



Women's Health & Wellbeing

A Guide to Sexual and Reproductive Health



HSE Dublin and South East Social Inclusion Service

HSE Dublin and South East Social Inclusion Service

This booklet is an educational component of our work on period dignity for all.

Period Dignity for all

How to use this booklet

Please see our hyperlinks that will bring you to websites with specialist information and contact details of trusted organisations for further support.



Online resource

[www.hse.ie/eng/services/
list/1/lho/dublinse/social-
inclusion/](http://www.hse.ie/eng/services/list/1/lho/dublinse/social-inclusion/)

Quotes

There are many quotes throughout this booklet from surveys with diverse voices in our community.

DIVERSE VOICES

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WELCOME

Introduction

Social Inclusion services work with and care for individuals and families who require specialist skills and support and who may have experienced hardship in the course of their lives. We seek to empower and value all persons we work with and those who engage with us.

We work with a number of rich and diverse cultural groups such as International Protection Applicants, Ukrainians, Traveller and Roma communities, victims of Sexual and Labour exploitation by Prostitution and Human Trafficking, Homeless persons, Drug users, and LGBTQI+ communities.

For this project we are focusing on women and girls who experience period poverty.

The information in this booklet may be of use to girls and women, and to trans and non-binary people who menstruate.

This document will look at the life span of women and girls, and some challenges that may present throughout their lives. The content is compiled from information published by expert agencies such as the HSE A-Z, Tusla and sexualwellbeing.ie

*A digital version of this booklet is on the Social Inclusion website with live hyperlinks.

I struggled while in college for a few years and had to get free products from college.

STAFF MEMBER

DIVERSE VOICES

SECTION 1

Period Dignity

Period dignity has its origins from evidence in international research acknowledging that many women and girls are affected by period poverty. This means they do not have the funds or access to the products, sanitation facilities or education, necessary to allow dignity and choice in relation to sanitary and hygiene products required in the 'period of menstruation'. Restrictions on that freedom include financial insecurity, marginalisation, subordination and domestic control etc.

Cultural beliefs and shame often affect the lives of women and girls and many are excluded from relevant information on issues relevant to them.

What are we doing about Period Dignity?

HSE Social Inclusion Services provide products, education and awareness, to facilitate and empower women and girls throughout the reproductive years to have access to these necessities.

Period Dignity for all

The HSE, and other Public Bodies have started to provide **free** period products to those who need it. We are also giving education sessions to those who are interested, so we can improve understanding and get rid of some of the negative feelings about periods!

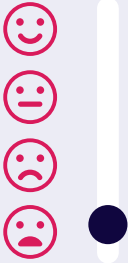
If you would like access to products or education sessions, please reach out to us on:



Email us:
che.socialinclusion@hse.ie

In addition to the products, it is imperative that women and girls understand the physical changes that are occurring and the challenges that can go with growing from childhood to adulthood. Understanding these changes (and the challenges that sometimes accompany them) can ensure that women and girls know where they can get assistance, should they experience adversity. We wish to share that information with you.

Period Poverty results in the Healthy Ireland Survey 2022



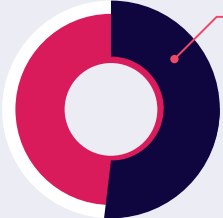
1 in 4

reported experienced some form of period poverty.



1 in 10

have struggled with the cost of period products, or changed the products they use due to cost.



51%

reported that they changed their everyday activities because of their periods.



30%

have forgotten to bring enough products to work/college/school or on a day out. **14% over 25s** report improvisation with materials not intended for use during their period.



SECTION 2

The Menstrual Cycle

Ovulation

When a young woman reaches puberty, the time of life when a child experiences physical and hormonal changes that mark a transition into adulthood, she starts to ovulate. This is when a mature egg or ovum is released from one of the ovaries. The ovaries are the two female reproductive organs found in the pelvis. If the egg is fertilized by a sperm as it travels down the fallopian tube, then conception occurs. The fertilized egg attaches to the lining of the uterus. If the egg does not become fertilized, the lining of the uterus (endometrium) is shed during menstruation.

Menstruation (Periods)

Menstruation is one part of a woman's menstrual cycle when the lining of the uterus (endometrium) is shed. This occurs throughout a woman's reproductive life. With each monthly cycle, the endometrium prepares itself to nourish a foetus. Increased levels of oestrogen and progesterone help thicken its walls. If fertilization does not occur, the endometrium, along with blood and mucus from the vagina and cervix make up the menstrual flow during the period. An average period is between 2 and 7

days. The flow is often heaviest in the first 2 days. The average menstrual cycle lasts 28 days with ovulation on day 14. However many women have longer or shorter cycles. The cycle starts with the first day of one period and ends on the day before the new period. A woman's most fertile time is between days 12-16 of her cycle.

There is no exact age for beginning menstruation and girls experience this natural physical change at varying ages. In the main this can occur between the ages of 9 and 13. An earlier or later first period can also be very normal but may need investigation. Consult with your G.P. if you have any concerns.

Women should be made feel better when on their periods.

INTERNATIONAL PROTECTION APPLICANT

DIVERSE VOICES

The Menstrual Cycle contd.

Menstrual products

Menstrual products collect blood released during your period.

The main types of products are;

- **Menstrual pads** - are absorbent material that soak up fluid. Pads come in many sizes, so you can choose one to suit how heavy or light the period is.
- **Tampons** - are small tubes of cotton wool that are inserted into the vagina. There are two types of tampons - with an applicator and without an applicator.
- **Menstrual cups** - are an alternative to pads and tampons. The cup is made from silicone (a rubber-like material) and it is placed inside the vagina. Menstrual cups collect blood rather than absorb it. Menstrual pads and tampons are discarded after use but menstrual cups can be washed and used again.
- **Period pants** - are underwear that are padded and washable. Many women are using sustainable products such as the pants and find them comfortable.

Premenstrual Tension/Syndrome (PMT/PMS)

Changes in hormone levels before a period can cause physical and emotional changes. This is known as PMS (premenstrual syndrome) or PMT (premenstrual tension). There are many possible symptoms of PMS, but typical symptoms include;

- feeling bloated
- breast tenderness
- mood swings
- feeling irritable
- spotty skin or greasy hair
- loss of interest in sex

These symptoms usually improve when the period starts and disappear a few days afterwards. Not all women who have periods get PMS.



Period pain

Period pain can be common and a part of the menstrual cycle. Most women get it at some point in their lives. It's usually felt as painful muscle cramps in the lower tummy, which can spread to the back and thighs. The pain sometimes comes in intense spasms. At other times it may be dull but more constant. It's important to talk to your doctor if period pain interferes with your everyday life as they can investigate for any underlying problems and suggest ways to relieve the pain.

For more information on how to treat period pain click on this hyperlink;



Online resource

www2.hse.ie/conditions/period-pain/

Changes in your periods

Your periods can change for a number of reasons during the normal course of your reproductive life. Some of these are normal, however you should seek advice from your GP or healthcare professional if you experience;

- Bleeding between periods, after having sex, or after the menopause
- Missed periods
- Any irregularities that cause you concern

Your GP or healthcare professional will investigate the cause and recommend any necessary treatment.



Online resource

www2.hse.ie/conditions/stopped-or-missed-periods/

Growing up we were always ashamed and warned against talking about our periods. It is still a shock to the system that we can openly talk/have discussions around it.

INTERNATIONAL PROTECTION APPLICANT

DIVERSE VOICES

The Menstrual Cycle contd.

APPROACHING YOUR FINAL PERIOD

Perimenopause/menopause

Your periods will continue until you reach the menopause. Menopause is generally the point in time when you have not had a period for 12 months due to the aging process. This usually happens when you are in your late 40's to mid-50's. Most women will have some symptoms around menopause and perimenopause. The length and seriousness of these symptoms can vary from woman to woman.



Online resource
www2.hse.ie/conditions/menopause/

Symptoms can start 7 years before your periods stop. This is known as perimenopause. Symptoms can also last for some time after your periods stop. Most symptoms last around 4 years from your last period. But around 1 in 10 have symptoms for up to 12 years.

Changes during perimenopause

You may notice a change in the normal pattern of your periods. You may start having either unusually light or heavy periods. The frequency of your periods may also be affected - you may have

them every 2 or 3 weeks. Skipped periods are common - you may not have them for months at a time. If your periods are irregular, you should also check if you are pregnant whether you have had sex with or without contraception.



Online resource
www2.hse.ie/conditions/contraception-and-menopause/

Common symptoms

About 8 in 10 women have symptoms for some time before and after their periods stop. These can have a serious impact for some women. If you go through menopause suddenly, your symptoms may be worse. For example, as a result of cancer treatment or surgical removal of your ovaries.

Some common symptoms include:

- hot flushes, night sweats, difficulty sleeping, fatigue, lack of energy
- low mood or anxiety
- problems with memory or concentration, headaches
- heart palpitations (a fast-beating, fluttering or pounding heart)
- recurring UTIs (bladder infections)
- loss of muscle, joint aches and pains
- weight gain

Menopause increases your risk of developing other problems, such as osteoporosis (fragile bones) so speak to your healthcare professional about this.

When to get help

Talk to your GP if you're finding your symptoms particularly difficult. They will be able to help you and can recommend treatments;



Online resource

www2.hse.ie/conditions/menopause/menopause-treatment/



These are also things you can do

www2.hse.ie/conditions/menopause/things-you-can-do/

If you have any bleeding after menopause, contact your GP, as it will need investigation.



Online resource

www2.hse.ie/conditions/postmenopausal-bleeding/

Causes of postmenopausal bleeding

There can be several causes of postmenopausal bleeding.

The most common causes are;

Atrophic vaginitis – inflammation and thinning of the vaginal lining caused by lower oestrogen levels

Endometrial atrophy – inflammation and thinning of the womb lining caused by lower oestrogen levels

Cervical or Womb polyps – growths that are usually non-cancerous

Endometrial hyperplasia – thickened womb lining caused by obesity, levels of oestrogen or, less commonly, hormone replacement therapy (HRT)

In rare cases, the cause of postmenopausal bleeding is cancer, such as womb or ovarian cancer.



Online resource

www2.hse.ie/conditions/ovarian-cancer/

Gynaecology clinics

There are walk-in gynaecology clinics already operational in Ireland. At these clinics, investigations available to patients include pelvic ultrasound, diagnostic hysteroscopy, and endometrial biopsy.

The existing clinics are located in the Coombe, the National Maternity Hospital, Mayo, Cork, Galway, the Rotunda, Letterkenny, and Waterford. The rollout of more clinics across the country is ongoing.

The pathway for referral to these clinics can be through your GP, or through a hospital department (maternity or non-maternity hospital). If you have Gynaecology concerns, don't hesitate to contact your GP and seek information on the most appropriate service for you.

As (my brothers) got older their attitude changed and now have a better understanding of a period and wouldn't cringe at the sight of a box of tampons.

INTERNATIONAL PROTECTION APPLICANT

DIVERSE VOICES

Symptoms invalidated by male doctors constantly. I was diagnosed with endometriosis – after months of being in pain. Only because I really, really argued to get investigated.

MEMBER OF LBQTQ+ COMMUNITY

DIVERSE VOICES

I'm Bisexual, so more acceptance and open talk about periods here. Straight circles are sometimes more uncomfortable but having a wife and a daughter and sharing of products bonds people together.

MEMBER OF LBQTQ+ COMMUNITY

DIVERSE VOICES

SECTION 3

Pregnancy and Fertility

Becoming pregnant

Working out the time when you can get pregnant (your most fertile time) can be difficult. It occurs when you ovulate, which is about 12 to 16 days before the start of your next period.

However, sperm can survive inside a woman's body for a number of days before ovulation occurs. The egg can be fertilised 12 to 24 hours after ovulation. Therefore unprotected sex, before or after ovulation, could result in a pregnancy.

You cannot get pregnant if you do not ovulate. Some hormonal methods of contraception work by preventing ovulation. For example, the contraceptive pill, contraceptive patch and contraceptive injection.

I feel that most men only learn about it when trying to get pregnant and tracking cycles.

STAFF MEMBER

DIVERSE VOICES

Pregnancy tests

Taking a test is the best way to know if you're pregnant.

You can buy a test in many pharmacies and supermarkets.

You could also get a test at your GP or local family planning clinic. You may have to pay a fee if you do not have a medical card.



Online resources

www2.hse.ie/pregnancy-birth/scans-tests/pregnancy-tests/

www2.hse.ie/pregnancy-birth/trying-for-a-baby/

www2.hse.ie/pregnancy-birth/keeping-well/health-lifestyle/adjusting-to-pregnancy/

PREVENTING AN UNPLANNED PREGNANCY

Contraception

If you're sexually active, it is very important to use a form of contraception to avoid an unplanned pregnancy. Your G.P. or family planning clinic can help you find the right contraceptive to suit your health and lifestyle needs.

Pregnancy and Fertility contd.

Free contraception

Free contraception is available to women, girls, trans and non-binary people who meet the relevant criteria. This can be given over-the-counter at participating pharmacies. You do not need to go to your GP for a prescription.



Online resource

sexualwellbeing.ie/sexual-health/contraception/free-contraception/

Emergency contraception

- Emergency contraception is a back-up contraception. You can use emergency contraception to avoid an unplanned pregnancy after you have had sex without using contraception, or if your method of contraception has failed (for example, the condom slipped or you missed a pill).
- You can choose from two different types of emergency contraception options: The emergency contraceptive pill (ECP), there are two types of pill, one that needs to be taken within 72 hours of having sex, and one that can be taken up to 120 hrs. The Coil (also known as post-coital IUCD) can be used up to 5 days.

UNPLANNED PREGNANCY SUPPORT SERVICES

An unplanned pregnancy may leave you feeling worried and confused. You may have strong and conflicting feelings about your pregnancy.

My Options is a HSE funded Freephone helpline. It provides information and judgment-free counselling to anyone having an unplanned pregnancy.

The My Options website also has:

- Web chat for information and support
- Find a face-to-face service
- Booking a counselling session

This helpline can provide you with information and support on all your options, including:

- continued pregnancy supports
- abortion services



My Options Freephone
1800 82 80 10



Online resource

www2.hse.ie/services/unplanned-pregnancy/support-services/

Fertility treatment via the HSE

Specialist treatment to help you get pregnant is available through HSE regional fertility hubs.

Your consultant at the regional fertility hub may recommend this if:

- you or your partner do not get pregnant after having other fertility treatment
- tests show this is the treatment you need



Online resource

www2.hse.ie/conditions/fertility/treatment/

Came out to a doctor, so the assumption is fertility won't be an issue (because I'm gay). I had to bring it up. By comparison, my sister is straight, that was a conversational piece.

MEMBER OF LBTQ+ COMMUNITY

DIVERSE VOICES

Types of treatment

The types of specialist fertility treatment you can get through a regional fertility hub are:

- **IVF** - when eggs and sperm are fertilised in a lab to create an embryo. The best embryo is put in to the person's womb. If there are other good embryos, these can be frozen for future use.
- **Intracytoplasmic sperm injection (ICSI)** - is a type of IVF where sperm is injected directly into the egg.
- **Intrauterine insemination (IUI)** - is a type of artificial insemination. Sperm is prepared in the lab and then put in to the womb.

I know a lot of lesbians would like to have kids, Gay men want a family too, parental rights for all are essential.

MEMBER OF LBTQ+ COMMUNITY

DIVERSE VOICES

SECTION 4

Sexual Health

Sexually Transmitted Infections

A Sexually Transmitted Infection (STI) is an infection that is passed on through sexual contact with someone who has an infection.

How do I prevent STIs?

Most STIs are passed between sexual partners through oral, anal or vaginal sex without using a condom. Some STIs are passed by skin-to-skin contact.

Using condoms correctly and every time you have sex will reduce your risk of getting an STI.

If you or your partner has any sign of an infection, cuts or sores in the genital area, do not have any form of sex, including oral sex, until you have been tested and treated.



Online resource

www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/

You should consider having an STI test

If you have a new partner, it is a good idea for both of you to have an STI test. You may not have any symptoms, or know you have an STI.

If you do test positive for an STI, it is important that you complete the treatment and that your partner is tested and, if necessary, treated before you resume sexual contact.

If you have symptoms of an STI or need urgent support, you should contact your local STI clinic or GP. To find your nearest free HSE STI clinic visit:



Online resource

www.sexualwellbeing.ie/sexual-health/hse-sti-services-in-ireland.html

Free home STI testing is also available through the HSE.



Online resource

www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/sti-testing/home-sti-test/

Safer sex

Condom use is recommended to prevent against most sexually transmitted infections and HIV if used correctly.

An external condom covers the penis and can be used for oral (mouth to penis), vaginal and anal sex.

An internal condom lines the vagina and can be used for vaginal sex.

A dental dam is a square of latex which is placed over the vagina or anus during oral sex (mouth to vagina or mouth to anus). If you are using sex toys, ensure not to share without; washing the sex toy properly between each use, and applying a new condom for each use.

Lesbian, Bisexual and Queer (LBQ) women's relationships

The link below addresses a range of topics in relation to Lesbian, Bisexual and Queer (LBQ) women's relationships and sexual activity. This is a valuable resource and addresses the invisibility of LBQ relationships and sexual lives.



Download resource

www.sexualwellbeing.ie/for-professionals/supports/resource-for-working-with-lesbian-bisexual-queer-women/



Online resource

www.linc.ie/health/

Resources for parents/carers

The www.sexualwellbeing.ie website has some really good relationships and sexual health information for parents/carers. It includes a series of booklets for parents of children and young people from 4-18, and videos for parents of young children.



Online resource

www.sexualwellbeing.ie/for-parents

I do be scarlett asking them (the lads) to put on a johnny, so sometimes I wouldn't bother.

STAFF MEMBER

DIVERSE VOICES

SECTION 5

Screening

Cervical screening

A cervical screening test is a free test to check the health of your cervix. The cervix is the opening to your womb.

It's not a test for cancer, it's a test to see if you are at risk of developing cancer.

If you have a cervix, you can get cervical cancer. 9 in 10 cervical cancers are caused by certain types of human papillomavirus (HPV). HPV is spread through any kind of sexual contact with a man or a woman.

HPV that doesn't go away is called persistent HPV. This can cause changes to the cells of the cervix over time.

But HPV is not the only cause of cervical cancer. You can get cervical cancer if you have never had sex.

From the age of 25, you should register with cervical check online and book your cervical screening test.



Online resource
www2.hse.ie/conditions/cervical-screening/why-go/what-cervical-screening-is/

HPV

HPV vaccination is carried out through the schools programme.

HPV infection can cause cancer of the: Cervix, vulva (the area surrounding the opening of the vagina), vagina, anus, oropharynx (the part of the throat at the back of the mouth), penis.

HPV infection can also cause genital warts in both girls and boys. The World Health Organization (WHO) states that the HPV vaccine is extremely safe. If you have questions about the HPV vaccine, talk to a trusted health professional like your GP.



Online resource
www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/hpv/

At 25, I got my first pap smear test done. The doctor was very good to me.

MEMBER OF TRAVELLER COMMUNITY

DIVERSE VOICES

Breast screening information

Breast screening helps find cancer at an early stage. If it's found early, it's easier to treat and there's a better chance of recovery.

Breast screening involves a mammogram, an x-ray of the breast, used to find breast cancer when it's too small to see or feel. Breast screening takes place at a Breast Check clinic or a mobile screening unit; or you can be referred in by your GP to the specialist Breast clinics in local hospitals.

You'll get a letter with your results within 3 weeks of your mammogram. Your GP will also get your results.

In most cases, results are normal and no cancer is found, however if a lump is identified, the earlier the treatment options can be managed the better the outcomes for patients. It is strongly recommended to seek medical advice for any concerns.

All women aged between 50 and 69 who are on the Breast Check register are invited for breast cancer screening every 2 years. However, if you notice any breast changes (including lumps, puckering of the skin, etc.) you should contact your GP or healthcare professional.

Check, update or join the breast screening register;



Online resource

www2.hse.ie/breast-screening

Screening and self-testing is really important. I got breast cancer at 42. I was a single mum with two young children, and early detection and treatment saved my life.

STAFF MEMBER

DIVERSE VOICES

SECTION 6

Consent and Gender Based Violence

LEGAL AGE OF CONSENT

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.

The age of consent is the same for all persons, regardless of gender or sexual orientation.

For more information on the details of this law, you can read the Criminal Law (Sexual Offences) Act, 2017 on consent and a range of other sexual offences.

It is a serious offence for a person who is, or has previously been, in a position of authority over a child, to engage in a sexual act with a child or young person who is under the age of 18 (regardless of the fact that the legal age of consent is 17).

A full list of persons considered to be in a position of authority is set out in the law, which includes, for example, family members, carers, teachers and sports coaches.

Not giving sexual consent means you did not give your permission for something to happen. This can be using direct language saying '**no**', or by **body language**.

If you have been drinking alcohol or taking drugs, you may not be able to give consent.



Online resource

www.sexualwellbeing.ie/sexual-health/sexual-consent/

Sexting or sending nude images

It is also illegal for someone to send 'sexually explicit' images to someone under 17, or to show pornography to someone under 18.

It is also illegal to distribute, publish, or to even threaten to distribute or publish, intimate images of somebody else without consent – whatever their age.



Online resource

www.sexualwellbeing.ie/sexual-health/sexual-consent/online-sexual-activity-and-consent/

Rape and Sexual Assault

Rape occurs where a person is subjected without consent to an act that involves penetration of the anus or mouth or vagina by any body part or object held or manipulated by another person.

Sexual assault is an act of physical assault that has a sexual aspect or motivation. It includes groping, forcibly kissing someone or any non-consensual sexual activity that does not involve penetration.



Online resource
www2.hse.ie/services/satu/

If you have been sexually assaulted or raped, it is not your fault. Sexual assault and rape are crimes, no matter who commits it or where it happens. Do not be afraid to get help.

If you are in immediate danger or need urgent help, call 112 or 999.



Online resource
<https://www2.hse.ie/services/satu/where-to-get-help/>

Your GP

You may feel more comfortable talking to your GP. They can refer you to the care you need.

If you are under 14

If you are under 14, you can get help;



Online resource
www2.hse.ie/services/child-forensic-services/cafmas/

Rape Crisis Centre

If you were sexually assaulted at any time in your life, the Rape Crisis Centre can help.

They offer appropriate advice and support depending on your situation.



Freephone
1800 77 88 88 (24-hour helpline)



Online resource
www.rapecrisishelp.ie

Consent and Gender Based Violence

contd.

SOME TYPES OF GENDER BASED VIOLENCE

Female Genital Mutilation (FGM)

Female genital mutilation is the removal or injury of the external genitalia of females for non- medical reasons. The practice is rooted in gender inequality, attempts to control women's sexuality and ideas about purity. It is usually initiated and carried out by women, who see it as a source of honour, and who fear their daughters and granddaughters will otherwise be exposed to social exclusion. It is usually perpetrated on girls aged between infancy and 15 years. It has many long term physical consequences and in some cases results in death. The Irish Family Planning Association (IFPA) provide a Free FGM Treatment Service.



Online resource
www.ifpa.ie/get-care/free-fgm-treatment-service/

Trafficking for sexual exploitation/ prostitution

Trafficking of people is the transportation or harbouring of people who have been abducted or deceived by the trafficker by the promise of a better life, or while believing they have no other viable option.

Trafficking for sexual exploitation includes for the purposes of prostitution, child sexual exploitation, forced marriage or the making of pornography.

The HSE has a specialised team who care for persons exploited by Sex Trafficking, Prostitution and Labour exploitation.



Online resource
www.hse.ie/eng/services/list/5/sexhealth/whp/

Prostitution

Women in prostitution in Ireland experience particular health inequalities and barriers to accessing appropriate healthcare.

Research demonstrates that prostitution has multiple and wide-ranging impacts on women's health, and on their sexual, reproductive and mental health and wellbeing in particular.

Even before entry into prostitution, women are often already facing lives full of adversity, including in many cases poverty, separation from family, insecure immigration status, lack of stable accommodation, poor English language skills and a history of violence in their lives.

Once involved, women's transience, social isolation and the constant, all-consuming pressure to keep moving and keep making money appear to compound their vulnerabilities, often making it very difficult for them to effectively engage with support. It is also clear that their experiences with buyers cause both bodily and emotional harm and place them under considerable stress, whilst at the same time having a broader impact on their own personal relationships.

The Government's 'Zero Tolerance' Third National Strategy on Domestic, Sexual and Gender-Based Violence (DSGBV) launched in 2022 clearly frames prostitution as a form of gender-based violence (GBV).



Download resource

See 'Confronting the Harm', HSE Women's health service with Sexual Exploitation and Research Project
<https://serp.ie/wp-content/uploads/2023/02/Confronting-the-Harm-FINAL.pdf>

Pornography

Most pornography is targeted at men, bears little resemblance to the majority of real life sexual experiences, and often includes violent and degrading behaviours. It generally objectifies groups of people – particularly women, people of colour, disabled people and LGBT+ people. There is evidence that exposure to pornography affects young people's attitudes and beliefs regarding sex and may create unrealistic expectations. This applies to all genders.

Young men may feel they are required to be dominant, even aggressive, in sexual situations, without regard for their partner's feeling or enjoyment. The people who are objectified in pornography may absorb the negative messaging and be more inclined to accept exploitation and predatory behaviours as normal.

Excessive consumption of pornography at any age, but especially in adolescence, may lead to sexual function problems for in-person sexual relationships.

Forced abortion

This can happen for social, financial or one-child policy reasons and the perpetrators can be family members, those controlling the sex industry or a state authority.

Honour-Based Violence (HBV)

HBV is a term used to describe violence committed on a person by a member of their family or immediate community. It is motivated by a perceived need to restore the position of the family or community after the victim is perceived to have in some way dishonoured it. They may have refused to enter a forced marriage, had sexual relations outside of marriage or have expressed some form of autonomy. Predominately the victims of HBV are women or girls, but can also be males. HBV often results in serious physical injury, maiming or death.

Forced marriage

Forced marriage is where a person is married without his or her consent and against their will. Young women and girls are the most common victims but young men can also be forced into marriage. Members of the family or community are often the instigators. It can be associated with abduction and being moved to another country or location.



Online resource

www.tusla.ie/services/domestic-sexual-gender-based-violence/

www.womensaid.ie/services/helpline.html

www.hse.ie/eng/about/who/primarycare/socialinclusion/domestic-violence/guidance-and-resources-dsgbv.html

One in Four - Support and programmes for adults who have experienced childhood sexual abuse, their families, and those who have engaged in sexually harmful behaviour.



Online resource

www.oneinfour.ie

SECTION 7

Wellbeing

Sexuality

Sexual identity and sexual orientation are part of what makes you who you are. Sexual orientation is your sexual preference for people of the same sex, the opposite sex, or both. LGBT+ intersex people can experience homophobic and transphobic bullying. This type of bullying can happen anywhere. For example, the classroom, the work-place, the sports field or at home. This can affect your mental health. If you experience bullying or harassment, talk to someone about it. Speak to a friend, family member, colleague, counsellor or your GP.



Online resource

www2.hse.ie/mental-health/life-situations-events/bullying-harassment/bullying-harassment/

LGBTI+ Helpline

A non-judgmental and confidential service. It provides listening, support and information for LGBTI+ people and their family and friends.



Phone

1800 929 539



Online resource

www.teni.ie

Belong To

Supports for LGBTQI+ young persons (23 and under) and their family.

Spunout.ie

Supports for intersex people, those born with a combination of male and female biological traits.

Transgender Equality Network Ireland (TENI)

Supports for transgender people, those whose gender identity is different to the sex they were assigned at birth.



Online resources

www.lgbt.ie
www.belongto.org
www.spunout.ie/lgbti/gender-identity/what-is-intersex

Relationship problems

Sometimes relationships can be a source of pressure for people. You can feel pressure to be someone you're not, or to do things you're unsure about. This can put a strain on your emotional well-being. Working on a new relationship can make it difficult for you to find enough time for your friends and family. When you start a relationship it is important to keep enjoying your existing friendships and family relationships. Relationship break-ups can also have a powerful impact on your emotional/mental health. It can bring a range of emotions. You may feel: anger, sadness, doubts about the future, loneliness and isolation. Reach out to your healthcare professional/GP and seek counselling supports.

SECTION 8

HSE Dublin and South East Social Inclusion Service

Who are we?

The HSE Dublin and South East Social Inclusion Service supply products to services who support marginalised groups and those experiencing period poverty.

To find out what free period products you can get, and how to order them, contact the local HSE Social Inclusion Service.



Email us:
che.socialinclusion@hse.ie

HSE Dublin and South East Social Inclusion Service Team

Community Healthcare East, Primary Care

Period Dignity Project Team:

Linda Latham
Director of Nursing, Project Lead

Eimear Costello
Administration Manager

Elaine Pardy
Shauna Quilty
Administrators

Other social inclusion services

Women's Health Service & Anti-Human Trafficking Team



Online resource
www.hse.ie/eng/services/list/5/sexhealth/whp/

GMHS

Sexual health services for Men who have sex with Men.



Online resource
www.hse.ie/eng/services/list/5/sexhealth/gmhs/

Social Inclusion Team:

Lee Collins
Social Inclusion Manager

Dr. Niamh Marrinan
Principal Specialist Clinical Psychologist

Ifechukwu Onyeka-Patrick
Administrator

*Shame no why
would I? Stigma no.
Embarrassment for who?
Embarrassment for me
having a period, no!!
Being female it comes
hand in hand.*

INTERNATIONAL PROTECTION APPLICANT

DIVERSE VOICES

Resources, References & Acknowledgments

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HSE Sexual Health Programme

TUSLA DSGBV for use of data and reference from their helpful and comprehensive website

**HSE Dublin and South East
Social Inclusion Service**

If you would like access to products or education session, please reach out to us.



Email us:
che.socialinclusion@hse.ie