Parents and sex education in Western Australia
A consultation with parents on educating their children about sexual health at home and school

Sue Dyson PhD
Australian Research Centre in Sex, Health and Society
La Trobe University, Melbourne, Australia
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Executive summary

This research project was commissioned by the Department of Health, Western Australia in May 2008 to advise those public health strategies which aim to ensure young people are well educated and informed about relationship and sexual health. Such strategies specifically address the prevention of increasing levels of sexually transmitted infections and the risk of infertility, as well as unplanned pregnancy and the high numbers of terminations among young people in WA. Parents are the primary sex educators of their children and therefore a crucial element in the creation of informed and confident young people. The most effective approach to young people’s sexual health education is achieved when a supportive partnership exists between parents and—the other vital component—the school.

The Parents and Sex Education project aims to provide support for parents in their role as primary sex educator. This work was also recommended in a research study conducted with young people in WA that concluded there is a need for resources to support parents and family members as sexuality educators with their children [1]. The aims of this project were threefold:

1. To carry out research, including with a sample of WA parents, to inform the development of a sexual health resource for parents, and conduct of a review of the literature about the needs and views of parents in sex education.
2. To report on the role and needs of parents as sexual health educators of their children.
3. To report to the WA government on parent views about the roles of schools and teachers in the provision of sex education.

The literature review was completed and consultations held with parents of primary and secondary aged school children from both city and country WA. Parents were asked about the ways they currently approach educating their children about sex, reproduction, sexuality and relationships. They discussed how confident and competent they felt to be the primary educators of their children, and were consulted about what kind of support they needed to assist them to communicate effectively with their children about sexuality and relationships. They were also asked about school sexual health education, their opinion about the roles of schools and teachers in the provision of sexual health programs and what they thought about home–school engagement and collaboration in provision of sexual health education.

Key Findings

While most parents in this study supported the provision of sexual health education in schools, there was a range of related parent values and attitudes as outlined in following key points:

- Parents want their children to be well informed about sex, sexual health and relationships through the school curriculum; however, they want to be kept informed about programs to be delivered in their child’s school.

- Parents want to be assured that the educators teaching their children about sexual health have the skills and qualifications to do their job well, and remain sensitive to the diversity of values among students and their families.

- Parents want schools to take an active role in providing written communication about what is to be covered in sexuality education programs and to be open to meet with parents who express concerns.
Communication, family values and knowledge emerged as the main issues of concern to parents. Many parents who attended the consultations expressed the value of having opportunities to reflect on and be clear about what is important to them, and how they would handle challenges and conflict should they arise.

Some parents struggle to fulfil their role of raising sexually healthy children and expressed the need for support and assistance. Some had negative experiences of their own childhood sex education, others felt they were not well prepared and lacked both the knowledge and self-confidence needed for the task.

A gender gap clearly exists in communication about sex. Men and boys appear to find talking about sex difficult. Boys pull away from their mothers at around puberty and fathers often do not fill the gap left by this shift.

Recommendations for future actions to foster productive family–school relations include that:

- Schools should be supported by the state department of education to provide comprehensive and accessible information for parents about the content of programs their children will participate in at different year levels, and what approach will be used.

- School staff teaching sexual health education make themselves available to parents who wish to meet to discuss the program in which their child will participate.

- School principals inform the school community that they are available to discuss any concerns parents have about the program or their child's participation.

This report also contains a number of specific recommendations concerning the support needs of parents regarding the development of resources to help them ‘sex educate’ their children. It is difficult—perhaps near impossible—for one printed resource to meet all the needs expressed by participants in this research. Similarly, a parent sexual health resource should not assume that all families have the same information and support needs; a ‘one size fits all’ approach is not appropriate.

If WA Health decides to focus on specific groups of parents in the future, the findings of this study suggest that further research is required on the following sub-groups: men, culturally and linguistically diverse parents, same-sex parents and parents of same-sex attracted children.
Project background

This research project was commissioned by the Department of Health, Western Australia in May 2008 to inform public health strategies aiming to ensure young people are well educated and informed about relationships and sexual health. Such strategies specifically address prevention of increasing levels of sexually transmittable infections and the risk of infertility as well as unplanned pregnancy and high numbers of terminations among young people in WA. Parents are the primary sex educators of their children and therefore a crucial element in the creation of informed and confident young people. The most effective approach to young people’s sexual health education is achieved when a supportive partnership exists with the school, the other vital component, and parents.

The need to support parents in this task was also recommended in a WA research study conducted with young people which found that parents and family members needed resources to support them as sexuality educators of their children [1]. The aims of this project were threefold:

- To carry out research, including with a sample of WA parents, to inform the development of a sexual health resource for parents, and conduct a review of the literature about the needs and views of parents in sex education.
- To report on the role and needs of parents as sexual health educators of their children.
- To report to the WA government on parent views about the roles of schools and teachers in the provision of sex education.

The proposed resource is also intended to complement the existing WA Health suite of sexual health resources available for young people, *Boys and Puberty; Girls and Puberty;* and *Relationships, Sex and Other Stuff,* and meet the need for a tailor-made up-to-date resource for parents.

Part A: A review of current literature

Sue Dyson PhD
Lizzie Smith BA (Hons)

A literature review was undertaken to establish what Australian and international evidence is available regarding parents as sexuality educators of their children, and to investigate parent views about school involvement in sex education. To focus the review and ensure that it addressed the relevant issues, a series of questions was framed.

1. Literature review questions

The questions underlying the literature review were as follows:

(a) What is known about:

- the ways in which parents communicate with their children about sexuality and relationships
- the outcomes of different styles and approaches to educating children about sexuality within the family
- the particular needs of parents from marginalised groups
- the ways in which parents interact with school sexual health programs?

(b) What do parents think about the roles of teachers and schools in the provision of sex education for their children?
c) In what ways does the public nature of messages about sex and sexuality impact on parent–child communication about sexuality and relationships?

d) What resources are available to support parents’ communication about sexuality with their children?

1.1 Introduction

Educating young people about the interwoven areas of sex, reproduction, sexuality, sexual health and relationships can be complex, and the debate about what, when and how young people need to know about these matters is contested. International data concerning these questions must be viewed with caution, as sexual health education is driven by a range of different agendas in different countries, including cultural, political, personal and religious agendas.

In the USA in the last decade, a great deal of sex education has been delivered in schools within a politically mandated, abstinence-only framework, which does not teach the use of contraception or prevention of sexually transmitted infections (STIs), but urges young people to ‘just say no’. This approach persists despite the fact that there is rigorous and compelling evidence that abstinence-only sex education is not effective in preventing young people from engaging in risk-taking sexual behaviour or preventing pregnancy or the spread of STIs. The majority of parents in the USA support comprehensive (or abstinence-plus) sexuality education—that is, teaching about abstinence and safe sex [2].

Both abstinence-only and abstinence-plus programs appear to be ineffective in preventing teenage pregnancy. The USA has one of the highest rates of teenage pregnancy in the western world; among 15 to 18 year olds the rate is around 84 per 1000, compared to Australia with approximately 44 per 1000 (Singh, 2000).

In Australia in recent decades, sexuality and relationships have become an accepted part of the education curriculum in schools, possibly in response to fears about the health-related risks associated with unexpected pregnancy, STIs, blood-borne viruses (BBVs) and HIV. Traditionally, sex education has been seen as the domain of the family, but within the family there are many different ways of approaching communication about these issues. While some school educators and teachers who teach sexuality education have undertaken extensive training and professional development to prepare them, no similar support is provided for parents to help them fulfil this role. Sexuality education is a complex field. In the home it is influenced by the wide range of values to which different families subscribe; in schools it is largely treated as a subject and communicated using pedagogy. However, school-based sexuality education is not necessarily value free and many people fear that the values young people learn outside of their family might compromise or conflict with values held within the family.

1.2 Sexuality education: What’s in a name?

What to call this kind of education is debated within schools and among educators and policy makers, both within Australia and internationally. Terms such as ‘family life education’, ‘sex education’, ‘sexuality education’, ‘sexual health education’, ‘sex and relationships education’ are all used in different places and by different people to refer to the teaching of subjects relating to human sexuality and relationships. Generally, in the context of schools, these terms all refer to a comprehensive curriculum of instruction addressing (at age-appropriate times) not only sexual anatomy and physiology, but also reproduction, contraception, STIs and related topics (SEICUS, 2008b).

The different names used may reflect certain interests and values. For example, the term ‘sexual health’ tends to imply a focus on preventing the transmission of HIV,
‘Sex education’ is sometimes thought of as being limited to anatomy, physiology and reproduction. ‘Sexuality education’ is preferred by some because it is seen to be more comprehensive and to take into account the broader context in which sexuality is experienced. Others view the term with some suspicion because they see it as being about, or including information about, homosexuality.

In the UK, the term ‘sex and relationships education’ is preferred because it encompasses a broader approach to sexuality education, linking sexuality, health and lifestyle issues such as alcohol and drugs into one comprehensive program. In the USA, a similar model has been proposed without success to date. Currently in the USA, the predominant, conservatively influenced, approach to sex education continues to focus on abstinence-only or abstinence-plus programs aimed at preventing teenage pregnancy and the spread of HIV and STIs. The term ‘social and emotional learning’ has been coined to describe education that focuses on HIV and STI prevention, moral education, civics education, drug education, health education, sex education, violence prevention and many other social issues (Elias et al., 1997). In other contexts, the terms ‘sexual ethics’ and ‘respectful relationships education’ are being used. Terminology about sexuality education is by no means settled.

Sexuality can be broadly defined as the ‘human experience of the sexual’ (Heath, 1982). Though the field of sexuality can be a complex conceptual and behavioural area, in a practical sense the term is used in a number of ways to refer to matters relating to sexual expression (Dyson, 2007). Laumann et al. (1994) identified attraction, behaviour and identity as the main axes upon which human sexuality operates. The difficulty of assuming one or another of these expressions of sexuality was highlighted by Heath (1982) who argued that it is difficult to use the word ‘sexuality’ to refer broadly to the human experience of the sexual without the term being confused by a range of other assumptions and representations relating to sex. This is apparent in the assumption that teaching about sexuality will encourage young people to experiment by trying out what they learn, and in the common assumption that ‘sexuality education’ is about sexual orientation. While sexual orientation is an important part of human sexuality and may be included in a sexuality education program, it is not the primary focus of sexuality education. However, fears persist that sexuality education in schools promotes promiscuity and homosexuality.

In the USA, the Sexuality Information and Education Centre (SIECUS) defines sexuality education as ‘a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy’. SIECUS suggests that sexuality education should address
issues such as personality, values, decision-making, peer and social pressures, affection, intimacy, body image, gender roles, communication strategies, and various sexual behaviours (SEICUS, 2008a). In Australia, sexuality education has been described as:

... an integral part of life [that] influences personality... a process that begins at birth and ends at death. For every person there are significant events which highlight sexuality. These include puberty, menopause, choosing a partner ... and childbirth. Sexuality is culturally defined and this is influenced by family, peers, religion, economics, school, media, law and science (Dyson, Szirom, Myers, Davison, & Gale, 1983).

The World Health Organization (WHO) has stated that sexuality is an integral part of the personality of everyone: man, woman and child. It is a basic need and aspect of being human that cannot be separated from other aspects of life and it influences thoughts, feelings, actions and interactions and thereby our mental and physical health [3].

These definitions do not imply that sexuality education occurs only at home, in school, or in formal settings, but that it is a part of life. Using the term ‘sexuality education’ to signify a comprehensive approach to helping young people develop competence and confidence as they negotiate their sexual lives attempts to avoid the narrow, problem-based approach that has been used with young people in the past—for example, limiting education efforts merely to changes at puberty, prevention of pregnancy and the spread of sexually transmitted infections. Whether sexuality education occurs in school or in the context of the family, it should be more comprehensive than the simple provision of information.

Young people need to learn:
- how to find accurate information from reliable sources
- how and where to ask for help and support
- how to make sound decisions about sex and relationships and stand up for those decisions
- how to negotiate protected sex and other forms of safe sex including safety and refusal skills
- how to recognise situations that might turn risky or violent, and know how to avoid them and how to deal with them if they do arise [3].

These skills are particularly relevant in the hyper-sexualised environment of modern, developed societies. Magazines, television, the internet, movies and billboards are often sexualised and influence the conceptualisation and lived experience of sexuality and gender among people of all ages, which, in turn, has a direct influence on children, young people, their parents and teachers.

2. Sexuality education

Research with young people has shown that they want to be able to talk with their parents about sex and relationships, but that they also prefer to talk to their mother rather than their father. High levels of discomfort and embarrassment appear to be associated with communications between parents and their teenage or young adult children about sexual matters (Smith, Agius, Dyson, Mitchell, & Pitts, 2003).

In South Australian secondary schools a trial sexuality education intervention encouraged parent–child engagement as part of a school sexual health program. Subsequent evaluation of the program found that, while young people indicated some confidence to talk with their parents about sexual health and relationships, far fewer reported actually initiating these communications (Dyson & Fox, 2006). This study examined which party initiates conversations about sex and
found that initiation was fairly evenly divided between the young person and parent. Embarrassment was a key reason given by young people for not speaking with parents. Some of the students in the study explained that they were too shy, others indicated that it was too personal to discuss with their family, or that they had no current need.

A 2008 survey of parents and teenage children aged 13 to 18 years reported that around two-thirds of young people would seek advice from their parents if they needed contraception or thought they had an STI, and around three-quarters would seek advice if they had an unplanned pregnancy. In this study, more parents thought that their teenage children would ask them for help or advice than actually would. However, the survey showed that young people would most prefer to talk about sex with their parents (72%), followed by friends (68%) and the internet (61%) (Marie Stopes International, 2008).

Young people whose parents discuss sexual health and safe sex with them have been shown to engage in less risky sexual behaviours than those whose parents do not (Holtzman & Rubinson, 1995). Australian research has shown that adolescent children whose parents had communicated with them about sex were more likely to delay sex than their peers whose parents had not communicated (Marie Stopes International, 2008; Moore & Rosenthal, 2006).

The literature reviewed concerning parent–child communication about sex will be discussed in the following sections: Age and Timing of Communication about Sexuality; Gender; Different Styles and Approaches; Barriers and Misunderstandings; Marginalised Groups/Diverse Backgrounds; and Public Messages about Sex: Impact on Sexuality Education in the Home. Later, literature concerning parents and school programs and sexuality education resources for parents will also be discussed.

2.1 Age and timing of communication about sexuality

There is general agreement among ‘experts’ in child rearing that sexuality education should start early, be age-appropriate, and be dealt with in an open, natural way [4, 5].

One US study sought to understand parental decision-making about when to talk with teenage children about ‘romantic’ relationships. A telephone survey was conducted with around 1500 parents of young people aged 13 to 17 years. Parents were asked whether they believed that their child had ever been involved in a romantic relationship. Parents were more likely to talk about the negative consequences of sexual intercourse and only 25% of those surveyed reported talking with their child about how to access contraception or condoms for safe sex [6]. Most parents had not discussed sexuality with their children unless they thought their child was in a relationship that might lead to sex. This might already be too late to prevent risky sexual behaviour. The authors advocate encouraging parents to begin open conversations with their children when they are young—well before they might be in a relationship that could lead to sex [6].

There is no doubt that family approaches to sexuality education influence children. An Australian study reported that adolescent girls had mixed ideas about family influences, but the girls surveyed did think that if parents were too rigid about sex they were more likely to rebel. The authors of this study reflected that young people do take notice of their parents’ attitudes, even if only to rebel against them [7]. Age and timing may not be as significant as the ways in which parents translate their own feelings about sexuality into messages for their children.

Moore and Rosenthal noted that human sexuality has long been surrounded by guilt, mystery and controversy, and that many parents feel unprepared and embarrassed to talk to their children about matters to do with sex. As a result, there is the potential for miscommunication and misperceptions between parents and children about sex. But parental behaviour may have greater
influence than any talk about sex. According to Moore and Rosenthal, parents who are divorced and have serial relationships, or behave in other ways that demonstrate a different set of rules for them than for their children about sex, communicate powerful messages that may be acted on by their children. Furthermore, family dynamics communicate messages about sex and relationships; families where communication is easy, and where warmth and affection are demonstrated are more likely to have positive communication about sexuality (Moore & Rosenthal, 2006).

2.2 Gender

Gender differences have been reported concerning young people’s preferences about, and experiences of, communication with their parents, but it is of note that most studies have focused on what young people want, rather than on what parents actually do. Young men consider their parents an important source of information. However, compared to young women, few boys report learning mostly from their parents about sex [8]. Communication between parents and their sons is noted to be infrequent. For example, Nolin [9] reported that only half of the boys in their study had engaged in a conversation with their parents about sex, social issues relating to sex, or contraception. Other studies have reported that the majority of parents had never had a meaningful discussion with their sons about sex, safe sex, sex before marriage or peer pressure [10 – 12].

A US study that sought to understand boys’ communication with their parents reported that, of the almost 300 college students who were asked retrospectively what their parents had told them about sex, nearly a quarter answered ‘nothing’ [13]. Of those who did recall discussing sexuality with their parents, the majority responded that the messages were negative and cautionary in nature. The most common message from parents involved the encouragement of contraception and STI protection. The second most common message involved abstinence until marriage and/or until a loving relationship. Participants also reported receiving general advice about how to behave on a date. They also recalled receiving mainly ‘book knowledge’ from their parents, that is, information from educational videos and books about human reproduction [13].

Two Australian studies reported findings on boys’ communication with parents about sexuality. A qualitative Western Australian study reported that, while young people related both positive and negative experiences, a number said that they had not benefitted from parental education in sexual health. One young man reported: ‘I had the talk with my dad. I didn’t like it. He yelled at me and said, “If you ever knock a chick up your life will be ruined, especially by me” ’ [1].

The role of fathers in sexuality education with their children has not been extensively researched, but a small, qualitative Australian study did look specifically at this role. The researchers interviewed family members individually—adolescents, male and female parents—and asked them to describe, interpret and justify family communication about sexual issues. All participants in the research acknowledged that talking about sexuality was difficult, and some young people thought that their fathers avoided the topic. Fathers were characterised by the researchers as frequently being puzzled, confused or concerned about their family communication about sexuality [14]. Some fathers blamed the inadequate education they had received themselves as adolescents, and were angry that they could not overcome what they saw as their limitations with their children. Kirkman et al. (2002) suggested that puberty may disrupt father–child relationships, particularly father and daughter relationships, and that this may be due to the intrusion of sexuality, which complicates their relationships. The authors also draw a distinction between sexuality and intimacy and suggest that many fathers assign anything to do with intimacy to the female parent. They further argue that, if men are to become more effective communicators with their children about sexuality, it may be important to recognise not only the difference between sexuality and intimacy, but also the complex links between them [14].

A US study sought to understand the predictors of father/son sexuality communication and found that fathers were more likely to initiate sexuality communication if they perceived that their son was
maturing sexually. The authors of this study suggested that sexual maturity might be a trigger for communication about sexuality [15]. Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making [16].

A 2008 national Australian survey of secondary students’ sexual health reported that around half of 16 to 18 year old students had talked to their parents about sex (47%), contraception (52%), or HIV and STIs (56%). While 69% of students in this age bracket reported they trusted their mother as a source of information about sex, contraception and HIV and STIs, only 56% had actually used them as a source of information. The figures for fathers are much lower. Forty-eight per cent of 16 to 18 year old students reported they trusted their father, but only 31% had actually used them for information [17].

Many studies have repeatedly found that it is the female parent who is more likely to communicate with children in the family about sexuality and relationships [18] [19] [20] [12, 21]. In a number of other studies, young people have been found also to prefer to communicate about sex with their mother rather than their father. It should be noted, however, that many young people report feeling uncomfortable about discussing sex with their parents at all.

2.3 Different styles and approaches

Comfort with issues concerning sex and sexuality appears to be an important predictor of effective parent–child communication. One US study reported that feelings of comfort about sex were related to more frequent communication with their children about this topic [22]. The authors of this study recommended skill-building and role-playing activities with parents to give them an opportunity to practise communication, and increase their comfort about sexual matters. Comfort and knowledge were also identified as key factors for parents in a Canadian study of parent communication about sexuality with their children [16].

Participants in the Byers study who indicated that they wished that their own parents had talked to them more about sexuality were more likely to report higher levels of communication with their children. Furthermore, parents who felt comfortable and sexually knowledgeable were more likely to report a greater extent and quality of sexuality communication with their children [16].

Studies have shown that many parents provide only limited sexuality education for their children. For example, Roberts, Kline & Gagnon (1978) cited in Geasler (1995), reported that among parents of children aged between three and 11 years, most felt that one conversation about sexuality was sufficient [23]. While most parents in this study indicated that they planned to educate their children about sexuality, many delayed ‘value-laden’ topics until early adolescence [24].

Frequently the term ‘openness’ is used to describe desirable communication between parents and children about sex (see, for example, Kafka & London, 1991; Neer & Warren, 1988; Nolin & Petersen, 1992). A study that examined discourses about communication between parents and their children identified that, when pressed about what they meant by ‘openness’, parents had paradoxical definitions of what they meant [25]. Participants in this study used the term ‘openness’ to refer to being open-minded, and being open to talk about sex but not necessarily raising the subject. They also conveyed contradictory messages such as, ‘you can ask me anything, but please don’t’. Telling children the ‘truth’ about sex was also not a straightforward concept, and the researchers found that ‘truth’ can be circumstantially adapted. For example, the parents of a child who thought sex was just for making babies felt it was appropriate to wait until she was older to tell her the truth. Parents sought to strike a balance between being intrusive with their children and avoiding the topic of sex altogether. The authors of the study argued that studies that only seek to
understand the frequency of communication between parents and children fail to take into account the balance that parents seek along the axes of availability and reticence, overindulgence and taboo, and affirmation of and warnings about sex. Thus, it is important to maintain awareness of the complexity of communication about sensitive topics and to acknowledge that the components of good communication do not operate in isolation [25].

Young people whose parents discuss sexual health and safe sex with them have been shown to engage in less risky sexual behaviours than those whose parents do not [26]. In this study, the authors reported that, while young women were more likely to be influenced by information received from their parents, young men were more likely to be influenced by information they received from their peers. Another study that investigated peer communication found that messages young people received from their peers were mostly positive (‘sex is cool’ and ‘sex is the best feeling in the world’). However, boys in the study also received positive messages about casual sex, such as ‘sleep with as many people as possible’ and how to ‘pursue and persuade women to have sex’ [13, p.121].

Another study that explored mother–adolescent child communication interviewed almost 1000 mother-child pairs (57% female, 43% male children) to explore sexual behaviour and condom use. Parent–child communication was positively related to the young person engaging in fewer sexual risk behaviours [27].

**Context**

The literature concerning parent–child communication about sex has tended to focus on the content, style and gendered aspects of communication (see, for example, Rosenthal et al., 1998; Kirkman et al., 2005). Lewis (2002) carried out research in Scotland with parents and their children to better understand the contexts of these interactions. In relation to the timing of talk about sex in the family, Lewis reported that families found it difficult to identify the right time, and had the idea that sexual matters would just ‘come up’ naturally. However, the appropriate time for these matters was less clear, and shared family times and spaces were not generally considered to be suitable. Spaces such as the dinner table and the living room were considered inappropriate for having ‘the talk’, or for dealing with sex when it ‘just came up’. Privacy and informality were both valued, and times such as doing shared tasks, for example the dishes, or where there was no eye contact, were seen as good times for talking about sex. Lewis concluded that communication about sex could be either constrained or facilitated by context [28].

**2.4 Barriers and misunderstandings**

A NSW-based project that asked young people about their sex education experiences at home concluded that many of the participants’ parents appeared to be unwilling or incapable of taking on the task of being primary educators of their adolescent children [29]. It is of note that researchers who have talked with both young people and their parents have identified a disjunction between the perceptions of each party regarding communication about sexuality. Fitzharris (2004) asserted that this can be explained by the Rashomon effect, which claims that interpretation of events is a completely subjective experience—that is, each participant in an event will report differences in ‘reality’ [30]. Focus groups and individual interviews were conducted with adolescents and parents, both in groups and individually. In this study, the young people consistently reported lower levels of sexuality communication than did their parents. Further, where communication had occurred, the adolescents perceived it as a lecture, and said they wanted still more information from their parents. Communication that was perceived by the young people as negative (for example, scare tactics), or as lectures, were not seen by them as communication about sexuality. In the same study, parents tended to report greater levels of communication about sexuality than did their children, and were more likely to assess their communication about sex based on their estimate
of frequency and depth (quantity) rather than quality [30].

The Fitzharris study’s findings concerning the disjunction between parent and teenage children’s perceptions about communication about sex are supported by more recent research. In a survey of parents and their teenage children aged 13 to 18 years, 90% of parents thought they were approachable about matters to do with sex, while only 74% of their children agreed. When these data were cross-tabulated for results within the same family, only 71% of parents were actually approachable. Further disjunctions were apparent in parent–child communication. Among those young people who were sexually active (defined as touching genitals, oral or vaginal sex), 56% thought their parents knew, while an actual 68% of parents knew. Only 73% of the young people recalled having ‘the talk’ about sex with their parents but results showed that ‘the talk’ could delay the onset of becoming sexually active. The age of onset among those who had ‘the talk’ was 15.3 years, compared with 14.7 years among those who had not [31].

In a study designed to understand why so many parents experience embarrassment or lack confidence when talking with their children about sexuality, researchers sought to identify the source of these feelings. In research with mothers, Woody, Randall & D’Souza (2005) reported that there was a relationship between the amount of preparation mothers did to communicate with their children about sexuality and their level of comfort. Comfort was a more significant predictor of effective communication than the mothers’ actual levels of knowledge about sex. They suggested that personal and emotional barriers may prevent parents from actively engaging with their children about sex [32]. However, the reason parents might feel a lack of confidence and embarrassment in communication about sex may be that they feel unprepared, or that they had inadequate sexuality education themselves. A survey of Australian parents and their teenage children reported that both parents and young people sought more sexuality education and sexual health support services, and 37% of the parents in this study wanted more sexuality education resources [31].

A US study that included mothers and fathers of young children identified parental concerns that may contribute to discomfort or avoidance of sexuality education with their children. Geasler (1995) reported that a number of issues concerned parents about sexuality education, which may constitute barriers to effective communication. Personal timing was seen as important to the parents in this study. They were concerned about when was the ‘right’ time to provide information, and this created discomfort about the amount of information children actually need. Others chose not to decide when such communication was appropriate, but to ‘keep alert and answer questions’
Other parents worried that they might give their children too much information, and many were motivated to withhold information by a desire to protect their children’s innocence.

Parents in this study were also conscious of what they saw as appropriate behaviour in terms of gender. Gender role expectations were a factor, and many parents were uncomfortable in different ways and to different degrees about sexualised behaviour in their daughters or sons. For example, parents were far less comfortable with their female children touching their genitals than they were with their male children. Finally, Geasler (1995) reported that parents in their study wanted to communicate about sex better than their own parents had, and most recalled memories of living in a family in which the unspoken rule was ‘don’t talk about sex and don’t ask questions’ (p. 187). Regardless of the desire to do better than their own parents, parents in Geasler’s study appeared to be conducting sexuality education with their children in much the same ways that they reported their own parents had done.

### 2.5 People from marginalised groups/diverse backgrounds

A literature search was conducted to establish what, if any, research about parents’ role in sexuality education had been done with diverse or marginalised groups such as Indigenous people, people from culturally and linguistically diverse backgrounds, sexual minorities, those with disabilities, and those who are geographically remote or economically disadvantaged. Limited references were found concerning parents of young people from marginalised communities. However, here we will discuss several studies that have focused on young Australian Indigenous people, same-sex attracted young people (SSAY), and young people with an intellectual disability.

The high fertility rate among young Indigenous women (four times the rate of all Australian teenage pregnancies) prompted a study in northern Queensland that explored the attitudes and behaviours of young Indigenous people concerning relationships, contraception and safe sex, as well their broader views about aspirations and parenthood. The project was designed by a group of young Indigenous people, and focus groups were conducted by one Indigenous researcher and one non-Indigenous researcher. The project reported that, while some people said their families were a good source of information, others were less positive and preferred to talk to a non-parental family member [33].

Some research has been done with the families of young people with intellectual disabilities. A Swedish study reported that both parents and support staff for young people with intellectual disabilities favoured ‘normalisation’. For example, same-sex relationships were seen as either misdirected or as an expression of friendship, rather than love or desire. Further, a strong ‘love’ narrative among the youth (aged between 12 and 18 years) and young adults (aged between 19 and 30 years) was noted, and sexual behaviour was seen as most appropriate when romantic love was involved [34]. It was noted that the young people in this study had their sexual behaviour monitored, which made it more visible to parents; mainstream young people are more likely to be able to experiment sexually in private. Therefore, the behaviour of some of the young people with an intellectual disability may be deemed to be abnormal by virtue of being more visible to parents and carers. Löfgren-Mårtenson noted that parents and staff should be educated about the effects of their personal perceptions on the young people, which may free young people to have relationships that are less influenced and ruled by the preferences of those around them [34].

An Australian survey tested attitudes towards sexual feelings, masturbation, sexual intercourse and parenthood among the parents and support workers of young people with an intellectual disability. Overall they found generally positive attitudes about sexuality among the younger parents, but older parents tended to be more conservative. There was strong support for sexuality education for people with a moderate intellectual disability, but the authors cautioned that their
findings could not be generalised to include people with more severe disabilities, as their study only encompassed those with a moderate level of disability [35].

Research has demonstrated that young people who are same-sex attracted experience unfair treatment, verbal abuse and physical assault because of their sexual orientation. This has a profound effect on their health and wellbeing. For example, Hillier et al. (2005) reported that 35% of the young people in her study had self-harmed (self-mutilated or attempted suicide), and that they also had higher rates of alcohol and drug misuse than their heterosexual peers. Same-sex attracted young people are unlikely to have disclosed their sexual orientation to their parents. In another study, only 35% of young people had disclosed to their mother, and 20% to their father, and even fewer received support from their parents (mothers 20%, fathers 10%) (Hillier et al. 1998). Given that the experience of same-sex attraction is often accompanied by feelings of fear and self-loathing, family support could go a long way to providing SSAY with much needed space within which to come to terms with their sexual attraction and overcome the negativity to which they are exposed. Same-sex attracted young people also report that school sexual health education fails them by ignoring any sexual behaviour other than heterosexual vaginal intercourse [36].

2.6 Public messages about sex: Impact on sexuality education in the home

Parents’ concerns (discussed above) about being compelled to discuss sexuality with their children when they (either parent or child) are not ready is often blamed on external factors, such as sexualised content in the media or on peer influences.

Analysis of data from the National Survey of Adolescent Males in the USA revealed that almost all of the more than 1800 young men surveyed reported receiving information about HIV, STIs or condoms from the media. Further, only half reported getting information about these issues from family, friends or a sexual partner [37].

Asking US college students to reflect on where they had learned about sex, Epstein et al. (2007) reported that boys most commonly said that they learned about sex from their peers and from the media. These messages were seen to endorse casual sex and perpetuate gender stereotypes, such as ‘women who have sex are sluts’ (p. 121). However, they also indicated that the media endorsed and encouraged safe sex with messages such as ‘AIDS kills’.

Issues such as peer influences, the media, and news items about sex were all seen by parents as factors that could force discussions about sex before the children—or the parents—were ready. Some, however, recognised that these factors could also create ‘teachable moments’, granting opportunities to discuss sensitive topics in a natural way (Geasler et al., 1995).

While there has been a large body of research that has investigated the effect of sexualised media content on young people [38 – 40], there appears to have been far less research into the ways in which this might affect communication between parents and children in the home.

2.7 Parents and school programs

While parents appear likely to stay engaged in their children’s school life during the primary school years, there is a diminution of this involvement when they reach secondary school. This may not be entirely due to parents, as many young people appropriately struggle in adolescence to separate from their parents, and parental involvement in school life may be seen as an intrusion into ‘personal’ space. In relation to sexuality education, given the degree of discomfort and embarrassment experienced by many parents and young people, it is not surprising that difficulties
arise in relation to engaging parents. This does not mean that they are uninterested, but that they are trying to negotiate their children’s transition through adolescence the best way they can. Added to this is the fact that, today, most parents are in the workforce, leaving them limited time to engage with their children’s school. Nonetheless, schools do see parental engagement as an important adjunct to socially oriented programs, such as health, sexuality and civics.

It has been acknowledged that the cooperation of parents and their involvement in their children’s education can enhance academic achievement in schools [41]. For example, in a UK study about nutrition in schools, the active involvement of parents was shown to reduce risk factors [42]. This study reported that, as a sole strategy, information sent to parents by schools was unlikely to impinge on health to any great extent. Sexuality education is a more contested and complex field than nutrition, however. Perceptions of parental support for sexuality education in schools can be influenced by a number of factors. Those who oppose sexuality education in schools may be highly vocal and persistent in promoting their point of view, thereby giving the impression that they represent a large proportion of community opinion.

Those who oppose sexuality education in schools express a minority opinion. Research with parents in Australia and internationally indicates that the majority of parents do want sexuality education in schools. Two Canadian surveys of parents’ attitudes towards the provision of sexuality education in schools have strongly supported both school-based sexual health education, and parental involvement [43] [44]. An Australian survey of parents reported similar findings [45]. Although there is strong support from parents for sexuality education in schools, parents also want to know what is being taught. A British study reported that many parents feel they do not know enough about what is being taught in health education programs. In this study, only 35% of secondary students’ parents felt they knew enough, and less than 11% said they had been given the opportunity to express their views about the program [46].

The report of a three-year sexuality education intervention in 15 schools in South Australia found that, prior to the introduction of the program, many parents were uncertain or concerned about the program content (Dyson & Fox, 2006). Concern was alleviated by attendance at public information sessions that were provided in all schools, which appeared to increase parents’ understanding and acceptance of the program. This project reported that efforts to involve parents in school health and wellbeing committees to oversee the project were largely unsuccessful, and recommended that further research was required to establish why parents did not get involved [47].

In Victoria, Australia, an evaluation of a sexuality education intervention program in 50 primary and secondary schools that used a whole-school approach reported that the least successful aspect of the program in secondary schools was engagement with parents. A prerequisite for funding the interventions, which were carried out by school staff, was parent involvement. Even schools that were able to recruit parents to committees to oversee the program reported that the committees played a limited role [48]. This lack of involvement may not have been entirely because parents were reluctant to become involved. In the evaluation, Dyson reported that, in at least one school, the principal decided not to communicate with parents about the program for fear of a negative reaction. This occurred despite the Department of Education’s mandate to include sexuality education in Victorian schools at all levels from Year 3 to Year 11. The report concluded that more research is needed to understand the complex relationship between parents, schools and young people when it comes to sexuality education.
2.8 Resources for use at home

An internet search netted a vast array of websites, pamphlets, booklets and books available to help parents communicate about sex with their children of all ages. Focusing only on Australian sites and resources commonly sold in Australia revealed that resources can be broadly categorised as those promoting sexual health; those that originate from groups or organisations with specific agendas; and those that aim more broadly to inform parents about how to communicate with their children on matters relating to puberty, reproduction and relationships.

The most prolific producers of sexual health promotional materials for parents are the state-based family planning (FP) associations. Queensland, Tasmania, Victoria, New South Wales, South Australia and Western Australia FP associations all have information on their websites with suggestions on how to talk to children of different ages about sex. State departments of health have also developed resources for parents. For example, in Victoria, the Victorian Department of Human Services Better Health Channel, in conjunction with project partner the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University, has a web-based page of ‘Tips for Parents’. ARCSHS has also produced a booklet for parents called Talking Sexual Health, which is part of a national sexuality education package of the same name.

Many books that aim to make communication about sex easier are available for parents to share with their children, but there are fewer that deal directly with the information needs and concerns of parents to prepare them to initiate well-informed conversations with their children that are without embarrassment or discomfort. The issue of resources for parents will be returned to in the research report that accompanies this review.
Part B: Approaches to sexuality education at home and school

3. Parent consultations

3.1 Research objectives and questions

The Parents and Sexual Health Education project was commissioned by the WA Department of Health to address the need to support parents with this task and because it was recommended in a research study with young West Australians which concluded that there is a need for resources to support parents and family members as sexuality educators with their children [1]. The goal of the project was to carry out research with parents in WA to inform the development of a resource to support parents to communicate effectively with their children about sexuality, sexual health and relationships.

The research aimed to:

- conduct a consultation with a sample of WA parents about their role as sex educators of their child
- conduct a review of the literature about the needs and views of parents in sex education
- develop a sexual health education resource for parents
- prepare a report on the role and needs of parents as sexual health educators of their children
- identify the nature of parent interaction with their children’s school sex education programs and explore parent views about the role of schools and teachers in children’s sex education
- prepare a report to government on parent views about the roles of schools and teachers in the provision of sex education.

It was decided that the consultations needed to include parents from both city and country WA to represent a broad range of views on sexuality education. Based on the research aims, the following research questions were framed:

- In what ways do parents currently approach informing their children about sex, reproduction, sexuality and relationships?
- To what extent do parents feel they have the knowledge and skills to effectively carry out their role as sexuality educator with their children?
- What kinds of resources or support would parents like to assist them to communicate effectively with their children about sexuality and relationships?
- In what ways do parents currently engage with their children’s school sexual health programs?
- What do parents think about the roles of schools and teachers in the provision of sexual health programs?

3.2 Methodology

A qualitative approach was adopted for this project in order to provide evidence to extend current understandings about the role of parents in sexuality education at home and in school. The further aim of informing the development of a resource to support parents in their role as sexuality educators of their own children required the use of qualitative rather than quantitative research in order to gain insight into people’s attitudes, behaviours, values, concerns, motivations, aspirations, cultures and lifestyles. The methodology used is known as ‘saturation’: the collection of data is continued until no new themes or ideas are apparent. Qualitative research is based on the theory that there is not one shared reality in lived experience, but many.
Focus groups, or consultations, were chosen as they enable participants to express their ideas in an interactive and participatory setting. In qualitative research the term ‘focus group’ describes a facilitated group that discusses participants’ opinions and attitudes towards an issue; in community settings, the term ‘consultation’ is more widely used. The term ‘consultation’ was used in this study to ensure group discussions were embedded in the community and that participants felt them to be accessible and focused upon them, and is the term adopted throughout this report.

It was initially envisaged that separate consultations would be held with parents of children aged up to 12, and with parents of children aged between 13 and 17 years. However, in the recruitment process it became clear that, regardless of whether the consultation was held in a primary or secondary school setting, participants would have children who ranged in age from newborn babies to young adults. It was therefore decided to make the consultations inclusive, as parents could speak from current experience or retrospectively about the ways in which they communicate with their children about sexuality.

A series of themes and prompt questions were developed to guide discussions in the consultations and these were used as a guide only to leave opportunities to follow new ideas and issues should they arise. The themes and prompt questions are attached in Appendix 1.

3.2.1 Sampling and recruitment

Initially it was proposed to recruit participants through WA parent organisations, however, a visit to the Western Australian Council of State Schools Organisations revealed its staff were unable to assist with recruitment because they were preoccupied with conference preparations during the same time the research was planned. Involvement in this project would create an additional difficult-to-manage workload given their resources. The Isolated Children’s Parents’ Association was approached to gain access to rural parents but this organisation also did not have the resources to assist implementation of this study.

The first meeting of the Project Steering Committee identified there were committee members who could assist with recruitment of parents for the consultations through their networks. The researcher was therefore able to contact a number of key people in school parent associations in suburban and rural schools, who were willing and able to recruit participants for the consultations. Once a key person in each school agreed to assist, they were invited to ‘host’ a consultation through their school or parent association. As an incentive, a donation of $500 was offered to the school or parent association. In addition to the donation, all costs associated with the consultation, such as refreshments and room rental, were also reimbursed. The consultation host was provided with invitations for potential participants detailing information about the project and the time and place of the consultation. They also received consent forms, which were then circulated either in hard copy or electronically throughout membership networks. The criteria for participation in the consultations were: being a parent interested in discussing sex education in their family and generally, and proficiency in the English language. Copies of recruitment and participant information sheets are included in Appendices 2 and 3.

Contact was subsequently made with parents’ associations in seven schools and four consultations were conducted. No further consultations were organised because similar issues were raised in each consultation and the scope of the research aims were met. ‘Saturation’ had been reached in research terms with the situation of the researcher no longer hearing or seeing any new information emerging from the data collection process.
3.2.2 Participants
Thirty-one parents were involved in four consultations. They ranged in age from 31 to 56 years; 28 were female and three were male. The participants had 77 children among them, age-range from 4 months to 22 years, breaking down to 45 children aged up to 11 years, and 30 aged 12 to 18 years. There were two with children aged over 18 (20 and 22 years). Participants were recruited through their child’s school parent association, and as such, many in the groups were already known to each other. Three of the consultations were organised through primary schools and one through a secondary school.

Two consultations were held in suburban Perth and two in rural areas west and south of Perth. In the suburban groups there were 15 participants, and in the rural groups there were 16 participants. Around 65% had secondary education; the remaining 35% had graduate-level education (two were postgraduates). The majority were Australian born (24), two were Indigenous Australians, and six participants were born outside of Australia. The majority of families consisted of two parents living together; there were three single parents and two families with two parents living apart.

While the gender breakdown of participants—28 females and three males—was somewhat disappointing, it was not unexpected. The scope of this study and a reduced capacity to recruit more widely presented a limitation and research cited in the literature review repeatedly reported that communication about sex in the home is predominantly the domain of female parents. The lack of participation by men indicates that further research would be useful to understand the reasons why some men appear to be reticent about becoming involved in discussions about sexuality.

3.2.3 Ethical implications
Ethics approval for the research was obtained from La Trobe University Human Ethics Committee prior to commencement. The recruitment strategy also provided opportunities for potential participants to read information about the project in advance, and to contact the researcher if they had any questions or wanted to discuss the research; however, none of the parents followed up this opportunity. A verbal summary of what participants were being asked to do was provided at the start of each consultation, and consent forms were collected at that time.

Demographic data about participants were collected but names were not recorded, other than on the consent form. Where first names were used by participants in consultation discussions these have been replaced by pseudonyms in this report in quotes taken from consultation transcripts, to maintain participant anonymity. Names and precise locations of the schools that hosted consultations have not been used in this report but are identified by geographic location as suburban or rural, and by a number between one and four indicating the order in which the consultations were held.

3.2.4 Limitations of the research
This research involved a relatively small sample and, although rural and suburban dwellers were included, the sample was predominantly female and predominantly homogeneous. A number of areas were highlighted where further research with parents is indicated. Male parents, parents from culturally and linguistically diverse backgrounds, Indigenous Australians, parents of same-sex attracted young people, young people with intellectual and physical disabilities and others with particular needs are particular groups not represented here and require specific investigation.
4. Findings

Data from the consultations and interviews were analysed using NVivo in order to answer the research questions and identify emerging themes. The data are addressed below under three headings: Context, Values and Challenges; Parent Support Needs; and Parent–School Partnerships.

Quotes by participants have been used to illustrate particular points. Where ellipses (...) are used, it is to signify a break in the flow, or the removal of extraneous words. Where square brackets ([ ]) are used, insertions have been made for clarity. Where a dialogue between individuals in a group is reported, individuals are identified by R (for respondent) and a number, depending on the number involved in the passage. Where the researcher is included in a passage, she is identified as I, for interviewer.

4.1 Context, values and challenges

A wide range of views about sexuality education was represented among the parents who attended the consultations. Some indicated that they had discussed human sexuality with their children from a young age, and were open to answering questions, while others waited until they thought it was the ‘right time’ to raise the subject. Those at the latter end of the spectrum tended to express the view that they would only answer questions when they arose, and were concerned about protecting their children from too much information about sex. This approach can be viewed as problematic for those children who never ask questions. Despite the range of views, discussion in all the consultations was cordial and respectful, and took the form of an exchange of views and an opportunity to learn and share information without being polarising.

4.1.1 Parents’ own experience of sex education

Most participants reported they had no, or very limited, sex education as children. Some felt that the way sex had been taught to them had been too ‘scientific’ and not particularly useful. Others still expressed a sense of anger and betrayal because they had been told ‘lies’ about reproduction and birth, and had been left to find out the facts for themselves. Many participants talked about how their lack of education made it difficult for them to educate their children.

... with our generation, our parents, a lot of them were like—you know, it was just a taboo subject. Whereas this generation now, we’re more open about it. But because we weren’t taught properly—you see, back when I went to school you had to have permission to have sex education, and a lot of people wouldn’t sign it. So you’ve got the people who had it and people that didn’t. It makes it easier if you had something. Because you weren’t, like, explained to you properly. (suburban consultation #1)

Others related situations they knew of where people of their generation had extremely limited knowledge about sex.

When I was in Year 8 there was a girl who was very sexually promiscuous in my Catholic school. And she said to me, ‘I had sex with my boyfriend on the weekend.’ And I said, ‘Oh, aren’t you worried that you’ll get pregnant?’ And she said there was a condom. And I said, ‘Did he put it on before he got to your house, or when he got to your house?’ She just looked at me, and I think she realised that perhaps I didn’t know much. And then I was talking to a teacher on the weekend, and she was a phys-ed person, and she had never heard the word vagina out loud. And she did this presentation when she was learning to be a teacher, and she called—she spent the whole [session]—you know [pronouncing it] regina, as in Regina? She spent the whole time calling a vagina a vaseena. And her
lecturer had to just leave the room. He just was like, just about, you know, like ... You know, but she had never used that word. Whereas I think our kids, you know, vagina, penis, testicles. (suburban consultation #1)

There were indications that men's education about sex was also limited. One woman related what she knew about her husband's education.

R1. ... you know, like, if we haven't been spoken to, you know, by our parents—I mean, I know I was. But my husband's sex talk was, you know, 'Keep your dick in your pants and everything will be fine.' You know, that was basically it. And, 'Always carry a condom in your wallet, just in case.'

R2. It's very hard to keep your dick in your pants all the time, really, isn't it? (rural consultation #2)

When the advice this father received in his youth is compared with the (identical) advice given by a father to a contemporary young person, reported in Sorenson & Brown (2007), the result of having poor role models becomes clear.

In suburban consultation #1, some participants talked about being lied to by their parents about sex. One woman said:

R1: I asked my mother. I used to read the paper voraciously, when I was younger. [I asked] Mum, 'What's oral sex? Is that when they just talk about it?' And she said, 'Yes.'

R2: Maybe that's what she thought it was.

Another woman:

... at school I really—there was a girl whose mum was a nurse, and we were all told that babies were delivered through mummies' navels. And when I got older, I was really, really annoyed that someone hadn't told me the truth.

This woman talked about how this had affected her attitude towards educating her own children:

I feel like one of the really important things is to be totally honest ... because I don't want her to grow up and think 'gee, my mum led me to believe that babies were born through people's navels.'

There was a strong feeling among most of the participants in all consultations that they wanted to do it better than their own parents had. In rural consultation #4, the following exchange took place between female participants.

R1: ... my parents would not ever—and still not, to today—well, my boys got in trouble for saying bugger. You know, [they think] that's just a swear word. So, to go and approach mum back then, it wouldn't have—it just couldn't happen. Where now, I'm looking at it, being a parent, yes, I'm going to talk and I'm going to give them as much as I can. Information.

R2: Yeah, we've also gone the total opposite. My mum just absolutely switched off when I started menstruating. It was just, if you need something, let me know, and don't have sex. Right, fine. And so, yeah, and what I had to teach or find out for myself, and stuff, I just
thought, I’m not putting my kids through that.

Others talked about how formal their own experience of sexuality education had been. For example, one woman said, ‘My talk—my original talk was very formal. We sat down, and book laid out and everything we worked through.’ (rural consultation #4) This mother had consciously attempted to make talking about sex with her own children more relaxed. Another woman talked about how she had followed her own parents’ example, because it had been positive for her.

I think, for us, I’ve gone exactly the way my parents have gone. It’s all pretty—not off the cuff, but we haven’t made it an issue. So it’s just information, and it’s there to be asked, and [my attitude is] I’ll tell you, to the best of my knowledge. If not, I’ll find out for you and then we can work through it. (rural consultation #4)

The ways in which parents drew on their own family experiences of sex education with their children suggest that many people are floundering, but that positive role models produce positive results. If their own experience was easy and positive, parents appeared more able to create an open, relaxed atmosphere about sexuality with their own children. If it had been negative or uncomfortable, there were two possible outcomes. One was to attempt to change the experience for their children; the other was to reproduce their own experience, although this latter approach is unlikely to be conscious. It does suggest that reflection about how to communicate with children about sexuality is likely to lead to a more relaxed approach, whereas embarrassment or avoidance of the subject continues a tradition of secrecy and silence on the matter.

4.1.2 Family values and parental attitudes

Many parents expressed the view that their children are exposed to a great deal more sex than they had been exposed to when they were young, and that this impacted on their communication (or lack thereof) with their children about sex.

Kids have access to so much more information than what we ever did, and what we do now. Because as a general rule we don’t sit down and Google sex … (suburban consultation #1)

Participants indicated that ‘sex is in your face all the time’ on billboards, television, songs, music videos. There was discussion in each consultation about how family values were shaped, and the task that parents faced in communicating these to their children. For many participants, early experiences with sex education, such as those discussed above, shaped values concerning when, what and how to tell their children about reproduction, puberty and sexuality. A number of fears and concerns underpinned some families’ values, for example, the effects of exposure to too much sexually explicit information, or the threat of sexual predators. Others expressed a desire to protect their children’s innocence. Magazines marketed to young women that contained explicit sexual content were seen as problematic.

R1: You know what really pisses me off? Is in Dolly magazine, ‘Should I have anal sex?’ ‘Oh yes, well that’s fine, as long as’, you know, ‘you’re consenting’. And I’m thinking, no. Because I just think, for me personally, I think that is some sort of a put-down to women. That’s just me personally. But it’s normalising all this weird stuff.

R2: I think parents need to be made aware that it’s OK for us to all go, ‘No, this is not. We can talk about it.’ (suburban consultation #1)
Similarly, prime-time television shows aimed at young people were seen as a problem by some in rural consultation #4.

R1: And look at Home and Away, when girls get out of bed with their boyfriends and they put on their school uniforms and go to school.
R2: Yes! [The character] Matilda did that all the time.
R1: I know.
R2: And it’s shocking.
R1: I know.
R2: I mean, how much pole dancing can [the character] Martha do? And how many are pregnant? And they go, ‘Oh, damn it, which father was it again? I think it was you, but I was with you at the time.’

However, one participant in this consultation saw television shows as creating opportunities for discussion with her children.

But it is great because you get the questions coming back. And I thought, Oh, this is a great opportunity to get on to this subject and follow on like that. Yeah.

In each consultation, if and when appropriate, the researcher suggested that participants were starting to talk about values. There was general agreement about this, and respect for differing values—what some people saw as acceptable, others did not. The following exchange took place in suburban consultation #1.

R1: We need values clarification first and foremost, so it’s clear in our own minds what we think is acceptable and what isn’t. Because that, to me, is the hardest bit.
R2: Because for me nothing is black and white, it is all shades of grey.
R1: Yeah.
R2: And so, you know, in certain circumstances different things may be acceptable and may be not.
R3: So maybe there are some sort of indicators. Like, to get parents to look at their own values. Like, what’s OK? Would it be OK for your child to—well, would it be OK for your child who’s 16 to—la la la.
R1: And when you have kids you do assume that you’re going to immediately know what your values for those kids are. But, as you said, it becomes a lot greyer as you go along. And also, because we’re so time-poor, I don’t think you sit and really assess what your values are.
R2: And then it all creeps up on you.

In three consultations participants talked about a crisis of family values brought on by older children who chose to act contrary to their parents’ values about acceptable behaviour. For example, one woman with an 18-year-old son who was living independently talked about how he wanted to come home for a family event, to bring his live-in girlfriend, and to share a bed with her. The family had always held that sex must wait until after marriage. However, they had accepted his relationship, which they saw as stable and loving. Because there were younger children in the family, this meant that they would be exposed to the fact that their brother was having sex before marriage. In rural consultation #3, the following discussion took place:
R1: And I was left in damage control for my younger children. I’ve tried to bring them up to be morally—you know, our particular way. The next jump, or the next eldest [who is 15], is at the stage where he’s looking at his older brother and thinking, well, he can do it, why can’t I? So it sort of gives us that—what do we do in that situation? … How do you tell either your child, ‘No, you cannot sleep with your girlfriend’? … Or, how do you say to the kids, ‘Yes, they’re sharing a room’, when it’s a general thing that, you know, you don’t have kids of opposite sex in your room with the door shut. You’re not allowed to, but it’s OK for him. You know? Just that sort of—it looks like double standards.

R2: No, but then that comes down to, you just saying, like, ‘These are my rules.’

R1: Yeah, but that’s it. But do you then ostracise your child, who has come home and has brought his girlfriend and has always been very open and all the rest of it? … You want to keep that relationship right with everyone. But when it’s suddenly thrust upon you and you haven’t got a book or a website to go to [for advice] …

R2: It’s not just about what you tell your children and, you know, whether or not you feel like a hypocrite, or whatever. It’s about how you feel. Like, it’s confronting to have your child come home sexually active in your house. No matter how much you think it’s OK, there is something about when it first starts, being very confronting.

R3: Especially for fathers, and daughters.

R2: No, I don’t think so.

R1: No, my husband was fine. He told me that I needed to just build a bridge and get over it, it was just something that’s going to happen.

This same crisis of values was echoed in another consultation, in which a family had been confronted with a similar dilemma by their 17 year old son. In rural consultation #4, the following exchange took place:

R1: So the older one, the topic [of sexuality] has come up only as we feel extremely necessary. Like he wanted to take his girlfriend, for her 18th birthday—he’s only 17. And he was all excited and he says to me, ‘Oh, we’re going to go to Perth for the weekend for her birthday.’ And I said, well, ‘No.’ He says, ‘Yeah, yeah. We’re going to go and stay at a hotel because it’s her 18th birthday.’ I said, ‘You’re not 18.’ And he goes, ‘Oh, well, that’s what we’re doing’, and off he goes, out he goes. And this is where, like, you were talking about before, people’s morals tend to change. Like you get this—we don’t allow all these certain things, like you know, there’s no sex under our roof. This is the way we are, till you’re married. But as they get older and they’re demanding to do these things—and each child is different. But you know you get down to the point where the last thing you can say to them is, well, leave. And you don’t want them to leave.

R2: Yeah, that’s right. You don’t want to lose your child.

R1: So you have to make these awful compromises along the way that you didn’t think you ever would. And you don’t really want to, but you think, well you don’t want to lose your child because they won’t obey you. I mean, it’s quite complicated. And you think, well we haven’t given in on what we believe. And we still tell him, whenever we can, what we believe. And then it changed to, ‘Oh, we’re going to go down south. We’ve found a nice little place for the weekend down south.’ And then he leaves again. You know, they’re in and out. They don’t leave time for conversation. And then he comes back again, you know, the next day. And I said, ‘You know, you can’t do that.’ ‘But why not?’ I said, ‘Because it’s just not right.’ You know, and you have this conversation, who cares? No-one thinks like you. And he goes on and on and on, ‘You’re the only one. Nobody else thinks like that. Nobody else …’
In this account, tacit agreement was uneasily reached between mother and son to avoid any kind of openness, although the mother acknowledged that he would probably do what he wanted, and accepted this as long as she was not directly confronted by his behaviour.

The son’s challenge to his mother’s values in each of the above accounts had left her feeling helpless and uncertain. Understanding the point at which a parent no longer controls the behaviour of a child is likely to be a crisis for both parties. It is also likely to be a time at which authoritarian approaches may give way to a more pragmatic position on the part of the parent, and a time when the young person is in need of a supportive parent to whom to turn for counsel and advice.

There was discussion about the need for parents ‘to set an example’ for their children.

R1: I think as parents we have to set the example. You can’t say, ‘Do as I say, but, hey, look, I’m doing completely the opposite.’

R2: Children see through hypocrisy. They do see through hypocrisy. So do you set that foundation with them right from the word go, you know?

R3: But yes, you’re right. You can’t make them [your children] do what you would like them to do. … But at the end of the day you don’t have to sacrifice your family values so that you fit, you fit into this norm, this so-called norm. (suburban consultation #2)

One area where divergent opinions about sexuality and sexuality education were apparent was in relation to homosexuality, which came up in each consultation. Some parents felt that children were exposed to too many normalised depictions of gay relationships on television.

R1: [And my son said] ‘Oh, there’s two boys kissing.’ I said, ‘Well, we’re not doing that, are we?’ And he goes, ‘No, we’re not doing that. We won’t be doing that.’

R2: Unfortunately a lot of those shows make it the norm.

R1: That’s why I make a point of saying, no, that’s not normal, that’s a TV show.

R3: But it’s just not [gay sex]—every second show, or every show nowadays there’s reference to sex. You know, always—on the funny shows—everything, there’s always reference to sex. And inappropriate sexual behaviour.

R1: Yeah, and that’s why we really ought to be watching with the kids a lot. (suburban consultation #2)

In response to this discussion, another participant interjected:

I hope this doesn’t offend, but there needs to be something to say that there are lots of different ‘normals’. And I mean, I personally think, you know, being gay and homosexual—I mean, I wouldn’t have anything against my kids seeing that. You know, that’s a version of love and normality to me. So, and we talk about that. We watched something the other day, something about HIV came up and my six year old said, ‘Oh, what’s that?’ And we talked about it, you know? And what you have to do to avoid that sort of stuff. (suburban consultation #2)
Similar issues were raised in each consultation, and the divergence of opinions was also remarkably similar. For example, in rural consultation #3, the following exchange took place between two participants:

\[\text{R1: About the homosexuality bit, which isn't really what we're talking about. But in my opinion I think people—it's up to them what they do, but I don't think that it should be—I don't think they should be encouraged that this way and that way basically—sound like one of those [homophobic] people that you talked about. But I don't think it should be considered that [homosexuality] is normal. I'm not saying that people can't have their choices, but they are different.}\]

\[\text{R2: ... what we consider normal is not necessarily normal. And especially in today's society, because you've got parents who are of the same sex who are bringing up children. I think it's important to define that normal is—it is such a different thing for so many different people.}\]

These disagreements were not acrimonious, and resulted in a sense of participants agreeing that there were many different attitudes towards sexual diversity; for some homosexuality was not normal, for others, part of the tapestry of life.

**4.1.3 Approaches used by parents**

There were also a number of divergent views about when and how to talk to children about reproduction, puberty and sexuality. However, there was general acknowledgement that it was different in different families and with different children. One mother said:

\[\text{R1: I think you just get a feel for your own child, more than anything. That's what I was going to say, I haven't actually used a resource as such, apart from just getting my own feeling as to how my 10 year old is going, and she came to me because she thought she had lumps under her breasts recently, or she thought she had a lump. And I realised she was probably budding. And up until then she is very tomboyish and hadn't wanted to know anything about anything.}\]

\[\text{I: So had reproduction come up earlier, where babies come from, those kinds of things?}\]

\[\text{R1: Yes, yes. She probably knows the very basics on that, yeah, but as soon as you start to tell her anything, she doesn't want to know a lot more than that. (suburban consultation #1)}\]

The approaches used by parents ranged from ‘wait until the child asks’, ‘gauging what s/he is ready for’ and ‘just give the basics’ to ‘be open, honest and direct from the beginning of the child’s life’. Some parents ‘just gave’ their child books to read, others, like the one above, mentioned taking the child to the doctor at the first sign of puberty and asking the doctor to explain things. A number suggested that their children did not want to know about sex. Some participants had children in their teens who had never asked about sex, or knew of other children who had never asked their parents about sex. What to tell children, and when, troubled parents. One mother said:

\[\text{I have found when discussing with my son, who is 10, that he only takes in what he can anyway ... He does have a very male shield that protects him from information of where babies came from. (suburban consultation #1)}\]
Another mother expressed the view that:

… the younger they are, the less embarrassing it is for them. And so, like, I think if I try to start now with my 10 year old from scratch, now at 10, it would be just really unusual for me to be speaking to her like that. So because they've always known and it’s not been a big secret … And so she can just come and talk to me. And my eight year old. And if they hear things in the playground about, you know, whatever, they can come and talk to me and they know that what I’m going to say is going to be honest. (suburban consultation #2)

This woman’s approach suggests that sexuality is normalised within this family setting, so that by the time it starts to be relevant to the children, for example, when puberty is imminent, it is not a secret, but a part of life. Another mother, whose approach was to gauge when the time was right to discuss sexuality, said she would capitalise on opportunities as they arose:

They’re boys, and you go, Oh well, we’ll have bit of a chat about that now. Just whatever is happening at the minute. It’s just—as a situation happens. It’s not even if they ask, it’s if something goes ping in my head, and goes, I can actually connect that with the part of this information and they’re ready to take it now, because it’s something that’s actually come up. So it is, I’ve actually probably never sat down and discussed like, ‘We’re going to go have a session about the birds and the bees.’ It’s not been like that. It’s been little bits of information as it’s been that they are ready to absorb it, really. (suburban consultation #2)

This suggests a kind of ongoing awareness and vigilance on the part of this mother about introducing her children gently to issues concerning sex, but also an awareness of the importance of normalising it, rather than making it a big issue. Participants also talked about their young children’s attention only extending to things that interest them at the time. Family nudity was a way many people used to start to introduce children to differences between male and female bodies.

It’s from [when they are] tiny, too. You know, it’s like—having showers, having baths together, having—you know, walking in the bathroom while you’re in there and they notice there’s different things and stuff. Yeah, it’s just, I guess, the trick is how much information to give them at that time. I guess when they start to glaze over, you’ve given them too much. (rural consultation #3)

Intergenerational communication was also mentioned. There was a suggestion in one consultation that some children might find these communications easier with a grandparent.

R1: You know, I was just thinking, my kids have talked to their grandparents about stuff, you know, all sorts of things that, you know, later, that the nannas have come to me and gone, ‘Oh, we had an interesting discussion today.’ And you’ve gone, ‘Oh, OK, we’ve never heard that at home.’ And then they [the grandparents] told us how they’ve dealt with it and what they said and stuff …

R2: My mother-in-law would have a heart attack.

Thus, it is clear that this intergenerational approach would not work for everyone. It may also highlight the effect of role models. This participant appears to trust her mother-in-law to not only have responsible discussions with her children, but also to communicate about it to her. The issue of how much to tell children was also raised as a concern, and there was discussion in one group
about a book that discusses questions children might ask and suggests how parents might answer them for children of different ages. Homosexuality emerged again as an issue of concern:

And [this book’s] divided up. It’s got, like, your two to four year old and your five to eight, whatever. And it’s got the questions they might ask and how you might answer it. I personally found it wrong in bits. I found there were just bits—especially about sexuality, most particularly about homosexuality—that I thought was quite confronting, and the things that they said you should be telling a five to eight year old, actually basically what homosexuals do to pleasure each other. And I just thought, Well, that’s just so wrong, and I just—I mean, you have your prejudices and things, and I’m not a homophobe or anything like that, but I just think that there is only—I mean, I wouldn’t tell my kids that much detail about how heterosexuals worked at that age. (rural consultation #3)

Some spoke of how difficult it had been for them to talk to reluctant children about sex. One woman said:

… they don’t ask questions; they’re just not the question-asking kind of kids. And they get information from—I mean, I’ll give it to them if they ask and I’ll prompt them if I see them wearing, you know, the top that comes down to here and the skirt that comes up to here. (rural consultation #4)

This is a kind of ‘sexuality education on the go’ that comes in the form of a warning or chastisement. Another woman told the group:

We have some trouble communicating, because our kids just don’t ask questions. They’ve never asked a question. … Well it’s quite hard because it’s hard to suddenly bring something up when they’re not asking. (rural consultation #4)

For those families whose children had not asked about sex when they were young, and were now in their teens, there was acknowledgement that earlier discussion might have been easier, but they also expressed a desire to know how to handle it now.

But for those of us that are at that stage where, OK, our kids are already there, at this 10 to 17 age. OK, you may not have broached it so far. This is how you now start. This is how you get into it, if you haven’t done it from the time they were this big. And you really need to be able to, at any stage, say, OK, right, well starting from now, let’s do this. (rural consultation #3)

There was a sense in which those parents who talked about not having lines of communication with their children about sex were speaking from feelings of inadequacy, frustration and even failure. One woman told the group:

You know, and we can kind of get through the childhood illnesses and get them their shots and do all those right things. But then it comes, you know, [sex] suddenly rears its head; their bodies start to change and they start asking questions. And this thing that we’re all—I mean, most of us haven’t had a perfect experience in our own lives. So I think it’s really important that parents don’t feel like they’re failing in their duty, or that this is too hard. That there have to be ways that parents can feel much more supported. I reckon we should all get an I survived kind of badge when our kids turn 18, or get married. (rural consultation #4)
This idea of not feeling up to the task of being an effective sexuality educator with children was echoed in another group:

*R1: I sometimes feel, though, like I can head my children off at the pass with most things. You know, with their academic achievement, you know, spiritually, emotionally, physically. But with issues like this [sex] I don’t feel—like often I’m being reactive rather than sort of proactive, I feel, if you know what I mean?*

*R2: It would be nice to be one step ahead.*

*R1: Yeah. And they catch me on the hop a lot. (suburban consultation #1)*

There was discussion about older children and the risks they might take if they use alcohol or drugs in social situations. The interviewer raised this issue saying, ‘I think that’s a really interesting point, though, that it’s about more than sex. When it comes to alcohol and drugs and sex mixed together, you’ve got a really toxic cocktail with kids.’ After this observation, the following exchange took place in rural consultation #3:

*R1: It’s about making good choices.*

*R2: It even goes back further than that. It comes back to the self-esteem issues as well, you know? And how you fit in, and all that sort of stuff. And the ability to say, ‘You know what? This is not what I’m ready for.’ My niece is a Year 12 girl, has a boyfriend who is also Year 12, but is a year older than her. And my sister and her have a really great relationship. But she’s talking about having sex, and when is the best time to have their first—their first go, you know? … And just the way they’re discussing it, it’s really remote. It’s sort of like—it’s a distant sort of thing. It’s like planning the holiday away. It’s like, Oh, well if we do it now, is that a good time? Because we’ve got exams coming up.*

*I: So it’s mother and daughter are talking to each other?*

*R1: Yeah. Well, mother and daughter and father. They’re all having a bit of a discussion about when would be the best time for her to experience it the first time.*

*R2: Imagine what the father would be saying, hey.*

*R1: No, look, no, they—no, not at all, not at all. And they feel really honoured that she is able to come to them with this. And, you know, it’s just a little bit of fun, as well, you know, planning it. But it’s interesting, because I know my daughter would never have come that way to me, you know? Like, she had a boyfriend who was four years older than her, and so, yeah, I had to do the old sledgehammer and come in and go, OK, we need to talk about this now. So, yeah.*
4.1.4 Resources parents have used

Surprisingly few parents could identify resources they had used with their children, and those who could only had a sketchy memory of what they were called. Some that were identified included Peter Mayle books (Where Did I Come From?; What's Happening to Me?), Babette Cole books (Mummy Laid an Egg; Mother's Growing a Baby), and resources participants called ‘DK books’, which were described as being ‘more about biology than feelings’ (i.e. publishers Dorling Kindersley do a suite of non-fiction books for children). It was clear from discussions about resources that it was easier to educate younger children about sex differences, reproduction and puberty than it was to talk with older children about sexuality more broadly.

Other resources that were seen as useful included the internet, although the only specific site that was mentioned was the Victorian-based Department of Human Services–funded website, Better Health Channel. Some people used television shows as discussion starters with their children, others mentioned the library. In one consultation, the (primary) school library had a parents’ corner that was off-limits to the children. Parents could read and borrow books to help them to communicate with their children about sex. One woman drew attention to the way in which different books were written for girls and boys:

If you go to the library, there’s a lot more books for girls than there are for boys. I looked to getting some books for my son, and there’s all sort of stuff to girls, like, on girlfriends and relationships and all this sort of stuff, and there’s not half as many for boys. And I think, it’s not just sex, but it’s the stuff that goes with the puberty, that, you know, if I masturbate will I—you know? (suburban consultation #1)

The almost universal lack of knowledge about resources for children of different ages and lack of memories of useful resources have implications for parents as sexuality educators of their children. Widely publicised lists and reviews of existing resources gathered in one place—for example a website, or school or municipal libraries—would provide valuable support for parents.

4.1.5 Where communication happens

Overall, there was general agreement that it was preferable to create informal and relaxed conditions for discussions about sexuality. A number of parents discussed strategies they used to create a comfortable setting. The car was a popular place to chat. Many said the car was easier because there was no eye contact, and that children (particularly boys) were more likely to open up under those conditions. This raised one concern for parents with children of different ages. If an older child asked about sex in the car, the parents thought it was sometimes inappropriate to go into the detail required in front of their younger children, who were not yet ready for that kind of information, yet they missed a valuable opportunity to have a discussion.

Other locations included the dinner table, where family conversations were relaxed, or when watching television, where some shows created opportunities to start discussions related to the show they were watching. Films and music videos were also identified as discussion starters by some parents. For parents with younger children, bedtime and bathtime were also seen as good opportunities to talk about sexuality. The following exchange took place in one consultation:

R1: I do think, though, that the great opportunities come in watching films. Like, when we watch—even when we watch Pride and Prejudice—you know, we talk about how everything was very, you know…

R2: Proper.
R1: [We talked about how] people couldn’t really show how they felt [in those times], and then we talk about, [it seems like] people didn’t really have sex then. [So I tell them] well, yes, actually they did. And there were lot of issues with people getting pregnant. So I think films actually—and TV—is actually great.

R3: One of the really good places, I found, is in bed. And right from the word go we tried to develop bedtime rituals that will last into high school years. So one of them, like, John, loves his back scratched. You know, that’s got a direct link to his jaw. So you just—you know, you scratch his back. And it’s a great time for sharing and catching up on the day’s [activities], and all of those other sorts of things.

R4: Yeah, that would be my time, too.

R2: I found that good, too. Because, like, with my son, if you’re trying to talk to him in a room with the light on, always, if you get into bed with him or if he gets into bed with you with the light off, you’ve got all those other inputs that are gone, and we can talk. (rural consultation #4)

In another consultation, doing the dishes was mentioned as a time when talk was easy:

R1: You know, washing the dishes or whatever else. Where you don’t have to make the eye contact, and that might just then …
R2: So that’s [the same as] the safety of [talking in] the car, isn’t it?
R1: Yes.
R2: Exactly. (suburban consultation #1)

4.1.6 Parent dilemmas and difficulties
It was clear at each consultation that sex is a subject that creates dilemmas for many families. One area was gender; mother–son, father–daughter communications were sometimes difficult. For example, in relation to mother–son communication:

R1: My son doesn’t ask questions, and he’s 10, getting to 10 at the end of this month. I’m starting to think about it myself. My husband won’t even go there. But his parents were never open. He was one of four boys and they never once discussed anything. So he was very—and they were very shy about their bodies, and everything … Whereas my family is completely the opposite. Very open, you can talk to my Dad about anything at any time. So I’m the one having to deal with that, and I’m the one thinking, what do I say to my son? How do I teach my son? You know, what’s out there to help him? Because it was easy with my daughter. Talking about it towards the end of Year 5, and by the time she got to health lessons in Year 7 she knew what she needed to know. You know, how the mechanics of everything worked. Whereas my son, like I say, has turned 10. So I don’t know where to start.

R2: And he might not come to you either. [My son] Harrison won’t talk to me. He’d rather talk to another male than come and discuss it with me, so that makes it hard, too. [I’m a single mum.] And they don’t have another male they can go to. Find it hard to talk to mum. I might have problems there. (suburban interview #2)
In relation to father–child communication, a woman related how her husband would not talk with her son about sex:

R1: Dad’s not showing a good example. Dad doesn’t talk about those things. He’s still very prudish, you know, my husband. Whereas Mum’s always been, you know, we’re all mums. You cannot go to the bathroom or the toilet or anywhere without someone coming and knocking on [the door]. Mum. Or just waltzing in and you have to teach them not to, you know? Whereas Dad, that’s taboo, to go anywhere near Dad. So yeah, that could be what’s closing [my 10 year old] up.

R2: And he might not be coming to you because of the fact that you are Mum, and they like to talk bloke stuff with blokes. And if he can’t go to Dad then he might be feeling funny because he can’t …

R1: Yeah, he [my son] might be hearing things out there from his mates and thinking …

R2: Oh, I can’t really tell Mum that. (suburban consultation #2)

Another dilemma for some participants came from men’s different attitudes about sex for their daughters and sons, for example:

R1: I think, for a few men, ‘Oh, it’s OK, he’s sowing his wild oats and good on him’, you know—talking about their son. And [with] their daughter, it’s like, ‘She’s not going out.’ And that’s what I’ve actually said to [my husband], you know. Well just remember [with our daughter], whatever you’re saying to these boys is what [other fathers are] saying to their sons.

I: So the double standard is alive and well.
R: Yes. And kicking in my house. (rural consultation #4)

Lack of or negative experiences of sex education clearly had a flow-on effect for some parents, who had no model upon which to base their approach to sex education with their children. One woman, who came with her husband, talked about the difficulty they had:

My parents never spoke to me about it, because my parents are older. But it was just something that [sex] was never discussed. It wasn’t done until marriage anyway, and then it was—obviously you just magically knew, you know? So it’s hard for us. I’ve got seven kids, so obviously I got something right. But it’s because we hadn’t had that experience of having had it said, you know, we don’t know how to broach it. Because it was never broached to us from a parent’s perspective to a child. So that does make it a bit tricky, to know when to say and what to say and how much. I mean, technique and stuff is nothing I would ever even contemplate discussing with my child. But the safety aspects, and the whole emotional aspects. (rural consultation #3)

Another participant in the same consultation talked about her own perceived lack of knowledge about how to approach the subject:

I feel very embarrassed when asking questions. Either because of the level of my lack of knowledge, I feel like a fool, or if I have lots of knowledge, and perhaps too much
knowledge. And also, like, I think sometimes people get embarrassed, because, you know, everybody knows, in society we have perceptions of what is deemed acceptable.
(rural consultation #3)

There was also a perception that there were few ‘instructions’ for parents about how to handle their children’s sexuality education needs, and an acknowledgement that parents are fallible and may make mistakes. Participants felt that there was an expectation that because you have a child you will know how to talk about sexuality and emotions. There was a strong impression that while there were some resources for parents to use with their children, that these were of limited use, and that there was nowhere for parents to turn for advice or guidance about how to handle the complexities of raising sexually and emotionally healthy children. The following exchange illustrates this:

R1: Because as adults, we made mistakes.

R2: Yeah, exactly.

R1: You know, there’s no perfect parenting manual.


The idea that other parents might be a good source of information was not universally accepted.

R3: … by the time what you’ve been told from other parents gets transferred through other families or whatever, that may not be exactly accurate. And if you’ve got accurate information then you can find a way to share it comfortably with your kids in whatever terms, or whatever way you need to. (suburban consultation #2)

Given that many parents in the consultations talked of having negative or absent sexuality education as children and young people, turning to other parents for help and advice is likely to have limited efficacy, and it appears that many families just muddle through.

With older children, there was a sense that at some point, when they grow up, sexuality becomes more private, and that the role of parents becomes more complex. At suburban consultation #2, one woman with teenage children said:

And also, your kids don’t always want to feel that you’re imposing yourself on every aspect of their lives. You know, they like to feel that they’re becoming independent and sort of growing up. So you sort of have to walk that fine line between wanting to know what’s going on, without feeling like they’re a little child, where you have to control everything that’s going on.

Another dilemma faced by parents is how other children or their parents might view talk about sex between children. A woman at rural consultation #4 explained:

We’ve had to, again, with my daughter, go through that, where my older sister is extremely strict, in the sense that they don’t talk about sex at all until the kids get to about 16, where I feel that it’s too late. And I’ve had to speak to my daughter and say, ‘Look, when you go to their house, remember you are not to mention this, this and this, because this is how things
work there. In our house it works like this. In so-and-so’s house it works differently. You need to be able to respect other people’s boundaries as far as that comes.’ And she can be quite blunt at times and just blurt something out. And I think, ‘Oi’, you know. But, yeah, it’s something that we’ve had to consciously approach and say to her, look, you need to think about these things before you say them, because not everybody is like us; everybody is different, every household is different.

Several parents raised concerns about friendships children form on the internet, or their use of electronic games in which they create virtual lives. One of these mentioned is the Sims Virtual World, where players create characters who court, marry, have children, buy houses, get jobs and play out their lives. Others mentioned social networking sites such as MySpace and Facebook as being of some concern, as their children formed relationships that were beyond their control. A mother in rural consultation #4 told the group:

_We’ve also—our kids play virtual games quite a bit. And we’ve had to say to them, ‘A friend is somebody you can touch, you can see, face to face, and someone you know. Anyone else is a stranger. Even if you talk to each other every day, he’s not your friend.’_

At this consultation, there was also some vigilance about the potential for children to be exploited or abused by adults or older children.

_R1: Sexual abuse, you were talking about, it’s also, it goes on a lot in a subtle way where you’ve got your 16, 17, your 18 year olds, and they’re their dates of friends, and they’ve all got drunk, and this kind of thing. It’s not necessarily a predator. It’s like at the Schoolies’ week, and the girls are all disgustingly pissed—drunk, if you like. And they’ve got no idea. And there are older boys, not to mention the 16 and 17 year olds, all coming in, and it’s just an issue, especially for the girls, that._

_R2: I had to remove my middle child, again, from an extra activity outside of school because I could see the predatory behaviour of a 16 year old. And my son’s 10. And I had to remove him from that and just say I felt that … this wasn’t right. And I was up-front with him, and I told him why I felt it wasn’t right. I didn’t gloss over it because I felt—I felt that he needed to be aware of that sort of behaviour around him, because he’s a quiet person, and a bit of a follower._

_R1: He wouldn’t have even noticed it at all._

_R2: He didn’t. He was like, ‘Really?’ And when I went to pick up my son from this activity, this 16 year old touched—like, just on the shoulder—like, just touched him. But when I looked at him, he straightaway, ‘Huh.’ And I went, ‘This is so not happening. You’re not coming back.’ This boy knew that what he did was wrong. It wasn’t a natural reaction, it was a ‘Oh, my God, I’ve been caught out.’ (rural consultation #4)_

These fears extended to children’s sleepovers.

_R1: I mean, it comes as far as kids going for sleepovers, and so-and-so’s got an older brother or an older sister, or—these things all can become an issue, you know._

_R2: It’s the worst._
R3: That's it.

R1: I've told my six year old that, you know, 'No-one's allowed to touch your willy at all, OK?'

How to handle adolescent children's emerging sexuality and independence was also an area of great concern.

R1: ... some girls have sex and they're not really ready and they feel really bad afterwards.

R2: Yeah.

R3: And I've talked to [my son] about that. Some girls, you know, have sex. They get drunk and they might have sex and they feel really bad, and they weren't really part of it, and it's not good. To let them know that ... (suburban consultation #1)

The concerns parents expressed that are detailed in this section demonstrate the complexity of the task facing parents and the lack of support available to them. That many young people are critical of their parents’ approach to sexuality education (as reported in the literature) is hardly surprising. Unless an intervention interrupts the cycle of lack of information, embarrassment and uncertainty that so many families appear to experience, it is likely that the cycle will continue into future generations.

4.2 Parent support needs

Because there was such variety of experience and attitudes concerning sexuality education among the parents who attended the consultations, it would be difficult for one printed resource to meet all the needs that were expressed. No sexual health resource for parents should assume the information and support needs among families are the same; a ‘one size fits all’ approach is not appropriate. However, there are some basics that can be adopted in any sexual health resource designed specifically to support parents to communicate with their children about sex, sexual health and relationships. Within each family there are likely to be both shared and divergent values about sex and relationships, and this may become more apparent as children grow and separate from their parents. The kinds of diversity within and between families means that any sexual health resource for parents must respect the individuality of families. The resource should provide information from which parents can select according to their needs, and guidance about how to navigate the complexity of educating their children to be well-informed, assertive and respectful young people who become sexually healthy adults in the modern world.

In each consultation, participants were asked what they wanted in a resource. Initial responses were all framed around resources they could share with their children. A shift occurred upon the proposal that this resource could be something specifically for them to help them be more effective sexuality educators with their children. The shift created a moment in each consultation where participants started to think differently: prior to this point, parents’ focus had been entirely on their relationship with their children; now they started to focus on their own needs. With this shift came a sense of relief, and a flood of creative thinking about what kind of resources would support them in what was generally agreed to be a complex and difficult task. There was overall agreement that any resource should be:
The discussions about what this kind of resource might look like is addressed below under Content of resource and Form of resource.

4.2.1 Content of resource

**Family Values**: A number of participants talked about how difficult it was navigating sexuality education with their children in a social environment in which sex is highly visible. For many this raised the issue of being clear about how they wanted to approach the subject with their young children before they had to answer questions or deal with problems. As discussed in section 4.1.2, Family values and parental attitudes, ‘values clarification’ was suggested by some, while others talked about wanting to be clear about what their family values were and how to effectively communicate these to their children from the start. In one exchange, participants expressed their values for their children as sexual beings:

- **R1**: I want my children to, when they do, you know, start experimenting with sexual behaviour, I want them to really enjoy it, I want them to have positive experiences and I want them to feel empowered. And I want them to really enjoy it. And, you know, you want to make sure that it’s healthy, it’s safe, they’re not pressured into it, but at the same time you don’t want it to happen too young.
- **R2**: Like, they’re ready emotionally.
- **R1**: I do want them to enjoy it. I want them to have—I mean, that’s part of ...
- **R3**: The positive ...
- **R2**: So there’s something that it’s about more than just knowing the facts of life.
- **R1**: It’s about being, you know, strong, assertive, respecting yourself and other people. (suburban consultation #1)

Another participant expressed yet a different position about when her child would become sexually active:

*And my hope with my children was that they would wait. But if they got to a point where they did decide they wanted to go ahead, that they would do it responsibly and safely. There comes a time in our lives when we have to let our children go, and hopefully they do that at an age that is, you know, where they’re old enough to manage it for themselves. They may wait until they are married, but they may not, realistically. You can’t control everything.* (suburban consultation #2)

The kinds of dilemmas faced by parents who have a strong adherence to abstinence before marriage were discussed in section 4.1.6: Parent dilemmas and difficulties. A resource for parents should help them to clarify their own values and how to put these into practice within their family.

4.2.2 Parents with younger children

Parents with younger children focused on preparation, communication and what to expect and when from their children’s sexual development.

In section 4.1.6, Parent dilemmas and difficulties, the ways in which some parents expressed feelings of inadequacy about sex education were discussed. Some participants expressed doubts
about their knowledge and were concerned about the lack of places or people to whom they could turn for support. During the consultations, some participants took the opportunity to clarify certain aspects of their knowledge, or lack of knowledge, about sex. Their questions exposed some of these uncertainties, for example:

Another mother said to me yesterday, around the 10, 11 year old, ‘Is it painful for the male if they had sex at that time?’ Because she actually has told their children that, ‘Yeah, you can do it, and all that, but just remember that you’re going to go through some pain with it.’ But I’ve never—I discussed it with a couple of other mums, and I didn’t think that …

This kind of confusion highlights the need for a resource that contains information for parents about sex and sexual health, and also where to get advice that is not medicalised or pathologised.

Participants were clear that any resource must provide more than the basic ‘facts of life’—the anatomy and physiology of sex—although these were seen as important. Participants also wanted information about respectful relationships, healthy attitudes, and how to communicate with their children about what were seen by many as ‘difficult’ subjects.

Communication was raised in each consultation as an important issue, although it was one with which many participants struggled. For example, one participant suggested:

Giving some tools for parents about how to open those communication lines and how to keep them open and how to listen to your kids when they’re talking to you. Because a lot of—you know, you want to talk about it, or, you know, but you don’t want to keep that communication going. It’s sort of like you say something and then, oh, it’s all over, and you want to find a way—or some tools—for parents to be able to open them and keep them open so that the kids always have that ability to come back and talk to you about things. (suburban consultation #2)

Gender and communication was an area that concerned many participants. The consultations were mostly attended by women, and many talked about how uncommunicative their husbands and partners were about sexuality with their children.

My [husband] would talk to ours, but [only] after I’ve said, ‘Go talk to them.’ You know, he wouldn’t probably take it upon himself to go, ‘Oh, well, I’ll just …’ You know [our son’s] at that age and I’ll just, you know, I’ve had to go, how about—yeah, wonder what’s going on there? And like—but he wouldn’t off his own back, find out what the story is with the boys. (rural consultation #4)

And in another consultation:

R1: I think it’s really important for Dads to be able to talk to their kids, whether it’s sons or daughters, given the—given the tools.
R2: And they don’t seem to be as open, guys. I mean, not all guys.
R3: Even more so, they didn’t have periods to deal with when they were growing up, so why would anybody bother even talking to them. (suburban consultation #2)

A resource for parents must address gender and communication, particularly the needs of men and boys, and of mothers and sons.
There was concern among parents that children are exposed to a great deal of information about sex via the media, and that this is likely to have a flow-on effect to peer communication. Creating a space in which communication can occur with ease has been discussed above. However, many participants were concerned that their children should feel able to talk with them about what they hear at school, from peers, and from the media. Participants were also aware of the potential for 'getting it wrong' with their children, for example, giving them more information than they actually want.

Yeah. Yeah, protection. Just how to communicate it in a manner that is probably acceptable for children to grasp too. Because you can go into it all and then they're going [facial expression], and you go Oh, God, I just went way beyond what they needed. (rural consultation #4)

However, parents are fallible, and communicating the message that mistakes can be corrected was also identified as important.

You overcompensate in one area. And they’ll still come up with something you’ve done wrong. And so, you know, like we all struggle with, you know, what’s the right thing to do? And often it’s just you do the best you can with what you’ve got at the time. And there’s always tomorrow. You can always say, I’m really sorry about that, I got it so wrong. You know, yeah, you can come back and revisit with your kids. (rural consultation #3)

Participants also discussed issues such as how to set realistic limits with their children. This passage provides an example:

R1: My 10 year old wants to know when she can start kissing boys. Somebody said, well, Year 10. … My husband said, ‘When you’re married.’ …I mean, that’s not realistic.
R3: You’d go, well, I was too early, so I’ll just add a couple of years to that, or something, you know?
R2: Or take a couple off. (suburban consultation #1)

Many parents talked about wanting a resource for them to have ‘conversation starters’, and ‘opening lines’. This was particularly in relation to children who ‘glazed over’ or shut their parents out when they tried to talk about sex. There was also discussion about what kind of language to use. Some people with younger children felt uncomfortable, while others felt it was important to use anatomically correct language. For example:

R: … and a different terminology. Broad terminology. You don’t just use those [anatomically correct] words, there are other words that aren’t silly words that you can use to explain things.
R: So as not to embarrass them so much. They go, ‘Oh Mum, please, don’t.’
R: I get that all the time.
R: It doesn’t need to be extremely medical. Like, I use birth canal a lot, because to me that’s a good word because it makes a lot of sense. Without having to use vagina, because it’s like, I don’t like that one. So, you know, birth canal. It’s like, Well there, there you go, that’s where you get born out of … (suburban consultation #2)

This coyness about language may be as much the parent’s problem as the child’s. The child is likely to be exposed to anatomically correct language when s/he participates in school programs. It does, however, draw attention to the level of unease many parents experience about language, and this issue needs to be addressed in any resource for parents.
In each consultation a number of issues were raised about what were seen as communication problems. These included younger children who ask about sex all the time, children who shut their parents out and refuse to talk about sex, or who get embarrassed. Many participants in the consultations expressed feelings of frustration or inadequacy in the face of what they saw as problems with their ability to maintain lines of communication about these matters. Many of these have been discussed in section 4.1.6: Parent dilemmas and difficulties. Because sexuality education is fraught for many parents, resources to support parents who face these kinds of blocks would be of value.

**When to start:** Many participants wanted to know at what age, and in what kind of detail, children should know about sex. A suggestion was made that a sex education guide for parents detailing what to expect from their children as they grow—similar to the WA literacy guide for families called ‘First Steps’—would be helpful. It was suggested that the resource might have a timeline that included when to expect children to ask questions, what kind of questions they might ask, and how to answer some of these frequently asked questions. For example:

*R1:* If you’re looking across the board, there are going to be parents that may need a bit more of a—bit of a timeline guide.

*R2:* I think, as parents, it’s handy to know what is developmentally appropriate to be talking about at certain ages. I mean, it’s all very well on an individual level to be able to pop in the right information at the right time because you know your child. But I think it’s nice to know what’s considered normal, and to know that, yeah, it’s OK for your kids to be asking this sort of question. (suburban consultation #1)

Given that so many parents appear to have had limited exposure to sexuality education as children and young people, some basics about child and adolescent development, and how to approach sex, sexual health and relationships at different ages, would be useful to many families.

**4.2.3 Parents with older children**

While research indicates that young people are becoming sexually active at around age 15 (Marie Stopes International, 2008), many parents still hope that their children will delay sex until they are older. How to communicate with older children about this was raised.

*R1:* I’d also like information on abstinence. How to teach our children about, you know, making the right choices and waiting til marriage. That it is OK, you don’t have to be like the rest of the group, you know?

*R2:* And you don’t have to have—yes, no pressure, things like that.

*R3:* And how to contend with the pressure, because there is going to be pressure, and there is going to be everybody else going, ‘We do this, we do that.’ Like, you know? Whatever they’re doing. (suburban consultation #2)

Following this, the researcher suggested that abstinence-only education did not have a good record of success, and there was discussion about abstinence-plus, or sexuality education that suggests that abstinence is preferable, but planning and using condoms and contraception is better than having unprotected sex. Participants were keen to learn ways to promote abstinence to their children, but also acknowledged that it may not always be realistic.

*R1:* And I think that there is a much broader kind of issue for us as parents in talking to our kids about respecting themselves.

*R2:* Respecting themselves, you know? Having the respect to say no.

*R1:* And [waiting until] the right time. (suburban consultation #2)
Communication: Participants with older children who had not yet established or had only limited communication about sex acknowledged this was inadequate. It was seen as important that any resource should be non-judgemental, and should offer tips about how to start to open lines of communication about sexuality if it had not already occurred with an adolescent child.

Participants expressed a desire to be effective communicators with their older children in relation to ‘hard’ subjects, for example, for their children to make healthy choices that are based on values, that are not harmful, and that are respectful of both themselves and others. Other ‘hard’ subjects that were mentioned included discussing sexual behaviour, what is safe, sexual health, STIs, contraception and pregnancy, relationships, and what constitutes sex. The latter relates to young people not defining oral or anal sex as ‘sex’. Parents want their children to understand that sex is more than vaginal intercourse; genital touching is sexual behaviour, as is oral sex, anal sex and other intimate sexual contact. One participant said:

When I was talking to my children, I realised they didn’t quite understand that foreplay is actually sexual. You know, they know that it’s going to lead to sex. But they didn’t understand that foreplay’s actually sex. And I was just wondering, with some of the kids, even at high school, whether they understand that anal sex is sex, oral sex is sex. (suburban consultation #1)

Other issues participants wanted addressed in a resource included information for girls on how to say no to sex; and for boys, how to accept no. For example:

R1: Being a mother of boys, you know, strategies for understanding ‘No’, and, you know, that sort of thing. And for the girls, in a whole series of different ways that they can say no very clearly … so that boys can recognise it. And that whole thing that’s very confusing about being passionate and …

R2: That whole thing with being pressured with the sex. (suburban consultation #1)

They also wanted to know about what were described as ‘trends’ or ‘fashions’ in sexual behaviour, for example:

I think something about the trends in sexuality. When you see a lot now, there’s a lot of different things, more young bisexual girls or with a lot of lesbianism. And it seems to be a big trend. It seems all of a sudden it’s all over everything, and it’s about kids being able to work out whether that’s actually something that is really how they’re feeling, or if they’re just taking that on board because it’s what’s being shown around them. So I think the trends in sexuality is probably a big thing. With the older kids, it’s something that you need to be able to discuss with them and find ways of talking about it. (suburban consultation #2)

A number of participants talked about feeling helpless when their adolescent children started to challenge family values or rules about sex and relationships. Examples of these discussions can be found in section 4.1.6: Parent dilemmas and difficulties. These kinds of challenges appeared more likely to arise in families where little communication about sex had occurred, or where the parents felt helpless in the face of a child who was uncommunicative about intimate matters. It is not the role of this project to speculate on how these problems arise. However, to be effective, a resource must provide information for parents who are just starting (or being forced by circumstances) to address issues about sexuality with their older children.
4.2.4 Types of resources

As parents focused on resources specifically for them, there were many suggestions about style and structure. Books, magazines, DVDs, CDs, websites and web-based forums were all mentioned. There was acknowledgement that information is accessed in a variety of ways by different people:

Yeah, because everyone accesses information in different ways. You know, I'm quite happy to sit down and read a book, whereas there's other people out there that hate to read, so they would much rather watch it, you know? Or access it on their computer in their lunchbreaks, or—you know, busy parents. So all of those [and] pamphlets at the doctor's. (suburban consultation #2)

A regular newsletter was suggested, although there was a strong feeling that any kind of printed resource must be ‘readable’. One participant suggested:

Can it be easy to read, and like, easy to get through? Like … blocks of information, and only in small batches. (suburban consultation #2)

Others expressed a preference for an online resource:

R1: I'd go and Google it …my feeling is that the most basic tool which people use the most now would be a computer.

R2: I think online is the way to go.

R3: Yes. I found a lot of things online [hard to read], if they write it across [the screen] it's quite difficult. If they set it out in at least two columns, it makes it easier to read.

There was discussion about the problem of internet searches on sex bringing up pornography sites. The exchange continued:

R1: I have a mental image of being able to go into the computer and put in, you know, 'parents and sex', or, 'sex ed' or something like that. Because I didn't want to go into those horrible websites. And then …

R2: And that's the thing, as soon as you put the word 'sex' in, isn't it? You start getting into all sorts of trouble.

R1: Lots of things happen. (rural consultation #3)

Many participants saw introducing their children to sexuality as a staged process, and parents wanted resources that could be ‘dipped into’ as needed.

And you can have a whole range, and levels for people to go into as they feel. So if they feel a bit uptight they can just start and say, I'll leave it alone and come back. Or, they can go—they can say, I've got a particular situation. I might have to go along on this track. You know? (rural consultation #3)

There was a request for a resource that would provide ‘factual’ information to supplement parents’ feelings of inadequacy about their sexual health knowledge. One participant said, ‘This does need to be an ongoing reference, that you can go back to if there is something that pops up.’ (rural consultation #4)
The idea of a moderated, web-based forum to which parents could write questions was seen by some to be worthwhile.

R1: There are [online] groups for just about anything.
R2: And so long as you had it being moderated again with some level of non-sensationalised responses, and factual information, and then …
R3: The thing that’s good about that sort of idea is that it’s not so much that you actually go and have to face someone and ask them. Because I feel very embarrassed when asking questions.
R1: Yeah. (rural consultation #3)

There was also discussion about something that would be directed specifically towards fathers who were not effective communicators. A DVD was suggested; participants agreed that fathers were more likely to watch a DVD than read a printed resource. One woman discussed how a video had been an effective tool for her and her husband in relation to a health issue.

I’ve just found with my experience, health-wise, that I’ve got to a couple of points where the doctor’s gone to me, ‘You need to listen to this, and you need to sit down with your husband and he needs to listen to this.’ And it’ll be … video information. And that helped more than when she gave me a book and said, ‘Yourself and your husband need to read about this because, you know, things are going to happen.’ And I came home and I read the book, and I said to [him], ‘You really need to read this,’ [and he said] ‘Yeah, whenever.’ And he never read it. … When she gave me a video about the same information that was in the book, and I said, ‘Right, now you’ve got to sit with me. We’ve got to watch this and we have to discuss this.’ That was so much easier than saying ‘Read the book.’ And at least then he knew what I was going through and what my health issues were. And he went, ‘Oh, so that’s why you’ve been like this, and so that’s why that’s happening.’ And hello, you know? (rural consultation #4)

Thus, a video might be a way to engage fathers and mothers together in thinking about how to approach sexuality education with their children. There were also some suggestions about other resources specifically for fathers, such as a CD.

R1: But I think, as well, maybe if you had it, say on a CD that [Dad] could stick in the car. If, for example, they are driving to Perth, or you know something like that you could …
R2: In storybook form?
R1: Yeah, storybook form, on CD. That kind of thing. Or hubby’s going out to do work somewhere, [you could say], ‘Here you go, listen to this.’ You know.
R3: Yeah, something like that. Break it up with a bit of AC/DC or …
R4: Yeah. Mine [spends a lot of time travelling in the car], every day, he’s in and out … (rural consultation #4)

While participants identified a range of possible formats for a parents’ resource, late in each consultation the idea of a magazine format was proposed. This idea was strongly supported, and it was suggested that it should be something that could be revisited as needed, that it should be easy to read and should address the needs of parents of children of all ages.
4.2.5 Discussion

Family values, communication and knowledge emerged from this research as the main issues that concerned parents. There were a variety of approaches to sex education within the families in this study, which ranged from establishing and normalising open communication about intimate matters from the start, to waiting until the ‘right’ time to have ‘the talk’. Some parents worry about providing too much information for their children, others about providing too little. It is important that parents understand that one, or even a few, ‘talks’ about sex is inadequate; children need to understand how sex fits into their world in age-appropriate ways, particularly as they are regularly exposed to it in entertainment, in the general environment, and among their peers. Those families in which sexuality had been discussed from the beginning of the children’s lives as an ongoing conversation, in an easy, relaxed manner, seemed less likely to face conflict with their adolescent children.

In this study, families who had not established easy and ongoing communication with their children about sex appeared to be the ones that faced the greatest challenges. Abstinence until marriage was desirable for many parents. However, research informs that this is not a realistic expectation because the fact is that young people are likely to become sexually active to some extent in their mid-teens. Parents therefore need to plan how to manage family life when an adolescent child chooses not to comply with adult rules. The anecdote related in one consultation about a family with an older daughter conversing with her parents about when the right time would be for her to start having sex, and her parents’ honour at being included in her decision-making, can be contrasted with those stories describing how older children defied parents who were inflexible about abstinence until marriage. Adolescence is a time of growing independence, and many children choose a different path to that of their parents around this time in their lives. Some families in this study expressed the anguish of feeling they may lose their child if they maintained their position on abstinence in the face of their child choosing to engage in a sexual relationship.

Many parents appeared to struggle in their role of raising sexually healthy children. Some had negative experiences of sex education as children, and others felt they were not well prepared and lacked both the knowledge and self-confidence they needed for the task. Research has shown that young people from families that maintain good communication about sex and relationships are more likely to delay sexual initiation than those whose families do not communicate well. It is therefore incumbent on parents to work towards creating the kind of family atmosphere where sex can be discussed without fear or embarrassment. This is likely to be difficult for parents who lack knowledge or role models of their own, so this study reveals a pressing need for recognition and support for these parents.

A gender gap in communication about sex clearly exists. Men and boys appear to have more difficulty in talking about sex. Boys pull away from their mothers around the time of puberty and fathers often do not fill the gap left by this shift.

Values are important to parents, and there was recognition and respect across the consultations for differences in the ways families approached sexuality and sexual health. Many parents want opportunities to reflect on and be clear about what is important to them, and how they would handle challenges and conflict should they arise.

While the literature did not identify many resources directed specifically to parents, parents in the consultations shared lots of ideas about what they want or need in a resource specifically designed for them. The theoretical work of Foucault (1986) concerning the ethic of care of the self was useful in developing a plan for how to approach discussions with parents about a resource. In brief, the care of the self theory holds that unless individuals take time to reflect on and ‘know’ themselves, they will not be well prepared to relate to, or care for, others.
4.2.6 What do parents want in a resource?

When consultation participants were asked to focus on what they as parents need to better equip themselves in order to educate their children, as opposed to thinking only in terms of what their children need, a great deal of energetic discussion ensued about the possible content and form of a resource for parents. Parents want:

- resources designed specifically for them as parents
- resources that are not prescriptive and recognise the diversity of families and complexity of sexuality education
- resources that help parents of younger children prepare themselves for the task of communicating effectively with their children
- resources that contain ‘tools’ to help them become more effective communicators with their children, for both parents just starting out, and for those who will not start until later
- resources that are not judgemental, and assist parents to become more comfortable with sexuality so they can talk more openly with their children
- resources that assist better gender communication, among mothers, fathers and sons; and for fathers individually
- resources that contain tips about language to use with children and information about children’s physical and emotional development timelines and cognitive capacity to take in information about sex at different ages
- resources that help parents of older children guide them to respect themselves, practise abstinence, or practise safe sex and responsible relationships once they are sexually active
- resources that help parents better communicate about ‘hard’ subjects like contraception and safe sex with older children
- resources that help them to set limits and know when to be flexible with their children as they become more independent.
5. Recommendations for development of parent resources

Recommendations for the development of parent resources, based on the research described in this report, are addressed below under Family Values; Communication; Knowledge; Sex Education in a Sexualised Society and School–Family Relations.

5.1 Family values

The process of values clarification is not about the content of actual values held by people, but about the process of valuing. It is therefore uniquely suited to assisting individuals and groups to identify what is important to them and how to act on it. The values clarification approach involves seven sub-processes. These include treasuring and publicly affirming what is important; choosing, after consideration, from alternatives; acting consistently to demonstrate belief in, and adherence to, those values. There was strong support in the consultations for a process to help families to identify what is important to them regarding communication about sexuality and sexual behaviour. We therefore recommend that:

■ A resource for parents should provide opportunities for parents to think through the issue of their children as sexual beings, their family values, what is important to them, and how they will prepare themselves to communicate these values to their children.

5.2 Communication

Families that had managed to create a comfortable atmosphere in which easy communication about sexuality could occur with children from an early age reported continued openness in their families towards sexuality. This report therefore recommends that:

■ A resource for parents should offer suggestions about how to create a family environment that fosters parent–child communication, so that talk is normalised from an early age.
■ To communicate effectively with children about sex requires that parents have effective communication skills. The term ‘open communication’ is used frequently, but this term is subject to various interpretations. This report therefore recommends that:
■ A resource for parents must clearly define ‘open communication’ and assist parents to develop the skills they need to communicate effectively with their children about sex and relationships.
■ Parents should be provided with resources when their children are very small which assist them to prepare for and to be able to approach matters concerning sex from the time their children begin to show an interest in male and female body differences, and start asking questions related to sex and gender.
■ Resources for parents should also support those parents who have not opened channels of communication about sex until their children are older. It is important that parents are not made to feel that they have failed if they have difficulty in communicating with their children about sexuality, but should be given the message that it is never too late to start.

5.3 Knowledge

Many parents in the consultations had themselves only received limited or inadequate sexuality education and many had no effective role model upon which to base family communications about sex. In some cases, this lack of role model(s) had resulted in parents repeating these same inadequate approaches to sex education, even though they realised it was not working. Some parents reported that they felt embarrassed about their lack of knowledge and did not know where to turn for advice. Even parents who were relatively
confident sought confirmation that they were ‘doing it right’. This report therefore recommends that:

- A resource for parents must address multiple levels of knowledge about human sexuality, or provide directions to an accessible source of information where parents can find information to answer their own questions and prepare themselves to answer their children’s questions.
- Consideration should be given to the inclusion of a developmental timeline concerning children’s interest in sex, and their social and physical development from birth to adulthood in the parents' resource.
- Parent resources must provide more than the basic ‘facts of life’. They should contain information about sex, puberty, adolescence, sexual behaviour and sexuality, as well as where such information can be easily accessed in a non-judgemental, relaxed way. Resources should also contain information about respectful relationships, healthy attitudes, and how to communicate with children about ‘difficult’ subjects.
- A resource for parents should address the range and complexity of attitudes within society concerning homosexuality. While acknowledging individual values, the resource must also clarify the legal status of homosexuality and cover the damaging effects of homophobia and heterosexism on same-sex attracted young people and their adult counterparts. It must also reassure parents that gay and lesbian people can lead happy, productive lives comparable to their heterosexual peers, and that learning about homosexuality and respecting gay people does not make people gay.

5.4 Sex education in a sexualised society

There was concern from parents that sex has become ubiquitous in Australian culture, and that children are constantly exposed to sex every day by the media, by peers and in school programs. Parents felt that their children were exposed to sex at an earlier age than had been their own experience. Many struggled with how to manage their children’s sexuality education when children in lower primary school had heard of sexual practices such as anal sex, a subject with which some parents were uncomfortable. This report therefore recommends that:

- A resource for parents should include information about how, compared with previous generations, children today have more exposure to sex and sexuality, on television, in music, in the print media. It should also address the ease of access young people have to explicit sexual content on the internet, and the ways in which alcohol, drugs and sex can increase risk-taking among some young people.
- Consideration should also be given to the inclusion of discussion concerning trends and fashions about sex and sexuality that emerge from time to time in young people’s culture. Increased exposure to a sexualised culture has implications for how parents communicate with their children about sex.
- Parents must take a lead by ensuring their children have access to accurate information and to an environment at home in which they feel comfortable to talk about what they hear in the media or from friends. To support parents in taking on this role, a resource should provide suggestions for parents about how to answer children’s questions, including ‘hard’ questions, in age-appropriate ways.
- A resource for parents should make suggestions about how exposure to sex in the media can be capitalised on to create opportunities for discussion.
6. The school

6.1 Parent–School communication

There were a number of concerns expressed about sexual health education in schools. Much of this appeared to come from hearsay or misconceptions about the content of school programs or teaching styles. For example, one participant related the following:

R1: … my friend was telling me—and this was at another school—that her daughter was asked in her class to write down every single thing they knew about sex, on a piece of paper. And then, you know, everything they knew about the penis and all the names that it was called. And the teacher was going around saying, well, what about this? What about this?

R2: That stirred up a bit of controversy?

R1: Well, it did, actually. And it was very confronting—well, this is, what, Year 6. And it was very confronting. Because, I mean, she has an open relationship with her parents, and they—I mean, they’re normal people and that. But it was very, very confronting. And I don’t think they were prepared for that. (suburban consultation #1)

The interviewer suggested that this might have been a misunderstanding, because a teaching technique in sexuality education called ‘body parts brainstorm’ is sometimes used in school programs. In response to this the following exchange took place:

R1: Well I don’t think that’s a problem. I don’t have a problem with that, but I’d like to know.

R2: But I don’t see why someone else should be educating my child about something so personal. So I probably—I would like to—before my child gets spoken to about sex I would like to know what the teachers are going to say first, and get my consent first. Because I am really open and I want them to have certain ideas about it. And I think that’s my role.

R1: And I don’t think it’s the state’s role to take over that for me.

R3: We do get notification.

R2: I do think there is a role, though, for the state to do it, though, because there’s a lot of parents that aren’t comfortable.

R3: We do get notification that sex ed is going to come up, And if you have some concerns, you can see the teacher. And if you need to say anything first, before that starts, you give them a good few weeks.

R4: I have had two boys go through that thing of putting everything on the board, and they’ve come home just so excited and filled with respect for their teacher that, you know, she has been so open about recording all of the different names and all of that.

R5: I’m a bit ambivalent. Like, on the one hand it’s a really good idea for everyone to be educated about sex … (suburban consultation #1)

Thus, it is clear that there are mixed feelings among parents about sex and sexual health education in schools, but concern is not so much about knowledge being acquired, as about the manner in which it is imparted. One issue that came up in several different consultations was regarding a session that is conducted in schools about condoms.

My niece just recently had to put a condom on a piece of fruit, or vegetable, I think. And her parents knew nothing of it. They weren’t informed in any way that this is what is going to happen in health. She came home quite embarrassed and shocked by the whole affair, you know, because that’s not something she’s ever had to do before. And especially in a classroom with all the other children. You know, the parents should have been informed, and she came home—yeah, a bit upset by the whole thing. So yeah, more information from parents before these things happen. (suburban consultation #2)

In one consultation there was discussion about what was seen as inappropriate behaviour on the part of teachers.

R1: Up at the high school, I found it very hard. They just sent home a consent form, no
information, and when [my son] was coming home and—you know, because they do. They discuss what goes on in the classroom. And I found that this teacher in particular was advocating his personal views. And that is what I had a problem with. They need to keep it professional in the high school, stick to …

R2: Don’t give your personal views, because then you are then imposing your—you know…
R3: (teacher) It’s a real trap with these kids, and especially at high school, will ask you and want to know. And they’re looking for more than just the nuts and bolts. But that is, you know? That’s the fine line.

R1: But this teacher in particular really overstepped the mark.
R3: Mm, it happens.

R1: Yeah, I have issues with that, because he was advocating one thing. And he basically said, whatever your parents tell you on the subject, just don’t listen to them. And I said, no, that’s not right. I don’t mind my son getting an education, you know? Teach him about the body, teach him what’s going to happen. We’ve already done that. But for other children that haven’t had an opportunity—but don’t bring your personal—you know, if they pull you aside quietly, that’s fine. But not to get up in front of the classroom and say—you know, and demean—you know, undermine parents. (rural consultation #3)

In each group there were a few participants who worried that school sexual health programs might ‘invade’ their rights as parents.

I don’t see why someone else should be educating my child about something so personal. So I probably—I would like to—before my child gets spoken to about sex, I would like to know what the teachers are going to say first, and get my consent first. Because I am really open and I want them [my children] to have certain ideas about it. And I think that’s my role. (rural consultation #3)

In suburban consultation #2 this issue also came up. One participant said she wanted to know what would be taught and would prefer to remove her child if she thought the proposed content was inappropriate for her child. She said:

R1. Yeah, [I’d like to be able to say] I don’t think my child’s ready for that, you know, I don’t really want them to be involved in that. Or, I’d like to be the one that gives them that information, or whatever else, so that you can really have some tailored skills being given out rather than just a general—because we know all our kids are different. They’re not all ready for the same things at the same time.

The following discussion ensued:

R2: I mean, but that’s the thing [if your child is excluded from school programs]. I mean, they’re going to be talking in the playground anyway. But as long as you know what’s coming up.
R1: Perhaps beforehand, even.
R2: Yeah, yeah.
R3: Like, if you know it’s coming in Year 3 then you go …
R2: That’s right.
R1: I’d like it to be me that gives them that information first.
R4: Yes.
R3: Then you can give it in a way that you’re comfortable with them getting it, so that you know … (suburban consultation #2)

Despite these concerns, most parents supported the provision of sexual health education in schools, but on the proviso that they were informed about what would be addressed at different times in school programs, in order to be prepared. For example:

R1: … parents [need to] know that certain things are going to be broached in different year levels as the children go through. Ready or not, these things will come up in conversation.
R2: I think possibly just, you know, letting you know what the children will be taught at certain levels so that you are aware of what’s going to be going on, so that you can either complement that, or …

R3: What questions you’re going to ask.

R1: Yeah, that’s right. So that you can get some information for yourself to complement what’s going on, so that you’re ahead of the game a bit. Or, you know, if you have real issue with something that’s going to be taught, you have an opportunity to say, well, I’m really not comfortable with my child being taught this, that, or something else. Because, I mean, we know our children the best, you want to have that option of saying whether it’s religious beliefs or whatever, that you can say, that doesn’t go with my family… (suburban consultation #2)

While this kind of discussion arose in each consultation, parents generally agreed that they did not want to be burdened by having to attend meetings about what was to be covered in school programs. They would prefer to be informed in writing about what to expect from the school and when. Parents felt this would assist them to ‘give (sex education at home) in a way that they are comfortable with their children getting it’.

A participant who was also a teacher commented:

As a teacher I’ve never had anyone withdraw their child from my lessons, but they have appreciated knowing, and having the opportunity beforehand, to put their moral perspective to it, or their beliefs to it. And raise, if they hadn’t already, with the child, prior to the child getting the nuts and bolts version at school. (suburban consultation #2)

It is clear that parents do want their children to be well informed about sex, sexual health and relationships; however, they want to be kept informed about school programs. Schools need to take an active role in providing written communication about what will be covered in sexuality education programs and to be open to meet with parents who express concerns. The active engagement with parents about school sexual health programs may overcome some of the misunderstandings expressed by participants in this research, and foster greater levels of trust.

6.2 Key findings

Three key points emerged from this research about parental attitudes towards sexual health education in schools:

■ Parents want their children to be well informed about sex, sexual health and relationships; however, they want to be kept informed about school programs.
■ Parents want to be assured that those educators who will be teaching their children sexual health education have the skills and qualifications to do their job well, while remaining sensitive to the diversity of values among their students and their families.
■ Schools need to take an active role in providing written communication about what will be covered in sexuality education programs and be open to meet with parents who express concerns.

6.3 School sexual health education

In recent times there has been much discussion across Australia about using a ‘whole-school approach’ in health education, which includes a partnership between parents and the school. However, few secondary schools have successfully engaged parents in the planning or implementation of programs, and teachers often view parents with fear and suspicion.
Although research has clearly demonstrated that parents strongly support sexual health education in schools, no literature was found concerning parents’ attitudes towards their direct involvement in school programs.

This research also found that most parents supported sexuality education in schools as it is being currently delivered; however, they do want to know what and when their children will be taught. Such advance notice would support those parents who wish to cover the subject matter with their children in the context of their family values before the school program commences. It would also provide opportunities for parents to engage their children in discussions about what they have learned at school, thereby facilitating improved communication. Many parents are time-poor and did not want to be involved in school meetings so there was a preference for good written information from the school.

Little was found in the literature concerning families from diverse cultural backgrounds, and very limited diversity was achieved in the current research.

### 6.4 Recommendations for School–Family partnerships

Both the literature concerning school–parent partnerships and the findings of this research make it clear that school–parent partnerships require more attention if they are to work effectively to benefit children. A few parents feel strongly that their family values about sex should be conveyed first by them, at a time of their own choice, and they worry that schools might pre-empt them. Most parents support sexual health education in school. Those who expressed concerns were amenable to flexibility about school programs if parents were provided with information about the program and were confident that it would be taught responsibly. Parents would then be able to broach the subject with their child prior to the school program and to complement it afterwards.

This study clearly shows that more work is needed to foster trust between parents and those school staff responsible for sexual health education. Parents want to be informed, but have limited time to commit to active involvement in school committees or meetings. This report therefore recommends that:

- Schools, supported by the state departments of education, provide comprehensive and accessible information for parents about the content of programs in which their children will participate, and the approach that will be used.
- School staff teaching sexual health education make themselves available to parents who wish to meet with them to discuss the program in which their child is to participate.
- School principals make it known to the school community that they are available to discuss any concerns parents have about the program or their child’s participation.
7. Appendices

Appendix 1: focus group themes
These are indicative only. Consultation discussions were semi-structured and flexible to allow issues to be raised and for new themes to be followed as they arose.

Theme
Prompt questions

Ice-breaker
When and how did you learn about sex?
What kind of resources do you know about/have you used with your children?

General issues concerning sexuality education

- Who do you think should be responsible for sex education? Parents? School (teacher/specially trained teacher/nurse/other)? Shared?
- When should sex education start? At home? At school?

Sex education at home

- How do you approach sex education with your children?
- To what kind of information do you think children in this age group (10 – 14, 15 – 17) should be introduced?
- What would make it easier/more comfortable for you to talk to your kids about puberty, reproduction and sexuality? (Skills? e.g. listening, communication, opening) (Knowledge? e.g. body changes, social situations, sexual situations, production? Language?)
- If there were a resource just for you as a parent, as opposed to resources for your children, what would you want included? (e.g. to support communication between you and your children?)
- What would be your preferred form for such a resource? Book, magazine, leaflet, CD/DVD, website, etc.?
- If discussions about sex arise with your child, where and when is it most likely to happen?
- Is one time more likely than others? e.g. doing the dishes, at bedtime, in the car, etc.

Sex education at school

- Do your children have sexuality education at school?
- What do you know about the program at your child’s school?
- Are you involved? In what ways?
- How would you like to be involved? What do you want from the school in relation to sexuality education?
Appendix 2: Recruitment

Letterhead: La Trobe University/Australian Research Centre in Sex, Health and Society (LTU/ARCSHS)

Invitation to Attend a Consultation for Parents

Parent Sex Education and Sexual Health Resources

The WA Department of Health is committed to promoting positive sexual health and recognises that the foundations for sexually healthy people start in childhood with the guidance and support of well informed, comfortable and confident parents and family members who are the primary sexual health and relationship educators of children.

To assist in this, the WA Department of Health has funded La Trobe University’s Australian Research Centre in Sex, Health and Society (ARCSHS) to consult with parents about the development of resources to support them as the primary sex educators of their children. The research will contribute to the development of resources to assist parents to become more confident and well informed in this area.

Purpose of consultations

- To carry out consultations with parents of children in WA.
- To identify these parents’ information needs and views about the sexual health education of their children.
- To identify parents’ preferred content and delivery of sexual health information to assist them to educate their children.

You are invited to attend a consultation with other parents to discuss your views about sex and sexual health education. The aim of the consultation is to gain your views about sex education and what information you need to be able to do this with confidence. The information gained from these consultations will be used to develop a resource for parents of children aged between 10 and 17 years.

Dr Sue Dyson from La Trobe University will be running the consultation. Sue is a parent and grandparent who has worked in the area of sex and relationships education for over 25 years, both as an educator and a researcher.

At the consultation, you will be asked to return the signed consent form to indicate your agreement to participate. We will also seek your permission to record the discussions. The consultation will take approximately between one and two hours. Sue will ask you for some basic information such as your age, where you were born, your postcode, gender, education level, household structure and the ages and gender of your child/ren, but will not ask you for any other information that might identify you. Demographic information will only be used to collectively describe the characteristics of those who participated in the workshops for reporting purposes.

Your name will be on the consent form, but this will be kept separate from any other information gathered about you. In any report resulting from the research, names will be changed to protect your privacy and confidentiality.

After the consultation, the tapes will be transcribed and, along with the results of the other consultations that are being held, will contribute to a report for the WA Department of Health (DoH). The report will inform the DoH about what parents want to help them to become confident to provide sexual health information for their children.

Thank you for considering this invitation. Information about the consultations and what will be asked of you by the researcher is included, along with a form that signifies your willingness to participate.

If you have children in the age groups identified above (10 – 13 or 14 – 17) please register your interest in one of the planned groups listed above, by calling the number below, emailing, or returning the signed consent form by post in the envelope provided.

Signed:
Appendix 3: Participant Information

(LTU/ARCSHS Letterhead)

Participant Information Sheet

Parent Sex Education and Sexual Health Resources Consultation

The Western Australian Department of Health has funded La Trobe University’s Australian Research Centre in Sex, Health and Society (ARCSHS) to consult with parents about the development of resources to support them as the primary sex educators of their children. The research will inform the development of resources to assist parents to become more confident and well informed in this area.

1. Research team: Principal researcher: Dr Sue Dyson (La Trobe University)

2. Project aims:
   - To carry out consultations with parents of children in WA, about their information needs and views on the sexual health education of their children.
   - To identify parents’ preferred content and delivery of sexual health information to assist them to educate their children.

3. How you have come to be invited to participate: You are a member of a parent advocacy organisation in WA, or have heard about the research from a friend. You have a child or children aged between 10 and 17 years.

4. What you will be asked to do: You will be asked to participate in a consultation that will take between one and two hours. During the consultation you will be invited to discuss questions about general issues of concern about sex education, your views on sex education at home and at school, and what kind of information or resources you would like to assist you to feel confident to talk to your children about sex.

You will be asked to sign a consent form to indicate that you understand what we propose to do and how the information we gather will be used. We will also ask you to complete a form that tells us how old you are, your postcode, your gender and the ages and genders of your child or children. There will be no link between this identifying information and your name on the consent form.

During the consultation, the facilitator may keep notes and the discussions may also be recorded and later transcribed. The recording and transcription will be kept private and will not identify you in any way.

5. Risks: It is possible that you may find yourself feeling frustrated or wanting to know more about talking with your child about sex and relationships as a result of issues that emerge for you during the consultation. We will provide you with an information sheet about agencies and resources that are available for parents seeking information about sex and sexual health matters for their children. Should you feel the need for assistance, we recommend that you contact one of these agencies, or another health professional, to seek support.

6. Benefits: Information resulting from this study will directly influence the development of resources for parents. It may also aid more effective links between parents and schools in the delivery of sexual health education.

7. How the information we get from you will be used: All information will be anonymous and the following steps will be taken to ensure your interview remains confidential and anonymous:

   - Information about you will not be disclosed to others, except anonymously in the course of reporting the research findings to the WA DoH, or in academic conference papers and journal articles.
   - The tape-recording of and notes collected during the consultation will be transcribed and, during the course of the project, will be stored in a locked filing cabinet and/or in a password-protected computer file, accessible only to the researcher at La Trobe University.

Any link between your name and your participation in a consultation will be known only to the researcher. Consent forms which bear your name will be stored separately from meeting
transcripts. Item 8 below describes how information will be stored.

Information gathered during the project may be used in conference presentations and academic journal articles. However, no information that could potentially identify you to readers of any subsequent publications will be used.

8. Data storage: During the life of the project tapes and transcripts will be stored in a locked filing cabinet in the researcher’s locked office. After completion of the project, these will continue to be stored in a secure facility at La Trobe University City Campus for five years, after which they will be destroyed using secure methods.

9. Any questions regarding this project may be directed to Sue Dyson at La Trobe University on (03) 9285 5125, or via email on s.dyson@latrobe.edu.au.

10. Complaints: If you have any complaints or queries that the researcher is not able to answer to your satisfaction, you may contact the Ethics Liaison Officer, Human Ethics Committee, La Trobe University, Victoria 3086 (telephone (03) 9479 1443, email: humanethics@latrobe.edu.au).

11. Withdrawal of Consent: Participation is entirely voluntary. You have the right to withdraw from active participation in this project at any time up to the end of the consultation. If you decide to withdraw, you also have the right to require that all traces of your participation are removed from the project records, provided that this right is exercised prior to the completion of the consultation. Because the information gathered in the consultation will be anonymous, it will not be possible to remove all traces of your participation after its completion.
8. References


[34] Löfgren-Mårtenson L. ‘May I?’ About sexuality and love in the new generation with intellectual disabilities. Sexuality and Disability 2004;22(3):197 – 207.


