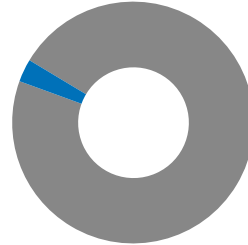


CHAPTER 4: Sexual health and identity

3.3% of young people aged 16-24 identify as gay, lesbian or bisexual



In 2015, the number of under 18 pregnancies was the lowest since 1969, at **20,351** (England)

In 2015 the under 18 pregnancy rate was **20.8 per 1,000** young women (England)

The number of live births to teenagers in Northern Ireland has fallen from **2,107** in 1984 to **839** in 2014

In England, Wales and Scotland the **under 18 conception rate** has continued to fall since the 1990s

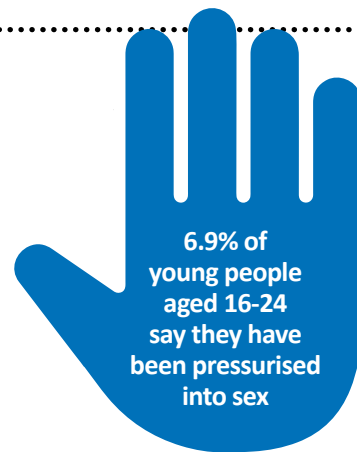


16

Average age of first heterosexual intercourse

Average age for child sexual exploitation concerns to be identified is 12-15

Two thirds of new chlamydia diagnoses are made in those aged under 25



6.9% of young people aged 16-24 say they have been pressurised into sex

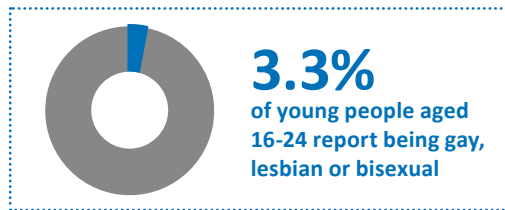
688

young people aged 15-24 in the UK were diagnosed with HIV in 2015

Sexual health and identity

Developing a sense of sexual identity is a key task of the transition to adulthood. Staying safe, healthy and happy through the process is important. As a result, the sexual health and behaviour of young people is a huge topic in adolescent public health, with important ramifications for wellbeing, education and service provision. There is a lot that we know, but this is also a topic where there are many challenges in collecting regular, robust information.

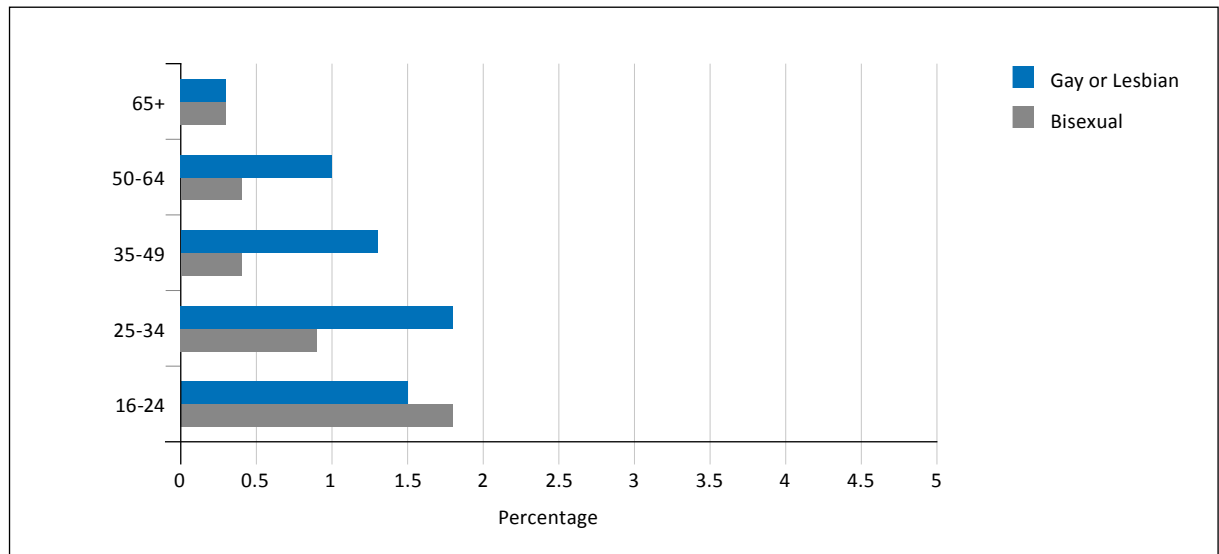
Sexual identity



Source: Office for National Statistics (2016) Sexual Identity UK: 2015

Overall in 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual. **Chart 4.1** shows that among the 16-24 population this rose to 3.3%, the largest rate in any age group. This is likely to be an underestimate, as some respondents chose to respond “other” or “don’t know”, or did not give an answer (4.5%).

Chart 4.1: Identification as gay, lesbian or bisexual, by age, UK 2015



Source: Office for National Statistics (2016) Sexual Identity UK: 2015 [DOWNLOAD DATA](#)

Sexual identity and gender identity are distinct, and data on gender identity in the UK are currently limited. There are no data, for example, on the proportion of young people who would identify themselves as transgender. A need for more data has been identified, but there are many challenges and difficulties in collecting the information (Office for National Statistics, 2017).

Sexual activity

16
Average age
of first sexual
intercourse

Source: NatSal3,
Maddowall et al, 2013

The third National Survey of Sexual Attitudes and Lifestyle (Natsal-3) reported in 2013, providing a raft of information about sexual behaviour of adults aged 16-74 (ie, over the age of consent) in Great Britain. These data will not be updated for some time now. The youngest age group in the published data were 16-24 year olds. Overall, three quarters of these respondents had had heterosexual vaginal sex in the last year (Geary et al, 2016). **Chart 4.2** summarises the main findings about the sexual experiences of this age group as reported in 2012. The results confirm the fairly consistent finding that the average age of first heterosexual intercourse is 16 years, and that nearly a third of both men and women reported that they had first had heterosexual intercourse before they turned 16. This still means that the majority do not have sex until after 16. This is an interesting finding especially as parents and young people often overestimate levels of teen sexual activity.

Chart 4.2: Sexual activity of young people aged 16-24, Great Britain, 2012

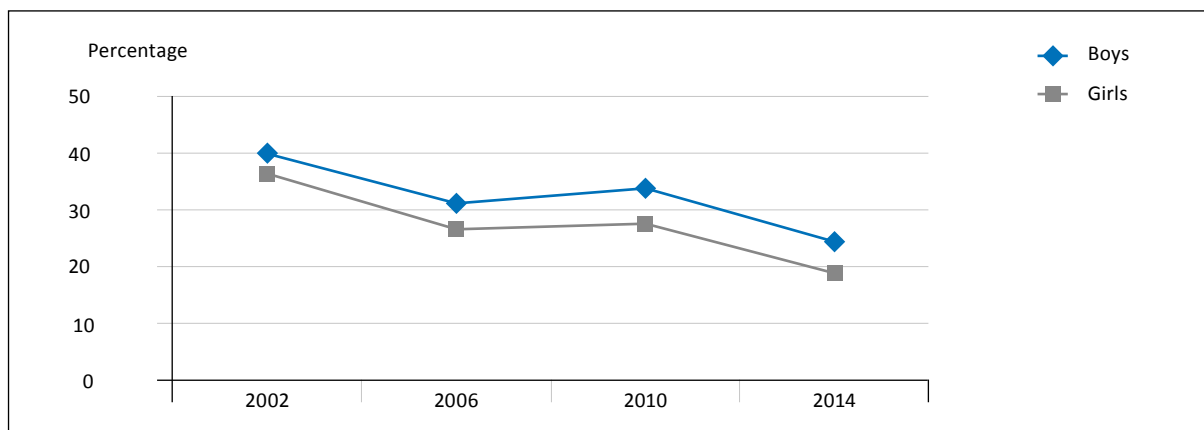
	Men	Women
Age at first heterosexual intercourse	16 years	16 years
Heterosexual intercourse before 16 yrs	30.9%	29.2%
Average number of sexual partners	6.5	5.2
At least one new partner in last year	46.0%	38.3%
Genital contact without intercourse past year	71.3%	72.6%
Occasions of sex in the last four weeks	5.1	5.8
Anal sex in the past year	18.5%	17.0%

Source: Natsal-3, Mercer et al (2013) Lancet, vol 382, No. 9907, p1781-1794 [DOWNLOAD DATA](#)

The patterns of sexual activity in Chart 4.2 are notably similar for men and women, although the men aged 16-24 reported an average of 6.5 sexual partners compared to the women, who reported 5.2, and men were more likely to report a new sexual partner in the last year. A significant proportion of both genders reported new partners in the last year and this is important when we consider how best to ensure they have the sexual health advice that they need.

For information about young people under 16, one of the main sources of data is the Health Behaviour in School-Aged Children (HBSC), which collected data for England, Scotland and Wales in 2014. **Chart 4.3** presents the data on the proportions of 15 year olds in the English survey who reported experience of sexual intercourse in the HBSC report, and compares this to the rates reported in the previous sweeps in 2002, 2006 and 2010. We can see that a quarter of boys and a fifth of girls reported having had sexual intercourse by this age, and that this proportion has been falling over the last decade.

Chart 4.3: Experience of sexual intercourse reported by 15 year olds in England, by gender, 2002-2014



Source: Health Behaviour in School-aged Children Brooks et al (2015) [DOWNLOAD DATA](#)

It is interesting to compare the HBSC trends and those reported in Natsal-3. HBSC trends indicate a declining trend in 15 year old sex from 2002 onwards. However, Natsal-3 found that the proportion reporting first heterosexual intercourse before age 16 years increased in successive birth cohorts (Mercer et al, 2013). It is not clear how we account for the trends seen in HBSC, nor the different picture suggested in Natsal-3, although it is worth noting the survey methods are not identical.

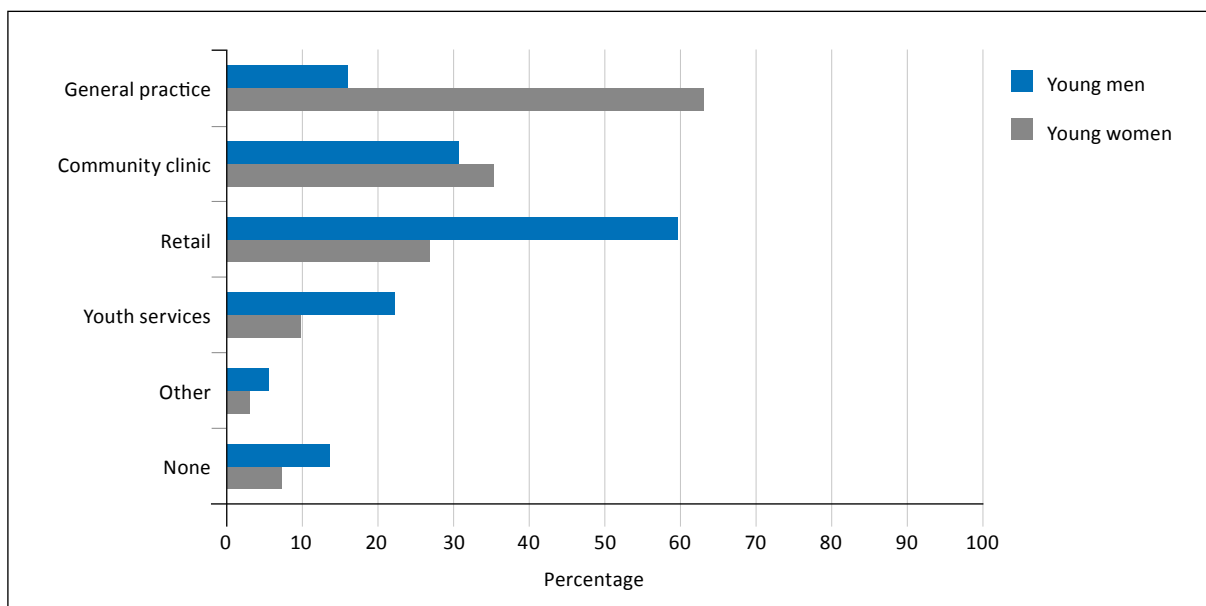
Use of contraception

Use of contraception is important both for preventing conception and also for protecting against sexually transmitted infections (STIs). The English Sexual Health Framework (Department of Health, 2013) specifically aimed to increase knowledge and awareness of all methods of contraception for all ages. The majority of young people use contraception during heterosexual sexual intercourse. Again, answering the question of how many poses methodological challenges. The Natsal-3 survey reported that of the 75% of young people aged 16-24 who were sexually active, 86% reported that they had obtained contraceptives in the last year (Geary et al, 2016). This cannot tell us if they used them on any given occasion, of course. Data on contraceptive use by those aged 15 is available from the Health Behaviour in School-aged Children study. Of those who had had sexual intercourse, the majority (85%) reported using some kind of contraception. Use of condoms at last intercourse was the most common method in this younger age group, used by 61% of the boys and 57% of the girls. The contraceptive pill was the second most common method, followed by the morning after pill or another method (Brooks et al, 2015).

Young people aged 16-24 who have had vaginal sex in the last year report that they are most likely to obtain contraceptives from general practice (young women), and retail outlets (young men), but

both genders use a range of sources. Data on the source of contraceptive supplies from the NatSal-3 survey (Geary et al, 2016) are shown in **Chart 4.4**. The chart also illustrates that community clinics are important to both genders. Overall, young people are the age group most likely to have visited community contraceptive clinics (HSCIC, 2014).

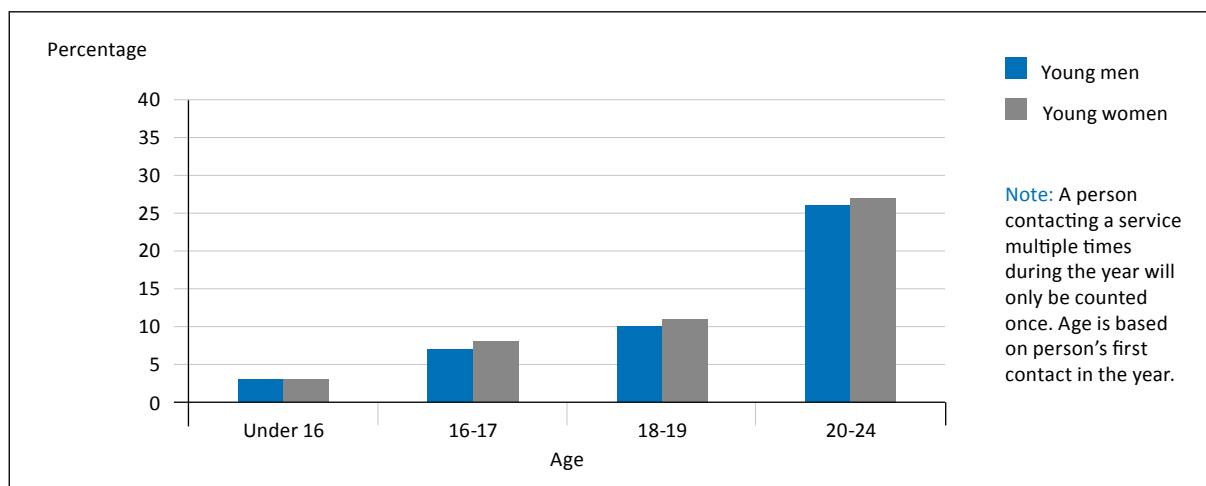
Chart 4.4: Source of contraceptive supplies, 16-24 year olds by gender, Great Britain, 2013



Source: Geary et al (2016) Actual and preferred sources of contraceptives amongst young people. [BMJ Open 2016;6:e011966](#) [DOWNLOAD DATA](#)

Chart 4.5 shows the proportion of young people who report that they have been in contact with reproductive health services in the last year. This rises from 3% of those under 16, to over a quarter of those aged 20-24.

Chart 4.5: Proportion of young people in contact with reproductive health services, by age, England 2015/2016



Source: Health and Social Care Information Centre. NHS Digital. Statistics on Sexual and Reproductive Health Services England 2015/2016 [DOWNLOAD DATA](#)

It can be seen from the data illustrated in **Chart 4.6** that the most common type of contraceptive for all young women attending clinics remains oral contraceptives, followed by the male condom. Use of the male condom is highest in the youngest age groups and is overtaken by the oral pill in those aged 15 and above. However, long acting reversible contraceptives, such as IU devices, injectable contraceptives and implants, account for just under a third of contraceptive methods for young women aged 16-24 years; a significant proportion that has increased over the last five years.

Chart 4.6: Young women using sexual and reproductive health services, by main method of contraception and age, England, 2015/16

	All ages	Under 16	16-17	18-19	20-24
Oral contraceptives	45	46	52	54	53
Male condom	14	21	16	13	11
Implant (LARCs)	15	23	19	16	16
Injectable contraceptive	9	7	10	11	10
Interuterine devices/system	14	0	2	3	7
Other	3	2	2	2	2

Note: LARCs – Long Acting Reversible Contraceptives

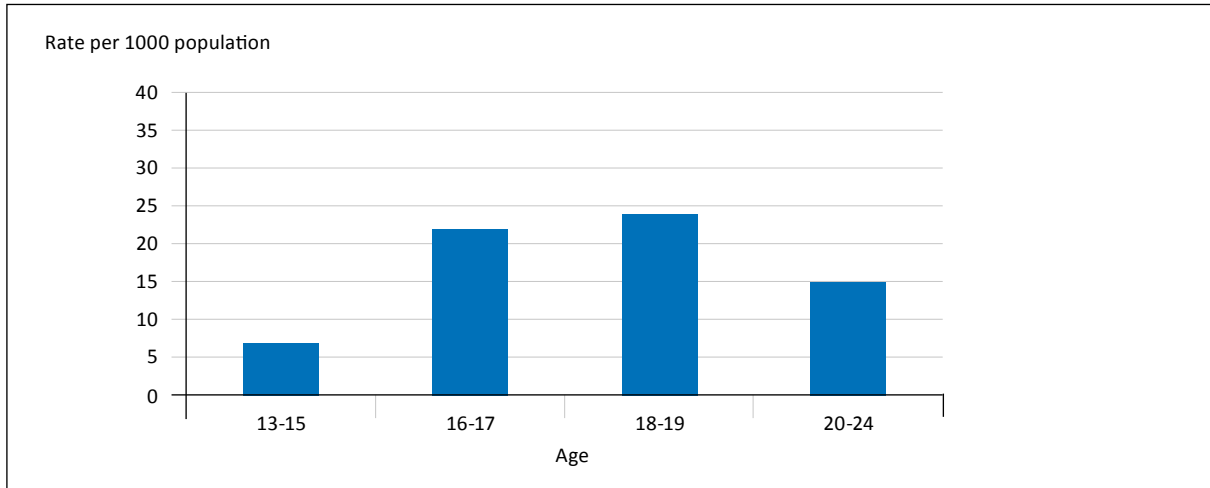
Source: HSCIC (2016) Sexual and Reproductive Health Activity Dataset [DOWNLOAD DATA](#)

According to official statistics, use of emergency contraception is not common in young women. **Chart 4.7** shows that rates are under 3% for all ages up to 24, but the highest levels are in those between 16 and 19 years. Even here the rate is only 23 per 1000 young women of this age. However, it should be noted that this is likely to be an underestimate. Some young people, for example, will ask others to purchase these for them. It is clear that inequalities exist, with girls aged 13-15 provided emergency contraception at a rate three times higher if they are in the most deprived decile when compared to the least deprived decile (**Chart 8.8**).

Research has shown that young people receiving good quality sex and relationships education at school are more likely to use condoms and other forms of contraception when they first have sex (Kirby and Lepore, 2007). Natsal-3 asked about sources of information about sex while growing up, and the data suggest that those who reported that their main source of information had been in lessons at school were less likely to have an unplanned pregnancy (Wellings et al, 2013).

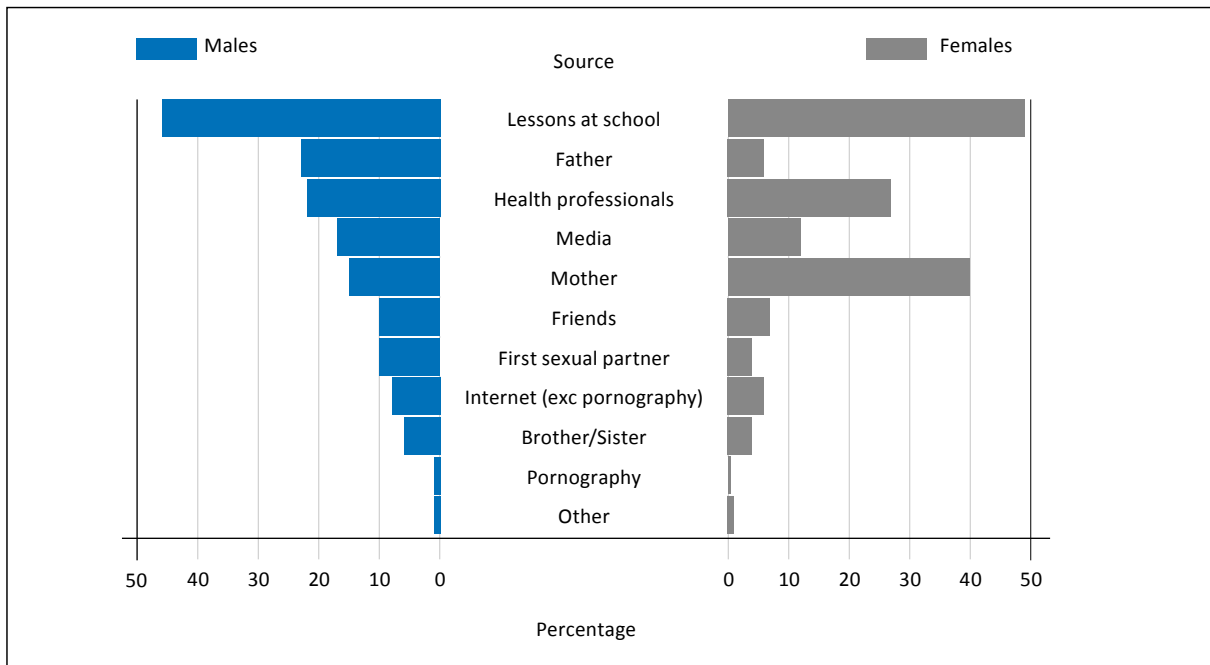
School was also the preferred source of information about sex when growing up: **Chart 4.8** shows that both young men and young women aged 16-24 reported that they would particularly have liked more information from schools, their parents and health professionals. There are interesting gender differences; young women would prefer information from their mothers, young men from their fathers.

Chart 4.7: Young women provided emergency contraceptives by sexual and reproductive health services by age, rate per 1000 population, England, 2015/16



Source: Health and Social Care Information Centre. NHS Digital. Statistics on Sexual and Reproductive Health Services England 2015/2016 [DOWNLOAD DATA](#)

Chart 4.8: Preferred source of information about sex when growing up, young people age 16-24, Great Britain, 2012



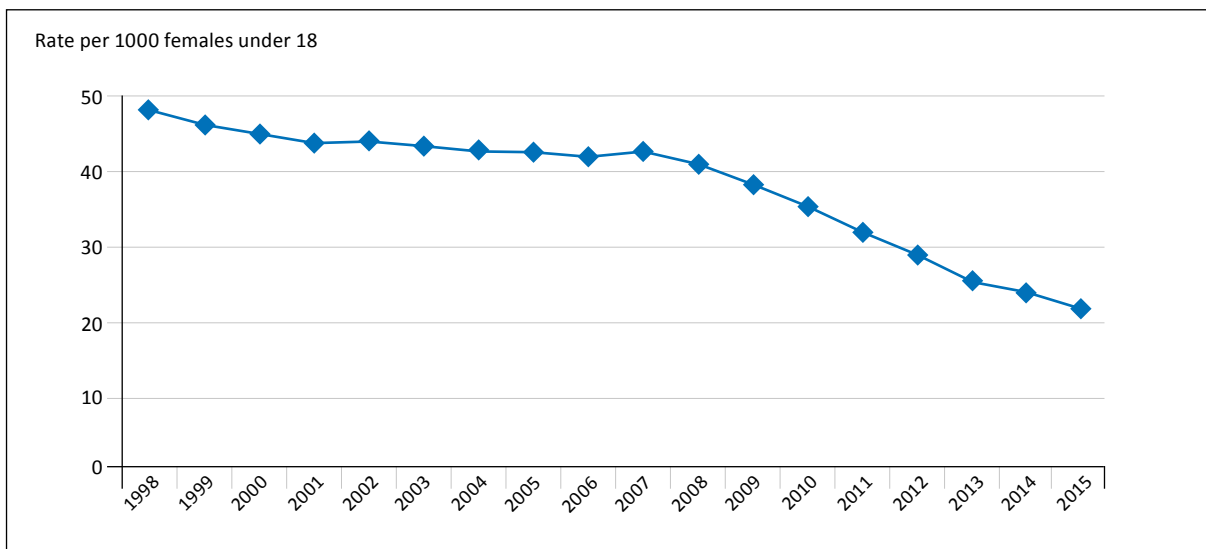
Source: Natsal-3, Sex Education Forum (2015) SRE – the evidence (<http://www.sexeducationforum.org.uk/evidence.aspx>)
 Reproduced with permission Original paper: Macdowall W et al (2013) BMJ Open. 2015 Mar 5;5(3):e007837 [DOWNLOAD DATA](#)

Conception and birth

In England, the Teenage Pregnancy Strategy ran from 1999-2010. Over this time under 18 conception rates fell from 44.8 per 1,000 in 1999 to 34.2 in 2010, a reduction of 24% over the course of the strategy. In England the continuing priority of reducing teenage pregnancy is signalled by the inclusion of the under-18 conception rate as an indicator in the Public Health Outcomes Framework (Public Health England, 2016). Further reduction in the under 18 conception rate is also one of eight objectives in the Department of Health’s Framework for Sexual Health Improvement in England (Department of Health, 2013). Although teenage pregnancy rates continue to fall, finding ways of supporting local efforts to maintain the downward trajectory is critical.

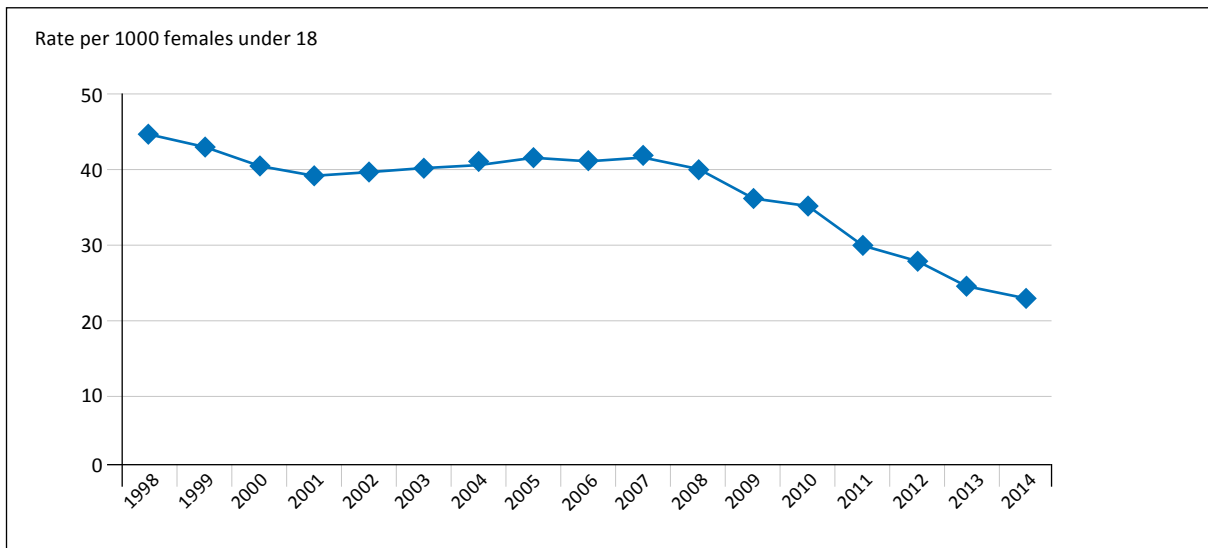
In 2015 the reported number of conceptions in the under-18 age group in England and Wales was the lowest since 1969 (ONS, 2017), at a figure of 20,351. The rate of under 18 conceptions for 2015 was also the lowest since records began in 1969 at 20.8 pregnancies per 1,000 women, compared to 47.1 in 1969. The rate has thus more than halved. However, there is considerable variation across the regions in England. In 2015 the North East had the highest under 18 conception rate (28) and the South West the lowest (17). **Charts 4.9 and 4.10** illustrate how this rate (per 1,000 females aged 15-17) has fallen since the late 1990s, both in England and Wales and in Scotland. In addition, in England and Wales, the proportion of under 18 conceptions that result in an abortion has remained fairly stable since the mid-2000s and in 2015 stood at 50.8% (ONS, 2017).

Chart 4.9: Under 18 conception rate in England and Wales, 1998-2015



Source: ONS, Conception Statistics, England and Wales, 2015 Conceptions outside marriage/civil partnership data [DOWNLOAD DATA](#)

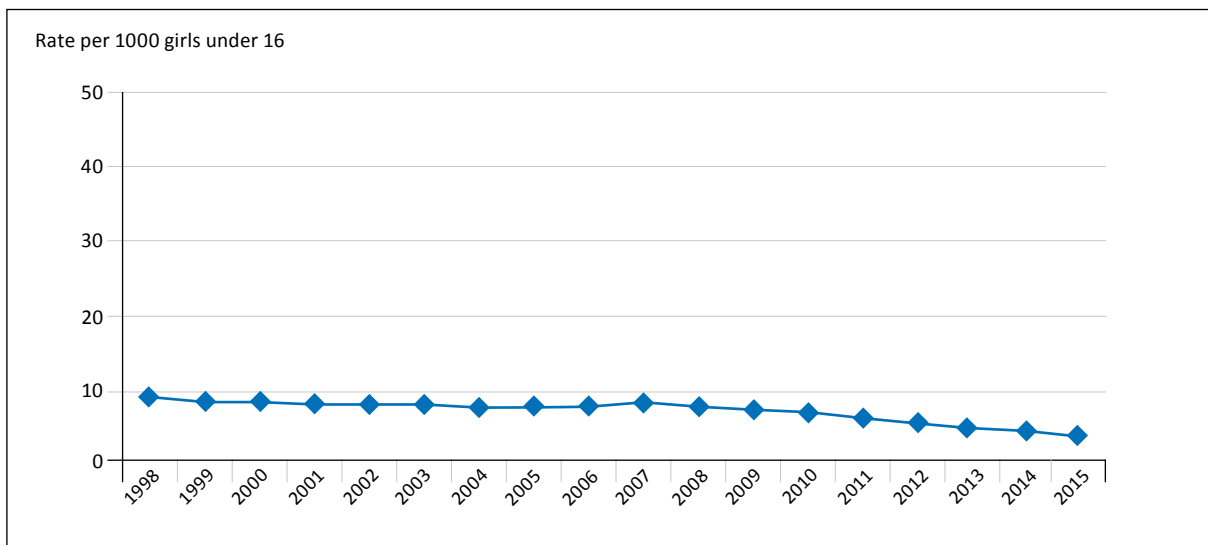
Chart 4.10: Under 18 conception rate in Scotland, 1998-2014



Source: ISD Scotland: Teenage Pregnancy Year of Conception Ending 31st December 2016 [DOWNLOAD DATA](#)

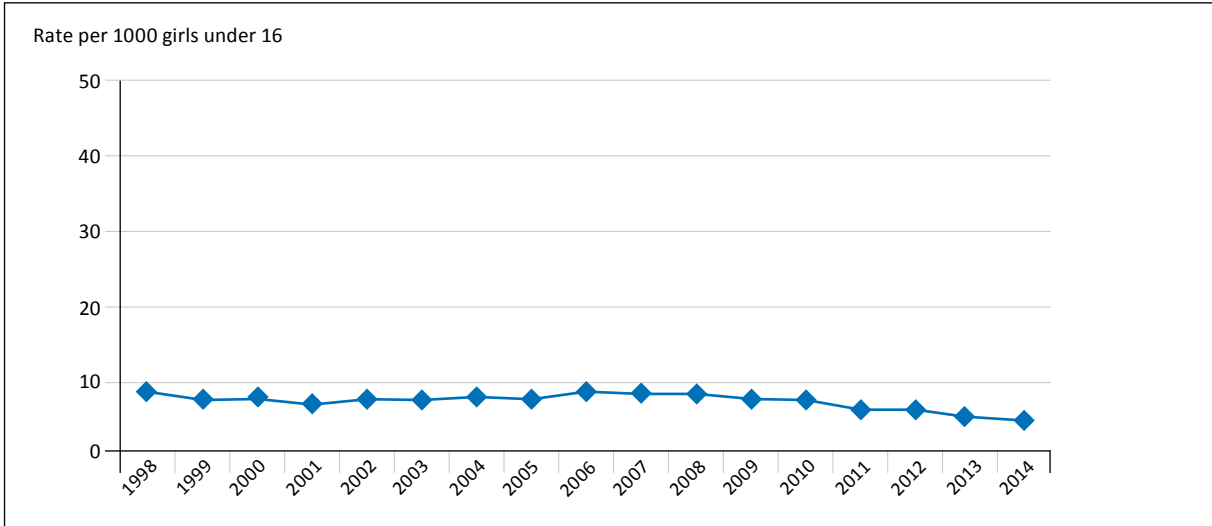
Conception rates among the under 16s are low but of considerable concern. **Charts 4.11 and 4.12** present the trends for England and Wales and for Scotland, again demonstrating a reduction over time. The proportion resulting in a termination of pregnancy is higher for the under 16s than for the older age group, at 60% in England (ONS, 2017).

Chart 4.11: Under 16 conception rate in England and Wales, 1998-2015



Source: ONS, Conception Statistics, England and Wales, 2015 [DOWNLOAD DATA](#)

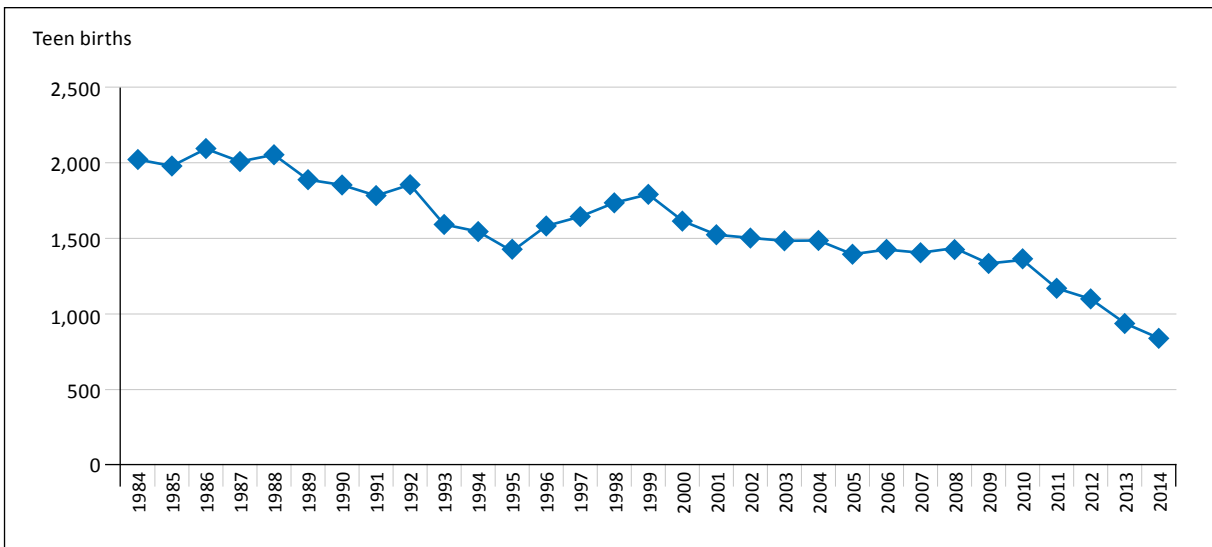
Chart 4.12: Under 16 conception rate in Scotland, 1998-2014



Source: ISD Teenage Pregnancy Year Ending 31st Dec 2014 [DOWNLOAD DATA](#)

As far as Northern Ireland is concerned, conception rates are not available, but we can look at the number of live births to teenagers (up to 19 years). These figures are shown in **Chart 4.13** from which it can be seen that there has been a decline here too, with a reduction from 2,017 births in 1984 to 839 in 2014.

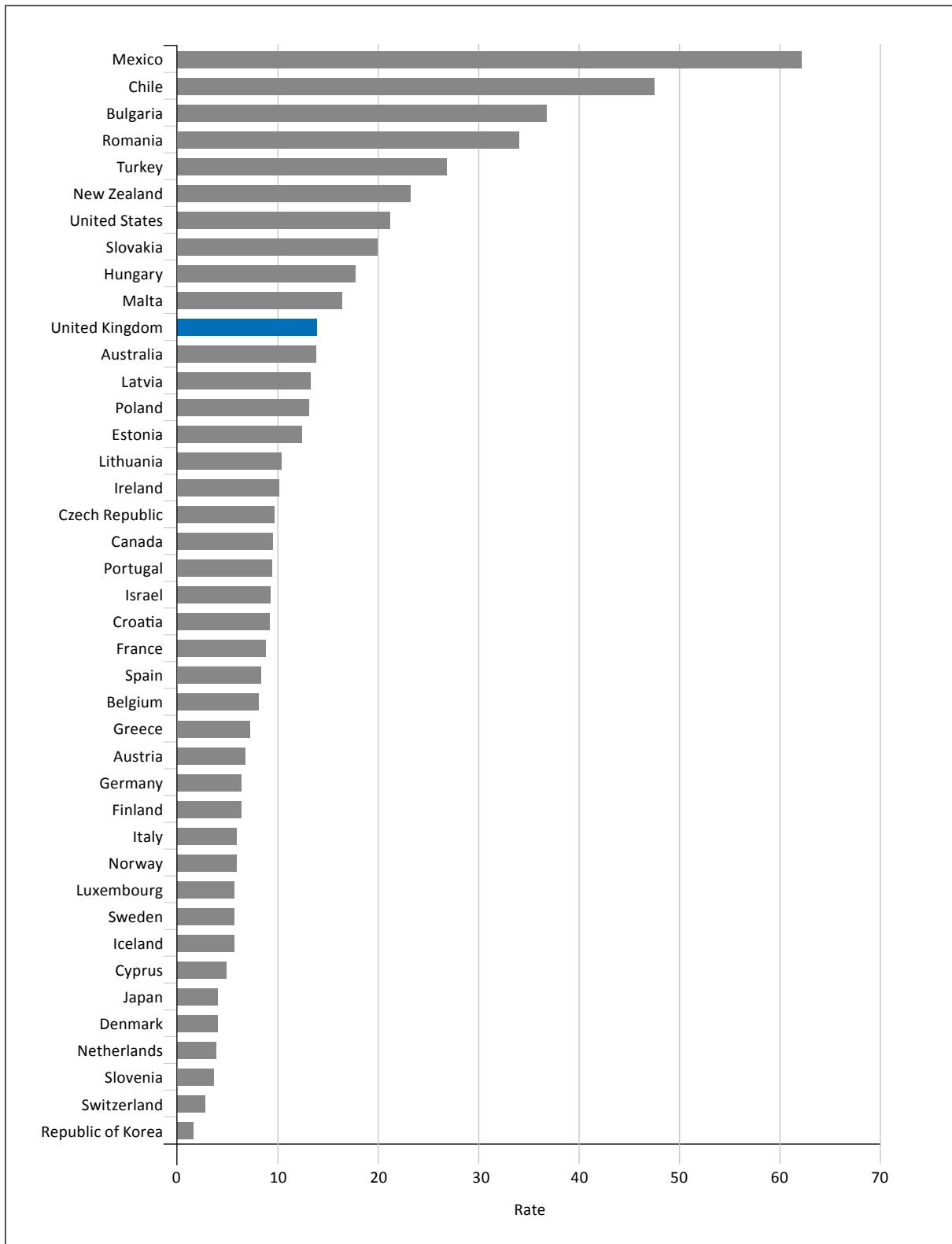
Chart 4.13: Births to teenage mothers in Northern Ireland, 1984-2014



Source: Registrar General Annual Report 2014, Northern Ireland Statistics & Research Agency [DOWNLOAD DATA](#)

Looking at international rates, comparable conception data are not available for other European countries, but again comparisons can be made for birth rates per 1,000 women aged 15-19. **Chart 4.14** plots the births per 1,000 young women aged 15-19 in the UK in 2015 and the average for a selection of other countries. The data are collected at the age the mother gives birth, not adjusted for age of conception, so these data are not directly comparable to the under 18 conception data published annually by ONS. The UK birth rate among women aged 15-19 was higher than some economically similar countries such as Germany and France.

Chart 4.14: Births per 1,000 girls aged 15-19, Unicef international comparisons, 2015



Source: Unicef Office of Research (2017) Building the future: Children and sustainable development goals in rich countries
 Innocenti Report Card 14 [DOWNLOAD DATA](#)

Sexually transmitted infections

As well as pregnancy, sexual behaviour carries the possibility of sexually transmitted infections (STIs). Public Health England data on the number of STI diagnoses in England make it clear that the highest rates of infection in heterosexuals are among those aged 15-24. Indeed it is estimated that those under 25 accounted for 62% of all new chlamydia cases in 2016 (Public Health England, 2017), as well as significant proportions of other STIs as well.

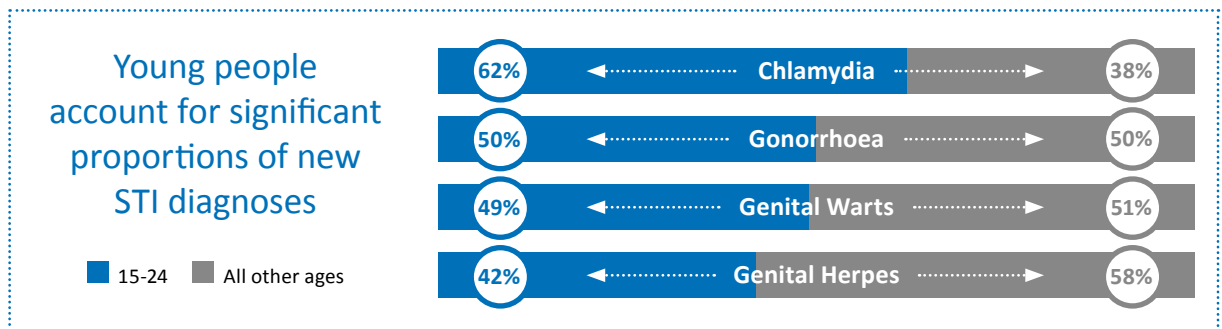
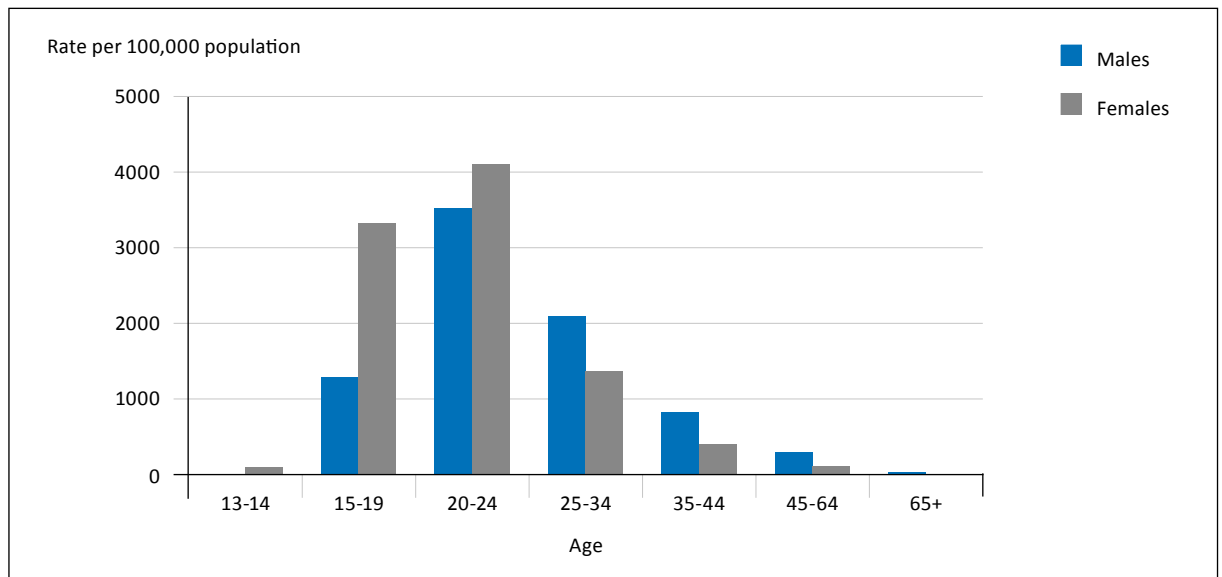


Chart 4.15 demonstrates that the 20-24 age group is most at risk of STIs for both genders. Among women, the second age group at risk is 15-19 but in males it is the 25-29s (PHE, 2017). Under the age of 24, rates are higher in young women than young men. Helping all young people to protect themselves is a major public health issue, but the higher rates in young women indicate that particular attention needs to be paid to health promotion strategies targeted directly at them.

Chart 4.15: Rates of new STI diagnoses by age group and gender, England, 2016



Source: Public Health England (2017) Sexually transmitted infections and Chlamydia screening, 2016 [DOWNLOAD DATA](#)

Chart 4.16 presents the rates of selected STI diagnoses, per 100,000 population, for young people in England in 2016 by gender and age. Chlamydia is clearly the most frequent STI diagnosis, followed by genital warts, herpes and gonorrhoea.

Improvements in screening and diagnosis have meant that more STI cases are identified now than previously, so untangling the underlying trends is complicated. England's National Chlamydia Screening Programme, launched in 2003, has diagnosed well over half a million infections in 15-24 year olds. Modelling by the former Health Protection Agency (now Public Health England) suggested that it 'probably decreased the prevalence of chlamydia among sexually active under-25 year olds' (HPA, 2012).

Chart 4.16: Rates of selected STI diagnoses per 100,000 population by age and gender, England, 2016

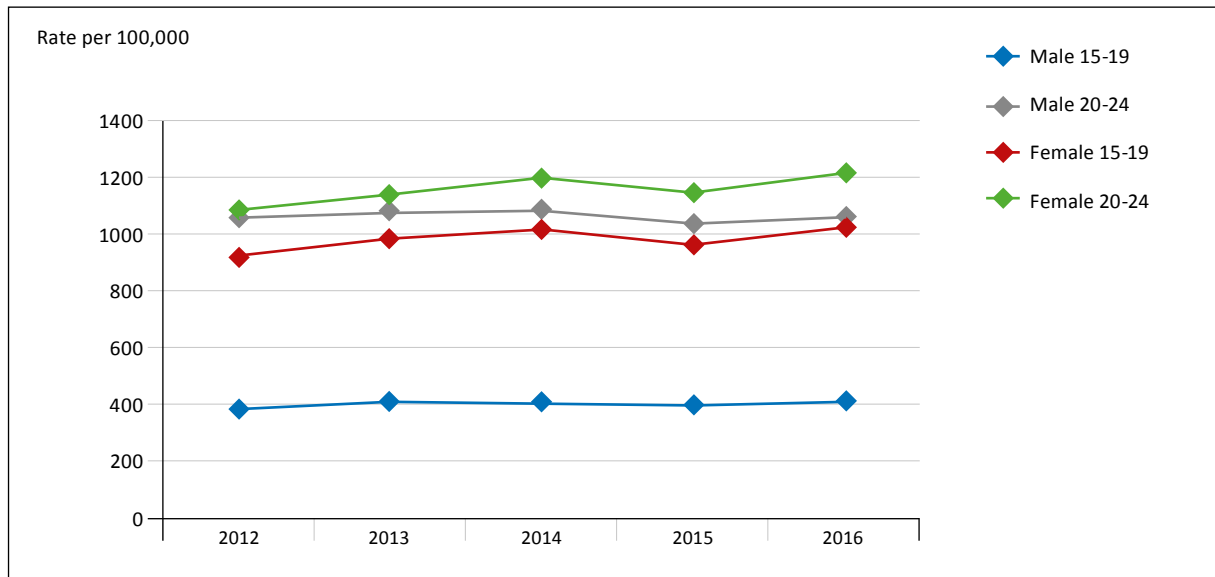
YOUNG MEN	Rate per 100,000 population				
	Chlamydia	Gonorrhoea	Herpes	Syphilis	Genital warts
Under 15	6.8	1.7	0	0	0.5
15-19	782.5	102.5	40.4	6.2	159.9
20-24	1717.6	327.4	152.1	31.7	662.7

YOUNG WOMEN	Rate per 100,000 population				
	Chlamydia	Gonorrhoea	Herpes	Syphilis	Genital warts
Under 15	81.6	6.9	7.1	0.2	2.1
15-19	2356.1	155.4	213.7	2.4	362.6
20-24	2603.9	171.6	347.5	4.3	558.2

Source: Public Health England Sexually Transmitted Infections and Chlamydia Screening in England, 2016 [DOWNLOAD DATA](#)

Chart 4.17 shows the data for chlamydia diagnoses by age group and gender from 2012 to 2015. The rates of new diagnosis of chlamydia for males aged 15-19 and 20-24 since 2012 have remained fairly similar. There has been an increase in chlamydia diagnosis amongst females aged 15-19 and 20-24 across these years. It is worth noting that PHE chlamydia screening policy is to achieve a diagnostic rate of 2,300 per 100,000 15-24 year olds in order to find the infection, treat and bring down prevalence.

Chart 4.17: Rates of chlamydia diagnoses per 100,000 population by age and gender, England, 2012-2016



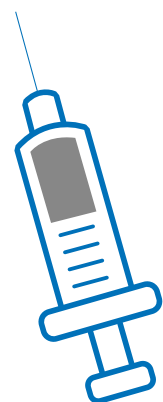
Source: Public Health England Sexually Transmitted Infections and Chlamydia Screening in England, 2016 [DOWNLOAD DATA](#)

Public Health England notes that there is considerable geographical variation in chlamydia testing coverage. The percentage of young people tested ranged from 16% in the West Midlands to 27% in London (PHE, 2017a).

The introduction of the HPV (human papilloma virus) vaccination in adolescent girls through the National HPV Vaccination programme has potentially had an impact on recent trends in a new diagnosis of genital warts, which have shown a reduction for both males and females aged 15-24 as seen in **Chart 4.18**. In 2016 the rate of first episode genital warts diagnoses among young women aged 15-17 attending services was 72% lower than it had been in 2009. There was also a 62% decline in young men of a similar age, who may be benefitting from improved outcomes for the young women (PHE, 2017a).

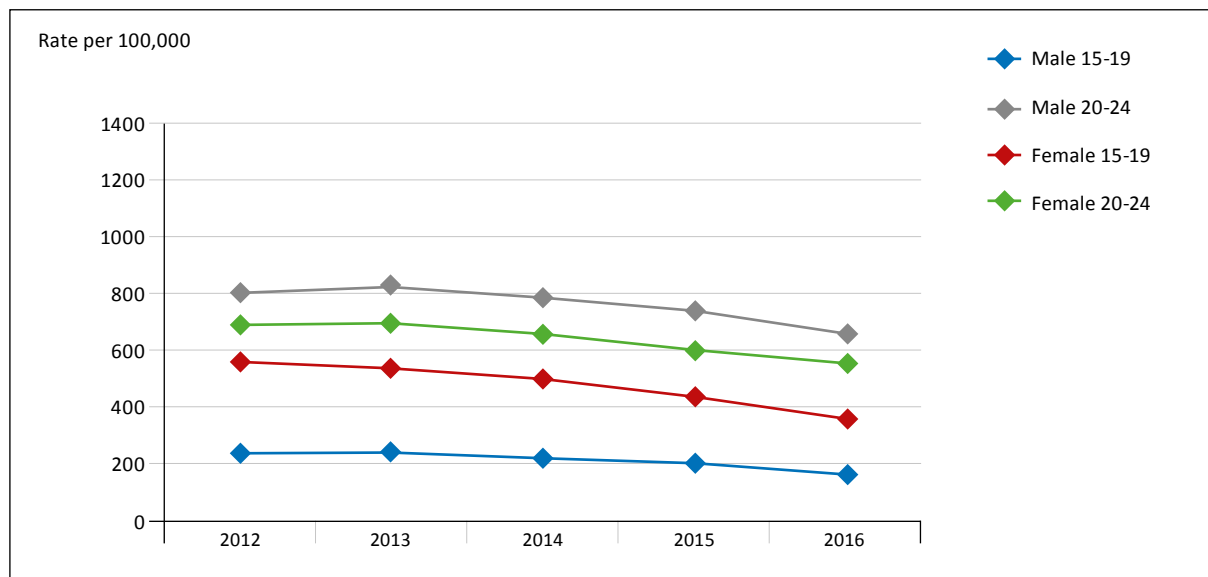
In 2015 HPV vaccine coverage in England for Year 9 secondary school girls had reached

85%



Source: Public Health England 2016 Human Papillomavirus (HPV) vaccination coverage in adolescent females in England: 2015/16

Chart 4.18: Rates of anogenital wart diagnosis in 15-24 year olds, England, 2012-2016



Source: Public Health England Sexually Transmitted Infections and Chlamydia Screening in England 2016 [DOWNLOAD DATA](#)

Sexually transmitted infections in young people in other countries of the UK show a similar pattern. In Scotland in 2015, 68% of all chlamydia diagnoses were made in people under 25 (57% of male and 75% of female diagnoses in this age group respectively). The majority of these diagnoses were in those aged 20-24. The diagnosis rates per 100,000 people aged 15-24 were 2,023 for women and 1,009 for men (ScotPHO 2016).

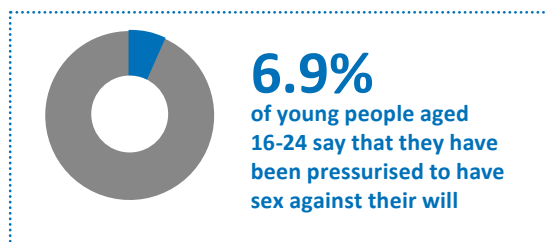
Finally, in 2015 there were 688 new HIV diagnoses among those aged 15-24 years in the UK. In addition, 315 children under 15 were receiving care for diagnosed HIV infection, together with 2,427 young people aged 15-24 (Public Health England, 2016). This is important as one of the Public Health Outcomes Framework sexual health indicators is late diagnosis of HIV.

688
 young people aged
 15-24 in the UK were
diagnosed with HIV
 in 2015

Source: Public Health England 2017b

Sexual abuse

It is not possible to establish the number of sexual offences against children in the UK, as the age of the victim of the sex offence is often not given. Only a very small minority of sexual offences against children will get as far as a prosecution, and most sexual abuse is not reported. Interviewing children about sexual abuse is a very skilled area of research and requires particular ethical scrutiny. This is an area where estimating prevalence is extremely difficult.



Source: Natsal-3, Mercer et al, 2013

However, some studies have suggested that a significant proportion of young people aged 10-24 will have experienced sexual abuse. Radford et al (2011) undertook a major piece of NSPCC research, interviewing 1,761 young adults aged 18-24 years, 2,275 children aged 11-17 years and 2,160 parents of children aged under 11. The authors estimated that 1 in 20 young people will have experienced

contact sexual abuse in the UK. Rates are higher (up to 1 in 6) for all kinds of sexual abuse.

The Natsal-3 survey provided important data on rates of non-volitional sex in the 2014 survey. Respondents answered questions about whether anyone had made them have sex against their will. In the 16-24 year old group (of whom there were 1,700), 16.4% reported that someone had attempted to have non-volitional sex with them, and 6.9% reported that they had experienced non-volitional sex. In a quarter of the cases, the young people had told the police (Macdowall et al, 2013). The median age for the whole sample (aged 16-74) to report non-volitional sex was 18 in women and 16 in men. The majority of the perpetrators were reported to be family, friends or current intimate partners. The Natsal-3 researchers concluded that this kind of sexual experience is mainly one that happens at a young age, and is strongly associated with poor health (physical and mental), risk behaviour such as binge drinking, and abortion and pregnancy before age 18. Natsal-3 also showed that young women who cited school as the main source of sex and relationship education were less likely to report having non-volitional sex, although this did not apply to young men.

Finally, official estimates of the numbers of young people who are trafficked or are victims of sexual exploitation are very low, because so few cases become subject to official proceedings. However, high profile cases in recent years have shed light on the number of cases that can be involved. The English Children's Commissioner at the time estimated that at least 16,500 children in England were at risk of child sexual exploitation between April 2010 and March 2011, and 2,409 children were victims of CSE in gangs and groups between August 2010 and October 2011 (Berelowitz et al, 2012). In the Rotherham case, 1,400 children are thought to have been sexually exploited over a 16 year period (Jay, 2014). Between November 2014 and October 2015, around 9,000 children at risk of child sexual exploitation were identified by police forces across England and Wales (NSPCC, 2017). The average age when concerns are first identified has been suggested to be 12-15 years (Beckett et al, 2017), and the majority of victims are girls (NSPCC, 2017).

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