Navigating Sexual Health with Pride: Your LBT+ Sexual Health Toolkit*

*non binary inclusive

A guide for youth work practitioners

Belong To LGBTQ+ Youth Ireland

HSE

Acknowledgments

We would like to thank the LBT+ young people who contributed to the development of this toolkit, for their insights and ideas. This resource is based on what they told us they need and want from sex and relationship education, and their insights have helped deliver this resource.

In particular we would like to thank **Louise Monaghan**, Health Promotion Consultant & Trainer at The National Youth Health Programme for her expert guidance and partnership in developing this resource.

We would also like to acknowledge our amazing advisory group for this toolkit, who contributed to the research, drafting and editing of the final document. The members of the advisory group are:

- **Daire Dempsey,** Executive Director of TENI (Transgender Equality Network Ireland).
- **Emily Power Smith,** clinical sexologist, accredited psychosexual therapist and art psychotherapist.
- **Emma Mulligan,** Project Outreach and Engagement Office at We-Consent.
- **Faye Carrie,** lecturer and researcher.
- **Linda Latham,** Director of Nursing at the Social Inclusion Department, HSE.
- **Lorraine O'Connell,** Sexual Health Education Coordinator at Sexual Health West.
- **Mary Hayes,** Too Into You Project Coordinator at Women's Aid.
- **Soph Eales-White,** Community Health Worker at LINQ Ireland.

This toolkit has been funded by HSE Social Inclusion, Dublin South & Wicklow

In partnership with

Belong To LGBTQ+ Youth Ireland

Dublin Rape Crisis Centre

We-Consent

LINQ Ireland LBQ Women T&NB Inclusive

Sexual Health West

TOO INTO you

Transgender Equality Network Ireland

Women's Aid

Contents

Welcome from Kelsey

We are delighted to be bringing you this toolkit, which we hope will change the lives of so many LBT+ young people across Ireland. We know young people turn to the internet and their friends for information on healthy relationships and sexual health. However, there is no filter to what young people can find on the internet, rather there is a lot of misinformation and unreliable sources. This toolkit is designed with LBT+ young people for LBT+ young people, in collaboration with an expert group to deliver a resource that supports you to deliver best practise for the young people you work with.

As a youth worker, I feel very strongly about providing safe spaces for queer women and non-binary people as there aren't many other places where they can discuss these topics and ask questions freely, comfortably and without judgement. We know from research that queer young people don't receive enough in-depth education around healthy relationships, consent and sexual health.

> *"The Social, Personal and Health Education programme (SPHE) was an area where participants felt more discussion about LGBTQI+ topics could be had, with emphasis being placed on the need for increased and improved sex education that is inclusive rather than cis-heteronormative"*
>
> **(Higgins et al., 2024, p. 113)**

This is why dedicated youth work spaces, and reliable and inclusive sexual health information are essential, both for young people and for the youth workers who support them. The information and exercises provided in this toolkit will equip you with knowledge, framework and tools needed to strengthen young people's capacity to build and maintain positive relationships throughout their lives and promote their overall wellbeing.

Each of us, in our work with youth can make a huge difference. For LBT+ young people, relationship and sexual health education is an underserved need. And this gap perpetuates existing challenges and problems. Together, by providing appropriate and compassionate spaces in this area, we can contribute to the wellbeing of the LBT+ young people we have the privilege to work with today, and into the years ahead.

In Pride,

Kelsey, *Youth Worker at Belong To – LGBTQ+ Youth Ireland*

Resource

Aim

This toolkit has been designed to empower professionals working with lesbian, bisexual and trans women and non-binary people, aged 17 to 23 by providing a safe, inclusive and youth-led space for co-developing and enhancing sexual health knowledge, fostering positive relationships and promoting overall well-being.

Objectives

This resource is designed to:

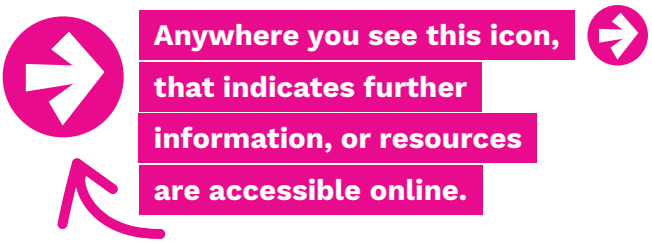
- Provide age-specific, accurate information to young LBT+ women and non-binary people who have reached the age of consent.
- Help professionals working with young people identify the specific health and well-being needs of LBT+ young people through youth work methodologies.
- Break the stigma around LBT+ women who engage in any sexual activity with other women.
- Take a harm reduction approach to equip LBT+ young people with the knowledge and skills to be able to inform themselves when engaging in any sexual activity.
- Provide young LBT+ women and non-binary people with a safe space to be able to discuss sexual wellbeing.

Glossary of Terminology

The most important thing you need to know about language and terminology is that you don't need to know it all.

LGBTQ+ terminology can feel like a minefield. A good place to start is to learn some of the key concepts and understand what the letters in LGBTQ+ stand for.

There is a glossary of terminology available on our website here



Background to this Toolkit

In partnership with the HSE Social Inclusion office, Belong To has recognised a gap in the resources and information readily available to LBT+ young people.

At Belong To, everything we do is informed by the young people we work with, and this toolkit was something our LBT+ young people had been asking for. We ran a focus group with these young people to inform what this resource would entail and established an advisory group made up of many different professionals in the field of research in sexual wellbeing and the promotion of healthy relationships amongst young people, specifically young LGBTQ+ people.

We recognise the importance of young LGBTQ+ people's experience and their wealth of knowledge in creating a toolkit such as this, as they are often left out of conversations and education in this area. In this toolkit, we have designed exercises based around topics young people asked to have included and have provided additional information on these topics.

This toolkit is designed for professionals working with young people, including youth workers, to open up conversations and facilitate the space to become a learning environment for everyone.

At Belong To we work from a critical social education model of youth work, which encourages young people to think critically and develop their own thought process and reflections about their society. The exercises are designed to evoke that thought process in young people and give them the tools to grasp an understanding of how to navigate their relationships in the healthiest way possible.

Section 1: Considerations Before Using this Resource

Using this Resource

This toolkit is designed to be used by professionals and youth work volunteers (referred to as workers or facilitators throughout this toolkit) who are working with young lesbian, bisexual and trans women and non-binary people.

This toolkit has been put together to be used as a digital resource. There are links to further information throughout. If printing the toolkit, it is suggested that you use the printed version in conjunction with a digital version to access the links.

The resource includes a number of sessions focused on sexual health and relationships. This does not necessarily constitute a programme to be run from start to finish. In line with good youth work practice, workers will identify the specific needs and interests of, the young people in their setting and use the materials accordingly.

The activities in this resource are designed to be used in group work settings. However, workers may judge that some activities are suitable to use in one-to-one work. In addition, workers should have an established relationship with, and a good knowledge of the young people participating in this work, to ensure that everyone feels safe.

Before Beginning

In order to ensure that this resource is used effectively and safely, there are a number of considerations to be cognisant of, before embarking on this work as follows:

- All participants should be between 17 and 24 years old (i.e. over the legal age of consent)
- It is recommended that organisations have the following policies and procedures in place to support this work, including:
  - Child Safeguarding Statement (with an amended risk assessment if necessary) and Child Safeguarding Policy
  - Confidentiality Policy
  - Equality, Diversity and Inclusion Policy
  - Anti-Bullying Policy
  - Sexual Wellbeing Policy
  - Referral Policy
  - Peer Abuse Policy
  - Vetting policy
  - Code of Conduct
- Workers should have participated in relevant training, including training on LGBTQ+ issues, youth development and inclusive practices, to ensure that they have the competencies to deliver this work. This includes Belong To's **e-learning module for educators and youth workers on supporting LGBTQ+ young people**

- Workers should be aware of their own comfort levels and boundaries and should adopt a sex positive approach to this work i.e. affirms that sexuality is a natural and healthy part of life, emphasising consent, respect, education and personal empowerment without shame or stigma.
  - Workers should consider conscious and unconscious bias as well as stereotypes and societal influence:
  - "Unconscious bias refers to the ingrained judgements we hold, from which we act, often without being aware that we may be discriminating against a person or group" **National Youth Council of Ireland (2023, p. 65)** **Understanding Unconscious Bias**
  - Stereotyping is defined as unconscious bias directed towards a specific social group, often in a negative or disparaging way. While most people will assume they are not susceptible to biases and stereotypes, we cannot avoid engaging in them. This is down to our cognitive drive to create associations and generalisations. Stereotypes are deeply ingrained in society and affect our ability to establish mutually respectful relationships in all areas of life, including at work.

For more information on improving self-awareness, please see **'Beyond Hate: A Journey with Young People Toward Inclusion'**

Safety and Confidentiality

This is a critical consideration when using this toolkit. Youth workers should consider the following points when engaging in this work:

- **Establish clear guidelines:** Develop a code of conduct that emphasises respect, inclusivity and confidentiality, and make it known to all young people.
- **Create a safe space:** Ensure the group environment is physically and emotionally safe, free from discrimination and where young people feel comfortable expressing themselves. Take cognisance of any additional considerations with regard to the safety of young people coming to and from the group.
- **Explain confidentiality and the associated limits:** Explain the importance of confidentiality to participants and ensure that a group agreement is in place. Make it clear to the young people that this is a space to discuss these topics in general, but not to share personal stories as this may be triggering for themselves and others. Let young people know that if anything comes up for them you can provide a separate space to discuss this. Have a separate space available for any of the young people who might need to take a few minutes out, with things like colouring or sensory toys etc.
- **Consider trigger warnings:** Ensure that participants are aware of the upcoming content of any session and of their choices to opt in or out of any activities.
- **Professional boundaries:** Ensure that any information given comes from reliable sources and is accurate. Queries in relation to medical issues should be dealt with by appropriate professionals.

Inclusivity and Affirmation

- **Use inclusive language:** Be mindful of language and terminology, and agree with the young people their preferences with regard to names, pronouns, etc. ensuring that no one experiences any discrimination or discomfort.
- **Promote diversity:** Recognise and celebrate the diversity of sexual orientations and gender identities within the group.
- **Offer affirmation:** Validate and affirm the identities and experiences of LBT young people.

Appropriateness and Support

- **Tailor activities:** Design activities and discussions that are appropriate and relevant to the ages, needs and interests of the young people.
- **Do not assume that everyone is sexually active or wants to be.**
- **Provide and signpost resources:** Connect young people with relevant resources and support services, both within the group and in the wider community.

Here is a link to a full list of supports and services

- **Offer emotional support:** Create a space for young people to share their experiences, receive support and build connections with others.
- **Age appropriateness of activities:** Be mindful that the needs and experiences will differ depending on age. Be mindful to create a space which is age appropriate to the young people you are engaging with.

At the end of a Session

Debrief Gently

- Always invite, rather than demand, sharing.
- Reflect on what was surprising, comforting or challenging.
- Acknowledge feelings of discomfort and resilience.
- Facilitate a closing round with young people to evaluate their experience and to enable them to debrief from the activity.

Parent and Guardian Support

- **Offer information and support:** Provide information, resources and signposting for parents and guardians, where possible or relevant.
- **Respect parental involvement (for under 18's):** Work collaboratively with parents and guardians, respecting their values and beliefs while promoting the wellbeing of their young people.

Evaluation and Improvement

- **Regularly evaluate:** Evaluate the effectiveness of this work and make adjustments as needed to ensure it continues to meet the needs of the young people, based on their feedback.

Section 2:
Key Concepts for Sexual Wellbeing

Key Concepts for Sexual Wellbeing

In order to use this resource effectively with young people, it is important that workers have an understanding of some of the key concepts in relation to sexual wellbeing. This includes being aware of what sexual health is, as well as sexual rights, a sex-positive approach, queer joy, sexual pleasure, sexual health literacy, stereotypes and societal influence to name a few.

Sexual Health

Sexual health is an integral part of overall health, wellbeing and quality of life. The World Health Organisation has defined sexual health as:

> *"...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."*
>
> **(WHO, 2006a)**

The best possible choices can be made when information, education and supports are in place from the very beginning to facilitate a healthier lifestyle. Good sexual health means making sure you have the knowledge, skills and ability to make informed sexual choices and acting responsibly to protect your health and the health of others.

The Sexuality Wheel

The 'Sexuality Wheel' is a resource that highlights the many elements that make up a person's sexuality and is used to help us understand the connection between our sexuality and who we are as human beings.

Find the Sexuality Wheel

Sexual Rights

There is growing recognition that sexual health cannot be achieved and maintained without respect for, and protection of, certain human rights. The following definition of sexual rights given here is a contribution by the World Health Organisation to ongoing discussion about sexual health (This definition does not represent an official WHO position).

> *"The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled"*
>
> **World Health Organization, 2006**

Sexual rights embrace certain human rights that are already recognised in international and regional human rights documents and other consensus documents and in national laws. (World Health Organization, 2006)

More information on sexual rights

A Sex-Positive Approach

A sex-positive approach embraces sexuality as a natural and healthy part of the human experience, valuing and celebrating it while promoting open communication, respect for diverse sexual identities and expressions and the importance of consent and safe sex practices. It is not sex promotion

Core principles of a sex positive approach are as follows:

- Embracing Sexuality
- Promoting Open Communication
- Valuing Consent
- Respecting Diversity
- Prioritising Pleasure
- Advocating for Safe Sex
- Challenging Stigma
- Empowering
- Considering Intersectionality
- Promoting Sex Positive Practices
- Developing Sexual Health Literacy

Maintaining Safe and Positive Spaces for Sexual Health Work

There are a number of ongoing themes and issues that may arise from time to time within the work with LBT women and non-binary people, including:

1. **Queer Joy**
   Queer joy is a positive feeling we get from encountering signs of progress in gender and sexual equality and diversity. It helps sustain the struggle for social justice. Queer joy is also bittersweet: even amidst the celebration, we never forget those who fall victim to various crises due to their gender identity and expression or sexual orientation. (Oxfam International, 2022) However, activism results in progress and positive change does happen. We all need to take opportunities to celebrate queer joy, particularly when queer young people are feeling down or are struggling in life.

   The exercise **'Mapping Queer Joy'** is one that can be revisited as needed.

2. **Triggers**
   When working with young lesbian, bisexual and trans (LBT) women and non-binary people around themes like consent or pleasure, it is essential to approach the topic with care, trauma-informed practices and inclusivity.

   Some young LBT women and non-binary people may carry experiences of:

   - Body dysphoria
   - Medical trauma
   - Sexual violence, abuse and harassment
   - Intimate partner abuse and coercive control
   - Stigma or shame around sexuality or gender
   - Feeling invisible in sex education or consent narratives

Body-connection based activity such as meditation, or mindful presence in the body, especially around pleasure or consent can therefore trigger past trauma or evoke feelings of discomfort, disconnection or shame. Careful preparation and facilitation are essential to create a safe space and communication with young people on the content of the workshop.

This includes integrating a Trauma-Informed Approach, involving:

- Reminding participants of their choices to opt-in or opt-out at any point.
- Designing exercises with varying options: body-connection based, written, visual or silent reflection.
- Having grounding techniques ready for anyone who may benefit from them (breathing, sensory check-ins, holding an object to fidget with, visualising techniques etc.)
- Proving the option for time out in a quiet space with access to a range of art materials.
- Facilitating exercises that serve as an antidote to trauma – activities which empower and celebrate participants individuality and recognise their autonomy and decisions.

3. Issues in Relation to Sexual Violence and Sexual Assault

Disclosures in relation to sexual assault and sexual violence may arise during the course of this work. It is essential that organisations have procedures in place to respond to this issue and that workers are trained in these procedures.

It is also essential that workers have access to the contact details for the range of support services available. Disclosures should not be encouraged during the group as perpetrators could also be present during the session. In your group agreement, developed with young people at the outset of this work, reinforce that personal disclosures in the group would not be safe but signpost to a time after when support might be available. You can phrase this as follows: *"We would also like to gently remind you that there is a limit to what we can hold within this space. If we become aware of any harm to a child or anyone under 18, either historical or recent, we do need to share that information in order to keep everyone safe. If there's anything of that nature that comes up for you today please let us know after the workshop and we can signpost you to where can offer you support."*

Your organisation should have its own internal policies and procedures to deal with disclosures. For a good practice example, you can go to the **Dublin Rape Crisis Centre (DRCC) website for guidelines on meeting a disclosure**

Sexual violence takes many forms. The term 'violence' might be understood as referring to acts or behaviours that are physically violent. However, DRCC and many other frontline agencies believe sexual violence refers to any kind of unwanted sexual activity or contact, whether physical or non-physical, including words or actions, done without consent. Sexual violence is not itself a legal term, but many forms of sexual violence are defined in Irish law. The DRCC have very useful information on this: **Forms of sexual violence | Dublin Rape Crisis Centre**

For a full list of relevant services in this area, as well as advice and support

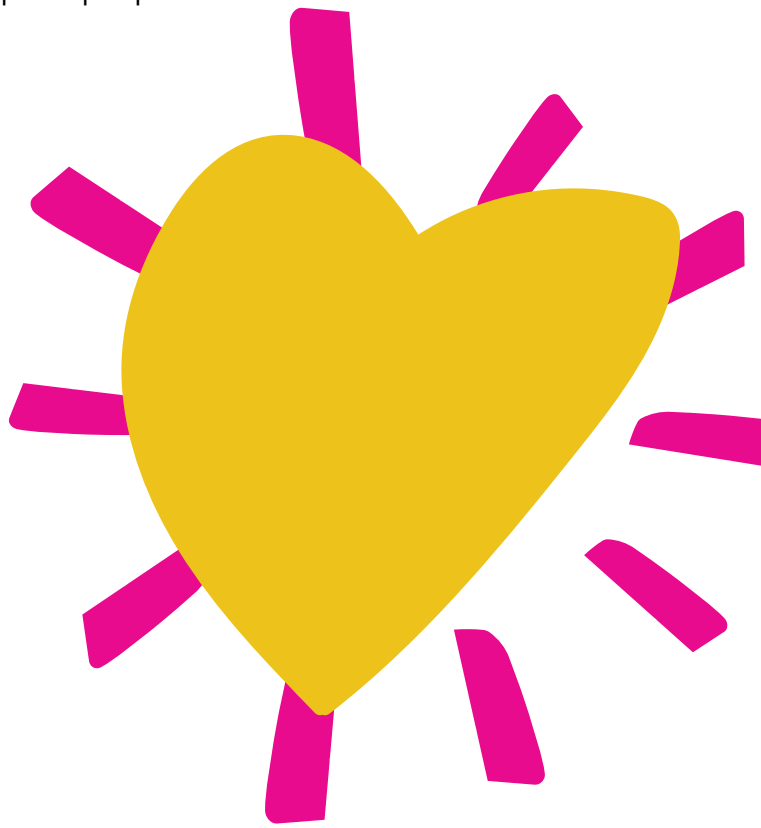
It is important to have a support plan in place. If trauma or distress arises:

- Adhere to your organisational policy in this regard, taking account of any safeguarding issues and referral pathways.
- Allow the victim or survivor to make decisions on where to go next (if over 18). The facilitators' role is to listen, support and signpost.
- Offer one to one follow-up if needed and appropriate.
- Always prioritise the young person's safety and dignity.
- Use the relevant organisational supports, such as supervision, to ensure the best response possible for the young person, as well as support for the worker.

Mapping Queer Joy

It is always good to wrap up any discussions or sessions with something that can lift the mood of the group or instil some positivity before they leave, or on commencing this work to foster a positive mindset from which to start.

A great way to do this, is to guide young people in expressing how they experience queer joy. Queer joy is the joy to be found in being part of a wonderful, diverse and exciting community of LGBTQ+ people. Many young people find this in different ways. For example, a TV show they love featuring queer characters, or queer musicians with whom they can identify. A positive representation of queer people in the media can bring young people lots of queer joy, particularly queer women and non-binary people. Perhaps its specific locations where they feel comfortable to express themselves fully and authentically. Or people they connect with. The sources of queer joy are as numerous as there are queer people.



Exercise 1	Mapping Queer Joy
Objective	To help young LBT+ people explore and express what queer joy means to them personally and as a community, while building self-awareness, resilience and connection.
Time	45 - 60 minutes
Materials	• Large sheets of paper or a whiteboard • Markers, pens, stickers, art supplies • Magazines and scissors for collage elements (optional) • Quiet music (optional)
Part 1	**Warm-Up Discussion (10–15 minutes)** Prompt questions to ask the group: • What does joy feel like in your body? • When have you felt joy as a queer person or in a queer space? Encourage participants to share their thoughts or experiences. Create a judgement-free zone where all forms of expression (talking, drawing, writing) are valid.
Part 2	**Creative Activity – 'Queer Joy Map' (20–25 minutes)** Each young person creates a visual map of their personal experience of queer joy. This can include: • **Places** where they feel joy - real or imagined. • **People** who affirm and celebrate them - people they know or people in the media. • **Moments** when they've felt powerful, proud or connected. • **Symbols, colours, words** that represent joy for them. Encourage the young people to use drawings, doodles, words and collage elements as they wish. Let them know that their maps don't have to look a certain way, it's about expression, not art skills.

Exercise 1	Mapping Queer Joy
Part 3	**Sharing Circle (10–15 minutes)** Invite the young people, if comfortable, to share with the group whichever parts of their queer joy maps they are happy to share. Discussion questions: • What did you notice while creating your map? • Did anything surprise you about what brings you joy? • How can we support each other in experiencing more of this joy?
Wrap Up (Optional Takeaway)	Ask each participant to write a 'Queer Joy Reminder' — a small note to themselves they can keep e.g. *"My joy is real" or "I am allowed to take up space"*. Provide envelopes or journals to keep it private if desired.

Section 3:
Healthy Relationships

Healthy Relationships

Healthy Relationships for Young Lesbian, Bisexual and Trans Women and Non-Binary People

Young lesbian, bisexual and trans women and non-binary people in Ireland face unique challenges in building and maintaining healthy relationships. Recent research highlighted the importance of supportive environments and access to inclusive resources. The 2024 *Being LGBTQI+ in Ireland report* (Trinity College Dublin and Belong To), revealed significant mental health challenges among LGBTQI+ youth. **Among 14-18-year-old survey respondents, 72% reported self-harming and 77% had experienced suicidal thoughts.**

Trans and gender non-conforming individuals reported even higher rates, with 75% self-harming and 82% experiencing suicidal ideation. The research also found a marked increase in mental distress for the over-18 cohort since the original 2016 iteration of this study, with a 17% rise in severe and extremely severe depression, 30% rise in anxiety and 33% rise in stress.

A study by Women's Aid in 2022 showed that one in five young women aged 18 to 25 in Ireland are subjected to intimate relationship abuse by a current or former male partner. While participants were not asked about their sexuality, we know internationally that young LBT women are often subjected to abuse in their intimate relationships. **Young bisexual and trans women are often abused by male partners and lesbians can also be abused by their partners.**

These findings underscore the need for safe, affirming spaces and relationships where young lesbian, bisexual and trans women and non-binary people can explore their identities and relationships without fear of discrimination or harm.

The Power of Friendship: Building a Foundation for Healthy Relationships

For many young lesbian, bisexual and trans women and non-binary people, friendship plays a vital role in shaping how they understand connection, trust and intimacy. Friendships are often the first place where they feel truly seen, accepted and safe to be ourselves. This is especially true in a world where LBT+ identities may not always be fully understood or supported.

These early, supportive friendships help to build the skills and self-worth that form the foundation for healthy romantic and sexual relationships.

Why healthy friendships matter:

- **They teach us about boundaries.** In safe friendships, we learn how to say no, how to respect others' limits, and how to communicate our needs — all essential in any sexual or romantic relationship.

- **They build emotional resilience.** Supportive friends help us cope with rejection, discrimination or isolation. This emotional strength makes it easier to make empowered choices in our relationships.
- **They model mutual respect.** Being around people who value us for who we are shows us what we deserve — love, safety and equality. It reminds us that relationships should never involve fear, control or pressure.
- **They reduce isolation.** For many LBT+ young women, friendships with others in the LGBTQ+ community provide a sense of belonging. Knowing you're not alone can be life changing.

From Friendship to Romantic and Sexual Relationships

Healthy sexual relationships don't start with sex. They start with trust, respect, equality, communication and care. Often, the same values that make a friendship strong — honesty, respect, listening and fun — are the exact same values that make romantic or sexual relationships safe and satisfying.

The skills of understanding the difference between pressure and consent, being able to talk openly about needs and desires, and feeling safe enough to say "no" — these are not just relationship skills; they are friendship skills too.

For LBT+ young people, building and maintaining strong, respectful friendships is not just important — it's empowering. These connections lay the groundwork for consensual, joyful and healthy sexual relationships, helping to increase confidence and care for both the self and others.

Exercise 1	Roots and Branches: Growing Healthy Friendships
Objective	To help LBT young women and non-binary people explore what makes a friendship healthy, recognise red flags in friendships, and reflect on how their identities may shape their experiences with connection, boundaries and support.
Materials	• Large sheets of paper or flip-chart paper • Markers, pens, or coloured pencils • Sticky notes (optional) • Printed *'Friendship Qualities Cards'* (provided below) • Space for small group work and one large group circle
Step 1	**Warm-Up Discussion (10 - 15 minutes)** Facilitator asks: • What do you look for in a friend? • How do you know when a friendship is really supportive? • Do your experiences as an LBT+ young person affect how you build friendships? Write key responses on a board or flip chart under two columns: *'Healthy Friendships'* and *'Unhealthy Friendships'*.
Step 2	**Friendship Qualities Card Sort (15–20 minutes)** Distribute friendship qualities cards - each with a different trait or behaviour (examples below). Participants work in pairs or small groups to sort them into: • Green flag (healthy) • Yellow flag (uncertain or mixed) • Red flag (unhealthy) Examples of cards (Facilitators can develop additional cards): • They celebrate your gender identity and pronouns. • They get jealous when you hang out with other friends. • They listen without judgment. • They make jokes or engage in 'banter' about your sexuality. • They shy away when others 'slag' you, as they are scared to get bullied themselves. • They refuse to clarify their own orientation or identity. • They are fun to be with. • You can talk to them when you're feeling down. • You know they won't tell other people the things you tell them in confidence. • They accept you as you are.

Exercise 1	Roots and Branches: Growing Healthy Friendships
Step 2 (continued)	After sorting, come back together and invite groups to share examples that surprised them or caused disagreement. Discuss differences in interpretation, and talk about how context, especially around LBT+ identities, can influence what feels safe or not.
Step 3	**Personal Reflection** Ask participants to reflect individually using these prompts (you can provide journals or slips of paper): • Who in your life makes you feel fully accepted as you are? • What qualities do you bring to a friendship? Optionally, invite those who wish to share, but without any pressure.

Love Bombing

'Love bombing' is when a person 'bombs' you with excessive attention and affection. The honeymoon stage of a new relationship can feel new and exciting, but new potential partners can use excessive amounts of affection as a way to manipulate and control a partner later on. This can be dangerous, especially if they cultivate a dynamic in which their partner begins to feel like they 'owe' them or can't say no to them after all their attention and affection. **This is a form of emotional abuse.**

Context is important: These behaviours become red flags when they happen very early in the process of dating someone, and particularly when it takes place after you've had an argument or there's been an incident of some sort. Love bombing is often used to continue the cycle of abuse to convince a partner that "they're not always like this" and that if they just comply "things will go back to the way they were at the start".

It's also important to remember that even if someone tries to set emotional and physical boundaries, an abusive partner may try to reject these and use manipulation to incite feelings of guilt and shame. This can leave someone feeling guilty for trying to set boundaries and may incite trauma responses like fight (being combative), flight (dropping the conversation) or freeze (not doing anything, can appear like inaction, indifference or hopelessness).

Remember that while it's important for people to know what their boundaries are, how to set them and to communicate them, it is the responsibility of their partner to hear these boundaries and respect them. And if a controlling partner often disrespects or breaks your boundaries, this is unhealthy, and they are solely responsible for their actions.

For additional resources and specific LGBTQ+ resources, you can reach out to **Too Into You**

Exercise 2	Healthy Relationships, Red Flags, Love Bombing
Objectives	• To identify the features of healthy and unhealthy relationships • To identify some red flags in relationships • To explore the concept of love bombing
Time	60 minutes
Materials	• Flipchart or whiteboard • Markers • Laptop and PowerPoint projector **Materials and Posters from Too Into You**
Step 1	**Healthy Relationships Word Storm** In the large group, the facilitator invites the participants to word storm the features of a healthy relationship and charts the responses. The facilitator invites comments and questions from the group. Using resources from Too Into You, the facilitator presents the features of a healthy relationship, including: • They treat me as an equal • They listen to me • They make me feel safe
Step 2	**Unhealthy Relationships Word Storm** The facilitator invites participants to word storm the features of an unhealthy relationship and charts the responses, inviting comments and questions from the group. **Using resources from Too Into You, the facilitator presents the features of an unhealthy relationship available.**

Exercise 2	Healthy Relationships, Red Flags, Love Bombing
Step 3	**Moving Debate - Green Flag or Red Flag** The facilitator, using the methodology of a moving debate (explained below in 'Notes for Facilitators'), with a selection of the statements below, facilitates discussion on these areas. At the conclusion of this activity, the facilitator emphasises the importance of context in these situations. While some statements can appear to be very black and white, context hugely influences these situations and love bombing can be very difficult to identify. Feelings of attraction and love can impact how actions are interpreted. People sometimes ignore these signals because of how they feel about the other person and red flags are ignored. This can then result in someone finding themselves in an unhealthy or abusive relationship.
Step 4	The facilitator invites participants to word storm 'How to set physical and emotional boundaries'. This activity could also be facilitated using small groups, where participants record their answers on a flipchart and then feed back to the larger group.
Step 5	**The facilitator refers to relevant materials and videos from Too Into You on 'love bombing', red flags and sources of support, and facilitates discussion on these.**
Step 6	**Closing Round** Invite group members to share one key takeaway from this session

Notes for Facilitators

1. A moving debate, also known as a walking debate, is an activity where participants physically position themselves along a continuum between 'agree' and 'disagree' based on a presented statement. The term 'unsure' may also be used. Participants move to express their opinion, justify their position and attempt to persuade others to change their stance by moving to a different point on the continuum. This dynamic process fosters critical thinking, helps participants explore different perspectives and can reveal a wide range of views on a topic.
2. Workers can add in prompts for young people to spark thinking. For example, prompt them to imagine that they really fancy the person saying this and have done for a while. Would they feel differently. Imagine that this is the first LGBTQ+ relationship they've had and are not sure on what's 'normal' or not. How does this influence their perception of the statement or behaviour?

3. When young people took part in this exercise, they talked about having more context and highlighted the need for youth workers to explore these situations more through informal conversations. It's important to keep in mind that these can be very early signs of abuse from a partner.

4. There is no information other than the statement, so young people will ask for more context and maybe talk through different ways these statements can be perceived in different contexts. It's important to note that these are statements of love bombing or red flags in the context of a very new relationship, or the person has also shown signs of other love bombing or red flags. The important thing is that young people gain an understanding of how these signs can show up in relationships.

Moving Debate Statements - Love Bombing or Not?

Green or Red Flags in LBT+ Relationships (resources from Too Into You)

These statements are intended to start a conversation with LBT+ young people around red flags for abuse. We know from Women's Aid research that LBT+ women are often subjected to abuse in their intimate relationships. Young bisexual and trans women are often abused by male partners and lesbians can also be abused by their partners.

These conversations can give LBT+ young people the tools to recognise early signs of abuse and red flags in relationships.

- "You are perfect, I've never met anyone as perfect as you" **Red Flag**
- "My life would be nothing without you." **Red Flag**
- "I want to spoil you" **Red Flag**
- "I'm falling in love with you already!" **Red Flag**
- "I don't really like that you called me a drama queen, can we talk about it?" **Green Flag**
- "I want to be with you all the time, I love when it's just you and me." **Red Flag**
- "You spend too much time with your friends, why don't you want to spend more time with me?" **Red Flag**
- "I'd die without you" **Red Flag**
- "We should go away together!" **Red or Green flag depending on context**
- "I want to meet your family!" **Red or Green flag depending on context**
- They misgender you and don't apologise or correct themselves **Red Flag**
- They decide you are ready to come out and are constantly encouraging you to tell your friends and family - **Red Flag**
- They always reassure you that your feelings around your gender identity are valid and that it is ok to talk about this a lot - **Green Flag**
- They think you spend too much time around LGBTQ+ people and think you should spend more time around people who are not LGBTQ+ - **Red Flag**
- Workers may add in any additional statements deemed useful (and which they have piloted in advance).

Coercive Control

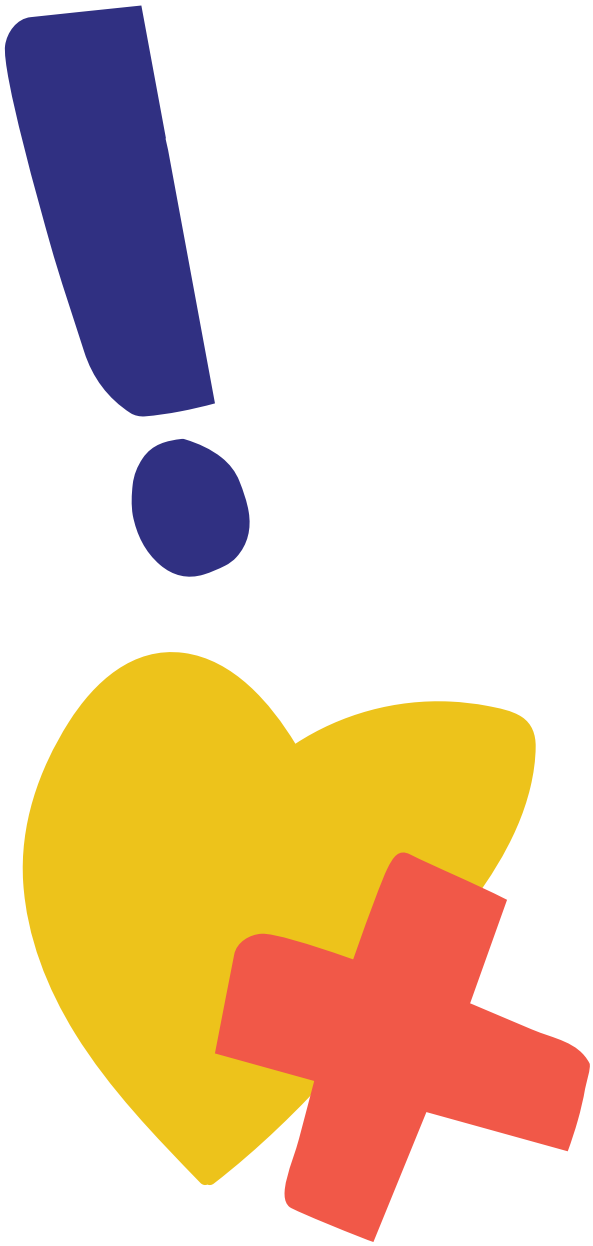
Coercive control is a persistent pattern of controlling, coercive and threatening behaviour including all or some forms of domestic abuse (emotional, physical, economic and sexual, including threats) by a partner or ex-partner. This type of behaviour is a serious and often misunderstood form of abuse, especially in LGBTQ+ relationships, where it can be harder to recognise due to a lack of inclusive education and societal narratives.

Explainer video on coercive control

Coercive control is a criminal offence in Ireland. **Find more information on coercive control in Ireland**

Working with LBT+ young people, we must normalise that abuse can happen in queer relationships too - and everyone deserves respect and safety. LBT+ and non-binary people may dismiss red flags such as coercive control behaviours because:

- They fear being seen as 'too sensitive' or 'difficult'.
- They're told that queer relationships aren't 'real abuse'.
- They're isolated due to being outed, transphobia or community stigma.
- There is assumptions that abuse only happens in older relationships when in fact it's very common in young relationships. It can even happen in your first relationship, especially if your partner is older and has more 'experience'.



Exercise 3	Control Isn't Care: Spotting the Red Flags
Objectives	To help LBT young women and non-binary people: • Understand what coercive control is — and what it can look like in queer relationships. • Identify early warning signs and patterns of controlling behaviour. • Challenge myths that coercive control is 'love', 'protection' or 'passion'. • Reflect on personal boundaries, red flags and support strategies.
Time	60 minutes
Materials	• Cards labelled 'Caring', 'Controlling', 'Depends' • Behaviour cards (printed with the statements in step 1 below) • Scenario cards or sheets (printed with the scenario outlines in notes below) • Markers, index cards or small papers • Flipchart or board for discussion points
Step 1	**Care or Control? (15 minutes)** Distribute the cards with the different behaviours to the small groups. Ask participants to sort them into: • Caring • Controlling • Depends Then to discuss each one - also exploring the grey areas. Behaviours printed on cards: • They want to know where you are all the time. • They are eager to meet your family and friends. • They tell you what to wear because they 'know your body best'. • They tell you they love you in the first month. • They offer to pay for everything and say you don't need anyone else. • They get upset when you spend time with your friends. • They are the first person to text you in the morning and the last person to text you before you fall asleep. • They celebrate you getting your first job. • They delete messages from people they think are bad for you. • They insist on walking you home after you are together. • They love to shower you with compliments.

Exercise 3	Control Isn't Care: Spotting the Red Flags
Step 1 (continued)	**Feedback and discussion** Take feedback from the small groups and facilitate discussion, including about how coercive control might be portrayed as love - especially when it starts. Emphasise that healthy relationships support autonomy, not control.
Step 2	**Group Discussion: What Does Coercive Control Look Like in Queer Relationships? (10 - 15 min)** Prompt questions: • Have you ever seen a situation where someone's partner started controlling them? (Not giving any identifying details) • What did you see that concerned you? • How do you think that person felt? • Do you think coercive control shows up differently in LBT+ relationships? • What might make it harder to spot or talk about?
Step3	**Activity: Scenario Based Discussion (15–20 min)** Working in small groups, give each group a scenario that includes subtle examples of coercive control. Ask: • What's happening here? • What would you say or do if this were a friend? • If this was a healthy relationship, what would it look like? • What sources of support are available in relation to that scenario? Ask each group to feedback and facilitate discussion, helping to dentify key red flags and genuine concerns such as: • Isolation • Safety concerns • Suppression of self-expression and visibility • Framing control as protection from the outside world • Surveillance • Guilt-tripping • Manipulation • Shaming • Jealousy framed as love • The pressure to prove commitment by denying past experiences or relationships • Other

Exercise 3	Control Isn't Care: Spotting the Red Flags
Step 3 (continued)	Ensure that all participants are aware of the sources of support available in these situations
Step 4	**Optional Ending** If the atmosphere is very heavy at the end of this session, finish with an uplifting activity, such as connecting with 'Queer Joy', or some other fun activity.

Notes for Facilitators

- Remember that people may have trauma responses to these activities if they have personal experience. They may seem indifferent (fawn), make excuses for abusive behaviours (fight) or not engage at all (freeze). These are unconscious bodily reactions to trauma which the survivor brain kicks in to protect them from harm. We must be non-judgmental and show participants that no one deserves to be controlled or manipulated.
- You must ensure that your organisation's safeguarding procedures are adhered to. It is important as a youth worker that you feel that you are competent to address and facilitate these issues within a group setting.
- Coercive control is a serious and often misunderstood form of abuse, especially in LGBTQ+ relationships, where it can be harder to recognise due to a lack of inclusive education and societal narratives. Normalise that abuse can happen in queer relationships too - and everyone deserves respect and safety.
- Be trauma aware. Emphasise that the session is to discuss the topic in general, and If something arises that is concerning, as workers we have a duty of care (for under 18s).
- Avoid gendered assumptions: use terms like 'partner', not 'boyfriend' or 'girlfriend'.
- Be ready with referrals to the relevant services.

Scenarios (to be copied on to individual cards)

Scenario 1

Kayla recently joined a local LGBTQ+ youth group after hearing about it from a friend. It quickly became a safe space where she felt accepted and energized. She loved the people she met there—other queer girls, some trans guys, and some non-binary people. She began attending regularly. When she told her girlfriend Jade about this, Jade began asking casual questions about who was in the group and what they talked about. But her comments slowly became more critical. She started suggesting that the other girls were dramatic or immature and hinted that Kayla was changing in ways she didn't like. Jade said she was just worried that Kayla was getting too involved. When Kayla mentioned a weekend trip the group was planning, Jade said she thought Kayla needed to slow down and spend more time focusing on their relationship.

Scenario 2

Riley has been exploring their gender identity more openly recently and felt confident enough to post a photo on Instagram wearing a bright new outfit and makeup they were proud of. The post got positive responses from friends and followers, many of whom celebrated their boldness and expression. Shortly after, their girlfriend Alex, messaged them to say she'd seen the post and wasn't comfortable with how much attention Riley was getting. She didn't directly tell Riley to delete the post, but implied it might make people talk or judge them both. She framed it as concern about safety and public perception, saying it was just hard being a "visible queer couple". Over the next few weeks, Riley noticed themselves hesitating before posting or sharing things online. They felt nervous about how Alex would respond. When they talked about wanting to try new styles or go out dressed in ways that affirmed them, Alex would subtly steer them away from it, saying things like "people already look at us enough", or "we don't need to make life harder." Riley started toning themselves down—not because they wanted to, but to avoid upsetting Alex.

Scenario 3

Leah had always been upfront about being bisexual. She'd dated both girls and guys in the past. While she was currently happy with her girlfriend Maya, she still kept in touch with a few of her old friends, including a male friend she had grown up with. One afternoon, she mentioned that she might grab coffee with this friend, and Maya's mood instantly shifted, becoming cooler and distant. She asked Leah why she needed to spend time with guys when she was in a relationship and made a comment about "not being like other bi girls". Leah was taken aback and tried to reassure Maya, but the conversation left her feeling uneasy. Over the next few days, Maya made more subtle comments about Leah's past, about how she hoped she wasn't "looking for something else," and about how difficult it was to trust someone with "options." Eventually, Leah stopped talking about her male friends altogether. She even pulled away from some of her social groups, feeling unsure whether maintaining those connections would put her relationship at risk. Maya never directly told her what to do, but the pressure to prove her loyalty by giving up parts of her identity and community was constant.

Scenario 4

Raven, a trans girl, is in a relationship with Ben, and they are getting on really well and their relationship seems to be solid. One night they are going on a date, and Raven doesn't feel particularly up for it and tells her boyfriend that she isn't really in the mood to go anywhere. Ben says that she should be grateful for his attention, to get dressed and come out because no one else would love her because she's "not a proper girl". Raven has never heard this before from him and doesn't know what to do. She reaches out to a friend who tells her to ditch Ben and that she deserves better than this. This makes Raven very upset as she has never seen this side of him before and she feels very insecure in her relationship now.

Scenario 5

Ayana is a bisexual girl who has been with her boyfriend for three years now. They are at a football match and Ayana sees her ex-girlfriend, Kamali there, who she is still good friends with as they ended on good terms. They both say hello but when Kamali walks away Ayana's boyfriend says, "you have me now, you're not really bisexual, you were just greedy back then". Ayana can't believe it and storms off as she just wants space from him. He follows her and tells her he's just joking, but this isn't the first time he has said things like this to her. Ayana feels like she is constantly trying to 'prove' she's bisexual to everyone.

Section 4: Consent

Consent

What is Consent?

Consent is a freely given, voluntary agreement between people that allows each individual to decide what they want and do not want and to have that respected.

(We-Consent, 2025)

What is Sexual Consent?

The Criminal Law (Sexual Offences) Act 2017 defines sexual consent as: A person consents to a sexual act if they freely and voluntarily agree to engage in that act.

What is the legal age of consent?

The law says that a person must be 17 years of age to be able to consent to engaging in a sexual act. This means that a young person under the age of 17 is not legally old enough to consent to a sexual act, even if they want to. Remember: It is a crime to engage in a sexual act with someone who has not, or cannot, give consent.

The age of consent, which is outlined in **Criminal Law (Sexual Offences) Act 2017** is the same for all persons, regardless of gender or sexual orientation.

A person does not consent to a sexual act if they:

- Are forced, or threatened with force, or are genuinely afraid of force being used against them or against another person.
- Are asleep or unconscious.
- Are incapable of consenting because of the effect of alcohol or some other drug.
- Are suffering from a physical disability which prevents them from communicating whether they agree to the act.
- Are mistaken as to the identity of any other person involved in the act.
- Are being prevented from leaving at the time at which the act takes place.
- Are mistaken to the nature and purpose of the act.
- The only expression or indication of consent or agreement to the act comes from somebody other than the person themselves.

See more on the legality of consent

- **Criminal Law (Sexual Offences) Act 2017**
- **Consent**

For consent to be meaningful it must be;

- Freely given – Not pressured, forced or coerced.
- Consent is specific to each act. Consent can never be assumed. If you consent to one thing, it does not mean you consent to everything.
- Specific to each time – Consent in the past does not mean consent now or in the future.

- Consent requires free will, real choices and capacity to decide.
- Consent needs personal agency and safety, ability to express your own likes and dislikes and that your choices are heard and respected.
- Consent may be communicated verbally or non-verbally.
- Consent lets us have fun together whilst keeping ourselves and each other safe and happy.
- Consent is reversible. You can change your mind at any time.

See more

We-Consent Campaign

We-Consent is a national campaign from the Dublin Rape Crisis Centre. It is a long-term national programme to inform, educate and engage with all members of our society about consent.

Research done by a significant portion of the population, including parents, believe in the need for age-appropriate sex education and acknowledge society's responsibility in addressing consent. 47% of the population say they would like to know more about consent.

Underpinning this need, Irish research highlights misunderstandings about consent, including the belief that a "no" can be overridden.

Misunderstandings on Consent

- Research highlights persistent misconceptions around sexual consent in Ireland.
- Alarmingly, **10% of men** believe that consent can be assumed in the absence of a clear verbal or physical objection.
- Additionally, **27% of the general public** and **43% of men under 45** agree with the statement that *"sometimes people say 'no' when they want to be convinced"*.
- This reflects an **8% increase** in agreement among younger men since January 2024, indicating a troubling shift in attitudes **(We-Consent, 2025.)**

More Information

- 'No' always means no, whether given verbally or non-verbally. A lack of affirmative, positive, freely given yes is also a no.
- If someone doesn't say no or resist - it doesn't mean they are consenting, which is affirmed in legislation. The impact of trauma can sometimes mean that someone freezes and is not able to articulate a no.
- A 'yes' isn't consent if someone is coerced. Examples of coercion are if a person pressures, pesters, threatens, guilt-trips, blackmails, intimidates, bullies or harasses someone into a 'yes'.
- Consent can be taken away at any time before or during sexual activity.
- You cannot assume consent because people are in a relationship.
- You cannot assume consent just because it was given for the same act before.

- Consent cannot be assumed or implied. Flirting, clothing, sexual texts or social media communication is not consent. Consent must be clear and explicit.
- Communication that is not clear or is confusing is not consent.
- Silence, not answering or not resisting physically is not consent.

More information:

- **Resource Hub - We-Consent**
- **Youth.ie**
- **Understanding Ireland's Romeo & Juliet Defence**

Notes for facilitators for the following exercises

- Always do this exercise with another youth worker or professional who is also equipped with the right tools and training for this work.
- In some of these conversations on consent, some participants may recognise that a previous experience they have had wasn't consensual and could bring difficult emotions up for participants.
- Before beginning this session, you should have a template 'care plan' in place for anyone who may be impacted during a session. A care plan is a written document that outlines the support a person might need to process emotions in a safe way and receive the full support required both within and outside of your organisation, as appropriate.
- If a young person makes a disclosure, design a tailored care plan with that young person, taking a trauma informed approach, creating a safe, supportive environment that fosters healing and recovery. It is important that you link in with your designated liaison person (DLP) in your organisation regarding reporting or additional procedures in safeguarding.
- Signpost young people to relevant services for additional supports and ensure facilitators do not encourage personal disclosures in the group setting, but rather, to a youth worker separately outside of the group.
- For a list of external supports go to page 91.
- Should you be impacted as a worker, create the conditions where you may leave and get support from a manager or colleague.

Young LBT women and non-binary people often navigate consent without many affirming role models or safe spaces to talk openly. The following exercise centres agency, communication and safety within a queer-affirming context.

Exercise 1	Consent in Action: Saying Yes, Saying No
Objectives	• To facilitate young LBT and non binary people to explore healthy communication about sexual consent. • To practice the skills of both asking for and refusing consent.
Time	45–60 minutes
Materials	• Scenario cards (Cards with printed text, provided below) • 'Yes', 'No' and 'Maybe' signs or cards • Flip chart or whiteboard • Markers Additional Information: **Consent Prompt Sheet** **Consent Skills Booklet**
Step 1	**Refresher on the basics of consent. Discuss the following:** Consent must be freely given, reversible, informed, enthusiastic and specific (use the FRIES acronym if helpful). Define sexual abuse **What is abuse? - Too Into You** Define sexual violence **Forms of sexual violence | Dublin Rape Crisis Centre** Large group discussion questions: • What makes it easy to ask for consent? • What makes it hard to say no?
Step 2	**'Consent Scenario Cards' Activity (25–30 minutes)** Break the group into pairs or small groups. Give each group a scenario card and ask them to discuss how consent might be asked for or refused, using clear respectful examples. Before moving to the scenario cards, you can even start off with very clear examples like asking someone: • If they would like a sweet, • If they would like to hear your favourite song, • If they would like to go to the cinema etc.

Step 3	**Large group feedback and discussion:** • What language or phrases were helpful? • How might someone feel asking about or refusing consent? • What were some of the myths around consent identified in those scenarios? • What do we need to help us navigate the whole area of consent?

Consent Scenario Cards

To be printed and given to groups to discuss

1. Asking to kiss someone after hanging out together for hours.
- What might you say to ask?
- How might the other person say no?

2. Someone wants to take things further, but their partner looks unsure.
- How do you check in respectfully?
- What does respectful refusal sound like?

3. You're excited and things are getting intimate, but suddenly your partner pulls away.
- How do you respond?
- How do you make space for a 'no'?

4. You're not sure if your partner is into it — they're being quiet and hesitant.
- What might you say or ask?
- What should you *not* assume?

5. Someone tries to pressure you, saying, "But you said you liked me!"
- How can you stand firm and say no confidently?
- What kind of support helps in situations like this?

6. It's your six month anniversary and your partner tries to make a move but you're exhausted after the day. You feel guilty because your partner treated you so special all day so you 'go along with it'.
- What could you say to your partner?
- Is there anything that would make it hard to communicate this with your partner? For example, if they make you feel bad or say you are always tired.

Exercise 2	What does 'Yes' mean to you?
Objective	To explore the concepts of consent, pleasure and healthy sexual relationships in the lives of LBT+ people while creating a safe and affirming space for discussion.
Time	45 minutes
Materials	• Sticky notes or index cards • Flip chart or whiteboard • Markers • Optional: printed 'relationship scenarios' (see examples below)
Step 1	**Warm-Up (10 min): Consent, Yes, No and Everything In Between** Goal: To break the ice and introduce the concept that consent is more than just 'yes' or 'no'. Ask participants to stand along an imaginary line across the room. Read the below statements and ask them to move to where they feel they fit on a spectrum from 'Strongly Agree' to 'Strongly Disagree'. Statements: • Consent has to be verbal. • You can change your mind at any time. • If someone says yes but looks uncomfortable, it's still consent. • If you don't say no, that means yes. • Pleasure is just as important as safety. • When you're in a relationship with someone, you should have sex with them, even if you're not in the mood or tired etc. Facilitate a brief discussion about why people chose their positions, clarifying any misinformation referenced in the group.
Step 2	**Mini-Scenarios: Red Flag or Green Light? (20 min)** Working in small groups, give each group a scenario from the bank below. Ask the groups to discuss and decide: • Is this a healthy interaction? Why or why not? • Is there enthusiastic consent? • Are everyone's identities and boundaries being respected? • Is there potential for pleasure? Why or why not? After each scenario, bring the group back together to discuss insights. Emphasise how open communication, respect and mutual enjoyment create safer and more pleasurable experiences.

Step 3	**Wrap-Up (5–10 min): The Affirmation Wall** Ask each participant to write one takeaway or personal affirmation on a sticky note and post it on the flip chart. Read a few aloud, with permission, to close on a powerful, affirming note.

Sample Scenarios

1. Two trans girls are going to hook up for the first time. One says: *"I'm nervous about being touched here - can we talk about it first?"* The other replies, *"That's fine. Thanks for telling me. Tell me what feels good for you".*
2. A bisexual girl keeps being asked to kiss one of her bisexual female friends by her boyfriend. He is curious about what it would look like to see two girls kissing. The girl doesn't want to but feels pressured.
3. Two young people are flirting, and one keeps touching the other's thigh even though she has pulled away twice.
4. A cis girl is is being intimate with her trans girlfriend for the first time. She is nervous about what language to use when asking for consent in relation to touching genitalia as she wants to be as respectful as possible.

Section 5: Legislation

Legislation

For young LBT+ people, the law isn't just something abstract or distant. It shapes rights, protections and the ability to live freely and safely as who you are. Whether it's about being respected in youth groups, school, college, the workplace, feeling safe in relationships, changing your gender marker or knowing what to do if someone is harmed, understanding the law helps everyone to know their power.

It is important to remember that knowledge is power, and knowing the law can help us feel more secure, respected and supported in the world.

Key Legislation Affecting LBT+ People

Recognising your Gender: Gender Recognition Act 2015

Since September 2015, trans people in Ireland can apply to have their preferred gender legally recognised by the State (Department of Social Protection, 2023).

Gender Recognition Act 2015

Anyone over 18 can apply to change their gender. You can also apply if you are aged 16 or 17, but the process is slightly different and may take longer. If you are under 16, it is not possible to change your gender that is recognised by the State.

When you legally change your gender, you are given a gender recognition certificate. This certificate can also state your new name, if you have chosen to change it.

Changing your name by deed poll

Once you have a gender recognition certificate, you can then apply for a revised birth certificate. Legal recognition of your new gender is not retrospective. This means that any rights, responsibilities and consequences of actions by you before the date of recognition remain unaffected. In other words, your preferred gender will start to be legally recognised from the date of recognition, and not before.

More information is available from:

- **GenderEd.ie**
- **Transgender Equality Network Ireland (TENI)**

Sexting and Sharing Nudes: Criminal Law Sexual Offences Act 2017

Under this law, it is illegal for anyone, whatever their age, to post, send or share pictures of the genitalia of people under 18, or images of them engaged in sexual activity. This is classified as images of child sexual abuse. This is true even if a person under 18 sends a sexual picture of themselves. It is also illegal for someone to show pornography to a person under 18.

More information:

- **Criminal Law (Sexual Offences) Act 2017**
- **Understanding Young People, Pornography & Sexting**

Forwarding Nudes or Intimate Content: Harassment, Harmful Communications & Related Offences Act 2020

This Act created new offences to deal with the non-consensual distribution of intimate images, both online and offline and provides anonymity for the victims of those offences.

It is a crime to share or threaten to share intimate images or videos of someone without their consent. If you previously sent someone pictures or videos of yourself, it is a crime if they share or threaten to share them with other people, or upload them to a website without your consent.

More information

Coercive Control: Domestic Violence Act 2018

This Act specifically criminalised coercive control – a persistent pattern of controlling, coercive and threatening behaviour including all or some forms of domestic abuse such as emotional, physical, economic and sexual, including threats, by a current or former intimate partner.

Coercive control can include things like:

- Isolation from family and friends.
- Monitoring your online activity.
- Controls your everyday life, like where you can go, who you can see, what you wear and when to be home.
- Puts you down repeatedly, for example, tells you that you're worthless.
- Enforces rules and activities that humiliate, degrade or dehumanise you
- Coerces you into sexual activity.
- Controls your money or access to money like preventing you from working.
- Threatens to reveal or publish private information about you, like private photos or videos online.

Coercive control and the threat of coercive control are crimes in Ireland.

Stalking: Domestic Violence Act 2018

Stalking is when someone causes you serious alarm or distress which has a negative impact on your day-to-day life and sense of safety and well-being. It can also include when someone causes you to fear that violence will be used against you, or someone close to you. Stalking behaviour tends to be fixated, obsessive, unwanted and repeated. Stalking can look like someone being obsessed with you, but it's not romantic, it's about control, fear, and power.

Stalking can be perpetrated by intimate partners or ex-intimate partners (which is specifically criminalised under the Domestic Violence Act 2018), as well as someone who wishes to be an intimate partner, family members, acquaintances and strangers.

Stalking can happen before, during or after a relationship, and is often a form of coercive control, especially when someone uses it to scare, manipulate or isolate you. Stalking is a serious form of abuse and is a crime in Ireland.

Signs you might be experiencing stalking:

- They pressure you into talking to them or staying connected.
- They constantly message or call you, even after you've told them not to.
- They track your location, through apps, social media or in person.

- They follow you or turn up where you are unexpectedly.
- They monitor your social media activity in ways that feel intense or invasive.
- They ask friends or family about you, or try to stay close through them.
- They send unwanted gifts, letters, emails or DMs.
- They make threats to harm you, themselves or others if you try to cut contact.
- They take pictures or recordings of you without your consent.

Stalking Awareness and Support Services by Women's Aid

Non-Fatal Strangulation: Criminal Justice (Miscellaneous Provisions) Act 2023

Non-fatal strangulation is when someone intentionally or recklessly squeezes or puts pressure on another person's neck or blocks their breathing. This might be done with hands, an object or even by covering the mouth and nose.

This is often incorrectly referred to as 'choking' and has become increasingly common in young relationships. It can cause serious internal injuries, even if there are no visible marks, and it's one of the strongest warning signs of escalating violence in a relationship.

It is often used as a tool to exert power and control and instil fear, and indicates that the survivor is at high risk of serious injury or homicide, and should therefore be treated with extreme seriousness.

Strangulation or suffocation is now recognised as a serious criminal offence in Ireland under the Criminal Justice (Miscellaneous Provisions) Act 2023. It is illegal for anyone to intentionally or recklessly strangle, choke or suffocate another person. Even if someone believes they consented to it, the law recognises that consent cannot be used as a defence if serious harm occurs.

Female Genital Mutilation: Criminal Justice (Female Genital Mutilation) Act 2012

Female genital mutilation (FGM) is defined as the partial or total removal of the external female genitalia, or any practice that purposely changes or injures the female genital organs for non-medical reasons.

The practice is internationally recognised as a human rights violation of women and girls. The **Criminal Justice (Female Genital Mutilation) Act 2012** makes it a criminal offence to remove a girl from the state to mutilate her genitals.

FGM & The Law In Ireland

Hate Crimes: Criminal Justice (Hate Offences) Act 2024

The Irish government enacted a hate crime bill. The new law means that a person convicted of a crime, such as assault or harassment, will be given a more serious sentence if the crime is motivated by a victim's identity under protected characteristics. This includes crimes motivated by a person's gender identity or sexual orientation.

Examples of these incidents include assault, verbal harassment, physical harassment, sexual harassment, physical violence, sexual violence, criminal damage, stalking, 'revenge porn' or sharing intimate images of someone without their consent, death threats and other threatening and abusive behaviour.

You can report a hate crime to An Garda Síochána at your local Garda station or online. This online report can be anonymous, or you can leave your contact details if you would like to help with the investigation. **For more information and the hate crime online reporting form**

Sexual Health Care: Section 23 of Ireland's Non-Fatal Offences Against the Person Act 1997

Under Section 23 of Ireland's Non-Fatal Offences Against the Person Act 1997, a minor over the age of 16 can legally consent to their own medical, surgical or dental treatment, and this consent is as valid as that of an adult. This includes any tests or treatments that you may need for your sexual health. If you are engaged in sexual activity under the age of 16 you can still access any test or treatments that you may need for your sexual health in STI or GUM clinics.

If you are under 17, the law is unclear as to your right to be prescribed contraception. Some doctors will prescribe contraceptives to young people under 17, but others will refuse.

You can access all forms of contraception at 17, which is the legal age of consent to have sex. For some forms of contraception, like the contraceptive pill, you will need a prescription from a doctor.

If you are over the age of 16, you can get emergency contraception (known as the 'morning-after pill') from a pharmacist without the consent of your parent or guardian. If you are under 16, the pharmacist will usually look for the consent of your parent or guardian.

Does the doctor have to tell my parent or guardian if I ask for contraception?

If you are 16 or over, you can discuss contraception with your doctor without your parent's or guardian's consent or knowledge. If you are under 16, while your doctor may or may not contact or inform your parent or guardian, they have a right to know if you have been given medical treatment, including a prescription for the pill or any other form of contraception. If you are concerned about giving information to the doctor, you should clarify this with the doctor at the beginning of the consultation. (Children's Rights Alliance, n.d.)

What are my rights to sexual healthcare in Ireland?

HIV Status in Law

Currently, there is no specific law in Ireland which states that a person must share their positive HIV status with anyone; this includes to employers, medical professionals, and sexual partners. There are no specific HIV laws that criminalise the transmission of HIV, that is, which makes it a criminal offense to transmit HIV to a person. However, existing laws, under the Non-Fatal Offences Against the Person Act, 1997 (such as 'Endangerment' or 'Causing serious harm') can and have been used.

Examples:

- When a person intentionally or recklessly engages in conduct which creates a substantial risk of a person becoming HIV positive (regardless of whether that person acquires HIV).
- When a person who is HIV positive intentionally or recklessly causes harm by transmitting HIV to another person.

Since HIV medication today has high efficacy, HIV transmission can only occur if a person was diagnosed HIV positive and did not have access to medication or was not taking their medication as prescribed, or if the person was HIV positive and unaware of his or her positive HIV status. *(HIV Ireland, n.d.)*

Sharing your Status

How old do you have to be to get married by law in Ireland?

Capacity to marry
You must be at least 18 years of age on the date your marriage is solemnised.

A registered solemniser must be satisfied that the parties to the marriage understand the nature of the marriage ceremony and the declarations made by them on the day of the marriage ceremony. *(Department of Social Protection, 2023; Civil Registration Act 2004, s. 51)*

Impediments to marriage in Ireland

Criminal Law (Sexual Offences) Act 2017

7A. (1) A person who pays, gives, offers or promises to pay or give a person (including a prostitute) money or any other form of remuneration or consideration for the purpose of engaging in sexual activity with a prostitute shall be guilty of an offence and shall be liable on summary conviction *(Criminal Law (Sexual Offences) Act 2017, s. 25).*

More on this

Exercise 1	'Know the Law' Quiz
Objective	To inform young people of key pieces of information in relation to the law and sexual health and wellbeing.
Time	30 minutes
Materials	Laminated sets of individual quiz questions (quiz questions provided below) Answer sheet
Step 1	Review the summaries of the legislation above, with the group.
Step 2	**Know the Law – True or False** Working in small groups, the facilitator distributes a full set of cards with individual quiz questions on each card (having shuffled them) to each group and gives the following instructions: • Each card you have has a number on it. • You can begin with any card. • Look at your first card and decide if the answer is true or false. Whichever answer you pick will bring you to the number of your next card. • Repeat the process, arranging the cards in a circle as you progress. • If you get all of the answers correct, you should finish on the card number you started with - a perfect circle. (The facilitator will need to check in with groups to ensure that they have understood the instructions)
Step 3	**Group Discussion** After approximately 10 - 15 minutes, or when one or more of the groups have successfully completed the exercise, the facilitator goes through each question, asking groups how they answered, giving the correct answer and addressing any misinformation or inaccuracies.

Quiz Question Cards to be Printed Individually

Card 1		Card 3	
A person who engages in sexual activity with a person under 17 (who they met in an 'Over 21's club') can use the defence that they were 'reasonably mistaken' about the young person's age.		A person can be prosecuted for publishing intimate images of another person without their consent, even if the person in the image consented to them being taken in the first instance.	
True → 7	**False → 10**	**True → 13**	**False → 7**

Card 2		Card 4	
Same-sex marriage is legally recognised in Ireland.		Someone else can give consent to sexual activity on your behalf.	
True → 9	**False → 15**	**True → 14**	**False → 8**

Card 5		Card 6	
Only intimate images of young people under the age of 16 years are classed as images of child sexual abuse.		Someone living with HIV must disclose their HIV status to sexual partners.	
True → 15	**False → 12**	**True → 5**	**False → 15**

Card 7		Card 8	
It is legal for two people under the age of 17 to engage in consensual sexual activity.		A person over the age of 18 can apply to change their gender if they so choose.	
True → 2	**False → 11**	**True → 3**	**False → 15**

Card 9		Card 10	
If consent has been given for a sexual act, it cannot be withdrawn while the act is taking place.		It is the person who 'purchases' sex that is prosecuted not the person who 'sells' the sex.	
True → 12	**False → 4**	**True → 14**	**False → 3**

Card 11		Card 12	
You can get married at 16 years of age with the permission of the courts.		It is legal to have oral sex with someone who is 16 years old.	
True → 12	**False → 10**	**True → 8**	**False → 6**

Card 13		Card 14	
If you are under 18 and you send a sexually intimate photograph of yourself, you have distributed images of child sexual abuse.		It is legal for a minor to access sexual images of adults.	
True → 16	**False → 12**	**True → 5**	**False → 11**

Card 15		Card 16	
A sexually explicit picture is one which shows two people kissing.		The Harassment, Harmful Communications & Related Offences Act 2020 criminalises the distribution or publication of an intimate image without the consent of the person who is the subject of the image.	
True → 12	**False → 2**	**True → 1**	**False → 15**

Answer Sheet

Card 1

A person who engages in sexual activity with a person under 17 (whom they met in an 'Over 21's club') can use the defence that they were 'reasonably mistaken' about the young person's age.

Answer: True. Go to Card 7

Card 2

Same-sex Marriage is legally recognised in in Ireland.

True. Go to Card 9

Card 3

A person can be prosecuted for publishing intimate images of another person without their consent, even if the person in the image consented to them being taken in the first instance.

True. Go to Card 13

Card 4

Someone else can give consent to sexual activity on your behalf.

False. Go to Card 8

Card 5

Only intimate images of young people under the age of 16 years are classed as images of child sexual abuse.

False*. Go to Card 12

*It is illegal under the Child Trafficking and Pornography Act 1998 to share or keep sexual images of anyone under 18, including images shared between minors.

Card 6

Someone living with HIV must disclose their HIV status to sexual partners.

False. Go to Card 15

Card 7

It is legal for two people under the age of 17 to engage in consensual sexual activity.

False. Go to Card 11

Card 8

A person over the age of 18 can apply to change their gender if they so choose.

True. Go to Card 3

Card 9

If consent has been given for a sexual act, it cannot be withdrawn while the act is taking place.

False. Go to Card 4

Card 10

It is the person who 'purchases' sex that is prosecuted not the person who 'sells' the sex.

True*. Go to Card 14

*Under the Criminal Law (Sexual Offences) Act 2017

Card 11

You can get married at 16 years of age with the permission of the courts.

False*. Go to Card 10

*The Domestic Violence Act 2018 removed this exemption – marriages for under 18's are not legally recognised

Card 12

It is legal to have oral sex with someone who is 16 years old.

False. Go to Card 6

Card 13

If you are under 18 and you send a sexually intimate photograph of yourself, you have distributed images of child sexual abuse.

True. Go to Card 16

Card 14

It is legal for a minor to access sexual images of adults.

True. Go to Card 5

Card 15

A sexually explicit picture is one which shows two people kissing.

False. Go to Card 2

Card 16

The Harassment, Harmful Communications & Related Offences Act 2020 criminalises the distribution or publication of an intimate image without the consent of the person who is the subject of the image.

True. Go to Card 1

Section 6: Media Literacy, Pornography and the Portrayal of LBT Women and Non-Binary People

Media Literacy, Pornography and the Portrayal of LBT+ People

GLAAD (2025) reports on LGBTQ representation in its annual Where We Are on TV study. The research indicates that over the years portrayals of queer women in media are often limited, negative and inaccurate. Studies show that bisexual characters are often marginalised and stereotyped, while lesbian and transgender women face a lack of representation or are depicted in ways that reinforce societal biases. (Drouillet, 2025)

There is a lack of research on the portrayal of non-binary people in media. However, it might reasonably be assumed that many of the same issues and biases arise. These biases can have a detrimental impact on attitudes towards LBT people and contribute to a lack of understanding and acceptance.

Media Portrayals and Impact

In particular, the following issues can arise:

A Lack of Positive Role Models
GLAAD's research over the years also shows that young LBT+ women and non-binary people are not portrayed as strong, capable or successful as much as they should be, leading to a lack of positive role models for young LBT+ individuals to identify with.

Stereotypical Representations
Characters are often presented in a one-dimensional way, adhering to common stereotypes about LBT+ people, such as being promiscuous or overly dramatic.

Focus on Challenges
LBT+ women are frequently shown in crisis situations or struggling with their identities, further reinforcing negative stereotypes.

Normalisation of Violence Towards Women
A major, and well documented, issue is the huge volume of mainstream pornography that depicts violence against women. Pornography normalises violence against LBT women which has a real-life impact, such as the rise in rough or violent sex and non-fatal strangulation or 'choking'. Many say that 'porn is not real' but the women in porn are real people who are subjected to degrading and violent treatment. **This is evident in the research commissioned by Women's Aid.**

Exercise 1	Who Tells Our Story? — Media Literacy for LBT Young Women and Non-Binary People
Objectives	• To examine how lesbian, bisexual, trans women and non-binary people are portrayed in mainstream media and film. • To develop critical thinking and media literacy skills. • To empower participants to challenge stereotypes and reimagine narratives.
Time	60 - 90 minutes
Materials	• Clips from films, TV shows, dating shows or advertisements • Projector or screen or printed stills if technology is limited • Worksheets or journals • Flip chart or whiteboard • Markers or pens
Step 1	**Warm-Up Discussion (10–15 minutes)** Prompts: • Can you think of a lesbian, bisexual, trans woman or non-binary character from a movie, TV show or dating show? • How was the character or person portrayed? • Did that character feel real or like a stereotype? Ask participants to share examples. Write down recurring themes, such as over sexualisation, victimhood, invisibility, comic relief etc. on the flip chart or board.
Step 2	**Media Clip Viewing (15–20 minutes)** Show two or three short clips (1–3 minutes each) that feature LBT+ characters. (Ensure that any media shown is age appropriate and does not include explicit sexual content)
Step 3	**Guided Media Literacy Analysis (20 minutes)** After viewing the clips, working in small groups, ask the participants to discuss the following media analysis questions: • Who created this media? For what audience? • How is the LBT+ character portrayed? Consider clothing, voice, relationships, power, etc. • Is the portrayal empowering or harmful? Why? What's missing from this representation? • How does it compare to your reality or community? Each group presents their responses to the larger group, and you can facilitate a large group discussion.

Exercise 1	Who Tells Our Story? — Media Literacy for LBT Young Women and Non-Binary People
Step 4	**Reframe the Narrative (20 minutes)** Ask participants to imagine a character or story that feels real to them. They can: • Draw a storyboard • Write a short scene or description • Role play a new character • Rewrite the ending of a clip they watched **Prompt:** "What would a story look like if you were in charge of it?" Encourage creativity and sharing.
Step 5	**Wrap-Up Discussion (10 minutes)** Ask: • What did you learn about how media can shape the way others see us? • How can we use media literacy to protect ourselves and our communities? • How can we create or support media that shows us in real, complex and beautiful ways?

Pornography – Consumption and Impact

The effects of pornography on young people are a topic of significant concern and ongoing research, as it encompasses a wide range of psychological, social and behavioural impacts. As access to the internet has grown, so too has the exposure of young people to pornographic content, often before they are emotionally or cognitively prepared to process it.

Reasons young people can turn to pornography include insufficient sex education, sexual arousal, as a coping mechanism, entertainment, alleviating boredom, and exploring their sexual and gender identities. It is important to note too that many young people are, at least initially, exposed to pornography without their consent. Exposure is often instigated by peers, or sexual content may appear on their social media unprompted. Exposing a young person to pornography is a form of sexual violence and is against the law.

Research indicates a strong relationship between pornography use and aggressive sexual behaviour among young adults and demonstrated poorer wellbeing among pornography users. (Dawson, Tafro and Štulhofer, 2019)

Given that the largest group of pornography consumers are heterosexual males, much of mainstream pornography is heterosexual in nature and is designed with heterosexual male pleasure in mind, including so-called 'lesbian porn'. Data is therefore limited when it comes to the motivations and

implications of pornography consumption among LGBTQ+ people, and adolescents in particular.

In Ireland, the Economic and Social Research Institute (ESRI) found that 'LGBTQ+ youth are turning to pornography as a source on information on sex', including those who are unsure of or questioning their identity and sexual orientation.

Studies highlight a distinct lack of formal sex education that features LGBTQ+ relationships, with some young people turning to pornography to fill this gap. (ESRI 2024)

Research commissioned by Women's Aid and carried out by the Sexual Exploitation Research and Policy (SERP) Institute found that the consumption of mainstream pornography is fuelling high levels of violence against and degradation of women and girls.

The research also found that:

- Pornography that features the strangling of women during sex, verbally degrading them and spitting in their faces, among countless other acts of callousness and cruelty is now mainstream and freely available to everyone, including children, with a few clicks online.
- Much mainstream pornography depicts high levels of sexual and physical aggression against women, which actively distorts and breaks the boundary between 'sex' and 'sexual violence'.
- The consumption of sexually violent content impacts negatively on the healthy sexual development and behaviour of adults and young people leading to sexual violence, unhealthy relationships and hostile misogyny, and compounds gender inequality.

Exercise 2	**Let's Talk About Porn: What We See vs. What We Need.** *NB This exercise is for use with over 18's only. This is due to legal and ethical considerations.
Objectives	• To help young lesbian, bisexual and trans women and non-binary people critically explore the impact of pornography on their ideas of sex, relationships, bodies, pleasure and consent • To encourage open, non-judgmental conversations about what healthy, affirming sexual content and experiences might look like.
Time	45 - 60 minutes
Materials	• Flipchart or whiteboard • Markers • Sticky notes or index cards • 'Porn vs. Reality' reflection sheets (optional handout — can be created with two columns)

Exercise 2	**Let's Talk About Porn: What We See vs. What We Need.** *NB This exercise is for use with over 18's only. This is due to legal and ethical considerations.
Step 1	**Introduction to the session** The facilitator introduces the session making the following points: • Pornography is something many young people come across — sometimes by choice, sometimes not. • Today, we're not here to shame anyone for watching it. • We're here to unpack how it can shape our ideas about sex, bodies, and relationships — especially as queer people, who often don't see themselves reflected in healthy ways. It is helpful to review the group contract together at this point. **See page 9.**
Step 2	**What Porn Shows vs. What We Want (25–30 minutes)** Give each participant two sticky notes or index cards. Ask them to write, anonymously: • **On one card:** Something I've seen or heard about in porn that felt unrealistic, uncomfortable, or made me question something. • **On the other:** Something I wish I saw more of in media when it comes to queer sex or relationships. Put all the responses in two piles, then read or group them out loud or write on a board. Examples that may come up: • Everyone looks the same or has a perfect body. • No consent or communication. • Trans women are fetishized or misrepresented. • It's always for the male gaze. • I wish I saw more queer joy, cuddling or aftercare. • I want more real conversations, not just acts. • People respond to being hurt with pleasure. • It's often very violent or rough.

Exercise 2	**Let's Talk About Porn: What We See vs. What We Need.** *NB This exercise is for use with over 18's only. This is due to legal and ethical considerations.
Step 3	**Large Group Discussion (15–20 minutes)** Prompt questions: • What messages do we get from porn about what sex should look like? • What's missing for queer, lesbian, bi and trans women and non-binary people? • How can those messages affect how people feel about our bodies, desires or partners? • How do we know the difference between fantasy and reality?
Step 3 (continued)	**Large Group Discussion (continued) (15–20 minutes)** • Where do we or could we learn about pleasure? • What would affirming, realistic sexual media look like for LBT+ young people?
Step 4	**Closing Round** Invite participants to share one key takeaway from this session. Offer follow-up support or check-ins if the discussion brings up difficult feelings.

Notes for Facilitators

1. **Create a Non-Judgmental Space**
   - Affirm that all experiences are valid. Let participants know that watching, not watching, enjoying or disliking pornography are all valid experiences. People engage with it - or choose not to - for different reasons, and there's no single 'right' way to feel about it.
   - Avoid shaming language. Refrain from moralising or pathologising behaviours—this includes subtle cues like tone, facial expressions or framing.
   - Use inclusive language. The use of phrases such as 'some people,' 'many LBT women and non-binary people', or 'you might have noticed...', can be useful, instead of assuming experiences.

2. **Centre LBT+ Realities**
   - Acknowledge that mainstream porn rarely reflects LBT+ identities accurately, normalises violence against LBT women, and often reinforces stereotypes or fantasies aimed at straight male viewers.
   - Highlight the lack of representation, and open discussion on how this impacts self-image, sexual confidence and relationship expectations.
   - Be prepared to talk about fetishisation, racism, transphobia and invisibility especially for trans women.

3. **Invite, Don't Instruct**
   - Use open-ended questions:
     - What messages do you think porn sends about lesbian or bisexual women?
     - How might porn shape the way people see trans women?
     - Have you noticed differences between what you see in porn and real-life experiences?
   - Facilitate the participants to take the lead in what they want to share or explore.

4. **Talk About Media Literacy, Not Just Porn** **(refer to page 52.)**
   - Frame porn as one part of a wider media environment that includes social media platforms, TV shows, dating apps, etc.
   - Help participants build skills to analyse what they see:
     - Who is the porn made for?
     - Who is in control of the narrative?
     - What's missing from the picture?

5. **Address Consent, Boundaries and Pleasure**
   - Emphasise that **porn is a performance**—not a sex education tool. There may be mention of 'feminist porn' or 'ethical porn', but this is not the porn that the majority of young people will consume. The vast majority consumed is mainstream porn created by a multi-billion-dollar industry that often profits from the violent degradation and humiliation of women. It does not reflect real pleasure or consent for LBT women.
   - Open space to talk about what **consensual, safe and pleasurable sex** might look like, beyond what's seen in media.
   - Acknowledge that **LBT+ women's experiences of desire and boundaries** are diverse and often left out of mainstream conversations.

6. **Protect Privacy and Safety**
   - Remind everyone about the group contract, including **confidentiality and respect** before discussions begin.
   - Never pressure anyone to disclose personal experiences.
   - Acknowledge that some participants may have **had uncomfortable or non-consensual experiences** with sexual content. Be prepared to **signpost support services** if needed.

7. **Be Trauma-Informed**
   - Recognise that some participants may have experienced **sexual trauma, homophobia, biphobia, or transphobia and racism,** which can shape their responses.
   - Keep an eye on emotional cues. Facilitate participants to opt out of any activity or take a break if needed. Refer to considerations on page 13.

How To Spot Misinformation and Disinformation on Social Media

With tech companies stepping back from their responsibility to fact check and moderate content – we can step in to help. Verifying information on social media is more essential now than it has ever been. What happens when content we see

is not true or doesn't give the full picture? Do you know false information when you see it?

Exercise: Use the following as the basis for a group discussion – review the intro and steps to spot misinformation and disinformation as a group.

What is misinformation and disinformation?	
Misinformation is false information which is spread accidentally.	**Disinformation** is false information put out deliberately to mislead people.

Verifying Information - Pause. Question. Confirm.
If you're not sure whether something is accurate, follow the steps Pause. Question. Confirm. before liking, commenting or sharing the content.

1. Pause

It's hard to get the full story from a headline or social media post. Details from news stories are usually written in a way that will catch the reader's attention so that the post will get more interaction. But this doesn't mean that the headline or caption is giving you all of the information.

A lot of the time, a caption or headline will include a detail from the story that sounds strange or makes you want to react quickly. An example of this might be 'Scientist Says Cows Living on Mars'. When you read the full story, you might find out that this is the result of a study that animals could be living on Mars in the year 3070!

This kind of misinformation is more dangerous when it is about certain groups in society, like migrants and members of the LGBTQ+ community. That's why we need to pause, and question what we see.

2. Question

When you see a caption or headline like the example of cows on Mars, question: is the content using language that might make someone want to react quickly? Are the words used making users feel upset, confused or angry? Could there be more to this story?

Other questions that might be useful are: Is it clear where this information is coming from? Does the content say what its sources are? Does it seem like both sides of a story are being told?

3. Confirm

Finally, it's important to confirm the facts yourself by using reliable news sources.

The Journal.ie is an internationally verified fact-checker, and the news website regularly fact checks misinformation that is spreading quickly in Ireland. Working with Media Literacy Ireland, The Journal.ie have put together some **tips for spotting misinformation**

Sometimes disinformation is shared on a fake news website or an edited screenshot. Before sharing or commenting, search the news site that the story says it is from and check their website to see if it is there.

A good way to get all of the facts is to read articles from multiple reliable news sources, like The Journal.ie, RTÉ, Virgin Media and The Irish Times.

If you're still not sure, check out Media Literacy Ireland's 'Ask an Expert' webpage

As part of its Be Media Smart campaign, a team of online safety experts are available to answer questions you have about

Section 7: Pleasure

Pleasure

What is Sexual Pleasure and Why Does It Matter for Young People?

Sexual pleasure is unique to each person. It can involve any or all of the senses, emotions, fantasies, thoughts, words and connection - whether shared with someone else or experienced alone. The World Association of Sexual Health (WAS) has defined sexual pleasure as the physical and psychological satisfaction and enjoyment derived from shared or solitary erotic experiences, including thoughts, fantasies, dreams, emotions and feelings. **(WAS 2019).**

However, it is important to remember that consent and communication are vital elements of pleasure. Consent is essential for sexual experiences to be respectful, safe and mutually pleasurable. Without it, the foundation for genuine connection and enjoyment isn't created. Knowing your own body, what feels good and having the confidence to assert boundaries, means that we can decide on and engage with what brings us pleasure.

Why Talk About Pleasure?

Talking about pleasure is not about encouraging sex. It is about empowering young people, especially LBT+ people and non-binary people, to understand their bodies, emotions, sexual rights and boundaries based on what feels good in the body. It promotes informed choices, safer experiences and healthier relationships.

Benefits of pleasure-based education:

- **Supports Consent and Communication:** Encourages open conversations about boundaries and desires.
- **Increases Self-Awareness:** Helps young people understand their likes, dislikes and limits.
- **Promotes Safer Sex:** Pleasure-focused education includes connecting with our bodies, STI prevention and contraception in a positive, non-fear-based way.
- **Improves Mental Health:** Exploring pleasure safely can reduce stress and shame, boosting confidence and wellbeing.
- **Normalises the topic of sexual pleasure** by creating space to talk about it in a real and healthy way.

What Does Teaching About Pleasure Involve?

- **Loving Yourself:** Fostering self-respect, kindness and care for self and others.
- **Body Awareness:** Learning about anatomy, identity and personal comfort.
- **Boundaries and Assertiveness:** Knowing it's okay to say "no" at any point and

to expect respect. No one has a right to coerce, guilt or shame their partner around sexual activities.

- **Healthy Communication:** Encouraging open, honest dialogue with partners.
- **Reducing Stigma:** Normalising conversations about sexuality and pleasure to promote acceptance and safety.
- **Using a Sex-Positive Approach:** Not just focusing on risks, but also talking about enjoyment, consent and empowerment, as well as creating space for those who choose or do not wish to engage sexually. Everyone is included.
- **Embracing Learning:** Staying informed and sharing knowledge.
- **Using Affirming Language:** Using inclusive, shame-free and respectful terms.

Exercise 1	**Coming Home to Your Senses** (Adapted from the *Senses Star Exercise* from the B4UDecide Manual with kind permission from NYCI)
Objectives	• To support young LBT women and non-binary people to come back into their five senses. • To explore how we can derive sensory pleasure from everyday items and experiences.
Time	40 minutes
Materials	• Soft scarves, textured objects, scented items such as lavender, citrus peel, shower gel, hand lotion* • A few items that make gentle sounds like a rain stick, wind chime, crinkly paper* • A range of colourful images depicting landscapes, sea, mountains etc.* • Small snacks such as fruit pieces, dark chocolate, etc.* • *These items to be laid out on the room on a blanket • Yoga mats or cushions for comfort • Journals or paper • Pens or markers

Exercise 1	**Coming Home to Your Senses** (Adapted from the *Senses Star Exercise* from the B4UDecide Manual with kind permission from NYCI)
Step 1	**Setting the Scene** *Introduce the exercise:* This is a space to connect with our senses, explore how we feel in our bodies today, and maybe even rediscover what brings us comfort, calm or joy. As queer people, our relationships with our bodies and senses can be complex - but they can also be sites of strength, intuition and healing. Sexuality is experienced through the senses just like eating and drinking. Invite participants to engage only in what feels safe. Offer grounding options (e.g. keeping eyes open, opting out without explanation etc.). They can join or withdraw at any stage - provide an ongoing consent space for young people. There is no 'right' way to feel about any of the items.
Step 2	**The Five Senses Journey** The facilitator gently guides the group through each of the five senses using real items or guided visualisation. 1. **Sight** – Ask participants to look slowly around the space. Notice colours, textures and shapes. Invite them to find one thing, from the items you have provided, that makes them feel calm or curious, or something that just appeals to them. 2. **Touch** – Invite the participants to explore the textured items (soft, smooth, rough) and to pick one that appeals to them. 3. **Smell** – Invite participants to pick one item that appeals to their sense of smell. 4. **Sound** – Invite participants to identify a sound that appeals to them, such as the sound of waves, people laughing, a particular piece of music etc. 5. **Taste** – Offer a small bite of fruit or chocolate. Ask them to let it melt slowly and notice every stage of taste, texture and feeling. Invite them to consider what it is like to slow down and really taste something – eating mindfully.

Exercise 1	**Coming Home to Your Senses** (Adapted from the *Senses Star Exercise* from the B4UDecide Manual with kind permission from NYCI)
Step 3	**Reflection** The facilitator invites participants to journal or share responses to some or all of the following prompts: • Which sense felt easiest to connect with? Which felt harder? Why? • When do you feel most at home in your body? • How does being lesbian, bi, trans or non-binary shape your relationship to your senses, body, or pleasure? • What's one sensory experience you want more of in your life that might connect you to your pleasure? For example, dancing, music, a type of food/drink... Optionally, invite a few participants to share what stood out for them — but without any pressure.
Step 4	**Debrief and Discussion (10–15 minutes)** In a circle, facilitate an open conversation. This can be light or deeper, depending on group tone. Use the following prompts: • How can tuning into your senses help you to feel more connected to your body and pleasure? • What would it look like to create your own sensory-friendly, queer-affirming spaces in your daily life? • Are there sensory experiences that help you feel better equipped to explore your senses and pleasure from a grounded, safe base? **Optional Closing: 'Sensory Self-Care Plan' (5 minutes)** Ask each participant to write down one or two sensory experiences that make them feel safe, affirmed and connected to pleasure, and keep it as a personal 'sensory self-care list'. This might include: listening to water, hugging a pillow, wearing soft clothes, smelling a candle, eating crunchy snacks etc.

Note for Facilitators

- Normalise opting out or adapting activities for sensory sensitivity or trauma histories.
- Use gender-neutral or affirming language throughout.
- Create a cosy, low-pressure environment—low lighting (if possible), calm background music and choice in participation.
- Offer fidget objects or grounding tools during the session.

Section 8: Sexual Wellness and Safer Sex

Sexual Wellness and Safer Sex

Safer sex means taking steps to protect physical, emotional and mental wellbeing when engaging in any kind of sexual activity. This includes everything from protecting ourselves from sexually transmitted infections (STIs), unintended outcomes and emotional harm - while also making sure that sex is consensual, respectful and enjoyable.

For young LBT women and non-binary people, conversations about safer sex haven't always reflected their lived experiences. Too often, sex education focuses only on heterosexual relationships and overlooks the needs, identities and realities of queer and trans young people. This can leave LBT+ young people without the tools they need to feel safe, informed and confident in their sexual lives.

Empowerment

Safer sex isn't just about protection; it's also about empowerment.

This means:

- Knowing your body and how it works.
- Understanding consent and communicating clearly.
- Using protection that's right for the kinds of sex people are having.
- Feeling confident to set boundaries and ask questions.
- Looking after mental health as much as physical health.
- Having a partner who respects you, your choices and treats you with care.

This is important because:

- Young LBT+ people can face specific health risks and barriers to care, including stigma, misinformation or not feeling seen in mainstream health services.
- Education on safer sex helps break down these barriers and empowers young LBT+ people to make choices that work for them - not what others expect or assume.

LGBTQ+ Sexual Health

It's also important to remember that 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.

Lesbian, gay, bisexual, transgender, intersex and other sexual and gender minority (LGBTI+) young people are disproportionately affected by risky sexual behaviours, and thus their sexual health outcomes are poorer than those of their non-minority (heterosexual and cisgender) peers. In Ireland, research indicates that

same-gender attracted youth were 0.6 times less likely and both-gender attracted youth 0.5 times less likely than their non-minority peers to report using a condom at the last sexual intercourse. (Kolto et al, 2021) These results also support sexual minority youth's disproportionate outcomes, including the higher prevalence of STIs and teenage pregnancy. This could possibly coincide with controlling partners limiting access to contraception or use guilt or shame around safer sex practices.

STIs

A sexually transmitted infection (STI) is an infection that is passed on through sexual contact with someone who has an infection.

Women, non-binary people and trans women and men are not immune to STIs so it's important not to be complacent about them and get tested regularly. Women can catch STIs such as herpes, genital warts and chlamydia when exchanging bodily fluids. Any one-on-one contact such as oral sex or using the same hand when touching yourself and then your partner can put you at risk. Two women who are both menstruating are also at a higher risk.

More information on STIs

Sexual Health Testing Options

Sexual health testing in Ireland is free and available by home testing or visiting a public STI clinic:

- **National HSE free home STI testing services:** The HSE free home STI testing service is available to anyone aged 17 or older. To use the service, order a test kit, return your samples to the laboratory by post, and you will receive your test results by text message or phone call.

For full details

- **Public STI clinics:** All STI testing and treatment in public sexual health or GUM clinics is provided free of charge.

Full list of public STI clinics

Hygiene Tips for Safer Sex

Some infections can be transmitted by hands, fingers and mutual vulval rubbing. Wash your hands before and after sex and consider wearing gloves.

Avoid oral sex, or use a dental dam or condom if you or a sexual partner has any cuts or sores in the mouth or on the lips.

Toys

Toys can be fun and sexy in the bedroom. They are also pretty much risk-free for transmitting HIV or other STIs, as long as you follow these simple suggestions:

- Put a condom on it.
- Change the condom between holes and between partners. This will prevent transmitting bacteria and STIs between body parts and partners.
- Clean the toy after using it. After use, wash with antibacterial soap. Rubber and cyberskin products are porous, so you can't fully sterilize them – so make sure to always use a condom with them.

Lubricant or 'Lube'

For anal and vaginal sex and fisting, lube can be an essential part of having a good time. Using lubricants can reduce tearing of the anal or vaginal lining. Small tears increase your risk of getting or passing on HIV and other STIs.

Recommended:

- **Water-based lube:** Consists primarily of purified water and is a popular option for reducing friction and increasing comfort during sexual activity. It is easy to find, simple to clean up, and works well with most condoms and sex toys. These lubricants add extra moisture to support the body's natural lubrication, creating a smooth and temporary layer that enhances comfort. Because they are versatile and generally safe for use with a wide range of sexual health products, they are often recommended as a first choice.
- **Silicone-based lubes:** They're safe with latex and polypropylene/polyurethane condoms, and tend to last longer than water-based lubes. You shouldn't use silicone-based lubes with silicone toys as they will degrade the toys. And be careful — they can stain fabrics like sheets or clothes.
- **Not recommended:** Vaseline, water, spit, massage oils, lotions, cooking oils and other oils are not recommended. Vaseline is made from petroleum and will degrade the anal or vaginal lining, increasing your risk of getting an STI. Water, spit and oils tend to be absorbed quickly by the body, meaning you'll get dry fast, which also increases your risk.

And remember - even if you're using a spermicidal lubricant, you still need to use a condom or glove to prevent HIV, STIs and pregnancy. Plus, spermicidal lubricant can degrade your lining, too, and that can increase your risk.

Exercise 1	What is Safer Sex Anyway?
Objectives	• To identify considerations in relation to safer sex • To explore the practical elements of safer sex • To explore some of the common myths with regard to STIs • To provide the correct information on STIs and protection
Time	40 minutes
Materials	• Index cards or sticky notes • Markers, pens and large paper • **Optional:** actual safer sex items to show or include in kits such as dental dams, gloves, lube, etc. • Cards with myths and truths, with one myth per card and one truth per card. See list below for myths and truths to print.

Exercise 1	What is Safer Sex Anyway?
Step 1	**'Safer Sex or Not' Discussion** The facilitator gives each group member a sticky note or index card and asks participants to write one thing they think counts as safer sex on the note or card and then to stick them on a flip chart under one of two columns, labelled: • Yes, that counts! • Let's talk about it... Examples suggested might include: • Dental dams • Talking about boundaries • Regular STI testing • Using gloves or lube • Not having sex when it doesn't feel right The facilitator uses this to open a discussion about what safer sex means in queer, trans and non-penetrative contexts - and how sometimes LBT+ and non-binary people are left out of mainstream messaging.
Step 2	**Build a Sexual Wellness Toolbox** Working in small groups, the facilitator provides each group with a big sheet of paper and arts and crafts supplies (or just pens) and asks the participants to imagine that they are creating a sexual wellness kit for themselves or someone like them. Suggest that, if comfortable to do so, they might explain what's in theirs, and why? The facilitator invites participants to draw, label or list what goes into the kit and encourages thinking beyond condoms: • Dental dams • Latex gloves • Lube (water-based or silicone) • STI testing info • Affirmation cards (such as 'You can always say no', 'You deserve pleasure', 'A partner who respects my boundaries and listens to me') Then each group presents their 'toolkit' to the rest of the group, explaining their choices. The facilitator invites comments and questions, drawing on the information sheet and additional resources.

Exercise 1	What is Safer Sex Anyway?
Step 3	**Myth Match-Up (15 min)** Working in small groups or pairs, the facilitator distributes copies of the myths and truth cards (see below) to the participants and asks them to match them up. This activity could also be done as a moving debate or a quiz. After the groups or pairs have completed the matching process, the facilitator asks each group to feedback, clarifying any misinformation and directing participants to additional resources. The facilitator then asks participants: • What surprised you? • What did you learn? This is followed by facilitation of a large group discussion, reinforcing the following points: • Lesbian, bisexual, and transgender women are at risk for STIs, and it's important to have open, honest conversations about sexual health with all partners. • STI prevention includes not only condoms but also communication, vaccinations (e.g. for HPV and Hepatitis B) and regular screenings. • PrEP can be a valuable tool for those at risk of HIV, regardless of gender or sexual orientation. • Lesbian and bisexual women should not assume they are immune from certain STIs on the basis that they are not engaging in vaginal or anal sex.
Step 4	**Roleplay or Script Practice: "Let's Talk Safer Sex"** Working in small groups or pairs, the facilitator distributes scenarios where participants need to talk about safer sex, in a casual, affirming or flirty way. Examples scenarios to role play: • You're about to hook up and want to ask about STI testing. • You want to introduce a dental dam without making it awkward. • You want to stop and check in during a steamy moment. The facilitator invites participants to write or act out a short script that: • Uses inclusive language. • Centres mutual care and safety. • Normalises desire and boundaries.

Exercise 1	What is Safer Sex Anyway?
Step 4 (continued)	The facilitator asks the groups to feedback and facilitates discussion on: • What felt easy or hard about saying it out loud? • What would support or help people to have these conversations?

Notes for Facilitators

- Normalise talking about pleasure and safety together.
- Be inclusive of different bodies and practices (anal, oral and digital; sex toys etc.).
- Avoid fear-based messages—Focus on empowerment and choice.
- Acknowledge power dynamics, dysphoria or cultural stigma that may shape how young LBT women and non-binary people experience sex and safety.
- Provide links to local STI clinics and home testing kits.

Myths and Truths Cards

These should be printed on separate cards, each myth and truth printed on separate cards.

1. Myth: Lesbian and bisexual women don't get STIs.

Truth: Lesbian and bisexual women can contract STIs, just like anyone else. While some STIs may be less commonly transmitted through female-to-female sexual activity, certain infections like chlamydia, gonorrhoea, HPV, herpes and trichomoniasis can still be transmitted through genital-to-genital contact, oral sex and the sharing of sex toys. Additionally, bisexual women who have male partners are at risk for STIs from female-to-male sexual activity as well.

2. Myth: If you're not having penetrative sex, either vaginal and anal, you can't get STIs.

Truth: You can still get STIs through other types of sexual activity, including oral sex and mutual masturbation. STIs such as oral herpes, human papillomavirus (HPV), syphilis, and gonorrhoea can be transmitted through genital-to-mouth or mouth-to-genital contact. Sharing sex toys without cleaning them properly or using barriers can also lead to transmission.

3. Myth: Transgender women don't need to worry about STIs.

Truth: Transgender women, just like cisgender women, can be at risk for STIs. It's important for transgender women to have open and honest conversations with healthcare providers about sexual health and STI prevention, regardless of their transition status. Additionally, transgender women who engage in sex with men (cisgender or other transgender individuals) may be at risk for STIs typically associated with men.

4. Myth: Lesbians only need to get screened for STIs if they have sex with men.

Truth: Lesbian and bisexual women who are sexually active should still get regular STI screenings, especially if they have sex with partners of any gender. As mentioned earlier, certain STIs can be transmitted through genital-to-genital contact or oral sex. Regular screenings are essential for all sexually active individuals, regardless of their sexual orientation.

5. Myth: If you're in a monogamous relationship, you don't need to worry about STIs.

Truth: While monogamy can reduce the risk of STIs, it doesn't eliminate the risk entirely. If either partner has had previous sexual partners, there's still a risk of carrying an STI, even if they don't show symptoms. It's important to communicate openly with your partner(s) about STI testing and sexual health, and to get tested regularly as part of a healthy sexual routine.

6. Myth: HPV is only a concern for people with penises.

Truth: Human papillomavirus (HPV) is one of the most common STIs, and it can affect anyone, regardless of gender. While it's often associated with cervical cancer in people with vaginas, HPV can also cause anal cancer, throat cancer and genital warts in both women and men. Vaccination is recommended for all individuals, regardless of sexual orientation or gender, to protect against the most harmful strains of HPV.

7. Myth: If you don't have symptoms, you don't need to worry about STIs.

Truth: Many STIs can be asymptomatic, meaning people can carry them without showing any visible symptoms. For example, chlamydia, gonorrhoea, and herpes can all be transmitted even when there are no signs of infection. Regular screening is essential for sexually active individuals, even if they feel healthy or don't experience symptoms.

8. Myth: PrEP (Pre-exposure Prophylaxis) is only for gay men.

Truth: PrEP, a medication that helps prevent HIV infection, is a valuable tool for anyone at risk of contracting HIV. This includes lesbian, bisexual and transgender women and non-binary people who may engage in sexual activities that involve HIV risk, such as vaginal or anal sex. LBT women and non-binary people who have male sexual partners may particularly benefit from PrEP. It's important for everyone, regardless of gender identity or sexual orientation, to have access to this preventive treatment if needed.

9. Myth: Using a condom isn't necessary for oral sex.

Truth: Oral sex can still transmit STIs like herpes, gonorrhoea, HPV and syphilis, so it's important to use protection when engaging in oral sex. Dental dams, which are a thin sheet of latex or polyurethane, or condoms can be used as barriers during oral sex to reduce the risk of transmission. This is especially important for lesbian and bisexual women, who may not traditionally consider these risks.

10. Myth: If you're a lesbian or bisexual woman, you don't need to get vaccinated against hepatitis B.

Truth: Hepatitis B is a viral infection that can be spread through bodily fluids, including through sexual activity. Lesbian and bisexual women may still be at risk for hepatitis B if they have sex with men, especially if engaging in sexual activities that involve blood or bodily fluid exchange. Vaccination is recommended for all individuals who are at risk, and it is especially encouraged for those who engage in sexual activities with multiple partners.

11. Myth: All STIs can be easily cured with antibiotics.

Truth: Not all STIs are curable. While some like chlamydia and gonorrhoea can be treated with antibiotics, others like herpes and HIV are manageable but not curable. It's important to understand the distinction and know what treatments are available for each type of STI. Early detection and consistent treatment are key to managing long-term conditions.

12. Myth: It's only necessary to discuss STI testing if you're planning to have sex with a new partner.

Truth: Ongoing discussions about sexual health and STI testing should be a regular part of any relationship, whether you're in a new relationship or have been with a partner for a while. Even in long-term monogamous relationships, it's important to keep up with regular screenings, as previous partners may unknowingly carry STIs, or one partner might have been exposed to an STI from outside the relationship.

13. Myth: If you only use a sex toy with one partner, you don't need to clean it afterward — your bodies already share germs anyway.

Truth: Bodily fluids like vaginal secretions, semen or anal fluid can stick to toys and grow harmful bacteria if not cleaned. Sharing unwashed toys, even between monogamous partners, can lead to:

- Yeast infections
- UTIs
- BV (bacterial vaginosis)
- STIs - if one partner has an undiagnosed infection

Even non-shared toys can cause infection if they're not properly cleaned between uses.

Exercise 2	Condom and Dental Dam Demonstration
Objectives	• To provide participants with the opportunity to practice using condoms • To provide participants with the opportunity to make a dental dam
Time	40 minutes
Materials	• Flipchart • Condoms (check about any allergies to latex and provide non-latex condoms if necessary) • Condom demonstrators • Beer goggles (optional)
Step 1	**Condom Demonstration** The facilitator either shows the video clip demonstrating how to use a condom correctly or demonstrates this live on a condom demonstrator. **How to use a condom correctly** Using the condom demonstrators, and working in pairs, the participants then practice using the condoms.
Step 2 (optional)	Participants can repeat the activity using the beer goggles to demonstrate the impact of intoxication on ability. The facilitator then invites comments and questions from the group – ensuring that everyone is clear about the correct use of condoms.
Step 3	The facilitator demonstrates how to make a dental dam and then invites the participants to repeat the activity, referring to the *Information Sheet: Making a Dental Dam provided below.* NB. This should be a fun activity, not a competitive activity.

Information Sheet: 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 partners.

Dental dams are not as readily available as condoms. They can be tricky to use and you might need to practice. 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.

The following steps demonstrate how, taken from LINQ Ireland:

- **Step 1:** Start off with a condom. Try finding a non-lubricated or flavoured condom. The taste of regular lube can be pretty unpleasant.
- **Step2:** Check the expiration date to make sure that 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.

Note: 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.

More on dental dams

Exercise 3	How does an STI Clinic work?
Objectives	• To facilitate young LBT women and non-binary people to explore their feelings about STI clinics • To enable participants to identify personal and systemic barriers • To enable participants to gain practical knowledge about accessing sexual health care
Time	45 - 60 minutes
Materials	• Flip chart or whiteboard • Post-it notes or index cards • Pens or markers • Spunout video: **What happens at an STI clinic** **Optional:** Printouts of what to expect at a clinic at local or national services.
Step 1	**Word Storm** The facilitator invites participants to word storm the common concerns people have about going to an STI clinic and charts these on a flipchart, noting any particular concerns for LBT+ and non-binary young people.
Step 2	**The Clinic Walkthrough** The facilitator then gives a simple, realistic description of what usually happens at an STI clinic, referring to the information from Spunout and showing their video guide: **What happens at an STI clinic** The description should cover: • Booking (walk-in or appointment) • Confidentiality • What tests might involve e.g. urine, swabs, blood test • What you can say or ask, including sharing pronouns or sexual history • Who you might see, including nurse, doctor, health advisor • Aftercare and follow-up

Exercise 3	How does an STI Clinic work?
Step 3	**What's the Block?** Working in small groups or pairs, the facilitator asks participants to word storm real or imagined barriers to visiting an STI clinic and then to write each barrier on a sticky note or card and stick them up on a flip chart sheet under the heading: What's the Block? Examples might include: • They'll judge me for who I have sex with • What if they misgender me? • I don't know what to say • I'm scared of the results • It feels embarrassing or shameful • What if I have an STI?
Step 4	**Turning Blocks into Bridges** The facilitator goes through each block with the large group and explores the following questions: • Is it based on a myth or fear? • What might be a way through this? • What could make it easier or safer? The facilitator invites participants to suggest 'bridge' solutions and to write these ideas on cards or sticky notes and to post them under a new heading on flip chart: How to Get Through. These might include: • Bringing a friend • Using self-testing kits • Practicing what to say ahead of time • Finding LGBTQ+ friendly clinics • Knowing your rights around name and pronouns The facilitator invites participants to contribute comments or questions and clarifies any misinformation.

Section 9: Staying Safe Dating Online and Offline

Staying Safe Dating Online and Offline

For young LBT women, and non-binary people, navigating the world, both online and offline, can bring connection, exploration and empowerment. Whether young people are meeting on dating apps, sharing their identity on social media or hanging out in real-life spaces, they deserve to feel safe, respected and in control.

Online spaces can provide a vital source of support and information on LBT+ issues that may not be available elsewhere. However, we also know that LBT+ young people may face unique challenges, from online harassment and outing threats to feeling pressure to meet up with someone before they are ready. These risks do not define them, but being informed and prepared helps them to move through the world with more confidence and power.

Safe dating for young LBT women and non-binary people involves prioritising personal safety and wellbeing while navigating the online and offline dating world. It's crucial to be mindful of surroundings, trust your instincts and communicate clearly with potential dates. It is critical to remind young LBT women and non-binary people that it's always OK to step back from situations or to leave conversations that make you feel uncomfortable or upset.

Online spaces are often used as tools to carry out coercive control like location tracking, incessant messaging, deepfakes etc.

For more information on how to stay safe online

Exercise 1	Staying Safe and Dating
Objectives	To help participants to: • Recognise common safety risks and dynamics when meeting new people for dates • Explore their personal boundaries and comfort levels • Develop practical safety plans that affirm their identities • Facilitate peer learning and reduce stigma and fear based messaging
Time	45 minutes
Materials	• Printed or digital safety checklist templates • Pens, paper, optional collage or art supplies • A whiteboard or flipchart for scenario ratings
Step 1	**Warm-Up Discussion: What Does a Safe Date Look Like to You?** The facilitator asks participants to imagine an ideal first date and jot down or describe: • Where it happens • Who knows where they are • How they're feeling (excited, nervous, etc.) The facilitator then asks: • What makes a date feel safe or unsafe? • How do LBT and non-binary identities affect how we date or get read in public? The facilitator encourages the participants to reflect on emotional and physical safety without shame, and acknowledges real challenges (e.g. outing risks, transphobia).
Step 2	**Scenario Safety Evaluation** The facilitator presents the short, realistic dating scenarios provided below and asks participants, either in small groups or in the large group, to rate each as: • Low Risk • Medium Risk • High Risk **Scenarios*:** **1.** You meet someone on a dating app who insists you come straight to their place for the first meeting. **2.** They won't video chat but want to meet today. **3.** They say they're 'cool with trans people' but ask invasive questions. **4.** You're meeting in public, and you've told a friend. *Additional scenarios are available on the next page.

Exercise 1	Staying Safe and Dating
Step 2 (continued)	The facilitator then asks: • What made that feel riskier or safer? • How can we respond when something feels off?
Step 3	**Build-A-Plan: Date Safety Toolkit** The facilitator invites each participant to create their own *'Date Safety Plan Checklist'* using the headings below. This can be written or completed with drawings or collage. Checklist to include, provided on handouts or a board: • Where I'm meeting and why I chose that place. • Who I'll tell where I'm going and how (friend, app-based check-in, share location with close friend etc.). • Backup plan if I feel unsafe e.g. exit code, leaving early. • My boundaries e.g. no going to private spaces on first meet. • Supportive message I can send myself or a friend if I get nervous.
Step 4	**Closing Round** The facilitator invites participants, voluntarily, to share one safety strategy they're taking away from the session.

Notes for Facilitators

- Frame safety planning as empowering, not fear-based.
- Normalise being cautious without shaming desire, dating or hook-up culture.
- Acknowledge intersecting risks for young LBT women and non-binary people, such as racism, transphobia or being outed.
- Ensure an inclusive space where both romantic and sexual dating contexts can be discussed safely.
- Before introducing content related to safety planning or sexual violence, it's important to clearly state that sexual violence is always the fault of the perpetrator. Societal myths often suggest that individuals can prevent violence through their actions, which can lead to shame or self-blame. Reinforce that survivors are never responsible for what happened to them, regardless of what the scenario or situation is.

Debunking Rape Myths

- This type of activity can be triggering for young people, particularly those with past experiences similar to what is covered. It is important to understand and be aware of the fight, flight, freeze or fawn response is the body's automatic reaction to perceived threats rooted in the nervous system's survival mechanisms. When faced with danger, the body may prepare to confront the threat (fight), escape it (flight), become immobile (freeze) or attempt to appease the threat to avoid harm (fawn). These responses are largely out of our control, and we may not respond to a threat in

the way we might imagine that we would or should. Our nervous system will implement the survival mechanism deemed to be most effective in that particular situation.

Additional Scenarios for Safety Evaluation

Scenario 1

Phoenix, 20, a trans girl, meets someone on a dating app who says they're a queer girl aged 18. After weeks of talking, Phoenix agrees to meet in a public park. But the person who shows up is a much older man.

Risks

- Catfishing
- Personal safety in real-life meetups
- Predatory behaviour

Discuss

- What could Phoenix do in this situation?
- What are safer ways to meet someone online?
- How could a trusted adult or friend help?

Scenario 2

Ellie, 19, shares intimate images and messages with someone they met in a queer group chat. Later, the person threatens to leak the photos unless Ellie keeps sending more.

Risks

- Sextortion or blackmail
- Digital privacy violations
- Emotional distress
- Intimate image abuse - a criminal offence

Discuss

- How might Ellie feel?
- What should Ellie do next?
- Who could they report this safely to?
- How can we support each other in digital spaces?

Scenario 3

Ari, 18, a trans girl, starts talking to a girl online. Things are going well until Ari shares that she's trans. The other person abruptly ends contact and blocks her.

Risks

- Rejection and emotional harm
- Internalized transphobia
- Self-esteem issues

Discuss

- How can Ari care for herself emotionally?
- What makes a space or relationship affirming and safe?
- How can we support trans friends experiencing this?

Scenario 4

Jade, 17, connects with someone online who quickly starts calling her "soulmate" and wants to meet alone right away. They want to avoid public meetups and guilt her when she hesitates.

Risks

- Manipulation and coercion
- Emotional abuse warning signs
- Unsafe meetup dynamics

Discuss

- What red flags are showing up here?
- What boundaries might Jade want to set?
- How might Jade feel about meeting up with this person in a private location for the first time?
- How can we tell the difference between genuine interest and pressure?

Scenario 5

Sami, 17, talks with someone she thinks is a friend online. After a disagreement, they screenshot Sami's messages about her sexuality and send them to people at school.

Risks

- Being outed
- Cyberbullying
- Mental health impacts

Discuss

- What support does Sami need now?
- How should outing someone be handled in youth work and schools?
- What does digital respect look like?

Scenario 6

Toni, 22, a non-binary person, thinks they are meeting a girl their age after weeks of talking online. They don't tell anyone they're going. The location changes last-minute, and no one shows up — except a man watching from a distance.

Risks

- Grooming
- Personal safety in online-to-real-life transitions
- Isolation

Discuss

- What could Toni do in this situation?
- What are safer ways to meet someone from online?
- How could a trusted adult or friend help?

Exercise 2	Image Sharing and Sending Pictures Beyond Selfies
Objectives	• To explore the pressures, risks and personal boundaries around intimate image sharing, sometimes referred to as 'nudes' or 'sexting' • To clarify the law in this regard • To support young LBT women and non-binary people in making informed, consensual choices that prioritise safety and self-respect
Time	30 - 45 minutes
Materials	• Scenario cards or printed statements, provided below • Paper and pens • Three sheets with Agree, Unsure and Disagree, placed on the floor or wall
Step 1	**Starting the Conversation** The facilitator asks the following questions to the group: • Why do people share intimate images? • What makes it feel exciting? What makes it feel risky? • What are some pressures LBT+ young people might experience that others don't? The facilitator gently emphasises the following points in the discussion: • There's no shame in curiosity or desire. • You should never feel pressured to share or receive images. • Your digital boundaries are just as real as your physical ones.
	Moving Debate The facilitator places the 3 sheets on the floor or on the wall: • Agree • Unsure • Disagree The facilitator then reads out the statements below, one at a time and invites participants to move to the place that best represents how they feel about the statement. After each statement, the facilitator invites participants to explain their choice and facilitates some discussion in the large group. Statements: **1.** Sending a nude to someone trusted can be fun. **2.** If you don't send a picture, they might lose interest. **3.** It's fine to forward someone else's image if they didn't say that you couldn't.

Exercise 2	Image Sharing and Sending Pictures Beyond Selfies
Step 2 (continued)	**4.** A person always has the right to change their mind - even after sending something. **5.** If someone shares a person's image without consent, it's the fault of the person who took and sent the photo. **6.** People should check to see if it's ok, before sending something explicit to another person.
Step 3	**Scenarios** Working in small groups or pairs, the facilitator distributes the scenarios and asks participants to answer the questions below. Read one or more scenarios below. Ask: • What would you say or do in this situation? • What boundaries could you set? • What support might you need? • Is it ok for this person to ask or do this? • What does respect look like in the scenarios below? Sample Scenarios: **1.** Your new online crush keeps asking for a 'pic to prove you're real'. **2.** You shared a topless photo with someone you trusted. Now they've ghosted you and you're scared they'll show others. **3.** A friend shows you a nude they received from someone else in your group chat. **4.** You're thinking of sending an image, but you're not sure you'll still want them to have it next week. **Optional activity:** Have participants write their own 'boundary script', a short sentence they can use to express limits kindly but clearly.
Step 4	**Closing Round (5 minutes)** The facilitator invites participants, if comfortable to do so, to share: • One thing you'd say to a friend about staying safe when it comes to sharing images?

Notes for Facilitator

- Don't judge responses—use them as openings for reflection.
- Acknowledge the realities of peer pressure, power dynamics, trust, betrayal and pleasure.
- Emphasise consent, respect and control over your digital self.
- Clarify the legal position in relation to image sharing - referring to Coco's Law and the Criminal Law (Sexual Offences) Act 2017. Refer to Section 5 on Legislation, page 41.
- Reinforce the following points:
  - Your body is yours—no one else is entitled to see or share it.
  - You never 'owe' someone access to your images.
  - Support is available if something goes wrong - the facilitator should refer to the organisation's policy in this regard.

Additional Resources on Staying Safe Dating Online and Offline

- **SexualWellbeing.ie: Resources for working with young people**
- **Too Into You: What is abuse?**
- **Too Into You: Online Safety Guide**
- **Too Into You: Intimate image guide**

Section 10: References and Additional Support Services

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Additional Support Services

Dublin's Well Woman's Centre

For primary health care services, family planning, counselling and sexual health services.

Website
Phone: (01) 874 9243
Email: info@wellwomancentre.ie

GOSHH (Mid-West: Limerick, Clare, Tipperary)

Provides care, support and prevention services relating to HIV, STI and sexual health issues to people in the Mid-West of Ireland.

Website
Phone: 061 314 354
Email: info@goshh.ie

HIV Ireland

Provides training and services for people at risk of HIV.

Website
Phone: (0)1 873 3799
Email: info@hivireland.ie

Irish Family Planning Association (IFPA)

Provides sexual and reproductive health information and confidential and affordable healthcare services.

Website
Phone: 01 872 7088
Email: reception@ifpa.ie

LGBT Ireland

Provide the National LGBT Helpline, Transgender Family Line, Online Chat Service, Telefriending and Peer Support Groups.

Website
Phone: 1800 929 539
Email: info@lgbt.ie

LINQ Cork

Advocacy, education and community development for lesbian, bisexual and queer women and non-binary people.

Website
Phone: 021 4808600
Email: info@linqireland.ie

My Options (HSE) – 24/7

Help and advice with unplanned pregnancies.

Website
Phone: 1800 828 010

OSS Cork

Support for victims of domestic violence over the age of 18.

Website
Helpline: 1800 497497. Support service between the hours of 9-5pm, Monday-Friday.
Email: osscork@gmail.com
The OSSCork operates a limited e-mail

Outcomers

Social and support group for LGBTQ+ individuals located in Dundalk and surrounding areas.

Phone: 042 932 9816
Email: youth@outcomers.org

Outhouse

Community centre in Dublin City Centre for LGBTQ+ people.

Website
Phone: +01 8734999
Email: hello@outhouse.ie

Rape Crisis & Sexual Assault Support

Support victims and survivors of sexual violence.

Website
Phone: *Dublin Rape Crisis Centre*
1800 778 888
Cork Rape Crisis Centre
1800 496 496
Galway Rape Crisis Centre
091 583149
Email: info@rcni.ie

Sexual Health Centre (Cork)

Professional and inclusive advice, counselling, testing and education services in Cork.

Website
Phone: 021 427 6676
Email: info@sexualhealthcentre.com

Sexual Health West (Galway)

Care and support for those affected by HIV, AIDS and STIs and to those worried about their sexual health in Galway, Mayo and Roscommon.

Website
Phone: (0)91 566266
Email: info@sexualhealthwest.ie

Safe Ireland

Works with a national network of services to provide direct specialist domestic violence services for women and children.

Website
Phone: (0)1 578 3001
Email: info@safeireland.ie

SpunOut

Youth information and support platform, and free anonymous messaging service for support and wellbeing.

Website

TENI

Transgender Equality Network Ireland (TENI) promotes the equality and well-being of trans people in Ireland, through advocacy and support.

Website
Email: info@teni.ie

Too Into You - Women's Aid

Provides support and information on healthy relationships, red flags of abuse and advice on helping others.

Website

The Switchboard Ireland

Listening and support helplines active seven days per week.

Website
Phone: (01) 872 1055
Monday - Friday: 18:30 - 21:00.
Saturday - Sunday: 2pm - 5pm.
Email: ask@theswitchboard.ie

We-Consent Ireland, Dublin Rape CrisisCentre

Inform, educate and engage with all members of our society about consent.

Website
Email: info@we-consent.ie

Women's Aid

Support, advice, helplines and local services for women experiencing domestic abuse.

Website
Phone: 1800 341 900
(24/7 domestic abuse helpline)
+353 1 678 8858
(Org Phone Number)
Email: helpline@womensaid.ie
info@womensaid.ie

Youth Health Service (Cork)

Free sexual health service for young people aged 23 years and under.

Website
Phone: 021 493 7250
Email: yhs@hse.ie

Belong To – LGBTQ+ Youth Ireland

Supports LGBTQ+ young people from 10 to 23 years old.

Website
Phone: 01 258 2346
Email: info@BelongTo.org

Porn has created a very mixed up impression of what sex should be. Good, honest sex education can help to fix this. We need more realistic ideas of what sex, and safe relationships should be like.

Young person, aged 19

I feel very judged as 'vanilla' by other people – but safe sex is very important to me. Some people have very different ideas of what they want from sex – and sometimes I feel a bit boring in comparison. It's good for us to know about all the different ways people enjoy sex and that we're all normal - in whatever way we enjoy our sexuality.

Young person, aged 21

About Belong To

Belong To is the national organisation supporting LGBTQ+ youth.

Since 2003, we have worked with LGBTQ+ young people across Ireland offering safety and support through our services. Let your students and youth groups know about Belong To and what supports are available for them including LGBTQ+ youth groups, crisis counselling with Pieta and digital support services.

For educators, we offer online training, support and initiatives such as the LGBTQ+ Quality Mark. For youth workers, we support a National Network of LGBTQ+ youth groups and run the Rainbow Award – an action-focused accreditation programme that supports a whole-organisation approach to safe and supportive services for LGBTQ+ youth.

Learn more at **www.belongto.org**

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