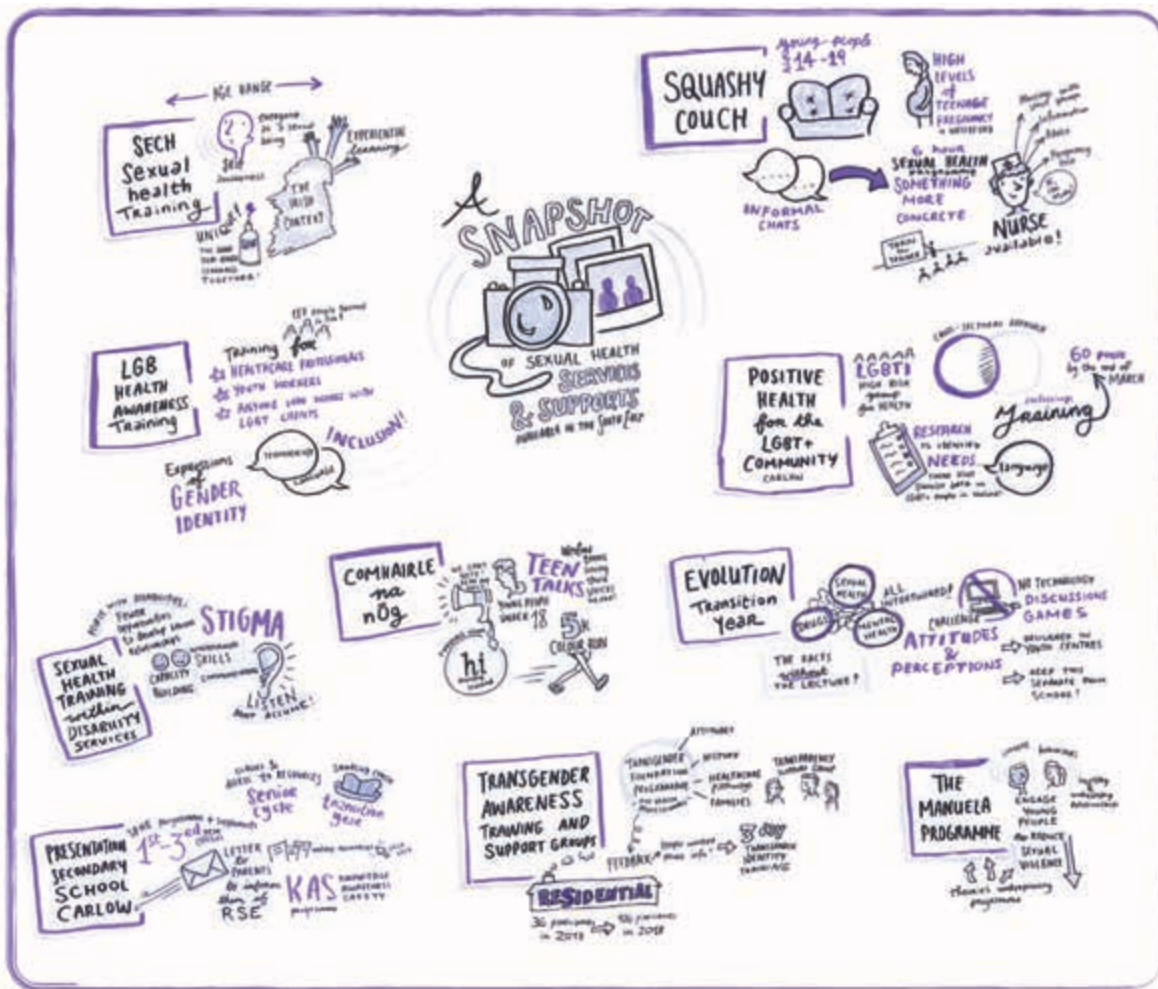


SEXUAL HEALTH NEWS

WELCOME TO ISSUE 8, SPRING 2019



Graphic Art from South East Community Healthcare Sexual Health Seminar 14th November 2018

INSIDE THIS ISSUE

- My Options Service
- Sexual Health Promotion Training Strategy 2019-2029
- Supporting Evidence Informed Practice in Sexual Health Promotion
- Inequalities in HIV Testing Uptake and Needs of MSM Living in Ireland
- The Manuela Riedo Programme
- The Reality of Young People’s Use of Pornography
- The Elephant in the Room, Sex & Spinal Cord Injury



GENERAL NEWSLETTER INFORMATION

CONTENTS

NEW UPDATES | Page 4 - 9

- Dates for your diary
- My Options-A new unplanned pregnancy support service from the HSE
- My Options-A Communications Journey
- Launch of the SHCPP's Sexual Health Promotion Training Strategy 2019-2029
- Supporting Evidence-Informed Practice in Sexual Health Promotion
- An Evaluation of the Gay Men's Health Service (GMHS) Pilot Outreach Programme
- National Youth Health Programme Statement of Strategy 2018-2022

RESOURCES | Page 10

- My Options-Unplanned Pregnancy Resources
- My Options-Patient Information Leaflets
- Sexually Transmitted Infection (STI) Leaflets

REPORTS & RESEARCH ARTICLES | Page 11 - 13

- HSE Sexual Health and Crisis Pregnancy Programme Sexual Health Reports
- Supporting our young LGBT+ Community in Co. Tipperary
- Inequalities in HIV Testing Uptake and Needs among MSM Living in Ireland

TRAINING | Page 14 - 16

- Foundation Programmes in Sexual Health Promotion (FPSHP)
Dates for Courses this Autumn
- HIV Ireland Training Dates 2019
- Recent Graduates of the National Foundation Programme in Sexual Health Promotion (FPSHP)
- A Series of Masterclasses Supporting an Unplanned Pregnancy

FEATURES | Page 17 - 19

- The Manuela Riedo Programme-Sexual Violence Prevention and Awareness
- The Reality of Young People's Use of Pornography

SEXUAL HEALTH PROMOTION IN ACTION | Page 20 - 23

- Sexual Health Promotion Seminar South East Community Health Care
- 'The Elephant in the Room'. Talking about Sex
- Disability & Sexuality From a Personal Perspective

Design & Print

Murphy Print & Graphic Design Ltd
Woodlands Industrial Estate
Park Road
Killarney
Co. Kerry

Every effort has been made by the Health Service Executive (HSE) to ensure the information in this publication is accurate. The information contained in this newsletter should in no way be a substitute for seeking expert advice from the appropriate health professional or agency.

The information that is written by the different contributors in the Sexual Health News is the view of the authors and not that of the HSE.

Some photos may be posed by models for illustration purposes only.

Welcome

by Tracey Tobin
HSE Health Promotion Officer HSE South East

We are delighted to bring you Issue 8 of Sexual Health News, as ever we are indebted to the contributors who have made this issue possible. This issue is presented from two particular aspects; one element is looking at sexual health from the national perspective and the other from the experience in sexual health promotion. What this highlights is not just how much has been achieved within sexual health, but also shows some of the challenges which remain within sexual health promotion.



Sexual Health News (SHN) is distributed in the following ways:

- via our own URL link, by clicking or uploading this link. This URL link will allow you to access all previous editions, under the section Read More https://issuu.com/murphyprintdesign/docs/hse_sexualhealth57105r?e=30062790/60050452
- SHN is also available at - <https://twitter.com/HSELive>
- and on the Irish Health Repository, LENUUS <https://www.lenus.ie/discover> simply enter sexual health news into the search bar and it will bring you to all issues.

As always, please consider contributing to Issue 9 due out in the autumn of 2019, it's a great way to share our work and to keep informed in what's happening within sexual health promotion in Ireland and further afield.

Closing date for receipt of submissions 31st July 2019.

Tracey

Call for Submissions

If you have any feedback on the newsletter or would like to contribute to the next edition please contact: Martin Grogan at martin.grogan@hse.ie or Tracey Tobin at tracy.tobin@hse.ie

Editorial Team

Tracey Tobin, *SHN Co-Editor and HSE Health Promotion Officer HSE South East*

Martin Grogan, *SHN Co-Editor and HSE Health Promotion Officer Cork & Kerry*

Anita Ghafoor Butt, *Communications Manager, HSE Sexual Health & Crisis Pregnancy*

SHN is funded by the HSE Sexual Health & Crisis Pregnancy Programme

Dates for your diary

MARCH

4th March
HPV Awareness Day
Irish Cancer Society
w: www.cancer.ie

8th March
International Women's Day
National Women's Council of Ireland
w: www.nwci.ie

MAY

8th May
World Ovarian Cancer Day
Irish Cancer Society
w: www.cancer.ie

13th-17th May
Tusla National Child & Family Support Week
Tusla
w: www.tusla.ie

JUNE

10th-16th June
International Men's Health Awareness Week
Men's Health Forum in Ireland
w: www.mhfi.org

Information is supplied by the Health Promotion & Improvement Library and Information Service, Health & Wellbeing Events 2019



My Options-A new unplanned pregnancy support service from the HSE

by Janice Donlon,
Funding Manager



All the information and support you need in an unplanned pregnancy

Call 1800 828 010

My Options is a new HSE unplanned pregnancy support service which launched on 1st January 2019. The service is provided by the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP).

The My Options service is the first point of contact for information and support in relation to an unplanned pregnancy.

Professional and experienced counsellors provide free, non-directive information and support on all options, including continued pregnancy supports and how to access abortion services in Ireland.

Counsellors can arrange access to face-to-face counselling and post-abortion counselling can also be provided.

Counsellors are available Monday to Friday, 9am to 9pm, and on Saturday from 10am to 2pm.

My Options also provides a 24-hour nursing team for someone who is in the process of, or has recently had, an abortion and needs medical advice.

The My Options service is also available to people outside of Ireland; they can contact the phone line on +353 1 687 7044.

For someone who is deaf, the Irish Remote Interpreting Service (IRIS) can support them with their call to My Options by providing a live video-link to an Irish Sign Language interpreter.



My Options-A Communications Journey

by Anita Ghafoor Butt,
Communications Manager
HSE Sexual Health and Crisis Pregnancy Programme.



In developing information about My Options, including new information on abortion services, the HSE wanted to make sure the insights, opinions and the voice of people who may use the service were at the heart of developing both the name and the communications approach.

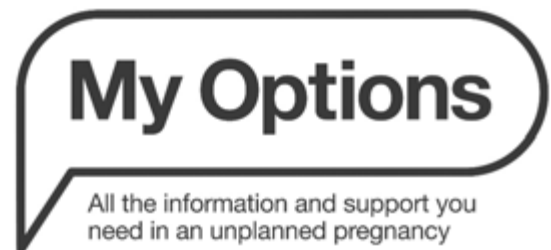
Research through focus groups and in-depth interviews was carried out, the participants involved in the research gave their feedback to the new service, the language and tone that they preferred, service names and descriptive tagline. They also inputted into the communications approach, along with contributing to a general discussion around unplanned pregnancy and related topics.

What did the research tell us?

'My Options' was the preferred name across all groups based on the tagline and logo. Participants felt this name conveyed a positive service offering users a choice and the opportunity to have a conversation.

Participants said that the My Options name and logo:

- Conveyed an open, informative and accessible service
- Is modern and suitable for the service being offered
- Drives positive associations
- Drives memorability of the service name
- 'My' gives ownership to the individual
- 'Options' shows there are different choices available.



Participants said that they were keen for wide communication channels to be used to ensure continued and increasing openness and discussion on the topic. Those who had previously experienced an unplanned pregnancy were also keen for widespread (outdoor/radio) and targeted (online) advertising.

Advertising Channels

The My Options awareness and information campaign includes a wide range of communication channels to ensure that the service information is available to those who are in need of the supports and includes the use of:

- leaflets and poster distribution to GP surgeries and pharmacies
- Google search
- social media posts and ads
- radio ads
- advertising in colleges, pubs/clubs, bus shelters and in buses/Luas/Dart.

The HSE will continue to advertise and communicate about this important service to ensure that information and supports are available to those who are experiencing an unplanned pregnancy.

How can you support the MyOptions information campaign?

You can communicate the key messages to a wider audience by posting or sharing content, tweeting or retweeting, and engaging with the content below on social media platforms.

If you are sharing the campaign messages, make sure you tag our social media accounts so that we can retweet and like your post. Twitter: @hselive Facebook: @hselive Website: www.myoptions.ie Hashtag: #HSEmyoptions

Launch of the SHCPP's Sexual Health Promotion Training Strategy 2019-2029

by Moira Germaine Education and Training Manager,
Sexual Health and Crisis Pregnancy Programme



The Sexual Health and Crisis Pregnancy Programme (SHCPP) launched their Sexual Health Promotion Training Strategy on the 26th of February. This will direct the activities and funding of the SHCPP in relation to non-clinical training over the next ten years. The Sexual Health Promotion Training Strategy 2019-2029 was developed following consultation with a wide range of stakeholders within the statutory and the community and voluntary sectors. It aims to facilitate the integration of sexual health promotion into core services within health, social care, education, community and youth work so that service users may be supported to make good sexual health choices. The strategy intends to achieve this goal through a variety of measures including those focussing on the upskilling of professionals and those which will encourage employer organisations to recognise sexual health promotion as a valid and important part of everyday practice. The strategy will also ensure that sexual health promotion interventions are provided within a broader understanding of the specific circumstances and needs of individuals and population groups, particularly those deemed at risk or vulnerable.

Speaking at the launch, Ms Helen Deely, SHCPP Lead, said:

'As Ireland moves towards a more open conversation about sexuality and sexual health, the development of this training strategy is particularly timely. It supports the upskilling of a diverse range of professionals, which in turn will help promote the development and expression of healthy sexuality throughout the life course. We look forward to working with our statutory and NGO partners to implement the strategy.'



The Sexual Health Promotion Training Strategy Vision, Mission and values are:

Vision: A population enabled to make good sexual health choices.

Mission: Through training and support, to empower professionals and their organisations to integrate sexual health education and information into their work with service users.

Values:

- Promotion of positive and holistic sexual health
- Mitigation of health inequalities
- Partnership and collaborative practice
- Evidence-informed practice.
- Promotion of respect for the individual and their circumstances

The Sexual Health Promotion Training Strategic Objectives are:

1. Develop and promote partnerships and collaborative practice to advance sexual health promotion training for professionals
2. Build organisations' capacity to integrate sexual health promotion into their core work
3. Develop a quality standards framework for sexual health promotion training for professionals
4. Develop and deliver a standard suite of core and specific population group sexual health promotion training programmes for professionals
5. Develop an infrastructure to support the implementation of the strategy.

The SHCPP has developed this National Sexual Health Promotion Training Strategy in line with recommendations 3.20 and 3.21 of the National Sexual Health Strategy.

3.20 Develop programmes for those working with vulnerable and at-risk groups to train them to recognise and respond appropriately to the sexual health needs of their clients, recognising and addressing the barriers to accessing services faced by many at-risk groups.

3.21 Incorporate training on sexual health for professionals who deliver sexual health education and prevention activities or who can incorporate sexual health into their core work and as part of continuing professional development.

A full copy of the strategy and a summary document may be downloaded from <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/>

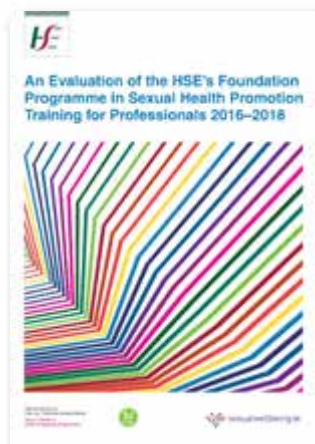
Supporting Evidence-Informed Practice in Sexual Health Promotion

by Maeve O'Brien, Research Manager
and Owen Brennan, Research Assistant

HSE Sexual Health and Crisis Pregnancy Programme



Two guiding principles of the National Sexual Health Strategy 2015-2020 are 'better use of evidence' and 'better measurement and evaluation'. These principles encourage the generation of high quality information to support decision-making and the development of effective programmes. In line with these principles and with the support of our partners within the HSE and from the community and academic sectors, the SHCPP has recently led on commissioning, managing, developing and publishing comprehensive evaluations of two sexual health promotion initiatives; an evaluation of the Foundation Programme in Sexual Health Promotion; and an evaluation of the Gay Men's Health Service Outreach Pilot Programme.



An Evaluation of the HSE Foundation Programme in Sexual Health Promotion 2016 – 2018

The Foundation Programme in Sexual Health Promotion (FPSHP) is a Health Promotion & Improvement led training programme for professionals. It aims to enhance participants' capacity to incorporate sexual health promotion into their core work, by developing their comfort levels, confidence, knowledge and skills in relation to sexual health. The FPSHP participants come from a diverse range of disciplines within the health, education and community sectors. The programme is facilitated by HSE Health Promotion Officers across Ireland, co-facilitating in some areas with NGO partners.

The evaluation of the FPSHP set out to measure the impact of the training on participants in relation to achieving the programme's aims (development and enhancement of confidence, knowledge, skills and comfort levels in the area of sexual health promotion) and on improving their capacity to incorporate sexual health promotion into their daily professional practice. The evaluation design involved using a customised and validated pre-post and follow up data collection instrument¹. Data collection was carried out with programme participants from fourteen different courses delivered in eleven different locations between 2016 and 2018. One-hundred and ninety four participants completed all three questionnaires, providing a complete response rate of 78%.

The results demonstrated that six months following the programme, there were clear increases in participants' perceived confidence, knowledge, skills and comfort-levels in relation to sexual health promotion, with statistically significant increases found across all these measures. However, the results measuring changes in professional practice demonstrating the integration of sexual health promotion into their core work were far less definitive. The data suggests marginal to moderate increases in this area.

The findings from this evaluation provided some valuable insights into how FPSHP is impacting on the programme's participants. It clearly suggests that at the individual level, the programme is having a huge impact, in terms of up-skilling participants and increasing their comfort levels and confidence to support them to deliver sexual health promotion activities as part of their roles. The programme is also very popular with participants, is well attended and is perceived as helpful.

However, the data also identifies that increases in the delivery of sexual health promotion activities following the intervention were far more moderate; with many participants reporting that they had not undertaken many such activities in their workplace six months following the programme. This suggests that at the organisational level, the impact of the programme is less effective than at the individual level.

Footnotes

¹ Higgins A., Downes C., Daly L., Begley T., De Vries J. and Sharek D. *The Development and Piloting of the Sexual Health Promotion Education Evaluation Tool (SH-PET)*, School of Nursing and Midwifery, Trinity College Dublin, 2016

Continued on page 8

Continued from page 7

In summary, the evaluation findings indicate that while the training course has had a positive impact on participant's levels of comfort and confidence in addressing sexual health issues, it is insufficient in itself to bring about the required impact on their practice. This suggests that additional supports at an organisational level may be required so that participants can translate their awareness, knowledge and skills into sexual health promotion activities within their work settings.

These findings from this evaluation have informed the development of the SHCPP's Sexual Health Promotion Training Strategy 2019–2029, in particular Strategic Objective 2, to 'build organisations capacity to integrate sexual health promotion into their core work'. The actions under this measure will work to ensure that the impact of individual staff training is reinforced by a supportive workplace culture where sexual health promotion is the norm.

Want to read more?

Full reports are available here <https://www.sexualwellbeing.ie/forprofessionals/research/research-reports/>

An Evaluation of the Gay Men's Health Service (GMHS) Pilot Outreach Programme

The GMHS outreach programme was established in October 2016 on a pilot basis to address increases in the incidence of HIV and STIs among Men who have Sex with Men (MSM). This was following the establishment of a multi-disciplinary response group under the HSE Health and Wellbeing Directorate, which aimed to address rising STI and HIV notifications via a range of preventative channels. The Gay Men's Health Service (GMHS)¹ and the Gay Health Network² were granted funding to establish a pilot outreach programme for MSM to increase awareness of STIs and HIV and to improve levels of testing.

The pilot outreach programme had two main modes of operation; venue-based outreach and online outreach. The venue-based work involved working with staff in bars, clubs, public and semi-public sex environments, sex-on-premises venues and other settings in Dublin where MSM gather to socialise, to provide sexual health information and to make condoms and lubricant freely available.

The online work involved the outreach staff having a presence on websites and apps where MSM meet and outlining their availability to talk online about sexual health and related services. An important function of the outreach service was to refer men to relevant services and resources. The range of referrals for MSM includes referrals for testing services; addiction services; counselling; help for victims of sexual violence; and for other relevant services. The outreach team also had a presence at the GMHS clinic and a key focus of the programme was to connect with migrant populations, especially Latin American MSM, and sex workers, to promote sex-positive encounters and encourage engagement with services.

The evaluation was established to assess whether the objectives of the programme were being met, to identify key factors enabling or preventing progress and to understand how the current operational processes could be improved. The evaluation design included a mixed-methods approach, involving quantitative and qualitative approaches. This was framed within the context of an implementation-science framework, which enabled the objective identification of barriers and enablers to the delivery of the programme. The evaluation results demonstrated that the outreach programme was delivering an efficient and effective service that met its core objectives. The data identified key enablers including having a nationally led, multi-sector collaboration and buy-in; skills in leadership to nurture relationship-building with external venues and stakeholders; careful staff selection ensuring the availability of skill sets to respond to target group needs and a unanimous belief in the value of monitoring and evaluation. Key challenges to service delivery were identified including uncertainty regarding financial resourcing and a number of operational challenges.

On the basis of the success of the programme, as reported in this evaluation, the SHCPP has secured funding to support the delivery of the service for 2019, in accordance with the recommendations for service improvement developed by the evaluation team.

Want to read more? The full evaluation report is available here: https://www.sexualwellbeing.ie/for-professionals/research/research-reports/gmhs-report_final.pdf

**Footnotes**

¹ The GHN is a network of organisations and individuals in Ireland that serve as an expert network for the promotion of HIV prevention and of sexual health and wellbeing among gay men, bisexual men and MSM.

² The HSE Gay Men's Health Service (GMHS) is a statutory public health service in Dublin that is specifically designed for gay men, bisexual men and other MSM.

National Youth Health Programme Statement of Strategy 2018-2022

by Rachael Treanor, National Youth Health Programme Manager



The National Youth Health Programme is a strategic partnership between the National Youth Council of Ireland, the Department of Children and Youth Affairs and The Health Service Executive. The vision of the National Youth Health Programme is that Ireland will be a country where all young people can experience positive health and wellbeing. The mission of the National Youth Health Programme is to make a defining contribution to the development of effective youth health promotion practices which support young people to make healthy and positive choices.

In November 2018 the NYCI Health Programme in its Statement of Strategy, targeting those working with youth in out of school settings, set out its themes and priorities for 2018-2022. The strategy details how the NYHP aims to execute its mission and help enable Ireland achieve this vision for our young people. It sets out three high level themes around which to focus the work of the National Youth Health Programme:

1. Strategic theme one highlights the need for youth policy to be informed by young people's experiences. The NYHP aims to collate youth experiences and ensure that policy and strategies are informed by these needs and experiences of young people and youth workers.
2. Strategic theme two acknowledges that this is a time of significant growth in national health related policies and strategies, such as LGBTI+ National Youth Strategy (2018) and the National Sexual Health Strategy (2015). It states that the NYHP will strive to facilitate the application of these national policies and effective and sustainable health-promoting practices within youth organisations
3. Strategic theme three details how the NYHP will support the implementation, monitoring and evaluation of quality, evidence-based youth programmes and interventions which are focused on enhancing the health and well-being of our young people. Furthermore, as Ireland is continuously changing and since what was relevant today may be outdated tomorrow, the NYHP will continue to monitor and evaluate their own programmes and interventions to assess the impact on young people.

Relevant national data obtained through this evaluation will be used to inform their future planning of programmes. In order for this strategy to be realised a range of sectors including youth workers, state agencies and government departments must all work together collaboratively. We are confident that with this partnership in implementing our Statement of Strategy we can support our young people to enjoy good health and well-being as they grow and develop.



Rachael Treanor National Youth Health Programme Manager, Louise Fitzpatrick from DCYA - Department of Child and Youth Affairs, Minister Catherine Byrne, Minister of State at the Department of Health with responsibility for Health Promotion and the National Drugs Strategy.

This section of the newsletter provides an update of new materials that the reader may find helpful in their respective roles. If there are any new resources, factsheets, infographics or booklets you are aware of please let the Sexual Health News team know. And we can include details of these in the next edition.

My Options Unplanned Pregnancy Resources

Leaflets and posters are available from www.healthpromotion.ie

My Options Patient Information Leaflets

Your Guide to Medical Abortion
Your Guide to Surgical Abortion

Available to order from www.healthpromotion.ie under the professional log in.



Sexually Transmitted Infection (STI) Leaflets

STI leaflets are now available in French, Arabic, Portuguese, Russian and Spanish from www.healthpromotion.ie or you can download them from www.sexualwellbeing.ie

HSE Sexual Health and Crisis Pregnancy Programme Sexual Health Reports

The HSE Sexual Health and Crisis Pregnancy Programme is tasked with leading on the implementation of the National Sexual Health Strategy, 2015-2020. Priority actions in the strategy include mapping sexual health and STI diagnostic services in Ireland and developing a sexual health needs assessment report using available epidemiological data, statistics and research.



This work is now complete and the suite of reports is available on the Programme's website. A short description with links to each report can be found below:

- 'Sexual Health Services in Ireland: A survey of STI and contraception services', https://www.sexualwellbeing.ie/for-professionals/research/research-reports/survey-of-sexual-health-services_june2018.pdf
 - This report provides information on the sexual health services across Ireland that provide sexually transmitted infection (STI) testing and management and contraception services. The information is based on 50 services (including 23 public STI clinics) that provided sufficient information in responses to an electronic questionnaire on STI testing and management and contraception services, which was circulated at the end of 2015.
- 'Sexual Health Services in Ireland: A Survey of General Practice', https://www.sexualwellbeing.ie/for-professionals/research/research-reports/survey-of-general-practice_january2018.pdf
 - This report provides information on the provision of sexually transmitted infection (STI) testing and treatment services and contraception services by general practitioners (GPs) in Ireland. The information was provided by 261 general practices which responded to an electronic questionnaire on STI testing and treatment and contraception services circulated by the Irish College of General Practitioners (ICGP) to its membership at the end of 2015.
- 'STI Diagnostics in Ireland: A survey of laboratories', https://www.sexualwellbeing.ie/for-professionals/research/research-reports/survey-of-sti-diagnostics_june2018.pdf
 - This report provides information on the provision of diagnostics for sexually transmitted infections (STIs) across Ireland. The information presented in this report was provided by 36 laboratory services which responded to an electronic survey designed to document STI diagnostic services provided across the country. The questionnaire was circulated at the end of 2015.
- 'Sexual Health in Ireland: What Do We Know?' https://www.sexualwellbeing.ie/for-professionals/research/research-reports/sexual-health-in-ireland_june2018.pdf
 - This report provides an overview of the sexual health status of the population by outlining the available epidemiological data, statistics and research in the sexual health arena in Ireland.
- 'Consultation Report: Stakeholder Workshops on Actions for Sexual Health Services in Ireland', https://www.sexualwellbeing.ie/for-professionals/research/research-reports/consultation-report_june-2018.pdf
 - This report presents the outputs from two consultation workshops hosted by the HSE Sexual Health & Crisis Pregnancy Programme (SHCPP) in May 2018. These workshops were held as a means of engaging with key stakeholders on a series of reports produced by SHCPP identifying areas for action in relation to sexual health services in Ireland. The outputs from the workshops, together with the supporting reports provide the programme with a clear direction on priority actions arising from the sexual health needs assessment process. These actions will inform the development of annual programme business plans.

For more information on the work of the HSE Sexual Health and Crisis Pregnancy Programme and to access the National Sexual Health Strategy, please log onto www.sexualwellbeing.ie

Supporting our young LGBT+ Community in Co. Tipperary

Needs analysis of young people identifying as LGBT+ in Co. Tipperary Ireland
by Lisa McGrath



The Tipperary Children and Young People's Services Committee (CYPSC), commissioned a report; 'Needs Analysis of young people identifying as LGBT+ in Co. Tipperary, Ireland', which was launched on Thursday 31st January 2019. The report was overseen by Youth Work Ireland, Tipperary (YWIT) and consulted young people in Roscrea, Thurles, Carrick on Suir, Clonmel, Cashel and Tipperary Town to identify the needs of Lesbian, Gay, Bisexual, Transgender +. Ireland has come a long way and in a surprisingly short space of time in relation to supporting this group of people. In 1993, only 26 years ago homosexuality was decriminalised, before that it was illegal to be gay. Contrasting that view Ireland as a collective society voted to open marriage to the LGBT+ community in 2015.

As a youth worker with YWIT working with LGBT+ young people for eleven years, from my experience, there have been some changes on a wider societal level but a lot is still the same. The LGBTI Ireland Report (2016)⁽¹⁾ stated that 12 years of age is the most common age that a person discovers their sexual orientation. Ten years ago that young person might wait until age 17 to come out – to tell other people; resulting in up to five years living with this secret in a stressful time in most young people lives. Today, that young person might come out at 16; as there are still feelings of fear and anxiety around telling people. According to the report; in order to feel safe young people stated they need; *visibility of others, role models, flags, posters that gives the message, yes we are LGBT+ friendly*. The report also consulted Allies, people who support equal rights and gender equality and it is was considered valuable to this study to hear the perspective of others supporting these young people. While the commissioning of this report was an excellent opportunity to hear the experiences of LGBT young people in Tipperary, it highlights some of the limited progression in relation to young people and in particular those who identify as LGBTI+. Ireland has changed and includes a more empathic, all inclusive, diverse society however, the experience of the young people in this report is that this is far from the truth.



Ruairí Ó Caisleáin, Tipperary CYPSC Coordinator, Lisa McGrath, Community Youth Worker, Youth Work Ireland Tipperary, Tracey Tobin, Health Promotion & Improvement Officer, Gerard Sweetman, LGBT+ Health Support Worker South Tipperary.

This report highlights that schools are the most disappointing in their lack of progression supporting LGBT+ young people in Tipperary. One school in the 6 represented was described as supportive. Young people described a lack of visibility of LGBT+ supports; lack of LBGT+ awareness of their teachers, a tolerance of homophobic comments by teachers and indeed a further perpetration of these comments by teachers laughing along. Some experienced misinformation or a downright refusal to even discuss LGBT topics. The findings of the report confirms why anyone who identifies as LGBT would not feel safe coming out. The fear of not be accepted, or be rejected, isolated, and the real fear of physical harm was reported by the young people in this report.

The number one recommendation or need for LGBT+ young people is a stand-alone LGBT+ service where young people can be supported, get much needed advice and be able to hang out with other LGBT+ young people and allies.

The full report is available on www.youthworktipperary.ie

References

¹ Higgins et al (2016) LGBTI Ireland Report – A national Study of the Mental health & wellbeing of Lesbian, Gay, Bisexual, transgender and intersex people in Ireland.

Inequalities in HIV Testing Uptake and Needs among MSM Living in Ireland

by Kate O'Donnell,
Health Protection Surveillance Centre



Background: In Ireland, as in other Western European countries, gay, bisexual, transgender men and other men who have sex with men (collectively referred to as MSM), are a key population at higher risk of HIV infection^(1,2). HIV testing is the gateway to clinical care for people who have acquired HIV. Clinical care usually results in viral suppression which is of direct clinical benefit to the individual and also prevents onward transmission⁽³⁾. We used data from the MSM Internet Survey Ireland 2015 (MISI 2015) to improve our understanding of HIV testing among MSM living in Ireland⁽⁴⁾.

Methods: MISI 2015 was an online cross-sectional survey undertaken to measure sexual health, morbidities, behaviours, health promotion needs among MSM living in Ireland. The survey was developed through a collaboration of public health, academic and community partners. We used data from MISI 2015 to describe the socio-demographic factors associated with never testing for HIV among MSM living in Ireland and to identify acceptable testing services for these men. We also described the extent of unmet HIV testing needs (poor HIV knowledge, lack of confidence in getting a HIV test and uncertainty regarding HIV status) and socio-demographic inequalities in their distribution.

Results: There were 3,090 valid respondents to MISI 2015. For the purpose of this analysis, we excluded men who reported they were HIV positive, men who did not answer the question on HIV testing and men who reported that they had never had sex with another man and our final sample was 2,770 men. The median age in our sample was 30 years with 31% of respondents aged 18-24 years. Approximately half were living in Dublin and 86% were born in Ireland. Fifty five percent had a higher level of education (degree or higher) and 67% were in employment. Most men (80%) identified as gay and 67% were out to all or more than half of their friends and family.

Thirty six percent of men had never tested for HIV. On multivariable logistic regression analysis, untested men were more likely to be aged 18-19 years or 20-24 years, be living outside Dublin; have a lower level of education; be born in Ireland, identify as bisexual, be out to fewer people and not have had sex with a man in the previous 12 months. The same groups of men also had the least knowledge about HIV and were least confident in accessing a HIV test.

While men in both groups chose a range of preferred settings for future tests, there were significant differences. The preferred location for future HIV testing for both groups was a sexual health clinic although men who had never tested were less likely to prefer this option (31% vs 41%). Men who had never tested were more likely to indicate a preference for testing with their GP (22% vs 17%) and for self-sampling (19% vs 13%) than men who had previously tested. Very few men (<1%) stated that they would not test for HIV in the future indicating that testing for HIV is acceptable to most MSM.

Conclusion: Our analysis demonstrates that MSM remain a significant population for expanded HIV testing in Ireland and that targeted prevention efforts should be directed towards younger MSM, those living outside Dublin and those with lower levels of education. To widen the reach of HIV testing and to ensure that all MSM have access to testing, we recommend making free HIV testing available in a wide range of settings, both clinical and non-clinical, and by a range of approaches, including peer-led community testing, self-testing and home sampling.

Since 2016, free peer-led rapid HIV testing specifically targeting MSM is available at venues in the four largest cities in Ireland (www.knownow.ie). We recommend that this testing programme continues to be supported in Dublin and other areas. The provision of HIV testing in general practice also remains important as indicated by the proportion of men who chose this as their preferred choice for future testing. Ongoing national and targeted information campaigns on the benefits of HIV testing will also be vital for the success of any testing programme.

References

1. Health Protection Surveillance Centre. HIV in Ireland, 2017, Dublin: HPSC; 2018.
2. ECDC/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2018 – 2017 data. Stockholm: ECDC; 2017.
3. Rodger AJ, Cambiano V, Bruun T et al. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *JAMA*, 2016;316(2)
4. O'Donnell K, Fitzgerald M, Quinlan M, et al. Inequalities in HIV testing uptake and needs among men who have sex with men living in Ireland: Findings from an internet survey. *HIV Medicine*, 2019; 20

Foundation Programmes in Sexual Health Promotion (FPSHP) Dates for Courses this Autumn

Athlone

Venue: TBC
Closing Date for applications:
27th May 2019

October: 22nd & 23rd
November: 19th & 20th
December: 10th & 11th
January 2020: 14th & 15th
February 2020: 4th & 5th

For further information contact:
Lisa O'Hagan
Tel: 057 9357800/057 9357804
Mobile: 086 3801165
Email: margaret.whittaker@hse.ie

Donegal

Closing Date for applications:
7th June 2019

September: 18th & 19th
October: 16th & 17th
November: 13th & 14th
December: 11th & 12th
January 2020: 15th & 16th

For further information contact:
Lisa O'Hagan
General Office: 074 91 04693
Direct Line: 074 91 09114
Email: lisa.ohagan@hse.ie

Dublin

**Margaret Aylward Centre,
Glasnevin**
Closing Date for applications:
24th May 2019

September: 10th & 11th
October: 15th & 16th
November: 12th & 13th
December: 10th & 11th
January 2020: 21st & 22nd

For further information contact:
Rachel Burke **Tel:** 01 8976180
Email: Rachel.burke8@hse.ie

Cork City

Venue: TBC
Course will run between
September 2019 – January 2020

For further information contact:
Martin Grogan
Email: martin.grogan@hse.ie
Catherine Byrne
Email: catherine.byrne2@hse.ie

Dublin

Chamber House, Tallaght
Closing Date for applications:
24th May 2019

September: 4th & 5th
October: 2nd & 3rd
November: 6th & 7th, 27th & 28th
December: 11th & 12th

For further information contact:
Tracey Tobin
Tel: 052 6177037
Mobile: 087 9028590
Email: tracy.tobin@hse.ie

Limerick

Closing Date for applications:
3rd May 2019

September: 17th & 18th
October: 15th & 16th
November: 12th & 13th
December: 10th & 11th
January 2020: 14th & 15th

For further information contact:
Mairead Kelly
Tel: 061 483257/086 4130162
Email: maireada.kelly@hse.ie



Additional information of FPSHP courses run nationally please go to www.sexualwellbeing.ie click on *Training* then click on *sexual health promotion* where you will find a list of all the locations and contact numbers.

Alternatively contact Tracey Tobin National Co-ordinator of the Foundation Programme in Sexual Health Promotion Tel: 087 9028590 Email:tracy.tobin@hse.ie



HIV Ireland Training Dates 2019

Let's Talk about...Safer Sex
Training for Trainers Programme
7th, 14th, 21st March

STIs, Condoms and Safer Sex
26th March

HIV and Hepatitis
9th April

Understanding Chemsex
(facilitated by GMHS, HSE)
1st May

HIV: An overview for Counsellors
9th May

Let's Talk about...Safer Sex
Training for Trainers Programme
4th, 21st & 28th May

All training takes place at HIV Ireland, 70 Eccles Street, Dublin 7

Registration, bookings, and payments (if applicable) will only be taken by Eventbrite.

Links to register and book at <https://www.hiveireland.ie/what-we-do/training/training-calendar/>

Recent Graduates of the National Foundation Programme
in Sexual Health Promotion (FPSHP)



Dungarvan



Cork



Ardee



Tallaght

A Series of Masterclasses Supporting an Unplanned Pregnancy

Health Professionals, teachers, youth workers and others who might encounter someone with an unplanned pregnancy in the course of their work

Masterclass 3: Termination of Pregnancy: Dealing with Complex Issues

Date: Friday 14th June 2019

Time: 10.00am-4.30pm

Venue: Centre of Nurse & Midwifery Education, Castlebar*

Masterclass 4: Understanding Fatal Fetal Abnormality as a Crisis Pregnancy

Date: Friday 12th April 2019

Time: 10.00am-4.30pm

Venue: Centre of Nurse & Midwifery Education, Castlebar*

Masterclass 5: The Health (Regulation of Termination of Pregnancy) Bill 2018

Date: Friday 24th May 2019

Time: 10.00am-4.30pm

Venue: John Hume Building, Maynooth University



These Masterclasses will provide a supportive and informative space for dialogue and reflection to help strengthen professionals' work in the broad field of crisis pregnancy. Opportunities will be created for participants to share experiences and knowledge. These Masterclasses further support the work of the HSE Sexual Health and Crisis Pregnancy Programme in the area of quality and standards development in the broad field of supporting clients with unplanned pregnancy.

They will be held over the period February to June 2019 in Maynooth University and Centre of Nurse & Midwifery Education, Castlebar.

A brochure, further information on these Masterclasses and a copy of the application form are available <https://www.maynoothuniversity.ie/news-events/series-masterclasses-supporting-unplanned-pregnancy-spring-2019>

For further information please contact:

***Castlebar:** Ruth Hoban **Tel:** 094 9042067 **Email:** maryruth.hoban@hse.ie

Maynooth: Carmen Ruiz **Tel:** 01 7083752 **Email:** crisispregnancymasterclasses@mu.ie

Early booking is advisable as places are limited.

The features section is made possible by the following authors giving of their time and expertise in their respective fields; for any queries or further information on the features in this section please contact the relevant author.

The Manuela Riedo Programme – Sexual Violence Prevention and Awareness

by Carolyn Brohan,
Manuela Project Worker - Wexford Rape and Sexual Abuse Support Service

Manuela Riedo was just seventeen years old when her life was brutally taken in Galway in October 2007. She, along with her college friends from Fribourg Switzerland, was just two days into a two week language and cultural stay in the West of Ireland. She was the only child of Hans Peter and Arlette Riedo.



This is a collaborative pilot project between the Rape Crisis Centres and Network in Ireland, funded initially by the Manuela Riedo Foundation Ireland and facilitated by Dr. Susan Redmond. The subsequent pilot, review and update of this programme has been financially supported by the Rights, Equality and Citizenship (REC) Programme of the European Union, Tusla Child and Family Agency, and the Manuela Riedo Foundation Ireland. It is funded for thirty months from October 2017 until March 2020 and will be independently researched as part of the initiative.

This programme is a comprehensive, evidence-informed education programme targeted at 15-17 year olds in the area of sexual violence prevention. The programme sets out to pave the way to an ongoing dialogue about sexual violence, which will challenge prevailing attitudes tolerant of sexual violence and contribute towards the reduction of sexual violence in Ireland. Those involved in the development of this resource share the vision of preventing further individuals becoming victims of sexual violence as well as offering high quality support for healing when sexual violence does occur.

Research shows that internationally, 7% of boys and 14% of girls under the age of 18 are subjected to forced sexual intercourse and other forms of violence involving touch (Pinheiro, 2006)¹. In Ireland, research on child sexual violence is limited. The SAVI report revealed that 20.4% of girls and 16.2% of boys experienced contact sexual abuse before the age of 17, and a further 10% of girls and 7.4% of boys experienced non-contact sexual abuse (McGee et.al. 2002).²



The programme itself is a six-week initiative consisting of two-hour weekly sessions. It covers the topics of consent, sexual violence, healthy and unhealthy relationships, the world we live in, healthy boundaries and integration and prevention. There are four part-time workers based in Wexford, Dublin, Kerry and Galway delivering the programme and as part of the expectations thirty roll outs must be achieved in each area and fifteen facilitators trained up.

References

¹ Pinheiro, P.S. (2006) World Report on Violence against Children, United Nations.

² McGee, H, Caravan, R, de Barra, M, Byrne, J; Conroy, R..The SAVI Report – Sexual Abuse and Violence in Ireland A national study of Irish experiences, beliefs and attitudes concerning sexual violence

Continued on page 18

Continued from page 17

The programme has received a very positive response generally from both teachers and educators who co-facilitate and from the participants themselves. This has been captured through evaluative feedback forms and verbal feedback on completion of the programme during the initial months. The programme has provided a forum for dialogue on topics which can be sensitively challenging to address or approach through a range of activities and interactive exercises. This enables the co-facilitators and participants to engage at a comfortable level for them which is key to the success of the delivery and enjoyment of the programme in discussing and exploring sexual violence awareness and prevention.

An example of the Manuela Project in practice in 2018 was to a variety of schools of mixed and single gender and to alternative educational settings. The achievements in Wexford from its introduction have been:

- 19 roll outs completed (January-December 2018)
- Six roll outs confirmed for 2019 thus far with additional queries for proposed dates
- Geographical circumference covered were Gorey, Enniscorthy, New Ross, Ramsgrange, Adamstown, Wexford town and Kilkenny
- Two schools will have their full TY year complete the programme
- CBS Secondary School Wexford included the Manuela Programme as a module on their TY curriculum as part of the September 2018 academic year.

Carolyn Brohan, Manuela Project Worker based in Wexford Rape and Sexual Abuse Support Service says 'I look forward to what 2019 brings and the opportunities in co-delivering the Manuela Programme with our educators to the brilliant young people of county Wexford'

For further information contact: Carolyn Brohan, Manuela Project Worker, Wexford Rape and Sexual Abuse Support Service, **Mobile:** (086) 7509874 **Tel:** (053) 91 22722 **Fax:** (053) 9152853 **Email:** Carolyn@wexfordrapecrisis.com



The Reality of Young People's Use of Pornography

by Rhonda Turner,
Principal Clinical Psychologist, NIAPP*, Tusla



Modern society is struggling to cope with the ease of access to pornography, particularly by young people. In attempting to manage the reality of young people's use of pornography it is important to consider its influence on their development.

Research shows more than 90% of boys and 60% of girls in Ireland have already accessed pornography. The NUI Galway Smart study found that 53% of boys first accessed it between the ages of 10 and 13¹. Those ages are typically younger than many parents think their children should be taught about sex, let alone addressing the subject of pornography with them. If parents and schools have not addressed the subject of sex education early enough, children will likely seek their own answers from the internet;

and this may involve their accessing pornography as a form of sex education.

Sex education is not just about anatomy, physiology, and reproduction. It should include a dialogue with children and young people about friendships, relationships, how to treat each other, respect, consent, and the law; as well as what many typically think of as "sex education". Many children and young people access pornography because they are curious; they want to know what body parts look like, they want to know what happens during sex, and/or they want to know how to perform. Some may find it enjoyable or stimulating; which can lead to increased use of pornography and sexual activity at younger ages than may have occurred without the viewing of pornography.

References

¹ 'NUI Galway Smart study Development, Implementation, and Evaluation of the SMART Consent Workshop on Sexual Consent for Third Level Students' Pádraig MacNeela et al. NUI Galway 2018

Given the very high statistics of children and young people accessing pornography, it is imperative that sex education start earlier at home and in schools; and must include discussion of the realities of pornography and its potential negative impact.

It is important we are all aware of the possible effects that regular use of pornography can have on young people, and that we counteract this with conversation and accurate information.

Research has shown there is a difference between viewing pornography and “regular viewing” of pornography. The more regularly pornography is viewed by a young person, the higher the possibility of negative effects. For example, regular viewing of pornography by young people has been shown to lead to inaccurate beliefs about what women want sexually, not accepting that “no means no” and increased sexual harassment of others including making unwanted sexual advances. Certain types of young people may be at more risk of misinterpreting what they see in pornography, such as young people who are vulnerable or who have poor social skills. One way to counteract misinterpretations is to teach children and young people critical thinking skills so they are better equipped to understand the realities of pornography. Being able to evaluate pornography based on consent, treatment of the actors, respect, and their own values are important skills to be taught so they can be empowered to make better choices.

Young people need to be aware that there are different types of pornography; and not all of it is ethical. Viewing of pornography can shape their sexual interests, and make them more likely to perform a wider range of sexual acts because it can affect what they think is normal. Some young people may be able to recognize that what they have viewed is not how sexual encounters are in real life; but others may not. For some, the regular viewing of pornography leads to a skewed perception of what is expected or acceptable. They also need to know that if they try what they have viewed in real life, there is a real chance that their partner may not want to take part. Tips can be given to young people that they should turn off pornography that shows unprotected sex, has evidence of unwilling participants, mistreatment of individuals, or of acts they think would not be genuinely enjoyed or are

degrading. If they find themselves increasing the severity of the type of pornography they want to view, they should seek help from a trusted adult as it may be a sign of problematic use.

When young people do not have information or real experiences for comparison, there is the danger that they may think that what they see happening in pornography is how sexual encounters happen in real life. They do not know that a director has cut out scenes when an actress has a look of disgust, or the actors are being directed to fake enjoyment. They may not realize that pornography is a performance that can misrepresent pleasure. For example, pornography does not show the steps involved in real-life dating such as holding hands, knowing if it’s OK to kiss someone, knowing if it’s OK to advance to sexual contact and communicating respectfully with a sexual partner. Similarly, young people need to be aware that sex in real life has meaning, and is a healthy part of relationships when both are ready, and both give consent.

Given that 63% of men and 71% of college students report being dissatisfied with the sex education they received in school, according to NUI Galway research, it is no wonder young people turn elsewhere for information. The ease of access to pornography makes it a logical source, but it is inaccurate and may have long-term implications well into adulthood.

Due to the prevalence of pornography and its potential negative impact, it must be addressed as part of sex education in schools via a co-ordinated approach involving young people, parents and teachers. Ignoring the issue is not an option.

To learn more, a range of online materials are available at the website: <http://www.itstimewetalked.com.au/> which includes educational videos for young people, parents, and professionals.

*Rhonda Turner is Principal Clinical Psychologist and National Co-Manager of the *National Inter Agency Prevention Programme (NIAPP), a Tusla service for children and young people aged between three and 17 who have exhibited sexually harmful behaviour.*

Other useful resources:

www.hotline.ie This service provides an anonymous facility for Internet Users to report suspected illegal content, particularly Child Sexual Abuse Material, accidentally encountered Online, in a secure and confidential way. Hotline.ie is run and funded by the Internet Service Providers Association of Ireland (ISPAI) whose members are determined to take measures to counter the use of their Internet facilities for such illegal purposes. It is also co-financed by the European Union’s Connecting Europe Facility. This service also works in collaboration with An Garda Síochána and it is overseen by the Department of Justice and Equality (Office for Internet Safety).

www.webwise.ie Is the Irish Internet Safety Awareness Centre which is co-funded by the Department of Education and Skills and is co-financed by the European Union’s Connecting Europe Facility.

SEXUAL HEALTH PROMOTION IN ACTION

Sexual Health Promotion Seminar South East Community Health Care

by Tracey Tobin, Health Promotion Officer

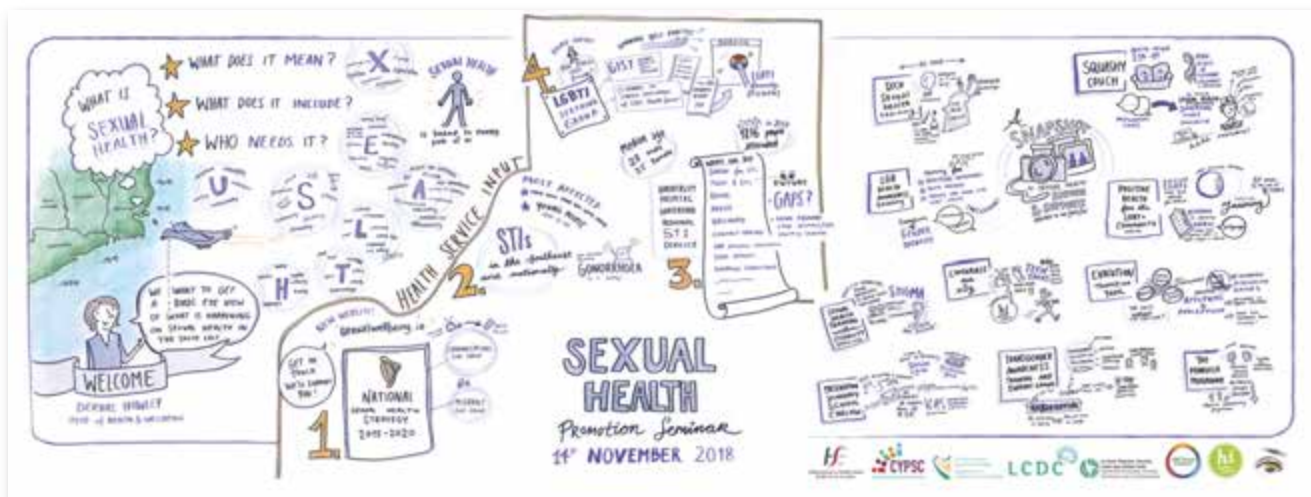
A Sexual Health Promotion Seminar was held on November 14th 2018 as part of the South East Community HealthCare Healthy Ireland Initiatives. The aim of this day was to provide the opportunity to explore best practice in relation to sexual health and create awareness of the services and supports available across the South East region. The day included some presentations from various professionals and experts in Sexual Health promotion across the South East Region and nationally, these included:

- Ms. Helen Deely, National Programme Lead, Sexual Health & Crisis Pregnancy
- Dr John Cuddihy, Director of Public Health Medicine
- Dr Mary Dennehy, Senior Medical Officer Regional STI Services
- Ms. Angela Joy, Social Inclusion Regional Lead for LGBTI

A snapshot of what Sexual Health Services and Supports available in the South East were presented through a series of short presentation including:

- HSE Sexual Health Promotion Training in the South East
- Squashy Couch - regional services and supports
- LGB Awareness Training & Roles of the LGBTI Health workers in South Tipperary & Wexford
- Carlow Partnership in relation to the LGBTI Voices Report
- Carlow secondary school – Sex Education in our School
- Wexford Comhairle na nÓg
- Ossary Youth Service - Sexual Health programme in Transition Year with Post Primary Schools
- TENI Transgender -Training and support groups
- Friends Relationships and Sexual Health Education within Camphill Disability Services Carrick-on-Suir.

We believe this exciting opportunity to share and showcase the valuable work happening allowed for the networking and information sharing within services. Over 50 participants attended and the feedback was very positive with all the presentations described as informative or very informative.



The process of the day was captured by Graphic Designer Hazel Hurley, and she was able to fully gather and portray the speakers and the content.

A collaborative approach was used by the working group which included Derval Howley, Head of Health and Wellbeing South East Community Healthcare, Joan Ita Murphy, Business Manager Health & Well-Being, Angela Joy, Regional Intercultural Health Lead & LGBTI Health Lead, Tracey Tobin Health Promotion Officer and Catriona Renwick Health and Wellbeing.

'The Elephant in the Room'. Talking about Sex

by Pauline Sheils,
Clinical Nurse Specialist Sexual Wellbeing
Service of the National Rehabilitation Hospital (NRH)



When a person experiences a life changing diagnoses or body altering disability the last thing that is often spoken about is the impact this may have on their sexuality or sex life¹. These are often considered a taboo subject to talk about, it gets side tracked, ignored and just simply not discussed. Patients may often have questions they want to ask but are afraid to do so, and staff are often uncomfortable and uninformed in this area to deal with this aspect of life. If professionals want to provide a holistic service we must face the 'Elephant in the Room' and open discussions with our patients. The Sexual Wellbeing service at the NRH endeavours to overcome this barrier and open the way for discussions. This article talks about spinal cord injury but there are common threads to many different diagnoses.

What is Sexuality: 'Sexuality is an integral part of us all, it encompasses all the feelings, attitudes and behaviours that contribute to a person's own sense of being a man or woman. Sexuality is inherently tied to a sense of self in all its dimensions and is highly influenced by what society in general defines as appropriate male or female roles, patterns of functioning and specific behaviours'².

Understanding the impact of spinal cord injury (SCI) on a person's sexuality is not simply a matter of understanding the sexual physiology or even the medical side of the disability, but we also need to understand the psychosexual impact of the disability on the person and those around them.

Spinal Cord injury can often alter the way a person experiences and expresses their sexuality; this can range from physical difficulties such as perception, change in sensation, balance, and sexual dysfunction to emotional problems such as depression, altered body image and self-esteem. The nature of the changes often depends on the level and completeness of the injury.

It is inevitable that as a result of such an injury, people begin to doubt their completeness as a man or woman, but sexuality has as much to do with one's mental attitude as one's physical state.

SCI can impact both positively and negatively on a relationship, on the positive side often bringing couples closer together with previous irritations and conflicts not seeming to matter as much, and the attitude of 'we got through this we can get through anything'. On the negative side there is the physical separation and lack of intimacy during rehabilitation which sometimes extends to home, the increased worry about financial wellbeing, the uncertain future and the unclear roles or change of roles within the relationship.

SCI may require an adaption to the dynamics of the relationship. There may be issues around dependence verses independence. The couple may want to 'protect' the other person to the point of creating a barrier for support and communication. When the communication is limited or unclear it's likely they will create their own reality, where they can conjure up all sorts of issues that are non-existent. Avoiding talking about the 'hot topics' to minimise stress can create stress. There can be a fear of hurting the partner leading to limited touch and affection.



SEXUAL HEALTH PROMOTION IN ACTION

As professionals talking about sex, there is a need to remember partners are often affected by the experience and they may have their own issues. Encourage discussions and have them be prepared to listen, then talk, then discuss, including the fears they may have about sexual rejection or breaking up. Try to avoid arguments¹ as arguments can often be brought up as a way of avoiding having to talk. Have them spend time getting used to body changes and touch. Have them ask for what they need, trying to focus on the positive. Remember that their time apart is as important as their time together.

Individuals who are not involved in a relationship at this time may feel that they will never meet anyone now. They may need to consider how they met people before their injury. Most likely they met them in various aspects of their life, at work, at college, in the pub or nightclub or through friends. The only place they didn't meet them was sitting at home. The same can be said for now. The first thing they need to do is get back out there. Try to get comfortable talking about themselves and their injury. People are naturally curious and will often open conversations. If they don't make the effort they can't expect others to.

Men and women with SCI have different physical problems with sexual activity and fertility. The Sexual Wellbeing service of the NRH is run by a Clinical Nurse Specialist in Relationships and Sexuality, who is open to discussing all and any of these issues. As a Registered Nurse prescriber she can prescribe treatments for sexual dysfunction and establish fertility programs if necessary. But her biggest qualification to the service is being married 27 years to a person with Spinal cord injury and with two children; living a bit of the 'been there, done that'



In 2018 I took part in the HSE's Foundation Program in Sexual Health Promotion. This very comprehensive program covers all aspects of Sexuality and has provided me with a wealth of information and resources. It was great to have such a variety of participants from different sectors to share their knowledge and challenge your thinking, it is a course that I would recommend to all.

For additional information on this article please contact Pauline on: Tel: 01 2355 288 Email: pauline.sheils@nrh.ie

References

- ¹ 'A Guide to living with Spinal Cord injury', Spinal Injuries Ireland 2007.
- ² Trieschamm RB. Sexual rehabilitation of spinal cord injured patient. Leyson JF (ed). The Humana Pers Inc, 1990.

Disability & Sexuality From a Personal Perspective

by Sarah Harrington

Hello, my name is Sarah Harrington and I am 23 years old and I was diagnosed with cerebral palsy at 10 months. I live at home with my parents and two siblings and attended a main stream school. Following this, I completed an undergraduate degree in Social Science at University College Cork, and I am currently doing a Master's Degree in Social Policy.



In my early teens it became evident to me that there was a lack of role models in the media regarding sexuality of the physically disabled. This lack of role models and the experiences I felt continued for me during my secondary school education and I believe the current Social Personal Health Education (SPHE) /Relationship Sexuality Education (RSE) Programme still fails to cater for the disabled community in not having a specific module.

Sexuality is often referred to as the 'last taboo' in academia and there are many misconceptions surrounding it, the most common of which are: asexuality, hyper sexuality and heterosexuality. As part of my undergraduate degree I undertook some research in this area titled Disability and Sexuality in the Media 2017 in an attempt to dispel preconceived ideas and misconceptions surrounding the issue. The study consisted of 6 one-to-one interviews with disabled people and a focus group in which I showed a well-known UK television programme called The Undateables; and I posed the question;

"Did this programme act as a help or a hindrance in dispelling myths and misconceptions surrounding disability and sexuality?"

Some of the responses included

- isolation
- difficulty accessing sexual health and family planning services
- paternalistic attitudes surrounding disability and sexuality
- lack of accessible yet attractive clothing
- embarrassment
- pressure often felt in romantic relationships as a result of the disability
- lack of accessible double rooms in hotels for couples.

During my work I also found that it is illegal for personal assistants to assist with contraception which is discriminatory and unnecessarily prohibitive, as the role of a personal assistant is to take care of the individuals' daily needs. Sexual expression should surely be one of those needs, in which case legal protection for personal assistants is of paramount importance and should be written into law¹.

The responses to the question that I posed indicated a negative impact on the self-esteem on individuals with a physical disability. This was also substantiated by Sheypuk (2015)² who stated that there are two types of self-esteem: self-esteem and sexual self-esteem. In the regular self-esteem, disabled people scored quite high but the sexual self-esteem they scored quite low. As a person living with a physical disability and hearing the views of others through my research, which is supported by Sheypuk, disabled people have exactly the same needs, wants and desires as the able bodied. I ask that this should be respected and catered for; sexuality and sexual expression are often side lined due to other needs such as transport, education and employment. These are all undeniably very important needs, but sexuality is equally important and should be treated as such by both policy makers and society at large. Attitudes have clearly changed in Ireland; the Thirty-fourth Amendment of the Constitution of Ireland and Marriage Equality to name but two.

I would ask the policy makers that the issue of Disability & Sexuality be given priority in order to promote an inclusive view of disability and sexuality. In addition, two significant steps that would help in lifting the stigma, could be:

- the inclusion of disabled people in the media doing everyday activities
- the introduction of a module within SPHE/RSE in schools education regarding disability and sexuality.

The inclusion and focus of those in positions of influence would not only be empowering for people with disabilities but also put my rights to express and experience all aspects of sexuality on a level playing field with the general population.

References

¹ Bonnie, S. (2002) Facilitated Sexual Expression in the Independent Living Movement in Ireland. Unpublished Thesis (MA.), University of Leeds.

² Sheypuk. (2015) "Everybody: Glamour, dateability, sexuality and disability." TED).

My Options

All the information and support you
need in an unplanned pregnancy

www.myoptions.ie

Unplanned Pregnancy?

A new freephone line can help
Call 1800 828 010

Monday to Friday 9am to 9pm
Saturday 10am to 2pm

If you are experiencing an unplanned pregnancy,
My Options is a new HSE freephone line that
can give you free and confidential counselling.

We can provide you with information and
support on all your options, including continued
pregnancy supports and abortion services.

