

DOCUMENT RESUME

ED 424 401

CE 077 327

AUTHOR Walker, Bonnie L.; Osgood, Nancy J.  
TITLE The Importance of Sexuality Program Objectives to Long-Term Care Staff.  
INSTITUTION Walker (Bonnie) and Associates, Inc., Crofton, MD.  
SPONS AGENCY National Inst. on Aging (DHHS/NIH), Bethesda, MD.  
PUB DATE 1998-00-00  
NOTE 15p.; For a related document, see CE 077 328.  
CONTRACT IR43AG140007-01-  
PUB TYPE Reports - Research (143) -- Tests/Questionnaires (160)  
EDRS PRICE MF01/PC01 Plus Postage.  
DESCRIPTORS Aging (Individuals); Allied Health Occupations Education; \*Attendants; Attitudes; Educational Research; \*Long Term Care; \*Nurses Aides; \*Older Adults; \*Sexuality; \*Staff Development; Tables (Data)

ABSTRACT

The opinions of long-term care staff were surveyed regarding the importance of objectives of a program that would provide staff education and training regarding the sexuality of older people. A literature review determined what staff needed to know about elderly sexuality, the needs of elderly people related to their sexuality, and how caregivers could best assist them in meeting those needs. A four-page booklet was developed and distributed to long-term staff at 4 locations; 97 staff from long-term facilities in Oklahoma, Virginia, and Michigan participated. Each booklet included a questionnaire asking for information about the individuals completing the survey and the 17 program objectives. Respondents ranked objectives from 1-17 with 1 being the most important and 17 the least. "Understanding that older people's needs and wants related to intimacy, sensuality, and sexuality vary widely just as they do for younger people" was the objective that received the highest ranking. The two objectives that received the lowest rankings were "Identifying appropriate responses to masturbation" and "Identifying issues related to homosexuality." Pearsonian correlation coefficients were calculated and indicated differences among the staff related to political views, degrees of religiosity, experience, age, and other demographic variables. (Six data tables are appended.) (YLB)

\*\*\*\*\*  
\* Reproductions supplied by EDRS are the best that can be made \*  
\* from the original document. \*  
\*\*\*\*\*

CE

# The Importance of Sexuality Program Objectives to Long-Term Care Staff

ED 424 401

Bonnie L. Walker  
Bonnie Walker & Associates  
Nancy J. Osgood  
Virginia Commonwealth University

## AUTHOR'S NOTE

This paper was prepared pursuant to the National Institute on Aging Grant Number 1R43AG140007-01. The statements and conclusions herein are those of the author and do not necessarily reflect the views or policies of the sponsoring agency. We wish to thank Paul Ephross, PhD, *University of Maryland at Baltimore*, James Richardson, MD, *University of Maryland Medical School*, Bettie Farrar, M.M.S., Director of Education and Staff Development, Collington Life Care Community; and Claire Cole, RN, nurse educator, Collington Life Care Community who participated in the development of the program. The authors also thank the individuals who coordinated the surveys of long-term care staff: Joan Bongard, Neighborhood Service Organization, Detroit, Michigan; Elizabeth Bush, Westminster Canterbury Life Care Community; Hali H. Giessler, Executive Director, Center for Urban Education, Detroit, Michigan; and Dr. Mac McCrory, Wellness Center, Oklahoma State University.

U.S. DEPARTMENT OF EDUCATION  
Office of Educational Research and Improvement  
EDUCATIONAL RESOURCES INFORMATION  
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND  
DISSEMINATE THIS MATERIAL HAS  
BEEN GRANTED BY

*B.L. Walker*

TO THE EDUCATIONAL RESOURCES  
INFORMATION CENTER (ERIC)

1

CE 077327

### Abstract

The study investigated the opinions of long-term care staff regarding the importance of objectives of a program which would provide staff education and training regarding the sexuality of older people. Ninety-seven staff from long-term care facilities in Oklahoma, Virginia, and Michigan participated in the study. "Understanding that older people's needs and wants related to intimacy, sensuality, and sexuality vary widely just as they do for younger people" was the objective that received the highest ranking. The two objectives that received the lowest rankings were "Identifying appropriate responses to masturbation" and "Identifying issues related to homosexuality." Differences among the staff related to political views, degrees of religiosity, experience, age, and other demographic variables are reported.

### Introduction

Several recent studies have revealed a continuing gap in the education and training of nurses and other long-term care staff regarding the sexuality of older people (Drench & Losee, 1996; Eliason, 1996; Haffner, 1994; Litz, Zeiss, & Davies, 1990; Luketich, 1991; Story, 1989). These studies also indicate negative or patronizing attitudes toward sexual expression among older adults, and a lack of encouragement or tolerance of sexual expression by older clients.

In response to this need, we developed an education/training program for staff of long-term care facilities that would increase knowledge, improve tolerant attitudes, and encourage proactive behaviors regarding sexuality and older people. This paper reports the results of a survey of long-term care staff undertaken as part of this project.

### Methods and Procedures

The first step was to conduct a comprehensive literature review to determine what staff needed to know about elderly sexuality, to determine the needs of elderly people related to their sexuality, and to determine how best caregivers could assist them in meeting those needs (Walker, 1997). Results of that literature review were shared with project staff and advisors to serve as additional background for the development of the program objectives.

The project team included a nurse educator in a long-term care facility, a social worker whose special interest was sexuality, a gerontologist who has conducted a national study of suicide in long-term care facilities, a staff development coordinator of a long-term care facility, and a geriatrician who is the medical director at two long-term care facilities. These individuals met with the project director to develop a preliminary list of program objectives. As part of the preliminary research, staff of long-term care were asked to provide feedback regarding the relative importance of those objectives.

The project staff developed a four page booklet that was distributed along with a letter explaining the purpose of the project to long-term care staff at four locations: a state-wide meeting of facility administrators from Oklahoma, two organizations in Detroit, Michigan that serve administrators of small facilities, and staff of a life care community in Richmond, Virginia. Coordinators at each site distributed and collected the surveys during March, 1997.

Each booklet included a questionnaire asking for information about the individuals completing the survey and the 17 program objectives. Respondents were asked to "Look over the program objectives on BOTH pages. Rank these objectives from 1 to 17 with 1 being the MOST IMPORTANT and 17 being the LEAST IMPORTANT. Use the space to make comments if you wish."

## Results

Ninety-seven long-term care staff completed a booklet. Of those, 23 people did not rank the objectives according to the instructions. Many of those people, and many who did complete the ranking correctly, wrote that all of the objectives were important and that it was difficult to decide which ones were more important.

The majority of subjects were facility administrators attending a state-wide conference in Oklahoma (N=58); other respondents included staff from a life care community in Richmond (N=7); an urban education center in Detroit, Michigan (N=13), and a neighborhood service organization also in Detroit (N=19). Participants included 9 nurses, 3 social workers, 2 occupational therapists, and 6 outreach therapists.

Participant ages ranged from 27 to 77, mean = 47.48 years. Their experience ranged from 1 to 39 years, mean = 12.82. The majority of the group were white (79%), highly educated (29.3% had bachelor's degrees and 29.3% had attended graduate school), married (65.7%); in a sexually intimate relationship (70.7%), and had rated their health as excellent (42.4%) or good (48.5%).

Subjects were asked about their views toward sexuality, religion, and politics. A majority (61.6%) said that sexuality and intimacy were very important and that they were somewhat religious (65.7%). A small majority (42.4%) described themselves as politically conservative. See Tables 1 and 2.

**Insert Table 1 about here.**

**Insert Table 2 about here.**

### *Relationships Among the Variables*

Pearsonian correlation coefficients were calculated using an SPSS program to identify significant relationships among the following demographic variables: age, gender, ethnicity, education, experience in long-term care, marital status, health status, religiosity, importance placed on sexuality and intimacy, political philosophy, whether they were in a sexually intimate relationship, and survey group. The following significant correlations were observed. See Table 3 below for other findings.

- Staff who were more religious also reported better health and were also more likely to be in an intimate relationship.
- Staff who placed more importance on sexuality reported better health and were also more likely to be in an intimate relationship.
- Being politically conservative was significantly correlated with better health and being in an intimate relationship.

**Insert Table 3 about here.**

### *Ranking of Objectives*

Table 4 below lists the 17 objectives in the order that they were ranked by the 74 long-term care staff who completed the survey correctly. The numbers in parenthesis are the total points the item received and the mean ranking. Not all items were ranked by all participants.

**Insert Table 4 about here.**

### *Relationships Between Staff Demographics and Objective Ranking*

Correlations were also calculated between the objective ranking and each of the staff characteristics assessed as part of the study. Chi-square analyses were performed between variables when a significant correlation resulted. The following significant relationships were observed.

- Group 1 (the Richmond, Virginia facility) ranked Objective 3 (defining terms and identify types of sexual expression available to elders) significantly higher than the other facilities.
- Staff with more experience ranked Objective 7 (age related changes and health problems) significantly higher than those with less experience.
- Staff with less education ranked Objective 1 (understanding needs and wants of the elderly) significantly higher than those with more education.
- Staff who said sexuality was important rated Objective 9 (religious, cultural, racial, generational differences) as significantly less important than staff who said sexuality was not important.
- Staff in an intimate relationship ranked Objective 9 (religious, cultural, racial, generational differences) significantly less important than staff who were not in an intimate relationship.

### **Objective Revisions**

Based on the results of this study and discussions with the groups of staff, residents, and family members, the list of 17 objectives was reduced to 10. Items 1, 2, and 4 were changed to program goals and will be incorporated within each of the remaining program objectives. Objective 15 will be incorporated in each module; that is, we will examine differences between males and females related to each remaining topic and include information as needed. Objectives 11 and 14 will be combined with Objective 7. Objectives 12 and 13 will be combined into one objective. Program goals are listed below in Table 5. The revised program objectives are listed below in Table 6.

**Insert Table 5 about here.**

**Insert Table 6 about here.**

### Conclusions and Recommendations

As a group these long-term care staff had positive feelings about sexuality as demonstrated by the number who were involved in intimate sexual relationships and the importance they gave to sexuality and intimacy. Feelings about the importance of sexuality were positively correlated to being politically conservative, being very religious, having excellent health, and being in an intimate relationship but not to marital status or age. Another indication of the group's tolerant, even proactive opinions toward sexuality was the high ranking of the objective which stated that staff should "Understand that older people's needs and wants related to intimacy, sensuality, and sexuality vary widely just as they do for younger people."

The data also suggest that the objectives developed by the project staff are acceptable to these staff members. The fairly large variance among the item ranking indicates that while some objectives were considered more important, that none were considered totally unimportant. Written comments on the booklets were very positive and many said that all of the objectives were so important that it was hard to rank them. Typical comments were:

- The choices were extremely difficult!! (72 year old manager at an adult foster care facility)
- It was difficult to rank these objectives as they are all important. (Director of Independent Living at a Life Care Community)
- All of the objectives are very important and should be to the caregiver. (Client advocate)
- I found it difficult to rank objectives due to the importance of all of them. (Outreach therapist)
- The medical/nursing professions do not understand the importance of intimacy and sexuality relative to one's general well-being. Equally important is the inability to appropriately define and enable resident rights. (Director of Community Services)
- This is an area very much overlooked. Being able to express oneself is essential to life! (Direct care staff)
- If sexual expression is important, as we say it is, to younger adults, why do we think it is not so for older adults? I have never understood why we would try to prevent pleasurable expressions in older people; it is more important then than any other time in life. (Catering manager)
- Most important is understanding sexuality and how to deal with issues that arise on a daily basis. (Registered nurse)

The two objectives that received the lowest rankings were the most surprising findings to the project staff. The objective related to masturbation received the second lowest ranking. Discussions with staff had led us to believe that resident masturbation, especially residents with dementia, was one of the most common issues. Explanations for this result could mean that staff believe they know how to deal with this issue, that they do not see masturbation as an issue, or that they are uncomfortable with this topic and don't want it to be part of the training program. Further investigation is needed regarding this issue and the best way to address it in a staff education or training program.

The staff who participated in the study gave the objective related to homosexuality the lowest ranking. Like masturbation, we believed that homosexuality, especially lesbian relationships that develop late in life among single women, could be an issue. We also had concluded based on the literature review and discussions with staff, residents, and family members that this issue is not being dealt with at the present time and that homosexuality will become more of an issue in long-term care facilities in the future. The reasons behind the low ranking of the objective related to homosexuality need further investigation.

### Limitations

The findings are limited to the population studied. This group consisted of staff from several facilities located in three states. The group had fewer African American members than in previous studies conducted by the author. See Reference Note 1. Also, only 76% of the survey group completed the survey correctly. Others ranked only a few of the items or gave several items the rank of “1,” or completed the questionnaire and then did not rank any of the items. Some of these people wrote, “These objectives are all important.”

### Application of Results

The information resulting from this survey provides insights about long-term care staff which will assist the project team in designing better sexuality training materials. It helps us understand which objectives the staff may view as relatively more important and less important. Prior conversations with nurses and staff had convinced us that issues associated with masturbation were particularly troublesome to staff. The fact that these staff gave this topic a lower ranking than we had anticipated suggests several possibilities. First, staff may have been uncomfortable with the topic and did not write a ranking in the space until the end. Some staff may not be aware of resident masturbation. Others may believe masturbation is private and not something they want to discuss. Homosexuality received the lowest priority ranking from these subjects. The project team believes that this topic will become increasingly important in long-term care facilities in the future. Conversations with staff and residents suggested to us that the subject was already of sufficient concern that it should be included in a training program. The staff in this survey, however, either thought homosexuality was not an especially important issue or were uncomfortable with the topic. In future activities, we will investigate these questions.

The next step for project staff will be to develop a survey instrument to assess the ten objectives listed in Table 6. These items will be administered to staff and residents of long-term care, community dwelling elderly, and family members of long-term care residents. In that study, we will have an opportunity to access staff knowledge, attitudes, and practices related to masturbation and homosexuality. Information about the development of that test and results of test tryouts will be reported in a separate article.

## Reference Note

Walker, B. L. (1996). *Injury Prevention for the Elderly: Field Test Report*. Prepared for the National Institute on Aging as part of a Phase I, Small Business Innovation Research Grant. Available from the author.

## References

- Drench, M. E., & Losee, R. H. (May-June, 1996). Sexuality and sexual capacities of elderly people. *Rehabilitation Nursing, 21*(3), 118-122.
- Eliason, M. J. (May-June, 1996). Working with lesbian, gay, and bisexual people: Reducing negative stereotypes via inservice education. *Journal of Nursing Staff Development, 12*(3), 127-132.
- Haffner, D. (September, 1994). Sexuality and aging: The family physician's role as educator. *Geriatrics, 49*(9), 26.
- Litz, B. T., Zeiss, A. M., & Davies, H. D. (February, 1990). Sexual concerns of male spouses of female Alzheimer's disease patients. *The Gerontologist, 30*(1), 113-117.
- Luketich, G. F. (1991). Sex and the elderly: What do nurses know? *Educational Gerontology, 17*(6), 573-580.
- Story, M. D. (1989). Knowledge and attitudes about the sexuality of older adults among retirement home residents. *Educational Gerontology, 15*(5), 515-526.
- Walker, B. L. (1997). *Sexuality and the Elderly: A Research Guide*. Westport, CN: Greenwood Press.

*Bonnie L. Walker, Ph.D. is the president of a consulting firm specializing in developing training materials for long-term care staff and other special populations in Bowie, Maryland. She is currently the principal investigator of a grant funded by the National Institute on Aging to develop training materials for staff that will improve opportunities for expression of sexuality by elderly residents. In addition to sexuality, her special interests are injury prevention, spirituality, and problem use of alcohol.*

*Nancy J. Osgood, PhD is Professor of sociology and gerontology at the Virginia Commonwealth University in Richmond, Virginia. She is the author of several books and articles related to the elderly. Her areas of special interest are elderly suicide and problem use of alcohol among the elderly.*

## The Relative Importance of Sexuality Program Objectives to Long-Term Care Staff

Table 1. Characteristics of the Sample

Variable Measured	N	Range	Mean	S.D.
Age	92	27 to 77	47.48	10.39
Years of Experience	87	1 to 39	12.82	8.95

## The Relative Importance of Sexuality Program Objectives to Long-Term Care Staff

Table 2. Staff Characteristics and Attitudes (N=94)

<b>Ethnicity</b>	
African American	5.1%
American Indian	9.1%
White, not Hispanic	79.0%
Other	1.0%
<b>Educational Levels</b>	
Less than high school	2.0%
High school graduate	15.2%
Associate degree or professional school	20.2%
Bachelor's degree	29.3%
Graduate school	29.3%
<b>Marital Status</b>	
Married	65.7%
Single	10.1%
Divorced	14.1%
Widowed	3.0%
Other	1.0%
<b>In a Sexually Intimate Relationship</b>	
Yes	70.7%
No	19.8%
No response	7.1%
<b>Importance of Sexuality</b>	
Very important	61.6%
Somewhat important	28.3%
Not important	2.0%
No response	5.1%
<b>Health</b>	
Excellent	42.4%
Good	48.5%
Fair	4.0%
Poor	0.0%
<b>Religiosity</b>	
Very religious	24.2%
Somewhat religious	65.7%
Not religious	5.1%
No response	2.0%
<b>Political Ideas</b>	
Generally conservative	42.4%
Generally liberal	33.3%
Independent	17.2%
No response	4.0%

The Relative Importance of Sexuality Program Objectives to Long-Term Care Staff

**Table 3. Relationships Among Staff Characteristics\***

	Experience	Group	Health	In a Sexual Relationship	Marital Status	Religiosity	Importance of Sex	Political Philosophy	Age	Ethnicity	Education	Gender
Religiosity	-.1139 (87) P=.293	-.0838 (96) P=.417	1.0000 (96) P=.000	.5204 (96) P=.000	-.1363 (93) P=.193		.6225 (96) P=.000	.6993 (96) P=.000	.0353 (92) P=.738	.0574 (94) P=.583	-.0144 (96) P=.889	-.0152 (86) P=.883
Importance of Sexuality	-.1514 (87) P=.161	.0193 (96) P=.852	.6220 (96) P=.000	.8359 (96) P=.000	-.0867 (93) P=.408	.6225 (96) P=.000		.6550 (96) P=.000	-.0900 (92) P=.394	-.0619 (94) P=.554	-.0249 (96) P=.809	-.0243 (96) P=.023
Political Philosophy	-.0491 (87) P=.652	-.1194 (96) P=.246	.6691 (96) P=.000	.5430 (96) P=.000	.0605 (93) P=.565	.6993 (96) P=.000	.6550 (96) P=.000		-.1384 (92) P=.188	.0821 (94) P=.431	-.0217 (96) P=.834	-.0218 (96) P=.833
Age	.3153 (83) P=.004	-.0775 (92) P=.463	.0364 (92) P=.731	-.1560 (92) P=.137	.2252 (90) P=.033	.0353 (92) P=.738	-.0900 (92) P=.394	-.1384 (92) P=.188		.1042 (94) P=.323	.0739 (92) P=.484	-.2075 (92) P=.047
Ethnicity	-.0734 (85) P=.505	-.1284 (94) P=.217	.0569 (94) P=.586	-.0216 (94) P=.837	.2403 (91) P=.022	.0574 (94) P=.583	-.0619 (94) P=.554	.0821 (94) P=.431	.1042 (92) P=.323		.1585 (94) P=.127	-.2955 (94) P=.004
Education	-.0221 (87) P=.839	.1439 (96) P=.162	-.0135 (96) P=.896	-.0289 (96) P=.780	.0428 (93) P=.684	-.0144 (96) P=.889	-.0249 (96) P=.809	-.0217 (96) P=.834	.0739 (92) P=.484	.1585 (94) P=.127		-.0105 (96) P=.919
Experience		-.2636 (87) P=.014	.0065 (87) P=.953	-.1226 (87) P=.258	.2584 (86) P=.016	-.1139 (87) P=.293	-.1514 (87) P=.161	-.0491 (87) P=.652	.3153 (83) P=.004	-.0734 (85) P=.505	-.0221 (87) P=.839	-.1253 (87) P=.248
Group	-.2636 (87) P=.014		-.0836 (96) P=.418	.0230 (96) P=.824	-.1793 (93) P=.086	-.0838 (96) P=.417	.0193 (96) P=.852	-.1194 (96) P=.246	-.0775 (92) P=.463	-.1284 (94) P=.217	.1439 (96) P=.162	-.2611 (96) P=.010
Health	.0065 (87) P=.953	-.0836 (96) P=.418		.5198 (96) P=.000	-.1684 (93) P=.114	1.000 (96) P=.000	.6220 (96) P=.000	.6991 (96) P=.000	.0364 (92) P=.731	.0569 (94) P=.586	-.0135 (96) P=.896	-.0150 (96) P=.884
In a Sexual Relationship	-.1226 (87) P=.258	.0230 (96) P=.824	.5198 (96) P=.000		-.1559 (93) P=.136	.5204 (96) P=.000	.8359 (96) P=.000	.5430 (96) P=.000	-.1560 (92) P=.137	-.0216 (94) P=.837	-.0289 (96) P=.780	-.0287 (96) P=.781
Marital Status	.2584 (86) P=.016	-.1793 (93) P=.086	-.1648 (93) P=.114	-.1559 (93) P=.136		-.1363 (93) P=.193	-.0867 (93) P=.408	.0605 (93) P=.565	.2252 (90) P=.033	.2403 (91) P=.022	.0428 (93) P=.684	-.2354 (93) P=.023
Gender	-.1253 (87) P=.248	-.2611 (96) P=.010	-.0150 (96) P=.884	-.0287 (96) P=.781	-.2354 (93) P=.023	-.0152 (86) P=.883	-.0243 (96) P=.023	-.0218 (96) P=.833	-.2075 (92) P=.047	-.2955 (94) P=.004	-.0105 (96) P=.919	

\*Pearson correlations calculated using SPSS

## The Relative Importance of Sexuality Program Objectives to Long-Term Care Staff

**Table 4. Sexuality Program Objectives as Ranked by Long-Term Care Staff (N=74)**

- 1 Understand that older people's needs and wants related to intimacy, sensuality, and sexuality vary widely just as they do for younger people. (437, 5.91)\*
- 2 Understand societal and personal feelings about sexual expression by older people. (478, 6.46)
- 3 Define terms such as intimacy, sensuality, and sexuality and identify a variety of types of sexual expression and behaviors available to older people. (500, 6.76)
- 4 Identify appropriate staff/family/administrative responses and counseling techniques and interventions related to intimacy, sensuality, and sexual expression issues. (502, 6.78)
- 5 Identify the emotional, social and health benefits of intimacy, sensuality, and sexual expression. (508, 6.96)
- 6 Identify issues related to intimacy, sensuality, and sexuality and resident rights. (530, 7.16)
- 7 Identify age-related changes and health problems that negatively affect sexual desire and/or performance. (599, 8.10)
- 8 Distinguish between sexual abuse and consensual sex, identify gray areas, and identify issues related to mental competence and the role it plays in expressing sexuality. (642, 8.68)
- 9 Identify religious, cultural, generational, and ethnic issues related to intimacy, sensual, and sexual needs, attitudes, and behaviors. (673, 9.10)
- 10 Identify issues related to families that affect an elderly person's expression of sexuality. (701,9.47)
- 11 Identify effects of medications and other types of drugs (e.g., alcohol, nicotine, illegal drugs) on intimacy, sensuality, and sexuality. (706, 9.54)
- 12 Identify issues following the death of a spouse for elderly people that prevent seeking intimacy and expressing sensuality and sexuality. (711, 9.61)
- 13 Identify issues related to an elderly person's need for a willing and able partner or companion. (763, 10.31)
- 14 Identify the stereotypes related to disabilities, the emotional reactions to disabilities, and the ways that physical disabilities affect the expression of sexuality. (765, 10.34)
- 15 Identify social and emotional problems related to sexuality that are unique or more important to males and those unique or important to females. (808, 10.92)
- 16 Explain the benefits of masturbation and need for self-pleasuring as a means of sexual expression, and identify appropriate responses to resident masturbation both private and public. (861, 11.64)
- 17 Identify issues regarding homosexuality for both residents and staff of retirement communities or long-term care facilities. (983, 13.28)

\* Total score, mean ranking

**Table 5. Sexuality and the Elderly: Program Goals**

---

1. Understand societal and personal feelings about sexual expression by older people.
2. Understand that older people's needs and wants related to intimacy, sensuality, and sexuality vary widely just as they do for younger people.
3. Identify appropriate staff/family/administrative responses and counseling techniques and interventions related to intimacy, sensuality, and sexual expression issues.

**Table 6. Sexuality and the Elderly: Revised Program Objectives\***

---

1. Define terms such as intimacy and sexuality and identify a variety of types of sexual expression and behaviors available to older people.
2. Identify age-related changes and health problems that affect sexual desire and/or performance including the physical effects of disabilities on the ability to express sexuality, stereotypes related to disabilities, and emotional reactions and beliefs of people with disabilities and their partners and others. Identify effects of medications and other types of drugs (e.g., alcohol, nicotine, illegal drugs) on intimacy, sensuality, and sexuality.
3. Identify resident rights issues related to intimacy, sensuality, and sexuality.
4. Identify the emotional, social and health benefits of intimacy and sexual expression.
5. Distinguish between sexual abuse and consensual sex, identify gray areas, and identify issues related to mental competence and the role it plays in expressing sexuality.
6. Explain the benefits of masturbation and need for self-pleasuring as a means of sexual expression, and identify appropriate responses to resident masturbation both private and public.
7. Identify religious, cultural, generational, and ethnic issues related to intimacy and sexual needs, attitudes, and behaviors.
8. Identify issues related to homosexuality as they relate to residents of retirement communities or long-term care facilities.
9. Identify issues related to families including attitudes toward remarriage, sexual expression outside of marriage, and others that affect elderly expression of sexuality.
10. Identify issues following the death of a spouse for elderly people that prevent seeking intimacy and expressing sensuality and sexuality needs and issues related to an elderly person's need for a willing and able partner or companion.

---

\* The order of the objectives do not necessarily reflect the final sequence.



U.S. DEPARTMENT OF EDUCATION  
Office of Educational Research and Improvement (OERI)  
Educational Resources Information Center (ERIC)



# REPRODUCTION RELEASE

(Specific Document)

## I. DOCUMENT IDENTIFICATION:

Title: The Importance of Sexuality Program Objectives to Long-Term Care Staff	
Author(s): Walker, Bonnie L., & Osgood, Nancy J.	
Corporate Source: Bonnie Walker & Associates 4101 Woodhaven Lane Bowie, MD 20715	Publication Date: 1998

## II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic/optical media, and sold through the ERIC Document Reproduction Service (EDRS) or other ERIC vendors. Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to the document.

If permission is granted to reproduce the identified document, please CHECK ONE of the following options and sign the release below.

← Sample sticker to be affixed to document

Sample sticker to be affixed to document →

**Check here**  
Permitting microfiche (4" x 6" film), paper copy, electronic, and optical media reproduction.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

\_\_\_\_\_

\_\_\_\_\_ *Sample* \_\_\_\_\_

\_\_\_\_\_

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

Level 1

"PERMISSION TO REPRODUCE THIS MATERIAL IN OTHER THAN PAPER COPY HAS BEEN GRANTED BY

\_\_\_\_\_

\_\_\_\_\_ *Sample* \_\_\_\_\_

\_\_\_\_\_

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

Level 2

**or here**  
Permitting reproduction in other than paper copy.

## Sign Here, Please

Documents will be processed as indicated provided reproduction quality permits. If permission to reproduce is granted, but neither box is checked, documents will be processed at Level 1.

"I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce this document as indicated above. Reproduction from the ERIC microfiche or electronic/optical media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries."

Signature: <i>Bonnie L. Walker</i>	Position: President
Printed Name: Bonnie L. Walker	Organization: Bonnie Walker & Associates
Address: 4101 Woodhaven Lane Bowie, MD 20715	Telephone Number: (301) 262-1681
	Date: October, 31, 1998

### III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, or, if you wish ERIC to cite the availability of the document from another source, please provide the following information regarding the availability of the document. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents that cannot be made available through EDRS.)

Publisher/Distributor:	
Address:	
Price Per Copy:	Quantity Price:

### IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name and address of current copyright/reproduction rights holder:
Name:
Address:

### V. WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse:
---

If you are making an unsolicited contribution to ERIC, you may return this form (and the document being contributed) to:

ERIC Facility  
1301 Piccard Drive, Suite 300  
Rockville, Maryland 20850-4305  
Telephone: (301) 258-5500