

HAPPINESS IS

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VITAL



Editorial

ONCE AGAIN IT'S BEEN a busy few months for all at AIDS West with recent reports from the HSE Health Protection Surveillance Centre (HPSC) indicating that over 212 people in Ireland have been diagnosed with HIV in the first five months of this year.

A total of 503 people were newly diagnosed with HIV in 2016, with 504 new diagnoses in 2017. In Ireland, on average, 10 people per week are diagnosed with the condition. The number of HIV diagnoses in Ireland has increased by 35% since 2011 and these figures remain of great concern to us. The actual figures though are likely to be higher again, as the Joint United Nations Programme on HIV and AIDS (UNAIDS) suggests 15% of people living with HIV in Western Europe remain undiagnosed.

We are constantly looking at ways in which we can respond to this very worrying trend. You may recall that in 2017 we started a pilot project offering Rapid HIV Testing in the West of Ireland, working closely with our partners in the Teach Solais LGBT+ Resource Centre. In January 2018 AIDS West became a partner in the national KnowNow community-based HIV testing initiative – we are delighted to be working with our partners in Cork, Dublin and Limerick to improve access to HIV testing



for those most at risk of HIV, such as men who have sex with men. The Rapid HIV Testing programme has proved to be very successful and popular as we have offered testing sessions in many locations and with many different services and service users including with Teach Solais LGBT+ Resource Centre, The Probation Service, Direct Provision Centres, students in NUI Galway & GMIT and in Family Resource Centres / Community Centres across the region. We look forward to further developing this excellent programme and will have a particular focus on testing in the week of Galway PRIDE.

With PrEP (Pre Exposure Prophylaxis) becoming more widely available and at a greatly reduced cost, it is anticipated that this will also have an impact on the rising numbers of new HIV diagnosis in Ireland. PrEP involves HIV-negative people taking antiretroviral drugs (ARVs) to reduce the risk of becoming infected with HIV if sexually exposed to the virus. It is anticipated that the availability of the lower priced generics will also lead to PrEP being accessible through the HSE more quickly.

THE AIDS West WISER (West Ireland Sex Education Resource) team have had a great year delivering programmes in national schools, second level, third level and across communities locally. We look to respond to evaluation and feedback from participants and have updated our programmes focusing on Consent, Sexting, Nudes & Social Media, Body Image, Gender Identity and Pornography. Please see www.bewisier.ie for more details.

In this edition of Happiness Is Vital we once again have an excellent mix of interesting and thought provoking articles with Ger Coy focusing on the challenging times in which we live with reference to recent events locally, nationally and globally. Our WISER team focus on a number of key areas including Hayley sharing insights into the prevalence and harm of young people sending and receiving nudes, Grace looks at the evolving landscape of sex education in Ireland, Kate discusses her recent research into pornography and shares an excellent infographic on this research. Siobhán

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emphasises that while the public conversation on consent is ongoing it is essential that we take the opportunity to keep talking openly about relationships in a loving, kind and respectful manner.

I am delighted to state AIDS West are fully compliant with *The Governance Code – A Code of Practice for Good Governance of Community, Voluntary and Charitable Organisations in Ireland*. I would like to recognise the great work of the board of management of AIDS West in making this possible, and in particular I would like to thank board members Dr Evelyn Stevens and Dr Claire Connolly for their exceptional contribution to achieving Governance Code compliance.

Finally I would like to thank two retiring board members - our current Chairperson, Keith Finnegan who is due to step down from the board in the next few months and also thanks to recently retired board member Kate Mulkerrins. The support that you have both given to AIDS West has been invaluable and very much appreciated - Go raibh maith agat. I would also like to take the opportunity to welcome new board member Caroline Lyons who joined the board towards the end of 2017.

I hope you enjoy this newsletter and we appreciate feedback on the content or indeed any aspect of the newsletter.

Take care and I hope you have an enjoyable summer

Joe McDonagh
Manager – AIDS West

Challenging Times

Strange days in the new twilight zone

Gerry Coy

THE SUMMER has arrived, sun at last. However, the world at the moment can be a very, very strange place and getting stranger every day. As regards HIV, most things continue to improve. Medication has come on in leaps and bounds, living with the infection has become more manageable and the use of Prep and PEP have also helped with aspects of the infection. Overall, with management of the infection, clinics all over the country are doing a wonderful job, often with scant resources. If we could only get more movement on the stigma/discrimination front, which continues to make life very difficult for many living with HIV, it would become another manageable chronic condition.

Irish life is also fraught for many people. The murder of two young women has shaken the country, the HSE cancer test debacle is getting harder to understand, why would you not tell a person the truth? - Unforgivable. And as for homelessness and the return of the Celtic Tiger...not good!

In the world at large, Sweden is to issue all its residents with a booklet on what to do in the event of an invasion or a Third World War. Maybe it's time we all got one. Trump called off his

Korean meeting, put it back on again amid the slight hope for stability on the Korean peninsula. In the UK the Tories are still pushing for a hard Brexit and it is sad to see the continuing demise of the Labour Party as Corbyn proves to be as myopic as Theresa May. We were able to depend on Labour in the old days but now we have very few friends in the party. And as for political problems in Italy...mama mia, here we go again!

The Abortion Referendum was looking too tight to call, but then came the result and the

light shone again. Miriam Lord, in the Irish Times, commented: "It was a wonderful day for Irish women."

A day made even better in the happy knowledge that the vast majority of Irish men are looking out for them and want only the best for them. By voting in their droves to



repeal, they placed the concerns of women far above the fears of ideologically-motivated crusaders who prize saving souls above having a heart."

The Catholic Church had some comments to make. Kathy Sheridan (Irish Times) stated: Bishop Kevin Doran decreed that Yes-voting Catholics had committed a sin and should go to Confession. A January pastoral letter from the bishop had advised those uncertain about how to vote to pray daily for the gift of wisdom. Wisdom is a combination of

experience, knowledge and good judgment; some in the church are blessed with it, many decidedly are not." I wonder how many will take up the offer.

It may be time for two institutions of the state, The Catholic Church and Fianna Fail, to consider their place in the country and

understand that the present generation is forging a New Ireland. In saying that, my hero over the campaign was Michael Martin, the Fianna Fail leader who ignored party politics, went with his conscience and voted YES... not a sight you see often in Irish politics.

Still the summer has arrived and I think it's time to look at what's good in life while living in the new Twilight Zone. So here's what I'll be concentrating on over the coming weeks :

1. Even after a very poor spring we had a fantastic heatwave in early June. Who needs Lanzarote?. The soft Irish day is still with us and maybe that's not too bad and even better, we still live in a democracy.

2. Galway is still looking good in both hurling and football this year. And the Super Eights have brought lots of excitement to the summer.

3. The Palas cinema has finally opened and offers new choices

to filmgoers in the West. Great to see 2001 (A Space Odyssey) on the big screen again.

4. TV continues to delight with much gold among the dross. The Bridge has returned for its final season, Can't Cope, Won't Cope and The Good Fight are essential viewing and the World Cup is delighting many...

5. And of course festival time is upon us: Sea Fest, The Film Fleadh, Galway International Arts Festival, The Races and lots more. Let's enjoy it while we still can. Next year may be too late!!

When I admitted I was HIV positive, my fellow academics excluded me.

After disclosing my diagnosis, colleagues called me 'reckless' and cut off contact. I felt stigmatised and alone.

When I was diagnosed with HIV, I had no idea that new drugs had transformed the virus from something life-threatening to little more than an inconvenience. Today, a daily pill gives me an average life expectancy and makes it impossible to pass the virus on. But there's one last major health barrier: the social stigma, and the mental health issues it causes. Worryingly, this is so prevalent that it can even come from those who claim to be experts on the topic. In my case, this happened when I disclosed my status to academic mentors. Three days after my diagnosis, a professor specialising in sexual health contacted me online to share her views about HIV-positive people. She said the virus affected only reckless people, who couldn't be trusted to take their meds.

I replied that her comments were judgmental and ignorant, contributing to an outdated attitude that forces many people to hide their status. She replied: "It's not irrational to protect yourself. They should be honest, unless they are unethical", adding that HIV was a "killer" with "a higher probability of death" than other sexually transmitted infections. I had looked up to this professor, and her comments hurt.

Framing HIV-positive people as "reckless" and HIV-negative people as "rational" is a binary logic that has roots in the political climate of the 1980s. HIV was seen as the responsibility of individuals, rather than of the state to provide adequate healthcare. The inaction of Conservative leaders at the time inspired queer protest movements. Similar tensions have re-emerged recently over whether the NHS should fund PrEP, a tablet (identical to mine) that prevents HIV infection. The tabloids call it a "promiscuity pill".

Although my PhD supervisor was initially sympathetic about the diagnosis, once I fell out with the professor he began to treat me differently. Until then, we had maintained a close personal and professional relationship, communicating regularly through social media. Our relationship changed quickly from friendly to formal. Where once we had exchanged hundreds of WhatsApp messages, these dwindled to a couple a month. Eventually, all communication was through university emails, focused on work.

Until you experience it, indirect discrimination can be difficult to see, let alone prove. I decided to drop my supervisor, given the emotional pain I experienced when he ignored my messages. But other PhD students in the professor's sphere of influence also stopped talking to me.

By falling out of favour with the clique's matriarch, I was ostracised by the whole gang of scholars, perhaps for the good of their own career prospects or publication metrics. Mine, by contrast, have

suffered. While my previous publications have been cited by this group dozens of times, my most recent journal article has not been cited once, despite its relevance to their body of research.

In her 1988 book, *AIDS and Its Metaphors*, Susan Sontag argued that the perception of HIV as a deadly (gay) plague led to "a social death that precedes the physical one". There may be no physical death any more, but the legacy of the epidemic continues through the social and sexual exclusion many of us still face.

My story is not the only example of so-called experts holding discriminatory views. For example, one black woman living with HIV described in a blogpost "an HIV researcher who became disgusted after she revealed her status to him".

We must remember that HIV is an intersectional issue, disproportionately affecting not just middle-class white gay men, but people of colour, trans women and sex workers. While it's by no means widespread and may often be subconscious, discrimination and disgust towards those of us living with HIV matters. It will be a barrier to wider participation in the academy for as long as its hypocrisy goes unchallenged.

Some details have been changed.

Anonymous academic

Published: The Guardian - Fri 25 May 2018

PRIMARY SCHOOL PUPILS TO GET CLASSES ON SEXUAL CONSENT

Minister to review sex education course to ensure teaching in 'factual manner in every school'.

Topics such as safe use of the internet, the effect of social media on relationships and LGBT issues to be included in sexual education classes at both primary and secondary level.

Primary schoolchildren are to be taught about sexual consent under a major review of sex education in schools.

Minister for Education Richard Bruton has asked policymakers to review the 20-year-old curriculum on relationships and sexuality education to ensure it meets the needs of young people in Ireland today.

He has specifically asked the State's advisory body on the curriculum to consider updating information on sexual consent at both primary and secondary level.

In addition, he wants topics such as safe use of the internet, the effect of social media on relationships and LGBT issues to be included in sexual education classes at both primary and secondary level.

"I want to ensure that the RSE [relationships and sexuality education] curriculum meets the needs of young people today, who face a range of different issues to those faced by young people in the late 1990s," he said.

"This review will help to inform decisions regarding the content of the curriculum and how it is delivered."

The issue of whether students are receiving adequate sexual and relationships education has been an ongoing debate, especially in some faith schools.

Every student has a right to access information about sexual health, relationships and sexuality, and this must be delivered in a factual manner in every school

While there is a requirement that all aspects of the RSE curriculum are taught, schools are entitled to adjust the programme according to their ethos or characteristic spirit.

Mr Bruton said he has asked the National Council on Curriculum and Assessment to examine what time is given to RSE, what resources are being provided and what support materials are being used.

The review will also examine how effective ongoing training is for teachers delivering these programmes.

"The RSE curriculum fulfils an important function. Every student has a right to access information about sexual health, relationships and sexuality, and this must be delivered in a factual manner in every school," he said.

Sex education is provided in primary and secondary schools in a number of ways. Social, personal and health education (SPHE) – which includes RSE – is a mandatory curriculum subject in all primary schools and the junior cycle.

While consent is covered as part of this curriculum at both junior and senior cycle in post-primary schools, its emphasis is considered by many to be lacking.

At primary level, it focuses on developing assertive skills and understanding the human body. This, say education sources, lays the foundation for later discussion of specific issues, such as consent, in an age-appropriate manner.

Speaking to The Irish Times, Minister for Health Simon Harris said reforms to sexual education must address "modern realities" including discussions on contraception, sexual health promotion and the prevention of sexually transmitted infections.

In tandem, he said, there would be a survey carried out to provide up-to-date data on sexual health and crisis pregnancy in Ireland.

A significant financial investment would also be made by the Government to launch a new sexual health and safer sex public advertising campaign, Mr Harris added.

The Citizen's Assembly last year called for primary and secondary students to be given improved education in sexual health and relationships.

In addition, the Oireachtas committee on the 8th Amendment called for a thorough review to ensure sexual education information is provided "in an impartial and factual manner that is independent of school ethos".

Carl O'Brien, Sarah Bardon

Published: The Irish Times - Tue Apr 3 2018

Ask Lorraine

Lorraine is here to answer any of your questions in relation to sexual health. If you need a prompt reply to your query please contact us in confidence on 091-566266.



Dear Lorraine,

Recently I have been diagnosed with genital herpes, I'm pretty devastated. I'm not in a relationship but wonder will I ever be able to have one in the future or even have sex again!! How can I prevent passing it on to a partner? Any advice you can give would be helpful.

Orla

DEAR ORLA,

Please don't be overly concerned, I know it may have come as a shock, but often the emotional impact of being diagnosed with genital herpes is much worse than the condition and it doesn't deserve the upset that it causes. The trouble is that most people's perceptions of the herpes simplex virus are based on the wide range of myths about it, rather than facts.

So here are some of the facts:

Genital herpes is a common viral infection and caused by the herpes simplex virus (HSV). There are two types of the virus, types 1 and 2 (HSV-1 and HSV-2). As well as genital herpes, HSV can infect the mouth and cause cold sores. HSV-1 and HSV-2 lesions can look the same and can only be distinguished by testing.

The herpes virus invades the human body, often through a crack in the skin or through the lining of the mouth and genital area.

Once inside the cells, the virus uses the material in the cell to reproduce itself (known as replication). In this process the cell is destroyed. The disruption of the host cell is responsible for the characteristic signs (blisters, etc) and symptoms (tingling, pain, etc) of herpes infections and the release of thousands of copies of the virus.

Besides entering and taking over cells at the site of infection, particles of the herpes virus enter one of the many sensory nerve fibres which are found all over the body, and proceed to move upward to where the fibre begins near the spinal cord. This is a small cluster of cells known as a sensory ganglion.

In the case of facial herpes, the herpes virus settles in a large nerve centre (ganglion) at the base of the skull, known as the trigeminal ganglion.

In the case of genital herpes, the herpes virus retreats to the sacral ganglion, situated near

the tail of the spinal cord. Once the herpes virus reaches the ganglion, it lives there for the rest of our lives.

Herpes simplex isn't the only virus many of us have living with us. Anyone who has had chickenpox is host to the Varicella zoster virus, another member of the herpes virus family. This virus remains dormant for the rest of our lives; in some people, however, it can leave the nerve ganglia, travel down the nerve fibres and cause shingles.

With genital herpes, antibodies help ensure that recurrences are milder than the first herpes episode. It's interesting to note that it is quite common to find antibodies in people who have never apparently experienced an episode of genital herpes. Either the initial infection was so mild that the person was unaware that it was taking place, or it was totally without symptoms and therefore went undiagnosed.

Transmission:

Herpes is transmitted by skin to skin contact. When the HSV reactivates in the ganglion and travels down the nerve fibres to the skin surface, particles of the herpes virus may be 'shed' on the surface of the skin, with or without any signs or symptoms of herpes infection present.

This is called viral shedding. Viral shedding also occurs when blistering and/or sores are present. During these times, HSV may be transmitted to sexual partners. There is no way to tell when the herpes virus is being asymptotically shed on the skin surface and therefore no way to predict when you may be infectious and at risk of transmitting the herpes virus to a sexual partner. However, viral shedding is most prevalent just before, during and immediately after the presence of symptoms.

People who experience an episode of oral or genital herpes should consider themselves

infectious from the first symptoms of herpes to the healing of the last herpes ulcer.

Oral herpes lesions (cold sores) are also an important source of infection through oral sex and this should be avoided if one partner has an oral cold sore. People worry a great deal about transmitting genital herpes infection, but are less concerned about oral herpes (cold sores). It has been established in many cases that women contract genital herpes from cold sores via oral sex. One is considered to be a nuisance; the other is associated with a degree of stigma. This is unhelpful and both should be considered as a "manageable nuisance".

Occasionally one partner in a long term relationship may develop symptoms of herpes for the first time. Often this is due to one or both of the partners being carriers of HSV and not knowing it. It does not necessarily imply recent transmission from someone outside the relationship.

By avoiding sex when the signs of herpes are present, and by using condoms with sexual partners between herpes outbreaks, the chance of passing on herpes is reduced. Taking daily oral antivirals, known as suppressive treatment, as well as using condoms, makes the chances of passing on herpes extremely low.

So you can have sex again by using the precautions mentioned. Many people do not understand what it means to have genital herpes or realise how common it is. In an ongoing relationship where both partners fully understand the chance of herpes transmission, the use of condoms becomes less relevant. You would hope that most people would react supportively when told and appreciate and respect your honesty.

All the best,
Lorraine

“Only Stupid Girls Send Nudes?”

WORKING WITH SO MANY young people across Galway City and County I have had countless conversations about the prevalence, and indeed the harm, of sending and receiving ‘nudes’ amongst young people. Conversations usually begin with participants discussing the stupidity of people sending nudes, the blame nearly always seems to rest exclusively with the sender. The culpability begins to circle around them: how can someone be so stupid to send a nude? What did they expect to happen? That girl is just looking for attention! Without critical engagement this is where the conversation would usually end – stupid girls send nudes and therefore get what they deserve.

In reality it is not the ‘stupid’ girls that send nudes, far from it. A recent survey found that 45% of sixth-year students have sent a suggestive message with 34% having sent a sext (defined as the sharing of sexual text, video, and photographic content (nudes) using phones, apps, social networks and other technologies)[1]. Perhaps understandably the likelihood of sending or receiving nudes increases with every year of secondary school. According to the latest research 4% of first-year students have sent a sext to a non-partner whereas 34% of sixth-year students had reported doing the same. According to Dr Marina Everri, a social psychologist from the London School of Economics and Political Science (LSE) and Head of Research at Zeeko;

“We observed a progressive increase in sexting throughout secondary schools. This should not be considered as an alarming result, rather it should be interpreted considering adolescents’ developmental tasks and needs. Adolescence is a crucial phase in defining gender identity and sexual orientation. Adolescents explore sexuality, they are eager to meet peers and partners and establish romantic relationships.”

The idea that the modern teen will explore their sexuality through the digital realm seems completely and utterly logical, although this very idea may fill parents full of dread and fear. Technology makes many parents uncomfortable. Young people using technology makes many parents particularly uneasy. Now couple that with the awkwardness, apprehension and angst that is often associated with parents talking to their children about sex, intimacy, sexual expression, pleasure and sexual relationships! The issue of sexting and nudes creates the ‘perfect storm’ for parents and their adolescent children. Sexting and nudes is in many ways the epicentre of the sexual online digital world of young people. Surrounding it are issues relating to pornography and sexual images of other ‘out-there’ people. Conversely, sexting and nudes involve our children, our nieces and nephews, our grandchildren, our students. Sexting and nudes are not being sent and received by the ‘outsider’, it is distinctly local and personal. Labelling the practice of sexting and nudes as a ‘deviant’ act that must be stopped will have limited effect on young people - they are very knowledgeable of the risks, yet they continue to want to express themselves through images and

words. In many ways it is similar to young people talking to strangers online. Children know the risks but still continue to communicate with strangers online; 32% of 1st Year students talked to a stranger online compared to 70% of 6th Years; 8% of 1st Years met strangers physically compared to 38% of 6th Years. Clearly young people know the risks, but they are driven by strong physical, psychological and social desires towards sexual expression via nudes and sexting. In the case of talking to strangers outside their familiar circles, they are branching out into the world to meet new people. These are very normal and very important developmental stages in a person’s life, they are not new or novel in any sense. However, it is the means through which young people discover their sexual self or connections in the world that has changed. The online world mirrors the offline world. There are gender differences which still persist online and the consequences for sexting or sharing nudes appear to be felt and judged differently by boys and girls. Although there is a myth that girls are more likely than boys to send nudes this is not so, in fact boys are more likely than girls to engage in all sexting behaviours measured; 17% of males sent a nude/semi-nude photo/video of themselves compared to 9% of females; 18% of males and 8% of females sexted a non-partner; 10% of males sexted someone they first met online compared to 4% females. Designing effective interventions or beginning conversations about sexting or sharing nudes relies on reliable, evidenced based data. If we continue to assume that ‘stupid’ girls send nudes then not only are we perpetuating the idea that there is something inherently wrong and deviant about women’s sexuality and sexual expression, we are also failing our boys by ignoring the potential harms that can arise from young boys sharing images online. In our sexting and nudes workshop we adopt a harm reduction approach and we recognise that for some young people sexting and sharing nude’s forms part of their sexual expression. We recognise that simply demonising the practice may seriously impact how the young person feels about their sexuality or sexual expression, vilifying or blaming the sender of sexual images may induce feelings of fear, embarrassment, isolation or shame. If we really want to help young people, firstly, we have to teach them the possible effects of sexting or sending nudes (the legalities of sending/receiving sexual images). Secondly, explore the reasons why people send/receive sexts or nudes. Young people often find it hard to own their own sexual desires or curiosities, and must be reassured that these feelings and desires are a normal part of growing older. Thirdly, develop the skills, strategies and confidence to deal with peer-pressure, partner-pressure or porn-pressure associated with sending sexts or nudes. Fourthly, if they or a person they know has had their image shared around school or social media then it is essential that young people do not become bystanders to the violation of another person’s privacy. Parents, teachers and students can only truly help a young person, who has had their image, shared by creating an



environment of empathy wherein young people can seek help and compassion from trusted adults to support those who has made a very understandable mistake. As with many issues regarding sex and sexuality there is an unhealthy tendency towards blaming the most vulnerable person who has suffered violation whether that be in domestic violence or rape and sexual assault. Unfortunately, too often these happen to disproportionately be women. All too often in the classroom I still see the phenomena of blaming the sender (usually a girl, despite it being boys who send the most sexts/nudes) as the most harmful consequence of sexting and sharing nudes. For those girls who have had their privacy totally violated it is the public shaming that hurts. It’s the name calling that hurts. It’s the isolation that hurts. It’s the branding of her a particular ‘type’ of girl that hurts. And for the boys who are sitting there watching and sometimes participating in the public shaming, it may be them that need help. It may be them that feel isolated and alone particularly if they too think that it’s purely ‘girls issues’. Telling young people that they won’t get jobs or get into college if they share nudes (because their future employer will google them), or that the image will be there forever, doesn’t help. They need compassion and empathy not fear and judgement. Our Sexting and Nudes Workshop equips young people with the knowledge and skills to be able to address issues surrounding sexting and nudes. If you are a parent, teacher or youth worker and would like to put yourself in the shoes of a young person participating in our workshop, then we will be running the complete workshop series for adults in September. For more information or to book our Sexting & Nudes Workshop visit bewiser.ie or call the office on 091 566 266.

[1] 2016-2017 Zeeko Report UCD available at <<http://www.ucd.ie/innovation/newsevents/news/2018/january/zeekoreport/>>

The Birds, the Bees, and Bravery

SEX EDUCATION IN IRELAND has evolved gradually over recent decades. When led and delivered solely by the Catholic Church, sex education for young people focused primarily on the risks associated with sex, such as pregnancy and STIs. It also featured a strong overlay of religious morality, whereby aspects of sexuality such as pre-marital sex, homosexuality and masturbation were discouraged. As the Church began to lose power over the education system, some sex education programmes adopted a more realistic approach, and young people began to learn more about relationships, puberty, bodies, reproduction and contraception.

As the scope and power of mass media and social media has increased hugely over the past decade, so has access to information (and misinformation) about all aspects of sexuality. National discussion and debate has turned to sex-related topics such as gender, sexual orientation, equality, technology and pornography, to name but a few. With details of high-profile harassment, assault and rape cases placing the spotlight on the meaning of consent, attention is being drawn to the role of sex education and the question being posed is; What are our young people learning during sex education in school?

It is evident that sex education must go beyond teaching about ‘the birds and the bees’. While the practical, physical aspects of sex need to be addressed, so does the social context in which sex is happening; the social and cultural values and norms attached to sexual expression, behaviour and relationships. Some issues that need to be addressed are relatively modern and new, such as the taking and sharing of sexual explicit photos via social media, and the easy accessibility and popularity of online pornography. Other issues have been present throughout history and are still at large; rape culture, toxic masculinity, victim-blaming, slut-shaming, sexual double standards, objectification, homophobia, transphobia, body-shaming and unclear understandings of consent.

These issues are all related to how we view, judge and treat each other, and are often accompanied by an ‘us vs. them’ perspective. Sex education needs to address these attitudes, beliefs and values in order to be truly comprehensive. One skill which, if fostered, has the potential to transform these perspectives and shift them from intolerance and prejudice towards acceptance and kindness, is empathy.

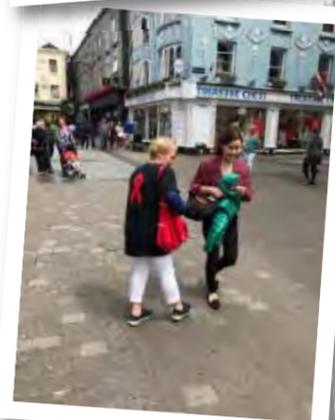
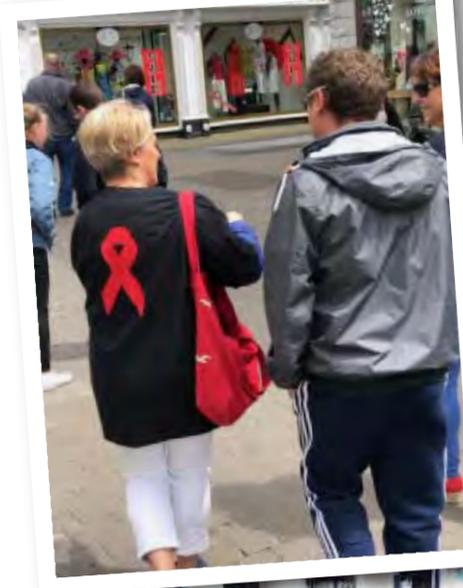


Empathy has always been at the core of the ethos of AIDS West, which was founded as a support for those living with HIV/AIDS in the 1980’s; a time when people with HIV were often feared, shunned and condemned by society. Empathy also features as a consistent undercurrent in AIDS West’s new workshops which address issues such as consent, body image and sharing explicit photos.

We try and must continue to try to encourage young people to consider the perspectives of others, and respond with kindness and bravery. To use empathy is to be brave – to step inside the shoes of the girl whose pictures are being nonconsensually shared around the school; the boy who is picked on for his acne; the girl who is being dismissed as a slut in WhatsApp groups. But to take empathic action is even braver – to reach out to the person who is suffering, to defend, to offer help, to break conformity and call-out your friends on how they treat others.

Evidence continues to grow around empathy and the fact that it can be learned, taught and trained. Empathy education generally encompasses the following learning points; recognising emotional states in self and others, considering perspectives of others, responding emotionally to others, building positive relationships, identifying similarities between self and others, understanding and accepting differences between self and others and why they exist (e.g. socio-historical contexts) and how to make decisions and take action catalysed by empathy. It is essential that we marry empathy education with sex education to create and develop programmes which are not only rooted in enhancement of knowledge, but also in compassion.

Irish AIDS Day 2018



Irish AIDS Day 2018

Pornography workshops

THE AGE THAT a young person first sees pornography, whether intentionally or unintentionally, continues to drop each year. Now, a significant proportion of people first see porn between 10 and 13 years of age (please see our infographic on page 11), a time of life where many young Irish people are starting to become curious about sex. It's also a time when young people are unlikely to have had any sex education or relevant conversations with their parents. Considering what we know about the potential implications of viewing pornography at a young age, including increased risk of unprotected sex, increased likelihood of early sexual debut, and risk of engaging in sexual coercion, the need for young people to be informed about pornography has never been greater.

We know that pornography can have positive effects but can also potentially influence what a person does sexually in a negative way, if that person believes that pornography is a realistic representation of sex, seeing pornography as a 'guide to sex,' rather than a source of entertainment which it was originally designed to be.

Based on our new data of over 2,800 young Irish adults, we also know that almost 50% of those people have used pornography as a source of information about sex. In order to challenge the perceived realism of pornography as a representation of real life sex, the WISER education team has developed a pornography workshop that aims to facilitate young people in thinking critically about how pornography relates to real-world experiences. This workshop is based on research conducted at the National University of Ireland, Galway, which adopted a youth-centered perspective and looked at how pornography workshops should be developed and what the content of such workshops should be. The workshop focuses on a number of 'core concepts' for pornography education, from reducing shame regarding pornography engagement to facilitating open discussions about pornography. It also tries to improve critical thinking skills regarding the following sexual health topics: body image comparisons and dissatisfaction; sexual and gender-based violence; fetishising gay and transgender communities; and setting unrealistic standards for sex.

Discussing these issues in the classroom can also facilitate the discussion of broader societal problems like racism, homophobia and sexism, and help young people to develop critical thinking skills that can be further developed throughout their lives.



OVERVIEW:

This workshop aims to raise awareness about online pornography and challenge the negative representations within it.

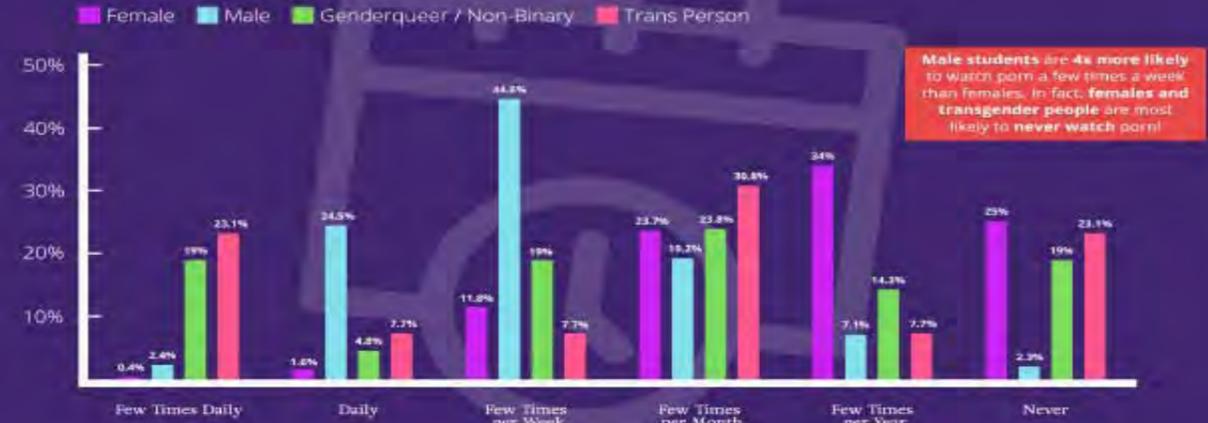
The Objectives

- Raise awareness about the ubiquity and ease of access to online porn
- Challenge aggressive and violent sexual content online and discuss the scripted nature of porn
- Raise awareness around normative sexual expectation for young people
- Challenge body ideals and genital representations portrayed in pornography
- Tackle unrealistic sexual expectations
- Facilitate discussion on negative stereotypes about women and LGBT persons represented in online pornography.
- Offer harm reduction strategies, indicators and support services for people who may be reliant on pornography

Porn Report

The purpose of this study was to gain insight into pornography engagement patterns among Irish university students. A total of 2,808 students from the National University of Ireland, Galway completed an anonymous online survey. The majority of participants were female (51%), 47% were male, 1% identified as gender queer or non-binary, 0.5% as transgender and the remaining 0.4% identified as 'other'. The majority (78%) were 18-25 years of age, identified as heterosexual (85%) and Irish (80%).

How often do you watch porn?



What is the age you first saw porn* (accidentally or on purpose)?



*Porn is defined as video footage, including movies or video clips of people having sex or engaging in other sexual behaviours that is designed to sexually arouse the viewer

Why do you watch porn?



2018

what an amazing year for our compassionate, modern, inclusive country – but still a ways to go!!!!!!

SO HERE WE ARE – huge changes have happened since the last newsletter – the 8th amendment has been repealed, rugby players in Ulster taken to court and found not guilty and the whole area of sexual consent become part of a national debate. Most people seem to agree that although an act can fall short of criminal it can still be a deep and awful wrong. How could those decent young men with good careers and good educations, those non-rapists, speak about women in such degrading terms and with such dehumanising contempt? What gave them the idea, when they had sobered up, that it was OK to communicate about another human being in those terms. Is this the public manifestation of what those of us who work with young people have been warning about? When the toxic mix of an adolescence steeped in porn, lots of alcohol and the belief that one sexuality is superior to 'the other', who then deserves no dignity, is heightened by male machismo, and a lack of sleep, so then the party scenario goes so horribly wrong.

Is this the reality of our social media world where, as an 18 yr old from Sligo suggested, "Social interactions aren't really social any more: screens and technology really impede the way people interact with one another". Empathy is lacking, emotional intelligence is put on hold and your image is all that really matters, forget about intellect and personality. Have our children's emerging sexualities been kidnapped by Snapchat, Instagram and porn? Do the Kardashians now have the ear of our adolescents, whispering about what is really important? Is perfect hair or indeed a perfect arse all they care about?

Hopefully reason will prevail and kindness will vanquish narcissism. But not if we don't start to challenge and educate. The public conversation has begun, let's keep talking openly about love and kindness and treating each other the way we would like to be treated. Let's discuss how real intimacy can be intense and needs to be kind. How it is an absolute privilege to be invited and welcomed into someone else's personal space and once so close, interaction should never be uncaring, degrading, hurtful or humiliating. It should make people feel good afterwards. As stated so well in the Irish Times "real love making makes people feel closer and want to be together. They want to talk, to trust each other and to open their hearts to each other.... it takes time to trust and explore. Porn is cold and people in it are disposable; feelings don't count but in real life feelings are the only sustainable basis of a great relationship".

Studies have found that women are more likely than men to use their partner's physical pleasure as the yardstick for their satisfaction, saying



things like "If he's sexually satisfied, then I'm sexually satisfied." Men are more likely to measure satisfaction by their own orgasm. For decades it has almost been as if parents believe that if they don't tell their daughters that sex should feel good, they won't find out. And perhaps that's correct: They don't, not easily anyway. But the outcome is hardly what adults could have hoped. The reality is, the more frankly and fully teachers, parents and doctors talk to young people about sexuality, the more likely teens are to both delay sexual activity and to behave responsibly and ethically when they do engage intimately with someone else. Surely we would all wish that our child, once they are old enough and mature enough to explore their own sexuality, has a caring, respectful relationship in which they communicated openly with their partners (whom they know "very well") about what feels good and what doesn't, about how far they want to go, and about what kind of protection they would need along the way. If they feel comfort with their bodies and their desires and are in touch with their own pleasure, such levels of confidence could become the norm, and deep and meaningful relationships ensue.

Building and maintaining great relationships is how we survive. With great relationships we can fight off depression and loneliness and realise our full potential. AIDS West, within their WISER Sexuality and Education programme, offer support to parents who want to develop real conversations with their children around sexuality.

Siobhan O'Higgins

High Times with NEIL WILSON The DIARY of a DRINKER

INSIDE YOUR LATEST copy of 'Happiness is Vital' you will find a card allowing you to access www.drinksmeter.ie Most people who drink alcohol won't ever need to seek treatment. Many people, however, would like to drink less, drink safely and most importantly don't want to harm themselves or other people. In order to make informed choices around drinking people need personally relevant, objective information about their drinking ... hence the diary.

Or so says the 'blurb', but how useful are such diaries?

Most diaries are kept by people for a week or two, but some people go much further. The diary of a certain Adrian Kelly in the UK came to light a few years ago. His daily alcohol intake was meticulously written down in tiny figures in the diaries he had kept for the previous 10 years. Adrian had noted that there would always be a bottle of whiskey in the weekly supermarket shop, but somewhere along the line he realised that this had increased to two bottles a week plus drinks when out socialising with friends or family. His drinking peaked following his retirement at a litre bottle of whiskey per day. When Adrian couldn't remember how much he had drunk he took an inventory of his recycling bin before the fortnightly collection. A typical entry ran "20 half bottles of whiskey, five full bottles and a 50cl bottle". He later added a "mood diary" to his writings, alongside the drinking, where he measured his mood out of 10. He however found that it was next to impossible to keep. As he put it "When you feel like you're constantly in the s**t, then you're in it every day – only the depth varies."

Like many dependent drinkers of more mature years he had slipped under the radar

of health professionals on numerous occasions. When advice did come it didn't fit his drinking pattern. One doctor advised him to always fill up the same glass and note how many times it was emptied. Adrian remembered thinking at the time, "who uses a glass? You just take the top off, and pour it down your throat".

Thankfully with strong support he began a detox, claiming that music was mainly to thank for his sustained recovery. Practicing his newly acquired ukulele to fill the hours led to him joining a local band.

Adrian's example was perhaps unusual in that he tried (not always very successfully) to accurately record his alcohol intake. Levels of drinking reported in drink diaries or surveys would only typically account for 40-60% of total alcohol sales. This gap between self-reported consumption and sales could be due to those who don't respond, don't have their drinking within an appropriate 'sampling frame' or just lie about their drinking. Whilst it is culturally dependent, some evidence suggests that under-reporting is greatest among those who drink the most alcohol. Over-reporting is much more common when surveys are conducted on such topics as healthy eating, exercise or sex!

Drinks diaries, or their more modern app equivalents, such as Drinksmeter.ie, do at least provide a starting point for people to think about their drink intake. It's useful in that whilst the HSE regularly publicises



'low risk' drinking guidelines (currently 17 standard drinks for men and 11 for women spread over a week) people can also use the Drinksmeter app to compare themselves to other people like themselves.

Drinksmeter also aims to nudge people to be safer and wiser, providing them with some simple tools to reduce the risk of harm related to their drinking and flag when it might be causing them problems. It places not judgmental. It does not tell a person what to do. It reflects back to them what they have shared with Drinksmeter. It is not a doctor. It is not an exact science. Put simply, it is a community of users, aiming to make more informed decisions. Please do feel free to use the app yourself and share it far and wide on social media.

A bear of a quiz...

RUSSIA in 11 questions

With the World cup in full swing, allegations of election rigging and poisonings of ex-secret agents in the UK, the Russian Federation often seems to dominate news headlines. Why not take our fun quiz to see how much you know about the 'motherland'. There are 11 questions (one for every time zone across this vast country*)



- Russia is linked by what is often claimed to be the world's longest train journey. How many nights would you sleep on the train if you were to complete the journey non-stop ?
a) Four b) Five c) Six
- The Hermitage in St.Petersberg is home to the world-famous Hermitage Museum. Empress Elizabeth (the daughter of Peter the Great) introduced what to the museum in 1745 ? There's still 70 of them there now.
a) Cats b) Parrots c) Horses
- Postnik Yakov built the magnificent St Basil's cathedral on Red Square in Moscow, but why couldn't he build anything after that project was completed ?
a) He went mad b) He was blinded by Ivan the terrible c) Some masonry fell on his head
- Why should you never buy a Russian woman a dozen red roses ?
a) Roses are traditionally given to men b) Giving an 'even' number is bad luck c) Red is a symbol of death for Russians.
- In 2014 the Russian stock exchange was capitalised at 513 billion US dollars. Was this more or less than the value of the Apple Corporation ?

- Why is this dog so famous in Russia ?
a) It belonged to Stalin b) It won an Olympic medal c) It flew into space
 - When did Moscow host the summer Olympics ?
a) 1980 b) 1908 c) 1960
 - How is Vladimir Ilyich Ulyanov better known ?
a) Stalin b) Lenin c) Trotsky
 - Who wrote the masterpiece of Russian literature "War and Peace" ?
a) Leo Tolstoy b) Alexander Pushkin c) Maxim Gorky
 - What is Russia's national flower, often made into a relaxing tea ?
a) Jasmine b) Elderflower c) Chamomile
 - Who said of Russia that it is "a riddle wrapped in a mystery inside an enigma"
a) Winston Churchill b) John F Kennedy c) Erskine Childers
- And for a bonus point, who is Valadamir Putin's favourite pop group ?
a) U2 b) Daft Punk c) The Artic Monkeys d) The Beatles e) Take That

* Reduced to 9 time zones in 2010

Answers : 1. Six. Its scheduled to take 152 hours, 27 minutes (presuming it's on time) to get from Moscow to Vladivostok. Even then it's not the longest train journey. That would be Ukraine to Vladivostok or Moscow to North Korea. 2. Cats. To keep the rodents at bay. 3. Ivan the terrible blinded him so he couldn't build anything to rival it (allegedly). 4. Even numbered of flowers in a bouquet are considered bad luck and associated with funerals. 5. Less. Apple was worth 652 billion dollars at the time. 6. Laika, a stray dog from the streets of Moscow, was selected to be the occupant of the Soviet spacecraft Spunik 2 that was launched into outer space in 1957. 7. 1980. 8. Lenin. 9. Leo Tolstoy. 10. Chamomile. 11. Winston Churchill. Bonus : It's the Beatles, especially the track 'Yesterday'. Although we could have asked a question about him spending hours capturing rats as a young boy in Leningrad ... explains a lot really.

Contact AIDS WEST at Ozanam House Galway

AIDS WEST SUPPORT SERVICE offers to anyone concerned about their sexual health and HIV in particular . . .

- Free/Confidential counselling and information
- Support to individuals (and their families) living with HIV
- Buddying programme for people living with HIV (PLHIV)
 - Alternative treatment therapies for PLHIV
 - Confidential helpline

AIDS WEST OFFERS A WIDE VARIETY OF SEXUAL HEALTH EDUCATION PROGRAMMES

Schools Programmes

Secondary Schools*	Senior Cycle	Positive Sexual Health
Secondary Schools*	Junior Cycle	Negotiating Relationships
Primary School*	6th Class	Basic Facts of Life
Secondary Schools**	Senior Cycle	Risky Behaviour

Please see www.bewiser.ie

* These programmes provide the students with age appropriate knowledge about positive sexual health. Topics include puberty, relationships, gender roles, contraception and both the positive/negative consequences of sexual behaviour. Duration 3x 1.5 hours sessions
** This programme focuses on how misuse of alcohol and drugs can lead to various risky behaviour

Parenting Seminar: "I am a parent get me out of here!"
Provides information and advice to parents on how to support their teenager through the minefield that is Sexual Health Education, Drugs, Alcohol, Social Media and related risky behaviour. Duration -2 hours

Much Much more ...

- "Risky Behaviour and You - A guide to negotiating student life around Sex, Drugs and Alcohol." Third Level College Workshop -Duration - 1 hour.
- Sexual health programmes tailored to meet needs of Professional groups , Youth groups , Youth Workers and at Risk groups.

CONTACT US

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e: info@aidswest.ie
w: www.aidswest.ie
f: facebook.com/aidswest

Sexual Health APP

For iTunes:
<http://itunes.apple.com/ie/app/sexual-health-guide>
For Android:
[https://market.android.com.grabradioworld.sexualhealthguide](https://market.android.com/grabradioworld.sexualhealthguide)

Galway City STI Clinic Opening Hours

Monday Afternoon
14.00-17.30 *By Appointment Only*

Tuesday Afternoon
Results (telephone no. (091) 542294)
Results can be obtained (two weeks after screening) Between 2.00pm - 4.00pm

Wednesday Morning
'Walk In' STI Clinic* *Doors Open at 8.50am*

Thursday Afternoon
Results (telephone no. (091) 542294)
Results can be obtained (two weeks after screening) Between 2.00pm - 4.00pm

Friday Morning
'Walk In' Clinic* *Doors Open at 8.50am*
Friday Afternoon

The clinic is located in a self-contained building to the left of the main hospital. As you enter the grounds of the hospital, take the first left, then follow signs for Genito-urinary Medical Clinic, Infectious Diseases and hepatology – in front of maternity services.
Tel: 091-525200.

* This clinic is based on a 'first come, first served' basis with a maximum quota that can be seen at any one time.
AIDS West offer Free Confidential Rapid HIV Testing on the last Tuesday of each month at: Teach Solais Centre, Merchants Road, Galway from: 5:00pm - 8:00pm

USEFUL SERVICES

AIDS WEST
(091) 566266

STI Clinic Galway
(091)525200

STI Clinic Ballinasloe
Portiuncula Hospital (090) 9648200

STI Clinic Mayo
General Hospital, Castlebar, Co Mayo (094) 9021733

STI Clinic Sligo
Regional hospital, The Mall, Sligo (071) 9170473

STI Clinic Limerick
Hospital, Dooradoyle (061) 482382

G.U.I.D.E Clinic Dublin
St. James' Hospital (01) 4162315/2316

STI Clinic Letterkenny
Letterkenny, Co. Donegal (074) 9123715

GOSHH Limerick
Redwood Place, 18 Davis Street, Limerick (061) 314354

Sexual Health Centre
16 Peters' Street, Cork, (021) 4276676

HIV Ireland
70 Eccles Street, Dublin 7, (01) 873 3799

If you would like your organisation to be included in our list of useful services please phone, email, or contact us.

GET TESTED!



FREE CONFIDENTIAL RAPID HIV TESTING

LAST TUESDAY OF EACH MONTH

AT: TEACH SOLAS CENTRE

MERCHANTS ROAD, GALWAY

FROM: 5.00PM-8.00PM

CONTACT AIDS WEST ON 091 566266 OR EMAIL info@aidswest.ie
TO FIND OUT MORE AND TO BOOK AN APPOINTMENT



AIDS WEST

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Happiness is Vital
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Improving Lives.



GlaxoSmithKline