

Report on

Personal Development Courses

for Gay and Bisexual Men

Gay Men's Health Project
East Coast Area Health Board

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Preface

With gay and bisexual men, health promotion can be influenced by; low self esteem, self-hatred (internalised homophobia), discrimination and oppression (external homophobia), isolation or fear of rejection (by family, friends or sexual partner). Other influences may be poverty, homelessness, alcohol or drug use or mental health issues. The individual may also be a survivor of child sexual abuse or adult rape or sexual assault (see GMHP Annual Report 2002).

Social support and self-worth are important factors for gay and bisexual men's health. This issue was addressed in a recent comprehensive study of 1290 men: the report '**Vital Statistics Ireland -findings from the all-Ireland gay sex survey 2000**', which highlights that one in ten men (12% of total sample) 'wished they were not attracted to men' and over half of these felt lonely (Gay Health Network, Sigma Research, ECAHB 2002).

In Ireland few if any courses on assertiveness and personal development exist for gay and bisexual men. In Britain for instance efforts were made by a group of specially trained facilitators (SWAN) to initiate assertiveness courses there (Sigma Research 1999). This group also ran a two-weekend course in Dublin in 1999, funded by former EHB and organised by Gay Switchboard Dublin.

As part of its remit GMHP was keen to establish regular courses, which would be facilitated locally, accessible to men wishing to develop their personal abilities and also deal with issues of isolation. In Autumn 2000, we engaged a Senior Occupational Therapist on a sessional basis and the first **Personal Development Course (PDC)** was held. The PDC forms part of the of the health promotion work of GMHP and attempts to address the above-mentioned influences on the health and well-being of gay and bisexual men. Earlier that same GMHP had appointed two fulltime outreach workers and one counsellor to be based at Outhouse. Both the PDC and the counsellor proved so popular in a short period of time, that recently, in May 2002 we embarked on the 6th PDC.

Apart from an evaluation tool this report provides an insight into the organising and running of the **Personal Development Course**. It also examines feedback (in the form of questionnaires) by men who participated on the first three courses. Importantly this report serves as our feedback to those who refer men to our services, to the participants and to those who may wish to take part in such a course.

Finally we feel the courses have been very successful in achieving their aims and we are very pleased with the response, interest and participation in them. Importantly though, GMHP and the East Coast Area Health Board are happy to encourage these *types of interventions* that support gay and bisexual men to deal with personal development and social exclusion. We would encourage other Health Boards and Authorities in Ireland to provide or to assist local gay community groups in implementing similar courses.

Gay Men's Health Project July 2002

References:

- Authors (2002) **Counselling Issues - Annual Reports**. Dublin; GMHP/ECAHB.
Hickson F & Boxford R (1999) **Assert Yourself! - Outcome Evaluation**. London; Sigma Research.
Carroll D et al: (2002) **Vital Statistics Ireland - all Ireland Gay Sex Survey**. Dublin; GHN & Sigma Research.

1 Course Framework

Aim

The course aims to facilitate the personal development of participants by providing them with learning opportunities that will:

1. Increase their self-esteem
2. Increase their assertiveness
3. Increase their positive thinking
4. Expand their social network.

Method

The PDC is advertised in *Gay Community News* (GCN), at the GMHP Drop-In Clinic and other Dublin STI Clinics. It is also advertised by the GMHP outreach team, counselling and medical staff to individual contacts. The outreach team also promote the course via other community support groups such as *Gay Switchboard Dublin* (GSD), *Outhouse Community Resource Centre* and *Open Heart House*.

The course runs for eight weeks, one evening per week and is co-facilitated by a Senior Occupational Therapist and Outreach Worker. It is followed by a review day approximately one month after the course has ended.

The courses are open to all men who have sex with men and are limited to 18 participants. Those interested contact the outreach team and selection is based on a 'first come first served' basis. One Outreach Worker carries out necessary administration.

There is close contact between the GMHP counsellor and course facilitators, as some participants are referred to the counsellor (on request) or alternatively some of the counsellor's clients are referred to the course.

Course Format

The courses are run in closed format, i.e. no new entry is allowed once the course has started. At present there is no pre-entry assessment. A workshop approach is taken in each session. We feel this approach is the least threatening format for participants, particularly for those who are engaging in personal development work for the first time. The workshop format encourages peer education, reflective learning and the giving and receiving of support. It also promotes the development of peer support networks. Two hours are allocated for each workshop. There is a break midway each evening for refreshments and to provide participants with the opportunity to socialise and get to know one another.

The first session consists of an introduction to the facilitators, the participants and to the content of the course. An ice-breaker technique is used. The workshop format is described and the group members are encouraged to devise 'group rules'. Participants' fears about doing the course are discussed and consideration is given to their expectations. A handout on the course outline is also given as well as suggested reading material. Subsequent sessions take the following format:

- A warm-up technique to start the workshop
- Feedback on progress from the last session and review of home-learning assignments
- Brainstorming of the relevant topic
- Explanation of key concepts and large group discussion
- 20 minute break for refreshments and conversation
- Small group learning exercises
- Feedback to the larger group
- Focus on practical techniques and skills
- Allocation of home learning assignments
- Feedback from participants on workshop.

Course Content

As previously stated, the PDC aims to facilitate the personal development of participants and to expand their social network. To achieve this, three main topics act as the *focus* and *content* of the sessions. These are:

1. Communication and assertiveness
2. Positive thinking and challenging negative thinking
3. Building and maintaining self-esteem

A cognitive-behavioural frame of reference and core Occupational Therapy theory are the main theoretical underpinnings for the workshops. Throughout the course, participants are made aware of the interplay between their thoughts, feelings and behaviour, and how day-to-day experiences and their environment might affect this interplay. They also increase their awareness of their lifestyle patterns and of themselves as agents of change in their own lives. The following is a brief description of the content of what is addressed under the three headings above:

1. Communication and assertiveness:

What is communication?

Verbal and non-verbal communication

Effective communication and social skills

What is assertiveness?

Passive, aggressive and assertive styles of communication

Origins of unassertive communication

What are your rights when communicating with others?

Assertiveness skills

Looking at assertiveness in your life.

2. Positive thinking and challenging negative thinking:

What is thinking?

Positive and negative thinking

Origins of negative thinking

Identifying patterns of negative thinking

How to challenge negative thinking

Developing a positive mental attitude

Skills for thinking more positively

Looking at positive thinking in your life.

3. Building and maintaining self-esteem:

What is self-esteem?

The components of self-esteem

Origins of low self-esteem

Self-esteem and your sexuality - the impact of homophobia

The link between assertiveness, positive thinking and self-esteem

Skills for building and maintaining good self-esteem

Looking at self-esteem in your life.

Each of the three main topics (i.e. assertiveness, positive thinking and self-esteem) is addressed in a structured way. Two weeks are allocated to each topic. The first week aims to build participants' understanding of the topic and raise awareness of it. The second week aims to give participants the practical skills to deal with this area. While the focus on assertiveness, positive thinking and self-esteem can be seen as a generic approach to personal development, each workshop is designed to address 'gay-specific' issues relevant to these three areas and to promote discussion around such issues.

Learning Process

A variety of learning methods and materials are used to facilitate participants' personal development. These are as follows:

Methods:

- Ice-breakers and warm-up exercises
- Brainstorming
- Large group discussion
- Small group discussion and feedback to the larger group
- Pen and paper exercises
- Reading
- Practical skills
- Home learning assignments and learning journals
- Peer education
- Social networking.

Materials:

- Flipchart, diagrams and illustrations
- Photocopies and handouts
- Worksheets.

Breaking into small groups is essential for the success of the workshops. Many participants who are reluctant to speak out in the larger group usually speak with encouragement in the smaller groups. These groups usually consist of four people and give participants the opportunity to gain confidence in communicating their thoughts and feeling to others. It also gives participants the opportunity to learn from each other's experiences and to provide support for each other. Towards the end of the courses all participants become more comfortable with speaking in the larger group. Peer education is achieved through the small and large group work.

Home-learning assignments promote reflection, consolidation of learning and opportunities to practice skills and techniques learned. At the outset of the course each person is encouraged to buy a notebook and keep a learning journal. They are advised to use this personal journal as a record of what they learn during each workshop. This involves answering three questions after each workshop:

1. What did I learn at today's workshop?
2. What is important for me to remember from today's workshop?
3. What can I do differently from what I learned at today's workshop?

The learning journal is also used for other specific home-learning assignments and as a day-to-day reflective journal. By the end of the course, each participant who keeps a journal has documented evidence of their learning, as well as a practical and useful resource for future use.

At the end of each workshop participants are given a set of notes and are encouraged to review these prior to the following workshop. These notes are purposely collated for the course and contain illustrations, checklists and worksheets, as well as workshop summaries. They also provide participants with a continuing source of information for future reference.

Personal Development Courses

Originally, the course was to be an assertiveness course. However, it was felt that a focus on assertiveness alone without consideration of positive thinking and self-esteem would limit the psycho-social impact this course would have on the health and well-being of participants. As the course progressed participants became more aware of the relationship between their level of assertiveness, their thinking patterns and their self-esteem, and how these affected their health behaviour. Positive change in one of these areas was seen to have a knock-on effect on the others.

As anticipated, many participants raised the issue of their sexuality and how they perceived it to impact on their health and well-being. Past and present experiences that participants felt impacted negatively on their health and well-being included:

- Being in the closet and fear of disclosing sexuality
- Negative external perceptions of being gay or bisexual (e.g. from family, friends and the media)
- Negative influence of religious upbringing
- Bullying
- Homophobia
- A lack of positive gay or bisexual role models
- Discrimination and heterosexism
- Alienation and social exclusion
- Disillusionment with the gay scene
- Trauma experiences
- Depression, anxiety and stress.

Participants perceived such experiences to be key contributors to their low self-esteem, unassertiveness and negative thinking. Doing the PDC offered them their first ever opportunity to talk about these experiences with peers. By being given the opportunity to share their experiences, have their feelings normalised and receive encouragement and support, participants learned to explore and develop their view of themselves, their sexuality, their health and their lives.

2 Course Evaluation

Evaluation is an important aspect of the courses and apart from the feedback discussion at the end of each workshop, a questionnaire is filled in by participants at the end of the course. To give a flavour of this approach we present results from the participants of the first three courses (n = 20).

Initial Attendance and Non-Continuation

It is worth mentioning that there was an average non-completion rate of 30% from each course. This figure compares to similar courses organised in Britain (Sigma Research 2000). It seems that men discontinued the GMHP courses for reasons such as holidays and illness as opposed to being related to characteristics of the intervention. *Therefore, the following evaluation is concerned only with those who completed a course.*

Questions and Measures

Apart from discussions, the main evaluation was by means of anonymous self-administered questionnaire, completed by participants at the review day. The questionnaire consisted of both open-ended questions and statements, which participants rated on a Likert scale (1 to 5; 1 = disagree fully - 5 = agree fully) to show their agreement or disagreement. The topics covered by the questionnaire are contained in the Appendix.

Given that evaluation did not involve assessment of participants at entry point, it would be unwise to automatically view any reported change as being a direct result of the intervention, although this may indeed be the case. Where participants themselves have attributed change as a result of applying skills learned on the course, these reports are discussed. Presented is the sample number (n = 20) of those who filled in the questionnaire.

For the purpose of this report, responses to questions 1 to 11 (demographics) are outlined together, while those numbered 12 to 17 are outlined separately - full details are included in the Appendix.

Questions 1 to 11 - Demographics

Nearly all respondents participated in gay social settings, engaged with gay media and were also sexually active.

50% were in their 30s, 30% were younger than 30 and 10% were under 25.

45% had high education, 30% had medium education and 25% had low education.

60% were employed, 10% were unemployed and 10% medically retired.

45% lived by themselves, 30% lived in shared accommodation and a further 25% lived with their parents.

In the previous year 90% had read the gay press, 85% had been to a gay pub, 50% had been to a gay social group, 30% had been to a sauna, 20% had been to a cruising ground and 25% had been to a STI clinic.

The vast majority of respondents (85%) only had sex with men. 20% had a regular male partner at the time of the course.

55% knew someone who had been on a similar course, while only two (10%) respondents had been on one themselves.

Most of the men (43%) found out about the course through GCN adverts, 26% from word of mouth, (this was higher with those attending later courses) and 21% through GMHP.

12. Sexual Assertiveness (Table 12.1 in Appendix)

In these statements respondents were asked to agree or disagree with statements from 1 to 5 (1 = disagree fully - 5 = agree fully). While most men had no problems with sexual assertiveness a significant number had. Therefore, it is worth expressing the findings here as a need.

27.7% found it hard to say no to sex they didn't want, while 49.9 % sometimes regretted the things they did sexually. Yet 27.9% could not tell their partner(s) what they liked sexually. *Because these questions were not asked at the start of the course it is difficult to establish what impact the courses may have had. Attending such a course allowed participants to voice these concerns, thereby enabling the facilitators in later addressing these needs in special workshops.*

13. Before the course started... (Table 13.1)

18 respondents (80%) felt the length of time between contacting the course organisers and the start date was reasonable. While 70% were satisfied with the amount of information provided prior to commencement of the course, 30% stated they would have preferred more information beforehand. The vast majority of respondents did not find the locations problematic. 85% agreed that directions to the course were clear, whilst 80% agreed that it was easy to find the room within the building.

14. How the course was run... (Table 14.1)

All of the respondents agreed that the group leaders responded to their needs and treated participants with courtesy and respect. 95% stated that the course was run well. The experience of feeling respected and listened to can be both encouraging and empowering. This above feedback indicates that a safe environment was created, which allowed participants to feel comfortable with sharing their experiences. This high affirmation rate also gave the GMHP course facilitators confidence in relation to the quality, delivery and presentation of the intervention.

15. Did you attend the whole course... (Table 15.1)

Those who completed (n=20) the first three courses had attended all of the weekly sessions.

16. Course content and presentation... (Table 16.1)

All the men found the presentation and course content satisfactory and the dual format of large and small groups useful. The small discussion groups consisted of four men typically, with the larger groups consisting of all participants. Suggestions from participants were encouraged on the course content and presentation.

Knowing that the course facilitators were gay or bisexual was important to 85% of the respondents.

Respondents' rating of satisfaction with each of the three main topics covered (i.e. assertiveness, positive thinking and self-esteem) were as follows:

Assertiveness:	95%
Positive thinking:	100%
Self-esteem:	100%

17. Impact of the course on participants... (Table 17.1)

Overall most of the respondents felt that the course had had a beneficial effect on them, with all respondents (100%) disagreeing with the statement '*going on the course was a complete waste of time for me*'. More importantly, changes in self-concept and behaviour, including feelings in relation to being gay or bisexual, can be a good indicator of the usefulness of a course such as this. In this case participants were asked to indicate how they felt or what they felt they could do now '*as a result of the course*', as follows:

100% recognised more clearly their choices in everyday life
90% were more able to assert themselves
90% felt an increase in the value of being gay/bisexual
90% were more able to make everyday requests
90% felt that saying no has become easier
90% felt their self-esteem had improved
85% thought more positively
100% would recommend the course to other men.

These figures are a sign of the success of the PDC but more importantly are a good indication of the value of peer education and reflective learning.

18/19. Participants' comments

The final two questions were open-ended and invited respondents to mention anything else they would like to see included in the course and to make any additional comments they wished. The following are a sample of replies:

- 'Would like to see more self-report exercises, in and between sessions'
- 'More visual aids (e.g. video presentations)'
- 'Warm ups were good for building trust'
- 'After course finished there is a vacuum'
- 'Follow up would be useful, over the first 3 – 6 months'
- 'Monthly meetings to review progress'
- 'Follow up meeting was important'
- 'The safe environment was excellent to see and be a part of'
- 'I would do it again'
- 'A few business people I knew read the notes. They had similar courses in their work but said this one seemed superior. Well done.'

Evaluation

This evaluation method is beneficial for record purposes and it can also act as a marker when used alongside an entry questionnaire. The high rate of satisfaction by participants indicates that the facilitators had created a safe environment and were successful in engaging gay and bisexual men. The course was accessed by participants came from different social class and educational backgrounds.

More importantly though 90% of the respondents indicated that:

They were more able to assert themselves in their everyday lives

They felt an increase in the value of being gay/bisexual

Their self-esteem had improved and that they thought more positively.

3 Conclusion and Recommendations

A key aspect of personal development with gay and bisexual men is dealing with isolation through peer support. The PDC facilitators had envisaged the establishment of a support network and, in fact, many of the participants expressed a wish to continue some sort of contact. In April 2002 participants of the first 5 courses came together and established the **Social Support Network**. The network is a self-determining group with two main aims:

1. Provide ongoing social support and contact
2. Provide ongoing personal development.

Staff of GMHP assist the group but do not have any say in its running.

Though a lot has been achieved through these courses, GMHP are committed in developing the following:

Increase participation of men under 25, or create age-related courses
Increase participation of men of different ethnicity or disability
To continue to assist the social support network for participants
To continue the evaluation process and publish regular reports.

The GMHP staff will run special workshops *for all those* who completed PDCs. On topics such as: Safer Sex, Sexual Assertiveness, Personal Responsibility, Mistaken Beliefs, Coming out.

Recommendations for further implementation.

Recognising the success and demand for the PDCs along with the continued demand for counselling, it is recommended that the East Coast Area Health Board:

- Appoint a full-time Senior Occupational Therapist to GMHP to further develop the Personal Development Courses, to provide individual therapy to men and to work closely with the GMHP counsellors.
- To appoint a second full-time counsellor to GMHP to cater for the increasing numbers of gay and bisexual men seeking this service.

**Gay Men's Health Project
July 2002.**

Appendix : Tables Responses to Evaluation Questionnaire

Q1. How old are you?

Age Group	20-24	25-29	30-39	40-49	50+
%	5.0	25.0	50.0	15.0	5.0

Table 1.1 Age Range of Participants (n=20)

Q2. What is your highest education qualification?

Description	%	Level
Primary Level	10.0	Low
Secondary (Inter/Junior/Group)	15.0	Low
Secondary (Leaving)	20.0	Medium
Training / Apprenticeship	10.0	Medium
Third level	45.0	High

Table 2.1 Education Level (n=20)

Q3. Are you currently?

Description	%
Full-Time Education	5.0
Part-Time Education	5.0
Employed Part-Time	10.0
Employed Full-Time	60.0
Unemployed	10.0
Retired/Medically	10.0

Table 3.1 Employment Status (n=20)

Q4. Who do you live with?

Description	%
Live By Myself	40.0
Male Partner	5.0
Female Partner	
Children	
Parents	25.0
Other Family Members	
Friends	
Other People - Who?	30.0

Table 4.1 Accommodation Type (n=20)

Q5. At the time of the course were you involved in doing any HIV prevention work (paid or unpaid)? (n=20)

Yes 10% No 90%

Q6. How did you hear about the Personal Development Course?

Description	%
An Advert in Gay Community News	43.4
Through Gay Men's Health Project	21.7
Through Friend/Word of Mouth	26.0
I was Contacted Directly	
Other - Please Specify	8.6

Table 6.1 How I Heard of Course (n=19)

Q7. Before you went on the course did you personally know anybody who had been on a PDC already? (n=20) Yes 55% No 45%

Q8. Have you been on any other courses for gay men about personal development in the last five years? (n=19) Yes 10.5% No 89.5%

Q9. In the last month have you? (tick as many as apply)

Statement	%
Read or looked at the gay press	90.0
Been to a gay pub or club	85.5
Been to a gay social group	50.0
Been to a cruising ground	20.0
Been to a gay sauna	30.0
Phoned a telephone information line or help line	10.0
Been to your GP	20.0
Been to a sexual health clinic/GUM clinic/HIV clinic	20.0
Been to Gay Men's Health Project Clinic	25.00

Table 9.1 Where Socialising

Q10. In the last year have you had sex with?

Statement	%
Neither men or women	15.0
Women only	-
Both men and women	-
Men only	85.0

Table 10.1 Who I Had Sex With (n=20)

Q11. Do you have a regular male sexual partner at the moment? (n=19) Yes 20.1% No 78.9%

Q12. Attitudes and sex

Statement	Disagree 1	2	3	4	Agree 5
I find it hard to say no to sex I don't want	33.3	22.2	16.6	-	27.7
I sometimes regret the things I do sexually	16.6	16.6	16.6	27.7	22.2
I can usually tell my partner/s what I like to do sexually	5.5	11.1	11.1	33.3	38.8

Table 12.1 Attitudes and Sex (n=19)

Q13. Before the course started.

Statement	Disagree 1	2	3	4	Agree 5
The length of time I had to wait between contacting the organiser and the start of the course was unreasonable	80.0	-	10.0	5.0	5.0
I would have liked more information about the course before I started it	30.0	20.0	20.0	10.0	20.0
The directions I'd been given to find the building were clear	-	-	15.0	-	85.0
At the building it was easy to find the place the group was meeting in	-	15.0	5.0	10.0	70.0

Table 13.1: Before the Course Started (n=20)

Q14. How the course was run

Statement	Disagree 1	2	3	4	Agree 5
'The group leaders listened carefully to what I said'	-	-	-	20.0	80.0
'I was treated with courtesy and respect'	-	-	-	5.0	95.0
'The group leaders knew what they were doing'	-	-	5.0	20.0	75.0
'The organisation of the course was good'	-	-	5.0	20.0	75.0
'What happened wasn't at all what I expected'	20.0	20.0	30.0	20.0	10.0
'The course wasn't run well'	75.0	10.0	10.0	-	5.0

Table 14.1 How the Course was Run (n=20)

Q15. Did you attend the whole course? (n=20) Yes 100%

Q16. Course Content

Statement	Disagree 1	2	3	4	Agree 5
I found the presentation of the course material satisfactory	-	-	10.0	20.0	70.0
I found the small group discussions useful	-	-	10.0	10.0	80.0
I found the large discussions useful	-	5.0	-	35.0	60.0
Knowing the course leaders were gay or bisexual men was important to me	-	15.0	-	15.0	70.0
Overall, I found the course content satisfactory	-	-	10.0	25.0	65.0
I found the session on assertiveness relevant	-	5.0	15.0	15.0	65.0
I found the session on positive thinking relevant	-	-	5.0	25.0	70.0
I found the session on self-esteem relevant	-	-	10.0	35.0	55.0
I found the session on homophobia relevant	10.0	20.0	10.0	-	60.0

Table 16.1 Course Content (n=20)

Q17. Impact of the course

Statements	Disagree 1	2	3	4	Agree 5
'I'm more able to assert myself because of the course'	10.0	-	60.0	25.0	5.0
'The course has helped me to recognise more clearly the choices I have in my everyday life'	-	-	30.0	30.0	40.0
'Going on the course was a complete waste of time for me'	95.0	-	5.0	-	-
'The course has increased the value I place on myself for being gay/bisexual'	-	10.0	40.0	20.0	30.0
'I feel I'm more able to make everyday requests because of the course'	-	10.0	45.0	30.0	15.0
'Saying no has become easier for me due to the course'	5.0	5.0	30.0	40.0	20.0
'My self-esteem has improved due to the course'	5.0	5.0	35.0	45.0	10.0
'I think more positively as a result of the course'	10.0	5.0	20.0	45.0	20.0
'I would recommend the course to other men'	-	-	-	5.0	95.0

Table 17.1 Impact of the Course (n=20)

See www.gaymenshealthproject.ie for service details, reports and links

List of GMHP Reports/Papers including other Reports where GMHP involvement

Sexual Behaviour of Gay and Bisexual Men EHB Area (1992).
GMHP Report 1992-1996(1997)
Males in Prostitution (1997)
Hepatitis B and Gay and Bisexual Men (1999)
GMHP Annual Report 1998 (1999)
Male Prostitution, What is the Best Approach? (1999).
European Resource Directory (Agencies for Males in Prostitution) (ENMP 1999)
National AIDS Strategy Report (DOHC 2000)
Proposals for the Review of STI Services in ERHA (ERHA 2000)
HIV Testing Policy and Procedures, Country Report for Ireland (2000)
GMHP Annual Report 1999 (2000)
GMHP Annual Report 2000(2001)
Epi-insight -syphilis outbreak reports (www.ndsc.ie 2001)
Such A Taboo - analysis of service needs for males in prostitution (INMP/ECAHB 2001)
GMHP Annual Report 2001(2002)
Report on the Personal Development Courses for gay and bisexual men (2002)
Vital Statistics Ireland-findings from the all-Ireland gay sex survey 2000 (GHN 2002)
Interventions for a syphilis outbreak ERHA (epi-insight newsletter NDSC 2002)
Scoping Study Report for KAB (DOHC 2003)
Poster Report Syphilis On Site in Dublin (NDSC 2003)
GMHP Annual Report 2002(GMHP 2003)

Some of these are available on the GMHP and GHN websites in PDF format.