



# Sexuality after stroke

## SOX Organisational Audit

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## **Background**

This audit tool was developed as part of the 2013 Sexuality after Stroke (SOX) Program facilitated by the Australian Research Centre in Sex, Health & Society at La Trobe University in collaboration with the Victorian Stroke Network. The SOX Program supports stroke clinicians through the practical steps involved in providing stroke patients and their partners with information on sexuality after stroke. The audit was developed in consultation with Program participants.

### **Defining sexuality**

When people talk about sexuality, what they often mean is sex. This audit is underpinned by the belief that that sex is an important part of sexuality for stroke clients – but not the only part. We embrace a broad definition of sexuality, like the one developed by the World Health Organisation that says sexuality is:

*... a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (World Health Organisation, 2006 p. 5).*

Sexuality may also be understood as the prerogative of youth. On the contrary, sexuality is life long and this audit is underpinned by the belief that stroke clients have the right to information about sexuality after stroke – at every age. The audit also encompasses a definition of sexuality that is inclusive of lesbian, gay, bisexual, transgender and intersex people.

### **The importance of addressing sexuality**

There is a significant body of evidence on the effects of stroke on sexuality. Factors impacting on sexuality after stroke are more likely to be psychological rather than physical and have a significant impact on quality of life. There is increasing recognition of the need to address sexuality after stroke, and the need to resource clinicians to do so.

In Australia the National Stroke Foundation has taken steps to address this gap. The Foundation's Guidelines for Stroke Management 2010 state that stroke survivors should be provided information about sexuality after stroke. Guideline 8.5 states that: *stroke survivors and their partners should be offered: the opportunity to discuss issues relating to sexuality with an appropriate health professional; and written information addressing issues relating to sexuality post stroke.* However, the National Stroke Audit of Rehabilitation Services (2012) by the National Stroke Foundation identified that only 17% of stroke survivors were offered information on sexuality. This data highlights the need for education to build the confidence and capacity of clinicians to provide information to clients about sexuality.

## About the audit

Improving services in this area can be complex as approaches to sexuality are often entangled in the personal values and beliefs of service providers. Therefore, it is important that strategies for change take systemic approach to provide organisational structure that compliment clinician education. Systemic approaches move beyond ‘one off’ education sessions, to developing policies and protocols and ensuring organisational support. This will assist in ensuring that all clinicians understand what the organisation expects of them and that they are working together as a team. It will also ensure that change is sustained.

## How to use the audit

The audit involves 10 statements addressing systemic components of change to address sexuality after stroke. For more information on the statements go to the report on the 2013 SOX Program contact the Sexual Health and Ageing Program Coordinator. The audit tool provides an opportunity for self-assessment to enable stroke services to identify gaps and plan for improvements.

The audit can be completed by a range of clinicians and provides a great catalyst for discussion. The indicators are presented as statements, against which you rate:

- unmet (score 0 points)
- partly met (score 1 points)
- met (score 2 points).

For each statement that is met, or partly met it is important to list the evidence substantiating the rating. This can help to ensure that the sense that something is met can be demonstrated. Where a statement is not met, or partly met, it is important to identify actions for improvement.

Following the completion of the audit questions, the points are tallied. A higher score suggests greater compliance with the indicators, with a score of 20 being the highest score possible.

It may be useful to repeat the audit to monitor improvements in their service and invite a range of staff to complete the audit to generate discussion about the need for change.

## Sexuality after stroke – organisational indicators

**Service name:**

**Person completing audit:**

**Date:**

*For each of the following statements, please answer whether your service/unit complies by responding as: not met, part met or met.*

	<b>Question</b>	<b>Response</b>		
		Not met	Part met	Met
1	<p>Our service/unit provides all stroke survivors, and their partners, with information on sexuality after stroke.</p> <p><i>If yes list evidence to substantiate. If no list action to rectify.</i></p>			
2	<p>Our service/unit invites all stroke survivors to discuss sexuality with staff.</p> <p><i>If yes list evidence to substantiate. If no list action to rectify.</i></p>			
3	<p>Our service/unit has a policy outlining how information on sexuality after stroke will be provided to stroke survivors and their partners.</p> <p><i>If yes list evidence to substantiate. If no list action to rectify.</i></p>			
4	<p>Our service/unit as a guide for assessment and documentation of sexuality after stroke.</p> <p><i>If yes list evidence to substantiate. If no list action to rectify.</i></p>			

5	Our service/unit has documented the roles of all disciplines in the provision of information on sexuality after stroke to stroke survivors. <i>If yes list evidence to substantiate. If no list action to rectify.</i>		
6	Our service/unit has a systematic strategy for interdisciplinary communication relating to sexuality after stroke. <i>If yes list evidence to substantiate. If no list action to rectify.</i>		
7	Our service/unit has consulted stroke survivors to design and review strategies for providing information on sexuality after stroke. <i>If yes list evidence to substantiate. If no list action to rectify.</i>		
8	Our service/unit assesses the knowledge, values and beliefs of staff relating to sexuality after stroke. <i>If yes list evidence to substantiate. If no list action to rectify.</i>		
9	Our service/unit ensures that information and education is valuing and inclusive of diversity of sexual orientation and gender identity. <i>If yes list evidence to substantiate. If no list action to rectify.</i>		
10	Our service/unit has a systematic process for providing staff education relating to sexuality after stroke. <i>If yes list evidence to substantiate. If no list action to rectify.</i>		
<b>Total score</b>			

## For more information

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