



'A space to learn about relationships'

The social factors influencing early sexual relationships among young women who have been involved in the criminal justice system and the health impacts.



advance
SAVING LIVES
CHANGING LIVES

Contents

Introduction

- 03 About Advance
- 04 About the Research
- 06 Summary findings and recommendations

‘A space to learn about relationships’

- 07 Methodology
- 08 Data Collection

09 Research Findings

- 10 The social factors that influence early sexual relationships
- 14 The health impacts of early sexual relationships
- 16 A possible link between those social factors and health impacts.

17 Recommendations

- 18 End notes
- 19 Annex: Survey Questions

Credits and acknowledgements

© 2020 Advance

ISBN: 978-1-5272-6407-6

Design: Helen Beauvais - www.nettl-brightoneast.com

Introduction



This research was produced by Advance, funded by the Greater London Authority (GLA) as part of the Citizen-Led Engagement Programme. The research was led by Ashleigh Murray in partnership with Advance's Peer Mentors volunteering with the Minerva service.

About Advance

Advance, founded in 1998, is a London-based award-winning and innovative charity, led by and for women. **Advance's vision** is a world in which women and children lead safe, equal and violence-free lives so that they can flourish and actively contribute to society. Advance does this through their mission of saving and changing lives, by working with women who experience domestic abuse to be safe and take control of their lives, and women who have been involved in the criminal justice system or are at risk of offending to break the cycle.

Advance's approach is holistic and centred on the women, working with them to develop safety and support plans that respond to their needs and empower them, on the often long journey to recovery from the trauma of their experiences. Advance works with a whole-system approach, collaborating with statutory and non-statutory providers, to deliver a coordinated community and gendered response. Advance works to improve women's access to services, enable consistency and the continuity of support throughout her journey.

The Peer Mentor programme offers women support by Peer Mentors who have lived experience of the criminal justice system, a number of whom have previously been clients with Minerva. The Peer Mentors, trained and supported by Advance, volunteer their time to support women service-users and are a fundamental part of the Minerva service.

About the Research



What social factors influence early sexual relationships among young women who have been involved in the criminal justice system, and what are the health impacts of these relationships?

The aim underpinning this research question is to develop a further understanding of:

1. The social factors that influence early sexual relationships,
2. The health impacts of early sexual relationships,
3. A link between those social factors and health impacts.

The GLA recognise that there is growing evidence that harmful childhood experiences and trauma can have a substantial impact on a person's health throughout their life and these early relationships and experiences form the basis of a person's future health.

This research focuses specifically on young women who have been in contact with the criminal justice system. It attempts to build on the limited research that exists about young people's early sexual experiences and the impact this has on their health, both mental and physical, and future contact with the criminal justice system.

There is a significant amount of research which recognises that women in contact with the criminal justice system have often experienced some form of abuse in their relationships and also present high levels of mental ill-health. Research tells us that:

53% of women in prison in England report having experienced emotional, physical or sexual abuse.¹

57% of women in prison report having been victims of domestic violence as adults; it is widely accepted that the true figure is much higher.²

40% of young women in custody have suffered violence at home.³

30% of young women in custody have experienced sexual abuse at home.⁴

49% of women in prison are identified as suffering from anxiety and depression.⁵

46% of women in prison report having attempted suicide at some point in their lives.⁶

These statistics all support the understanding that there is a link between negative intimate relationships, mental ill-health and contact with the criminal justice system. The majority of the statistics above are in relation to women rather than girls or young women and there is a limited amount of data which specifically looks at this demographic.

There has been some examination of the factors influencing girls' and young women's (hereafter referred to as 'women') offending; in 2009 the Youth Justice Board found that poor or negative relationships were often a key driver.⁷ The London Blueprint also outlines some of the specific vulnerabilities faced by children and young people who are at risk of offending.⁸ The Blueprint recognises that young girls are more likely to have had experienced sexual violence and intimate partner violence and to have mental health concerns. These are all risk factors in increasing the likelihood of contact with the criminal justice system.

This research also aims to fit into the London Health Inequalities Strategy published in 2018 by Mayor Sadiq Khan and the Greater London Authority.⁹ The strategy acknowledges that the relationship between mental, physical and sexual health is important when considering the overall health of Londoners, especially those who are disadvantaged. It states in the strategy that; *"to reduce health inequalities for Londoners there needs to be a sustained focus on sexual health education and on promoting good sexual health."*¹⁰

Summary of findings & recommendations

The key findings included:



For young women there is a clear distinction between sex and relationships and the way in which they discuss and approach them.



The young women who participated felt that school education was not beneficial and that there is a distinct lack of space to learn and talk about the emotions and feelings that come with sex.



Pressure from friends and peer groups was the most influential factor in beginning sexual relationships for the women. The women often felt that they started their sexual relationships too early, **74%** said they should have waited longer.



Women in the focus group believed that consent and saying no is a subject which girls often lack knowledge and confidence in. **73%** of participants thought they should have known more about consent when they began having sexual relationships.



65% of women who participated in the research were survivors of childhood sexual abuse. The majority of them separated this from their first sexual experience and did not reference the abuse when discussing their first sexual relationship.



91% of the women believed that their previous relationships had an impact on their mental health, in the focus group this was attributed to controlling and unhealthy relationships.

Our main recommendations are summarised as follows:

- ❑ School sex education should focus more on relationships, including the difference between love and sex, the feelings and emotions that come with sex, and the importance of mutual consent.
- ❑ Schools should provide a mentor who young girls are able to talk to about sex, sexual experiences and importantly, relationships.
- ❑ Young girls need a wider network of informed individuals to discuss and learn about sex and relationships, including parents and older family members who would benefit from more tools and guidance from the government.
- ❑ Further research is needed on this subject and the many interlinking factors within it, including the impact of technology and digital influences on sex and relationships.
- ❑ Young women and girls interfacing with Youth Offending Teams and prisons require access to healthy relationship education that is tailored to their greater level of vulnerability and risk of exploitation.
- ❑ Young women's and girls' perspectives must be specifically considered in youth violence work to ensure a gendered approach when shaping policy and developing programmes for young people.

'A space to learn about relationships'

Methodology

The Peer Mentors (from here on referred to as Peer Researchers) met and discussed the research with Research Officers from the Greater London Authority (GLA). Through brainstorming exercises and group discussions, the Peer Researchers collectively co-designed what the research should look like and what it should focus on.

The Peer Researchers focused on the question of early sexual experiences and relationships and how they negatively impacted young women's health, particularly focusing on those who had been involved in the criminal justice system and the ways in which these experiences contributed to their contact with the criminal justice system. The GLA Research Officers formulated potential research questions, based on the information and feedback gathered during these initial meetings.

The Peer Researchers fed back that the initial research question suggested was *'too loaded and heavy'*, specifically considering the trauma that many of the research participants were likely to have experienced. Taking this into account and through further discussions between Peer Researchers and GLA Research Officers the research question was finalised as *'What social factors influence early sexual relationships among young women who have been involved in the criminal justice system, and what are the health impacts of these relationships?'*

The initial methodology proposed for this research was a two phase data collection. The first phase was based on surveys (see Annex 1 for the full survey) to be completed over the phone between Peer Researchers and participants and following on from this for phase two, women would be invited in for either a focus group or interview, both run and facilitated by Peer Researchers.

Using both forms of data collection, qualitative and quantitative data would be produced for analysis.

The initial cohort identified were women between the ages of 18 to 24, who had been involved in the criminal justice system and were currently engaging with Advance. There were initially over 100 women who were identified as meeting the criteria required to participate in the study.

Each client's keyworker was contacted to ensure that they were a suitable participant; where appropriate, clients would then be contacted by a Peer Researcher. The Peer Mentors at Advance are able to form strong professional relationships with clients, making them uniquely placed to contact potential participants and carry out the research in a safe environment. Relating to clients through reflecting on their own life experiences, Peer Researchers are able to successfully engage with clients.

As a result of challenges faced when undertaking the recruiting of participants, the research criteria were widened to women between the ages of 18-30; this is discussed further in the data collection section.

Data Collection

Peer Researchers were involved at all stages of research collection and made numerous calls to clients in attempts to increase engagement in the research. Engagement of participants was the main challenge found throughout the research project and after the first two months of the data collection phase, it was decided that the age range for participants would be widened to 30 and under. This would increase the sample group size and ultimately increase the number of participants in the study, whilst still capturing meaningful data.

The women that the Minerva project work with often have multiple, complex needs and it can be challenging to contact them. Keyworkers fed back that the young women who they work with are often the most difficult to engage.

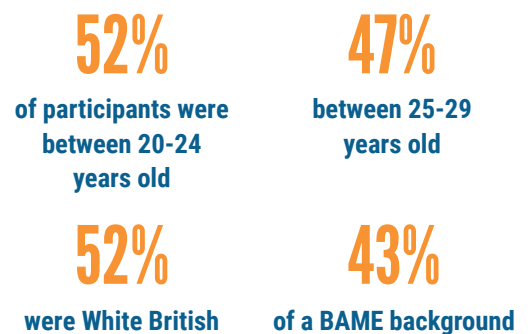
In total:

- **23 surveys** were completed by clients, either online, over the phone or during a face to face appointment with a Peer Researcher.
- **Five women** attended a focus group, and one woman completed a face-to-face interview.

Although the number of participants is lower than that predicted at the start of research project, the number of women who participated in the focus group allowed for more open discussions to take place, which resulted in a significant amount of data. The smaller size of the focus group allowed the women to each be involved and feel comfortable enough to speak about their own experiences in a safe space.

Participant Demographics

There was a range of demographics for those who participated in the research both across age and ethnicity.



We would recommend that further research would consider other factors such as level of education, family makeup and parental status. There is the potential to draw further conclusions looking at a large number of characteristic variables.

As this was a small scale study the demographics of women who participated was limited. 60% of survey respondents were heterosexual, 35% were bi-sexual and one participant was 'still working it out'. When discussing previous relationships, sexual partners and sexual experiences in the focus groups and interviews there was no reference to any same sex relationships.

As we do not have the data we cannot say for certain whether the outcomes of our research would have been different if there was a wider demographic included. It is therefore important to recognise that for the majority of this research we are talking about heterosexual relationships.

Throughout the report there are six women whose stories and quotes are referenced, Naomi, Sarah, Isla, Louise, Ayesha and Rebecca. These are not their real names; they have been changed to protect the anonymity of the women who generously gave their time to participate in our research.

Research Findings

There was a significant amount of data, qualitative and quantitative, produced during this research which is summarised into specific themes in the analysis below.

Some of the key statistical findings are:



12 years old

was the average age of first sexual experience amongst the women who participated.

16 years old

was the average age of their partner.



96% of the women had their first sexual experience (of any kind) before the age of 16.



73% of the women had consensual sex before the age of 16, however by law we know that this is not consensual sex, especially given the average age of their partners at the time was 23.

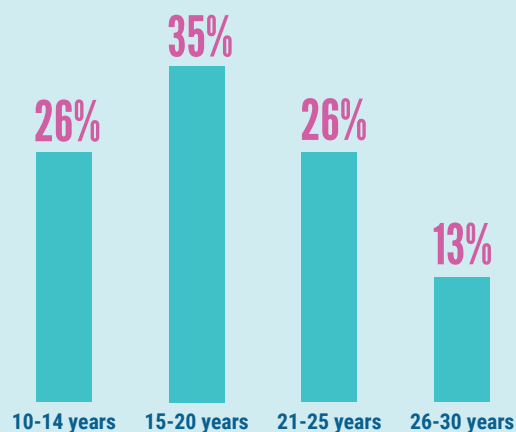


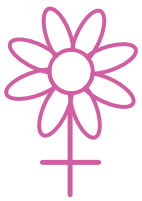
73% of the women began their first committed relationship before the age of 16.



61% of the young women who participated in the research entered the criminal justice system between the ages of **10-20 years old** (see table).

Table 1. At what age did you first become involved in the criminal justice system?





1 The social factors that influence early sexual relationships

Learning about sex and relationships

52%

of participants learnt about sex and relationships through school.

48%

learnt about sex and relationships through friends who were older than them.

39%

learnt about sex and relationships through friends their own age.

17%

learnt about sex and relationships from their parents.

“coz my school... I lost my virginity really early but the girls at my school didn't dare to talk about sex as the majority was like Arab or just too young.”

For the women who participated in the research there was a clear distinction between sex and relationships. It became clear during focus groups that when the young women were discussing where they learnt about sex and relationships, they were not talking about the two as one subject. They would speak about learning about sex and then separately learning about relationships.

Prior to carrying out the research an assumption was made that these two concepts would be linked, especially in early sexual relationships. Based on this assumption the majority of the survey questions asked about both sex and relationships as one, which is important to consider when looking at the quantitative data produced. However, the qualitative data allowed for the separation of these subjects and is analysed separately in the following sections.

As part of the survey women were asked *where they first learnt about sex and relationships*, 52% of participants selected school as their response. Other studies have found similar outcomes; a 2015 national survey identified that schools were the main source of information for young girls (and boys) when learning about sex; 41% of girls and 39% of boys stated that school was where they learnt about sex.¹¹

However, when women were given the opportunity to discuss this further it became apparent that **it was not necessarily through lessons and classes at school that this learning took place.** The young women discussed that although there were lessons on sex education when they were at school, it was not necessarily beneficial or taken seriously;

*“We found it funny, it was fun”
They didn't really give us much.”*

Women reflected, with amusement, about *“putting condoms on bananas”* and that at a young age it was hard to take it seriously and to think about the practicalities of what they were learning. Sarah remembered PHSE lessons as being seen as a *“doss lesson”*, a chance to chat and catch up with your friends; this was met with agreement and led to other women explaining that if they did have sex education lessons at school they were unable to recall any of it now. The women were critical of the education they got from school and instead all agreed with the statement that *“most of my information was from the streets basically.”*

48% of women responded that they learnt about sex and relationships through friends who were older than them at the time and 39% through friends their own age. This leads to an interesting and important question as to where the women's peers are learning about sex.

Further research is required to establish this and understand whether the knowledge women are getting is correct, informative and safe, especially as we are aware of the potential health impacts that sex and relationships can have in later life.

There were cultural differences in the focus group when it came to learning about sex and relationships. One woman, Isla, explained that she grew up in a predominantly Arabic area and attended an all-female school, again with the majority of students being Arabic. Isla explained that sex was a taboo subject, something which she was unable to discuss with friends or family due to fear about the way in which she would be seen. Isla reflected on her first relationship wondering that if she had had someone to talk to at school who could have advised her about relationships and sex, she may have been able to learn and understand a bit more about it.

Learning about emotions, feelings and love

over **50%**

of the women responded that they would have liked to have known more about: feelings, emotions and the difference between love and sex when they thought they were ready to begin their first sexual relationships.

“Something else to break down that sex and love isn’t the same, and I think a lot of young girls think that and can’t differentiate.”

“I think if I would have known a bit more about it and a bit more about the feelings and emotions that come with it then maybe you know, maybe I would have waited.”

The women agreed that if they were given an opportunity to learn, understand and recognise the feelings and emotions that accompanied having sex, they would have waited until they were older to begin their first sexual relationship.

The women felt that when they were younger there was a distinct lack of space to learn and talk about the emotions and feelings that come with sex. One woman thought that if lessons were focused less on the science of sex and more on relationships, feelings and emotions then she would have engaged more with lessons at school. Rebecca explained that when she was younger relationships were a big deal at her school, more so than having sex; however it was relationships that you did not learn about.

Government research found this same criticism of school sex education; a House of Commons briefing paper (2018) identified that young people often complained about the focus on physical aspects of reproduction and the lack of attention given to feelings, relationships and values.¹²

Further research around this is important, and we would recommend that if sex education delivered at school is not fully preparing young girls or not accessible to all girls, this needs to be addressed urgently. As discussed further below, early relationships and the emotions that come with them can impact women’s mental and physical health later in life, which for some of the women that we spoke to was a factor contributing to their involvement in their criminal justice system. Society should be working to support and educate these girls at a younger age and avoid negative outcomes before this happens.

74%

of the women felt they should have waited longer before having sex with anyone.

73%

of the women said they had consensual sex before the age of 16.

70%

of the women feel that there is a lot of pressure on women and girls to have sex.

52%

of women identified 'friends or peer group' as the most influential factor in encouraging them to have sex.

50%

thought they should have known more about contraception, birth control and safer sex.

65%

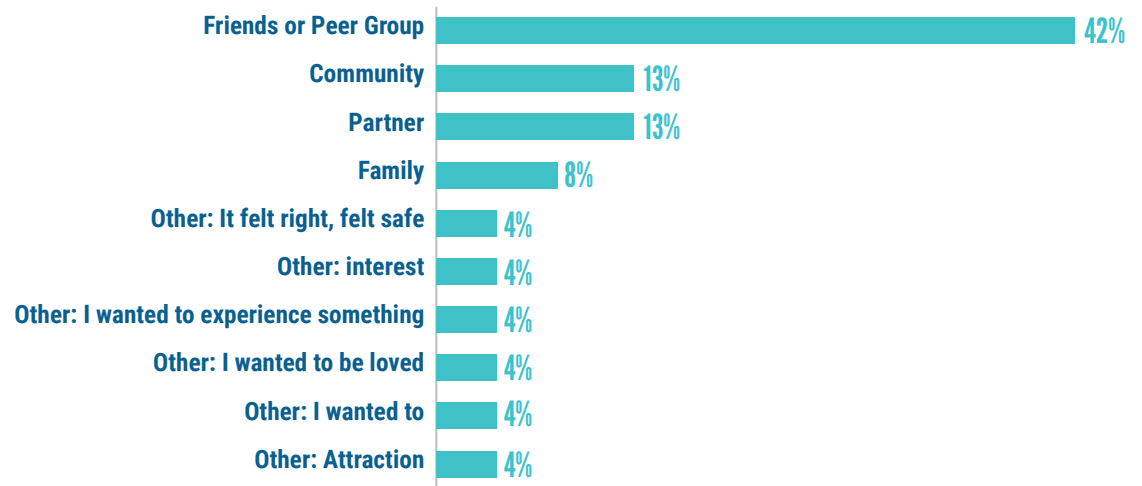
of those who completed the survey (15 of 23) had been abused (had non-consensual sex).

First sexual experiences and relationships

“It is more like peer pressure, because your friends were doing it was like ahh okay, you got to do it. No one forced me to do it but I just felt that everyone was having sex at that age so I was like I’ll just do it.”

When asked what first encouraged them to have sex, the overwhelming response was friends or peer group, as is shown in the graph below.

Table 2. What factors encouraged you to have sex at this age?



One woman, when discussing her first sexual experience, explained *“yeah I would, if I could go back and change it I would.”* The women who participated in the focus group all agreed that **peer pressure from friends or peers was the overarching influence in them beginning their first sexual relationship.** Women felt that young girls often wanted to have sex so that they were able to tell people that they had. It was not linked to the person they were going to experience it with but so that they could tell their peer group that they had. Just to *“get it over and done with, to say ‘yeah I’ve done it’”.*

“I think again the answer is still peer pressure”

Child sexual abuse

During our research we found that although many of the women’s first sexual experiences were as a result of abuse and non-consensual, they did not include this when discussing their first sexual experience. It is difficult for us to draw a conclusion as to why this is; perhaps they are able to block it from their minds, because

they had not yet dealt with the trauma they had experienced or they did not consider it a sexual experience, but something completely separate. Further research needs to be done around this important issue, to improve the support and guidance that is available to young women who are survivors of child sexual abuse.

87%

of these women were younger than 16 at the time.

Louise is a survivor of sexual abuse, which occurred at a very young age. Louise was one of a number of women who we spoke to whose first sexual experience had been abuse. However, she was the only participant who specifically referenced the abuse when discussing what influenced her first sexual relationship (not including the abuse).

Engaging in her first sexual relationship allowed Louise to feel safe and loved, something which she had not previously experienced. Louise's partner was older than her and she found the love from him that she did not get at home.

“He just gave me that blanket I needed and that I always wanted.”

Reflecting back on that experience now, Louise felt that she was too young and did not really know who she was as a person, that she was still processing the abuse she had experienced as a young girl. Louise felt she was still suffering with her past and that even though at the time she perceived it as consensual, she wished she had waited and would change it if she could.

“But it was the biggest mistake of my life because I wish I had stayed a virgin till I was like 17, but it is too late now.”

Consent and saying no

73%

of women agreed that they ought to have known more about consent and how to say no when they started having sexual experiences.

Many peer researchers felt it was **important for young girls to know how to say no, and were given the confidence and knowledge on how to**. The women used phrases including; *“consent is not no, no, no, yes”* and *“when we say no we mean no”*. The women thought that had they had some form of mentoring or advice at school where they were able to talk about and be supported in learning about consent and how to say no, they may have been able to respond differently in those situations. This is a recommendation that will be taken forward and schools should be encouraged to support young girls with this important subject of consent.

When discussing the factors which influenced early sexual relationships, a number of women reflected on times when they had not really wanted to have sex, but due to persistence and the fear of feeling insecure they had. Describing it as *“just wanting to get it over and done with”*, during the focus group the women discussed this

feeling and that, even if they said no initially, after continued either mental or physical pressure it would often escalate anyway.

“I think it can confuse a lot of young girls and mess them up, because if they do actually keep on giving in because in the long run they are not going to feel worthy of themselves.”

It was clear that **the women who were discussing consent and ‘giving in’ during the focus group were not recognising that in a number of these cases it would be classified as rape**. Further research is recommended around young women's understanding of rape and consent, and whether amongst young girls and boys, this is considered acceptable. A societal change needs to be implemented and, as the women in the focus group highlighted, more confidence needs to be given to young girls so that they know they are able to say no and that it their right to do so.

57%

of respondents either agreed or strongly agreed with the statement that they had been pressured into having sex with a romantic and/or sexual partner.



2 The health impacts of early sexual relationships

Mental Health implications

96%

of the women who participated have been emotionally hurt by a romantic and/or sexual partner.

91%

believe their past relationships have had an impact of their mental health.

“It affected my confidence, my body, the way I speak with my mum, awkwardness, then having to forgive myself for doing it again.”

Women were often in controlling and unhealthy relationships when they were younger, which often resulted in them being pressured by their partners into having sex and for some engaging in sexual acts that they did not feel comfortable with. For a number of the women who participated in the focus group, it is only now they are older and that they have experienced healthy relationships, that they can identify these relationships as unhealthy and having had a negative impact on their mental health.

Women identified that their early sexual relationships impacted their mental health in the following ways;

- Affecting their body confidence and perceived body image and shape.
- Giving them the feeling they had to forgive themselves for certain sexual interactions.
- Negatively impacting their relationships with their mother.
- Affecting their self-esteem and ability to think positively of themselves.
- Promoting low self-esteem which led to promiscuity.
- Leading them to believe that they are not worthy of relationships, care or love only sex.
- Not allowing people to love them back in future relationships.
- Leaving them feeling like ‘an object’.
- Creating a sense of a lack of emotion.

Louise was in a steady relationship when she had consensual sex for the first time and described the first couple of months in the relationship as perfect, but he then started to abuse her physically.

Louise found out early on in the relationship that she was pregnant, but her partner continued to be violent towards her and she lost the baby. The physical abuse that Louise experienced in this relationship continues to have an effect on Louise’s mental health and she disclosed that she is not really sure how she will even get over it.

“it definitely impacted me strongly and still now to this day it does – it hurts a lot”.

One woman, Rebecca, who participated in the focus group spoke about the way in which her early sexual experiences had impacted her mental health, specifically her confidence and self-esteem. Rebecca attributed her low-esteem and belief that no one could really love her to the fact that when she was younger she had a bad relationship.

After that, Rebecca did not think that anyone could find her attractive and that no one would really want to be with her aside from just for sex or if they were getting something from her in return. Rebecca explained that now she is in a positive relationship, she has learnt to love herself and she is beginning to feel good within herself and allowing people to love her.

Physical Health implications

74%

of women agreed with the statement that they had been physically hurt by a romantic and/or sexual partner.

There were two main ways in which women believed **their early sexual experiences and relationships impacted their physical health, either physical violence (domestic abuse/intimate partner abuse) or sexually transmitted diseases**. There was a general consensus amongst the women who participated in the focus group that they had all experienced physical abuse from previous partners, and they have often been threatened with verbal or physical abuse.

“I was going to get hit and I wasn’t allowed out and if I went out that I was going to get shouted at, had to dress differently things like that.”

When the focus group discussed sexually transmitted infections, the women disclosed that when they had contracted these, it would make them feel insecure and like they were being cheated on. This led to a discussion around the embarrassment linked to sexually transmitted infections and the stigma that is attributed to them. The women discussed having to attend sexual health clinics and the negative connotations that come with them.

The women thought that if people began speaking more openly about sexual health and sexual health clinics, it would become less of a taboo subject. The decrease in stigma around talking about sexual health may increase the likelihood of conversations within relationships and therefore reduce the number of individuals experiencing sexually transmitted infections.

Rebecca had noticed the difference in attitude with her sexual partners as she got older and found that discussions were held more openly and honestly when she was in a relationship with an older man.

“People don’t talk about these things and it is nice to have a forum to say these things out loud.”

For Naomi her early childhood experiences of sexual abuse have had a long term impact on her physical health in the form of self-harm, directly linked to mental health. Naomi’s first sexual experience was non-consensual, abusive and traumatic and has had a continued and significant impact on her life.

Naomi described self-harm as her coping mechanism, *“I’ve been doing it for a long time that’s how I cope. I don’t know how else to deal with it.”* Naomi did not receive support and protection as a young girl and this has had a long-term impact on her health.



3 A possible link between those social factors and health impacts.

This research allowed us to look at numerical data alongside detailed discussions with women about their early sexual experiences and the impact it may have had on their mental and physical health. Although it was a small scale study (23 women in total), it suggests that there is a link between social factors which impact early sexual relationships and future health. For the majority of women that we spoke to, the lack of knowledge around healthy relationships, their confidence to say no and the pressure to have sex at an early age often resulted in unhealthy relationships, which has an impact on their mental health.

A link to engagement in the criminal justice system

48%
of women agreed that their previous sexual relationships were a factor in their offending.

48%
disagreed and
4%
had no opinion.

However when asked the same question in the focus group, none of the women attributed their offending to their previous relationships. One participant believed that it was her mental health which had more of an impact on her offending rather than her relationships, not identifying the link back to her previous sexual relationships and mental health. The research did not allow for sufficient time to examine the links between sexual experiences, trauma and offending.

It is important to highlight that drawing on existing research; there is more often than not a link. A report by the Prison Reform Trust 'There's a reason we're in trouble', which included evidence provided by Advance, found strong links between women's experiences of domestic and sexual abuse and coercive control and their offending. The reports addresses in detail domestic abuse as a driver to women's offending.¹³

We would recommend that further research is done specifically on the link between early sexual experiences and relationships, mental health and involvement in the criminal justice system specifically for this cohort of women. There are a number of reasons that we could suggest as to why women do not recognise this link, including that women were not ready to discuss this in the time given for the research or that they were unable to identify the link between previous trauma experienced and their involvement in the criminal justice system. Through the work done at Advance and the learnings gathered through working with this cohort of women, we note that young girls often do not want to be seen as or identify themselves as victims. From this study, we are unable to identify why this is; however further research is recommended to look at this subject and to make future recommendations around the support and trauma informed services that could be provided to this cohort of women to enable them to recognise their experiences and move towards leading safe and fulfilled lives.

Recommendations

Following the research on early sexual experiences and health of the women, the recommendations are:

1. There should be more information available and provided to young women around the difference between love and sex, how to say no and what consent actually means and how to ensure it is heard and recognised by sexual partners. A greater emphasis should be placed on the difference between the two in school sex and relationship education.
2. A recommendation that was put forward in the focus group was that there should be some form of *mentor* or *keyworker* who young girls were able to talk to on an ad-hoc basis regarding not only sex and sexual experiences but also their relationships. Schools should look at how and where this can be implemented.
3. More tools and guidance on sex and relationships should be provided by the government to parents and older family members, to ensure that they have the skills and knowledge required to support and inform young girls. This will provide young girls an additional network from who they can discuss and learn about not just sex but also relationships.
4. Provisions should be made for young women and girls interfacing with Youth Offending Teams and prisons to access healthy relationship education that is tailored to their greater level of vulnerability and risk of exploitation.
5. Consider the impact of technology and digital influences on girls' (under 18) understanding of sex and relationships.
6. The perspectives of young women and girls must be specifically considered in youth violence work to ensure a gendered approach when shaping policy and developing programmes for young people.

“I think I would have been able to talk to my partner more, if I had someone there that I could talk to that could give me the confidence to have those conversations with my partner.”

End notes

1. Prison Reform Trust (2017) *"There's a reason we're in trouble" Domestic abuse as a driver to women's offending*
2. Prison Reform Trust (2017) *"There's a reason we're in trouble" Domestic abuse as a driver to women's offending*
3. Prison Reform Trust (2017) *"There's a reason we're in trouble" Domestic abuse as a driver to women's offending*
4. Prison Reform Trust (2017) *There's a reason we're in trouble" Domestic abuse as a driver to women's offending*
5. Prison Reform Trust (2019) *Why focus on reducing women's imprisonment?* England and Wales Fact Sheet
6. Prison Reform Trust (2019) *Why focus on reducing women's imprisonment?* England and Wales Fact Sheet
7. Youth Justice Board (2009) *Girls and offending – patterns, perceptions and interventions*
8. Mayors Office for Policing and Crime (2019) *London's Blueprint for a Whole System Approach to Women in Contact with the Criminal Justice System 2019 - 2022*
9. Mayor of London (2018) *The London Health Inequalities Strategy*
10. Mayor of London (2018) *The London Health Inequalities Strategy*
11. Tanton C, Jones KG, Macdowall W, et al (2015) *Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles*
12. House of Commons Library (2018) *Briefing paper Relationships and sex education in schools* (England)
13. Prison Reform Trust (2017) *There's a reason we're in trouble" Domestic abuse as a driver to women's offending.*

Annex 1 – Survey questions

Your participation in this research will provide valuable information to not only Advance Charity, but to the Greater London Authority at City Hall. By participating, you are making a direct impact on policies enacted in City Hall for the entirety of London. Please be thoughtful and accurate in your answers so that we may accurately portray your experience in our analysis.

Please Note: Whenever the terms “relationship” or “sex” is used, please use your own interpretation of what that action means to you in order to answer the questions.

Demographic Details & Introduction	
1. How old are you?	
2. In which borough of London do you currently live?	
3. What is your sexual orientation?	
	Bisexual
	Heterosexual
	Asexual
	Lesbian
	Declined to Disclose
	Other
If 'Other', please describe:	
4. What is your ethnicity?	
	White – English, Welsh, Scottish, Northern Irish, British
	White – Irish
	Gypsy or Irish Traveller
	Any Other White Background
	Mixed – White and Black Caribbean
	Mixed – White and Black African
	Mixed – White and Asian
	Any Other Mixed/Multiple Ethnic Background
	Indian
	Pakistani
	Bangladeshi
	Chinese
	Any Other Asian Background
	Black African
	Black British
	Black Caribbean
	Any Other Black/African/Caribbean Background
	Arab/Middle Eastern/Northern African
	Any Other Ethnic Background
	Declined to Disclose
5. At what age did you first become involved in the criminal justice system?	
6. How many consensual sexual partners have you had in your life?	
7. How many non-consensual sexual partners have you had in your life?	
8. How many significant others/ relationships have you had in your life?	

ANNEX 1 – SURVEY QUESTIONS

Education/Early Awareness	
9. When you were growing up, how did you learn about sex and relationships? (check all that apply)	
<input type="checkbox"/>	Doctor, nurse, or clinic
<input type="checkbox"/>	Internet – sexual advice websites
<input type="checkbox"/>	Lessons at school
<input type="checkbox"/>	Books/magazines/newspapers
<input type="checkbox"/>	Friends of about my own age
<input type="checkbox"/>	Friends who were older than me
<input type="checkbox"/>	Television/radio/DVDs/videos
<input type="checkbox"/>	Parents (including step or adoptive) or older family members
<input type="checkbox"/>	First girlfriend/boyfriend or sexual partner
<input type="checkbox"/>	Pornographic magazines, films, or websites
<input type="checkbox"/>	Brother(s)/sister(s) (including half, step, or adoptive)
<input type="checkbox"/>	Other
If 'Other', please describe:	
10. At what age did you first have any experience of a sexual kind excluding intercourse (for example, kissing, touching, or feeling one another)?	
10. How old was the other person?	
11. Looking back at when you first had sex is there anything on this list that you ought to have known more about? (check all that apply)	
<input type="checkbox"/>	How girls' bodies develop
<input type="checkbox"/>	Sexual transmitted infections (e.g. VD/Chlamydia/HIV)
<input type="checkbox"/>	Contraception, birth control, safer sex
<input type="checkbox"/>	How to make sex more satisfying
<input type="checkbox"/>	Sexual feelings, emotions, and relationships
<input type="checkbox"/>	How boys' bodies develop
<input type="checkbox"/>	Consent/how to say 'no'
<input type="checkbox"/>	The difference between sex and love
<input type="checkbox"/>	Other
If 'Other', please describe:	
6. How many consensual sexual partners have you had in your life?	
7. How many non-consensual sexual partners have you had in your life?	
8. How many significant others/ relationships have you had in your life?	

First Romantic Relationship & Sexual Experience	
12. How old were you when you began your first committed relationship?	
13. What factor(s) encouraged you to start this relationship? (check all that apply)	
<input type="checkbox"/>	Attraction
<input type="checkbox"/>	Family
<input type="checkbox"/>	Friends or Peer Group
<input type="checkbox"/>	Community
<input type="checkbox"/>	Religion
<input type="checkbox"/>	Money
<input type="checkbox"/>	Social Media
<input type="checkbox"/>	Other
If 'Other', please describe:	
14. How old were you when you had consensual sex for the first time?	
15. How old were you when you had non-consensual sex for the first time?	
16. Approximately how old was your first partner when you had sex?	
17. Which one of these descriptions best applies to you and this person at that time?	
<input type="checkbox"/>	We had recently met
<input type="checkbox"/>	We had known each other for a while, but were not in a steady relationship
<input type="checkbox"/>	We used to be in a steady relationship, but were not at that time
<input type="checkbox"/>	We were in a steady relationship
<input type="checkbox"/>	We were living together as a couple/married at the time
<input type="checkbox"/>	Other
<input type="checkbox"/>	Social Media
<input type="checkbox"/>	Other
If 'Other', please describe:	
18. What factors encouraged you to have sex at this age?	
<input type="checkbox"/>	Family
<input type="checkbox"/>	Friends or Peer Group
<input type="checkbox"/>	Community
<input type="checkbox"/>	Religion
<input type="checkbox"/>	Money
<input type="checkbox"/>	Social Media
<input type="checkbox"/>	Other
If 'Other', please describe:	
19. Looking back now at the first time you had sex, do you think...	
<input type="checkbox"/>	You should have waited longer before having sex with anyone
<input type="checkbox"/>	That you should not have waited so long
<input type="checkbox"/>	It was the right time
<input type="checkbox"/>	I did not have a choice
20. Looking back now at the first time you had sex, do you think...	
<input type="checkbox"/>	It was consensual
<input type="checkbox"/>	It was not consensual
<input type="checkbox"/>	I do not know if it was consensual

ANNEX 1 – SURVEY QUESTIONS

Sliding Scale Questions	
Please think about each of the following statements in terms of your own life and give the answer that you think best reflects your experience:	
20. My past relationships have impacted my mental health:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
21. I have felt safe in all of my romantic and sexual relationships:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
22. I have been threatened by a romantic and/or sexual partner:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
23. I have been physically hurt by a romantic and/or sexual partner:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
24. I have been emotionally hurt by a romantic and/or sexual partner:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
25. I have been pressured into a romantic and/or sexual relationship:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
26. I have been pressured into having sex with a romantic and/or sexual partner:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion

Sliding Scale Questions - contd	
27. My friends or peers have made me feel pressured to have sex:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
28. Women and girls are under a lot of pressure to have sex nowadays:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
29. My mental health was a factor in my offending:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
30. My sexual health was a factor in my offending:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion
31. My previous sexual relationship(s) was/were a factor in my offending:	
	Strongly Agree
	Agree
	Disagree
	Strongly Disagree
	No Opinion

Would you be willing to participate in a focus group discussion and/or personal interview in order for us to further understand your experiences?	
	Yes
	No
If yes, would you prefer a focus group discussion (group discussion with other women your age) or an interview (one-on-one conversation between you and the interviewer)?	
	Focus Group Only
	Interview Only
	Either is Fine

**Advance Advocacy and Non Violence
Community Education**

PO BOX 74643

London, W6 6JU

Telephone: 020 3953 3111

www.advancecharity.org.uk

