



# Sexual Health News

Feidhmeannacht na Seirbhíse Sláinte  
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Recent Graduates from the Waterford FPSHP Course 2013

Welcome &  
Update from the  
Sexual Health  
Promotion Team  
by Moira Germaine  
Edition Editor

The HSE South, Sexual Health team are delighted to announce the completion of the evaluation of our 10 day, Foundation Programme in Sexual Health Promotion (FPSHP). We would like to sincerely thank all of our past participants and their managers who generously gave of their time to complete questionnaires and take part in interviews regarding their experience of the FPSHP.

Completed by Prof Agnes Higgins and her team at the School of Nursing and Midwifery, Trinity College Dublin and funded by the HSE Crisis Pregnancy Programme, the research found that the FPSHP was very successful in developing the capacity of participants to integrate sexual health promotion into their work. There was also a high level of satisfaction with all aspects of the programme: content, methodology, facilitation and follow up supports. The full report and the executive summary will be available in pdf form in the near future.

This edition of the newsletter is largely a celebration of the Foundation Programme in Sexual Health Promotion and the great work that has been done by past participants since completing the course. Although we are delighted with the positive feedback received at the end of each course, our ultimate aim from the outset, has been to impact on the sexual health work being carried out in the health education and community sectors. This being the case, on pages 3 to 7 we are delighted to present a small taster of the sexual health work being implemented by past participants. We look forward to reading more detailed articles on some of these projects and programmes at a later date.

As another form of sexual health work involves raising issues for reflection and discussion, we are also delighted to have two articles (from a past participant and a past guest presenter on the FPSHP respectively) on the impact of negative or limiting societal attitudes with regard to the expression of sexuality, particularly in respect of women. Articles on issues associated with male sexuality and indeed, articles on all aspects of sexual health, would be gratefully received for future editions of the newsletter.

Our thanks to the contributors to this edition and our ongoing best wishes to you all in your sexual health work.



Recent Graduates from the Kerry FPSHP Course 2013

# Foundation Programme in Sexual Health Promotion - 2014 Dates

Venue	Date
<b>Kilkenny - Spring 2014</b> Applications by Nov 1st	13th & 14th Jan, 3rd & 4th Feb, 24th & 25th Feb, 10th & 11th March, 31st March & 1st April.
<b>Cork - Autumn 2014</b> Applications by Friday 30th May 2014	Dates to be confirmed.
<b>South East - Autumn 2014</b> Applications by Friday 30th May 2014	Dates and location to be confirmed.
<b>Kerry - Autumn 2014</b> Applications by Friday 25th July 2014	Dates to be confirmed.

If you have any enquiries regarding the FPSHP, contact a member of the Sexual Health Team in your area (details on the back of the newsletter)

## An Extract from “Capacity Building Impact of the Foundation Programme in Sexual Health Promotion: A Multiple Stakeholder Perspective”

by Higgins A., Daly L., de Vries J., Keogh B., McCann E., and Sharek D. (2013)

The evaluation study aimed to: evaluate the effectiveness of the FPSHP (and its support activities) in building capacity amongst health, education and community professionals with regard to the promotion of sexual health within HSE South; and establish whether the FPSHP demonstrated sufficient promise in relation to its contribution to sexual health promotion capacity building to warrant a further feasibility study regarding its extension beyond HSE South.



The main objective of the evaluation was to explore the impact of the programme on sexual health promotion capacity building at individual, organisational and inter-organisational level. The study employed a mixed-method approach, using qualitative and quantitative methods. Data were collected using surveys, focus group interviews, telephone interviews and documentary analysis. To gain an in-depth perspective, data were collected from all the key stakeholders, including past participants, their managers and facilitators of the programme.

Findings showed that all stakeholder groups (participants, managers, and facilitators) were highly satisfied with the aspects of the FPSHP explored in the study, including content, facilitation, and follow-up supports, as well as its impact on the sexual health promotion work of the participants. There was clear evidence that the programme had a positive impact on capacity building at an individual and organisational level, improving past participants' confidence and competence in communicating about sexual matters, and knowledge of the field.

The follow-up supports and communication (newsletter, email bulletins, library resources, and follow-up days) were seen by all stakeholders as instrumental in generating and nurturing a sustained impact at the individual and organisational levels, with managers particularly welcoming the support and advice they received.

Although specifically invited, few substantial criticisms were expressed. The exception was related to comments by a small number of participants that: the pace of learning was too slow for those with more advanced knowledge on sexual health, there was an over abundance of experiential learning exercises, and there were challenges in freeing up time for a ten day programme.

Overall, the findings from this evaluation demonstrate the positive impact of the FPSHP and its related support activities with regard to the creation of sexual health promotion capacity.

For pdf copies of the full report or the executive summary please contact [mairem.oleary@hse.ie](mailto:mairem.oleary@hse.ie); [sharon.parkinson@hse.ie](mailto:sharon.parkinson@hse.ie) or [moira.germaine2@hse.ie](mailto:moira.germaine2@hse.ie)

# A Snapshot of Work Being Done by Past Participants of the FPSHP

## School-Based Programme in Carrick-on-Suir

by Ann Howard Co-ordinator for the The Foroige Neighbourhood Youth Project (NYP)

Three staff members from The Foroige Neighbourhood Youth Project (NYP) in Carrick-on-Suir, Co. Tipperary completed the FPSHP in 2009. The course content was excellent as was the facilitation, materials and back-up support.

The NYP works with young people aged between 10 and 18 years in Carrick-on-Suir, many of whom are experiencing social, educational and economic disadvantage. Working closely with the local Comeragh College, we developed a 4-week programme in sexual health that would be delivered to every 2nd year student. Based on the skills, materials and experience gained at the HSE course, staff are well informed and confident in delivering the programme to the 13-14 year old students. The programme is interactive, experiential, visual and most of all fun. Barriers are broken down quickly in the first session and many sexual myths are debunked. As well as learning about the physical side of sex, contraception and STIs, the young people are offered opportunities to explore emotions and feelings around their own sexual health. Students are encouraged to ask questions and to take part in debates, quizzes and activities around sexual health in a safe, structured and supportive environment.

**The programme is interactive, experiential, visual and most of all fun.**



This programme has been running for 5 years and feedback from students, parents and teachers has confirmed that this type of programme is very beneficial to the students and helps them to be more open and honest about their sexuality.



## Supporting the Sexual Health Needs of New Parents

by Claire Bulfin, Midwife,  
Waterford Regional Hospital

I loved the FPSHP. It opened my eyes that sexuality is from birth to death, and that all persons, regardless of gender, age, health and disability, are entitled to explore their sexuality. As a midwife, it increased my confidence to talk to new parents about sexuality, as a parent to young children it reinforced my belief that communication about sexuality can begin in the early years. I would highly recommend this course.

## Sexual Health for Clients with Mental Health Issues

by Linda Thorpe, Development Officer,  
Mental Health Ireland



**Mental Health Ireland**  
Supporting Positive Mental Health

In the course of my work with Mental Health Ireland, I have used the skills and knowledge I acquired in the FPSHP on a regular basis. They have been very useful and, at times, invaluable when presenting workshops on mental health, especially to young people (and sometimes not so young). Many mental health problems or issues are, in fact, based in fears around sexual identity and sexual health. The course has enabled me to explore these very sensitive issues because I feel confident and grounded in this area following the course.

## Healthy Sexuality Workshops in Kerry

by Annamarie O' Shea, Psychotherapist and Programme Facilitator & Mary Collier, Programme Facilitator

The FPSHP has been instrumental in the initiation of a new and innovative project in Co. Kerry. SouthWest Counselling Centre (SWCC) offers affordable counselling to adults, adolescents and children. Thanks to funding made available to SWCC through the HSE Crisis Pregnancy Programme, staff at SWCC have designed and delivered sexual health workshops for adolescents. These workshops are aimed at Senior Cycle students in post-primary school and are entitled 'Healthy Sexuality'. They cover topics such as emerging sexuality, sexual health (STIs, contraception), the impact of pornography, etc. Using a range of methodologies, SWCC delivers a workshop that is highly engaging and addresses the pertinent issues in the lives of young people. In the school year 2012/2013, SWCC visited 12 schools and delivered the workshop to almost 1000 students.

'The programme was very beneficial, well executed and positively delivered. We would be delighted to have an opportunity to offer the workshops again. The programme needs to be rolled out with each year in our school community' – School Principal.

Student comments on the programme included:

- *"We could have the craic as well as learning"*
- *"The facilitator's patience and how they answered all questions"*
- *"Learning facts I never knew and age of consent"*
- *"I liked that the group was broken up, it made it easier for discussion"*
- *"It was unorthodox but effective"*

"The pornography talk was very useful".

"Learning things about how to have safe sex and how to keep yourself legally safe".



## Sexual Health in a Refuge Setting

by Christine Phelan, Cuan Saor Women's Refuge & Support Services, Tipperary

As an organisation we have been engaging in training around sexual health in the past 12 months. We have been doing a lot of work with young women with substance use issues and as part of the work we are doing, we speak to them about safer sex especially when under the influence of a substance and/or alcohol.

Taking part in the FPSHP was hugely beneficial; taking the embarrassment out of talking about sexual activities allows me to work with women concerning their own safety. While there is no hard and fast proof if this works, raising a woman's awareness is certainly a positive.



## Self Esteem Programme for Teenage Girls

by Sandra Collins, Project Co-ordinator, Gorey Youth Needs Group Ltd

Since I have completed the course I have regularly drawn on the knowledge I had received from the course facilitators and participants, to enhance the delivery of programmes with young people and to further develop the service's sexual health policy.

I now have a better understanding of how external factors can impact on sexual health with young people. I have already used my newly discovered knowledge in developing and delivering a 'self-esteem' programme for teenage girls. While delivering the course I informed the participants that I had taken part in the FPSHP course. I believe that this opened the lines of communications between myself and my co-facilitator (who had also participated in the programme), and the participants, allowing them to ask questions and engage with us in a safe, professional environment.

## Sexual Health in a 'One to One' Therapy Setting

by Helen O' Dwyer, CNM 1/ Psychotherapist, HSE Mental Health Services, Tipperary

I am glad I had the opportunity to participate in the FPSHP and be facilitated to explore sexual health issues throughout the lifecourse, in a safe and friendly learning group. Clarifying assumptions and beliefs about sexual health expanded my awareness and supports me to facilitate clients to explore theirs, in one to one therapy.

After participating in the programme, I am more open and comfortable in supporting clients to deconstruct and clarify assumptions and habitual beliefs about sexual health. Becoming more comfortable with my sexual-self helps me normalise conversations on sexual health issues and raise clients' awareness of options for their own and their families sexual health. I highly recommend the training.

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## Developing Policy and Programmes in a Youth Work Setting

by Jane Furey, Youth Information Co-Ordinator, Ossory Youth, Kilkenny

I found the FPSHP an invaluable starting point to raise my own awareness of personal attitudes and how they relate to my work, thus increasing my understanding of the need for a holistic approach. This, in turn, raised the whole profile of sexual health in my organisation, spurring the creation of a robust sexual health policy. The course gave me confidence, a solid grounding in the subject, applicable working guidelines and a sound ethic, all of which helped me to approach, what for many, is too sensitive an area to tackle in youth work, but so absolutely necessary. The course was varied, experiential and lots of fun to boot.



I went on to do the Training for Trainers, Squashy Couch Programme and have a wealth of material to choose from. Secure in our organisation's practice guidelines, a colleague and I have designed a four-day programme based on the concept of holistic health which we will deliver to Transition Years in the autumn. This will cover mental health, sexual health, drugs awareness and how to deliver awareness raising campaigns in the school community. I look forward to the challenge!

## Enhancing the Holistic Nature of the Therapeutic Experience

by Evelyn Waters N.C.S. Counsellor/Therapist and Psychosexual Therapist

I find it difficult to encapsulate my experiences of the programme in a few sentences. As a sex therapist, discussing sexual issues with clients has not been a difficulty, however having completed the programme I believe I have developed a more extensive knowledge of wider aspects of sexual health. I have benefited particularly in that, I now have an extensive network of contacts of professionals both within and external to the H.S.E. I feel I can call on their support and expertise in relation to client issues that may emerge.

Also for my colleagues who provide counseling to adults who have experienced childhood abuse trauma and neglect, I have strongly recommended the programme as I believe it provides the skills and appropriate training and language to broach such sensitive issues as sexual health with clients and creates a 'permission giving environment'. I believe this training contributes to the holistic nature of the therapeutic experience for clients and therapists.



## Tralee Springboard Project Educates and Supports their Young Service Users in the Area of Sexual Health

by Julie Brosnan, Family Support Worker



Having completed the FPSHP run by the HSE South in Killarney 2010, I had the knowledge, skills and confidence to engage, develop and deliver a programme in the area of sexual health with Springboard's young service users.

### Our Programme aimed to:

- Help the young people understand and develop healthy friendships and relationships
- Promote an understanding of sexuality
- Promote a positive attitude towards one's own sexuality and one's relationship with others.

### The Programme consisted of topics such as:

- **Relationships** – this session explored behaviours that promote healthy relationships and behaviours that can damage relationships
- **Self Esteem** – this session aimed to enable young participants have an increased awareness of their own self-esteem and how to draw on this as a resource for healthy relationships
- **Empowerment and the image of me** – the aim of this session was to enable individuals to reflect creatively on their own body image and identify their positive qualities
- **Boy/Girl Relationships** – this session provided young people with the opportunity to reflect on relationships between boys and girls and explore what they believed are appropriate behaviours in these relationships. This session also enabled participants to explore what they value in a relationship and possible issues that can arise in a boy/girl relationship
- **Influences and Values** – the aim of this session was to enable individuals to become more aware of how their values in relation to sexual activity are influenced and how these influences can affect their behaviour.



## Sexual Health Education for People with Autism

by Carol Kelly, Keyworker with Aspect

Aspect, the outreach support service of the Cork Association for Autism, rolled out its first ever course on Relationships and Sexuality, specifically aimed at adults with Asperger Syndrome, in Cork in May 2012. The course was then delivered in Kerry in spring 2013 and another is due to begin in September of this year. The programme was run over ten weeks and covered topics such as Sexual Health, Sexual Orientation, Emotional Wellbeing, Sexual Abuse and Pornography, along with many more.

Participation in the FPSHP in 2012 was the perfect foundation on which to build a tailor-made programme for our service users. It also gave me the confidence to facilitate the sessions and eased any concerns I may have had in covering somewhat delicate issues in relation to sexual health.

**“ FEEDBACK FROM BOTH GROUPS WAS VERY POSITIVE;**

**“Very embarrassing but glad I did it”, Male, Kerry**

**“Interesting...and opened my eyes”, Female, Kerry**

**“I feel more empowered now having done the course”,  
Anonymous, Kerry**”

## Sexual Health Promotion at The Institute of Technology Tralee (ITT)

A Social, Personal, Health Education (SPHE module) was introduced for fourth year students of the B. Sc. in Health and Leisure with Physical Education in 2007. In 2008, SPHE was extended to three modules; - one in third year and two in fourth year. Content includes SPHE aims, modules and methods; interpersonal communication and facilitation skills; personal awareness, emotional intelligence and mental health; managing anxiety, managing anger, assertiveness, bullying and bereavement; positive psychology and relationship and sexual health education. The approach is experiential.

The sexual health module aims to increase student awareness, knowledge and skills in relationships and sexual health, and to prepare them to facilitate relationship and sexual health education with young people in small group settings. Topics covered include: relationships, values, assertiveness, gender, sexual orientation, reproductive system, reproduction, contraception, sexually transmitted infections and harassment. With an emphasis on group work, the approach is experiential and facilitative. Students study the topics, lesson planning and appropriate methods of facilitation. Working in pairs, they prepare, facilitate and evaluate classes for their peers.

In 2012, the programme was extended. Fourth year students, working in pairs developed, facilitated and evaluated six two - hour workshops for second year students. The aims were to provide facilitation experience in sexual health education for Fourth Years, and to provide sexual health education for Second Years in a safe, monitored environment. Feedback from participants was extremely positive. Fourth Years appreciated the opportunity to develop and hone their planning and facilitation skills. Second Years reported learning a lot, being stimulated to reflect on the implications of their decisions, and enjoying the workshops. An unexpected outcome was the Second Years' acknowledgement and appreciation of being listened to. This is a tribute to the person-centred skills and attitudes of the fourth year facilitators. Well done to all concerned!



**'The sexual health module aims to increase student awareness, knowledge and skills in relationships and sexual health'**

**'Feedback from participants was extremely positive'**



# Do the Values and Attitudes of the Past Influence Our Sexual Health Promotion Practice?

By Méabh Savage, Aftercare Worker (Tintean Housing),  
Lecturer in Applied Social Studies in Social Care (WIT) and Past Participant of the FPSHP

*'Societies are articulated and regulated by a complex and pervasive set of rules and assumptions that permeate every aspect of the society and the very construction of knowledge. The gender perspective has shown that any consideration of human sexuality cannot be complete if it ignores the cultural concepts of masculinity and femininity' (PAHO/WHO, 2000).*

In the sphere of health, education and social care, the promotion of sexual health is becoming an integral part of work with individuals and groups across the life span. As a single, lone parent woman and as a social care practitioner working with women who are or have been homeless, this is a particularly complex task. It requires a sound understanding of the complexity of factors that have led to the formation of attitudes to gender and sexual identity in Ireland. In order to develop such an understanding, it is important to have some insight into what has informed these cultural concepts. This article sets out to offer such an insight and to encourage us as practitioners, to reflect critically on the origins of our own attitudes to gender and sexual identity and their impact on our work.

During the Victorian period, sexuality became confined to the house, wherein the 'conjugal family took hold of it and absorbed it into the serious function of reproduction' (Foucault, 1978:3). On the subject of sex, silence became the rule (Ibid). That silence, and all that it entailed, was not unique to Victorian Britain. In Ireland during the same period, the newly forming middle class and an ever-growing and more powerful church colluded to form a gendered and social order which reinforced this culture of silence and secrecy in relation to sex and sexuality. Sex was denounced as a 'satanic snare', and the 'control of sex and sexual relations was central to the creation and maintenance of power and social order' (Ferriter, 2009:19).

During this time, power and social control was maintained by discourses on sexuality which promoted 'practices of chastity, humility, piety and self-denial' (Inglis, cited in Ferriter, 2009:24). Luddy highlights how some commentators painted an image of a sexually pure nation, supported by a sense of moral righteousness and puritanical attitudes towards sex (Luddy, 2007:2). However, there are alternative accounts which paint a somewhat different picture of sexuality during this period, describing

*'Stories of violence, poverty, coercion, children abused and murdered, women beaten, raped...also narratives of desire and of affections and examples of transgressive behaviour that defied or subverted the conventions of each period' (Kilfeather, 2002 cited in Ferriter, 2009:24).*

Correspondingly, during this period, newly formed ideals and values regarding femininity and the roles of women in society were emerging, where 'there was only one acceptable life-path for women - marriage and motherhood'. These attitudes resulted in women's sexuality being contained within marriage (Mc Loughlin, 1994:266). Women were accordingly constructed as asexual beings, lacking any form of sexual desire and were assigned a 'superior' 'moral nature' and a heightened sense of right and wrong in sexual matters' (Ibid). Men, on the other hand, were viewed as morally weak, as they were driven by desire, and consequently could easily succumb to an enticing woman.

Thus, the new gender ideology emerging in nineteenth and early twentieth century Ireland promoted a, 'puritanical sexual morality, which maintained women as fragile, delicate creatures whose nature had to be protected' (Inglis, 1998:189-190). These values were promulgated by the Catholic Church and instilled by women into their daughters (Ibid). The widespread acceptance of these ideals and attitudes are evidenced by the way in which women, who were perceived to transgress this strict moral code, were treated; 'any failure in chastity' by women meant she 'forfeited for life her character and caste' (cited in Luddy, 2007 p1). The consequence of these 'downfalls' was often, the removal of such women from society and their referral to one of Ireland's institutions of containment, such as the Magdalen asylums. Men on the other hand, it would appear, went without social sanction as, 'there was public leeway for male indiscretions' (McLoughlin, 1994:266).

If we now fast forward to twenty first century Ireland, I would like to challenge you to consider the impact of such a history on the issues that emerge in your work. Have we liberated ourselves from what Foucault, (1978:5), refers to as, "two long centuries in which the history of sexuality must be seen first of all as the chronicle of an increasing repression" or do these historical themes continue to reverberate within Irish society today?

'control of sex and sexual relations was central to the creation and maintenance of power and social order'

'there was only one acceptable life-path for women - marriage and motherhood'

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# Rape Culture – A Perspective

by Vera O’Leary, Manager, Kerry Rape & Sexual Abuse Centre



KERRY RAPE &  
SEXUAL ABUSE CENTRE

‘Rape culture’ is a concept that links rape and sexual violence to the culture of a society in which prevalent attitudes and practices normalise, excuse, tolerate, or even condone rape by trivialising it and blaming survivors. Rape culture knows no geographic boundaries and whilst it may be worse in some parts of the world, it exists everywhere.

In Ireland, only 30% of 2011 National Rape Crisis Centre clients had reported the crime to the Gardaí. Indeed, reporting one of the most serious violent crimes on our statute books is generally the exception, not the norm and, while there are many detailed reasons why each survivor makes the personal choice that is right for them, a supportive or hostile culture weighs heavily on every survivor’s decision.

Survivors often choose not to tell because they make the assessment that they will not be believed, that they will be judged, that they will be blamed; that their character and behaviour will become a part of the story describing how the perpetrator, who chose to rape them, isn’t entirely responsible. This is rape culture. Survivors may also feel that they will be held accountable for the upset caused to loved ones and will often assume the responsibility of protecting others from the harm caused by the rapist. Although this may deprive them of their chance of justice and perhaps even support, many survivors will judge that cost to be the lesser of two evils. This is rape culture.

These assessments are made by a survivor because they have spent a lifetime learning the rules. These rules are based on a simple truism which states that women and men are sexually unequal, with men having higher, at times uncontrollable and always heterosexual, sex drives. Therefore, given that women’s bodies tempt men, a good woman should take it upon herself to protect herself, and indeed men, from the temptation she presents. A woman’s voice, a woman’s choice and a woman’s right to say “Yes” or “No”, has little space here.

These assumptions also disregard and invalidate the pain of men who experience rape and sexual violence because of the commonly held beliefs that men are either always up for sex or are physically strong enough to withstand a sexual assault. The messages reminding us of these rules are everywhere in the fabric of our culture, in advertising, films, TV, music videos etc. The trivialising and condoning of rape is in everyday conversation and in every space. The impact of this story of unequal genders and sexuality and its rules, often means that survivors of sexual violence blame themselves, choose silence and experience added trauma.

Therefore, the child groomed to perform sexual acts may understand the “truth” in the words spoken by the abuser; that the child provoked the assault and that the abuser could not resist. This may be because they have consistently been told they are worthless and are themselves to blame for these acts. The boy being raped may accept that he should be enjoying this, even though he doesn’t, perhaps because he has been exposed to pornography since a young age, telling him that ‘real men’ always enjoy sex.

The fifteen year old girl may believe that she is to blame because she was drinking underage when she was raped; she may have been warned all her life that bad things happen to bad girls. Even the adult, sleeping woman who is raped at a party by someone she flirted with earlier, may not report the crime because she has been drinking and has broken the ‘stay safe’ rules.

We need to realise that, because we live in a rape culture, we have all internalised these attitudes and beliefs to various extents. They result in society blaming survivors, questioning their credibility and thereby silencing them

If we only see sexual violence as an issue of private trauma, social costs are made invisible. Social and cultural constructs that support rape culture are outside the responsibility and control of any one individual. They are dependent on community approval and reinforcement. We need to proactively change the script; otherwise we will continue to live in a culture where survivors struggle with self blame, guilt and shame.

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## Service Profile

# Sexual Assault Treatment Unit (SATU) Waterford Regional Hospital

by Sinead Boyle, Clinical Nurse Specialist,  
Sexual Assault/Forensic Examination

I was one of the first nurses in Ireland to complete a higher diploma in Forensic Nursing (sexual assault/forensic examination) at the Royal College of Surgeons in 2008 and have been working at the Sexual Assault Treatment Unit at Waterford Regional Hospital since January 2009 as a clinical nurse specialist.

This role requires me to provide a service for complainants of Rape/Sexual assault in a manner which is timely, sensitive, unified, expert and professional and is delivered as part of a co-ordinated, multi-disciplinary, multi-agency response.

### My work includes:

- Forensic clinical examinations
- Examinations for non reporting cases
- Report writing/court attendance
- The offer of follow - up STI screening for all attending clients
- Education to a variety of professionals e.g. An Garda Síochána, Rape Crisis Centre personnel, school and university staff
- Representing the service at a local/national level.

### Description of Services Provided by SATU at Waterford Regional Hospital

All the services listed below are available to male and females over 14 years of age.

- Forensic clinical examination up to 7 days post assault (24 hours a day, 365 days a year)
- 'Out-of-SATU' clinical forensic examination where necessary (in cases where the client is medically unable to travel to the unit)
- Access to non-forensic services by appointment, where the client wishes to access other services but does not want to make a formal complaint to 'An Garda Síochána'
- STI screening/follow up-offered to all clients regardless of whether they have decided to make a complaint to 'An Garda Síochána'
- Referral to Rape Crisis counselling and other support services when necessary (social services).

### Client Journey through the Service

The majority of clients are referred by 'An Garda Síochána'. Other sources of referral include: GPs, other health professionals, teachers, Rape Crisis Centre staff, family members and client self-referral.

If the client is reporting an assault to 'An Garda Síochána', the Garda will accompany her or him to the SATU (in the majority of cases this will be a female Garda in plain clothes, using an unmarked car). Clients are met by the SATU team on arrival to the purpose-built unit which is not signposted in order to assure discretion. The SATU team consists of a forensic examiner, assisting nurse and a psychological support worker (from a Rape Crisis Centre).

All staff have specialised training and clients are treated with sensitivity in a non-judgemental manner. The examination and forensic sample-taking process are explained to the client and consent is obtained prior to the examination. The client is also advised that the examination can be stopped at anytime. Following the examination, any medication required is prescribed and dispensed in the unit (e.g. emergency contraception, prophylaxis against Chlamydia and the Hepatitis B vaccine).The client will then have an opportunity to spend time with the psychological support worker. Additional counselling is available through the Rape Crisis Centre to all those who attend the SATU. There is no charge for using the SATU service or for any additional counselling with the Rape Crisis Centre.

### Development of SATU Services in Ireland

A review of sexual assault treatment services in Ireland in 2005 by Angela O'Shea aimed to standardise existing services and identify areas for development.

There are now six SATUs across the country, located in Waterford, Dublin, Cork, Mullingar, Galway and Letterkenny. These all operate to national guidelines and, in addition to providing a service to clients, they monitor and collate data to track emerging trends.

The SATU service in Ireland has come a long way in a relatively short period of time and aims to stay at the forefront of sensitive and efficient service provision to those women and men who are subjected to sexual violence.



## What's New – Resources, Reports and Updates

### 2012 Annual Report of the HSE Crisis Pregnancy Programme Now Available

The Annual Report outlines the work the Programme carried out in 2012 to address the issue of crisis pregnancy in Ireland. This marks the first year of implementation of Ireland's third national strategy: 'Participating in a National Approach that Promotes Good Sexual Health, Informed Decision-Making, Evidence-Based Practice and Access to High Quality Services'. Key achievements in 2012 included the development of a new campaign to promote the role of pharmacists in providing sexual health advice and the availability of emergency contraception directly from a pharmacist.

The Programme's work in promoting high-quality crisis pregnancy counselling and support services continued, with 17

HSE staff and crisis pregnancy counsellors completing the Certificate Course in Crisis Pregnancy Counselling Skills. A number of Masterclasses were also delivered to support professionals who may encounter clients with a crisis pregnancy in the course of their work.

2012 also saw the publication of an important, nationally-representative study: 'The Irish Contraception and Crisis Pregnancy Study' (ICCP-2010), a follow-up to the 2003 ICCP study. The Annual Report can be downloaded from [crisispregnancy.ie](http://crisispregnancy.ie)



### Summary of Research on Teenage Sexuality – Hardcopies Now Available

This research summary developed by the HSE Crisis Pregnancy Programme presents relevant research findings in an easy-to-read format to help parents and those who work with young people understand more about how young people in Ireland feel about sexuality and relationships. The summary includes findings on what it is like to be a teenager growing up in Ireland today, how young people learn about sex

and relationships and what influences young people's sexual behaviour and learning. It also describes how parents approach sexuality education with their children.

To order a hardcopy of the 'Summary of Research on Teenage Sexuality' visit [healthpromotion.ie](http://healthpromotion.ie) or email [info@crisispregnancy.ie](mailto:info@crisispregnancy.ie)

### Number of Women Giving Irish Addresses at UK Abortion Clinics Decreases for 11th Year in a Row According to UK Department of Health

Since 2001 the number of women giving Irish addresses at UK abortion clinics has decreased from 6,673 to 3,982 in 2012, a decline of 40% since 2001. This equates to a decrease in the abortion rate from 7.5 to 4.0 per thousand women aged 15-44 between 2001 and 2012. This is the eleventh successive year that a decrease has been recorded.

### Number of Births to Teenagers Declines Further in 2012

The number of births to teenagers has declined from 3,087 in 2001 to 1,639 in 2012. This represents a 47% decrease. This equates to a decrease in the teenage birth rate from 20 per 1000 in 2001 to 12 per 1000 in 2012. The majority of teenage births are to girls that are 18 and 19 years of age.

In response to the finding Dr. Kevin Kelleher, HSE said, "The number of teenage births has substantially declined since 2001, when the Crisis Pregnancy Programme was established. Recent survey results show that the number of young people saying that they are getting good quality Relationship and Sexuality Education (RSE) has increased. It is also showing that the age of first sexual intercourse is stable, at 17 years of age and there are very high rates of contraceptive use reported among young people who are sexually active. The research also found that young people who received sex education were more likely to use contraception when they had sex for the first time. The partnerships set up between the health, education and voluntary sectors to address these issues are showing dividends."

## Training and Events

### Sexual Health Awareness Week (SHAW) – Date for your Diary

Sexual Health Awareness Week (SHAW) will take place between the 12th and 14th of November 2013 in the Royal College of Physicians of Ireland (RCPI), 6 Kildare Street, Dublin 2. The RCPI is organising the initiative in partnership with the HSE Crisis Pregnancy Programme. The organising committee is currently accepting proposals for workshops and presentations.

For further information please email [Orla McGowan, Education & Information Officer, HSE Crisis Pregnancy Programme](mailto:Orla.McGowan@hse.ie) [orla.mcgowan@hse.ie](mailto:orla.mcgowan@hse.ie).

### A Series of Masterclasses - Supporting an Unplanned Pregnancy

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

Do you encounter clients with an unplanned pregnancy? If so the HSE Crisis Pregnancy Programme in conjunction with the Department of Adult and Community Education, National University of Ireland Maynooth has developed the following Masterclasses which may be of interest to you. They will be held over the period October 2013 – June 2014 with a number being held in both Dublin and Cork.

<b>Masterclass 1:</b>	The Law and Crisis Pregnancy Counselling: 28th February 2014, 10am – 4.30pm – Cork City
<b>Masterclass 2:</b>	Advanced Counselling Skills: 25th October 2013, 10am – 4.30pm – Maynooth 24th January 2014, 10am – 4.30pm – Cork City
<b>Masterclass 3:</b>	Termination: Dealing with complex issues: 21st February 2014, 10am – 4.30pm – Maynooth
<b>Masterclass 4:</b>	Ethics and Supervision: 6th June 2014, 10am – 4.30pm – Maynooth

The aim of these Masterclasses is to create an opportunity for professionals to gain more in-depth knowledge and skills to resource them in managing the challenges that can present around supporting women experiencing unplanned pregnancy, their partners and families. The Masterclasses will provide a supportive and informative space for dialogue and reflection to help strengthen professionals' work in the broad field of crisis pregnancy. These Masterclasses further support the work of the HSE Crisis Pregnancy Programme in the area of quality and standards development in the broad field of supporting clients with unplanned pregnancy.

**Note: NUI Maynooth and Cork City venues and CPD points to be confirmed closer to the time. The fee is €30.00 per Masterclass (light lunch included).** Further information on these Masterclasses and a copy of the application form are available on [www.crisispregnancy.ie](http://www.crisispregnancy.ie) under the 'Highlights' section on the homepage and under 'What's New'. Also from: Kay Loughlin at Department of Adult and Community Education, Tel 01 708 6062 or Email: [kay.loughlin@nuim.ie](mailto:kay.loughlin@nuim.ie) **Early booking is advisable.**

### SPHE Support Service – RSE Training dates for HSE South Area Autumn/Winter 2013

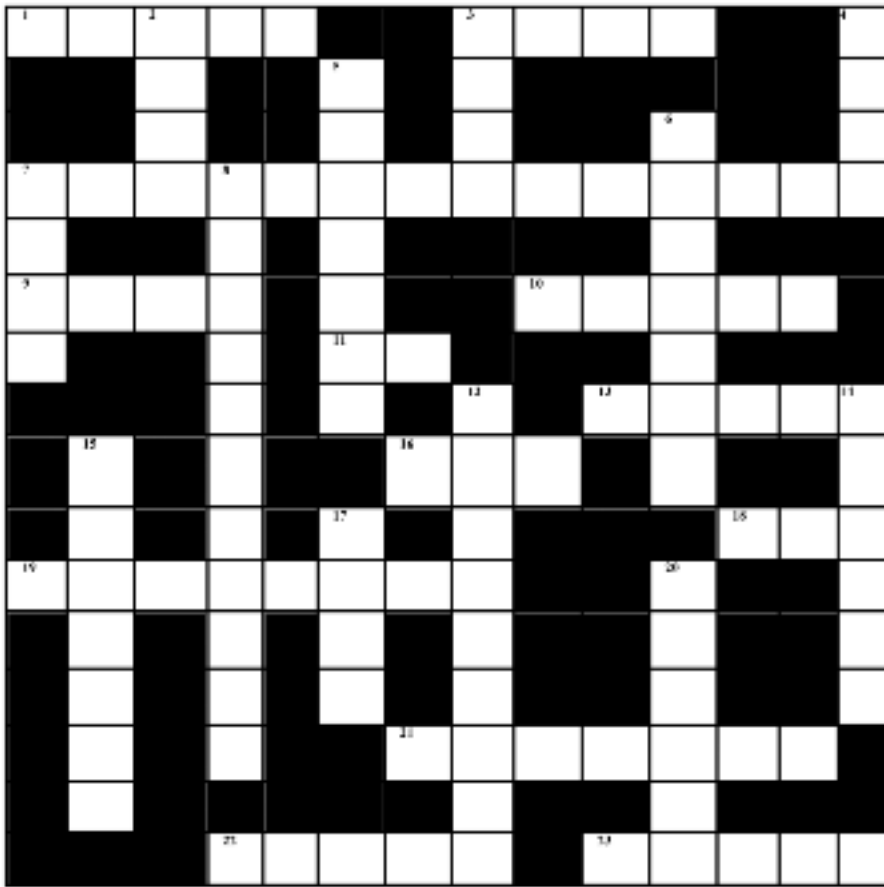
Course	Venue	Date
Junior Cycle RSE 2 Day Course	Kilkenny Education Centre Tralee Education Centre	23rd & 24th Oct 23rd and 24th Oct
Senior Cycle RSE 2 Day Course	Dublin West Education Centre Kilkenny Education Centre Cork Education Support Centre Limerick Education Centre Dooradoyle	6th & 7th Nov 12th & 13th Nov 7th & 8th Nov 12th & 13th Nov
Sexual Orientation and Homophobia 1 Day Course	Dublin West Education Centre Waterford Teachers Centre	25th Nov 4th Dec

Further information on all our SPHE support service courses and booking details may be had at [www.sphe.ie](http://www.sphe.ie)

# Sexual Health Brainteasers

created by Máire O'Leary, Health Promotion Officer and Facilitator of the FPSHP

## Cross Word (Sexualisation)



### Across

1. Toys, types of which may contribute to early sexualisation (5)
3. May sometime be defined by gender (4)
7. With rights come... (14)
9. Group which can influence sexual practice (4)
10. A common relationship of perpetrators of sexual violence to the victim (5)
11. A small word that should be accepted as final (2)
13. Societal rules for how people should act (5)
16. No does not mean ... (3)
18. Male or female (3)
19. Important for both partners to experience in sexual intimacy (8)
21. May be a form of cyber bullying (7)
22. Our pleasure centre is located here (5)
23. A contributor to a sexualised society (5)

### Down

2. Hurtful untruths (4)
3. Umbrella body for Irish Rape Crisis Centers (4)
4. To fool around (4)
5. Should be verbally negotiated in a sexual encounter (7)
6. Impairs judgement (7)
7. & 15. \_\_\_\_ (4) \_\_\_\_ (7)  
a societal phenomenal page 9
8. Frequent source of sex education for young people (11)
12. Legal age of consent for sexual activity in Ireland
14. Prejudice or discrimination based on sex (6)
15. See clue no. 7
17. To be certain(4)
20. \_\_\_\_ of partner is a sexual right (6)

C	A	H	C	L	I	R	E	S	L	R	M
O	H	C	H	L	O	N	A	H	C	E	P
N	C	O	P	T	I	O	N	D	M	S	T
S	E	N	I	W	L	K	B	R	E	P	C
E	Y	S	A	C	K	N	E	L	Y	O	B
Q	Y	E	S	L	E	R	E	M	A	N	I
U	A	N	A	L	D	I	S	C	U	S	S
E	S	T	A	R	S	G	T	A	E	I	I
N	C	A	I	L	O	H	G	H	F	B	S
C	T	H	I	N	K	T	C	M	A	I	E
E	I	S	T	N	J	S	C	D	U	L	I
L	L	I	S	T	E	N	S	L	M	I	N
C	H	O	S	R	E	S	P	E	C	T	R
D	I	S	C	H	O	O	S	E	A	Y	L

## Word Search

(Choice, Consent, Consequence)

- Choice
- Rights
- Responsibility
- No
- Consent
- Option
- Discuss
- Choose
- Yes
- Consequence
- Talk
- Respect
- Think
- Listen
- Like

**Cross Word Solution**  
 Across: 1. Dolls, 3. Role, 7. Responsibility, 9. Peer, 10. Known, 11. No, 13. Norms 16. Yes, 18. Sex, 19. Pleasure, 21. Sexting, 22. Brain, 23. Media.  
 Down: 2. Lies, 3. RCNI, 4. Play, 5. Consent 6. Alcohol, 7. & 15. \_\_\_\_ (4) \_\_\_\_ (7) a societal phenomenal page 9, 8. Pornography, 12. Seventeen, 14. Sexism, 17. Sure, 20. Choice.

## Interview

### Interview with a Past Participant of the FPSHP

by Tracey Tobin,  
Health Promotion Officer,  
South Tipperary and Facilitator  
of the FPSHP



Tracey Tobin

I am a Health Promotion Officer in S. Tipperary and in recent times have become a facilitator of the FPSHP.

Before joining Health Promotion, I worked for many years as a Clinical Nurse Specialist in Cardiac Rehabilitation, where advocating for the patient was a significant part of the role. Providing a quality service included ensuring that clients were well informed of the potential side effects of treatments and medication on their lives and this naturally included information on sexual function. I regularly talked openly with patients about resuming sexual activity after a heart event, such as a heart attack or heart surgery. I had also been involved in designing information literature (leaflets and DVDs) whilst working for the British Heart Foundation and would have insisted on the inclusion of sexual health information.

Armed with this experience and with nine years of honing my facilitation experience in Health Promotion, when the opportunity arose, I was very keen to become involved in the Foundation Programme in Sexual Health Promotion (FPSHP). The broadness of the programme's approach to sexual health was of particular interest to me as

the concept of holistic health fits in with my personal philosophy i.e. that we are all beings of many parts and that sexuality and sexual health are important aspects of our holistic health. Having witnessed the impact of experiential learning as a learner and facilitator, I was also attracted by the FPSHP's use of experiential learning methodologies.

Since becoming a FPSHP facilitator, my awareness of sexual health has increased and I include sexual health in many more aspects of my work, including the Health Promoting Schools initiative, Primary School teachers' summer courses and in the other Health Promotion training I deliver. I also feel I understand myself better, including my sexuality and my own sexual health needs, as a result of this experience.

*I regularly talked openly with patients about resuming sexual activity after a heart event, such as a heart attack or heart surgery.*

*We are all beings of many parts and sexuality and sexual health are important aspects of our holistic health.*

## HSE South Sexual Health Promotion Team

### Cork:

Sharon Parkinson, Senior Health Promotion Officer.  
tel: 021 4921661 email: sharon.parkinson@hse.ie

Catherine Byrne, Health Promotion Officer.  
tel: 021 4921674 email: catherine.byrne2@hse.ie

Martin Grogan, Health Promotion Officer.  
tel: 021 4921665 email: martin.grogan@hse.ie

### Cork Address:

Health Promotion Department,  
Eye Ear and Throat Hospital,  
Western Rd, Cork.

### Kerry:

Máire O'Leary, Health Promotion Officer.  
tel: 064 6670773 email: mairem.oleary@hse.ie

**Kerry Address:** Health Promotion Department, Block 1, St. Columbanus Hospital, St. Margaret's Rd, Killarney, Co. Kerry

**South East:** Moira Germaine, Senior Health Promotion Officer.

tel: 059 9143630 or 087 4102915  
email: Moira.Germaine2@hse.ie

**South East Address:** Health Promotion Department,  
St. Dymphna's Hospital, Athy Road, Co. Carlow.