M

WHAT ARE YOUNG PEOPLE'S VIEWS AND EXPERIENCES OF RELATIONSHIPS AND SEXUAL HEALTH IN THE GREATER GLASGOW AND CLYDE AREA?

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EXECUTIVE SUMMARY

Exploring young people's views and experiences of relationships and sexual health in Greater Glasgow & Clyde.

In this report, Snook, Young Scot, LGBT Youth Scotland and The Matter Group present a series of findings and recommendations related to young people's views and experiences of relationships and sexual health in Greater Glasgow and Clyde.

The report highlights a range of challenges related to sexual health and relationships that are an everyday reality for young people. It is increasingly clear that those providing services to young people around sexual health and relationships need to be equipped with the tools to competently deal with a vast range of situations in an understanding and open way, with continuous training around new trends, technologies and issues that are constantly arising for young people.

The Matter has adopted a co-production approach, working with young people aged 13-17 to explore their views and experiences of relationships and sexual health in Greater Glasgow and Clyde to hear their opinions on what they feel they need to navigate their way into adulthood successfully and safely. The following recommendations occur throughout the report:

1. Hearts and Minds

Support young people to develop the skills to recognise and manage the psychological risks associated with romantic and sexual relationships, in particular focusing on self-esteem, negotiation, assertiveness and consent.

Provide better information on the positive aspects of sexual relationships and intimacy, and facilitate open and honest discussion about this, to reduce the over emphasis on penetrative sex and normalise sexual development and experimentation amongst young people.

Provide more opportunities to discuss and support young people to understand what it means for them personally to be 'ready for sex'. Including also what it might mean for their partner.

Sexual development and experimentation with drugs and alcohol do not happen in isolation and alcohol use in particular is strongly linked to sexual behaviour. There is a need to strengthen the links between information and educational interventions that address these topics to support young people to consider the connections and risks, and equip them to make more informed and responsible decisions.

Professionals working with young people on SHRE should provide more opportunities to discuss consent, exploitation and coercion within relationships and support young people to develop skills to recognise these risks and seek support for themselves and their friends.

Ensure that young people develop the skills to enable open and honest communication within relationships and provide opportunities to develop communication skills, confidence and assertiveness.

The project sounded really exciting and it is about a serious & realistic topic.

Marco McDermott

Many of the above recommendations are in line with the comprehensive SHRE programmes now in place across NHS GGC's 6 local authority areas. It is therefore important that each of these programmes are reviewed to ensure they meet these recommendations, and that the programmes are being delivered effectively and consistently.

Additionally it is recommended that ways to increase reach of information and support for those young people who do not attend school and are too old to receive the current schools SHRE programmes are identified. There is the potential for youth groups and agencies to include SHRE as an outcome for funders that would be included within their session plans.

2. Digital Lives

We must ensure young people are better equipped to assess risks and consequences of online behaviour and how to seek support when they need to. However we shouldn't treat the Internet as a completely separate entity as young people do not view their digital lives as such.

Specifically young people need, and would like, to understand the legal implications of their social media and mobile communications, and be equipped to effectively consider the wider consequences of their online activity. They would also appreciate the opportunity to develop the practical, interpersonal and emotional skills required to deal with the issues outlined in the above section, both to prevent and to cope with any negative consequences. This should include opportunities out with the school environment.

There needs to be meaningful, on-going education of all adults who have a role in educating and supporting young people (including teachers, youth workers, parents and carers) to ensure they have a good knowledge of how young people use the internet and social media within their relationships and be abreast of trends and changes. This should acknowledge the positive aspects as

[I hope the outcome of this project will be] that we can help young people get more involved with the NHS.

Shanice Adams

well as equipping them to give appropriate advice and support that is valued by young people. A youth group we spoke to in East Renfrewshire suggested that the campus officers, who are attached to every high school in that local authority, could be the people to lead on this, whilst others suggested youth workers.

Opportunities to harness the knowledge held by young people about trends in internet and social media usage and emerging risks should be investigated. The young people we spoke to suggested convening an advisory group of young people who can help SHRE educators keep up to date with young people's digital lives.

Young people suggested the development of a 'keep safe app' for young people (not children), which could highlight when messages and images might be considered unlawful, and give them the chance to reconsider sending these.

3. Lessons for Life

As acknowledged in the context and current research overview chapter, more comprehensive SHRE curriculums have been developed and introduced across the 6 local authority areas in NHSGGC at different times over the last 7 years. This means that many of the young people consulted with will not have had the opportunity to benefit from these more comprehensive programmes. However the consultation raises the following concerns about recent and current SHRE delivery in NHS Greater Glasgow and Clyde:

- Are the new SHRE programmes being delivered in their entirety and as intended?
- Do schools (and youth agencies) prioritise and allow appropriate time and resources for SHRE, including time for teaching staff to train and prepare?
- Do SHRE sessions engage young people and provide the best information at the right stage?
- Are the right staff identified to deliver SHRE, do they have the right skills, attitude and enthusiasm?
- Are the programmes responsive enough to changes and emerging trends and issues for young people?

It is recommended that these concerns are investigated further.

SHRE lessons should be delivered in a non judgmental way, and clearly explain the different ways that people engage with each other sexually, lessening the focus on penetration.

We must think about how we can communicate with, and engage, the young people who have missed out on, or had inadequate SHRE to date, by investigating opportunities outside of the school curriculum, as these young people may be sexually active and receiving no formal or continuous support.

If we want parents to be more involved in talking to young people about sex we have to equip and support them to do this effectively.

I want to make a lasting change.

Sean Muirhead

It is clear that staff with a responsibility for SHRE do not always appear confident or informed in young people's eyes. Therefore, training for staff should be prioritised and more thought given to the teachers who are asked to deliver SHRE.

Young people told us they benefitted from facilitated discussions with their peers about relationships and sexual health. They felt this reduced embarrassment and increased the feeling that they were speaking to others who had a greater awareness of their own experiences, concerns and questions. More opportunities to provide this should be explored.

4. Lifelines

Ensure young people are aware of the various types and locations of sexual health and relationship support services, and that opening times can accommodate young people who are in school.

NHS GGC might identify, accredit and share sexual health and relationships sites where young people can ask personal questions of professionals and get empathic and accurate information.

Identify and provide training opportunities for healthcare professionals to improve their support of LGBT young people.

Make it clear the LGBT young people are welcome to attend all sexual health services and clinics and not just those specifically aimed at LGBT people. This can be done through use of appropriate posters and charter marks. They should also be reassured about confidentiality at all times.

5. A little too straight and narrow

The SHRE programmes and their delivery should be reviewed to ensure that a full range of sexual orientations and gender identities are covered. This will ensure that LGBT young people feel informed and prepared for sexual relationships and may lessen their feelings of isolation and perceived discrimination.

Provide equalities and LGBT awareness training and education for all educational, local authority and healthcare professionals regarding issues faced by LGBT young people and how to challenge discrimination or bullying linked to sexual or gender identities. This will ensure staff feel confident in supporting LGBT young people, while also increasing LGBT young people's confidence in feeling assured when accessing services.

It was also clear that specific consideration should be made of the needs of bisexual and transgender young people within all sexual health and relationships resources and/ or the development of new resources that are targeted towards their needs. In addition, resources developed for transgender people should not only focus on medical aspects of transition, but also focus on the broader range of gender identities under the transumbrella, such as non-binary (see transumbrella in appendix).

I hear you could meet new people and make a newspaper.

Rebecca Campbell

The Matter outputs

1. A written report that documents the process of engagement with young people, including methods, findings, conclusions and recommendations.

2. An online consultation that reached 356 young people aged between 13 and 17, living within the six authorities that make up Greater Glasgow and Clyde.

3. A published newspaper that was written, designed and printed by a group of 9 young people, involved as part of a co-design process, The Matter.

4. A series of recommendations for how NHSGGC and other stakeholders should engage young people in the area of sexual health and relationships.

INTRODUCTION

Snook

Snook are Scotland's leading service design agency, using design methods to design, influence and inform human centred public services. The Matter was created in an attempt to throw youth consultation on it's head and give public sector organisations the opportunity to ask the young minds of Scotland questions that matter to them.

We are excited to collaborate with NHSGCC in embracing this approach, putting young people at the centre of sexual health and relationship research in a very meaningful way.

We have been inspired by the imagination, grit and ideas shared by each and every young person we've met along the way and believe this piece of work has the potential to positively influence the future of how sexual health and relationships are perceived by young people in Greater Glasgow and Clyde.

Young Scot

As the national youth information and citizenship charity, Young Scot passionately believes that young people should be able to access the very best information and opportunities available to them, in order to make informed decisions and choices in their lives.

We work alongside young people in partnership, helping them to make sense of their world and to play their part in shaping a society for the benefit of all. Young Scot was thrilled to work with Snook and LGBT Youth Scotland to give young people in Greater Glasgow and Clyde the opportunity to work together to explore experiences and perceptions of sexual health and relationships, and for them to present their insights, ideas and solutions directly to NHS Greater Glasgow and Clyde to instigate real change for young people, not just in their local area, but potentially across Scotland.

LGBT Youth Scotland

LGBT Youth Scotland is delighted to present the findings in this report and be involved in this dynamic and youth-led project! We believe that it's important that young people's voices are heard in decisions that affect their lives and that their insights can have a meaningful impact on sexual health services and education within the Greater Glasgow and Clyde area.

By including LGBT young people within both the Matter group and youth consultations we hope to break down barriers and increase the knowledge of lesbian, gay, bisexual and transgender young people's needs in relation to sexual health and relationships. We would like to thank all the young people involved for their hard work and hope this research will go on to improve sexual health and wellbeing outcomes for young people across the board. LGBT Youth Scotland is the largest youth and community-based organisation for lesbian, gay, bisexual and transgender (LGBT) people in Scotland.

SNAPSHOT OF PREVIOUS RESEARCH & NHS GCC CONTEXT

There is an abundance of published literature related to young people's experiences of, and opinions about, sexual health and relationships. A large proportion of this focuses on sexual health and relationship education in schools. From direct consultations with young people, to detailed reports looking at gender, stereotypes and attitudes to sexual health, the research builds a picture of what young people need and how service providers should respond appropriately.

This chapter does not constitute a comprehensive literature review on the subject but a review of studies that were highlighted to us as most relevant to this project.

We have grouped the findings from these studies loosely into the categories used to frame the findings of our research with Young People: Digital Lives; Hearts and Minds; Lessons for Life; Lifelines; Too Straight and Narrow. There is, however, considerable overlap with a wide range of topics covered in many studies so there is some cross-referencing of reports in different sections. In addition, we recognise the importance and influence of previous studies conducted specifically in the NHS GGC area and have referenced these first in this review.

Scottish studies with a specific focus on Greater Glasgow and Clyde have indicated that young people in the area often have poorer sexual health outcomes (Craik 2008; CAHRU 2011) and those in the most deprived areas were more likely to engage in sexual encounters when under the influence of drugs and alcohol resulting in increased sexual health risk taking. The associated lack of condom and contraception use leads to the poorest outcomes in terms of STIs and teenage pregnancies (ISD Scotland 2013). Earlier studies in Glasgow (FMR Research Ltd and Progressive Partnership Ltd 2007) suggested that sexual health and relationship programmes for young people should specifically address gendered expectations about sexual activity and focus on improving communication and understanding of consent. The authors highlighted the impact of alcohol on decisions about sexual activity and emphasised the importance of raising awareness of this in teaching sessions.

Overall there was a recognition low self-esteem and perceptions of control are associated with negative sexual experiences, outcomes and behaviours; and that good Sexual Health and Relationships Education (SHRE) can improve perceived control and self esteem of young people, hopefully reducing negative outcomes.

Craik (2008) found that many young people hadn't discussed notions of consent or practiced saying 'no' to sexual activity, neither had they touched nor handled a condom in SHRE. They also expressed concern about lack of information about STIs. In addition, SHRE in denominational schools was found to be significantly poorer in equipping young people for healthy sexual relationships (YPSHSG 2006).

Less than half of young people said they always used a condom.

Julie Craik (2008)

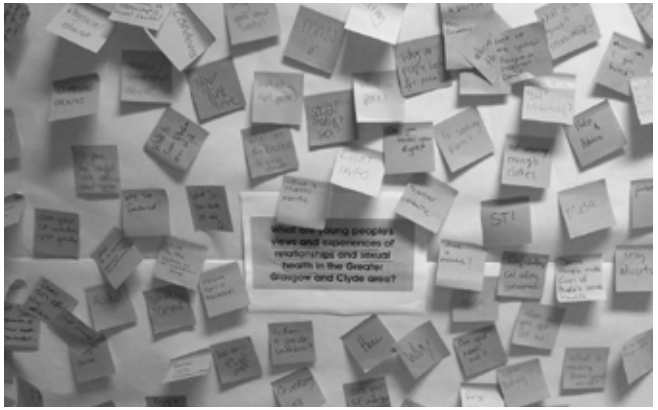
However, in spite of the limitations of the SHRE curriculum, these earlier studies found that most YP got most of their information about sexual health and relationships from school and friends, then parents.

More recent findings from the 2011 Health Behaviour in School-aged Children (CAHRU 2011) Survey in Scotland, show a shift in how young people source information on sexual health matters, with friends now ranked first and school PSE lessons ranked second for both boys and girls (although boys were then shown to be more likely to access information from the internet).

Since 2001 a series of national policies have placed requirements on local authorities and key partners to ensure the provision of quality Sexual Health and Relationships Education (SHRE) delivered within a moral, ethical and multicultural framework in schools. These include SEED Circular 2/2001, (Standards in Scotland's Schools Act 2000; Conduct of sex education in Scottish schools), Respect and Responsibility (2005) and Curriculum for Excellence: Experiences and Outcomes (2009) and The Sexual Health and Blood Borne Virus Framework (2011-15).

These key documents acknowledged that the need for SHRE and supporting local Policy was great and there was an understandable demand for a response from schools and education authorities. National guidance recommends that programmes are delivered with a clear message of delaying sexual activity until a person is sufficiently mature to participate in a mutually respectful relationship.

These policies acted as a driver for review of existing SHRE delivery within NHS GGC local authorities and resulted in the development of more comprehensive SHRE programmes which covered Primary 1 to Secondary year 6. These comprehensive programmes have been introduced in stages over the last ten years across all 6 local authorities, with each having their own tailored programme. More recent legislative changes including the Children & Young People's



Pornography and sexualised media were part of most participant's everyday lives.

Tomson, Zero Tolerance (2014)

(Scotland) Act 2014, and the Marriage and Civil Partnership (Scotland) Act 2014 will continue to influence adaptations to existing programmes and policies.

1. Hearts and minds

(self-esteem; being ready; wellbeing; negotiation and communication; boundaries, consent and respect)

Toleman et al. (2011) emphasise the importance of helping young people learn about the positive dimensions of sexuality through consideration of their bodies and sexual activity in the context of partners, intimacy and relationships, suggesting this is vital to the development of positive sexuality into adulthood. This also helps young people develop an understanding of the importance of communication, consent and risk management.

The Family Lives study (2012) observed that young people 'face oppressive pressure to be judged on sexualised body ideals, to know sexual slang and to appear sexually confident.' Barter et al (2009) reported on levels of partner violence in teenage relationships and found that young women were particularly vulnerable with three quarters experiencing emotional, a quarter physical and a third sexual violence. Young men also reported high rates of emotional violence, and young people in same sex relationships were also at increased risk. Overall there were low levels of help seeking amongst young people affected. .
In local studies from within NHS GGC it has been found that a third of young people who had experienced penetrative sex reported they were drunk or stoned at first sex and over a third of the young women expressed regret about their first experience (GYPSHSG, 2007; NHS GGC 2010). Alcohol and drug use can hamper judgement, reduce a person's ability to practice safe sex and can also increase the risk of coercion and abuse.

2. Digital Lives

As indicated in previous reports for NHS GGC (Snook, Young Scot and MHF 2013), we have now entered the age of the 'digital native' where technology is a fundamental component of everyday life for young people who have grown up depending on digital and mobile technologies.

2.1 Information online

Various studies have explored young people's attitudes to accessing information about sexual health and relationships online. Jones and Biddlecom (2011) suggest that young people are reasonably capable of evaluating the accuracy of online information, often checking with friends for reassurance. Research by Magee, Bigelow, DeHaan, et al (2012) and Downing (2013) suggests that queer and same-sex attracted young people are more likely to rely on online information sources in learning about sexualities and sexual health. Byron, Albury and Nevers (2013) cautioned that although young people were interested in online sexual health information, they were particularly wary of accessing and receiving such information through social media forums due to concerns about privacy and bullying.

Young people exchanging images or texts with content which involved harmful gender stereotyping.

Youthlink Scotland 2013

When investigating using social networking as an engagement tool for sexual health, Pedrana et al. (2013) found that using Webisodes (an online video that presents an original short film or promotes a product, film, or television series) which provided both entertainment and education on sexual health was an effective way to deliver sexual health messages to young people in an informative, engaging accessible manner leading to online peer discussions on sexual health and the promotion of community and service engagement.

2.2 Online pornography

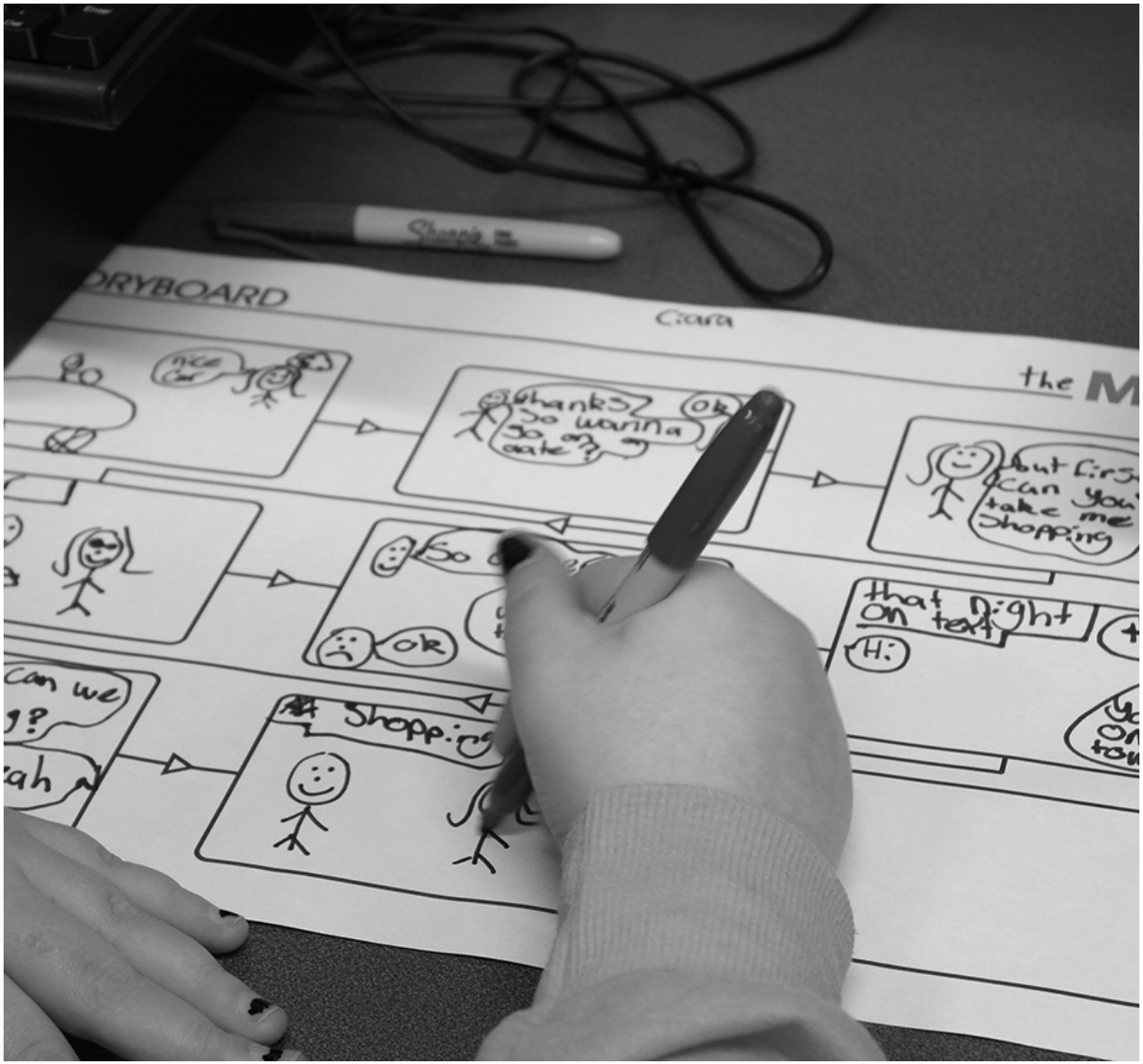
YouGov's 'Sex Education' survey (2008) of 1400 14-17 year olds found that 58% of all 14-17 year olds have viewed pornography online, on mobiles, in magazines, movies or on TV with 27% of boys were accessing pornography every week, and 5% viewing it every day. One of the major concerns around the prevalence of online porn is the unrealistic depiction of sexual relationships and the lack of reference to such aspects as romance or intimacy (Family Lives 2012). The authors of this study suggest that "pornography serves as a very inadequate and sometimes dangerous manual or educator for sex and relationships." A study in Netherlands by Jochen and Valdenberg (2011) illustrated most online pornography caters exclusively to 'hyper-masculine' notions of sex, and that there was a direct link between young people's access and reliance on online porn, their perception of sex as a means of personal physical gratification, and a lack of empathy. The Family Lives study (2012) also indicated that pornography normalises and increases pressure to engage in extreme sexual practices, often modeling sexual coercion or forced sexual activity.

Participants in Tomson's recent study (2014) agreed that most pornography reinforced gender stereotypes and focused on women as 'objects of desire' and men as the initiators of 'sexual action'. This Zero Tolerance study suggested that this must be addressed to 'reduce their risk of experiencing or perpetrating violence'. However it is also recognised that sexual violence can be a feature of LGBT relationships.

2.3 Sexting – self generated indecent or explicit content

Over the past few years in particular there has been increased focus on the prevalence and impact of 'sexting' or self generated content by young people. Sexting is presented as symptomatic and illustrative of the increasing sexual pressures on young people and it is recognised that pressure to engage in this practice most often comes from peers (NSPCC 2012). The study by NSPCC (2012) found that although 'sexting' is related to sexual pleasure, it is also 'often coercive, linked to harassment, bullying and even violence.' In addition the study found that there is an evident imbalance in sexting with a focus on male pleasure and the servicing of male needs.

Hasinhoff (2012) argues that while explicit media is a huge issue for young people today, much 'sexting' coverage is predominantly concerned with teenage girls and the negative affect it can have on how, and who they communicate with. Phippen (2012) suggests that we have to look beyond the technical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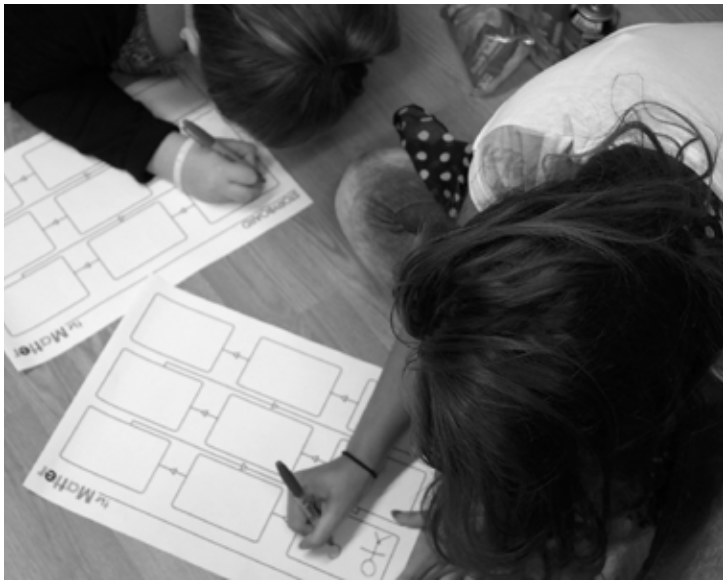
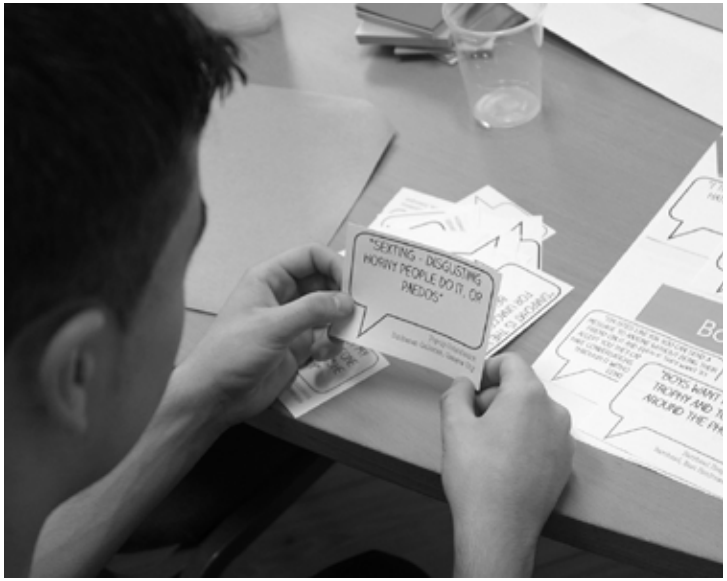



"SEXTING - DISGUSTING HORNY PEOPLE DO IT, OR PAEDOS"

The internet reflects more potential than reality as a substansive source of sexual health information.

Jones and Biddlecom (2011)

content of 'sexting' and consider underlying issues of 'identity and sociality, gender and sexuality, risk and harm, resilience and vulnerability'.

CEOP (the Child Exploitation and Online Protection organisation) report that a fifth of images of young people online that would be deemed as risk-worthy were self-generated and shared via email and social media by young people themselves. In the research undertaken by Zero Tolerance and YWCA on the 2012 pilot training programme for youth workers, it was discovered that over half had experienced young people exchanging images or texts with content which involved harmful gender stereotyping or could be seen as sexually demeaning or abusive.

3. Lessons for Life

(Information: content, quality and delivery of school curriculum; other sources of information)

As mentioned in the opening section, there have been specific developments aimed at improving the provision of Sexual Health and Relationships Education in schools in the NHS GGC area over the last 7 years. Due to the staged roll out of the newer SHRE curriculums many of the young people who participated in this consultation will not have benefitted from the programme in it's entirety. In addition Tomson (2014) confirms a need for ongoing review and development of the curriculum, when they reported that although 25% of those who participated in the survey said their main source of information on sexual health and relationships was from school, the majority felt that SHRE in schools was inadequate.

The 2006 YPSHG report recommended that SHRE information is "delivered in a non-judgemental, factual way" and highlighted the need for "consistency in content, timing and delivery across all schools." (Young People's Sexual Health Steering Group, 2006). Although these recommendations were made almost 10 years ago, they continue to be relevant today. Previous research also showed that lesbian, gay, bisexual and transgender young people highlighted the need for sexual health and relationships education that was inclusive of their sexual orientation and gender identity (Dennell and Logan, 2012).

Research by Hunt and Jensen (2007) found that 65% of young LGBT people experience homophobic bullying or abuse in schools, rising to 75% of those in faith schools, while a later report by Marcia et al (2013) highlighted that LGBT young people continue to report experience of stigma and discrimination in schools.

Findings from the 2011 Health Behaviour in School-aged Children Survey in Scotland (CAHRU 2011) and from Jones and Biddlecom (2011), show a shift in how young people source information on sexual health matters, with friends now ranked first, and school SHRE lessons ranked second for both boys and girls. Boys in particular also now increasingly see the internet as an important source of information.

However participants in the study by Byron et al (2013) expressed reluctance about using a search

69% of all LGBT respondents stating that they had experienced homophobic or biphobic bullying at school.

LGBT Youth Scotland (2012)

engine to find sexual health information on a shared computer, worrying that a parent might discover this.

4. Lifelines

(access to sources of support/support services)

Sexual health care is available in both specialist and community services in NHSGGC. Specialist sexual health services are delivered by Sandyford in NHS GGC across a central service in Glasgow and a network of local hubs and satellite clinics, which provide both clinical and wider health and wellbeing services. Sandyford also provides specialist young people's and gay and bisexual men's clinics.

The 2008 Scottish sexual health outcomes report specified that sexual health clinical services should be available within walking distance of schools to maximise accessibility for young people, this further supported the expansion of the Sandyford Hub network across NHS GGC area (Scottish Government 2008). Specialist services are support by community services, with general practitioners providing STI testing and contraceptives and community pharmacies providing emergency contraception. The re-launched NHS Free Condoms service targets young people in particular providing condoms across over 200 sites in NHS GGC, including community pharmacies and young people's services.

Very few studies have focused on young people's access to sexual health support services, however Craik (2008) did indicate that Young People were aware of where they could get condoms and emergency contraception.

5. A little too Straight and Narrow

(Heterosexual assumption in SHRE, isolation, challenges when developing and accepting own sexual orientation and identity, lack of variety in SHRE further fuelling homophobic, biphobic and transphobic bullying)

In 2012, LGBT Youth Scotland produced the 'Life in Scotland for LGBT young people – Education Report'. Schools appeared to be the place where LGBT young people felt the least protected with 69% of all LGBT respondents stating that they had experienced homophobic or biphobic bullying at school and 77% of transgender respondents experiencing bullying. Although anti-homophobia education had been introduced in schools only 31% of those asked were aware of it. The report called for better representation of LGBT identities within schools, and as part of SHRE, to help combat the feeling of exclusion, and incidences of homophobia, biphobia and transphobia and related bullying. The survey identified that 40% of LGBT young people considered themselves to have mental health issues and the transgender young people consulted were most likely to consider themselves to have mental health issues at 66.7%.

LGBT Youth Scotland's Life in Scotland Health Report (2013) found that 9 in 10 young people said they knew where to go to access sexual health information and 3 in 4 also stated they knew where to go to get support for emotional

30% of lesbian and gay pupils report that adults are responsible for homophobic incidents in their schools.

Hunt and Jensen, Stonewall (2007)

health or stress-related issues. This positively illustrates LGBT young people's knowledge in accessing support if in crisis. However research has shown that men who have sex with men are the group most at risk of acquiring HIV in the UK (Rowlinson and Wilson 2012) and that young men gay and bisexual men are more likely to engage in risk taking behaviour. This has resulted in a focus on prevention initiatives for this group, however others have suggested that lesbian, gay, bisexual women often do not get the right or accurate information about safe sex practices. (Hunt and Fish, 2008)

PROCESS

From the outset we took a "multi-modal" approach to this consultation in order to hear the voices of a full range of young people from across the Greater Glasgow and Clyde area. This research allowed us to delve deeper into specific issues and identify new trends that young people and service providers need to be aware of.

The primary mode of consultation was the research and engagement that lead to the publication of Edition 003 of The Matter. The Matter brings together a group of young people, in order to research, design, write and publish a newspaper, which answers a question set by a real client. A group of nine young people, as detailed below, worked on this edition.

The Matter group led the process and had full autonomy throughout the process to decide upon aspects, such as what we focused our research on. The commissioners within NHSGGC wished to "primarily understand the thoughts, feelings, concerns and needs of young people themselves, in their own words." We tried to recruit young people through a call out on the Young Scot website and by meeting young people at youth groups, and face to face; the latter was undoubtedly the most successful approach. Four members of the group applied during a workshop at the DRC (Dumbarton Road Corridor) Youth Project. The other five applied at a number of different LGBT youth groups.

The reasons cited for getting involved include:

"I want to make a lasting change."
Sean Muirhead

"I heard you could meet new people and make a newspaper."
Rebecca Campbell

"I hope to develop better teamwork and people skills."
Shanice Adams

"[I hope the outcome of this project to be] that we can help young people get more involved with the NHS."
Shanice Adams

"Its important because I want to learn skills to ensure a good future."
Marco McDermott

"I hope to be able to use these skills outwith the project."
Marco McDermott

The Matter's framework has been tested and refined by the first two editions, commissioned by Edinburgh Council and Stirling Council, though we adopted and modified the process for our own consultation.

In previous editions, "The Matter Sessions", hosted by Snook, were able to run for entire days. During these, young people learnt the techniques they would need to conduct the

Gender	Age	Area	Ethnicity
Female	14	Glasgow City	White Scottish
Female	14	Glasgow City	White Scottish
Female	15	Glasgow City	African Scottish
Female	15	Glasgow City	Pakistani Scottish
Male	15	Glasgow City	White Scottish
Male	17	Renfrewshire	White Scottish
Female	17	Glasgow City	White Scottish
Male	18	Renfrewshire	White Scottish
Female	18	East Renfrewshire	White Scottish

The Matter team demographics
(3 of the team identified as heterosexual, 3 as gay, 1 as lesbian and 2 as bisexual)

I hope to develop better teamwork and people skills.

Shanice Adams

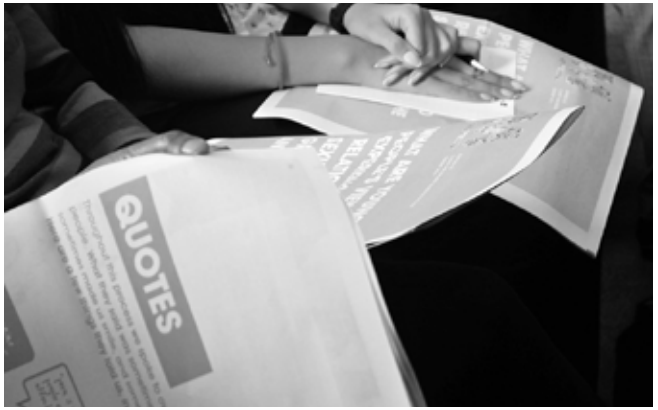
research, analysed their findings and worked on the newspaper. However, the young people engaged in Edition 003 were predominately in education (school and college) and, as such, could only attend sessions in the evenings. Arming them with the basics, we then encouraged and supported them to 'learn by doing' at workshops.

1. Understanding the problem

Our first step in the research phase was to bring The Matter group together and give background and an overview of the topic and potential themes the project would explore. The Matter group also met with Rachel McAdams, our client and Principal Health Improvement Officer; Sexual Health for NHS Greater Glasgow and Clyde. Rachel explained why the project had been commissioned, what she hoped would come from it and explored the question in more detail.

The Matter group then broke the question down into smaller topics and questions. They quickly realised this was an opportunity to look at more than just condoms and STIs. They spoke of perceived gender roles, conducting romantic relationships in a digital age, a wide range of LGBT issues, and more. In response to the challenge of conveying such a complex topic in a short time we created 'Love Heart Cards'. These were modelled on the ever popular Loveheart sweets, which display messages such as 'true lips', 'first love' and 'tease me'. We updated them with our own topics, for example; 'staying safe', 'real man', 'morning after pill', 'selfies' and 'porn'.

We made visits to groups in Glasgow City, Renfrewshire, East Renfrewshire and Inverclyde. Despite repeated attempts, we struggled to make contact with groups in East and West Dunbartonshire who could accommodate us. Through this series of workshops we spoke to 15 individual groups, meeting around 120 young people face to face. Members of The Matter group attended these, helping to lead activities and document the sessions. They were able to ask



If you're in an unhealthy relationship it affects your confidence dramatically.

thought-provoking questions of the young people in the group which resulted in the insights that form the foundation of this report.

The Love Hearts were a really effective way to open up conversation about subjects that might be considered sensitive or awkward. We used a tool called storyboarding to support young people in documenting their experiences. Most of these were regarding young people's experiences of sex education within school.

The Matter group visited the Snook studio in pairs or threes to conduct interviews with each other. We began by looking at some good interviewing techniques, and the young people had an open and honest chat with each other – prompting one another with questions and practising new found interviewing skills. These interviews were a great way for us to gather insightful views in a meaningful way. Following these interviews, The Matter group had the confidence to go into their communities and conduct their own research. Some talked to friends or family, others ran their own workshops at youth groups they regularly attended, using the Love Heart Cards and other techniques we had discussed and developed.

A member of the team conducted a pop-up consultation within Buchanan Galleries, speaking to a number of young people over the course of the day. Snook regularly use this informal method of engagement, where our designers are stationed in a certain location for a period of time, allowing them to have open-ended conversations with a wide range of people on a specific topic. In this instance, we spent time in Buchanan Galleries equipped with various service design tools such as storyboards and journey maps.

Although the main focus of this consultation was on capturing the views and experiences of young people, we also felt it necessary to meet with professionals, who work directly with young people, to inform out research in a more holistic way.

We spoke to NHS health professionals from Youth Health Services, The Sandyford and youth workers from across Greater Glasgow and Clyde. Some of these interviews were attended by members of The Matter group, who took the opportunity to ask the questions they felt were relevant to young people today. For the most part, these service providers had identified the same problems and issues raised by the young people we had consulted. They were able to tell us ways in which some of these issues are currently being dealt with and had some recommendations for how they would like to see things change.

Whilst our real world research was ongoing, we undertook a number of online consultation methods. We kept in touch with The Matter group through a Facebook group. However, we found that it was necessary to also text them directly as this group of young people seemed to prefer to communicate via text rather than relying upon social networking sites, or using 'tribal apps' which allow them to contact people directly (such as

Mental health wise too many people base self esteem on the sex they are having/not having.

Whatsapp). We used the Facebook page to share a series of pictorial questions, for the group to share on their own timelines, and to answer for themselves. This wasn't particularly successful and had a low response rate.

Additionally, we built a Whisper Box website, with the premise that young people could "whisper' an anonymous story or view to the website. To spread the word about this, we distributed posters to the youth groups we visited, and explained what the page was for. Unfortunately this generated no additional responses. We cannot speculate on why this approach did not work in the circumstances, we can only guess that those young people who had engaged in the group work felt that they had addressed all of their concerns in the groups, and those who weren't directly engaged might have been hesitant about the use or purpose of the website. The people who did engage face to face were happy to discuss their experiences and views, even regarding some very personal matters. When they felt comfortable, safe and listened to, they wanted to share and have their voice contribute to the project.

Meanwhile, we also hosted a survey on Young Scot's Says Who consultation platform. Participants had an opportunity to earn 25 Young Scot Reward points, and the chance to win a £50 Ticketmaster voucher. The survey was targeted at young people aged 13-17 in the Greater Glasgow & Clyde area. The target number for responses was 500.

From April-June 2014 the survey was promoted both online and offline to partner organisations across the Greater Glasgow & Clyde area, including all six local authority youth work services and voluntary sector partners. In this first wave of promotion, the survey was also disseminated via Young Scot's Facebook and Twitter profiles and a link to the survey was shared on the Young Scot Rewards website. A link to the survey was also sent to Young Scot's Youth Legacy and Network Rail Ambassadors – groups of young people carrying out peer-led activity across Scotland. Paper copies were also sent out to youth groups across the health board area. This activity resulted in a total of 158 responses.

In order to increase the number of responses to reflect the original target of 500, a second phase of promotion was undertaken throughout June 2014. This included repetition of all the above activity carried out in phase one, plus some additional activity. Two promoted posts on Facebook were purchased and subsequently boosted. These were targeted specifically at young people in the Glasgow area within the 13-17 year age range, and achieved an overall reach of 41,952 people with 866 click throughs. Additional paper copies were sent out to local contacts and on the street activity in Glasgow also took place and the Rewards points increased to 50.

Whilst it is recognised that there is evidence that young people's activity on social media and other online forums is dominated by discussion of relationships and sexual health, and that young people are most likely to discuss sexual health issues with their friends and peers, the methods used in this consultation with young people were ultimately not conducive to receiving the required level of responses for this

I don't think people my age really use sexual health services unless they are in trouble.

project. Anecdotal evidence from young people who took part indicated that the survey questions were "too sensitive and personal" and young people were reluctant to engage with the survey. The timing of the survey also proved to be a challenge, with sparse attendance at schools and youth groups in June due to exams having an impact on the distribution of the survey offline.

However, this second phase of activity increased the survey responses to 740; 504 of whom lived in the NHS Greater Glasgow & Clyde area and 356 of whom were in the 13-17 age range. The survey also allowed us to reach young people from East and West Dunbartonshire – areas in which we had struggled to engage youth groups. 11% of survey respondents lived in East Dubartonshire and 6% in West Dunbartonshire.

It was very interesting to know about the youth's perspective on peer education.

7. Ideas and Opportunities

At the end of the Research Phase, we brought together all of our findings from these interviews and workshops and, as a group, pulled out insights, barriers to change, opportunities for change, and evidence. The Matter group identified seven key themes emerging from the engagement with their peers, and this proved to be a useful way to organise the content we were generating.

Using these seven themes as catalysts, the Matter Group then began to come up with recommendations and ideas for how the system could change to better serve young people. We took these proposals back out to youth groups to get feedback and ideas and, by creating prototypes (a first or preliminary version of an idea) – cardboard iPhones, street scenes etc – the young people were able to explore and expand upon our initial ideas.

8. Produce and Publish

The final stage of the process involved The Matter Group coming together and creating their final newspaper. With creative direction and support from Snook's Alexandra Clarke, they chose the format, colour palette and fonts. Every team member chose what article to write based on the topics they were most passionate about.

9. Promote and Distribute

This paper was launched at an event at the Radisson Blu Hotel, in Glasgow. The audience was made up of over 60 health professionals from senior child protection officers to sexual health project managers, organisations such as Cornerstone and Sandyford, young people, youth workers and friends and family. The group presented their research and answered questions from the floor.

"I was so excited to be here with the young people who want to tell us what they found out. The main thing I am going to do is use the material from the Matter Newspaper in training our own staff and supporting us to do things differently. I'm really grateful for having the chance to do this. Thanks!"

"It was very interesting to know more about the youth's perspective on peer education. I was very interested in the digital element - how people learn about relationships and sexual interaction through fan fiction and porn. I actually asked about it and it was very interesting that the older people didn't know what was it. It kind of highlights the knowledge of youth's perspective and the older people's perspective."

"I'm now going to help chats to take place informally, at the request of young people and at their pace! Us adults don't have all the answers."

"I'm now considering offering clinics early evening locally and having youth worker input"

"I'm now going to talk to young people about where they are getting information from."

I'm now going to talk to young people about where they are getting information from.

The following report concludes this consultation, and is intended to be read in conjunction with The Matter Newspaper. We have endeavoured to include the words and sentiments of young people themselves throughout both publications.

10. The Newspaper

For a copy of The Matter Newspaper, please go to the following website: www.sandyford.org or email the Health Improvement Team-Sexual Health, NHS Greater Glasgow and Clyde at: GG-UHB.HealthImprovementSH@nhs.net

Key Findings

Hearts & Minds

Young people's sexual health and relationships can be affected by poor self esteem, this, in turn, can affect their ability to effectively communicate their personal boundaries and needs when it comes to sexual health and relationship needs."

Digital Lives

Young people instinctively use digital tools to explore their sexuality and relationships. Behaviours and technology are changing rapidly and legislation and adults can't keep up, or are unaware of how to ensure young people are safe.

Lessons for Life

Regardless of what young people's experiences of sexual health education are, they unanimously feel it has failed them and is inadequate. Young people are curious about sex, but are unsure where to direct their questions. As a result they are not having their questions answered and young people turn to sources such as pornography to educate themselves. Consumption of this media plays a role in risky behaviours being perceived as commonplace.

Lifelines

Many young people expressed uncertainty about who they could talk to about personal sexual health issues. Most are aware of sexual health services, such as the Sandyford, in their area.

A Little Too Straight & Narrow

Young people commonly perceive that professionals and services assume sexual orientation, gender identity or experience. They believe that education and services are not designed with them in mind. Women who have Sex with Women (WSW), transgender and bisexual young people, in particular, often feel left out or invisible when it comes to sexual health provision, which, when it does cover LGBT issues, is predominantly focused on Men Who have Sex With Men (MSM).

I'm now considering offering clinics early evening locally and having youth worker input.

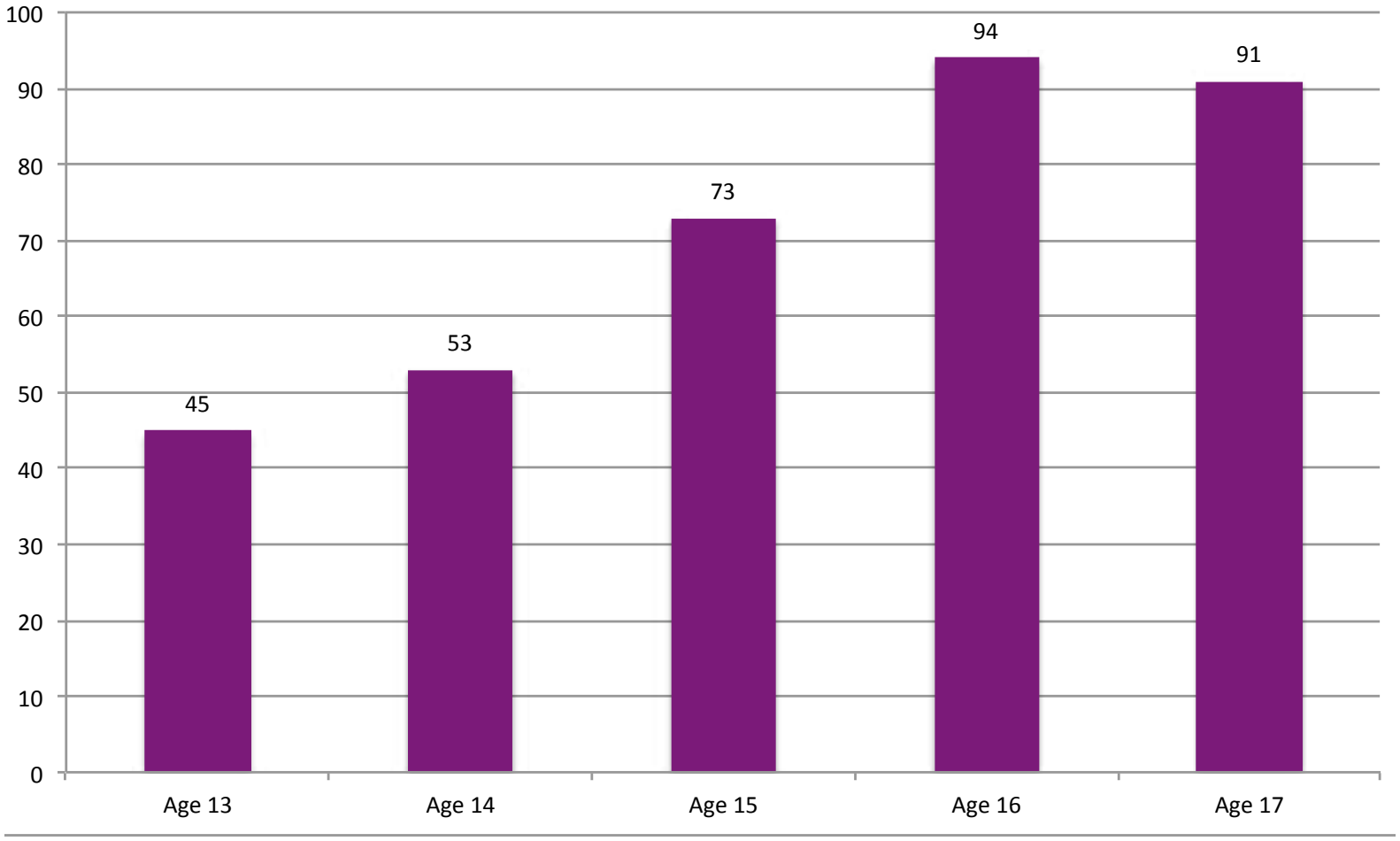
Findings

As mentioned in the process section we engaged with 120 young people age 13-17 in the face-to-face group work, and a further 356 completed the online survey.

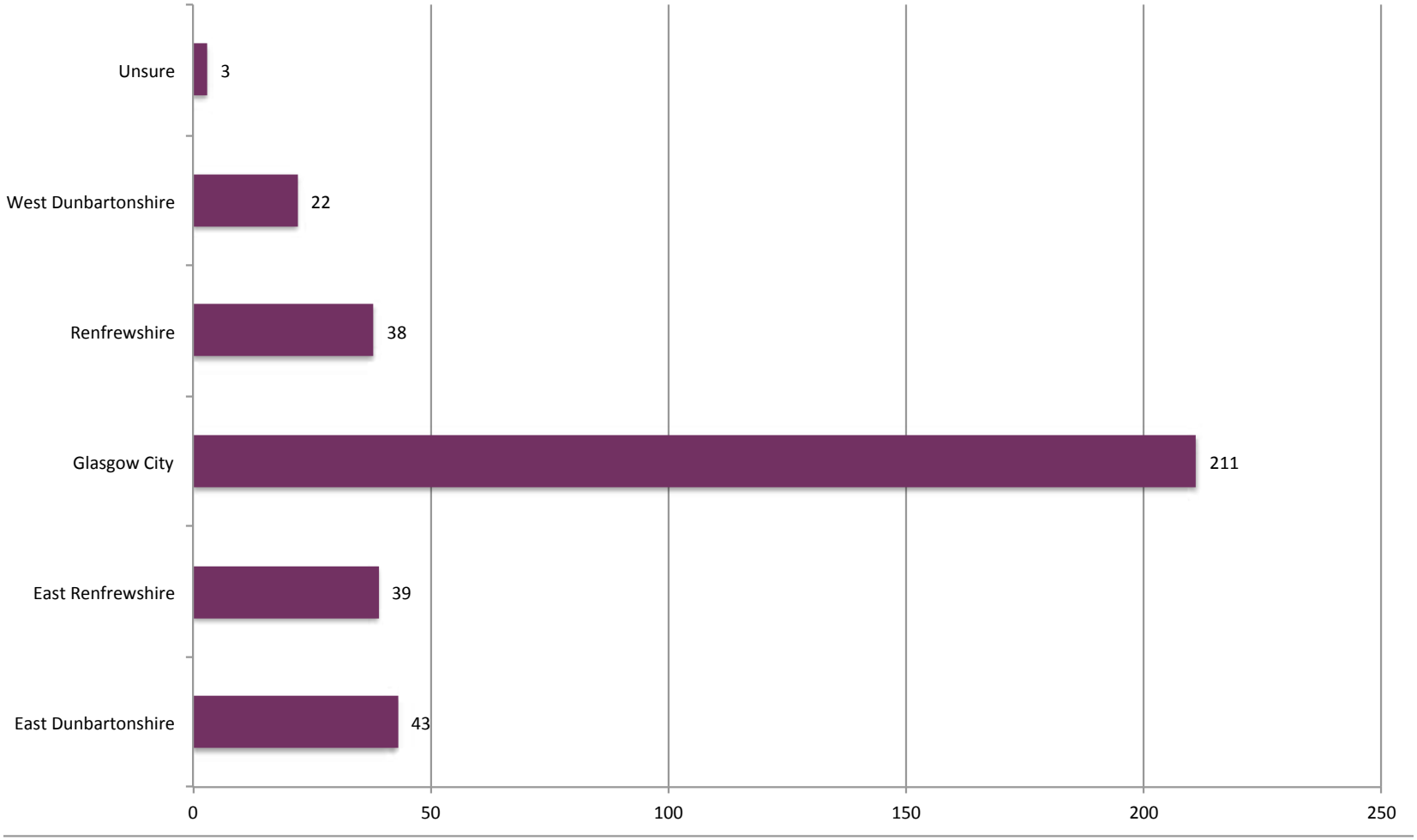
Whilst we didn't keep notes of the age and gender of those in the groups, we have detailed below the data regarding the young people who took part in the online survey.

Of the 356 responses, 235 identified as female, 116 as male and 3 preferred not to say.

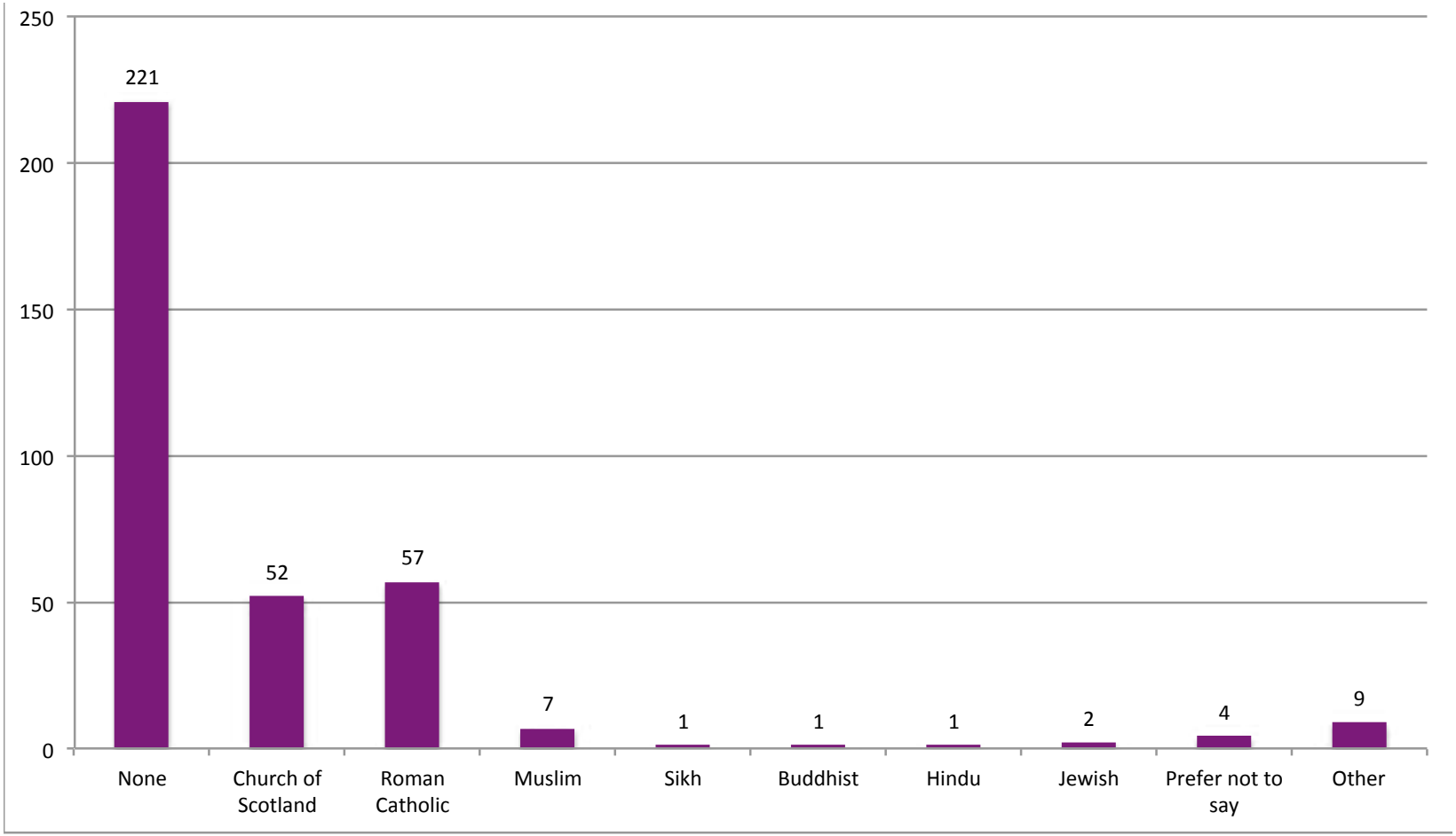
NUMBER OF RESPONDENTS PER AGE GROUP



LOCAL AUTHORITY AREA OF RESPONDENTS

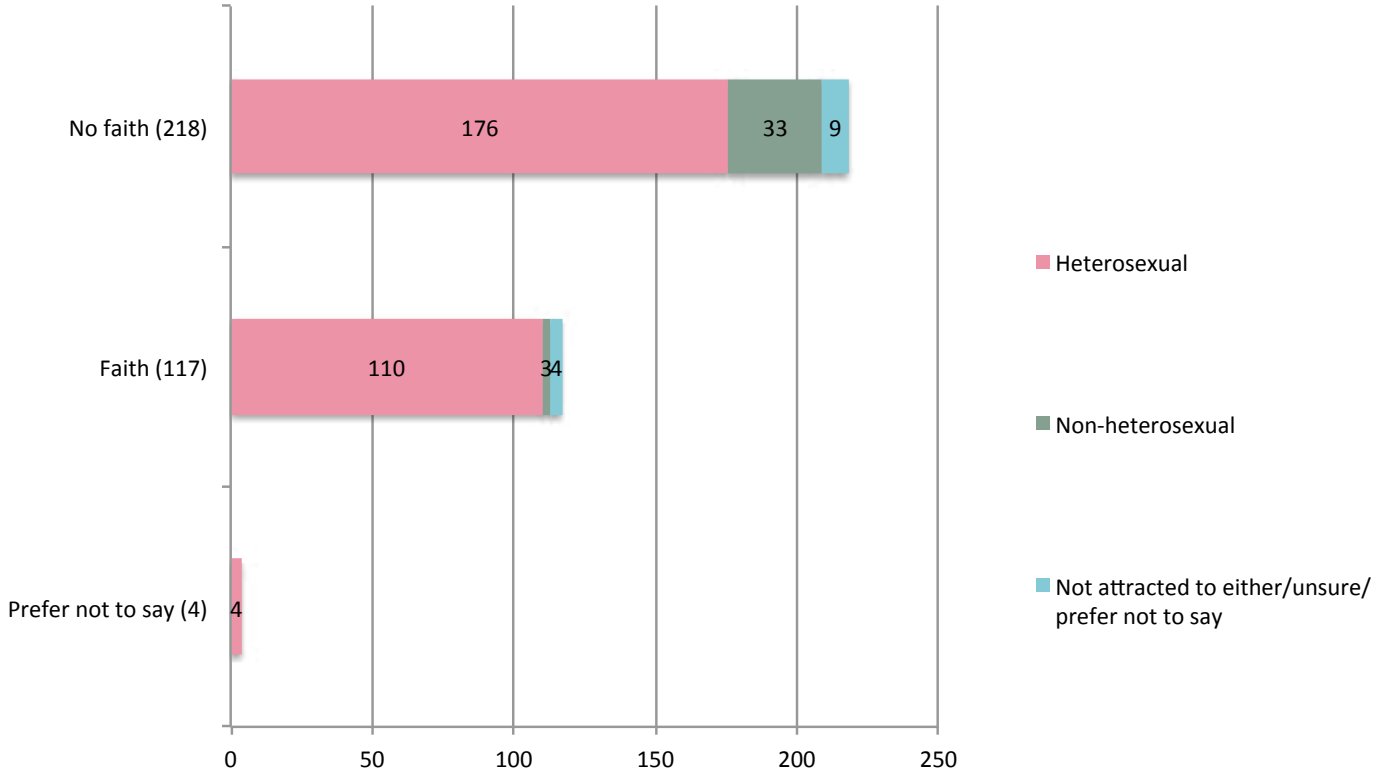


RELIGION

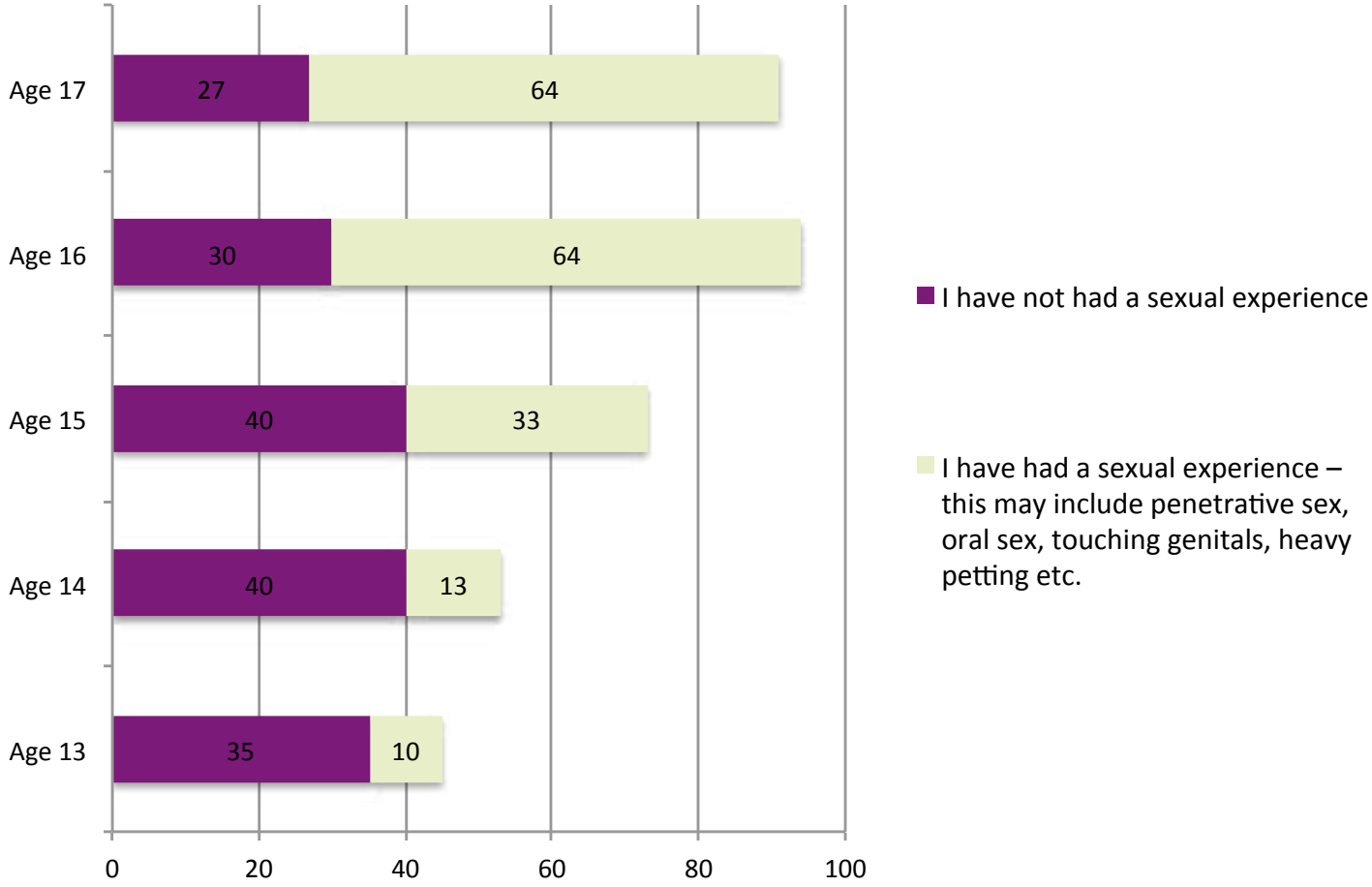


Of the nine people who selected 'other' three stated they were Christian; one 'evangelism'; one Satanist; one Rastafarian; one 'believe the bible is metaphoric'; one Quaker Christian; and one Atheist.

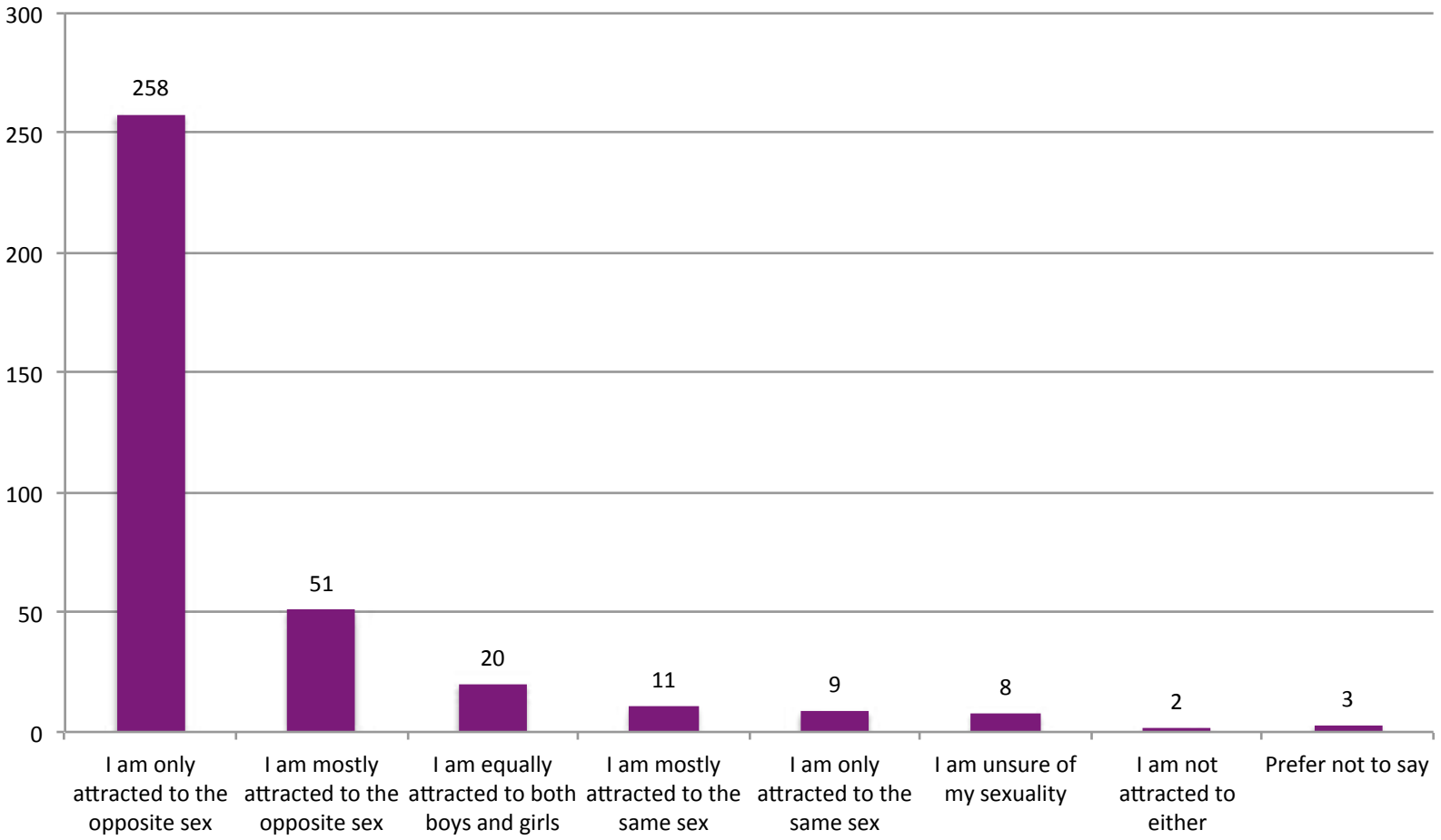
SEXUAL ORIENTATION BY RELIGION



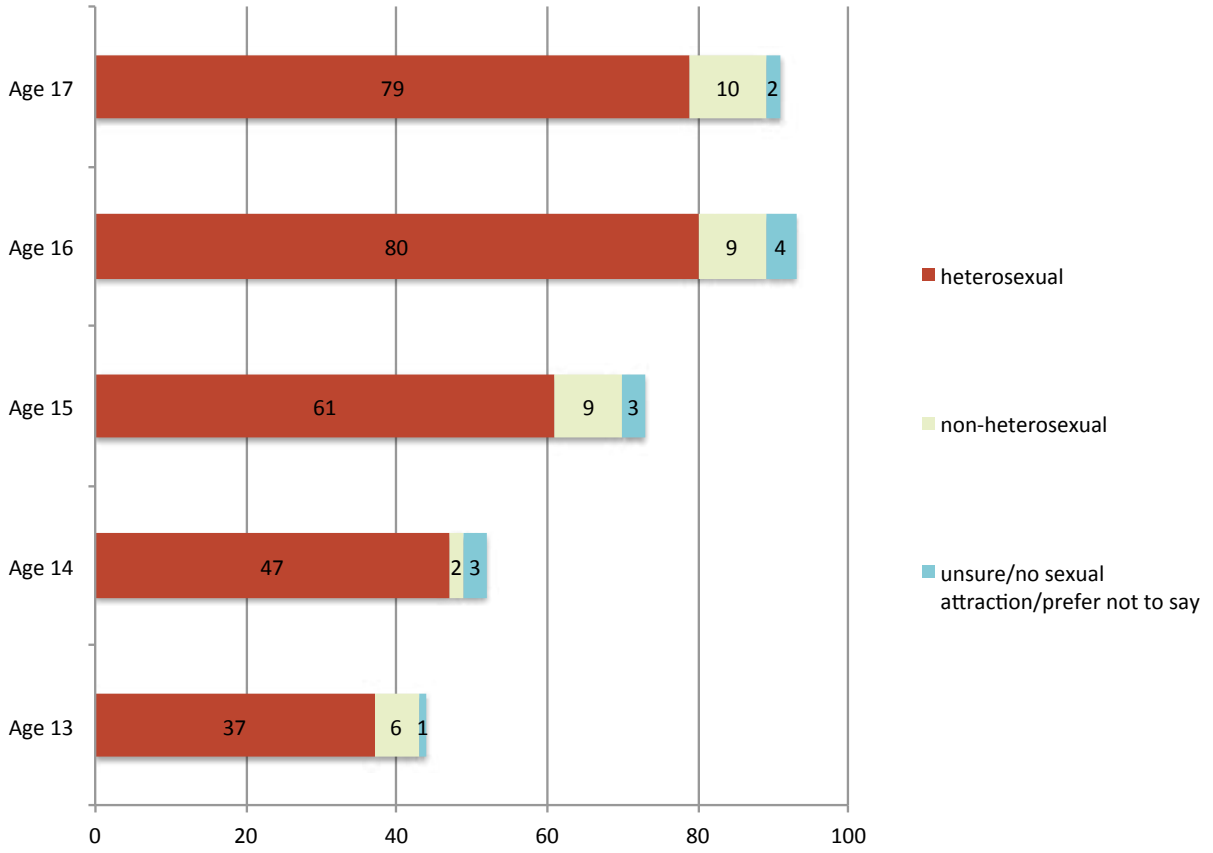
AGE AND SEXUAL EXPERIENCE



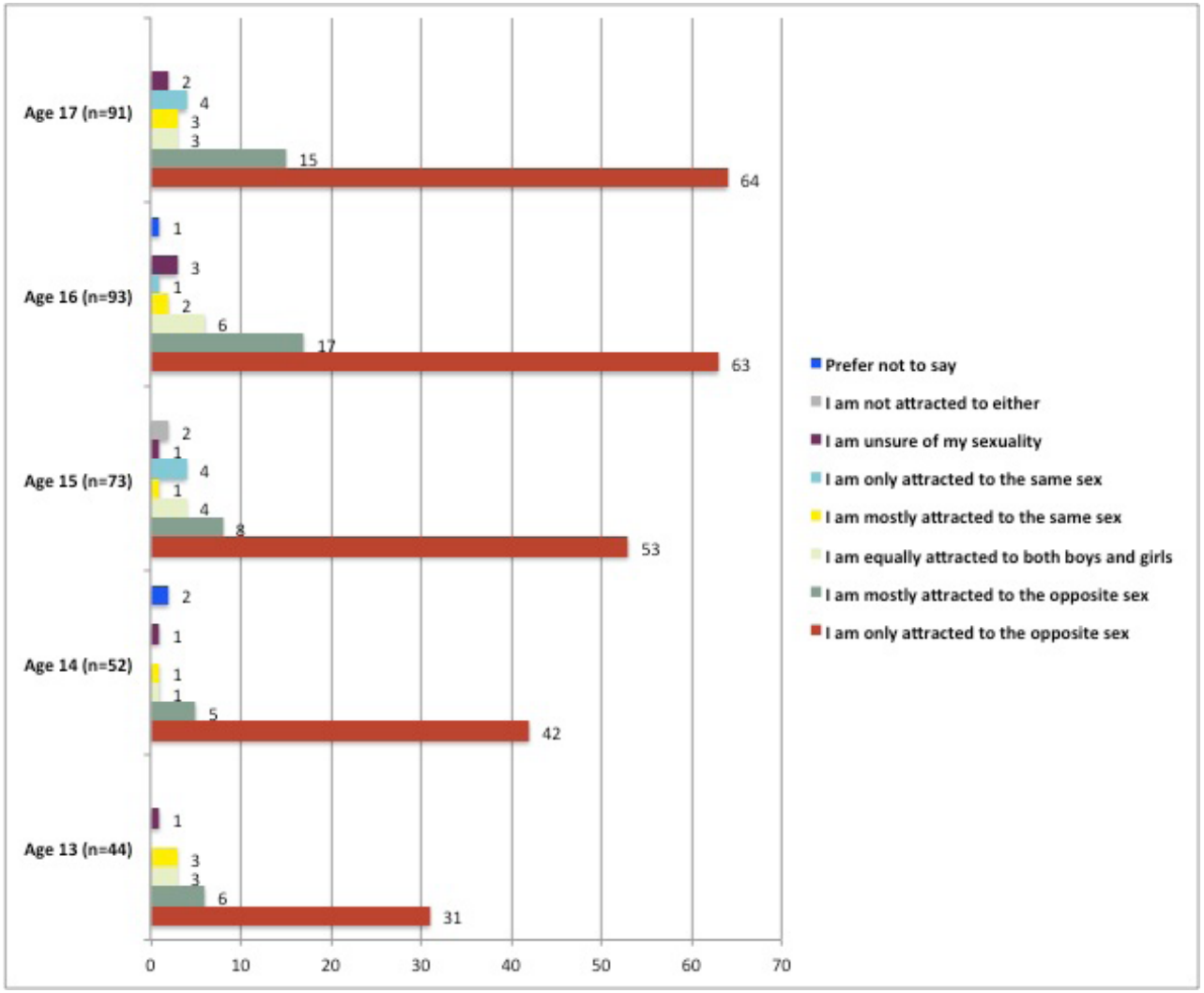
SEXUAL ATTRACTION



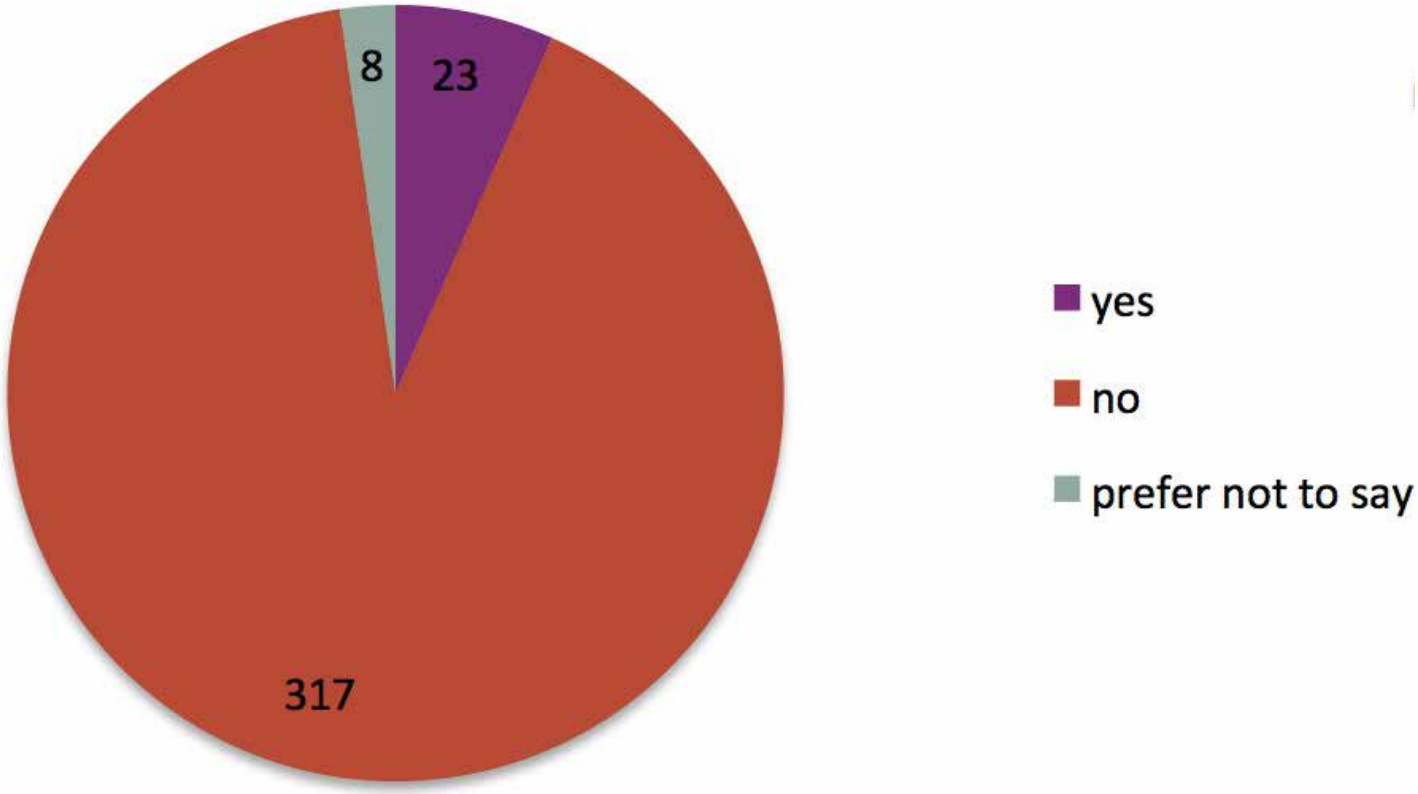
SEXUAL ORIENTATION BY AGE



SEXUAL ORIENTATION BY AGE



DISABILITY THAT AFFECTS EVERYDAY LIFE?



HEARTS AND MINDS

Overview

This section focuses on the psychosocial aspects of sexual health and relationships, specifically:

1. Self esteem and body image.
2. What does 'being ready' mean?
3. Communication and negotiation, feeling pressured.
4. Consent.

Findings

1. Self esteem and body image

It is clear that the young people in the study recognised both the conscious and subconscious impact that the media has on the self-image, body image and self-esteem of themselves and others, and the way it also influences expectations of relationships and sex. However they did not feel they were equipped to manage or deal with these pressures well.

"Media portray what they think is "perfect" which is not real life."

"Magazines have an unrealistic representation of body image."

"When talking about preparing for sex, or being ready for sex, a few girls talked about being 'comfortable' about someone else seeing their bodies."

"I'm not entirely sure: to feel comfortable with that person and feel happy with them being able to see your body which no-one else has seen before"

"When I'm in a romantic relationship with an appropriate level of trust and support, when I feel slightly more comfortable without any clothes on."

Many young people also commented on the pressures for young girls through the overt sexualisation of women in music videos particularly.

"Miley Cyrus is making people think that girls are like that or want to be."
- LGBT

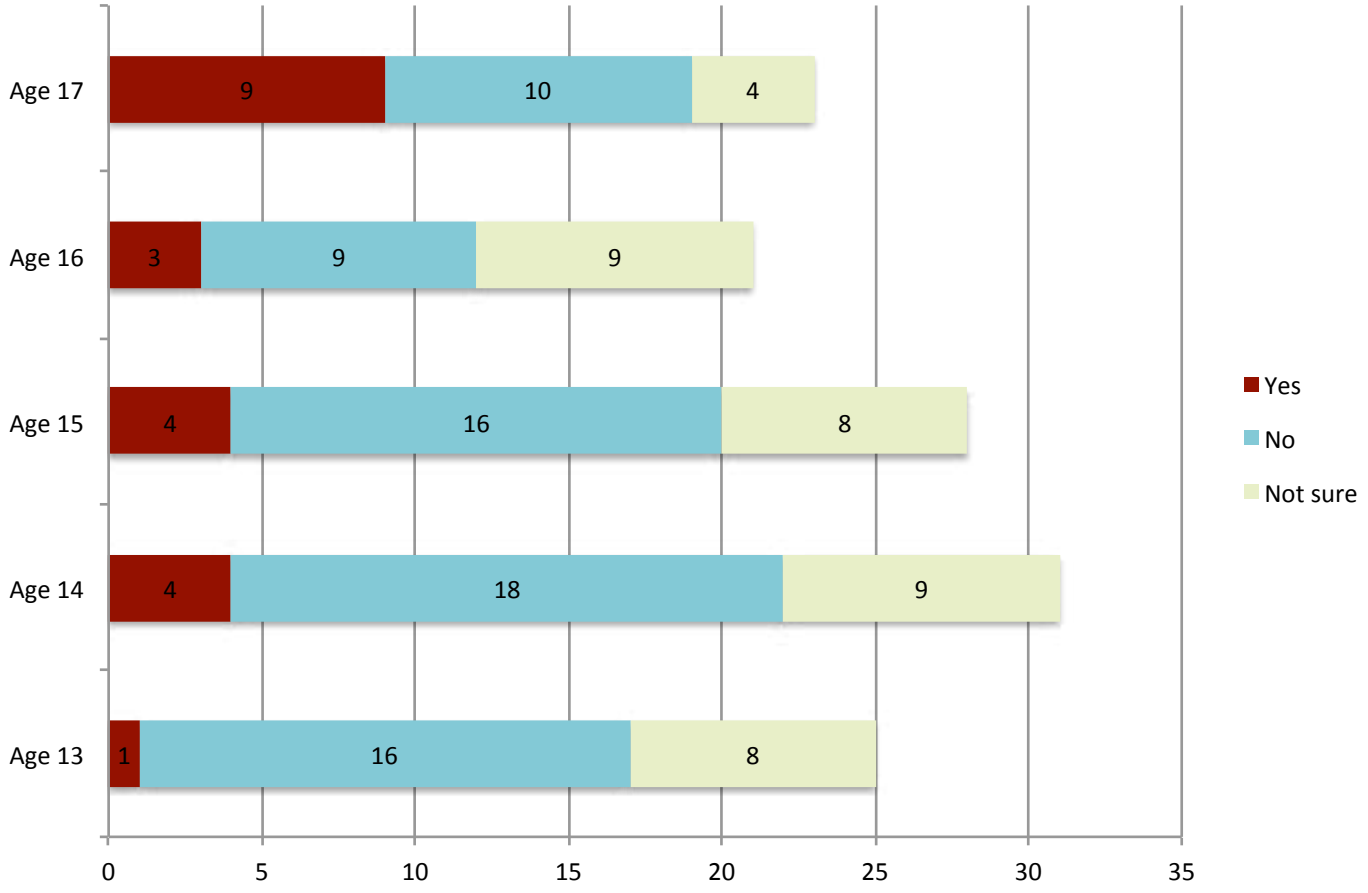
Young women in particular (but not exclusively) talked of feeling a pressure to conform to what they perceive young men find sexually attractive – this was informed by media, pornography, peers, and gender stereotypes. Some of the young women recognised the inherent contradictions in presentations of women who are expected to be simultaneously 'sexy' and virginal.

Young people specifically mentioned body image and false expectations that came from porn in particular:

"Unrealistic body expectations, not like proper sex, meaningless, only there for entertaintment"

Interestingly one person mentioned a mainstream tv series that they interpreted as being 'porn', while commenting on the lack of reality:

"Game of Thrones? Nah, sorry that was a joke. I think it's a well acted fictional account of what sex is and falsely tricks 8 year olds into thinking that."



Asking those without sexual experience if they feel they are ready for sex.

At that age [13-15] people want to talk about [sex and relationships].

2. Being ready

Repeatedly, young people in groups told us that they wanted more openness and acknowledgement about adolescent sexual development as a natural part of growing up, with real life stories counterbalancing the skewed impressions given by the media that,

a) Finding the 'right' person will complete you and you will live happily ever after.
b) Sex is always amazing.

They suggested that a focus on facts and evidence would help them to feel that their explorations of their own sexuality were normal and fitted into a wide and varied spectrum of human experience. They also suggested that health practitioners and educators need to "remember what it's like to be a teenager" and recognise that a normal and important part of being a teenager is questioning and exploring sexuality and sexual orientation.

"Isn't all sex normal?"

"At that age [13 – 15] people want to talk about [sex and relationships]."
Male, 18, LGBT

"I have sexual fantasies and want an experience such as touching and possibly oral sex but I am unsure when I will know when I am ready for the full thing."

The number of 'don't know' or 'not sure' answers to all of the questions in the online survey suggest a high level of uncertainty about sexuality and sexual experiences that should be acknowledged as normal, validating and recognising the anxiety surrounding sex. This might free young people to express their concerns and discuss these without the added pressure of having to feel that they know their own minds. When asked in our online survey what they thought about when they were planning on having their first sexual experience, young people (who had not yet been sexually active) repeatedly told us that they would or should "wait until they are ready" or "make sure that they are ready". When specifically asked, 'How will you know when you are ready' the responses generally focused on being in a relationship, although quite a few stated they were not sure how they would know:

Hoping it is clear:
"I was hoping I would just know and feel it. I think I am ready for sexual experiences just not the whole thing."

Being comfortable:
"When I feel comfortable and I trust the person."

Feeling ready:
"When we both feel ready. when we both have been dating for a long time. when we know what to do."

Being with the right person:
"When I find the person I know I can trust."

When older:
"I will know when I'm ready when the time is right and when I'm older."

I will know when I'm ready when the time is right and when I'm older.

In our online survey, we asked young people who indicated they had not yet had a sexual experience, what they expected from their first experience. The majority of respondents said that they were unsure or didn't know, and more mentioned negative aspects than positive.

The other themes that emerged were:

Awkwardness, pain or discomfort:
"Awkwardness and a lot of giggling, the female to complain that it hurts a little if she is a virgin."

Mixed experience:
"Intimacy, pleasure, pain, love."

A relationship focus:
"To show love to each other."

Pleasurable experience:
"It will be exhilarating and meaningful not just a fling. It'll be powerful and amazing."

Our survey also asked young people, who have not yet had any sexual experience, what they would think about or do to prepare for their first experiences. Despite clarifying that 'first experiences' referred to any sexual contact, young people's answers clearly demonstrated that they consider their first 'real' sexual experience to be penetrative sex.

When asked specifically how they might prepare for their first sexual experience, again more young people stated that they didn't know or weren't sure than any other response (26/82).
Other responses were grouped into the following themes:

Nothing:
"I think it is difficult to 'prepare' for something that you have never experienced before. So nothing, really."

Being emotionally prepared (focusing on relationship and consent):
"Talk it out with your partner so you know you're both ready and happy to have sex with each other. Ask close friends what their first time was like."

Technical considerations:
"I think it will hurt more for me than for him. I'll need condoms, lube & probably a pillow to bite into."

Personal appearance:
"Shave, get fit, be clean."

Get information:
"Look at info online, advice. magazines articles and things."

General comments, varying from extreme preparation:

1. Make sure I have protection.
2. Make sure the other person wants to and is ready.
3. Make sure I look and smell nice.
4. Plan meticulously where and when it will happen."

Be aware of what you are about to do. Make sure that the person is the right one.

to a less risk averse approach:
"Drink a whole lot of vodka hella fast."

When we asked what they thought would be important to know before their first experience, again there was an emphasis on the technical aspects of penetrative sex:

How to do it:
"What goes where?"

"How to put on a condom. To know if he is the one I want for my first time. Where does lube go first (on fingers or on his c**k)."

Pregnancy prevention and STIs:
"Possible dangers from not using contraception, how first time will hurt for girls etc."

"How stds are transmitted, how you can keep downstairs tidy without little nicks at the skin. (Nobody likes bodyhair)"

Some respondents mentioned a relationship focus:
"Be aware of what you are about to do. Make sure that the person is the right one."

Some other, general comments, were more questioning:
"Does it hurt? What age is best? Will people think I'm weird if I don't have a lot of sexual experiences."

When we asked young people who stated that they had had a sexual experience, whether they felt they were 'ready' for that first experience, most responded by explaining how they knew they were ready. From the forty-three comments made, only one person said that they were not ready, one said that they wished they had waited for their current partner, and one stated they were 'under the influence'.

The main themes for the other responses were:

Just felt right:
"Just felt right at the time and I knew I was ready."

Relationships was at the right stage:
"After being with my boyfriend (at the time) for two months, I noticed by his actions that he wanted to be more intimate, although I wasn't ready and he told me that he was willing to wait until I was ready (I had never done anything sexual before). About a month later, after I had begun to feel more comfortable with my body, we were in my bedroom watching movies. I let him know that I was ready to take things to the next step."

Felt I was mature enough:
"I wanted to have sex and was not at all afraid of the concept. I also felt like I was adult enough and knew all necessary information."

Was technically prepared:
"Knew everything about the pros and cons and how to use condoms etc."

3. Taking a relationship to the next stage

In our online survey, of those who had had a sexual experience, 65% said they were ready when it happened, 16% said they were not, and 19% said

NIKE

I never really thought about it, but when it happened it felt right like it was meant to happen.

---

they were not sure. Many young people in our groups told us that 'it just happened' and that the rhetoric to be ready was not really helpful, as they didn't know what it meant for them. In total 71% of respondents in the online survey told us they had not planned their first experience.

"Some people might plan it and wait 'til it's legal but with some people might just happen and one thing leads to another."

Of the nineteen responses to the question about planning the first sexual experience, five stated that they did not plan and it just happened (two while drunk).

The other fourteen respondents all focused on the fact that they knew their relationships were at the right stage:

"We talked it through, spoke about taking precautions (birth control, using condoms), we waited until it felt right, we didn't plan an exact date."

"I meant it to happen, just not like full planning, it was me and my girlfriend fooling around after a short talk about it and it happened."

The young people with sexual experience, were asked online: What information do you think is important to know before your first experience?

"Make sure your ready, don't throw yourself into something you aren't ready for, don't do anything if someone tries to force you."

"How to be safe. Do you feel like you know and trust the person enough."

We asked the respondents of our online survey: "What did you imagine your first experience would be like, and did it live up to your expectations?" Many young people who had had a sexual experience were a little disillusioned with their first experiences, feeling that it didn't live up to their expectations. Seven young people simply answered, 'No' (out of 95 comments). Then there were a range of comments that we have gathered together under the following themes:

Had no expectations (16 comments):

"I never really thought about it, but when it happened it felt right like it was meant to happen."

Expected be good and it was (16 comments):

"Great and hell yeh it did."

Expected it to be difficult and awkward and it was (6 comments):

"I didn't know what to expect, I knew it would hurt and for the first few times it was not that enjoyable."

"Quick and awkward, and yup sounds about right."

Better than expected (11 comments):

"I imagined it would be awkward and clumsy and it was but in fact was also good and pleasurable."

I imagined it would be awkward and clumsy and it was but in fact was also good and pleasurable.

Worse than expected (29 comments):

"It was more awkward than I had imagined."

"I was 13, almost 14, so everything I knew about sex stemmed from romance novels and drama films. I was far too naïve. I certainly didn't expect my first time to be something which lasted less than 5 minutes, and I didn't expect to feel nothing at all afterwards."

"I imagined it to be special and that the person would care about how I felt. No, it didn't live up to that."

A few young people in the groups told us about a 'scale of sex', which exists in their minds or reflected a perception of clear linear stages that led to penetrative sex or 'extreme' sex.

"Stage 1, hugging, stage 2, kissing, then its kissing with tongues, then its sleeping in the same bed but not having sex, then there's sex, then extreme sex and kinky sex."

In this young person's version of 'the scale of sex', it is interesting that there seems to be a rapid escalation in behaviours.

It was clear from our discussions with young people that, in their minds, sexual health and relationships education (SHRE) and sexual health interventions focus predominantly on penetrative sex. For young people penetrative sex was also felt to be the marker for 'losing virginity'.

Young people in the groups told us that there should be more focus on what a good relationship looks like, different ways of sexual contact: touching and mutual masturbation and oral, as well as anal, sex. This is important to ensure all young people feel included and it ensures young people are aware and feel comfortable to make gradual progressions in their sexual experience if and when they feel ready.

Although the revised SHRE curriculum now addresses some of these issues, the majority of young people we engaged with seemed to be unaware of the updated programme. As described in snapshot section earlier in this report, more comprehensive SHRE programmes have been gradually rolled out in stages across the 6 local authorities in NHS GGC over the last 7 years. This means that many of the young people who engaged with the consultation will not have benefitted from the full primary 1 to S6 programme. However a lack of comprehensive SHRE could be for various reasons: their age meant that they had yet to receive the lessons, they did not attend, it wasn't delivered in their school or perhaps not enough time was allocated to ensure that learning was embedded; or the programme that was delivered did not engage or seem appropriate to the young people.

The groups suggested there was a trend of peer pressure, either actual or perceived, for young people to get their first sexual experiences over and done with.

I totally regret when I lost my virginity, I rushed it. I thought, 'I'll get it over and done with.'

"I totally regret when I lost my virginity, I rushed it. I thought 'I'll just get it over and done with.' I felt I'd lost my innocence."
– Male, 18, LGBT

The young people we spoke to often indicated they would like more information on what some of the steps in a healthy relationship might be before having sex. They felt that adults are embarrassed to talk about these things, but the young people suggested that they see so much sexualised media these days that they feel a pressure to do things before they are ready.

Discussing other forms of sexual pleasure and intimacy openly with young people may go some way to demonstrating that they are a normal and a healthy part of growing up, becoming sexually active and having positive relationships. It may also help to reduce the pressure on young people to have penetrative sex and the risk of regret after sexual experiences.

4. Communication and Consent

The online survey responses suggested that some young people felt able to talk to each other about readiness (or otherwise) for sexual experience.

"After being with my boyfriend (at the time) for two months, I noticed by his actions that he wanted to be more intimate, although I wasn't ready and he told me that he was willing to wait until I was ready (I had never done anything sexual before).

About a month later, after I had begun to feel more comfortable with my body, we were in my bedroom watching movies. I let him know that I was ready to take things to the next step."

"Because I was never forced into doing anything, anything that happened was always after consent was assured, and I declined sexual activities while my partner and I were still in earlier days."

"We talked it through and discussed what we were comfortable with."

However the fact that 71% said they had not planned their first sexual experience might indicate that there are still some barriers to open communication.

In our discussions with groups we found that LGBT young people were more likely than their heterosexual peers to plan their first sexual experiences. They typically noticed trends among their heterosexual peers that made them feel that risk taking and casual encounters were almost an expected thing.

"You are ready if you both want it, if you really love someone and after a conversation."
LGBT Young Person

"The first time may be with someone they know but the more they do it, the more it might become just acquaintances or people they met for the first time."
- LGBT Young Person

Opportunities
Insights

Talking to the person I'm having sex with would just feel awkward and uncomfortable.

"My first time was planned. At this point I didn't want to be a lesbian. I thought 'Maybe if I have sex with a boy, I won't be a lesbian."
- Female, 15

Throughout our consultation with groups we found a lack of open communication in both established relationships and chance encounters about readiness for sex and whether each partner felt happy with how much or little sexual activity was happening. We found that they had limited experience of discussing relationships, or negotiating sex and relationships. They also indicated that guidance about conversations around why and when you might want to have a sexual experience with someone were lacking from their sexual health education.

This was illustrated by the fact that the young people generally expressed uncertainty or confusion about the idea of consent. Discussion of consent (saying yes) often provoked nervous or embarrassed laughter. They told us that, realistically, they wouldn't ask, or expect to be asked, for consent. Most who did respond suggested they were more comfortable with the idea of being able to say no if they needed to. They indicated that they knew that they had the right to do so at any time. Young people specifically talked of girls being able to take away consent – but usually not the other way around. Unconsciously they perceived it as something that girls give and boys need to get.

There was a lack of recognition that boys also need to consent. It was however clear that LGBT young people were less gender specific in their discussions regarding consent.

"Talking to the person I'm having sex with would just feel awkward and uncomfortable especially if I felt something wasn't right… and being underage, most adults don't want to talk about sex unless they're telling you to stop."
– Female, 15, online

However, those willing to discuss this in more detail indicated that when it came down to it, it was easier to 'just go with it' than confront the issue, or risk creating an awkward situation – they didn't have the confidence to assert themselves in this way. They indicated they were reluctant to discuss sexual activity with their sexual partners and that "things just happen". They also expressed reluctance and embarrassment in requesting protection and emergency contraception, and although many were aware of the Free Condoms service, not all had accessed this.

"Its embarrassing to buy the morning after pill. You send your friends to get it."
– Female, 15

It is clear to see that fear of embarrassment and low confidence prevent young people from discussing what they do and do not want within their sexual relationships with partners, increasing the risk of regret and poor or unwanted experiences. Young people may find themselves in situations where they are uncomfortable and feel unprepared. Although young people said they would find it easier to say no, it seemed that

Even if you say, 'No' or 'That hurts!' that still represents not giving consent.

for many low self-esteem and poor assertiveness skills would prevent this. In turn, this may lead to feelings of regret and further problems with self esteem if they feel they have done something they were not really ready for.

Our discussion with different groups led us to question whether young people fully understand the term consent and are realistically able to recognise or acknowledge the level or lack of consent they give to others. Pressure from partners, perceived norms of sexual experience amongst peers, or a sense of obligation to 'follow through' during sexual encounters can override their own feelings of readiness or willingness to engage in particular sexual activities.

When we asked in the groups what consent means to them, one young person told us "it means being 16", with the rest of their group agreeing. After selecting the 'consent' love heart at random, a 14-year old girl admitted she didn't know what the word meant. The group then gave her mixed definitions around agreeing to sex, and being of legal age. Another participant then informed the group "they changed the age of consent to 14".

When talking about consent, young people described it as:

"When you want to get with someone and they say no or you have started and they don't want to do it anymore and the other person supports them and stops."

"Even if you say 'No' or 'That hurts!' that still represents not giving consent."

"Body language can tell you if someone is consenting too."

5. Know it all

In our work with heterosexual groups, young people, particularly young men, spoke of feeling a pressure to appear to be sexually active and knowledgeable. It was clear that a boy with extensive sexual experience (real or imagined) is given respect by other boys in his peer group and is encouraged to boast and provide details of his sexual activity.

Girls, on the other hand, felt they had to be more circumspect or it would reflect badly on them. One night stands especially led to girls feeling used and worried about their 'reputations'. This reflects societal pressures on young people to conform to gender stereotypes of sexual roles, with the male actively pursuing and the female resisting, then finally submitting to, sex. However we also recognise that this is not purely a heterosexual issue and that these same dynamics can be apparent in same sex relationships also.

"I think people are trying to catch up with their friends and stuff and their friends might slag them off because they are further ahead."
– Male, 15

"Sometimes your mates have a laugh and call you a bit of a man slut. Then they act proud of you."
– Male, 15

This is in direct contrast with the experiences of some of the young women we spoke to, for whom appearing to be overtly sexually active could be perceived as negative.

"But guys can brag about it, girls have to keep it hush."
– Female, 15

"I know people who have faked that they've done it, because with boys its different than for girls."
– Female, 15

"She came into school and basically said how she was passed around three boys."
– Male, 15

This young man told us that he felt she was boasting about the experience, but that she probably felt uncomfortable with the situation.

"If a girl did that [slept with lots of different people] her friends would start looking at her different."
– Female, 15

6. Play safe

We asked young people who had not had a sexual experience: What does "being safe" in sex and relationships mean to you?

This question was intended to probe their opinions about what safe sex is and to understand whether they recognised the wider psycho-social and relationship elements of being safe. 66 or the 99 responses focused mostly on condoms and contraception:

"Having contraception to prevent pregnancy and stop the spread of STDs."

"Wearing a condom, making sure there is no little cuts that could cause stds after shaving."

"Having some sort of protection, preferably a condom."

"Protection!!!"

However sixteen of the young people demonstrated a deeper understanding of what safety in a relationship means. For example:

"Being safe" in sex means (for me) doing/using something to prevent getting a baby. Being safe" in a relationship on the other hand is trusting the other person, not being abused and keeping yourself safe."

"Being safe means not doing anything that could hurt me in the end. i.e sending naked photos or videos. I also would say safe sex is using protection when having sexual intercourse."

"Safe relationships, where both people know each others boundaries, what they enjoy, both feel comfortable telling the other if they're not okay."

Another seven young people focused specifically on the relational aspects of being safe:

"Loving the person and trusting them totally."

What should they teach?
I'M NOT SURE...
COME ON...
WOAH, HEY, HI. WE'VE NOTICED THERES QUITE A BIT OF FLESH IN THAT PHOTO. DID YOU KNOW THAT SHARING A SEXUALISED IMAGE OF SOMEONE UNDER 16, EVEN IF ITS A SELFIE, IS A SERIOUS
A CRIMINAL RECORD, AND APPEAR ON THE SEX OFFENDER'S REGISTER? WE'RE JUST SAYIN'...

WATCHING STUFF ONLINE. YOU?
THINKIN BOUT U. SEND ME A PIC PLZ?

It's a big thing, I got the implant. I think it's important to use contraceptive and be safe.

"Trusting each other and looking after each other, not being abused, or hurt."

Asking those who had had a sexual experience provided a similar range of answers. Of 98 comments, 61 focused on protection, contraception and condoms, perhaps demonstrating a wider grasp of different forms of contraception:

"Contraception such as condoms , implant , pill , coil etc."

"It's a big thing, I got the implant. I think it's important to use contraceptive and be safe."

"Preventing pregnancy, STI's etc. Also just makes it less of a worry after the heat of the moment has past."

Responses from the young people with sexual experience also provided more comments about other aspects of safety (29):

"Trusting each other, understanding where one another stands and using protection."

"Being safe" and relationships mean to me being careful with the person you trust, using protection at all times. Relationships are built on trust and love and without it, the relationship would be pointless."

"Not only wearing protection but being honest with and respectful of your partner, and not pushing them to do things they are not comfortable with."

"Knowing that your not going to get hurt both physically or emotionally."

"Physically, using contraception and condoms if you are unsure whether your sexual partner could have any STDs. Also avoiding one-night stands or putting yourself in a vulnerable position - i.e. a young woman having sex with an older and stronger man she has just met."

As illustrated above for most young people safety within a relationship was about preventing unwanted pregnancies and STI transmission, with the minority acknowledging the emotional risks and consequences and how to manage these. In fact we found that it was necessary to prompt young people in groups to talk about emotional safety throughout the consultation, as many did not consider it a health issue. Many young people reflected that emotional safety within relationships didn't seem to be a focus within their SHRE and this perhaps was a cause of their lack of understanding or appreciation of this.

"My high school was really bad. There was nothing to reflect what I was thinking or feeling."

It would seem that for the young people who took part in this consultation, their SHRE to date has mostly focused on the clinical outcomes of sexual activity, rather than the emotional and psychological and therefore missing out important learning about both the positive and negative emotional consequences of relationships and sexual activity.

I can't imagine having sober sex.

7. Risky behaviour

Worryingly some of the young people we spoke to recounted stories of relationships that put young people at risk of sexual exploitation where peers were in relationships with older partners. While this is a risk for all young people, young LGBT, and particularly gay/bi males, appear to be more disposed to this. However some young people we spoke to also felt that sometimes the young person was exploiting the older partner by exchanging sex for money and other gifts:

"A lot of people go with older men for money. Last week I was speaking to a young person on the topic, and they said they weren't there for the money, but they were in that relationship for what they wanted… and that the guy they were with got sexual favours… for money. The older person is in the relationship for power."
- Male, 17, LGBT

"There might be feelings there, it depends on the people. But mostly, it's the lifestyle."
– Female, 16, LGBT

Fewer young people recognised the potential for a power imbalance within relationships with older partners, and the risks of coercion and exploitation. For example when one young person stated "there's nothing wrong with a 14 and 18 year old if they don't do anything." other members of the group were outraged by this view and made it clear they did not agree with it. Young people in the groups told us how they were often drinking alcohol before sexual encounters and that this was seen as common behaviour.

Our 'drunk sex' love heart raised comments such as:

"I can't imagine having sober sex."
– Female, 15
and
"Drunk sex is a normal weekend."
– Female, 17

In fact, a number of young people, under 18, told us it represented a "normal weekend". There was some suggestion that taking alcohol eased the awkwardness associated with sexual activity, and perhaps provided 'courage' and reduced inhibitions about sex. As mentioned previously, one person's idea of preparing for a sexual experience was:

"Drink a whole lot of vodka hella fast."

Substance misuse and the endorsement of favourable attitudes towards unprotected sex from peers appeared to increase sexual risk for young men. This again relates to the gender and sexual stereotypes mentioned previously, where males are commended for 'sexual conquests' and also for drinking excessively. Consuming high levels of alcohol often then clouds judgement and leads to unprotected sex, which is excused by the fact that they were 'mad wi it'.

However some young people did recognise that substance misuse can increase sexual risk taking by clouding judgement or reducing ability to consent:

"It's better if you do if you're not under the influence and have a stable mind as then you know yourself and think "Right, I want to do this or I don't" but when you're drunk your mind makes

Sometimes you wake up in the morning and you can't remember what you've done.

up the decision for you. You don't even know if you actually want it or not."

"If they're asleep, drunk or drugged (a young person cannot give consent)."

"Sometimes you wake up in the morning and you can't remember what you've done, never mind if you've done anything."

"Sex and drugs are fine under controlled and responsible use, however, its highly risky."

One young woman told us that as a result of having sexual experiences under the influence of alcohol,

"My pals are in the Sandyford every week."
– Female, 17

Literature

The evidence from our work with the young people confirms findings from previous studies indicating that alcohol and drug use reduce inhibitions and increase risk of unprotected sex, increasing risk of coercion and abuse. (YPSHSG 2006; Craik 2008).

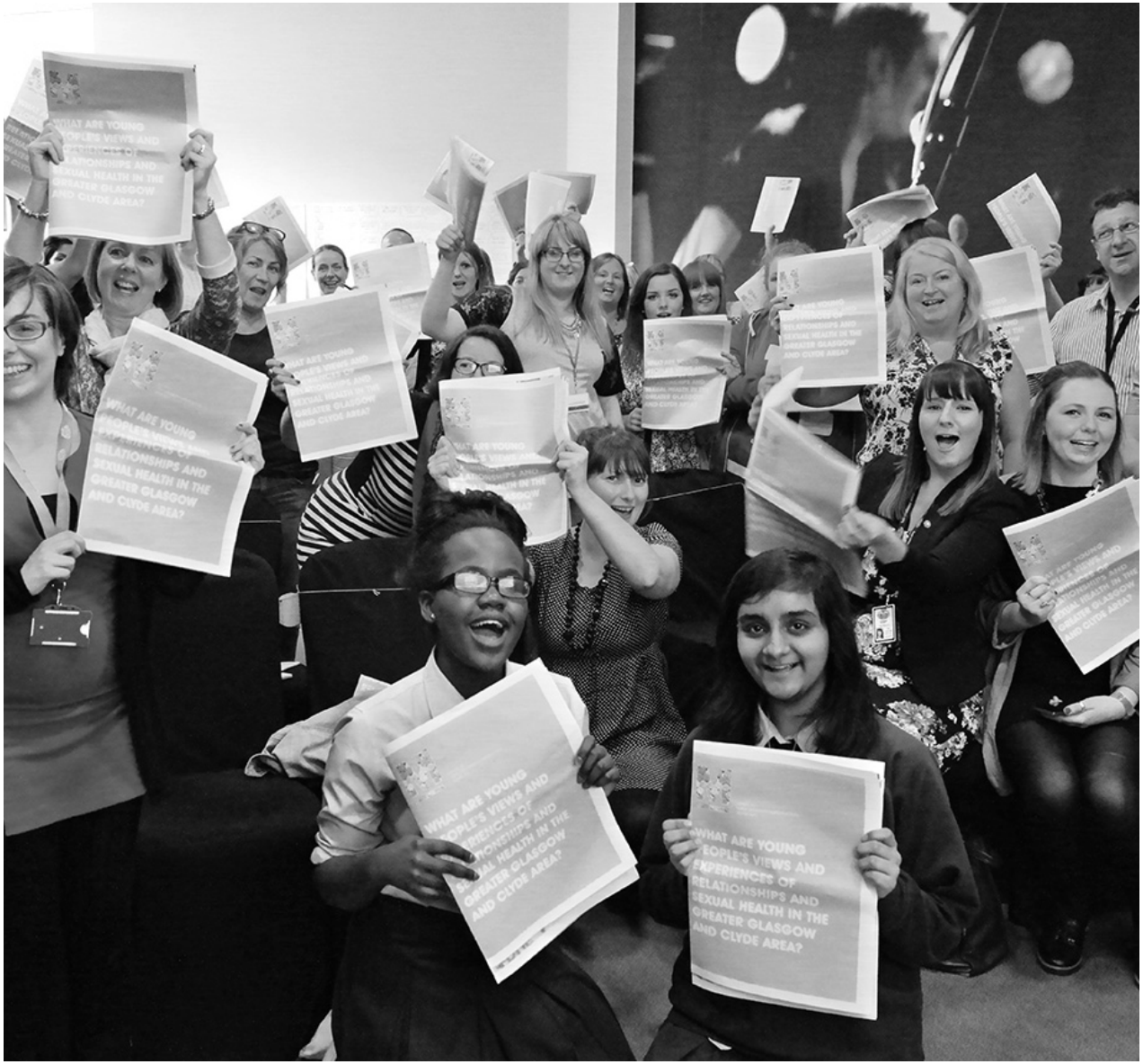
The young people indicated a higher level of understanding of the meaning of consent in theory than indicated in previous studies (Barter et al 2009; Family Lives 2012) but still struggled with the actual communication and negotiation around sexual activity in practice.

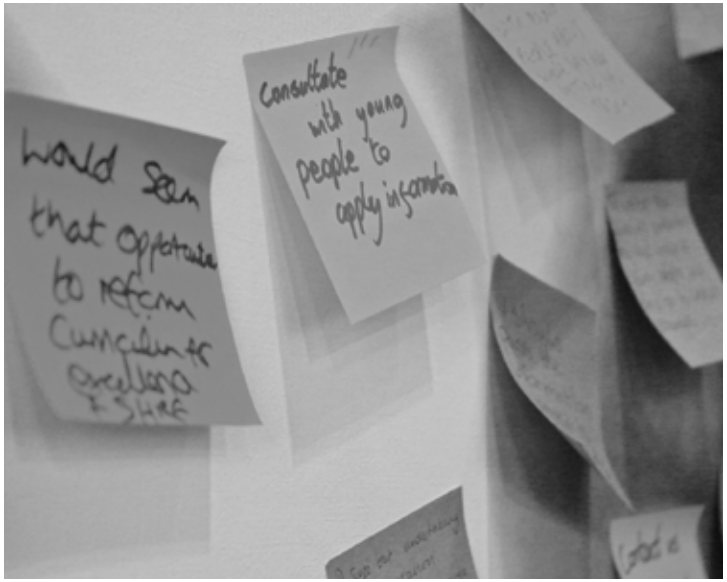
Summary of findings

Underlying many of young people's uncertainties and questions around sexual health and relationships is the discussion of what is normal in terms of bodily and sexual development. The impact that the media has on perceptions of what is normal and what to expect in relationships was recognised as having significant impact on self-esteem and body image. Gender and sexual stereotypes also affect how young people perceive themselves and how they feel they are expected to look and behave. While considerable focus is given in SHRE to 'being ready' the young people who had not yet had a sexual relationship were vague and unsure about how they might know when they are ready. The majority of those who had engaged in sexual activity said that it was not planned, showing similar confusion around how they knew they were ready.

Too much focus is still given to 'losing virginity' and penetrative sex, and young people made it clear that the wanted a broader focus in any SHRE discussions which outlined the different aspects of sexual contact, how to explore these safely (oral sex, touching etc.) and what a natural progression of sexual engagement in a relationship might look like. They felt that broadening the areas of discussion would remove the perceived over emphasis currently given to penetration and this being the marker of loss of virginity. This would also hopefully allow young people to naturally develop and discover ways of negotiating their sexual activity with partners, as well as being inclusive of a greater diversity of orientations.

Findings from the online survey suggested that the young people had a good understanding of the need for contraception and further protection


WHAT ARE YOUNG PEOPLE'S VIEWS AND EXPERIENCES OF RELATIONSHIPS AND SEXUAL HEALTH IN THE GREATER GLASGOW AND CLYDE AREA?


Consultate with young people to apply information

Too much focus is still given to 'losing virginity' and penetrative sex.

such as condoms to prevent transmission of STIs. However these also demonstrated that this was the main understanding of what 'being safe' in a sexual relationship meant, and showed that few young people had considered the wider relational and emotional aspects of sexual health and relationships.

Those in the groups suggested they wanted to understand the wider aspects related to emotional and psychological impact of relationships and sex, so they could make informed decisions and conduct safe and happy relationships, without feeling the mounting pressure to rush into something they aren't prepared for. As part of this, they suggested there should be a greater focus on navigating a journey and maintaining your emotional and psychological (as well as physical) wellbeing through various stages of a relationship.

In order to support young people to have happier and safer relationships, we should be equipping young people to talk confidently, openly and honestly about what they want from relationships. They need, and want, to have the skills to talk about what is ok for them, and to really recognise when they feel a situation is uncomfortable, as well as recognising and responding to the physical needs and emotional and psychological feelings of their partner. We need to give them the language, skills and information in order to do so. This includes having the confidence and skills to make decisions about what they feel comfortable with, to negotiate within their relationships and be able to say no and yes within sexual relationships.

Having discussed all of their demands for better information and support, the young people also acknowledged the impact that alcohol and drugs had on their ability to communicate and make decisions about sexual activity, and the 'false courage' or 'shield' it often provided. An expression that was frequently used was 'Mad wi it' and that encapsulated the idea of being so out of their heads that this overruled any sense of appropriate or safe behaviour. They suggested this should be given particular emphasis in drug, alcohol and sexual health and relationships education and interventions.

Barriers

Barriers to wellbeing

Understanding and appreciating the obvious and subliminal messages the media sends about body image, sexuality and relationships and the impact this has on self esteem and the development of relationships.

The overarching emphasis on the physical side of relationships, with little or no understanding of the emotional and psychological impact of sexual activity and intimate relationships.

A lack of open, informed discussion about what normal sexual exploration and development looks like, and lack of understanding of the natural evolution of the physical side of relationships and what is involved in the different aspects of physical and sexual contact.

Inadequate focus on the role of alcohol and drugs on making appropriate and safe sexual decisions.

Provide better information on the positive aspects of sexual relationships and intimacy.

Opportunities

Although it is recognised that many of these issues have been addressed in the newer programmes for SHRE, it is clear that many young people, particularly in the 15-17 age group, have often missed out on informative and open discussions of natural sexual development.

There is a need to facilitate opportunities for these and other young people out side of the school environment that allows them to explore some of the more nuanced aspects of emotional wellbeing, self esteem and sexual relationships, and to seek support around their relationships and sexual health.

Recommendations

Support young people to develop the skills to recognise and manage the psychological risks associated with romantic and sexual relationships, in particular focusing on self-esteem, negotiation, assertiveness and consent.

Provide better information on the positive aspects of sexual relationships and intimacy, and facilitate open and honest discussion about this, to reduce the over emphasis on penetrative sex and normalise sexual development and experimentation amongst young people.

Provide more opportunities to discuss and support young people to understand what it means for them personally to be 'ready for sex'. Including also what it might mean for their partner.

Sexual development and experimentation with drugs and alcohol do not usually happen in isolation and alcohol use in particular is strongly linked to sexual behaviour. There is a need to strengthen the links between information and educational interventions which address these topics to support young people to consider the links and risks and to better manage these.

Professionals working with young people on SHRE should provide more opportunities to discuss consent, exploitation and coercion within relationships and support young people to develop the skills to recognise these risks and seek support for themselves and their friends.

Ensure that young people develop the skills to enable open and honest communication within relationships and provide opportunities to develop communication skills, confidence and assertiveness.

Many of the above recommendations are in line with the comprehensive SHRE programmes now in place across NHS GGC's 6 local authority areas. It is therefore important that each of these programmes are reviewed to ensure they meet these recommendations, and

that the programmes are being delivered effectively and consistently.

Additionally it is recommended that ways to increase reach of information and support for those young people who do not attend school and are too old to receive the current schools SHRE programmes are identified. There is the potential for youth groups and agencies to include SHRE as an outcome for funders that would be included within their session plans.

DIGITAL LIVES

Overview

This section will focus on how young people use the internet, mobile technologies and social media to:

1. Get information online.
2. Get support online. And will explore issues related to.
3. Vewing and dealing with online porn and fan fiction.
4. Self generated indecent content (sexting) and fanpics.

Findings

1. Digital living: an overview

It is widely acknowledged that the landscape young people are growing up in has changed drastically in the past decade or so, and continues to do so.

Since the Internet entered our homes on a larger scale from 1997 onwards, young people have been warned of the dangers of contacting strangers and making their private lives public. With the evolution of mobile phone technology, this context has changed once again. The Internet is now more accessible than ever, and an integral part of most people's every day lives in Scotland (and across much of the world). The lines between the way in which we socialise online and offline are increasingly blurred.

Facebook and other social networking sites are fairly ubiquitous, but increasingly young people are migrating away from these sites, in favour of 'over-the-top apps' and 'tribal' Internet based messaging apps. These allow for more direct and targeted contact with individuals and groups than the broadcasting nature of traditional social networking sites.

2. Examples of these include

Whatsapp; a messaging service which uses the internet rather than a phone's network to send messages – allowing free SMS style communication across the world. The young people we spoke to throughout our consultation talked of using Whatsapp in place of SMS messaging to talk to their friends.

Snapchat; a messaging service which allows users to send photos, videos, text or drawings to a controlled list of contacts with the message being deleted from the receivers device and Snapchat's servers after a 10 second viewing window. Other apps exist to capture these messages from Snapchat permanently. Some of the ways in which the young people we spoke to indicated that they interacted with Snapchat, beyond sending pictures amongst friends, was that "random people" could contact them on it, and that they receive, and expect to receive, a lot of inappropriate or pornographic images on the app.

Kik and BBM; two messaging apps, similar to Whatsapp. Amongst the young people we spoke to, BBM was one of the most popular methods of communication with friends and people known to them, as well as with strangers.

Grindr is easy to do when drunk, it encourages bad decisions.

"Random people send you pictures on Facebook, Snapchat, Kik, BBM."

Other social networking sites popular amongst the young people we spoke to include:

Omegle; a free online chat site, which allows users to communicate with strangers without registering. Users are randomly paired, in one-on-one style sessions, where they can chat anonymously using the handles "you" and "stranger".

Ask FM; a social networking website, where users can ask other users questions, with the option of anonymity. These can often be quite personal. Young people we spoke to reported receiving invasive questions on the site.

"Found out on Ask FM my boyfriend cheated on me." – Female, 15

Another category of apps that the young people we met with were engaging with are "dating apps", "hook-up apps" or "cruising apps" such as Grindr and, to a lesser extent, Tinder.

Grindr; a "geosocial networking" app, specifically geared towards men who sleep with men that allows users to locate others within close proximity. Users are given the option to chat, send pictures and share their location.

"Grindr is easy to do when drunk, it encourages bad decisions."
– Male, 15 – 17, LGBT

Tinder; a social networking site, primarily used for dating, which allows users to rate others based on profile pictures.

Hot or Not; similar to Tinder, this site (a predecessor of many social networking sites, having launched in 2000), allows users to rate others on attractiveness.

3. Learning about digital lives

Young people expressed that they want more information and advice related to their digital lives. Many of the young people we spoke with felt that the adults they are turning to, primarily teachers and parents, are ill-equipped to give sound advice, because their knowledge is out of date and/or they haven't been taught it themselves. A member of The Matter told us: "You don't get told enough about Internet safety. [Teachers and parents] try, but they always give up."

When looking for advice, young people told us they would Google for answers, or post questions on sites such as Ask FM, however, as one young person put it: "I think you get more hate than support online".

They may also be receiving conflicting or inadequate sexual health information in their real or online lives. For example, young LGBT young people admitted that some people may not be 'out' in their day to day lives, but may be 'out' in digital spaces using apps such as Grindr; they may create profiles to express their gender identity or sexuality. Whilst it is positive that young people can express themselves in digital

If you add [people you don't know], you're putting yourself at risk.

spaces, they can receive negative feedback from their peers.

"I'm out so obviously I'm out on Facebook so all my friends know but then you obviously get a wee first year who thinks he's smart and tries to be a weirdo on Facebook but when you see them in school they look the other way. You always get that experience."

4. The Risk

Engagement with various apps and websites (Facebook, Omegle etc) often leads to young people interacting in a sexually explicit way that they didn't initially intend. For example, clicking on links that lead to pornography, or downloading an app perceived to be free of sexual content sometimes leads to connecting with users who pressurise others to upload sexual content or engage in sexual acts.

Young people don't seem to be actively seeking these interactions but they are often subjected to them by other users.

"On Snapchat, you get a lot of dick-pics."
- Male, 16.

Apps specifically aimed at the LGBT community (particularly those targeted at Men who Sleep with Men- MSM), such as Grindr, often also incorporate a geolocating feature – which allow users to see which other users are within proximity (although not their exact location.) Young people, under 18, who are vulnerable, are using these apps which are targeted at adults seeking sex.

The young people we spoke to did seem to have a sense of risk awareness when discussing apps and online use, although they did not always apply the risk to themselves.

"I would report [being contacted by someone I didn't know], but not everyone would."

"If you add [people you don't know], you're putting yourself at risk."

"Some SM sites like Kik you can send an message to anyone without being their friend on it and even if they want to accept you they can but they can still have conversations or send you things through it without being on your contacts."

We often heard views that implied a 'it won't happen to me' attitude. A youth worker told us that unfortunately, in their experience, the best way to foster action is a reaction. When something happened to someone they knew – for example explicit, personal pictures being made public, the youth worker noted that many of the young people in the youth group changed their online privacy settings and became far more cautious about who and what they were messaging.
However, she admitted that this was only ever a temporary behaviour change – whilst the very real consequences were fresh in their minds. Young people themselves repeatedly told us that they would like to hear about real experiences, from the people who experienced them and this was the most powerful way to learn.

People that I have never met in real life and do not know but trust.

5. Digital Support

Whilst we outlined some issues within the digital world, we found that for some young people (particularly for LGBT young people), digital interaction can provide numerous benefits in enhancing confidence, autonomy and a sense of self. Online platforms can also facilitate peer support and help to normalise their experience, by connecting with other individuals who may be in similar situations, or may have been through similar experiences.

Young LGBT people spoke specifically about watching transition videos of other people online to help them learn how to bind safely and correctly, how to pass as their desired gender and what physiological changes they could expect if they were starting gender reassignment treatment through hormones or therapy.

"On YouTube you get positives, like videos on coming out, transitions, Alex Betty, Davy Wavy. I watch all their videos."

"I have multiple friends online and to be honest I am closer to them and trust them more than most of my real friends!"

"People that I have never met in real life and do not know but trust, usually people that I have met on the internet."

6. Sexualised messages

A common theme throughout this consultation was the normalisation of 'sexting'. Sexting is a term used to describe the act of sending self generated sexually explicit messages, primarily between mobile phones. However, it is important to note that while adults may use this term to capture all forms of exchange of sexual or explicit images, use of this particular term was actually not the norm for the young people we spoke to, who used a range of other terms to describe these practices. Terms that the young people we spoke to used, or would recognise include; 'fan pics', 'selfies' or 'nude selfies'., One young woman commented that sexting is "disgusting. Horny people do it, or paedos." Conversely, the act of sending and taking sexualised images appeared to be commonplace.

LGBT young people suggested that they felt particular pressure to share sexualised images of themselves and reported higher incidences of unsolicited requests for images from strangers through specific LGBT apps and sites. This feature is not specifically advertised when downloading these apps, so young people didn't seem to be actively seeking these interactions but were subjected to them by peers or older members of the LGBT community. This placed them at risk of sexual exploitation. They also reported receiving sexualised images of others, including unsolicited images, and viewed this as a normal part of their digital lives. As mentioned in the 'Risk' section above, Grindr in particular poses risks to young people because of the geo-location features. If young people are seeking interaction or engagement from apps or platforms specifically targeting their sexuality or gender (and often geared for adults) these are some of the risks they face. However, the young people we

the Matter
Skills Scale
the Matter
Skills Scale

the Matter

[Sexting] - It's like flirting but a bigger step ahead.

questioned did seem to have an awareness of the risks involved in engaging in sexting.

"If you add them you're the one putting yourself at risk."

"It might be something they're pressured into. Ken like, if they put pressure on themselves or pressure by other people."

"You can report someone or something but it'll just keep happening."

In a show of hands at our workshops, a majority had seen, sent or received sexually explicit messages, particularly images. Even those with no personal experiences, most had close friends or relatives who had.

Our online survey showed that 40% of young people who answered had received sexually explicit messages and were OK with it, or liked it, whilst a further 20% had received these messages and weren't OK and didn't like it. 29% told us they had sent these messages and were ok with this, whilst 5% had sent messages that they weren't OK about or didn't want to. 67% of respondents told us that they knew others who had sent or received sexually explicit messages. Young people responses about how they felt about sexting are grouped under the following themes:

No personal experience:

"I have never received or sent anything myself, however some of my friends have."

Normal part of a relationship:

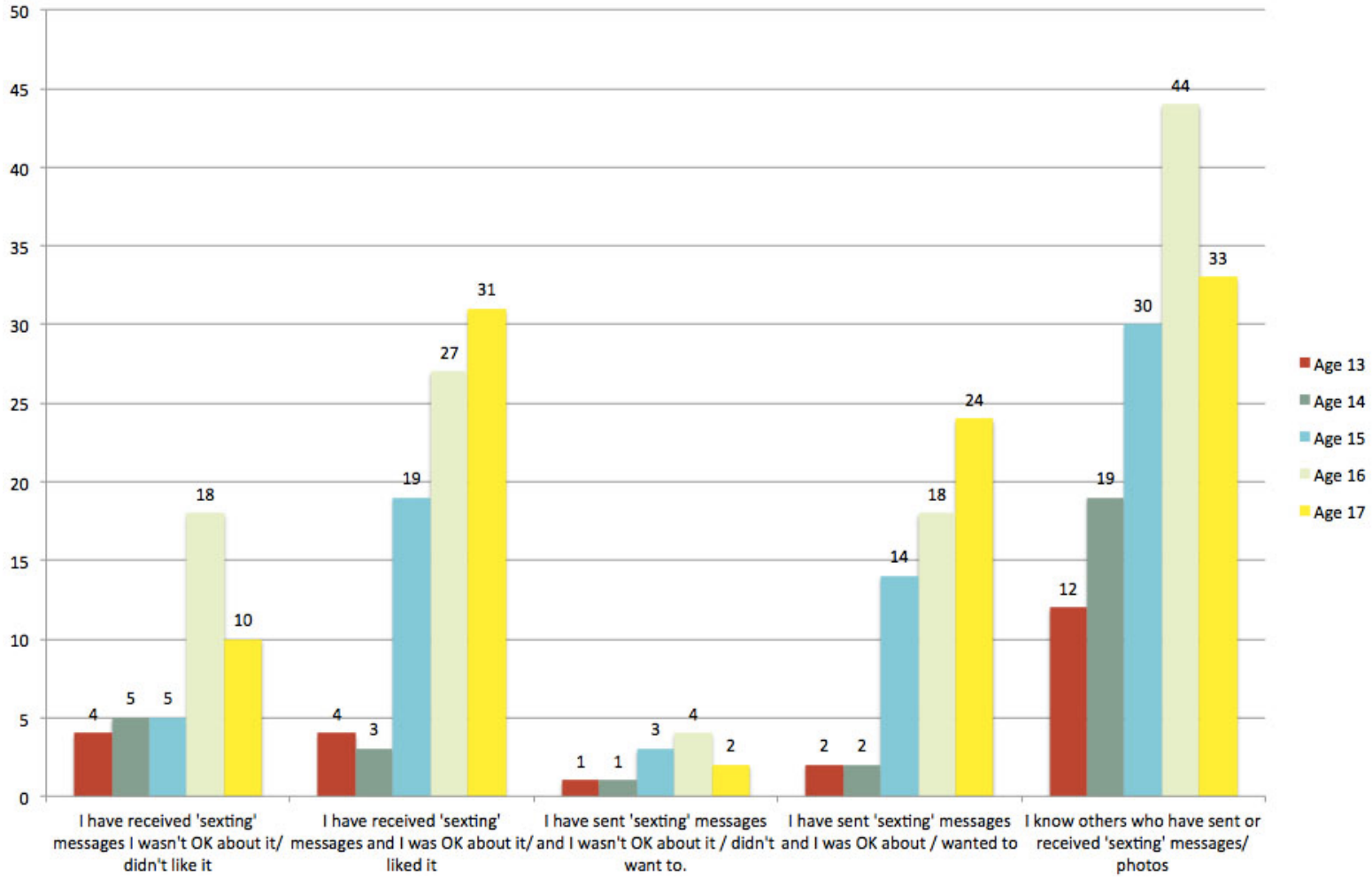
"Its like flirting but a bigger step ahead."

"I have only sent to and from with my boyfriend, I was fine with doing it with him because we were comfortable in our sexual relationship by this point."

"I used to have a boyfriend who moved away to the other side of the country and, when we began to feel sexual urges, sexting was the closest we could get to the sexual relationship we couldn't have any more, since we lived almost 90 miles apart."

Uncomfortable with it/don't like it:

"I think it glamorises and romanticizes sex. And the reason why folk do that shit is because: one - it's a 'pre-sexual relationship' trial where you ease yourself into the concept and two - it's nicer and it meets folks expectations. In the end of the day, it's why people get disappointed when it finally happens which can either (lead) to the evitable break-up of the relationship or turn it into one of those 'You asshole!' kinda things."



By age: young people's feelings about sexting

I have sent it and liked it but sometimes felt uncomfortable when things got too far.

"I have sent it and liked it but sometimes felt uncomfortable when things got too far and I didn't know how to slow it down. I liked getting them but sometimes the person I was doing it with didn't know when to stop."

Bad experiences and regrets:

"When I was 13 a boy who I really liked in the past started trying to sext me, but I didn't like it so I tried to tell him to stop it because it wasn't funny, he then told me that we were having a laugh and that I should try it, so I did, and now I completely regret it."

"A girl at my school sent photos of her vulva which ended up being shared around the school. The school dealt with it appropriately and the girl has definitely moved passed it now. At the time however, she was ostracized a bit and was very embarrassed."

Boyfriend asked for pictures:

"He sent me a picture first I didn't really want to but I felt guilty he had sent one to me and felt obliged to send one back I still feel very guilty sending it to him but I'm sure he sexts other girls and isn't they bothered about it but I still want to talk to him about it but I'm not sure how."

Young people in the groups, when asked about sexting mentioned, "Random people send you pictures on Facebook, Snapchat, Kik BBM."

"People can pressure you to send pics and then blackmail you with them later."

"Dick pics, vag pics". – (that's what sexting is)

"You can use Hot Or Not to rate people and then have contact with them."

Of those we asked in youth group workshops, a majority of young people did not realise that taking and sharing sexualised images of themselves is a criminal offence – they were horrified to learn they have created child pornography. The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 amended its legislation, making it an offence to create and distribute indecent images of people under 18. Beyond pictures being passed around their immediate community, it hadn't been considered that these images could fall into the wrong hands.

One young person summed up a lot of misunderstandings we heard when we talked about the laws surrounding sexting;

"What, even if it's of yourself?"

"Yes, if you are under 18."

"What, even if you just pass it on to your boyfriend?"

Broadly, the young people we spoke to knew the consequences of sending pictures of themselves, or contacting people they don't know. When we asked young people to discuss the dangers of sending a sexualised image of themselves to someone else, most were able to talk about the

Boys want pics as a trophy and to pass around the photo.

risk of having it passed around school or it being seen by someone such as a teacher or parent.
One young person commented on our online survey: "It ended badly with the pictures being shown online". Many were then able to recount tales of peers this had happened to and the initial consequences of this. Some were able to go into more detail – about how the person might then feel and how that might affect their future.

However, despite all this, a majority admitted to either having sent pictures of themselves, having seen pictures of others or passed on pictures of others. In one workshop a young person told us "I'd never speak to someone I don't know on my phone" – this caused giggling from a friend, who explained the young person in question was receiving texts on Whatsapp from someone she had never met, throughout our workshop. They struggled with knowing who to turn to or where to report images, or instances of images of themselves being passed around. They felt it was out of their control.

"On sites like Kik you can send a message to anyone without being their friend on it and even if they want to accept you they can but they can still have conversations or send you things through it without being on your contacts."

8. Pressure to comply

There was some recognition that gender stereotypes may lead to different motivations for young men and young women. Some explained that, for young men, possession of sexual images of peers contributed to their status or feelings of power amongst their friends:

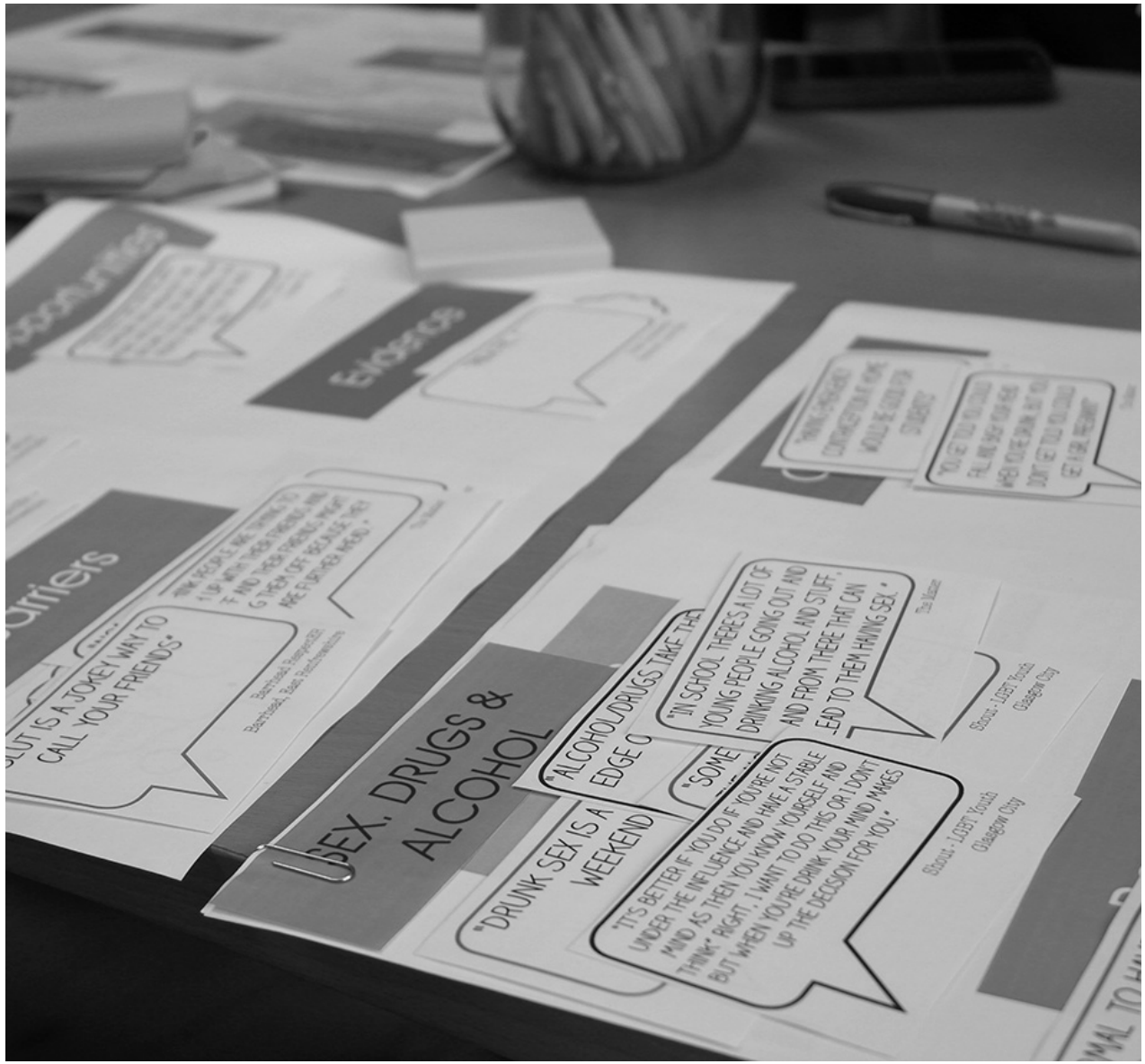
"Boys want pics as a trophy and to pass around the photo".

"[Boys ask for photos] to pass them around."

Given that there is awareness that images can be put online or passed around, it is clear there are a complex set of dynamics that young people are trying to negotiate. Many girls suggested that they would only send an image to someone they absolutely trusted and were in a relationship with.

Girls in the online survey mentioned that they had been asked to send sexual photos by a boyfriend or a friend who was a boy. One suggested it was a 'sympathy thing' and another that she felt she had to send an image back after a boy sent one to her.

Young people questioned couldn't articulate why some people might comply, going against their own judgements, to sexting, although there is evidence to suggest that low self esteem, body image and looking for love or attention plays a role in this (NSPCC 2012; Phippen 2012). Peek, who operate in East and North East Glasgow, created a peer education campaign called "Smile You're Beautiful" to tackle this very issue. Their young people originally wanted to look at prostitution and exploitation of young women, but after some initial research found that poor self-esteem was in their view, a key risk factor for these situations. They created and delivered a series of workshops to young women aged 11-18, to help improve body image and self-esteem.


Barriers
Bridges
SEX, DRUGS & ALCOHOL
"DRUNK SEX IS A WEEKEND
"ALCOHOL/DRUGS TAKE THA
EDGE O
"SOME
"IT'S BETTER IF YOU DO IF YOU'RE NOT UNDER THE INFLUENCE AND HAVE A STABLE MIND AS THEN YOU KNOW YOURSELF AND THINK" RIGHT. I WANT TO DO THIS OR I DON'T BUT WHEN YOU'RE DRINK YOUR MIND MAKES UP THE DECISION FOR YOU."
"IN SCHOOL THERE'S A LOT OF YOUNG PEOPLE GOING OUT AND DRINKING ALCOHOL AND STUFF. AND FROM THERE THAT CAN LEAD TO THEM HAVING SEX."
Glasgow City

SCHOOL

Porn is so normal people aren't really affected by it.

The only sexting regret stories we heard came from girls and these seemed to be related to having complied under pressure and sent images that they later regretted. For others the exchanging of sexual or semi-sexual messages was a consensual part of a normal relationship. and refusing to engage is sometimes perceived as being awkward. One young woman we spoke to drew an account of a boyfriend breaking up with her because she wouldn't comply to the pressure he was putting on her to send him pictures of herself:

"I was dumped because I wouldn't send him pics." - Female, 15

We heard several accounts of young people (predominately young women) who had sent explicit pictures of themselves to someone they knew, and the pictures had then been sent around their school or peer group. The young person concerned had then temporarily lost popularity, but then subsequently grown in popularity (or at least, notoriety) amongst peers. Others had tried to reproduce this affect by releasing photos of themselves, however the attempt had backfired which resulted in serious ill-affects to their wellbeing, as well as perceived social status.

9. Online pornography

We heard many stories in our group work of young men watching online pornography to learn how to have sex (the 'practical' instead of the 'theory') and to 'gain sexual experience', as well as for arousal. Stories of young women watching pornography to learn 'how to' have sex were also common:

"There is one way but it's not the recommended way. You could learn it from porn online. Actually that's how a surprising amount of people do learn."

They described putting what they 'learn' into practice, with the belief that 'porn sex' is the norm.

"Porn is so normal people aren't really affected by it."

"Anal sex is fine for gay men. Straight girls feel pressured into it because of porn."

In the online survey when asked 'What do you think porn is?' there was a strong focus on porn as something that was found online, and most respondents mentioned videos as the main form of porn they were aware of:

Online:

"Porn is a website/videos of 'horny' guys or woman-usually woman, who are trying to seduce-usually teenagers, and 'entertain' them."

"People having sex on the internet."

"Online sex."

Focus on videos:

"Porn is very explicit and sexual films."
"A sexually graphic film."
"Porn is basically people having sex and videoing it."

Unrealistic body expectation, not like proper sex, meaningless, only there for entertainment.

Recognition of other forms of porn:

"Videos, pictures and stories depicting sexually explicit themes."

"Erotic photos/pictures or videos. Also in erotic books."

Critical of unreal or fake aspects of porn:

"Oh dear, porn is explicit videos with poor structured story lines made for very alone boys to masturbate to before bed. It provides a pornstar job for many people including famous Chris Crocker and is very useful in some ways but also a very taboo subject."

"People having sex in front of a camera which is all set up and fake or illegal on some porn sites."

"Unrealistic body expectations, not like proper sex, meaningless, only there for entertainment."

"The unrealistic fantasy of misogynistic scum . xoxo"

Disgusting:

"A disgusting thing where people try to look good and it sickens me."

When asked if they had seen or used porn, only 42 out of the 356 respondents made any comment, two of whom said they had no experience. The other responses were grouped into the following themes:

Have seen it:

"I remember when I was in first year boys used to show the girls porn to try and freak us out."

"It is often pop ups on sites and on some social networks it is definitely present."

Aware of it but not interested/don't like it:

" I've heard of people using it. I'm not interested in any of that crap. I think its just degrading."

"Me and my boyfriend joke around about it and because he knows I hate the thought of porn, he'll show me it to wind me up, but I have never used it for purposes of masturbation."

Admit to using it:

"Yes I have seen it. I watch videos and read erotic stories from time to time."

"first saw it when I was 11 years old, don't talk about it with anyone but I still watch it."

"My friends and I watched porn whilst having a sleepover, it was an experience we wanted to do together."

Admit to using it frequently:

"Hasn't everyone? I stumbled upon it when younger and slowly, very timidly, began to explore the world. Only when I was about 15/16 did I use it comfortably."

"Daily thing."

Have used it but have reservations:

"I try and consume it intelligently, knowing what is

I have decided to not watch anymore as I feel unclean after I watch it.

and isn't real and okay. I feel bad about it because I know the whole industry is fucked up with rape and abuse and misogyny but what can I say, I get horny sometimes."

"I have decided to not watch anymore as I feel unclean after I watch it. It makes me feel like I'm committing a crime."

My partner asked me to watch it with him:

"Boyfriend asked me to watch it."

"My boyfriend wanted me to watch it."

The internet also provided other sources of sexual stimulation in the form of fanfic' (fan fiction – fiction written by a fan of, and featuring characters or persons from, a particular TV series, book, band etc). Fanfiction often imagines relationships between characters who appeared in the original book, film or programme and more often than not provide a source of sexual fantasy, which can often explore same sex relationships and is usually sexually explicit. Categories include: slash (male/male relationships); femslash (female/female); het or general (general and heterosexual). This was particularly popular amongst young women who described reading this for enjoyment and stimulation, with some particularly seeking out more sexually explicit writing:

"Fanfic doesn't have to include sex scenes. But its better when it does."

"Some fanfic is disturbing."

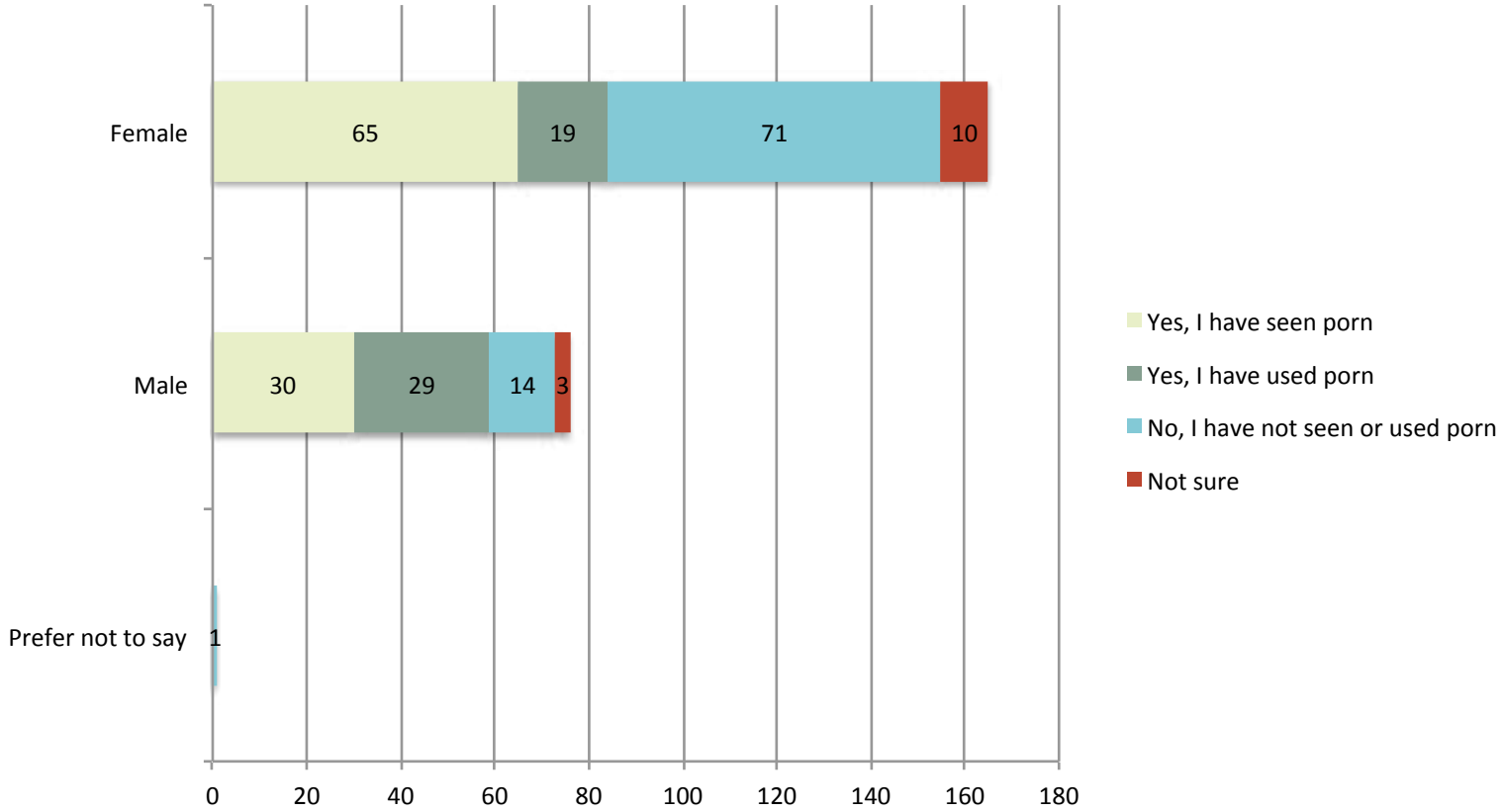
Summary of findings

The internet and social media are an important social space, communication tool and source of information and support for young people and are an intrinsic part of their lives. These spaces and tools offer opportunities to experiment and explore their sexuality and sexual orientations and seek information and support on sexual health and relationships.

Young people told us about the many positive aspects of this. However they also described some negative consequences, including pressures to share sexually explicit images, increased pressures to be sexually active, online bullying, risks of exploitation, the impact on their self esteem and the unrealistic expectations generated by online pornography. Young people told us that they felt unprepared to cope with these pressures and consequences, and felt little confidence in adults' ability to offer the appropriate advice and support, as they were viewed as uninformed.

Literature

Toleman (2011), NSPCC (2012) and Tomson (2014) all explore the pressure to be 'sexy' as fostered by the media, pornography etc. and the links with low self esteem and the need for affirmation in girls in particular. Our findings suggested that some of the younger groups we talked to had received teaching focused on these particular issues and could demonstrate awareness and understanding received through engagement in practical exercises, which they had been able to



Corellation of gender and use of porn
(Please note that the on-line questionnaire did provide an option for participants to identify as neither male nor female. However there were no responses in this question that indicated non-binary genders)

First saw it when I was 11 years old, don't talk about it with anyone but I still watch it.

direct themselves.

Hasinhoff (2012) argued that media coverage of sexting is predominantly concerned with teenage girls and the negative affect it can have on how and who they communicate with.

Whilst our findings were that within a heterosexual context this was true, we also found evidence that sexting should be seen as a universal and genderless issue for all young people regardless of their sexual orientation or gender identity. In particular, young men who sleep with men (YMSM), over any group in our study recounted stories of sharing explicit images, with people they knew and people they don't.

Downing (2013) looked at virtual spaces specifically designed for LGBT young people. He found that LGBT young people often have separate online and offline selves. Our findings suggest that this is true of other young people too, but it becomes particularly apparent when young people are in the process of coming out and may be experiencing struggles in their personal relationships with family or friends.

CAHRU (2011) Jones and Biddlecom (2011) have suggested that increasing numbers of boys particularly are accessing information and seeking guidance about sexual practice on the internet. Our findings confirm this trend and particularly acknowledge the impact of online porn on perceptions of 'normal' sexual practice, both for girls and boys. The emergence and potential impact of online 'fan fiction' seems to be a new trend that has not yet been explored in any detail.

Barriers

Skills: Discrimination and discernment

Young people often lack the skills to discriminate and evaluate accuracy (and realism) of sexual content displayed online. There was some indication of the effect of increased exposure to porn online and its influence on expectation and acceptance of extreme sexual practices.

Knowledge and legal issues

Lack of understanding of the legal implications of generating and sharing sexually explicit content of under age people. Normalisation of exchange of self generated explicit images and pressure to engage in this practice.

Staying safe and avoiding risky situations when young people are seeking relationships or sexual contact online (specifically with apps that include links to social media content and GPS locators)

Opportunities

The Matter group proposed an idea for an app, which was further developed by young people at some of our youth group workshops. The app would inform young people of the law and when they are putting themselves in potentially risky situations, at the point where they can change their actions.

[Porn] - it's a daily thing.

The premise is that when a young person sends or receives potentially explicit messages, the app would recognise this (through 'seeing' skin tones, or picking up on the language in surrounding messages). It would then remind them of the law or of social consequences of sending such a message. The young person would then be given the option to send or delete the image. The young people we consulted said it was "a great idea" and "go for it". They suggested that if it were a standard feature of apps such as Whatsapp and Snapchat, they would welcome it. Ideas like this are merely suggestive of the change that needs to happen and the tools that can be adopted to instigate this change.

Whilst not a fully formed idea, the principle behind what the young people were suggesting is valid. They suggested a service which gives them appropriate, relevant and helpful information, at the point they need it most, without seeming to lecture or scold. This would provide a check that interrupts the flow of their behaviour, giving them a moment to consider the implications of their actions.

A similar app that already exists is Childline's Zipit, which provides users with a series of image based memes to deflect requests for inappropriate pictures and provides advice for text flirting.

"Zipit helps you get flirty chat back on the right track. It's packed with killer comebacks and top tips to help you stay in control of your chat game." – (from Google Play's app store)

Recommendations

Ensure young people are better equipped to assess risks and consequences of online behaviour and how to seek support when they need to. However we shouldn't treat the Internet as a completely separate entity as young people do not view their digital lives as such. Specifically young people need, and would like to understand the legal implications of their social media and mobile communications, and be equipped to effectively consider the wider consequences of their online activity. They would also appreciate the opportunity to develop the practical, interpersonal and emotional skills required to deal with the issues outlined in the above section, both to prevent and to cope with any negative consequences. This should include opportunities outwith the school environment.

There needs to be meaningful, on-going education of all adults who have a role in educating and supporting young people (including teachers, youth workers,

parents and carers) to ensure they have a good knowledge of how young people use the internet and social media within their relationships and be abreast of trends and changes. This should acknowledge the positive aspects as well as equipping them to give appropriate advice and support that is valued by young people. A youth group we spoke to in East Renfrewshire suggested that the campus officers, who are attached to every high school in that local authority, could be the people to lead on this, whilst others suggested youth workers.

Opportunities to work with the young people to harness their knowledge about trends in internet and social media usage and emerging risks should be investigated. The young people we spoke to suggested convening an advisory group of young people who can help SHRE educators keep up to date with young people's digital lives.

Young people suggested the development of a 'keep safe' apps for young people (complementing those already available for children), which could highlight when messages and images might be considered unlawful, and give them the chance to reconsider sending these. Additional features could also alert the young person to any explicit content in images they have been sent.

LESSONS FOR LIFE

Overview

This section focuses mainly on the young people's experiences of SHRE in their school curriculum and discusses the:

1. Quality and relevance of content.
2. Quality of delivery. (competence and confidence of those delivering SHRE)

We additionally consider to what degree young people are seeking and accessing information outside school.

Findings

Sexual health and relationships education (SHRE) within schools was the area in which young people expressed some of the strongest opinions and were almost unanimously negative about their experience of SHRE to date. This was a common conversation throughout our consultation. No matter what kind of school young people attended and regardless of the content of their sexual education, young people overwhelmingly felt that their experiences did not equip them for relationships. Whilst health and wellbeing, including relationships, sexual health and parenthood is one of eight curriculum areas of Curriculum for Excellence, there is no statutory requirement in Scotland for schools to teach SHRE.

A significant number of the young people we spoke to reported they received very little or no SHRE in schools, with some reflecting on why this may have been the case:

"In my school everyone is actually asking to learn about it as we never actually got it. We were always told ah next year and then the next year and then the next we'd be taught it but now we're being told we're not being taught it at all."

"Don't remember it."

"We never got any."

"I think strict religion [in faith schools] causes an increase in sex at a young age."

Of those young people who told us they had received no SHRE, the majority attended faith schools. Many of these young people feel that this lack of education is directly linked to poor experiences of relationships and sexual health outcomes experiences amongst their peers.

Some young people in our groups indicated that they had had no information in schools regarding the reasons you might want to share a sexual experience with someone, or much information regarding conducting healthy relationships.

"We've learnt about how the baby grows in the woman, the process, but that's really it."

"My sex ed was "don't have sex until you're married and "condoms are evil."

Even within schools where sex education is taught, it appeared that not all young people are being reached.

We maybe had an hour of sex ed the whole time I was in school.

"Lots of people miss out on sex ed due to other classes at the same time."
– Female, 15

Young people that we talked to felt that their sex education, along with other life skills, is treated as a "second class" subject by many schools, in particular faith schools, and is not prioritised. Many young people could only remember a few hours spent on SHRE across the high school education.

"The little sex ed we're getting is in RE classes so we're not really getting it from a scientific or emotional point of view. They got into the denouncing part. They said a man and a woman should get married, that's it."

"We maybe had an hour of sex ed the whole time I was in school."
– Male, 17

"They don't [show us condoms] in my Catholic school."
– Male, 15

"Sex-ed – there's barely any information in religious Catholic schools, nevermind homosexual sex."
- 15 – 17, LGBT

When asked what they remember about their SHRE, a significant number said very little, whereas most reported a basic overview of reproduction, pregnancy and STIs. This suggests that the SHRE delivered to these young people to date focused on the physical and biological aspects of SHRE and was not viewed as relevant or engaging by young people.

Young people commonly felt that their teachers had been unprepared, uncomfortable and embarrassed, which further contributed to their views that the lessons were un-engaging and didn't teach them anything they felt they didn't know already.

We asked them how SHRE could be made better.
Who should teach sexual health?

Young people told us that they couldn't take lessons seriously when they came from teachers of other subjects, knowing that they would have to see them in regular lessons. They felt that the formal style in which SHRE was delivered created barriers for discussion and that they didn't feel they could approach their SHRE teachers with questions or concerns:

"When we have sexual health in school it's really formal and embarrassing."

It seemed that some of these feelings were due to wider cultural issues around discussing sexual health and behaviour, and also a sense that teachers were not given adequate time, resources or training to deliver lessons:

"To be honest I don't really thing teachers know what's important as they just teach you what they're told to teach you instead of what you need to hear."

Young
People want
WHY?

When we have sexual health in school it's really formal and embarrassing.

"A lot of [Young People] find it embarrassing to talk about sexual health and relationships in front of adults or another generation."

"If you get someone you feel comfortable with, a person who shows them how important sexual health is and to be safe, then younger people might be like "yeah, this might actually be important."

Yet young people felt that SHRE was important and were often surprised that there wasn't a consistent level of SHRE delivered across all schools and that there wasn't a set curriculum. In particular young people described the poor experiences of SHRE in faith schools, and felt that this was unfair, as all young people should be entitled to good quality SHRE.

"I go through my Facebook and there's all these girls that I went to school with, about 12 from my year group that have had babies, or they've caught something as well. That's because school failed us." – Male, 18

"Don't give Catholic schools the option of opting out as they're being particularly unfair to a group of people, potentially a small group of people but if more young people know about it in a healthy manner then you're going to get a lot less bullying in your school and a lot more happy and functioning adults." - LGBT young person

It was suggested that the people who teach sex education should be from outside the school, for example youth workers who are already known in the community, and that resources should be redistributed accordingly.

"Youth workers."

"People with experience."

"If schools won't teach it, provide info of where to go that would teach it."

"Schools could be more understanding and supportive."

"Advertising campaign." (like domestic abuse, Hollyoaks)

When asked how they feel they would best receive SHRE education, and what would work for them, many of the young people we spoke to cited peer education as being a good way to have open and honest discussions within a group, and something they usually responded well to.

Although it is recognised that evidence in the past has not supported the efficacy of a peer education model, the young people who took part in our group consultations said that they valued the opportunity provided by the Matter peer researchers to have facilitated peer-led conversations about relationships and sexual health and told us that they would like more opportunities to do this.

"They could do peer led assemblies on issues that actually matter to young people and are relevant at the time not like the usually assemblies we get

Where to get support and advice on sexual health and relationships.

on drink driving. Being gay is way more relevant to 13 year olds than drink driving."

"I think it'd be better if they actually got someone in that you're not used to so you won't get embarrassed. So you learn it and you don't need to see them again."

The Matter peer researchers asked the groups the following questions: What should people know before they teach sexual health and relationships?

The groups emphasised that teachers should be well trained so that they feel confident in delivering the SHRE material; the right people should be selected who can do it without being embarrassed; and they should have an open and honest approach that makes the young people feel comfortable. They also suggested that health practitioners and educators need to "remember what it's like to be a teenager" and recognise that a normal and important part of being a teenager is exploring sexuality and sexual orientation. Adults need to remember this, and make it clear to the young people they work with that they understand this. This seems to indicate that the young people feel that they respond best to experience and honesty from the significant adults they interact with.

"They should have experience"

"What it's like to be a young person."

1. What should they teach?

When we asked what they would like to learn, one young person told us they wanted "real info about real sex." Young people told us that they wanted 'real images and variety' in their sex education. They felt that this would reduce the need to use the Internet to find out how to have sex. One young person asked that practitioners and educators "don't shy away from 'real info'."

Repeatedly, young people told us that they want to hear real facts, evidence and stories about teenage sexual development and relationships. As mentioned in previous chapters, they specifically wanted more information and guidance about the emotional and psycho-social elements of relationships, and how to handle pressure from the media and their peers.

They felt that having access to this wider range of information would help them to feel that their own sexual development and relationships were normal and fitted into a wide and varied spectrum of human experience.

"Where to get support and advice on sexual health and relationships."

"Sex is more than just penis and vagina."
"When do you know when you're ready?"

When SHRE is delivering information about the 'how to' of sex, however, young people requested that this should have a wider focus than the current emphasis on penetrative sex. They felt that there was not enough teaching about other forms of sexual intimacy and sexual activity, particularly

There's not enough sex ed in schools about same sex couples.

oral and anal sex.

LGBT young people in particular found that health and educational materials were often non-inclusive of LGBT issues. They reported some instances of receiving inaccurate and inappropriate information with regards to sexual health in education and health settings. This can leave LGBT young people in a vulnerable position when they begin to explore their sexuality.

"I don't even think anyone in my school knows about LGBT. I certainly didn't."
– Female, 15, LGBT

"There's not enough sex ed in schools about same sex couples."
– 15 – 17, LGBT

"I never got any sex ed really about same sex relationships. We only learned about sex between a man and a woman."
– 15 – 17, LGBT

2. Other sources of information and support

Despite feeling that SHRE was an important part of their school-based education young people felt that there were some topics they felt more comfortable learning about in other ways, sometimes due to a reluctance in talking to adults, or embarrassment based on the young person's prior relationship with the person.

As described in the Digital Lives chapters many young people seek information and support online, and prefer this to approaching someone in person. Young People spoke about using the Internet and social media to find out about sexual health rather than speaking to medical staff or teachers.

Online, thirty four of the ninety seven responses to the question, "Tell us where you could or would get information about sex and relationships from" mentioned the internet or online. Some simply stated, 'internet' or 'online', other were more specific suggesting 'helplines/help pages' or:

"There are many youtubers who know they have a teenage following and explain their own sexual experiences or other information with regards to sex. For example Laci Green has a channel dedicated purely to explain sex physically and emotionally, in all it's forms. And Lindsay Doe also on YouTube and her series sexplinations."

For young LGBT people this was also driven by fears of "being out" with different people before they are ready.

"There's a 21+ group on Facebook which uses porn videos as sex ed. The porn isn't to help you get off, it's to make you understand what to do. That was the only help before I knew about LGBT Youth."
– Female, 15, LGBT

This particular young person told us that she had initially sought out advice online, then discovered an LGBT Youth Group, before having the confidence to come out to her family. After her coming out, her mum had endeavoured to learn what she could about

Who should they be?
People who already know these things.
Sharpie

SCHOOL
SOUTH GROVE
How does it work?
Who is this for?

Ask Me A Question

Most adults don't want to talk about sex unless they're telling you to stop.

safe sex and LGBT young people; "When I came out to my mum, my mum tried to give me the sex talk with girls and I'm like "you're straight, just go."

She was trying to be supportive. She didn't go "this is how they do it", she just said "Do you know like how [to have sex]. Do you know you still need to be safe, and you can still get STIs. I want you to be careful that you don't go with people you don't trust."

It is recognised that parents continue to be an important educator for their children when it comes to relationships and sexual health, although only seventeen of the ninety-seven responses specifically mentioned talking to parents.

"My parents are both totally fine with talking about that sort of thing and I'm comfortable speaking with them if it seems appropriate."

It appears that although some young people valued the support offered by parents many of those who responded online described feeling uncomfortable having these discussions with parents, or that they received poor experiences when they sought information or support.

"Not family. (they don't want to hear about most of the sex problems their child has in my opinion)"

"Most adults don't want to talk about sex unless they're telling you to stop."

"I know I can trust my parents I would just feel nervous and embarrassed about it."

Although the internet is a useful source of information and support, as described in the previous chapter, some of the ways in which young people choose to self educate online, such as pornography, can create unrealistic, ill-informed expectations, can expose vulnerable young people to bullying and exploitation and can further damage self esteem and emotional wellbeing.

Summary of findings

Despite being outlined as part of Curriculum for Excellence (and key to the new SHRE programme), there was little current evidence of young people we spoke to learning about conducting safe and healthy relationships.

Regardless of what young people's experiences of sexual health education had been to date, they unanimously felt it has failed them and was inadequate. They felt strongly that education on negotiating healthy and safe relationships, should inspire self-confidence in young people – the confidence to know themselves and to make informed choices and this needed to take a bigger role in overall health and sexual health education. This would provide a more comprehensive and meaningful SHRE programme.

The young people we spoke to reported varied but overwhelmingly poor experiences of SHRE to date. Many young people, in particular those in faith schools, reported very little and some times no SHRE at all. Others felt that the SHRE they

Young people reported inconsistent and varied experiences of SHRE programme delivery.

had received focused on only the very basics of reproduction, pregnancy, contraception and STIS.

Young people felt that their school's did not prioritise SHRE within the overall curriculum, by not providing enough time and resource to this topic. They told us that the teachers delivering SHRE did not always have the confidence, skills or knowledge to do this and that lessons could be more engaging and made to feel more relevant.

Barriers

The young people we spoke to reported inconsistent and varied experiences of SHRE programme delivery, in terms of the time dedicated to this within schools, the topics covered and the mode of delivery.

Young people reported that faith schools in particular are failing to provide adequate SHRE, and that any guidance given was unrealistic, and often judgemental of different sexual orientations.

Staff delivering SHRE did not appear to have the confidence, knowledge or skills.

Some young people felt that the delivery of SHRE in a formal classroom environment can create barriers to asking honest questions due to fear of embarrassment.

Some of the information and content that young people are viewing online is not always accurate or helpful.

Opportunities

Young people responded well when we asked them to test our Open Question Box. This was an idea suggested by a health practitioner when interviewed by one of the young people we worked with. The box would be used at any sexual health or relationship lesson. Every member of the class would have to submit a piece of paper to the box. They are allowed to ask a serious question, or if they have none, just write something silly. At the start of the next lesson the teacher would then answer every question, thus preventing potential embarrassment in asking a question out loud, and benefitting every member of the class.

Young people felt that SHRE should be an important part of their school curriculum, and wanted to have a relevant, meaningful and effective programme.

The newer comprehensive SHRE programmes introduced over the last 7 years in NHS Greater Glasgow and Clyde hope to provide a more holistic approach to SHRE and encourage parents to talk about sex with their children through use of home/school activities. The young people we spoke to felt that parents needed to be equipped and supported to enable them to do this effectively, especially when the young person asks questions themselves.

Young people reported that faith schools in particular are failing to provide adequate SHRE.

Recommendations

As acknowledged in the context and current research overview chapter, more comprehensive SHRE curriculums have been developed and introduced across the 6 local authority areas in NHSGGC at different times over the last 7 years. This means that many of the young people consulted with will not have had the opportunity to benefit from these more comprehensive programmes. However the consultation raises the following concerns about recent and current SHRE delivery in NHS Greater Glasgow and Clyde:

- Are the new SHRE programmes being delivered in their entirety and as intended?
- Do schools (and youth agencies) prioritise and allow appropriate time and resources for SHRE, including time for teaching staff to train and prepare?
- Do SHRE sessions engage young people and provide the best information at the right stage?
- Are the right staff identified to deliver SHRE, do they have the right skills, attitude and enthusiasm?
- Are the programmes responsive enough to changes and emerging trends and issues for young people?

It is recommended that these concerns are investigated further.

SHRE lessons should be delivered in a non judgmental way, and clearly explain the different ways that people engage with each other sexually, lessening the focus on penetration.

We must think about how we can communicate with, and engage, the young people who have missed out on, or had inadequate SHRE to date, by investigating opportunities out side of the school curriculum, as these young people may be sexually active and receiving no formal or continuous support.

If we want parents to be more involved in talking to young people about sex we have to equip and support them to do this effectively.

It is clear that staff with a responsibility for SHRE do not always appear confident or informed in young people's eyes. Therefore, training for staff should be prioritised and more thought give to the teachers who are asked to deliver SHRE.

Young people told us they benefitted from facilitated discussions with their peers about relationships and sexual health. They felt this reduced embarrassment and increased the feeling they were speaking to others who had a greater awareness of their own experiences, concerns and questions. More opportunities to provide this should be explored.

It's embarrassing to buy the morning after pill.
You send your friends to get it.

LIFELINES

Overview

This section explores young people's knowledge of, and experience of accessing, support and particularly support services.

Findings

1. Clinical services

Overall the young people we spoke to had good awareness of specialist sexual health services (Sandyford), the Free Condoms service (although they commonly referred to the old service name C-Card) and how to access emergency hormonal contraception ('the morning after pill'). However young people commonly cited fear of embarrassment and confidentiality concerns created barriers to accessing services.

Some LGBT young people mentioned that their heterosexual friends bought condoms, and expressed the opinion that this might be because they were embarrassed to attend clinics:

"I was really surprised when my heterosexual friend bought condoms as they're available in all LGBT venues. I always find that really strange. Why can't they just get them from their own youth groups? It's just free condoms."

"Its embarrassing to buy the morning after pill. You send your friends to get it."
– Female, 15

Location and accessibility of some of the services also created barriers. Young people explained that the opening times of some of the services and the time needed to travel to services, did not align with their schools finish time.

One girl in particular told us that she used to be able to go during her lunch break from school, but now if she wants to go, she has to make up a story to her mum as to why she gets home from school so late, so she doesn't always go when she needs to – just leaves it and thinks "its probably ok."

When she told this anecdote, others agreed that they sometimes just take the chance, rather than getting the bus 'all the way out there'.

In particular young people in Inverclyde raised the issue of the unexpected closure of the Sandyford Inverclyde Hub, which has create real accessibility barriers for school aged young people in Greenock. Their anger about the closure of the Greenock Sandyford was based on the fact that they felt this service had been withdrawn without consultation. They did not understand that the building had to close as it was unsafe, and this seems to have alienated some from Sandyford as a whole.

One young person (17, gender-fluid, LGBT) said "I used to go the Sandyford all the time" "You could go there for a chat". They no longer access Sandyford however; as they said "I wouldn't go all the way to Bogleston for that."

There were some positive examples of services with more accessible opening times, such as the Youth Health Service in Maryhill and Possilpark, which opens from 6.30-9.30pm during the week.

The young people who did access Sandyford services were generally happy with the services

A perfect service would be more LGBT friendly as there aren't a lot of services specifically for LGBT.

and no one we engaged with through the groups commented on waiting times as an issue.
Once in sexual health services, young people reported mostly positive experiences. However some young people still found the experience stressful and confusing, with particular concerns raised about signage in Sandyford central and the embarrassment of not knowing where you are meant to go.

2. LGBT young people and support services

Many LGBT young people spoke highly of Sandyford, as they felt it had a good reputation and said they'd feel comfortable in going there. However, several LGBT young people were confused regarding the services which Sandyford provide, and which they were able to access. There was particular confusion in relation to the different services and departments that Sandyford offers. This caused significant anxiety and confusion for young people when visiting the service.

Whilst many young people felt that separate LGBT clinics were good, it should be made clearer to young people that they are welcome to attend the general clinic too. Specific consideration should also be made in relation to sign posting and ensuring confidentiality of those accessing both the sexual health and gender clinic.

"[A perfect service would be] more LGBT friendly as there aren't a lot of services specifically for LGBT

situations or relationships. There are some posters in my doctor surgery but that's it."

"My friend and I were going to the Sandyford and when we went through the first door, the staff looked really shocked and it wasn't until we realised we were about to head into Rape Crisis [Archway] that we realised what we were heading into. Nothing is signposted properly or clearly." – 15 – 17, LGBT

"Why do [Sandyford] have a separate day for LGBT people? It feels slightly segregated."

Others were hesitant to use Sandyford's services, or had misgivings (and misunderstandings) regarding their rights to confidentiality.

"I've never spoken to professionals or medical staff about my orientation and gender identity and the reason for that is I don't feel I'd get the right response that is needed. Why should I open up to someone who isn't really going to give a shit?"
"I don't ask people about anything. What would I need to ask from the Sandyford?"

Some young people expressed that they were uncomfortable when attending The Sandyford's gender clinic because they had to register at the sexual health reception, essentially outing themselves unnecessarily.

"You used to be able to get to the main gender clinic without going through the sexual health bit but I don't think you can do that anymore."

"The first time I went to Sandyford I was made to

My mum just laughs when I ask her something.

wait in the sexual health clinic for 30 minutes before they realised I was supposed to be seeing a gender specialist."

Our online survey asked "Tell us where you could or would get information about sex and relationships from?" One young person echoed the views of some we had spoken to face to face;

"Online. If you're straight, your GP, but if you're gay and sexually active and haven't come out yet, talking to your GP about STDs would be difficult without your parents being involved."

"People know what LGBT stands for but they don't know what it means to be L, G, B or T."
– Male, 15 – 17, LGBT

"There needs to be more knowledge on LGBT sexual health issues within the NHS!"
– 15 – 17, LGBT

Young people felt that professionals needed more empathetic training regarding LGBT issues. They want them to know not only what the words mean, but to understand their lives and be able to relate to them.

It was also suggested that LGBT young people themselves could educate professionals regarding the issues that affect them today. Whilst recognising that most health practitioners act with the best of intentions, they wished that they had more understanding of what it meant to be lesbian, gay, bisexual or transgender.

3. Other sources of support

When we discussed other sources of support for young people, many of those who attended youth groups/services rated the support provided in these settings and by youth workers highly:

"[LGBTYS] is excellent for [young people], as they pretty much have groups for everybody and are super inclusive, the youth-workers are very nice and very approachable. They do a lot of hard work for all of the young people."

"I feel more comfortable talking about sexual health with the LGBT group than with the other youth group."
- 16, female, straight (but attends an LGBT group)

Family were also discussed as possible sources of support, although as mentioned previously this wasn't the right choice for all young people:

"I talk to my big cousin."

"Its awkward to talk to your parents about sex."

"My mum just laughs when I ask her something."

"My parents don't take me seriously."

Young people in the groups usually spoke of being embarrassed or feeling awkward talking about sex with adults, whether this was at home or in other

SCHOOL
P&R JR Clinic
UTH GROUP

What should they know?
Who should they be?
What should they teach?

I trust my parents but I am too embarrassed to talk to them about it.

places they had already accessed for support. Many mentioned they preferred talking to peers on the internet, rather than someone face to face.

When we asked online about who they could trust to talk to about sexual health and relationships, the majority suggested they would turn to friends (43 out of 97 among those who had had a sexual experience; 44 out of 98 among those who had a sexual experience). Many mentioned a best friend specifically or, 'I trust a very few selected friends to talk about sex and relationships.' 31 out of the 9 who hadn't had sex said they would turn to parents or family members, while 27 of those who had had sex said they would do the same, albeit some had reservations about this:

"I trust my parents but I am too embarrassed to talk to them about it."

In total eleven of the young people said they had no one they could turn to for support, and eight said they did not know who they could turn to.

As already mentioned a large number of the young people we spoke to chose to seek support online, some feeling that they found more people who understood them there.

"People that I have never met in real life and do not know but trust, usually people that I have met on the internet."

"I spend a lot of time online so have met some really wonderful people through websites like tumblr and through chatrooms."

"Constantly. I'm always cautious in the sense that most people don't know my real name or location, things like that. But I have a strict family, as well as being a girl who has no one to talk to outside of school. Other than my boyfriend, everyone I'm close to in school lives far away, so it feels great to have people I can talk to about problems and who seem to understand me at just a mouse-click away - it's exciting."

Summary of findings

Some basic changes to opening times and location of health services would better support young people. Several different parties suggested that drop in clinics should be helped in places such as youth centres, where they already feel comfortable.

LGBT young people in particular feel that some support services are not as supportive as they could be, and professionals should be trained to have greater awareness and appreciation of issues affecting LGBT young people.

Again it is recognised that parents are not always willing or able to support a young person looking for advice about sexual health or relationships.

Many young people rely on friends to provide support and help, but it seems that many have no one they feel they could talk to. Those seeking support online seem very positive about the opportunities to find likeminded people.

Barriers

Young people find it difficult to talk frankly and honestly to their parents about their anxieties and concerns in relation to sexual health and relationships.

Some young people feel they have no one they might be able to talk to about sexual health and relationships.

Access times and locations of clinics and sexual health support services is sometimes a barrier to getting the help and advice required by young people. A culture where, although sex is all around, young people still find it difficult to talk about personal issues related to sexuality and relationships.

Opportunities

There is perhaps an opportunity for NHS GGC to signpost young people to some online services where they could ask open and honest questions and get some personal support around sexual health and relationships.

Recommendations

Ensure young people are aware of the various types and locations of sexual health and relationship support services, and that opening times can accommodate young people who are in school.

NHS GGC might identify, accredit and share sexual health and relationships sites where young people can ask personal questions of professionals and get empathic and accurate information.

Identify and provide training opportunities for healthcare professionals to improve their support of LGBT young people.

Make it clear the LGBT young people are welcome to attend all sexual health services and clinics and not just those specifically aimed at LGBT people. This can be done through use of appropriate posters and charter marks. They should also be reassured about confidentiality at all times.

A LITTLE TOO STRAIGHT AND NARROW

Overview

This section deals specifically with issues faced by LGBT young people both in school and in accessing support services.

LGBT young people commonly perceive that professionals and services assume sexual orientation, gender identity. They believe that education and services are not designed with them in mind. Transgender and bisexual young people in particular feel that they are often invisible to services, with resources and educational content that primarily focuses on Men who have Sex with Men (MSM). Women who have Sex with Women (WSW) can also feel left out.

Findings

1. LGBT issues and education

Consistently, LGBT young people told us that they did not feel that the SHRE they received in schools was relevant to them.

"The information is just for straights" (A young person discussing sex education at her school).

"I was never taught about homosexual relationships and we've only ever discussed heterosexual sex. We've never been taught how to protect against STIs in same-sex relationships."

"I'm pretty sure the furthest my school got into LGBT relationships was 'the church believes that this is wrong and I am teaching in a Catholic school, therefore I am not allowed to express my own opinion on the subject, so I just have to tell you that the church thinks it's wrong." Every time anything LGBT came up, that's what we got told."

"Never got anything in school about transgender issues at all."

Young people repeatedly told us that the information they received seems to be geared solely towards heterosexual young people. It was interesting that this was reflected when we discussed 'staying safe in sex' within LGBT youth groups they often raised pregnancy prevention and could not describe what this might mean in same sex relationships. Whilst this is still relevant to LGBT young people, it highlighted the emphasis by educators on sex for reproduction rather than sex for intimacy and pleasure.

In the experience of the young people we spoke to their SHRE did not reflect the full range of sexual orientations, sexuality and experiences beyond heterosexuality. The LGBT young people felt that was not only detrimental to them but to all young people, as some heterosexual young people may have some same sex experiences and would benefit from this information.

Also, LGBT young people told us that they are often asked by heterosexual friends or classmates 'how they do it.' They felt that this could appear to be cruel or mocking, but also recognised that they may be genuinely curious, or be considering exploring same sex relationships. However LGBT young people told us that these questions can be hard to deal with. They felt

It should be easy for teens to be confident with their sexuality, without fearing judgement.

it would be beneficial if their SHRE had included the range of sexual orientations, gender identities, and specific information about oral and anal sex, which would improve the knowledge and understanding of their peers, and reduce the pressure to answer such questions in the future. In addition, discussing sexual practices other than reproductive penetrative sex would be more inclusive and representative of all young people's sexual practices.

"I tell them, if they want to know how two people of the same sex have sex, look it up."

"If it's not talked about people are afraid to come out and as far as I'm aware in my year everyone was straight."

Young LGBT people also felt that the educational material in schools did not cover some of the particular issues they faced in their relationships and that it was rare to find appropriate resources.

"I was super excited as I went to Manistoll and there were a group who had sexual health resources for trans people. They had one for transwomen and another for transmen and that was the first time I'd seen trans-specific resources for sexual health. They're super great but I didn't know they even existed."

The young people we spoke to felt that their teachers may have poor knowledge or awareness of LGBT specific issues. They told us that this information "should always come from trained/ experienced people" and that they would like teachers and professionals to be better informed of LGBT issues.

"It should be easy for teens to be confident with their sexuality, without fearing the judgement of adults or their peers."

2. Poor knowledge and confusion about sexual health risks for LGBT

Several young people we spoke to felt that LGBT people were stigmatised as being at higher risk of STIs. It was clear that this was a result of much of the public health efforts directed towards addressing the higher rates of HIV and STIs amongst men who have sex with men, and therefore reflects poor knowledge and awareness of the rationale amongst these young people.

"HIV is still seen as a gay disease."

"A lot of LGBT people are being famed for being more prone to STIs but the community is the only one where there is easy and ready access to condoms, constantly all the time. I'm almost offended by the stereotypes, as it's almost a reaction to LGBT community rather than seeing us for who we really are. I should just be like that everywhere."
- LGBT

Kids in school need to be more aware of when teachers are treating them in a homophobic way.

"People think it's just gay people that get [HIV]. They don't understand that lesbians can get it. That heterosexual couples can get it. It's an STD. It can happen to anybody."
- Male, 18, LGBT

Whilst young people could talk confidently about a range of contraception and how to reduce STI transmission during penetrative vaginal sex, they were less comfortable and less knowledgeable when talking about STI risks for other sexual practices more relevant to their relationships. Some of the young people we spoke with were concerned about the risk of STI transmission during oral sex, and felt that there was low knowledge of this and how to reduce this risk amongst their peers:

"Dams aren't advertised enough, discourages safe sex."

The young people we spoke to felt that dental dams and flavoured condoms could also be used as tools to discuss oral sex during SHRE.

3. The good news

Positively, the LGBT young people we talked to tended to be far more open to talking about sensitive subjects, and far more comfortable when doing so, compared to their peers in non-LGBT specific groups. When we asked why they thought this might be we heard that:

"LGBT people get used to talking about and explaining their sex and sexuality." (if they are 'out' in any given situation).

A young person who identifies as straight, but attends an LGBT group in support of friends told us.

"I feel more comfortable talking about sexual health with the LGBT group than with the other youth group."

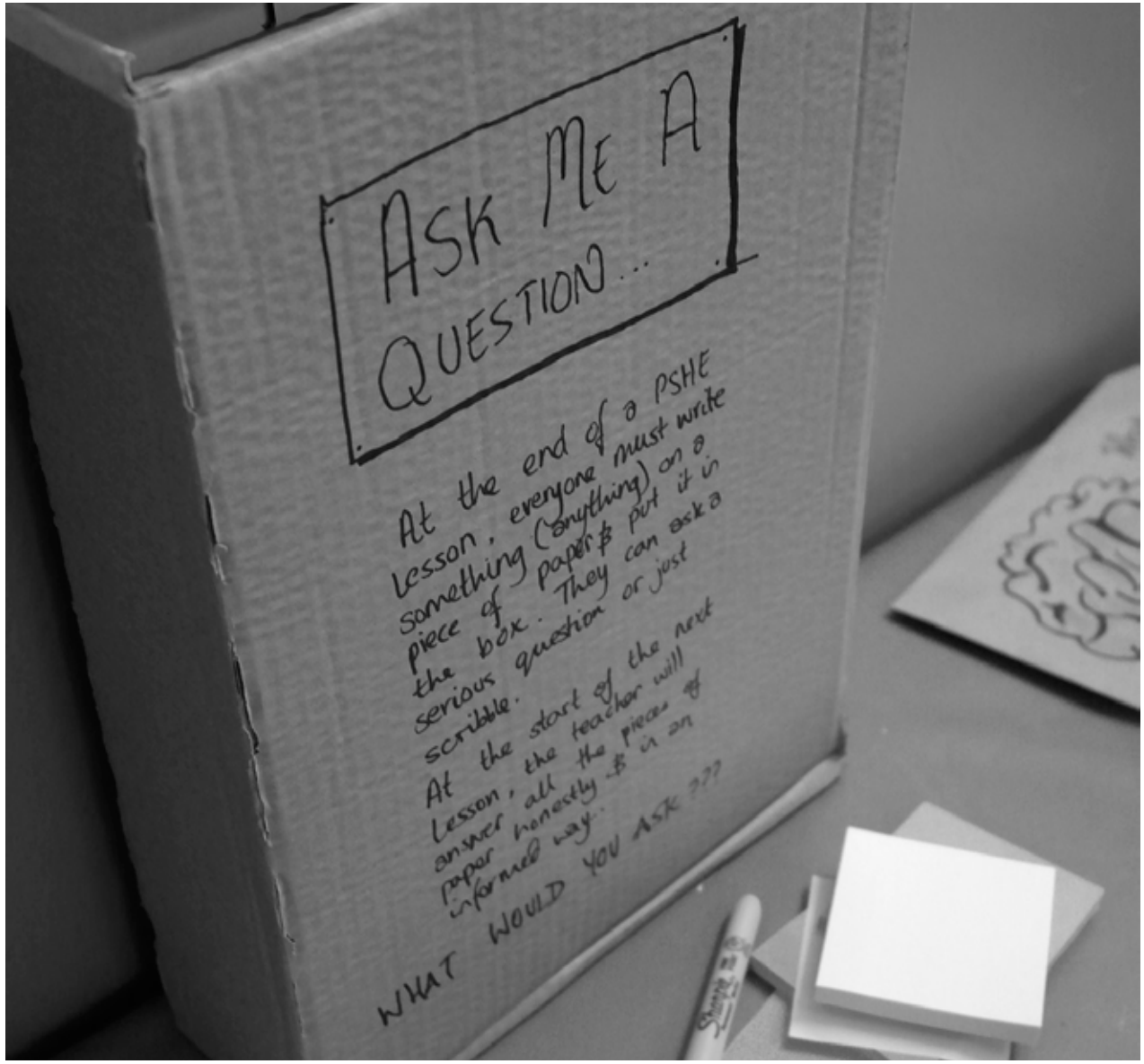
4. Young LGBT peoples experiences of school

A lot of LGBT young people expressed anxiety about how their peers and staff perceive their sexual orientation or gender (whether outwardly or internally). It was evident that this had an impact on their wellbeing, and experience of education with young people feeling they had been discriminated against due to their sexual orientation and/or gender identity, that schools failed to provide signposting to LGBT support services, that homophobic and transphobic bullying went unchallenged.

"They didn't say there's this club, LGBT, you can go to or there is support groups. You don't get told anything. They look at the fact that you are an outcast or different more than you're just like everybody else.

There are some teachers who are like "Do you go to LGBT?" and I'm like, 'Yeah, I started two years ago.' Now its like better now I know there's people out there to help you and give you more places to go whereas high schools are just alike…"
– Female, 15, LGBT

"I went and spoke to my guidance teacher, I was at a Catholic school [two years ago]. I – was like "I'm


ASK ME A QUESTION...
At the end of a PSHE lesson, everyone must write something (anything) on a piece of paper & put it in the box. They can ask a serious question or just scribble.
At the start of the next lesson, the teacher will answer all the pieces of paper honestly & in an informed way.
WHAT WOULD YOU ASK ???

QUOTES

LGBTYS ... are super inclusive, the youth workers are very nice and approachable.

gay". Two weeks later I got an exclusion letter."
– Male, 17, LGBT

"A lot of schools need to actively show that they don't tolerate homophobia or transphobia as a lot of it goes under the carpet."

"I think that's partially because it's not in the curriculum as it makes people scared to express things about it."

"My RE teacher flat our told me that I was going to hell. She also told me that eating disorders and depression don't exist, you just have to pull yourself up by the boot straps."

"Kids in schools need to be more aware of when teachers are treating them in a homophobic way and what they can do about it. When I was in high school I almost got suspended because I kissed another girl on school grounds. If a guy and a girl [kissed], nothing was ever said. I got taken in by the head teacher and deputy head and they were basically laying into me and I never did anything as I didn't think there was anything I could do about it."

5. Seeking social and emotional support

LGBT young people often told us that they felt they could only go to LGBT Youth for support. We speculate this is potentially due to feeling particularly vulnerable, misunderstood, or they perceive judgment from other young people and staff at external services, as these were concurrent themes throughout our consultation.

The young people commented that they had little confidence in non LGBT youth services and worried that they would face discrimination in regular youth groups. They also felt that the quality of support in LGBT youth groups was much higher.

"LGBTYS is where I do my socializing for the year."

"I used to go to a youth group, but it was really bad. It was terrible. The people that ran it weren't great and as soon as I started going it went downhill. They started hiring youth workers from yp that went to the group. I saw where they were coming from in trying to have staff that was on young people's level but they were hidy wee a*******s. It was horrible. Since then it's shut down because they ran it so badly."

"LGBTYS, as they pretty much have groups for everybody and are super inclusive, the youth-workers are very nice and very approachable. They do a lot of hard work for all of the young people."

6. Specific issues faced by trans* young people

Transgender young people told us that they felt there was an omission of non binary identities (gender identities which don't fit within the expected binary of male or female) from NHS services, and a lack of resources targeted at this group. They sometimes felt that there were limited resources for them and those that did exist often made assumptions that trans*

I always just put my own LGBT posters up as my surgery has nothing either.

young people will have/ need medical procedures or treatment.
One young person spoke specifically about sexual health leaflets and books aimed at transgender young people (not available from NHS):

"There's not that many resources for transgender and non-binary young people] and a lot of them focus on binary identities and transitioning, hormones, surgery. A lot of them come from a place where all trans people are horrified by their own bodies which I totally get but there is an element of that sometimes. They don't feel helpful, they just feel quite limiting."

"GPs think that if you're transgender, everyone must know that, if you're gay everyone must know that. Its like they don't understand – it's like they just read the textbook."

We also heard accounts of professionals who feel that they are transaware, accidently mis-gendering young people or not having a good knowledge of trans terms and processes, for example binding (the act of a transman flattening breasts by the use of constrictive material). We found that some of the language used by young people when talking about their orientation, or gender identity was not understood by professionals, and visa versa.

"Doctors don't understand a lot of things. We've got a lot of transgender people who access these services they don't get the same kind of response from GP's. A lot of them don't even like going to their GP, because they don't understand the difference between gender and sex. They don't understand the emotions and the mental health behind transitioning."

"Trans resources did feel quite impersonal and cringey and there did seem to be a kind of trend of assuming as if obviously because you are trans you're going to want to transition."

"A doctor asked me to take a pregnancy test. She was just ignorant."
(Transwoman)

"I always just put my own LGBT posters up as my surgery has nothing either."

"It really annoys me that Bisexuals and pansexual don't get recognition and everyone is just assumed to be gay within LGBT. There's no recognition of heterosexual orientation within trans community."

Some of the trans* young people we spoke to indicated that they felt that they had inflicted a form of abuse on their partners at the time, by coming out as trans* to them. They also felt a pressure to out themselves early on in relationships to partners. Conversely, they also told us that they perceived a pressure from their partners and their families to remain widely closeted.

The young people's descriptions below about coming out as trans* clearly indicated that they felt their partners would not accept their identity and they may receive an abusive response.

There also seemed to be a lack of awareness as to

Young trans and bisexual people in particular felt there was very low awareness of their needs.*

what signifies abusive/unhealthy dynamics within the relationship.

"If you come out to your partner as trans, it can really lead to abusive dynamics. If you're gay and you're in a straight relationship and you come out, you've kinda just killed the relationship but if you're trans you still might have feelings for them. That was one of the reasons I never came out as I was terrified of being a woman but I was still sexually attracted to [my partner] and I still wanted to be with her but I didn't want to hurt her like that and make her go through all of that."

"I've been with my girlfriend for 5 years or more. But there was a short period, for a few months 4 years ago, that I broke up with her instead of coming out. She had made a borderline transphobic comment before. I thought 'This isn't going to go well, I'd rather just break up with someone than them break up with me because of my identity."

"There's a pressure to disclose to partners that you're trans straight away instead of getting to know them and ensuring you feel really comfortable and you trust them enough to do so."

One young person told us they would like:
"Proper relationship education on how to deal with transphobic partners who ask inappropriate questions and how you can effectively tell others that their behaviour/questions are inappropriate in a safe and constructive way from both sides."

Summary of findings

The LGBT young people we spoke to felt that the SHRE they had received to date was not inclusive of the full range of sexual and gender identities and sexual practices. They therefore did not feel that their SHRE had prepared them for future relationships or their heterosexual peers who may have some same sex experiences.

The LGBT young people we spoke to had a poor understanding of the STI risks associated with different sexual behaviours and how to minimise these risks, beyond those of penetrative vaginal sex.

Many young LGBT people felt they had been discriminated against due to their orientation within their schools, that their schools failed to provide signposting to LGBT support services, and that homophobic and transphobic bullying went unchallenged.

The young people we spoke to reported positive experiences of seeking emotional support from LGBT specific services, such as LGBT Youth Scotland. However fear of discrimination or poor knowledge reduced their confidence in accessing non-specialist services.

Young trans* and bisexual young people in particular felt there was very low awareness of their needs and a lack of any relevant information to support them in their relationships.

DOCTORS
SCHOOL

PERSONA

Provide equalities & LGBT awareness training for all education, local authority and healthcare professionals.

Literature

Our findings seem to coincide with LGBT Youth Scotland's (2013) report on LGBT young people's health, the key findings of which indicated that only 57% of LGBT young people said they felt safe, comfortable and supported by the NHS in relation to their sexual orientation and/or gender identity. However this trust was lower for young women (43%) and transgender young people (48%).

Our findings suggest more complexity in the relationships with health professionals than that indicated by the report, which stated that 35% of responding LGB people were out to their doctor and 67% of transgender young people.

Timm et al. (2013) looked at trends of sexual debut in YWSW (Young Women Who Sleep with Women) and indicated two main motivations in experiencing sexual debut with men the intent to conceive and a need to 'test' or 'cover up' their sexual attraction. The young LGB women in our study, while having some experience with opposite sex partners, expressed a higher degree of confidence in LGBT support systems in the Greater Glasgow and Clyde area, but that may well be because they are actually involved in support groups.

Toomey et al. (2013) found that school victimisation leads to lower levels of life satisfaction and a higher increase of depression. Several young people told us that they don't feel supported by their school, or confident in their schools' anti-bulling policy. Some reported experiencing homophobia from teachers, which further proves that more awareness training is needed for educational staff to increase their own awareness and also help to tackle discrimination incurred by pupils.

Barriers

The 'default to heterosexual' in school sexual health and relationship teaching (particularly in faith schools) is a major barrier to acceptance and inclusion of LGBT young people.

Outright or underlying accepted homophobia is still present in many schools.

Some LGBT young people are worried about 'outing' themselves in school or their local community.

Trans young people expressed the opinion that too many LGBT groups can assume that everyone is gay and that there needs to be more recognition of bisexuality and heterosexuality particularly.

Opportunities

The newer SHRE programmes provide the opportunity to talk about LGBT relationships as part of the lessons.

Recommendations

The SHRE programmes and their delivery should be reviewed to ensure that a full range of sexual and gender identities and sexual practices are covered. This will ensure that LGBT young people feel informed and prepared for sexual relationships and may lessen their feelings of isolation and perceived discrimination.

Provide equalities and LGBT awareness training and education for all educational, local authority and healthcare professionals regarding issues faced by LGBT young people and how to challenge discrimination or bullying linked to sexual or gender identities. This will ensure staff feel confident in supporting LGBT young people, while also increasing LGBT young people's confidence when accessing services.

It was also clear that specific consideration should be made of the needs of bisexual and transgender young people within all sexual health and relationships resources and/ or the development of new resources that are targeted towards their needs. In addition, resources developed for transgender people should not only focus on medical aspects but represent the broader gender identities within the transumbrella (see illustration in appendix).

GLOSSARY

Ask FM
A social networking website, where users can ask other users questions, with the option of anonymity. These can often be quite personal.

BBM
Blackberry Messenger. A messaging app similar to Whatsapp. Originally only available on Blackberry phones, but now available on other platforms.

Bisexual
(adj) refers to someone who is emotionally and sexually attracted to women and men

Fanfic
Fiction written by a fan of, and featuring characters or persons from, a particular TV series, book, band etc

Fan pic
Usually a naked, or semi-nude photograph, taken by the subject. Another term for "nude-selfie".

Gay
Refers to someone who is emotionally and sexually attracted to people of the same gender. Some women prefer to refer to themselves as gay women rather than lesbian, although the word gay is most commonly used in reference to men.

Gender
This term refers to those personality characteristics and social roles society normally attributes to masculinity or femininity. The terms girl/woman, boy/man, assigned at birth on the basis of biological sex, have many socially constructed expectations, standards and norms that limit and can oppress people's gender expression.

Grindr
Grindr is a social networking app for gay men which uses profiles and geolocation devices to enable users to identify other gay men in their area with similar preferences.

Hentai
Is the international word used to describe anime or manga porn.

Heterosexual
(adj) a person primarily emotionally, physically, and/or sexually attracted to members of the opposite sex. Also see straight.

Homophobia
Homophobia is the irrational fear of, aversion to, or discrimination against lesbian, gay and bisexual people.

Homosexual
A person whose primary sexual attraction is toward people of the same sex. This term is used as a formal classification and is a term lesbians, gay men or bisexuals rarely use to define themselves. Historically this term has been used to medicalise or criminalise lesbian and gay people, and many experience it as a stigmatising term. Best practice is to avoid it.

Kik
A messaging app similar to Whatsapp.

Lesbian
Refers to a woman who is emotionally and sexually attracted to other women.

LGBT
Acronym for Lesbian, Gay, Bisexual, Transgender.

Non-Binary Gender
Gender identities that don't fit within the accepted binary of male and female. People can feel they

are both, neither, or some mixture thereof. It might be easier to view gender as a 1-dimensional spectrum with male on one end, female on the other, and androgyne in the middle- but the reality is that gender is often more complex.

Omegle
A free online chat site, which allows users to communicate with strangers without registering. Users are randomly paired, in one-on-one style sessions, where they can chat anonymously using the handles "you" and "stranger". It is possible to put 'interest' tags on your profile so you are matched with someone with similar interests.

Sexual Orientation
Sexual orientation refers to each person's capacity for emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.

Sexting
The act of sending sexually explicit messages, primarily between mobile phones.

Snapchat
A messaging service which allows users to send photos, videos, text or drawings to a controlled list of contacts with the message being deleted from the receivers device and Snapchat's servers after a 10 second viewing window (other apps exist to capture these messages from Snapchat permanently).

Straight
(adj) a person primarily emotionally, physically, and/or sexually attracted to members of the opposite sex. A more colloquial term for the word heterosexual.

Tinder
Is a match-making mobile app which uses a person's facebook profile and location based services to match them with similar people in their geographical area.

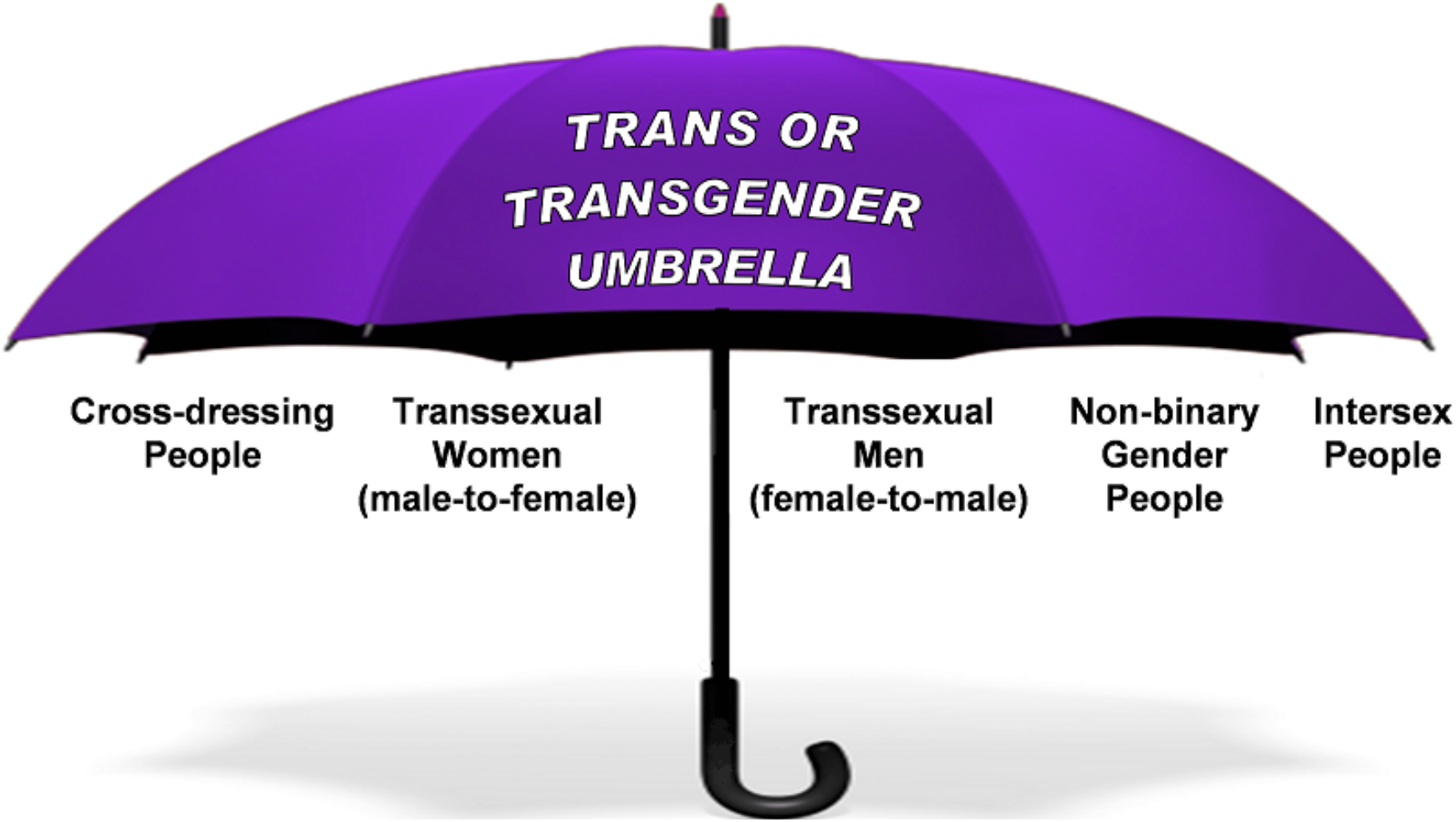
Trans*
(noun) an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. Trans* people may identify with a particular descriptive term (e.g., transgender, transsexual, genderqueer, FTM).

Transgender
In the UK this is used as an all-embracing umbrella term for those whose gender identity or expression conflicts with the 'norms' expected by the society they live in. Included in the overall transgender category are transsexual people, transvestites, intersex people, androgyne people.

Tribal Apps
Apps that enable people to talk to their 'tribe' in private conversations. It could be described as advanced texting. An example of a tribal app is Whats App.

Tumblr
Is a micro-blogging website where you can post short blogs and follow and comment on other people's blogs.

Whatsapp
A messaging service which uses the internet rather than your phone's network to send messages – allowing free SMS style communication.



(Sourced from Scottish Transgender Alliance website: http://www.scottishtrans.org/)

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