IMMATURITY AND VENEREAL DISEASE IN
TEENAGE GIRLS*†

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As a contribution to the general Teenage Survey being conducted by the Central Council of Health Education, a number of teenage girls in Her Majesty's Prison, Holloway, have been interviewed and their answers obtained to the standard questionnaire.

Before going further I should explain, for the benefit of those who are not familiar with the British prison system, that Holloway Prison in London is the largest women's prison in Great Britain and in fact takes in approximately three-quarters of the total number of women prisoners of the whole of England and Wales. It is important to appreciate that in addition to women who have been convicted, the prison contains at any one time a very large number of women and girls who have been sent there from the Magistrates or Higher Courts for a period of remand in custody. This is in order that further police inquiries can be made or a medical and mental report be prepared.

Up to date 107 teenagers have been interviewed, 97 who were on remand and ten who were convicted. The choice of girl was governed by one factor only, namely by her availability for interview at a time suitable to the interviewer. The interviewing was done by a trained welfare worker who is provided by the London Health Authorities for social work and after-care of women found to have venereal disease. We have always emphasized in the prison, however, that she is not solely a V.D. social worker but is to be regarded as a general welfare worker and it was in this atmosphere that the interviews took place. The girl thus felt that she was talking to a welfare worker and there would be no association in the girl's mind connecting the interview in any way with the Prison V.D. Clinic. I consider that this is a very important point of difference between this survey and those which may be conducted by interviews at V.D. Clinics. A girl who has had the shock of prison life for 2 or 3 days is generally very glad to have the opportunity of sitting down quietly and talking over her problems with a sympathetic social worker and I feel that answers obtained under these conditions are probably more frank and accurate than those obtained in a V.D. Clinic.

As it is impossible in a short paper to analyse the mass of data obtained from the 55 questions, I propose to deal with a few facts which have emerged from the summaries and which might, because of the circumstances previously stated, differ from other surveys.

The ages of the 107 teenagers varied between 16 and 19 years; it should be mentioned that girls aged 15 years are sent to prison only if they have been completely uncontrollable in an ordinary remand home. Six of the 107 were 16 years old and the remainder were fairly evenly distributed in the 17 to 19-year age groups. The previous conduct of these girls may be summarized by saying that 51 had previously been under supervision, 33 had been in a remand home, and three had undergone a period of Borstal Training. The reasons for being in trouble with the police, and hence for their presence in Holloway, varied considerably, the main charges being 44 for larceny, 38 for breaking probation, 24 for absconding from an institution, 12 for forgery, and so on through 27 varied charges such as drunkenness, loitering with intent to commit a felony, boarding ship without permission, possessing drugs, and one attempting to murder her father.

Only fourteen girls were living with their natural parents. 78 of the girls were away from all home ties and of these seventeen had been removed by Court order either to children's homes or to Approved Schools and eight had been abandoned or placed in a home by one of the parents. The main reason for leaving home voluntarily was a quarrel with the family and 38 gave this reason. None admitted leaving in order to obtain more money.

I consider that the majority of these girls had a
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background of family difficulties which was far
greater and more damaging in its effect than that
experienced by the average girl, and without doubt
such difficulties have been the direct reason for most
of these girls coming to prison. Twelve had never
had any family life at all and from infancy had lived
in a succession of children's homes—the majority
having been abandoned by the mother. It is signifi-
cant that, of the 85 who complained of family
difficulties, a far greater proportion disliked or failed
to get on with a father or step-father, than failed to
get on with a mother or step-mother—there were 33
who had step-father or father difficulties while only
eight had step-mother or mother difficulties.

The time the parents spent at home with their
children seemed to have little if any influence on the
fact that the girls left home. The constant theme was
lack of affection, lack of understanding, and never
doing anything together as a family.

Of the ninety applicable cases, 78 mothers and 62
fathers were usually at home at the same time as the
girl, and thirteen fathers were away at work. The
interests which took the mothers outside the home
varied from committee meetings and the local darts
team to the most popular pastime of Bingo. The
fathers' outside interests were evenly divided between
"the Pub" and "not known".

The majority of the girls complained of too much
supervision and strictness in the home, usually by
the father; 96 had to be home by a certain time in
the evening, which is perhaps a surprisingly high
proportion in these days. The position regarding
pocket-money varied considerably—25 had no
pocket-money at all, sixteen were given no specific
amount, and the remainder received from 1/- to £1
per week.

The smoking, drinking and drug habits of the girls
are of interest: 91 smoked rather heavily and 34 of
them had already been smoking before the age of 14
years, 71 drank alcohol (which may be above the
average figure), and 25 had taken drugs. The com-
monest drug was Drinamyl, which was taken in very
large doses; this tablet contains a mixture of dexe-
дрине and amylobarbitone and is popularly known as
"Purple Hearts" (because of its shape and colour).
Indian hemp is another common drug, the source of
supply being either "friends" or West End Clubs.
There was only one serious drug taker, an intelligent
educated girl who was addicted to heroin.

Regarding the influence of television, films, and
reading on sex, 23 thought they had been influenced
by films and twelve by reading; one girl stated that
she had read "Lady Chatterley's Lover", after which
she thought sex was disgusting.

A very careful assessment was made of the 107
girls and only eleven of them showed signs of
possible maturity in the near future, the remaining
96 being definitely immature. Because concepts of
"maturity" are apt to vary, the basis on which these
girls were assessed is given below:

Maturity was judged by the girl's seeming to fulfil
three of the following:

1. Good work record.
2. Fondness of home activities and/or some con-
structive spare-time interest.
3. A steady male relationship without promiscuity.
4. Some realization of future actions and where these
should lead.
5. An ability to see the present circumstances and
background with some detachment and/or (where
there has been a family background) in some
sense of responsibility to the family.

Remembering that these 107 girls were chosen
from the daily admission list solely by their age and
availability for interview, it is interesting to note the
number who were found to have V.D. and the state
of maturity of those infected.

35 of the 107 girls had gonorrhoea; two of these
also had secondary stage syphilis, and fourteen had
had one or more previous infections with gonorrhoea.

It is significant that only five of the 35 girls had a
normal home to which they could return. The
remaining thirty girls were living their lives either in
temporary rooms, alone or with another girl, or in a
room or flat with a boy friend, who in most cases
was a member of the criminal world, or were flitting
from one all-night café to another, or generally
living "rough". Of the 35, only twelve were known to
be prostitutes. Although eleven of the 107 girls
showed a possibility of maturity in the near future,
only one of the 35 girls with V.D. showed signs of
maturity. Ten of the 35 girls were pregnant, a
further ten had already had children, and a further
three had had previous pregnancies which had ended in abortion. Only two of them had been
legally married.

When the full results of this survey are compared
with those of other surveys I think it may be found
that the maturity of a teenage girl within the defini-
tion of maturity previously given must depend to a
very large degree on the stability, duration, and
happiness of the girl's home life. The girl who has
had little or no home life is more inclined to drift
without purpose and to acquire a completely ir-
responsible outlook, which in turn leads to promis-
cuous relationships and venereal disease.