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Behind and beyond the prison bars

Young offenders talk about sex and relationships
Executive Summary

Background
The sexual behaviour and health of male young offenders has, until recently, been neither a research nor policy priority. Little is known about the sexual and reproductive health of this group, particularly in terms of their behaviour outwith the prison walls. In the last few years, however, the potential for the young offender institute (YOI) as a site for the delivery of interventions for sexual health (in the broadest sense) has begun to be recognised. Such interventions are beginning to be developed, targeting this inmate population which is comprised, largely, of socially excluded, hard to reach young men who are at high-risk in sexual health terms. This population is, therefore, a key group in attempts to address sexual health inequalities.

Aims
The study is exploratory, aiming to find out more about the lives of a small number of young offenders in terms of their attitudes and experiences in relation to girlfriends, contraception, pregnancy and fatherhood, sex education, sexually transmitted infections (STIs), and health service use for sexual health matters. The men were also asked about their perceived need for more sexual health information and advice, and about the impact romantic/sexual relationships might have on future re-offending behaviour.

Methods
Sixty seven inmates at HM YOI Perth, at Friarton, aged 16-21, took part in the study. They all completed a questionnaire; 40 of them also participated in in-depth interviews.

Findings
New and/or surprising findings include:
• the high level of awareness of chlamydia;
• the high level of regular and uninhibited use of health services 'on the outside' to obtain free condoms and/or for STI testing;
• the importance of being 'a (financial) provider' in the men's conceptualisation of being 'a good father'. Their perception that they were unlikely to be in a position to be a good provider for a child in the near future meant that most of the men felt that they were not ready for fatherhood;
• positive assessment of existing YOI based Sex and Relationships Education (SRE);
• the strong influence of peers in shaping and/or modifying the men's sexual behaviour, including in a positive direction;
• the high number of men, including those incarcerated for a relatively long period of time, with girlfriends.

Discussion
It is hoped that findings can feed into the development of YOI sexual health interventions, including SRE initiatives currently being developed, in order to help maximise their potential to be effective. Results suggest that higher take-up of within prison STI testing could be easily achievable if this was thought desirable, but that it is likely to be challenging to recruit a wide range of men to SRE initiatives on an opt-in basis.

Conclusions
There should be careful evaluation of any interventions developed for delivery within the YOI. Ideally, SRE programmes should be shown to have positive behavioural effects following the men’s release, though other assessments of effectiveness will also be valuable in a field where evaluations of interventions on sexual health are scarce.

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Chapter 1: Introduction

Key points

- Previous evidence suggests that young offenders are vulnerable in sexual health terms. Furthermore, they are a difficult to reach population.
- The study aims to foster a better understanding of the lives of this socially excluded group of young men in relation to sex, relationships and related matters.
- Results will feed into the development of interventions to address the sexual health of the group.
- Questionnaires were administered to 67 inmates at HM YOI Perth (known as Friarton), aged 16-21 years.
- Interviews were conducted with a purposively selected sub-sample of 40 young men.
- Data were collected on:
  o Where, how and what they have learned about sex.
  o The topics on which they would like more information and advice.
  o Their experience of sex and relationships.
  o Their contraceptive behaviour.
  o Their experience of and attitude towards pregnancy in a partner and fatherhood.
  o Their experience of STI testing and diagnosis, and their attitude to these.
  o Their use of health and/or youth services for sexual health matters.
  o What role they see future romantic and sexual relationships having in their likelihood of re-offending.

1.1. The report

The aim of this report is to give an overview of the study: how and why it was carried out, what some of the main findings are, and what policy implications they may have. It is hoped that a number of papers from the study will be published in scientific journals in the future, and that further dissemination can be conducted via presentations to interested parties. As such, this report is a starting point.
I.2. Background: why was this study undertaken?

Why focus on young offenders? It has long been documented that most prisoners come from the poorest and most socially excluded sections of society (de Viggiani, 2007; Stewart, 2007). The well-established link between poverty, social exclusion and health, including sexual health, highlights that the prison population should be a priority group when it comes to addressing health inequalities (Marshall et al, 2000). Yet when this project was conceived, in 2005, the sexual and reproductive health of young offenders, and prisoners generally, was somewhat of a non-issue in policy terms. Little research had been undertaken (Stewart, 2007) and sexual health work within the prison system was patchy. The SP’s framework document for promoting health in prisons, published in 2002, did not identify sexual health as a core topic (Scottish Prison Service, 2002). When the sexual health of prisoners was raised, it tended to be in relation to concerns about HIV transmission within the prison, through men having sex with men. Making condoms available tended to be seen as the crucial public health initiative. Routinely offering men Hepatitis B and C injections was also promoted. During 2005 the Scottish Executive published its Strategy and Action Plan for Improving Sexual Health, highlighting the importance of focusing on prisoners in improving the nation’s sexual health. Since then, a more holistic conceptualisation of the sexual health of prisoners has developed, as has interest in the area. The poor sexual health of young offenders, in particular, is increasingly being acknowledged. High rates of sexual partner change and acquisition of STIs outside YOIs has become a concern, this risky sexual behaviour being linked to the prevalence of drug and alcohol use (David and Tang, 2003; Hollis and Cross, 2003; Prison Reform Trust, 2003; Ramsay, 2003; Stewart, 2007).

On the ground, several projects are in progress. This reflects the growing recognition that the prison might be a useful site for the hosting of interventions to address the long-term sexual health of men whilst they are inmates. The two most comprehensive are:

- A Family Planning Association (FPA) project (undertaken by Tim Street) focusing on talking to staff and inmates in all 15 Scottish prisons, with the aim of informing the establishment of a SRE programme that could potentially be delivered to all prisoners across the Scottish prison system. Currently, SPS staff training is being facilitated as part of this work, focusing on the delivery of such a pilot education programme.

- Caledonia Youth’s work, which has a specific youth (up to 25 years) focus. Since April 2007 services in HM YOI Polmont, HMP Edinburgh, HMP and YOI Cornton Vale (female inmates) and HMP Greencock, have been developed and delivered in contact with the Health Care Manager, in each establishment. Convicted and remanded prisoners are being offered the opportunity to participate in group-work education programmes, or one to one education or support.

Careful evaluation needs to follow the development and implementation phases of this work in order to ascertain whether the interventions are effective in changing the knowledge, attitudes, beliefs, and, ultimately, the behaviour of the men.

The work presented here can be seen as part of this burgeoning interest in the area. It is hoped that it will add to the rather sparse knowledge base in existence on the lives of young offenders when it comes to sex, relationships and related issues but that, also, it can inform the development of effective interventions. It examines the lives of the men outside of the prison walls, or “beyond the bars”, focusing on their reported sexual behaviour in the outside world. It also begins to consider how sexual health interventions delivered within the prison, that is “behind the bars”, might have an impact on the men’s behaviour once released. What the men say may help shape the development of the programmes that Caledonia Youth, FPA and others are working hard to get on-stream presently. By drawing on research and evidence currently available, as well as on the skills of those practitioners who have experience of working in similar contexts and with similar groups, the potential for the interventions to be effective will be maximised.

Certainly, the YOI has great potential as a site for delivering effective interventions that can reach men who are otherwise difficult or impossible to reach in the outside world. Many young offenders will have been persistent school non-attenders (Sherlock, 2004) and may also have been relatively unlikely to have communicated with their parents about sex and relationships (Hight et al, 2006). The captive nature of their institutionalization within the YOI, however, makes this a time in their lives when they may be more receptive to interventions, including in the area of sexual health. This avenue should be explored as it may be a route to improving the sexual health of a group which has experienced health inequalities. This exploration has begun; this study should be seen as part of this endeavour.

I.3. Research questions

Through conducting in-depth interviews with a sample of inmates, supplemented with questionnaire administration to a larger number of these men, the following questions were addressed:

(i) From where, and how, do the young men feel they have learned about sex? Specifically, what has been their experience and assessment of sexual health related initiatives within the prison system?

(ii) Are there areas of sexual and reproductive health on which they feel they need more information and advice?

(iii) What has been their experience of sex and relationships?

(iv) What has been their contraceptive behaviour?

(v) What is their experience of, and attitude towards, pregnancy in a partner?

(vi) What is their experience of, and attitude towards, STIs, and STI testing?

(vii) Have they made use of health or youth services for sexual health related concerns? If so, how often, who with, and for what purpose?

(viii) What role do they see future romantic and sexual relationships having in their likelihood of re-offending?

All of these questions were explored through the young men’s own reports. They included contextual data about their lives which may help make sense of their reported behaviours. Such data included: the duration of their sentence and how long they have already served, their age, qualifications attained, religion, relationship with parents, and time spent in residential care. The men were not asked about why they had been imprisoned, though some offered this information (those who did so said they had been imprisoned for selling drugs, a violent offence involving other men of a similar age, a driving offence or roasting).

I.4. Where was this study carried out?

The data were collected at HM YOI Perth, known as Friarton, and referred to in this report as such. The Friarton facility is the smaller of Scotland’s two male YOIs, housing 89 inmates between the ages of 16 and 21. The larger facility is HM YOI Polmont, located near Falkirk in the Forth Valley area. Originally, it was intended that the work be conducted at HM YOI Polmont. The SPS instead gave permission for the work to take place at Friarton. Officially, Friarton is the SPS facility for top-end prisoners, with Long-Term Prisoners (LTPs) reaching the end of their sentence able to access outside work placements from here and to participate in home leaves in order to prepare for their release. In fact, during my time visiting Friarton, residents included a number of shorter term prisoners, and those who still had much of their sentence to run. All, however, had been transferred from HM YOI Polmont after having been...
behind and beyond the prison bars

1.5. Who participated in the study, and what was involved?

The study is primarily qualitative. It was conceived as a project which would focus on talking to young men, in depth, about sex and relationships, and related issues. In order to obtain some data on a larger number of men than could be interviewed in the time available, however, and in order to inform the selection of those who would be interviewed, it was decided to administer a short self-complete questionnaire to a larger sample of men. This was done on a one-to-one basis. Although resources did not allow for the questionnaire to be administered at a single time-point, so potentially capturing all 89 inmates of the YOI on one day, it is hoped the sample obtained is fairly representative of the men imprisoned at Friarton over the time period of the study. During the second half of the study, most new admissions were approached. Those new admissions I ‘missed’ were those who arrived at Friarton on weeks when I could not be there. There is no reason to believe, however, that in-takes during these weeks were remarkable in any way. Those recruited to complete the questionnaire during the first half of the study were those who had contact with a particular prison officer (Stewart Wallace, SW). Given his particular remit they may over-represent LTPs ready to begin an outside work placement, and young men who were particularly amenable to SRE in that they were in contact with him in relation to participating in the sexual health day he ran. In total, 67 men completed a questionnaire.

The nature of the study was explained, orally, to the men, and they were also given an information sheet to read (see Appendix 1). Once they had consented, orally and in writing, to take part (all but one of the 68 men approached did so), they were given the questionnaire to complete and told that I or SW would be available to answer questions, or go through it with them if they wished. Most completed it unaided, and all read the required assistance with the whole booklet. The questionnaire consisted of 31 questions (see Appendix 1), and tended to take a little over five minutes to complete. Questions were grouped under the headings of: ‘sex education’, ‘advice/information’, ‘girlfriends and sex’, ‘pregnancy’, ‘children’, ‘sexually transmitted infections’, ‘prison’ and ‘about you’. As part of the introduction to the questionnaire it was explained to the men that they might be approached again to take part in an interview about the same kinds of issues, and on the consent form they were asked whether they would agree to this. All 67 men surveyed agreed to being approached.

Forty of the 67 were approached and all agreed to participate in a one-to-one in-depth interview. The purpose of the interviews was to give the young men an opportunity to talk at greater length, and in greater depth, about a range of topics relating to sex and relationships, and to their own sexual health. The men to be approached for interview were selected purposively from the questionnaire sample, with interviews taking place concurrently with questionnaire administration as turnaround in the prison is fast. Men to approach were selected in a fairly pragmatic way. Their questionnaire answers were examined by me and the men with characteristics that I felt were of particular interest at that point were selected to be approached for interview. Throughout the study I was very interested in men who said they were fathers, or that they had ‘got a girl pregnant’, and those in whom they had been STI tested, in particular those who reported a positive diagnosis. I was also concerned to obtain a final interview sample which was mixed in terms of those who felt they had received good or excellent sex education and those who did not; those who said they had spent time in residential care as well as those who did not; and those who reported always or usually using contraception and those who said they never or rarely used it. It was these concerns to ensure I had good representation of men with particular characteristics of interest, and that the sample was mixed in other respects, that shaped the choice of men to be approached. Sometimes the men had already been released, or had been moved, by the time I returned to interview them, so I always had a substitute in mind, with similar characteristics, to be approached on these occasions.

1.6. A note on validity

When conducting any in-depth interview study, the interviewer should take time to reflect on the validity of respondents’ responses, and how the manner in which they respond may have been shaped by factors such as the interviewer’s characteristics, the setting, the particular questions asked and how they were asked, and other contextual factors. In a study which focuses on the ‘sensitive’ area of sexual health, and involves a population which is probably relatively well-practiced in presentational issues, such reflection is vital. There is no space here to detail how I feel my age, sex, even my dress, may have influenced the way respondents reacted to my questions, or to explore in detail any thoughts I have on other aspects of any facades respondents may have built in respect to the whole interview, or particular parts of it. I would like to note, however, that there was variation within the sample in respect of nearly every question within the questionnaire, and that, during the interviews the men’s answers did not, generally, conflict with their questionnaire answers and, again, there was variation in their accounts. Some of the men told me they would ‘never use a condom’ if they could help it, for example, and that they had told young women they loved them on several occasions just to keep them happy. That is, they told me things that they probably would not, or have said had their primary goal been to tell a story which they thought they would approve of, or that accorded with what they thought was the ‘right’ thing to say in public health terms. On occasion in the subsequent sections of this report, I reflect specifically on particular questions that I felt resulted in responses from the men, or a section of them, that might cause one to question the validity of their answers to a greater degree than one normally would, or as with the questionnaires, information was given to the men orally and in written form (see Appendix 1), and their oral and written consent was sought before the interview began (see Appendix 1). All of those approached agreed to be interviewed, and gave permission for the interviews to be recorded.

Whilst this was very beneficial in terms of recruitment and being able to select the preferred sample, it does raise the question of whether the men felt they had a real choice in the matter. I did not sense any reluctance in their agreement to participate and felt that I was giving them a real choice, emphasising more than once that they did not have to take part. My impression was that they were content to spend a little time away from what must be the boring routine of the YOI, and that they did not feel any obligation to consent. However, the interviews lasted between 30 minutes and 1 hour 49 minutes, with an average length of 59 minutes. The small number of very short interviews did involve the men responding to many of the questions with mono-syllabic answers. Perhaps this indicated an unwillingness to participate that these men did not feel able to voice.

Those interviewed were aged from 16 to 20 years. I conducted all the interviews alone in a room with each young man, using a semi-structured interview schedule (see Appendix 1). There were core questions I asked all the young men, but there was scope to focus more on some areas of their lives than on others, depending on their particular characteristics and experiences. The interviews, therefore, did tend to take slightly different directions depending on whether, for example, the young man said he was a father or not, whether he reported being a consistent user of contraceptives, and so on. Whilst I was not subject to tight time constraints, the routines of prison life did mean I had to finish by lunch, or visiting time, or whatever other ‘event’ was looming, so neither was time unlimited. This forced me to focus on some areas at the expense of others in most of the interviews.

The demographic characteristics of the sample surveyed (as gleaned from their answers to the questionnaire) are detailed in Appendix 2, alongside the demographic characteristics of the interview sub-sample. It should be remembered that the majority of the men surveyed went on to be interviewed. It seems that the interview sample is fairly representative of the wider sample, though it appears to slightly over-represent those who assess their school sex education positively, and to slightly under-represent those who never or rarely use contraception. Pseudonyms are used for respondents, those family, friends and partners that they name, and for place names other than Polmont and Friarton.

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Chapter 2: Learning about Sex

Key points

- For most young men, the information they had received about sex and relationships was patchy.
- Peers’ behaviour, actual and perceived, was probably the most important influence overall.
- The interview data included a number of positive examples of peers’ behaviour having had an influence on the men’s own behaviour:
  - Attendance at health or youth services for sexual health matters.
  - Recognizing one may have an STI.
  - Being motivated to seek help for an STI.
- Most had been offered sexual health information within the YOI.
- This was primarily the sexual health component of the HM YOI Polmont induction.
- Most did not recall being told about other initiatives.
- Feedback on what had been received was positive.

2.1. Quality of information and advice received about sexual matters

Twenty six of the men, over a third of the questionnaire sample, felt that they had not received ‘good’ or ‘excellent’ information or advice from any of the four sources – school, mother, father and pals – listed in the questionnaire. Just under a third of the sample felt that all of the sources listed, or three of the four of them had been ‘not very good’ or non-existent sources of information. The majority (40) of the men surveyed did, however, rate at least one of the four information sources listed as being ‘good’ or ‘excellent’.

Table 1: Ratings by source of advice and information about sex amongst survey sample (n=67) and interview sample (n=40, numbers in brackets)

<table>
<thead>
<tr>
<th>Source</th>
<th>Don’t remember getting any</th>
<th>Not very good</th>
<th>OK</th>
<th>Good</th>
<th>Excellent</th>
<th>Doesn’t apply</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>14 (8)</td>
<td>20 (10)</td>
<td>16 (10)</td>
<td>11 (9)</td>
<td>3 (2)</td>
<td>2 (1)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Mother</td>
<td>27 (17)</td>
<td>7 (3)</td>
<td>15 (10)</td>
<td>11 (6)</td>
<td>3 (1)</td>
<td>3 (3)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Father</td>
<td>24 (15)</td>
<td>7 (4)</td>
<td>17 (10)</td>
<td>6 (3)</td>
<td>4 (2)</td>
<td>7 (6)</td>
<td>2 (0)</td>
</tr>
<tr>
<td>Pals</td>
<td>14 (7)</td>
<td>8 (5)</td>
<td>21 (13)</td>
<td>11 (5)</td>
<td>11 (9)</td>
<td>1 (1)</td>
<td>1 (0)</td>
</tr>
</tbody>
</table>

Table 1 shows the young men’s ratings of advice and information about sex by source. In terms of where ‘helpful information’ has come, more of the young men cited pals as a source of ‘good’ or ‘excellent’ sex education than any other source. Over a third did not remember getting any sex education from their mother, with similar numbers saying this about their father.
2.2. School

Over half of the men surveyed either did not remember getting any school sex education or felt that it was ‘not very good’. Only fourteen rated it as ‘good’ or ‘excellent’. Amongst those interviewed, there were some, but not many, positive comments. Various of the young men talked about school sex education having being “very decent”, “taught you everything”, and “a good sex education scheme.” A couple of them named specific things that they had learnt at school. For example, Kieran talked about having learned how to put on a condom during school sex education:

> “you’ve got to pinch the end and that but I wouldn’t probably ken’rl how to do that Ken the first time [he had intercourse], I’d probably just have tried to shove it on”.

However, in line with the picture painted by the quantitative data, there were many more negative than positive comments expressed during the interviews. These included comments about the context of school sex education not being conducive to learning. These focused on the mixed sex environment, the age and maturity level of the male pupils, and the teacher. Graham said:

> “If you’re sitting in a class w/ 30-odd pupils, boys and girls, you don’t listen to that [sex education]. You’re just laughing at it”.

This idea that the boys would “show-off”, “carry on”, “be immature”, and/or “have a laugh” was prevalent.

The timing of school sex education was mentioned by a small number of the men as being a reason for the content not being remembered. Luke told me:

> “I cannot really remember much [about sex education]. It wasn’t the best but you know more than what they’ve already told you basically. By the time they tell you it, you already know it”.

Fourteen of the 67 men surveyed, and eight of the 40 interviewed, said they did not remember getting any sex education at school. The interview data suggested that this could have been, in part at least, due to chronic school avoidance by some of the men. Jamie, for example, said:

> “Oh I was never in classes or anything, know what I mean. I hated school man. Pure brutal… I canny remember at all getting any [sex education]. But, when I was at school, know what I mean. I think it’s cos I was off school a lot”.

Being excluded from the class for most lessons for ‘messing around’ or “being inappropriate” was also mentioned by a couple of the men.

Sex education delivered within the prison will be discussed below, but several of the men who had been recipients of such sex education compared it favourably with their school sex education. Prison sex education was said to be superior because there were smaller numbers involved and because the young men had matured so there was less messing around. Staff delivering prison sex education were also compared favorably to teachers (who were described as “stupid” and prone to get “wound up”).

Nobody explicitly mentioned the absence of girls within the YOI as being a facilitating factor in the learning process, but there were a number of comments made by the men referring to how difficult it was in the school classroom to be serious because girls, to whom one needed to “show off”, were present. By inference, learning may be easier in the single sex prison context.

2.3. Parents

Parents fared even worse than the school in terms of the men not remembering receiving any information or advice about sex from them. The interview data confirmed that many of the young men felt that they did not get any sex education from either parent. The data suggested that there were several levels of parental involvement in their son’s sex education. Jamie’s description of his mother refusing to acknowledge anything relating to sex illustrates the lowest level:

> “She caught us [him and his girlfriend having sex] a few times but she just blanked it, know what I mean, doesnae even say anything… just doesn’t say anything at all, no, doesnae talk about it or nothing”.

These men tended to say that they were very glad that their parents, and especially their mothers, had not tried to broach the subject. A small number of the boys pointed out the difficulty of delivering sex education to them when they weren’t really around much.

It appeared to be quite common amongst this sample for parents to have told their son to ‘use a condom’, either as a one-off piece of advice or on a regular basis, but not to have talked about anything else sex-related. Chris reported:

> “He [his dad] just says ‘watch yourself, use something’”.

The men reported that this advice emanated from parental concern about either pregnancy or STIs, or both. A few of them also described their mums actually giving them condoms, on one occasion, or more regularly.

Generally such advice seemed to be given fairly spontaneously, and in an informal way, but a few of the young men remembered specific conversations when one or both of their parents had sat them down for ‘a talk’. No one described this talk as being useful. Michael remembered being embarrassed during a car journey he went on with his dad a number of years previously:

> “not my mum but eh my dad one time he spoke to me about it [sex] and erm we were sitting in the car I was quite young. I was probably too young for it; probably about 10 or something, no I think was older. It was down in Busytown, cos I was driving back from seein’ my Gran and Granda like, and we were just in the car driving back and he says, dunno, just out of nowhere he just came out with it and says ‘so, do you know about sex?’.

> “What you on about?” [laughs], he was telling me about condoms and stuff and I’m like, ‘I don’t know’ and he’s like ‘maybe you’re already done it?’ and I was like ‘no!’ I dunno, I couldn’t speak to him about it. I was embarrassed and then, I don’t even know, it was quite ridiculous actually…. he was just saying things, like ‘oh, I better say something’. I had to sit in the car all the way back up and it was like [groan]… He just raised it that one time”.

Fathers were described as useful advice or information givers by a small number of the men, appearing to function like pals, relating lad-to-lad stories of sexual conquests. Many of these fathers had not been living in the family home, and were described as themselves having sex with multiple partners and willing to share details with their sons. Patrick recalled:

> “Me dad, I tell you now, me and me dad have swapped some mad stories, I tell you now… he’s more, yeah, he’s more like me mate, you know what I mean”. 
2.4. Pals

Sex related information and advice from friends appeared to be both more memorable, and was more likely to be regarded by the young men as good or excellent, than was sex education from school or parents. Over a third of the sample felt, however, that it was ‘not very good’ or ‘okay’ so friends were certainly not regarded by all as being particularly helpful in this area.

Peers should not, however, be dismissed altogether by those in the public health field as being unhelpful sources of high quality sex education. The interview data contained several examples of where friends appeared to have given the men useful information. Graham, for example, reported:

“The family planning clinic, I used to go and get them [condoms] for nothing and I always carried a few in my wallet… I think it was one of my mates that told me to go here to get free condoms”.

Graham also talked about seeking an STI test within the prison, because his cellmate told him he had genital warts so making Graham feel that having an STI was a real possibility. It was also reported by some of the men that, on the outside, friends provided them with condoms.

However, there were also a number of examples of friends having being a less helpful influence, in public health terms. Martyn reported:

“I’ve never used a condom… I’ve never used one of them… I’ve had them in my pocket and that but I’ve just flung them away, I dunno, I just don’t do that things… They [mates] all speak about it and somebody’ll say ‘Oh, do you wear a condom?’ And they’ll go like ‘Nup, there’s no point’. So I just listen to them, just batter in and probably catch all sorts of diseases but”.

In terms of the processes behind learning about sex, friends seemed to be quite strong behaviour modelers for most of the men in a way that school and parents were not. Many of the men described gang-like friendship groups: large groups of friends who ‘hung around’ together and appeared to have a shared sense of identity with regard to a number of issues. This was, perhaps, behind the strong potential for individuals to change their behaviour to fit in with the prevalent behaviour amongst their friendship group. Attendance at health or youth services for sexual health matters will be discussed later in the report, but a number of the young men had been using such services in the community on a regular basis, for a number of years, later in the report, but a number of the young men had been using such services in the community on a regular basis, for a number of years.

The ‘picking bits up as you go along’ process that was described by a number of the men, especially those with older friends, seemed to consist largely of the young men observing, and then adopting, the behaviour of their friends. It did not, generally, involve them having in-depth conversations.

2.5. Within prison sexual health initiatives

The men talked about several sexual health initiatives going on within the YOI. Using the men’s accounts as a starting point, further information about these initiatives was sought from those involved in running them.

- **Induction sexual health session, HM YOI Polmont.** On arriving at Polmont the men received a session focusing on sexual health, particularly the prevention of STIs. This was run by the Health Centre. STI testing within the prison was mentioned, and it was made clear to inmates that they could ask to be tested.

- **Caledonia Youth sexual health course, HM YOI Polmont.** During 2004 and 2005 Caledonia Youth ran group workshops for interested inmates. More recently, and as was mentioned in 1.2., the organization offered prisoners in the under-18 hall the opportunity to participate in group or individual work. Most of the sample for this study were not at HM YOI Polmont during the earlier period, or in the hall in question during the later time. A small number of the young men were, and some of them describe having been involved.

- **Parenting course, HM YOI Polmont.** The Positive Parenting programme is no longer running, having come to an end in order to free up resources for an intensive Violence Prevention programme, but it was running during the sentence of most of the LTPs interviewed here. Elements of the programme included ‘Story Book Dads’, where participants were given the opportunity to video tape bed time stories for their children, and family bonding visits. A recent inspection report minutes regret that the initiative has come to an end (Scottish Government, 2007).

- **Sexual health day, Friarton.** During the first few months of data collection for this study, a sexual health day was run several times. This was led by the Prison Officer with the particular youth support remit (SW) and by one of the Health Centre nurses with a particular remit for sexual health. SW was then transferred to HMP Perth, resulting in the course no longer being on offer. A range of topics was covered during the day including STIs, contraception, sex and the law, and body parts. Between four and ten men attended each of the day sessions. While the two facilitators led the proceedings, there were regular opportunities to ask questions and discuss issues. The group was broken into smaller groups periodically, with exercises and discussion taking place in these smaller groups.

- **STI testing, HM YOI Polmont and Friarton.** STI testing, within and outside the prison, will be discussed later in the report, but it is useful to note here that at both YOIs the men could request a test at any time. Most were aware of this, a smaller number had taken it up.

In addition to these formal initiatives, a small number of the men talked about having learnt more about STIs, in particular, whilst in the prison through talk with other inmates. A few said they had had more time to think because they were in prison, describing the effect this might have on their behaviour in relation to sex and/or relationships, on release.
Behind and Beyond the Prison Bars

YOUNG OFFENDER TALKS ABOUT SEX AND RELATIONSHIPS

Induction sexual health session, HM YOI Polmont

A lot of the men did not voice strong opinions either way about the sexual health element of the induction (for some it would have occurred many months, or even years, before) but, generally, assessments were positive. They said it covered some topics that were new to them, and went over some old ground. What most men recalled about the induction session was being shown pictures of STIs. As Michael said:

“I’ve never actually been shown that way, this is this, and this is how you get it. I didn’t think it [STIs] was so bad. I remember there was one boy, and she [course facilitator] was talking about genital warts and there was one boy says ‘I’ve had them before’. And then, so like all of them’s talking about it, and then the pictures came up and he was ‘oh no, I’ve never had that before’ [laughs]. The pictures was a bit extreme.”

A few commented specifically on the effectiveness of being shown pictures, saying they would be likely to modify their sexual behaviour in the future.

Graham was unusual in remembering the session covered something other than STIs:

“Just going through stuff I’d already been through with the army and that, telling me about chlamydia and things like that, what it looks like. But like the only thing that was different was like it had say a set of big testicles and it showed you how to feel properly for a lump and that. That’s something I didnae know so that was a good thing to know”.

HM YOI Polmont: Caledonia Youth sexual health course

Only a few of the men reported having been on this course, with a few more saying they were aware of it but had chosen not to participate. When asked why this was a couple of the men appeared reluctant to give a detailed reason. “Just donae want to” said Callum. One young man said he did not attend because he reckoned it would have been “pure boring” and another said:

“I was stoned and that, I just wanted to sleep. I already basically know everything there is to know anyway”.

The feedback from those who had attended, however, was positive. Stephen noted:

“Six weeks, two days a week [it ran]. I think it was about an hour an’ a half each morning but there was a lot of paperwork you had to read an’ aw, just drilling it into your heid, know what I mean….. It was worth going”.

He said he learnt more about both STIs and contraception on the course, reckoned he would use a condom more often once released, and that he probably would not be “jumping about the way I was”.

As with the Friarton course (see below), it was commented on by the lads that the learning context at Polmont was conducive to them taking the course seriously. Shaun, for example, felt that there was no need to “show off”; he “just sat and listened”.

Parenting course, HM YOI Polmont

Two of the fathers in the interview sample were not aware of HMYOI Polmont’s parenting course; one had been offered it but was transferred to Friarton before he got a chance to start it; and two had been on the course, although only one had the chance to complete it. This young father described it:

“[It was] just telling you like how to deal with a child and that, if it’s no’ well Loads of stuff. Quite good so it was. It was over six weeks or something. There was a few of us, a good few of us, nine or something”.

Sexual health day, Friarton

Ten of those interviewed had been on the sexual health day run at Friarton. The men primarily recalled the part of the day which covered STIs.

Varying motivations were reported by the men as being behind their decision to attend the course:

“something tae dae”, “thought it’d be useful”, “I’ll take any course that’s going in here, if there’s stuff you’re wanting to learn fae it, you need to go to it”, “to get you off work”, “it’s better than a day in the sheds [where most of the men work, making picnic benches and the like]”, and because “it helps you wr’ your tag [i.e. the application to leave prison early and be tagged instead]”.

No one had anything negative to say about the course, though some were more positive than others. Darren, for example, said:

“It was actually quite good so it was Aye, you found everything out, everything about it [sex]. They told you everything you need to know. Showed you pictures [of STIs] and all that, and it was pure bugging man”.

A few of the men noted that there was no messing about, some compared this with the school sex education they had received which they reported was characterized by such behaviour. All the men thought the course leaders were good.

Most felt they had learnt something new from the course, most often about STIs. Jak reckoned:

“Learned a few things about it which was good. Just learning what diseases you can get, how easy it is to catch them. Like, mind that poster on the wall? There’s two folk at the bottom, then who they slept wi’ and who aw they slept wi’ man. It just fuckin’ makes you think. Every cunt’s slept with every cunt basically Just when you see aw they see figures on the bit o’ paper then you’re like that [makes a shocked face]. How easy it is to catch them. Only takes like two seconds, know what I mean”.

Other topics the men reported learning about were body parts, contraception, and where to go for help.

When I asked some of the men whether what they had learnt might change their behaviour in the future, a couple said it would make them more likely to use a condom, and one said he would be more inclined just to have one partner on release from jail:

“I’d just try and stick wae one bird noo cos I know she’s no’ got anything and I’ve no’ got anything so I’m no’ gonnae catch anything… It [the course] put you right off man”.

The course apparently motivated several of the men to ask to be tested for STIs.

Most of those who had not been on the Friarton course, nearly all of whom had not heard about it, told me that they would not be interested in attending.
Youth offenders talk about sex and relationships

The prison experience and sexual health

A small number of the men said prison was a particularly good place in which to receive sex education. As Stuart put it “you’ve got nothing else to do”\(^\text{1}\). Alan agreed saying “some people are bored with themselves and they’d rather be out [of their cell] seeing, learning more than anything”\(^\text{2}\).

A few also talked about having learnt about sexual health issues within the prison through talking to cellmates and other inmates, in a way they did not do ‘on the outside’. Ian, for example, said he had learnt a lot about STIs whilst inside:

> “There’s hunners o’ people in here that have had chlamydia and stuff. I didnae realise. I don’t, none o’ my pals have had it. I think one o’ my pals has had it and that’s about it, there’s quite a lot o’ people in here that’s definitely had it”.

Relatively, a couple of the men referred to having had time to think within the prison, saying this had had an impact on them in terms of a re-assessment of their sexual, and other, behaviour on the outside. Darren, for example, said:

> “I’ve grew up, I’ll tell you that right noo, I’ve grown right up man… [before prison] I wasnae really giving a fuck about lassies and all that, just fire aboot wi’ my pals. I’ve grew-up noo so I have. I grew up in here”.

2.6. Other sources of sex education

The questionnaire only enquired about four sources of sex education. In the interviews, there was scope for the men to name other sources from which they felt they had learned about sex. Named were: older brothers; “birds”; leaflets picked up, or given to them, at health centres or clinics; sessions at clinics or drop-ins; television generally, including films; formal sessions delivered in the army; and pornographic films.

Chapter 3: Information Needs

Key points

- The majority of the men reported that they ‘definitely did not’ want more information or advice on all the topics suggested.
- The topics on which the men were most open to receiving advice were: STIs, being a father and help-seeking.
- Introducing a programme of SRE within the prison system which large numbers of the men choose to opt into may, therefore, be challenging.
- Innovative ways of presenting available initiatives to the young men, designed to appeal to them, might increase the number of men taking up programmes offered.

Most (n=52) of the young men surveyed indicated a varying level of interest in receiving more information and advice about the nine topics listed. This suggests that they perceived themselves to be more in need of receiving more information on, and/or are more interested in, some issues over others.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Definitely not</th>
<th>Maybe</th>
<th>Yes, a little bit of information</th>
<th>Yes, a lot of information</th>
<th>Don’t know</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraception</td>
<td>27 (18)</td>
<td>18 (13)</td>
<td>12 (6)</td>
<td>4 (2)</td>
<td>5 (1)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>STIs</td>
<td>15 (11)</td>
<td>19 (11)</td>
<td>14 (9)</td>
<td>16 (8)</td>
<td>3 (1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>How to talk to girls/women</td>
<td>35 (21)</td>
<td>13 (8)</td>
<td>13 (8)</td>
<td>3 (2)</td>
<td>2 (1)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>How to treat girls/women</td>
<td>36 (20)</td>
<td>13 (7)</td>
<td>11 (9)</td>
<td>4 (3)</td>
<td>2 (1)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>How to keep a girlfriend</td>
<td>38 (22)</td>
<td>12 (8)</td>
<td>7 (4)</td>
<td>6 (5)</td>
<td>3 (1)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>59 (35)</td>
<td>3 (2)</td>
<td>2 (2)</td>
<td>0 (0)</td>
<td>2 (1)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Having sex</td>
<td>33 (17)</td>
<td>12 (8)</td>
<td>11 (8)</td>
<td>8 (6)</td>
<td>2 (1)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Being a father</td>
<td>22 (15)</td>
<td>16 (10)</td>
<td>13 (7)</td>
<td>13 (7)</td>
<td>2 (1)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Where to get help</td>
<td>22 (16)</td>
<td>15 (10)</td>
<td>18 (7)</td>
<td>8 (5)</td>
<td>3 (2)</td>
<td>1 (0)</td>
</tr>
</tbody>
</table>

Table 2 shows that the men appeared keenest to receive more information on STIs. Nearly half of the survey sample (n=30) said they wanted a little or a lot more information on this topic. The men also appeared relatively open to receiving more information and advice on fatherhood, and where to get help. With the exception of homosexuality, for which nearly all of the men reported not wanting any information or advice (when asked about whether men had sex with men in HM YOI Polmont or at Friarton, every single interviewee dismissed this extravagantly), similar numbers said they would ‘maybe’ like more information on all of the topics. This ambivalence suggests that the men might be open to intervention if the information takes a certain form. It might also be an indication that the men
Behind and Beyond the Prison Bars

Youth offenders talk about sex and relationships

are not keen to ‘admit’ that they might want or need more information about sexual topics, and that they feel comfortable expressing only a more tentative interest.

Although the interview schedule contained questions designed to further explore the area of information needs, the men were not particularly verbose in this respect. Perhaps ‘admitting’, via a questionnaire, that one might need to know more about STIs, for example, or ‘being good in bed’, is easier than admitting this face to face to a (female) interviewer? Whilst some time was spent in the early interviews trying to coax the young men into talking about their information needs, in later interviews I tended to skip over this, choosing to spend time on other areas about which the young men seemed more willing to talk openly. A couple of interesting points did, however, emerge from the interview data.

First, it might be that sex education focusing on STIs delivered within either HM YOI Polmont or at Frarton (or both), has whetted the appetite of many of the men to receive even more information on this. Their attitude to STIs and the content of YOI sex education are both discussed elsewhere within this report but many of those men who had received induction information on STIs, or who had attended prison-run sex education courses, appeared morbidly fascinated, and shocked, by what they had learnt. Most of those who had received information about STIs whilst in the YOI had not known a great deal about them before entering the prison system, but appeared to value what they now knew. The interview data suggested that it may be the case that the more the men knew about STIs, the more they wanted to know.

Second, there was even more widespread interest in fatherhood than the questionnaire data perhaps suggested. The qualitative data suggested that some of those who said they ‘definitely did not’ want more information on this were actually very interested in the whole idea of fatherhood and being a ‘good father’, in line with much of the rest of the sample. However, some of these men felt that being a good father was something that would “come naturally” or would be “pick[ed] up easily” rather than something that could be learnt. Shaun, for example, said: “I know everything anyway, know what I mean. I nae really much to know.” Several of the men cited being good with other people’s children, primarily in terms of having been able to successfully entertain them, as proof that they would be good with their own.

Chapter 4: Sex and Relationships

Key points

- All the men reported having had sex.
- Half reported having had fewer than 10 partners, half more.
- For many, casual weekend sex with new partners had been a routine feature of their lives.
- Nearly all the sample reported having had a girlfriend; over half of the sample reported having a girlfriend at the time of the survey.
- This highlights the salience of relationships, and not simply sex, for many of the young men.

4.1. Number of sexual partners

All the young men reported having had sex. One young man reported having had only one partner; the remainder of the sample was fairly evenly split between reporting fewer than ten partners, and more than ten partners. While there was a general trend of the older men reporting more partners, there were many exceptions to this.

4.2. Girlfriends

Nearly all the men reported having had a girlfriend at some point. Perhaps surprisingly, particularly given that average length of imprisonment had been around six months at time of survey, over half the sample reported having a girlfriend at that time. These data highlight that relationships, as well as sex itself, were a part of the men’s lives.

Indeed, a lot of the men talked about their girlfriends in what could be described as a soppy way. Parek eulogised at length:

“our relationship now is like a marriage. It really really is like a marriage. We rarely rarely argue. When we argue we know that we’re in a relationship, we argue. We’re very mature about things. She enjoys everything we do. She lives football, she’s a season ticket holder at Aberdeen, so there’s a lot of things, we’ve got a lot, a hell of a lot, actually, we’ve got in common. She’s beautiful, she’s absolutely beautiful…… I’m happy…… It grows. It grows from liking someone to caring about someone to loving someone.”

A number, including Graham, said that they really appreciated their girlfriends sticking by them through their prison sentence:

“she’s stood by me the whole way, she’s a good girl like…… she’s everything that I want, eh. She is a really good, she’s one in a million, she’s great like…… There’s not many folk that would do it [stick by their men in prison] you know. definitely I’ll be getting married, I’ll be getting married in the next couple of years, definitely. It’s not necessarily because I’m going to have a child but because Michele, she’s the one for me, she’s a great lassie like”.

Ten of the forty men interviewed said they had been cohabiting with a girlfriend on coming to jail, or had lived with a girlfriend at some point. While some of these experiences were described as fleeting,
and often for reasons of convenience, one young man had bought a flat with his girlfriend the year before, and another had lived with his girlfriend for five or so years (though appeared to have spent a lot of this time in jail for various offences). A few viewed themselves as having “settled down”.

Not all of the men, however, reported having a girlfriend at the time of survey or interview. Quite a lot of these men described how they had ended a relationship because of their sentence. Amongst these men, there was a consensus that having a girlfriend whilst in the jail was not good for the mental health of either party. John reckoned:

“a bird doubles your jail time, dunnit? All you do is sit in the peter [cell] and think”.

The ‘thinking’ John referred to seemed to be worrying about the fidelity of the girlfriend.

None of the young men talked about having long term relationships with girls without having sex, though friendships with girls were common. Quite a few of the men explicitly said that they would never have sex with female friends. Other of the men, though, described routinely spending Friday and Saturday nights with a mixed-sex group of friends, with intercourse with one of the female members of the group often a feature of the evening.

Only three of the men surveyed reported never having had a girlfriend, but the interview data suggested there were probably a greater number who had never had a ‘serious’ girlfriend. Jason told me:

“I don’t really stick too well to girlfriends, you know what I mean. I don’t understand it all these people that get loved up and that at 19 and that, wait till you’re older innit?”

Certainly, more casual sex, without the emotional/romantic element, was a feature of most of the young men’s accounts, whether or not they had found someone who was ‘different’ to the rest by the time of the interview. Graham was in the army pre-prison:

“Most of them [sexual partners] were just casual one nighters like... It’s just going away when I went to the army. It’s just the sort of thing you do, dinnae ken how it happens like, going different places. You just go out and get drunk and you always end up in strange places, strange houses and that... A few of them I don’t even know their names. It’s quite embarrassing, I don’t even know names like... Just living it up as a squaddie”.

Alcohol and casual sex were clearly linked. For many going out and getting “steaming” on a Friday night, and ending the night by having intercourse with a new or irregular partner, was a typical weekend night before imprisonment.

I tried to uncover what ‘having a serious relationship’ meant to the young men. There was a general consensus that serious relationships should be monogamous, on the part of the male and female partners. This did not mean, however, that all the men reported having been faithful in the relationships they described as serious. Most, however, said that they had been. Wanting to spend a lot of time together also appeared to be an important defining factor. Serious girlfriends were people the young men felt “close to”, got on with, wanted to be with, and wanted to “look after” and “protect”. They often enjoyed the same things as the men. As Jamie said:

“she’s [girlfriend] just like a girl version of me”. 
Chapter 5: Contraceptive Use

Key points

- Attitudes to, and use of, contraception varied considerably.
- Some of the young men were motivated in their use of contraception by a fear of pregnancy, others were more concerned about contracting an STI, others were worried about both or neither of these risks.
- It was not uncommon for the men to be completely unaware as to whether or not casual partners were on the pill.
- Some have simply never given much thought to the area of contraception.
- A few young men said they would use, and have used, a condom on every occasion of intercourse.
- Most believed one should use a condom, particularly when having sex with a little-known partner; but practiced this only when other modifying factors did not intervene.
- Barriers to condom use for these potentially willing condom-users included: excessive alcohol consumption, immediate desire, and not having a condom to hand.
- A sizeable group of the young men were not willing condom users; they were open in their dislike of condoms.
- Most of these unwilling users conceded that if a female partner wanted to use a condom they would use one.

Fewer than one third of the men reported using contraception most times or every time they had sex. Indeed, nearly half of the sample said they had never used contraception, or had not used it very often. The interviews suggested that this is a complex area. Space limitations in this report preclude a full discussion, but some useful points can be made.

Aside from the acknowledgment by some of the young men that some of their partners were, or might have been, on the pill and others were not, ‘contraceptive use’ tended to be equated with condom use. Roughly the men can be divided into those who appeared to be ‘condom-minded’ and those who did not. The former group included those who said they had used a condom every, or nearly every, time they had had intercourse, and those who said they had used a condom sometimes, but not other times.

Only a few of the men reported using a condom every time they had intercourse. Different rules did not seem to apply in different situations. These men appeared to be ‘condom-minded’ in all situations. Central to this was fear of pregnancy, STIs or both. Warren, for example, explained:

“If I knew they’d been around I would use one [a condom]. If I knew they were kinda a quiet sort of girl then maybe I wouldn’t.”

When it came to actual use, however, availability of a condom, alcohol consumption, ‘the heat of the moment’, and whether or not the men thought sex did not feel as good when they were using a condom, appeared to modify these intentions. Graham, for example, remembered:

“...the current girlfriend I’ve got now, she’s on the pill. We started off using condoms but that just sort of stopped after a while. She was on the pill to begin with and we were just using condoms but then we just stopped using them. It was just a case, it was just, can’t be bothered putting it on sorta thing.”

Within longer term relationships, the typical behaviour, as reported by the men, was to use a condom at first, but not later on when the relationship became more established. Brian described this pattern:

“Well like I’d ask them [the sexual partner] and they’d say ‘you do what you want’ and maybe I would use it and if I’ve no got one I would still use one ‘aye’, just get one aff my mate or something like that... If they want me to use one, I’ll use one”.

As such, those who were condom minded appeared to have high, or fairly high, intentions to use condoms, but varied in outcome as to how often they actually used one. They varied in their primary motivation for use: avoiding pregnancy, avoiding STIs, avoiding pregnancy and STIs in equal part, and/or just because that is what ‘you should do’.

Other men did not appear to be condom-minded. They said they would only use condoms if absolutely necessary. This appeared to involve an explicit request from the female partner that a condom be used. Adam, for example, tried to explain his general rules of behaviour:

“Well like I’d ask them [the sexual partner] and they’d say ‘you do what you want’ and maybe I would use it and if I’ve not got one I would just use it [have sex]. If I didn’t have one then I asked them ‘do you want to use one? and they’d say ‘aye’, just get one off my mate or something like that... If they want me to use one, I’ll use one”.

Of course, it is beyond the scope of this study to ascertain whether they did, indeed, acquiesce to their partners’ wishes on every occasion. When asked about coercion or persuasion in sexual situations, the young men, as might be expected, denied putting pressure on their partners in any way.

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Several of the men stated categorically that they did not like condoms and/or would never use (and have never used) one. Billy, for example, said:

“It’s [condom use] just no in my head I don’t think. I just says ‘you wouldn’t go in for a shower with your clothes on would you?’ [laughs]. I always say to myself I need to start [using a condom] but if I’m steaming then I totally don’t care.”

Chapter 6: Pregnancy and Fatherhood

Key points

- A minority of the men reported having conceived a baby with their partners.
- Fewer still said they were fathers.
- Amongst those interviewed only two of the five fathers regarded themselves as still in a sexual relationship with the mother of their child and in close contact with the child.
- Most of the wider sample said they did not feel ready to become fathers, being unable to fulfill the key role of financial provider.
- However, many talked about having to get themselves into such a position if a partner did have a child.

6.1. Pregnancy experience

Seventeen of the 67 young men surveyed reported getting a girl pregnant once or more than once, with a further 7 being unsure (the interview data suggested that these men tended to have good reason to think that they may have done). All three of those who reported more than one pregnancy were aged 19, with those reporting one pregnancy only aged from 17 to 21. Those who said they had definitely got a partner pregnant were asked to report pregnancy outcome (of the first pregnancy only if more than one).

6.2. Pregnancy outcome

Most of those who reported definitely knowing they had made a partner pregnant, said that she went on to have the baby (n=7) though reports were fairly evenly split between this outcome, and abortion or miscarriage.

Of the 7 young men who reported getting a girlfriend pregnant and her going on to have the baby, 6 said they had one child, one reported having 2 children. One young man (subsequently interviewed) reported that the first pregnancy he was involved in ended in miscarriage, but he subsequently had a child.

Several aspects of pregnancy and fatherhood were discussed during the interview with the men who had experience of either or both of these. No names are used here, to further protect the anonymity of this small group of men.

Two of the young men interviewed reported having had pregnant partners who went on to have an abortion. Their experiences were very different. The first described the processes behind his and his girlfriend’s decision to terminate their pregnancy:

“It was weird, making my mind up whether to kill something and, like I said, I had strong feelings about what I wanted to do, ken, when I’m getting older and what I want to do, where I want to go… She was wanting to keep it a bit more than I did. We just sat down and had a proper chat about it… It took a couple of weeks like [to come to a decision]. I would send her a text, like ‘fuck it, I want to keep it’ and then we’d speak that night and then I’d be like ‘no’ [mumbles], … I like didn’t speak to her for 4 days cos we had a little fall out [about the pregnancy] and then she just went and got it [the termination] done. She just came
behind and beyond the prison bars

three of the five fathers said they were not in a relationship with the mother of their child at the time of being in jail.

a regular and active role in caring for the children, perhaps somewhat easing the burden of one parent that both this man, and the man referred to in the paragraph above described their own mothers taking his partner, the mother of his child. she visited regularly, always bringing their baby with her. this young

another man, whose baby had been born whilst he was in prison, described a stable relationship with his partner, the mother of his child – it did not appear that she told him directly – but he said of finding out she was pregnant:

"i was kinda happy in a way, but gutted an' ow, cos we'd finished and i was gang wi' lee-anne (new girlfriend) and things like that… i found out and i seen her in the train and my maw spoke to her like the hard cos my maw was saying toe me 'you'd better get ower and talk toe her'. i'm no' tae her man' and my maw's bounced right over and gone like that 'come here the now'. and my maw spoke toe her. and then i didnae see her for ages and ages and then next time i seen her she was pushing the pram wi' the wean in it. she'd had the wean three days before and she was oot wi' it in the buggy and that".

he said how his ex-girlfriend allowed him to push the buggy round the town from time to time, which he thought was "brilliant". his child's mother did have some concerns about him spending time with the baby because of his heavy drinking, but he assured her (and me) that he had cut down on drinking alcohol so that he could spend more time with her. he was, however, sent to prison shortly after he made this commitment. he expressed to me what seemed to be a fairly vague hope that he will

five of those interviewed described being involved with partners whose pregnancies ended in miscarriages. this young man recalled his reaction, several years previously, after his school-girl girlfriend miscarried her pregnancy:

"she had that BCG thing, i don't know whether that triggered something cos the nurse hadnae asked her if she was pregnant or that eh, ken they're meant toe, but she ended up just collapsing and she lost it eh. [i was] raging, i think what i done after that really was started drinking for ages eh. started getting st… for about a month and a half i was just getting drunk every day, went to school drunk, got to school, took magic mushrooms in school and that eh. she [girlfriend] thought it [the miscarriage] was her fault, that passed me off even mair it wasnae meant, but at the same time i wasnae wanting it to happen again".

of interview. They seemed to vary in their involvement as fathers. One said he was in regular touch with his daughter in the period preceding his imprisonment, taking her out and spending some time with her and her mother in the mother's flat, but during his sentence he had had no contact with her. he hoped to continue to see her regularly on release from jail, saying he would always try his best to stay in touch with her, though he described wanting to move abroad once liberated. He was "not sure" whether him being in jail had had any impact on her but hoped it was "all right".

the situation appeared even less stable for the other two men, both of whom described splitting up with their partners before the pregnancy was discovered. it was not clear exactly how the first young man found out his ex-girlfriend was carrying his child – it did not appear that she told him directly – but he said of finding out she was pregnant:

"i just said 'listen girl, you don't even know me real name. just get rid of it.' i changed me number. i said 'listen, get rid of it. i said 'i don't even know you'. i said 'i'm not being funny or nothing right? you don't even know me real name'. she phoned me, she thought i was called dave for fuck sake, know what i mean. fuckin' get to fuck. just a one night stand… i was with me birds [ two long-term girlfriends] and that and fuck that. And she was fuckin' an hour and a half down the motorway as well".

he said he had not spoken to her, or seen her, since this telephone conversation.

four of those interviewed described being involved with partners whose pregnancies ended in miscarriages. this young man recalled his reaction, several years previously, after his school-girlfriend miscarried her pregnancy:

"she had that BCG thing, i don't know whether that triggered something cos the nurse hadnae asked her if she was pregnant or that eh, ken they're meant toe, but she ended up just collapsing and she lost it eh. [i was] raging, i think what i done after that really was started drinking for ages eh. started getting st… for about a month and a half i was just getting drunk every day, went to school drunk, got to school, took magic mushrooms in school and that eh. she [girlfriend] thought it [the miscarriage] was her fault, that passed me off even mair it wasnae meant, but at the same time i wasnae wanting it to happen again".

five of those interviewed said they had children. their experiences of the pregnancy and fatherhood appeared very different. only one of the men, before being sent to prison, had been living with his partner and child and playing a fathering role on a daily basis. he described how much he missed his daughter, whom he lived with for around a year before he was sentenced, and how it had hurt him to think how his being incarcerated had affected the child. he kept in close touch with his girlfriend and daughter by telephone, and they visited friarton regularly.

another man, whose baby had been born whilst he was in prison, described a stable relationship with his partner, the mother of his child. she visited regularly, always bringing their baby with her. this young

three of the five fathers said they were not in a relationship with the mother of their child at the time
The second man’s future contact with his young baby (born since he has been in jail) was also not without problems. He said he wanted to have regular contact with his son on release. According to his account he had spent much of the time since his ex-girlfriend told him she was pregnant refusing to speak to her, and demanded a DNA test before he agreed to acknowledge that the baby was his. This, according to him, did not go down well with his ex-partner. Her mother, he said, had become heavily involved with the baby and brought him to visit.

Five of those interviewed seemed genuinely unsure as to whether they were responsible for the pregnancies of sexual partners. One said:

“She was married but phoned one night to say she was pregnant but she wasn’t too sure if it was mine or her husband’s, so I just left it at that…. I was a bit shocked at first eh. Didntae know what to say eh…. I’ve no seen her [since] eh. I think she moved away…. There’s a wee niggle in your head, just wondering is it [your baby] or not?”.

None talked about this uncertainty in a particularly emotional way, rather the men were matter-of-fact, apparently resigned to not knowing.

6.3 Attitudes towards pregnancy

While only a minority of the sample reported experiencing the pregnancy of a partner, all the men taking part in the interview were asked about their attitudes to pregnancy. How would they feel would have felt about a partner becoming pregnant?

A few of the young men said they had not thought about this before, despite, in some cases, always or usually having unprotected sex. Stuart, for example, who said he had never used condoms, answered:

“I’ve never even thought about it so I’ve no’, it’s just if it’d come up, it’d come up. If they had like [got pregnant], if they’d just phoned me and said to me then I’d worry about it then…. I’d just, dunno, just no’, pure thought about it”.

Other men said they were unsure of exactly how they would feel, suggesting, perhaps, that it had not been highly salient for them. A few of the men did, however, point out that it is very difficult to answer such a hypothetical question.

Several of the men related stories of partners whose periods were late. They recalled how they felt such a hypothetical question.

“I had a lot of time to think about it [it was a couple of weeks until it was confirmed that the girlfriend was not pregnant after all]. I’d started to get used to it, started to get used to the idea, and then she wasn’t, so it was a relief but it was a disappointment as well”.

The most prevalent theme in accounts, though, was the importance of money; specifically the father being able to provide financially for his child. The men tended to feel that unless one had a steady job, with a regular income, then one was not ready to have a child. When the men said they were too young to have a child, which many did, this often appeared to centre on their lack of a steady job and savings at their young age. Darren, for example, said:

“I don’t want a wean yet. I don’t see that until you’re older…. A decent steady job and all that, oye, get my ane car and that”.

The men tended to be much more accepting of – and even in some cases pleased by – the thought that a girlfriend, particularly a more serious one, might become pregnant.

The men appeared to vary in the extent to which they had spent time around babies and children. Some had friends who had young offspring with whom they had spent time, others had cousins, nephews or nieces, or half-brothers and sisters with whom they described having being closely involved. Quite a few of the men described being involved in some element of childcare on a regular basis. On the other hand, others did not mention spending any time with children. There appeared to be a general pattern that those more heavily involved in childcare and/or very close to a parent of the child, were those who were clear they would like to delay pregnancy. This respondent, for example, had seen his older brother’s situation change following an unplanned baby:

“If I was just too young for it. I’ve got a lot of my life to live before, I’ll, maybe in mid-twenties I’ll have kids but there’s still a lot of stuff I want to do…. it restricts on what you can do, like if I want to go on holiday so me and Barbara can actually go and have fun and not have to plan what we’re going to do because there’s a baby there as well, it’ll stop us from doing stuff we want to do more”.

Earlier in the interview he related a story about how his brother was “into cars” and had owned, and loved, a sports car, but as soon as the baby came home from hospital he had realized there was no room for the baby’s car seat in the back; instead he would have to buy a family car. He described how his brother had put an advert in ScotAds the next day to sell it. The words “he said he would never ever sell it, no matter what” seemed to signify, for this young man, the powerful affect that a baby had had on his brother’s life, and were, perhaps, behind his own strong view that a baby was not right for him at this time.

There were a couple of the men, however, who seemed to think that because their mates had had children then it might be quite a good idea for them to have children also. Fatherhood here seemed to be a badge of honour amongst the friendship group.
The accounts of quite a few men suggested that a key factor behind their belief that a pregnancy would not be a good idea (or at least would not have been in the past) was what their mothers would say. Jak, for example, recalled a pregnancy scare he had a few years ago, and what he related about this was not so much his own reaction to the possible pregnancy, but his panic at what his mother’s reaction would have been:

“Panicking, [the thought of] telling your mum and that, cos I was still young at the time. I was like that [pulls funny face], just didn’t wanna tell her”.

While the majority, then, were more negative than positive about the idea of partners becoming pregnant, others were more ambivalent. Fatalism was a feature of several of the men’s accounts. For example, Brian said:

“I wouldn’t mind actually having kids, but at my age it’s a bit, you know, but if it happens, as I said to her [girlfriend], if it happens, it happens, if it doesn’t, it doesn’t”.

A small number of the men were much more positive than the rest about a partner becoming pregnant. Garry reckoned:

“I’ve always wanted a baby, I love weans so I wouldn’t mind, wouldn’t be bothered [if a partner became pregnant]. I would be glad I had a wean…. I love weans, they’re adorable”.

Martyn was open in saying that a partner becoming pregnant would not concern him:

“We [me and mates] dinnae care about anything like that [a girl becoming pregnant], so a lot of my mates have got kids and that, to other people, we just dinnae care”.

The question of how the men’s attitudes to being a father related to their own experiences of being fathered, or not, is interesting and is an area that I tried to explore during the interviews. Most of the men who were in touch with their fathers said they would want to parent in a similar way. Common complaints however, were that their fathers had not spent enough time with them whilst they were growing up, and/or they had not spent enough time talking to their sons. Some of these men said they will try to redress this with their own children. When I tried to explore the area of fatherhood with those who had grown-up, largely or totally, without contact with their fathers, the men denied this had any influence on their own conceptualizations of fatherhood. They tended to be defensive in their answers.

Overall, I felt that this section of the interview was fairly unsatisfactory in getting to the root of the young men’s conceptualizations of what being ‘a good father’ is. Perhaps it was unrealistic to expect the men to be able to open up on this subject as they probably had not been exposed to many models of fatherhood, aside from their own father’s ways of behaving and operating as a parent, so found it difficult to reflect on. In addition, the men tended to be very defensive about their family, apparently reluctant to say anything negative about parents and other family members.

### Chapter 7: Sexually Transmitted Infections

#### Key points

- Although there was high awareness that one could request an STI test within the jail, relatively few of the men had done so.
- There was a small group of ‘repeat testers’ within the sample who talked about being routinely or regularly tested outside the jail; they were likely to have been tested within the YOI also.
- These men viewed their often frequent episodes of unprotected sex as risky, and preferred to be checked regularly in order that any STIs they had contracted would be identified and cured.
- Most men interviewed said they had worried, at some level and at some point, about catching an STI.
- Individual perceptions of how easy or difficult it might be to get rid of an STI seemed to be central to their level of STI fear.
- It appeared that those who had had an STI, or who were aware of friends who had had an STI, were more likely to believe that they could be treated quickly and easily and thus were less concerned about contracting an STI in the future.

#### 7.1. STI testing

Nineteen of the young men surveyed (and 11 of those interviewed) reported having had an STI test. A minority of the men I interviewed remembered being told, during the induction session at HM YOI Polmont, that an STI test was available within the YOIs. By the time of interview however, most of the men were aware that they could ask to be tested at any time. While only a minority had taken this up, most seemed to think they might do so at some point (though as they had not yet, whether or not they would go on to do so is questionable).

Of those who reported having been tested, the interviews suggested that some had been tested, once or more, outside the YOI (by their GP or at a sexual health clinic, or, in one case, by a school nurse, though the young men were not always clear about exactly where the testing had taken place). It appeared to be once one was tested once, on the outside, one was more amenable to seeking out a test again, either on the outside or within the prison.

Most of those who had first been tested on the outside said they had sought a test after worrying that something was wrong, either because they had detected symptoms, or because they had been worried about an instance of unprotected sex. This had usually been because the girl “had a bit o’ a name for herself”, perhaps wasn’t as “clean” as she should be (indeed, a common slang-word for a relatively undesirable actual or potential casual partner was “dirty”), or because the sex had been followed by rumours, or actual information, that the partner had chlamydia. A number of these men went on to get tested again after this first time, “just to be safe”. Darren said that on the outside he got himself checked out every six months:

“Just common sense really”.

He pointed out:

“It only takes two minutes, know what I mean. It’s no’ that hard”.

• Although there was high awareness that one could request an STI test within the jail, relatively few of the men had done so.
• There was a small group of ‘repeat testers’ within the sample who talked about being routinely or regularly tested outside the jail; they were likely to have been tested within the YOI also.
• These men viewed their often frequent episodes of unprotected sex as risky, and preferred to be checked regularly in order that any STIs they had contracted would be identified and cured.
• Most men interviewed said they had worried, at some level and at some point, about catching an STI.
• Individual perceptions of how easy or difficult it might be to get rid of an STI seemed to be central to their level of STI fear.
• It appeared that those who had had an STI, or who were aware of friends who had had an STI, were more likely to believe that they could be treated quickly and easily and thus were less concerned about contracting an STI in the future.
Indeed, this minority for whom testing was a regular routine appeared to see it as a positive part of their masculine identity. Patrick reckoned you must “look after yourself” in this way.

For a couple of the men who had been tested outwith the YOI, getting tested was not an experience they wanted to repeat. Jason said he opted for a test because his mate was getting himself checked out, but added:

“I wouldn’ae go back. I just didn’t like it. I’m quite a, I get quite embarrassed about things like that you know what I mean, with the doctors and all that, so.”

A couple of the men said they just would not have had the opportunity to be tested on the outside due to their lifestyle. Kieran, for example, explained that he worked from 8am until 5.45pm and since he got banned from driving it took him a long time to get to and from work.

Other of the men reported being tested for the first time within the YOI. A few said they requested a test immediately following the sexual health day run at Friarton. Sean explained:

“we seen all the diseases and that. It was just disgusting eh, and I thought I better check myself out”.

Others said they felt that they “may as well” take a test within the jail. Michael, for example, said he took everything that was offered to him within the YOI, including immunizations and the STI test.

Whilst the majority of those interviewed said they had not been tested, only a couple of them dismissed everything that was offered to him within the YOI, including immunizations and the STI test.

"It’s normal noo, innit [catching an STI]?... It’s easy to get rid o’ noo in’t... You get a girl pregnant, you can deal with that like a lot easier. I don’t mean get rid of it [the foetus], that’s a bit nasty, but I think with the STDs, I don’t even know. It’s scary, oye”.

Some of these men seemed to fear an STI because they thought it would be difficult, if not impossible, to get rid of. On the other hand, most of those who said that a girl becoming pregnant would be more worrying than catching an infection, seemed to think that they could get rid of an STI fairly easily. So Matt pointed out:

“Chlamydia can go away but a baby cannae”. 

Although HIV/AIDS, hepatitis, genital warts, crabs, gonorrhoea, thrush and herpes were all mentioned by the men (they have been listed in descending order in terms of the number of men who named each during the interview), by far the most commonly named STI was chlamydia. While 21 of the men specifically, and unprompted, mentioned chlamydia, only 9 mentioned HIV and/or AIDS when talking about STIs. As Ian said:

“that’s chlamydia the one that everyone talks about, that’s the most well-known basically”.

Words the men used when asked about how they feel about STIs included “dirty”, “black”, “mingy”, “disgusting”, “ratten” and “stinking”; and how they would feel about contracting one included “scared”, “worried”, “ashamed” and “sick”. One of the questions I asked of all the men was whether they would be more worried about getting a girl pregnant or catching an STI, or whether they would not be worried about either. There was variation in their answers, but the biggest group comprised men who said they were more worried about catching an STI. Allar said:

“you get a girl pregnant, you can deal with that like a lot easier. I don’t mean get rid of it [the foetus], that’s a bit nasty, but I think with the STDs, I don’t even know. It’s scary, oye.”
Chapter 8: Using Health and Youth Services for Sexual Matters

Key points

- Over half the men interviewed reported having visited a health or youth service for sexual health advice, information, or testing.
- Most of them had done so more than once.
- The most commonly expressed reason for visiting was to obtain free condoms.
- Those who had not used such services did not tend to express a particular reason for this, though embarrassment was mentioned by a few.

Twenty four of the 40 men interviewed described attending some sort of service in relation to sexual health: to obtain free condoms, get tested, receive sex-related information or advice, use the computer there, take part in sexual health quizzes, and/or to accompany a girlfriend. Some reported having visited once or twice, others more regularly.

It was not always clear to me exactly what kind of establishment the young men had visited. There are an array of points of contact at which young people can access sexual health related services and advice, and the men were, understandably, not always familiar with the terminology for particular types of services, or the exact nature of particular sites. Named, however, were their GPs, community health centres, Family Planning, a GUM department of a local hospital, hospital departments more generally, dedicated sexual health clinics, and dedicated youth services with a sexual health remit. Specifically, services the men named were: the Family Planning Clinic at Golden Square in Aberdeen; the Sandyford Initiative in Dundee; The Corner in Dundee; Caledonia Youth, Brook and Crew 2000 in Edinburgh; Drumhar Health Centre drop-in sexual health clinic for young people and Blairgowrie Cottage Hospital in Perthshire; CHAT@Yipworld in Cumnock; and Youth Connections in Greenock. Even when the men said they had not themselves accessed sexual health information, advice or services, they tended to be aware of somewhere where they could have gone to do so.

Several of the men described starting to frequent services “for a laugh” when younger. Kenny said he had been going from a young age with his mates, to get condoms:

“We just used to go in and get them. The woman used to give us them and we used to go out and fill them up wi’ water and stuff like that. Wee boys carrying on, stupid stuff”.

Some of the men went on to describe how their use of sexual health services had become more serious as they got older, and they actually needed condoms. In these cases it might have been that these early visits helped them to use services for serious purposes later. A couple of the men, though, appeared only to use them when young, not progressing on to more serious usage later. The interview data did not shed light on why this might be.

Certainly going to the clinic or equivalent with mates appeared to be common, and for a lot of the men it appeared to be male friends who introduced them to the idea. It was much more common for the men to talk about going to the clinics as part of a ‘group of lads’, than with a female partner, though a number of the men reported using clinics on their own also, particularly as they got older. Most of the men who said they had not visited sexual health services were aware that their friends had. Some of these men said they got condoms from their mates, who had in turn accessed free condoms from the clinic.

The most commonly stated reason for visiting a clinic was to obtain free condoms (some of them talked about having a C-card, which they presented to staff, receiving a bag of condoms in return). Some said they got involved in other elements of the establishment’s work when they visited to do this, so a couple of the men said that the first time they went to get condoms they were taken aside for a condom demonstration, or for a general talk. Others who said they visited regularly to obtain condoms described sometimes reading the posters on the wall, or picking up leaflets, while they were waiting. So whilst no one appeared to have visited specifically to get this ‘extra’ information, it could be a by-product of the visit(s).

Only one of the users had anything negative to say about his visits. Jason said he had only visited a sexual health clinic once. His mate happened to be going to get tested and he just went along with him and decided he “may as well” get tested himself. He did not go into detail about his experience but said he would never go back, describing having been embarrassed by it all. Generally, though, the men spoke in a positive way about their use of clinics, with the relatively large number of men who were regular users suggesting that experiences were more positive then negative.

Those who said they had not used a health or youth service for sexual matters tended to find it difficult to explain why they had not done so. A few said they would be embarrassed, and a few said that they just had had no reason to. Darren, for example, said he would be embarrassed, and that because of this his mother went to their local clinic and got free condoms for him.
Chapter 9: Re-offending and Sexual and Romantic Relationships

**Key Point**
- Just under half the men interviewed said that having a girlfriend and ‘settling down’ would reduce their likelihood of re-offending.

The interviews ended with an exploration of how the young men visualized their future, focusing on, amongst other things, the potential role of relationships within these visions. How this fitted with their perceived likelihood of re-offending was also explored.

The same number of men said they would definitely not end up in jail again (n=17) as said they hoped they would not, but it might just happen (n=17). Five of the men thought they would definitely be in jail again (I omitted to ask one of the young men this question). Of these five men, three had already been involved in multiple offences (of the 40 interviewed, 14 said they had been involved in more than one offence).

Just under half of the men interviewed expressed the view that having a girlfriend would decrease the likelihood of them re-offending. For some, this appeared to be based on an abstract belief that a girlfriend would keep them out of trouble, others cited concrete examples of how or why this had happened or would happen in the future. There were a couple of elements behind the men’s view that girlfriends are good at keeping one out of trouble. The first was that being with a girlfriend meant that something would be over. Girlfriends, generally, were seen as a calming influence.

**Chapter 10: Discussion**

**Key Points**
- Novel and/or surprising findings include:
  - A high level of awareness of STIs amongst the sample, particularly of chlamydia.
  - Many of the men were regular, and apparently uninhibited, users of health or youth services for STI testing and/or to obtain free condoms.
  - Most of the men expressed the view that to be a ‘good father’ one should be able to provide financially for the child. Most did not feel that they were in a position to do this and, thus, did not feel ready to become a father.
  - A number of the men talked about YOI based SRE in a positive manner.
  - Peers’ influence was strong in shaping and/or modifying the men’s sexual behaviour: this could be a positive force, as well as, as is more usually documented, negative.
  - Most of the men reported having a girlfriend at the time of the survey, that is, some months into imprisonment.

- This work suggests that:
  - Future YOI SRE initiatives are likely to be taken-up, on a voluntary basis, by a small number of men.
  - Reaching young men who are not inclined to volunteer in the first instance may be more challenging.
  - More proactive promotion of YOI STI testing, which is widely known about and seen as convenient and useful by those who take it up, is likely to result in considerably higher take-up.
  - (Arguably) new models of masculinity appear to have been adopted by some of the men, which highly value looking after (at least some aspects of) one’s sexual health and seeking help for actual or potential problems. These men were pro-active in recruiting friends to adopt some of this healthy behaviour. Such models could be used in increasing take-up of effective interventions in the future, within the YOI and in the outside world.

It is hoped that this report gives a flavour of the lives, in relation to sex and relationships, of some of the men incarcerated at Scotland’s YOI for low-risk inmates during the time period of this study. A lot of the findings will come as no surprise. These are, largely, young men who have had sex with a number of women, often on a casual basis, and much of this casual sex has taken place in the context of heavy drinking at the weekends. For most, the information and advice they had received about sex has been patchy. While some used condoms consistently, most did not, and some professed a strong dislike for them, a dislike that has been outlined many times in the literature over the years (e.g. Browne & Minichiello, 1994; Holland et al., 1998; Measor, 2006). Most of the small number of fathers interviewed described unstable and complex relationships with their child, and/or with the mother of their child. These men are young, the lives of many of them have been chaotic and disordered, and this was central to many of their accounts. This picture is not new (see Stewart, 2007, for an outline of the characteristics of male prisoners that put them at high sexual health risk).

What may be more surprising, was the high level of awareness of STIs, and particularly chlamydia, across the sample, and the existence of a small group of young men who had sought testing, on the outside, on a regular basis. The regular, and apparently uninhibited, use of sexual health and/or youth services, by a...
number of the men - to obtain free condoms as well as to undergo STI testing - is a phenomenon many public health experts could only have hoped for as recently as ten years ago (though see Roberts, 2003, for similar ‘surprising’ data on high levels of STI testing and STI clinic use amongst prisoners).

Also worth highlighting is peers’ influence in modifying and shaping individuals’ sexual behaviour; particularly health surveillance and help-seeking behaviour in the area of STIs. Relatively high use of sexual health and youth services amongst these men should be considered in this context. There is some evidence from this sample that keeping oneself ‘sexually healthy’ was seen, by some of the men, as a key element of ‘being a man’. Literature on masculinity has tended to point to the barriers men face in engaging in health promoting behaviour; because of traditional constructions of masculinity which posit concern about health needs as a weakness. Peers have been described as key in perpetuating this (see Courtenay, 2004). Further exploration of the ‘new masculinities’ uncovered here, in men for whom many of the key tenets of hegemonic masculinity comprise their identities, might aid further development of youth sexual health services.

Our understanding of teenage parenthood is still far from complete, and it is interesting that many of these men expressed the view that to be a good father one must be able to provide financially for the child. Most did not feel they were in this position, or that they would be in such a position in the near future, and thus did not feel ready to become a parent. Research is needed which focuses more tightly on notions of what being a father involves, particularly amongst those who are fathers. Talking to a larger sample of young offenders who are fathers about their experience of fatherhood would be a valuable research project. Such a study should explore how their own experiences of growing-up – which may, perhaps, include periods of being in care, living through the separation of their parents, and even experiencing abuse, sexual and otherwise - and being ‘fathered’ (or not) has contributed to their own ideas about parenting.

It is heartening, and perhaps novel, to have heard these young offenders, regarded by many as disaffected, talk in a mature and positive way about YOI based SRE. What they had actually learned from it was a central theme of their accounts. Some, perhaps realistically, were sceptical that their new found knowledge, and/or altered attitudes, would translate into behaviour change once they were released. More research is needed to explore this further.

Finally, in identifying ‘new’ findings, the half of the sample reporting having a girlfriend whilst in the YOI should be highlighted. While some of the men undoubtedly did fit the stereotype of being primarily interested in casual sex, at the expense of more established and loving relationships, many did not. Having a serious girlfriend was important to a lot of them, saying ‘I love you’ to a partner was not seen as problematic, and being faithful was seen as preferable to having casual encounters by most interested in the research once they are outside prison walls, is likely to be fraught with challenges. Interestingly, evaluation of a prison based sexual health intervention is a recent pilot evaluation of the introduction of condoms and dental dams into Scottish prisons (Fraser and Gourlay, 2007). Ideally, initiatives would be evaluated by following up the men after their release, though tracking this population, and keeping them interested in the research once they are outside prison walls, is likely to be fraught with challenges. It should be remembered, however, that whilst in the YOI these men are, literally, a captive audience. Initiatives to improve their sexual and reproductive health, and the quality of their relationships, could have long-term benefits over their life course, and that of female partners. Developing and evaluating such interventions should be a research priority.

The policy agenda is beginning to focus on the potential utility of YOIs as a site for the delivery of high quality SRE. YOIs are stable and highly controlled environments for education, allowing health educators to reach populations typically difficult to reach in the community. Given that the sex education most of these men received in the YOI was patchy, yet all had been sexually active and most had engaged in risky behaviours, the development of effective prison-based interventions to address these men’s long-term sexual health should be a priority. The men’s incarceration in the YOI may be a unique opportunity to reach them. The men in this sample who had opted into existing SRE initiatives were positive in their assessment of these, and the sexual health element of the induction, received by all of the men was also, generally, welcomed. The men liked the input, and a number of them felt that they had learned from it, with some even saying it would change their behaviour, for the better in public health terms, in the future. However, a number expressed disinterest or reluctance to opt into anything that was not compulsory. If particular interventions can be shown to be effective, ultimately in changing behaviours, but also in terms of altering attitudes and cognitions, thought should be given to rolling them out as widely as possible. If participation continues to be on a voluntary basis, thought should be given to developing strategies that are successful in recruiting a wide range of men, including those who might, in the first instance, be reluctant or disinterested. Results from this study suggest that these men are similar to those who have opted into courses, that is they are potentially no less likely to benefit from sexual health information and advice.

The results also suggest that prison is a site in which men tend to be amenable to being tested for STIs. As Fazel and Benning (2005) point out, inmates can be from marginalized populations that have poor access to primary healthcare in the community, and therefore prison provides a rare opportunity to screen for and treat illnesses, including contagious ones. STIs are a major public health problem in the UK (Stewart, 2007). Screening is seen as one way of tackling this problem. A prison based screening programme might be an intervention worth evaluating. The accounts of these men suggest that if more proactive ways of recruiting men for testing were developed, most would opt-in. With some exceptions, having ‘not got around to’ requesting a test seems to be the reason most of the men who have not been tested within the YOI give, rather than actively not wishing to undergo such a procedure. It is likely that uptake could be increased with relatively little effort required from Health Service staff. Increasing uptake beyond the majority of willing but apathetic men may, however, prove more challenging. Indeed, these conclusions are backed-up by those of a Healthy Respect project undertaken in HMP Saughton, Edinburgh several years ago (Kernaghan et al, 2005). This established that a chlamydia testing system within the jail was acceptable (a high rate of infection was detected amongst subjects, particularly those men aged 16 -19 years). When the research project finished, however, so did the testing service. Currently, SRE programmes are under development in Scotland’s prisons. It is hoped that the relevant findings from this report can feed into this development, helping ensure that the end-product is something that interests prisoners, and has salience in their lives. Crucially, any such intervention that is introduced should be carefully evaluated before its future use is finalised. At present, the only published evaluation of a prison based sexual health intervention is a recent pilot evaluation of the introduction of condoms and dental dams into Scottish prisons (Fraser and Gourlay, 2007). Ideally, initiatives would be evaluated by following up the men after their release, though tracking this population, and keeping them interested in the research once they are outside prison walls, is likely to be fraught with challenges. It should be remembered, however, that whilst in the YOI these men are, literally, a captive audience. Initiatives to improve their sexual and reproductive health, and the quality of their relationships, could have long-term benefits over their life course, and that of female partners. Developing and evaluating such interventions should be a research priority.
References


Roberts, C.J. (2003) ‘They will cheat and they will lie……’: power, control and the provision of sexual health care services to inmates within the prison system. City University, London. Unpublished MSc thesis.


Appendix 1: How To Find The Research Materials Pertaining To This Study On The SPHSU Web-site

For those who are interested, the following research tools can be found on the MRC SPHSU Unit website:

http://www.sphsu.mrc.ac.uk/research_project.php?prjid=YMPRIS&bcrombs=SH.BR.

• Information sheet: questionnaire
• Questionnaire (includes consent form)
• Information sheet: interview
• Consent form for interview
• Interview schedule
Appendix 2: About The Men; Characteristics Of The Questionnaire Sample And The Interview Sub-sample

"How old are you?"

![Age Distribution](image)

"What religion, if any, were you brought up with?"

![Religion Distribution](image)

"Would you say you have a good relationship with your mother?"

![Relationship with Mother Distribution](image)

"Please tick which qualification/exams you have passed"

![Exams Distribution](image)
Youth offenders talk about sex and relationships

“Would you say you have a good relationship with your father?”

![Graph showing the relationship status with father](image1)

“Have you ever been in residential care?”

![Graph showing residential care status](image2)

**Time spent in the YOI**

At the time the survey was administered the men had spent between a couple of weeks and over three years in jail as part of their current sentence. The median time already served is around five months; the average around six months. The interview sub-sample is very similar to the whole sample.

“**What length of sentence are you serving?**”

Reported sentence length for the total sample ranges from four months to 101 months. The average sentence length is 34 months. For those interviewed, reported sentence length ranges from six months to 96 months, with the average sentence length 34 months.
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If you would like to be put on the mailing list to receive papers deriving from this study in the future, e-mail Katie at the address above.