



SEXUAL WELLBEING

INTIMATE RELATIONSHIPS

FOR LESBIAN, BISEXUAL
& QUEER WOMEN



This resource was developed by LINC, The Sexual Health Centre and the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) to support the relationships and sexual well-being of lesbian, bisexual and queer (LBQ) women, and for transgender and non-binary people for whom the information is relevant.

We'd also like to acknowledge those from LGBT Ireland, Dublin Lesbian line, Dublin Pride, and members of the LINC community who took part in our focus group and offered essential feedback.

The LBQ community is incredible, beautiful and diverse and how we enjoy intimate relationships, sex and sexual pleasure is as vast and varied as we are. This resource is designed to cover some of the basic issues within relationships and sexual well-being so that we can encourage, signpost and empower you to seek advice and information where needed.

If you have questions or concerns about your sexual well-being and intimate relationships, it's good to talk with a trusted friend or partner, to check out www.sexualwellbeing.ie, and to make contact with your nearest sexual health service or LGBTI+ organisation.

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SEXUAL RELATIONSHIPS

Safe, pleasurable sexual activity, whether alone or with a consensual partner, can have many health benefits. In addition to feeling good physically and possibly helping to bond a relationship, it can boost your libido, your sleep, your immune system, and your heart health. It can also lower your blood pressure and your stress levels, and can act as a pain reliever.



SEXUAL CONSENT

Consent is essential to healthy sexual, romantic and intimate relationships, and can have many personal and legal consequences if not respected.

The legal age of consent for sexual activity in Ireland is 17 years (rising to 18 if a person is or has been in a position of authority over the other). In all sexual relationships, whether casual or longer term, consensual sexual activity requires communication, understanding and agreement between partners. Setting and respecting personal boundaries between partners is vital; feeling pressure to engage with any kind of sexual activity is not ok, and consent is only valid when it is clear and ongoing. At any point, we all have the right to change our mind and withdraw consent, and no one has to have sex with someone just because they had sex with them before.

[www.sexualwellbeing.ie/
sexual-health/sexual-consent/](http://www.sexualwellbeing.ie/sexual-health/sexual-consent/)

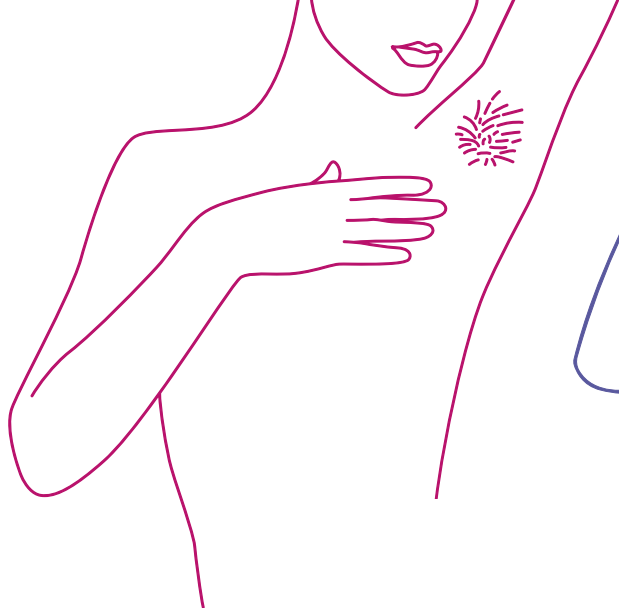




ALCOHOL & DRUGS

Alcohol and drugs can alter our ability to make informed decisions. If we are under the influence of alcohol or drugs this can sometimes lead to riskier sex and unsafe sex practices. If we are incapacitated due to alcohol or drugs, then we are not in a position to provide sexual consent in an informed way. If you or your partner(s) are unsure or have any doubts about your capacity to consent, then do not have sex.

If you've noticed that you might drink a lot of alcohol, use drugs more frequently, or rely on either before engaging in sex, this may be a sign that other supports are needed. See page 50 for a list of different services that might be of help.



DIVERSE BODIES

Bodies are beautiful in all their forms, shapes, colours and sizes. When it comes to genitals and sexual organs, it's good to acknowledge our differences. A sexual partner's features, such as their labia, might look different to yours; some people choose to trim or remove hair while others don't; and all of this diversity should be welcome in our community.

As a community made up of women and people with a variety of body shapes, types, abilities and disabilities, it's important to empower ourselves and to dismantle the shame and stigma connected to sexuality. By communicating effectively and gently with our sexual partners, we can begin to de-stigmatise and remove some of the barriers that get in the way of living our best, healthiest intimate lives.





SEXUAL PLEASURE

Sex can be an important part of building and maintaining a relationship and getting to know your partner(s). Sex that is pleasurable can be really good for our physical and emotional well-being.

There are lots of ways to have and enjoy sex. Learning what we find pleasurable is a first step; we can then communicate what we want and like to sexual partners. Those of us in the LBQ community can enjoy and engage in an array of sexual experiences, and there are as many different ways to explore our sexual pleasure as there are different bodies and abilities. Some will experience penetration as pleasurable and others may not enjoy it at all. Some may not like to be touched but like to touch, and others might not find sex appealing at all for a variety of reasons, all of which is perfectly ok.

Orgasms (also known ‘climaxing’) can be an intense feeling of sexual pleasure, but the ease, frequency and experience of achieving orgasm varies from person to person. For some, reaching orgasm can be simple and multiple orgasms are possible, but for others it might take time or depend on how comfortable they feel physically and emotionally. Orgasms, while they can be an excellent addition to any sexual encounter, are not required for good sex.



SOME EXAMPLES OF LBQ+ SEXUAL IDENTITIES AND EXPRESSIONS INCLUDE;

Asexual/Ace – Those who generally experience little or no sexual attraction to others. Some may possess little or no desire to engage in sexual activity. Some may experience romantic attractions.

Omnisexual – Sexually attracted to all genders.

Panromantic – Romantically attracted to another person regardless of their gender.

Pansexual/Pan – Sexually attracted to people regardless of their gender.

Butch – A lesbian or bisexual woman with characteristics or behaviours considered masculine.

Femme – A lesbian or bisexual woman with characteristics or behaviours considered feminine.

The act of giving or receiving sexual pleasure is an individual experience so it's important to take time to explore your own body to understand what pleases you, and to communicate that to your partner. It is also vital that you give them space to tell you about their sexual wants and needs, while respecting each other's sexual boundaries.

SOME TYPES OF SEXUAL ACTIVITY

If you are new to the community, or potentially close to your first same-sex sexual experience, it can be helpful to understand some of the terminology used for different sex acts and how to carry them out safely. This can also be relevant for any person who is sexually active.

Fingering/Digital Stimulation – The stimulation or penetration of the vagina using your fingers. Be sure to keep your nails adequately trimmed and to wash your hand before and after.

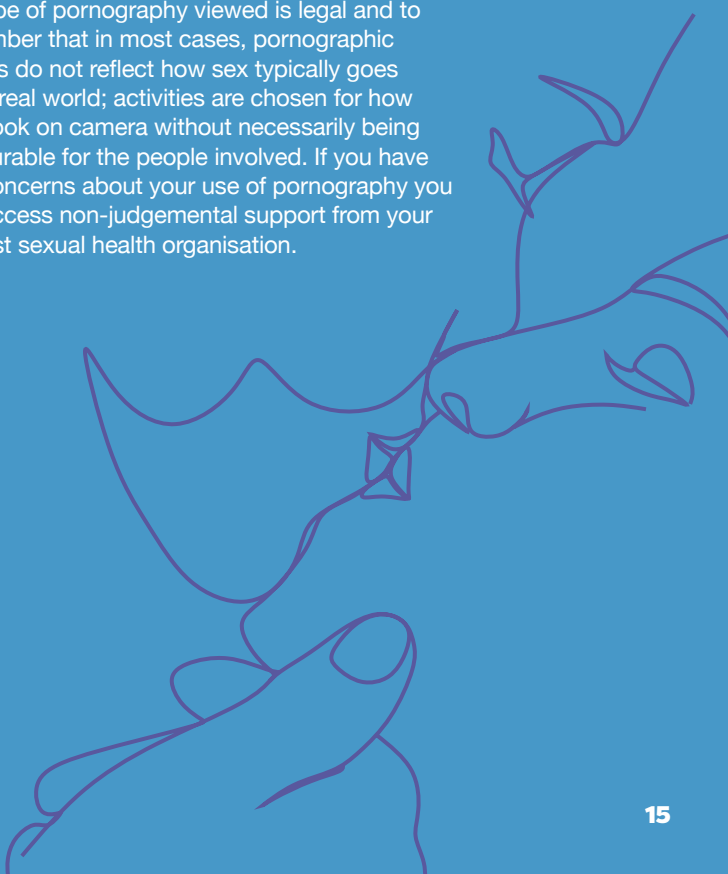
Oral Sex/Going Down On – This is the act of using the mouth to stimulate the genitals or anus. Cunnilingus is to stimulate the clitoris or vagina orally, anilingus is to stimulate the anus orally, and fellatio is to stimulate the penis orally. Rimming is a more mainstream term for anilingus. There are barrier forms of protection, such as flavoured dental dams or condoms, which can be used for oral sex.

Fisting – The act of inserting a fist or hand in the vagina or anus. This acts requires great care, preparation, and plenty of lubrication. Latex gloves are also recommended if you want to be extra safe.

Scissoring – A form of sexual activity between women in which the genitals are stimulated by being rubbed against one another. Also known as Tribadism or Tribbing.

Penetrative Sex – The insertion of fingers, sex toys, a fist or a penis into the vagina or anus.

Pornography Use – Some people use pornography within their sex play by themselves and with partners. It's important to ensure that the type of pornography viewed is legal and to remember that in most cases, pornographic scenes do not reflect how sex typically goes in the real world; activities are chosen for how they look on camera without necessarily being pleasurable for the people involved. If you have any concerns about your use of pornography you can access non-judgemental support from your nearest sexual health organisation.





KINK

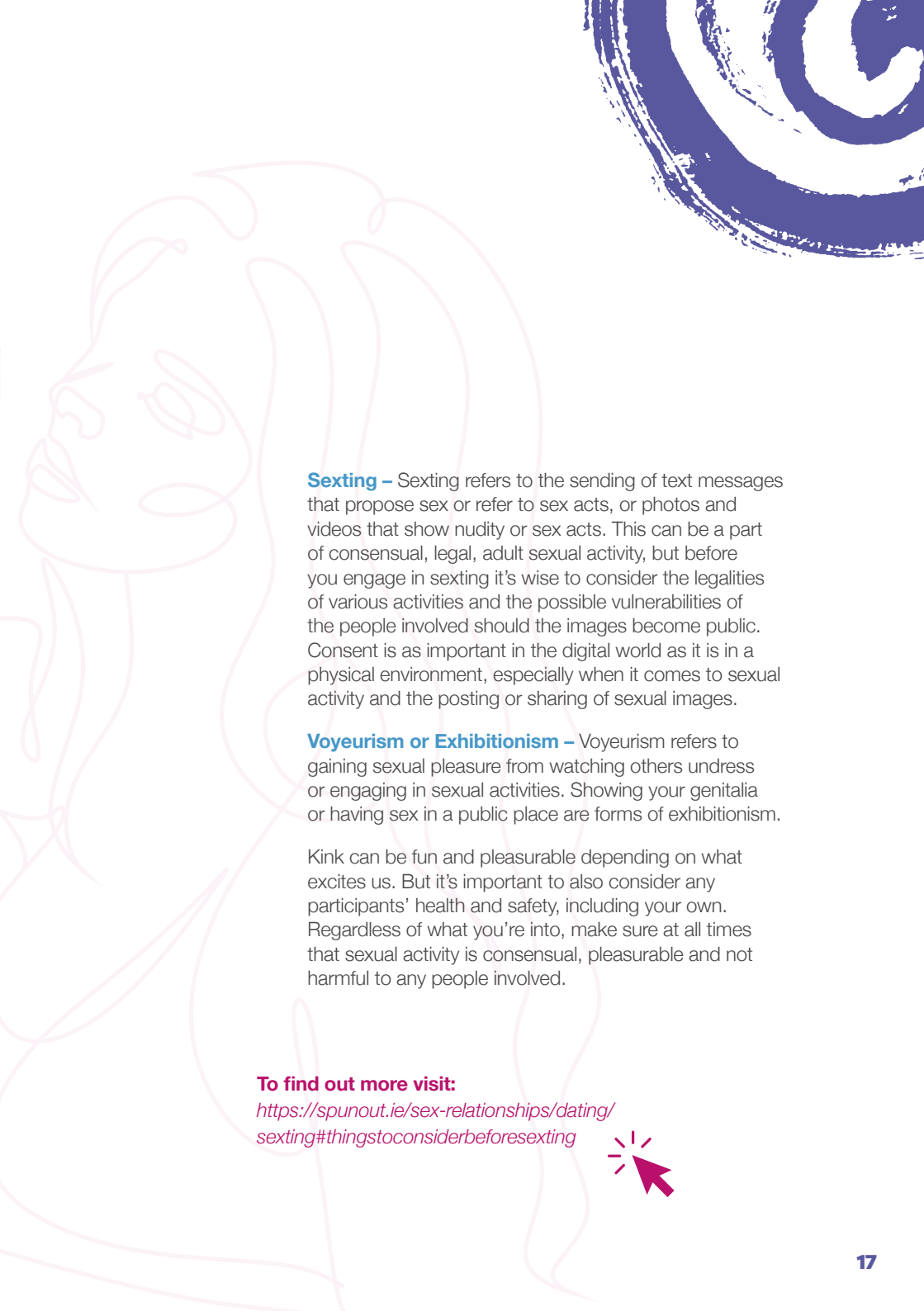
‘Kink’ is commonly described as any sexual activity that bends away from ‘conventional’ sexual practices, concepts or fantasies. There are a few different categories that would be considered under the kink umbrella.

BDSM – BDSM stands for Bondage, Discipline, Dominance, Submission, Sadism, and Masochism. BDSM can include various activities, such as light paddle spanking, pain play, nipple-play, rope-play, bondage, and role-playing with dominant/submissive sexual roles.

Fantasy & Role-Playing – Role play is the creation of imagined scenarios which can include: talking about each other’s sexual fantasies in bed, wearing costumes, and acting out sexual fantasy scenes in front of others.

Fetishes – Fetish play is defined as treating a non-sexual object or body part sexually, such as feet and shoes, leather or rubber, whips and chains, etc.

Group Sex – Group sex is any sexual act that involves more than two people. This can also be known as threesomes, foursomes, sex parties, or orgies.



Sexting – Sexting refers to the sending of text messages that propose sex or refer to sex acts, or photos and videos that show nudity or sex acts. This can be a part of consensual, legal, adult sexual activity, but before you engage in sexting it's wise to consider the legalities of various activities and the possible vulnerabilities of the people involved should the images become public. Consent is as important in the digital world as it is in a physical environment, especially when it comes to sexual activity and the posting or sharing of sexual images.

Voyeurism or Exhibitionism – Voyeurism refers to gaining sexual pleasure from watching others undress or engaging in sexual activities. Showing your genitalia or having sex in a public place are forms of exhibitionism.

Kink can be fun and pleasurable depending on what excites us. But it's important to also consider any participants' health and safety, including your own. Regardless of what you're into, make sure at all times that sexual activity is consensual, pleasurable and not harmful to any people involved.

To find out more visit:

<https://spunout.ie/sex-relationships/dating/sexting#thingsstoconsiderbeforesexting>



SEXUAL AFTERCARE

While sex can be fun, exciting and pleasurable, it's also important to care for yourself and your partner after a sexual encounter. During any type of sex, endorphins can rush through your body, which can be exhilarating. But this can lead to a dip in your emotions and mental state once you've finished the fun. This dip can show as raised levels of anxiety or sadness in some of us. A wave of emotion may also arise from the experience of release or relief that can sometimes accompany climaxing. Good practices could include talking with your partner, cuddling, making a cup of tea, or anything that brings comfort. Sex and sexual pleasure can tap into the vulnerable parts of us and just as consent is vital to great sex before and during the experience, aftercare is a valuable addition for many people.

These small steps and gestures can be beneficial;

- **Emotional Aftercare** – Take time after sex to check in with yourself and your partner, talk, ask how they feel and also tell them how you feel.
- **Physical Aftercare** – Cuddle if it's appropriate. If you're with a casual partner, ensure they're safe getting home, or offer to help order a taxi.







SAFER SEX

While many of the acts highlighted above can be highly pleasurable and fun, it's important to consider how to keep yourself and your partner(s) as safe as possible during and after sex. All sexual activity, by reason of close contact, carries some risk of sexually transmitted infections (STIs), and some may risk an unplanned pregnancy. However, all these risks can be greatly reduced by practising safer sex.

Safer sex practices should be based on the risks of the activity rather than a person's sexual orientation. Someone's sexual orientation may or may not be reflected in their sexual activity or choice of sexual partner. For instance, women who identify as lesbian or bisexual may choose to not be sexually active, or may choose to be sexually active with men and non-binary partners. If any of our sexual activity carries a risk of STIs or an unplanned pregnancy, it's important for us to consider suitable precautions to look after our sexual health.

TIPS


- For LBQ women, some sexual activities where bodily fluids are exchanged are considered more high risk, examples include scissoring, vaginal, oral and anal sex.
- Touching your partner's genitalia before or after touching yourself without washing hands heightens risk of transmitting STIs. Be sure to always follow safe hygiene practices.
- Don't share sex toys, or if you do, you can reduce the risk of an infection by washing the sex toy properly between each person's use, or by applying a new condom for each use.
- Some types of sexual activity while menstruating can put you at higher risk of contracting STIs.
- Always use contraception if sexual activity could result in an unplanned pregnancy.
- Douching (washing/cleaning out the inside of the vagina with water or other types of fluids) is not advised as it can disrupt the natural, healthy bacterial levels in your vagina.
- Peeing after penetrative vaginal sex can help you avoid urinary tract infections (UTIs).



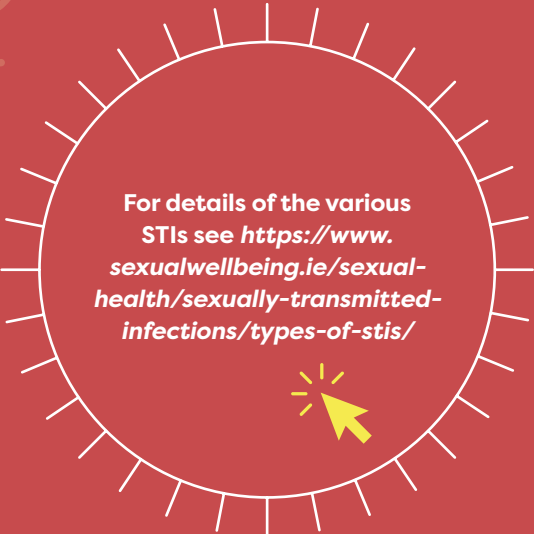
SEXUALLY TRANSMITTED INFECTIONS (STIs)

Sexually transmitted infections are generally passed between people during sexual activity through blood, rectal fluids, vaginal fluids, semen, or contact with infected skin. This includes sharing infected sex toys. A person may contract several STIs at once, and even after treatment may contract an STI again.

Contrary to myths and misinformation within the LBQ community, and even sometimes within the healthcare community, LBQ women's need for regular STI screening should be based on sexual activity rather than their sexual orientation. The belief that we do not need regular screening can lead to higher risk and a false sense of security in relation to STIs. For anyone, the risk of contracting an STI is dependent on a number of things, including STI status of partners, type of sexual activities, and type of protection used. The female anatomy also increases the possibility of contracting an STI as a result of sexual activity. The lining of the vagina is more delicate than that of a penis, the vagina offers better conditions for bacterial growth, and women's bodies are less likely to show common STI symptoms.



It's not always obvious if someone has an STI; some can be asymptomatic, some symptoms can go unnoticed or be confused for something else, and others may be symptomatic only at later stages of infection.



For details of the various STIs see <https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/types-of-stis/>

PROTECTING AGAINST STIs

Lesbian, bisexual and queer women can reduce the risk of contracting STIs through safer sex practices and being mindful of good hygiene.

As suitable and available, condoms or dental dams should be used during oral, vaginal and anal sexual activity. This includes when using sex toys. These must be changed after each activity and if people are sharing toys. Sex toys should also be cleaned with warm, soapy water, rinsed and dried between each use. Always follow the cleaning instructions provided by the sex toy manufacturer.

- **Condoms (latex and non-latex)** – Can be placed over sex toys or the penis before penetrative sex to reduce the risk of pregnancy or STI infection. Used for vaginal, anal and oral sex. Condoms must be used correctly and are best used with lubricant.
- **Flavoured Condoms** – Can be used for oral sex to prevent transmission of STIs. Should not be used for penetrative sex with sex toys or a penis, as they're made from thinner latex than an ordinary condom and can tear more easily.
- **Female/Internal Condoms** – Placed inside the vagina before penetrative sex to reduce the risk of pregnancy or STIs.
- **Dental Dam** – Thin sheet of latex used to reduce the risk of contracting an STI, through oral sex (vaginal and anal). See **page 27** for instructions on how to make a dental dam out of a condom.

If you decide to have sex during your period, you should still use condoms or dental dams for protection as menstrual blood can carry infections. Also, the cervix is slightly more open during menstruation so, depending on the sexual activity, infection can travel more easily up to the uterus and fallopian tubes.

Excessive friction during sexual activity may result in small cuts, which can act as entry points for infection. To reduce this risk, nails should be kept short and clean, and latex or non-latex gloves and plenty of lubricant should be used.





BACTERIAL VAGINOSIS (BV)

Bacterial Vaginosis (BV) is a condition that can cause abnormal vaginal discharge. BV is not classed as an STI but is more common among those who are sexually active, who have recently had STIs, or who have recently had unprotected sex. BV is a condition caused by an imbalance of bacteria in the vagina. Smoking and the use of perfumed or vaginal hygiene products, and douching, may also contribute to the development of BV. Research shows that BV is more common among lesbian and bisexual women than heterosexual women.

Repeated episodes of BV are more frequent in women who practise vaginal douching. Your GP, genitourinary medicine (GUM) clinic or healthcare professional can diagnose BV. It can be treated effectively with antibiotics.



MAKING A DENTAL DAM

Dental dams can provide protection during oral sex to reduce the risk of transmitting some STIs. They prevent skin-to-skin contact during oral sex but are thin enough to still allow plenty of sensitivity and stimulation of your partner. Dental dams are not as readily available as condoms. They can be tricky to use and you might need to practise.

For those who want to take the extra step of precaution but can't access a dental dam, a condom can be turned into a dental dam in just a few steps.

Here's how:

STEP 1. Start off with a condom. Try finding a non-lubricated or flavored lubricated condom (the taste of regular lube can be pretty unpleasant). The Sexual Health Centre offer free flavoured condoms that you can collect in the centre, or order by post.

STEP 2. Check the expiration date to make sure it has not expired. Also make sure there aren't any holes in the condom.

STEP 3. Unroll the condom.

STEP 4. Using a pair of scissors, cut off the tip of the condom.

STEP 5. Cut down the length of the condom until you're left with a rectangular shaped sheet.

STEP 6. Use the dental dam correctly. With the lubricated side held flat against your partner's genitalia, you're good to start the fun! Only use a dental dam once on one area (for example, if you use it for stimulating the vagina or clitoris, use a new one if you want to move on to the anus). Only use one side of the dental dam during oral-vaginal sex (i.e. do not flip it over during oral sex).



STI TESTING

STIs may have noticeable symptoms, but many are asymptomatic, have symptoms that are difficult to detect, or can take a long time to appear. This is particularly the case for women. The only way to ensure you have not contracted an STI is to seek regular STI testing.

STI testing can either be in person (at a clinic or with a GP), or you can order a home testing kit. Whatever way you decide to get a test, it's a confidential service provided by experienced and non-judgemental professionals.

NOTE

Because 16 is the age of medical consent, young people need the consent of parents or guardians to access sexual health services.

HOW TESTING HAPPENS

A clinic will use numbers rather than names to safeguard privacy – though you have to give name and contact details for contact afterwards. In-person testing will involve giving some details of your sexual history, any symptoms you might be having, the medications you're on and any alcohol, smoking or drug consumption. This is only to provide you with the best service, so it's important to be open and honest with your answers. You'll then have a visual examination and the service provider may take blood and urine samples and swabs from your vagina, anus or throat. The type of samples will depend on your risk.

You might receive some results that day; however, some results can take up to two weeks.

If you test positive for any STI you will be asked to return for treatment. You will also be advised to inform your past partners so they can get tested. Some clinics offer to contact those concerned without disclosing your name.

The STI testing process is similar for home testing, but without the visual examination. You take the samples and send them to the provider. The range of tests and samples required will be based on the information you give them.

COST

The HSE funds free, non-judgemental STI testing services in STI/GUM clinics located around the country, and through partner organisations. It also offers a free home testing service. There will be a charge for STI testing at a GP clinic unless you have a medical card or are entitled to free GP visits. Private clinics and private online screening services set their own fees, and these will reflect the number and type of tests required.

Regular STI testing, particularly if you've been at risk or are beginning a new relationship, is a smart move for both you and your partner. Knowing your STI status will allow you to make choices about your sexual activity and will help make the sexual experience more relaxed and pleasurable.

Check out <https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/what-if-i-think-i-have-an-sti/> for more information and talk to your GP, or to your local STI/GUM clinic, to decide the best testing option for you.



HPV CERVICAL SCREENING

In addition to STI screening, the HSE offers free HPV (Human Papilloma Virus) cervical screening to anyone with a cervix aged between 25 and 65 years. Those aged 25-29 are screened every three years and 30-65-year-olds are screened every five years.

There are more than 100 different types of HPV. Most people will be infected with a form of HPV in their lifetime, generally through sexual activity. HPV infections generally do not need treatment because the body can clear most forms of the infection by itself. But some strains of the virus can cause genital warts, which is classed as an STI and generally needs treatment. Other types of HPV can cause cervical cancer in women, so attending your cervical screening appointment is very important.

People who have never been sexually active are offered the screening service, but are generally seen as having a very low risk of HPV. However, everyone who is having, or has previously had, vaginal, oral or anal sex, skin-to-skin contact, or sharing of sex toys is strongly recommended to take up the offer of screening. ***LBQ women are just as likely as heterosexual women to contract HPV and screening is one of the best ways to protect yourself from cervical cancer.***



For more information and to check you are on the register, go to www.hse.ie/cervicalcheck





CONTRACEPTION

There are various forms of hormonal and non-hormonal contraception available for LBQ women. These include:

- Contraceptive implant
- Copper coil IUCD (Intrauterine Copper Device)
- Hormonal coil IUS (Intrauterine System)
- Contraceptive injection
- Contraceptive patch
- Vaginal ring
- Combined pill
- Progestogen-only pill (mini pill)
- External (male) condom
- Internal (female) condom
- Diaphragm with spermicide
(the diaphragm is also known as the cap)

Different types of contraception may suit different people, different lifestyles and different life stages. Seek professional medical advice from your doctor/clinic to see which form of contraception might be suitable for you.





EMERGENCY CONTRACEPTION

Emergency contraception is a back-up contraception. You can use emergency contraception to avoid an unplanned pregnancy after you have had sex without using contraception, or if your method of contraception has failed (for example, the condom slipped or you missed a pill). You can use emergency contraception up to five days after having unprotected sex.


You can choose from two different types of emergency contraception options:

1. The emergency contraceptive pill (ECP)
2. Copper coil (also known as post-coital IUCD)

You should talk to your doctor or pharmacist about which method of emergency contraception will work best for you. It is very important that you choose the right method of emergency contraception particular to your situation. This will depend on factors such as:

- When you had your last period
- How long it has been since you had unprotected sex
- The date your contraceptive method failed

Remember, emergency contraception does not protect you from sexually transmitted infections (STIs).



For a full description of each of the above listed contraceptives, head over to www.sexualwellbeing.ie/sexual-health/contraception/





SEX & AGEING

It's an unfortunate fact that the sexuality of older people is often ignored or overlooked. However, we all have a right to embrace our sexuality, and to pursue a safe and pleasurable sexual life for as long as we can and wish to. Our sex lives may even improve as we age; learning more about our bodies, becoming more confident, and understanding what brings us pleasure. Just as our friendships and relationships are impacted by how we feel about ourselves, our sex life can be impacted by how we view and prioritise our own sexual well-being.

That said, there can be challenges with ageing; some people experience a reduced sex drive or have difficulties with sexual function in their older years. For others the importance they place on sex in a relationship can contribute to how active their sex life can be as they age.

In addition to the usual range of issues associated with ageing, LBQ women – who are more likely to smoke, drink alcohol and struggle with obesity – can in turn be at higher risk of cardiovascular disease and other illnesses later in life. Treatment and medications for such illnesses can impact a person's sex drive and sexual function. Anyone who experiences these issues should talk to their doctor, as other treatments may be available.

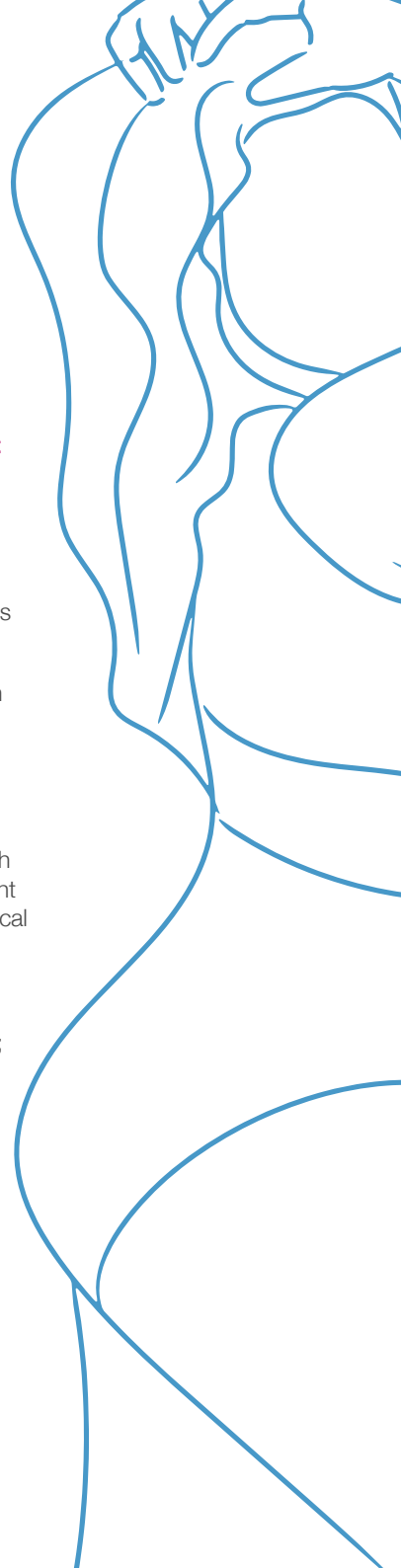
MENOPAUSE


On average, menopause occurs in most people between the ages of 45 and 55, but can also occur much earlier or later.

- Perimenopause (also referred to as the menopausal transition) refers to the time during which your body begins the natural transition to menopause.
- Early-onset menopause refers to when menstrual periods stop before the average age of menopause, which is 45 years of age.
- Medically induced menopause can cause menstrual periods to stop, which can be caused by treatment for different illnesses such as cancer, and the surgical removal of the ovaries.

Each individual's experience is different but symptoms can include but are not limited to;

- Hot flashes
- Night sweats
- Disturbed sleep patterns
- Anxiety/depression
- Mood swings/changes
- Low self-esteem/confidence
- Vaginal dryness or pain
- Reduced sex drive (libido)
- Joint pain and stiffness
- Recurrent urinary tract infections
- Brain fog







This can sometimes have a negative impact on our relationships, particularly if both partners in a LBQ+ same-sex relationship are going through menopause at the same time. Hormonal changes related to menopause can alter sexual arousal, sensitivity to touch and vaginal lubrication, which can make sex uncomfortable and lead to a loss of interest in sex.

However, the use of water-soluble lubricants, hormone replacement therapy (HRT), and finding various ways to improve intimacy with a partner can all be helpful.

When going through perimenopause/menopause, if you are not satisfied with the treatment you're receiving you can contact organisations such as LINC or The Sexual Health Centre, who may be able to advise or signpost you to a more suitable service.

Ageing, sexual desire and activity levels are different for everyone, and can be impacted by all aspects of a person's life circumstances: physical, social, emotional, financial, etc. What's important is to remember that many older people have sex, enjoy sex, and want to express their sexuality in various ways, regardless of their age.

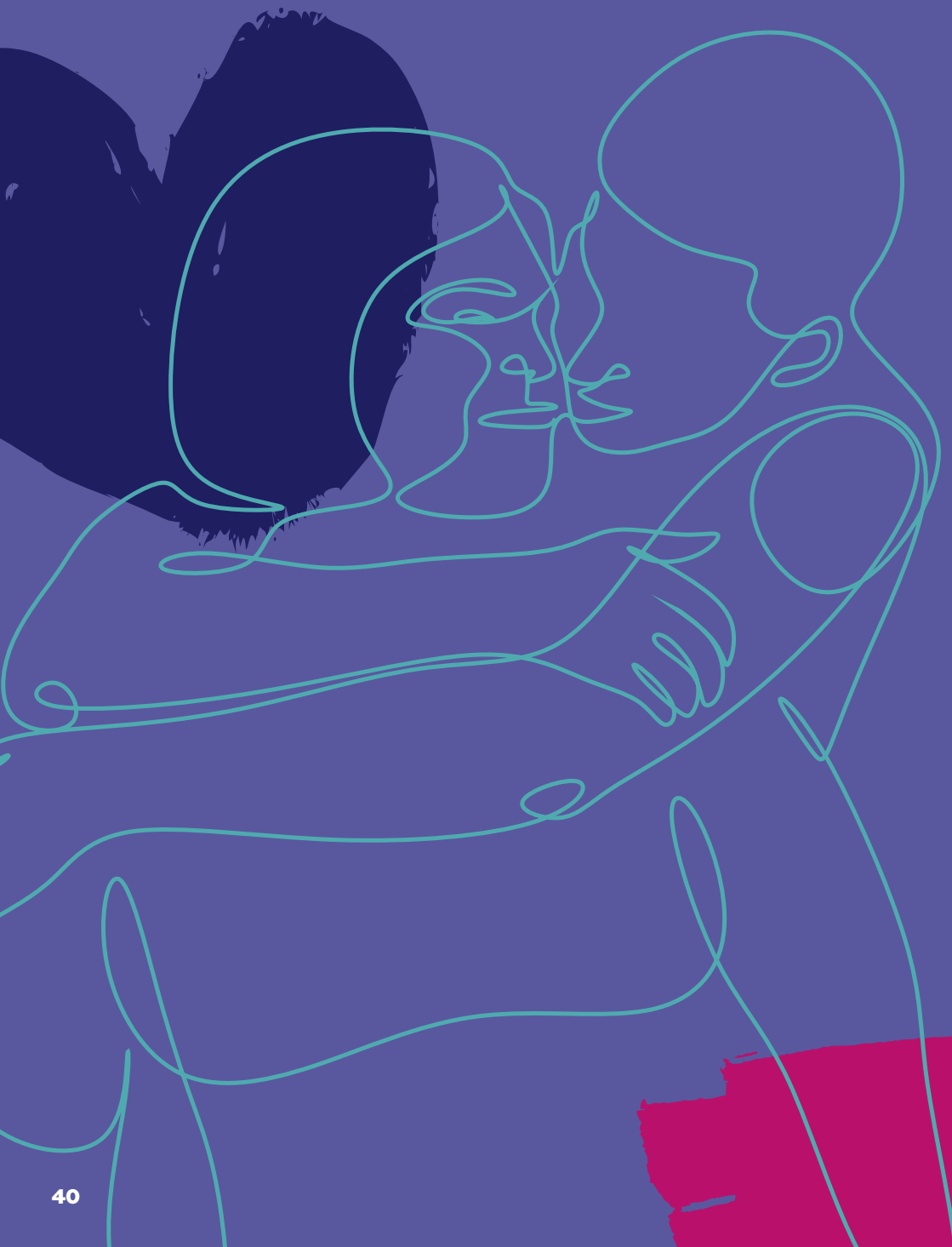
INTIMATE RELATIONSHIPS



What people view as an intimate relationship can vary in many ways, including in terms of commitment and exclusivity. For some it must involve just one partner, while others may allow for additional, individual or shared, partners. To maximise the health and well-being of all involved it's always best to be clear about each person's wants, needs and expectations within a relationship.

Some ways to describe a relationship:

- **Monogamous:** An exclusive relationship with only one partner at a time, rather than multiple partners.
- **Open Relationship:** Where both parties agree to seek out sexual partners outside of the main relationship. This is different from cheating because there is consent from all parties.
- **Polyamorous/Poly:** A person who has multiple romantic, intimate relationships at one time. People within healthy polyamorous relationships are aware of other partners and frequently communicate around relationship needs and goals.
- **Casual:** This can be a physical or emotional relationship between two people who may have casual sex or a near-sexual relationship, but may not necessarily demand or expect the typical commitments of a more formal romantic relationship.



HEALTHY RELATIONSHIPS

Our community can often lack visible role models in relation to healthy relationships, so it's important to know the signs of a healthy relationship. In a healthy relationship we are more likely to feel positive and confident. Understanding the difference between healthy and unhealthy behaviours helps us to evaluate our relationships.

**In a healthy relationship,
on the whole we should feel:**

- Positive and comfortable about ourselves
- Confident
- Loved, wanted, needed, and useful
- That our opinions and our physical and emotional boundaries are respected, even if they differ from our partners'.

Good communication is key – if there's a problem or challenge in the relationship, it's important that we feel like we can talk to the other person about it. It's also essential that we can share or discuss what's on our minds and feel heard.

When a relationship is healthy we feel comfortable being our true selves. We accept each other for who we are and generally feel relaxed in each other's company.


UNHEALTHY RELATIONSHIPS

All relationships have their ups and downs and not every challenge, or behaviour that we dislike, indicates a toxic partner or unhealthy relationship. Patience and understanding goes a long way to helping decide what works for us, what our boundaries and limitations are, and where or when to draw the line with behaviours we won't accept.

However, if our boundaries are being consistently pushed then that might be a sign of a fundamentally toxic or unhealthy relationship. An unhealthy relationship can be because of the behaviours of one or both partners. It is bad for our mental, emotional and physical health, and can even affect future relationships.

Signs of being in an unhealthy relationship might include:

- Regularly feeling confused, angry, trapped, scared, anxious or unwell because of the relationship.
- Loss of confidence, feeling depressed and worthless as a result of the behaviours within the relationship.
- Feeling pressurised by a partner to change how we look, dress and act.
- Being regularly monitored and controlled by a partner (physical, emotional and financial monitoring).
- Having to constantly adjust to a partner's moods for fear of their physical, verbal or emotional reaction. This is often the case when a partner is abusive one day and loving the next.
- Having relationships with other people discouraged or forbidden.



If we think we might be involved in an unhealthy relationship, it's important to take steps to address it. Communication is the first step when seeking ways to make it healthier. If this doesn't work, consider whether or not it's time to let go of this relationship. If this is not an option, or not an immediate option, it's important to find ways to care for ourselves. Talk to a friend or seek professional support.

If you have concerns about your relationship, or communicating with your partner isn't as effective as you would like, it's always good to sound things out with a trusted friend or professional. See **page 50** for useful contacts.



INTIMATE PARTNER VIOLENCE (IPV)

Intimate partner violence describes physical or sexual violence, stalking, or psychological harm by a current or former partner, spouse, or any other person who has a close relationship with the victim. It does not require the relationship to be, or have been, one of sexual intimacy, although this may be the case. It can be a one-time episode of violence or can be ongoing abuse involving coercive control; emotional abuse; the destruction of property; isolation from friends, family and other sources of support; and control over access to money, personal items, food, transportation and the telephone of the victim.

Domestic violence/intimate partner violence between women or people in the LBQ community comes with unique challenges such as shared community and social spaces, limited options for meeting new people or making other queer friends, and the possibility of continuously seeing or sharing space with an abuser. Research shows that bisexual and trans women are at higher risk of IPV*.

If you are experiencing IPV, want to leave an abusive situation, or are a survivor of this type of violence, there are supports available to help you to make the choices that are right for you.



Things you could consider doing are:

- Talk to your GP.
- Talk to someone you trust and make a safety plan.
- Seek Court Orders that could help protect you.
- In an emergency call 112 or 999.
- Women who are experiencing domestic violence can call the Women's Aid 24hr National Freephone Helpline (1800 341 900).
- If you need to talk to someone in confidence about sexual assault, call the National 24-Hour Helpline at 1800 77 88 88.

Given the high instance of women who report experiencing sexual harassment, assault or rape, we understand that sexual experiences, preferences and freedoms may be impacted by trauma for many. Even consensual sexual intimacy or physicality can trigger feelings connected to a past trauma, so it's important to be aware of this possibility and to leave room for healing and understanding, both as individuals, and as partners.

**Rollè L, Giardina G, Calderera AM, Gerino E and Brustia P (2018) When Intimate Partner Violence Meets Same Sex Couples: A Review of Same Sex Intimate Partner Violence. Front. Psychol. 9:1506. doi: 10.3389/fpsyg.2018.01506*

POSTING, SENDING AND SHARING SEXUAL IMAGES - THE LAW

It is illegal for anyone over the age of criminal responsibility (12 for this kind of offence), regardless of their age, to post, send or share pictures of the genitalia or anal region of people under 18, or images of them engaged in sexual activity, or images of them witnessing sexual activity, as these activities are classified as child pornography offences under Section 12 of the Criminal Law (Sexual Offences) Act 2017. This is true even if a person under 18 sends a sexual picture of themselves.




Remember:

Consent is vital when you're sharing intimate images and when you're engaged in any sexual activity, online or offline.

If someone posts or shares a sexual image of you online without your consent, you can report it to An Garda Síochána and to **www.hotline.ie** (the Irish national reporting centre for illegal content online). Here are some things you can do:

- Report it to the online platform immediately. Take a screenshot of your complaint to have a record of it. Be sure to state that this is an invasion of your privacy and data protection rights under the Data Protection Acts 1988-2003, and has been uploaded without your consent.
- If possible tell the person who uploaded it to remove it immediately. If this is not an option or the uploader's identity is unknown, report their profile to the platform. In many cases, even if the uploader takes it down, the material may have been posted to other sites. If this is the case, contact each individual platform where the content has been posted.



See **<https://www.sexualwellbeing.ie/sexual-health/sexual-consent/online-sexual-activity-and-consent/>** for more information.





INTIMATE RELATIONSHIPS AND SEXUAL WELL-BEING KEY MESSAGES TO REMEMBER

- Practise positive communication and active consent in relationships.
- Understand the signs of healthy and unhealthy relationships.
- Practise safer sex.
- Get regular STI testing and attend your cervical screening.
- Talk to your doctor or other relevant healthcare professional if you experience any issues with sex drive or sexual function.
- Have fun and remember, there are free and confidential sexual health services available when you need them. Find out about services available in your area.

USEFUL CONTACTS

LINC - Advocating for Lesbian & Bisexual Women

t: 021 480 8600

w: www.linc.ie

e: info@linc.ie

Sexual Health Centre

t: 021 427 6676

w: www.sexualhealthcentre.com

e: info@sexualhealthcentre.com

Sexualwellbeing.ie

For information about sexual health and national and local sexual health services.

w: www.sexualwellbeing.ie

e: info@crisispregnancy.ie

LGBT Ireland

National LGBT

Helpline: 1800 929 539

w: www.lgbt.ie

e: info@lgbt.ie

HIV Ireland

t: 01 873 3799

w: www.hivireland.ie

e: info@hivireland.ie

BeLoNG To Youth Services – Supporting LGBTI+ Young People

t: 01 670 6223

w: www.belongto.org

e: info@belongto.org

Transgender Equality Network Ireland (TENI)

t: 01 873 3575

w: www.teni.ie

e: info@teni.ie

Dublin Lesbian Line

t: 01 8729911

w: www.dublinlesbianline.ie

e: support@dublinlesbianline.ie

GOSHH (Gender Orientation Sexual Health HIV) Limerick

t: 061 314354

w: www.gossh.ie

e: info@gossh.ie

Sexual Health West

t: 091 566 266

w: www.sexualhealthwest.ie

e: info@sexualhealthwest.ie



HSE Cervical Check

t: 1800 454 555

w: www2.hse.ie/cervical-screening/

e: info@cervicalcheck.ie

HSE Drugs & Alcohol Helpline

t: 1800 459 459

w: www.drugs.ie

e: helpline@hse.ie

Women's Aid

National Freephone

Helpline: 1800 341 900

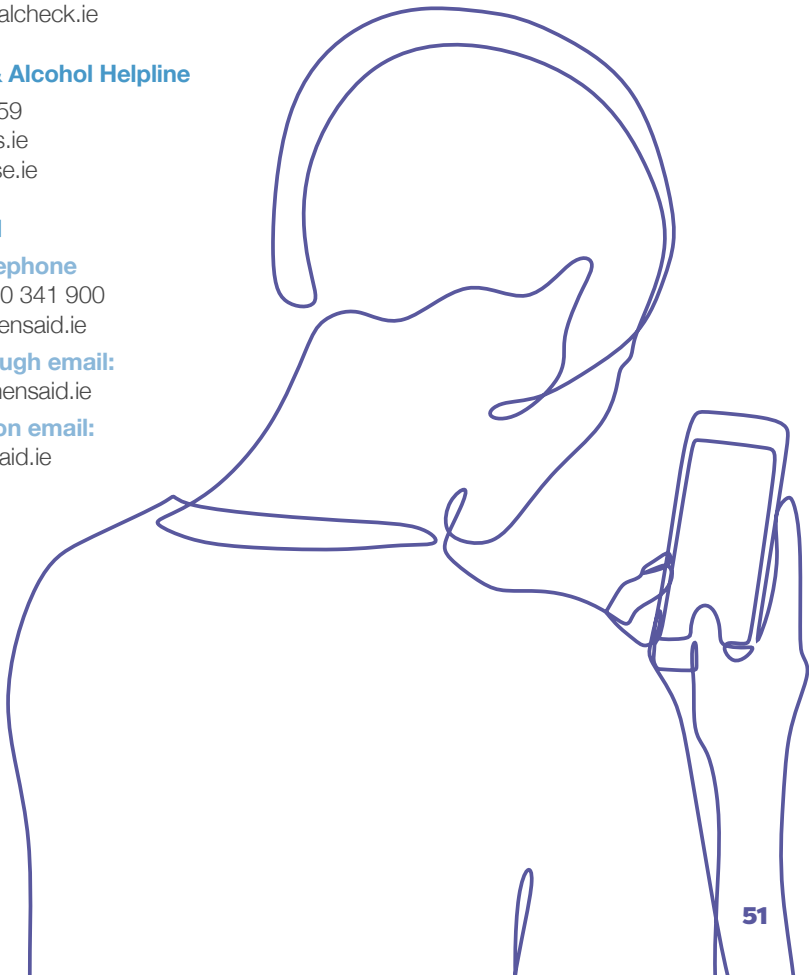
w: www.womensaid.ie

Support through email:

helpline@womensaid.ie

Administration email:

info@womensaid.ie



The **Sexual Health Centre** provides up-to-date information, support and education in the areas of sexual health, well-being, sexuality and healthy relationships. We can offer prompt, honest and non-biased answers to your questions as well as any needed support or referrals.



Advocating for
Lesbian & Bisexual
Women in Ireland

LINC is an NGO working with lesbian and bisexual women and their families. As well as hosting a welcoming and vibrant community space, LINC runs various interest-based groups. One of LINC's central aims is to improve the quality of life, health and well-being of our community, and to achieve this we offer support as well as opportunities to improve and maintain all aspects of health, from mental and physical health to sexual and social health.



sexualwellbeing.ie

The **HSE Sexual Health and Crisis Pregnancy Programme (SHCPP)** is one of several national Policy Priority Programmes in HSE Health and Wellbeing. SHCPP has responsibility for implementing the National Sexual Health Strategy (NSHS) 2015–2020 and its successor. The strategy sets out to improve sexual health and well-being and reduce negative sexual health outcomes. The HSE SHCPP works with its statutory and NGO partners to achieve these goals.

