your valuable contribution.

If you have not yet had an opportunity to complete the survey, we'd like to encourage you to do so. The input that you provide will go a long way towards deepening our understanding of the current status of long-term care with respect to the management of residents' sexual and intimacy needs.

Kindest regards,

Angela Priede, Ph.D. candidate in Clinical Psychology,
Human Sexuality Research Laboratory
University of Ottawa

Appendix Q

Introduction Screen: Study Information

Welcome to the survey assessing long-term care administrators' and directors' perception of the preparedness of long-term care (LTC) facilities to meet the sexual and intimacy needs of the next generation of LTC residents. As a LTC administrator/director of care, your input on this timely topic is critical and we hope you will add your experience and your voice to assisting us in formulating key priorities in balancing multiple priorities in LTC.

Results from this study will sensitize all who are involved in caring for our elders, help fill gaps in knowledge, assist in policy development, and inform practice recommendations. Before agreeing to take part in this research, we ask that you review the following information carefully.

THE STUDY:
This study is being conducted by Angela Priede, a Ph.D. candidate in clinical psychology working under the direct supervision of Dr. Elke Reissing, professor and director of the Human Sexuality Research Laboratory at the University of Ottawa's School of Psychology. The goal of this study is to identify supports and barriers to future residents' expression of sexuality and sexual identify and establish a list of priorities for comprehensive care.

RISKS:
Participation in this study is not expected to involve risks; however, you will be asked to consider some questions and statements pertaining to sexually-related topics and it is possible that this may elicit a range of positive or negative emotions in some individuals.

BENEFITS:
The benefits of this research are significant. That is, if LTC facilities in Ottawa are going to effectively meet the sexual and intimacy needs of future residents, is it is imperative that we gain an understanding of the complex interactions of multiple factors involved in the expert care of diverse residents. As such, the findings from this research will provide an overview of the preparedness of LTC institutions by considering emergent and immediate needs, as well as short- and long-term challenges for LTC care regarding sexual identity, sexual expression, and the protection of vulnerable persons. Participating in this province-wide survey may benefit your setting by prompting reflection on emerging challenges and, should you wish to receive group-aggregate research results following the completion of the study, may be constructive in developing initiatives suitable for the context of your facility.

CONFIDIENTIALITY:
Your participation in this survey is voluntary and your responses will be kept strictly confidential. While you will be asked to provide some general demographic information, this information will only be used for descriptive purposes to explore the research topic described above. Any information that you provide will not be associated with you or your LTC facility and will be presented in summative group format. In the instance that examples are cited, we will take utmost care to not identify particular institutions or LTC organizations, in any reports of the

data. Please note that due to the anonymous nature of this research (i.e. IP addresses will not be tracked), once your data has been recorded, it will not be possible to withdraw your responses.

In some instances, throughout the questionnaire you will be given the opportunity to provide additional information if you wish to do so; if this information is used in subsequent reports or publications it will be presented anonymously. For example, a facility may be described as "mid-size, rural, publicly owned LTC facility."

QUESTIONS OR CONCERNS:

Should you have any questions or comments about the survey or the methodology being employed please feel free to contact the research coordinator, Angela Priede, by telephone at XXX-XXX-XXXX (ext. XXX, or by email at XXXXX@uottawa.ca, or the project supervisor Dr. Elke Reissing, at the Psychology Department, School of Psychology, University of Ottawa, Vanier Hall 4010, at XXX-XXX-XXXX (ext. XXX) or reissing@uottawa.ca.

If you have any questions regarding the ethical conduct of this study, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, by phone at 613-562-5387 or by email at ethics@uottawa.ca.

Appendix R

Aging Sexual Knowledge and Attitudes Scale (Attitudes Scale)

The following questions ask you about your beliefs and perceptions regarding sexual activity in the aged. Please answer the following questions as honestly as possible. To record your response, check the box that best describes your level of agreement/disagreement with each of the items.

1. Aged people have little interest in sexuality.

   ☐ Strongly agree
   ☐ Partially agree
   ☐ Neither agree nor disagree
   ☐ Partially disagree
   ☐ Strongly disagree

2. An aged person who shows sexual interest brings disgrace to himself/herself.

   ☐ Strongly agree
   ☐ Partially agree
   ☐ Neither agree nor disagree
   ☐ Partially disagree
   ☐ Strongly disagree

3. Institutions, such as nursing [long-term care] homes, ought not to encourage or support sexual activity of any sort in its residents.

   ☐ Strongly agree
   ☐ Partially agree
   ☐ Neither agree nor disagree
   ☐ Partially disagree
   ☐ Strongly disagree

4. Male and female residents of nursing [long-term care] homes ought to live on separate floors or separate wings of the nursing [long-term care] home.

   ☐ Strongly agree
   ☐ Partially agree
   ☐ Neither agree nor disagree
   ☐ Partially disagree
   ☐ Strongly disagree

5. Nursing [long-term care] homes have no obligation to provide adequate privacy for residents who desire to be alone, either by themselves or as a couple.

   ☐ Strongly agree

- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

6. As one becomes older (65+) interest in sexuality inevitably disappears.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

7. If a relative of mine, living in a nursing [long-term care] home was to have a sexual relationship with another resident I would complain to the management.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

8. If a relative of mine, living in a nursing [long-term care] home was to have a sexual relationship with another resident I would move him/her from this institution.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

9. If a relative of mine, living in a nursing [long-term care] home was to have a sexual relationship with another resident I would stay out of it as it is not my concern.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

10. If I knew that a particular nursing [long-term care] home permitted and supported sexual activity in residents who desired such, I would not place a relative in that nursing [long-term care] home.

- ☐ Strongly agree
- ☐ Partially agree

- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

11. It is immoral for older persons to engage in recreational sex.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

12. I would like to know more about the changes in sexual functioning in older years.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

13. I fee I know all I need to know about sexuality in the aged.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

14. I would complain to the management if I knew of sexual activity between any residents of a nursing [long-term care] home.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

15. I would support sex education courses for aged residents of nursing [long-term care] homes.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

16. I would support sex education courses for the staff of nursing [long-term care] homes.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

17. Masturbation is an acceptable sexual activity for older males.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

18. Masturbation is an acceptable sexual activity for older females.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

19. Institutions, such as the nursing home [long-term care home], ought to provide large enough beds for couples who desires such to sleep together.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

20. Staff of nursing [long-term care] homes ought to be trained or educated with regard to sexuality in the aged and/or disabled.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

21. Residents of nursing [long-term care] homes ought not to engage in sexual activity of any sort.

- ☐ Strongly agree
- ☐ Partially agree

- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

22. Institutions, such as nursing [long-term care] homes, should provide opportunities for the social interaction of men and women.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

23. Masturbation is harmful and ought to be avoided.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

24. Institutions, such as nursing [long-term care] homes, should provide privacy such as to allow residents to engage in sexual behaviour without fear of intrusion of observation.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

25. If family members object to a widowed relative engaging in sexual relations with another resident [of a nursing/long-term care home], it is the obligation of the management and staff to make certain that such sexual activity is prevented.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

26. Sexual relations outside the context of marriage are always wrong.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree

- ☐ Strongly disagree

Appendix S

Staff Attitudes about Intimacy and Dementia Survey

1. Competent and consenting residents who are single are entitled to be sexually intimate with each other in a care facility.

   ☐ Strongly agree
   ☐ Partially agree
   ☐ Neither agree nor disagree
   ☐ Partially disagree
   ☐ Strongly disagree

2. Competent and consenting residents who are married, but not to each other, are entitled to be sexually intimate with one another in care facility.

   ☐ Strongly agree
   ☐ Partially agree
   ☐ Neither agree nor disagree
   ☐ Partially disagree
   ☐ Strongly disagree

3. A married couple with one spouse living in the community and the other one with dementia residing in a care facility is entitled to be sexually intimate in a private place within the facility.

   ☐ Strongly agree
   ☐ Partially agree
   ☐ Neither agree nor disagree
   ☐ Partially disagree
   ☐ Strongly disagree

4. Residents who have dementia are not capable of making sound decisions regarding participation in sexual relationships.

   ☐ Strongly agree
   ☐ Partially agree
   ☐ Neither agree nor disagree
   ☐ Partially disagree
   ☐ Strongly disagree

5. Two residents, both of whom have dementia, are entitled to an exclusive and consensual relationship but should not be sexually intimate if one of them is married to another person.

   ☐ Strongly agree
   ☐ Partially agree

- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

9. Two residents, one with Alzheimer's disease and the other who is cognitively intact, are entitled to be sexually intimate as long as they are both single and their relationship appears consensual.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

10. Two residents, both of whom are single and have dementia, are entitled to be sexually intimate if their relationship appears consensual and their family members do not object.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

11. A resident with dementia is entitled to be sexually intimate with two different residents as long as there is no sign of coercion in these relationships.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

12. If family members object to a relative with dementia having sexual relations with others, it is the duty of the staff to prevent such activity.

- ☐ Strongly agree
- ☐ Partially agree
- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

13. No one should interfere in the sexual lives of residents as long as no civil or criminal laws are broken.

- ☐ Strongly agree
- ☐ Partially agree

- ☐ Neither agree nor disagree
- ☐ Partially disagree
- ☐ Strongly disagree

Appendix T

Demographics Questionnaire (Facility)

To begin, we would like to ask you some questions about the LTC facility in which you work.

Which of the following best describes your facility?

- ☐ Privately owned
- ☐ Not-for-profit/charitable
- ☐ Municipal
- ☐ Other, please specify _____

Which of the following best describes the geographical location of your facility?

- ☐ Urban (e.g., city, town)
- ☐ Rural (e.g., village, hamlet)

Is your facility affiliated with a specific religious or spiritual orientation?

- ☐ Yes
- ☐ No

[IF YES] Which term best describes your facility's religious affiliation:

- ☐ Buddhist
- ☐ Christian Orthodox
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Protestant
- ☐ Roman Catholic
- ☐ Sikh
- ☐ Other *(please specify)* _____

Is your facility affiliated with a specific cultural or ethnic group

- ☐ Yes
- ☐ No

[IF YES] Please identify the specific cultural group that your facility is associated with: _____

In your own opinion, how prepared is your LTC facility to meet the next generation of long-term care residents' sexual and intimacy needs and expectations?

- ☐ Very prepared

- ☐ Somewhat prepared
- ☐ Slightly prepared
- ☐ Not at all prepared

Appendix U

Baby boomers, Sexuality and Intimacy: The Ontario LTC Preparedness Survey

The next set of questions is very important for understanding the factors that may impact the preparedness of the LTC facilities to meet the needs and expectations of future residents.

---

1. In your opinion, has sexually expressive behaviour among residents ever been an issue requiring attention in your LTC facility?

   ☐ Yes
   ☐ No

2. [IF YES] In your opinion, which of the following was an issue related to intimacy/sexuality requiring attention in your facility? Please indicate all items that apply.

   ☐ Intimate sexual relationships between residents
   ☐ Disinhibited sexual behaviour as a result of dementia (e.g., public masturbation)
   ☐ Sexual harassment or assault between residents
   ☐ Expressions of sexuality toward staff
   ☐ Negative/restrictive staff attitudes towards later life sexuality
   ☐ Social discord because of jealousy (related to sexual/intimate partners)
   ☐ Family disapproval of resident sexual expression
   ☐ Family disapproval of resident intimate relationship formation
   ☐ Sexual activity presenting a risk (e.g., falls)
   ☐ Resident/s contracting sexually transmitted infections (STI)
   ☐ Concerns about consent to participate in intimate behaviours
   ☐ Difficulties accommodating expressions of lesbian, gay, or bisexual expression of sexuality
   ☐ Residents leaving the LTC facility covertly/secretly to meet with sexual/intimate partner
   ☐ Staff-initiated sexual activities with residents

3. Have there been any other issues related to residents' sexual expression that have come to your attention? If so, please provide additional information in the space provided:

TEXT BOX

4. Does admission to your long-term care facility currently include an assessment of issues related residents' sexual and intimacy needs (including with a current partner not living in the facility)?

   ☐ Yes
   ☐ No

5. [IF YES] Which of the following areas are assessed upon admission?

   - ☐ Sexual orientation
   - ☐ Sexual/relationship history
   - ☐ Sexual health status (i.e., sexual functioning, STIs)
   - ☐ Expectations regarding opportunities for sexual expression
   - ☐ Sexually related values/attitudes
   - ☐ Capacity to consent to sexual relationships
   - ☐ Perspectives of family members regarding resident's expression of sexuality
   - ☐ Recent changes in sexually expressive behaviours or attitudes

   Please use the space below to provide information regarding any additional areas related to sexuality and intimacy that are assessed upon admission to your long-term care facility.

TEXT BOX

6. Does your LTC facility currently have a written best practices policy or procedural manual that specifically addresses the care and management of sexuality-related matters?

   - ☐ Yes
   - ☐ No

7. [IF YES] Which of the following topical areas are addressed by this policy? Please indicate all items that apply:

   - ☐ Accessing residents' capacity to consent to sexual activities (i.e., mild cognitive impairment, dementia).
   - ☐ Staff training related to sexuality in later life
   - ☐ LGBT+ inclusivity strategies (e.g., using inclusive language, ensuring a safe space)
   - ☐ Management and treatment of sexually transmitted infections
   - ☐ Communicating with residents about sexuality-related issues
   - ☐ Communicating about resident's sexuality-related issues with spouses/partners and/or other family members
   - ☐ Supporting clients' efforts to access/obtain sexual aids (i.e., erotic videos, magazines, lubricants, condoms).
   - ☐ Addressing difficulties with sexual functioning related to medical or psychological issues
   - ☐ Addressing problematic sexual behaviour (i.e., uninhibited sexual behaviour)
   - ☐ Protection and support of residents right to privacy
   - ☐ Protection and support of residents right to sexual expression
   - ☐ Residents' rights to ask for accommodation of sexual expression (e.g., preparing safe and private space)
   - ☐ Staff responsibilities regarding the accommodation of sexual expression (e.g., assisting residents to prepare for sexual activity)
   - ☐ LGBT+ sensitivity training for staff
   - ☐ Other; please specify, _____

- ☐ Other; please specify, _____
- ☐ Other; please specify, _____

8. [If NO] What is your LTC facility's current approach to dealing with issues of sexuality and intimacy among residents? (i.e., consulting "best-practices" guidelines; seeking outside counsel)

TEXT BOX

9. Does your LTC facility currently have any initiatives (formal or informal) intended to address the sexual and intimacy needs and expectations of the next generation of LTC residents?

- ☐ Yes
- ☐ No

10. [If YES] Please briefly describe the goal of these initiatives and the projected timeline for implementation.

TEXT BOX

11. In your opinion, which of the following factors currently represent a barrier to meeting residents' sexuality and intimacy needs and expectations within your LTC facility? Please indicate all that apply:

- ☐ I do not believe that there are any significant barriers to residents' sexual expression.

- ☐ Limited access to private space
- ☐ Lack of staff education pertaining to later life sexuality
- ☐ Inadequate policies and guidelines
- ☐ Negative staff attitudes related to later life sexuality.
  If yes, please briefly describe attitudes, views, etc._____
- ☐ The impact of differing cultural/religious views among staff
- ☐ The impact of differing cultural/religious views among residents
- ☐ Interference by family members
- ☐ Difficulties associated with assessing capacity to consent
- ☐ Other: Please specify _____
- ☐ Other: Please specify _____
- ☐ Other: Please specify _____

12. Which of the following barriers that you previously identified, would you consider to be top priorities. Please rank your responses in order of importance, where 1 is most important and [#] is least important.

13. Which of the following factors do you anticipate will pose a challenge to meeting the next generation of LTC residents' (baby boomers) sexual and intimacy needs and expectations?

    ☐ I do not believe that there will be any significant barriers to meeting the next generation of residents' sexual and intimacy needs and expectations.

    ☐ Limited access to private space
    ☐ Lack of staff education pertaining to later life sexuality
    ☐ Inadequate policies and guidelines
    ☐ Negative staff attitudes related to later life sexuality
    ☐ The impact of differing cultural/religious views among staff
    ☐ The impact of differing cultural/religious views among residents
    ☐ Interference by family members
    ☐ Difficulties associated with assessing capacity to consent
    ☐ Other: Please specify _____
    ☐ Other: Please specify _____
    ☐ Other: Please specify _____

14. Which of the following challenges that you previously identified, would you consider to be top priorities. Please rank your responses in order of importance, where 1 is most important and [#] is least important.

15. In your opinion, which of the following sexual and intimacy related supports are currently in place within your facility? Please indicated all that apply:

    ☐ Access to private space in which residents can engage in sexual or intimate behaviour
    ☐ Information regarding safer-sex practices for older adults
    ☐ Written or on-line publications, communications, and/or documents outlining how issues of intimacy and sexuality are addressed within the facility
    ☐ Ongoing opportunities for socializing with other residents
    ☐ Beds that can accommodate more than one person
    ☐ LGBT+ themed activities included in programming for residents (e.g., pride week activities, guest speakers on LGBT+ issues, etc.)
    ☐ Use of LGBT+ inclusive language in facility communications, publications, and documentation.
    ☐ Provision of a welcoming environment for LGBT+ residents (e.g., visible Pride flags)
    ☐ LGBT+ inclusivity training for staff
    ☐ Active recruitment of LGBT+ volunteers and/or staff
    ☐ Other: Please specify _____
    ☐ Other: Please specify _____

16. Which of the following supports/resources would you like to have access to within your facility, that are currently not available? Please indicate all that apply:

    ☐ Access to private space in which residents can engage in sexual or intimate behaviour.
    ☐ Information regarding safer sex practices for older adults

- ☐ Written or on-line publications, communications, and/or documents outlining how issues of intimacy and sexuality are addressed within the facility
- ☐ Ongoing opportunities for residents to socialize with other residents
- ☐ Beds that can accommodate more than one person
- ☐ LGBT+ themed activities included in programming for residents (e.g., pride week activities, guest speakers on LGBT+ issues, etc.)
- ☐ Use of LGBT+ inclusive language in facility communications, publications, and documentation
- ☐ Provision of a welcoming environment for LGBT+ residents (e.g., visible Pride flags)
- ☐ LGBT+ inclusivity training for staff
- ☐ Active recruitment of LGBT+ volunteers and/or staff
- ☐ Other: Please specify _____
- ☐ Other: Please specify _____

Please use the space below to provide information regarding any additional supports that you would like to have access to within your facility that are currently not available.

TEXT BOX

17. Which of the following supports/resources that you previously identified, would you consider to be a top priority. Please rank your responses in order of importance, where 1 is most important and [#] is least important.

Appendix V

Demographic Questionnaire (participant)

Finally, we would like to ask you some general questions about yourself.

Please state your age in years: _____

Which of the following best describes your gender?

- ☐ Male
- ☐ Female
- ☐ Other; please specify _____

Which of the following best describes the culture/ethnic group that you personally identify with:

- ☐ African descent
- ☐ Bi-racial/mixed race (please specify) _____
- ☐ Aboriginal/Indigenous (please specify) _____
- ☐ Caribbean
- ☐ Caucasian/White, European Descent
- ☐ Central or South American
- ☐ East-Asian (e.g., Chinese, Japanese, Korean)
- ☐ Middle Eastern
- ☐ South-Asian (e.g., Indian, Pakistani, etc.)
- ☐ Southeast-Asian (e.g., Thai, Vietnamese, Cambodian, etc.)
- ☐ Other, please specify: _____

What is the highest level of education that you have completed?

- ☐ Elementary School
- ☐ Junior high School
- ☐ High school
- ☐ Cégep
- ☐ College diploma
- ☐ Bachelors' degree
- ☐ Masters' degree
- ☐ Doctorate degree
- ☐ Post-doctoral degree

Which term best describes your personal religious orientation/affiliation?

- ☐ Atheist/Agnostic
- ☐ Buddhist
- ☐ Christian Orthodox
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Protestant
- ☐ Roman Catholic
- ☐ Sikh
- ☐ Other *(please specify),* _____
- ☐ Not applicable

For how many years have you worked in the aged-care industry? _____

For how many years have you been working in your current capacity as director of care/LTC administrator? _____

Have you ever received training (i.e., courses, continuing education, etc.) related to the care and management of older adults' sexuality-related issues?

- ☐ Yes___ how many: ____
- ☐ No

[IF YES] In what form was this training offered? Please indicate all items that apply:

- ☐ Course or module included in core curriculum of professional program (e.g., nursing)
- ☐ Continuing education workshop
- ☐ Special interest group presentation (i.e., LGBT+ advocacy group)
- ☐ Conference presentation
- ☐ Other; Please specify, _____

How would you rate the adequacy of your sexual health <u>training</u> with regards to aging sexuality

- ☐ Highly adequate
- ☐ Adequate
- ☐ Inadequate
- ☐ Highly inadequate (e.g., never received training)

How would you rate the adequacy of your sexual health <u>knowledge</u> with regards to aging sexuality?

- ☐ Highly adequate
- ☐ Adequate
- ☐ Inadequate
- ☐ Highly inadequate

Now that you have had an opportunity to contemplate the various challenges associated with meeting residents' sexual an intimacy needs, how would you rate your LTC facility in terms of preparedness to accommodate the next generation of long-term care residents?

- ☐ Very prepared
- ☐ Somewhat prepared
- ☐ Slightly prepared
- ☐ Not at all prepared

File Number: H08-16-16 **Date (mm/dd/yyyy):** 09/14/2017

Université d'Ottawa University of Ottawa

Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

Certificate of Ethics Approval

Health Sciences and Science REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

First Name	Last Name	Affiliation	Role
Elke	Reissing	Social Sciences / Psychology	Supervisor
Angela	Priede	Social Sciences / Psychology	Student Researcher

File Number: H08-16-16

Type of Project: Independent Study

Title: Sexuality and aging, perceptions of baby-boomer women's life experiences

Approval Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)
09/14/2017	09/13/2018

Special Conditions / Comments:
N/A

550, rue Cumberland 550 Cumberland Street
Ottawa (Ontario) K1N 6N5 Canada Ottawa, Ontario K1N 6N5 Canada
(613) 562-5387 • Téléc./Fax (613) 562-5338
http://www.recherche.uottawa.ca/deontologie/ http://www.research.uottawa.ca/ethics/index.html

File Number: H06-14-15 **Date (mm/dd/yyyy):** 07/10/2014

Université d'Ottawa University of Ottawa

Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

Ethics Approval Notice

Health Sciences and Science REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

First Name	Last Name	Affiliation	Role
Elke	Reissing	Social Sciences / Psychology	Supervisor
Angela	Priede	Social Sciences / Psychology	Student Researcher

File Number: H06-14-15

Type of Project: Independent Student Project

Title: Sexual Expression in Ontario's Long-term Care Facilities: Identifying Priorities and Barriers to Meeting Aging Baby Boomer's Sexual Needs and Expectations.

Approval Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Approval Type
07/10/2014	07/09/2015	Ia

(Ia: Approval, Ib: Approval for initial stage only)

Special Conditions / Comments:

N/A

550, rue Cumberland, pièce 154 550 Cumberland Street, room 154
Ottawa (Ontario) K1N 6N5 Canada Ottawa, Ontario K1N 6N5 Canada
(613) 562-5387 • Téléc./Fax (613) 562-5338
www.recherche.uottawa.ca/deontologie/ www.research.uottawa.ca/ethics/

File Number: H06-14-15 **Date (mm/ dd/yyyy):**

Université d'Ottawa University of Ottawa

Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

Ethics Approval Notice

Health Sciences and Science REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

First Name	Last Name	Affiliation	Role
Elke	Reissing	Social Sciences / Psychology	Supervisor
Angela	Priede	Social Sciences / Psychology	Student Researcher

File Number: H06-14-15

Type of Project: Independent Student Project

Title: Sexual Expression in Ontario's Long-term Care Facilities: Identifying Priorities and Barriers to Meeting Aging Baby Boomer's Sexual Needs and Expectations.

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07/10/2015	07/09/2016	Approved

Special Conditions / Comments:

N/A

550, rue Cumberland, pièce 154 550 Cumberland Street, room 154
Ottawa (Ontario) K1N 6N5 Canada Ottawa, Ontario K1N 6N5 Canada
(613) 562-5387 • Téléc./Fax (613) 562-5338
www.recherche.uottawa.ca/deontologie/ www.research.uottawa.ca/ethics/

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University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

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Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Angela PRIEDE	École de psychologie / School of Psychology	Chercheur Principal / Principal Investigator
Elke REISSING	École de psychologie / School of Psychology	Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments