



Sexual risks for young people

Survey questionnaire

Together with researchers at Queen's University Belfast, Brook NI is currently developing an education resource and information campaign to help young people recognise and deal with sexual risks that they may face. To get a better understanding of the extent of these risks, we would like to ask you to fill in this very brief **anonymous survey**.

All information will be treated with strict confidentiality and will not be linked to the personal data held about you at Brook. No Brook staff will see your questionnaire. We would be grateful if you could complete this today during your clinic visit. Please place the completed questionnaire in the sealed box located at Reception. If you prefer, you can also complete the questionnaire in your own time and send it directly to the researcher in the envelope provided.

If you would like further information, you can contact the researcher leading this project directly:

Dr Dirk Schubotz, YLT Director, ARK, School of Sociology, Social Policy and Social Work, Queen's University, Belfast BT7 1NN. Email: d.schubotz@qub.ac.uk, ☎: 028 9097 3947.

Many thanks for your help in advance!

This project will be completed in December 2013, and information about its outcome will be available from Brook NI and from ARK.

The first few questions are about your background

1. Are you male or female?

Male

Female

☒ 1
☐ 2

2. What is your age?

Years

3. Would you describe the place where you live as...

A big city

The suburbs or outskirts of a big city

A small city or town

A country village

Or, a farm or home in the country?

Don't know

☒ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6

4. What do you currently do?

(Please tick ONE box only)

At school or college full time

Working full time

Working part time

At school or college and

working part time

On a training scheme

Unemployed

Other (Please write in)

☒ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

5. Do you currently live with your parents, including adoptive parents?

Yes, with my mother and my father in the same household

Yes, with my mother, but not my father

Yes, with my father, but not my mother

Yes, with my mother for some of the time, and with my father for some of the time

Other (Please say who you live with)

☒ 1
☐ 2
☐ 3
☐ 4
☐ 5

6. How well off do you think your family is financially?

Not at all well off

Not very well off

Average

Well off

Very well off

Don't know

☒ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6

The next questions are about your sexual relationships and experiences

7. Which of the following statements applies best to you?

I have felt sexually attracted:

...only to females and never to males

...more often to females and at least once to a male

...about equally often to females and males

...more often to males and at least once to a female

...only to males and never to females

I have never felt sexually attracted to anyone at all.

☒ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6

8. Have you ever had sex?

Yes

No

☒ 1
☐ 2

Please go to question 16

9. What age were you when you first had sex?

10. Which of the next statements applies best to you?

(Please tick **ONE** box only.)

I have had sex:

...only with females and never with males

...more often with females and at least once with a male

...about equally often with females and males

...more often with males and at least once with a female

...only with males and never with females

✓

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

11. Which of the following statements is closest to describing how that first time of having sex came about?

(Please tick **ONE** box only.)

It just happened on the spur of the moment.

I expected it to happen soon, but I wasn't sure

when

I expected it to happen that time

I planned it to happen that time

We planned it together beforehand

I didn't really want to, but I felt I should

I was forced into having sex against my wishes

I can't remember

✓

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

12. Looking back on it, how do you feel about the first time you had sex?

(Please tick **ONE** box only.)

It happened too early

It happened too late

It was about the right time

I didn't want it to happen at all

✓

☐ 1

☐ 2

☐ 3

☐ 4

13. Which of the following things applied to you at the time you first had sex?

(Please tick **ALL** that apply)

I was curious about what it would be like

I got carried away by my feelings

Most people in my age group seemed to be doing it

It seemed like a natural follow-on in the relationship

I was a bit drunk at the time

I had taken some drugs at the time

I wanted to lose my virginity

I was in love

I didn't feel ready to have sex, but went along with what the other person wanted

It happened against my wishes

Something else (Please write in) _____

✓

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

14. Did you or the other person use a condom when you first had sex?

✓

Yes, I did.

Yes, the other person did

No, neither of us did

I can't remember

☐ 1

☐ 2

☐ 3

☐ 4

15. Did you or the other person use any other form of contraception on that occasion?

(Please tick **ALL** boxes that apply)

Pill

Injection

Made sure it was a safe period

Withdrawal

Other method (Please write in)

No precaution by me, don't know

about my partner

No precautions by either of us

I can't remember

✓

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

☐ 1

The next questions relate to grooming by adults (anyone aged 18 or older)

Grooming is when someone tries to build a relationship or gain the trust of a young person with the aim of getting them to take part in some kind of sexual activity, such as sending or viewing sexual images, sexual conversations or some kind of sexual touching. The relationship will usually appear friendly and harmless at first, because of the clever tricks used to gain the young person's trust but eventually the person will ask, or even pressure, the young person to take part in some kind of sexual activity.

16. Do you think any adult has ever tried to groom you? It does not matter whether or not anything sexual happened in the end.

(Please tick ONE box only)

- | | |
|-------------------------|--|
| Yes – once | <input type="checkbox"/> 1 |
| Yes – 2 to 5 times | <input type="checkbox"/> 2 |
| Yes – more than 5 times | <input type="checkbox"/> 3 |
| No | <input type="checkbox"/> 4 Go to question 22 |
| I don't know | <input type="checkbox"/> 5 Go to question 22 |

17. What age were you when this first happened?

Please write in Years

18. What age was the person who first tried to groom you? (Please tick ONE box only)

- | | |
|--|----------------------------|
| About my age (not more than two years older than me) | <input type="checkbox"/> 1 |
| 3-4 years older than me | <input type="checkbox"/> 2 |
| 5-6 years older than me | <input type="checkbox"/> 3 |
| 7-10 years older than me | <input type="checkbox"/> 4 |
| More than 10 year older than me | <input type="checkbox"/> 5 |
| I didn't know the person's age | <input type="checkbox"/> 6 |

19. And was this person:

- | | |
|------------|----------------------------|
| Male | <input type="checkbox"/> 1 |
| Female | <input type="checkbox"/> 2 |
| Don't know | <input type="checkbox"/> 3 |

20. How did this adult first make contact with you?

(Please tick ONE box only)

- | | |
|---|----------------------------|
| Through a friend or sibling | <input type="checkbox"/> 1 |
| Through an adult relative | <input type="checkbox"/> 2 |
| At a house party | <input type="checkbox"/> 3 |
| At a pub/club | <input type="checkbox"/> 4 |
| Through a hobby/activity/organisation | <input type="checkbox"/> 5 |
| On the street (hanging around in town or in your local community etc) | <input type="checkbox"/> 6 |
| Online - through a chat room, social networking site etc | <input type="checkbox"/> 7 |
| Other (Please write in) _____ | <input type="checkbox"/> 8 |

21. Which of these statements describe what happened?

(Please tick ALL that apply)

- | | |
|--|----------------------------|
| I stopped contact with the person before they suggested anything sexual | <input type="checkbox"/> 1 |
| The person asked me to do something sexual but I refused | <input type="checkbox"/> 1 |
| I exchanged sexual texts/email/conversations with the person | <input type="checkbox"/> 1 |
| I sent them sexual images of myself or received sexual images from them | <input type="checkbox"/> 1 |
| I met them and we had face to face sexual contact (sexual touching, oral sex, intercourse etc) on one occasion | <input type="checkbox"/> 1 |
| I met them and we had face to face sexual contact (sexual touching, oral sex, intercourse etc) on more than one occasion | <input type="checkbox"/> 1 |
| We started a romantic relationship | <input type="checkbox"/> 1 |
| Other (Please write in) _____ | <input type="checkbox"/> 1 |

The last few questions are about other ways people (adults or other young people) may take advantage of someone sexually.

22. Has anyone ever given you alcohol, solvents or drugs and then taken advantage of you sexually while you were under the influence of this?

(Please tick ONE box only)

- | | |
|---|--|
| Yes - someone of a similar age to me | <input type="checkbox"/> 1 |
| Yes - someone 3-4 years older than me | <input type="checkbox"/> 2 |
| Yes – someone 5-6 years older than me | <input type="checkbox"/> 3 |
| Yes - someone 7-10 years older than me | <input type="checkbox"/> 4 |
| Yes - someone more than 10 years older than me | <input type="checkbox"/> 5 |
| I think so - but I'm not sure what happened or who did it | <input type="checkbox"/> 6 |
| No | <input type="checkbox"/> 7 <i>Please go to question 24</i> |
| Don't know | <input type="checkbox"/> 8 <i>Please go to question 24</i> |

23. What age were you when this first happened?

Please write in Years

24. Have you ever been offered any of the following things in return for having sex or taking part in any other kind of sexual activity (pictures, conversations, sexual touching etc.)?

Please note: This question is about whether you have been *offered* anything in return for sexual favours – It doesn't matter whether or not you accepted the offer.

(Please tick ALL that apply) ✓

- | | |
|---|--|
| Drugs, alcohol or solvents | <input type="checkbox"/> 1 |
| Money or gifts (mobile phones, clothes, computer games etc) | <input type="checkbox"/> 1 |
| Somewhere to stay/hang out | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 1 <i>Please go to Question 30</i> |
| Something else <i>(Please write in what this was)</i> | <input type="checkbox"/> 1 |

25. What age were you when someone first offered you something in return for doing something sexual?

Please write in Years

26. What age was the person who first offered you something in return for doing something sexual?

(Please tick ONE box only)

- | | |
|---|----------------------------|
| A similar age to me | ✓ |
| (not more than two years older than me) | <input type="checkbox"/> 1 |
| 3-4 years older than me | <input type="checkbox"/> 2 |
| 5-6 years older than me | <input type="checkbox"/> 3 |
| 7-10 years older than me | <input type="checkbox"/> 4 |
| More than 10 years older than me | <input type="checkbox"/> 5 |
| Don't know | <input type="checkbox"/> 6 |

27. And was this person:

- | | |
|------------|----------------------------|
| Male | <input type="checkbox"/> 1 |
| Female | <input type="checkbox"/> 2 |
| Don't know | <input type="checkbox"/> 3 |

28. How did you first come into contact with this person?

(Please tick ONE box only)

- | | |
|---|----------------------------|
| Through a friend or sibling | <input type="checkbox"/> 1 |
| Through an adult relative | <input type="checkbox"/> 2 |
| At a house party | <input type="checkbox"/> 3 |
| At a pub/club | <input type="checkbox"/> 4 |
| Through a hobby/activity/organisation | <input type="checkbox"/> 5 |
| On the street (hanging around in town or in your local community etc) | <input type="checkbox"/> 6 |
| Online - through a chatroom, social networking site etc | <input type="checkbox"/> 7 |
| Other (Please write in) _____ | <input type="checkbox"/> 8 |

29. Did you ever tell a parent or anyone in a position of authority that this had happened?

(Please tick ALL that apply)

- | | |
|--|----------------------------|
| Yes - I told a parent/other adult relative | <input type="checkbox"/> 1 |
| Yes - I told the police | <input type="checkbox"/> 1 |
| Yes - I told a teacher, youth worker or social worker | <input type="checkbox"/> 1 |
| Yes- I told someone else <i>(Please write in who you told)</i> | <input type="checkbox"/> 1 |

- | | |
|---------------|----------------------------|
| No, I did not | <input type="checkbox"/> 1 |
| Don't know | <input type="checkbox"/> 1 |

30. Have you ever taken part in any kind of sexual activity because someone threatened to harm you or someone else you care for, if you didn't?

(Please tick ONE box only)

- | | |
|--|----------------------------|
| Yes threatened to harm me | <input type="checkbox"/> 1 |
| Yes threatened someone I care about | <input type="checkbox"/> 2 |
| Yes threatened to harm me and someone I care about | <input type="checkbox"/> 3 |
| No | <input type="checkbox"/> 4 |
| Don't know | <input type="checkbox"/> 5 |

Is there anything else you would like to tell us about the risks that young people face in relation to people who might try to take advantage of them sexually?

Thank you very much for taking the time to complete this questionnaire

Concerned about sexual risks to you?

Should you be affected by any of the issues raised in the questionnaire and wish to discuss these, please make an appointment with a Brook counsellor who will see you about this.