

Let's talk about sex

The state of our sexual relationships in the UK today

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Forewords

Peter Saddington, chair of College of Sexual and Relationship Therapists and Relate Practice Clinical Supervisor

The findings of this report based on the responses from 5000 people illustrate there is significant link between our sexual relationship and overall well-being – something that sex therapists have always known. It doesn't mean we have to be sexual to be happy, but it does mean we that if we do want to be sexual and there are problems, then there is a direct negative link to wellbeing and good mental health.

Only a third of people said they were satisfied with their sex life and almost a quarter said they were dissatisfied, with a significant number (32%) experiencing sexual difficulties. The reasons for sexual dissatisfaction and problems that we hear in the therapy room are clearly corroborated in the report. New influences are clearly linked to technology, and the widespread availability and use of porn does seem to be creating difficulties for many individuals and couples, with relatively few services available to them. Of particular note is the lack of professional support for partners of men that have a problem with the use of porn, and the limited availability for couple work. Clearly when there are sexual difficulties working with the couple is likely to have a better outcome than working with just one of the couple.

Sex therapists are seeing increasing numbers of people who are unhappy with their sexual relationships or have a sexual problem. And yet this comes at the very time when services available to support clients are diminishing or disappearing. NHS clinics are closing or the number of sessions on offer are becoming very limited 4-8 sessions, which is not conducive to effective therapy. It not an easy experience for couples and individuals to acknowledge they have sexual difficulties, but if they can do this and take the next step to seek support, it is important to ensure that appropriate staff and resources are available.

Stuart Valentine, Relationships Scotland

This final report from *The Way We Are Now* research completes a comprehensive picture of relationships across the UK and their importance in relation to our general wellbeing. Whether it's our love life, how we get on with our friends or how well we communicate at work, this series of reports finds that positive, healthy, fulfilling relationships enrich our lives and the lives of those around us.

'Let's Talk about Sex' shows that whilst many people report strong satisfaction with their sex lives, others do encounter difficulties. Addressing issues around sex and sexuality is a key part of the support that Relationships Scotland offers to both couples and individuals through counselling and sex therapy. In response to an increase in the numbers of people seeking help, we have also developed our training to ensure that our counsellors and therapists are able to provide the support that people need to address sexual problems. However we know that more needs to be done.

I hope that this report will be used to further inform the debate around the importance of sex in relationships and the need for greater support across all of the UK. Relationships are not to be taken for granted – they need nurtured and cared for. With the right help and support, so many more people could enjoy the loving, enriching relationships that they and their loved ones deserve.

Summary

Sex, for most people, is an important part of good-quality, satisfying relationships. The evidence shows it's also good for us! And not just the physical activity – although research does show apparent health benefits of sex. More importantly, it is clear that sexual satisfaction is intimately related to the quality of our relationships, which, in turn, is central to our wellbeing. Satisfying sex is likely to be both a result of and also a contributing factor to good quality relationships. Sex isn't everything, of course, but the research shows clear associations between sexual satisfaction, our satisfaction with life overall and with our relationships, as well as our health and wellbeing. When our sex lives are not going well and we experience dissatisfaction and/or sexual problems, this can have a profound impact. So – we need to talk about sex.

This research report is the sixth and final in a series presenting findings from our landmark *The Way We Are Now* survey of over 5,000 people across the UK, providing a unique window into the state of our couple and sexual relationships, our families, our relationships at work, and our social relationships. In this report we examine the quality of our sexual relationships and how they impact upon our relationship quality and our wellbeing. How satisfied are we with our sex lives? Are particular groups more or less satisfied than others? What pressures are our sexual relationships facing? How many of us have experienced sexual problems? How many of us have been cheated on – and what do we think constitutes 'cheating'? How do we think about our sexual relationships and about support for our relationships if we experience sexual problems?

We found overall:

- Only a third (34%) of people say they are satisfied with their sex lives;
- Almost a quarter (23%) of people are dissatisfied with their sex lives;
- Almost a third (32%) of people have experienced a sexual problem;
- One in five (19%) people identified low libido or differing sex drives as a strain on their couple relationships;
- A third (33%) have had a partner cheat on them;
- Only a third think that a relationship can survive an affair;
- Almost half (47%) relationship counsellors and therapists report seeing an increasing number of clients where pornography is causing a problem in their relationship; and
- Almost a quarter (24%) of counsellors/therapists are seeing an increasing number of clients who are experiencing sexual problems (e.g. erectile dysfunction) which are affecting their relationship.

Our data also revealed some clear differences between different groups:

- Men are more dissatisfied with their sex lives than women (27% compared to 18%);
- Yet women were more likely to report sexual problems than men (37% compared to 26%);
- People who were disabled/living with a long-term health condition were more likely to be dissatisfied, and more likely to report sexual problems;

- Parents with young children were more likely to report dissatisfaction;
- When it came to thinking about what constitutes ‘cheating’, those aged under 25 were much more likely to think that flirting could be cheating (41%); and
- Older respondents were more likely to say that watching pornography alone was cheating (30% of over-65s, compared to just nine per cent of those under 25).

Our data show that our sexual relationships are important to us, but they’re not invincible, and the pressures our sexual relationships can come under are many and varied. The findings indicate potentially significant levels of need for support among many people across the UK, particularly among specific groups – such as parents of young children, people who are disabled or living with a long-term health condition.

Given the importance of satisfying sexual relationships to our wellbeing, it’s important that people have access to information and support when sexual relationships come under pressure. This is why Relate and Relationships Scotland are recommending:

- Commissioners of health services (Clinical Commissioning Groups, in England) improve access to sex therapy and relationship counselling to provide support for people experiencing sexual problems that have a negative impact on their relationships and health, to overcome the current postcode lottery.
- Policy-makers drive forward this expansion of access through issuing guidance, for example, and by looking at including indicators of sexual problems, dysfunction and satisfaction with sexual relationships (for example) in national health outcomes frameworks.
- Government provide training and guidance on sex and relationships for frontline health professionals to help them improve referrals/signposting to services and support professionals, and to understand the role sexual relationships play in our health and wellbeing and how relationships may come under pressure from sexual problems (for example as a consequence of a long-term health condition).
- Government commission longitudinal research into sexual satisfaction in the UK across all ages to investigate trends and to provide evidence on the relationship between sex and health across different stages of life.
- Government ensure that Relationships and Sex Education (RSE) – now becoming a compulsory subject in English secondary schools – is taught by fully trained and confident subject specialists: either appropriate Third Sector organisations or specialist teachers. This would ensure quality of provision to prepare young people with the right skills, knowledge and expectations to form and sustain satisfying, healthy sexual relationships.

Introduction

For most people,¹ sexuality and intimate relationships are important to their identity and sense of wellbeing, and a healthy sex life is a significant goal and expectation in a good relationship. In our 2015 *The Way We Are Now* research, we found that nearly two-thirds (62%) of those surveyed said that a good sex life is important to them.¹ Studies have shown that sexual satisfaction is associated with our satisfaction with life, satisfaction with relationships, and also our health and wellbeing.²

But if sex is an important element in most relationships and an ingredient in our wellbeing, then just as when we're happy with our sex lives we're healthier and happier in our relationships, so too when we're unhappy with our sex lives we can be more prone to general dissatisfaction with life, lower wellbeing and weaker relationships. Sex can also be a significant source of pressure on relationships. Relate and Relationships Scotland frequently see clients in counselling or sex therapy where sexual problems cause strain on the couple relationships and/or partners' wellbeing, and where sexual dissatisfaction can reduce relationship satisfaction.

In this report, we look at the state of British people's sex lives: our satisfaction with sex, the prevalence of sexual problems across the country, the strains on sex lives, and our ideas about defining 'cheating'.

Why sex matters

The empirical research into sexual relationships and health and wellbeing presents something of a mixed picture, with gaps remaining in the evidence base.

Health and wellbeing benefits of sexual activity

The physical health benefits of sex are now quite widely established. Large-scale research has emphatically suggested that people who have sex regularly tend to have better health,³ and studies have found that sexual activity with a person's usual partner is comparable to mild-to-moderate physical activity in the range of three to four 'metabolic equivalents' – i.e. the equivalent of climbing two flights of stairs or walking briskly for a short duration.⁴ Research also suggests a link between sexual activity and immunity to disease: people who had sex once or twice a week had higher levels of an important illness-fighting substance in their bodies than those who did not have sex at all.⁵ Some evidence also indicates that sex can reduce stress: participants in one study kept a diary of sexual activity, and in stress tests those people who had no sex at all showed the highest stress levels, whereas people who had sex demonstrated the smallest rise in blood pressure and coped better with stress.⁶ There is also some evidence to suggest a causal link between sexual activity and better health: longitudinal research shows that among older individuals, having more sex (for men) and more enjoyment of sex (for women) predicted longevity, even after controlling for other health-related characteristics.⁷

More important still than the apparent health benefits of the physical activity of sex, is the wider link between sex and individuals' wellbeing. Studies indicate that sex is positively

¹ Some people have no sexual attraction to anyone of any gender and identify as asexual. Researchers have estimated that one per cent of the UK population is asexual.

associated with life satisfaction and mental health.⁸ US research, for example, shows that sexual satisfaction is an extremely strong predictor of relational wellbeing, a strong predictor of mental health, and a weak-to-moderately strong predictor of physical health.⁹ Other studies also suggest a link between sexual activity and sense of wellbeing, with a study of 3,000 older Americans aged 57 to 85 showing those who were having sex rated their general health higher than those who weren't.¹⁰

Does the frequency of sex matter? Some studies have observed a link between sexual frequency and wellbeing. An analysis of a sample of 16,000 US adults, for example, found frequency was a strong positive predictor of self-reported happiness,¹¹ and a study in China observed similar results.¹² However, there have been no randomized controlled clinical trials to establish whether sex is good for us, and a number of studies have questioned the direction of causation: does increased sex cause or rather result from better wellbeing? And one recent study even found that increased frequency of sex *per se* does *not* lead to increased happiness, postulating that this may be because it leads to a decline in desire for, and enjoyment of, sex.¹³

Wellbeing benefits of satisfying sexual relationships

What seems clear, however, is that the *quality* of our sexual relationships and our *satisfaction* with sex is more important than the frequency. While the evidence above shows a link between sex and stress, for example, another study into sex and stress added a crucial caveat to this conclusion: it found that sex relieved stress for both men and women in *satisfying* relationships, but did not do so for those in unsatisfying relationships.¹⁴ This points to the essential importance of the *quality of the relationship* in which sex takes place over the 'mechanics' of individuals engaging in sexual *activity*.

Research shows a satisfying sex life is significantly associated with better wellbeing. A number of large-scale observational survey studies provide evidence for an association between sexual satisfaction and aspects of emotional wellbeing, relationship satisfaction, and overall quality of life, and people with more active and more satisfying sexual relationships report consistently higher emotional and relationship satisfaction.¹⁵

Recent research has also indicated that, for women (although not men) a good quality sexual relationship seems to promote cardiovascular health, and is specifically associated with reduced risks of hypertension. And although growing evidence suggests women are especially vulnerable to cardiovascular problems as a result of poor relationship quality,¹⁶ women may see particular cardiovascular health benefits from a rewarding sexual relationship.¹⁷

Impacts of sexual activity on relationships

Sex not only matters for our individual health and wellbeing. As an important part of couple relationships, sexual satisfaction is closely related to relationship satisfaction. As with the evidence on sexual frequency and wellbeing, so too regarding the impact of sexual frequency on relationship quality, the research gives a similarly mixed picture. Whereas some previous studies have found a correlation between sexual frequency and relationship satisfaction,¹⁸ recent research in the UK by the Open University found no support for this.¹⁹ Other research, however, has suggested that when people are *asked* about their relationship quality and sexual frequency the results do not show any association between relationship quality and frequency of sex, but couples' *behavioural* responses (which are less the result of conscious deliberation and more automatic)

indicate a different pattern. This study found estimated frequency of sex was correlated with people's stock attitudes about their partners, with those who had more sex associating their partners more strongly with positive attributes.²⁰

Impacts of sexual satisfaction on relationships

However, while the sexual *frequency* question may be unclear, the evidence on the impact of sexual *satisfaction* on relationships is clear, and the quality of sexual relationships is important for relationship quality. Given that for most people sex is an important part of intimate relationships, it's not surprising that satisfaction with sex is closely linked with relationship satisfaction and quality – and therefore also to relationship stability (i.e. the likelihood of separation). A large number of studies demonstrate an association between sexual satisfaction and marital satisfaction among both heterosexual and homosexual couples,²¹ and overall research shows higher levels of satisfaction with sex are related to higher relationship quality and stability.²² In a comprehensive meta-analysis of a number of studies examining predictors of marital satisfaction and stability for example, researchers found that sexual satisfaction was among the strongest predictors of both outcomes.²³ Another study found that people who were satisfied with their sexual relationships tended to be more satisfied and happy with their marriages, while, in its turn, better marital quality to helped reduce marital instability.²⁴ However, other studies also indicate that this link does not always obtain: evidence shows that some couples can be satisfied with their relationships in general yet dissatisfied with sex – or vice versa.²⁵ So it's not necessarily the case that higher satisfaction with sex equals higher relationship satisfaction – which isn't surprising, when we consider that although sex is an important *part* of relationships, it's by no means the only one.

The link runs in the other direction too: just as we're often happier in relationships when we're more satisfied with the sexual dimension of the relationship, the other dimensions also impact on sex. Partners who communicate poorly, for example, tend to be less likely to be sexually satisfied, and research shows poor communication between partners diminishes sexual satisfaction. A study of women in the US, Germany, and Italy found that sexual desire was lower when partners scored lower on their couple interactions, and women who suffered from characteristics of sexual disorder had more negative patterns of interacting with their partner, while partners who rated their communication positively had higher levels of sexual desire.²⁶

Impacts of sexual problems and dissatisfaction

Just as a healthy and satisfying sex life is associated with higher levels of health and wellbeing, sexual problems (such as loss of desire, erectile dysfunction, pain during sex, difficulty achieving orgasm, premature ejaculation, etc.) can have a negative impact on couple relationships and on individual wellbeing.²⁷ Studies have shown that women who report low sexual satisfaction have lower psychological general wellbeing.²⁸ The recent UK National Survey of Sexual Attitudes and Lifestyles (Natsal) study, for example, found that after taking account of age differences, low sexual function was associated in both men and women with current depression and poor general health, as well as with unhappiness with their relationship and relationship breakdown.²⁹

These findings highlight the importance of sex for our wellbeing and our relationship quality, and indicate the importance of addressing sexual relationship wellbeing as a major component of health care.

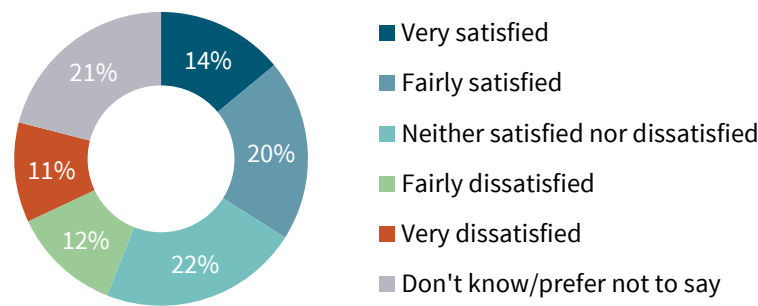
The quality of sexual relationships today

So how are we doing in the UK today in terms of our sexual relationships? Having reviewed wider evidence on the contribution of good quality sexual relationships to our health and wellbeing and relationship satisfaction, we now examine our national polling data to take the temperature of the nation's sexual relationships.

(I can't get no) satisfaction?

Our survey revealed substantial levels of sexual dissatisfaction. **Only a third (34%) said they were satisfied with their sex lives** – and **almost a quarter (23%) of people said they were dissatisfied** with their sex lives, while **one-in-ten (11%) said they were very dissatisfied**.

Figure 1: Sexual satisfaction



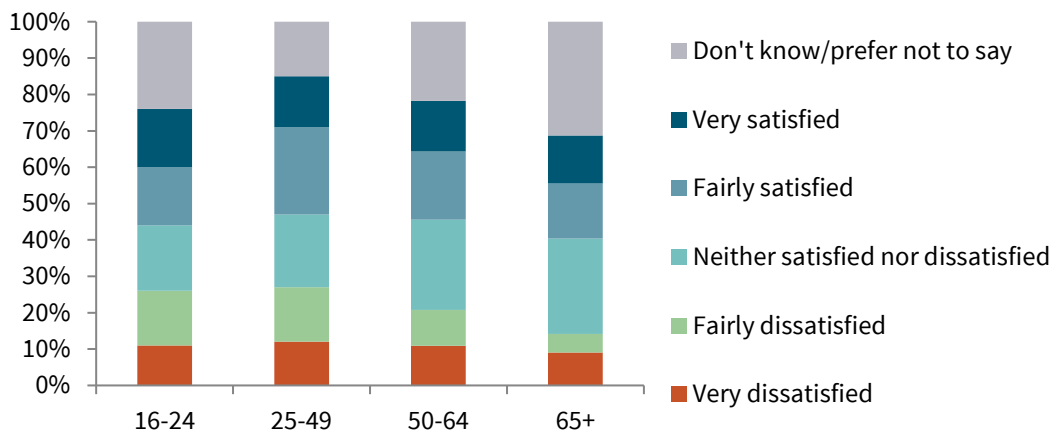
When we asked this in our previous 2015 *The Way We Are Now* research, we found that less than half (45%) were satisfied with their sexual relationships, but this time around this dropped to only a third. The prevalence of sexual dissatisfaction in our survey is also greater than in the 2013 National Survey of Sexual Attitudes and Lifestyles (Natsal) survey, which found that, overall, three-fifths (60%) of men and women in Britain reported satisfaction with their sex lives.³⁰

Notwithstanding the fact that these are different samples across different surveys and so longitudinal change cannot be inferred, our findings suggest that sexual dissatisfaction may be increasing. Is this a matter of increasingly unrealistic expectations fueled by portrayals of sex in pornography, for example, leading to dissatisfaction with the real thing? Are pressures of modern life reducing the UK's sexual satisfaction over time, perhaps? While we cannot draw any conclusions here, this is an intriguing question for longitudinal research to examine.

While overall 23% of respondents in our survey were dissatisfied with their sex lives, when we looked at how this affected different demographics, we observed some clear patterns. For example, **younger people were more likely than older people to report dissatisfaction** with their sex lives. Among those aged 25-49, 27% were sexually dissatisfied and among those aged 16-24, 26% were – whereas only 14% of people 65+ said they were dissatisfied. Although this older age group was also least likely to say they were satisfied, however, with only 28% reporting satisfaction, and people over 65 were the most likely to respond that they preferred not to say. The most satisfied age group was

the 25-49-year-olds – 38% of whom said they were satisfied.

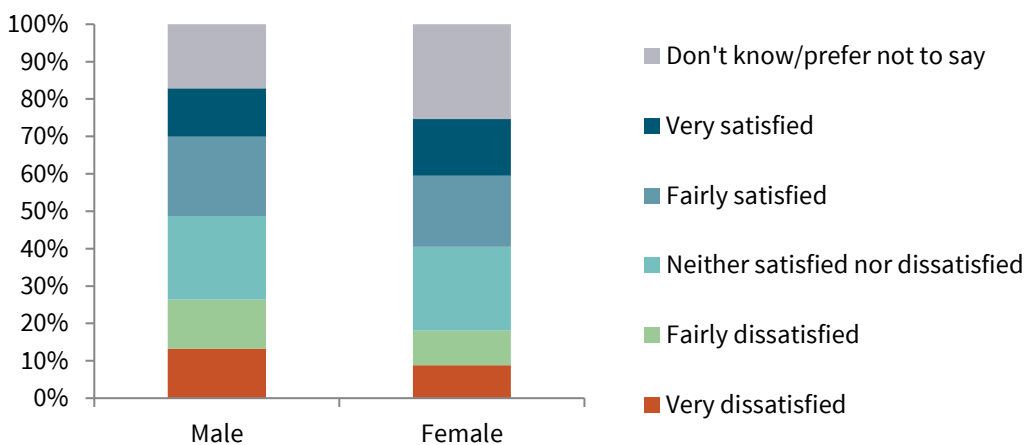
Figure 2: Sexual satisfaction by age



Men were significantly more likely to report dissatisfaction than women: 27% of men said they were dissatisfied with their sex lives, compared to 18% of women. Whatever the explanation for this divergence, when partners experience a considerable discrepancy in their sexual satisfaction and desire, this can often be a source of strain on the relationship.

“There can sometimes be a ‘lightbulb’ moment in counselling when partners realise that the meaning of sex is different for each of them – this can become a turning point in becoming able to better meet each other’s needs.” –
Barbara Honey, Relate counsellor

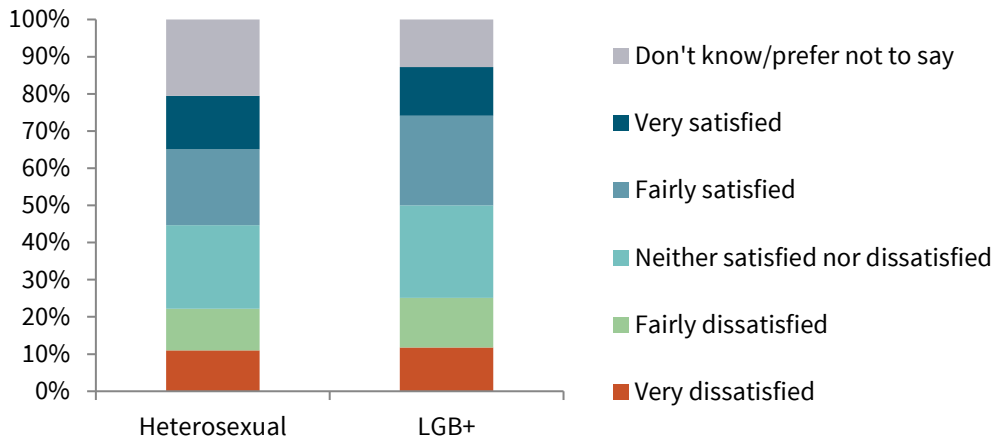
Figure 3: Sexual satisfaction by gender



We also observed slightly greater levels of dissatisfaction among respondents who identified as lesbian, gay, bisexual or other: whereas **22% of heterosexual people**

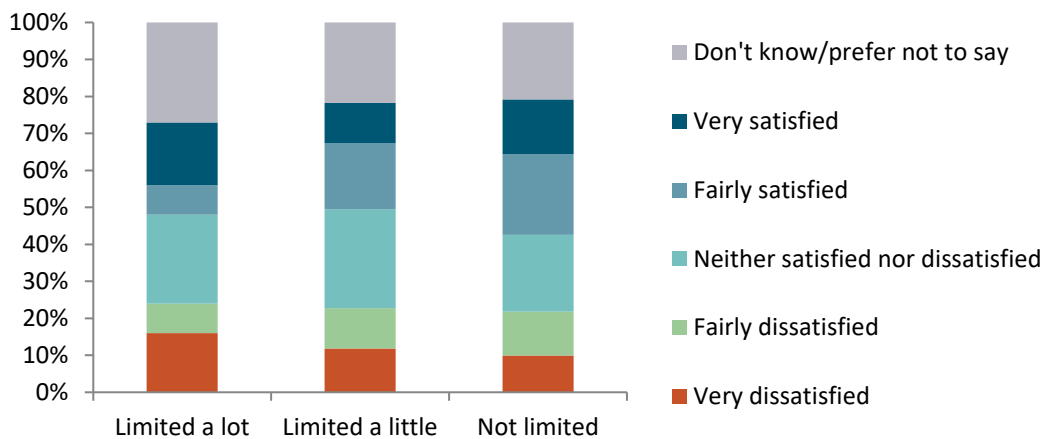
reported dissatisfaction, 25% of people who identified as lesbian, gay, bisexual or other (LGB+ for short) did so. We also found quite a difference here in 2015, although the gap looks to have narrowed: in 2015, 38% of LGB respondents said they were satisfied compared to 46% of heterosexual respondents.³¹

Figure 4: Sexual satisfaction by sexuality



People who said they were ‘limited a lot’ by disability or a long term health condition reported higher levels of high dissatisfaction (by 6 percentage points) with 16% being very dissatisfied, compared to 10% of people who were not limited by disability or a long term condition. Similarly, people who were not limited were much more likely to be satisfied, with 37% reporting satisfaction compared to only 25% of people who were limited a lot.

Figure 5: Sexual satisfaction by health/disability



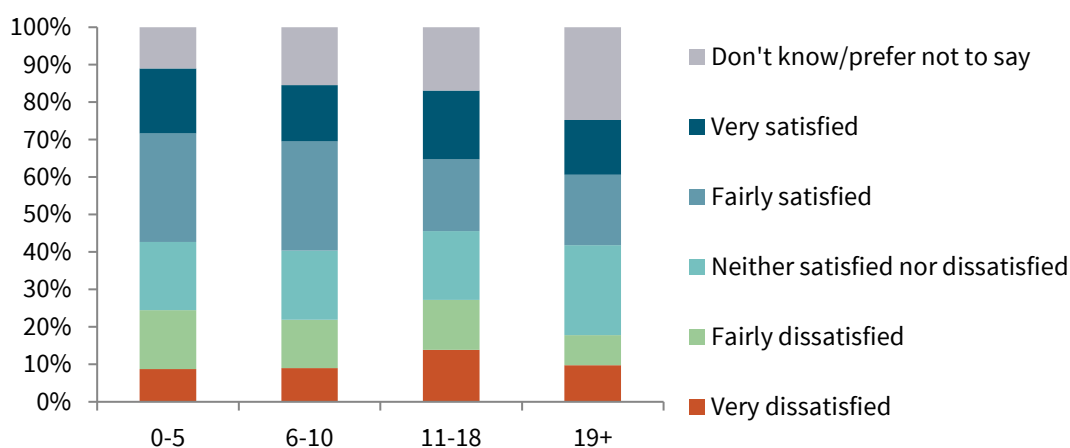
“Working with couples where disability or significant health impairment is an issue is becoming increasingly more common.”

– Peter Saddington, Relate sex therapist

We know from wider research that health has a significant impact on sex. The aforementioned Nastal study, for example, found one-in-six (17%) British men and women said their health affected their sex life, rising to three-fifths (60%) of those who reported bad health.³² This disparity is not, therefore, surprising – but it does highlight the extra barriers that disability or poor health can present to a satisfying sex life.

Finally, we also saw patterns in the responses of those who had children, with parents of grown-up children more likely to be satisfied than those caring for younger children. **The greatest dissatisfaction was reported by parents whose youngest child was aged 11-18**, among whom 28% were dissatisfied – compared to 25% of those whose youngest child was aged 0-5, 22% of those whose youngest was 6-10, and 18% of those whose youngest was over 18. However, parents of children aged over 18 were also less likely to report satisfaction, with only 33% being satisfied, compared to 38% of parents whose youngest was aged 11-18, 44% of those whose youngest was 6-10, and 46% of parents of 0-5s. Just as we saw in Figure 2, it seems that older respondents are less comfortable reporting the state of their sexual satisfaction and opt in greater numbers to select ‘prefer not to say’.

Figure 6: Sexual satisfaction by age of youngest child



The importance of sex

We also asked respondents to the survey about the importance they attribute to sex to see how much sexual dissatisfaction or satisfaction seems to matter to people. When we asked about the three most important things in a good relationship, overall, only 13% of respondents said that sex life was among them. But there was a clear gender divide here: **men were twice as likely as women to say that sex life was in the top three most important relationship factors**, with almost a fifth (18%) of men putting this in the top three compared to only nine per cent of women. This may in part explain the greater dissatisfaction with sex felt by men in comparison to women: the more important something is felt to be, the greater may be the frustration when it’s not going well.

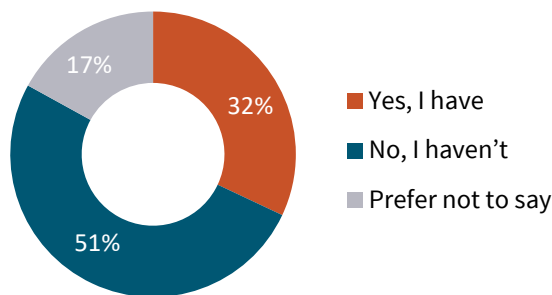
The importance of sex also appeared in our data to diminish with relationship length, so that the longer respondents had been in a relationship, the less important sex appeared to be. Almost a quarter (24%) of people in relationships lasting under a year put sex life in their top three relationship factors, whereas an average of only ten per cent of people in relationships which lasted 15 years or more did so.

Sexual problems

We also looked at the prevalence of sex-related problems. As we saw earlier, research shows that experiencing such a problem is associated with lower wellbeing,³³ greater risk of depression and poor general health, as well as with unhappiness with relationships and also an increased likelihood of experiencing relationship breakdown.³⁴ We found that overall, **almost a third (32%) of people said that they had ever experienced a problem related to sexual activity.**

There was no real pattern by respondents' age, however: although those aged under 25 were least likely to report having experienced problems related to sexual activity, there were no significant differences across other age groups.

Figure 7: People reporting having ever experienced sex-related problems



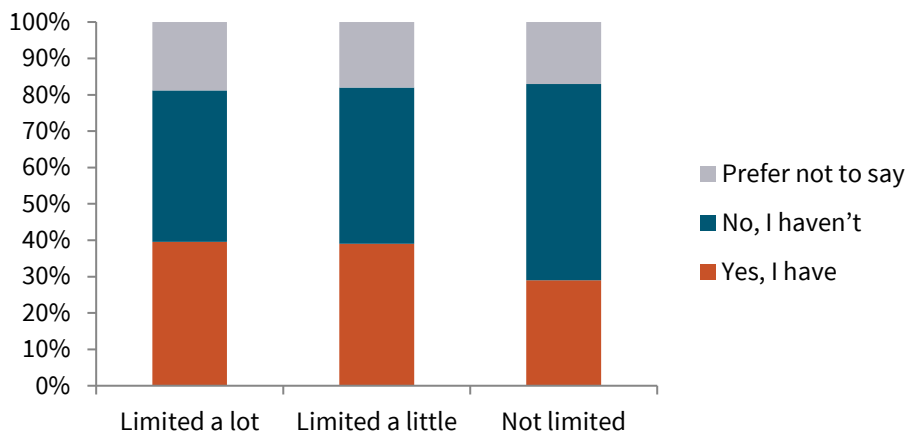
Our counterpart survey of Relate and Relationships Scotland's relationship counsellors and therapists also revealed that **a quarter (24%) of counsellors said that, over the last year, they had seen an increasing number of clients experiencing sex-related problems impacting upon their relationship.** Most of the remainder – 65% – said that this was staying the same, and seven per cent were not sure, while only three per cent said this was decreasing.

“Couples talk in therapy of getting into a cycle of problems – sex can become rushed or routine which can lead to a cycle of avoidance. Without the experience of pleasure and enjoyment, it becomes something that can create tension and anxiety. Sex itself can be painful and both pain and anxiety are going to create difficulties. Therapists are increasingly noticing the loss of libido or desire in both men and women that is leading to relationship tensions”

– Peter Saddington, Relate sex therapist

Continuing the picture we saw earlier regarding sexual satisfaction, disabled people or those with a long term health condition were more likely than people who were not limited in this way to have experienced a sex-related problem. We found 40% and 39% respectively of people who were limited a lot and limited a little by disability/a long term condition reported having experienced a sex-related problem, compared to 29% of people not limited in this way.

Figure 8: People reporting sex-related problems by health/disability



We also observed that **women were more likely than men to report having experienced a sex-related problem**: 37% of women said they had ever experienced this, whereas 26% of men did. This picture is supported by other evidence: the Natsal survey found that around half (51%) of women and four out of ten (42%) men reported having had a recent sexual problem.³⁵ The Natsal study also found that almost one-in-five men and women said their partner had experienced sexual difficulties in the last year, and this proportion increased with age, particularly among women.³⁶ With 17% of our respondents preferring not to say, this suggests that our findings may well under-represent the actual picture of sexual problems.

Gender and partner disparity in desire

In any relationship, levels of sexual desire may fluctuate over the natural course of the relationship. The honeymoon period doesn't last forever, and it's understandable that partners' desire for each other will not always remain mutually passionate as the pressures or monotony of daily life inevitably have their impact. But when there's an imbalance between partners' desire for each other, this can be a source of pressure on the relationship.

The Natsal study also found that the most common sex-related problem was an imbalance in level of interest in sex between partners, which affected around a quarter of both men and women³⁷ – and the disparity we saw in our data between men's and women's reported satisfaction with sex suggests a similar picture. Other recent research from Canada into this 'sexual desire discrepancy' between men and women in heterosexual relationships has found that if a woman has a higher sex drive than her partner, their relationship is not particularly affected and she remains fairly satisfied anyway – whereas if the man has a higher sex drive than his partner, he is more likely to feel much less sexually satisfied, and this is more likely to impact negatively upon relationship quality.³⁸

In our survey, we observed an indication of the extent to which this disparity between partners in desire for sex impacts upon relationships. Across the sample, **one-in-five (19%) people identified low libido/differing sex drives as a strain on their relationship**, placing this third in the list of the top relationship strains, after money worries and not understanding each other.

In addition, 15% of those people who identified low libido/differing sex drives as a strain

on their relationships also identified sex life as one of the top three most important factors in a good relationship – perhaps a sign of the impact that a dissatisfying sex life and sexual desire disparity can have on the relationship. Similarly, 34% of people who identified sex life as one of the top three most important factors in a good relationship also reported that low libido/differing sex drives caused strain in their relationship(s).

We also found in our counterpart survey that counsellors said low libido or differing sex drives was a significant strain on relationships seen in the counselling room: **almost half (48%) of the counsellors identified this as one of the top eight strains (out of a possible 23) they see in the counselling room.**

Strains on sex

Our survey of relationship counsellors and therapists also shed some light on what they see in their practice as the principal causes of sexual dissatisfaction and sexual problems for men and women. **When we asked what the most common causes of sexual problems for women seen in the counselling room are, two factors stood out above all others: lack of emotional intimacy came top (84%), followed by lack of communication between partners (75%).** Sexual dysfunction was at the bottom of the pile – only two per cent of counsellors/therapists said this was a common cause of sexual problems they see in their practice.

Table 1: Most common causes of sexual problems for women, according to counsellors/therapists³⁹

Answer Options	Response Percent
Lack of emotional intimacy	84.0%
Lack of communication between partners	75.2%
Tiredness	31.6%
Bad history with sex/abuse	25.7%
Lack of interest	23.3%
Poor body image	19.4%
Stress	18.9%
Lack of time	11.7%
Lack of knowledge/poor technique	3.4%
Sexual dysfunction	1.9%
Fear of pregnancy/problems with contraception/protection	1.9%
Other (please specify)	0.0%

For men, our counsellors/therapists again identified lack of communication between partners as a main cause of sexual problems – the biggest, in fact, with 68% identifying this as a cause. This was followed by **stress** (68%) and then **sexual dysfunction** (44%) and **lack of emotional intimacy** (38%). Thus from their practice, sex therapists and relationship counsellors say that sexual dysfunction is much more of an issue for men than it is for women.

Table 2: Most common causes of sexual problems for men, according to counsellors/therapists

Answer Options	Response Percent
Lack of communication between partners	67.8%
Stress	63.4%
Sexual dysfunction	44.4%
Lack of emotional intimacy	38.0%
Tiredness	31.2%
Lack of time	14.1%
Lack of knowledge/poor technique	13.7%
Lack of interest	11.2%
Bad history with sex/abuse	10.2%
Poor body image	1.0%
Fear of pregnancy/problems with contraception/protection	1.0%
Other (please specify)	0.0%

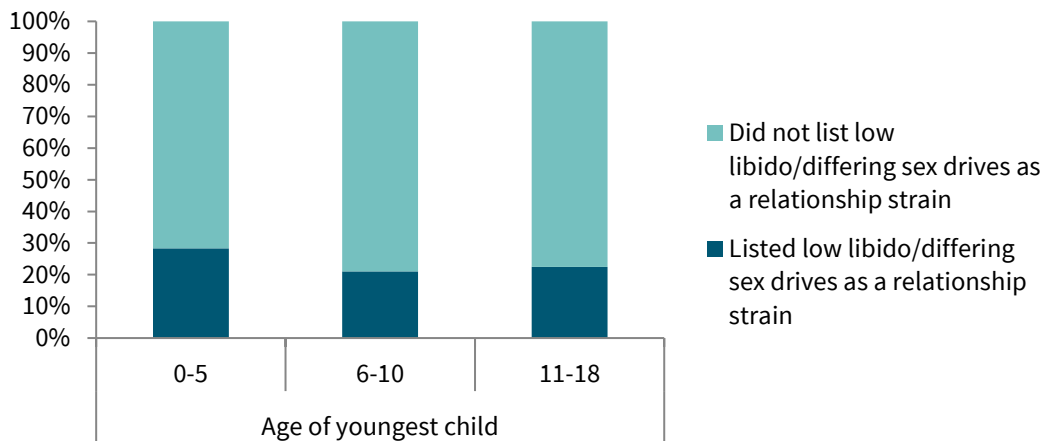
“Sex therapists are seeing an increase in couples reporting a loss of desire as the main cause of their sexual dysfunction. Increasingly more men are reporting problems with desire. It’s a complicated issue because men can often see their male identity threatened by this change in libido. Understanding stress and working at relaxation has become part of some couple’s and individual’s therapy programmes.”

– Peter Saddington, Relate sex therapist

We saw in our earlier Families report from *The Way We Are Now* research,⁴⁰ that families with children often experience greater strain on their relationships, and in our 2015 survey we similarly observed that respondents with children were much more likely to say that they had not had sex in the last month than those without children (43% compared to 26%).⁴¹ Wider research also documents extensively the way having children can impact upon the relationship: parenthood can reduce the time partners have for each other, and as couples adjust to the demands of providing care for a new baby, many experience a concomitant reduction in relationship quality and satisfaction,⁴² so we might expect to see a negative impact on sex.

And sure enough, our data found that that parents whose youngest child was aged 0-5 were more likely than other parents to identify low libido/differing sex drives as a relationship strain: 28% of parents of 0-5s identified this as a strain on their relationships, compared to 22% of parents of 11-18 year olds.

Figure 9: Low libido/differing sex drives as a relationship strain, by age of youngest child



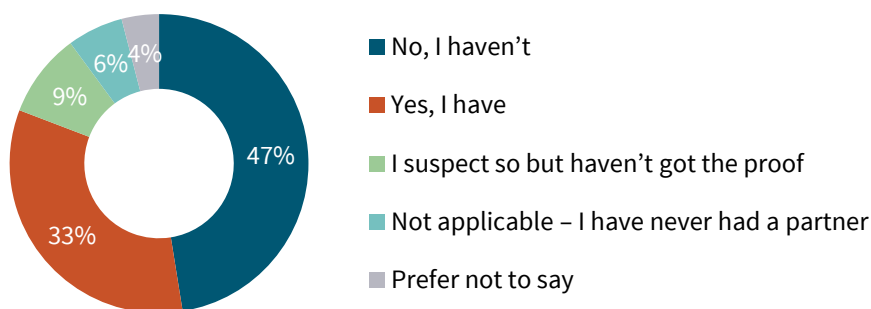
We asked our counsellors/therapists what they would advise couples to do to keep their sex lives healthy, and the top pieces of advice were to: **make time for the relationship** (84%), **talk/communicate** (70%), and **pay attention to each other’s needs** (45%), as well as learn to talk about sex with each other (39%), and understand their different sexual desires (29%).

‘Playing away’

Affairs and unfaithfulness are common threats to relationship quality and stability. In our survey of relationship support practitioners, **counsellors/therapists identified affairs as the number one strain on relationships observed in the counselling room** (out of a possible 23), with 84% saying they see this in their daily practice.

We asked respondents to our national survey about affairs and unfaithfulness too. Overall, we found that **a third (33%) of people said they have had a partner cheat on them**. And **almost one-in-ten (nine per cent) said that they suspect that a partner has cheated on them but lack the proof**. This mistrust and suspicion can have a negative impact on relationships.

Figure 10: People who have had a partner cheat on them



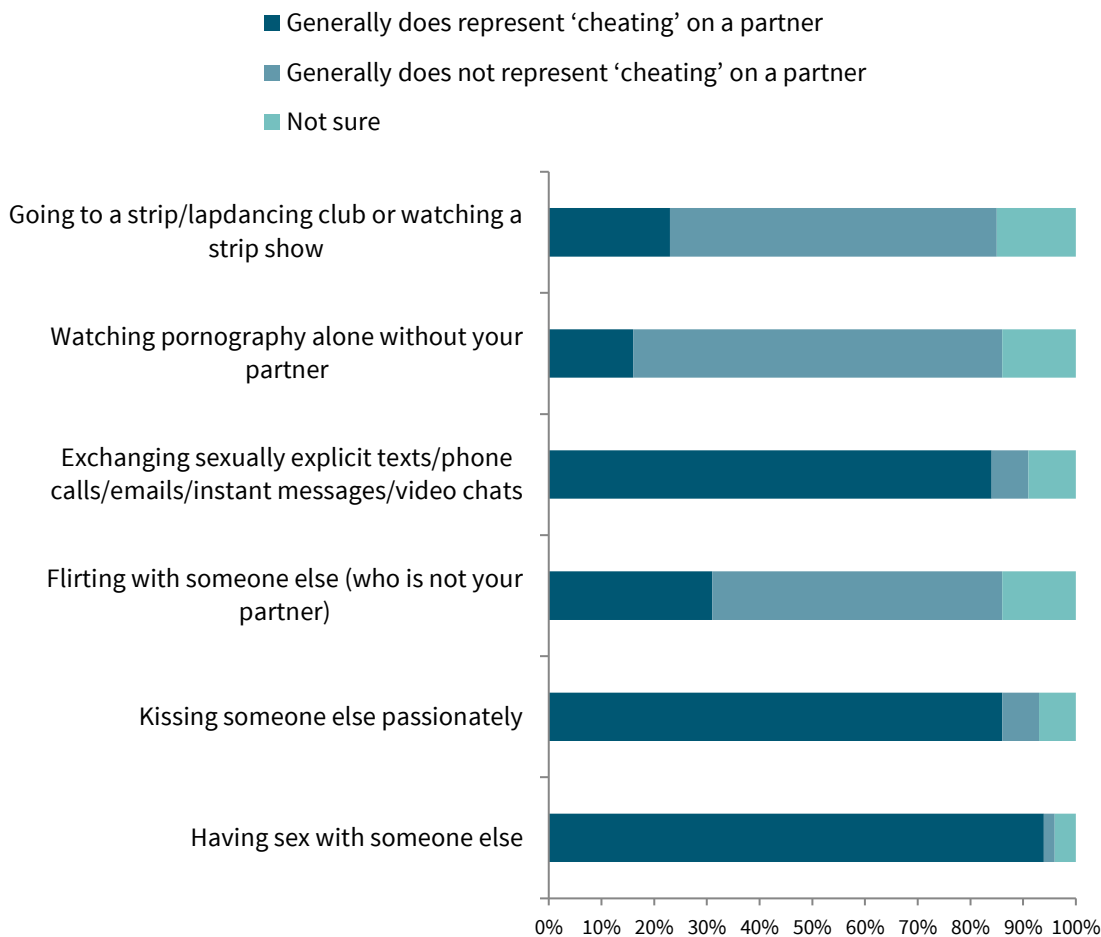
Among people who are limited a lot by a disability or a long term condition, the percentage who say they have been cheated on rises to 39% - perhaps further indication of the pressures on sexual relationships which may be associated with poorer health. This echoes our finding in 2015, when we saw that 43% of disabled people or those with a long

term condition said they'd been cheated on compared to only 36% of those who were not limited by disability/a long term condition.⁴³

Going beyond the question of whether or not people have been cheated on, we also looked into their views about *what constitutes cheating*. Unsurprisingly, the clearest indicator of 'cheating' was having sex with someone else, with the vast majority of people (93%) saying that this was cheating, followed by 86% who said that passionately kissing someone else was cheating, and 84% who agreed that exchanging explicit messages, videos or phone calls with someone else was cheating.

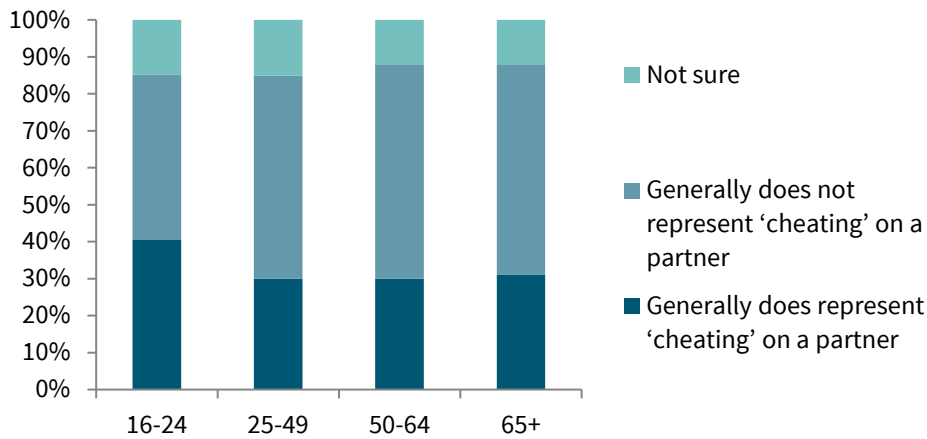
Respondents were a bit more divided when it came to flirting: almost a third (31%) said that this was not cheating, while over half (55%) said that it was. We also found that 23% thought that going to a strip club or watching a strip show was cheating (although 62% disagreed), and for 16% of people, watching pornography alone without your partner is also a form of unfaithfulness.

Figure 11: Perceptions of 'cheating'



Looking at the data a little more closely, however, we observed some differences in the way different groups of people responded to these questions. Younger people, for example, were more likely than other age groups to identify flirting as cheating: although across all age groups the majority thought this does not constitute cheating, 41% of respondents aged 16-24 said this *was* cheating – only four percentage points lower than the proportion who said it was not.

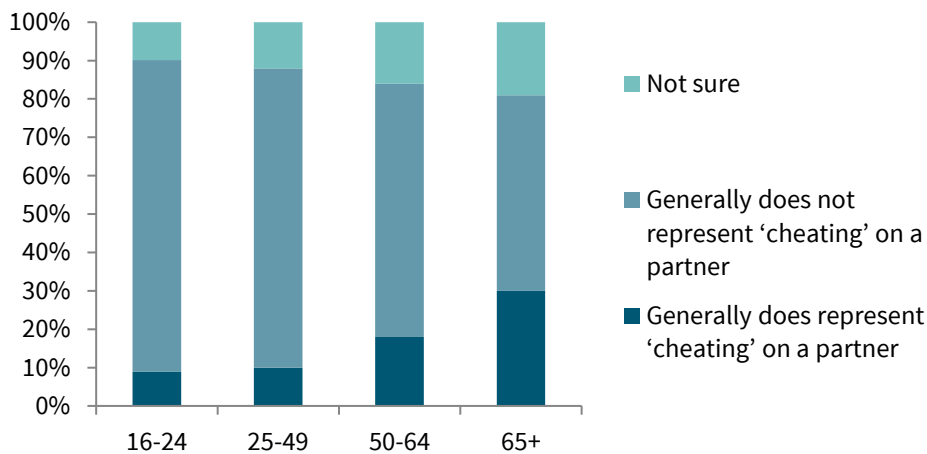
Figure 12: Perceptions of ‘cheating’: flirting, by age



With the growth of social media, mobile phone apps, etc. there are arguably more opportunities for flirting and perhaps greater ambiguities – and indeed, whether flirting counts as cheating is a question that increasing numbers of people have searched for the answer to in recent years, according to Google Trends.⁴⁴

Older respondents, on the other hand, were more likely to say that watching pornography alone without one’s partner constitutes cheating: while although across all age groups the majority, did not consider this to be cheating, almost a third (30%) of respondents over 65 said this is cheating – compared to just nine per cent of those aged 16-24.

Figure 13: Perceptions of ‘cheating’: pornography, by age



Pornography and the impact it has on the relationship is an increasingly common problem seen in the counselling room – in our counterpart survey of relationship support practitioners, **47% of counsellors said that they are seeing an increasing number of clients where use of pornography is causing problems in the relationship.**

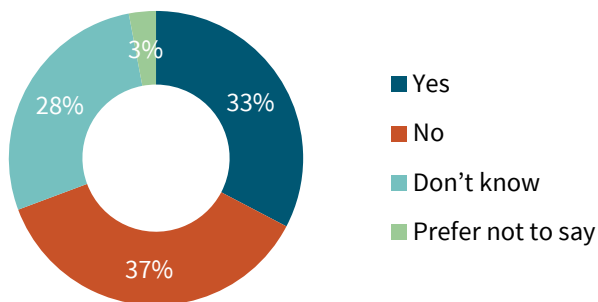
There was some difference of opinion by gender regarding what constitutes cheating. Women were more likely than men to say that passionately kissing someone else was cheating, for example (although the majority of both agreed), with 91% of women saying this was cheating compared to 81% men. Women were also more likely to say that exchanging sexually explicit texts/phone calls/emails/instant messages/video chats was

cheating, with 89% women agreeing, but only 78% men. And while they on the whole did *not* think this was cheating, **women were almost twice as likely as men to say watching pornography alone was cheating, with 20% of women saying this is cheating compared to only 11% of men.**

We also observed differences in terms of attributions of cheating by sexuality. For example, LGB+ people were less likely than heterosexual respondents to describe watching pornography without one's partner as cheating. Only four per cent of LGB+ respondents said this was cheating compared to 17% of heterosexual respondents. LGB+ people were also less likely to say that going to a stripclub or lapdancing club or watching a strip show was cheating, with only 13% agreeing this was cheating compared to 23% of heterosexual respondents.

Whatever people consider constitutes cheating, we know that infidelity and affairs are significant reasons why people turn to relationship support and counselling. In our counsellors' survey, **counsellors identified affairs as the number one strain on relationships they see in the counselling room.** Encouragingly, however, they were also almost unanimous in their belief that a relationship can survive an affair: 93% of relationship support practitioners said that a relationship can survive an affair. Respondents to our national survey, on the other hand, were split on the question of whether a relationship can survive an affair. Only a third (33%) said that a relationship can survive an affair, while slightly more (37%) said that it cannot.

Figure 14: Can a relationship survive an affair?



“When you can help people to grieve what they feel they have lost and then re-gain trust and make sense of what has happened, they have a good chance of having a stronger relationship than they had before the affair. Counselling is very helpful because it ‘gives permission’ for the processes that need to happen before the pain can reduce and the relationship be restored. Often people who have had an affair want to brush it under the carpet and move on, not realising that grieving for the betrayed partner has to happen first”

– Barbara Honey, Relate counsellor

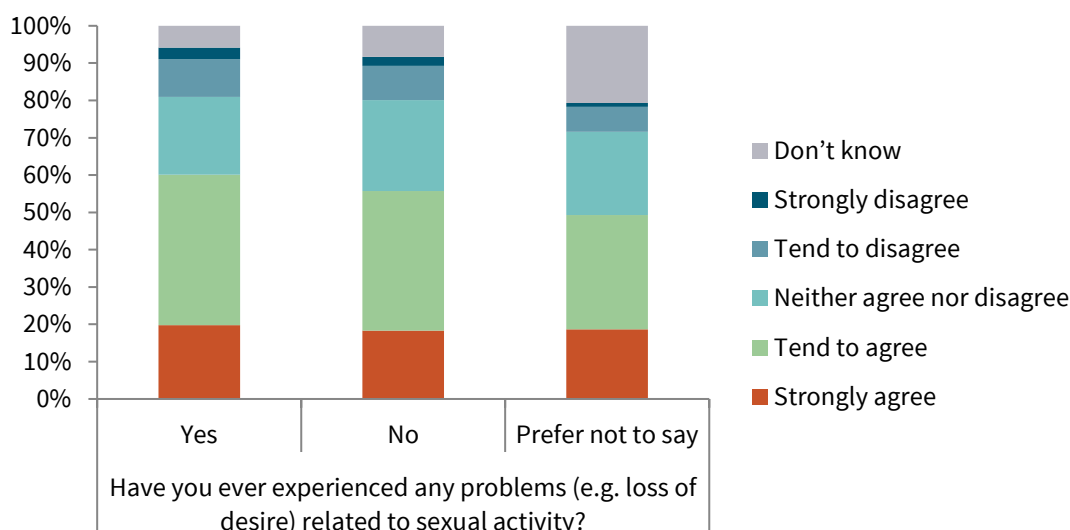
Attitudes towards accessing support

Finally, we asked respondents about their attitudes towards accessing support with sexual relationships. We know from wider research as well as our clinical practice that many people are prevented from seeking the support which could help them to improve their relationships by feelings of stigma.

Forming good quality personal relationships is still widely held to be largely a private matter in the UK today, and we may feel expected to address any issues ourselves without accessing help.⁴⁵ Research shows that talking about relationship issues is not the ‘done thing’ for many people,⁴⁶ and can be held to signify failure and disloyalty.⁴⁷ These attitudes often result in people delaying accessing support. We know that people are more likely to talk to their GP about relationship problems than a counsellor or therapist,⁴⁸ and people who access counselling tend to do so as a last resort – by which time problems can often have become entrenched.⁴⁹ It has been estimated that the average couple (in the US) endures six years of distress before going to relationship counselling or therapy.⁵⁰

We found some perhaps concerning news that **people who reported they *had* experienced a sexual problem were slightly *more likely* than those who did not, to feel the stigma around accessing support and say that they would not want anyone to know if they accessed relationship support.** In total 60% of people who had experienced a sexual problem said they would not want anyone to know compared to 56% of people who did not report experiencing any problem. One explanation for this difference could be that the perceived cultural stigma around admitting and help-seeking for sex-related problems is greater than that around airing other relationship issues – which might suggest a particular need for culture-change activity to overcome this barrier to people accessing the support which might help them.

Figure 15: ‘If I accessed professional relationship support (e.g. going to a counsellor), I would not want anyone to know about it’

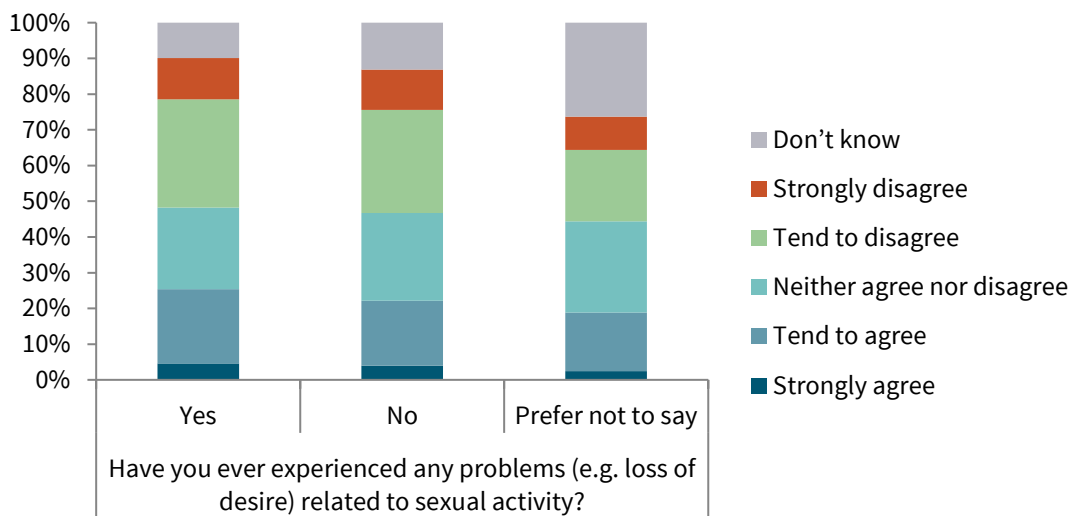


“Sex therapists see many couples for whom the desire to conceive is what brings them to therapy: sexual problems can and do cause distress in the couple relationship but it often isn’t until the couple are seeking to get pregnant that they seek support to resolve these problems”

– Peter Saddington, Relate sex therapist

However, we also found some slightly more encouraging news that people who reported that they had experienced a sexual problem were marginally more likely than those who did not to say they would seek support for their relationship if it was under strain, with 25% agreeing that they would seek help compared to 22% of people who did not report experiencing a sexual problem.

Figure 16: ‘If my relationship was under strain, I would seek professional support’



Recommendations

While at first glance we might be tempted to think consensual sexual relationships are a policy-free, private sphere, there are also important things that policy and decision-makers can do to support us as a society to have satisfying, good quality relationships that protect our relationship satisfaction and health and wellbeing. Public policy and services have a role in fostering the understanding, expectations, behaviours, and relationship ‘work’ that are essential pillars of good quality satisfying relationships.

1. Improve access to sex therapy and counselling

The clear evidence on the links between the quality of our sexual relationships and our health and wellbeing highlights that sexual satisfaction is not simply a private domain; at a societal level, it is also a public health issue. This is already recognised for sexual *health*, but the importance of the *quality of sexual relationships* (aside from issues of sexual abuse, which is much more obviously a public health issue) for health and wellbeing and therefore for policy has not yet been given the recognition it merits.

Many people will experience a problem with sex at some point in their life. While some people are happy to deal with these problems themselves, for others, these sexual problems can cause distress and unhappiness and have negative effects on their relationships and wellbeing. Relationship support such as psychosexual therapy and relationship counselling provides important support for people who are experiencing sexual dissatisfaction and/or sex-related problems that are significantly affecting partners’ relationships and wellbeing. Sex therapy is a form of counselling, combining psychotherapy with introducing structured changes in clients’ sex lives. A sex therapist can help with various sexual problems, including, for example, lack of desire, erectile dysfunction, premature ejaculation, pain during sex, difficulty with orgasming, etc.

Some clinical commissioning groups (CCGs) provide a sex therapy service on the NHS in England, yet availability can vary widely depending on geographical location.⁵¹ Even where sex therapy is available on the NHS, an NHS clinic may only offer a limited number of therapy sessions.⁵² Where sex therapy is not available on the NHS, clients have to pay for this service.

Commissioners of health services should therefore expand access to sexual relationship support services on the NHS and overcome the current postcode lottery, recognising the contribution of sexual relationships to our relationship satisfaction, health, and wellbeing, and the potential for realising savings through prevention of poor health. Policy makers should take action to drive this expansion through, for example, issuing guidance to commissioners, and looking at including sexual problems, dysfunction, and/or quality and satisfaction with sexual relationships in national health outcomes frameworks. Integrating evaluation into the commissioning of sex therapy services would also help to build the evidence base on effectiveness and deliver cost-benefit analyses.

2. Fund special training and/or guidance on sex and relationships for frontline health professionals

In addition to providing the funds and commissioning sex and relationship support services to ensure people can access the support they need, there is also a role for policy makers to improve GP referrals/signposting to the support which is already out there, but

which people may not always be aware of. We know that although sexual problems can have a significant impact on health, people often do not seek support. The Natsal research referred to earlier in the report found that although one-in-six British men and women said their health affected their sex life, only a quarter of men (24%) and under a fifth of women (18%) who said ill-health affected their sex life in the past year had sought help from a health professional (usually a GP).⁵³

Giving frontline health professionals additional special training about sexual relationships and their contribution to people's health and wellbeing, how relationships can come under pressure from sexual problems, and on the support services available, could support them to talk with patients with confidence about sexual relationships and support greater signposting/referrals to relevant support services.

3. Government should commission longitudinal research into sexual satisfaction

Our evidence from this research, compared with the 2015 survey, suggests that sexual dissatisfaction may be increasing. This apparent trend suggests a case for commissioning longitudinal research, given the importance of satisfaction with sexual relationships for our health and wellbeing, to investigate this properly. The English Longitudinal Study of Ageing has provided important evidence on older people's sexual problems, sexual satisfaction, and the impacts on their wellbeing. However, a longitudinal study involving participants across different stages of life would be a valuable resource to evidence, right across the life course, how both sex affects and is affected by health and wellbeing, and to build our understanding of new pressures on sex and of whether and why sexual dissatisfaction may be on the rise.

4. Overcome the current patchiness of Relationships and Sex Education (RSE) by ensuring it is taught by trained, confident experts in the Third Sector or specialist teachers

There is also an important role for Relationships and Sex Education (RSE) to help young people develop the knowledge, skills, attitudes, and expectations around sex and relationships that are supportive of healthy relationships and good wellbeing. To address patchiness in the current provision of good-quality Relationships and Sex Education, the government committed in March 2017 to make relationships education in primary schools and relationships and sex education in secondary schools compulsory subjects in England.⁵⁴ In order to ensure quality, it is now important that it is taught by trained, confident specialists, either from appropriate Third Sector organisations or specialist trained teachers.

Recent research from the University of Toronto shows the importance of developing realistic 'sexpectations' for a long and happy sex life – having a reasonable understanding of the hard work and effort that goes into the sexual aspects of a good relationship. Researchers found people hold differing implicit beliefs about whether a good sex life takes hard work or whether 'true soulmates' will simply naturally have a good long-term sexual relationship – and these expectations may either sustain or undermine the relationship.⁵⁵ People who had more fatalistic attitudes and believed in sexual destiny were more likely to use their sex life as a measure of their relationship and see sex-related problems as symptomatic of wider relationship problems, whereas people who believed in sexual growth and that they can work on their sexual relationship, were more protected in their relationship satisfaction from the impacts of sexual problems.

This research mirrors findings of other research by OnePlusOne into how beliefs about relationships more generally affect behaviours. This research shows that whereas some people have rather fatalistic beliefs about relationships, others see relationships more ‘developmentally’, highlighting how people may actively strengthen and improve them. And these beliefs correlate with relationship behaviours and attitudes to support: people with ‘developmental’ perspectives were more likely to be motivated to maintain and improve their relationships, including seeking out support, than were those who were more fatalistic.⁵⁶ This evidence suggests a strong case for ensuring good quality provision of Relationships and Sex Education in schools to help prepare young people with the expectations around sex and relationships that support healthy and satisfying relationships and individual wellbeing.

Methodology

The survey was carried out by YouGov and was conducted using an online interview survey administered to members of the YouGov UK panel of over 800,000 individuals who have agreed to take part in surveys. An email was sent to panellists selected at random from the base sample according to the sample definition, inviting them to take part in the survey and providing a link to the survey. YouGov normally achieves a response rate of around between 35% and 50% to surveys although this does vary according to the subject matter, complexity and length of the questionnaire.

In total we polled 5,071 UK adults (over 16) across England, Wales, Scotland, and Northern Ireland. Fieldwork was undertaken between 18th June and 7th July 2016. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 16+). YouGov is a member of the British Polling Council. All figures, unless otherwise stated, are from YouGov Plc.

The results of our poll were weighted to make the data more representative of the population in terms of age, gender, region and country, and an indicator of social class (based on census information). However, the results do come with some caveats around representativeness. While the results of our survey are weighted according to these criteria, our sample may still differ according to other unobserved factors, including those that are the subject of our survey, such as relationships and sexual behaviour.

These data were further analysed independently of YouGov on behalf of Relate using STATA 13 with individual weights attached to all sample members; direct replication of the statistics featured in this report using the tables published by YouGov may therefore be subject to rounding errors. Additional variables, such as relationship status, which were not available in the standard output provided by YouGov, were subsequently created and feature throughout the report. All of the bivariate analyses that we present represent statistically significant patterns and differences – these are patterns that we would not expect to see by chance. Throughout the report, unless specified otherwise, all data are statistically significant at the 95% confidence level.

Definitions of terms

Throughout this report, the following terms are used in the description of findings. For clarification:

‘Satisfied’ – including those who responded ‘very satisfied’ and ‘fairly satisfied’

‘Dissatisfied’ – including those who responded ‘very dissatisfied’ and ‘fairly dissatisfied’

‘Agree’ – including those who responded ‘agree’ and ‘strongly agree’

‘Disagree’ – including those who responded ‘disagree’ and ‘strongly disagree’

‘People who are disabled or living with a long term health condition’ – including people who reported that their day-to-day activities are limited because of a health problem or disability which has lasted or is expected to last at least 12 months

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This report forms the sixth and final in a series of reports, which together comprise our major study into the state of the UK's relationships, *The Way We Are Now*.

About Relate

Relate is the UK's leading relationship support organisation, serving more than one million people through information, support and counselling every year. Our vision is a future in which healthy relationships are actively promoted as the basis of a thriving society.

We aim to develop and support healthy relationships by:

- Delivering inclusive, high-quality services that are relevant at every stage of life
- Helping couples, families and individuals to make relationships work better
- Helping both the public and policy makers improve their understanding of relationships and what makes them flourish.

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About Relationships Scotland

Relationships Scotland's network of 22 affiliated local services provide relationship counselling, family mediation, child contact centres and other family support services across all of mainland and island Scotland. Our work supports individuals, couples and families experiencing relationship difficulties. Around 30,000 people have contact with our services each year.

We are a national voice for relationship support services and we influence policy and legislative policy development in the area of family life and wellbeing. We support people to live with dignity and safety, and to enjoy healthy and respectful relationships.

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