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**Traumatic Brain
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Addressing Sexuality in Traumatic Brain Injury Rehabilitation

A Guide for Rehabilitation Professionals

Sexual Functioning After Traumatic Brain Injury

Sexuality is an integral part of the human experience and contributes to overall quality of life. **Unfortunately, research has shown that problems with sexual functioning are common after traumatic brain injury (TBI).** Moreover, persons with TBI and their partners often receive minimal information about potential changes in sexual functioning.

As rehabilitation professionals, it is important to address sexuality as part of a holistic treatment approach. **Failure to address sexuality during rehabilitation may have a number of negative effects on persons with TBI and their intimate partners.** For instance, unaddressed sexual problems can lead to emotional distress, low-self-esteem, and relationship conflict.

This brochure provides information and resources intended to help you effectively address sexuality in a rehabilitation setting, with the ultimate aim of improving the overall quality of care for persons with TBI.

Common Sexual Problems after TBI

- Decreased drive or desire for sexual activity
- Decreased arousal (i.e., erectile dysfunction or decreased lubrication)
- Decreased ability to obtain orgasm
- Ejaculatory dysfunction
- Irregular menstrual cycles and decreased fertility, and decreased sperm production

Causes of Sexual Problems after TBI

- Direct damage to brain structures and systems that are important for sexual functioning (e.g., frontal and temporal lobe damage, neurochemical and neuroendocrine dysfunction)
- Medication side effects
- Motor and sensory impairments (e.g., spasticity, hemiparesis, and decreased balance can lead to difficulty with positioning and to pain during sexual activity)

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Causes of Sexual Problems after TBI

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- Cognitive impairments (e.g., impaired attention, initiation, social communication, planning, and memory can affect the frequency and quality of sexual encounter)
- Emotional and behavioral changes (e.g., depression, low self-esteem, poor body image, child-like and dependent behaviors, self-centeredness, apathy, aggression, and impulsivity can have a negative effect on sexual functioning)

Addressing Sexuality in the Rehabilitation Setting

- A first step in addressing sexuality is to increase the sensitivity and comfort level of the rehabilitation staff in discussing sexuality. One way to accomplish this is to sponsor an in-service led by an expert on the topic. Using role plays to practice broaching the topic of sexuality with patients and family members can also be helpful.
- Incorporate questions regarding sexuality into at least one formal assessment (e.g., social work, physical therapy). Possible questions include, “Do you have any questions or concerns about sexual functioning?”
- All staff may not be equally comfortable discussing sexuality. Thus, it may work best to assign one or two “point people” to provide education on sexual functioning and discuss sexuality with patients and their caregivers.

- Provide written and verbal education on sexuality after TBI to all patients and caregivers. The rehabilitation setting may be the only window of opportunity for clients to obtain information about sexuality. Even if someone is not experiencing problems or is not ready to talk about sexuality at that time, receiving information may increase their willingness to seek help if they experience problems later.

Educating Patients and Family Members About Sexuality

- Education on sexuality provided to persons with TBI and their caregivers/partners should include information on the types of sexual problems that may occur and why these problems happen.
- Recommendations for appropriate treatments should be provided. The most important treatment recommendation is to obtain a comprehensive medical examination to determine any medical causes of sexual problems. Referrals for individual psychotherapy, couples/marital therapy, and sex therapy may also be warranted.
- It is important to include information on safe sex, including a discussion of proper use of birth control and protection against sexually transmitted diseases. Practicing safe sex measures accurately and consistently may be difficult for persons with TBI due to possible cognitive impairments.
- Approaching sexuality in an open, matter-of-fact way, can help patients feel comfortable discussing sexuality with medical professionals. Conveying that potential sexual problems are common and not embarrassing can be a powerful message.

Resources on Sexuality after TBI

- <http://msktc.washington.edu/tbi/factsheets/sexuality.asp>
- <http://www.tbicommunity.org>
- http://www.stanleyducharme.com/resources/prof_resources.html

To obtain an electronic copy of this brochure, please visit : www.tbicommunity.org