

# SEX ON THE BRAIN:

## WHAT PROVIDERS NEED TO KNOW ABOUT SEXUALITY AND BRAIN INJURY



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Individuals with brain injury have the potential to **learn, to change and to compensate** for things that have become a challenge for them in their post-injury lives.

However, when sexuality becomes one of these areas of challenge, service providers and family alike are often reluctant to engage in **discussion about sexuality** with the person who has been injured.

We must remember that sex is considered a drive for a reason: it is a powerful urge, one that people will risk much to fulfill, and it is **integral to our identities** as independent, fully functioning adults.

Our approach to issues of sexuality should be modified to reflect its importance and to **validate the sexual drive** in those we serve.

In addition to an overly medicalized focus on sexual dysfunction and behavioral issues that overlooks the beauty, power and necessity of sexual feelings, **we also often fail to address intimacy and sexuality** as a possible unexpressed or unrealized reason for other service-related issues (daily task non-compliance issues, activities of daily living, depression, and self-injurious behavior).

The bottom line: we do great disservice to all concerned when we fail to address sex and intimacy in a normalizing, positive way with our staff, our clients and their families and partners.

- 50-60% of people with brain injury report some impact on their sexuality (TBI Consumer Report 5, Hibbard et al, Mt. Sinai, NY.)
- Brain injury can affect intimacy (i.e. the feeling of closeness, wantedness and affection), sexuality (i.e. identification as a sexual being, desiring/taking part in sexual activities, and desiring a sexual relationship), both or neither. The distinction is important, because what may appear to be a desire for one may in reality be the desire for the other.
- The naturally private nature of sexuality coupled with the tendency to desexualize individuals with disabilities, particularly severe ones, is compounded by the fact that some individuals with brain injuries have cognitive impairment, making for a delicate and difficult situation. With challenges such as poor judgment, decreased ability to read social cues, sexual disinhibition and emotional lability thrown into the mix, it is no wonder that we are hesitant to address sexuality and intimacy in those we serve.

We owe it to those we serve to make sure that we are proactively and openly addressing sexuality as any other crucial activity of daily living and, in the process, assisting the individual in the enhancement of both sexual wellness and decreasing the chances that sexual issues lay at the root of other, seemingly unrelated challenges. Consider the following for **sex-positive** service provision:

**Learn what it means to become “sex-positive.”** Sex is a normal, wonderful piece of life, and it shouldn't be viewed as a “problem” to be dealt with in the people we serve, but as an activity of daily living that it is just as necessary and appropriate to address as bathing, eating and dressing are.

**Do not shy away from discussing sexuality.** People with brain injury often report feeling isolated, patronized and diminished. Initiate conversation about one of the most important components of adult life, and take a step in the right direction--indicate that you accept that individual as an adult, as a sexual being, who has valid and viable needs.

**Do not underplay or overlook sex and intimacy as a link to other issues.** When one feels isolated, infantilized, unwanted, it can play heavily into issues of: noncompliance, depression, anxiety, anger and sexual disinhibition.

**Put yourself in their shoes.** Things begin to look a lot less pathological and a lot more reasonable when you consider all of the factors.

**Develop a plan to address sexual and intimacy needs as well as unwanted behaviors.** We as providers tend to look at the “problem” and try to fix it. This is not as cut and dry as all that. You can't eliminate the behavior without putting a plan in place to address the drive. That being said...

**Do not remind the person over and over again about their “plan.”** No one wants to feel like they are being graded on their performance, to imply so is to set them up for failure. They will feel shamed, belittled, inadequate, and finally, upset. You may do well to simply remind the person of the reasons behind their plan and how that will help them in the long run.

**Make sexuality and brain injury a part of your regular training for service staff.** Don't let sexuality become something that you address only when it becomes a problem. Make it a true part of your service standpoint. Give your staff tips and techniques for opening up the conversation to sexuality, and help them become as comfortable with the idea of discussing sex and intimacy as they are in discussing any other part of life and living.

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