Brain injury and sexual issues

Summary

- Brain injury can change the way a person experiences and expresses their sexuality.
- Common problems can include reduced sex drive, difficulties with sexual functioning (such as erectile problems) and behaving sexually at inappropriate times.
- Talking about sex can be embarrassing, but it is important for the person with brain injury and their loved ones to discuss the various problems and seek professional advice.

Talking about sex can be embarrassing, but it is important for the person with brain injury and their loved ones to discuss the various issues. Seek professional advice. If your specialists don’t discuss sexual issues after brain injury, ask – everyone is entitled to express their sexuality.

How traumatic injury affects the brain

Acquired brain injury (ABI) refers to any type of brain damage that occurs after birth. Causes can include damage resulting from infection, disease, lack of oxygen or a blow to the head. Traumatic brain injury (TBI) is one type of ABI. It is usually caused by a direct injury to the head – for example, in a car accident.

Traumatic brain injury can cause changes in thinking, behaviour and body function, depending on which brain areas were affected and to what degree. Generally, the more severe the injury, the more significant the symptoms and loss of function will be.

Changes to sexual behaviour after traumatic brain injury (TBI)

Common changes in sexual behaviour after a traumatic head injury include:

- Reduced libido – about half of people with a traumatic head injury experience a drop in sex drive. The remainder experience increased libido or no change at all.
- Erectile problems – between 40 and 60 per cent of men have either temporary or permanent impotence following their injury.
- Inability to orgasm – up to 40 per cent of men and women report difficulties having an orgasm.
- Reduced frequency of sex – possible reasons for this include disability, depression, relationship break-up and sexual problems.

Causes of sexual problems and TBI

Sexual functioning and arousal involve a number of areas of the brain. If those areas are damaged, a person may experience difficulties having sex. They may not feel sexual in the same way, even though their physical functions still work.

Other factors after brain damage may also contribute to, or even cause, the person’s sexual problems. These factors could include:

- Emotions – depression, anxiety and stress can reduce sex drive.
- Medications – certain medications can dampen libido.
- Associated injuries – if, for example, the person’s brain was injured in an accident, they may have other injuries that directly affect their sexual functioning (such as a spinal cord injury).
• Relationship breakdown – a couple experiencing problems are less likely to have sex.
• Prior sexual difficulties – brain injury can make worse any sexual problems the person was having before the injury occurred.
• Reduced confidence – the person may feel less confident or attractive after the brain injury, which makes them less likely to feel sexual.
• Other illnesses – such as diabetes or hypertension (high blood pressure) can reduce libido.

**Resuming sex after brain injury**
Before resuming sex, talk with your doctor. Be guided by their advice, but general suggestions include:

• Talk about your expectations, fears and feelings. A couple can solve most relationship problems if they communicate frankly with each other.
• Take it easy, and try not to put too much pressure on yourselves.
• Focus on pleasure, rather than technique. You may need to change your earlier style of lovemaking for a while. For example, if penis-in-vagina sex isn't possible, experiment with other sexual activities including oral sex and mutual masturbation.
• Concentrate on boosting the romance in your relationship. Suggestions include remembering to appreciate and compliment each other, offering lots of affection (such as kissing and cuddling) and celebrating special occasions such as birthdays and anniversaries.

**Overcoming sexual problems after brain injury**
You should discuss any sexual difficulties after brain injury with your doctor, who can give you information and advice. General suggestions include:

• Seek treatment for depression, stress and anxiety, if necessary.
• If your reduced libido is due to medication, it may be possible to take different medications under your doctor’s supervision.
• Treatment for erectile problems includes counselling and medication.
• Some people with brain injury forget about important sexual issues such as contraception, initiating sex or pleasing their partner during sex. Counselling may be useful.
• Prior contraceptive methods may not be practical after brain injury – for example, a woman with memory problems may forget to take the pill every day. Seek advice on the best contraceptives for you.
• Use aids such as erotic videos and magazines to help arousal.

**Inappropriate sexual behaviour after brain injury**
Sometimes, a person with brain injury may behave sexually at inappropriate times – for example, they may masturbate in front of people. This type of behaviour can be difficult for family members.

Seek advice from your doctor, but general suggestions include:

• Try to be calm. If you appear shocked or distressed, it could make the person feel there is something wrong with their sexuality.
• Tell the person that their behaviour is inappropriate and offer alternatives. For example, you could ask them to masturbate in their bedroom instead of in the lounge room.
• You may need to remind the person many times to curb their inappropriate sexual behaviour, so be patient.
• Discuss the issue with the person’s therapists or other support staff. Family members and others closely involved with the person should also be consulted. Try to develop a consistent way of dealing with inappropriate behaviour.
• Talk about sexual issues with the person. Set firm boundaries on sexual behaviour. Help them to find appropriate and satisfying ways to express their sexuality.

**Where to get help**
• Your doctor
• Neurologist
Things to remember

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This page has been produced in consultation with and approved by:

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