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# **Australian Parents, Child Sexuality, and Boundary Setting: Informing Preventative Approaches to Child Sexual Abuse**

Thesis submitted by  
Georgia Charlene Babatsikos, BA *Tulane University*, MPH, *Tulane University School  
of Public Health and Tropical Medicine*

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For the degree Doctor of Philosophy  
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Sciences) and  
the School of Public Health, Tropical Medicine and Rehabilitation Sciences (Faculty  
of Medicine, Health and Molecular Sciences)  
James Cook University

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## STATEMENT ON THE CONTRIBUTION OF OTHERS

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Georgia Babatsikos

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Date

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## **ABSTRACT**

Over the past 20 years, child sexual abuse has been recognized as a significant social problem in both Australia and other countries worldwide. In response to this increased concern, many preventive initiatives have been developed. Prevention programs in Australia have mainly focused on children in school settings and their teachers, with few programs targeting parents and other caregivers. Parents' role in prevention is critical as they are the primary protectors of children. However, there has been little Australian research to explore the issues and challenges faced by parents/caregivers as they manage the risk of child sexual abuse. The aim of this research is to identify the knowledge, attitudes, beliefs, and practices of parents and primary caregivers in Australia that influence their management of this risk. This research also explores the ways in which parents access support, information and education on issues related to child sexuality and child sexual abuse.

For this research, qualitative interviews with Australian parents of children aged 5-15 years were conducted using the Grounded Theory approach developed by Strauss and Corbin (1998), with each stage of sampling being analysed and used to inform subsequent stages of sampling and interviewing. The outcome of this research was the development of a theory which explains the ways in which parents manage the risk of sexual abuse to their children. The central theme of this theory is balance, reflecting the challenge faced by parents in balancing social relationships when the sexual boundaries of their children were crossed by another person. The theme is also reflected in the challenge parents face when providing their children with sufficient information to protect the children without frightening them.

Findings from the research inform a number of recommendations for policy and practice aimed at preventing child sexual abuse. The development of alternatives to formal reporting when child sexual abuse is suspected was identified as important by parents in this study. Recommendations are made for programs which develop parental skills and knowledge in areas such as: the subtleness of grooming behaviours; the use of language that empowers children without scaring them; how to initiate child sexual abuse prevention discussions with their children; developing general communication skills; and developing strategies beyond relying on children to disclose. (368 words)

## **TABLE OF CONTENTS**

List of Tables .....	11
List of Figures .....	11
CHAPTER 1: INTRODUCTION .....	12
Chapter Overview .....	12
A Note on Language .....	12
Conception of the Thesis .....	12
Context for the Research and Thesis .....	14
Aims of the Research .....	16
Dual Social Work/Public Health Focus of the Project.....	16
Social Work .....	17
Public Health.....	18
Position of the Researcher .....	20
Values and interests in this topic .....	21
What and who the research is for.....	21
Who am I trying to influence? .....	21
Assumptions about the problem.....	22
Summary of the Study .....	23
Organisation of the Thesis .....	23
Chapter Summary .....	23
CHAPTER 2: LITERATURE REVIEW .....	25
Chapter Overview .....	25
Definition of Child Sexual Abuse.....	25
Incidence and Prevalence of Child Sexual Abuse .....	27
Consequences of Abuse .....	28
Risk Factors for Sexual Abuse.....	28
Theories on the Causation of Child Sexual Abuse .....	30
Offender focused theories .....	30
Combination theories .....	31
Broader social theories.....	33
Evolution of Childhood.....	34
Advocacy for the Rights of Children .....	35
Child Protection Models .....	35
Child Sexual Abuse Prevention Efforts .....	36
Primary prevention models .....	37
Secondary prevention models .....	40
Tertiary prevention models .....	41
The Role of Parents and Caregivers in Preventing Child Sexual Abuse .....	42
Parental Knowledge, Attitudes, and Practices Related to Child Sexual Abuse.....	43
Knowledge .....	43
Attitudes and beliefs .....	45
Practice.....	46
Gaps in the Research.....	49
Chapter Summary .....	50
CHAPTER 3: METHODS .....	51
Chapter Overview .....	51
Ontology: Social Constructionism.....	52
Social constructionism applied to this research project.....	55



Epistemology: Interactionism .....	55
Methodology .....	57
Qualitative approach .....	57
Semi-structured interviews .....	58
Grounded theory .....	61
Definition and history .....	61
Grounded theory framework according to Strauss and Corbin .....	63
Theoretical sampling.....	64
Three stages of coding .....	65
Conditional matrix .....	66
Theory development .....	69
Data collection .....	69
Sampling and recruitment.....	70
Demographic data .....	72
Ethics and consent.....	75
Incentives .....	77
Interviews.....	78
Pre-test .....	80
Round one interviews .....	80
Round two interviews .....	80
Round three interviews .....	81
Bias: researcher and participant.....	81
Researcher bias .....	81
Participant bias.....	82
Coding and analysis .....	84
Open coding .....	84
Axial coding.....	85
Selective coding .....	87
Limits of the research.....	87
Chapter Summary .....	88
<b>CHAPTER 4: RESULTS - BALANCE THEORY .....</b>	<b>89</b>
Chapter Overview .....	89
Definitions.....	89
Theory Formation – the Goal of Grounded Theory.....	90
Balance Theory .....	91
Overview of balance theory .....	91
Conceptual diagram of the theory.....	93
Importance of process and context .....	94
Overview of Participants.....	94
Chapter Summary .....	96
<b>CHAPTER 5: RESULTS - PREVENTION STRATEGIES .....</b>	<b>97</b>
Chapter Overview .....	97
Balance in Prevention Strategies .....	97
General Communication Strategies .....	99
Prevention Triggers.....	104
Communication initiated by children.....	104
Communication initiated by parents .....	104
Communicating About Sexuality and Sexual Abuse.....	106
Doing differently to own parents .....	106

Parents own history of abuse or having known someone who was abused.....	108
Family rules .....	109
Normalizing sexuality.....	110
Providing age/development appropriate information .....	110
Clarifying questions .....	111
Humour .....	112
Using teachable moments .....	113
Teaching tools.....	113
Gender differences in communication between children and their parents.....	114
Discomfort in speaking to children about sex.....	115
Limit to what parents can do and faith that things work out .....	116
Sources of information for children.....	117
<b>Sexuality Topics Arising and Parental Responses.....</b>	<b>120</b>
General sexuality .....	120
Sexual abuse prevention .....	120
Stranger danger .....	121
What is sexual abuse?.....	122
Protective behaviours.....	123
Secrets .....	123
Internet safety.....	123
Warnings about alcohol and drugs.....	124
<b>Other Protective Strategies .....</b>	<b>125</b>
Investigating social settings .....	125
Monitoring comfort levels of children.....	127
Suspicion of males .....	127
Relying on social supports to protect children.....	129
<b>Parental Sources of Support and Information.....</b>	<b>129</b>
<b>Chapter Summary .....</b>	<b>135</b>
<b>CHAPTER 6: RESULTS - INTERVENTION STRATEGIES .....</b>	<b>137</b>
Chapter Overview .....	137
Balance Theory in Relation to Intervention Strategies .....	137
Parents Classify Sexually-related Incidents as Normal or Abnormal.....	138
Parents' Response to What They Consider Normal Behaviour.....	139
Parents' Response to What They Consider Abnormal Behaviour.....	140
Initial shock and disbelief .....	143
Feeling something's not right .....	144
Challenge of proof .....	145
Responses.....	146
<b>Parents' Sources of Support and Information.....</b>	<b>151</b>
<b>Chapter Summary .....</b>	<b>153</b>
<b>CHAPTER 7: DISCUSSION AND RECOMMENDATIONS .....</b>	<b>154</b>
Chapter Overview .....	154
<b>Implications of Balance Theory For Prevention Programs.....</b>	<b>155</b>
Developing Response Strategies Beyond Reporting to Authorities .....	156
Findings.....	156
Recommendations for prevention programs.....	156
Highlighting the subtleness of grooming behaviours .....	158
Findings.....	158
Recommendations for prevention programs.....	158

Using language to empower children without scaring them.....	159
Findings.....	159
Recommendations for prevention programs.....	159
Initiating child sexual abuse prevention discussions .....	160
Findings.....	160
Recommendations for prevention programs.....	160
Developing skills in general communication with children .....	160
Findings.....	161
Recommendations for prevention programs.....	161
Prevention strategies beyond relying on children to disclose.....	162
Findings.....	162
Recommendations for prevention programs.....	162
Other Findings – Implications for Prevention Programing.....	164
Language used to describe people who sexually abuse children.....	165
Findings.....	165
Recommendations for prevention programs.....	165
Sources of support and training for parents .....	166
Findings.....	166
Recommendations for prevention programs.....	166
Role of fathers in prevention.....	167
Findings.....	167
Recommendations for prevention programs.....	168
Recommendations for Further Research.....	169
Chapter Summary .....	171
CHAPTER 8: CONCLUSION .....	172
Chapter Overview .....	172
Review of the Thesis.....	172
Broad Implications of the Research.....	172
Balance theory .....	173
The connection between boundary crossing incidents and child sexual abuse ....	173
Examining reporting laws .....	174
The continuum of prevention and early intervention.....	175
Importance of a multi-tiered approach to prevention .....	175
Partnering with parents in order to develop prevention programs.....	176
Participation of fathers in research .....	176
Where to from Here .....	176
REFERENCES .....	178
APPENDICES .....	195

## **LIST OF TABLES**

Table 1: Summary of Demographic Results of Research Participants.....	74
Table 2: List of study participants.....	94

## **LIST OF FIGURES**

Figure 1. Conditional Matrix by Strauss and Corbin.....	67
Figure 2. Conditional Matrix applied to parents managing the risk of sexual abuse to their children .....	68
Figure 3. Demographic Form.....	73
Figure 4. Parents Process of Managing the Risk of Child Sexual Abuse.....	86
Figure 5. Parents Managing the Risk of Child Sexual Abuse: Balance Theory .....	93

# **CHAPTER 1: INTRODUCTION**

## **CHAPTER OVERVIEW**

In this thesis, a qualitative exploration of the ways in which Australian parents and caregivers<sup>1</sup> manage the risk of child sexual abuse is presented, based on research conducted with parents from Melbourne and Cairns between 2006 and 2008. This chapter provides an overview of this research project and the way in which it developed. The conception of the thesis and the context for the research are discussed, along with the aims of the research. My position as a researcher in terms of values, interest in the topic, audience for the research, and assumptions about the problem are explained. Finally, the structure of the thesis is outlined.

## **A NOTE ON LANGUAGE**

Throughout this thesis, the term *boundary crossing incidents* is frequently used to describe incidents where a child's sexual boundary has been crossed. This term has been used in the thesis when reporting the interview data and describing incidents where parents have described something happening that they have interpreted as being of a sexual nature or potentially of a sexual nature between their child and another person (adult or other child) and that they consider to be abnormal and/or inappropriate. While in some cases these incidents may be interpreted by some as child sexual abuse, most of the parents did not use this or any other specific term to describe incidents in this way. Although the parents knew this research was about child sexual abuse, they infrequently used the term 'child sexual abuse', so I have used the term *boundary setting incidents* as it reflects the interview questions where I asked parents to discuss incidents in which they considered that a boundary related to sex had been crossed with their child.

## **CONCEPTION OF THE THESIS**

This research evolved after many years of personal contemplation of the problem of child sexual abuse, influenced by a combination of my professional work in public health (primarily HIV, sexually transmitted infections, and teen pregnancy prevention) where I saw disproportionate numbers of people affected by child sexual abuse, as well as by my personal history of intra-familial abuse. Through these experiences, I have come to understand the

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<sup>1</sup> The term "parents" will be used for the remainder of the document implying the inclusion of primary caregivers.

magnitude of the problem and have tried to grapple with the complex issues which lead to the frequent occurrence of child sexual abuse. As a result, I chose to conduct research into the ways in which parents manage the risk of such abuse so that I could contribute to the development of prevention programs which could spare children the pain and trauma of sexual abuse.

Two experiences finally prepared me to begin this research. The first was the experience of having developed a number of comprehensive public health prevention programs for two states in the United States of America (USA), where I saw the power and effectiveness of multiple coordinated prevention strategies combined with extensive community participation. I began to see the possibilities in applying a public health approach to this problem. As I read the literature, I found a number of advocates of a public health approach to child sexual abuse, particularly in the writings of Mercy (1999), MacMahon (2000), and Anderson, Mangels and Langsam (2004). I have also keenly followed the trialling of a public health approach to child sexual abuse prevention through the Stop It Now! programs in the United States of America and the United Kingdom (Rheingold et al., 2007). I was eager to become a part of this movement in which professionals use a public health model to impact upon the problem of child sexual abuse, particularly in terms of prevention.

The second experience which prepared me to begin this research was that of having my own child, an event that brought out a certain protective instinct in me that previously had not existed and made me realize my maternal role as guardian and defender of my child. As a new parent in Melbourne, I sought child sexual abuse prevention programs for parents and found none. I was only able to identify some simple books and materials describing warning signs in children and teaching children protective behaviours. As I looked more broadly for resources, both nationally and internationally, I found few programs and little literature for parents beyond simple brochures and some older self-help books. I noted that there was a large gap in education and support facilities for parents around this issue.

In order to begin thinking about developing effective programs to prevent child sexual abuse, I wanted to gain an understanding of the specific issues and challenges faced by parents as they managed the risk to their children of sexual abuse. This led me to explore the manner in which parents had been influenced by their upbringing (e.g. where they grew up as children, family composition, cultural and social values of the time) as well as by more contemporary influences (e.g. partner relationships, the gender and number of their children, and contemporary social and cultural environments) in the complex and challenging task of protecting their children from sexual abuse. In the early 1980s, Finkelhor (1984) pointed out

that while sexual abuse was once thought of as rare and in the realm of abnormal psychology, it was becoming a relatively common occurrence and could no longer be considered through the lens of abnormal psychology. Instead, he advocated for an increased understanding of the sociological and psychological factors which contribute to the widespread occurrence of child sexual abuse. In this vein this research project aims to contribute to an understanding of the sociological and psychological factors that affect the ways in which parents manage the risk of sexual abuse, in order to develop prevention programs.

## **CONTEXT FOR THE RESEARCH AND THESIS**

Before moving on to the aims of the research, I provide here my contextual view of the research in terms of the basic functioning of families and the primary role that parents play in protecting their children from harm. This provides the foundation from which I approach and explore the basic questions about how parents perform their protective role in relation to the risk to their children of sexual abuse.

In modern Western societies, the family unit traditionally consists of the mother, father, and children (often referred to as the nuclear family); however, in many cultures around the world including western culture, 'family' also can include extended family members such as grandparents, aunts, uncles, cousins, and even other unrelated members (Gorgas, Berry, Van de Vijver, Kagitcibasi, & Poortinga, 2006). Variations of contemporary families include single parent households, blended families, same-sex parents, and extended family caregiving arrangements (e.g. children living with grandparents, uncles/aunties) (Brooks, 1996). Karracker and Grochowski (2006) extend this definition beyond blood relatives or persons who share the same household to "others who play a significant role in the life of family members" (p. 6).

The family unit is considered one of the building blocks which provide the foundation of human society, as was emphasized by the United Nations (2011) in its declaration of the International Year of the Family in 1994 when it stated that "the family constitutes the basic unit of society" (para. 3). The family environment is ideally one of safety and trust, where members put their faith in one another to fulfil the basic functions of nurturance and socialization. Barker (2007) explains that the purpose of families is to "provide basic necessities for life for its members; the rearing and socialization of children; provision for the legitimate expression of the marital couple's sexuality; the provision of mutual comfort and support for its members; and reproduction and continuation of the species" (p. 19).

Parents are generally the persons who provide the leadership in families and are responsible for the welfare and upbringing of children. One of the primary responsibilities of parents is to protect children from harm. The definition of the word 'parent' found in the Macquarie Encyclopedic Dictionary: Australia's National Dictionary (2010) includes "guardian or protector" (p. 911). Parents have a duty to protect children from various types of harm, including unintentional injury (e.g. accidents) and intentional injury (e.g. physical, sexual and emotional abuse). Parents have the vital task of prioritizing and developing strategies for managing these risks (Morrongiello & Dayler, 1996).

One such risk to children is that of sexual abuse. Because parents are largely responsible for socializing and teaching children about sexuality, they must decide when behaviour is appropriate and inappropriate and what to do when boundaries of deemed appropriateness are crossed. Perceptions of risk associated with these decisions are socially and culturally constructed, based on the individual's upbringing and values (Johnson & Covello, 1987). Individual constructs of risk also have community-wide implications, resulting in the development of societal taboos about sex between adults and children. These taboos, particularly in cases of intra-familial abuse (or incest), function to preserve family solidarity, as Justice and Justice (1979) explain:

One of the primary reasons for the incest taboo, and one of the theories on its origin, is that sexual activity stirs up passions and jealousies that make harmonious family life impossible. In addition, it confuses family members as to what their duties and roles are – a daughter sleeping with her father takes on the role of wife while the father often takes on the role of a boyfriend or lover and the mother becomes one of the children. Families bog down and stop working under such strains – so do individuals. Children stop growing and fail to get their needs met. Parents turn inward and shut out the world beyond. The most powerful reason for prohibiting the incest is to protect the child's development...the taboo is the basic mechanism for the child to develop autonomy and social roles during puberty and at the end of adolescence. (p. 28)

Despite taboos and generations of social norms which have evolved to protect children from sexual abuse, there is extensive evidence of the breach of such taboos in the documented high incidence rates and prevalence estimates of child sexual abuse (Pereda, Guilera, Forns, & Gómez-Benito, 2009a). These estimates are dependent on subjective measurement and definition of such abuse; however, there is sufficient evidence to support the assertion that child sexual abuse is a real and significant problem. The growing recognition of the seriousness of taboo breaches is evident in western social discourse (including that of



academic and mainstream media), where the epidemic of abuse and harm caused by child sexual abuse have more recently been understood (Davidson, 2008; Putnam, 2003).

In this discussion, it is also important to consider the contemporary context in which parents manage the risk of child sexual abuse. Gagnon and Simon (2005) point out that societies are becoming increasingly sexualized; they describe the “eroticisation of the social backdrop” (p. 220) due to the availability of sexual images and messages in the media and advertising, including sexualized images of women and access to pornography. The Internet has also dramatically changed the social backdrop and risk environment for children, particularly in terms of access to pornography as well as the risk of sexual assault through contacts made online (Mitchell, Finkelhor, & Wolak, 2005).

It is in this contemporary context of changing and complex risk that this research project has evolved. I will now proceed to describe the aims of the research reported in this thesis.

## **AIMS OF THE RESEARCH**

The overall aim of this research was to understand the ways in which parents manage the risk of sexual abuse. This included exploring the knowledge, attitudes and practices of Australian parents by examining when they talk to and teach their children about appropriate sexual behaviour, how they discuss and set boundaries, and how they deal with situations when those boundaries have been crossed. This research was guided by the theories of social constructivism and interactionism, the methods of grounded theory, and the fields of social work and public health/health promotion.

The sub-aims of the research were to:

- Develop a theory which explains the ways in which parents manage the risk of sexual abuse to their children.
- Make research-informed recommendations related to the development and implementation of education, training and support programs for parents.

## **DUAL SOCIAL WORK/PUBLIC HEALTH FOCUS OF THE PROJECT**

This research draws on the theoretical frameworks and knowledge of two fields of practice, social work and public health in order to enhance the research process and outcomes. Within the field of social work, the problem of child sexual abuse is addressed through advocacy for

vulnerable populations as well as participation in the detection of child sexual abuse and the support and treatment of children and families where child sexual abuse is substantiated. Therefore, the wealth of knowledge about the causes and effects of child sexual abuse are drawn from this field. The public health arena contributes knowledge about population-based prevention strategies, including a focus on primary prevention, as well as extensive proven success in the field of health behaviour change and multilevel ecological models of health program planning. Therefore, knowledge about primary prevention and research for program planning are drawn from this field. The influence of each of these fields is described below.

## **Social Work**

Social workers have long advocated for the protection and well-being of vulnerable populations including children (Hepworth, Rooney, & Larsen, 1997; Mattaini, Lowery, & Meyer, 1998). The purpose of social work is to: “enhance social functioning of individuals, families, groups, organisation, and communities; link client systems with needed resources; improve the operation of the social service delivery network; and promote social justice through development and social policy” (DuBois & Miley, 2008, p. 11). According to the website of the International Federation of Social Workers (2009):

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.  
(para. 1)

The goals of social work, as described by the Australian Association of Social Workers are to “...address the barriers, inequities and injustices that exist in society and by active involvement in situations of personal distress and crisis...[and] through involvement in research, policy development and analysis” (2009, p. 5). Social work practitioners acknowledge and work with culturally and socially diverse populations, developing and tailoring programs to be appropriate for these populations (Davis & Garrett, 2004). According to Johnson and Yunca (2007), social work is a “response to a concern or need” (p. 4), and this response is achieved through consideration and action related to assessment (understanding the problem, including context), the person in their environment (identifying and developing support systems using an ecological approach), relationships (with clients and within social systems), processes (the stages of change over time), and interventions (taking actions that are shown to be successful).

More specifically, social workers are often responsible for interventions that involve the protection and treatment of children who have been sexually abused as well as for the treatment of persons who sexually abuse children. The findings in treatment research literature emerging from social work practice provide an important foundational understanding of how and why child sexual abuse occurs. These findings are discussed in the “Literature Review” chapter.

Social work philosophies underlie this research in some important ways. The aim of this research is to contribute significantly to the development of programs which will change the conditions which lead to the sexual abuse of children, including responding to the problem of child sexual abuse using an ecological model, working with culturally and socially diverse populations, striving towards empowerment of families and communities in preventing abuse, and developing effective interventions and policies to prevent abuse.

## **Public Health**

Public health is related to child sexual abuse both in terms of the consequences of such abuse and the potential response to the problem. The public health consequences of child sexual abuse are reflected in a range of health problems as discussed in the “Literature Review” chapter, including increased risk of sexually transmitted infections, teen pregnancy, substance abuse, suicide, and depression. Additionally, the emerging view of child sexual abuse as a public health problem has led to a number of authors recommending a public health or community-wide/ecological approach to child sexual abuse prevention beyond educational programs targeting only individuals (McMahon, 2000; Mercy, 1999; Sanders & Cann, 2002; Wurtele, 1999). The Australian Institute of Health and Welfare (2008) explains that “Public health is distinguished from other roles of the health system by its focus on the health and wellbeing of populations rather than individuals. Public health programs are usually aimed at addressing the factors that determine health and the causes of illness, rather than their consequences, with the aim of protecting or promoting health, or preventing illness” (p. 1). The public health approach is characterised by a number of strategies, approaches, and/or theories/models, including:

- primary, secondary and tertiary prevention strategies;
- collective action as a foundation;
- approaches that recognise the complexity of individual and societal/environmental that impact on health;

- theories of health behaviour change; and
- models for health promotion program planning.

Each of these is discussed below.

Primary, secondary and tertiary prevention strategies are part of the foundation of the public health approach, with significant emphasis on population based primary prevention of diseases (O'Conner-Flemming & Parker, 2001). Primary prevention strategies applied to child sexual abuse are those which aim to prevent sexual abuse in the general population before it happens; secondary strategies consist of prevention in high risk populations as well as early detection and treatment; and tertiary strategies attempt to provide treatment and rehabilitation once abuse has been ongoing and to prevent it from continuing (Anderson, Mangels, & Langsam, 2004). Mercy (1999) argues that the philosophy and the experience of public health over a wide range of health issues, such as HIV prevention, malnutrition and immunization, can be used in the primary prevention of child sexual abuse.

Collective action is another relevant aspect of the public health approach. The Public Health Association of Australia (2011) describes public health as “the art and science of preventing illness and promoting health through the organised efforts of society” (p. 1). Mercy (1999) argues that public health offers something that has been absent in the field of child sexual abuse prevention: “a multidisciplinary, scientific approach to identifying effective prevention strategies” (p. 319) and states that the public health approach involves a broad cross-section of the community, including the criminal justice system, educators, the media, churches and other organisations. This approach draws on the strengths of a variety of perspectives and models and invites experts from all fields to work together and use their combined expertise and collective wisdom.

Approaches that recognise the complexity of individual and societal/environmental that impact on health have evolved in the public health field over the last 30-40 years to provide an explanation and deeper understanding of the complex factors which affect health outcomes in communities. The Ottawa Charter, developed as a result of the First International Conference for Health Promotion in 1986, put forth the concept of a “new public health” (Talbot & Verrinder, 2005, p. 8) which went beyond biology and individual behavioural issues to see health problems as socially created, and emphasized the need for changes in social environments as well as policy changes in order to have an impact on health issues. The five principles in the Charter include: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting

health services towards prevention (World Health Organisation, 1986). The multilevel approach as outlined in the Ottawa Charter suggests that there are multiple aspects of society which might contribute to the problem of child sexual abuse, and therefore effective solutions must consider and address these aspects.

The theories of health behaviour developed in the field of health promotion, particularly in the second half of the 20<sup>th</sup> century as it has become a more structured and professionalized field of practice (Cottrell, Girvan, & McKenzie, 2002), provide contributions which may be applied to child sexual abuse prevention. These theories attempt to explain the various factors which may influence individual and community decisions around health. Some of these models, such as Hochbaum's Health Belief Model (1958), Fishbein and Azjen's Theory of Reasoned Action (1975), Bandura's Social Learning Theory (1977), and Prochaska and DiClemente's Transtheoretical Model/Stages of Change (1983), offer insight into the motivations and knowledge of individuals, and the influence on their behaviour of other significant persons within their community. Other community-level or ecological models, such as the Diffusion of Innovation Theory (Rogers, 1962) and the Community Action approach (Brown, 1991), are broader and encompass not just the motivations, beliefs and practices of individuals but also consider the importance of community infrastructure, functioning, and values.

Models for planning health promotion programs from the field of health promotion/public health can also be used in the development of preventive responses to child sexual abuse. These models which have emerged from the field of health promotion, such as the Procede/Precede Model from the USA (Green & Kreuter, 1999) and the Victorian Department of Human Services model from Australia (Victorian Government Department of Human Services, 2003), provide multilevel approaches to planning, incorporating individual and social/environmental factors within frameworks. These models provide guidance on the effective planning, implementation, and evaluation of prevention programs.

In summary, the knowledge and principles of both social work and public health provide a strong foundation of theory and practice which can assist in examining the problem of child sexual abuse and also can inform the development of strategies for prevention. I will now describe my position as a researcher as it relates to this research project.

## **POSITION OF THE RESEARCHER**

Wadsworth (1997) recommends that, at the outset of any journey into research, it is useful for researchers to clarify their position in terms of interest and values related to the topic under

investigation. Using categories suggested by Wadsworth, the following section clarifies my position as a researcher and includes my values and interests in this topic, what and who the research is for, who am I trying to influence, and my assumptions upon embarking on this research.

## **Values and interests in this topic**

As a result of my years of work in the field of HIV prevention in the USA (1990 to 2002), I consider the epidemic of child sexual abuse to be one of the major health and wellbeing issue faced by contemporary society. The people with whom I worked while conducting prevention, particularly persons with HIV, mental health issues, pregnant teenagers, drug users, and sex workers, had been disproportionately affected by child sexual abuse. Later this was confirmed for me when I read the literature which discussed the over-representation of sexual abuse amongst persons with these health issues.

Through my research and future work, I would like to understand the complex and multiple factors which lead to the problem of child sexual abuse so that I may be more effective in developing preventive strategies. This includes participating in efforts which are based on sound research and community-wide approaches to child sexual abuse prevention.

## **What and who the research is for**

The aim of this research is to inform professional practice around child sexual abuse prevention, particularly program planning and policy development. Conducting this research at the doctoral level, I hope this will be regarded by colleagues as both serious and practical. It is designed for program developers and evaluators as well as fellow researchers and practitioners. Based on the literature review in this thesis, I have published an article based on the literature review published in *Child Abuse Review* entitled “Parents’ Knowledge, Attitudes and Practices about Preventing Child Sexual Abuse: A Literature Review” (Babatsikos, 2010) in order to begin sharing this knowledge with professionals (see Appendix A). Further articles are planned in order to disseminate the findings of this research to academics and professional practitioners/program developers.

## **Who am I trying to influence?**

I intend to influence program planners to use this research to develop and expand appropriate primary and secondary prevention programs for parents. Further, I hope that this research will encourage academics to conduct additional qualitative and quantitative research both

nationally and internationally in order to understand the challenges faced by parents in managing the risk of child sexual abuse, including testing the theories put forward in this thesis.

## **Assumptions about the problem**

As I approach this research question, it is critical that I articulate assumptions that I have about the problem of child sexual abuse and the role of parents in its prevention. These assumptions are based on my understanding of the problem gained from the literature as well as from my own experience. Each of the core issues in these assumptions is further discussed with supporting references in the “Literature Review” chapter.

The first assumption is that sexual abuse is a significant problem and that there are many health and social problems that result from it that make life challenging and often difficult for survivors both in childhood and into adulthood. These problems impact dramatically on the quality of relationships, both intimate and social, as well as on the physical and psychological health of individuals.

The second assumption is that the incidence of sexual abuse can be greatly reduced through prevention programs. By preventing sexual abuse, many of the health and social problems linked to it could be considerably reduced. The effectiveness of many prevention efforts to date may be debatable; however, there is some evidence that programs have been effective, and with careful planning, implementation and evaluation, I believe that many future cases of child sexual abuse can be prevented.

The third assumption is that parents have an important role to play in sexual abuse prevention. Parents are at the frontline of prevention because of their role as primary protectors, caregivers, and teachers of their children. There is relatively little prevention education available for parents, so it is important that more programs are provided in order to increase their knowledge and capacity to reduce the risk of sexual abuse to their children.

The fourth and final assumption is that many community members are needed to join together to develop appropriate and effective responses to child sexual abuse. This research with parents provides a small but important piece of understanding needed in order to develop comprehensive community based approaches to child sexual abuse prevention. Further research needs to be carried out at many different levels in order to understand how prevention programs can best work. Now, a brief summary of the study will be presented.

## **SUMMARY OF THE STUDY**

This qualitative study consisted of individual or couple interviews with parents who had lived in Australia for at least 5 years and had children between the ages of 5 and 15. In order to approach this sensitive topic, interviews began with an exploration of the parents' own general history of their childhoods and sources of information about sexuality; interviews then moved to a discussion of experiences in parenting their own children, with a view to understanding the ways in which they managed sexually-related incidents with their children and how they responded when sexual boundaries had been crossed. The organisation of the thesis now follows.

## **ORGANISATION OF THE THESIS**

This thesis is organised traditionally into the following chapters: Introduction, Literature Review, Methods, Results (three chapters), Discussion and Recommendations, and Conclusion. This "Introduction" chapter discusses the conception, context, aims, dual influences and assumptions of the research. The "Literature Review" chapter reviews the problem of child sexual abuse, examining the risk factors for sexual abuse, the history of prevention efforts, and the existing research about the ways in which parents manage the risk of child sexual abuse. Chapter 3, "Methods", discusses the social constructivist and interactionist theories that influence this research and describes the use of grounded theory methods to conduct the research. Findings and results are presented over three chapters, beginning with the "Results: Balance Theory" chapter, which provides an overview of the theory developed from the data collected. The "Results: Prevention Strategies" chapter addresses the prevention strategies parents report using and their relationship to the theory, and the "Results: Intervention Strategies" chapter addresses intervention strategies used by parents, citing incidents of sexual boundaries being crossed as they relate to the theory. In the "Discussion and Recommendations" chapter, the implications of the theory for prevention programming are examined, including recommendations for ways in which to provide education for parents and how to include fathers in prevention programs. The "Conclusion" chapter revisits and summarizes the key aims and findings of the research and also contemplates future directions in research and practice for me, the researcher.

## **CHAPTER SUMMARY**

In this chapter, an introduction to the research project has been provided in terms of context and aims of the research. The social work and public health influences were discussed and



the position of the researcher articulated. Finally, a brief summary of the study and the organisation of the thesis were presented. In the next chapter, the literature relevant to child sexual abuse prevention is reviewed.

## **CHAPTER 2: LITERATURE REVIEW**

### **CHAPTER OVERVIEW**

In this chapter, the literature related to child sexual abuse is reviewed. First, the definition, incidence, and prevalence of child sexual abuse are discussed. The risks for child sexual abuse are then examined, followed by the theories of causation. A history of prevention programs is discussed and finally, gaps in the research are highlighted.

### **DEFINITION OF CHILD SEXUAL ABUSE**

Child abuse was first brought into widespread public view in western nations with the introduction of the term “battered child syndrome” (Kempe & Kempe, 1978, p. 17) by Kempe and Kempe in 1962 in the USA using a term originally described by Professor Ambroise Tardieu in Paris in the early 1860s. The emphasis of this definition during the 1960s initially focused on physical abuse, but over time expanded to include sexual abuse, including child prostitution and pornography (Doek, 1991). This increased recognition of the problem of child abuse led to a rapid growth in the child protection movement beginning in the 1980s (La Fontaine, 1990).

There are many definitions of child sexual abuse which have been developed by organisations from a variety of sectors, including governmental welfare bodies, professional associations, public health organisations, and community based organisations, with no one definition accepted across all fields. A concise definition proposed by Australian authors Broadbent & Bentley (1997) from the Australian Institute of Health and Welfare is "any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards" (p. 14). The definition put forward by the American Psychological Association (2010) on their website addresses specific sexual activities with children which constitute sexual abuse:

...a central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity. Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and anal intercourse. Child sexual abuse is not solely restricted to physical contact; such abuse could include non-contact abuse, such as exposure, voyeurism, and child pornography. Abuse by peers also occurs. (para.1)

The Centres for Disease Control and Prevention (2009), the national public health governmental agency in the USA, provides the following definition of child abuse, which incorporates sexual abuse, as:

Words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional; however, harm to a child may or may not be the intended consequence. Intentionality only applies to the caregivers' acts - not the consequences of those acts. For example, a caregiver may intend to hit a child as punishment (i.e., hitting the child is not accidental or unintentional) but not intend to cause the child to have a concussion. The following types of maltreatment involve acts of commission: physical abuse, sexual abuse, psychological abuse. (Discussion section, para. 1)

Another definition put forward by Kempe and Kempe (1978) addresses the violation of boundaries established within social groups in the form of taboos which makes child sexual abuse unacceptable:

[Child sexual abuse is] the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give their informed consent to, or that violate the social taboos of family roles. It includes paedophilia (an adult's preference for or addiction to sexual relations with children), rape, and all forms of incest. (p. 43)

All of the above definitions contribute to understanding the nature of child sexual abuse, the intent of and responsibility for abuse, the harm caused by abuse, and the social disapproval of child sexual abuse from a western cultural perspective where the definitions originate. These definitions have different strengths and provide a range of aspects and issues to consider when attempting to define and describe child sexual abuse.

While the above definitions, which originate from western countries (Australia and USA), make clear the unacceptability of child sexual abuse within in those cultures, from an anthropological perspective, definitions of acceptable and unacceptable sexual interaction between adults and children vary significantly in cultures around the world (Howard, 1989). The majority of cultures have taboos related to sex between adults and children, particularly within families (Search, 1988; Willner, 1983). The prohibition of sex between certain members of a family has been explained by biological arguments (preventing the physical/genetic anomalies that arise from inbreeding), social arguments (people needed to marry outside of their families for social/economic advantage), and functionalist arguments

(it's the duty of parents to maintain and teach about social roles, not confuse them) (La Fontaine, 1990). Other reasons for incest taboos include that:

...young children can be emotionally scarred by sexual experiences, which they may have interpreted as violent and frightening acts of aggression...[and] the incest taboo helps prevent girls who are socially and emotionally too young for motherhood from becoming pregnant. (Haviland, 1990, p. 222)

Outside of incest, there is significant variation in cultural values around sexual relations between adults and children, including initiation practices and marriage customs (Harris, 1997). In the 21<sup>st</sup> century in western countries such as Australia, the USA, and the UK, sexual activity between adults and children or between children with a significant age difference is considered in the dominant social discourse to be unacceptable, which is reinforced by laws criminalizing such behaviour (Davidson, 2008). It is in the context of this discourse that this literature review proceeds, utilizing publications produced from a predominantly contemporary western perspective. A review of the epidemiological data relevant to child sexual abuse will now be presented.

## **INCIDENCE AND PREVALENCE OF CHILD SEXUAL ABUSE**

Substantiated cases of child sexual abuse in Australia have fluctuated between around 3,500 and 4,400 notifications over the past 10 years. There were 3,650 children involved in substantiated cases of child sexual abuse in Australia in 2001-2002 (Australian Institute of Health and Welfare, 2003), 4,386 in 2004-2005 (Australian Institute of Health and Welfare, 2006), and 3,735 in 2008-2009 (Australian Institute of Health and Welfare, 2010). While the challenges of acquiring accurate statistics are acknowledged in reporting these figures, this represents a significant number of children subjected to experiences which constitute child sexual abuse.

Even more concerning is that the vast majority of child sexual abuse goes unreported (London, Bruck, Wright, & Ceci, 2008; Priebe & Svedin, 2008); therefore, prevalence data is helpful to understand the scope of the problem. Prevalence data based on seven studies in Australia reveals that 27.5 percent of females (approximately one in four girls) and 5.1 percent of males (approximately one in 20 boys) were sexually abused in childhood (Andrews, Gould, & Corry, 2002). A recent study conducted in Australia by Moore, Olsson, Jayasinghe, Carlin and Patton (2010) sampling Victorian school students revealed prevalence rates of 17 percent in girls and 7 percent in boys. In a meta-analysis of studies from 22

countries, 7.9 percent of men and 19.7 percent of women had be sexually abused before the age of 18 (Pereda, Guilera, Forns, & Gómez-Benito, 2009b). Within the limitations of data collection and study methods, and the variation in estimates of abuse, there is sufficient data to suggest that child sexual abuse is a relatively common phenomenon across countries where estimates are published. In the next section, an understanding of why child sexual abuse is such a problem in terms of the affects it has on children and the long term impact unto adulthood is provided.

## **CONSEQUENCES OF ABUSE**

Despite the lack of consensus on the definitions and exact rates of child sexual abuse, there is sufficient evidence to demonstrate that sexual abuse is a significant problem in terms of the health and social problems experienced by children who are sexually abused, both during childhood and into adulthood. Health consequences include higher rates of depression, attempted suicide, tobacco use, rape, alcohol dependence and substance abuse (Andrews et al., 2002; Conway, Mendelson, Giannopoulos, Csank, & Holm, 2004; Molnar, Berkman, & Buka, 2001; Nelson et al., 2002). Other psychosocial problems include mood swings, erratic behaviour, severe conduct disorders, distrust and inability to have successful intimate relationships (Mercy, 1999; Mullen & Fleming, 1998). According to Taylor, Moore, Pezzullo, Tucci, Goddard and De Bortoli (2008), in addition to the emotional cost of abuse, the financial cost of abuse is considered to be “staggering” (p. Sec 1: iii), including the cost of health care, education, criminal justice, and care and protection. There is also the recognition of the perpetuation of the cycle of abuse throughout generations as well as the resulting criminal behaviour in adults (Tomison, 1996). Finally, child sexual abuse has long term negative consequences later in life when people who were sexually abused go on to be parents, including the increased possibility of being single parents, having poorer psychological well-being, and having adjustment problems in their offspring (Roberts, O'Conner, Dunn, Golding, & The ALSPAC Study Team, 2004).

## **RISK FACTORS FOR SEXUAL ABUSE**

Risk factors for child sexual abuse which have emerged mostly from treatment research include gender, age, family structure (step or blended families), family dysfunction, alcohol use, disability, social isolation, inadequate sex education, and history of abuse of the parent. Each of these risk factors is discussed below.

Girls are approximately three times more likely to be the subject of substantiated cases of sexual abuse than boys (Australian Institute of Health and Welfare, 2004). Despite the higher risk for girls, there is still a significant risk for boys, and the discrepancy in rates is not as significant as once thought (Moore et al., 2010). For example, in the most recent Australian statistics of substantiated notifications, more than a quarter of the notifications were for males (1,002 males, 2,728 females) (Australian Institute of Health and Welfare, 2010). Another study of patients attending a sexually transmitted disease clinic in the USA showed that 49 percent of men (and 53 percent of women) were sexually abused as children (Senn, Carey, Venable, Coury-Doniger, & Urban, 2006).

In Australia, children between 5-9 and 10-14 years old are at greatest risk of sexual abuse based on substantiated incidents (Commission for Children and Young People and Child Guardian, 2009). This is similar to previous research which shows that children in Australia between 10 and 12 years old are at greatest risk of having unwanted sexual contact with a much older person, followed by children 7-9 years old (Goldman & Bradley, 2001).

Children in step or blended families are at the highest risk of sexual abuse, followed by children of single mothers, and single fathers (Commission for Children and Young People and Child Guardian, 2003). Step fathers are more likely to sexually abuse their children than biological fathers (Speizer, Goodwin, Whittle, Clyde, & Rogers, 2008). The dynamics and functioning of the family also appear to be risk factors for child sexual abuse; children whose mothers have emotional problems or physical ailments are at higher risk of sexual abuse (Walsh, MacMillan, & Jamieson, 2003).

Alcohol use often accompanies child sexual abuse, particularly when child sexual abuse occurs within families (Goldman & Bradley, 2001; Walsh, MacMillan, & Jamieson, 2003). One study which sampled 1,099 women nationally from the USA showed that 25.5 percent of the women who had been sexually abused as children reported that the person who had sexually abused them used alcohol at the time of the abuse (Vogeltanz et al., 1999). Another study showed that having a mother who was an alcoholic increased the risk of sexual abuse by persons outside of the family (Fleming, Mullen, & Bammer, 1997).

Children with a disability are at higher risk of child sexual abuse than children without a disability (Hershkowitz, Lamb, & Horowitz, 2007). This higher risk is attributed to institutionalisation (detached caregivers, large numbers of children, use of psychotropic drugs), communication problems (speech, comprehension), physical limitations, and the child's inadequate information on and understanding of issues related to human sexuality (Garbarino, 1987). The risk of sexual abuse to disabled children rises with an increase in the

number of caregivers they have (Hibbard, Desch, Committee on Child Abuse and Neglect, & Council on Children With Disabilities, 2007).

A history of emotional problems, low self esteem, and child sexual abuse of the adult male in the household may increase risk of sexual abuse of a child within and/or outside of the household (Marshall & Barbaree, 1990). History of sexual abuse in the mother also increases the risk of her children being sexually abused (Swanston et al., 2003).

The range of risk factors listed above reveals that more updated research would assist in understanding the risk factors and how they lead to the sexual abuse of children, as well as how to incorporate this understanding into prevention messages. Now I will discuss some theories which attempt to explain why child sexual abuse happens.

## **THEORIES ON THE CAUSATION OF CHILD SEXUAL ABUSE**

There are a number of theories that have been used to describe the possible causes of child sexual abuse, particularly in the last 30 years as the magnitude of the problem has been acknowledged. These theories have been divided into three main categories: offender-focused theories, combination theories, and social theories. Offender-focused theories centre on the characteristics of people who sexually abuse children, explaining what motivates them to offend, and addressing any combination of physiological/biological, socialization, and cultural factors. Combination theories include, but go beyond an individual's motivation to abuse, to also consider a more complex assortment of factors, including situational and environmental factors such as supervision of children as well as children's practice of protective behaviours. Social Structure theories offer more general explanations related to societal structure, conditioning, and culture. Some of these theories according to each of these categories are presented below.

### **Offender focused theories**

The offender focused theories which have appeared over the past 20 years centre on the experiences, motivations and characteristics of persons who sexually abuse children. In the early 1990s, Canadian authors Marshall and Barbaree (1990) put forth the Integrated Theory of the Etiology of Sexual Offending. They describe four main categories of influence on people who sexually abuse children: biological influences (particularly the complex relationship between sex and aggression); childhood experiences (violence, sexual abuse, poor socialization, lack of attachment bonds); socio-cultural factors (general cultural features

such as interpersonal violence, male dominance, negative attitudes towards females and the availability of pornography); and transitory situational factors (use of alcohol, hostility to women, sexual arousal, anonymity in larger cities or foreign countries, dehumanizing others, and stress and anxiety). Around the same time, Hall and Hirschman (1992) from the USA published the Quadripartite Model of Child Sexual Abuse, which addresses “physiological sexual arousal, cognitions that justify sexual aggression, negative affective states, and personality problems as motivational precursors that increase the probability of sexually aggressive behaviour” (p. 8). More recently, Ward and Siegert (2002) from Australia and New Zealand, respectively developed the Pathways Model of Child Sexual Abuse. They describe four pathways or psychological mechanisms which lead to the sexual offending against children, including intimacy and social skills deficits, deviant or distorted sexual scripts, emotional dysregulation, and cognitive distortions.

The above theories capture the complexities surrounding what motivates individuals to sexually abuse children. However, they are limited in analysing the broader environment and examining other possible causes which may contribute to the sexual abuse of children (Smallbone, Marshall, & Wortley, 2008). In order to consider other possible contributing factors, it is helpful to look beyond offender motivations to abuse and examine the combination theories which have been developed. These are explored in the next section.

## **Combination theories**

Combination theories examine multiple factors which impact upon the sexual abuse of a child. They may incorporate offender focused factors, such as those described above, but also look at other factors which contribute to the sexual abuse of children. In 1984, David Finkelhor published one of the earliest theories of this kind called the Four Preconditions Model in his seminal text *Child Sexual Abuse: New Theory and Research*. This multilevel theory was developed from the father-daughter incest model of causation, but attempted to go further to describe the social conditions under which child sexual abuse took place in general and to explain why persons other than fathers sexually abuse children (Finkelhor, 1984). In this model, Finkelhor considers not only the motivations and disinhibitions of abusers, but also the environmental factors which aid and assist the abuser as well as factors which contribute to the child’s resistance to abuse. Finkelhor explains that these preconditions exist at both an individual as well as a societal/cultural level. The four preconditions for abuse include:



1. *Motivation*: a potential offender has a motivation to sexually abuse a child, whether it is to meet an emotional need, or the contact is sexually gratifying, or other alternatives of sexual gratification are not available or are less satisfying.
2. *Overcoming internal inhibitions*: a potential offender has to overcome internal inhibitions in order to abuse a child, which may include alcohol use, psychosis, impulse disorders, senility, and the failure of incest inhibitions to function adequately.
3. *Overcoming external impediments*: a potential offender has to overcome external barriers or impediments to sexually abuse a child, which might include such things as how the child is being supervised, if there is a physical opportunity to be alone with the child, social isolation of the family, the emotional and physical health of the mother, the protective behaviour of the mother towards the child, and the domination or abuse of the mother by the father.
4. *Overcoming or undermining a child's resistance*: a potential offender has to overcome a child's resistance to abuse, and may include the targeting of emotionally insecure children, children with little sexual knowledge, and situations of unusual trust between a child and an offender. (Finkelhor, 1984, pp. 54-61).

Another combination theory of child sexual abuse is family dysfunction theory, which explains that problems in family functioning provide the environment and opportunity for sexual abuse to occur (Wurtele & Miller-Perrin, 1992). Wurtele and Miller-Perrin (1992) point out that these problems include marital conflict, social and/or geographic isolation, family instability, overly-sexualized or sexually punitive family situations, single parent families, blended families, and power imbalances in marital/partner relations.

These combination theories provide insight into the complex factors that might influence the sexual abuse of a child aside from the motivation of individuals to abuse. In addition to these combination theories, there are some broader social theories which attempt to explain how and why child sexual abuse occurs. These are discussed below.

## **Broader social theories**

These theories describe the broader social and cultural contexts which impact upon child sexual abuse. They include feminist theory, socialization theory, social learning theory, ecological theory, and labelling theory. Each of these is described below.

Proponents of feminist theory argue that male domination of social systems and the family leads to the subordination of females, resulting in, amongst other things, violence towards women and children (Gelles, 1999). This violence includes child sexual abuse and requires changes to the entire social system in order to stop such abuse and protect children (Butler, 1978). Feminists believe that these power inequalities continue today and have ongoing safety and health consequences for women and their children (Featherstone, 2004; Wingwood & DiClemente, 2002).

According to socialization theory, men are said to be affected by the way they are socialized as children by all institutions of society (e.g. family, media, church), and are taught not to express their needs for love, warmth, nurturing and acceptance, so they become victims of society (Butler, 1978). Aspects of socialization theory relevant to child sexual abuse include the affect of the mass media on males, including pornography and the sexualisation of children in the media (Russell, 1983), social acceptance of coercive sexual behaviour (Burt, 1980), and the reluctance of the legal system to prosecute people who sexually abuse children (Armstrong, 1983).

In social learning theory, abusive behaviours are said to be learned in families, and children who experience violence and abuse are much more likely to become violent and abusive as adults (Gelles, 1999). Social learning theorists assert that male sexual roles are influenced by a vast system of social pressures and experiences, and their roles are principally learned through modelling (Bussey & Bandura, 1984).

Ecological theorists propose that child abuse is the result of a complex relationship between individual traits, social relations between individuals and their intimate and extended social networks, and societal values and support systems (Belsky, 1993; Bronfenbrenner, 1977). In order to prevent child sexual abuse, they propose a complex and multi-layered approach, where many sectors of society at various levels participate in and are targeted for prevention efforts.

Feminist theory, socialization theory, social learning theory, and ecological theory all have a common foundation of explaining some of the behaviours of people who sexually abuse

children as learned and socially influenced. They also attempt to explain the complex family and social dynamics that create conditions which may contribute to the sexual abuse of children. Across the various combination and broader social theories, the issues of family dynamics and dysfunction, appropriate supervision and protection of children, repeated cycles of violence, and socio-cultural factors related to sexuality and violence, emphasize the critical role parents play in protecting children from sexual abuse and detecting and stopping sexual abuse early.

Now, a brief historical review of the evolution of childhood and families will be examined in order to provide a context for understanding the current social environment in which parents view the place of families in society, and the interaction of families with governing bodies around sensitive issues such as child sexual abuse.

## **EVOLUTION OF CHILDHOOD**

In this section, the evolution of childhood is discussed, including how views of childhood and the role and responsibilities of parents and families in relation to children have changed over the past century. Understanding this evolution assists in contextualizing the research in terms of the era and culture in which it takes place.

The structure and role of families has changed significantly over the last 200 years, according to Aries (1973) in *Centuries of Childhood*, evolving from being socially oriented to more private. As part of this evolution, Aries explains, there has been a clearer separation of childhood from adulthood, a lengthening of the period of childhood, longer periods of education for children, and a growing responsibility of adults for children's morality and education during this prolonged period of childhood. This changing family structure is also a reflection of the liberalism movement, argues Ashenden (2004), which has grown over the last century and strongly values individualism and the private sphere of life, discouraging and protecting against state interference. As a result of these changes, a tension between the "need to protect children from abuse" and "individual rights and family privacy" (Ashenden, 2004, p. 9) has arisen, particularly with regards to child welfare. Interference on topics such as child sexuality and child abuse are especially sensitive, as many families believe that this falls within their personal sphere of life and reject intrusion from outsiders (La Fontaine, 1990; Westcott, 1999).

Now, the growth in the children's rights advocacy movement will be discussed.

## **ADVOCACY FOR THE RIGHTS OF CHILDREN**

In this section, a brief overview of the growth of children's rights movements and international legislation aimed at protecting the rights of children is presented.

During the past 100 years, there has been growing recognition of and advocacy for the rights of children (Fortin, 2005; Hart, 1991). This movement to protect children from abuse emerged from a belief that children have rights as do adults, and parallels the emergence of the social work and charity movements of during the late 1800s and early 1900s (Shireman, 2003). The establishment of numerous international children's agencies in the past century, such as Save the Children International in 1919, CARE (Cooperative for American Remittances in Europe) International in 1945, and United Nations Children's Fund (UNICEF) in 1946 (CARE International, 2005; Save the Children, 2005; United Nations, 2005), are some of the agencies established within the last 100 years which advocate for the rights of children to safety and protection from abuse and neglect. The United Nations Convention on the Rights of the Child developed in Geneva in 1959, and signed in Australia in 1990, established the rights of children to protection from all forms of physical and mental exploitation and abuse (Joint Standing Committee on Treaties: The Parliament of the Commonwealth of Australia, 1998).

In summary, the movement to protect and fight for the rights of children over the past century has led to the establishment of a large body of organisations, both public and not-for-profit, which advocate for the rights and protection of children. Child protection is carried out in many different ways around the world; in the next section, a brief overview of the current model in place in Australia will be described.

## **CHILD PROTECTION MODELS**

In discussing the history of efforts to prevent child sexual abuse, it is worthwhile to review the Australian model of child protection practice. The model currently operating in Australia has been labelled the forensic model, where the focus of child protection authorities is on gaining evidence of abuse for a criminal conviction (Hansen & Ainsworth, 2009). This is contrasted with relationship-based family intervention models, which are designed to prevent further sexual abuse while at the same time keeping family structures intact (Hansen & Ainsworth, 2009). Hansen and Ainsworth capture this distinction when they state that:

There has been a marked shift in Anglophone countries, including Australia, away from relationship-based models of child protection practice toward an investigative or forensic model of practice...Relationship-based family interventions and the extensive use of family support services designed to prevent further abuse or neglect have been discarded as an intervention strategy...the existing forensic emphasis means that the child 'alone' continues to be the focus of attention, and parents are viewed as being of secondary importance. To put it another way, current Australian child protection practice has become particularly negatively focused where, more often than not, the focus is on the limitations and shortcomings of parents...In the midst of the risk assessment preoccupation and sole concern for the child, the parents are labelled as ill-equipped and incompetent as far as child rearing is concerned and are treated with considerable disrespect. (pp. 433-434)

This forensic focus also means that funding for child protection tends to be directed at investigation rather than prevention, as Scott (1995) explains:

The current redistribution of resources from preventive and treatment programs to investigation is on a dangerous path, the end point of which can be witnessed on the other side of the Pacific. Strangely we seek our solutions from the United States despite the fact that many of the countries in Western Europe have developed far better child welfare systems in which legal intervention is a last resort made possible by the high priority given to adequately resourcing preventive and therapeutic interventions. (p. 91)

The forensic models of child protection practice presently operating in Australia provides a context for understanding the current research, and inevitably impacts upon the decision parents make about how to deal with sexual boundary crossing or sexual abuse incidents with their children.

In the next section, the educational and intervention efforts which have been specifically targeted to prevent the sexual abuse of children will reviewed.

## **CHILD SEXUAL ABUSE PREVENTION EFFORTS**

Prevention programs for child sexual abuse originated in the USA during the 1970s, mostly through community based organisations in response to increased awareness of the extent and effects of sexual abuse of children (Finkelhor et al., 1986). Since then, a variety of sexual

abuse prevention programs have been developed around the world. In this section, a variety of prevention efforts will be described. While various definitions of the term ‘prevention’ may exist, for the purpose of this thesis, the public health definition will be adopted. As discussed in the “Introduction” chapter, prevention according to Anderson, Mangels and Langsam (2004) is understood using the categories of primary, secondary and tertiary prevention. According to these authors, primary prevention strategies are those that aim to prevent sexual abuse in the general population; secondary strategies consist of prevention and early detection in high- or at-risk populations, and treatment to minimize harm as quickly as possible; and tertiary strategies attempt to provide treatment and rehabilitation when abuse has been ongoing. An overview of the range of prevention strategies that have been utilized in various countries, including Australia, is presented below using these three categories.

## **Primary prevention models**

Primary prevention models include programs designed to increase knowledge and awareness and prevent child sexual abuse in the general population. These consist of school based programs, programs for all parents, home visitation programs, community education programs, and sex education programs. Each of these is discussed below.

*School-based programs:* Primary prevention programs have consisted mostly of school-based personal-safety/protective-behaviours education programs for children (Finkelhor, 2009). These programs teach children about protective behaviours, encouraging them to identify risk behaviours, say ‘no’, and tell safe adults when they encounter uncertain or unsafe situations. Teachers are often also in attendance and receive the same training information. A review of fifteen such education programs showed increases in knowledge and protective behaviours, though some also showed increased anxiety in children (Zwi et al., 2008). One retrospective study of university women showed that women who experienced some form of prevention program as a child had lower rates of subsequent sexual abuse than women who received no program as a child (Gibson & Leitenberg, 2000). Some programs led to higher rates of disclosure of abuse amongst children who had received the program (Oldfield, Hays, & Megel, 1996). Criticisms of personal safety programs have included: too much responsibility for self protection is placed on the child (Topping & Barron, 2009); concepts are too complex for children (Wurtele, 2009); poor evaluation design (lack of controls, questionable reliability and validity of psychometric measures) (Topping & Barron, 2009); the lack of theoretical basis (Sanderson, 2004b; Topping & Barron, 2009); and the focus on children telling if they are abused clashing with the belief that children lie or are unreliable (Chen & Chen, 2005; Parton & Wattam, 1999).

*Parenting programs:* A number of programs targeting parents have been incorporated into the personal protection programs that are carried out for children in schools. These have been proven to be more effective than programs for children alone (Wurtele, 2004). Some parenting programs have proven to be effective in improving parents' communication with children about child sexual abuse prevention issues, improving their perception of risk of abuse to their children, and increasing their knowledge of characteristics of persons who sexually abuse children (Burgess & Wurtele, 1998; Wurtele, Moreno, & Kenny, 2008). In contrast, there were also studies which showed that workshops did not make a significant difference in parental knowledge and attitudes (Herbert, Lavoie, & Parent, 2002). Additionally, many parenting programs reach mainly mothers, leaving out fathers (Kenny, 2009; Wurtele, Moreno, & Kenny, 2008).

Other parenting programs offer general parenting support without specific education about child sexual abuse, such as the Triple P Program in Australia, which was developed by the University of Queensland and is now widely implemented in Australia and also many other countries around the world, such as Germany and Japan (de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008). This program is multifaceted, operating on 5 levels, which include Level 1, universal information via mass media, Level 2, selective information for parents with specific concerns about their children's behaviour, Level 3, primary care training for parents with concerns about their children's behaviour, Level 4, intensive training for parents with children who have more severe behavioural problems, and Level 5, enhanced support for parents with concurrent behavioural problems in children and family dysfunction (Sanders, Turner, & Markie-Dadds, 2002). More recently, evaluation of the Triple P Program has been conducted to evaluate measure the effectiveness of the program in reducing child maltreatment through the population based evaluation of the program in the USA across 18 counties in total, where the program was implemented in 9 counties and compared to the control group consisting of 9 counties (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). This evaluation showed preventative effects for substantiated cases of child maltreatment, out-of-home placements of children, and child maltreatment injuries reported at hospitals and emergency rooms. Within Australia there is a paucity of published evaluation on the impact of such programs on child maltreatment (Holzer, Higgins, Bromfield, Richardson, & Higgins, 2006).

*Home visitation:* These programs involve nurses visiting the homes of families in order to provide diagnosis and education on a variety of child care and safety issues, with child sexual abuse being one of the many topics covered. While some home visitation programs in the USA have had a long term impact on reducing the likelihood of child abuse in general, other

programs have failed to prove long term efficacy in preventing child abuse and neglect (Gomby, Culross, & Behrman, 1999; Krugman, Lane, & Walsh, 2007; Olds et al., 1999).

*Community education model:* These models consist of a variety of strategies working together to prevent child sexual abuse at a community level, including mass media campaigns, community talks, and changes in policy and infrastructure. Community based organisations are often involved in these strategies, sometimes in conjunction with government agencies.

Community education models which include the use media campaigns, such as television, radio, and print media, target the general community in order to increase awareness of the problem of child sexual abuse, gain political support for the issue, and even target people who sexually abuse children. Within Australia, these have been carried out in Victoria (1992), New South Wales (1986-88), and Queensland (2003) (Queensland Crime Commission and the Queensland Police Service, 2000; Queensland Government, 2004; Saunders & Goddard, 2002). The Victorian campaign increased awareness of the prevalence of abuse, the potential for abusers to be known to the child, and the type of resources available for help, but misconceptions continued after the campaign, including blaming the victim or the mother in the home for the assault, the lack of awareness of females who sexually abuse children, and resistance to reporting (Wallis Consulting Group, 1992, cited in Saunders & Goddard, 2002). Similarly, the New South Wales campaign evaluation showed increases in knowledge, but there were concerns about the lack of consideration of cultural diversity and the need to repeat messages over the long term in order to be successful (Calvert, 1992). The Queensland Campaign was particularly notable as it included a targeted campaign for indigenous communities utilizing story telling approaches (Queensland Government, 2004). In the USA, the organisation STOP IT NOW! in Vermont has provided broad-based community mass media prevention messages and hotlines (Chasan-Taber & Tabachnick, 1999), with similar mass media strategies also used by STOP IT NOW! UK & Ireland (Kemshall, Mackenzie, & Wood, 2004). Evaluation of the STOP IT NOW! Minnesota program in the USA showed a decrease in reported cases of child sexual abuse in the twin cities area (the target population for the intervention) after program implementation (Schober, 2008). Results from the evaluation of the STOP IT NOW! Vermont helpline, also in the USA, showed that the hotline was effective not only in reaching abused persons who had never reported their abuse to authorities (two thirds of callers who had been abused had not reported it previously to authorities), but was also effective in being a resource for persons who sexually abuse children (constituting 15% of their 657 calls over 4 years) (STOP IT NOW! Vermont, 2000).



*Sexuality education:* Some unique initiatives have been developed which combine sexuality education for children with sexual abuse prevention concepts, such as the Understanding and Responding to the Sexual Behaviour in Children Program developed by Prevent Child Abuse Vermont (Prevent Child Abuse Vermont, 2005). Increasingly, advocates for sexuality education for children in both Australia and the USA recommend the combination of child sexual abuse prevention education with sex education, with sexual abuse being discussed in the context of a continuum of healthy/normal and unhealthy/abnormal sexual activity in children (Goldman & Bradley, 2001; Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008; Sexuality Information and Education Council of the United States, 2004).

## **Secondary prevention models**

Secondary prevention models include targeted programs to prevent and detect child sexual abuse early in at-risk or high-risk individuals and families. Early detection and intervention is critical to stop sexual abuse from continuing once it has started in order to prevent long-term trauma and protect others from being abused. These programs include home visitation for high-risk families, school-based early intervention projects, parenting programs for high-risk families, and dating/relationship programs for teens-at-risk. Each of these strategies is discussed below.

*Home visitation for high-risk families:* These programs are like the home visitation programs in the primary prevention models sections but target high-risk or at-risk families. Some programs have been found to have no effect on the reduction of rates of child abuse (Duggan et al., 2004; Stevens-Simon, Nelligan, & Kelly, 2001) while other more recent studies have shown a reduction in substantiated Child Protective Service reports as a result of program intervention with high risk mothers (Zielinski, Eckenrode, & Olds, 2009). Examples of such programs in Australia include the Intensive Family Based Services Program in New South Wales (Brown, 2010) and the Brisbane Home Visiting Program (Fraser, Armstrong, Morris, & Dadds, 2000).

*School-based early intervention programs:* These programs, such as the Head Start Programs in the USA, are designed to provide support and education for at-risk and developmentally delayed children and their families in school settings in order to promote general health and increase resiliency as a means of preventing child abuse (Tomison & Poole, 2000). Reviews of these early intervention projects reveal increased resiliency and social skills (Ramey & Ramey, 1998), which are protective factors that may reduce the likelihood or long term impact of child abuse.

*Parenting programs for high-risk families:* There have been some successful programs which utilize parents as educators, using social learning theory as a theoretical base (Webster-Stratton, Reid, & Hammond, 2001). At the same time, high risk families have been shown to be hard to reach and have high dropout rates, some of which may be due to the perceived gap between the parents and the professionals providing the program (Macdonald, 2001).

*Dating/relationship programs for teens-at-risk:* These targeted programs are designed to improve relationship and dating skills and provide role modelling for at-risk teens. A number of these programs have been developed and implemented in Australia, including the House Peer Educator Project and the Respect, Connect, Prevent Program by the Southeastern Centre Against Sexual Assault (CASA), both in Victoria, and the Sexual Health and Relationships Education (SHARE) program by the Sexual Health Information Network and Education in South Australia (Quadara, 2008). Evaluation of the “Kinks and Bends Program: What’s the go with relationships” for adolescents in New South Wales, Australia, showed significant changes in the attitudes of males participating in the program towards sexual coercion (Australian Centre for the Study of Sexual Assault, 2010). Evaluation of a similar program for adolescents in Ontario, Canada called “Fourth R: Skills for Youth Relationships” was shown to significantly reduce physical dating violence (Wolfe et al., 2009). Such programs are important in relaying information on boundary setting and coercion which may be effective in preventing child sexual abuse and may also assist in the early identification of cases of abuse in teens.

## **Tertiary prevention models**

Tertiary prevention models are aimed at preventing the reoccurrence of abuse. These prevention efforts include advocacy/treatment programs for children who have been sexually abused, treatment programs for persons who sexually abuse children, and family support/treatment programs. Each of these is discussed below.

*Advocacy/treatment programs for children who have been sexually abused:* In these programs, treatment is provided for children who have been sexually abused and their families through individual and group counselling. The goals of treatment include preventing further abuse (Lev-Wiesel, 2008), with some studies showing that treatment may prevent re-victimization (Marx, Calhoun, Wilson, & Meyerson, 2001).

*Programs for persons who sexually abuse children:* Therapeutic models include behavioural therapy (changing behaviour towards more adult sexual behaviour), addiction models (treating child sexual abuse like other addiction problems), and developmental models

(viewing people who sexually abuse children as delayed in their development and maturity) (Bagley & King, 1990). Physical treatment models have included brain ablation procedures, castration, and pharmacologic interventions to reduce sex drive (Marshall, Jones, Ward, Johnston, & Barbaree, 1991). In an evaluation of 21 prison and non prison-based prevention programs in the USA, non-prison based programs showed effectiveness in preventing further criminal activity; however, prison-based programs were inconclusive about effectiveness (Polizzi, MacKenzie, & Hickman, 1999). Another meta-analysis of recidivism rates showed that recidivism by people who sexually abuse children after treatment was only 13.4 percent (Hanson & Bussiere, 1998). A more recent meta-analysis of 118 treatment programs by Hanson and Morton-Bourgon (2009) showed that recidivism was lower for sex offenders who had received treatment compared to those who hadn't received treatment.

*Family support models:* Family support models focus on interventions which include the whole family, and often provide confidential, intensive counselling outside of the formal legal system, attempting to address complex family dynamics which may contribute to abuse (Bagley & Thurston, 1996; Hill, Stafford, & Green Lister, 2002). The family support model includes “voluntary, flexible, solution-focused, collaborative” approaches to child protection, and an “emphasis on family unity. Professionals usually work with the family as a whole...resources are available to more families at an earlier stage” (Hill, Stafford, & Green Lister, 2002, p. 6). While these approaches have been found mainly in northern European countries, there has been a growing interest in family support models in Australia (New South Wales Department of Corrections, 2007; O'Donnell, Scott, & Stanley, 2008).

In summary, there have been a variety of programs which have been developed to prevent and detect child sexual abuse. While the majority of programs target children and schools, programs for parents are also vitally important because of the central role parents play in the responsibility for and care of children. In the next section, the important role of parents in the prevention and early detection of child sexual abuse will be described.

## **THE ROLE OF PARENTS AND CAREGIVERS IN PREVENTING CHILD SEXUAL ABUSE**

There is an growing recognition in child protection practice that parents should be more engaged in the primary prevention of child sexual abuse (Anderson, Mangels, & Langsam, 2004; Reppucci, Haugaard, & Antonishak, 2005; Resofsky, 2007; Stanley, 2010; Wurtele & Kenny, 2010). The role of parents in child sexual abuse prevention is critical because of the position of parents as protectors and educators of their children and because over 80 percent

of abuse is committed by family members (Fanslow, Robinson, Crengle, & Perese, 2007). Parents are also key in early detection of child sexual abuse because of their proximity to children (Wurtele, 2004). The Project Axis report, published by the Queensland Crime Commission/ Queensland Police Service (2000), emphasized that prevention is the most important response to the crime of child sexual abuse, with the education of parents and children about child sex offending highlighted as a chief recommendation. Reppucci, Haugaard, and Antonishak (2005) also point out that current programs place undue burden of responsibility on children to disclose abuse, and more prevention programs are needed for adults who are responsible for the care of children.

In summary, parents play a critical role in preventing child sexual abuse due to their proximity to and responsibility for children. Understanding how parents fulfil this role is essential to developing effective prevention programs for parents. An examination of the research about parent's knowledge, attitudes and behaviours regarding child sexual abuse provides insight and understanding about their management of this problem. In the next section, the literature on parental knowledge, attitude and practices around how they manage the risk of sexual abuse to their children is explored.

## **PARENTAL KNOWLEDGE, ATTITUDES, AND PRACTICES RELATED TO CHILD SEXUAL ABUSE**

Knowing the important role parents play in the prevention of child sexual abuse, and in the interest of developing effective programs which target parents, it is helpful to examine what is already known about parents in terms of their knowledge, attitudes and practices around child sexual abuse. This literature is reviewed below.

### **Knowledge**

Evidence that indicates parental knowledge about child sexual abuse includes literature about parental estimates of prevalence rates, their knowledge of the risk of abuse to boys and girls, their definitions of abuse, their understanding of the type of person likely to abuse children (known or stranger), and parental understandings of the symptoms and signs of abuse. Each of these is discussed below.

Determining if parents have correct perceptions about the prevalence of child sexual abuse is complicated by the methodology of the studies which assess their knowledge, the variation in prevalence estimates between studies, and the different methods of determining prevalence. Studies which measure parental estimates of child sexual abuse in the general population tend

to be dated. In a study by Berrick (1988) in the USA, 28 percent of parents believed that 25-49 percent of all children are sexually abused. In Collins' (1996) US study, parents' estimates of prevalence ranged from 1-90 percent for girls and 1-60 percent for boys. From these studies, it is clear that the estimates by parents can vary dramatically and are potentially inaccurate.

Some studies measured parental knowledge about the different risk of sexual abuse to girls and boys, with many parents correctly assessing the risk of abuse to be greater for girls than boys (Chen & Chen, 2005; Chen, Dunne, & Han, 2007; Collins, 1996). At the same time, there was widespread acknowledgement that boys too are at risk of sexual abuse (Chen & Chen, 2005; Chen, Dunne, & Han, 2007; Collins, 1996; Elrod & Rubin, 1993). In Finkelhor's US study (1984), 40 percent of parents said that one in ten girls are abused, and 40 percent said that one in ten boys are abused. However, there was a lack of general awareness among parents in Hong Kong about the risk of sexual abuse for boys, where 40 percent of parents surveyed in one study said that boys were unlikely to be abused (Tang & Yan, 2004).

Only one study was identified which directly asked parents to define child sexual abuse. In this study from Botswana/Swaziland by Mathoma, Maripe-Perera, Khumalo, Mbayi, and Seloilwe, (2006), parents correctly defined abuse as penetrative sex as well as other non-penetrative forms of abuse.

In spite of statistics which show that overwhelmingly the majority of child sexual abuse occurs from persons known to the children and families (Sanderson, 2004a; Wurtele & Miller-Perrin, 1992), many parents in various studies thought that strangers posed the major threat to their children (Berrick, 1988; Chen & Chen, 2005; Chen, Dunne, & Han, 2007). An exception to this focus on 'stranger danger' was identified in two studies from Canada, where parents believed that most children are sexually abused by people they know (Herbert, Lavoie, & Parent, 2002; Tutty, 1993).

In studies which explored parental knowledge about physical and emotional signs of abuse, the majority of parents who participated in studies from China and Hong Kong did not know that there were not always physical signs of abuse (Chen & Chen, 2005; Chen, Dunne, & Han, 2007; Tang & Yan, 2004). However, the vast majority of parents from two studies, one from the US and one from Canada, correctly stated that there would not always be physical evidence of abuse (Herbert, Lavoie, & Parent, 2002; Reppucci, Jones, & Cook, 1994). In Pullins and Jones' (2006) study from the USA, parents' knowledge of the symptoms of child

sexual abuse was very limited and included unusual sexual behaviour and knowledge by a child, as well as medical symptoms.

## **Attitudes and beliefs**

A number of studies have attempted to measure the attitudes and beliefs of parents regarding child sexual abuse. The specific areas examined include parents attitudes and beliefs to the perceived risk of abuse to children, beliefs about who is responsible for abuse, the believability of children disclosing abuse, parents' own comfort levels about talking to their children about child sexual abuse prevention, and their attitudes about responsibility for providing prevention education to children. Each of these is discussed below.

More than half of the parents in two identified studies felt their children were at little or no risk of abuse (Collins, 1996; Finkelhor, 1984). Workshops on child sexual abuse prevention for parents have been shown to increase their appraisal of the risk of abuse to their children (Burgess & Wurtele, 1998).

A small group of parents in a qualitative study from Botswana/Swaziland claimed that parents and children were to blame for child sexual abuse, explaining that children were influenced by Western values by dressing provocatively and desiring material things and that parents themselves were irresponsible (Mathoma, Maripe-Perera, Khumalo, Mbayi, & Seloilwe, 2006). In this same study, factors such as poverty, sexual disorders, and witchcraft were also blamed for children being sexually abused. Parents in a US-based study believed that the issues which led to child sexual abuse included alcohol/drug use in families, poverty, insufficient attention paid to children by parents, unavailability of parents to children, poor communication between parents and children, and strained relationships between parents (Collins, 1996).

Many parents appear to be sceptical about believing children's disclosures of abuse, despite the emphasis of current protective behaviours messages which encourage children to tell an adult if they are being abused (Chen & Chen, 2005; Chen, Dunne, & Han, 2007). Some parents who were sceptical of children's claims of sexual abuse feared that innocent adults would be blamed for the abuse (Berrick, 1988). A study in Hong Kong showed that some parents believed that children should not tell about sexual abuse because it was too shameful (Tang & Yan, 2004). In contrast, a Canadian study showed that the vast majority of parents said that children should be believed "almost all the time" (Tutty, 1993, p. 92).

Many parents in one of the early studies found it difficult to discuss child sexual abuse prevention concepts with their children, saying that this topic was more difficult to talk about than sex, suicide, homosexuality, death, and abortion (Finkelhor, 1984). Parents expressed an interest in receiving training on how to discuss child sexual abuse prevention without scaring their children (Elrod & Rubin, 1993). While parents may be uncomfortable talking about child sexual abuse prevention with their children, one study in the USA showed that parents appear to be more comfortable talking to professionals about it, such as paediatricians (Thomas, Flaherty, & Binns, 2004).

The majority of parents surveyed in three separate studies said that they would like to be the primary educators of their children on issues of sexual abuse prevention, though many were also willing to share this responsibility for teaching their children with others, such as teachers and doctors (Elrod & Rubin, 1993; Wurtele, Kvaternick, & Franklin, 1992; Wurtele, Moreno, & Kenny, 2008). There is extensive support for child sexual abuse prevention programs in schools in recent research in China (Chen & Chen, 2005; Chen, Dunne, & Han, 2007), with parents whose own parents had spoken to them as children about child sexual abuse prevention concepts demonstrating a higher level of support for such programs than those whose parents had not discussed these concepts (Chen & Chen, 2005). Some parents believed that children could be taught protective behaviours skills as early as preschool (Wilson & Golub, 1993).

## **Practice**

Findings in the literature related to parental practices in relation to child sexual abuse prevention include whether they have discussed prevention topics with children, the nature of topics discussed, other protective strategies used, teaching tools, parental sources of information on child sexual abuse prevention, and attendance at prevention workshops. Each of these is discussed below.

Various studies around the world have measured the percentage of parents who have discussed sexual abuse with their children. Rates in the USA tend to be lower than other parts of the world. For example in the USA, in 1984, Finkelhor found that 29 percent had spoken with their children, while in 1987 Binder and McNeil found that 22 percent had spoken to their children and in that same year Wurtele and Miller-Perrin found that 55 percent had done so. Later US studies showed similarly fluctuating rates (64.1 percent, Nibert, Cooper, & Ford, 1989; 29 percent, Thomas, Flaherty, & Binns, 2004; 51.9 percent, Wurtele, Kvaternick, & Franklin, 1992). Studies in Canada (McGee & Painter, 1991) and China (Chen, Dunne, &

Han, 2007) showed generally higher rates of discussion with children (54 percent and 66.5 percent respectively). Studies have shown that, in general, mothers were more likely to speak to their children about sexual abuse than were fathers (Chen, Dunne, & Han, 2007; Elrod & Rubin, 1993; Finkelhor, 1984; Thomas, Flaherty, & Binns, 2004) and parents who had attended prevention workshops had a greater intention to discuss prevention with their children than those who had not attended (Burgess & Wurtele, 1998).

Topics discussed by parents around child sexual abuse have mostly included protective behaviours and 'stranger danger.' Protective behaviour skills which parents reported teaching their children have included resisting touch of the genitals, telling a trusted adult if children were being touched in what had been defined as their private body parts, not keeping secrets from parents, and physically fighting back if someone was trying to sexually abuse them (Elrod & Rubin, 1993; Finkelhor, 1984; Wurtele, Kvaternick, & Franklin, 1992). Many parents emphasized 'stranger danger' in their discussions without explaining the risk of danger from someone close to the child (Chen & Chen, 2005; Chen, Dunne, & Han, 2007; Deblinger, Thakkar-Kolar, Berry, & Schroeder, 2010; Finkelhor, 1984; Wurtele, Kvaternick, & Franklin, 1992).

Many parents have not discussed child sexual abuse prevention concepts with their children. Their explanation for this (multiple responses permitted in the studies) included that they had not thought of it (65 percent, Finkelhor, 1984; 47 percent, Wurtele, Kvaternick, & Franklin, 1992) or felt that their children were too young to understand (44 percent, Finkelhor, 1984; 42.3 percent, Wurtele, Kvaternick, & Franklin, 1992). Parents also expressed that they were concerned about frightening their children and they found the subject difficult to discuss (Finkelhor, 1984), while others stated that they do not feel they had the correct knowledge, language, and /or materials to discuss sexual abuse with their children (Wurtele, Kvaternick, & Franklin, 1992). Some parents feared that discussing sexual abuse prevention concepts may lead to children knowing too much about sex (Chen & Chen, 2005; Chen, Dunne, & Han, 2007).

There are some predisposing factors which increase the likelihood that parents talk to their children about child sexual abuse prevention. These include if the parent themselves had been sexually abused (Finkelhor, 1984; Wurtele, Kvaternick, & Franklin, 1992) or had known someone who had been sexually abused as a child or knowing a person who sexually abused children (Wurtele, Kvaternick, & Franklin, 1992). They also include parents whose own parents had discussed prevention with them when they were children (Chen & Chen, 2005) and parents with higher levels of education (Chen, Dunne, & Han, 2007; Wurtele,



Kvaternick, & Franklin, 1992). Some studies showed that factors such as education, income, race, occupation, location of residence, and religion made little difference in whether or not parents talked to their children (Finkelhor, 1984; Thomas, Flaherty, & Binns, 2004) while other researchers found that parents with higher levels of education were more likely to talk to their children about child sexual abuse prevention concepts (Chen, Dunne, & Han, 2007; Wurtele, Kvaternick, & Franklin, 1992).

Parents have reported using other preventative strategies in addition to talking about protective behaviours, including providing supervision, developing a relationship with their children, routinely questioning children, taking precautionary measures with dating, limiting the activities of children, and identifying and confronting signs of sexual abuse (Collins, 1996). Parents have also mentioned the importance of using their own intuition about how they felt around others in order to guide their decision making about whom their children can socialize with, as well as examining the lifestyle of families with whom they socialized (Collins, 1996).

Few parents reported using educational materials when discussing sexual abuse prevention with their children. For example, Wurtele, Kvaternick and Franklin (1992) reported that 17.6 per cent of parents in their US study used books or games to talk to their children, while in the Canadian study by Tutty (1993) 25 per cent of parents had used educational materials prior to an intervention. These rates are even lower in China, where 4.2 per cent of parents in Chen and Chen's study and (2005) and 4.5 per cent of parents in Chen, Dunne and Han's study (2007) used reading materials when discussing prevention concepts with their children. In more recent research from the USA, Wurtele, Lorenzo and Kenny (2008) reported that 17 per cent of parents had used teaching materials with their children, indicating little change in this practice over the ensuing years.

Small numbers of parents have attended prevention workshops or programs. Attendance rates recorded by different studies vary from 6.4 per cent (Wurtele, Kvaternick, & Franklin, 1992) to 8 per cent (Elrod & Rubin, 1993) to 27 per cent (Pullins & Jones, 2006). Factors affecting parental decisions to attend programs have included their interest in the topic, qualifications of the leader, usefulness of the information, having the necessary time to attend, the source of referral to the programme, availability of child care, and distance to travel to the programme (Elrod & Rubin, 1993). Parents have reported that they would prefer to receive information or attend programs about sexual abuse prevention through their children's school (94 per cent) (Elrod & Rubin, 1993) or through their general practitioner (96 per cent) (Thomas, Flaherty, & Binns, 2004). Referrals to programs are best received by parents if they come from

personally known authority figures such as doctors, parent/teacher associations, leaders, and counsellors or persons responsible for directly caring for their children, such as schools or childcare centres, rather than through mass media campaigns (Elrod & Rubin, 1993). Mothers prefer referrals to programs to come from partners, friends, relatives, and child's school (including PTA), while fathers prefer referrals to come from an authority figure, such as a doctor (Collins, 1996) or from their partners (Elrod & Rubin, 1993). Barriers to attending workshops for parents include scheduling conflicts and lack of time (Reppucci, Jones, & Cook, 1994).

In terms of sources of information about child sexual abuse, the mass media is identified as the most frequent source (99 percent, Elrod & Rubin, 1993; 90 percent, Finkelhor, 1984; 93 percent, Pullins & Jones, 2006). Other sources of information reported by parents include workplaces (39 percent) (Finkelhor, 1984), pamphlets obtained at doctors' offices (27 percent) and friends who had been sexually abused (29 percent women, 10 percent men) (Elrod & Rubin, 1993). One study reported that 23 percent of parents received their information from workshops or formal programs (Pullins & Jones, 2006). Hotlines, which have been a strategy often employed by community based organisations, are not a common source of information for parents, as seen in a study from the US showing that parents did not call hotlines even when provided with the information on their availability (Rheingold et al., 2007).

The above summary reflects a review of the published literature over the past 25 years. The majority of the studies examined in this literature review were from North America and Asia, most were quantitative, most were more than 10 years old, and sampled mostly women. A qualitative study by Collins (1996) in the USA was the only identified research which began to explore in depth the processes and concerns of parents related to managing the risk of sexual abuse to their children, including a range of protective strategies that parents practiced beyond talking to children about protective behaviours. Based on the research presented thus far in the literature review, an analysis of the gaps in research is presented below.

## **GAPS IN THE RESEARCH**

In this section, the gaps in research and knowledge about the ways in which parents manage the risk of child sexual abuse to their children are presented, and the need for research such as that carried out in this PhD project is argued for. As mentioned above most of the research to date has occurred in North American and Asia, so there is a need for studies that examine these topics in areas such as Australia. While some general surveys regarding parents

attitudes and concerns about child abuse have been conducted in Australia (Tucci, Goddard, & Mitchell, 2004; Tucci, Mitchell, & Goddard, 2001), there have been no identified studies from Australia, either qualitative or quantitative, which have specifically examined parents' knowledge, attitudes and practices in relation to child sexual abuse prevention.

There is also a lack of representation in existing research from fathers around issues related to child sexual abuse prevention; therefore, there is little understanding about the ways in which fathers perceive their role in prevention, how they interact with their partners around prevention (including reasons for deferring responsibility for prevention to mothers), and differences in prevention practices (including verbal and non verbal communication) between mothers and fathers. While participation by fathers in previous research is particularly low (Day & Lamb, 2004), specific recruitment efforts can increase their participation in research on child sexual abuse prevention (Elrod & Rubin, 1993; Mathoma, Maripe-Perera, Khumalo, Mbayi, & Seloilwe, 2006; Rheingold et al., 2007; Wurtele & Miller-Perrin, 1987). Finally, because the majority of research on this topic has been quantitative, there is little qualitative evidence which describes in depth how parents manage the risk of child sexual abuse or which can be used to guide the delivery of prevention education to parents, especially considering the sensitivities around the topic of child sexual abuse.

## **CHAPTER SUMMARY**

In this chapter, the literature related to child sexual abuse was reviewed. This has included literature which discussed definitions of child sexual abuse, the scope of the problem, and child sexual abuse prevention models. An examination of the literature related to parents and their knowledge, attitudes, and practices on the prevention of child sexual abuse assisted in understanding gaps in the research. In the next chapter, the specific methods of the study are detailed.

## **CHAPTER 3: METHODS**

### **CHAPTER OVERVIEW**

“Theories are never proven right or wrong; they are only more or less persuasive to one or another audience of readers. Theories, in this view, are interpretations of the social world.” (Decker, 1986, paraphrased in Denzin, 1989, p. 3)

In this chapter, the philosophical lens through which this research project has been approached is described, reflecting on the role of the researcher and discussing how the research methodology has been selected and carried out. Ethical considerations and limitations of the research are also explained. This discussion is organised using the inquiry paradigm developed by Guba and Lincoln (1994), who describe three beliefs which should be clarified by a researcher in approaching any research project: *ontology* (the nature and form of reality and what we can know about it), *epistemology* (the relationship between the researcher and the phenomenon under investigation) and *methodology* (steps taken by the researcher to examine and analyse the phenomenon under investigation). In this chapter, these three beliefs as they apply to this research project are explained. Firstly, the ontology of Social Constructionism as a lens through which a phenomenon can be known through the research process is discussed. Secondly, the Interactionist epistemology which frames my perceived role as the researcher, my relationship with the research subjects, and the possible effects of this on the process and outcome of the research is described. Finally, the methodology, which includes the use of qualitative semi-structured interviews and Grounded Theory, is explained. Within the methodology, the ethical considerations are identified, along with the limitations of the research.

As discussed in the Introduction chapter, the aim of this research is to understand the ways in which Australian parents manage the risk of sexual abuse to their children by exploring their knowledge, attitudes and practices in educating their children about appropriate sexual behaviour; how they discuss and set boundaries related to sexuality, and how they deal with incidents when those boundaries have been crossed.

The sub- aims of the research are to:

- Develop a theory which explains the ways in which parents manage the risk of sexual abuse to their children.

- Make research-informed recommendations for the development and implementation of education, training and support for parents.

This project has been specifically designed to respond to the gaps and limits of currently available research identified in the previous chapter by focusing on Australian parents and the ways in which parents manage the risk of child sexual abuse. This research uses qualitative methods in order to explore in depth the complex issues faced by parents when managing the risk of sexual abuse to their children where qualitative methods have been previously underutilized. This project provides contemporary research on a topic which may have changed over the 10-20 years since previous research was conducted in this area (although this is not directly comparable as no previous primary research has been published on this topic originating in Australia). This research identifies sensitive and relevant issues for parents in order to inform the development of more appropriate and acceptable prevention programs aimed at parents. Finally, in this research, representation from fathers as well as with mothers was sought in order to understand possible differences in perspectives related to child sexual abuse prevention.

## **ONTOLOGY: SOCIAL CONSTRUCTIONISM**

Social constructionism provides the ontological framework for this research, a philosophical approach of a researcher towards the way in which one comes to know and understand the world. Social constructionism is a sociological theory of knowledge which was born out of constructionism<sup>2</sup>, a post-modern theory which came to prominence in the 1950s when Jean Piaget put forth the term ‘constructionism’ to describe the process of conceptual development as an interaction between knowledge and experience, though these concepts are found in the writings as far back as those of the ancient Greek philosophers and Renaissance thinkers (Fisher, 1991).

Constructionists assert that an individual’s knowledge of reality is something constructed from subjective experiences, in contrast to realism or positivism, where reality is an objective entity that can be discovered and consistently described in terms of universal laws (Gerber & Moyle, 2004). Guba and Lincoln (1989) summarize the defining features of constructionism

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<sup>2</sup> Although the terms constructivism and constructionism are often used interchangeably, some authors note the distinction between the two: “It would appear useful, then, to reserve the term *constructivism* for epistemological considerations focusing exclusively on ‘the meaning-making activity of the individual mind’ and to use *constructionism* where the focus includes ‘the collective generation [and transmission] of meaning” (Crotty, 1998, p. 58). For the purpose of this thesis, should there be any question of a choice between the two, the latter term constructionism has been favoured. However, these distinctions are considered nuances which are not of great significance in the broader context of the thesis, and literature which has used either term has been included without distinction.

to include: truth, as opposed to being an objective reality, is based on consensus by constructors who are informed and sophisticated; facts are assigned meaning within a value-laden framework; cause and effect are imputed by the constructor; and phenomena can only be understood in the context in which they occur so generalizations cannot be made. Constructionists propose that:

...the world of human perception is not real in an absolute sense as the sun is real, but is 'made up' and shaped by cultural and linguistic constructs...Constructivists study the multiple realities constructed by people and the implications of those constructions for their lives and interactions with others. (Patton, 2002, p. 66)

For many, the appeal of constructionism as a paradigm has been the move away from the positivist tendency to objectify humans and simplify complex issues towards acknowledging the complexity of issues and their solutions (Fisher, 1991). Gergen (2001) describes the importance of the emergence of constructionist thinking for social scientists and activists attempting to understand and remedy social ills:

Constructionist critique was enormously appealing to many groups whose voices had been marginalized by science, and to all those whose pursuits of social equality and justice were otherwise thwarted by existing authorities of truth. Constructionist arguments not only served to level the playing field, but also opened the door to broad scale political and moral critique. (p. 8)

Social constructionism emerged out of constructionism in the late 1960s with the publication of *The Social Construction of Reality* by Berger and Luckman (1966) and was further developed in the 1970s and 1980s by others such as Michael Foucault (1972) and von Glasersfeld (1987). The basic assertion of social constructionism is that people interact with each other in groups and communities to develop knowledge and that this, in turn, affects people's actions (Fisher, 1991). This construction of reality goes beyond the individual to understand how language and other social processes generate and shape meaning for the collective (Schwandt, 1994). Delanty (1997) summarizes the social constructionist's viewpoint when he states that "...knowledge [is] always produced from a specific social and historical standpoint, reflecting the interests and culture of the groups in question. Truth is ultimately a product of its social location" (p.13).

An important aspect of the application of the social constructionist perspective to this research is the understanding of the process by which societies recognize and respond to their social problems. Blumer (1971) states that social problems are determined by collective

definition rather than by being measured or determined by objective criteria: “This process determines whether social problems will arise, whether they will become legitimated, how they are shaped in discussion, how they come to be addressed in official policy, and how they are reconstituted in putting planned action into effect” (p. 298).

Constructionism has been an influential philosophy in social science research methodology since the 1960s and 1970s, as Schneider (1985) points out: “While constructionist research and writing has not been the only sociological work on social problems, it arguably constitutes the only *serious and sustained* recent discussion of social problems theory” (p.210, emphasis added). Social constructionism has provided a lens for research on a broad range of social issues, such as education, gender and equity, human relations, eco-development, and professional practice, to name a few. More specifically, social constructionism has been used in a variety of research projects exploring issues related to this research, namely child sexuality, child protection, child sexual abuse, and the notion of risk. In the area of child sexuality, for example, a social constructionist framework has been applied to research in the USA examining the influence of parents on the sexual orientation of children (Golombok & Tasker, 1996). A social constructionist lens applied to child protection can also be seen in the UK’s Dartington Social Research Unit’s highly publicized report on the effectiveness of child protection practice entitled “Child Protection: Messages from Research” in 1995 which used a social constructionist framework to understand the processes of child protection, particularly its impact on parents and children and their definitions of child abuse and child protection (Parton, 1996). Rodwell (1998) demonstrates the way in which to apply a social constructionist research approach to specific child protection cases in her book *Social Work Constructionist Research*. There are also a number of examples of a social constructionist research framework applied specifically to the issue of child sexual abuse. For example, Beckett (1996) examines the evolution of media discourse in the USA around the issue of child sexual abuse during the period 1980 – 1994. Another example is Halter’s (2007) exploration of social definitions of youth prostitution and child sexual abuse, as constructed by law enforcement personnel in the USA. Schultz (2005), also in the USA, uses a social constructionist framework to explore the perspectives, motivations, and experiences of child molesters. Gavin (2005) in the UK examines social constructions of child sex offenders. Finally, there has been a growing body of research into the social construction of risk (Lupton, 1999), an example has been applied to child sexual abuse in the work of Kemshall and Wood (2007) who explore social constructions of the management of high risk offenders. Thus there is a strong history of applying social constructionism as a framework to issues surrounding and directly related to child sexual abuse.

## **Social constructionism applied to this research project**

As I approached this research project, I was of the opinion that the perceptions and definitions of child sexual abuse differed within and between societies around the world, and between generations and eras. This view shaped my perspective as a researcher in approaching my participants as I attempted to understand the influences of their individual histories in the context of the culture and society in which they had grown up and as well as the society in which they live today. It became clear that my approach was compatible with the philosophy of social constructionism. One of the key aims of this research has been to examine how parents manage the risk of sexual abuse according to their own perceptions and interpretation of their experiences, rather than by developing objective, universal definitions of abuse or standards for response to incidents.

This research explores the experiences of a select group of parents at a very specific point and place in time - in Australia in the first decade of the 21<sup>st</sup> century - and generates a theory that is the reflection of my experience as a researcher, the interaction between myself and the participants, and the cultural and social context of the research. The ways in which parents describe their attitudes and experiences in response to the risk of child sexual abuse reflect views that, if measured at another place in the world at the same time, or in the same place but different era, could produce very different results. Testing the resultant theory over time within the same community could reveal the applicability of the theory over different generations and social climates, while testing the theory in other cultures might reveal the applicability and differences of the theory in a variety of cultures.

## **EPISTEMOLOGY: INTERACTIONISM**

The second component in the research paradigm as outlined by Guba and Lincoln (1994) is that the epistemology or understanding of the relationship of the researcher to the phenomenon under investigation is vital to acknowledge, as postmodern sensitivities reveal that we can no longer pretend to be objective bystanders in the research process. As Guba and Lincoln point out, "It is impossible to separate the inquirer from the inquired" (Guba & Lincoln, 1989, p. 88). In line with the social constructionist perspective adopted in this research, there is also the necessary discussion of the relationship of the researcher with the participants and the effect of this on the research process and outcomes. *Interactionism*, or



*symbolic interactionism* as it is also known<sup>3</sup>, is the epistemology chosen to frame this relationship, which I believe is compatible with Social Constructionism and has also heavily influenced the development of Grounded Theory (Strauss & Corbin, 2008).

Interactionism was developed by George Herbert Mead and colleagues who became known as the Chicago School of researchers from the University of Chicago in the 1930s; the term symbolic interactionism was developed soon afterwards by Herbert Blumer, who was heavily influenced by Mead (Jacob, 1987). Interactionists claim that humans define and negotiate situations until common definitions are reached using shared meanings and symbols (Matthes, 1982). These definitions are subject to constant change and evolution and are developed in the context of their immediate environment. Blumer (1971) defines the three main premises of symbolic interactionism:

Human beings act toward things on the basis of the meanings that the things have for them...the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows...[and] meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters. (p. 2)

Maines (2001) explains that recent trends in sociological research reveal frequent use of the interactionist perspective and that people often use this framework without realizing it or overtly defining their approach as such. As with social constructionism, interactionism has been linked with the social reform movement and the need to develop creative responses to social change (Fisher & Strauss, 1978).

Social constructionism and symbolic interactionism have many elements in common and complement each other in this research project. The belief that realities are subjectively defined, based on one's interactions with others, provides the foundation for both of these perspectives. From a research standpoint, this also means that the results of research are influenced by the dynamics and power relations of both parties, the effects of which cannot be separated, and while they are not always measurable, they are at least considered and regarded (Etherington, 2004).

The interactionist perspective requires a degree of reflexivity on the part of the researcher. Researcher reflexivity emphasizes the "importance of self awareness, political and cultural

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<sup>3</sup> While the terms *interactionism* and *symbolic interactionism* are often used interchangeably, some authors would claim a difference in origin and intention. Fisher and Strauss (1978) provide an extremely detailed history of the origin and complex developments of the interactionist movement and the emergence of the two. For the purpose of this thesis, the terms have not been considered as distinct.

consciousness, and ownership of one's perspective" (Patton, 2002, p. 64). Steier (1991) states that research reflexivity means that we think about and acknowledge the impact of our role in the research outcome: "My research is in no way existent apart from my involvement in it – it's not 'out there'...The research process itself may be seen as socially constructing a world or worlds, with the researchers included in rather than outside, the body of their own research" (pp. 1 - 2). Patton (2002) suggests that writing in the first person helps to communicate one's self awareness and perspective. Although at first this did not conform with my idea of academic writing, I found it common amongst doctoral theses, and I also found it particularly suitable for writing this thesis from a social constructionist and interactionist perspective, and thus the style was adopted for this thesis.

## **METHODOLOGY**

The third component of the research paradigm outlined by Guba and Lincoln (1994) relates to the method of the research, that is, the specific way in which the project was carried out. In this section, I discuss the qualitative approach to the research, specifically semi-structured interviews and the use of Grounded Theory as a framework for data collection and analysis. Within this section, I also discuss researcher and participant bias and the limits of the research. Denzin (1989) states that "The study of methodology demands a consistent theoretical perspective; theory and method must go hand in hand" (p. 2). This section discusses how the methodology was carried out and how it reflects the social constructionist and interactionist beliefs.

### **Qualitative approach**

Qualitative methods were chosen for this research project in order to explore in-depth the phenomenon of parental management of the risk of child sexual abuse, attempting to understand the nuances and complexities of this issue in ways that were not possible using quantitative research. Qualitative methods can be defined as the use of techniques where narrative information is collected, analysed and presented, versus quantitative methods which principally uses numerical data for collection and analysis (Teddlie & Tashakkori, 2009). These methods are characterized by the use of particular techniques used to gain rich and detailed information, often in the direct voice of the participant or target of the research (Corbetta, 2003; Gerber & Moyle, 2004). They include interviews, focus groups, observation and examination of written documents (Marshall & Rossman, 1999).

While there has sometimes been tension between qualitative and quantitative schools of research in terms of superiority of one method over another, the methods can complement each other. Advocates of mixed methods research show that the two can work together to create triangulation and that using both provides an opportunity to study phenomena from various angles using a variety of research techniques (Creswell, 2007; Teddlie & Tashakkori, 2009). Although this study utilizes only qualitative methods, my philosophy is one of valuing the use of both methods, and my plans are to use mixed methods in the future to gain a better understanding of issues related to the prevention of child sexual abuse.

Qualitative methods have been chosen for this research for a number of reasons. Firstly, the complexity of the topic of parental management of the risk of child sexual abuse requires more in-depth understanding than can be gained by asking yes/no or multiple choice questions that characterize quantitative research. Because of my research experience using both qualitative and quantitative methods of interviews, surveys, and focus groups on the topics of HIV, sexually transmitted infections, and teen pregnancy, I believe that a qualitative approach will provide a depth of understanding that quantitative methods cannot offer. Secondly, there has been a lack of research in the past that has offered in-depth understanding of the ways in which parents manage the risk of child sexual abuse. For example, in the Literature Review, only a few qualitative studies have been identified which offer explanations of the more complex concerns and behaviours of parents with regard to managing the risk of sexual abuse to their children (Collins, 1996; Pullins & Jones, 2006). With the growing concern about how the incidence of child sexual abuse may be reduced, and given reports of the frequency of such abuse, there is a need for a deeper understanding of the complex issues surrounding the prevention and management of this issue.

Patton (2002) states that there are different purposes for qualitative research. These could include generating or testing a theory, evaluating the effectiveness of an activity, completing a dissertation (to meet the approval of a committee), and personal inquiry (an individual's desire to understand something). The primary purpose of this research is to generate a theory, as there is no existing theory of the ways in which parents manage the risk of sexual abuse. Secondary purposes of this research include completing the requirements of a dissertation and a personal interest in understanding this issue in order to improve my effectiveness as a parent in protecting my own children from abuse.

### ***Semi-structured interviews***

Semi-structured interviews were the key qualitative method chosen for this project. In the first round of interviews, the possibility of also using focus groups was explored with

participants. However, discussions revealed that parents would not be comfortable exploring such a sensitive topic in a group setting and therefore focus groups were not utilized.

In-depth interviews are conversations with participants that revolve around questions that are aimed at gaining greater knowledge and in-depth understanding of a particular topic (Wengraf, 2001). The question structure for such interviews can range from being open and relatively unstructured to semi-structured, where researchers have flexibility in adding questions or probes during the interview and changing the order of questions, to fully structured questions where researchers ask all participants the same questions without adding or missing any questions or changing the order (Minichiello, Aroni, Timewell, & Alexander, 1990). For this research, semi-structured interviews were used in order to provide moderate structure but at the same time to retain the flexibility needed to explore individual experiences and the views of each parent or couple. These interviews offered participants the opportunity to tell their own stories, to share their experiences, and to have them valued by others. According to Seidman (1998):

Telling stories is essentially a meaning making process. When people tell stories, they select details of their experiences from their stream of consciousness...It is this process of selecting constitutive details of experience, reflecting on them, giving them order, and thereby making sense of them that makes telling stories a meaning making experience. (p. 1)

Semi-structured interviews were chosen for this research for two key reasons. Firstly, there was a need to gain in-depth understanding of a topic, including having participants describe in their own words how they experienced the situations where they faced the risk of sexual abuse to their children. This allowed for participants to construct and tell their stories in ways that quantitative and other qualitative methods, such as observation or focus groups, would not accommodate as effectively.

Secondly, due to the sensitivity of this topic, individual methods allowed for the confidentiality needed for people to feel more comfortable when disclosing personal stories than they might possibly in a group setting. Child sexuality and child sexual abuse are sensitive topics for which qualitative methods may be more appropriate (Bowman, 2008; Morton-Williams, 1993). Renzetti and Lee (1993) argue that, while any topic could potentially be sensitive, there are some areas that are more sensitive than others because they include areas:

...where research intrudes into the private sphere or delves into some deeply personal experience...where the study is concerned with deviance and social

control...[and] where it impinges on the vested interest of powerful persons or the exercise of coercion or domination. (p. 6)

This research fits all of these criteria in terms of sensitivity. These issues are deeply personal and private, and can be disturbing and upsetting for the parents. They also call into question legal and social definitions of appropriate behaviour and are directly concerned with issues of power over and coercion of children. Lee (1993) captures these research challenges when he states that:

Studies of 'sensitive' topics like sexual behaviour raise questions, for example, about the kinds of research regarded as permissible in society, the extent to which research may encroach upon people's lives, the problems of ensuring data quality in dealing with certain kinds of topics and the ability of the powerful to control the research process. (p. 1)

While this research is sensitive and potentially problematic in many cases, it is needed in order to understand the issues, which are important to family life and social functioning. Seiber and Stanley (1988) confirm this by explaining that while these issues are extremely personal and may possibly cause offence if discussed, they are the issues which government agencies including law enforcement personnel are so keen to access. According to Lee (1993), research on sensitive topics is needed to "challenge the taken for granted ways of the world" (p.2) and contribute to the building of theory around these important topics. He provides a number of recommendations for research interviewing on sensitive topics. Firstly, confidentiality, a private setting, and a non-judgemental or accepting attitude help to create trust. Secondly, in order to encourage a collaborative and interactive approach to the sensitive topic, Lee suggests avoiding interviewing in a way that standardizes each interview and opting for more flexibility in questioning and discussion flow. Thirdly, according to Lee, interviewers should be trained in dealing with sensitive topics so that their own possible discomfort with the topic does not adversely affect the interview process and outcome. Finally, he suggests that in-person interviews (versus phone interviews or self-completed questionnaires) can assist in helping participants to relax and share more information about sensitive issues.

All of these points were taken into account and applied to this research project. Confidential settings were arranged and interviews were conducted with great flexibility to allow participants to tell their stories. I have gained extensive training and experience from my work in the USA interviewing on topics related to sexuality, so I felt my comfort level in dealing with sexuality issues provided me with the confidence and skills to explore this

sensitive topic in depth. Finally, all interviews were conducted in person in order to help to create rapport and trust. (More details on the interview process, sampling, and recruitment are described in the Data Collection section later in this chapter.)

Skills required for in-depth interviewing by a researcher include sharpened listening skills, careful questioning without leading, the ability to create rapport with the participant, and non-threatening body language. These skills became the focus for both my preparation for interviewing and my improvement throughout the interviewing process. Seidman (1998) also suggests asking open-ended questions, following up without interrupting, exploring without probing, listening more and talking less, avoiding reinforcing participant responses, and understanding that laughter may occur not just when something is funny but when participants are nervous or expressing irony. Patton (2002) emphasises the importance of nonverbal messages, asking singular questions, asking truly open-ended questions rather than presupposing responses, and not asking ‘why’ questions. He also points out that caution must be taken when conducting cross-cultural interviews, which must consider different language, norms, and values, and explains the need for “empathetic neutrality” (p. 53) when conducting interviews, where interviewers can demonstrate understanding, caring and interest but also be non-judgemental. Working on improving these skills was important as the interviews progressed. Now I will describe the use in this research project of grounded theory, which provided the framework that guided the way in which the in-depth interviews would be conducted and analysed.

## **Grounded theory**

In this section, I define and describe the history of grounded theory and argue for my selection of it as it has been developed by authors Strauss and Corbin (1990). In the subsection immediately following, called Data Collection, I specifically describe the ways in which this method has been applied to this research project.

### ***Definition and history***

Grounded theory is a method of collecting and analysing data with the goal of developing a theory based on this data, rather than testing a pre-set hypothesis (Gerber & Moyle, 2004). It is designed to explore areas where little previous research has been carried out and few theoretical models exist (Strauss & Corbin, 1990) and fits well with this research project where the aim has been to explore an area where little published qualitative research had been carried out and no theoretical models have been identified in the literature.

Grounded theory was originally developed by Glaser and Strauss in the 1960s to provide a method for qualitative research that would be rigorous in a way that was comparable with the quantitative research methods that were well developed and respected at the time (Charmaz, 2000). Their method provided specific steps to explore the processes of phenomena and to develop explanatory theories from data (Glaser & Strauss, 1967). Glaser and Strauss later diverged in their techniques to develop two relatively different approaches to grounded theory. Glaser developed a system of comparative analysis using learned theoretical codes which he himself defined and described (2006). Strauss, who paired with Corbin in the late 1980s, went on to develop a different method which focused on analysing the process of a phenomenon (Strauss & Corbin, 1990). Charmaz (2000), another grounded theorist, adapted her own constructionist methodology, focusing on the ways in which participants create meaning and placing great importance on the data being created from the shared experiences between the researcher and the participant

Grounded theory utilizes mainly qualitative methods, with a heavy emphasis on the interview as a way of gaining in-depth understanding of an issue (Charmaz, 2003), although quantitative methods can also be used to develop grounded theory (Glaser & Strauss, 1967). Grounded theory processes are particularly useful in examining social processes that need to be understood in order to implement effective social interventions (Pidgeon & Henwood, 2004). Grounded theory offers a useful framework for exploring complex social issues, such as the topic of this research, child sexual abuse, where issues are not easily quantifiable or simply expressed but rather can be complicated and sensitive.

Glaser and Strauss (1967) originally recommended that, when using a grounded theory approach, the researcher should have no prior exposure to the literature or professional experience in the same field. In reality this may be difficult to achieve since researchers are often driven by personal interest and/or professional experience in a topic, and also some review of literature may be needed in order to identify existing theories and research and gaps in these in order to justify the expense and effort of the research project itself. Further, it is recommended that researchers should be familiar with literature as part of the grounded theory process in order to develop theoretical sensitivity (to be discussed in the next section) (Strauss & Corbin, 1990).

After a review of the different approaches to grounded theory and their critiques, the method developed by Strauss and Corbin (2008) was selected for this project because of the clarity in describing the steps of the process and providing complete examples of applications. Glaser's learned theoretical codes appear too prescribed, although Glaser himself criticizes Strauss and

Corbin's approach as forcing data by being limited to focusing on the process of a phenomenon (Glaser, 1992). Charmaz (2000) has a clearly constructionist lens, which would have been compatible with my own constructivist beliefs; however the process of using a grounded theory approach was not so clearly laid out. The process focus of Strauss and Corbin's (1990) approach was particularly useful in this research in understanding the experiences of parents as they managed sexually-related boundary crossing incidents with their children. Strauss and Corbin's interactionist lens, influenced by Strauss's training at the University of Chicago and the symbolic interactionism of the Chicago school (Charmaz, 2000) and Corbin's professed personal influence by the Chicago school in the 2008 text (Strauss & Corbin, 2008) also make this methodology more compatible with my own interactionist lens.

Grounded theory has been criticized for its positivist assumptions that theory will be "discovered", as if there is a theory to be "captured" by well trained researchers who are implementing a grounded theory approach, and postmodernists argue that it would be better called the "generation" of theory by a subjective researcher rather than to assume a result of objective truth (Pidgeon & Henwood, 2004, p. 627). I take note of this criticism and agree that this research is subjective and that the theory generated is a reflection of my individuality as a researcher as well as of the interactions I have had with my participants, and thereby reflects the underlying social constructionist ontology and interactionist epistemology of this research.

### ***Grounded theory framework according to Strauss and Corbin***

There are three primary texts by Strauss and Corbin which describe the grounded theory methods which have guided this research. The first is the initial text on grounded theory entitled *Basics of Qualitative Research: Grounded Theory Procedures and Techniques* (Strauss & Corbin, 1990) which offers a clear, step-by-step method of conducting research that would lead to theory generated from data. The second edition, published eight years later and titled *Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (Strauss & Corbin, 1998) is very similar to the first edition, with some modification but generally following the same process. The third edition, *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (Strauss & Corbin, 2008), printed posthumously in the case of Strauss, followed the same three-stage structure of open coding, axial coding, and selective coding, use of the paradigm model, and the conditional matrix, as put forward in the first two editions. In this edition, Corbin also put forward a more clearly constructionist and interactionist framework for conducting grounded theory, drawing



heavily on the Chicago Schools of Interactionism and Pragmatism (Strauss & Corbin, 2008). This differentiated the latest conceptualization of their method from the more positivist leanings of Glaser and the earlier works by Strauss with Glaser on Grounded Theory, and reinforced my own constructionist approach. This most recent edition also provided more practical instruction about using one's intuition to develop theory from the data. I found this guidance immensely helpful at a time when I was struggling to progress beyond description to development of a theory.

Grounded theory according to Strauss and Corbin (1990) consists of four key aspects:

- Theoretical Sampling
- A three stage process of data collection and analysis, which includes: open, axial and selective coding and the use of the paradigm model
- The conditional matrix
- Development of a theory

Each of these is described below.

### *Theoretical sampling*

Theoretical sampling is flexible sampling based on the need to collect sufficient and useful data in order to develop and test a theory, rather than predetermining a sample number from the outset of a project. This means that sampling is determined along the way, as analysis and comparisons take place around events until theoretical saturation occurs, until theory has been fully developed, and until no new data needs to be collected (Strauss & Corbin, 1998). Strauss and Corbin (1998) define it as:

...data gathering driven by concepts derived from the evolving theory and based on the concept of "making comparisons," [sic] whose purpose is to go to places, people or events that will maximize opportunities to discover variations among concepts and to densify categories in terms of their properties and dimensions.  
(p. 201)

Theoretical sampling according to Strauss and Corbin (1990) consists of three stages: open sampling where people are randomly selected based on relatively open criteria; relational or variational sampling, where the researcher looks for variety in responses from within the target population; and selective or discriminate sampling, where the researcher samples to

maximize comparisons in order to complete analysis. At each stage of the research, a sample is chosen in order to explore and understand various properties of a phenomenon and, as the research develops, to confirm and test the theory. Incidents are compared against each other, looking for similarities, differences, and variation. As sampling continues, once key themes are identified and theory is developed and being tested, new samples may be gathered or previously interviewed participants re-interviewed or previously collected data re-analysed. In the final stages of analysis, continual reference is made to data in order to support, modify, or negate the theory. While sample size is never preset, it is found that between 20-30 interviews are common in grounded theory studies (Creswell, 2007).

### *Three stages of coding*

The method of data sampling and analysis developed by Strauss and Corbin includes open coding, axial coding, and selective coding, where data is collected and analysed at each stage in order to guide the next stage (Strauss & Corbin, 1990).

In the first stage, *open coding*, data is analysed using a coding technique where themes are identified directly from the data by using line-by-line, sentence-by-sentence, or paragraph-by-paragraph analysis (Strauss & Corbin, 1998). Towards the end of coding in this first stage, the paradigm model is introduced to generate understanding of the process taking place. The paradigm model provides the researcher with a framework for examining the process of a phenomenon by linking the identified codes in relationships which indicate causal conditions (the conditions that has given rise to the event), phenomenon (the event or action itself), context (in which it has occurred), intervening conditions (sociodemographic, historical, and individual conditions which have impacted on the phenomenon), action/interactional strategies (strategies used by persons in response to the phenomenon), and consequences (the results of those interactions) (Strauss & Corbin, 1990).

The second stage, *axial coding*, is used to gather more data to explore the themes identified in the first stage, particularly with regard to the relationship between the themes in terms of process and content, as well as searching for variations and dimensions. Analysis leads to the selection of a core theme around which all other codes and categories revolve, and this becomes the essence of the theory. The theory is outlined and described based on the data.

In the third stage, *selective coding*, the researcher confirms core themes, tests the theory, and validates relationships. During this process, the core theme must be related systematically to other categories, supported by evidence in the data. Strauss and Corbin (1990) state that in

this stage “...integration is not much different than [sic] axial coding. It is just done at a higher, more abstract level of analysis” (p. 117).

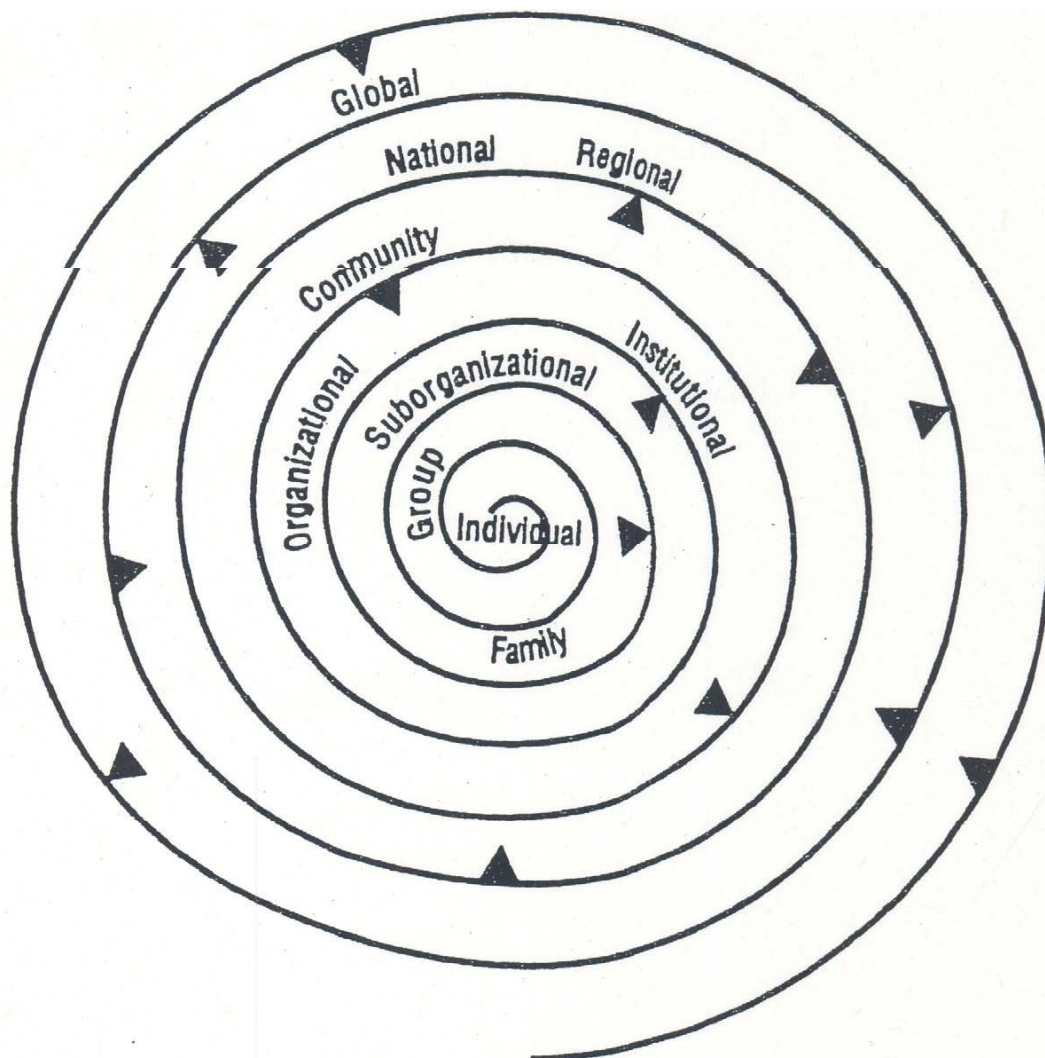
Whilst the stages appear to be clearly delineated, in reality the researcher moves back and forth between them in order to conduct analysis (Strauss & Corbin, 1990). This makes for quite a fluid and flexible process, encouraging intuitiveness, particularly in identifying the overarching theme that forms the basis of the theory (Strauss & Corbin, 2008).

As part of the research and data collection process, it's also suggested that techniques are used to enhance theoretical sensitivity. Theoretical sensitivity is “...[the] attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn't” (Strauss & Corbin, 1990, pp. 41-42). Sources of theoretical sensitivity, according to Strauss and Corbin, include literature, professional experience, personal experience, and the analytic process, and require challenging assumptions so that phenomena can be uncovered and new theories can be formulated. They point out some of the methods for doing this, including asking what, who, when, where, how, and how much questions, investigating temporal issues such as duration, frequency and rate, and making comparisons.

### *Conditional matrix*

The conditional matrix is another tool designed to help the researcher understand the relationship between micro and macro conditions related to a phenomenon (Strauss & Corbin, 1998). This structure, as seen in the diagram below, locates the individual at the core and works outwards to the different levels of an individual's environment, moving to group and family and eventually to national and global levels. At this point, the researcher is encouraged to consider the interplay between process (using the paradigm model) and structure (the conditional matrix) and the researcher is guided in exploring the ways in which the structural levels impact and are considered at the various stages in the examination of the process of a phenomenon (Strauss & Corbin, 1998).

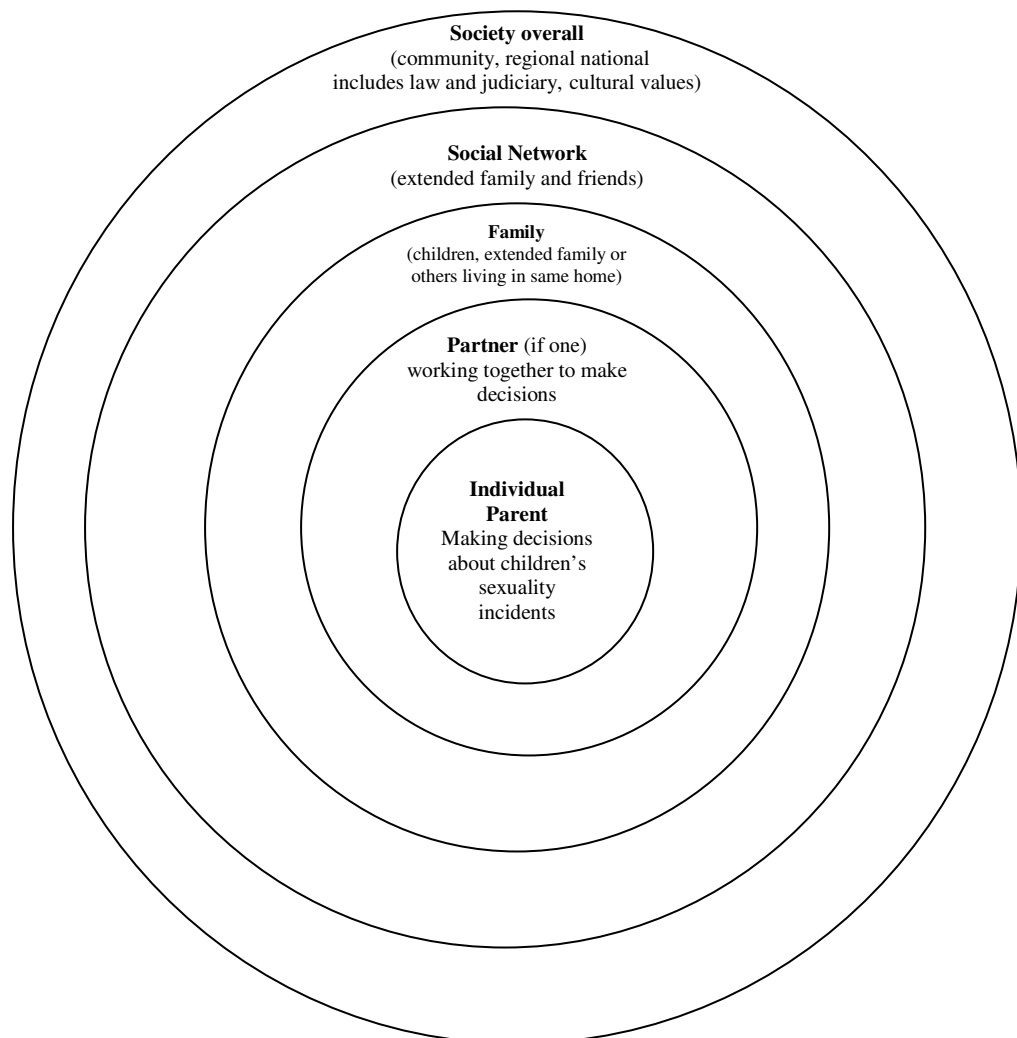
Figure 1. Conditional Matrix by Strauss and Corbin (1998)



Source: Strauss & Corbin (1998, p. 184) reprinted from Seaman (2008).

This model has been adapted to this research and the phenomenon of the ways in which parents manage the risk of sexual abuse to their children and the diagram below helps to understand the importance of the relationships individual parents have with their partner, extended family and social groups, community and regional influences, national influences which include laws and policies as well as norms, cultural beliefs, and global influences, when faced with the risk of sexual abuse to their children. This visualization attempts to capture the “constant interplay inter/action [process] with conditions/consequences [structure] and the dynamic evolving nature of events” (Strauss & Corbin, 1998, p. 184).

Figure 2. Conditional Matrix applied to parents managing the risk of sexual abuse to their children



In the middle of this diagram is the individual parent who is faced with responsibility for the care of children and decision making about how to both nurture and protect these children, particularly in terms of ways to deal with sexually-related incidents and whether or not boundaries have been crossed, according to their judgment. Moving to the next outer circle, the partners of each parent are considered (if there is one - can include ex-partners), as they work together to manage issues related to their children as they arise. Moving to the third circle is 'family', which consists of the children but may also include any other related or nonrelated members who live in and form part of the immediate household. In the fourth

circle is the ‘social network’, which consists of those persons not living with the family but who form an integral part of the social life and support of the family, such as extended family, friends, colleagues, and acquaintances. The final circle on the outside of the diagram is the ‘overall society’, including the immediate community in which the family lives, the broader regional community, and national and even international communities. In the “Results: Intervention Strategies” chapter, I explore in depth the ways in which parents are influenced by these relationships as incidents arise.

### *Theory development*

The most important outcome of using a grounded theory methodology is the development of a theory. The challenge in using grounded theory is to move beyond descriptions of findings to develop a theory which provides an explanation or understanding of the phenomena (Strauss & Corbin, 1998). According to Denzin (1989), a theory “consists of a set of concepts that forms a conceptual scheme... [but must go beyond that to]...contain a set of propositions or hypotheses that combine descriptive and relational concepts” (p. 49). In the positivist tradition, theories are put forth to explain and predict phenomena, whilst in the interpretive tradition of grounded theory, theories are understandings based on the researcher’s interpretation of the phenomena, which is the case in this research (Charmaz, 2006). Creswell (2007) explains that the resulting theory can take various forms, including a narrated description, a visual representation, or a series of propositions or hypotheses. At this stage, theory should account for variation in the phenomena and also provide the appropriate density and precision of development of the concepts (Strauss & Corbin, 1990).

## **Data collection**

In the previous section, an overview of grounded theory and the basic steps of the method according to Strauss and Corbin (1990) was provided. In this section, the ways in which data collection and analysis were actually carried out for this research project according to this method, including sampling and recruitment, demographics, ethics and consent, incentives, interviews, data analysis, and limits of the research, are specifically described.

Many researchers are criticized for not sufficiently applying all of the steps of grounded theory or for claiming research results as a theory although they do not appear to go beyond descriptive research (Charmaz, 2006). In order to avoid such pitfalls, it has been of utmost priority in this research project to closely follow the steps of grounded theory methodology as put forth by Strauss and Corbin (1990). Firstly, following Patton’s (2002) advice that it is important to understand the ways in which data will be analysed before it is collected, I read

the first and second editions of Strauss and Corbin's texts completely before carrying out interviews. After this reading, I was entirely familiar with the recommended process of data collection and analysis and felt clear about the way in which sampling and analysis would be carried out in stages. Secondly, I carefully followed in order the steps of open, axial, and selective interviewing and coding and applying the paradigm model. Three rounds of interviews based on each stage of coding were carried out over the course of three years, with participants recruited from both Melbourne and Cairns, the two cities of my residence over the course of the project. The total number of participants interviewed was 28, plus two additional participants who participated in the pre-test. Details of the data collection process follow.

### ***Sampling and recruitment***

The interviews were spread out over a three-year period, with the pre-test carried out in Cairns in 2006, the first round of interviews in Melbourne in 2006, the second round in Melbourne in 2007, and the third round in Cairns in 2008. Theoretical sampling was carried out where the sample targets were modified at each stage of research to assess the criteria of who was to be interviewed and what questions were to be asked for each subsequent round of data collection. A total of 16 mothers and 12 fathers were interviewed, not including the pre-test.

- In the pre-test, two participants (one mother, one father) were interviewed.
- In Round One, 10 participants were interviewed (eight mothers, two fathers); two of these interviews were with couples (married) and six with individuals (all mothers).
- In Round Two, 10 participants were interviewed (five mothers, five fathers); three of these interviews were with couples (married) and four with individuals (two mothers, two fathers).
- In Round Three, eight participants (three mothers, five fathers) were interviewed individually.

The initial sampling criteria for the pre-test and Round One interviews were parents with children between the ages of 10 and 12 (inclusive) who had lived in Australia for at least five years. The goal was to speak to parents from the general population and not to target any particular group based on risk or culture or other defining factor. In accordance with theoretical sampling discussed earlier in this chapter, in open sampling participants are selected based on a relatively broad selection criteria (Strauss & Corbin, 1990).

A non-random sampling technique was used to recruit friends of family and other acquaintances who had children within this age group. Non-random or non-probability sampling consists of samples chosen not to represent populations but rather to “focus on how the sample or small collection of cases, units or activities illuminate social life” (Neuman, 2003, p. 211). Therefore, sample size is usually not pre-determined but decided along the way, and the researcher’s knowledge about the larger population or group from which the sample is drawn is limited (Neuman, 2003). Recruitment through acquaintances was done in order to increase trust and comfort levels when asking parents to discuss sensitive topics with a researcher. Some participants were introduced in person (then contact information shared), or else they contacted the interviewer directly either by phone or email based on referral information received. Others agreed to be contacted by phone after being provided with the Information Page by the referring friend/relative, or they were directly recruited by the researcher. All participants were offered individual interviews, or where requested, couples were interviewed together.

In Round Two, sampling criteria were modified considerably. Firstly, the Round One interviews tended to reveal extensive information about dealing with emerging puberty, which was due to the sample population being parents with children 10-12 years of age, so the criterion of parents with children 10-12 years was expanded to include parents with children between the ages of 5 and 15 in order to reveal other possible issues related to sexuality and boundary-setting faced by parents with both younger and older children. Secondly, because of the low participation of fathers in the first round, fathers who were known to the interviewer but were not close friends were recruited for interviews. Special focus in the interviews with fathers included questions exploring issues faced by fathers in managing the risk of child sexual abuse and sources of support and information on this topic. In particular, there was an attempt to interview fathers alone because, in the first round of interviews, mothers who were interviewed with their husbands tended to dominate the conversations. Thirdly, because the majority of participants in the first round of interviews were of southern European descent (8 out of 10), in the second round of interviews, participation was sought from a broader cross-section of cultures. Fourthly, since all of the couples interviewed in the first round were married, in the second round I sought to recruit a greater cross-section of family types, including single parents, parents in blended families, and same-sex couples. Finally, as was revealed through the anonymous demographic survey, the majority of participants lived in relatively affluent neighbourhoods, and they were mostly professionals with some form of higher education, so efforts were made in the second round of interviews to recruit from a greater cross-section of income and education levels. The goal with these sampling changes was not to gain population representation, as would be done in



quantitative research, but to provide opportunities for variation in the samples of participants. In following the guidelines for theoretical sampling discussed earlier in terms of variational or relational sampling, at this stage I needed to look for variation in my research sample (Strauss & Corbin, 1990).

These efforts to vary sampling in the second round were somewhat effective. More fathers participated in the second round (5 fathers out of 10 participants), there were more participants who had moderate incomes, and there was a greater diversity in cultural background of the participants (more Australian-born as well as participants of Indian and European Jewish origin). However, no same sex couples were identified, and all couples were married (see Table 1).

In Round Three interviews, where theory was being tested, I was particularly interested in recruiting parents who had identified incidents of concern that I could explore and testing accordance with the theory developed in Round Two. Sampling for Round Three interviews continued with the modified criteria listed above, but also included interviewing parents who had clearly identified an issue of abuse or a boundary crossed. At this point, I had a number of parents whom I had recently met socially and who, having learned of my research topic had approached me with incidents of concern that they offered to discuss, and so I followed up by including them in the research, ensuring that they met the study criteria. Based on selective or discriminate sampling, which is the third stage of theoretical sampling discussed earlier, I looked for cases where I could complete analysis through maximizing comparisons (Strauss & Corbin, 1990). Efforts to vary samples in this round of interviews were more fruitful. I was able to recruit persons from different cultural backgrounds (English, African and Chinese heritage), family structures (single fathers and de-facto couples), and socioeconomic backgrounds (more lower income families).

### ***Demographic data***

Parents were asked to complete an anonymous demographic data form at the beginning of each interview in order to gather useful demographic information from the research participants. Questions included: place of birth, age, culture/race, gender, education level (highest level), approximate household income range, languages spoken, occupation, and marital status. A copy of the Demographic Form can be seen in Figure 3 below.

Figure 3. Demographic Form

ANONYMOUS – DO NOT PUT YOUR NAME ON THIS FORM

Place of Birth: \_\_\_\_\_

If you were born outside of Australia, how many years  
have you been in Australia? \_\_\_\_\_

Age: \_\_\_\_\_

Culture/Race(s): \_\_\_\_\_

Gender: \_\_\_\_\_

Education (highest level): \_\_\_\_\_

Approximate household income range:

\_\_\_\_\_ \$20,000 or less  
\_\_\_\_\_ \$21,000 - \$40,000  
\_\_\_\_\_ \$41,000 - \$60,000  
\_\_\_\_\_ \$61,000 - \$80,000  
\_\_\_\_\_ \$81,000 and over

Languages spoken: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Marital Status: \_\_\_\_\_

The form produced very useful information about the participants. Most categories provided basic numbers which were easy to tally and quantify. I purposely asked “culture/race” as an open ended question to give people the chance to describe themselves and to avoid the limited cultural/racial identification categories that are often found on surveys. One drawback of the survey was the open-ended answer on the question on education (highest level), which would have been better set as a multiple choice question in order to easily quantify the responses. The tallied results of the demographic survey can be seen in Table 1 below.

Table 1. Summary of Demographic Results of Research Participants<sup>4</sup>

<i>Variable</i>	<i>Range</i>	<i>Round 1</i>	<i>Round 2</i>	<i>Round 3</i>
Total Number interviewed		10	10	8
Birth Place	Australia Italy India England/UK France	8 2	8 1 1	4 3 1
Age range :	31-40 41 – 50	3 7	2 8	5 3
Culture (multiple responses permitted)	Australia English/UK Italian Greek Indian German Mediterranean Eastern European Jewish Chinese Mixed French African No Response	3 5 2 1 1	8 2 1 1 1	6 3 1 1 1
Gender	Female Male	8 2	5 5	3 5
Education (highest level)	Less than high sch grad High school grad Tertiary No Response	1 8 1	1 1 8	1 3 4
Household Income	\$20,000 or less \$21,000 - \$40,000 \$41,000 - \$60,000 \$61,000 - \$80,000 \$81,000 and over	2 8	2 1 7	1 1 3 3
Languages spoken at home (multiple responses permitted)	English Italian Greek German Hindi/Punjabi Thai/Laotian/Burm/Chin/ Jap French	10 5 2 1	10 1	8 1 1 1
Occupation		Manager PT Elector Off	Butcher Plumber/Teach	Teacher Prim Prof Stud

<sup>4</sup> Demographics from pre-test participants were not included

<i>Variable</i>	<i>Range</i>	<i>Round 1</i>	<i>Round 2</i>	<i>Round 3</i>
		Occ. Therapist Telemark/Sm. Bus Engineer/Manager IT specialist Registered Nurse Doctor Bookkeeper Accountant	Occ. Therapist (2) Architect IT Consult Sales Engineer Academic Social Worker Musician	Beauty Therapist Sole parent/ Student Painter Physiotherapist Home duty/ Volunt/ Student Chef
Marital Status	Married Divorced (and single) Defacto	10	10	4 2 2

The majority of participants were born in Australia (20/28), though many identified more than Australian as their culture (note that multiple responses were permitted on this question). This was particularly noticeable in the first round, where many of the Italians and Greeks born in Australia identified their culture as that of their parents. While all participants in the research project had met the criteria of having lived in Australia for five years or more, eight out of 28 participants were born overseas, with six of those having arrived in Australia as adults. Cultures represented included Australian, Italian, Greek, English, African, Chinese, Indian, and Eastern European. One participant identified as seventh generation Australian, which was quite unusual as most participants born of Anglo heritage were usually first or second generation Australians.

Mothers and fathers were both well represented in the study (16 mothers and 12 fathers). The majority of participants were in their 40s (18 were in the 41- 50 age range group), and the remainder (10) were in the 31-40 age range. The majority of participants were married (24/28) but there were two de-facto couples and two divorced fathers who were single.

Income levels were generally high (18/28 participants reported household income of greater than \$81,000), with some lower income participants sampled in the third round. A variety of professions was represented, with everyone employed except for the two single fathers who were full-time students, and a married mother who was also a part-time student.

### ***Ethics and consent***

Ethics approval through James Cook University was received in December, 2005 (H 2246), with an extension received in November, 2006 when the research was upgraded from masters level to doctoral. A revised ethics application was approved in August, 2007 which expanded

the age of children to 5 to 15 years and allowed fathers who were known to the researcher to be interviewed.

All participants were provided with an information page given by the referring friend, via email when the interview was confirmed, or at the beginning of the interview (see Appendix B). This outlined the research in terms of the research aims, what would be asked of the participants, what incentives were provided, confidentiality and anonymity, what would be done with the research results, details of the ethics approval, and contact information for the researcher and the researcher's supervisors.

Summarizing the ethics guidelines found in various international research codes and conventions, Hallowell, Lawton and Gregory (2005) explain that the three most important issues to consider are: not subjecting the research participant to undue psychological, physical, or economic risk or trauma; gaining informed consent from the participant; and maintaining participant confidentiality. In this research project, a number of strategies were employed to ensure confidentiality and reduce the possible discomfort participants might have felt in discussing a sensitive topic such as child sexuality and child sexual abuse. Firstly, confidentiality and anonymity were guaranteed at the beginning of the interview, explained verbally and also in writing as part of the consent to participate (see Appendix C for a copy of the Informed Consent Form). Complete confidentiality was assured so that if any abuse were disclosed, it would not be reported officially. Creating a confidential setting included conducting interviews in a safe and confidential location, which was usually a private home (either of the participant or referring friend), and in a couple of cases a private interview room at the university. Secondly, at the onset of the interviews, participants were informed about their right to ask questions at any time, to refuse to answer any question, and to withdraw from the interview at any time. Thirdly, interviews were led by general questions about the parent's own family history, which were less confronting than later questions and appeared to provide a familiar context in which parents appeared willing to discuss more sensitive topics later in the interview. Fourthly, a resource had been prepared ahead for referral to local sexual assault counselling services if there should be any need for referral on issues of abuse, which in the end was not utilized, but was nevertheless available. Finally, anonymity in the data reported in this thesis was assured by referring to participants throughout the thesis by their assigned alias names. Also, names used in the dialogue when quoted in the thesis, such as the names of their partners or children, were changed to fictitious ones to ensure that no identifying information could be traced.

While this research was not designed to identify family situations where sexual abuse was occurring, the disclosure by some participants of their own abuse as children did occur. Although I did have information on appropriate counselling services if needed, it was evident in discussions that the parents who had reported their own abuse had received sufficient support and were not in need of referral to counselling services.

The safety of the researcher was another important issue. Conducting interviews in people's homes created a potential risk to my safety. In order to develop some personal safety measures, I went only to homes of people who were well known to the referring persons. Also, I informed my own family members and friends of the location of the interviews, as generally they were caring for my son while I was so engaged.

Permission for tape recording was gained from every participant. While some researchers might feel that tape recording is intimidating, I found that all of the participants appeared to quickly forget about the tape recorder, as did I, and conversations generally flowed freely. Padgett (1998) also points out that the tape recording frees the interviewer to concentrate on asking questions and listening attentively and argues that recording is more inclusive and that note taking can actually be perceived as intrusive. Recordings of the interviews were needed to capture word-for-word the thoughts and experiences of the participants in their own idioms. Later in the analysis, this allowed for the use of direct comments and phrases that were then used for open coding and eventually theory development. Also, in a handful of cases some notes were taken by me after the interview was over when I was either in my car or at home because participants disclosed valuable information after the tape had been turned off. These comments were added to the end of the participant transcripts and also coded. Tapes and transcripts are stored in a secure location in a locked filing cabinet and access to electronic data is password protected.

### ***Incentives***

Each participant was given a gift voucher worth \$25 at the Coles/Myer/Kmart chain of stores for their participation in the study, funded by the minimum resources research allowance provided to each Master/PhD student at James Cook University. Incentives can be seen as a reward or encouragement by some (Padgett, 1998) while others see it as undermining the person's free will to participate (Hollway & Jefferson, 2002). Bernard (2000) states that "In today's market-oriented economy, information is a commodity and often has a price. Personally, I think researchers should pay for information whenever they can and whenever it's appropriate" (p. 355). Padgett (1998) supports this by explaining that incentives are common in funded research these days. Based on my own research experience, I feel that

providing compensation shows the participants that their opinions and time are valued. The challenge is offering an amount that is adequate. If the inducement is too little, participants might not be interested and might even find it insulting, while paying too much could be seen as coercion (Padgett, 1998). The amount of \$25 was determined based on my own past experience with paying participants for focus groups and interviews and was estimated as a reasonable amount both for my own budget as well as the time that participants were spending on the interview. A couple of the participants said that payment wasn't necessary, but when I explained that all participants were being reimbursed for their valuable time and opinion, they were happy to accept, as did the remainder of the participants.

Most interviews took place over a hot beverage and snack, consisting of biscuits which I brought to the interview in order to re-create the informal conversations that are often had over a 'cuppa' in our culture. In her qualitative interviews with widows, van den Hoonaard (2005) noted that having tea and a slice of cake at the beginning of an interview "...led to our sharing small talk that resembled closely an informal, everyday social encounter before the interview began" (p. 400). Mason (2004), in his doctoral dissertation on water management in the Eastern Nile Basin, discussed the importance of drinking tea at the beginning of his interviews and discussing more general regional issues with his participants in order to break the ice. I found this worked well as an icebreaker and was effective in creating a familiar and informal atmosphere.

### *Interviews*

Interviews commenced with introductions and chatting while making tea, laying out snacks, setting up the tape recorder, and completing paperwork. Small talk before the interviews usually began with discussion of the relationship each of us had with the referring person, if there was one. Because the referring person was usually a sibling, cousin, or long-time friend, this helped to establish the common link and some connection between myself and the participants. Interviews generally lasted 1.5 hours, allowing for paperwork and introductions within that time. At the end of the interview, the gift certificate was provided and participants signed paperwork acknowledging receipt.

The style of questioning was one of describing actual lived experiences rather than hypothetical situations or general reflections on general habits (e.g. "What do you usually do in this sort of situation?"). Foddy (1993) points out that "The relationship between what respondents say they do and what they actually do is not always very strong" (p. 3). I was well aware from previous research that asking participants about particular experiences rather

than about general reflections on the past was much more productive in terms of understanding actual behaviour in specific circumstances.

Interview questions began with an exploration of the backgrounds of the parents, where they grew up, what sort of childhood they generally had, and from where they had received most of their information about sex and sexual abuse. By doing this, participants became grounded in their socio-historical identity and it helped them to explain some of their reasons for the parenting strategies they used with their own children. Kvale and Brinkman (2009) explain that

...the setting of the interview stage should encourage the interviewees to describe the points of views on their lives and worlds. The first few minutes of an interview are decisive. The interviewees will want to have a grasp of the interviewer before they allow themselves to talk freely and expose their experiences and feelings to a stranger. (p. 128)

I believe that asking participants about their childhoods gave them an opportunity to give me an overview of their childhood and family history and gave me a sense of their general attitude and feelings towards this time in their lives. I was amazed by the way many parents quickly summarized their feelings e.g. "I had a pretty shitty sort of a childhood" (*Alistair*). Many parents quickly opened up and their descriptions provided the context and attitudes prevailing later in the interviews when they discussed their own thoughts and actions as parents. In addition, during this part of the interview they had the opportunity to get to know me as a researcher and to see how I was going to approach them as individuals in the interview process. Interviews then explored experiences that parents had had with their children regarding emerging sexuality and then incidents of boundaries being crossed, how parents perceived such things and then how they dealt with these events. Final questions explored sources of information and support for parents.

Interviews were conducted in a conversational style, with the researcher following the participant's lead on certain explanations that appeared to be of importance to the participant while still being generally relevant to the research. Some of these 'paths' or diversions sometimes seemed to lead away from the core question, but with careful listening to allow the participants to tell what apparently were important stories to them, I found these often revealed very relevant information. Also, many participants saved some of the most important information until the end of the interview and, in a few instances, once the tape had been turned off. This revealed the sensitive nature of the topic and the process of the participant's developing comfort with the interviewer that led to the revealing of private



information. Some participants commented that they hadn't told anyone this information before (e.g. about being abused themselves) or that this really got them thinking about issues they hadn't thought about in a while or hadn't thought about before. While none of the parents were asked to reveal their own history of abuse, a number willingly did so or revealed the abuse of a family member or friend, which assisted in understanding the strategies and approaches these parents used with their own children.

Critical reflection after the transcription of the first round of interviews produced a list of skills or methods to improve upon for the subsequent round of interviews (see Appendix D). This was also done during the second round of transcription as I analysed and commented on the effectiveness of questions directly within the transcripts (for example, some questions were effective in eliciting responses, others were less effective because they were multiple questions, because I had interrupted, or because the questions were too vague or convoluted).

### *Pre-test*

Piloting or pre-testing interview tools are highly recommended in order to check the flow of questions, to identify difficult or awkward questions, and to see if respondents understand or interpret the questions as they are intended (Foddy, 1993). The initial interview tool was piloted with a couple (mother and father) who were interviewed separately. The interview questions during the pilot covered a basic history of the parents (where they were born and raised, where they received most of their information related to sex and sexual abuse when they were growing up), their current family structure (partner, children), and experiences that the parents had had both with general sexuality issues that arose with their children as well as incidents with their child when the parents felt a boundary had been crossed.

### *Round one interviews*

The interview questions during the first round were very similar to the pilot tool, except that they also included questions about resources and support for the parents as well as an exploratory question about whether the parents thought that focus groups to discuss these issues would be appropriate (see Appendix E). One question, "Would you like to do anything differently that you are doing now?" was omitted after the pilot because it didn't appear to elicit any meaningful or useful responses but rather provoked somewhat annoyed responses implying that if they wanted to do something differently they would already be doing it. In interviews later in the research, without being asked such a pointed question, parents shared reflections about things that they would like to do but hadn't yet.

### *Round two interviews*

While the first round of interviews focused on the ways in which parents dealt with teen sexuality in general and then explored what happened if boundaries were crossed, the next round of interviews concentrated more on individual incidents when boundaries had been crossed and a breakdown of that process. The second interview tool contained a series of “what then” type questions which assisted in examining the processes and relationships in greater depth (see Appendix F). The interviews still began with background history of the parents, including what information on sexuality and sexual abuse they received growing up, and then went on to focus in greater depth on two or three experiences of the parent/s related to boundary crossing. These interviews were particularly guided by the paradigm model, where the process, from triggers all the way through the incident to results/outcomes, was explored. Questions added specifically for fathers in Round Two included ones concerning who fathers talked to about these issues and where they received support and information on child sexual abuse from.

### *Round three interviews*

Interview questions in this round followed the same general format as those of Round Two, with a focus again on dissecting events where a boundary had been crossed; however this time it was done with the theory in mind, looking for evidence to support or negate it, as well as looking for variation (see Appendix G).

### ***Bias: researcher and participant***

As discussed earlier in this chapter in the section on interactionism, the effect of the researcher on the participant and the research processes and outcomes needs to be acknowledged. Creswell maintains that the researcher has an important role in affecting the process and outcome of the research, rather than focusing just on the research instrument itself (Creswell, 2007). Included in this interaction are the biases brought by me, the researcher, as well as the biases brought by participants. Each of these is discussed below.

#### *Researcher bias*

Firstly, regarding researcher bias, as an individual I bring my own bias based on my history and experience. Some of these are related to my values and interest described in the Introduction chapter, while others may be related to recruitment methods. At the beginning of the interviews, participants were interested in knowing about my interest in the topic, with a number of participants asking why I was researching the matter. I explained that both professional experiences in seeing such high numbers of cases in the work I had been doing in health promotion, as well as my own family history of abuse, had led me to the research

and the commitment to preventive work in the future. I believe the personal disclosure of family history may have given some participants the permission or freedom to discuss their own personal incidents or incidents with their children. This sharing has been seen in other examples of doctoral research, such as the PhD thesis completed by Diane Rogers (2005), the parent of a child with ADD who interviewed other parents of children with ADD who were in her support group. Though at the outset of this research I was not specifically searching for families where sexual abuse had been known to take place, the subsequent disclosure of sexual abuse of the parents when they were children, as well as their discussion of incidents with their own children, allowed for this topic to be explored in depth and contributed to theory development.

Also, selection bias may have resulted from my method of participant recruitment. Participants were recruited through friendship and family connections, which would have required those connections to somehow explain the research as well as the connection with the interviewer. On one hand, this close connection to the recruiters (most of whom I have known since childhood) may have increased the trust participants had in speaking to me about this sensitive topic, particularly with fathers as it proved easier to recruit fathers when they were known to me (even if I had met them only a few times before - generally I would have been acquainted with their wives or partners). On the other hand, this may have led to a self-selection bias for people with more serious issues or experiences to opt out of being interviewed.

### *Participant bias*

With regard to participant bias, in this research this might have included perception of the researcher, self-selection bias, and limits to disclosure based on sampling methods. The identity of the researcher can have a potential effect on the research as perceived by participants. Participants make their own assumptions about the interviewer's culture, education levels, and other possible characteristics. Phelas (2000) explains that:

More attention needs to be paid to the assumptions that interviewees make about the sexual and cultural identity of the interviewer and to how and in what ways these assumptions affect the unfolding of the interview; the interviewees may disclose certain kinds of information based on their assumptions about the researcher (social desirability effect); they might decide to give their personal accounts and describe their life stories and identities in terms which compare themselves to assumptions about the researcher. (p. 63)

There may have been perceived class differences and concepts about education level may have created an imbalance of power in the interview. This may have been counteracted by the knowledge that interviewees had of my relationship with the referring friend, cousin or sibling, as it was generally known that I grew up in a working class neighbourhood in Melbourne as part of an ethnic minority (Greek/American). This may have led to the opening of doors to interviews particularly for participants from Southern Europe, and may have increased comfort levels during the interviews themselves. While Phellas (2000) points out that it is difficult to research a population that we have little knowledge of, similarities don't always guarantee understanding, but rather these similarities and differences interplay in the interview process and must be taken on a case-by-case basis, even within the interview where "commonalities and differences are interchangeable throughout the interview" (p. 63).

There could also have been participant self-selection bias based on the sensitivity of the topic matter, which may have created some concern or hesitation on the part of participants, to the point of opting to say "No" to interviews when approached by family and friends. Participants may have also self-selected out of the interviews if abuse had been happening directly within the family, such as when incest is occurring. Participants may have wondered why they were selected for recruitment and this may have created some apprehension for them. There was some attempt to minimize this by assuring parents in the information page, during phone calls or in-person discussions to set up interviews, and at the beginning of interviews, that the key criteria for recruitment was very general: being a parent of children between certain ages and having lived in Australia for at least five years. Even in Round Three, participants were not asked if they had incidents of concern. Some were recruited because they had of their own initiative expressed incidents of concern that they were willing to discuss, but the remainder of participants was recruited because they met the standard criteria. Although by Round Three, I was interested in exploring cases where boundaries had clearly been crossed, approaching people with this criterion is both uncomfortable and possibly even offensive. I had to take a gamble and hope that, as in nearly all of the previous interviews, parents had at least one incident that was worthy of examination and dissection. This proved to be an effective strategy, because nearly every parent had an incident, whether small or large, that proved useful to examine and was, by their definition, a crossing of some sort of sexual boundary with their children.

There may have been limits to the amount of information some participants were willing to disclose if they thought they might see me again. Lee (1993) recommends that in research on sensitive topics, interviewers never see participants again so that they feel freer to disclose. Unfortunately this was not the case for some of the participants of this research, particularly

the fathers, some of whom will cross paths with me again, even if only once or twice a year or every other year.

## **Coding and analysis**

All parents recruited met the interview criteria, so all interviews were included in the analysis. All interviews were transcribed word for word using a transcription machine. Since all interviews were conducted, transcribed, coded and analysed by me, this allowed for continuity in the data collection and analysis process and a great familiarity with the data for the purpose of analysis and theory development.

Various options for qualitative data analysis software were researched and NVIVO7 was finally chosen to analyse the data. Developed in Australia, NVIVO7 originated from the software NUD\*IST and significant innovations had been made in order to develop a more powerful and user-friendly program than the earlier versions. I attended a two-day training in Melbourne with the first cohort in the world to learn the NVIVO7 program. Previous experience with manual handling of huge amounts of transcript data by physically cutting and pasting printed transcripts with glue and scissors drove me to utilize whatever technology might be available to make this process easier. Interviews were transcribed into Word and coded by hand; the text of the transcripts was then imported into NVIVO7, and codes were entered electronically into the software (phrases or words are highlighted and then codes are created). The software itself does not produce the analysis, which is still completed manually by the researcher but rather the software provides a tool for managing the data by allowing for coding and retrieval of large amounts of data related to each code, as well as allowing for developing relational and hierarchical coding and diagramming of relationships. Throughout the research process, memos were kept with ideas, thoughts, experiences, and impressions, which contributed to theory development, as suggested in grounded theory methodology (Creswell, 2007).

### ***Open coding***

In the pilot interviews, transcripts were analysed line by line and concepts or ideas were defined with a code, which was usually a word (e.g. balance) or a phrase (e.g. discussion triggers). This was done to determine if the questions were eliciting useful information. This stage of coding produced a list of more than 40 codes.

After the first round of interviews, line-by-line open coding was again carried out on the complete transcripts. The idea was to remain very open to ideas that emerged, even if they

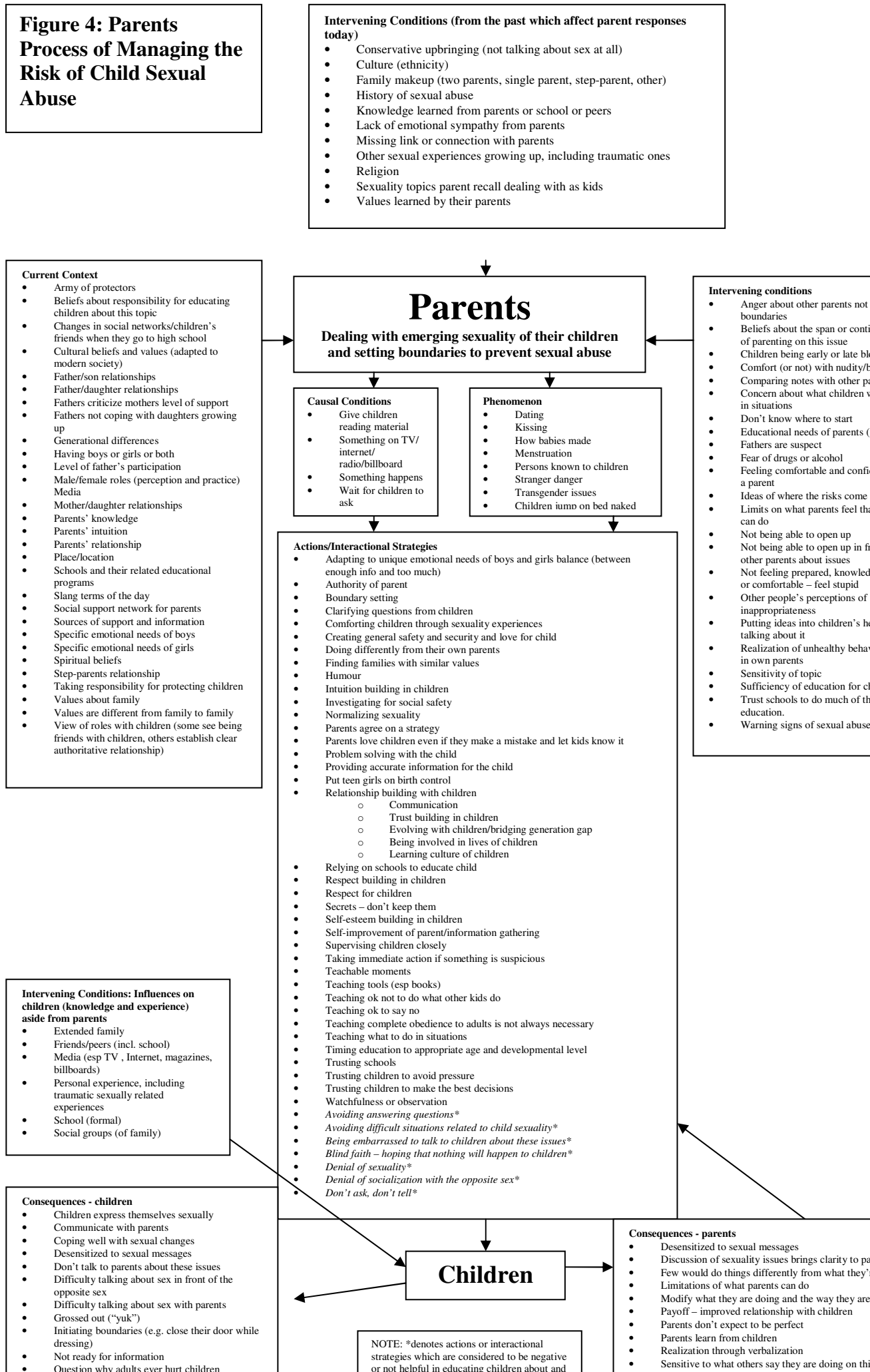
were surprising or seemed unusual. From the outset, the researcher tried to code in such a way as to capture the language and concepts in the participant's own voice. During coding in NVIVO7, even more codes were identified, expanding the list of codes to more than 130 (see Appendix H). This list included the codes, which were generally a word or phrase, and then a brief description of each code.

### ***Axial coding***

The second stage of coding, called axial coding, was then carried out on the data from the first round of interviews. In this stage, the codes were put back together in the paradigm model (see Figure 4). This provided a framework for examining the process by which parents dealt with events of sexuality as well as boundary crossing incidents. The codes were placed in the model in the form of a table, which listed from left to right: the causal conditions (the conditions that gave rise to the event), phenomenon (the event or action itself), context (in which it occurred), intervening conditions (socio-demographic, historical, and individual conditions which impact on the phenomenon), action/interactional strategies (strategies used by persons in response to the phenomenon), and consequences (the results of those interactions) (Strauss & Corbin, 1990). This included dissecting at least 45 incidents as described by parents and understanding each incident according to these categories.

From this model, a conceptual diagram was developed in order to visualize the process explored in the paradigm model in a way that was useful to the researcher. This diagram was called "Parents Process of Managing the Risk of Child Sexual Abuse" (see below), where all the codes were placed somewhere in the diagram in order to understand their relationship to each other and was useful in visualizing the combination of past and present influences on the beliefs and actions of parents as well as the consequences of the actions on the children (as described by the parents) and how this subsequently influenced parents' behaviours.

**Figure 4: Parents Process of Managing the Risk of Child Sexual Abuse**



It was about halfway through this round of analysis that the central theme was identified and the relationships established with other key sub-themes that became the foundation of the theory. The memos, which are detailed notes about ideas, impressions, and emerging themes (Strauss & Corbin, 1990), were important in this process. The central theme which formed the basis of the theory is discussed in the Results chapter immediately following this chapter.

### ***Selective coding***

The final interviews were coded according to the key central theme and relevant sub-themes that formed the basis of the theory. By the last interviews, little new information was emerging, the data confirmed the previous findings, variation had been accounted for, and the theory established. A simplified overview of the core theme and the key sub-themes was refined and a visual was created, which is presented in the following chapter.

### **Limits of the research**

As in any research inquiry, there are limits to the scope and coverage of the research. Due to the small sample size in this project, the findings are limited in their generalisability. The socioeconomic cross-section in this sample was limited in its representation because the majority of participants were in the high or middle income categories. This research did not explore situations where intra-familial abuse (such as incest) was occurring. The majority of incidents reported in this research were with persons known to the family but usually relatives or close acquaintances and not within the nuclear family. If the latter were happening, people did not discuss them, so it may have been that abuse was occurring and people were not willing to disclose it. Families who were experiencing incest may have also self-selected out of the interviews during the recruitment process if they did not want to discuss or reveal such abuse. The types of incidents discussed by parents were generally not long-term, ongoing, and more serious incidents of sexual abuse but tended to fall into the category of grooming activities which are subtle actions intended to slowly condition children to become accustomed to sexual touch. There were a number of exceptions to this in the incidents reported by parents; however, I did not try to categorize the seriousness or illegality of the incidents but rather to report them as the parents had seen and dealt with them. All participants were recruited from cities, so participants from rural/remote areas and island communities were not represented, nor were Australian Aboriginals and Torres Strait Islanders. The parents in the study were between 30 and 50 years old, with the majority between 41 and 50, so younger parents were not represented in this study.



## **CHAPTER SUMMARY**

In this chapter, the ontology, epistemology, and methodology of the research were described. Social constructionism and interactionism and grounded theory provide theoretical frameworks for conception and analysis of this research. This research is concerned with dissecting and understanding events or experiences of events where parents believed that a sexual boundary had been crossed with their children. The individual interviews conducted provided the opportunity to discuss such events, and the analysis of these events led to the development of a theory. In the next chapter “Results: Balance Theory”, an overview of this theory is presented, and in the subsequent two chapters (“Results: Prevention Strategies” and “Results: Intervention Strategies”), a detailed exploration of the theory is described, supported by data directly drawn from the research.

## **CHAPTER 4: RESULTS - BALANCE THEORY**

### **CHAPTER OVERVIEW**

In this chapter, an overview of the theory developed from the data collected in this research project is presented. In chapter 3, the application of social constructivist and interactionist theories to this research was described, including the use of grounded theory and qualitative methods. This results overview chapter continues to explain the application of the grounded theory process to this research in order to formulate a theory. Firstly, the key aspects of theory formation in the grounded theory process and how they were applied in this research are outlined. Then definitions for key terms used in the theory explanation are provided, followed by a general overview of the theory developed from the research. Finally, a descriptive overview of the participants involved in the study is presented. Two further results chapters follow this and they provide detailed evidence from the data supporting the theoretical premise presented here.

### **DEFINITIONS**

Some key terms are used throughout the remainder of this thesis to describe aspects of the theory and findings. Brief definitions of the terms used to describing this theory, as understood and conceptualized in this research, are provided here.

- Incident:** An event which a parent has experienced as an occurrence related to their children and sexuality. This may have included a question or a reaction to something seen by or experienced by the child or the crossing of a sexual boundary directly or indirectly observed by the parent.
- Phenomenon:** The term used by Strauss and Corbin (1990) in grounded theory to describe an event or experience. In this research, the phenomenon under investigation is the ways in which parents manage the risk of child sexual abuse. The phenomena include incidents, as defined above, but go further to describe the whole experience including the process and context of how the incident occurred and was managed.
- Themes:** Topics that have emerged from the research based on the coding and analysis process.

- Codes:** Labels given to individual ideas or concepts identified in the research. These ideas or codes were then grouped according to the themes as trends in the codes emerged.
- Normal sexuality:** Sexuality experiences that parents judged to be part of healthy childhood exploration and expressions of sexuality.
- Abnormal sexuality:** Sexuality experiences that parents judged to not be part of healthy childhood sexual exploration and expression but rather something not suitable for the age of the child and also possibly damaging to the child.

## **THEORY FORMATION – THE GOAL OF GROUNDED THEORY**

Before continuing with the theory, I will explain further the process by which theory is developed according to Strauss and Corbin's (1990) grounded theory approach. They explain that the integration of data into theory is the fundamental difference between purely descriptive research and the next level of research - proposing a theory from the data. They make clear this process when they state the following:

The first step in integration is deciding on a central category. The central category (sometimes called the core category) represents the main theme of the research. Although the central category evolves from the research, this too is an abstraction. In an **exaggerated** sense, it consists of all the products of analysis condensed into a few words that seem to explain "what this research is all about."...This explanation is *our* interpretation of what the research is all about, what the salient issues or problems of the participants seem to be. Another researcher, coming from a different theoretical orientation and having another research question, might arrive at quite another interpretation. However, once an analyst explains in detail how he or she arrived at a conceptualization, other researchers, regardless of their perspective, should be able to follow the analyst's path of logic and agree that it's one plausible explanation for what's going on. (Strauss & Corbin, 1998, p. 146)

The features of this central category are that it should: be able to relate to all other categories; appear frequently in the research data; be logical and consistently understood; be sufficiently general so as to be able to abstract to a theory; and account for and be able to explain

variation in the data (Strauss, 1987). Strauss and Corbin (1998) suggest standing back and looking at the data with a broad view to answer the question: what jumps out as the most important themes or issues that keep occurring over and over again? They suggest relying, in part, on a “‘gut’ sense” (Strauss & Corbin, 1998, p. 148), so a certain amount of intuition in identifying the core theme is encouraged. However, this overarching theme must be confirmed by direct evidence from the data. The core theme is often a word or phrase which captures the overriding focus in the research results. “Rite of Passage” is an example of such a phrase which captures the core theme of the data in Strauss and Corbin’s own work on teen drug use (1998, p. 150). Another example of a phrase highlighting the core theme is in the research by Gwen Wilkinson (2008) from the University of Newcastle in Australia on the processes used by nurses to cope with challenges to personal beliefs and values. Wilkinson chose “protecting client autonomy” as the expression that best represented her data (p. 94). After the core theme is identified and described, then other themes in the research are then related back to this core theme. The following section introduces the core theme which emerged from this research.

## **BALANCE THEORY**

### **Overview of balance theory**

This research primarily focuses on the ways in which parents manage the risk of sexual abuse to their children. In the interviews, parents described how they manage this risk by responding with a range of prevention and intervention strategies. During the integration process of this research, I examined all of the codes and began to search for the emerging code which not only occurred frequently but seemed to embody the larger issues and challenges expressed by parents throughout the first two rounds of interviews. The core theme which stood out clearly from all others was that of *balance*. This term embodies the ways in which parents manage these prevention and intervention strategies in order to attempt to avoid the risk of their children being sexually abused. This term was not only used directly by some of the parents but was also extensively implied by parents in their descriptions of experiences.

I propose that this balance theory consists of two aspects. The first aspect is the balance between the delicate and complex social relationships that exist within families and their communities and the affect on those social relationships of any action taken in response to boundary crossing incidents. Parents’ decisions to take action when boundaries are crossed with their children are influenced by the consideration of the ripple effect that these actions

and reactions have on their social relationships. These complex social relationships encompass the nuclear family, the extended family, and friendship and acquaintance circles. The incidents reported by parents when boundaries are crossed usually involve persons known to the family in close and trusted social networks (relatives, family friends, and acquaintances). This balancing act is particularly apparent when parents are challenged with maintaining a certain level of social cohesion while at the same time protecting their children. As a result, parents who experience boundary crossing incidents with persons in these trusted networks are highly unlikely to involve formal law enforcement services (such as the police or child protection) in resolving these issues but rather find other ways of managing them within their families and social support networks. In addition to not wanting to create social upheaval, parents describe the incidents as shocking and hard to believe at first, and at the same time subtle and difficult to prove. Furthermore, parents do not want to traumatize or disillusion children when dealing with these incidents, particularly in relation to the children's views of the person who had crossed the sexual boundary and the key role that this person may have within their social network.

The second aspect of the theory is the balance involved in wanting to educate and inform children about the risk of sexual abuse by providing enough information to empower and protect them without, according to these parents, scaring or disillusioning the children. Parents are concerned about putting ideas into children's heads and/or giving them more information than they are developmentally ready for.

*Balance* is defined in the New Oxford Dictionary of English as “mental or emotional stability: the way to some kind of peace and personal balance” (Hanks, 2001, p. 129). The Oxford English Dictionary defines *balance* in the following way: “to bring or keep in equilibrium...to sway backwards and forwards...to estimate the two aspects of anything; to ponder” (Weiner, 1989, p. 895). These definitions of the term *balance* captures the challenges that parents face when dealing with the complexities and difficulties posed when boundaries have been crossed.

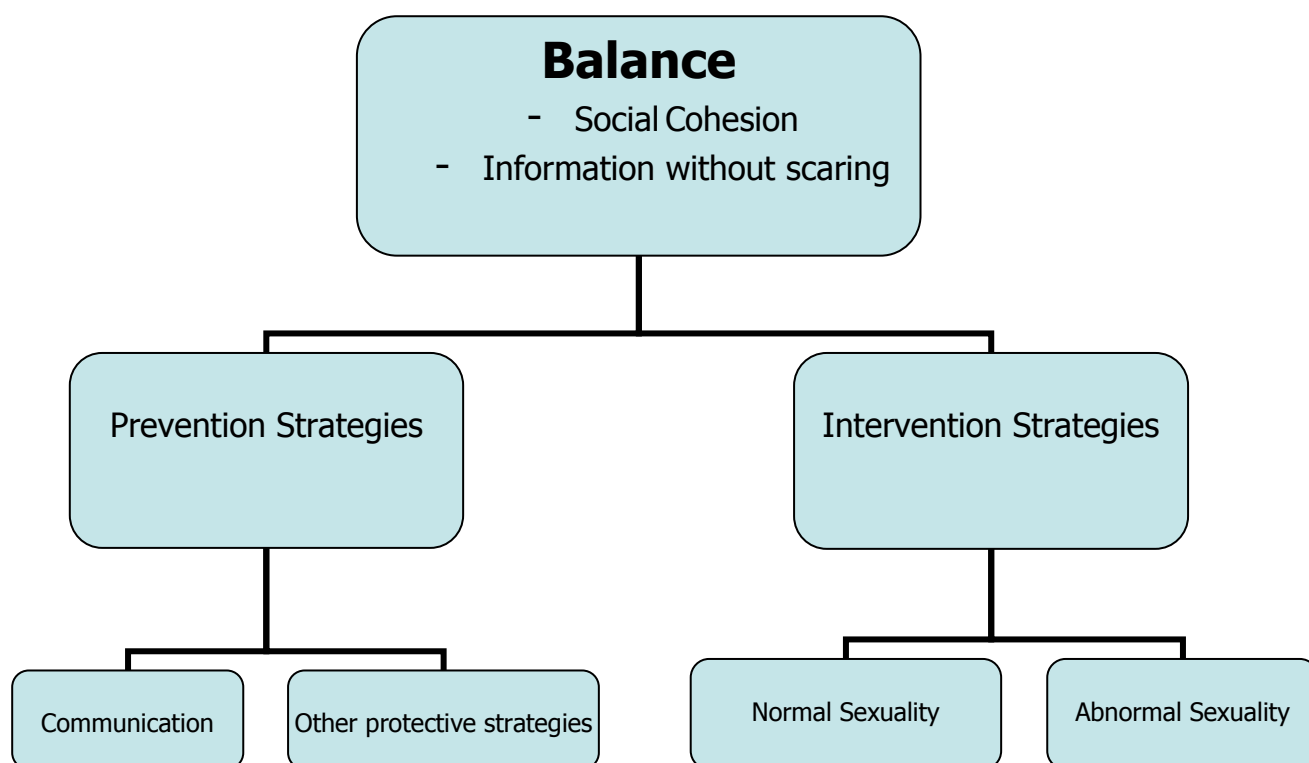
This balancing act is a challenge for parents over the course of their lives as they raise children from babies to young adults. The strategies they use to protect their children include protecting their children before incidents occur (i.e. *prevention strategies*) as well as intervening to protect children after incidents occur (i.e. *intervention strategies*). These prevention and intervention strategies continually and simultaneously occur around issues related to child sexuality as parents determine what activities they deem to reflect normal and healthy sexuality, and what sexual activities they consider to be abnormal or unhealthy.

Therefore, the ways in which parents manage the emerging sexuality of their children in general is a critical part of the continuum of this balancing process.

### Conceptual diagram of the theory

From this balance theme, a diagram has been developed in order to visually represent the relationship of this theme to other significant sub-themes. The diagram, entitled “Parents Managing the Risk of Child Sexual Abuse: Balance Theory” is presented below:

Figure 5. Parents Managing the Risk of Child Sexual Abuse: Balance Theory



Overlaying this whole process at the top is the *balance* theme, indicating the significant challenge parents face in maintaining social cohesion without making their children vulnerable and providing information and protection to children without scaring or confusing them. This complex challenge is dealt with through two types of actions, as described by the parents. The first set of actions parents describe are the *prevention strategies* that they practice in order to avoid potential problems or incidents and to prepare their children for future experiences. These strategies consist of communication methods used with their children as well as other protective strategies, as diagrammed above. The second set of actions, are the *intervention strategies* that parents use when sexuality incidents arise. When

these incidents occur between their child and another person, parents make decisions guided by their knowledge, values, experiences and relationships as to whether they consider the incidents to be *normal* and healthy or *abnormal* and unacceptable. Based on the category decided, parents then respond to these incidents with words or actions (or inaction) which have consequences and which shape and influence their social relations as well as their beliefs and actions thereafter.

## Importance of process and context

In the Methods chapter, I described the two aspects of grounded theory that are used to explore a phenomenon: *context* and *process*. In the interviews, I attempted to explore both of these aspects as I asked questions about both the unfolding of incidents as well as the importance of relationships in the context of these events. When the data from the interviews is explained in detail in the following chapters, I attempt to portray and capture both of these aspects by referring to some of the decision-making processes as described by parents as well as their descriptions of the importance of significant others and social networks.

## OVERVIEW OF PARTICIPANTS

In the following chapters, the reader is introduced to the participants of this study and hears about their experiences in their own words. This brief description of these participants provides the reader with some basic information which will assist in contextualising quotes or descriptions supporting the theory and analysis. The names of the participants and their family members have all been changed to assure confidentiality.

Table 2. List of study participants

Name	Interview Number*	Location	Family Role	Cultural Background	Partner's Name	Partner's Cultural Background	Children Gender and Age	Children's Names
Mary	R1 - I1	Melbourne	Mum	Italian	Carlo	Italian	Girl 13 Boy 11 Girl 5	Katie Benjamin Aliza
Gabby	R1-I2	Melbourne	Mum	Italian	Dominic	Italian	Girl 14 Boy 12 Girl 5	Katrina Joseph Michaela
Jenny Frank	R1-I3	Melbourne	Mum Dad	Greek Italian	—	—	Boy 10 Boy 8 Girl 4	Patrick Jim Renee
Rita Joe	R1-I4	Melbourne	Mum Dad	Italian Italian	—	—	Girl 11 Girl 8 Girl 5	Bianca Anna Vanessa
Karina	R1-I5	Melbourne	Mum	German/Italian	Raphael	Italian	Girl 10 Girl 8	Nina Jania
Lydia	R1-I6	Melbourne	Mum	Italian	Tony	Italian	Boy 10 Boy 8	Joshua Mark
Anastasia	R1-I7	Melbourne	Mum	Greek	Paul	Greek	Girl 15	Toula

Name	Interview Number*	Location	Family Role	Cultural Background	Partner's Name	Partner's Cultural Background	Children Gender and Age	Children's Names
							Girl 12 Girl 10	Sophie Zoe
Judy	R1-I8	Melbourne	Mum	Australian	Scott	Australian	Girl 12 Boy 9 Girl 4 ½	Megan Troy Karney
Alice Abe	R2-I1	Melbourne	Mum Dad	New Zealand European (Jewish)	—	—	Boy 15 Boy 13	Jacob Eli
Theresa Sam	R2-I2	Melbourne	Mum Dad	Italian Australian	—	—	Girl 16 Boy 13	Celina Anton
Kumar	R2-I3	Melbourne	Dad	India	Sudipta	India	Boy 5 Girl 4	Aidan Amelia
Sue David	R2-I4	Melbourne	Mum Dad	Australian Australian	—	—	Boy 7 Girl 5 Girl 2  Father's children from previous marriage Boy 21 Girl 19 Boy 16	Ethan Emily Charlotte  Cassey Janice Dean
Wendy	R2-I5	Melbourne	Mum	Australian	Simeon	Australian	Boy 11 ½ Girl 9	Oliver Ava
Carol	R2-I6	Melbourne	Mum	Australian	Jake	Australian	Boy 9 Boy 4	Lachlan Chloe
Alphonso	R2-I7	Melbourne	Dad	Italian	Eva	Italian	Boy 13 Boy 11 ½ Girl 9	Justin Christopher Anna
James	R3-I1	Cairns	Dad	Australian (and northern Europe)	—	<i>Single</i>	Girl 16	Natalie
Brian	R3-I2	Cairns	Dad	English	—	<i>Single</i>	Boy 17 Boy 15	Riley James
Lisanne	R3-I3	Cairns	Mum	Australian	Aristos	Cyprus	Girl 7 Girl 5	Amanda Erin
Karen	R3-I4	Cairns	Mum	English/ German	Brennan	Australian	Girl 8 Boy 6	Jade Phillip
William	R3-I5	Cairns	Dad	Africa (European born)	Kate	Australian	Boy 8 Girl 7	Richard Hayley
Sara	R3-I6	Cairns	Mum	Chinese heritage	Harry	Australian	Boy 7 Boy 5	Ryan Tyler
Alistair	R3-I7	Cairns	Father	England	Shanae	Australian	Boy 14	Jordan
Eddie	R3-I8	Cairns	Father	Australian	Samantha	Australian	Boy 7 Girl 5 Boy 3 ½	Cody Rachel Liam

*Note:* Interview number key: R = round, I = interview



## **CHAPTER SUMMARY**

In this chapter, the process of developing a theory using grounded theory was described. Then the theory was introduced, describing the key theme and related sub-themes. Finally, an overview of the participants was provided. In the next two chapters, the two key components of the theory, prevention strategies and interventions strategies, will be discussed in detail supported by evidence from the data.

## **CHAPTER 5: RESULTS - PREVENTION STRATEGIES**

### **CHAPTER OVERVIEW**

In this chapter, the various strategies that parents report using in order to prevent incidents of child sexual abuse before they occur are described. First, the overarching theme of balance is discussed, as it relates to the prevention strategies used by parents in this study. Then the specific strategies used by parents which they believe contribute to preventing child sexual abuse are identified including general communication strategies, specific communications about sexuality and sexual abuse and finally other prevention strategies beyond verbal communication.

### **BALANCE IN PREVENTION STRATEGIES**

As discussed in the theory overview in the previous chapter, the overarching theme of balance consists of two parts: balancing social relations, and balancing the amount and type of information provided to children to empower them without scaring them. The second part, balancing the type of information provided to children, appeared to be more relevant when parents discussed messages and strategies related to prevention. The term balance was used by some of the parents (underlined within the quotes), while other similar concepts were also used to describe the challenges of providing enough information to empower and protect children without frightening them.

*We try to be open with them too, but you don't want to tell them everything and you don't want to scare them either, you want them to have some innocence as well. But they're kids, you just try to find that balance, and that's always the hard part, but you do the best that you know how...You want to just, not repulse them.*  
(Gabby)

\*\*\*

*I don't know where we're going to find the balance where we can put enough fear into her as to not go with any stranger but then not to, on the other hand, not to make her fear every person who comes into her life.* (Jenny)

\*\*\*

*As a parent, I think the main concern, as I guess the things you're alluding to, is sort of looking for where the dangers might be, and I think it's that balance between not wanting to alarm them, not wanting to make them fearful, trying to give them some independence, but trying to help them to realise that there can be dangers. (Wendy)*

\*\*\*

*I guess I've felt the need to have safety and not have risks but also not set them up to be fearful and anxious and I don't want to create anxiety that's not needed. (Theresa)*

Parents also wanted to be sure that the information they provided to their children was suitable for the age and developmental level of the child, and that they weren't overloading the children with information they weren't ready for.

*You've got to try and make it normal without giving them too much information that in my opinion they're not ready for. (Eddie)*

\*\*\*

*I think I try to be as honest as possible, but I don't want to confuse them, either...I don't know how to be honest with them without giving them too much information, overloading them. (Jenny)*

\*\*\*

*So I've sort of tried to let them be children for as long as possible. I don't want to go into too much depth explaining things, because I want them to be children for as long as they can. (Lisanne)*

Others mentioned wanting to be protective without being over-restrictive.

*I don't want to be particularly fanatical about you're not allowed in here while Ethan is in the shower or vice versa... so you're kind of just dampering it the whole time, but I don't want to be fanatically hiding it either. (Sue)*

\*\*\*

*It's a balancing act, when you have a child that you have here some days and there, and it's tough too, because I'm probably a bit stricter than mum and more protective perhaps...you can't restrict them, because if you do, they can go a bit overboard after that.*  
(James)

Based on the comments above from the parents, there is substantial evidence to support the importance of the balance theme in relation to the challenge parents feel when managing issues related to sexuality and child sexual abuse. Each parent or couple decides for their family the appropriate timing to provide information on sexuality and sexual abuse to their children, how the information will be expressed to their children without frightening them, and the management of the children's reactions to the information. The details of these challenges as they relate to prevention strategies are explored further throughout the remainder of this chapter, both in terms of general communication with children as well as specific communication about sexuality and sexual abuse.

## **GENERAL COMMUNICATION STRATEGIES**

Parents consistently mentioned throughout the interviews the importance of general communication with their children, both in terms of parents initiating discussion with their children as well as creating an atmosphere where children felt comfortable talking to their parents. This appeared to be one of the most important strategies parents utilised to monitor a range of situations and problems with children by detecting when negative incidents occur, helping to trouble shoot solutions, setting boundaries, and protecting children as needed.

The majority of parents in this study were interested in establishing open, two-way communication with their children and use this communication to build loving and supportive relationships with their children. Some of the parents described more generally the value they placed on creating and maintaining this communication and how they expressed this to their children.

*"If you need something and you want to know something, come to me or your dad. We're going to give you the best advice"...I guess I just in general conversation I always reassure them that I love them, that everyone's got their strengths, and feel good about who they are, and feel good. (Gabby)*

\*\*\*

*I would want them to know they could tell me anything as well...and I think I've got a relationship enough with them that if something really is bothering them that they can come to me, regardless of what it is, that they can come to me and say it. (Judy)*

\*\*\*

*We don't want these issues to arise, so we want to make our children aware of the fact that these things can happen, and if we maintain a friendly relationship with them so that they can talk about it...They feel very comfortable with me. (Kumar)*

Some parents talked about building trust in their children to make the best decisions, in their presence or absence, based on the training and values provided by the parents.

*I can't be everywhere she is, and you can only do your best, but you can just pass on those values and hope that they respect them and abide by them. (Mary)*

\*\*\*

*You have got to trust their judgment that they're going to make the right decisions based on what they believe is right and wrong, what environment they can put themselves into. Sam).*

\*\*\*

*She's at an age now where I don't have a lot of choice now, where I say no, it would turn into a screaming match, and she could just run off. So, you just hope that you've set some decent standards and ethics to live by that will get them through the gauntlet years of her life...All you can do it just give them the right information that will hopefully help them and they will stick to it. (James)*

A few parents also explained to their children that they try to impart that they will love the children even if they made mistakes. This was their way of encouraging children to talk to them about negative events so that they could support the children through those experiences.

*I'm not going to either judge them because they made a mistake, either way I love them regardless of when they're good or bad or*

*whatever, but they just need to be able to come to me for something.*  
(Gabby)

\*\*\*

*My kids know, even my four year old will say to me. She'll do something and she'll get into trouble "but you still love me don't ya mum?" ... "Of course I love you, it doesn't matter what you do, I'll always love you, but it doesn't mean I can't be disappointed in what you've done." (Judy)*

A couple of parents mentioned the importance of encouraging honesty in communication with their children.

*I've always said to my kids "I'm not going to be angry at you if you fess up to something, but I am going to be if I have to find it out another way."(Judy)*

\*\*\*

*I think it's just because we have an understanding with each other.  
I've always said to them, there's no need to lie to me. (Alphonso)*

One parent, Joe, talked about the importance of trying to bridge the generation gap between himself and his children in an attempt to better understand and communicate with them.

*That's the challenge I have with the girls. I have to continue to evolve with them so that I don't want to be like my mum and dad where there's this generation gap that, you do it my way...And I have to keep moving with what they're picking up, and moving with music and telly and all that, that I at least keep in contact with it, otherwise you start to develop a communication gap with them.*

Some parents pointed out that this level of communication required an investment of their time.

*So I think just spending time with them, you know you're more likely to get information out of them. (Mary)*

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*If ever they've got something, I've always taken the time to sit there and talk to them...And every day, I'll ask "how was your day at school? Tell me about your day." And I will always make the time to talk to them about their day. (Gabby)*

Parents also spoke specifically about where and when this communication would take place. Some parents mentioned that while driving to and from daily activities or at dinner time provided a regular opportunity to check in with children and give them the chance to express experiences, both good and bad.

*My kids, they play a bit of sport, so even just driving to and from sport, they'll tell you oh so and so...dinner time, we always talk about our day; we'll all have a turn and talk about everything that's happened during that. (Mary)*

\*\*\*

*...but I try and make a conscious effort, whether it be at dinner time or whether it be picking them up from school in the car. You know, tell me something about your day. Just try and keep those communication lines open. (Gabby)*

Bed time was also a time when some children asked questions, and some parents said they took this time to discuss experiences and concerns with children:

*Then I find there's times when, like my daughter, before she goes to bed, that's a good time, that's a good time for her...that's when she really opens up, so I find that I just sit on her bed and we just talk. (Mary)*

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*We'll go home and I'll put them to bed and they'll get to bed, and the lights have gone out, and they'll go "mummy, can I ask you something?" (Karina)*

Some parents talked about the use of mobile phones to maintain communication with their teen children. Although some of the phone conversations described may have seemed trivial,

parents were assured that their children were safe and were able to let their children know that parents were available if they needed them.

*At about 4 o'clock every day, around that time, when they're at school, I'll ring them because they're out of school "oh how was your day, how are you, are you on the train, everything ok?" I'll ring them both every day...they just say "I'm fine mum, how are you, how was your day?" They don't really... it's not a long conversation. (Theresa)*

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*Abe: We've tried mobile phones.*

*Alice: The boys have had their own mobile phone each since last year, which is mainly used as a check in with us.*

*Abe: "Where are you?"*

*Alice: A lot of texting at festivals...their favourite message [is] "where are you?" It probably means I want money for food*

In contrast to most parents who were interviewed, one parent, Brian, was quite open with discussing facts with his older teenage boys but at the same time was unwilling to hear about some of the details of their activities.

*I said I will tell you all the rules, I will tell you anything you want, but please do not tell me your activities, that's your private business.*

In summary, most parents in this study used a variety of general questioning and communication techniques to provide openings for discussions with their children about a range of issues and it was these general techniques and communications which they identified as core to their attempts to prevent child sexual abuse happening to their children. These communications demonstrate a deliberate concern by the parent for the welfare and well being of their children and their willingness to make time for discussion about their children's positive and negative experiences. This regular and open communication provides opportunities for parents to identify sexually related issues of concern, allowing them to intervene early and attempt to empower children, as well as provide a safe and nurturing environment for children to speak to parents and gain information as needed, an environment



parents identified as protective and preventative. Discussion related specifically to sexuality and child sexual abuse between parents and children were triggered under a number of circumstances as identified by the parents. These are discussed in the following section.

## **PREVENTION TRIGGERS**

Now I will discuss the triggers which led to conversations and actions related specifically to sexuality issues, boundary setting, and the prevention of child sexual abuse. When parents described the discussions and events that triggered communication and education about sexuality issues, they mentioned a number of sources for these. These have been categorized into two main sources: communication initiated by children and communication initiated by parents. Each of these is discussed below.

### **Communication initiated by children**

Parents reported that discussion around general sexuality incidents were most often initiated by children. Amongst these triggers were questions or comments based on curiosity, something immediately seen or heard in the media (e.g. television or radio), and things seen or heard from friends, relatives, acquaintances, or others in their social network. Each of these is discussed below.

Firstly, it was common that children asked general questions about sexuality based on what appeared to be curiosity about sex, such as “where do babies come from?” and “what is sex?” Secondly, children frequently asked questions based on information and messages gathered from the media, particularly on TV, in newspapers, on the radio, on billboards, or in tabloids. The internet, however, was not reported as a source of questions about sexuality from children. Finally, there were a variety of activities or events children witnessed in their homes or communities which triggered questions related to sexuality. For example, children asked questions about the affections demonstrated by their parents or other adults in their community. Some children also tried to make sense of what they had heard or seen at school (through peers mostly but also possibly through teachers). Other children asked questions when they saw that their mothers were menstruating and using feminine sanitary products. Some children remarked on things such as nude statues seen in museums, being in the delivery room when their siblings were being born, and public vending machines with condoms.

### **Communication initiated by parents**

In addition to communication initiated by children, many parents initiated discussions with their children based on what they considered to be opportune moments to discuss these issues. These ‘opportune moment’ triggers included stories in the media or from friends about children who had been abused, and even murdered. Other triggers included preparing the children for activities (e.g. school camps, dating), or being on family holidays together. The topics related to sexuality that parents initiated with children included menstruation, body changes for children reaching puberty, dating and boundary setting with boyfriends, sex, internet safety, ‘stranger danger’, and protective behaviours specifically related to the prevention of sexual abuse.

The key difference in communication initiated by children and communication initiated by parents was that discussions initiated by children were mostly about sexuality in general and rarely about sexual abuse. Only three parents mentioned their children directly asked questions related to sexual abuse and inappropriate touching (see sub-section on “What is sexual abuse?” later in this chapter). One parent, Gabby, explained.

*My kids have never said, never really asked about people touching them inappropriately or anything like that.*

When sexual abuse was discussed between parents and children, it was raised by parents because of their personal concerns, for example when there had been media coverage of abuse and abduction.

*Again, always in the back of my mind, with the boys, more so with Harry, I think, because you hear all these stories about teachers abusing children, adult teachers, priests and stuff like that, so it’s always in the back of my mind. (Frank)*

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*I mean these days there’s so much about kids being attacked or raped and molested and such, and particularly you’ve heard so much in the last years in the Catholic system as such. (Karina)*

\*\*\*

*We’ve had that discussion...*

*(Do you recall why you had it at that point? Was there an incident that led up to it?)*

*... oh probably that one of that child being abducted. (Wendy)*

In the next section, some of the characteristics and features of how parents communicated with their children specifically about sexuality and child sexual abuse will be discussed.

## **COMMUNICATING ABOUT SEXUALITY AND SEXUAL ABUSE**

Parents described a number of influences which determined the strategies they utilized when discussing sexuality and child sexual abuse with their children. One of the key factors parents mentioned was that they wanted to do things differently than their own parents had in terms of communication about sexuality. They also described other factors such as their own abuse or the abuse of someone they had known, family rules which had been established, normalizing sexuality for their children, providing age- and developmentally-appropriate information, clarifying questions from children, using humour to discuss sexuality topics, using questions and experiences as teachable moments, and using teaching tools to communicate. Finally, they also talked about the challenges and discomfort they felt when discussing these issues with children, as well as the limits to what they felt they could do. All of the above factors are described in detail below.

### **Doing differently to own parents**

Most parents explained that during their own upbringing, their parents rarely discussed sexuality and boundary setting issues with them. Participants in this study said that because of this, they wanted to do things differently to communicate about sexuality with their children by providing more opportunities for discussion and more explicit information than they had received as children.

*And because it was never spoken to me, I don't know how to approach it, and I don't want them to be ignorant like I was.  
(Jenny)*

\*\*\*

*I always vowed there that I would do it differently with mine because I thought I was just handed this stuff as if to say well "you'll figure it out" and it's purely and simply because she was never told...my own mother, I couldn't talk to her about it, so I*

*wanted her to have the resources...I'm just trying to do it better than it happened to me. (Judy)*

\*\*\*

*I think I am very different in the way that I interact with my kids than my parents were, particularly my dad. He was very much more a distant father than I hope I am. (Eddie)*

Even though many parents wanted to do things differently to their own parents, some participants described the important influence of their upbringing on their communication about sexuality:

*Frank: Well, what we were saying before about Greek culture, it doesn't accept gays...*

*Jenny: Hard to swallow.*

*Frank: Due to cultural...*

*Jenny: And religious upbringing.*

\*\*\*

*I said to them "you're not allowed to have sex until you're 21." That's a real wog thing to say, something that my parents...well I guess it's a cultural thing, not to have sex before you're married...I've kinda said to my kids "you shouldn't have sex before you're married." (Anastasia)*

A number of parents mentioned that while their religious upbringing led to conservative attitudes regarding sexuality, many had modified or changed their beliefs by the time they had become parents.

*I haven't held back information they should know because of religious reasons [having grown up Catholic]. I wouldn't say there's any guidance from like religious beliefs, we just feel that these are the facts and this is what you need to know, just based on our own moral judgments. (Mary)*

\*\*\*

*It was drummed into us that it was inappropriate to have sex before you were married, and that was one thing with me...That girls had to be virgins when they married...but I wouldn't go to that extreme with my kids. (Anastasia)*

The comments made by these parents around religion and its influence on their childrearing practices reflect a change in times and values around sexuality and a more liberal or open minded approach to sexuality than their religious and more conservative parents had with them when they were growing up.

Judy talked about the absence of religious influence on her values and the importance of universal moral values as a parent:

*We're not spiritual or religious by any stretch of the imagination. We do believe in what goes around comes around and treat people how you would want to be treated, but it's more about morals than anything else, it's more about just respect for other people and that's what I've always said to the kids.*

In summary, most parents in this study were determined to have greater communication with their own children than they had experienced with their parents while growing up. At the same time, they still carried with them many of the values they had gained through their families and cultural background, attempting to integrate these while creating a good relationship with their children which reflected the greater openness of contemporary culture.

## **Parents own history of abuse or having known someone who was abused**

Some parents reported either their own experience of sexual abuse as a child, or the abuse of others they knew as children. This provided them with a particular awareness of the risks of abuse and, in some cases, had created the motivation for parents to take protective measure with their own children.

*Dad had been molesting my oldest brother, who was left in England. He had molested my eldest sister, who was 7 years older than me. My oldest brother was 9 years older than me. [My brother] has since passed away from drug overdose. My sister was molested by him, and my twin sister was also molested. I was*

*abused by the second oldest brother at one point in our lives.  
(Brian)*

\*\*\*

*I know my mum was sexually abused by her dad...she used to talk about that quite often...none of us in our wills will put her [mum] down for the kids to go to her, because...there is the chance the children would be abused. (Lisanne)*

Both Brian and Lisanne emphasized the impact the familial abuse had on their own parenting in terms of providing a first-hand understanding of the damage caused by abuse, the cyclical nature of abuse, and the importance of trying to break the cycle to prevent the abuse of their own children.

## **Family rules**

Some parents talked about establishing and communicating clear family rules about boundary and safety issues so that children understood these limits.

*Well see, it's just a given with my kids, that they know when we're out, they're with me, you stay where I can see you, end of story. They've never not known it any other way, so I suppose for them that's just normal. (Judy)*

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*...like festivals and chopping centres, our boys are never allowed to go to the toilet by themselves, they always have to go with somebody else, even if it is with each other....Yeah we have our family rules about how we behave in those situations,. (Alice)*

\*\*\*

*So, it's more or less drafted out, from now on if it's late at night, no home by yourself on the train. Call us and we'll pick you up, it doesn't matter where you are... (Sam)*

Parents discussed developing these rules as preventative measures before going out into public places with their children (Judy and Alice), or in response to incidents which may have happened which caused the parents concern (Sam, where daughter missed train home and parents could not contact her).

## **Normalizing sexuality**

Many parents said that they wanted to normalize sexuality for their children and let them know that it was something healthy and natural, and they did not want to frighten or repulse them.

*We just say "Matt that's just normal, when people like each other, that's how they show it, express it." I said "mum and dad kiss" and he says "yeah, I know." (Mary)*

\*\*\*

*Sexuality is part of being human, so I don't want to let him down...I said "Anton, do you realize that all that's happening to you, I mean you've started to grow hair in places that you wouldn't of imagined, you DO realize that's normal, don't you?" and he said "yes mum [laughs]". (Theresa)*

## **Providing age/development appropriate information**

As part of the balancing act, some parents said that they tried to provide information that was appropriate for the age and development of their children.

*So I sorta said "if you don't have your period, you don't ovulate, then you can't have children." So I kept it very simple, I didn't go into detail, but they were quite young at the time. (Mary)*

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*But Joe (HUSBAND) has always been involved in that way as well. Yeah, that I taught them as much as they need to know. And I know that Sara's not ready for it yet, she's eight and she doesn't need to know any of that information yet. She hasn't developed any of it. She knows sort the basics... but I don't have to get into the detail,*

*whereas Bianca now...we had to talk about...I don't want to talk too loud. (Rita)*

Parents were also sensitive to the reactions of children to information and wanted to respect the children's wishes if the children said that they had enough and weren't interested in hearing more at that time.

*And I tried to sort of approach her about things...I was trying to lead on to the fact of how your body changes and getting your period, and as soon as I started to go on about it, she said "I'm really tired now, mum, I just want to go to sleep" so I said "ok" and I thought "she's not ready for it" and that was two years ago, and I thought, ok, I'll leave it. (Gabby)*

\*\*\*

*So I did sit her down and explain to her, would you be ok if I explained to you exactly what is going on, so I explained it and she went "that's enough thanks." And that was it. (Karen)*

Parents reported that teenagers felt that they knew the information about sex, that they had already formed strong opinions about the risks and dangers, or they thought their parents were trying to make their lives difficult when raising these issues with their children.

*How does she react in any situation? I think Megan thinks my whole life is about making her life miserable, and I get that age and stage, because I remember thinking that my mother hated me. (Judy)*

\*\*\*

*It's difficult to talk about sex education and any of those things directly with the kids because their response is "we know all that stuff." (Alice)*

## **Clarifying questions**

A number of parents explained that they often clarified questions about sex from children to find out exactly what children meant or what they knew. This was done so that parents responses could be tailored to the needs of the children and so that parents wouldn't provide



too much information that might be overwhelming or inappropriate for the age and developmental level of the.

*I remember at one stage my older one was saying something that “you and daddy are having sex” and I go “exactly what is that” and she goes “you go mmmmmm (KISSING SOUND) and you kissy kissy.” (Karina)*

\*\*\*

*I’ll use my 8 year old boy as an example. He has not as good a knowledge about sex and what it actually is, and he had seen two people on television kissing, and he’s going “well they’re having sex” and we sort of said to him “Joel, you don’t even know...do you know what sex is?” and he goes “oh, yeah I do, it’s kissing each other.” So we sort of left it at that, we thought, oh that’s good...he doesn’t need to know the rest, so the conversation didn’t go any further than that. (Lydia)*

## **Humour**

Parents often described the use of humour to deal with issues related to sex that had arisen with their children, particularly in terms of making light of sensitive or embarrassing topics. They did this to prevent evoking too much fear or unnecessary concern from the children as well as normalizing sexuality so that children were comfortable communicating with parents on this topic.

*And one other thing I do remember, which is quite funny, we were driving along the five of us with a big sign that said “sex” and then she goes “eeewww” and my husband goes “why, what does that mean?” And she said “it’s that disgusting thing that adults do”...We just laughed at that and left it at that. (Gabby)*

\*\*\*

*So, if you wanna not get pregnant and have sex with lots of people, then you take the pill AND you use a condom. And she said “right, mum.” [LAUGHTER]. And she has a good laugh with me, Bianca,*

*because I kind of, I try to always make it serious but fun, and to not scare her, I suppose, that's probably why I did that. (Rita)*

It is important to note that while laughter was a common feature in both the second hand descriptions of conversations by parents as well as the actual conversation in the interview when related to sexuality issues, this laughter disappeared when discussing sexual abuse prevention as well as incidents where sexual boundaries had been crossed. Discussion about sexual abuse appeared to be very serious for parents, as reflected in their tone during these descriptions. These differences are discussed further in the “Results: Intervention Strategies” chapter.

### **Using teachable moments**

Parents described taking advantage of occasions when children were curious and asked questions about sexuality as these were seen as opportunities, teachable moments, when their children's interest in the topic was high.

*I said to him, the kids were really curious today, they wanted to know how the baby comes out, and I just said to him, look, I thought it was a good opportunity just to give them a few facts. (Mary)*

\*\*\*

*[I talk to them] at that moment, because it's an opportune time to, it's in their minds, you know. And what I find with kids is they seem to just get over things, ... you just take that opportunity there and then, because if you try and do it later on, it's sort of, or if they're focused on something else, they're not really going to take in what you are saying. (Gabby)*

### **Teaching tools**

Books were the key teaching tool parents reported using to explain the basics of general sexuality and human reproduction. The majority of books were obtained by parents through schools and bookstores.

*[The book] was actually one of the school club things, and you know how they sell lots of books, and some of the money goes to the school. And I saw it in there and I thought, that's*

*probably...because it's got little inserts with all kids writing things in and different age groups. They tell you the child, the age and something that they felt about a certain time in their life. And it's good because it's like her reading about her, basically, you know, that age group. (Rita)*

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*Well we've had the full conversation about the body, like I've bought a book that's been written for girls her age to understand what's happening to my body...It's produced by Mont Albert Primary School, and it's actually written in cartoon format...I think it's called "What's happening to my body" but it might not be...It might have been called "Secret Girls Business." (Lydia)*

Only one parent, Sara, reported using teaching tools for sexual abuse prevention.

*I've got a book over there about...I was quite shocked when I started reading it, because I just didn't realize the level that paedophiles will go. Being in a park and someone comes to you and says "I've got a puppy in the car, would you like to see" so I've gone through those stories...[I got these from] family planning..*

There was no mention by any of the parents of using the Internet as a source of instruction about sexuality issues or child sexual abuse prevention with children.

## **Gender differences in communication between children and their parents**

When discussing issues related to sexuality with their children, many parents mentioned the differences in communication between mothers and fathers with their sons and daughters. Some fathers (for example, Kumar and Alphonso) talked about their special relationship and communication with their sons. A few mothers mentioned that they deferred conversations with sons to their fathers, or expected that the sons were more likely to go to their fathers with certain issues related to sexuality (for example, Mary, Jenny and Lydia). Several fathers talked about the conversations they had with their daughters about sexuality issues, such as Sam talking to his daughters about menstruation or James talking to his daughter about sex. A few parents talked about setting boundaries between fathers and their daughters as the

daughters got older, such as husbands no longer walking around naked in front of their daughters (for example, Karina) or daughters covering up, especially after showers, in front of their dads (for example, Anastasia). Some parents talked about the special relationship that mothers had with their daughters in terms of talking about certain sensitive issues, such as menstruation.

### **Discomfort in speaking to children about sex**

Although many parents had, throughout the interviews, described open and detailed discussions with their children about sexuality and sexual abuse, a number of parents also described their discomfort and embarrassment in speaking about these issues with their children.

*To say a penis goes into a vagina, I can understand, but to do the thrusting motion on a bed, you think, has he seen something? You know. But I haven't really dealt with it really well. I don't think, because I don't know how to...I don't know how to deal with it, as a parent I don't. You don't get instructions on how to deal with these things, this is the problem. You don't need a license to be a parent. So it's very difficult. (Jenny)*

\*\*\*

*I'll tell you when [questions about sex from the children] come up [LAUGHS]. There's always some uneasiness I guess as to when you're going to get the curly ones and how you're going to answer them. I can't say I've prepared myself or anything like that. (Eddie)*

Some parents mentioned avoidance as a way of dealing with the discomfort or not knowing how to respond to questions from their children about sex.

*I just said "well, if they haven't asked, yet, I haven't told, and I haven't sort of sat them down and said 'look let's have a chat about the birds and the bees.'" (Karina)*

\*\*\*

*More recently, he came up and asked "so how do you have a baby" and I don't think we dealt with it very well, actually (LAUGH). I*

*changed the subject and he didn't notice we changed the subject.*  
(Lydia)

There were a few parents who responded with distractions or information that was not entirely accurate.

*The question of babies has come, from Patrick, how do we make babies and unfortunately I told him you know they come out of the umbilicus [LAUGHTER] as I was taught. (Jenny)*

\*\*\*

*...why are they kissing? I told you before, they're acting, it's not real. And you feel like you're not telling the truth, you're hiding something...You can get away with that for a while [LAUGHS].*  
(William)

## **Limit to what parents can do and faith that things work out**

Some parents mentioned that there was a limit to what they could do as parents, and they just had to have faith or hope that things would work out in terms of the children's sexual choices as well as the risk of sexual abuse.

*I guess you just hope that the people they're with are trustworthy, and they're not ever alone with one individual...They're not ever, well then again, they're at school and sporting activities, it could happen in those situations, but you're kind of trusting that it's not happening to them. (Gabby)*

\*\*\*

*I guess in a lot of ways with child sexuality or abuse, as parents we're sort of flying blind in a lot of ways and we're just hoping and praying that nothing ever happens to our kids, so it would be good to know some strategies on helping us with that. (Frank)*

Parents also realized that they could not control everything and, to a certain extent, had to let go of total control over their children.

*You're always trying to protect them but you also have to let them go, because that's part of growing up. But when and how much, part of it. (Mary)*

\*\*\*

*Apart from us just trying to filter as much as we can, but we can't do everything...And that's probably something we gotta think about...as Bianca gets into teenagehood where she wants her space a bit more...Because I'm not going to be able to probably talk to everyone she's gonna meet and run into (Joe)*

Thus, parents realized that there was no guarantee that their children would be safe from abuse or the consequences of their children's poor decisions despite their efforts to inform and protect their children.

## **Sources of information for children**

When discussing where they thought their children were getting most of their information on sexuality from, parents reported a variety of sources. Many parents mentioned themselves as the main source of information about sex.

*Probably 80 percent still through the family (Karina)*

\*\*\*

*I still feel like my husband and I are still the main...she knows she can come to us for anything. (Mary)*

Most parents also mentioned schools as an important source of formal sex education, usually provided at around grades 5 and 6.

*At school they might learn, they would learn a lot at school, because I know my son does assignments and these sorts of things*

*in PE. He's in secondary school so they do cover sexuality, so know they do a bit in that. (Gabby)*

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*Frank:...the school.*

*Jenny: Definitely the school.*

The children's peers were also mentioned as a source of sexuality information.

*I still think from probably school and friends. (Gabby)*

\*\*\*

*The playground. [LAUGHTER] (Frank)*

\*\*\*

*They do talk about it a lot at school...through friends at this stage.(Rita)*

Parents also talked about the important role of extended family members and friends who provided a trusted source of information for their children.

*My daughter was reading a dog book, about dogs and breeding and stuff like that. She was asking questions around how to dogs make puppies and stuff like that, and we didn't explain it to her properly, and as a consequence of that, she actually, my sister, who's a divorced woman who's very open and groovy and into "you explain to your kids what's going on," my daughter then rang my sister, and my sister had the full birds and bees conversation with her over the phone. (Lydia)*

\*\*\*

*Well, my best friend, her and Ally are really close, but it's more like they're best friends, so she's got that relationship with Ally where Ally will talk to her, and she'll ask Ally the questions that mum maybe doesn't have the guts to ask, things like "Have you kissed a boy yet?" and all that sort of stuff...Sherry's always said that to*

*her, if there's something you can't ask mum about or you don't want to ask mum about. (Judy)*

The media was also mentioned as a common source of sexuality information for their children, with some parents noting the increase in sexual information in the media compared to when they were growing up.

*TV. It's all out there...it's all around you, TV, it's even more so than when I was growing up, it's everywhere, it's in songs, it's in movies, it's out there. It's all around us. (Gabby)*

\*\*\*

*I'm thinking the media...television, radio, billboards, magazines. I mean, it's plastered everywhere. Sex sells and, it's probably, compared to when I was a kid, at their age, there is so much more...it's in your face at a very early age. (Joe)*

In summary, parents explained that their children were exposed to a variety of sources of information about sexuality, and their attempts to balance the information given to the children with the information children received from other sources was a challenge, particularly when some of those sources were overly explicit or possibly inaccurate.

When parents were asked who they thought should be responsible for the education of their children around issues related to sexuality, the majority mentioned themselves as their first preference, followed by schools:

*I think probably the parents have a big part, but I think also through school as well, education, I think you should work together, sort of compliment each other. (Mary)*

\*\*\*

*Probably through formal education at school. (Frank)*

In the section above, a number of communication characteristics and strategies used by parents were discussed. In the next section, the variety of sexuality and sexual abuse related topics that arose for parents are described.



## **SEXUALITY TOPICS ARISING AND PARENTAL RESPONSES**

In this section, the two key topical areas that arose for parents when trying to balance the sexuality information provided to children are summarized. The first are general sexuality topics, and the second are topics specifically related to sexual abuse. Each of these are discussed below.

### **General sexuality**

There were many sexuality topics which parents discussed with their children, including more contemporary issues such as transgender issues and homosexuality, which parents had not been talked to about by their own parents but were willing to discuss with their children. Part of the balance of information that parents in this study aimed for was to provide accurate and truthful information without giving more information that the children were able to understand or cope with.

As can be seen in the section above, a range of general sexuality topics were raised that provided parents with an opportunity to discuss sexuality with their children. A number of parents reported that their children openly and curiously asked about where babies came from. Some parents talked to their children about the physical changes in their bodies as they reached puberty, including protecting their breasts or genitals from being hurt. Some of the mothers and one father talked about menstruation with their daughters. Children were often curious about adult expressions of sexuality, especially kissing, and understanding what that signified. Many children, as they got older, moved beyond the “where do babies come from?” question to ask questions or have conversations with parents about “what is sex?” Some parents discussed issues of safe sex and birth control with their children. The meaning of the word “gay” was a topic of conversation in a number of families, especially those with children approaching puberty (10-12 years). Finally, a few parents fielded questions from children related to transsexual and transgender issues.

Parents discussed these topics with their children with the intention of providing age and developmentally appropriate information about sexuality, balancing the type of information that was provided to them so that it was sufficient without overwhelming or scaring them. In the next section, topics which parents discussed with their children specifically related to child sexual abuse are discussed.

### **Sexual abuse prevention**

In this section, topics which arose for parents specifically around child sexual abuse prevention are discussed. Providing information to their children that they considered useful to empower their children and also protect them from potential sexual abuse was part of the core theme identified in the balance theory, where parents wanted to balance the information they were giving to their children. As discussed above, most children did not ask questions about sexual abuse, so in most instances parents initiated conversation about sexual abuse prevention. The topics which parents discussed in relation to sexual abuse prevention included ‘stranger danger’, defining sexual abuse, protective behaviours, secrets, internet safety, and the danger of drug and alcohol. Each of these is described below, with examples from the data.

### ***Stranger danger***

‘Stranger danger’ appeared to constitute the largest component of the discussions related to child sexual abuse prevention that parents had with their children. It is interesting to note that while parents stated that they wanted to maintain a balance between providing information and not scaring children, many did not hesitate to describe such ‘stranger danger’ in fear-evoking terms. Furthermore, parent’s discussions with children focused on the dangers of strangers hurting them, emphasising the character of the abuser as being mentally ill or somehow acting strangely, despite many parents stating that they were aware that abusers are often known to the families.

*I keep saying, there are people who take little children away, you’re cute little girls and they can kidnap you and they take you and I’ll never see you again...some people are sick in the head and they’re not very nice.” (Karina)*

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*I’ll say “the bad man’s going to take you away. And that could be the bad man there and that could be the bad man there...If I’m gonna protect them by scaring them away from everybody else in the world, I don’t care! Because then I know they’re safe. But at the same time, I don’t want them to go out into the world frightened of everything and everybody. (Judy)*

\*\*\*

*I said no, this guy is mentally no good in the head. He's mad or there's something wrong with him. (William)*

There were quite a few parents who also acknowledged that the danger of sexual abuse came from persons close to and/or known to the family, but none actually mentioned talking to their children about this risk.

*But I guess the biggest danger is not even the people, the biggest threat isn't the people they don't know, it's the people they do know. Sexual abuse, the people that end up doing it, are the ones that you trust. (Gabby)*

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*I don't know, I guess I'm aware about things like stranger danger and stuff like that and that being a fairly false things, that it's not usually the strangers that are the danger, it's the people that are familiar to the kids. (Alice)*

\*\*\*

*It's the closest ones who can actually do something wrong, who you suspect the least. (Kumar)*

### ***What is sexual abuse?***

Only three parents reported that children asked questions about or had discussion with their children about child sexual abuse.

*She said something on the radio, the news bulletin was on and something was said about sexual abuse, and she said to me "mum, what's sexual abuse?" I just said to her "well that's when something's happened to somebody sexually that they didn't want to happen." She's like "uh" "Do you understand what I'm saying?" "So they were MADE to do something that they didn't want to do?" "I said that's right, so that's on, that's not acceptable. You're never made to do anything you don't want to do." (Judy)*

\*\*\*

*There were a couple incidents in I think the local press...about a paedophile. And so he asked me about that, and I said "quite frankly, there are some men and women in the world, they are not that far removed, they could be anywhere in town, that have a sexual preference for little boys, little girls." (Alistair)*

Since only few parents reported that their children had asked about what was sexual abuse, parents may need to take the opportunity to initiate such discussions with their children at what they would consider the appropriate time.

### ***Protective behaviours***

Some parents reported that they talked to their children about protective behaviours. These tended to be messages telling children not to let someone touch their genitals and were sometimes, but not always, followed up with the message to tell an adult if this happened.

*I've always said to them growing up, you should never let anyone touch your private parts. (Mary)*

\*\*\*

*My older one would have been at kinder, so she was probably 4 or 5 and the other one would have been three...Where I just say "make sure nobody ever touches you there, that is private." (Karina)*

### ***Secrets***

A couple of parents emphasised the importance of teaching children not to keep secrets and to tell them if somebody had asked them to do so.

*And I've always said to them "I don't care what anybody else has ever said to you, you never have secrets with mum, NEVER. You always tell mum everything. (Judy)*

\*\*\*

*And if anybody touches you, you tell us, even if they tell you not to, and we just tried to keep it in very simple terms. (Wendy)*

### ***Internet safety***

One of the more important triggers for concern and discussion by parents was the internet, with discussion usually initiated by parents. Parents found that their children were sometimes exposed to sexually graphic images on the internet while the children played games and generally searched for information. They were also concerned with chat rooms and registering as game players and feared their children might come into contact with strangers who could be of potential harm to their children.

*Our son is heavily into one of these online games called Dreamscape... and we reiterate that here and we've talked very clearly about what stuff, what information, who is allowed to have, your friends some information through Runescape. (Wendy)*

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*There was another incident where they were online on the Disney website, they had found a place where you could send messages to the stars of high school musical, so I knew they were typing messages in...and I had to talk to them about Internet safety. (Karen)*

### ***Warnings about alcohol and drugs***

A number of parents discussed their fear of their children consuming alcohol and drugs, which was linked to their fear of the sexual exploitation (or worse) of their children:

*All the tables had these coasters, I don't know if you've seen these, they say ... "who has given you this drink? Is this drink safe? Are you right? Make sure you've got your own drinks." (Karina)*

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*My daughter is going to parties, they're only young girls, but I've already heard stories that girls are drinking alcohol, and I say "well, I haven't really talked to her about alcohol, and again, you think you've got plenty of time for all these discussions, but it's like, now we have to talk about this. (Mary)*

In summary, this section has described the sort of topics discussed by parents with their children that relate specifically to on child sexual abuse. The topics included 'stranger danger', protective behaviours, internet safety, and warnings about the use of drugs and

alcohol. Parents were more likely to raise the topics related to sexual abuse than children hence the importance parents placed on using more general sexuality topics to open communication with their children. In the next section, other protective strategies reported by parents in this study are discussed.

## **OTHER PROTECTIVE STRATEGIES**

In addition to direct verbal communication with children, parents discussed other protective strategies that they used to prevent their children from being sexually abused. These strategies included investigating the social situations that their children were entering monitoring children's comfort levels around others in their social networks and relying on their extended support network to also care for and protect their children. Finally, some parents described the way they monitored the men their children had contact with, confirming that many parents considered men posed the greatest risk to their children. Each of these strategies is discussed below.

### **Investigating social settings**

Parents reported investigating social settings by getting to know parents and other adults who would be in social settings with their children such as birthday parties.

*Joe: I guess, if we don't, we'd probably be very reluctant to just say "yeah, just go over to somebody's house." We'd really want to size it up.*

*Rita:...I guess you suss out the people before you let the kids go and play there...they get a party invitation and you think "who the hell's Joe Blow"...you'd like to be able to take her there and say hello to the parents and get some sort of feel about it.*

\*\*\*

*When he goes to other kids houses, I know the other parents fairly well, so I'm not too concerned, except sometimes parties. Sometimes they get invited to parties of kids that they haven't necessarily been to the house of. I always go in a drop him off and try to meet whatever adults are there and try to get a feel for their place and check out the house a bit without being too nosy. (Carol)*

Some parents mentioned sporting activities as times of concern which they closely monitored.

*I wouldn't even let them get a lift with the coach home. You know, you're always there, dropping off, picking up, you get there earlier than the time to finish, so you don't leave them the opportunity to be on their own with any one person. (Gabby)*

Parents also discussed needing to explore the dynamics of other families when children went over for play-dates and sleepovers.

*Nah, sleepovers, if the sleepover, I know the people, I trust, there is some things that if you meet someone, it depends, no matter what kind of conversation or relation that you have, there is a trust that you trust this person. You don't expect them to do something like this, without really really knowing him. (William)*

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*Oh, one of my girlfriends, her husband, I don't think he would ever do anything, but I just wouldn't let the kids sleep there...I just know that he's deceitful to his wife...I just don't trust him. (Sara)*

A few parents also mentioned being cautious when their children went on school camps.

*They've gone on camps, since their year 2, so since they were about 8 years old, they've gone away on camp, and I've always wanted to find out their sleeping arrangements, if there were teachers sleeping in the same quarters with them, how many students are there, where the teachers were, I'd always find the information out, because they're vulnerable. (Theresa)*

Judy talked about the feeling safe when her daughter went to family day care because of the police checks and her acquaintance with the day care family.

*My daughter goes to a family day care mum who we've now known for 5 years, we know the family well. They get police checks and all the rest of it, so that gives you a security factor knowing that they're with these people. And that's it. They only go to school, kinder and day care.*

A number of parents mentioned that one of their criteria for screening people to be with families that had similar values:

*There's been a trust there with the people that we know. Usually sleepovers mainly occur with kids from the same school. The school that they go to is a very good school and fairly strong Christian beliefs. And as far as the principles and the ethics and the morals and values, what they get the kids to try and adhere to...The school's very good. (Sam)*

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*Just from seeing where he lives or what he do or what kind of lifestyle he's got, you think this guy's like me. (William)*

## **Monitoring comfort levels of children**

Some parents stated that they observed their children's comfort levels when socializing with others in their networks, looking for signs of discomfort as a warning sign that someone might not be safe for their children. Alice described how she monitored her children's comfort level to sense any uneasiness they might have felt around others.

*I guess I've been watching and often thought to myself, sort of assessing the situation to see whether there is discomfort about being with a particular person, from the kids. If they seem uncomfortable being with that person or if there was any touching or physical contact that they don't seem to want or not to be in the same room or by themselves, be on the look out for that.*

## **Suspicion of males**

There were a number of parents who talked about being particularly suspicious of males when it came to protecting their children from sexual abuse.

*...and particularly if I don't know the father, because how many times do you hear of people that are getting molested or whatever and it's the father...and particularly boys, which that's just the way I think, so I figure particularly if they get a bit older, and I don't*



*know, you might have 15 or 16 year old boys, their libido might be working a bit differently to what the girls are. (Karina)*

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*Well, the crèches, there weren't any men, guys working there, they were all females. I don't know if that made any difference, but the first thing that I saw was that there were no men. But I didn't feel by then that I needed, I didn't look out for it. When I went and checked out the place, I just look out for that sort of thing. (Anastasia)*

This suspicion even came from other men. Some fathers reported that they were suspicious of teen boys.

*Anna, now, I just feel that she's 9 to 10 years old, Justin's friends are 13 years old, I mean you don't know what's going, I know the mindset of my own son, but I don't know the mindset of his friends. Now, because I've got the pool in the back, Anna still is a little girl, and even though she is a strong girl, she's amongst her brothers' friends... most boys have that thing in their head, who knows, just to grab and to touch and all that type of thing. (Alphonso)*

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*The only instance is older kids, and it's always older boys because we've got this preconceived idea that they are I guess a danger to our kids, when they hang around our kids. (Eddie)*

Some fathers were particularly aware of their own actions and not wanting to be in a situation where they might be suspected of doing something sexually with children.

*It's a bit of worry today, in our education system, that there seems to be a mass exodus of males wanting to work in the education industry, and you can understand why, in a way. Many of them are worried about being framed in an area of sexual harassment. (James)*

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*And now that the girls are a little bit older, Aristos very rarely baths them any more, whereas they used to jump in the shower with him...It's I think protective behaviour I think on his behalf, he doesn't want anything to be seen to be improper, so he doesn't do that...It is something that he has said...So men in general these days have got to protect themselves so that they can be seen to be doing nothing improper. (Lisanne)*

## **Relying on social supports to protect children**

Some parents discussed their reliance on other significant persons in their social networks to protect their children in the parent's absence. For example, Abe mentioned that he and his wife relied on their good friends to protect and look after their children when they were out together at crowded music events.

*It's more "I'll look after yours if you look after mine" because we recognise that letting kids go by themselves is not a good option...The idea is that we've known each other, we trust each other therefore we trust each other with each other's kids.*

In summary, parents used a variety of strategies in addition to than verbal communication when trying to protect their children from sexual abuse, including investigating social settings for safety, monitoring children's comfort levels, being suspicious of males in their social networks, and relying on extended social networks for shared care.

## **PARENTAL SOURCES OF SUPPORT AND INFORMATION**

During the interviews, parents were asked about their sources of support and information when discussing sexuality and sexual abuse with their children. Mothers reported talking to their husbands when issues arose with their children related to sexuality and boundary setting.

*My husband is probably, I think if they've ever said something that surprised me, I think my husband is my first point of call. (Mary)*

\*\*\*

*I speak a lot to my husband, we often talk especially at the end of the night and the kids are in bed and you're in bed yourself, and you*

*kinds of get into those discussions, you might say, one of the kids did this, and then we'll discuss certain things. (Gabby)*

Many mothers also spoke about extensive support networks and discussions they had with female friends and family members around issues related to sexuality.

*See, we talk about it, we talk about it with our mum's particularly, like Sara's mum, or Linda and Nancy and I and Ruth we will all talk about stuff like that as it happens to try and process that to see "is this normal, is this not normal? Ok, how else are you handling it? What other suggestions do you have?" Yeah, we do get that support over and over. (Sue)*

\*\*\*

*My other main source would be other girlfriends that are mothers as well. We tend to talk a lot about our children and we share stories, and that would be another source, like to share stories with other people in a similar boat and to see if their children are doing the same thing or if they're asking the same sort of questions. (Mary)*

\*\*\*

*Obviously my sister, and friends with children the same age...I've got friends with older children and that could be the sort of thing that we would talk about, particularly as we have younger children and busier and theirs are older and it doesn't so much get easier as it changes, as they get older. (Wendy)*

Fathers tended to have these discussions with their wives, and many of the discussions were initiated by their wives:

*No, when it comes to that side of things, he basically (LAUGHS) just follows my lead. (Judy)*

\*\*\*

*I haven't talked much about this, but a few times we have, so at least that made me aware of this situation because Sudipta has been talking about that. (Kumar)*

Fathers generally made it clear that child sexuality and child sexual abuse were not topics that 'the guys' talked about with each other.

*No, we talk about more mundane, practical work, like football...But you didn't talk about any sexuality things...it's probably a sort of taboo sort of subject to be talking about. (David)*

\*\*\*

*I would say men are just men...It wouldn't be much about the kids, it would be about sport and sex and television, movies. I would say kids play a minor part of the discussion. So it's still very blokey. (Joe)*

\*\*\*

*No, I never have any exchange or conversation with other adults...As I said before, I never had any conversation about that before, child sex, which is with a man it's different, you standing there talking about child, you might be...you don't talk about sex. (William)*

A few fathers, however, mentioned that they had conversations with other fathers, usually with close friends or relatives.

*I say it would come up with Ron, I just can't think of a specific example. (Abe)*

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*If there's any issues, it's normally discussed with my wife first, possibly my brother-in-law, being a doctor and he's in the forefront of being in public health and that sort of thing, yeah, he's director of casualty there at [a local suburb]. (Alphonso)*

Some couples talked about discussing these topics with other couples in their social networks:

*Alice: These other friends of ours who also or parents, we have a few friends who we've known for a very long time since before all of us had children and then several of us have children of the same age, and I guess we're constantly compare.*

*Abe: Compare notes*

*Alice: Compare notes about parenting and about how we deal with different issues.*

\*\*\*

*Mmm, yeah, I mean I always talk to my friend Sylvia's husband, but you know you don't have the same opportunity to speak because they work, and if you go out to dinner or something, you go out socially. (Gabby)*

A few parents discussed these issues with co-workers.

*I have discussed a few things about sexual abuse [at work] and they come up in the paper and discuss it at work and with other doctors and nurses, and you say "when do you tell your kids this?" and they say "I don't know." I've never really spoken to anyone, or you speak to one of them who knows a psychologist or a psychiatrist and they say "well sometimes the kids just bring it up themselves or they read the same article." (Jenny)*

\*\*\*

*Once I came in Australia, amongst my colleagues we used to discuss these children, even if they're ladies and/or men. They do talk about children, and then suddenly these topics sometimes do arise and people are more aware and happy to discuss with others. (Kumar)*

A number of parents pointed out that they would not be likely to go their own parents on these issues, with some explaining that this was due to the generational differences.

*I wouldn't probably talk to my mum about it. (Mary)*

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*I wouldn't go to my parents, that's for sure. LAUGHTER. (Frank)*

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*Even though my mother and I have a very good relationship, it's a different generation. (Jenny)*

One exception to this was Karina, who said that her German mother was exceptionally liberal and had very progressive ideas, so she often discussed these issues with her mother (in contrast to her more conservative Italian father).

*I will talk to my mother...My dad probably doesn't come into the conversation with those sorts of things...With mum sometimes I know I will ask things.*

In terms of sources of information outside of partners, family and friends, the majority of parents reported their children's school as a key source of information.

*Well I went to a parenting session, and it's something that the secondary school had a session on how to parent adolescents, and anything that came up like that...With this talk that I went to last week, and it did cover sexuality, it covered all sorts of things. (Gabby)*

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*Look I think the school plays a pivotal role, now. I think, schools that have done sexual education before know how to pitch it, at certain ages, so I think they will be able to advise us, and as I say, plant the seed in terms of providing a general level of education but then informing us of where to from there. (Lydia)*

Some parents mentioned the media, including newspapers and TV, as sources of information on children's sexuality and child sexual abuse.

*Well either the local paper, would be like a child psychologist so I would read the article there...I watch Oprah and Dr. Phil, which I find is quite fascinating, because a lot of the things are issues I'm interested in, especially when it comes to children and parenting. (Gabby)*

\*\*\*

*Basically television or print, they're about the two...they're the two where I get 99 percent of my information. (Alphonso)*

Some parents mentioned reading books on child development.

*When the girls were younger, we certainly did read a lot of materials, a lot of the books that are out there, just understanding different stages of growth, up to at least 10 or 12. (Joe)*

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*A girlfriend of mine actually gave me a book last year...she said "here, this is something I found" and it was a little, I think it was a DK book. (Karina)*

Rita talked about discussing the development of her girls with her doctor:

*Actually I spoke to Catherine [our doctor] that time about Emily when she was about 10, so I said to her "it's all happening, what do I...(LAUGHS) When is it all gonna happen?" She said "look, because she's this far now, anywhere from 10 onwards she could get her period, and stuff like that." And I said "Oh, ok." Yeah, Catherine's about the only one. (Rita)*

Few parents used the Internet to look for information on these issues. Only two parents mentioned going to the internet, but they discussed these hypothetically and actually hadn't done so.

*I would probably look up the internet and see if there were any articles published, any books. (Jenny)*

\*\*\*

*Probably the internet now, I guess. Forget the library. That's a thing of the past. (Anastasia)*

Two parents mentioned that they definitely did not go to the internet for information.

*I probably wouldn't go to the Internet nor textbook for that sort of stuff. That's just me, though, I'm not a big fan of reading, so I wouldn't go to a book. (Lydia)*

\*\*\*

*The internet, I don't go on the internet much. (Alphonso)*

Sam said he had discussed these issues with parents in a blended family support group, which he attends with his wife.

*Yeah, I guess we have talked about, in that group, there we've certainly talked about teenage sex, because some of them have certainly got some teenagers that are out there doing it as often as they can probably get it. (David)*

One parent reported going to a non-profit agency for some information.

*Family planning I think is pretty good...I've rung them for brochures on educating. (Sara)*

Some parents described what they would like to see in terms of information and support around issues related specifically to child sexual abuse:

*But no, I think [information on sexual abuse is] definitely something that's lacking in the literature. Not only lacking in the literature but lacking in simple literature for parents that don't have any sort of medical background, they don't need to go to medical archives to find sort of to find information. (Jenny)*

In summary, parents mostly relied on their partners, friends and siblings for support and information around this issue, with only a few parents mentioning more formal support sources such as community based organisations. Despite the contemporary reliance on the Internet for communication and information, parents in this study did not report it as a source of information or support on this topic.

## **CHAPTER SUMMARY**

The prevention strategies discussed in this chapter were used by parents to provide children with information about sexuality and sexual abuse in order to assist their children in



understanding their own bodies, the intimate interactions between couples, and some of the boundaries that may help children to avoid situations where they might be sexually abused. In implementing these strategies, parents were continually assessing the appropriateness of information given and the reaction of their children to this information in order to maintain the balance between sufficient information and too much, as discussed in the theory earlier in this thesis. Despite the discomfort of some parents while discussing these issues with their children, they persevered because they wanted their children to have more information than they had received as a child, and they realized the importance of open relationships, good communication, accurate information, and boundary setting in preventing the sexual abuse of their children.

Parents did not rely on verbal communication alone in their role as protectors. In addition to communication strategies, other protective strategies such as monitoring social situations and watching for children's discomfort, were designed to identify situations where their children might be at risk of harm.

Parent's greatest sources of support as they work to protect their children from sexual abuse came from partners, friends, and family members (usually same generation). In terms of formal institutions, parents relied primarily on schools for information. Understanding these sources of support and information is critical for program planning and designing messages and messengers with information on child sexual abuse prevention.

In the next chapter, incidents reported by parents where sexual boundaries were crossed with their children, either by other children or adults, are explored. Their responses to these incidents provide further evidence towards the balance theory put forth in this thesis.

## **CHAPTER 6: RESULTS - INTERVENTION STRATEGIES**

### **CHAPTER OVERVIEW**

In this chapter, the balance theory is discussed as it relates to sexually-related incidents where parents intervened to set boundaries. Firstly, the chapter presents an overview of the relevance of the theory to the intervention strategies used by parents. Parents' decision making processes about these incidents, and how they categorize them as normal or abnormal, are then described. Within the discussion of abnormal incidents, the importance of the relationship of the family to the person crossing the boundary, the importance of parents' gut feelings as warning signals, the challenge in proving these incidents, and the use of language in describing the incidents are described. Finally, the sources of support available to parents as they dealt with boundary crossing incidents are explored.

### **BALANCE THEORY IN RELATION TO INTERVENTION STRATEGIES**

As previously discussed, the balance theory that has been developed as a result of this research consists of two parts: balancing social relationships and balancing the information given to children. The previous chapter identified the main aspect of balance relevant to prevention was balancing the information given to children in order to protect them without creating fear. In this chapter, parents describe how they manage actual boundary crossing incidents and identify that both components of the balance theory are relevant.

Parents in this study reported a range of incidents where they felt a sexual boundary had been crossed and they had to intervene. Their decisions about how to intervene depended on their interpretation of these incidents as either normal or abnormal. This process of categorizing incidents is discussed in the upcoming section. The findings from this study show that the vast majority of incidents which parents categorized as abnormal occurred with adults and children within close family and social networks. Because of these longstanding and closely intertwined relationships with the persons who had crossed boundaries with their children, most parents had to balance taking the necessary action to protect their children with their desire to maintain social cohesion and relationships within their networks. As a result of this

balancing act, parents were unlikely to report incidents to authorities and instead they developed a range of alternative responses to deal with the situations.

Many parents reported experiencing initial shock when they realized and understood that a boundary had been crossed by someone trusted and well known. They also described their gut feeling that something was wrong, and at the same time were faced with the difficulty of proving that the incident had occurred. Furthermore, they did not want to traumatize their children by discussing it more than necessary and they wanted to avoid instilling unnecessary fear in their child, particularly if the child had a close relationship with that person, which was often the case. All of these responses influence and impact on the ways in which parents managed threats to their children and intervened to ensure their children's safety from child sexual abuse.

Evidence of each of these aspects of the theory is explained in the remainder of the chapter using the experiences described by parents in the interviews. They include:

- Parents classifying sexually-related incidents as normal or abnormal.
- Parent's reactions to what they consider 'normal' behaviour.
- Parent's reactions to what they consider 'abnormal' behaviour.

## **PARENTS CLASSIFY SEXUALLY-RELATED INCIDENTS AS NORMAL OR ABNORMAL**

As sexual incidents arose in the day-to-day life of raising children, parents in each case had to decide what was acceptable and 'healthy' in their eyes and what was potentially harmful and unacceptable (and/or could possibly lead to something even more harmful). Each parent reached a threshold where that boundary existed for them personally for each incident. What may have been comfortable for one parent may have been uncomfortable for another. Parents described a personal gut or instinctual feeling that some of these actions or activities were somehow abnormal or unacceptable. In these cases, according to the parents, these were no longer honest mistakes or innocent child's play, but had become something more intentional and premeditated, and were sexual contacts that they deemed unacceptable and unsuitable for their children.

In the next two sections, the incidents which have been classified as normal or abnormal based on interpretation of the words of the parents are presented. The noticeable difference in the descriptions by parents of the two was that for normal incidents, parents used a lighter

tone, including more humour, accompanied by a description of the incident as honest and natural, even if it still required the setting of boundaries. The abnormal incidents were usually described in a much more serious tone, where the parent indicated that the boundary crossed was of greater concern, accompanied by their serious tone and description and their expression that something was unacceptable and concerning.

## **PARENTS' RESPONSE TO WHAT THEY CONSIDER NORMAL BEHAVIOUR**

In the incidents which have been categorized as normal behaviour, parents appeared to have seen these behaviours as expected and healthy and they did not get overly-alarmed; however, the parents still may have set some boundaries while at the same time communicating that the behaviour was normal or healthy.

*They had some friends over, and they were quite young, seven or eight, and they decided to play upstairs in my room, and they were playing a game...all took their clothes off (LAUGHTER)...there was four of them jumping all over each other, all naked, and then my girlfriend's husband comes to pick them up...it was a bit awkward, but I think it was completely innocent, I don't think at that age they were doing anything...We thought it was funny but by the same token, we thought, you don't do that either, you don't go to people's houses and take your clothes off, so we sort of said to them "but you just don't do that." (Mary)*

When Frank and Jenny's son Patrick was trying to kiss the daughter of a family friend while they were visiting, Frank and Jenny attempted to humorously set boundaries yet not stigmatize their son for having what they consider to be a normal and healthy attraction to girls:

*Jenny: [We] say "Patrick, leave her alone."*

*Frank:...we're not making him out to be some sort of sexual predator, but he's not [LAUGHTER]...But when it has happened, we just laughed it off as a bit of a joke.*

*Jenny: Or we say to him "You love girls, don't you!" and he smiles. That's alright, that's healthy.*

\*\*\*

*There was another incident where grandad came over...Tyler ran out naked, Ryan had run out with his undies on, and they both wiggled their willies in front of Harry and his dad. Harry has smacked Ryan on the bum, and sat him inside...For me, they're just kids, still. It's not a horrid man with his crusty old willie pulling it out at women, it's just silliness. (Sara)*

In these descriptions, the parents often laughed and there was a lightness of tone in their discussions. While parents still described taking action, setting limits and boundaries, they explained that the incidents were innocent, healthy and harmless. In the next section, I discuss incidents that were considered abnormal, in the eyes of the parents, and possibly harmful.

## **PARENTS' RESPONSE TO WHAT THEY CONSIDER ABNORMAL BEHAVIOUR**

The tone in the voice of the parents became much more serious and concerned when they described what have been categorized as abnormal incidents. These behaviours had been categorized as abnormal because there was a deeper concern amongst the parents that the behaviour was harmful to and inappropriate for their child. Many of the incidents reported were with members of the extended family. For example, Sam and Theresa's brother-in-law was taking their daughter to the pool without his own children, and some months later found to be filming and photographing their daughter (she was 14-15 years old). Sam described the incident:

*I just picked up on some things, rightly or wrongly, I said to Theresa I said "I've got concerns about him, I think he's looking at her far too much. I noticed him at a family function. I still swear today that he was doing it, he had a video camera under the table in his hand sitting directly opposite her and I could swear it was on...they had a party, so they were all around at a party, and I noticed a couple of times that Celina would be sitting down in a chair in a lounge room. She may have had a skirt on, and he would sit right in front of her so he could see up her skirt, basically see up her skirt, like he wanted to see that, it was just positioning himself.*

*That happened prior to the episode with the video camera, and that just compounded it even more in my mind.*

Sue discovered that her six year old female niece had convinced her five year old son to take off his clothes and play doctors and nurses with her. Later, Sue found that her niece had convinced him to help her pull off the underpants of her daughter, who at the time was about three years old.

*She coerced Ethan into having clothes off under the bed where they couldn't be directly seen, and so were doing an anatomy lesson and doctors and nurses I expect, and then I suggested to them to put their clothes on...The next time I came out here and Ashley was attempting to coerce Ethan into pulling Emily's undies off her while she was sleeping on the floor in front of the telly, sleeping or distracted by the telly and we've never had that sort of behaviour here til then, so that was a huge wake up call.*

Parents also mentioned a number of incidents which occurred with family friends. For example, James described how his friend accused his three year old daughter of following him into toilet and touching his penis after she came running out of the house screaming and crying.

*The incident. Daughter was probably three years old...My former spouse and I used to do a little bit of marketeering at Rusty's [local market]...there was one particular chap...We became reasonably friendly with him...There was one occasion where he dropped around one morning...He said that he had to go use the toilet inside the house. So he went to the toilet, and daughter was kind of walking here and there as three year olds do, and she curiously followed him into the house. Anyway, probably about half a minute later, I heard her screaming inside the house, quite loudly, so I ran in there, and as she emerged in tears and seemingly quite distressed, the male of concern emerged from the toilet and declared "she tried to break my penis" and I thought this was rather odd, because Natalie had never followed me into the toilet. I felt that perhaps he may have coaxed her in there in some way, and*

*she had never tried to grab my appendage, not that she would have any opportunity to do so, so I thought this was rather odd, and I wasn't sure quite what to do. The excuse seemed to be a bit bizarre.*

Kumar described how an adult male acquaintance at a social gathering tried to make his three year old daughter kiss him in exchange for a gift.

*We [had] gone to somebody's place and there is someone who [said] "ok, if I give you this, give me a kiss, give me a kiss"...I didn't think about it being abuse, but it is still maybe a starting point of that and that's what came into my mind and I thought, that's not required, and hope she will not get the message that if somebody does her a favour that she has to give them a kiss I didn't like that, at all.*

Parents also described incidents with persons they knew through professional, organisational or social affiliations. For example, Wendy described a male child care worker who had exposed himself to children in day care centre attended by her children, which was reported by two children and led to the subsequent reporting of the incident to police and the dismissal of the child care worker:

*A child said something to their parent about this staff member showing them his willie, and that parent came up to the staff, and nobody really knew what to think and nobody really knew whether to believe the child. But what then happened, another child, unbeknownst to the crèche, another child said something in the car to their parent, the parents drove straight to the police.*

Karen tells how her daughter (six years old) was touched on her genitals by boy at school (seven years old), which led to the mother reporting it to the school and through the support of school policy, having the boy and his parents meet with school authorities and the mother in order to deal with the incident:

*She came home, and it wasn't until I was cooking dinner that she said "oh, this boy did this thing to me" and she gave me this verbal explanation that sounded like "he put his hand up my skirt and rubbed my fanny area and I didn't like it" and I really couldn't*

*quite grasp what exactly she was trying to tell me and I was cooking dinner and she in here and so I said “do you think you’d mind coming around and showing me what he did?”*

Finally, a few parents mentioned incidents with complete strangers. For example, Sam described an incident where a man unknown to him in public pool had touched Sam’s daughter (13 or 14 years old) on the bottom:

*I had an incident where Celina and Anton and I went to one of those public pools, and there was a guy down at the pool...she came out and said “oh, someone touched me on the bottom”...and like there was this man, he was swimming under the water, and he swam past her and she felt someone touching her... So I said “who was it, where was it?” and it was this guy who was sitting over in the spa area...talking to some kids and encouraging them to get into the spa with him.*

Sara suspected a man with a camera in public place photographing her friends’ children:

*We went to Lake Placid, this was two or three years ago, and just that beautiful innocence of children running around naked. I just had this sense, there was this guy there, probably in his thirties...he was there, and Lisette was running around naked, and I just had this horrible feeling, and I said to my friend, I think Lisette needs to put her knickers on. (Sara)*

From the above descriptions, it can be seen that the majority of incidents were with persons known to the children, either relatives or persons within their extended social networks. Also, many of the incidents appeared to be subtle and hard to prove.

### **Initial shock and disbelief**

Early in the process of identifying incidents considered by parents to be abnormal or unacceptable, a number of parents talked about the shock and disbelief they experienced when they realized and absorbed what had actually happened. Below are some examples of the parents’ expressions of this:



*I'm really struggling to understand what you're saying here because I didn't quite believe what I've heard. (Karen)*

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*Look, I think it was the shock and disbelief, because we got called in as a committee...When it first came up, it was an allegation from one, so we just didn't know whether to believe the child...The next day they said, oh no, there's been another allegation. So I think the thing that was very clear in my mind was that the child was right. (Wendy)*

This shock and disbelief also extended to family and friends with whom the parents were attempting to discuss the incident. For example, when Theresa had told her mother about the incident that had happened with her brother-in-law (her sister's husband), she described her mother's initial denial and then acceptance of the possibility that this could happen:

*I said "look mum, this is what we suspect" and she didn't want to believe it at first, but then she acknowledged the possibility,*

When Sue rang her sister to talk about the incidents that had happened between her sister's daughter (7) and her own son Ethan (7) and daughter Charlotte (2), the sister did not want to believe what had happened.

*Then I rang [my sister and she] said "not mine, not my child, I don't believe you."*

Sue initially felt that her sister would be receptive to the discussion since her sister was a psychologist, so the initial disbelief expressed by her sister was difficult for Sue. While Sue's sister did finally discuss it with her, Sue reported that their relationship was not the same afterwards and her sister no longer allowed her children to spend the night at Sue's house.

### **Feeling something's not right**

Once these incidents occurred, the first step in the process of identifying them as abnormal or uncomfortable was, as described by parents, an instinctual or gut feeling that something was not right, that something sexual had happened that was unacceptable and was potentially harmful to their child. They described this feeling even if the incident of concern was not always completely observable or clear. Below are some examples as described by parents.

*My instinct told me that I believe that something nasty had happened...A lot of it's instinct, it's the way he reacted and the way he looked. (James)*

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*Maybe it's a gut instinct thing as well...I had to believe Sam because I believe we have to trust our gut instincts. (Theresa)*

\*\*\*

*I don't know, he just was looking, and it just didn't feel right...trying to be casual but it just wasn't. (Sara)*

In these quotes, parents emphasised the importance of their body reactions to uncomfortable situations, their gut or stomach feelings and how they listened to these reactions to guide their understanding of whether or not a situation was safe for them and/or their children. These feelings were not always logical nor were they based on significant evidence of danger, but parents were clear that these 'warning signs' were important and needed to be heeded.

## **Challenge of proof**

Some parents reported that the incidents were also subtle and hard to prove.

*And how can you prove when someone is three and they're not really speaking at that age. They might be able to point, things like that. (James)*

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*The thing is I couldn't prove anything directly. (Sam)*

Very often when the parents talked about either their instincts about a situation being possible dangerous for their child or about incidents which had occurred where they felt a boundary had been crossed, they were hesitant about how to proceed because there was so little hard information or evidence for them to bring forth when talking to others, including their partners much less authorities. James, for example, did not know what exactly to do when his daughter came running out of the house crying and his friend followed saying she had tried to break off his penis. Sam also had observed his brother-in-law filming his daughter under the table yet did not know how he would challenge this situation, especially given the close relationship he had with his brother-in-law (his wife's sister's husband). Parents found this

extremely challenging, and while they wanted to protect their children and take the necessary steps to do so, they were often unsure about how to proceed, particularly in terms of evidence and proof that there had been wrongdoing.

## **Responses**

After parents had identified the abnormal boundary crossing incident using their instinct and awareness, and dealt with their initial disbelief and shock, they then had to make some decisions about how they were going to respond to the incident. In reviewing the incidents described above, the responses of parents generally differed based on the proximity of the relationship with the person crossing the boundary. The closer the person to the family unit in terms of social relations and connections, the more sensitive and conflicted parents were in dealing with the situation, and the less likely they were to report it to an authority. They were challenged with providing the protection they thought they needed for their children while still maintaining a certain level of social cohesion. Instead of reporting to authorities, parents in these cases chose alternate ways to deal with the situations.

This can be seen in the situation with Sam and Theresa and their brother-in-law, who had been filming and photographing their daughter. Sam describes the difficulty in confronting him because of the potential affect on the family.

*And I just didn't want to say "what the hell are you doing" in front of everybody and if I was wrong, it would have been terrible and it would have caused a problem within the family structure to accuse him of that, so I said to Theresa "I'm going to let it slide"...I came so close to just grabbing him and saying...grabbing the camera and saying "what the hell is on this film" but he could have just turned it off or deleted it probably before I would of even had a chance and then, you know, what do you do. Yeah, he felt like an idiot, you've shattered the relationship with your family, not that that would have concerned me. My concern is my own kids.*

Instead, Sam and Theresa chose a number of alternative responses to taking formal or legal action. One of these was Sam staring at his brother-in-law and letting him know that Sam was watching him.

*Sam: I know a couple of times when it was at its worst, when we were at these functions, when he was in a certain position near her, I was basically staring straight at him.*

*Theresa: He was uncomfortable*

*Sam: He picked up a couple of times he thought “what’s wrong with Sam, he’s giving me a bit of a dirty look, why is he doing that?”...I was thinking “what are you up to” and he’s looking at me.*

Another strategy Sam and Theresa chose was to limit the contact they had with their brother-in-law. When they did socialize with him, they closely monitored their daughter’s safety.

*I would never allow her to be in the situation where she alone with him, ever, and even to go to their house, even if my sister was there, I wouldn’t let her [go to their house anymore]. Without me there...My sister and I, look we love each other, but she’s in Blackburn, so it’s not that far away, but we never really see each other because we just lead different lives. I don’t know, it’s just an unspoken thing, and so that’s fortunate. (Theresa)*

They also chose not to say anything directly to their daughter because they didn’t want to disillusion her, as Sam explained:

*I also felt I couldn’t tell Celina what I thought was going on because I knew that would shatter her belief...Because she was fond of him. She liked him as an uncle. So I thought, no, I’m not going just come out and say look I don’t want you to do that because I think your uncle is looking at you in a way trying to take advantage of you.*

Sam chose to say something indirectly to his daughter about being careful about the way she was sitting with her dress.

*I saw him try and break away with her and the kids, I’d go down there and say “Celina come here for a minute” and I said “you may not realize, but just be careful the way you sit or the way you are sitting down or lying on the bed there. Realize that you are a*

*growing girl and you have to be a bit more careful about how you sit.*

Another parent, Sue, decided to discuss the incident with their children directly with her sister. The consequences were quite serious and had a lasting impact on their relationship.

*Well from that day until this, my sister's children have never stayed here.*

Another example of a parent managing the response from within social networks was James, who chose to go to a friend who worked for customs in order to keep an eye on the friend who claimed James' daughter tried to break his penis. He didn't want to officially report it, but he wanted to go to a trusted friend who might be able to help him, choosing to speak to him on a deserted beach where no one else could hear.

*In my capacity working at the airport, we worked over at the international section, and there was a couple of people from customs there that I got talking with, and I mentioned a couple of things, and they said, ok, that's worth reporting, and they gave me, they said, you'll get a phone call by a certain person, and you will be able to relay that to him, and it will be confidential...The chap that I met, I met him actually at Palm Cove on the Beach. I was so paranoid, I got him to walk around the rocks and then I sat down and told him.*

Despite the anger and discomfort experienced by some parents whose children had boundary crossing incidents with a trusted family member or friend, some still continued to socialize with them in order to maintain social cohesion and family peace, as was the case with Sam and Theresa. In the case of James, he had actually forgotten about the incident and had gone to visit the friend who had touched his daughter many years after the incident.

*After some time, I kind of forgot about the incident, not totally...I remember going through a town in Thailand where this chap was living, and I dropped in just to see what he was up to...I hadn't seen him for quite a few years...him and I were walking down the street in this Thai town...and there was a couple that walked past and they had a couple of children, and he made a remark that he used to be their friends but now he's not friendly with them anymore because*

*of some accusation against him, and then I recalled the incident of what happened to my child, and I thought, well, perhaps he's done the same thing.*

In contrast to the incidents above with persons very familiar and known to the family, when the incidents were with persons who were distant acquaintances or even strangers, parents were more likely to be proactive in confronting the person who had crossed the boundary with their child or taking official or legal action against them. For example, in the case of Wendy whose children attended a child care centre where a male worker was accused by two children of exposing himself, after the second child came forward, police were immediately contacted.

*But what then happened, another child, unbeknownst to the crèche, another child said something in the car to their parent, the parents drove straight to the police...It subsequently went to court and he went to jail for a period.*

Another example is Karen, whose daughter was inappropriately touched by a boy at school. She decided to go to the school officials and also quickly identified the school policies on the issue of sexual harassment and sexual abuse so that she could pursue action within the full extent of the policies available.

*I then went online and I read all the Queensland Education policies on bullying and sexual harassment, and it was clearly sexual harassment, even at that age, within the bullying policy, so I don't know, I understood what their responsibilities were, so I went to school the next day, and I went to class with a teacher and said "this child has assaulted my child in a way that I felt was inappropriate."*

Sam, who had difficulty directly confronting his brother-in-law who had been photographing and videotaping his daughter, directly confronted the stranger who his daughter had reported had touched her in a public pool:

*I followed him, I went into the change room, I challenged him, I said "what the hell do you think you're doing, my daughter told me you touched her in the pool" he said "no, what are you talking about?" He totally denied it. I said "I believe my daughter, if I*

*catch you or ever hear of you doing something like that, if you ever come near my daughter again, you'll be sorry." He said "don't carry on, don't carry on" I said "listen mate, just watch out, or I'll have the police onto you" and I just walked out.*

These descriptions provided by the parents indicate that when incidents occurred with persons closely intertwined within the social fabric of the family, they were less likely to take action that would disrupt that social relationship. Karen reinforced this when she stated that:

*I cannot have any sympathy, I've got none left for [the accused child], whereas if it was my friend's child, I might explore more with them, even if their child was the aggressor, the implications and how to deal with it and how the school system works, but I wasn't close enough friends. I wasn't the least bit interested in engaging in their situation.*

Kumar also captured this more broadly when he said:

*Because if it's outside of the family, I think it gets reported quickly, that's what I have understood, but if it's within the family, it probably doesn't get reported.*

In summary, it was important to parents in this study to maintain social cohesion in the face of abnormal boundary crossing incidents when they occurred with persons close to the family. This was due to a number of reasons. Firstly, parents described the close and long term relationships with these persons and some of the positive aspects of the relationship of their family and children with that person. They were hesitant to tear apart the family because these social networks of families and friends form the foundation of social belongingness and activity for the child and the parents. Parents are faced with the dilemma of choosing a response knowing that certain actions may forever change the relationships around them and could possibly do this in a very negative way. In fact one parent reported that this was the outcome of their disclosure and challenges about an incident they deemed inappropriate. Secondly, parents do not want to scare or traumatize their children into thinking that someone close to them was actually a danger to them or was trying to hurt them in some way as this may have led to excessive fears. This reflects the aspect of balance where parents do not want to create unnecessary fear in children by providing too much negative information, particularly about a person the child knew well. Finally, parents fear being blamed for

making false accusations of abuse due to the subtleness of the activities, so they chose alternate strategies. These included: limiting the social contact their children had with that person; closely supervising when social contact took place; providing generalized warnings; using verbal and non-verbal cues to the person carrying out the unwanted activity to let them know the parent was aware of what was going on; and, in some less common cases, having a discussion with the person who might have responsibility for the person who had crossed the boundary (for example, the parent of another child who had crossed a boundary).

It is worth noting that while in the previous chapter, parents were shown to have used specific language to describe persons who sexually abuse children, with terms such as “sick in the head” and “bad men”, when it came to actual incidents which were mostly with persons known to them, parents did not use such terminology. They may have spoken generally about their altered perception of this once trusted person and the breach of trust, but they did not describe them in the same derogatory terms as the strangers they had heard about in the media or warned their children about. This is further evidence to support the balance theory in that in dealing with boundary crossing incidents with persons close to and known by the family, it is difficult to confront them about the incident due to the positive aspects that may exist in that relationship. Attempting to maintain the relationship while at the same time trying to discern what to do about the incident is the balancing act which parents face in these situations and is the key aspect of the balance theory which states that there is a need to maintain social cohesion when dealing with these incidents.

The following section examines the data that describes the supportive resources parents seek out when dealing with boundary crossing incidents.

## **PARENTS’ SOURCES OF SUPPORT AND INFORMATION**

There were a variety of sources of support and information reported by parents when dealing with boundary crossing incidents. Many of the parents described communicating with their partners about incidents (e.g. Sam and Theresa, Wendy, Sue and David). Others said they avoided direct discussion with their partners. James was afraid to tell his wife:

*...because if [my wife] was privy to what had allegedly happened, [she] probably would have stuck a knife in his heart or something worse.*



Some parents talked to select family members or friends about the incident. Theresa said that she spoke to her mother about her brother-in-law's interactions with her daughter.

*Maybe I said things against him to my mother...She would do anything to protect her children and grandchildren and I said "look mum, this is what we suspect."*

Sam also spoke to another brother-in-law who was a doctor:

*Then I suppose I spoke to [Theresa's brother] because he's a GP and we thought that...he is a very good GP and has a bit of experience with family affairs and dealing with the public with respect to lots of issues...I spoke to him just to explain what I was seeing. At first, he didn't disbelieve me but he said well it's a bit out of character so let's just monitor it and see.*

Karen described that it wasn't her siblings or husband but rather friends in her social network that she turned to for support.

*No, I don't talk to my sisters...Because my husband is such a non talker, so non verbal, yeah, I do need external support from other people, and when I say that, I asked a committee of friends, I actually chose which friends I asked as the ones I knew would have an opinion and whose opinion I would trust.*

Some of the parents were particularly clear that they did not want to go to authorities with these incidents. James explained:

*Where else was I to go? I thought, well who do you report this to? Your doctor? No. Who do you go to? The police, it didn't seemed like a police thing...it was kind of grey. Very grey. Imagine going down to the Smithfield police station, look my daughter screamed.*

A few parents chose to go to authorities for support, such as Wendy and the child care committee calling the police, or Karen going directly to the leadership of the school, which both occurred in situations where the person crossing the boundary was more of a distant acquaintance.

In summary, parents did have a variety of supports, which mainly consisted of partners, family and friends, depending on the relationship that was most comfortable and supportive for them. Interestingly, no parents reported contacting child protection, police, community based organisations, doctors, or information hotlines when these incidents happened.

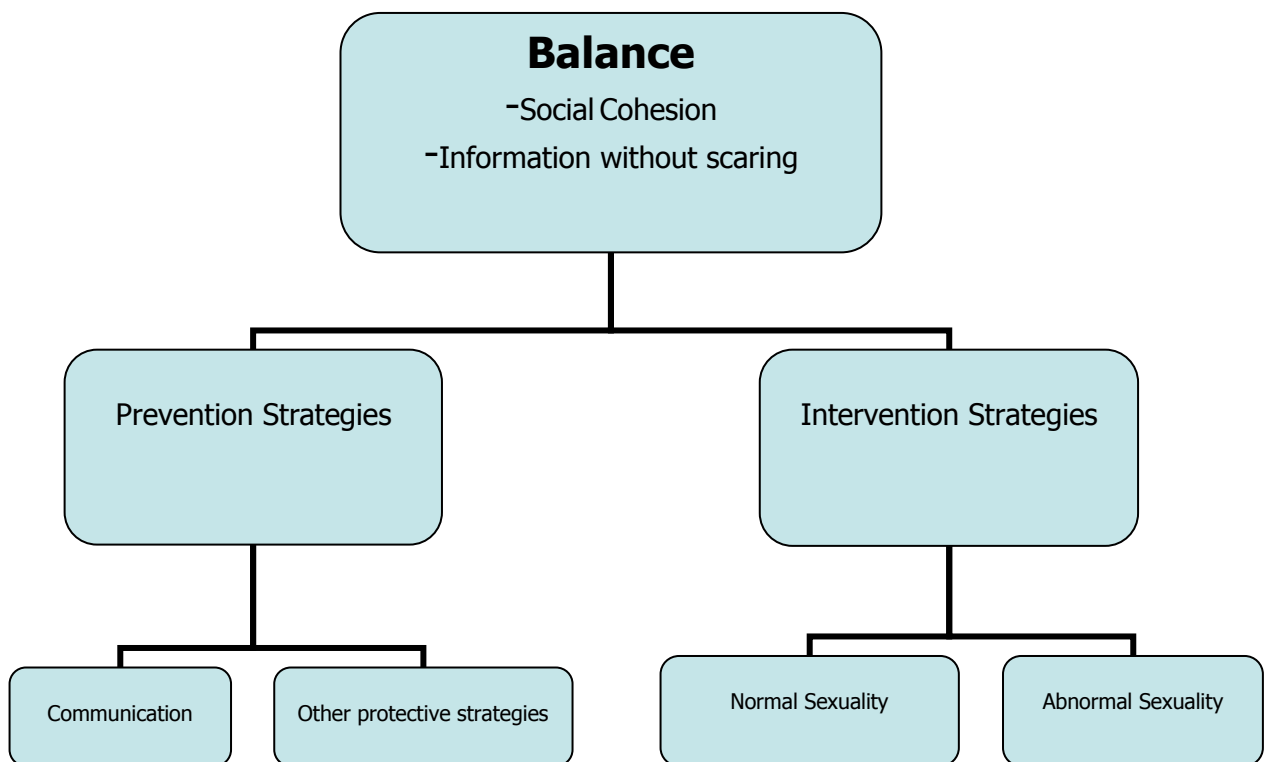
## **CHAPTER SUMMARY**

In this chapter we saw the ways in which parents in this study experienced and managed sexuality boundary crossing incidents which arose with their children, particularly where those events were considered abnormal and concerning by the parents. Parents were challenged with managing situations that occurred with persons who were known to and close to the family, attempting to balance the complex social relationships that they had with these persons while at the same time protecting their children and not frightening or disillusioning them. In the next chapter, the implications of the balance theory for education efforts targeting parents and recommendations for prevention programs are discussed.

## **CHAPTER 7: DISCUSSION AND RECOMMENDATIONS**

### **CHAPTER OVERVIEW**

In the previous results chapters, a theoretical framework for understanding the ways in which parents manage the threat of sexual abuse to their children was proposed and described. In this Discussion chapter, the implications of this balance theory for prevention and intervention education programs aimed specifically at parents are examined. The implications of the other findings in this study for prevention programs are also explored, including identifying appropriate educational strategies for parents, accessing and using sources of support and training for parents and increasing and valuing the role of fathers in prevention. Finally, recommendations for future directions in research above informing child sexual abuse prevention efforts targeting parents are provided. For ease of reference, the diagrammatic representation of the theory is reproduced here.



## IMPLICATIONS OF BALANCE THEORY FOR PREVENTION PROGRAMS

The aims of this research were to explore how parents manage the risk of sexual abuse to their children, develop a theory explaining how they do this, and inform the development of child sexual abuse prevention and early intervention programs aimed at parents. This chapter discusses the findings of the previous three chapters in terms of the implications for prevention programs.

In this research, the voices of parents were heard and the strategies that they use to manage the risk of child sexual abuse were identified. It is important that prevention programs build on knowledge and skills that parents already have and share those with others, offering a smorgasbord of options to parents which support and encourage their role as protectors of their children. As Whitehead and Russell (2004) explain:

Try not to filter or censure information nor dilute the message in such a way that the client receives an unbalanced viewpoint – thus avoiding accusations of *health persuasion/coercion/manipulation*. Offering a range of possible options and scenarios through the processes of informed choice will help avoid this. (p. 169)

The theory developed in this research leads to some considerations for prevention programming, especially in light of the parental knowledge, attitude and practices which were discussed in the literature review chapter. Particular considerations derived from the findings of this research include:

- Developing response strategies beyond reporting to authorities
- Highlighting to parents the subtleness of grooming behaviours
- Using language to empower children without scaring them
- Initiating child sexual abuse prevention discussions
- Developing skills in general communication with children
- Prevention strategies beyond relying on children to disclose abuse

Each of these is discussed below, accompanied by recommendations specific to each finding.

## **Developing Response Strategies Beyond Reporting to Authorities**

### ***Findings***

The findings in this research showed that parents were hesitant to contact the police or child protection authorities when boundary crossing incidents occurred. They did not see these organisations as potential sources of support or justice. These findings are supported by other research which shows that people are hesitant to report known cases of abuse. For example, Dhoooper, Royse and Wolfe (1991) showed that even though one fifth of study participants knew someone who had sexually abused a child, only one third of these had actually reported the incident.

Parents interviewed for this thesis did not report going to community based organisations, doctors, help-lines or the internet for support and information when dealing with boundary crossing incidents. Rather, they were more likely to discuss and gain support and information from persons in their close social support networks, including partners, friends, and same-generation extended family members.

Parents also reported other ways in which they intervened to protect their children. One strategy described by parents in this study was direct and indirect verbal and non verbal messages to those persons who were crossing the boundaries with their children. These included staring or gazing at the person as well as making subtle comments about their activities, with the intention of letting the person know that they were aware of their activities. A second strategy used by parents in this study was increased supervision of children and the people with whom they socialize, not allowing children to be alone with persons of concern, and being very watchful when they are present. This strategy was also mentioned by parents in Collins (1996) qualitative study about the risk of sexual abuse to their children. A third strategy mentioned by parents in this study was to decrease contact with the person of concern by not attending as many social functions and, particularly with family members, keeping family function attendance to a minimum.

Finally, some parents in the study suggested making available confidential services separate from child protection services and the police, where parents could discuss and troubleshoot their concerns and get advice on their options for protecting their children.

### ***Recommendations for prevention programs***

Because parents in this and other studies were hesitant to report sexual boundary crossing incidents particularly those instigated by persons known to them, traditional child sexual

abuse prevention messages which urge people to contact the police or child protection authorities with concerns, may not be relevant or appropriate. The findings of this research indicate that parents chose other strategies.

Prevention messages could encourage and support parents in their use of additional or alternative strategies if they are not willing to immediately report boundary crossing incidents. Many of these alternate strategies are already used by parents as discussed in the findings above and include using direct and indirect verbal and non-verbal communication, increasing supervision of children while in the presence of persons with whom they have concern, and decreasing social contact with persons whom they fear will or whom have already crossed boundaries with their children.

The findings support the development of confidential support services separate from the police and child protection, where parents could manage boundary crossing incidents before going to the police to gain assistance on understanding and dealing with incidents when first detected. Such confidential support services are available in northern European countries where family support<sup>5</sup> models exist. One example of this is the Child Protection Centre in Lubeck, Germany, which offers a “non-punitive, self-help approach...[and] a significant guarantee not to involve law enforcement agencies or to initiate court proceedings without the families’ consent” (Thyen, Thiessena, & Heinsohn-Krugb, 1995, p. 1337). Another example is the Confidential Doctor service in Sweden, where reports of child sexual abuse are addressed confidentially by a doctor-led team and aims to engage the whole family in treatment (Hill, Stafford, & Green Lister, 2002). Within Australia, such confidential support services could be piloted and evaluated on a small scale to assess public support and effectiveness in identifying and preventing child sexual abuse. One such trial has been conducted in Perth, Western Australia, by Safecare, a non-profit organisation providing treatment services to victims, offenders and their families (Grant, Thornton, & Chamarette, 2006); however, this program has its’ opponents, who believe that such a program is sympathetic to sex offenders (Movement Against Kindred Offenders, 2005). Given the current forensic model of child protection, as discussed in the “Literature Review” chapter, this alternative approach may prove challenging to trial and implement.

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<sup>5</sup> As discussed in the “Literature Review” Chapter, family support models which are frequently found in northern Europe, encourage a whole family approach to intervening in cases of child sexual abuse, where confidential counselling is offered to the offender and entire family as a precursor to criminal action, if the offender agrees. This is distinct to victim advocacy models in countries such as Australia, the USA, and the UK, where cases would proceed immediately to criminal proceedings and counselling usually made available primarily to the victim.

## **Highlighting the subtleness of grooming behaviours**

### ***Findings***

Many of the subtle and hard-to-prove incidents described by parents in this study from a professional point of view can be classified as grooming. Grooming is defined as an act that is subtle, often involving touch, gifts, and words, where persons attempt to build the trust of children as well as build the trust of adults who are responsible for the child in order to gain access to the child with the intention of sexually using them (Elliott, Browne, & Kilcoyne, 1995; Van Dam, 2001). Grooming is notoriously difficult to prove despite the enactment of laws targeting these behaviours (Craven, Brown, & Gilchrist, 2006), so parents in this study were not remiss in their concerns of proof.

Parents in this study explained that a significant reason for not reporting sexual boundary crossing incidents were that they found the incident difficult to prove or substantiate as sexual abuse. For these parents, many of the incidents were initially unclear and difficult to discern as inappropriate. It was not until they continued observing further interaction and were aware of their own discomfort with the actions that they realized that something was not 'quite right' and they made the difficult but necessary decision to intervene.

### ***Recommendations for prevention programs***

Because grooming is a key strategy used by persons attempting to cross sexual boundaries with children, it is important that prevention programs aimed at parents talk about the nature of grooming and how it is carried out. Craven, Brown and Gilchrist (2006) point out that being able to understand and identify grooming behaviour is a critical aspect of preventing child sexual abuse:

Prospective identification [of sexual grooming]... is necessary in order to prevent the sexual abuse from taking place. The reason for this is because the behaviours used to groom a child for sexual abuse are not dissimilar to innocent behaviour intended to broaden a young person's experiences. The only difference may be the motivation underlying the behaviour. (p. 292)

Messages in prevention programs could address the approaches used by a range of sex offender types and discuss the different prevention strategies that are needed with these different offenders (Leclerc, Proulx, & Beauregard, 2009). Parents might also be guided to instruct children to not only tell parents if persons are touching their 'private parts' but also to communicate with parents when adults and other children/teens are being particularly

friendly with them and when gifts are received from them, including money (Smallbone & Wortley, 2000).

## **Using language to empower children without scaring them**

### ***Findings***

The second key component of the Balance Theory identifies parent's desire to balance giving useful protective information and at the same time ensuring the information does not scare children. Many parents in this study reported not wanting to scare their children by for example telling their children that people close to them could abuse them. They did not know how to increase their children's alertness to this possibility without creating unnecessary fear and/or distrust of everyone around them. This has been shown to be a concern for parents in other research on child sexual abuse prevention (Elrod & Rubin, 1993; Finkelhor, 1984). Parents were also concerned about not wanting their children to be scared or disillusioned by the actions of persons close to them who had actually crossed those sexual boundaries with their children.

Most parents in this study tended to focus their prevention messages on 'stranger danger', giving children the false impression that the risk of someone improperly touching them would come from outside of their social circles, even though parents stated that they knew that the greatest risk came from persons known to them. These findings reflect the premises of cognitive dissonance theory, which explains that people often think one way and behave in an opposite manner, thus revealing inconsistencies within the knowledge/attitudes and behaviours of individuals (Festinger, 1957). This has also been found in previous studies (Deblinger, Thakkar-Kolar, Berry, & Schroeder, 2010; Wurtele, Moreno, & Kenny, 2008). Parents in this study were eager to learn ways to discuss with their children the risks of sexual abuse from someone known to them without scaring them and suggested that education for parents include examples of language parents could use.

### ***Recommendations for prevention programs***

Prevention messages targeting parents could acknowledge the difficulties parents face in discussing the danger of friends and family possibly abusing their children and offer suggestions for language parents might use with their children to explain that the risk might come from someone known to them. To further build the communication skills of parents about how to talk to their children about this difficult subject, opportunities for role-playing discussions they might have with their children could also be a part of education for parents.



Role playing is recommended as a way of moving beyond information-only education programs to improve parents ability to synthesize and practice their learning (Jackson & Dickinson, 2009).

## **Initiating child sexual abuse prevention discussions**

### ***Findings***

This study identified that most children did not initiate conversations with their parents about sexual abuse in the same way that they more freely appeared to initiate discussion about general sexuality issues. Therefore, while parents were able to use their children's spontaneous interest and curiosity to engage them in discussion about general sexuality issues, they did not have the same triggers to provoke similar discussion related to child sexual abuse prevention.

In this research, some parents explained that discussing sex and sexual abuse with their children was a challenging task. Other research reports similar findings (Blakey & Frankland, 1996; Wilson, Dalberth, Koo, & Gard, 2010). Some of the parents in this study were unsure how to initiate discussions and were also too embarrassed to answer explicit sexual questions asked by children.

### ***Recommendations for prevention programs***

Prevention programs could teach parents to initiate these discussions and not necessarily wait until children ask questions. Research shows that because of parents lack of confidence about when to discuss issues with children, prevention programs could provide information on the stages of sexual development in children so that they can understand children's need for information before they show signs of interest in sexual intercourse (Wilson, Dalberth, Koo, & Gard, 2010). Hornor (2004) suggests providing parents information on what is considered normal and abnormal sexual behaviour in children, stating that this information could "help relieve parents' concerns regarding their children's sexual behaviours" (p. 58). Since abnormal behaviour can be a warning sign of sexual abuse (Sandfort & Cohen-Kettens, 2000), teaching parents about abnormal behaviour can provide parents with some guidelines which might also alert them to situations they may want to examine and monitor. This would also assist parents to make decisions about the appropriate age and developmental level of children in terms of when to initiate discussion and what to discuss at different ages.

## **Developing skills in general communication with children**

## ***Findings***

The importance of open and supportive general communication between parents and children was emphasized by the parents as an important strategy they used to prevent child sexual abuse. This finding is supported in the literature about protective factors related to child sexual abuse. For example, Wurtelle and Miller-Perrin (1992) discuss the importance of open communication and a positive relationship between children their parents highlighting that children who were more comfortable with their parents were more likely to disclose abuse. Collins (1996) also reports that parents described general communication with children as a prevention strategy.

Parents in this study mentioned providing regular opportunities to discuss how the children's day had been going, either in the car, over meals, or at bed time. Parents also encouraged children to talk to them about good and bad experiences, and also provided general assurances that the children would still be loved if they did something wrong.

## ***Recommendations for prevention programs***

Prevention programs could promote general communication methods as a strategy for prevention and teach parents some of these skills, including opportunities for parents to role play suggested communications. These communication strategies might include ideas about questions to ask in order to initiate general communication with children, as well as possible times and locations for such open and general communication, such as mentioned by the parents in this study (cars, bed time, etc). Highlighting for parents the importance of general communication with children as a prevention method has proven to be successful in some sexual assault prevention programs. For example, the distribution of handbooks to parents of college students on a campus in the USA encouraging general communication as well as specific communication regarding rape prevention was effective in reducing the incidence of rape amongst first year college students (Testa, Hoffman, Livingston, & Turrisi, 2010). In this study of 978 mother/daughter dyads in the Erie County New York state area who were assigned either to an intervention (standard alcohol education), enhanced intervention (with additional information on sexual victimization) or control group (no intervention), results showed that daughters whose mothers had received either of the interventions were less likely to report attempted or completed rape than daughters in the control group (8.0% versus 12.1%). Another recommendation in terms of general communication is that parents to go beyond sex education with their children, where information is the main focus, to promoting sexual literacy more broadly, which involves teaching about personal and social skills

associated with sexuality and involves sharing family values and beliefs around sexuality (Shtarkshall, Santelli, & Hirsch, 2007).

## **Prevention strategies beyond relying on children to disclose**

### ***Findings***

The boundary crossing incidents in this research were usually perceived by parents based on their direct observations or their deductions based on their child's behaviour. Few of the incidents were revealed through children's direct disclosure. Parents in this study discussed using a variety of strategies to detect if there was someone who may have crossed a sexual boundary with their children. One strategy mentioned by parents in the study was watching for comfort levels in children, noticing if they were comfortable or nervous and uncomfortable with certain people. Parents in this study also clearly described the importance of their instinct and an uneasy feeling that something was 'not quite right' in the behaviour of persons who had or were trying to cross a boundary with their children. A third strategy described by parents in this study was to rely on extended social networks to share in the protection of children, including trusted family and friends, to look out for their children when they were not able to be present.

### ***Recommendations for prevention programs***

The findings above point to a range of prevention strategies useful at the individual and family levels. In addition to teaching parents to support children if they disclose abuse, prevention programs could also teach parents about other ways of detecting abuse, as used by parents in this study. These strategies include watching for comfort levels of their children when socializing with others in their community, teaching parents to listen to their own early warning signals in incidents to detect if a boundary had been crossed, and enlisting trusted persons in social networks to share in the protection of their children and report to them if they have any concern related to boundary crossing. While it is difficult to describe exactly what a boundary crossing incident might look like in every situation, parents are often clear within themselves that something is not comfortable for them in the way the person may be interacting with their children.

However, beyond individual and family level educational strategies discussed above and in line with the public health approach put forth in the introduction of this thesis, a range of broader community level strategies are also needed in order to significantly impact the

problem of child sexual abuse. These include organisational, legislative, and environmental strategies to prevent child sexual abuse. Each of these is discussed below.

Organisational level strategies are those which attempt to address policy and procedure that work to prevent child sexual abuse from occurring within organizations and the context of their related activities. Examples include organizational policies about supervision of activities involving children, guidelines about appropriate and inappropriate behaviours within the organizational setting, screening of employees prior to employment, and policy and procedure for dealing with incidents which arise (Centers for Disease Control and Prevention, 2007). Another example of organizational level strategies is the Health Promoting Schools framework, which advocates for national and regional policy which incorporates and implements comprehensive health promotion in schools, which includes sexual health promotion (Australian Health Promoting Schools Association, 2003).

Legislative strategies which may exist at regional, national or international levels are those which use laws and the enforcement of laws to reduce the risk of child sexual abuse, or to intervene early once sexual abuse has occurred in children. For example, at the international level, the United Nations convention on the rights of the child has been designed, in part, to be used as a guide to the development of national level laws within each country which protect children from abuse and which also support the enforcement of these laws (Reading et al., 2009). Other legislative strategies include the allocation of funds through legislation to child protective and preventive services related to child sexual abuse.

Environmental strategies are those which aim to examine and modify the environment in which child sexual abuse occurs in order to reduce the risk of it occurring. Situational crime prevention initiatives provide an example of such an approach. Wortley and Smallbone (2006) explain how the principles of situational crime prevention are being applied to the crime of sexual abuse, stating that:

While most crime prevention efforts in the past have concentrated on the criminogenic risks and needs of the offender (e.g. through offender rehabilitation), crimes can also be prevented by altering the criminogenic features of the potential crime scene. Situational crime prevention, then, is about creating safe environments, rather than creating safe individuals...The situational perspective recognizes and explores the fact that crime is not randomly distributed in time and space, but follows patterns (p. 8)...The sexual offending literature has largely ignored the role of situational factors in the prevention of sexual offending against children. (p. 10)

Smallbone, Marhsall and Wortley (2008) explain that these principles can be put into practice in three community settings - public, institutional, and domestic. These include monitoring and assessing the environment in which children live and socialize in order to reduce the risks that their children are exposed to, particularly in their own homes (Leclerc, Proulx, & Beauregard, 2009; Wurtele, 2009). Such strategies can include how children are supervised, looking for warning signs in the social environments where they spend time, and taking action to limit socialization in potentially harmful settings (e.g. where children may not be supervised properly or where parents do not feel sufficiently comfortable leaving their child alone with certain adults or children). It is important that prevention messages targeting parents provide instruction not only on how to communicate protective behaviour strategies with their children, but also how to assess the environment for potential risks and how to supervise children in social settings, including the online via the internet (Freeman-Longo & Blanchard, 1998).

The above suggestions are also consistent with the principles of the Ottawa Charter mentioned in the introduction of this thesis, which proposes that in addition to developing personal skills, health promotion should also be carried out to build healthy public policy, create supportive environments, strengthen community action, and reorient health services towards prevention (World Health Organisation, 1986). Prevention strategies which only target parents and families will not have as great an impact on the problem of child sexual abuse as whole of community approaches which influence the laws and structures of society.

Finally, in the discussion of recommendations for prevention programs, it is helpful to revisit the levels of prevention used by the Triple P program which are based on the spectrum of interventions model developed by Mrazek and Haggerty (1994) to address mental health problems. In this model, universal prevention is carried out on the whole of the population, while selective prevention is targeted at families where there is higher risk of abuse, and indicated prevention is carried out where incidents have already occurred (Mrazek & Haggerty, 1994). This approach would help target resources and use specific recruitment strategies and educational messages for at-risk populations which may prove more effective than general or generic prevention campaigns alone.

## **OTHER FINDINGS – IMPLICATIONS FOR PREVENTION PROGRAMING**

In addition to the implications of balance theory for prevention, there are a number of other findings in this research which could offer some insights for prevention programing. These

include the language used to refer to persons who sexually abuse children, identifying sources of support and training for parents, and understanding and encouraging the role of fathers in prevention. Each of these is discussed below.

## **Language used to describe people who sexually abuse children**

### ***Findings***

In this study, the terms 'paedophile', 'sex offender' or 'child sexual abuse' were not used by the parents when describing incidents that happened with their children, regardless of whether the persons were known or strangers. This reflects the complicated social relationships that parents usually had with the persons with whom these boundary crossing incidents occurred and the difficulty in describing or labelling those persons. This process of defining social relationships and labelling persons within these relationships and social settings reflects the post modernist philosophy of symbolic interactionism, developed by Herbert Blumer in the late 1960s (Blumer, 1969). Blumer's basic premise that people act towards other people based on the meanings they have for them, that this meaning is developed and modified based on social interaction with others, and that this meaning is managed and expressed through an interpretive process are relevant in this study, where parents create meanings and definitions around people based on social connections and interactions with those person (for example 'paedophile' verses 'brother-in-law acting suspiciously').

### ***Recommendations for prevention programs***

From a programming perspective, it is important to understand the processes which people experience in labelling and identifying persons who may be a risk to their children in terms of child sexual abuse, as put forth in social interactionist theories discussed above. These labels, such as 'paedophile' and 'sex offender', may possibly create the illusion that the risk remains in an outer social circle (Finkelhor, 2009). Prevention programs might use additional language to describe persons who sexually abuse children including colloquial descriptions of boundary crossing incidents as reflected in the language used by parents. Kathy Prentice of Phoenix House in Bundaberg, a non profit organisation which offers prevention education and treatment services related to sexual assault, suggests using a term which focuses more on the behaviour than the person, such as 'men/women who have sexually abused children' (personal communication, April 2, 2010). Also the term 'abuse' may not be the only term used in prevention discussions; additional terms such as 'unwanted sexual contact' (Moore et al., 2010, p. 379) or 'boundary crossing incidents,' a term developed for use in this research, may help to identify early incidents which parents don't immediately label as sexual abuse.

Additional research into the terminology which parents use to relate to persons who sexually abuse children may also inform the development of appropriate language to be used in prevention programs.

## **Sources of support and training for parents**

### ***Findings***

The majority of parents in this study looked to family, friends and schools for prevention information and support when dealing with boundary crossing incidents, with a few parents also mentioning their doctors. Parents in this study were unlikely to contact community based organisations for support and information, with only one parent contacting Family Planning Queensland for materials. Therefore, peers were an important support for parents as they managed and dealt with the risk of sexual abuse and boundary crossing incidents, and educational programs could identify social settings in which to reach parents via their peers.

In terms of the use of educational materials used by parents in this study to teach children about sexuality and sexual abuse, a few parents reported purchasing books from bookstores to use as educational tools for general sexuality; however, only one parent reported using a book specifically to teach their children about child sexual abuse prevention. This is similar to past research which shows that few parents use teaching materials when talking to their children about sexual abuse prevention (Chen & Chen, 2005; Chen, Dunne, & Han, 2007; Wurtele, Moreno, & Kenny, 2008)

### ***Recommendations for prevention programs***

Given the important role played by family and friends in supporting their efforts to prevent child sexual abuse, the use of peer education may be an important strategy. Peer education is particularly effective because of the important value parents place on the opinions and advice of their peers, as seen in this study. Other programs have successfully used parents as peer educators specifically around the topic of sexuality education for children (Green & Documét, 2005; So, 2002). MacIntyre and Carr (2000), based on their review of 30 prevention programs, recommend the use of peer education with parents specifically around child sexual abuse prevention. Another strategy is to conduct educational programs and/or community meetings in schools settings, which appear to be trusted and familiar environments for parents in this study. Research shows that many child sexual abuse prevention programs in the past have been successfully delivered in schools in conjunction with programs targeting children (Wurtele & Kenny, 2010). Finally, the worksite may be an

acceptable yet still untapped location for providing education for parents around child sexuality and child sexual abuse, with research findings showing parents are enthusiastic about education provided at the workplace, with lunchtime sessions and take home practice exercises suggested (Eastman, Corona, Ryan, Warsofsky, & Schuster, 2005) and trial interventions showing significant increases in discussions parents have with their children about sexuality issues after workplace programs were held for parents (Schuster et al., 2008).

## **Role of fathers in prevention**

### ***Findings***

While past research has shown that mothers generally communicate more with their children about child sexual abuse prevention messages than do fathers (Chen, Dunne, & Han, 2007; Thomas, Flaherty, & Binns, 2004), this study shows that many fathers were extensively involved in discussions related to sexuality and sexual abuse with their children. The men in this study made concerted efforts to communicate more with their own children than their parents did with them, while some fathers mentioned being uncomfortable talking to their children about sexuality issues (or mothers talked about their partners, not present for the interviews, being uncomfortable), the majority explained that they wanted to be available to discuss sexuality issues with their children and many fathers in the study described discussions they had had with their children. In this research, those mothers who said they communicated more about sexuality issues with their children than their partners attributed this to the fact that their partners were working long hours and mothers did not want to wait until fathers came home to address questions.

The findings in this research may reveal a shift towards mothers and fathers sharing this communication more than fathers have done in the past, or it may be that past research did not identify the ways in which fathers were communicating with their children on these issues due to the over-sampling of women or the use of mainly quantitative research methods (Babatsikos, 2010). The findings in this research may, however, be the result of biased sampling, with an atypical representation of fathers.

Fathers in this research were also as likely as mothers to detect incidents where boundaries had been crossed. A few fathers even mentioned their particular perceptiveness about some boundary crossing situations with their children because they were males, sometimes explaining that they had become aware of certain visual clues which mothers had not detected, even though they were in the same social setting where the incident took place. Sam



explains his perceptiveness about his brother-in-law looking at his daughter, which his wife did not notice while they were both at a family gathering:

*I suppose being a male I pick up on things, obviously males being males, any opportunity that they see to get a glimpse of a female, whether it's... right...that's the male perception, you see that pretty girl you go look."*

Eddie was particularly aware of the different perspective of men, especially with regard to sexuality and how fathers might offer their perspective in educating children.

*I think males and females are very different...Particularly when you are talking about sexuality, there's massive differences in how we view the world and life...our whole outlook on that is very different to women. Dare I say I'm much more predatory than a women's view of that, so I think we've got an excellent perspective that we can give to our kids as to how to be safe in that environment and what is likely to put you at risk perhaps.*

In this study, fathers reported not wanting to discuss issues related to sexual abuse when only other males were present for fear of being perceived as being sexually interested in children; they preferred to talk about these issues with their female partners and sometimes in the presence of other couples. One parent in the study, William, described the importance of men and women coming together to discuss prevention issues in community gatherings, particularly for men who are unlikely to discuss these issues when only other men are around but may be more likely to discuss when wives/partners and other couples are present.

*If there's a group, like a gathering of men and women to talk about that...make the people aware that it's really there...like a meeting, a group of people getting together and focus on that kind of thing. Not every day but once a month, we just talk about that topic. It might help make people aware... [and we] might also develop an idea of how to prevent them.*

### ***Recommendations for prevention programs***

Prevention messages could aim to be inclusive of fathers and not assume they want to be or are silent or passive with regard to educating their children about sexual abuse issues.

Because the participation of fathers in child abuse prevention efforts has been notoriously low (Lee, Bellamy, & Guterman, 2009), specific recruitment strategies for fathers could be considered so that fathers and mothers would have equal opportunity to attend. Based on this research and the research of others, using partners to enlist their husbands/male partners may be one effective means of recruitment (Salinas, Smith, & Armstrong, 2010) as well as recruitment by other persons known to and respected by the father, such as family and friends. Research also shows that personally inviting fathers, such as sending or addressing letters to fathers, can also increase participation of fathers in prevention programs (Green, 2003). Furthermore, fathers could be proactively recruited along with women to be educators on this topic. Crooks, Goodall, Baker and Hughes (2006) suggest that prevention programs build on the unique role and contribution fathers bring to prevention efforts. Programs could also include strategies to increase the comfort levels of those fathers who are not comfortable communicating with their children about prevention issues (Burgess & Wurtele, 1998) including a range of opportunities for role playing. Finally, it is recommended that programs for fathers be provided in a setting where both mothers and fathers are present, such as community settings, as recommended by study participants.

## **RECOMMENDATIONS FOR FURTHER RESEARCH**

While there has been extensive theorizing by researchers about why people sexually abuse children and the circumstances under which sexual abuse takes place, there are no theories found in the literature which describe the challenges faced by parents as they try to prevent child sexual abuse. Therefore, the theory presented in this thesis provides one explanation of the ways in which parents manage the risk of child sexual abuse and fills a gap in the theoretical literature on this topic. It is hoped that this research impels others to conduct further research specifically with parents using other methods and theories in order to bring a variety of perspectives and understanding to this issue.

This study identified balance as an important factor for parents in their experience of managing the risk of child sexual abuse. Further research could explore in depth this theme of balance, including the various circumstances and scenarios under which these risks occur and the response of parents in those scenarios. Additional research could ascertain whether or not balance is an issue for most parents, and for parents for whom balance is not the overriding concern, explore other critical issues and/or central themes. Further research could also be carried out to understand issues surrounding the reporting of child sexual abuse by parents, looking at the myriad of factors including the impact of matters such as the existence and enforcement of mandatory reporting laws. Additional qualitative research may also help

to clarify the images parents have of persons who cross sexual boundaries with their children and the labels they attach to these persons.

Testing of this theory is recommended both in Australia as well as other countries. Sampling from specific communities within countries is also suggested, such as indigenous, rural and ethnic communities, for example, to explore potential differences in the way these parents manage the risk of child sexual abuse. Also, it would be useful to test the theory in high-risk populations to reveal specific issues and factors that might influence the way parents manage the risk of child sexual abuse in these populations. While the literature shows that abuse often occurs when family dysfunction is present (Walsh, MacMillan, & Jamieson, 2003), dysfunctional families are less likely to participate in child sexual abuse research (Lynch, Stern, Oates, & O'Toole, 1993). Therefore, recruitment strategies which increase the participation of families where abuse is more likely to occur is essential to further our understanding how the risks are managed by a variety of parents.

Researchers working on this topic are encouraged to use sampling strategies which ensure equal representation from mothers and fathers. Greater representation of fathers can provide insight into the issues and challenges faced by fathers, and broaden our understanding of the similarities and differences between mothers and fathers in the ways in which they manage these risks to their children. Such understanding is important to guide the development of prevention messages, which may or may not differ for mothers and fathers.

Additional research is needed to understand who parents confide in about issues related to child sexual abuse and whom they go to for information and support, especially at a local level. Such knowledge can help in the recruitment of educators, as well as the development of prevention messages about whom to turn to when incidents of concern arise.

Further research could also explore retrospective cases of known sexual abuse to determine how families managed the situations as the abuse became known, and strategies used to intervene early to stop abuse. The comparison of cases where intervention took place early on with cases where abuse continued over a prolonged periods may elucidate factors important for understanding early intervention strategies to stop abuse.

Finally, research which examines the content and evaluation of child sexual abuse prevention programs needs to be rigorous and well-planned so that a clearer understanding of the messages, delivery, and effectiveness can be gained. Many programs either have poor evaluation, no evaluation, or evaluation which shows that the programs were not effective in increasing knowledge or preventing abuse (MacIntyre & Carr, 2000; Roberts & Miltenberger,

1999; Topping & Barron, 2009). Collaborations with evaluation and research specialists, such as universities and research based organisation, could help not only to develop and implement effective evaluation strategies but also assist in formative evaluation/needs assessment in order to develop acceptable and effective programs (Easton, 2009; Schensul, 1999).

## **CHAPTER SUMMARY**

In this chapter, a discussion of the findings of the research and recommendations for prevention programing based on these was presented. Support for these recommendations came from the study findings as well as current literature. Recommendations for future research were also made. The following “Conclusion” chapter provides a brief summary of the thesis and highlights key concepts in the research in order to complete the presentation and discussion of this research.

## **CHAPTER 8: CONCLUSION**

### **CHAPTER OVERVIEW**

In this chapter, a review of this research project is presented followed by some of the broader implications of the research. The chapter terminates with a reflective discussion of “Where to from here?”

### **REVIEW OF THE THESIS**

In this thesis, readers were introduced to the problem of child sexual abuse and the challenges faced by parents in managing the risk of child sexual abuse. The literature related to child sexual abuse, prevention and parental roles in prevention was reviewed. The theoretical frameworks which guided this research were described, including the use of a social constructivist ontology an interactionist epistemology, and grounded theory as a method for conducting the research.. The results were presented in three chapters, beginning with a “Results - Balance Theory” chapter describing the balance theory and presenting a visual diagram of the theory’s central theme and sub themes. This was followed by a “Results - Prevention Strategies” chapter describing prevention strategies used by parents related to the central balance theme, and then a “Results - Intervention Strategies” chapter describing intervention strategies related to the central theme. The “Discussion and Recommendations” chapter followed, where findings and recommendations were presented. The thesis ends with this “Conclusion” chapter summarizing the thesis and providing a broad overview of the implications and next steps beyond the thesis.

At the outset of this thesis, the important role of parents in preventing child sexual abuse was argued for. In support of recent literature calling for more programing targeting parents and adults, the importance of adults taking more responsibility for prevention was emphasized. This research was designed to contribute to understanding the challenges faced by parents in protecting their children from sexual abuse by providing quality research which can be used to develop prevention programs and policy.

### **BROAD IMPLICATIONS OF THE RESEARCH**

In this section, the implications of the research at a broad level are discussed. This includes: the implications of the balance theory; the connection between boundary crossing incidents and child sexual abuse; the need to examine reporting laws; the continuum of prevention and

early intervention; the importance of a multi-tiered approach to prevention; the value of partnering with parents to develop prevention programs; and the importance of the participation of fathers in research on this topic. Each of these is discussed below.

## **Balance theory**

The balance theory presented in this thesis provides one explanation of how parents manage the risk of sexual abuse. It describes the complex challenge faced by parents around how they deal with boundary crossing issues, often with persons known to and trusted by them. This task proves difficult and complicated at times. Parents must proceed in dealing with incidents using their best knowledge and close support network on an extremely sensitive topic without creating social upheaval while at the same time attempting to understand and act upon boundary crossing incidents. Understanding the complexity of this challenge faced by parents as they work to protect and empower their children is vital for program developers to understand and address when developing prevention and early intervention messages.

## **The connection between boundary crossing incidents and child sexual abuse**

As discussed in the earlier results chapters, incidents which parents described as crossing a sexual boundary were rarely described using the term ‘sexual abuse’, but from the descriptions, many of them would, according to formal definitions, be considered to be child sexual abuse. There were no other clear terms that were identified in this research that parents used to describe boundary crossing incidents or child sexual abuse. A literature search for the use of the term ‘boundary crossing’ and then the term ‘child sexual abuse’ (separately) revealed few relevant references, although the term ‘boundary crossing’ is more common in general literature related to violence, relationships, and mental health, as well as literature about professional boundaries being crossed with patients/clients. The term ‘boundary violation’ was more common in literature related to child sexual abuse. For example, Linder and Collins (2005) described boundary violations by parents who were being casually seductive with their children. Another term, ‘boundary dissolution,’ was also found in literature related to child sexual abuse. Sroufe, Jacobvitz, Mangelsdorf, DeAngelo and Ward (1985), for example, also talked about boundary dissolution when mother’s exhibited seductive behaviour with their young boys.

While these terms may be similar to the term ‘boundary crossing incidents’, they are terms that feature in professional literature or mainstream media, but there is little evidence that these are terms used by parents when discussing these incidents. Further research needs to

explore the terminology used by parents when describing boundary crossing incidents and incorporate these into the language used in child sexual abuse prevention programs so that parents can relate to the content of prevention messages.

## **Examining reporting laws**

The finding in this thesis that parents are unwilling to report the majority of boundary crossing incidents to authorities because they occur with persons known to the family, points to the importance of examining mandatory reporting laws, which are essential to the protection of children but also may act as a deterrent to carrying out the effective protection of children under certain circumstances. Mandatory reporting is now in place in all states in Australia except Western Australia, yet there is still some question about the impact this has had on ordinary families (Ainsworth, 2002). While this thesis did not explore in-depth why parents were so hesitant to report to authorities such as child protection and the police, further research could explore the influences on reporting by parents, including how mandatory reporting is perceived and how this affects their decision to report.

Alternative strategies in the way parents manage the risk of abuse to their children may need to be explored, a sort of “constructive alternatism” (Fisher, 1991, pp. 39-40). This means developing initiatives that break with the traditions of how child protection work may have been done in Australia, with a view to supporting parents to make choices which are positive and empowering for them and protective of children, while respecting the complex social contexts. This development of alternatives could include further examination of the ways in which primary prevention is carried out in non-English speaking countries where the family support models are in place, or in places where models and perspectives differ to those found in Australia. It may also include the development of groundbreaking responses unseen anywhere else in the world using careful planning and evaluation of piloted initiatives. The social constructivist perspective adopted in this thesis offers an invitation to see the problem as well as the solution with new eyes. This thesis contributes to understanding the constructions around sexual abuse that are held by parents, and encourages the consideration of how they might differ from legally or institutionally held values and definitions. Further research into public/lay versus professional attitudes towards child sexual abuse can assist in understanding the commonalities and differences between these views and may offer some guidance towards modifications to institutions, laws, and policies to better reflect better public/lay values and definitions. Such research may also lead to greater education of the public with regard to existing policies, laws, and statistics. Also, further research is needed to ascertain unique cultural and social perspectives on child sexual abuse at local levels in

communities throughout the world in order to understand cultural definitions and perceptions of abuse and to develop tailored prevention responses to those communities (Agathonos-Georgopoulou, 1992). One-size-fits-all programs are unlikely to be effective due to the variation in local culture and community, as Buckley (2003) explains: “the conceptualization of ‘child abuse’ as an objective reality is acknowledged to be problematic, constructed as it is through cultural, political, professional and ideological perspectives” (p. 11).

### **The continuum of prevention and early intervention**

The results of this research suggest that the prevention of child sexual abuse exists on a continuum with early intervention, where prevention is also about dealing with incidents when they arise and intervening early so that any further boundary crossing or sexual abuse can be reduced or eliminated. Therefore, discussion of prevention in any educational context could warn parents to expect that incidents will arise and guide parents on what to do when that occurs.

### **Importance of a multi-tiered approach to prevention**

Due to the complexity of the problem of child sexual abuse, a multilevel planning approach for prevention, such as the public health model, is highly recommended. This multilevel approach would go beyond the focus on victims or individuals who abuse children to examine an array of factors influencing the conditions which lead to the sexual abuse of children. This examination could include the analysis of formal structures and services related to child protection as well as the consideration of culture and history of communities as they impact upon child sexual abuse. The public health approach also encourages the examination of not only individual risk factors but environmental factors affecting this health problem (Green, Kreuter, Deeds, & Partridge, 1980). Using this multilevel approach means sharing the responsibility for the protection of children amongst various members and institutions within communities. As mentioned in the “Literature Review” chapter, the Stop it NOW! program has been piloting this approach on a small scale in the UK and USA. The public health approach requires greater consideration of many community participants and takes a longer and greater effort to carry out than small, single interventions, but great community participation often increases the likelihood of program success (Steiner et al., 2008). Finkelhor (2008) discusses the need for people’s “...willingness to abandon treasured strategies that have turned out to be ineffective” (p. 182). Multiple strategies and new initiatives are needed in order to have a noticeable impact on the problem of child sexual abuse.



## **Partnering with parents in order to develop prevention programs**

By partnering with parents to develop, implement and evaluate child sexual abuse prevention programs, there is a greater likelihood that the programs will successfully incorporate the concerns and practices of parents in the ways in which they manage the risk of abuse. Involving parents in true partnership in all stages of programing using a participatory approach takes an effort and investment of time, but in the long run may lead to greater program success.

## **Participation of fathers in research**

Fathers play a key role in healthy child development, and are responsible for protection and well being of children alongside mothers (Lamb, 2010). Therefore, it is important to understand how fathers cope with the risk of sexual abuse to their children and what differences exist, if any, in comparison with mothers, in order to develop effective prevention programs which include fathers. In this study, special efforts which were made during recruitment to gain equal representation from fathers and mothers, achieved primarily by recruiting fathers who were acquaintances as well as through interviewing mothers and fathers together. Comfort and confidence with the interviewer appeared to be a key factor in the willingness of these fathers to participate in the interviews. Building trust within the social networks of fathers has been shown to assist in the successful recruitment of fathers in other research studies (Mitchell et al., 2007).

Based on the success of recruiting fathers in this study, recruitment strategies for fathers in future research could include recruiting fathers who are acquaintances of the interviewer (but not too well known) as well as using female partners to recruit their spouses. Research projects which aim to gain equal representation from fathers could assess local conditions to ascertain suitable recruitment strategies based on local culture and customs, as recruitment strategies which are suitable for one population and location may not be suitable for another.

## **WHERE TO FROM HERE**

As a result of this thesis journey, my personal understanding of the literature related to parents has been greatly enhanced. My comprehension of the knowledge, attitudes and practices of parents has been developed and my awareness of the gaps in research has provided a springboard for future research. There is much to explore around the topic of child sexual abuse prevention, not only with regard to individual parental challenges but also how they exist in the context of Australian culture and institutions. Understanding the process and

context of how incidents and situations unfold for parents and children, as was done in this research project using a grounded theory framework, has led to insights which I hope will help with the development of acceptable and effective prevention and early intervention programs, services, and policies. I hope to combine my thesis learning with my work experience in needs assessment and evaluation to develop, implement, and evaluate child sexual abuse prevention program in the future. Finkelhor (2008) explains that there is much need for planning and evaluation expertise in the arena of child abuse prevention:

...practically no portion of conventional child protection practice has been subjected to formal evaluation. To see what large-scale evidence-based practice looks like, one needs to turn to the public health systems, where evaluation is an integral part of the evolution of professional practice. (p. 171)

I hope that an increased focus on the problem and solutions to child sexual abuse, as seen in the past 30 years, will help to bring the problem into greater social awareness. The findings in this thesis represent a small part of a larger assessment needed from various sectors of the community around the causes and solutions related to child sexual abuse in order to effectively plan and implement comprehensive, multilevel, community-wide child sexual abuse prevention strategies in the future.

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## **APPENDICES**

Appendix A. First Published Article in *Child Abuse Review*: “Parents’ Knowledge, Attitudes and Practices about Preventing Child Sexual Abuse: A Literature Review”

Appendix B. Information Page

Appendix C. Informed Consent Form

Appendix D. List of Interview Skills Identified after First Round of Interviews

Appendix E. Round 1 Interview Tool

Appendix F. Round 2 Interview Tool

Appendix G. Round 3 Interview Tool

Appendix H. Open Codes

Appendix A: First Published Article in *Child Abuse Review*: "Parents' Knowledge, Attitudes and Practices about Preventing Child Sexual Abuse: A Literature Review"

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Appendix B.

## **INFORMATION PAGE**

### **Australian parents and child sexuality: Informing preventative approaches to child sexual abuse**

Research is being conducted to understand the issues and challenges for parents in dealing with the risk of sexual abuse to their children with a view to understanding how sexual abuse might be prevented. This research is part of a PhD being completed by Georgia Babatsikos in the Schools of Social Work and Community Welfare/Public Health and Tropical Medicine at James Cook University (Cairns, QLD). In order to do this research, parents are being interviewed to understand their views and experiences on how they manage the risk of sexual abuse to their children. To be eligible for this study, parents need to have at least one child between the ages of 5 and 17, inclusive, live in Australia, and have lived in Australia for at least 5 years.

There has been no other research of this kind carried out in Australia, so it is important that we ask Australian parents about their experiences and ideas so that appropriate messages and programs can be developed specifically for Australian families and communities.

This research will initially be done through individual interviews with parents, which will be tape-recorded with permission from parents. During this process, no names, addressees or any other identifying information is recorded so their responses to questions in this survey cannot be traced to them. If parents choose not to be tape-recorded, written notes will be taken instead. If any parents feel, as a result of the interview, that they need to discuss this topic with a professional, they will be referred to a counsellor from local Sexual Assault counselling service.

A \$25 incentive gift voucher to the Coles/Myer/Kmart group will be provided to parents for their participation. The interviews are about 1 hour and 15 minutes long, and are done at a location convenient for parents, such as a local library meeting room or their home.

After the results are analyzed, participants will then receive a copy of the summary of results of all the surveys combined (without personal identifying information) in writing.

The results of the research will also be presented through the thesis defense process at James Cook University (Cairns, QLD). The results will be shared with key community persons involved in related programs, as well as published journals. The final study results (after participants have commented) will also be distributed back to participants in the form of a summary (again, no names of participants will be included, just summaries of their opinions). We hope this research can provide valuable insights into issues faced by parents and inform related messages and educational programs that are developed for parents, teachers and children.

If you have any questions about the ethical conduct of the research project, you may contact the Human Ethics Sub-Committee: Tina Langford, Ethics Administrator, Research Office, James Cook University, Townsville, Qld 4811. Phone: (07) 4781 4342 Fax: (07) 4781 5521 Email: [Tina.Langford@jcu.edu.au](mailto:Tina.Langford@jcu.edu.au). Ethics approval has been received for this project, approval number: **H 2246.**

This research is being funded by James Cook University via the Minimum Resources Policy. If you have any questions about this research project or would like more information, please contact the researcher Georgia Babatsikos on mobile 0425 763 112 or supervisors Dr. Deb Miles on (07) 4781 5891 or Dr. Peter Dabbs on 0407 720 510.

Appendix C.

**INFORMED CONSENT FORM**

**Administrative documentation  
has been removed**

Appendix D: List of Interview Skills Identified after First Round of Interviews

- Pause and listen for response.
- Don't interrupt.
- Avoid leading questions e.g. "were you angry?" Rather, "how did that make you feel?"
- Ask only one question at a time.
- Leave off irrelevant questions
- Don't jump around from question to question (or if I want to follow up on something, take down note, and ask as follow up, but don't say that I am jumping around.)
- Make sure body language is comfortable, relaxed.
- Make gentle eye contact.
- Don't fidget.
- For assurance, can say "thank you, that was helpful"
- "Could you explain what you mean by that?"
- "Can you tell me anything else about..."
- Don't present my own perspective on anything.

Appendix E.

**Round 1 Interview tool**

Today we are going to chat generally about sexuality in the family environment. That is, how babies grow into curious children and how parents interact with them to discuss these issues, set boundaries, and take action when those boundaries are crossed

**1. “I would like you to think back to your own childhood and what it was like growing in your own family.”**

*Probes:* Where did you grow up?  
Tell me about your family.  
Where you get most of your information about sex from when you were growing up?  
And where else did you get information from?  
What did your parents tell you about sexuality, sexual protection and risks when you were growing up?  
Can you tell me about a time when you were growing up an issue or event related to sexuality or sexual boundaries came up? Describe it to me.  
What did you do?  
Did you talk to anyone about it?  
Did your parents find out?  
What did they say?  
What did they do?

**2. “Now I want to talk about your own children and what it has been like raising them and dealing with the issues of their sexuality and boundary setting related to that. First I want to get an idea of your own family structure.”**

*Probes:* Are you married/partnered/single? How many children?  
Where have you lived while raising these children?

**“Think about a time an issue of sexuality or sexual safety came up with your kids. Can you describe what happened?”**

*Probes:* What triggered the situation?  
Who brought it up?  
How long ago did it happen?  
Who said what?  
How did others respond?  
Was there a discussion?  
Did you discuss this issue with your partner?  
Did you discuss it with anyone else?  
What was it about?  
What did you do?



Did you go to anyone else for help?

How did you feel about dealing with this situation?

How do you think that discussion/action affected your child/children?

3. **“We just talked about a couple of examples of how the issue of sexuality and boundaries related to sex has come up with your children. I want to talk about who you turn to for information and support on topic of child sexuality and sexual safety of your children”**

*Probe:*

Who do you feel most comfortable going to if you have a question or concern on these kinds of issues?

Are there other times in the past that you have looked for information to help you figure out how to parent your kids on these kinds of issues?

Where did you go? Organizations, individuals, books, websites

How have these worked for you?

What’s difficult about trying to get information on this sort of issue?

Where did you think your children are getting most of their information on sexuality education?

Where would you prefer your children to be getting their information on these issues?

Who do you think is responsible for teaching your children about sexuality?

How much do you think that is happening re: sexuality?

How much do you think that is happening re: sexual abuse prevention?

Are there spiritual or religious beliefs that guide your decisions related to this?

Are there cultural beliefs that guide your decisions on these matters?

4. **“After all of the things we have talked about today, is there anything that you would like to be doing differently with regards to managing sexuality issues related to your children?”**

*Probe:*

What information or support would you need to do this?

Is there something out there that would be useful for you as a parent on the issue of child sexuality and protection from sexual abuse that you don’t already have or know about?

By who?

Where?

When?

Do you know if this exists?

Would you like more information on how to do this?

*Offer individual follow up.*

*Also mention the group.*

“As part of the process of looking at some of the issues we have talked about today, I was thinking about having some discussion groups with parents to get their ideas and let them discuss these ideas with each other. What do you think of this idea? Is it something that you would be willing to participate in?”

**“Are there any other comments that you would like to make on this topic that we haven’t already discussed?”**

I will also be sharing a summary of the research results (without any personal or identifying information) back with participants if they would like it. Would you be interested in receiving that information? If so, please let me know the best way to get that to you (email regular mail). “

“Thank you so much for your valuable input today. This information will really help people understand how parents deal with how to deal with sexuality issues when raising children.”

## Appendix F.

### **Round 2 Interview Tool**

Today we are going to chat generally about sexuality in the family environment as well as how families deal with the risk of sexual abuse. That is, how babies grow into curious children and how parents interact with them to discuss these issues, set boundaries, and take action when those boundaries are crossed.

1. **“I would like you to think back to your own childhood and what it was like growing in your own family.”**

*Probes:* Where did you grow up?  
Tell me about your family.  
Where you get most of your information about sex from when you were growing up?  
And where else did you get information from?  
What did your parents tell you about sexuality, sexual protection and risks when you were growing up?  
Can you tell me about a time when you were growing up an issue or event related to sexuality or sexual boundaries came up?  
What did you do?  
Did you talk to anyone about it?  
Did your parents find out?  
What did they say?  
What did they do?

2. **“Now I want to talk about your own children. I want to get an idea of your own family structure.”**

*Probes:* Are you married/partnered/single? How many children?  
Where have you lived while raising these children?

**Now we are going to talk about what it has been like raising them and how you deal with their emerging sexuality**

**“Think about a time an issue of sexuality came up with your kids. It could be anything big or small at any time in their childhood. Can you describe what happened?”**

*Probes:* What triggered the situation?  
Who brought it up?  
How long ago did it happen?  
Who said what?  
How did others respond?  
Was there a discussion?  
How did you feel when this happened?  
Did you discuss this issue with your partner?  
Did you discuss it with anyone else?  
What was it about?  
What did you do?

Did you go to anyone else for help?

How did you feel about dealing with this situation?

How do you think that discussion/action affected your child/children?

**Now I want to talk to you about the risk of sexual abuse to your children. Can you think of any incidents when you felt like there was some risk to your child with regard to sexuality and their safety?**

What triggered the situation?

Who brought it up?

How long ago did it happen?

Who said what?

How did others respond?

Was there a discussion?

Did you discuss this issue with your partner?

Did you discuss it with anyone else?

What was it about?

What did you do?

Did you go to anyone else for help?

How did you feel about dealing with this situation?

How do you think that discussion/action affected your child/children?

3. **“We just talked about a couple of examples of how the issues of sexuality and risk of sexual abuse has come up with your children. Who you turn to for information and support on topic of sexuality as it relates to your children?”**

**What about sexual abuse?**

*Probe:*

Who do you feel most comfortable going to if you have a question or concern on these kinds of issues?

Are there other times in the past that you have looked for information to help you figure out how to parent your kids on these kinds of issues?

Where did you go? Organizations, individuals, books, websites

How have these worked for you?

What's difficult about trying to get information on this sort of issue?

Where did you think your children are getting most of their information on sexuality education?

Where would you prefer your children to be getting their information on these issues?

Who do you think is responsible for teaching your children about sexuality?

How much do you think that is happening re: sexuality?

How much do you think that is happening re: sexual abuse prevention?

Are there spiritual or religious beliefs that guide your decisions related to this?

Are there cultural beliefs that guide your decisions on these matters?

4. **“We have noticed in past research that it is more difficult to engage fathers in research generally and specifically about these topics. Do dad’s talk about these issues?”**

*Probe:*

Who do you talk to about these issues (not names but roles/relationships, eg friends ?

What makes it easier for dads to talk about these issues?

5. **“Are there any other comments that you would like to make on this topic that we haven’t already discussed?”**

I will also be sharing a summary of the research results (without any personal or identifying information) back with participants.

“Thank you so much for your valuable input today. This information will really help people understand how parents deal with how to deal with sexuality issues when raising children.”

## Appendix G.

### **Round 3 Interview Tool**

Today we are going to talk about your children and how you manage the risk of sexual abuse to your child. We will talk specifically in detail about a specific (incident or two) that you have encountered in your experience as a parent.

1. **“First, I would like to find out a little bit about your own family history.**

*Probes:* Where did you grow up?  
Who was in your family?  
Where you get most of your information about sex from when you were growing up?  
And where else did you get information from?  
What did your parents tell you about sexuality, sexual protection and risks when you were growing up?

2. **“Now I want to talk about your own children. I want to get an idea of your own current family structure.”**

*Probes:* Are you married/partnered/single? How many children?  
Where have you lived while raising these children?

3. **“Now I want to talk to you about the risk of sexual abuse to your children. We had discussed that one of the ways that you were selected for this interview is that you had experienced an incident of concern with your own children. Now we are going to talk about that in detail and I will ask lots of specific questions, but feel free to expand and discuss this incident in any direction or take it down any path that feels important to you.**

*Probes:* Can you describe the incident, how it all started?  
How long ago did it happen?  
Which parent observed the incident?  
Why was the incident of such concern?  
What do you think could that incident lead to?  
What is your opinion of the perpetrator?  
How did mum respond?  
How did dad respond?  
Were others involved in the issue (through discussion or otherwise?)  
Did you discuss this issue with your partner?  
Did you discuss it with anyone else?  
What was the child’s reaction?  
How do you think that discussion/action affected your child/children?  
What was the offender’s reaction?  
Did you go to anyone else for help?  
Was any legal action taken?

How did you change the way you supervised or looked after your child as a result of this?

How did you feel about dealing with this situation?

4. **“Are there any other comments that you would like to make on this topic that we haven’t already discussed?”**

I will also be sharing a summary of the research results (without any personal or identifying information) back with participants.

“Thank you so much for your valuable input today. This information will really help people understand how parents deal with how to deal with sexuality issues when raising children.”

## Appendix H.

### Open Codes - Categories using Grounded Theory (Strauss and Corbin) By Georgia Babatsikos

Code	Description
Anger at lack of boundaries set by other parents	<i>Seeing other parents not do as much as they would do for their kids, not supervising them properly, letting their kids get into dangerous situations</i>
Army of Protectors	<i>Relying on extended family and friends to pick up on danger clues and tell; eg: teachers help guide inappropriate behaviour and clearly explain desired behaviour.</i>
Attitudes towards children, generally	<i>Do they generally respect children? Do they think that children have rights?</i>
Authority of parent	<i>Parents communicating to children that children must gain permission in certain circumstances or obey parents "orders" or guidance. Also parents claiming authority – having confidence as a parent to guide their children.</i>
Avoiding answering difficult questions	<i>Parents don't know how to answer difficult questions so they avoid them, sometimes providing misleading information.</i>
Avoiding difficult situations related to child sexuality	<i>E.g. daughters growing up and physically maturing and father feeling uncomfortable going out with daughter</i>
Balance – educating but not scaring children	<i>Seeking balance between giving enough information and not too much.</i>
Balance – maintaining social order	<i>Maintaining social cohesion while trying to protect children</i>
Being embarrassed to talk to children	<i>Parents are embarrassed and find it difficult to talk to children about these issues</i>
Being involved with children	<i>Being interested in the everyday lives of their children, such as listening to the music that they listen to. (Linked to creating a generally loving environment for the children).</i>
Believing children	<i>When they say someone has done something to them sexually or otherwise</i>
Birth control for sexually active girls	<i>Parents who are concerned about their girls being sexually active discussing putting girls on birth control</i>
Blind Faith/Hope	<i>Parents trusting that nothing will happen to their kids, trusting their kids are ok in the hands of schools or that others do the right thing.</i>
Boundary Setting	<i>Explaining in detail what is ok and what is not ok. How do parents themselves figure out what is ok and not ok? What influences these judgements? This includes examples of boundaries.</i>
Boys and their unique emotional needs	<i>Boys may have different emotional needs based on their make up as males (hormones, etc)</i>
Breach of Trust	<i>Someone who is in a trusting relationship with the family has crossed a boundary and taken advantage of that trust</i>
Challenges of educating parents	<i>What is difficult about reaching parents with information on this topic?</i>
Challenges of discussing sex with kids	<i>Difficulty parents face in discussing, including embarrassment</i>
Changes in family friends at high school	<i>Don't know families the way you knew families throughout primary school.</i>
Characteristics of responsible children	<i>What are the desired behaviours that parents want to see in children who are being sexually responsible and appropriate?</i>
Children coping with sexuality changes	<i>Children seem to be handling the difficult or sensitive sexuality changes</i>
Children initiating or setting boundaries	<i>Children either verbally or physically setting boundaries, some that have not been prescribed by parents.</i>
Children's discomfort with talking about sex in front of the opposite sex	<i>E.g. Girls are too embarrassed to talk about sexuality in front of their brothers</i>
Children's expressions of sexuality	<i>How are children expressing themselves sexually? In what ways is it coming out?</i>
Children's reactions to adult communication about sexuality and boundary setting	<i>How do the children react to the communications parents or other adults are having with them about sexuality?</i>
Choice of children if ready to receive info from adults	<i>Some kids may say that they don't want to hear something, and the parents respect that.</i>
Clarifying questions from child	<i>Asking the child exactly what they are asking about (getting more information)</i>



<b>Code</b>	<b>Description</b>
	<i>from the child in order to formulate a response.</i>
<b>Comforting children through sexuality experiences</b>	<i>For example, when daughter got period, dad gave her a hug.</i>
<b>Communication with children:</b>	<i>About sexual things that have happened, allowing families to explore and deal with situations as they come up, either before or after boundary has been crossed. How much do the parents verbalize about this topic with children? What do they verbalize about? How do parents limit what they discuss in the front of children?</i>
<b>Comparing notes with other parents</b>	<i>Talking to other parents about what they are experiencing and dealing with their children on this topic. How do fathers and mothers use this? Mothers mentioned it mostly.</i>
<b>Complete obedience to adults is not always required</b>	<i>Teaching kids that they don't need to do every thing that adults tell them to do, that sometimes adults don't always do the right thing.</i>
<b>Concern about what children do in "situations"</b>	<i>Parents wonder if the children are prepared to 'do the right or safe thing' in certain situations</i>
<b>Conflicting values or story</b>	<i>Some parents say one thing and then proceed to contradict it within the interview. How does one interpret this???</i>
<b>Creating general safety, security and love for a child</b>	<i>Children, for example from abused homes, may be going to extremes for friendship if they are not having that fulfilment and stability at home and in their close social circles. Need to learn how to develop friendships safely and confidently, understanding the reciprocal relationship, what is a healthy relationship, and at the same time setting boundaries.</i>
<b>Cultural beliefs and values about sexuality</b>	<i>Beliefs and values related to cultural background, including ethnicity</i>
<b>Denial of Sexuality and growing up</b>	<i>Avoiding talking about sexuality-related issues. For some, they can't accept that their babies are growing up.</i>
<b>Denial of socialization with opposite sex</b>	<i>Especially during the teen years, e.g. made girls want boys more!</i>
<b>Desensitized to sexual messages</b>	<i>Parents (and children) become desensitized to sexual messages because they are everywhere these days.</i>
<b>Discussion brings clarity</b>	<i>Some parents who were talking about issues had insights about things that had happened and how they had affected them from so long ago.</i>
<b>Discussion triggers</b>	<i>What triggers the discussions related to sexuality and sexual abuse?</i>
<b>Doing Differently than own parents</b>	<i>Is there anything that parents would like to do differently? What do they want to do differently to what their parents did? And general self</i>
<b>Doing differently with own children in the future q4 first round</b>	<i>Responding to question 4 from first round of Melbourne interviews, what did parents say to the question "would they like to be doing anything differently in terms of managing the sexuality-related questions with their children?"</i>
<b>Don't ask, don't tell</b>	<i>If kids don't ask, parents don't tell (more so for sexual abuse, since kids hardly ask about this)</i>
<b>Drug fear, including alcohol</b>	<i>Great fear of children being exposed to and taking drugs.</i>
<b>Early or late developers</b>	<i>Some children develop earlier than others, others develop later – what affect do these experiences have?</i>
<b>Educational needs of parents</b>	<i>What do the parents need more information on to improve their skills and confidence in dealing with issues of sexuality, boundary setting, and child sexual abuse prevention?</i>
<b>Educational techniques and messages used by parents</b>	<i>What stories or strategies do they use to get the messages across? What are the messages that they are relaying?</i>
<b>Evolving with children - bridging the generation gap</b>	<i>Really trying to understand and learn about the contemporary culture of the children (music, language, fads, etc).</i>
<b>Explanation of predatory behaviour/why abuse happens</b>	<i>How do parents explain why people act inappropriately sexually with children?</i>
<b>Exploring for and creating social safety</b>	<i>How does a parent explore social situations to make them safer for their children? How does lack of this become a problem?</i>
<b>Family Rules</b>	<i>Families set their own rules about what they do under certain circumstances; designed to protect, everyone knows what they are</i>
<b>Father and daughter sexuality</b>	<i>What are special issues involved in father daughter relationships as they relate to child sexuality and sexual abuse?</i>
<b>Father/son relationships</b>	<i>What are special issues involved in father/son relationships as they relate to child sexuality and sexual abuse?</i>

<u>Code</u>	<u>Description</u>
Fathers are suspect	Fathers are more suspect than mothers when it comes to risk of sexual abuse
Fathers criticize mothers source of support	Fathers make fun of mothers' source of support, especially when it comes to talk back shows like Oprah and Dr. Phil, that mother's feel they get so much help from
Fathers different to mothers	How parents perceive these differences in the ways they affect how they deal with sexuality issues as well as their management of the risk of sexual abuse
Fathers, men and boys are suspect	Men more than women are suspect of abusing children, so this has implications on the way some men carry themselves but also the way parents view possible risks of sexual abuse to their children
Fathers not coping with daughters growing up	Fathers have a hard time dealing with "female" issues and sometimes avoid them and defer to their wife/female partner
Fathers notice the way men look at women and daughters	Fathers are observant of the sexual way men stare at women and find it disturbing when they look at their own daughters in that way
Fathers' participation in research	What helps or hinders fathers' involvement in these sorts of issues?
Fathers talking to children	How fathers talk to kids and what they say
Fathers talking to other fathers	How do dads discuss sexuality issues related to kids?
Feeling comfortable and confident as a parent	When do parents feel comfortable dealing with these issues and what makes them feel comfortable?
Feeling something's not right	Gut feeling that a boundary has been crossed and something isn't acceptable
Finding families with similar values	Parents seek other families that have similar values
Gay or transsexual- meaning of	Kids want to know what gay means
Generational changes	What differences are there in the generations from these parents' parents to themselves and then their children?
Girls and their unique emotional needs	Girls may have different emotional needs based on their make up as females (hormones, emotions, etc)
Girls develop earlier	Parents seem to think that girls in this generation develop earlier than they did when they were younger
Group sessions feedback	Feedback on what people thought about having groups of parents discuss issues.
History of abuse	Some of the parents have a history of abuse in their family. How does this make a difference in the way parents respond to sexuality of their children?
Humour	Using humour to deal with sensitive topics
Ideas for education and support	Parents from interviews mention possible solutions for issues raised in interviews
Internet Safety	How issues come up on internet, both preventative and incidents
Intuition building in children	How do parents teach their children to trust their instincts?
Knowing someone who was sexually abused	Parent knowing someone from when they were child or adult
Lack of emotional sympathy from parents	Parents of parents lacked emotional sympathy
Learning lessons from sexuality-related issues	What can families (parents and children) learn from sexuality-related incidents? E.g. parents who were sexually active at a young age don't want their kids to be like them
Limitations of what parents can do	Parents feel like there is only so much they can do to protect the children.
Male/female roles	What are the perceived roles or stereotypes between the sexes and how is this a concern? How is this dealt with? (linked to the fathers/daughters, mothers/daughters, women's business)
Missing link with parents of parents	Not having the link or relationship with own parents
Mix of boys and girls in family affects knowledge and practice of parents	If parents have only girls, they don't understand what the issues are with having boys. Also, if parents grew up out without brothers and have only girls, their knowledge is also limited.
Mothers and daughters, including women's business	Mothers and daughters have special relationship. (linked to women's business)
Mothers and sons	Interactions that might be particular and unique to the relationship betw mothers and sons
Mothers initiate conversations with dads	Mothers bring up topics that dads wouldn't think of or would avoid

<u>Code</u>	<u>Description</u>
Normalizing sexuality (or not)	<i>Normalizing sexuality for kids so they don't think it's something dirty or embarrassing or abnormal. Doing this directly through communication with children as well as demonstrating this (e.g.: parents giving each other a hug and kiss). Also through comparing notes with other parents and getting advice from them.</i>
Not being able to open up	<i>Because of other parents, other people's perceptions of inappropriateness.</i>
Nudity/body – Comfort or discomfort with	<i>Comfortable with body, including nudity, or not</i>
Ok not to do what you see other kids doing	<i>This message from parents to kids.</i>
OK to say no	<i>This message from parents to kids.</i>
Other people's perceptions of inappropriateness	<i>What other people think is inappropriate</i>
Overprotective parents (self-labelled)	<i>Parents call themselves overprotective towards kids</i>
Parents agreeing on strategy	<i>Parents agreeing with each other that a strategy should be supported. Closely linked to parents relationship with each other and whether or not they tend to be supportive of each other.</i>
Parents conservative upbringing	<i>Parents whose own parents would not talk about anything to do with sex</i>
Parents don't expect to be perfect	<i>Parents don't expect that they do everything right, that they will make mistakes along the way.</i>
Parents history of abuse	<i>Could be parent themselves or someone they knew, when they were young/growing up.</i>
Parents impressed by how well kids cope with sensitive sexuality information	<i>After parents explain sensitive or uncomfortable issues, the kids seem to cope with it really well.</i>
Parents Intuition	<i>How does intuition work to alert parents? What do they sense that tells them that something is not ok?</i>
Parents Knowledge	<i>Where do parents get their information from? What makes them feel comfortable and authoritative? What are their fears about what they know and don't know? How do they overcome fears?</i>
Parents learn from children	<i>Parents learn new information about sex as they discuss these issues with kids.</i>
Parents love children even if children make mistakes	<i>Parents will keep loving children even if they make mistakes</i>
Parents Relationship	<i>How do the parents (i.e. the couple) support or not support each other in dealing with these issues? How do they communicate with each other about the issues? How do they maintain a united force in the face of their children?</i>
Parents talking to children as friends more than as parents	<i>There appears to be a certain level of immaturity on the part of some parents. With others, they like to know about the culture and interests of their children while still being the authoritative parent.</i>
Payoffs for being a loving and concerned parent	<i>There are payoffs for being a concerned parent and developing that close and protective relationship with their children. This includes having children appreciate them, say they love them, say they're the best.</i>
Peers	<i>What is the importance of peers and the way they influence children in terms of sexualization?</i>
Perceptions of abusers	<i>What people think abusers are like</i>
Pregnancy fear	<i>Afraid that their teen girls might get pregnant.</i>
Prioritization of teaching about sexuality and boundaries:	<i>How is this issue seen in relation to other issues faced by family in terms of prioritization?</i>
Problem solving with children:	<i>How do parents work with their children to deal with situations as they arise?</i>
Providing accurate information to children	<i>Parents try to give their children technically accurate information, sometimes to fill in or counter what they have heard elsewhere</i>
Put ideas into kids heads	<i>Parents worry that by talking about certain subjects they may put ideas into children's heads</i>
Realization of unhealthy behaviours by parents in their own parents	<i>Parents realize, now that they have children, how unhealthy some of the behaviours are that their exhibited</i>
Repercussions of dealing with boundary crossing incident	<i>What is the fallout from actions taken when boundaries are crossed</i>
Respect building in children	<i>Parents teaching their children respect for their own bodies and for other people's bodies.</i>
Respect for children	<i>Having a lot of respect for children, their value and importance.</i>

<b>Code</b>	<b>Description</b>
<b>Responding to sexual maturity of child</b>	<i>Providing information that they believe child is ready for</i>
<b>Responsibility for education:</b>	<i>Who is responsible for dealing with issues as they come up? Taking clear responsibility, or not.</i>
<b>Responsibility for protection:</b>	<i>Who is responsible for protecting children? How far does it extend outside of the parental units? (Their own, others, family, family, friends)</i>
<b>Scare tactics</b>	<i>Parents use these strategies, and are ok with it, as long as it does the job!</i>
<b>Schools provide information and education</b>	<i>Schools are one of the key sources of education and information for children, and also parents, when it comes to sexuality information related to their children</i>
<b>Secrets – don't keep them</b>	<i>Telling children that keeping secrets is not ok. Always tell mum if someone is asking you to keep a secret.</i>
<b>Self esteem building in children:</b>	<i>These could be spoken or unspoken. What do the parents want the children to know? How do they want them to feel? How do they make this happen?</i>
<b>Self improvement of parents/Expanding knowledge base</b>	<i>Parents wanting to increase their skills in dealing with these issues, and wanting to do differently to what they have done in the past. (linked to doing differently).</i>
<b>Sensitivity of topic:</b>	<i>Not wanting to talk about things explicitly and why this happens. It's an innately difficult topic for most. How does one deal with or manage this? How parents manage strong emotions when something happens.</i>
<b>Sexual Risks:</b>	<i>Where do parents think the risks come from? How does this affect their daily life and protection of their children?</i>
<b>Sexuality Topics Arising for parents</b>	<i>What sorts of topics are arising with their children?</i>
<b>Sexuality Topics Parents recall as kids</b>	<i>What topics do the parents remember coming up when they were kids?</i>
<b>Shock and disbelief</b>	<i>When they observe or hear about a boundary crossed</i>
<b>Single fathers and safety of children</b>	<i>Some single fathers express concern about safety of children from sexual abuse while being with their mothers, who are involved in questionable activities</i>
<b>Slang terms used</b>	<i>These would most likely be from parents (e.g. furry bits, mushy)</i>
<b>Social support networks for parents</b>	<i>Who do parents turn to?</i>
<b>Sources of sexuality information for parents when they were growing up</b>	<i>Who talked to them? Where did they get information on sexuality topics?</i>
<b>Sources of support and information parents</b>	<i>Is it formal advice through organisations or informal through friends. Who do they go to for advice and resources? What are the differences for dads and mums?</i>
<b>Sources of support and information for children</b>	<i>Where are the children getting most of their information? Where did the parents get their information when they were children? E.g.: mum thought she was saying a lot and kids thought she didn't say much. How much is enough? Who is in the extended network for the children?</i>
<b>Span of parenting on these issues (or continuum of responsibility)</b>	<i>This includes being careful when wiping a baby's bottom to being grandparents and giving advice to one's own children on what to do with their children in sexually risky situations. At what point should children be responsible for themselves?</i>
<b>Spiritual beliefs and background of the parents influencing sexuality and the family</b>	<i>What are the general beliefs of the parents about how the world operates and how people should behave when it comes to sex, sexuality, and sexual abuse?</i>
<b>Step parents</b>	<i>E.g. A lack of respect for the efforts of a well-meaning step father to "explain things" because they weren't that close</i>
<b>Stranger danger</b>	<i>Emphasizing 'stranger danger', generally people in public places such as shopping centres</i>
<b>Subtlety of incidents and difficult to prove</b>	<i>Many incidents are very subtle and parents have to really question if they saw what they thought they saw and if they were interpreting the incidents "correctly" according to them</i>
<b>Supervision of children</b>	<i>How do parents monitor where children are at all times and who they're with?</i>
<b>Taking immediate action</b>	<i>What clues and cues are enough? How much is intuitiveness? How much is knowledge?</i>
<b>Teachable moments</b>	<i>Taking advantage of questions asked by kids</i>
<b>Teaching children what to do in "situations"</b>	<i>What should children do in a certain situation? Related to boundary setting.</i>
<b>Teaching Tools</b>	<i>Tools used by parents to talk to and teach children about sexuality and sexual</i>

<b>Code</b>	<b>Description</b>
	<i>abuse prevention</i>
<b>Television or DVD as a source of sexuality information</b>	<i>TV, including DVDs and movies on TV or DVD, appear to be an important source of sexuality.</i>
<b>Timing of education for children</b>	<i>Parents try to time level of information to appropriate age and developmental level of child..</i>
<b>Traumatic sexuality-related experiences</b>	<i>Quite a few parents talked of the "trauma" of a girl getting her period. There may be other experiences considered traumatic too.</i>
<b>Trust building in children</b>	<i>How parents develop empathy for children as well as friendship. Also how parents model that for children so children are able to do it with others.</i>
<b>Trust schools</b>	<i>Trusting that kids are safe at school</i>
<b>Trusting children to make best decisions</b>	<i>Based on or given the information and values passed on by parents, parents then have to trust that children are making the right decisions</i>
<b>Trusting children to avoid pressure</b>	<i>Trusting that kids can avoid being pressured to have sex.</i>
<b>Values about family</b>	<i>Is this a close knit family? Have there been changes over the generation from the parents to the children in terms of how things are done in the family, how they were talked to, watched, etc? What are the cultural background values that may influence this?</i>
<b>Values about sexuality</b>	<i>Parents values about sex</i>
<b>Values are different from family to family</b>	<i>Even family friends may have completely different ways of dealing with the same situation.</i>
<b>Waiting for children to ask questions</b>	<i>Parents often mention that they respond tend to wait for children to ask questions about sexuality-related issues.</i>
<b>Warning Signs of sexual abuse</b>	<i>What do parents believe are the signs that sexual abuse is happening to their children? Including those of the abuser and their interest in children</i>
<b>Watchfulness or observation</b>	<i>Observing (without talking) to pick up on clues.</i>