

2010

## *Findings & Recommendations*

### **Addressing the Needs of Young People: A Broader View of Sexual Health**

To date, progress has been made in Ireland in relation to improving young people's access to health services, information and advice regarding their sexual health, yet further work is required in this area. This study, by the Rape Crisis and Sexual Abuse Counselling Centre, Sligo, Leitrim and West Cavan (SRCC), investigated ways in which the needs of young people can be better addressed.

The following are the main findings of this research and their associated recommendations:

#### **Sexual Health as Viewed & Understood by Young People**

- There was a general agreement among all of the participants that sexual health is where drugs and alcohol were ten years ago, expressing the view that young people are generally more open about drinking and smoking marijuana than they are about discussing their sexual health needs
- Sexual violence was deemed particularly taboo by several female teenagers
- A lack of knowledge and understanding was associated with young people, particularly in relation to the most prevalent risks they face. Of particular concern was the strong belief that young girls are not identifying sexual violence and do not understand that they have the right to say no to sexual coercion
- Societal pressure and family background were highlighted as factors influencing the vulnerability of young girls, with what is deemed acceptable influencing their self-worth
- A small number of professionals remarked that when young people do approach them there is immediacy to their needs as they wait until the situation is critical

#### **Key Actors in Society**

- The need for parents to have support and guidance via programmes and information evenings was identified by many of the participants
- The provision of Relationships and Sexuality Education (RSE) was generally viewed in a negative light, with the difficulty of teachers providing sex education to their students recognised

- It was felt that existing referral pathways within organisations, and the perception of the name as frightening to both parents and young people, constitute barriers to accessing the SRCC
- It was identified that young people can contribute to meeting their own sexual health needs through peer education, projects, module development, drama and researching information for themselves

### **Promotion of Informed Decision Making**

- Personal development programmes and group workshops, followed by one to one discussions, where necessary, were viewed as the ideal means of promoting informed decision making among young people in relation to their sexual health
- A number of professionals noted that by including the issue of sexual violence in this broader view of sexual health, discussions of this nature would become less scary to young people
- A number of professionals and young people expressed the view that youth workers should deliver the general aspects of a personal development programme, with a GP or nurse brought in to deliver the specific details relating to contraception and sexually transmitted diseases
- Leaflets, wallet cards containing useful contact details, technology and the media were recommended as additional channels of communication

### **Improving our Relationship with Young People**

- In order for adults to create trust and rapport with young people, it was felt that they need to understand where young people are coming from, speak to them in their own language and be open, honest and comfortable regarding topics such as sexual health

### **Recommendations:**

#### SRCC & Rape Crisis Network Ireland (RCNI)

- SRCC in conjunction with RCNI to design a module on sexual violence for inclusion in the Teenage Health Initiative (THI) official best practice manual. There is an opportunity to link in with the Sligo based youth worker who is part of the THI working group charged with developing this manual
- SRCC to manage workshops for youth workers in order to come together to address their issues in relation to sexual coercion
- SRCC to advertise the service more widely in youth-friendly locations, considering toilet stickers within this plan
- SRCC to design information pages on Bebo and Facebook outlining their services

- SRCC to organise for the young people who attend the youth and community organisations who participated in this study to visit the Centre and meet the counsellors who work there
- SRCC to do more work on the issue of viable referral pathways for young people with the relevant statutory and youth work agencies in relation to sexual violence, taking cognisance of the 1999 Children First Guidelines issued by the Department of Health & Children
- SRCC to consider establishing a designated part of their service for young people which would go by a different name
- SRCC to identify a designated young persons' counsellor who would act as a liaison between youth and community organisations and health services and the SRCC
- SRCC and RCNI to discuss how to include sexual violence on the school curriculum within the delivery of RSE

#### Youth & Community Organisations

- Training in the delivery of THI to be offered to all interested youth workers. Delivery at local level is possible in partnership with Foróige. Funding will need to be agreed between all interested parties
- Youth and community organisations delivering THI to provide separate information evenings for the parents of the young people participating

#### Department of Education

- The Department of Education to be made aware of the findings of this study. Particular attention to be brought to the expressed views regarding the use of external facilitators to deliver RSE or a personal development programme which would be complementary to RSE

#### Partnership

- Build upon the partnership created via this project in order to realise the feasible ideas generated and continue to work together
  - Design an information page on the SRCC website, to include the details of, and links to, all of the organisations and services available to young people in the Sligo and Leitrim areas and SpunOut.ie
  - Design wallet cards to include a list of useful contact details for young people
  - Approach Sligo Comhairle na Nóg to discuss the possibility of collaborating on the creation of these website information pages and wallet cards
  - Explore the idea of a youth theatre-based group producing a play focused on the theme of sexual health

## **Background**

While significant progress has been achieved in the area of sexual health in Ireland in recent times, additional work is required. It is evident that improvements are needed in relation to the provision of information and advice to young people in addition to improving their access to health services, including those that address sexual violence.

The SRCC thus sought to create a partnership with relevant youth and community organisations that identify sexual health as a priority in their work, health services and young people in the Sligo and Leitrim area in order to explore ways in which we can better address the sexual health needs of young people. By creating links between the relevant organisations and services, knowledge was shared and means of enhancing this knowledge identified.

## **Sexual Health as Viewed & Understood by Young People**

The study's findings suggest that the topic of sexual health remains taboo to a large extent within Irish society and this is reflected in how young people view and understand their needs in this area, with many professionals regarding them as quite secretive. Sexual violence was deemed particularly taboo by several female teenagers and it is evident that the prevailing attitudes of blame need to be challenged. A lack of knowledge and understanding was associated with young people, particularly in relation to the most prevalent risks they face. Of particular

concern was the strong belief that young girls are not identifying sexual violence and do not understand that they have the right to say no to sexual coercion. Societal pressure and family background were highlighted as factors influencing the vulnerability of young girls, with what is deemed acceptable influencing their self-worth. It is evident that discomfort and lack of knowledge can often be compounded by a lack of self-esteem and therefore we need to continue raising young people's awareness and building their skills and abilities in order to promote informed decision making.

In addition, the findings indicate that where this is complemented by knowledge of the services available, young people will no longer wait until a situation has reached a critical stage before addressing it.

## **Key Actors in Society**

The manner in which we achieve these aims centres on the need to foster positive relationships, as self-esteem, confidence and competence building ideally begins at home and is then reinforced in both the school and out-of-school settings. Given that it influences the behaviour and attitudes of young people, the core relationship between parents and their children was highlighted as being of paramount importance, particularly in relation to their sexual health. The inherent difficulty related to these parties engaging in a discussion concerning this topic was recognised, and yet the findings are

also suggestive of a need to rethink adult attitudes in relation to over protectiveness and a lack of trust. The need for a balance to be struck between openness and establishing boundaries was thus highlighted. Furthermore, it was apparent that some parents are also unaware of the most prevalent risks facing young people and are therefore not in a position to provide education and support. As sexual coercion constitutes one of these dangers, it is clear that this lack of awareness needs to be challenged before we can address what is going on with young people. Parents require programmes and information evenings as a means of support and guidance, which would contribute to a better understanding and trust of their children in addition to developing the tools they need to open up discussion.

In terms of the school and out-of-school settings, a number of recommendations have been proposed. The provision of RSE was generally viewed in a negative light, with the difficulty of teachers providing sex education to their students recognised. It seems likely that an outside facilitator would be better placed to deliver RSE or a personal development programme that would be complementary to it.

As the initiating body, a number of valuable insights into the perceived difficulties associated with young people accessing the services of the SRCC were provided. It was found that existing referral pathways within organisations, and the perception of the name as frightening to both

parents and young people, constitute barriers which clearly need to be addressed. If the centre were to have a designated part of their service for young people, having a different name attached was viewed as a potential solution. Undoubtedly, also establishing a dedicated counsellor for young people, who would act as a liaison between the SRCC and youth and community organisations and health services, would be beneficial. The message would thus be promoted that the SRCC is a viable option if sexual violence does occur.

This research also illustrated a range of ways in which young people can contribute to meeting their own sexual health needs, including peer education, projects, module development, drama and researching information for themselves. There was a strong sense that once carefully established and monitored, these opportunities would prove successful.

### **Promotion of Informed Decision Making**

Given the fact that sexual health cannot be viewed in isolation as it forms part of one's overall personal development, such programmes were viewed as the ideal means of promoting informed decision making among young people. In addition, it is clear that the inclusion of sexual violence in this broader view of sexual health would reduce the stigma associated with it. As with THI, by beginning a personal development programme with the issues of self-worth and relationships, a natural progression into the area of sexual health would be achieved. Ideally,

youth workers would be trained to deliver the general aspects of THI within their organisations via group work, with both a medical professional and an SRCC counsellor brought in to give talks on contraception and sexual violence, respectively. As separate information evenings mentioned previously in relation to parents were also recommended as part of THI, this format represents a valuable partnership approach. Given the impersonal nature of group work, it was recommended that it be followed by one to one discussions, where necessary. As ongoing reinforcement has been deemed essential, group workshops were proposed for older youth.

Additional channels of communication that were deemed relevant to young people comprised leaflets, wallet cards containing useful contact details, technology and the media. It is clear from these findings that leaflets can be a useful tool once they are easily accessible, age appropriate, unique and engaging. Websites such as SpunOut.ie, chat rooms and text messaging were highlighted as modern means of reaching young people in a private manner, while soap opera storylines were viewed as an effective means of generating discussion and facilitating an understanding of how to respond to certain situations which may arise.

### **Improving our Relationship with Young People**

Youth workers were identified as the ideal individuals to deliver THI as they have already established trust and rapport with the young people in their organisations. In addition to these

characteristics, it was found that in order for adults to improve their relationship with young people, in general, they need to understand where young people are coming from, speak to them in their own language and be open, honest and comfortable regarding topics such as sexual health.

This study's findings indicate that much can be gained from consulting with young people and those who work with them. It is also clear that much more can be achieved by creating a partnership through which their proposals can be addressed.

### **About the Project**

This research was undertaken by Caroline Forde, SRCC, with Mary Roche as advisor. Three focus groups and four interviews were conducted with professionals who work with young people aged between 14 and 21 (n=21). These were followed by an additional three focus groups conducted with young people of this age group (n=19), the findings from the initial research informing the topic guide for these participants. A variety of professional roles were represented, namely youth workers, counsellors, coordinators and nurses.

### **For further information**

The full report, *Addressing the Needs of Young People: A Broader View of Sexual Health*, can be accessed at [www.srcc.ie](http://www.srcc.ie) under News.