SEXUAL HEALTH CLAIMS CHECKLIST

Is intimate wellbeing captured in your client's claim?

A quick-reference tool for personal injury and medical negligence practitioners

Run through this list before settling or closing any file involving physical injury, surgery, psychological trauma, or chronic illness. Each ticked item represents a potential head of loss that is routinely missed.

PELVIC AND GYNAECOLOGICAL INJURY

- **Sexual intercourse affected**
  Vaginismus, dyspareunia, penetration avoidance, altered sensation
- **Libido or sexual interest changed**
  Common after pelvic floor damage, hormonal disruption, or chronic pain
- **Bladder or bowel leakage affecting intimacy**
  Leakage shame is a documented barrier to sexual engagement
- **Body image significantly altered**
  Scarring, prolapse, or altered anatomy directly affects sexual self-concept
- **Intimate relationship with partner changed**
  Withdrawal, role reversal, loss of physical affection, reduced frequency
- **Avoidance of sexual situations or touch**
  May indicate trauma response, anticipatory pain, or dissociation

SURGICAL COMPLICATIONS

- **Surgery in or near pelvic or urogenital region**
  Prostatectomy, hysterectomy, colostomy, hernia repair, circumcision, filler procedures
- **Erectile function, lubrication, or orgasm affected**
  Nerve-sparing failures and vascular damage are common and claimable
- **Pre-operative counselling on sexual risk absent or inadequate**
  Absence of informed consent on sexual risk is a recognised ground of negligence
- **Penile rehabilitation recommended or required**
  Devices, injections, implants: quantifiable future treatment costs
- **Stoma, scarring, or altered anatomy affecting body image**
  Body image therapy is a recognised and claimable treatment cost
- **Cosmetic or reconstructive outcome affected sexual confidence**
  Filler complications, augmentation outcomes, gender-affirming surgery

SPINAL CORD AND NEUROLOGICAL INJURY

- **Genital sensation or arousal affected**
  Paraplegia, tetraplegia, and disc injuries alter nerve pathways to genitalia
- **Erectile dysfunction or ejaculatory changes reported**
  Common in lumbar and sacral injuries; claimable with neurological evidence
- **Orgasm affected or lost**
  Neurological disruption to orgasmic response is documented and claimable
- **Positioning or spasticity limits sexual activity**
  Practical sexual function loss, often overlooked in standard PI assessments
- **Fatigue or pain affecting sexual frequency or desire**
  Chronic pain and fatigue are recognised sexual suppressors with treatment pathways
- **Client expressed loss of identity as a sexual being**
  Sexual self-esteem loss: assessable, claimable, and treatable

WORKPLACE INJURY AND MVA

- **Physical injury limits ability to engage in sexual activity**
  Mobility restrictions, pain on movement, positioning limitations
- **Psychological impact affected sexual desire or function**
  PTSD, acute stress, and anxiety are strongly linked to sexual dysfunction
- **Medications prescribed that affect sexual function**
  Antidepressants, opioids, antihypertensives: document and claim as consequential loss
- **Relationship affected or partnership ended since injury**
  Relationship breakdown linked to injury is a claimable consequential loss
- **Shame, embarrassment, or loss of confidence expressed**
  Sexual self-esteem loss is assessable, documentable, and claimable

BRAIN INJURY AND ACQUIRED DISABILITY

- **Emotional or sexual inhibition changed post-injury**
  Frontal lobe involvement can increase or decrease sexual expression
- **Intimacy disrupted by personality or mood changes**
  Partners withdraw, relationships deteriorate, isolation increases
- **Capacity for consensual sexual decision-making affected**
  Relevant to both damages calculation and care plan design
- **Partner reports changes in their own wellbeing**
  Partner impact on sexual and emotional health is a claimable head of damages

CANCER TREATMENT AND CHRONIC ILLNESS

- **Chemotherapy, radiation, or hormone therapy affected sexual function**
  Erectile dysfunction, vaginal atrophy, loss of libido: common, documented, claimable
- **Treatment caused early menopause or testosterone suppression**
  Hormonal sexual health loss has significant long-term treatment cost implications
- **No sexual health counselling received post-treatment**
  Absence of referral may indicate a gap in the standard of care provided
- **Ongoing psychosexual distress related to diagnosis or treatment**
  Cancer-related sexual distress is a recognised, treatable, and claimable condition

If any item is ticked, a formal sexual health assessment may significantly expand the damages available to your client.

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