

Survey on Australian Healthcare Professionals' Approach to Managing Sexuality After Acquired Brain Injury

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Epworth
Research

Introduction

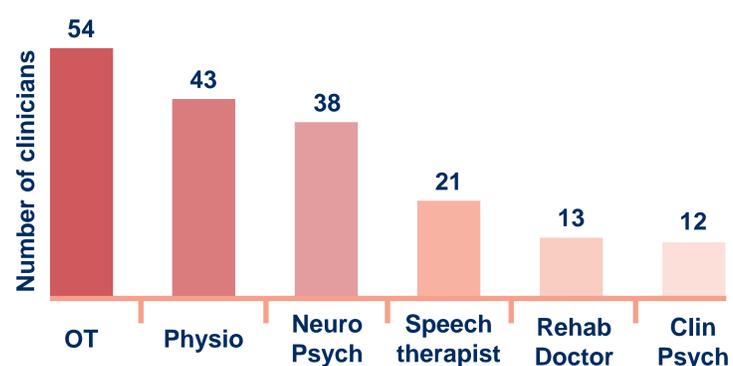
- Sexuality changes occur in up to 50% of individuals with acquired brain injury (ABI).
- Failure to incorporate sexuality into ABI rehabilitation has been a longstanding problem.
- Research indicates that healthcare professionals face significant barriers to addressing sexuality, with less known about factors that facilitate conversations.

Aim

- Explore healthcare professionals' knowledge, attitudes, approaches, comfort, and perceived barriers and facilitators to addressing sexuality with individuals after ABI.

Participants

- 239 Australian healthcare professionals (87% female) completed the survey.
- Clinicians predominantly worked with both TBI and stroke populations in either inpatient and/or outpatient rehabilitation.



Measures

A 34-item purpose-designed online survey exploring:

1. Clinical experience
2. Education and training
3. Barriers and facilitators
4. Attitudes, knowledge, and comfort
5. Approach to assessment and treatment

Results: Attitudes and Approaches

84% Agree that sexuality is essential to health outcomes for individuals with ABI, but....

Are not routinely asking individuals about sexual health and wellbeing after their injury

79%

Results: Barriers & Facilitators

Barriers



- Limited awareness and training (54%)
- Patients do not ask for information (48%)
- Fear of offending the patient (32%)
- Delivery and timing uncertainty (22%)
- Presence of a third party (31%)

Facilitators



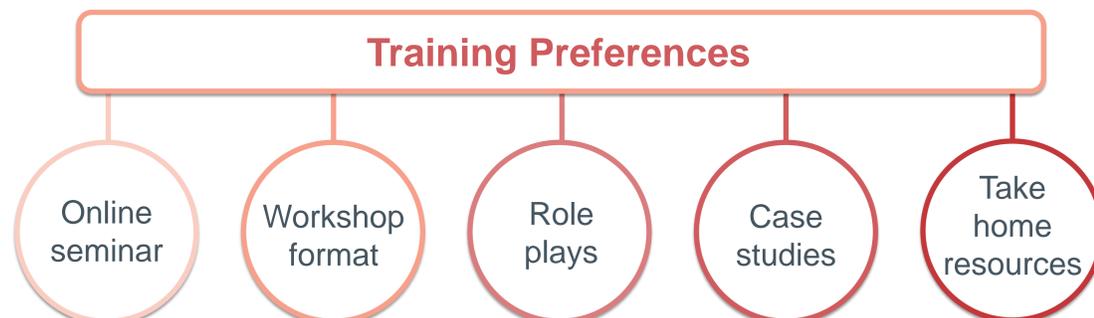
- Training and knowledge (30%)
- More resources available (27%)
- Make it routine practice (19%)
- Ensuring rapport is built (10%)
- Role delegation in the MDT (10%)

Results: Education and Training



- **31%** had received some training in sexuality after ABI
- **96%** agreed that more education and training is needed

Training Preferences



Conclusions

- This study confirms that while clinicians are aware of sexuality issues post-ABI, discussions are infrequent and inconsistent with little follow up across the continuum of care.
- Addressing both individual and institutional barriers is a necessary step to improve the quality of sexuality support for individuals with ABI.