

The background features abstract, overlapping geometric shapes in various shades of pink and purple, creating a modern and dynamic visual effect. The shapes are primarily triangles and polygons, some with soft gradients and others with solid colors. The overall composition is clean and professional.

Sexual Health NSRAC Staff Education Series

2024

Objectives

Definition of Sexual Health

Sexuality vs Sex

Personal Biases about Sex and Disability

Health care providers' concerns about talking about sex

Progress from 2023

IP Team Roles

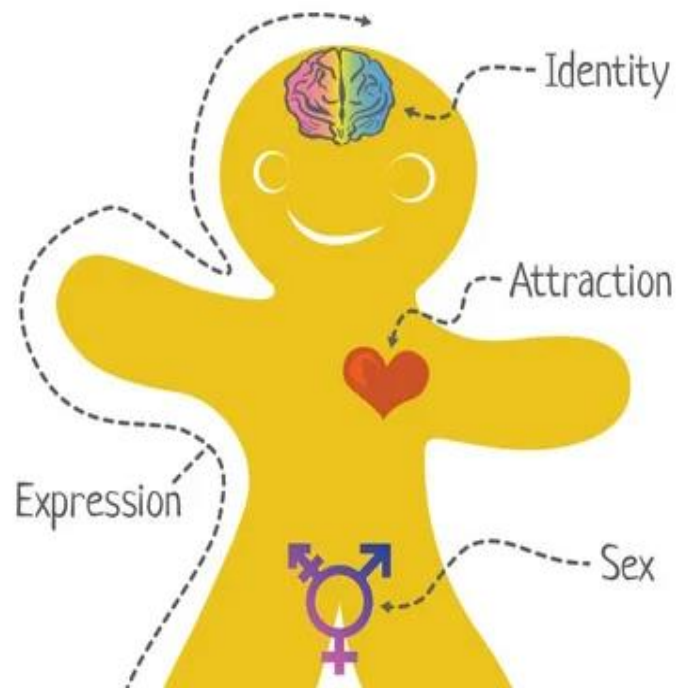
Common questions

Resources

What is Sexual Health?

“A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.”

- World Health Organization



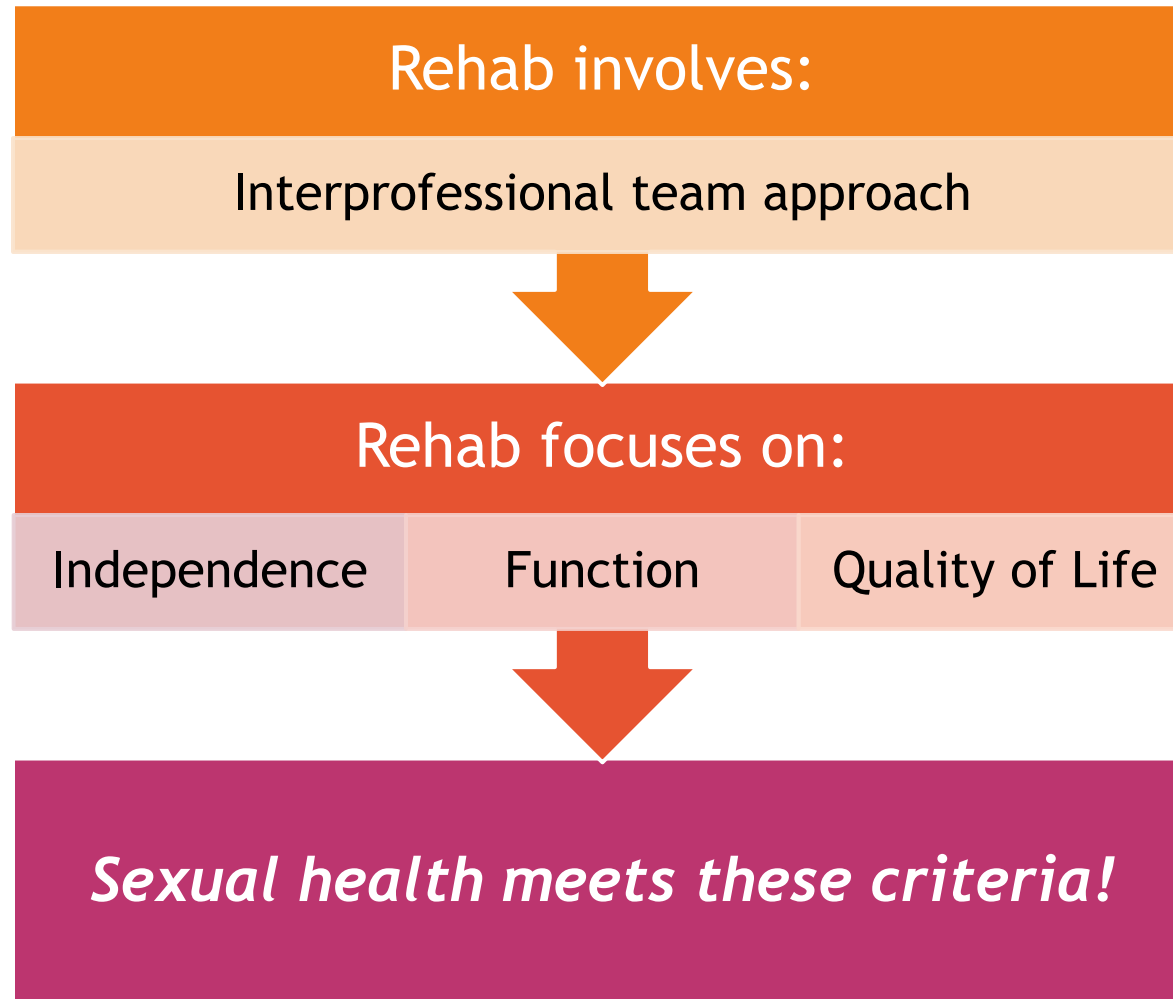
Human Sexuality^{1,2}

Sexuality is a **natural desire** to bond with others through *love, affection, & companionship*.

Sexuality includes: intimacy, pleasure, body image, life roles, self-esteem, communication, physical connection, & emotional connection.

Sex is **one way** to express your sexuality.

How does Sexual Health fit into Rehab?



Sexuality & Intimacy are Complex³

Involving:

- ▶ Cognition & Attention
- ▶ Sensation
- ▶ Relationships
- ▶ Sexual Ideation
- ▶ Communication
- ▶ Nonverbal Exchange
- ▶ Emotions
- ▶ Physical acts

Disabilities are Complex³

Disabilities are complex & can impact:

- ▶ Cognition & Attention
- ▶ Sensation
- ▶ Relationships
- ▶ Sexual Ideation
- ▶ Communication
- ▶ Nonverbal Exchange
- ▶ Emotions
- ▶ Physical acts

Patient Experience

Patients are routinely educated about various aspects of their injury/diagnosis

- ▶ Pain
- ▶ Cognition
- ▶ Spasticity
- ▶ Physical mobility challenges
- ▶ Fatigue/energy management
- ▶ Sensory changes
- ▶ Bladder/bowel management

Sexual Health is an important aspect of overall health that many Rehab patients have questions



Patients' Expectations⁴

- ▶ Patients expect their health care professionals to bring up the topic of sexuality.
- ▶ Patients complain of the lack of opportunity to ask questions about their sexual concerns, feel ashamed or embarrassed about the topic of sexuality, do not know which provider is appropriate to answer their questions, and/or they may not feel optimistic about the outcome of such a discussion.



“No injury, no matter how serious, can take away your ability to have a relationship, experience love, and experience the attraction between two people”

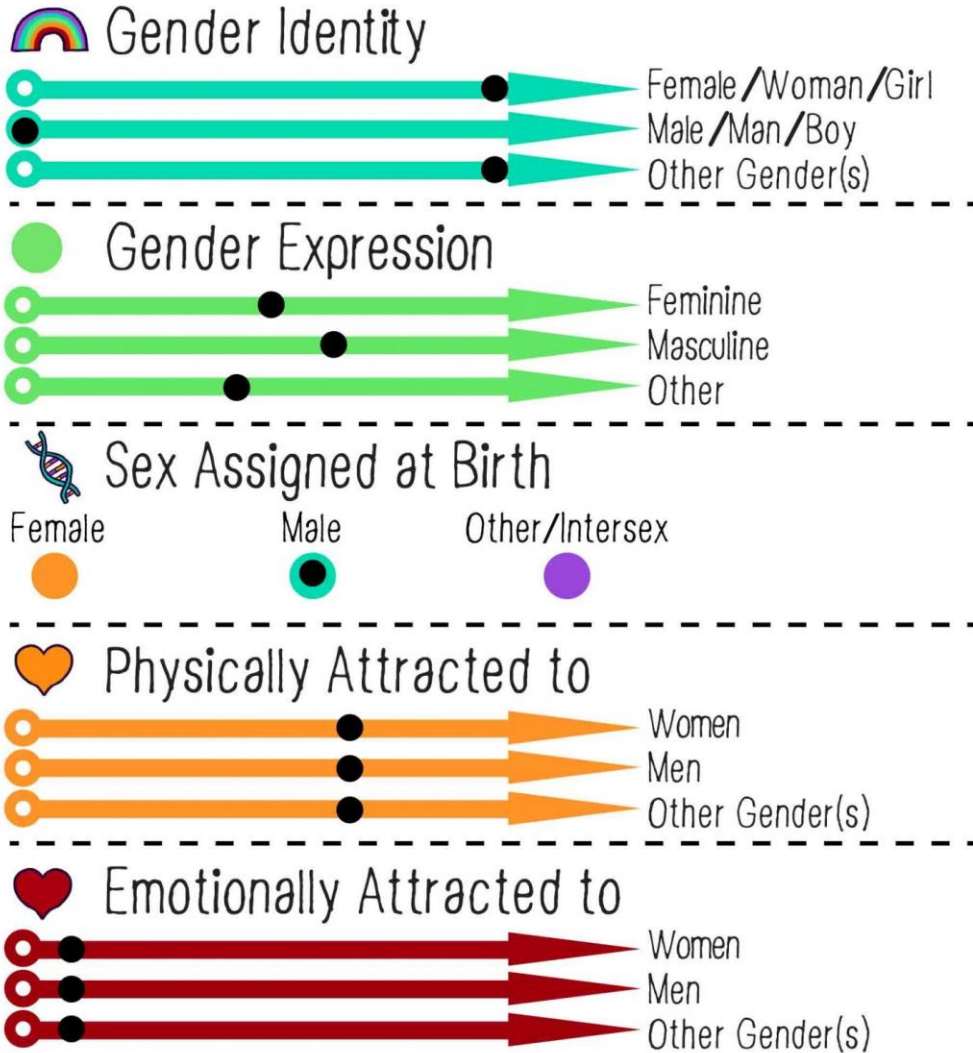
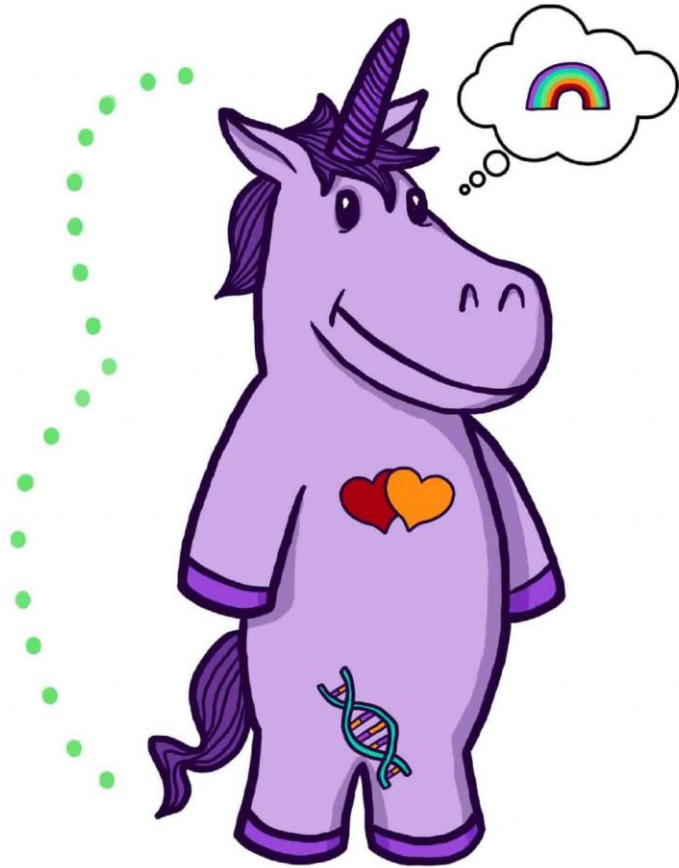
-Consortium for Spinal Cord Medicine and Paralyzed Veterans of America

Sexual Health Education at Rehab^{4,5,6}

- ▶ It is part of our role as *rehabilitation team members* to provide an **environment** in which patients feel comfortable discussing sexual health.
- ▶ It is important to remember that not everyone with a penis identifies as a man & not everyone with a vagina identifies as a woman.
 - ▶ Avoid the terms “*women’s health*” & “*men’s health*”

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources

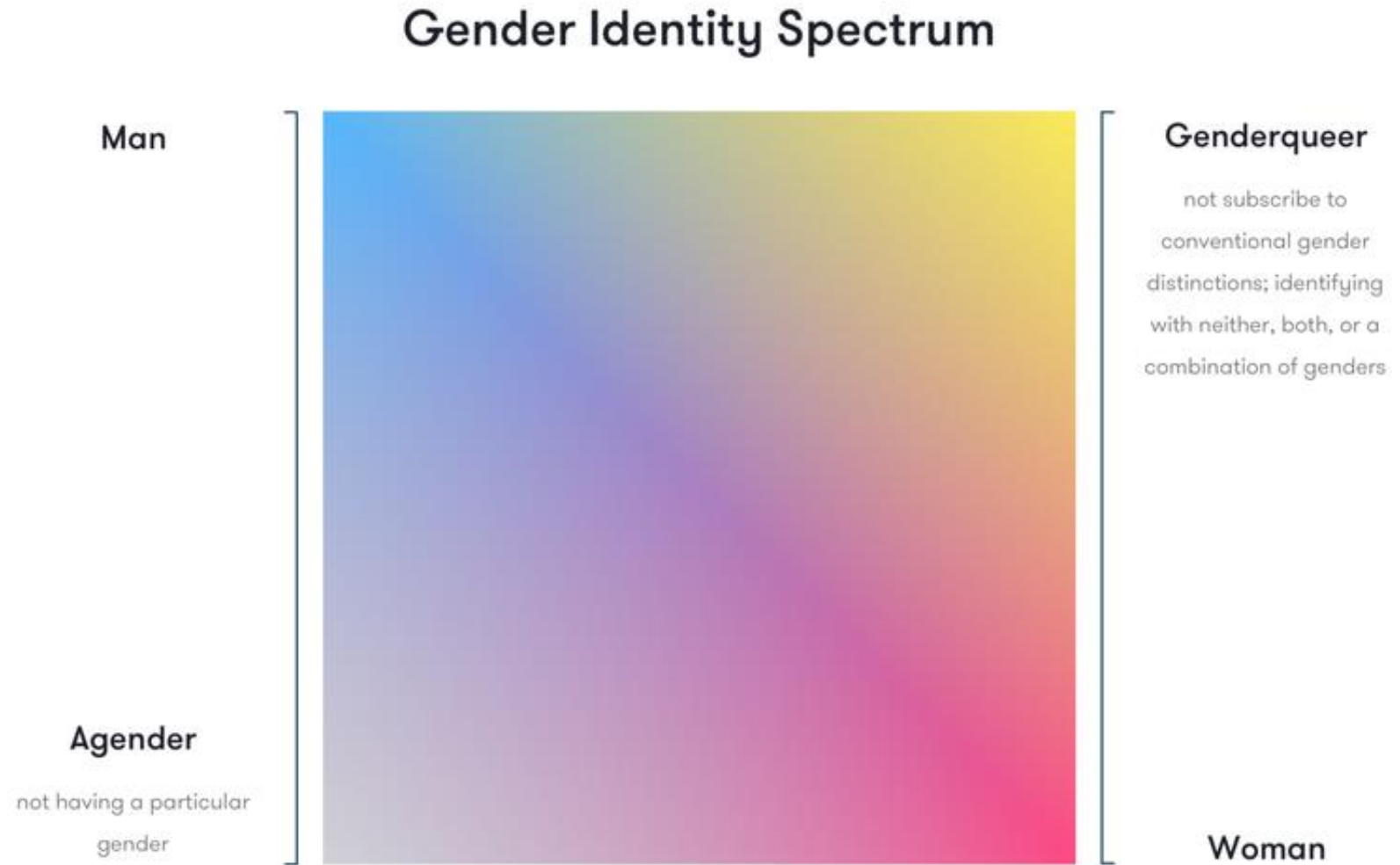


To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender

- ▶ The binary view of gender is colonial- comes from the Christian Europeans
- ▶ This view is that gender is assigned at birth and male/female is mutually exclusive
- ▶ There are numerous genders



Gender Identity

- ▶ A person's internal experience & naming of their gender
 - ▶ When gender identity corresponds with sex assigned at birth
 - ▶ Cisgender
 - ▶ When gender identity is different than sex assigned at birth
 - ▶ Often identify as trans or non-binary
- ▶ Gender can be complex, fluid, & change over time
- ▶ There is no specific list of genders
 - ▶ Gender has **individual** meaning

Gender Expression

- ▶ How someone expresses themselves externally
 - ▶ Influenced by culture
 - ▶ Can change over time
- ▶ Gender expression ≠ Gender Identity ≠ Sexual Orientation
- ▶ Never assume someone's gender identity
- ▶ People might not have control over their gender expression
 - ▶ Dress codes
 - ▶ Hiding/shame/conformity
 - ▶ Source of clothing



https://ca.news.yahoo.com/gender-bending-fashion-everything-know-085320158.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLmNvbS8&guce_referrer_sig=AQAAAAAP-jY5hX98_U-xVx04v0o1q6pWqV0QhC4Ns92Zd8xtLYa1kFuweX7jNL6J6zgzTSLGSnkZUQeAPOe3e63z8CKjUQxg4-58kgdyeL27ezluefCdVFtKWyp-L67ZFTVv16Q11xH4uRzc9ipT-3dO-Y9CrDrxUIHoPj8HJziyT0tdQ

Pronouns

English	French	Mi'kmaq
he/she/they	il/elle/iel/ielle	nekm/negm

- ▶ Part of a person's gender expression
- ▶ Don't assume a person's pronouns
- ▶ Use gender neutral pronouns (they/them/theirs/themself) until you are able to ask or until the person tells you what to use
- ▶ Acknowledge when you use the incorrect pronouns

What could supporting sexual health in rehab look like?

- ▶ Supporting a patient with their self-image after an amputation/SCI/stroke, etc.
- ▶ Respecting the gender the patient identifies as- using correct pronouns
- ▶ Supporting a patient and their partner as their roles in their relationship now look different as there is now a caregiver aspect
- ▶ Addressing a patient's concerns regarding family planning after an accident
- ▶ Assisting a patient to express themselves after an event that has impacted their speech
- ▶ Not assuming- patient's sexual orientation/gender/if they're sexually active or not

How do you resonate with the following questions...

If I could not feel sex for me would be...

- ▶ Different
- ▶ Uneventful
- ▶ Not as enjoyable
- ▶ Pointless
- ▶ Less meaningful
- ▶ Not as exciting
- ▶ Difficult
- ▶ Confusing
- ▶ One-way
- ▶ Challenging

If I could not move sex for me would be...

- ▶ Challenging
- ▶ Unmotivating
- ▶ Difficult
- ▶ Awkward
- ▶ Depressing
- ▶ Assisted
- ▶ A Burden
- ▶ Frustrating
- ▶ More Creative
- ▶ Can't Imagine How

Sex without orgasm is...

- ▶ Still Sex
- ▶ Boring
- ▶ Nothing New
- ▶ Still Enjoyable
- ▶ Not Worth It
- ▶ Still Intimate
- ▶ Not As Satisfying
- ▶ Common
- ▶ Not Fun

Sex without intercourse is....

- ▶ Robotic
- ▶ Individual
- ▶ Still Sex
- ▶ Not Worth It
- ▶ Still Fun
- ▶ Still Intimate
- ▶ Not As Satisfying
- ▶ Still Enjoyable

Finding a partner after disability would be...

- ▶ Intimidating
- ▶ Probably Hard
- ▶ Unattainable
- ▶ Scary
- ▶ More Difficult
- ▶ More Challenging
- ▶ Lots Of Explaining

After disability, my relationship with my partner would be...

- ▶ Different
- ▶ Hopefully Similar
- ▶ Unequal
- ▶ Challenging
- ▶ Frustrating
- ▶ Likely Impacted Negatively
- ▶ More Open
- ▶ May Be Different
- ▶ Requires More Imagination & Communication
- ▶ Complicated
- ▶ Strained

Reflections on the Responses¹

- ▶ More negative than positive responses
- ▶ Most of our patients were able bodied at one point & may have the same biases about sex & disability that were presented here.
- ▶ If a new injured patient has these biases and their health care team shares these biases, does the patient have a chance at ever having a positive outlook on sexual health?
- ▶ Health care providers should not be imparting these biases on their patients
 - ▶ We need to show them the possibilities in the same way we do for mobility, leisure, communication, etc.

Have you noticed a
change in your own
biases? Recognized a
bias you hold?

Sexual Health Education - Concerns of Health Care Providers^{1,2,3,4}

- ▶ Bowel & bladder function is very personal for many people- we discuss these topics with our patients daily
- ▶ Research indicates that sexual function is one of the top three priorities for recovery after SCI
- ▶ 36-54% people with ABI report sexual difficulties
- ▶ 76% of participants had problems with their sexual life after amputation

The topic is too personal

Sexual Health Education - Concerns of Health Care Providers¹

- ▶ It is not up to us to judge how important sexual health is to our patients
- ▶ Do not impose your own personal biases or beliefs
- ▶ It is our role as healthcare providers to provide patients with information/resources on sexuality to support decisions related to sexual health

The patient is too young, too old, too early after injury, etc.

Sexual Health Education - Concerns of Health Care Providers¹

- ▶ Many of our patients are overwhelmed & are unsure of how to navigate the changes they are experiencing
- ▶ Some patients may have never discussed sexuality & sexual health with others before
- ▶ Patients may not be aware that sexual health is a topic that is part of rehabilitation
- ▶ Patients may be nervous & shy about bringing up the topic
- ▶ 5th floor patient experience (sexual health identified as high priority)
 - ▶ “I am not comfortable bringing it up. I don’t like to ask questions about anything. If someone that I felt comfortable with brought the topic up, I would talk to them”

**The patient would
bring it up if it
was an issue**

Sexual Health Education - Concerns of Health Care Providers¹

- ▶ You are not expected to have all the answers
- ▶ Your main role is to provide permission for patients to discuss sexual health
- ▶ If a patient asks a question, make sure to follow through on finding out more information for them (provide resources, refer to another team member)

If I bring it up, I will have to know all the answers

Sexual Health Education - Concerns of Health Care Providers¹

- ▶ Everyone will have their own personal comfort level with discussing sexual health
- ▶ Approach is key

I might offend the patient/I don't know what to say or how to bring up the topic

What challenges did you face
this year providing sexual
health education/support to
patients?

Progress in 2023

- ▶ **Environment:** posters are now throughout the building, creating awareness to patients, visitors, and staff that sexual health is part of rehab.
- ▶ **Education:** on the 5th floor, nursing and OT bring up sexual health for each admission

- ▶ Increase in sexual health discussions happening on all units
- ▶ Increase in staff reaching out regarding sexual health questions
- ▶ Increase in outside health professionals seeking sexual health information
- ▶ Interest in various health areas after Quality Summit (presentation on last year's Sexual Health Month at NSRAC)

“When someone sustains a severe disability, such as spinal cord injury, they are often perceived by themselves and others as asexual beings, yet their sexual urges and desires for intimacy continue. One impact of inadequate sexual education is that these initial perceptions frequently become reality and these people go on to live unnecessarily diminished lives.”

- Angela Riccobono-psychologist

How can we improve sexual
health support at the NSRAC in
2024?

Sexual Health at Rehab¹

“Patients complain of the lack of opportunity to ask questions about their sexual concerns, feel ashamed or embarrassed about the topic of sexuality, do not know which provider is appropriate to answer their questions, and/or they may not feel optimistic about the outcome of such a discussion. For these reasons, it is important to have a comprehensive view of sexuality in the rehabilitation setting. **All members of the rehabilitation team should include sexuality as part of their standard enquiry**, just like any other bodily function that is addressed by rehabilitation. By sharing the management of sexual concerns utilizing a team approach, **no one provider is expected to be the designated sexual health care expert.**”

Rehab Team Roles

- ▶ All team members have a role within sexual health at rehab, some more specific than others.
- ▶ It is everyone's responsibility to normalize & validate patients' concerns & ensure every patient knows that the rehab team is here to help with any questions/concerns about sexual health after injury/diagnosis.

What To Do When Someone Asks a Question

1. Normalized & validate their concerns:
 - ▶ Lots of people have questions like this about sex & relationships after they've had a (insert diagnosis here)
2. Ensure the patient is aware that the rehab team is available to help address any questions or concerns:
 - ▶ We have members of the team who can help.
 - ▶ Would you like to talk to someone about getting support in this area?
3. Depending on your role in the rehab team:
 - ▶ Refer to other healthcare providers
 - ▶ Offer limited information or specific suggestions
4. Document your patient interaction in the progress notes section of their chart.

Rehab Roles Based on Domain of Sexual Health¹

Domain of Sexual Health	Health Care Practitioner
Sexual drive/interest	Physician/Psychologist/Social Worker
Sexual functioning abilities	Physician
Fertility & Contraception	Physician
Motor and Sensory function (eg: sexual positions, sexual aids, hypersensitivity, spasticity)	Occupational Therapist/Physiotherapist
Bowel & Bladder function	Nurses
Partnership/Relationship challenges	Social Worker/Psychologist/Recreation Therapist
Attractiveness and sexual self-esteem	Psychologist/Recreation Therapist/Vocational Rehabilitation Therapist
Other factors (medications, cognition, swallowing, pain, fatigue, depression, etc.)	Various team members

* It is everyone's responsibility to normalize and validate a person's questions/concerns. *

Common Questions

OR TOPICS PEOPLE ARE WONDERING ABOUT BUT DON'T FEEL
COMFORTABLE/KNOW HOW TO ASK QUESTIONS

Can I have an erection?²

- ▶ You may experience changes in your ability to obtain erections
 - ▶ Ask your physicians about changes you may expect with your diagnosis or medical condition
- ▶ There are various adaptive devices and medical treatments for erectile dysfunction
 - ▶ Physicians will discuss medical treatments and liaise with Nursing and Occupational Therapy to discuss adaptive devices

Medications & Adaptive Devices for Erections²

- ▶ PDE5 inhibitors (Viagra, Cialis, etc)
 - ▶ The body needs to have some level of erectile function for these medications for work
 - ▶ They are enhancers
 - ▶ Make an erection firmer and last longer
- ▶ Vacuum Erection Device (VED) - Penis Pump
 - ▶ Works through vacuum suction to pull blood into the vessels of the penis, creating an erection.
- ▶ Constriction bands (aka - tension bands/cock rings)
 - ▶ Hold blood in the penis using tension or pressure once erection is achieved
 - ▶ Can safely be left in place for a maximum of 30 minutes
- ▶ Intracavernosal Injections
 - ▶ Injecting a medication directly into the penile blood vessels
 - ▶ Effective even if there has been nerve damage to the penis

An erection lasting longer than 3 hours is a medical emergency!

Can I achieve vaginal lubrication?²

- ▶ The amount of vaginal lubrication produced may be decreased by your diagnosis or medical condition
- ▶ Commercial lubrications may be beneficial
 - ▶ Consult with physician and/or reliable vendor to determine options
 - ▶ Water-soluble and fragrance free are typical preferred

Can I have sex with a catheter?²

- ▶ Nursing can lead this discussion
- ▶ Vaginal foley catheter can be left in place
 - ▶ Be mindful of pulling or tugging
 - ▶ Anchoring catheter by taping it to thigh or abdomen is recommended
 - ▶ Drainage bag can either be left attached or can be removed and plugged with a catheter plug.
- ▶ Penile foley catheter can be left in place
 - ▶ Leave some slack at the tip of the penis and fold the catheter over the length of the penis
 - ▶ Put a condom over the penis to secure it in place
 - ▶ Tape the catheter to abdomen or thigh to anchor it in place
 - ▶ Drainage bag can either be left attached or can be removed and plugged with a catheter plug.

How can I have sex if I can't feel the same as I used to?²

- ▶ Sensation may be different than it used to be but sexual activity can still be pleasurable
 - ▶ Some body areas may be less sensitive to sexual touch and others may be more intense
- ▶ It is important to focus on what you do feel
 - ▶ Try body mapping exercises or sensate focus exercises
- ▶ The use of vibratory devices may help with areas of decreased sensation
- ▶ Physiotherapy and Occupational Therapy can help with ideas for positioning and adaptive devices.

How can I have sex if I can't move the same as I used to? ²

- ▶ Changes in ability to move the body can affect sexual expression
 - ▶ Holding hands, hugging, positioning for sexual play
- ▶ It is important to keep an open mind and try new things to adapt to these changes
- ▶ Using pillows, straps, wedges, and/or slings can help with strength, mobility and balance concerns
- ▶ Physiotherapy and Occupational Therapy can help with ideas for positioning and adaptive devices

How will I maintain my relationships or develop new relationships²

- ▶ Changes in emotions, physical abilities, thinking abilities, appearance, fatigue, and pain are all common things that can happen with a new injury or medical diagnosis
 - ▶ These changes may impact how you feel about your self (self-image/self-esteem)
 - ▶ Changes in self-esteem can impact all relationships and life roles
 - ▶ Parent, sibling, partner, friend, teammate, co-worker, etc
- ▶ Communication is very important to remain connected to all of the people you have relationships with
 - ▶ Speech Language Pathology, Social Work, and Psychology can assist with strategies
- ▶ Self-confidence is very important for developing new relationships (romantic or not)
 - ▶ Social Work, Psychology, and Recreation Therapy can assist with strategies

Community Resources

Medical Colleagues

- ▶ Urology & Urogynecology/General Gynecology Programs (QEII & IWK)
 - ▶ May or may not have experience sharing information with a disability perspective
 - ▶ Dr. Grantmyre specializes in male infertility
- ▶ Perinatal Centre
 - ▶ Maternal-fetal medicine specialist
 - ▶ Offer pre-conceptual counselling

Sexual Health Nova Scotia

- ▶ “All of the work done by Sexual Health Nova Scotia reflects a sex-positive, pro-choice, youth-positive, LGBTQA2S* friendly approach. Everyone who walks into Member Centres finds spaces that respect individual choice. Furthermore, all services are free.”
- ▶ www.shns.ca
- ▶ Centres:
 - ▶ Cape Breton Centre for Sexual Health
 - ▶ Halifax Sexual Health Centre
 - ▶ Sexual Health Centre for Cumberland County
 - ▶ South Shore Sexual Health
 - ▶ Sheet Harbour Sexual Health Centre

Venus Envy

- ▶ Sex shop and bookstore
 - ▶ 1727 Barrington Street Halifax
 - ▶ www.venusenvy.ca - website blocked by NSH firewall
- ▶ Offers in person advice, online resources, online workshops
- ▶ One staff member available to provide education/advice with a disability lens
 - ▶ Is a person with lived experience (has disabilities)

Pelvic Health Physiotherapy

- ▶ Offered by private practice physiotherapists with post-graduate pelvic health training
- ▶ Pelvic Health Physiotherapy applies to both males and females
- ▶ How to find in the community:
 - ▶ Google search to find private clinics in your area
 - ▶ Search via NS Physiotherapy Association
 - ▶ www.phsyiotherapyns.ca - include “pelvic health” in your search

Counselling Services

- ▶ Some private practice psychologists and/or counsellors specialize in sexual health concerns
- ▶ How to find in your community:
 - ▶ Google search - include terms such as “sex therapist”
 - ▶ Search via Association of Psychologists of NS
 - ▶ www.apns.ca - include “sexual issues” in the area of practice aspect of the search function

Peer Support

There is an abundance of evidence in the literature to support the essential role for peer support after injury or medical diagnosis

- ▶ Canadian Paraplegic Association - NS
 - ▶ Soon to be rebranded to Spinal Cord Injury NS (National Organization is Spinal Cord Injury Canada)
 - ▶ Peer Support Program
- ▶ Brain Injury Nova Scotia
 - ▶ Various Survivor Programs
- ▶ Stroke Clubs
 - ▶ Halifax, Dartmouth, Truro
- ▶ Parkinson Canada
 - ▶ Online and in person peer support
- ▶ MS Canada
 - ▶ 1:1 Peer Support Program (phone or virtual)
- ▶ GBS/CIDP Foundation International
 - ▶ Virtual coffee chats via Zoom
- ▶ Amputee Coalition of Canada
 - ▶ Online peer support available
- ▶ Canadian Cancer Society
 - ▶ Cancer Connection
- ▶ Ostomy Halifax
 - ▶ Various provincial support groups

Nova Scotia Rehab Resources

Rehab Colleagues

- ▶ Eve Tait, CNE (Clinical Nurse Educator)
 - ▶ eve.tait@nshealth.ca
 - ▶ 902-499-8478
- ▶ Erica Dagley, PT (Physiotherapist)
 - ▶ erica.dagley@nshealth.ca
 - ▶ Has taken a course from BCIT - *Introduction to Sexual Health Rehabilitation*
- ▶ We are available to answer questions, facilitate conversations, and build comfort and capacity for staff to discuss sexual health with their patients.

The Ultimate Guide to Sex and Disability

- ▶ Book by Miriam Kaufman, MD, Cory Silverberg, and Fran Odette
 - ▶ Our copy is with Erica Dagley, PT - email her to borrow it erica.dagley@nshealth.ca
 - ▶ Available via Halifax Libraries
 - ▶ Available to purchase
 - ▶ Venus Envy
 - ▶ Amazon
 - ▶ Kindle/Kodo - ebook
 - ▶ Audible - audiobook

THE ULTIMATE GUIDE TO SEX AND DISABILITY

For all of us who live with disabilities,
chronic pain & illness

by Miriam Kaufman, M.D., Cory Silverberg, and Fran Odette

Adaptive Devices at Rehab

- ▶ Magic wand vibrator
- ▶ Penis pump
- ▶ Adaptive Device mount

Online Resources

Adaptive Device Guide

- ▶ PleasureAble: Sexual Device Manual for Persons with Disabilities
 - ▶ <https://sci-bc.ca/wp-content/uploads/2019/11/PleasureABLE-Sexual-Device-Manual-for-PWD.pdf>
- ▶ “This manual is for clients with various disabilities and health care professionals involved in their care. The ability of persons with disabilities to engage in sexual activity can be significantly compromised by motor (i.e. movement of limbs), sensory (i.e. touch and temperature sensations), and autonomic (i.e. blood pressure regulation) dysfunctions.”
- ▶ “This manual was designed to familiarize clients and clinicians about the available devices on the market and to encourage creativity in adapting these or other assistive sexual devices to optimize sexual expression once bodily changes have occurred.”

Sex and Paralysis Video Series

- ▶ Dr. Mitchell Tepper
 - ▶ www.drmitchelltepper.com
 - ▶ Projects Tab
 - ▶ Sex and Paralysis Video Series
- ▶ Videos and blog posts about:
 - ▶ Positioning
 - ▶ Sensation
 - ▶ Adaptive Devices

Spinal Cord Injury BC

- ▶ Variety of resources that apply to persons with disability other than spinal cord injury
 - ▶ www.scisexualhealth.ca
- ▶ Divided into topics including:
 - ▶ Sexuality 101 and 201
 - ▶ Mobility
 - ▶ Bowel & Bladder
 - ▶ Sensory
 - ▶ Relationships
 - ▶ Sexual Self-Image
 - ▶ Information for Partners

Cortree

- ▶ www.cortree.sciontario.org
- ▶ Online educational platform created by SCIO (Spinal Cord Injury Ontario)
- ▶ Sex and Disability Video Series

Disability After Dark

- ▶ Podcast hosted by Andrew Gurza
 - ▶ an award winning Disability Awareness Consultant
 - ▶ Chief Disability Officer and Co-founder of Bump'n
 - ▶ sex toy company for and by disabled people
- ▶ Listen to the podcast on:
 - ▶ Apple Podcasts
 - ▶ Spotify

ParkinSex

- ▶ American Parkinson Disease Association
- ▶ <https://www.apdaparkinson.org/parkinsex/>
 - ▶ Book (pdf)
 - ▶ Accessible Video version of the book

Headway - the brain injury association

- ▶ www.headway.org.uk
- ▶ Information booklets (pdf)
 - ▶ Sex and Sexuality after Brain Injury
 - ▶ Relationships after Brain Injury

Sex and Intimacy after Amputation

- ▶ Article published by Amplitude Magazine
- ▶ <https://livingwithamplitude.com/article/sex-and-intimacy-after-amputation/>

Canadian Cancer Society

- ▶ <https://cancer.ca/en/cancer-information/resources/publications/sex-intimacy-and-cancer>
- ▶ Booklet (pdf)
 - ▶ Sex, Intimacy, and Cancer
 - ▶ Available in English, French, and Chinese

Professional Development

- ▶ Shepherd Center - Atlanta, Georgia
 - ▶ <https://education.shepherd.org/#/public-dashboard>
- ▶ Shirley Ryan Ability Lab - Chicago, Illinois
 - ▶ <https://www.sralab.org/academy/online-learning#our-course-catalog>
- ▶ British Columbia Institute of Technology (BCIT)
 - ▶ Introduction to Sexual Health Rehabilitation
 - ▶ Online course offered by the nursing faculty

Summary

- ▶ There are numerous resources available online about Sex & Disability
- ▶ Take some time to read/watch one or more of the resources presented today or search for a resource more meaningful to you.

Sex & Disability Summary

- ▶ Sexual Health is an important aspect of overall health for everybody
 - ▶ It will be more important to some compared to others, but we must not judge this
 - ▶ Offer opportunities to discuss sexual health with all patients
- ▶ Medical diagnosis or injury will impact sexuality
 - ▶ Sexual function changes specific to the diagnosis
 - ▶ Physical, cognitive, emotional changes
 - ▶ Impact on self-esteem & self-image
 - ▶ Impact on all relationships (partner, friend, parent, colleague, etc).
- ▶ Every health care provider has a role within Sexual Health

References

1. www.scisexualhealth.ca - Spinal Cord Injury BC
2. www.sciconsortium.ca - Consortium Sexual Health Virtual Training Session 1
3. Communication disorders' effects on consent, relationships, and intimacy. Laura Wolford, SLP & sex educator
4. Elliott, Hocaloski, & Carlson. (2017). A multidisciplinary approach to sexual and fertility rehabilitation: the sexual rehabilitation framework. *Topics in Spinal Cord Injury Rehabilitation*, 23(1), 49-56.
5. An Introduction to 2SLGBTQIA+ Diversity and Health Equity - Garry Dart, PrideHealth, Nov 19, 2021
6. Gendercraft: Gender, Sexuality, and the Beginner's Guide to Allyship - Eliot Newton (they/them) & Tehmina Ahmad (She/Her/Hers), CAMPR, May 4, 2022

References

1. www.sciconsortium.ca - Consortium Sexual Health Virtual Training Session 1
2. Bloemen-Vrencken et al.(2005). Health problems of persons with spinal cord injury living in the Netherlands. Disability and Rehabilitation.
3. Latella et al. (2018). Changes in sexual functioning following traumatic brain injury: An overview on a neglected issue. Journal of Clinical Neuroscience
4. Verschuren et al.(2016). Sexual functioning and sexual well-being in people with a limb amputation: A cross-sectional study in the Netherlands. Disability and Rehabilitation.

References

1. Elliott S, Hocaloski S, Carlson M. A Multidisciplinary Approach to Sexual and Fertility Rehabilitation: The Sexual Rehabilitation Framework. Top Spinal Cord Inj Rehabil. 2017 Winter;23(1):49-56
2. Sex and SCI - SCI-BC - <https://scisexualhealth.ca>