



Safeguarding Teenage Intimate Relationships



The Survey



Please answer the questions by ticking the boxes
 Or writing in your answers on the dotted lines.....

Section 1: This is about you

1a Are you:	<input type="checkbox"/> Female <input type="checkbox"/> Male
1b What age are you?	<input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
1c Do you have a disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes
1d Who do you live with?	<input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> Carer Other(please state)
1e Do you feel you are generally doing well at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Section 2: This is about your relationships

2a Have you EVER been in a relationship with a partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you TICKED NO because you have NEVER been in a relationship go to Section 8 on page 12	
2b Generally have your partners been?	<input type="checkbox"/> Much younger (more than 2 years) <input type="checkbox"/> Slightly younger (between 1 and 2 years) <input type="checkbox"/> Same age <input type="checkbox"/> Slightly older (1-2 years) <input type="checkbox"/> Much older (more than 2 years)
2c Were your partners Tick all that apply:	<input type="checkbox"/> Female <input type="checkbox"/> Male

Section 3: This is about the way you and your partner behave towards each other **FACE to FACE (not via mobile phones or social networking sites)**

3a Have ANY of YOUR PARTNER/S ever done any of these things to you FACE TO FACE?	Never	Once	Few Times	Often
Put you down in a nasty way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shouted at you/screamed in your face/called you names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Said negative things about your appearance/body/friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatened to hurt you physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used physical force such as slapping, pushing, hitting or holding you down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used more severe physical force such as punching, strangling, beating you up, hitting you with an object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have TICKED NEVER to ALL of these questions go to Question 3f				

<p>3b How did this behaviour make you feel?</p> <p>Tick all the things you felt</p>	<input type="checkbox"/> Upset <input type="checkbox"/> Loved <input type="checkbox"/> Unhappy <input type="checkbox"/> Humiliated <input type="checkbox"/> Wanted <input type="checkbox"/> Annoyed <input type="checkbox"/> Protected <input type="checkbox"/> No effect	<input type="checkbox"/> Scared <input type="checkbox"/> Embarrassed <input type="checkbox"/> Good about yourself <input type="checkbox"/> Bad about yourself <input type="checkbox"/> Angry <input type="checkbox"/> Thought it was funny <input type="checkbox"/> Shocked
<p>3c Did you tell anyone about what happened?</p> <p>Tick all the people you told:</p>	<input type="checkbox"/> No-one <input type="checkbox"/> Sister <input type="checkbox"/> Mother/female carer <input type="checkbox"/> Father/male carer <input type="checkbox"/> Teacher	<input type="checkbox"/> Friends <input type="checkbox"/> Brother <input type="checkbox"/> Grandparents <input type="checkbox"/> Other adult
<p>3d If you told someone, did you tell them online, in person or both?</p>	<input type="checkbox"/> Online <input type="checkbox"/> Both	<input type="checkbox"/> In person
<p>3e Has a partner ever caused an injury to you such as bruising, cuts, or broken bones?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3f Have YOU EVER DONE any of the following things to your partner/s FACE TO FACE?	Never	Once	A Few Times	Often
Put them down in a nasty way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shouted at them /screamed in their face/called them names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Said negative things about their appearance/body/friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatened to hurt them physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used physical force such as slapping, pushing, hitting or holding them down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used more severe physical force such as punching, strangling, beating them up, hitting them with an object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have TICKED NEVER to ALL of these questions go to Section 4

3g Please tick all the reasons why you did this:	<input type="checkbox"/> To hurt partner <input type="checkbox"/> Due to partner's behaviour <input type="checkbox"/> Jealousy <input type="checkbox"/> To impress others <input type="checkbox"/> To get what I wanted <input type="checkbox"/> Anger <input type="checkbox"/> To humiliate them <input type="checkbox"/> Messing around / Joking <input type="checkbox"/> Everyone does this <input type="checkbox"/> Other
3h Have you ever caused an injury to a partner such as bruising, cuts, or broken bones?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: This section is about the way you and your partner behave towards each other Through Mobile Phones or Social Networking Sites
(Not things that have happened face to face)

4a Do you do any of these things using mobile phones, computers or tablets?	From your mobile phone	From your own tablet or personal computer	From a shared tablet or computer	Never
Send or receive texts/emails, instant messages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send, upload or receive videos/pictures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use social networking sites such as Facebook, Twitter, Ask.fm, Tumblr, Instagram or Flickr or some other site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4b Have ANY of YOUR PARTNER/S ever done any of these things to you using mobile phones or social networking sites?	Never	Once	A Few Times	Often
Put you down or sent you nasty messages online or via mobile phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posted nasty messages about you online that others could see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent you threatening messages online or by mobile phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used mobile phones or social networking sites to try to control who you can be friends with or where you can go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly checked up on what you have been doing /who you have been seeing, for example, by sending you messages or checking your social networking page all the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used mobile phones or social networking sites to stop your friends liking you, for example, pretending to be you and sending nasty messages to your friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have TICKED NEVER to ALL of these questions go to Question 4h

<p>4c How did this behaviour make you feel?</p> <p style="text-align: center;">Tick all the things you felt:</p>	<input type="checkbox"/> Upset <input type="checkbox"/> Loved <input type="checkbox"/> Unhappy <input type="checkbox"/> Humiliated <input type="checkbox"/> Wanted <input type="checkbox"/> Annoyed <input type="checkbox"/> Protected <input type="checkbox"/> No effect	<input type="checkbox"/> Scared <input type="checkbox"/> Embarrassed <input type="checkbox"/> Good about yourself <input type="checkbox"/> Bad about yourself <input type="checkbox"/> Angry <input type="checkbox"/> Thought it was funny <input type="checkbox"/> Shocked
<p>4d In how many relationships did this behaviour happen?</p>	<input type="checkbox"/> One <input type="checkbox"/> A few (2-3) <input type="checkbox"/> Many (4 or more)	
<p>4e In general, did these behaviours:</p>	<input type="checkbox"/> Stop <input type="checkbox"/> Get better <input type="checkbox"/> Stay the same <input type="checkbox"/> Get worse	
<p>4f Did you tell anyone about what happened?</p> <p style="text-align: center;">Tick all the people you told:</p>	<input type="checkbox"/> No-one <input type="checkbox"/> Friends <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Mother/female carer <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/male carer <input type="checkbox"/> Other adult <input type="checkbox"/> Teacher	
<p>4g If you told someone, did you tell them online, in person or both?</p>	<input type="checkbox"/> Online <input type="checkbox"/> In person <input type="checkbox"/> Both	

<p>4h Have YOU done any of the following things to a partner using mobile phones or social networking sites?</p>	Never	Once	A Few Times	Often
Put them down or sent them nasty messages online or via mobile phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posted nasty messages about them online that others could see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent them threatening messages online or by mobile phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used mobile phones or social networking sites to try to control who they can be friends with or where they can go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly checked up on what they have been doing / who they have been seeing, for example, by sending them messages or checking their social networking page all the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Used mobile phones or social networking sites to stop their friends liking them, for example, pretending to be them and sending nasty messages to their friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you have ticked never to all of these questions go to Section 5

4i Please tick all the reasons why you did this:	<input type="checkbox"/> To hurt partner <input type="checkbox"/> Due to partner's behaviour <input type="checkbox"/> Jealousy <input type="checkbox"/> To impress others <input type="checkbox"/> To get what I wanted <input type="checkbox"/> Anger <input type="checkbox"/> To humiliate them <input type="checkbox"/> Messing around / joking <input type="checkbox"/> Everyone does this <input type="checkbox"/> Other reason
4j In how many relationships did this happen?	<input type="checkbox"/> One <input type="checkbox"/> A few (2-3) <input type="checkbox"/> Many (4 or more)

Section 5: Sending or receiving sexual messages or pictures by text, phone, webcam or via social networking sites. Sexual messages are descriptions of sexual activity, show sex or naked/partially naked bodies.

5a Have YOU EVER SENT sexual messages or pictures of yourself to any of your partners	Never	Once	A Few Times	Often
During the relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the relationship had ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have TICKED NEVER to BOTH of these questions go to Question 5f

5b Please tick all the reasons why you did this:	<input type="checkbox"/> As a joke / to be funny <input type="checkbox"/> To feel sexy / be flirtatious <input type="checkbox"/> My partner asked me to <input type="checkbox"/> My partner pressured me to <input type="checkbox"/> My friends pressured me to <input type="checkbox"/> To prove my feelings / commitment <input type="checkbox"/> To get attention <input type="checkbox"/> To show off <input type="checkbox"/> In response to a similar message my partner had sent me <input type="checkbox"/> Other reason <input type="checkbox"/> Don't know
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<p>5c How did this behaviour make you feel?</p> <p>Please tick all the things you felt:</p>	<input type="checkbox"/> Upset <input type="checkbox"/> Scared <input type="checkbox"/> Loved <input type="checkbox"/> Embarrassed <input type="checkbox"/> Unhappy <input type="checkbox"/> Good about yourself <input type="checkbox"/> Humiliated <input type="checkbox"/> Bad about yourself <input type="checkbox"/> Wanted <input type="checkbox"/> Angry <input type="checkbox"/> Annoyed <input type="checkbox"/> Thought it was funny <input type="checkbox"/> No effect <input type="checkbox"/> Shocked
<p>5d Was the message/picture shared with anyone else?</p> <p>Please tick all that happened:</p>	<input type="checkbox"/> No , it was just between me and my partner <input type="checkbox"/> Yes , my partner/ex partner showed it to others on their phone <input type="checkbox"/> Yes , my partner/ex partner shared it online <input type="checkbox"/> Yes , I sent it to others online/by phone <input type="checkbox"/> I don't know / I am not sure
<p>5e If the message was shared - how did this make you feel?</p> <p>Please tick all the things you felt:</p>	<input type="checkbox"/> Upset <input type="checkbox"/> Scared <input type="checkbox"/> Loved <input type="checkbox"/> Embarrassed <input type="checkbox"/> Unhappy <input type="checkbox"/> Good about yourself <input type="checkbox"/> Humiliated <input type="checkbox"/> Bad about yourself <input type="checkbox"/> Wanted <input type="checkbox"/> Angry <input type="checkbox"/> Annoyed <input type="checkbox"/> Thought it was funny <input type="checkbox"/> No effect <input type="checkbox"/> Shocked
<p>5f Have your partners ever pressured you into watching online pornography?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

5g Have any of YOUR PARTNER/S EVER SENT YOU any sexual messages or pictures of themselves:	Never	Once	A Few Times	Often
During the relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the relationship had ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you have TICKED NEVER to BOTH of these questions go to Section 6</p>				
<p>5h Did they send it because you asked them to?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes			
<p>5i Did you share the message with anyone else?</p>	<input type="checkbox"/> No, it was just between me and my partner			

Please tick all that happened:	<input type="checkbox"/> Yes I showed my friends the message on my mobile phone <input type="checkbox"/> Yes, I shared the message online	
5j If the message was shared - why did you do this? Please tick all that apply:	<input type="checkbox"/> Don't know <input type="checkbox"/> As a joke <input type="checkbox"/> Because I was annoyed with my partner <input type="checkbox"/> Because our relationship had ended and I felt upset <input type="checkbox"/> Because my friends pressured me to show it to them <input type="checkbox"/> Because I asked my partner and they said they didn't mind	
5k Did you tell anyone about what happened? Tick all the people that you told:	<input type="checkbox"/> No-one <input type="checkbox"/> Sister <input type="checkbox"/> Mother/female carer <input type="checkbox"/> Father/male carer <input type="checkbox"/> Teacher	<input type="checkbox"/> Friends <input type="checkbox"/> Brother <input type="checkbox"/> Grandparents <input type="checkbox"/> Other adult

Section 6: Things you and your partner may have done to each other relating to sexual pressure or force. Please note that pressure can include things like a partner saying: 'I will end the relationship unless you agree to a sexual act' or 'If you loved me you would do it'.

6a Have ANY of YOUR PARTNER/S ever pressured or forced you in any of these ways...	Never	Once	A Few Times	Often
Pressured you into kissing, intimate touching or something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically forced you into kissing, intimate touching or something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured you into having sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically forced you into having sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have TICKED NEVER to ALL of these questions go to Question 6e				
6b If you were pressured, how did this happen? Tick all that apply:	<input type="checkbox"/> Through mobile phones <input type="checkbox"/> Through social networking sites <input type="checkbox"/> Face to face			

<p>6c How did this behaviour make you feel?</p> <p>Please tick all the things you felt:</p>	<input type="checkbox"/> Upset <input type="checkbox"/> Loved <input type="checkbox"/> Unhappy <input type="checkbox"/> Humiliated <input type="checkbox"/> Angry <input type="checkbox"/> Annoyed <input type="checkbox"/> Shocked <input type="checkbox"/> Scared <input type="checkbox"/> Embarrassed <input type="checkbox"/> Bad about yourself <input type="checkbox"/> Wanted <input type="checkbox"/> Thought it was funny <input type="checkbox"/> No effect
<p>6d Did you tell anyone about what happened?</p> <p>Tick all the people you told:</p>	<input type="checkbox"/> No-one <input type="checkbox"/> Friends <input type="checkbox"/> Mother/female carer <input type="checkbox"/> Father/male carer <input type="checkbox"/> Teacher <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Grandparents <input type="checkbox"/> Other adult

<p>6e Have YOU EVER DONE any of the following things to your partner or any ex-partners?</p>	Never	Once	A Few Times	Often
<p>Pressured them into kissing, intimate touching or something else</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Physically forced them into kissing, intimate touching or something else</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Pressured them into having sexual intercourse</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Physically forced them into having sexual intercourse</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: If you have experienced **ANY** of the things we have asked you about in this questionnaire so far, did you respond in any of the following ways?

	I did this WHILE I was in the relationship	I did this AFTER the relationship had ended
I changed my phone number	<input type="checkbox"/>	<input type="checkbox"/>
I stopped using social networking sites for a while / altered my social networking account.	<input type="checkbox"/>	<input type="checkbox"/>
I deleted any messages from the person who sent them	<input type="checkbox"/>	<input type="checkbox"/>
I changed my privacy/contact settings	<input type="checkbox"/>	<input type="checkbox"/>
I blocked the person from contacting me	<input type="checkbox"/>	<input type="checkbox"/>
I reported the problem online	<input type="checkbox"/>	<input type="checkbox"/>
I kept evidence of what had happened in case I wanted to report it later	<input type="checkbox"/>	<input type="checkbox"/>
I ended the relationship	<input type="checkbox"/>	<input type="checkbox"/>
I contacted the police	<input type="checkbox"/>	<input type="checkbox"/>
None of these things	<input type="checkbox"/>	<input type="checkbox"/>
Other (please tell us what you did).....		

Section 8: GENERAL QUESTIONS - EVERYONE TO COMPLETE

8a Do your friends use aggression or intimidation against other young people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
8b Have you ever been bullied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8c Have you ever bullied anyone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8d Do you regularly view online pornography?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8e Have any adults in your house/family regularly used physical force such as punching, hitting, slapping	<input type="checkbox"/> Yes, against me <input type="checkbox"/> Yes, against other children/young people <input type="checkbox"/> Yes, against other adults <input type="checkbox"/> No		
8f...or constant name calling/shouting?	<input type="checkbox"/> Yes, against me <input type="checkbox"/> Yes, against other children/young people <input type="checkbox"/> Yes, against other adults <input type="checkbox"/> No		

8g How much do you <u>agree or disagree</u> with the following statements:	Agree alot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree alot
For the most important jobs it is better to choose a man instead of a woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women lead men on sexually and then complain about the attention they get.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is sometimes acceptable for a man to hit a women if she has been unfaithful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8h How would you describe your culture / ethnicity or background?	<input type="checkbox"/> White <input type="checkbox"/> Black / Black British <input type="checkbox"/> Asian / Asian British <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed 'race' <input type="checkbox"/> Other
8i How would you describe your religion?	<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> Other <input type="checkbox"/> No religion

8j Please add any comments or feedback you would like to tell us	<p>.....</p> <p>.....</p> <p>.....</p>
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QUIZ

1. If Mr Smith's peacock lays an egg in Mr Jones' garden, who owns the egg?

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2. To the nearest cubic centimetre, how much soil is there in a 3m x 2m x 2m hole?

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3. How many medals did team GB win at the 2012 Olympics?

5.....29.....65.....

4. What can you hold in your right hand, but not in your left?

.....

5. If you have two coins totalling 11p, and one of the coins is not a penny, what are the two coins?

.....

6. If you were alone in a deserted house at night, and there was an oil lamp, a candle and firewood and you only have one match, which would you light first?

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7. If a red house is made of red bricks, and a blue house is made of blue bricks, what is a green house made of?

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8. If a plane crashes on the Scotland/England border, where do you bury the survivors?

.....

9. Who won the X factor in 2008?

Alexandra Burke.....Jedward.....JLS.....