

Initiatives to support the inclusion of pleasure  
in sexual health and sex education work with  
young people  
*An impact evaluation*

Julia Hirst, Liz Wilson, Rachel Wood and Georgina Burns-O'Connell



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## Summary of findings

This report details finding from an evaluation of the impact of resources and initiatives to support the inclusion of pleasure in work with young people. The resources under evaluation include:

- The national Pleasure Principle Conference (2007),
- The [Pleasure Booklet](#)
- A series of 2-day training courses on incorporating pleasure into sexual health work and SRE with young people.

Herewith this suite of resources is referred to collectively as the *Pleasure Project*. Evaluative data were collected from practitioners via a survey and one to one interviews and analysed using thematic coding in NVivo.

### Key findings

- **Supporting practitioners**

The *Pleasure Project* allowed practitioners to **respond to the needs of young people**, allowing for a **positive** engaging message. It gave practitioners a strong **evidence** base and feelings of **confidence** and 'permission' to implement sexualities, relationships and sexual health initiatives that include pleasure.

- **A critical framework for pleasure**

Practitioners do not see pleasure as a stand-alone topic, they place it in context and within a **critical rights-based framework**. They use a pleasure agenda to make content more **inclusive** and present pleasure as an **option not a requirement**. This provides a reassuring counter to concerns about a 'pleasure imperative' voiced by some sex education researchers.

- **Barriers**

There are barriers to implementing initiatives underpinned by pleasure. **Policy** agendas such as safeguarding and health targets are a major obstacle, as are **lack of resources** for staff and training and **resistant social attitudes**. Those practitioners still working in this field have strategies to handle barriers, with a strong **network of allies** identified as particularly important. However, many professionals who engaged in the *Pleasure Project* ten years ago are **no longer working in the field**.

We can conclude from these findings that the *Pleasure Project* unequivocally impacted positively on the work of the participants in this evaluation. Impact takes various forms but notable are increases in confidence, awareness of rights, and improved skills to negotiate egalitarian relationships and safer practices. The scope of this impact is constrained, however, by the barriers to comprehensive pleasure work arising from cuts and policy change in the fields of sexual health and education over the past ten years.

## 1. Introduction: context & aims

This report details finding from an evaluation of the impact of resources and initiatives to support the inclusion of pleasure in work with young people. The resources under evaluation (collectively termed, the 'Pleasure Project') include:

- The national Pleasure Principle Conference (2007)
- *Pleasure: A Booklet for Workers on Why and How to Raise the issue of Sexual Pleasure in Sexual Health Work with Young People* (Centre for HIV and Sexual Health, 2009/2012) [Pleasure Booklet](#)
- 2-day training courses, 'Pleasure Pursuits' run by CHIVSH in 2009 and 2010
- 2-day training courses 'Young People and Sexual Pleasure: how to incorporate pleasure into sexual health work and SRE with young people' run by CHIVSH in January 2013, April 2014, and September 2015.

Description of each of these follows:

### **Conference**

In September 2007, the Centre for HIV and Sexual Health (CHIVSH<sup>1</sup>) organised 'The Pleasure Principle', a conference on sexual pleasure and how to raise issues of sexual pleasure within sexual health promotion work with a range of groups, and within Sex and Relationships Education with young people. The keynote speakers at the conference were Dr (Professor) Julia Hirst, Sheffield Hallam University and Professor Roger Ingham, University of Southampton. Seventy five participants attended from across the country (see conference programme: Appendix 1).

The conference was evaluated positively by the participants who were from a variety of statutory and third sector organisations. Participants fed back from the conference that they would appreciate further training and information to enable them to adequately develop sexual health promotion work which incorporated pleasure, with communities and particularly with young people.

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<sup>1</sup> The CHIVSH no longer exists. In 2014 the organisation integrated with Sheffield GUM and Contraception services, renamed Sexual Health Sheffield.

## **Training courses**

In response, in November 2009 the CHIVSH ran its first 2-day 'Pleasure Pursuits' training course. The aim of the course was to give a context for including sexual pleasure in health promotion work and SRE, and focussed on the following groups: young people, gay men and MSM, and women. In November 2010 another 2-day course ran successfully, and then applications for the course tailed off.

After feedback from potential participants, the decision was made to alter the course and offer a one-day training course specifically on Young People and Sexual Pleasure and how to incorporate 'pleasure' into sexual health work and SRE with young people. Successful one day courses ran in January 2013, April 2014, and September 2015.

In total 75 participants attended the five courses.

## **Pleasure booklet**

In March 2009, after extensive research and consultation with young people, practitioners and researchers who work with young people, faith groups and sexual health practitioners, the CHIVSH produced 'Pleasure – A booklet for workers on why and how to raise the issue of sexual pleasure in work with young people'. Research by Ingham (2005) and Hirst (2008) and the keynotes given at 'The Pleasure Principle' conference by Hirst and Ingham were stated as particularly pertinent to the development of the booklet (see appendix 2 for details).

The Pleasure booklet was updated in 2012<sup>2</sup> and continues to prove popular with 13,500 copies sold/distributed<sup>3</sup> locally, nationally and internationally between 2009 and May 2016.

The Centre (CHIVSH) and the booklet received a huge amount of publicity. For example, *Children and Young People Now*, the newsletter of the National Youth Association, published an article (Smith, 2009) which was largely positive and included responses to the content from parents, young people and practitioners. This was subsequently picked up by national (UK) and international print, radio and television media. Whoopi Goldberg discussed the item in her daytime show in the USA on 14 July 2009 and the subsequent YouTube clip from the show currently has 60,805 views:

<https://www.youtube.com/watch?v=YKqo0EBZShw>

Most of this extensive coverage attempted to offer balanced debate by including views in favour and against the rationale to offer more positive and holistic guidance. However, a major distortion in most of the news items reported that the booklet was aimed at young people directly and was

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<sup>2</sup> A third edition will be launched in 2017.

<sup>3</sup> Initially the booklet had no charge for Sheffield workers but for the past 4 years has carried a cost for all.

being given to young people in schools. This was not the case, as the title of the booklet makes clear: A booklet for workers on why and how to raise the issue of sexual pleasure in work with young people. Misrepresentation of the target readership and the booklet's content warped reporting and discussions. Notable examples of falsification in tabloid journalism included Freeman's (2009) piece entitled *'Could teens be fed a more dangerous message than being told sex is their human right - and good for them?'*. In her opinion, the *'sex education leaflet ... is not only a waste of taxpayers' money, it's misguided do-gooding gone crazy'*.

In sum, the booklet got caught up in broader, unending, adversarial debates about sex education (Hampshire and Lewis, 2004) and manifested in a formal complaint to the NHS Trust within which CHIVSH was located at the time. More ominously, the Director of the CHIVSH was subject to numerous negative communications including death threats.

On the other hand, there were many positive news based stories, and CHIVSH staff received many supportive communications from within the UK and as far away as Italy and Australia. Although a scientific analysis of the reporting was not carried out, of all the reports, articles and communications collated by CHIVSH, about 50% were positive and 50% were negative. The vast majority of these were based on not having seen or read the booklet but on the newspaper reports. Of the customers who bought or were given the booklet, all feedback received was positive.

## **Evaluation**

Evaluation (by Sexual Health Sheffield) was carried out on completion of each of the 'Pleasure' courses (data were available to this study), but there had been no longer-term evaluation or impact inquiry on whether or not the resources have influenced educational provision and practice, teacher/practitioner training and support or policy development and operation. The purpose of this current project, therefore, was to evaluate the impact of the training courses and pleasure booklet. The findings are intended to inform:

- (i) the development of training courses and resources, and
- (ii) policy and practices in sexualities and relationships education and sexual health services for all ages but particularly young people's workforces at local and national levels.



## **Context for the evaluation**

The political and economic landscape has changed considerably since the Pleasure conference, publication of the Pleasure booklet and training courses. Austerity measures (Lacobucci and Torjesen, 2017; Lacobucci 2014) and loss of parliamentary support (BBC 2010) for compulsory SRE provision contributed to massive reductions in funding for sexual health services and training provision. Inevitably this led to job cuts and a very real possibility that many of the original participants (in the conference and training courses) and those who purchased/received the booklet would no longer be in post and/or be traceable for the purposes of the evaluation. The first task for the evaluation, therefore, was to try and establish how many, and which, of the original participants could be identified. A rudimentary scoping exercise suggested that though many were no longer in post, there were potentially sufficient individuals that we could contact and would consent to participation.

## **Aims of the evaluation**

1. To evaluate the impact of the 'Pleasure Principle' conference, 'Pleasure Pursuits' training courses and the 'Pleasure' booklet
2. To establish the factors that *enabled* and *obstructed* initiatives on sexual pleasure within sexual health promotion work and SRE.

## 2. Methods & analysis

### Stage 1. Conference and training course evaluation

#### Conference evaluation

Seventy participants were involved in evaluation findings from the conference and the results were collated at the time of the conference, in 2007. Participants were asked to rate the conference on a Likert scale from 'excellent' to 'poor' and add additional individual feedback in their own words.

#### Training course evaluation

There were 75 evaluations from the training courses. Summaries of these were made at the time of each course. Participants rated the training on a Likert scale from 'excellent' to 'poor' and gave additional individual feedback in their own words.

### Stage 2. Baseline survey

As noted above, massive cuts to sexual health services were bound to hamper identification of potential participants given that our initial scoping exercise confirmed that many were no longer in post. However, sufficient numbers were still contactable. A **baseline survey** was designed to capture:

- names and contact details
- level of involvement in the resources and activities under evaluation (i.e. attendance at the Pleasure Principle conference, the Pleasure Pursuits training courses)
- Experiences of using and responses to the Pleasure booklet
- impact on working practices, and what had helped or hindered delivery of 'pleasure' work
- Level of willingness to be involved in follow-up interviews and/or focus groups

Potential participants were contacted by email with an introduction to the evaluation and request to complete the attached survey (see Appendices 3, 4, 5, and 6).

The response rate was poorer than expected but many of the non-responses were due to changes in contact's emails due termination of posts or changes in role / employer. However, of the 10 who did respond by completing the questionnaire, all agreed to our request to be interviewed. On the basis that 10 qualitative interviews of 60 minute duration could yield a significant body of data, we went ahead with the next stage.

### **Stage 3. Follow-up one-to-one interviews**

Ten people were interviewed individually by the same interviewer. Two interviews were carried out over the telephone, one by skype and seven in person. See appendix 7 for the interview schedule. The roles of interviewees are as follows:

- Freelance Trans and Sexual Health Trainer
- Three Sexual Health Promotion Workers (A, B, and C)
- Child Sexual Exploitation (CSE) Worker
- Community Outreach Worker
- Two Managers of a Youth Charity (A and B)
- Researcher and Educator
- Sex and Relationships Education (SRE) Specialist
- Sexual Health Doctor

### **Analysis of evaluation findings**

The interviews were entered into NVivo and coded thematically to themes that emerged from the data itself, and from the coder's awareness of key points of debate within the project and the wider literature. Relevant portions of interviews were coded to the following themes:

- What young people want
- Rights and ethics
- Positive versus negative approach
- Pleasure connected to other topics
- Inclusivity
- Evidence based
- Confidence
- Barriers
- Dealing with barriers
- Pleasure imperative

Following this, the coder constructed a table of coded themes and noted key points emerging within each theme (see appendix 8). These were then discussed by the research team to form the basis of the analysis below.

### **Limitations and significance**

Notwithstanding due caution on the generalisability of the empirical findings to wider populations given the small number of participants involved, these findings are original and significant in highlighting the impacts of pleasure initiatives in sex and relationships education and sexual health. As such, the key themes warrant further inquiry with other groups and sample sizes, notably, young people and larger groups of practitioners.

### 3. Findings

**Key findings** from the respondents can be summarised in 3 main categories:

**1. Supporting practitioners**

The pleasure project responded to the needs of young people, allowing for a positive engaging message. It gave practitioners a strong evidence base and feelings of confidence and 'permission' to implement sexualities, relationships and sexual health initiatives that include pleasure.

**2. A critical framework for pleasure**

Practitioners do not see pleasure as a stand-alone topic, they place it in context and within a critical rights-based framework. They use a pleasure agenda to make content more inclusive and present pleasure as an option not a requirement.

**3. Barriers**

There are barriers to implementing initiatives underpinned by pleasure. Policy agendas such as safeguarding and health targets are a major obstacle, as are lack of resources for staff and training and resistant social attitudes. Those practitioners still working in this field have strategies to handle barriers, with a strong network of allies identified as particularly important. However, many professionals who engaged in the *Pleasure Project* ten years ago are no longer working in the field.

Findings on each of these themes are detailed below.

#### 1. Supporting practitioners

Data demonstrates that the Pleasure Project resources supported practitioners to integrate pleasure messages into their practice, and had a positive impact on their ability to support service users.

##### Key points in this section

- a) **NEED:** Pleasure messages responded to a perceived need among service users (young people). Respondents stated that young people will look elsewhere for this information (to potentially less informative sources such as pornography).
- b) **POSITIVITY:** Pleasure messages allowed for a more 'positive' emphasis to sexual education and health that young people found more appealing and engaging.
- c) **EVIDENCE:** The Pleasure Project resources gave practitioners a strong evidence base to advocate for the inclusion of pleasure in their practice (including to potentially resistant gatekeepers).
- d) **CONFIDENCE AND PERMISSION:** The resources gave individual practitioners feelings of confidence when discussing pleasure and a sense that they had been given the 'permission' to include pleasure topics.

## 1. (a) Need

Participants stated that integrating the *Pleasure Project* resources was a way to respond to young people's expressed needs. A Sexual Health Promotion Practitioner stated that the resources were 'what young people wanted and we responded to it'. This reflects the origins of the resources themselves, as a Researcher and Educator involved in the Pleasure Project stated:

'We are definitely the cart in this and the kids are the horses. We are being dragged along. But we're doing them a disservice [if we don't provide information on pleasure] because they still want adults in their lives that they can trust and talk to and they still want real people and not online services. They still might want to go on Laci Green's blog, but they also want somebody who will sit down and hear them.'

In supporting moves towards more positive input, practitioners said that young people can be valuable allies in getting pleasure on the agenda (see dealing with barriers below).

Young people's desire to know more about pleasure was cited as a motivation to consume pornography:

'We're not going to stop them going to porn and we don't necessarily want to stop them going to porn, but that's what they say they go to porn for. So, if we gave them more sex-positive messages and talked more about pleasure, we are providing them what they want to know' (Sexual Health Promotion Worker C)

'Wouldn't it be nice if young people didn't have to turn to porn to find out about how you do it? (Laughter) You know that's what they do, we know that's why. I remember going to one lesson a few years ago. It was a boys' school, these young men and we were talking about pornography and this boy said "When I look at porn, Miss, I look at porn because I've got a girlfriend and I just want to give her a good time." (Laughter) That was really nice. I just thought why is he having to do that? Why can't he go and find out about that somewhere else? ' (SRE Specialist)

As the first respondent states, the motivation here is not to stop young people consuming porn, but to provide a critical framework for some of the messages in porn. The respondent stated that porn can give 'quite a skewed view of sex and gender and power and aggression and all that stuff' (Sexual Health Promotion Worker C). Porn was also seen as limited in its representation of a normative 'of heterosexual sex and oral, vaginal, anal' (Sexual Health Promotion Worker C) that could be counteracted with a more inclusive pleasure agenda (see inclusivity below).

## 1. (b) Positivity

Pleasure-informed initiatives were said to offer an approach that was in stark contrast to other, previous tactics that emphasised a preventative, risk-based agenda.

'So it is not all about what you can catch, or what can go wrong, or how you might be abused. (CSE Worker)

'Quite often when you see stuff around sexual health, .. it goes through all the different types of things that you might catch, and that's it' (Freelance Trans and Sexual Health Trainer)

'It means framing sex in a positive way. Traditionally we take a 'this could happen to you' approach 'if you have sex'. You could get chlamydia, you could get gonorrhoea, you could get HIV, you could have an unplanned pregnancy and therefore a termination. ... that scaremongery fear-based approach' (Sexual Health Promotion Worker C)

Importantly, moving away from the approach described as 'negative' and towards a more positive model was seen as key to engaging young people who were over exposed and/or 'bored' by these protectionist messages that emphasised risk.

I think young people are getting largely quite bored with hearing about sexual health... it might go back to a lack of creativity. I think they're getting the same thing at the same time without much variation from a number of different agencies. Quite clearly a number of them are just going, "I am sick and tired of hearing about bloody contraception and condoms." So there's a disconnect. (Sexual Health Promotion Worker A)

'.. it engages young people talking in a more sex-positive way and talking about pleasure, they're engaged. [...] gets them hooked in by a bit more of an interest... They're interested in [a workshop about pleasure in sex], obviously. They want to know and they want to come' (Sexual Health Promotion Worker C)

Importantly, none of the issues addressed by a risk centred agenda (such as safer sex, safeguarding, etc.) were 'left out' by using pleasure, but were instead spoken about as being included in a more positive framework (see more on this under 'pleasure in context' below):

'... we've reframed it negatively, haven't we? By doing the cyber bullying and abuse and all of that stuff? Whereas a rational justification for pleasure informed sexuality and relationships education acknowledges all of those things, brings it in, but within a positive model... So that young people begin to see sexuality as a positive thing, from their teachers, be they parents, classroom teachers, whatever. Because as long as they think we see it negatively they aren't going to talk to us, are they?' (Researcher and Educator)'

### **1. (c) Evidence**

One respondent stated that 'the main positive thing about having the resource is really its sheer existence'. They explained that having something that they could present to managers and commissioners, other practitioners, parents, and so on was valuable as it provided evidence that a pleasure agenda 'wasn't going to do damage' or encourage 'more risky sex and underage sex'. The *Pleasure Project* resources, then, provided an evidence base that, along with other resources, could be used to help counteract barriers:

I think if we've got a clear rationale for what we do, whenever we do it, however we do it, then we should feel confident in it. So by having your resource, by having references from different academic literature and articles and more increasingly recently in the direction of sex education. I think the 21st century sex education guidance made reference to taking a more sex-positive, pleasure-based approach, although that was recently. But I've always been very careful to provide a clear rationale, this is why we're doing it, the literature and evidence around sex education is saying we need to go in this direction, young people themselves are saying this is what they want to know. (Sexual Health Promotion Worker C)

### **1. (d) Confidence and permission**

The resources confirmed or supported practitioner instincts that including pleasure could have a positive impact on their practice:

'Then when I came to this Sheffield course, suddenly, you know when you have one of those Eureka moments where you think, "This is exactly right, isn't it?" That training course had a profound influence on me. It just confirmed what was sort of in the back of my head.' (SRE Specialist)

'It [the booklet and conference] made me feel like I had kudos personally' (Community Outreach Worker)

'I always felt that talking about sexual pleasure with young people was the right thing to do, but didn't feel supported or confident. This course has left me feeling raring to go!' (Training course attendee)

Having the space of the conference and/or training workshop to discuss what can be a taboo subject was key to increasing confidence.

'... there were a number of people on the course who were from schools, nursing backgrounds, who just weren't able to talk about it in their school environment. Yet they were coming along to try and, kind of, slip things in a little more subtly (Laughter), because it's just not allowed to be talked about. If we're not allowed to talk about it as kids in that environment, then we're giving out the message that we shouldn't, so it was really wonderful to have a space for that' (Freelance Trans and Sexual Health Trainer).

A number of respondents spoke of being 'given permission' to include pleasure:

'[the resources and booklet] was a refreshing shift to how we approach conversations about sex and relationships and feeling like we've got permission to be more positive and it didn't have to be all the negative messages' (Sexual Health Promotion Worker C).

'The training has given me permission to include the topic in an appropriate way' (Training course attendee)

## 2. A critical framework for pleasure

In this section, we discuss the data that evidences pleasure being understood by practitioners within wider critical frameworks such as rights, consent, and equality. This is a particularly important topic in the academic context, given that a number of critics have argued persuasively that the inclusion of pleasure in SRE runs the risk of reproducing a 'pleasure imperative'.

### Key points in this section:

- a) **PLEASURE IN CONTEXT:** Pleasure was not described as a 'stand-alone' discourse by participants, and instead was seen as a way to frame a wide range of topics in a positive way.
- b) **RIGHT TO PLEASURE:** Pleasure was understood by practitioners within a wider critical framework of a right to pleasure, with awareness of the challenges involved in this.
- c) **INCLUSIVITY:** Including pleasure was seen as a way to make content more inclusive, allowing practitioners to include a range of desires, practices and identities, to address the needs of abuse survivors and support mental health.
- d) **PLEASURE AS AN OPTION:** Rather than being presented as a requirement, the data suggests pleasure is understood as an option or possibility. In addition, some of the problematic social, cultural and media messages about pleasure were themselves discussed critically by practitioners.

### A note on the 'pleasure imperative' debate

In the years since the launch of the *Pleasure Project*, research in SRE has increasingly focused on the potential effects of pleasure's inclusion, or how pleasure might be 'put to work' in various



ways (Allen, 2012; Allen and Carmody, 2012; Lamb et al., 2013; Allen et al., 2013; McGeeney and Kehily, 2016). Some authors caution that practitioners including pleasure in sex education might (often unintentionally) reinforce social and cultural norms that position pleasure as something that young people feel they must or should achieve in their sexual lives (Allen and Carmody, 2012; Rasmussen, 2013; Lamb, 2013). However, the data in this section shows that practitioners are equipped with critical frameworks that allow them to teach pleasure in ways that appear to avoid normalising and enforcing a pleasure imperative, and even break down and question social norms and myths around the role of pleasure in sex. We discuss the ways in which the *Pleasure Project* evaluation data contributes to the pleasure imperative debate in a forthcoming journal article.

## 2. (a) Pleasure in context

One respondent explained in detail that pleasure was not and should not be a 'stand-alone' topic:

'My main message, whether it's pornography or pleasure or consent, is not to do stand-alone lessons or sessions on those subjects, ... the main thing is to thread through any kind of conversation or discussion or lesson, the themes of pleasure and consent. It's not about a stand-alone. [...] even if [teachers] ask you to do a lesson on condoms. My approach would be a very sex-positive, rights-based, pleasure- based approach to condoms. (Sexual Health Promotion Worker C)

I think it's always possible to slip something in or just have a general attitude, a general kind of sex positive attitude really. I think that flavours the whole of your consultation... So for me, I may be sex positive, say if you're working with young women and encouraging them to use condoms, it's all about encouraging their self-confidence and their self-worth in using condoms. Which I think is about pleasure as well (Sexual Health Doctor)

Other interviewees also spoke about how familiar topics such as safer sex could be framed by ideas about pleasure:

'You still do your condoms and chlamydia bits, but you do it more on the young people's own sort of conclusions and more subtly'. (Sexual Health Promotion Worker C)

'That's one of the things that I absolutely loved [about the courses] .. it's really emphasised that safer sex isn't just about make sure you stick a condom on or think about, "If you put this in here, what are you going to get?" but actually about your mental well-being, your physical safety' ( Freelance Trans and Sexual Health Trainer)

A Youth Charity Manager B spoke about how pleasure could frame the topic of building positive 'relationships and friendships' as a 'starting point', before introducing the idea of sexual pleasure.

## 2. (b) Right to pleasure

The impact of pleasure-based work also met the need to support young people's rights to own their body through supporting them to be assertive and sufficiently confident to communicate what they want. Consent was mentioned, with pleasure based narratives deployed to help empower young people to believe they have a right to be heard and their choices over sex (or not) respected:

'Pleasure is not just about the techniques, in fact it's more about valuing yourself, having positive relationships and equality. That's where it [pleasure resource] fits in with me. ... it's in line with taking a rights-based approach. When you're talking about consent and the need to prevent coercive, abusive relationships then the 'Pleasure' work to me is about rights and a right to my own body and what I like and don't like and how I want to be touched and not touched. 'I think it's giving them permission to say, "Do you know what, it's okay to say that 'If you don't use a condom, I'm not going to have sex with you.'" It's giving them that permission. And I do think that trust and communication, good communication, you know, key to pleasure, for men and for women actually.' (Sexual Health Doctor)

'We are encouraging people to be more in tune with their own bodies and their own pleasure ... then they can feel more assertive to negotiate that in a relationship and be more likely to say, "No, hang on a minute. I don't like that. I don't want that. I don't want to try out anal sex," for example, if it's not pleasurable.' (Sexual Health Promotion Worker C)

There was also a critical awareness evident in responses highlighting that a 'right to pleasure' might not be straightforward for all young people. There was some discussion of gender inequality surrounding the right to pleasure:

'But you could also see there's a lot of stuff around gender stereotypes. The girls as well as the boys are well aware that boys have got an absolute right to pleasure and girls should be quieter about it, if you like.' (Researcher and Educator)

'All of those things that we think in terms of particularly young women but also young men and their confidence about themselves, about violence towards girls or women, about them not understanding what healthy relationships are, isn't it? We don't teach them that ... And also then the violence that is mainly directed towards girls and young women because we're not really promoting that sexual pleasure is a human right. I see it as a human rights issue.' (SRE Specialist)

Positioning pleasure as a human right aligns with research recommendations for a 'rights-based' (Blake and Aggleton, 2016) approach to sex and health education as mandated by WHO guidance (2006) outlining a right to sexual health that encompasses emotional and social factors,

and requires a 'positive and respectful approach to sexuality'. We discuss some potential issues surrounding the idea of a 'right to pleasure' in our forthcoming article on the pleasure imperative debate.

## **2. (c) Inclusivity**

The inclusive approach of the Pleasure Project was spoken about positively in the evaluation data:

'It was really, really freshening to be in a space where I felt visibly included as a trans person and where that wasn't coming from me, it was coming from the course and the course leaders. It was nice to see that that diversity was included and was given out... Also, it felt like I could participate and contribute and not have to explain my perspective and feel like I'm constantly going, "don't forget there are trans people there," which is what can happen in a lot of other spaces. So, it felt validating as an individual that trans people can be involved when we're talking about sex.' (Freelance Trans and Sexual Health Trainer)

Using pleasure in sexuality health and education practice was similarly seen as an approach that allowed for greater inclusivity. The positive approach discussed above was described as particularly beneficial for high risk groups who have been exposed to repeated risk messaging:

'It helps, particularly with the hard to reach young people, like in hostels... vulnerable young people have been targeted so much for the condoms message and chlamydia messages. It's sort of a fresher way to approach them' (Sexual Health Promotion Worker C)

Echoing the quotes above about gendered differences in understandings of a 'right to pleasure', pleasure approaches were seen as a more effective way to address the needs of abuse survivors, some of whom may not have identified their experiences as abuse until they are exposed to the concept of sex as pleasurable:

Often young people will describe abuse that they have received and not realise that it was abusive at the time because they were sexually inexperienced. And in trying to assimilate what happened to them they will try and normalise it somehow, like children who are sexually abused within the family will sometimes think it is normal even. So yes, it is important to emphasise that sex should be good for you! (CSE Worker)

If we can talk about pleasure... it helps people recognise, maybe, more unsafe situations, or a potentially common unsafe situation. To be honest, if it's not pleasurable in some way, then why is it happening? It is part of it, and if it's not pleasurable for you, then maybe you need to think about why that is. Is it because of you, is it because of the

person or the people that you're with, is it because of what's happening? (Freelance Trans and Sexual Health Trainer)

Finally, pleasure approaches supported by the resources were understood to be inclusive of young people's mental health needs. One respondent suggested that the 'negative' risk and safeguarding messages, to which pleasure represents a positive alternative, could have a damaging impact on mental health:

One of the things when we talked about this is how sexual health and concerns about sexual health and all of that negative stuff that gets thrown at them as young people can have an impact negatively on their mental health.' (SRE Specialist)

In addition, pleasure approaches were seen as beneficial for mental health outcomes, emphasising positive messages of self-care, confidence and openness.

Because yes, we're looking at raising awareness of all the different issues of mental health but [it's more] about how you can support yourself, it's self-care rather than self-harm. We're trying to turn things around how you care for yourself, how you look after your friends and your family and where to go to for support either in school or out of school or wherever. (SRE Specialist)

'...a lot of young people are saying how important [SRE] had been for their mental health. How important it had been to their confidence on a broader level, because they were able to talk about sex from having input at youth groups, they were able to talk about anything. So, seeing that SRE in itself is much more than the sum of its parts in those potential gains from including it.' (Researcher and Educator)

## **2. (d) Pleasure as an option**

An important outcome of recent research discussing the possibility of a 'pleasure imperative' is the idea that pleasure should be presented as a 'possibility' (Allen, 2012) rather than an essential requirement in sexual encounters. The evaluation data here shows that this is indeed how practitioners are presenting pleasure, and that they are also engaging with critical debate in the cultural and social pressures surrounding pleasure.

The quotes below show pleasure being presented as one possibility among others:

'I feel one needs to be honest with young people. [For example] we have a card sorting exercise, and it's called 'Why Women Have Sex', and one of them is "to have an orgasm", and we can talk about sexual pleasure there. But a lot of the [cards] are about "because my partner may leave me if I don't", or "fear", or "because I'm told to", or "because I think I should". So a range of things. ... in being honest with young people one could say it isn't always pleasurable, but ideally it is and that's what you can work towards in an intimate relationship if it isn't happening immediately' (CSE Worker).

... [it's about] my right to sex or no sex, my right to be celibate, my right to have pleasurable sex or the right to have the sex I want. The right to say no and have that heard, the right to say no at any point in the sexual contact, whether that's after touching each other or before penetration or after kissing, you know, at any point, having that heard and respected. (Sexual Health Promotion Worker C)

... we can start to have conversations about actually not everybody finds sex pleasurable; not everybody is interested in sex and not everybody wants to have sex. If we're able to talk about pleasure, then we're also then able to talk about the other aspects of that, as well. It starts the conversation, the recognition [that] there are expectations and assumptions that people are sexual, everyone is a sexual being, and that everyone enjoys sex. That's not always the case. [...] So, if we're starting to have those conversations, then people don't feel pressured into it, because they can actually feel like they can say, "No." (Freelance Trans and Sexual Health Trainer)

'talking about pleasure includes talking about not having pleasure, that sex isn't always pleasurable as well. We were very clear about saying that at all times. It's not about having the best orgasm or the best intimate moment, it's just recognising what it is that gives you pleasure and what it is that doesn't give you pleasure. There's no compulsion to have pleasure and pleasure from sex. (Youth Charity Manager A)

Another respondent spoke about using a discussion of pleasure to critically address the pressures that might arise from representations of pleasure in pornography:

Because again, the pornography messages would be all woman should always have an orgasm through penetration or be multi-orgasmic. So I would counter that by saying for some women they achieve orgasm through penetration, but many don't. In fact, the majority don't. Women are more likely to have clitoral orgasms. And you can see the sheer relief on people's faces when you just say that because it's this perception that

everyone should be orgasming all the time and it's the ultimate goal of sex. You're sort of challenging that notion and myth, really.

So, I think by diffusing that anxiety and pressure, people are more likely to have better sex because they let themselves a bit off the hook and not feeling so much pressure to give themselves and each other orgasms all the time. Obviously, a lot of the pleasure-based messages, certainly that I talk about, is take the focus away from penetration. It's sort of held up as how you have sex but actually it's only one type of sex. (Sexual Health Promotion Worker C)

As with the data throughout this section, pleasure here is being utilised with a nuanced critical framework that allows practitioners to explore a range of possibilities involved in sex, including pleasure, and to critique some of the norms and expectations that surround pleasure.

### 3. Barriers

Although the sections above show the positive impact of the *Pleasure Project* on practice, there were significant barriers to integrating a pleasure agenda identified by respondents. One of these was the impact of government cuts on resources for sexual health and education. We reiterate here that many of those who engaged with the Pleasure Project in 2007 are no longer in role due to major staff cuts in the sector. Therefore it is important not to underestimate the major barrier represented by staff cuts, as many of those who engaged with a pleasure agenda are no longer able to practice in their roles at all.

#### Key points in this section:

- a) **POLICY** - A number of policy issues were identified as presenting barriers to the integration of a pleasure agenda in practice. These include sexual health targets based on a bio-medical risk model, lack of compulsory SRE to date and safeguarding agendas.
- b) **RESOURCES** - Government cuts to public services were seen as impacting the opportunity to integrate pleasure in sexual health and education giving the stripping of resources. Limits on staff time meant little room for holistic approaches, and lack of training was identified as a major issue.
- c) **SOCIAL ATTITUDES** - Resistant attitudes to a pleasure agenda were seen as coming from schools, commissioners, policy makers, parents, the media, service users, and the public more generally. Fear of negative responses made practitioners reluctant to initiate change.
- d) **DEALING WITH BARRIERS** - Practitioners were primarily able to overcome barriers through using evidence and harnessing the support of a range of allies, including colleagues, parents, and young people. Training, where available, was essential in overcoming barriers.

#### 3. (a) Policy

From the perspective of sexual health practitioners, a major barrier in terms of policy appeared to come from target-driven risk-reduction approaches to sexual health, or, as one respondent put it,

a 'prevention much more than a promotion agenda'. The emphasis on achieving targets leaves practitioners struggling to 'fit in' more holistic health promotion agendas such as pleasure:

'The environment of sexual health and sexual health promotion has become so target-driven that I have to ask myself, "Where does pleasure sit in screening for Chlamydia or gonorrhoea? Where does pleasure sit in point-of-care testing? Where does pleasure sit in trying to reduce teenage pregnancy?"... We have to drive a session through very much to that target that we're there to deliver ... one that is much more focused on clinical outcome. [...] It makes it much harder to weave it in organically, definitely.' (Sexual Health Promotion Worker B)

'I think sometimes it can be hard, because sometimes it feels like there's not much time. And actually, we've - we are tending to focus on - well, the reasons why we're here, which is STI screening, contraception, etcetera. And sometimes it feels like there's a lot of information to get across to a young person, well, any person... there are so many pressures with what we have to deliver and what we absolutely need to deliver. Because, of course we're worried about chlamydia, of course we're worried about unplanned pregnancy.' (Sexual Health Doctor)

'We're being given a very clear lane on the key messages our organisation's trying to promote. The key messages are, reduction of risk, reduction of unintended pregnancy, informing people about the location of the new service. It's very reductivist. I'm not saying it's not important but it doesn't allow for additional messaging that might be seen as more liberating.' (Sexual Health Promotion Worker A)

One respondent identified this within a wider policy shift to seeing sexual health in a wholly biomedical context, rather than acknowledging the benefit of a more holistic health promotion approach:

'... that's the direction that a lot of services are going anyway... treat illness... lots of clinicians don't believe prevention works or talking works, despite all the evidence. And so we've moved to a much more clinical model of sexual health and reproduction.' (Youth Charity Manager A)

For practitioners working in SRE, the lack of compulsory curriculum provision was repeatedly cited as a major barrier, although this has now changed with the announcement of compulsory SRE from 2019.

'.. certainly the fact that PSHE is still not compulsory [is a barrier]' (SRE Specialist)  
'What might help is compulsory PSHE' (CSE Worker)

'And it seems that, with the emphasis on targets, it's the sexuality and relationship, PSHE stuff that gets pushed out ... All the data shows is there's a very, very high percentage of parents and guardians who want schools, whoever, to be doing this work, but we're not doing it because of the few that will object, and make a song and dance about it and stop everybody else doing it. And young people are very aware of that.' (Researcher and Educator)

'Talking to the young people .. the sex education that they are getting is getting worse and worse and worse ... So it seems to have gone off the agenda and everybody is, "Oh, yes, we need good sex education," but they don't do anything about it and schools don't see it as a priority, teachers are even probably more uncomfortable about talking about it than they've ever been.' (Youth Charity Manager A)

As this last quote suggests, one major challenge for the new compulsory SRE curriculum will be the lack of training teachers have received to deliver content on sex and relationships, in terms of knowledge base and confidence. We explore the issue of training further under 'Resources' below.

Another barrier arising from policy identified by practitioners working in and with schools, and in sexual health, was the safeguarding agenda. Pleasure could be seen as something of an anathema to safeguarding by some:

'Safeguarding, safeguarding, safeguarding. Yes, we can hang pleasure on the safeguarding hook ... But that doesn't necessarily mean that the school I go into will want to hear that ... both [commissioners and managers] were very embroiled in the issue of safeguarding. I think there was an anxiety with some people of "are we actually going into a coercive route of having this discussion about how to make sex more pleasurable or more satisfying? Is that a conversation that we should be having? Should we be actually more preventative in our approaches?" I think that was something that for a lot of people coming into the courses had that anxiety about how they would be able to discuss it.' (Sexual Health Promotion Worker A)

'The whole political climate changed at the same time ... and then all the stuff about people being groomed. We found a voice with allowing young people to be able to speak up about abuse, but with that came more protectionism. And excuses, I think it is an excuse to say, "If you tell them about it they'll do it even more, or the groomers will get better at whatever they're doing"' (Researcher and Educator)



### 3. (b) Resources

There have been, and continue to be significant cuts across the public sector that have impacted resources for sexual health and education. Reductions in spending and staff were associated with moves away from positive approaches to sexual health due to tendencies to revert to more conservative interventions that are viewed as more straightforward and easier to deliver. Not only do more holistic discussions of values, attitudes and other issues require more experienced practitioners, they are also perceived as having less of a direct impact on the sexual health targets discussed above, creating a sizeable barrier to practitioners wanting to integrate pleasure:

'.. it comes more with experience [to] understand the need to do more of a sex-positive approach. .. less experienced people would be like, "Oh yes, we've got to do the condoms stuff, we've got to do all that." It comes with time to be like, "Okay, actually this isn't that engaging, this isn't that positive. It feels quite fear-based. It's all very well doing a condom discussion and stuff, but around that you're often challenging lots of big attitudes, you know, the double standards, the gender stuff, the power stuff, all that that goes on around doing something like condoms. I think that comes with more experience ... to tackle it and challenge appropriately or feed in messages about pleasure' (Sexual Health Promotion Worker C)

'.. sexual health services where there are cuts and really deep cuts, that's another weapon to beat you with [in opposition to positive models]... talking about sexual pleasure when they should just be treating STIs.' (Youth Charity Manager A)

Pressure to achieve targets was heightened by reductions in time available for interactions with students in schools and clients in sexual health. For example:

'The level of time with the group isn't there any longer ... ten years ago we had a support service in place for men who were experiencing a range of different social issues or anxieties or concerns, and we could build a therapeutic relationship with someone where we could then address some of those issues.' (Sexual Health Promotion Worker B)

'There's nothing that I currently feel helps. On paper what might help is if we were in a more creative environment and were able to discuss things but ... there isn't an opportunity for group discussion or reflection or expansion of new ideas. So that results in the lesson plan becoming tighter and potentially more formulaic because there just isn't

the scope. So perhaps creativity would help but it doesn't exist.' (Sexual Health Promotion Worker A)

The lack of training was identified as a major barrier:

'Staff training is the biggest issue. Having the confidence to talk about sexual pleasure is a journey for staff. Staff need to start with the basics, they are nervous and lack confidence, they are worried about getting it wrong and about the potential backlash from parents and carers, although there has never been any. The collapse of Sexual Health services ... is a barrier. We need to work harder to give people sexual health information ... We need to keep doing training ... We need to build confidence in workers to talk about SRE.' (Youth Charity Manager B)

'.. [it's] a barrier where there are teachers that don't feel comfortable or equipped to work with SRE. So strategically that could be something that would be really helpful ... I think it is still something of a hidden topic or somehow whispered about. And if adults working with young people are not enlightened it is not helpful ... you hit the problem of teachers not necessarily feeling comfortable around that topic [of pleasure]' (CSE Worker).

'We've got to have face-to-face professional people who are well trained teaching this subject.' (Community Outreach Worker)

### **3. (c) Social Attitudes**

Social attitudes undoubtedly shape responses to the idea of integrating pleasure in sexual health and education, whether from schools, commissioners, policy makers, parents, the media, service users, or the public more generally. The fear of a negative reaction is well founded given that, as discussed in the Introduction, the *Pleasure Project* itself met with a notable public backlash. This backlash had shaped some of the respondents' approaches:

'[responses to the booklet] just shows how far removed we are from good sex education and talking about sex in this country.' (Youth Charity Manager A)

'.. my lasting memory is of just complete media frenzy and feeling really put off by that. .. and this is sad ... on a number of levels, the hyper reaction to the booklet ... the issue got sabotaged by the furore in the media. It got bigger than it should have done ... The consequence was "I've got to be quite wary about this subject now," because being attacked ... made me less likely to discuss pleasure. It didn't enable me. The fracas made

me feel much more tentative because the organisation was so spot-lit.' (Sexual Health Promotion Worker A)

Others recalled trying to introduce resources with other practitioners and meeting with resistant attitudes:

'Yes. I took those books [pleasure booklets] back and I wouldn't exactly say they were horrified, but I got a very frosty response. And these are people, colleagues that I knew quite well. They said they were afraid of the kind of reaction from schools, from parents ...'  
'(SRE Specialist)

The idea that parents could react with resistance to a pleasure agenda in SRE was well founded, as one respondent described some parental attitudes:

'I think obviously parents and carers themselves, because of their upbringing and the way they've been taught and their own self-esteem. And this is both male and females- are not brought up to allow themselves to expect pleasure.' (Community Outreach Worker)

A negative reaction from schools was reflected later in the same respondent's account:

'[Gatekeepers in schools have] obviously got you in there to do the SRE bit or, you know, the sex bit. But they're quite reticent about how you're doing it and always relieved that you're not some kind of cloak and dagger Ann Summers person or going to be salacious or extrovert ... It is tiring that so many people still think that you're going to be in some way controversial. You don't have to be controversial to enable people to have the knowledge and understanding with which to give themselves pleasure in their lives. And it is a little tiring to still be met with that.' (Community Outreach Worker)

There was a sense in a number of responses that the pace of change was hampered by entrenched social attitudes that are slow to change:

'But honestly, it's been a slow process because there's been a lot of resistance because people are very squeamish, aren't they? ... people's attitudes ... It's just slow-moving, isn't it? It's people['s] squeamishness to talk ... we tend to explore. We never do things in a way that aggravates. We try not to aggravate and just go out there and do that, "you can't do it". It's not the way forward' (SRE Specialist)

'It's still a very taboo subject' (Freelance Trans and Sexual Health Trainer)

' [The approach] has to be very softly, softly ...' (CSE Worker).

Feelings of squeamishness and discomfort with the topic of pleasure were also considered to be an issue for professionals, something that training, as discussed above, would be vital in addressing:

'I think undoubtedly there are barriers, because [pleasure is] not something that people, professionals, anyone readily would admit to. It's a personal aspect of your life and it's almost considered to be showing off if you have a happy - if you brag about having a happy sexual, pleasurable life.' (Community Outreach Worker)

'.. you hit the problem of teachers not necessarily feeling comfortable around that topic [of pleasure]. ... Things are changing a great deal but it does still feel that there is that adult/young person barrier that sex is something private, that a young person will experiment with, without the adults around them necessarily knowing about it.' (CSE Worker)

Of course, there were areas where respondents had more positive experiences of social attitudes. One respondent cited a supportive local authority as providing some protection and a counterpoint to conservative or resistant responses:

'We're fairly lucky in [our locality] because we have a bit more of a liberal, open mindedness approach. Having said that, [.....] We certainly are not exempt from still having quite a lot of homophobia and homophobic attacks and stuff like that. So it's not across the board but generally I think we do live in a bit more of an open climate. (Sexual Health Promotion Worker C)

### **3. (d) Dealing with barriers**

Although the data above support the contention that there are significant barriers facing practitioners integrating pleasure, it is important to note that respondents had a number of useful strategies for dealing with these barriers.

Presenting a strong evidence base, among which the *Pleasure* booklet was included, was one way to overcome resistant attitudes from commissioners and gatekeepers:

'So by having your resource, by having references from different academic literature and articles... I've always been very careful to provide a clear rationale, this is why we're doing it, the literature and evidence around sex education is saying we need to go in this direction, young people themselves are saying this is what they want to know.' (Sexual Health Promotion Worker C)

The most widely cited technique for overcoming barriers involved harnessing the influence of key allies, whether among colleagues, parents, or young people themselves. Colleagues and management could be important allies:

‘.. slowly, I've introduced (since the course) and talking to other like-minded colleagues who work [through that] - There's one particular colleague who was an ally. Because you need allies, don't you, to promote this kind of work?’ (SRE Specialist)

‘Being part of a strong, really professional sexual health team ... that's supportive and being able to debrief appropriately under supervision and having access to all the new, innovative ways of, you know, working ... But ultimately, you've got to have a safe and supportive and strong support system enabled ... to enable you as an individual to have the knowledge and understanding and also the self-esteem and confidence to go out into the community... So I think for myself, it's the professionalism from the base that I came from and the people then in the community who allowed me to do the work appropriately.’ (Community Outreach Worker)

As discussed above, young people were described as being positive about the idea of a pleasure agenda, and could be harnessed as allies:

‘Young people come quite well resourced. Their knowledge is not complete nor entirely positive, but their attitude generally is [positive], their ideal is positive. They want to have relationships and to have sex and they want both of these to be good’ (Youth Charity Manager B)

‘So one of my areas now is participation of young people and I don't lead on it, but I'm one of the people in the local authority leading on it. I think young people are real allies around it. They understand and they're pressurising for it ... I think probably one of the barriers is not getting young people involved [early enough] and I think if you get them involved, they will be real advocates’ (SRE Specialist)

Despite the fears of parental reactions to integrating pleasure in school SRE described above, one respondent described how parents could be positive allies in bringing about change:

‘We had one ... very religious parent who said, “Oh, well, I wouldn't [discuss it]” and this other parent said, “Well, actually, I would discuss it”. And the parent then was challenging the other parent, so we didn't need to do anything. It was really just facilitating discussion’ (SRE Specialist)

'... the general public and parents and carers can be a real voice and a proactive place to .. offer support in this' (Community Outreach Worker)

Ideally, support would come from a range of allies. One interviewee described a strong network of allies as being vital to deal with a high level of resistance:

'There was a really, really horrific campaign against us in 2013, and the way that we managed that – and it really affected especially my mental health, and probably [other people's] as well – was by ensuring that we've got a really good network of people around us so that we weren't the only voices coming back at it, that we had testimonials from the people, so again creating that bigger voice. On a more personal level, making sure that friends/other community leaders were there, so even if it was just on a Facebook message group and we just kind of went, "Here they go again." [Laughter] So, being able to have that space to just vent and go, "Okay, it's happened again" – and reassurance as well in some ways.' (Freelance Trans and Sexual Health Trainer)

Training, though highly limited in its availability, was a useful way of overcoming various barriers when it had been made available. One participant who attended training as part of the *Pleasure Project* discussed this:

'A lot of the exercises were really interesting and useful... there were really good tools from the course, lots of practical things that you could go away and do activities and cascade it out and adapt it to your own working environment' (Freelance Trans and Sexual Health Trainer).

A number of participants cautioned that, even with ample evidence and allies, without strong, confident professionals supported by training, barriers to integrating sexual pleasure in health and education would be extremely hard to overcome:

'.. what I am slightly concerned about in that kind of context is that I just hope we don't lose the fact that it needs to be professionally and really, really consistently well taught ... We've got to have face-to-face professional people who are well trained teaching this subject.' (Community Outreach Worker)

'We need basic sexual health training and more in-depth training. We need to keep doing training... We need to build confidence in workers to talk about SRE' (Youth Charity Manager B)

## 4. Conclusion and next steps

From the findings detailed above we can conclude that:

- The Pleasure Project shows the importance of high quality **training and resources** in supporting practitioners to integrate pleasure. The project gave practitioners much needed **evidence and confidence** to implement a pleasure agenda that engages young people and responds to their needs.
- Findings show that pleasure imperative is not being broadly reproduced by practitioners who engaged with these resources, and that a right-based framework allows for a **critical approach to pleasure**.
- The **barriers** facing sexual health and education practitioners are significant, impacting their ability to implement a pleasure agenda.
  - Some barriers can be overcome in part through **training and resources** like the Pleasure Project (which can give practitioners confidence and evidence to overcome resistant attitudes), but one of the major barriers is lack of resources for staff and training.
  - Ultimately, **policy change** is required to support the integration of a pleasure agenda. This could be achieved through:
    - More funds for training, staff and resources.
    - Policy approaches that move beyond a singular focus on a bio-medical and risk based model of sexual health and education.
  - There is opportunity in the education field given the recent policy change for compulsory RSE, but our findings show resources for staff and training will be needed to make this effective.

### Next steps for the Pleasure Project.

Taking the evaluation findings forward, we have developed a comprehensive dissemination strategy aimed at reaching a range of different audiences at local, regional, national and international levels. Audiences include sexual health and education practitioners, academics and young people themselves.

## Practitioners:

- The **conference ‘Pleasure Revisited – 10 years on’** to be held on the 26<sup>th</sup> September 2017 at St Mary’s Conference Centre, Sheffield. This will involve reflective keynotes from Professors Julia Hirst and Roger Ingham, and workshops on approaching pleasure with different groups. Attendees will be from a range of fields including sexual health, education and research.
- Redraft and **relaunch of the pleasure booklet** following the conference – changes will include a section on how to be critical about social pressures surrounding pleasure. This was directly requested by one of the evaluation participants: ‘I’d love to see a second edition of it [booklet] ... it’s fabulous’ (Sexual Health Promotion Worker C).
- A **workshop at the National Sex Education conference**, Atlantic City USA 6-9 December 2017 – Julia Hirst and Rachel Wood ‘Including Pleasure in Comprehensive Sex & Relationships Education: Why, How, and Issues to Consider’. The conference gathers key US researchers, public figures and campaigners, and practitioners in the field of sex education.
- **Three workshops** on pleasure in sex education aimed at teachers across Sheffield’s three clusters of schools. These will be held after school hours to engage teachers who may have been unable to attend the conference.

## Academic:

- A forthcoming **article** in the journal of *Sex Education*: Sexual pleasure in practice: a response to the ‘pleasure imperative’. This will respond in more detail to the debate about a potential ‘pleasure imperative’ summarised in section 2 of the findings.
- A forthcoming **research project** on attitudes to anal sex and pleasure.
- Build on international connections with sex education researchers (in USA, China, Australia and New Zealand). Apply for AHRC Research networking funding to formalise an **international sex education research network** and plan future collaborative work.
- A **journal special issue** of *Frontiers in Sociology* showcasing the latest scholarship on sexual pleasure in health and education.



### **Young people:**

- Julia Hirst – the lead report author – is running **weekly sex education sessions** for year 11 students in a Secondary School in Sheffield. The results of this evaluation have renewed her confidence and conviction in taking a critical approach to pleasure with young people. This will also allow her insight as a researcher into the current attitudes of teachers and young people to a pleasure-led approach.

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# Appendices

## Appendix 1:

### Conference Programme

**The Pleasure Principle: A conference on sexual pleasure and how to raise issues of sexual pleasure within Sexual Health Promotion work  
September 22<sup>nd</sup> 2007**

- 9.15 Registration and Refreshments
- 9.45 Welcome and Conference Rationale, Steve Slack, Director, Centre for HIV and Sexual Health
- 9.55 Keynote Speech – Putting Pleasure into Policy: Young People and Sexual Health, Professor Roger Ingham, Centre for Sexual Health Research, University of Southampton  
5 minutes in pairs to consider first thoughts and any questions  
Questions/points from the floor to Roger
- 10.50 Keynote speech – Young people, Sexual Pleasure and SRE, Dr Julia Hirst, Sheffield Hallam University  
5 minutes in pairs to consider first thoughts and any questions  
Questions/points from the floor to Julia
- 11.45 Break
- 12.00 Some Differing Perspectives (10 minutes per speaker)
- The inter-relation between psychology and physiology, Ruth Hallam Jones, Porterbrook Clinic
  - Young people, pornography and sexual pleasure – Dr Tracey Dibble, Sheffield Contraception and Sexual Health
  - Religion and Sexual Pleasure, Rev Nancy Johnson
  - Gay Men and Sexual Pleasure, the Arse Class, James Bensley, GMFA
- Questions/points from the floor
- 1.05 Lunch and Stalls
- 2.00 – 3.00 Workshops – How to raise issues of sexual pleasure in Sexual Health Promotion work:
1. 'Pleasure while you work' – incorporating principles from the morning session into work settings, Professor Roger Ingham, Uni of Southampton
  2. With young people in educational and youth settings, Dr Julia Hirst, SHU
  3. With Gay Men, James Bensley, GMFA
  4. With people living with HIV/AIDS, Anthony Bains, CHIVSH
  5. With BME communities, Anne Shutt and Hawa, CHIVSH
  6. When working with different religious groups, Rev Nancy Johnson
- 3.15 - 4.15 Workshops repeated
- 4.15 Closing, Steve Slack and Evaluation
- 4.30 End

## **Appendix 2:**

### **Report given to Sheffield PCT after feedback and complaints received after media publicity related to the 'Pleasure' booklet**

#### **Pleasure Leaflet – Background**

Prior to the production of this leaflet, there was a growing awareness at the Centre for HIV and Sexual Health of the need for work with communities on sexual pleasure. This was based on international and national academic research in addition to work with communities, including young people, by Centre for HIV staff.

Relating to young people, the following research is particularly pertinent:

- Research by Professor Roger Ingham (see attached conference presentation)
- Research by Dr Julia Hirst (see attached conference presentation)

Much of the research and evidence for the need for a leaflet for workers with young people is presented in the 'Pleasure' booklet itself in the Introduction and Ten Reasons Why section, (see pages 1 – 8).

For example:

- Young people say their sex education is too little and too biological
- Young people are turning to pornography for information about how to have sex (initially anecdotal but now backed up by research/consultation done by Centre for HIV and Sexual Health and Channel 4)
- Children of parents/carers in Britain who talk openly and positively about sex have first sex at a later age and are more likely to use protection when they do have sex
- The Dutch experience of talking about pleasure with young people from a very young age leads to later, chosen sex for positive reasons
- Years of local work with a wide variety of young people indicates that many are having sex for a variety of negative reasons
- The links between child protection/safeguarding and knowing that sexual activity should be chosen and pleasurable
- Evidence showing that safer sex messages are more effective when linked to discourses on sexual pleasure

Given the above, the Centre decided to organise a national conference to profile the issue and consult with others. This occurred in Sheffield on September 14<sup>th</sup> 2007 (see attached Programme and Report) with 100 participants from Sheffield and nationally.

A key recommendation that came from the conference participants was the need for information for workers and parents of young people on why we should raise the issue of pleasure with young people and how workers could do this. As one of the leading sexual health organisations in the country with a reputation for producing excellent resources and as organisers of the conference, the Centre for HIV decided it was ideally placed to write and produce such information as there was nothing available at either a local or national level to support this work. The decision was therefore made to produce a booklet to be sold to national organisations and workers and to be made available free in Sheffield.

Liz Wilson, the Centre's Training Manager, co-ordinated the production of this leaflet.

The leaflet is sold nationally at £1 per copy, and distributed free to local Sheffield workers and parents. Since March 2009, 4360 copies of the booklet (£3270 income generated) have been sold nationally and 350 copies distributed locally. This is at a higher rate of sale than our other

publications which we believe indicates a clear need amongst workers with young people for such a resource. We have thus far received excellent feedback from workers in the field about the usefulness of the booklet for their work.

Process:

1. Summer 2008 - Liz Wilson wrote the 1<sup>st</sup> draft of the leaflet
2. 1st draft sent for comments to Professor Roger Ingham, Dr Debbie Smith, Dr Nicole Stone (all from Centre for Sexual Health Research at the University of Southampton); Sara Nazzerdazeh, Sexual Health researcher; Dr Julia Hirst (Sheffield Hallam University); Steve Slack, Liz Murray, Anne Shutt, Anthony Bains, Tony Atkin (Director and Field workers at Centre for HIV and Sexual Health)
3. Liz Wilson wrote 2<sup>nd</sup> draft based on all comments. 2<sup>nd</sup> draft circulated to Prof Roger Ingham, Dr Julia Hirst, Reverend Nancy Johnson, Hospital Chaplain; Director and all Field Workers at Centre for HIV
4. Steve Slack took the leaflet to the Communications Group, which reported to Sheffield's Sexual Health Network
5. Liz wrote 3<sup>rd</sup> draft incorporating comments which went to Prof Roger Ingham, Dr Julia Hirst and Steve Slack for final sign off
6. Diva creative pr designed the leaflet which went to Liz Wilson, Steve Slack, Prof Roger Ingham and Dr Julia Hirst for final comments, changes and sign off
7. Leaflet signed off and back from printers March 2009. The leaflet was profiled and advertised in the Centre's local and national brochures from February 2009 along with all our publications and training courses (see enclosed brochures).
8. Centre Business Development Manager returned from maternity leave in May 2009. One of her first tasks was to ensure that the new 'Pleasure' leaflet was proactively and effectively marketed as are all the Centre's materials. Unfortunately for a variety of reasons, outlined in the Business Manager's Report, this did not happen.

Liz Wilson  
Training Manager  
Centre for HIV and Sexual Health

July 2009

## **Appendix 3:**

### **Information for potential participants re Pleasure booklet**

#### **Email to clients who purchased the Pleasure booklet**

**Title: 'Pleasure': A booklet for workers on why and how to raise the issue of sexual pleasure in sexual health work with young people'**

Dear Colleague

You purchased or received a free copy of 'Pleasure': A booklet for workers on why and how to raise the issue of sexual pleasure in sexual health work with young people'.

We are carrying out an evaluation of the impact of the Pleasure booklet, and would be extremely grateful if you would complete the survey monkey on the link below:

[www.surveymonkeyetc](http://www.surveymonkeyetc)

We will then be following up the survey with phone interviews and focus groups. Please indicate on the survey monkey if you would be willing to participate in one of these.

Thank you so much in anticipation of your completion of the survey.

(NB - I am working for Professor Julia Hirst on a part-time temporary basis to conduct this evaluation)

Best wishes

Liz Wilson  
Research Assistant  
Sheffield Hallam University

On behalf of: Professor Julia Hirst  
Psychology, Sociology & Politics  
Faculty of Development & Society  
Sheffield Hallam University  
Heart of the Campus Building,  
Collegiate Crescent Campus,  
Sheffield, S10 2BQ

## **Appendix 4**

### **Information for potential participants re conference and training**

#### **Title: The Pleasure Principle and Pleasure Pursuits**

Dear Colleague

You attended either the Centre for HIV (now Sexual Health Sheffield) Pleasure conference in 2007 or one of our Pleasure training courses, which have run between 2009 and 2015.

We are carrying out an evaluation of the impact of the conference and the training, and would be extremely grateful if you would complete the survey monkey on the link below:

[www.surveymonkeyetc](http://www.surveymonkeyetc)

We will then be following up the survey with phone interviews and focus groups. Please indicate on the survey monkey if you would be willing to participate in one of these.

Thank you so much in anticipation of your completion of the survey.

(NB - I am working for Professor Julia Hirst on a part-time temporary basis to conduct this evaluation, but you may remember me as the organiser of the Pleasure conference and trainer on the Pleasure course!)

Best wishes

Liz Wilson

Research Assistant

Sheffield Hallam University

On behalf of:

Professor Julia Hirst

Psychology, Sociology & Politics

Faculty of Development & Society

Sheffield Hallam University

Heart of the Campus Building,

Collegiate Crescent Campus,

Sheffield, S10 2BQ

## Appendix 5:

### Survey

#### Pleasure Evaluation Conference and Training survey questionnaire (word version).

Please tell us the city/town and country where you work .....

1. Please tell us your gender and sexuality, if you are happy to do so .....

2. Did you attend the Pleasure Principle conference in Sheffield in September 2007?

Yes

No

3. Did you attend one of the Pleasure Pursuits training courses between 2009 and 2015?

Yes

No

What date did you attend the training? .....

4. Has attending the conference or training changed your working practice?

5. What has helped you, your team or organisation deliver 'sexual pleasure' work in your practice?

6. What has got in the way or inhibited the delivery of 'pleasure' work?

7. Would you be happy for us to contact you for further discussion?

Yes

No

If yes, please complete the following

Your name .....

Your contact details\* .....

*(\*email and/or phone number that you'd prefer to be contacted on).*

8. Do you have any other comments?



## Appendix 6:

### Pleasure Booklet survey questionnaire

Please be assured that all responses will be anonymised and nothing that might identify you or your organisation will be included in our report on the findings

1. Please tell the city/town and country where you work .....
2. Please tell us your gender and sexuality, if you are happy to do so .....
3. Has using the Pleasure Booklet changed your working practice?
4. What has helped you, your team or organisation deliver 'sexual pleasure' work in your practice?
5. What has got in the way or inhibited the delivery of 'pleasure' work?
6. Would you be happy for us to contact you for further discussion?  
Yes                      No

If yes, please complete the following

Your name .....

Your contact details ..... (email and/or phone number that you'd prefer to be contacted on).

7. Do you have any other comments?

## **Appendix 7:**

### **Interview guide**

The following questions were used as a guide. Subsequent questions were asked depending on the interviewee's answers.

1. You attended the 2007 conference/training course or received a copy of the booklet. Can you tell me about your experience of this?

Follow-on questions

Anything else?

2. Can you tell me about how you have used the booklet/used the learning from the conference/training course? What impact did/has it had on your work?

Follow on questions

Anything else?

3. Do you face any barriers when introducing pleasure in your work/What barriers do you face when introducing the issue of pleasure? Tell me about those....

Follow on questions

Anything else?

4. What helps when introducing pleasure in your work? Tell me more ...

5. Is there a need for further resources/work around this issue? What suggestions do you have?

## Appendix 8:

### Pleasure evaluation interview coding

Theme	Coded to theme	Notes
<b>What young people want</b>	15	'Hook' young people in; fresh approach; young people are over exposed to and/or bored of the safer sex message; it's what they want and they'll get it elsewhere anyway (eg. from porn); we should listen to young people; young people can be allies in getting pleasure on the agenda; young people need permission to talk about pleasure.
<b>Rights and ethics</b>	7	Pleasure is about right to own body; helps young people be assertive and discuss what they want; consent; empowering young people to believe they have a right to be heard and respected; Right to not have sex; Confidence and healthy relationships; Mental health and low self-esteem; women's right - gendered abuse/violence and shame.
<b>Positive vs. negative approach</b>	18	Refreshing approach, 'opposite' to negative; Negative is disengaging; young people fatigued by neg approach; Positive approach used to engage young people; frame messages about safer sex in positive way; Avoiding scaremongering and fear; negative message doesn't provide models/examples of how consent or healthy relationships would work; more holistic; promoting equality and respect; enthusiasm/desire; telling people not to do things doesn't work.
<b>Pleasure connected to other topics</b>	21	Pleasure a framework not standalone; linked to gender/power; reframes how condoms are presented; mental health and self-care / self-worth; deconstructing assumptions and stereotypes; new way to approach abuse - prevent abuse being normalised; linked to confidence more broadly (not just sexual).
<b>Inclusivity</b>	5	Challenging gender norms and assumptions - counteracts homophobia and transphobia; pleasure conference and booklet was inclusive; helps identify abuse victims and support survivors.
<b>Evidence based</b>	2	Pleasure conference and booklet and related materials provided evidence base to help counteract barriers.
<b>Confidence</b>	6	Confirmed/supported practitioner instincts and perceptions; 'gave permission' and confidence to talk about pleasure; having space of conference to discuss increased confidence.
<b>Barriers</b>	35	Public health focus; less investment in training; budget cuts; slow process due to people's resistance; practitioners afraid of reaction from parents/schools; lack of resources (videos/materials); SRE not compulsory; taboos / conservative social attitudes about sex; moral panic response / misinterpretation or exaggeration; inconsistency in approaches; academies; SH focus on latest strategies and targets (e.g. teen pregnancy); school focus on other targets; lack of practical support in implementing pleasure agenda; practitioner resilience needed, can be v challenging; (rarely) resistance / shock at pleasure being brought up - embarrassment / unexpected.
<b>Dealing with barriers</b>	24	Resources and evidence to support approach; supportive management / institution; 'sneaking in' pleasure messages in e.g. condom lesson; allies (young people, colleagues or parents); gentle, discussion based introduction; space to vent and receive support; testimonials; changing social attitudes; accessibility of online resources and evidence; when there is training it's v helpful.

<b>Pleasure imperative</b>	17	<p>Interaction with media narratives of sex - using 'good sex' or 'how to be a good lover' to hook young people in; using idea of 'I'm worth it' to boost confidence and right to pleasure; idea that addressing pleasure in sex ed can counteract/address problems with porn (eg. gender/power) and counteract myths like all women should be orgasmic. Diffusing pressure from porn. Pleasure put on the agenda alongside other reasons to have sex; masturbation ok but not compulsory; 'no compulsion' to have pleasure; pleasure more holistic (about consent, relationships not technique and orgasms) but also pleasure can be seen as 'best' reason to have sex - 'Hopefully it is about pleasure'; 'should be about pleasure', 'not always about pleasure but ideally it is'.</p> <p>Discussion of pleasure involves discussion about lack of pleasure in sex being common/ok as well - counteracting pleasure imperative.</p> <p>Anal sex - 'I'm not sure that that's about female pleasure'</p>
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*Initiatives to support the inclusion of pleasure in sexual health and sex education work with young people An impact evaluation*

HIRST, Julia <<http://orcid.org/0000-0001-9230-1828>>, WOOD, Rachel  
<<http://orcid.org/0000-0002-0053-2969>> and BURNS-O'CONNELL, Georgina  
<<http://orcid.org/0000-0001-6430-8627>>

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