

REWRITING “THE TALK”: EFFECTS OF PARENTAL COMMUNICATION EDUCATION  
ON PERCEIVED COMFORABLENESS AND WILLINGNESS TO HAVE DISCUSSIONS  
WITH THEIR CHILDREN ABOUT SEX

by

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The final copy of this thesis has been examined by the signatories and we find that both the content and the form meet acceptable presentation standards of scholarly work in the above-mentioned discipline.

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## Abstract

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Rewriting “The Talk”: Effects of Parental Communication Education on Perceived Comfortableness and Willingness to have Discussions with Their Children about Sex

Thesis directed by Professor Lawrence R. Frey

Communication between parents and their children about sex is tremendously important for children as they enter adolescence and adulthood, and, eventually, become sexually active; consequently, parents need to be willing and feel comfortable having those conversations with their children. To engage in those conversations and to achieve their desired results, such as delaying sexual onset and discouraging sexual risk taking, parents need both appropriate knowledge and encouragement, which suggest the need for intervention. This study assessed the before-and-after effects of the Parenting Safe Children Workshop on parents’ comfort and willingness to engage in conversations with their children about sex. Results of this study showed that the workshop increased parents’ (especially fathers’) comfort and willingness to discuss with their children a variety of sex-related topics, and that particular pedagogical delivery methods (specifically, instructor-focused vs. interactive methods) significantly affected parents’ increased comfort. These results are discussed with regard to their implications for this and other workshops that are designed to increase the amount and quality of parents’ communication with their children about sex.

## Dedication

To all the parents who have tried their best—especially mine.

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## CHAPTER 1

### INTRODUCTION

Sex education has been present in the U.S. school system for more than half a century. In fact, the National Education Association called for teacher training in sex education as early as 1912, although it was not until the 1950s that formal sex education programs were introduced in the schools (Pardini, 2013). Subsequent research has shown that formal sex education has not been particularly successful in affecting sexual behaviors of adolescents and young adults (see, e.g., the meta-analysis by Silva, 2002), resulting, for instance, in the United States leading the industrialized world, for many years now, in teenage pregnancies (Centers for Disease Control, 2012a). Moreover, sexually transmitted infections (STIs) remain a huge problem for adolescents and young adults; according to the Centers for Disease Control (2012b), the 15–24-year-old age group accounts for 25% of the sexually active population in the United States, yet those individuals are responsible for almost half of the newly acquired STIs. Infection rates for chlamydia, gonorrhea, and syphilis also continue to be problematic, especially for young women.

Some of the reasons for the ineffectiveness of formal sex education include the recent increased funding for abstinence-only programs, despite calls for comprehensive sex education (see Fine & McClelland, 2006; Lindberg, Santelli, & Singh, 2006), as well as the inability of teachers to deliver effective sex education (see, e.g., Buston, Wright, Hart, & Scott, 2002), often because of a lack of training (see, e.g., Wight & Buston, 2003) and because they are not comfortable using nontraditional learning activities, such as role-plays, small group discussions, and problem-solving exercises, to deliver such education (see, e.g., Haignere, Culhane, Balsley, & Legos, 1996).

Because of problems associated with formal sex education, scholars have investigated informal sex education, as provided by parents, peers, siblings, and the media, with studies showing that informal sex education may be more effective than formal sex education (see, e.g., Spanier, 1976; Strouse & Fabes, 1985), although informal sex education also often does not influence sexual behaviors of adolescents and young adults (see, e.g., Spanier, 1976). Still, in principle, family members, and parents, in particular, potentially, can have significant effects on children's sexual attitudes and behaviors (see the review of the literature by DiIorio, Pluhar, & Belcher, 2003; see also Walker, 2004). Scholarship conducted about parents teaching their children about sex has revealed, for instance, that such communication has increased over time (see the review of studies by Kirby, 1999); that a high, as compared to a low, amount of communication by parents with their children about sex results in better correlations between parents' and children's sexual attitudes (Fisher, 1986a, 1986b, 1986c, 1989); and that repeated communication about sex is associated with children perceiving their parents to be more open about such conversations (Martino, Elliot, Corona, Kanouse, & Schuster, 2008). However, scholars also have argued that both the amount and quality of that communication needs improvement (see, e.g., Hutchinson & Cooney, 1998; Kirby, 1999; Rosenthal & Feldman, 1999). Moreover, significant problems can result from such communication, with Izugbara (2008) finding that parents who discussed sex with their adolescent children compounded difficulties that those adolescents had acquiring and evaluating accurate information about sexuality.

One reason that parent-child communication about sex needs improvement is because of difficulties that parents experience having such conversations. Research has shown, for instance, that parents often feel uncertain or embarrassed (Walker, 2001; Wilson, Dalberth, Koo, & Gard, 2010), become defensive (Rozema, 1986), and have topic-specific reservations (Jaccard, Dodge,

& Dittus, 2002) when conversing with their children about sex. It is not surprising, then, that Whitaker, Miller, May, and Levin (1999) found that benefits that can accrue from parents educating their children about sex (in that case, teenagers' discussions with their partner about sexuality and sexual risk) depended on parents being open and comfortable communicating with their children about sex.

To help parents, intervention programs have been designed to educate parents about how to have effective discussions with their children about sex (e.g., Benshoff & Alexander, 1993; Blake, Simkin, Ledsky, Perkins, & Calabrese, 2001; Bundy & White, 1990; Burgess & Wurtele, 1998; Huston, Martin, & Foulds, 1990; Kirby & Miller, 2002; Kirby, Peterson, & Brown, 1982; Lefkowitz, Sigman, & Au, 2000; O'Donnell et al., 2005, 2007; Schuster et al., 2008; Schuster, Eastman, & Corona, 2006; Villarruel, Cherry, Cabriales, Ronis, & Zhou, 2008). The results of studies conducted about those interventions have shown that parents can be taught to be more comfortable having conversations with their children about sex and that those conversations can have meaningful effects on children's sexual attitudes and behaviors, although more studies are needed to document the effects of such education.

This study continues that line of research by focusing on effects of parents participating in an intervention that is designed to teach them to be more comfortable and willing to talk with their children about sex, including effects that are associated with the pedagogical delivery methods employed in that intervention. The thesis is organized as follows. Chapter 2 reviews literature about parent-child communication about sex and intervention programs that have been designed to positively affect parents' communication with their children, and it concludes by presenting the central purposes of the research study. Chapter 3 explains methods that were employed to conduct the research study, including the intervention program that was studied and

specific procedures that were used to collect data. Chapter 4 presents results of analyses of the collected data with regard to the purposes of the research study. Chapter 5 discusses conceptual and pragmatic implications of the results, identifies limitations that characterized this research study, and suggests directions for future research on this topic.

## CHAPTER 2

### LITERATURE REVIEW

The conceptual grounding for this research study is situated in literature from a variety of academic disciplines about parents' communication with their children about sex, including difficulties that they experience having such conversations, and about intervention efforts that have been designed and tested to improve parents' conversations with their children about sex. Following the review of the literature, the intervention program that was investigated in this research study is briefly introduced, and the purposes of the research study are highlighted.

#### **Parents' Communication with their Children about Sex**

Almost 30 years ago, scholars identified the importance of frequent and effective communication in families about sex for children's future as intimate communicators, but that the quality of such family communication was rare and often ineffective (Neer & Warren, 1988; Warren & Neer, 1986). Since that time, studies have shown that parents' communication with their children about sex can have positive effects on their children's sexual beliefs, attitudes, and behaviors (see, e.g., Coffelt, 2010; DiIorio, Kelley, & Hockenberry-Eaton, 1999; Dutra, Miller, & Forehand, 1999; Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006; Hutchinson, 2002; Ogle, Glasier, & Riley, 2008; Wright, 2009). That literature shows that frequent parent-child communication about sex is linked to children taking fewer sexual risks (Booth-Butterfield & Sidelinger, 1998; Dittus, Jaccard, & Gordon, 1999; Karofsky, Zeng, & Kosorok, 2000); having fewer episodes of unprotected intercourse (Hadley et al., 2009; Hutchinson, Jemmott, Jemmott, Braverman, & Fong 2003; Lehr, DiIorio, & Lipana, 2000; Whitaker & Miller, 2000; Whitaker et al., 1999); and being more likely to talk often with their intimate partners about sex, and, ultimately, being more likely to have used a condom during their most recent sexual experience

(DiClemente et al., 2001; Dutra et al., 1999; K. S. Miller, Levin, Whitaker, & Xu, 1998; Shoop & Davidson, 1994). Moreover, the lack of having those conversations can have major consequences, with Beckett et al. (2010) finding that more than 40% of children have intercourse before having any discussion with their parents about sexually transmitted disease (STD) symptoms, condom use, choosing birth control, or partner condom refusal.

Parents are a particularly important source of information for their children about sex, as compared to institutional sources, such as school-based class sessions or workshops, with Bleakley, Hennessy, Fishbein, and Jordan (2009) finding that learning about sex from parents (and from grandparents and religious leaders) was associated with children's beliefs that were likely to delay sex, whereas obtaining such information from friends, cousins, and media was associated with beliefs that increased the likelihood of having sexual intercourse (see also Yowell, 1997). Jaccard et al. (2002) suggested at least three reasons why parents' communication with their children about sex would have such effects on children. First, parents can convey information that is consistent with their values. Second, parents are aware of important factors that may affect their adolescents, such as their personality and maturity, as well as the influence of any siblings. Third, because parents have the ability to monitor their children's activities, they can reinforce, as needed, certain information about sex.

To achieve the positive effects of parent-child communication about sex, scholars have stressed the value of frequent and ongoing conversations between parents and children about sexual issues (see Aspy et al., 2007; Martino et al., 2008). Researchers also have argued that a general context of communication openness that characterizes discussions between parents and their children about sex should take precedence over having a one-time "talk about the birds and the bees" (Guzmán et al., 2003; Rozema, 1986; Warren & Neer, 1986). Although there is little

discussion of what “openness” means and how to achieve it, as explained below, there has been much research about factors that contribute to high-quality parent–child sexual communication in families. This review highlights what research has found in terms of characteristics of such talk, topics covered, and barriers that prevent parents from engaging in such communication with their children. As that review shows, gender (of parents and their children) and parents’ need to be open, willing, and comfortable are important factors that affect parent–child communication about sex. That literature is followed by an explanation of interventions that have been designed and studied to overcome obstacles that parents face in communicating with their children about sex.

### **Characteristics of Parent–Child Communication about Sex**

How parents talk with their children when broaching the subject of sex has important consequences (Coffelt, 2010; DiIorio et al., 1999; Dutra et al., 1999; Sneed, 2008; Wright, 2009; Whitaker & Miller, 2000). For instance, parents and children perceive the meaningfulness and memorability of conversations differently based on conversational tone that parents employ (such as lecturing or open questioning; Boone & Lefkowitz, 2007; Fitzharris & Werner-Wilson, 2004). For example, although many parents believe that they have meaningful discussions with their children about sex, young adults recall few, if any, of those discussions and, therefore, they do not remember information contained in those conversations (Byers, Sears, & Weaver, 2008; Guilamo-Ramos et al., 2006; Heisler, 2005; Jaccard, Dittus, & Gordon, 1998; King & Lorusso, 1997). More specifically, parents often think that they have done a much better job of discussing sex and puberty than their children do (Ballard & Gross, 2009; Byers et al., 2008; Fitzharris & Werner-Wilson, 2004); this discrepancy happens, in part, because children often perceive their parents to be lecturing them, which does not feel meaningful to children (Boone & Lefkowitz,

2007; Feldman & Rosenthal, 2000; Fitzharris & Werner-Wilson, 2004). For instance, Boone and Lefkowitz (2007) found that parents' lecturing about negative consequences of engaging in sex suggests defensiveness and dogmatism to children, which, in turn, prevents children from internalizing fully their parents' messages about sex. Fathers, in particular, are perceived to be lecturing their children when discussing sex (Kirkman, Rosenthal, & Feldman, 2002).

Alternatively, when parents employ questioning tactics (e.g., asking their children what they think or feel about sexual issues), children perceive their parents as being open and supportive, which leads them to see the conversations as being meaningful (Boone & Lefkowitz, 2007).

Many studies have suggested that having an open discussion with children that produces a teachable moment is the best way to affect children's sexual beliefs, attitudes, and behaviors, so much so that it is detailed later in this chapter (Boone & Lefkowitz, 2007; DiIorio et al., 2003; Guilamo-Ramos et al., 2007; Hutchinson & Cederbaum, 2010; Kirkman et al., 2002; Warren & Neer, 1986). Hence, it is not sufficient for parents simply to say to their children, "Let me know if you have any questions," as that tactic puts responsibility on children of becoming educated about sex, and, as any parent can attest, that, likely, will not happen (Angera, Brookins-Fisher, & Imungu, 2008; DiIorio, McCarty, Denzmore, & Landis, 1999; Kirkman et al., 2002, 2005; Whitaker & Miller, 2000). Boone and Lefkowitz (2007) also noted that positive communication strategies, such as discussion and questioning, produce or may be indicative of a stronger, more positive bond between parents and their children, which increases parents' influence on their children's decision making about sexual practices.

Parents have been differentiated with regard to communication styles that they employ in talking with their children about sex (Fisher, 1991). Rosenthal, Feldman, and Edwards (1998), for instance, based on interviews conducted with 30 mothers, identified five approaches that

mothers used to communicate with their children about sex: avoidant, reactive, opportunistic, child-initiated, and mutually interactive. Avoidant mothers were uncomfortable dealing with sexuality and, consequently, avoided talking with their children about sex. Reactive mothers initiated communication about sex only when they perceived that there was a pressing issue, such as their children's engagement in intimate activities with romantic partners. Opportunistic mothers initiated sex-related discussion in moments that they believed naturally opened that line of discussion, and they used catalysts, such as television and events among friends and family, as bases for that discussion. Mothers who employed child-initiated sex communication did not initiate conversations about sex-related issues but, instead, waited for their children to initiate discussions with them; that decision stemmed from their belief that those discussions would be more fruitful and that their children would be more likely to process the information when their children were ready for that conversation. Finally, mutually interactive mothers reported that both they and their adolescents initiated and felt comfortable pursuing sex-related discussions; their interactions were characterized by openness, intimacy, and emotionally based discussions. Hence, there are a variety of approaches that parents can employ to communicate with their children about sex, although the mutually interactive approach was assumed by Rosenthal et al. (1998) to be the most effective approach (see also Rosenthal, Senserrick, & Feldman, 2001)

Although most of the research cited above has focused on parents' reports and children's distant recollections of discussions about sex, a study conducted by Fitzharris and Werner-Wilson (2004) obtained feedback and recommendations from adolescent children about how parents should talk with their children about sex. Fitzharris and Werner-Wilson conducted two focus groups, one comprised of children and one comprised of parents, to talk about their experiences and desires with regard to parent-child communication about sex. The focus group

of children said that, in addition to thinking that talking about sex should begin before the sixth grade, they desired discussion with their parents without their parents expressing direct opinions about the children's sex lives, and that they often did not feel listened to by their parents; those perceptions made them see their parents as being dishonest. In a similar study conducted by Guilamo-Ramos et al. (2006), adolescents wanted to discuss intercourse and birth control with their mothers but did not for fear of being punished. They also found that parents were perceived by their children to be overprotective of daughters and more liberal with sons, but children believe that males and females should be given the same information, with more emphasis placed on self-control with regard to sexual urges. These findings prompted the recommendation that when parents talk to their children about sex, the important point "is not to lecture, to remain open, honest, forthright, and most of all to listen to the adolescent" (Fitzharris & Werner-Wilson, p. 280).

### **Topics Covered in Parent-Child Communication about Sex**

Although parents have a variety of strategies and styles for engaging in parent-child communication about sex, parents often do not cover all of the topics that ought to be covered. Moreover, the research shows that there are important differences in sexual topics that are discussed based on parents' and children's gender (Wilson & Koo, 2010).

DiIorio et al.'s (1999) expansive study assessed topics covered in discussions about sex based on both children's and parents' gender. Three hundred eighty-two mothers and 405 adolescents were interviewed separately, with questions asked about type of information related to sexuality that adolescents discussed with mothers, fathers, and friends; additionally, mothers were asked what specific topics they discussed with their adolescents. They found that sons and daughters both covered with their mother more topics about sex than they did with their fathers,

although sons, in comparison to daughters, reported being more comfortable talking to their father. Most daughters reported covering the majority of topics with their mother, whereas the majority of sons covered only the topics of STDs and AIDS with their mother. The coverage of AIDS probably was related to the sample surveyed being African Americans from low-income areas where AIDS was a major problem. Importantly, only 17% of daughters reported talking to their fathers about any sexual topic, clearly demonstrating a major deficiency on the part of fathers.

Other research also has shown that parents cover topics with different frequency for sons and daughters. For sons, the top six topics discussed, in order of most frequently discussed to least discussed, are STDs and AIDS, using a condom, sexual intercourse, dating and sexual behavior, getting a girl pregnant, and what their friends think about having sex (DiIorio et al., 1999, Downie & Coates, 1999; Guilamo-Ramos et al., 2007; Lefkowitz, Boone, Au, & Sigman, 2003; Lehr, Demi, DiIorio, & Facticeau, 2005). In contrast, topics that parents covered most frequently with daughters were menstrual cycle, dating and sexual behavior, STDs and AIDS, not having sex at all, sexual intercourse, getting pregnant, and how life would change if the daughter became pregnant (DiIorio et al., 1999, Downie & Coates, 1999; Fox & Inazu, 1980, Lefkowitz et al., 2003). Hence, parents push females, from the get-go, to play the role of a moral leader in sexual relationships, because they can get pregnant. Young women are told to avoid sex altogether because their lives would be negatively affected by pregnancy (Coffelt, 2010; DiIorio et al., 1999; Kirkman et al., 2005; Lefkowitz, Boone, Sigman, & Au, 2002; Lefkowitz et al., 2003), whereas parents assume that their sons will be sexually active and will have peer support in doing so, and thus provide information that will be more helpful to them. Moreover, sexual topics that parents cover with their male children revolve, primarily, around relational

values with regard to responsibility and decision making in relationships rather than more protective and restrictive messages that female children receive. Given that parents rarely have in-depth conversations with their children of either gender about sex, males are receiving next to no information (Coffelt, 2010; DiIorio et al., 1999; Guilamo-Ramos et al., 2007; Kirkman et al., 2005). Because adolescent males lack intimate relationships with their parents when it comes to discussing sex, especially with their mothers, they tend to rely on other sources than their parents to learn about sex, learning, especially, from pornography (Measor, 2004; Whitaker & Miller, 2000).

A study conducted by Nolin and Peterson (1992), which used a population of White, middle- or upper middle class families ( $N = 84$ ), found similar results to DiIorio et al.'s (1999) study of working-class African Americans. Three conceptual categories of topics were created to look for differences in the amount of talk between parents and children about sex: factual, sociosexual, and moral communication. Results showed that mothers and daughters had the most conversations, and that fathers and daughters talked the least of any dyad; however, as found in other studies mentioned previously (e.g., DiIorio et al. 1999), mothers still talked more to sons than fathers did, leaving sons with less information than that of daughters. Nolin and Peterson's study also highlighted that sons receive information, primarily, about sociosexual issues, such as dating relationships, adolescent pregnancy, STDs, male–female psychological differences, and love and/or marriage. The researchers also noted that because sons receive relatively little communication at home about sexual behavior, they may be more susceptible to media and peer messages that encourage risky behavior, such as casual sex or even rape.

Further investigating the effects of parents' gender, Boone and Lefkowitz (2007) found that mothers use various tactics with their children depending on the sexual topics that they are

discussing. They found that mothers, primarily, asked questions when communicating with their children about sex, but there also were topic-related differences in how they talked to their children. Specifically, mothers talked less about negative consequences associated with nutrition, exercise, and sex than other topics; asked fewer questions about nutrition and exercise than about drugs and alcohol; and lectured more when talking about nutrition and exercise than when talking about sex. Additionally, mothers with an authoritarian parenting style, as opposed to more liberal styles, tended to talk about more topics earlier with their daughters (see also Askelson, Campo, & Smith, 2012). Even more specifically, Guilamo-Ramos et al. (2006) found that mothers could talk with their children about consequences of sexual activity but not about intercourse or birth control. Clearly, mothers have taken on more than their fair share of the sexual communication burden, being almost the exclusive source of information for daughters and the largest source of information for sons, leading sons to miss out because fathers are not filling the gap.

In contrast to mothers, fathers take a different approach to communicating with their children about sex. According to a study conducted by Wilson et al. (2010), some fathers frequently and openly engaged in parent–child sex communication, but many others had not and often simply avoided such conversations altogether, especially with daughters. Although avoidance of such conversations occurs for some mothers as well, it, generally, is unusual for mothers to engage in no communication with their children about sex, whereas that is a common occurrence for fathers. Many fathers in Wilson et al.’s study reported being more protective of their daughters than their sons, and some had difficulty talking with their daughters about sex at all. Fathers also believed that they were better suited to discussing some topics, such as male puberty and how young men think, than other topics, especially “female-oriented” topics, such as

menstruation, yet most believed that their perspective as a father was important for their children to hear, and they were highly invested in ensuring that their children were safe and successful in life. Fathers also used strategies, such as emphasizing future goals and monitoring children's activities and friends, to create and maintain sexual and intimate relationship boundaries for their children.

Parent-child sexual communication between fathers and daughters, thus, seems to be especially challenging, with a study conducted by Hutchinson and Cederbaum (2010) reporting that only 10% of daughters believed that their father prepared them well for dating and sexuality, despite their strong desire to hear a male perspective. Daughters wanted their fathers to be open and nonjudgmental in providing support for dating, relationships, and sexuality, citing such openness as leading them to feel more supported and making them want to talk more with their fathers. This finding is curious in light of a study that found that 70% of teens engage in no communication with their father about sex (Raffaelli, Bogenschneider, & Flood, 1998).

Kikman, Rosenthal, and Feldman (2002) documented fathers' reasoning for not communicating more with their children about sex. According to those fathers, women are viewed as better communicators than are men, and women do a better job of establishing connection with their children, whereas fathers seem to only lecture. Fathers remarked that women seem to own intimacy, as, in their traditional roles, they are seen as nurturers, sensitive to emotions, and they are cognizant of the fact that, especially with daughters, men are seen as the enemy, which puts fathers in an awkward position, leading them to view mothers as being better able to deal more safely with topics surrounding sex. Despite such parental excuses, however, children desire much more conversation with their parents on a variety of sex-related topics.

In the study referenced earlier by Fitzharris and Werner-Wilson (2004), the focus group of children came up with a list of sexual topics that they wished their parents would talk to them about but had not. In particular, children desired discussions about anatomy and physiology, mechanics of body and sex, STDs, birth control, facts and myths about sex, consequences of early sexual activity, responsibilities that come with sexual activity, peer-pressure, and “self-concept,” which has implications for future sexual risk taking. Although such information about topics that children want to discuss with their parents raises the question of what, exactly, prevents parents from engaging in such discussions with their children.

### **Parental Factors and Barriers to Effectively Communicating with Children about Sex**

Despite evidence that shows parents’ communication with their children about sex is important and can have significant effects, parents experience a number of common struggles in having such conversations with their children; those difficulties range from what age to start those discussions, to contexts where those discussions should take place, to whether one or both parents should initiate those conversations, to, how much privacy to allow children to have regarding sex, to what, exactly, to say during those conversations (see, e.g., Coffelt, 2010; DiIorio et al., 1999; Dutra et al., 1999; Guzmán et al., 2003; Jerman & Constantine, 2010; Kirkman et al., 2005; Meschke, Bartholomae, & Zentall, 2000; K. S. Miller et al., 2009; Sneed, Somoza, Jones, & Alfaro, 2013; Wright, 2009). However, perhaps what is most significant are individual personal barriers that parents face, such as, discomfort, lack of sexual and biological knowledge in having those discussions.

Across cultures, parents share some common concerns about their ability to deliver high-quality sex education to their children (Byers et al., 2008; Chung et al., 2005, 2007; DiIorio et al., 2003, 2007; Fitzharris & Werner-Wilson, 2004; Hutchinson & Montgomery, 2007; Jerman &

Constantine, 2010; Jordan, Price, & Fitzgerald, 2000; Kim & Ward, 2007; King & Lorusso, 1997; McKee & Karasz, 2006; O'Sullivan, Jaramillo, Moreau, & Meyer-Bahlburg, 1999; O'Sullivan, Meyer-Bahlberg, & Watkins, 2001; Raffaelli & Green, 2003; Usher-Seriki, Bynum, & Callanda, 2008). For many parents, thoughts and feelings related to their developing children, and, specifically, viewing them as sexual beings, prevent parents from going beyond simply lecturing about negative consequences of engaging in sex (Byers et al., 2008; Fitzharris & Werner-Wilson, 2004; King & Lorusso, 1997; Kirkman, et al., 2002). For example, parents often worry that talking with their children about sex will promote sexual behavior by their children (Fitzharris & Werner-Wilson, 2004; King & Lorusso, 1997); in particular, parents often believe that teaching their children about condoms will be seen as condoning their use, and, consequently, they avoid discussing that important topic (Fitzharris & Werner-Wilson, 2004). Those parents also tend to be unsupportive of comprehensive sexual education in schools, which is unfortunate, because research shows that parents who favor comprehensive sexual education also do a better job of communicating with their children about sex (Byers et al., 2008). Fathers, especially, have difficulties acknowledging that their children, and daughters, in particular, may be sexual beings (DiIorio et al., 2003; Hutchinson & Cederbaum, 2011; Kirkman et al., 2002; Nolin & Peterson, 1992). One large study (N = 907) found that two thirds of parents experience difficulty communicating with their children about sex because of concerns about the sexual development of their children (Jermain & Constantine, 2010). However, Mollborn and Everett (2010) found that there was a very strong correlation between parents expressing expectations to their adolescents about sexual activity and adolescents striving to live up to standards that their parents set.

Many parents also have serious concerns about the adequacy of their sexual knowledge

and their ability to engage in high-quality conversations with their children about sex, which can contribute to an overall lack of confidence regarding those conversations (Brock & Beazley, 1995; Byers et al., 2008; DiIorio et al., 2000, 2003; DiIorio, McCarty, & Denzmore, 2006; Fitzharris & Werner-Wilson, 2004; Haggerty et al., 2002; Kirkman et al., 2002), and the lack of confidence or feeling of embarrassment does not promote success. Parents who feel uncomfortable or embarrassed do not report engaging in much, if any, communication with their children about sex (Byers et al., 2008; DiIorio et al., 2000, 2003; Fitzharris & Werner-Wilson, 2004; Jerman & Constantine, 2010; King & Lorusso, 1997).

There, thus, are many potential barriers to parents communicating with their children about sex. Perhaps the most important barriers, as explained below, concern parents' openness, willingness, and comfort communicating with their children about sex.

### **Parents' Openness, Willingness, and Comfort Communicating with their Children about Sex**

Most prominent in the literature on communication between parents and children about sex is the importance of parents establishing an open and comfortable communication environment for increasing their children's receptiveness to parental messages about sex, self-disclosure about sexual thoughts and behaviors, and safer sex behavior (Boone & Lefkowitz, 2007; DiIorio et al., 2003; Hutchinson & Cederbaum, 2010; Neer & Warren, 1988; Warren & Neer, 1986). A foundational study conducted by Warren and Neer (1986) demonstrated that frequent and effective communication in families about sex may function as a model for children to use in future contexts, such that children are more likely to have open discussions with their romantic partners about sex and with their parents if they come from a family with a strong family sex communication orientation, a term developed by Warren and Neer to describe a

family where communication about sex is open and comfortable. The study also found that discussing sex was not taken by children to be a license for sexual freedom, as some parents feared. A more recent study by Guzmán et al. (2003) reinforced Warren and Neer's work, finding, from data collected from 1,039 Latino adolescents, that comfortable discussion about sex predicted a decreased likelihood of those adolescents being sexually active, an increased age of sexual debut, and an increased intention to delay intercourse.

Even more recently, Kirkman et al. (2005) interviewed 19 families (with adolescents) about their communication about sexual issues. Although interviewers did not bring up the word "openness," it was a major theme that was expressed by parents and adolescents alike. However, Kirkman et al. also found that openness meant various things to families, with some families engaging in a lot of talk about sex, but others having more limited talk but leaving the door open for it in the future. Taking into account the several studies that were reviewed previously that highlighted the need to be open, regardless of what openness may mean for individual families, clearly, it has a decisive impact on the quality and effectiveness of parent–child communication about sex.

Despite the fact that it is important for parents to converse with their children about sex, and leave the door open for future questions (Kirkman et al., 2005), there also is evidence that creating a comfortable environment for such talk is very important. This can be difficult when parents are trying to find the appropriate amount of privacy to give their child (DiIorio et al., 1999; Kirkman et al., 2005). Research offers some encouragement for parents struggling to be engage in parent child sex communication with their children. Rozema (1986), for example, noted that if parents want children to heed their comments and to talk to them about sex instead of having those conversations with peers, they must avoid creating a defensive climate. Another

aspect of providing children with room for privacy is parents' fear of what their children may want to discuss. For instance, in the study conducted by Kirkman et al. (2005), a mother described her extreme distaste for a conversation about her child's experiences with kissing and possible foreplay. Reinforcing the finding that uncomfortable conversations are less effective, mothers who characterized their sexual communication as being open, nonjudgmental, and bidirectional believed that they contributed positively to the children's sexual decision making and behavior (Rosenthal et al., 1998).

In addition to wanting to provide children with some personal space and privacy, many parents want to maintain their privacy when it comes to sexual issues. Most commonly, parents are willing to share with their children their sexual experiences as a teenager but they are not willing to talk about their sex lives as adults, claiming that topic is too awkward (Kirkman et al., 2005). If adolescents sense that a parent is not comfortable having a discussion, it makes them feel equally uncomfortable and, possibly, it can prevent them from coming to their parents with questions about sex (Rozema, 1986). Therefore, it is important that parents negotiate the felt tension between wanting to be open with their children about sex and maintaining a sense of privacy for themselves and for their children.

There seem to be at least two factors that play into parents' ability to be open: willingness and comfort. First, if parents are unwilling to have conversations with their children about sex, their comfort with the topic is irrelevant. Perhaps *self-efficacy*, or the perceived ability to perform an action, can explain why parents would be unwilling to talk to their children about sex. An evaluation of the R.E.A.L. MEN intervention, a father-son HIV prevention regional project, found that fathers' self-efficacy mediated the effect of the intervention, pointing to the need to help fathers believe that they can have meaningful discussions with their children, in

addition to showing them how to do so (DiIorio et al., 2006). Brock and Beazley (1995) also found that parents need to believe not only in the effectiveness of parent–child communication about sex but also in their self-efficacy for having meaningful discussions with their children about sex. Additionally, DiIorio et al. (2000) found that mothers who expressed higher levels of self-efficacy, in contrast to those who were not self-efficacious, believed that they would have more favorable outcomes when talking to their children about sex and they were far more likely to engage in those conversations. Self-efficacy, thus, is an important factor with regard to whether parents even attempt to talk to their children about sex. It also is quite likely that self-efficacy is related to parents’ comfort and willingness to talk with their children about sex.

The question, thus, remains how parents can become more willing and comfortable with their children to discuss sex. Byers et al. (2008) found that more, as compared to less, knowledge about sex and sex-related topics created greater comfort in parents, and that parents who were supportive of comprehensive sex education in schools, as opposed to those who were not, were better at engaging in meaningful talk with their children about sex. If knowledge is a significant contributor to comfort, interventions that increase parents’ knowledge about sexual topics, should in turn, increase parents’ comfort when having discussions with their children about sex. The next section details how intervention programs have attempted to educate parents and, thereby, to increase the quantity and quality of parent–child communication about sex.

### **Intervention Programs for Increasing Parents’ Communication with their Children about**

#### **Sex**

Because of difficulties that parents face in being willing to have open and comfortable conversations with their children about sexual issues, and because of the potential lack of factual knowledge that parents have about sex, intervention programs have been designed to educate

parents about such knowledge and about how to have comfortable conversations with their children about sex, and the effects of those intervention programs have been assessed. Kirby et al. (1982), for instance, found that parent–child sexual communication education programs, generally, reduced communication anxiety and awkwardness for all parties, which transferred to children’s future relationships. Knowing that intervention programs can affect parents’ communication with their children about sex, it is important to establish if and how these interventions work and for whom.

Intervention programs have employed numerous strategies to involve parents in sex education. Burgess and Wurtele (1998), for instance, prepared a one-time, 1-hour session for parents that involved watching a video about child sex abuse, followed by a discussion about child sex abuse with a facilitator. The researchers employed protection motivation theory (which suggests that if parents fear that their children will be in danger, they will be more motivated to take action to protect them; Rogers, 1983) to increase their communication with their children about sex. At the time of follow up (2 to 8 weeks later), parents exposed to the intervention, as compared to a control group, reported greater intentions to talk with their children about child sex abuse, and they had engaged in more communication with them about that topic. Burgess and Wurtele advocated for more programs that increase parents’ self-efficacy regarding communicating with their children about sex, by offering parents opportunities to practice such conversations.

Huston et al. (1990) also created an educational program that consisted of four 2-hour sessions for parents that was intended to enhance parents’ knowledge on sex-related topics, such as anatomy, menstruation, and peer pressure to engage in sex and other risky behaviors. Although the sessions relied primarily on lecture to teach that knowledge, parents’

communication skills also were improved through the use of small group discussions, exercises, and role-playing. Parents reported the amount of communication they had with their children before and after the intervention on 11 topics covered in the workshop. Parents also had the ability to select from five reasons for not having talked more with their children about sex: children were too young, parents did not have enough knowledge, parents feeling uncomfortable, children already knowing that information, and parents and their children not talking freely about sex. Multiple regression analysis showed that children being too young and parental discomfort were significant factors in preventing parents from having sex-related discussions with their children. Although none of the effects of specific pedagogical methods were assessed, the workshop significantly improved the amount of discussion and number of topics that parents covered with their children.

Although there is no research conducted by communication scholars on the effects of interventions designed to increase parent–child communication about sex, there have been a few highly successful interventions that educated parents to increase and improve their communication with their children about sex. A study conducted by O’Donnell et al. (2007), for instance, employed a community-based approach to design an intervention that took the form of three audio compact disks (CDs) for parents to listen to alone or with their children that conveyed dramatic scenes that were meant to model conversations about an array of sexual- and health-related topics. At the time of follow up, children whose parents were involved in the intervention reported higher family support and rules, and fewer behavioral risks, regarding sex and relationships, compared to children in control families. Parents also were much more likely to receive high scores on indexes of communication with their children about sexual risk behaviors and to report increased self-efficacy to have conversations with their children about

puberty and sexuality. Parents also perceived having influence over their children's sexual behavior (O'Donnell et al., 2005, 2007).

A similar study by (B. C. Miller et al., 1993) utilized at home videos in order to accommodate families that could not attend evening or weekend sessions. The course was divided into six units; each consisting of a short 20-minute video, all on separate tapes to reduce the risk that families would watch all six units in one viewing session. The content of the videos was aimed at 10 to 14 year olds and had an abstinence-centered message. The videos had two hosts and a series of dramatic scenes that presented the given topic, such as choices, in family, school, or peer situations. At the conclusion of each video, the hosts would point out key issues, and raise questions that families were left to discuss once the video had ended. Researchers conducted a survey, just prior to treatment, three months, and one year later. Results indicated that in the three months following the treatment, parent-child sex communication increased when compared to the control group but that effect subsided by the one-year mark once the families no longer had access to the videotapes. These findings indicate that simple facilitation may not be enough to truly cause lasting change in parent-child sex communication.

As another example, Villarruel et al. (2008) designed an intervention for parents and children in Mexico that consisted of six 60-minute modules that parents participated in across two consecutive Saturdays; the modules included role-playing, small group discussion, videos, and skill-building exercises that dealt with parents' potential discomfort surrounding discussions about sex. Parents were randomly assigned to an HIV risk reduction or health promotion intervention, with measurements administered at pretest, posttest, and 6- and 12-month follow ups. Parents in the HIV risk reduction intervention reported more general communication and sexual risk communication in their families, and more comfort with communicating with their

children about sex, demonstrating that the intervention increased the quantity and quality of parent–adolescent communication about sex, regardless of parents’ age, gender, marital status, or number of children.

Some interventions, however, do not prepare parents with information about sex or communication skills for talking with their children about sex but, instead, they assume that parents already have that information and skills, and those interventions simply create an opportunity for parents and children to have discussions about sex (Forehand et al., 2007). Blake et al. (2001), for instance, designed an intervention that consisted of five homework assignments for parents and children to do together at home during the time that the children were taking a sex education course in school. The study showed that students who actually completed the homework, compared to those who did not, reported greater self-efficacy for refusing high-risk sex behaviors, less intention to have sex in high school, and more frequent parent–child sex prevention-and-consequence communication. This study, however, failed to account for knowledge about sex that parents may have, and it assumed that parents have the skills, time, and/or desire to facilitate conversations with their children about sex. The study also ignored any potential discomfort that parents or children may have had that might have prevented them from completing the assignments. Additionally, this program put the onus for starting conversations on children rather than on parents, which seems problematic because, as noted previously, children, typically, turn to friends and the internet for such information when parents do not initiate it (DiIorio et al., 1999; Kirkman et al., 2005; Wright, 2009).

Other researchers have looked at interventions that take place outside of child-centered environments. Schuster et al. (2006, 2008) developed, implemented, and evaluated a worksite-based intervention for parents only. The intervention consisted of eight weekly, 1-hour sessions

that included watching videos and discussing their content, as well as engaging in practice activities, such as games and role-plays. In addition to providing information about sex and sex-related topics, parents were taught how to identify teachable moments, to initiate conversations, and to engage in active listening, pedagogical strategies that went beyond just providing information to improving parents' communication skills, although effects of those pedagogical delivery methods was not assessed. Moreover, measures of comfort were not included in favor of measures of ability and openness, both of which increased postintervention.

Twenty years later, Kirby and Miller (2002) assessed the effectiveness of various types of sexual communication education programs, including educating parents and children together vs. educating parents only. They used five criteria to evaluate whether the programs (a) reached a substantial number of parents; (b) advanced objectives of most other programs (such as increasing parents' knowledge, increasing their belief that communication about sexuality will not increase chances that their teens will engage in sex, and increasing their knowledge about sex and sex-related topics); (c) increased the amount of parent–child communication about sex; (d) reduced factors associated with children's sexual risk taking or improved protective factors; and (e) delayed children's sexual onset or increased the use of condoms or other contraceptives, and, thereby, reduced their sexual risk taking. Although programs attended by both parents and children were very successful for parents of adolescents, parent-only classes were more effective across the board in terms of teaching parents with children of all ages, likely because parents were able to make adjustments based on age, whereas parent–child interventions were tailored for specific age levels. This finding, thus, suggests offering workshops for parents that do not include their children.

Continuing this line of research, Akers, Holland, and Bost (2011) reviewed effectiveness

results from 12 interventions to improve parent–child communication about sex. Five criteria were used to determine inclusion: studies had to have (a) been published between January 1980 and July 2010, (b) been published in peer-reviewed, English-language journals, (c) empirically measured the effectiveness of interventions for improving parental communication with adolescents about sex, (d) targeted parents (mothers, fathers, or both) of adolescents (daughters, sons, or both) aged 11 to 18 years in the United States, (e) and used an experimental or quasiexperimental study design that included a control group and a pretest–posttest design. Although many different measurement instruments were used across the studies, Akers et al. found that, compared to control groups, improvements were seen in frequency, quality, intentions, comfort, and self-efficacy for communicating, with parents, typically, reporting larger improvements than did children. However, no effect was shown for parents’ attitudes toward such communication or expected conversational outcomes, which might speak to parents’ preexisting willingness to engage in such communication. Akers et al. also noted that none of those interventions assessed effects of the specific pedagogical delivery methods that were employed, and, therefore, they were not particularly helpful for practitioners in terms of structuring such programs.

Taking Akers et al.’s (2011) note about effects of specific pedagogical delivery methods to heart, it is curious that parsing out specific pedagogical practices used in parent–child sex communication interventions is not standard practice, as understanding effects of those communication interventions demands knowing not only what pedagogical delivery methods were used but also how they affected learning. A search of the literature revealed one study conducted by Flanagan, Adams, and Forehand (1979) that tested the effectiveness of four pedagogical delivery methods for teaching parents to use time-outs (a disciplinary method that

involves children being isolated and quite for a period of time) with their children. Parents first completed a written test of recall of the workshops material as well as hypothetical disciplinary scenarios, and then they were observed interacting with their children. The methods assessed, written presentation, lecture, videotaped modeling, and a role-playing presentation all were shown to be superior to a no-treatment control group. However, if performance competence is the concern, which it is in the case of parent–child communication about sex, Flanagan et al. argued that written presentations need to be avoided in favor of a modeling technique. Additionally, the researchers cautioned, based on the results, that performance on an analog test may not be indicative of the ability to perform at home when it counts. This result reveals that not only do interventions have the ability to affect parents' comfort and willingness to communicate with their children about sex but various pedagogical delivery methods can have differential effects as well. However, more research is needed on the effects of pedagogical delivery methods in the context of communication interventions, in general, and sex communication education interventions, in particular.

### **Purpose of Study**

In summary, the literature shows that parent–child sexual communication has important outcomes for the health and safety of children. Generally, these conversations can be effective, but that parents face many barriers (some of which are gender related) that prevent optimal effectiveness. However, parents can improve their conversations with their children about sex through sexual communication education interventions. Communication-centered interventions that have focused on teaching parents only about how to communicate with their children about sex, by and large, have been shown to be the most successful. Across the board, parents who

have participated in those interventions have reported being more efficacious, willing, open, and comfortable talking with their children about sex than they did prior to the intervention.

Additional research is needed, however, about the effects of such interventions, especially in terms of affecting parents' willingness and comfortableness to talk with their children about sex, as those factors have large effects on the overall quality and effectiveness of such talk between parents and their children. Moreover, little is known about other important factors that might influence parents' increased willingness and comfortableness to talk with their children about sex after participating in such interventions; in particular, researchers have not paid sufficient attention to the influence of pedagogical delivery methods employed in such workshops or the impact of significant demographic variables (e.g., parents' and children's gender).

This study seeks to accomplish those goals by assessing the effects of a specific workshop—the Parenting Safe Children Workshop—and its pedagogical delivery methods on parents' comfort and willingness to engage in communication with their children about sex, taking into account important demographic variables. The next chapter describes that workshop and methodological procedures that were employed to study it.

## CHAPTER 3

### METHODS

This study was a one-group pretest–posttest (preworkshop–postworkshop) design that assessed the comfort and willingness of parents to engage in conversations with their children about sex. This section explains the intervention (the Parenting Safe Children Workshop) that was studied and procedures that were employed to collect and analyze the data.

#### **Parenting Safe Children Workshop**

The Parenting Safe Children Workshop educates parents and other caregivers about keeping kids safe from sexual abuse. The workshop was designed and is conducted by Ms. Feather Berkower, who is a licensed clinical social worker and holds a Master of Social Work (MSW) degree from the University of California, Berkeley. Across her 29-year career, Ms. Berkower has fostered a community-based approach to educate children, parents, and professionals about how to prevent child sex abuse, and she offers presentations across the United States to professionals in schools and youth organizations, and to parents in community groups and in businesses.

Parenting Safe Children is a one-time workshop that takes place over 3.5–4 hours and often is conducted in school libraries, churches, and community centers. The workshop is designed to reach parents with children of all ages (including infants), but the majority of parents who attend the workshop have children in preschool and elementary school, with early education about such abuse being key to preventing it. Ms. Berkower schedules the workshop by request and requires a minimum number of attendees to be recruited by local individuals who host the

event via numerous methods, including flyers, personal invitations, and announcements in schools and churches. No children are allowed to attend the workshop, and information that parents share during the workshop is considered to be confidential.

Ms. Berkower divides the content that is examined in the Parenting Safe Children Workshop into three sections: (a) understanding child sex abuse (covering facts about sex abuse/abusers, grooming process used by sex abusers, dispelling myths about sexual abuse, child vulnerabilities, age-appropriate sexual behavior, and child-to-child sexual abuse), (b) body safety rules (covering real-world examples, What-If games, and teachable moments), and (c) screening child-care providers (including script development and an open question session). During each stage of the workshop, Ms. Berkower emphasizes the importance of open, honest communication, and she stresses that children who grow up believing that they are “boss of their body” feel empowered, are less vulnerable to sexual abuse, and viewed by offenders as “off limits.” She helps parents to achieve that understanding by teaching them communicative practices, such as conversational approaches and rules, to use in a variety of situations, with their children, care providers, and other parents.

Pedagogical delivery practices employed during the workshop include lectures (with PowerPoints and handouts), oral quizzes, practice activities, and having parents engage in role-plays to gain experience having difficult conversations with their children and with care providers (e.g., professionals, family members, and/or other parents) about sex (see Table 1 regarding practices employed to teach specific content covered in the workshop). Parenting Safe Children workshop attendees leave with a packet of information that includes:

1. Ten Body-safety rules that parents can teach children to reinforce body safety.

2. Talking with children about body safety, which educates parents about seizing teachable moments to educate kids about sex and body safety. (Includes an example with a sample response; the rest are left up to parents.)
3. What-if games to foster open and fun communication with kids about body safety and sexuality.
4. Sample interview screening questions for talking with caregivers about body safety.
5. Age-appropriate sexual behavior, which helps parents to understand what is and is not developmentally appropriate sexual behavior.
6. Handling children's disclosures, with examples of supportive and nonsupportive parental responses.
7. Signs and symptoms of sexually abused children.
8. Behaviors (of concern) to watch out for when adults are with children.
9. Signs that a child or teen may be at risk of harming another child.
10. Local resources in case parents need support.

In addition to the session, Ms. Berkower is available for phone consultations, has a Facebook page, website, quarterly newsletter, and offers a separate workshop for professionals, such as teachers, camp counselors, and youth leaders.

The workshop, thus, concentrates on helping parents to prevent child sex abuse, which is different in many ways than interventions that are designed to increase parents' communication with their children about sex. To accomplish the goal, however, the Parenting Safe Children, workshop includes material on improving communication between parents and their children about sex (and many related matters, such as masturbation, body safety, and showing physical

affection). Hence, the workshop is a suitable (at least, indirect) site for studying the larger issue of increasing the quantity and quality of parent–child communication about sex.

Table 1

*Pedagogical Practices used by Content Area*

<u>Content</u>	<u>Role- playing</u>	<u>Quiz Questions</u>	<u>Question –Answer Session</u>	<u>Open Discussion</u>	<u>Lecture</u>	<u>Practice Activities</u>	<u>Video</u>
Statistics		X			X		
Facts about Sex Abuse		X	X	X	X		
Teachable Moments				X	X	X	
Body Safety Rules	X		X	X	X	X	
What-if game	X				X	X	
Screening Caregivers	X		X	X	X		X
Dispelling Myths		X	X		X		
Real-world Examples					X	X	
Take-home Packet			X		X		
Child Vulnerabilities		X	X	X	X		
Grooming Process		X	X		X		
Child-to-child Sex Abuse		X	X	X	X		
Age-appropriate Sex Behavior		X	X	X	X		

### Procedures

The study employed a pretest–posttest (preworkshop–postworkshop) evaluation of parents who attended the Parenting Safe Children Workshops that were conducted between November 2013 and March 2014. Prior to answering the preworkshop questionnaire, participants completed an informed consent form (see Appendix A).

The preworkshop questionnaire consisted of two sections (see Appendix B). The first section collected demographic information about participants (e.g., age, sex, and race), as well as

information about three variables, drawn from scholarly literature, that may influence how comfortable and willing parents are to discuss with their children the topic of sex: (a) parents' religiosity (Pluhar, DiIorio, & McCarty, 2008; Regnerus, 2005), (b) age and gender of parents' children (DiIorio et al., 1999), and (c) extent to which their parents had talked to them about sex (King & Lorusso, 1997). The second section asked participants to use a 4-point Likert-type scale (1= *Not at All*, 2 = *A Little*, 3 = *Much*, 4 = *A Lot*) to rate how much they had talked to their child and how comfortable and willing they were to talk about 17 items related to body, sexual abuse, and sexuality. For that section of the questionnaire, parents who had multiple children were asked to focus on the one child with whom they believed it would be most difficult to talk about sex.

The informed consent form and preworkshop questionnaire were administered using a university-paid subscription to Qualtrics. To recruit participants, parents who were registered for the Parenting Safe Children Workshop were sent an e-mail by Ms. Berkower approximately a week before their designated date, with an invitation (see Appendix C) to complete an online questionnaire prior to attending the workshop. On two occasions, participants were asked to complete a paper copy of the preworkshop questionnaire immediately prior to the workshop.

The postworkshop questionnaire (see Appendix D) was administered either by me in paper form immediately following the workshop or by Ms. Berkower, who sent an e-mail to participants, within 24 hours of the conclusion of a workshop, that contained a link to the online website that hosted the postworkshop questionnaire. The postworkshop questionnaire did not include some of the demographic information and parents' rating of the amount of talk with their child about sex that had been asked in the preworkshop questionnaire, as those things would not have changed immediately following the workshop. In addition to measures of comfort and

willingness to talk about sex with their children, participants used the same 4-point Likert-type scale to rate the helpfulness of the seven pedagogical delivery methods that were employed and the 13 content areas that were covered in the workshop.

The construction of the questionnaires took place over a few months with the help of Ms. Berkower; her communications consultant, Ms. Annie Gardiner; and Dr. Matt Koschmann and Dr. Lawrence Frey. I made an initial site visit in April 2013, to observe the workshop and parents' reactions to it. From that visit and another visit in October 2013, the preworkshop and postworkshop questionnaires began to be developed. Several drafts of those questionnaires were circulated and vetted for consistency with the scholarly literature and with discourses that were employed in the Parenting Safe Children Workshop. Final versions of the questionnaires were tested for functionality and face validity by peers and by Ms. Berkower prior to being employed.

A total of 128 individual parents, some from the same families, completed the preworkshop questionnaire and 91 completed the postworkshop questionnaire, from the 444 people who attended the workshop over the course of that time. Preworkshop and postworkshop questionnaires were paired using internet protocol (IP) addresses and demographic information, which resulted in 71 complete pairs of preworkshop and postworkshop questionnaires, for a response rate of 16%. The resulting sample consisted of 60 women and 11 men ( $N = 71$ ) between the ages of 29 and 51 ( $M = 38.49$ ) that was skewed toward highly educated, nonreligious women (see Table 2). Participants mostly were parents of young children ( $M = 4.54$  year olds).

### **Institutional Review Board Approval**

On October 29, 2013, Protocol 13-0629 was granted exempt status by the Institutional Review Board (IRB) at the University of Colorado Boulder (see Appendix E). An amendment

Table 2

*Participants' Demographics\**

<u>Race</u>	<u>Female</u>	<u>Male</u>
White	54	10
Asian-Pacific Islander	3	0
Native American	2	1
Other	1	0
<u>Education</u>	<u>Female</u>	<u>Male</u>
High School Diploma	0	1
Some College	2	0
2-year Degree	1	0
4-year Degree	30	5
Master's Degree	18	3
Doctoral Degree	2	0
Professional Degree	7	2
<u>Religious Affiliation</u>	<u>Female</u>	<u>Male</u>
Protestant	16	0
Catholic	14	3
Evangelical Christian	8	3
Jewish	2	0
None	19	3
Other	12	2
<u>Marital Status</u>	<u>Female</u>	<u>Male</u>
Single, Never Married	2	0
Married	55	9
Divorced	3	2
<u>No. of Children</u>	<u>Female</u>	<u>Male</u>
1	18	2
2	32	6
3	6	2
4	3	1
5	1	0

\*Not all participants answered every question

was submitted to include some field notes and an interview that I subsequently conducted with Ms. Berkower, as well as correspondence with her and with her communications consultant, Ms. Gardiner. No identifying information was collected from parents, and Ms. Berkower requested that the name of her workshop not be changed, to use the findings in her advertising for the workshop. I had no access to parents' contact information (e.g., e-mail address) through the Parenting Safe Children Workshop, and I could identify and contact individual parents only if

they reached out to me first. In turn, Ms. Berkower did not have access to the raw data but did ask to see the written report for the possible purposes of promoting some aspects of the workshop and/or making refinements in training techniques. Ms. Berkower did review this document and offered comments that were incorporated into the final version.

### **Data Analysis**

Questionnaire data were analyzed using the Statistical Program for the Social Sciences (SPSS). First, descriptive statistics were obtained to describe the sample's characteristics. Second, exploratory factor analysis was employed to identify factors that comprised the variables of conversational topics and pedagogical delivery methods. Averages were created for the preworkshop and postworkshop scores on parents' comfort and willingness by adding those scores together and dividing by them in half; the new variable then was run through factor analysis, which resulted in three factors (explained in the next chapter). A reliability analysis then was run on the new factors, which became the scores that were employed in subsequent analyses. Scores on the postworkshop pedagogical delivery practices also were analyzed via the same exploratory factor analysis procedure. Paired *t*-tests were conducted to look for initial significant changes from preworkshop to postworkshop. Finally, a series of multiple linear regressions were conducted to investigate overall change between the preworkshop and postworkshop scores, and whether demographic variables and pedagogical delivery methods affected that change.

## CHAPTER 4

### RESULTS

#### **Factor Analyses**

To explore factors associated with content that was covered in the workshop, principal component analysis (PCA) with orthogonal rotation (varimax) first was conducted on the 17 content items assessed on the questionnaires. The Kaiser-Meyer-Olkin (KMO) measure verified the sampling adequacy for the analysis,  $KMO = .925$ , and all KMO values for individual items were .80 or higher, which is well above the acceptable limit (Field, 2009). Bartlett's test of sphericity  $\chi^2(120) = 2044.891, p < .001$ , indicated that correlations between items were sufficiently large for PCA. An initial analysis was run to obtain eigenvalues for each component in the data. Three components had eigenvalues over Kaiser's criterion of 1 and, in combination, explained 50.32% of the variance. Table 3 shows the factor loadings after rotation. The items that clustered on the same components suggest that component 1 represents body boundaries, component 2 represents basic body concepts, and component 3 represents development topics. These subscales all had high reliability; 1 ( $\alpha = .958$ ), 2 ( $\alpha = .926$ ), and 3 ( $\alpha = .872$ ).

More specifically, the factor of body boundaries (factor 1) was comprised of four conversation topics: saying "no" to authority figures when body safety issues arise, children are the bosses of their bodies, body privacy, and choices about physically showing affection. Given that these four topics are strongly featured in the Parenting Safe Children Workshop, it made sense that they would go together. The second factor of basic body knowledge (factor 2)

contained three topics: names of body parts, gender body differences, and functions of parts.

The third factor (factor 3) included two topics: where babies come from and puberty.

Table 3

*Rotated Component Matrix for Content*

	<u>Component</u>		
	<u>1</u>	<u>2</u>	<u>3</u>
Saying “NO”	.812	.282	.163
Boss of body	.782	.318	.315
Body privacy	.659	.352	.249
Choices	.640	.295	.310
Names of parts	.244	.898	.167
Functions of parts	.234	.857	.163
Gender body differences	.316	.744	.324
Nudity	.344	.509	.443
Babies	.234	.231	.831
Puberty	.303	.349	.709
Secrets	.352	.352	.147
Body Safety Rules	.513	.382	.193
Photographs	.263	.188	.320
Masturbating	.203	.193	.291
Touching	.436	.242	.230
Relationships	.395	.231	.482

Extraction Method: Principle Component Analysis

Rotation Method: Varimax with Kaiser Normalization; rotation converged in seven iterations.

The same statistical procedure was used to identify factors associated with the seven pedagogical delivery methods listed on the questionnaire. The KMO measure verified the sampling adequacy for the analysis (.705), and all KMO values for individual items were at least .50 and above the acceptable limit. Bartlett’s test of sphericity,  $\chi^2(21) = 120.725, p < .001$ , indicated that correlations between items were sufficiently large for PCA. Two components had eigenvalues over Kaiser’s criterion of 1 and, in combination, explained 56.819% of the variance. Table 4 shows the factor loadings after rotation. The items that clustered on the same components suggested that component 1 represents interactive pedagogical delivery methods,

with a moderate reliability ( $\alpha = .665$ ), and that component 2 was comprised of instructor-focused pedagogical delivery methods, with a high reliability ( $\alpha = .712$ ).

Table 4

*Rotated Component Matrix for Pedagogical Delivery Method*

	Component	
	<u>1</u>	<u>2</u>
Discussion	.821	-.108
Question & Answer	.717	.110
Quiz	.662	.322
Role-playing	.589	.366
Lecture	-.010	.826
Practice	.328	.794
Videos	.096	.559

Extraction Method: Principle Component Analysis.

Rotation Method: Varimax with Kaiser Normalization; rotation converged in three iterations.

### Paired *t*-Tests

To examine the effects of the workshop on parents' comfort and willingness, paired *t*-tests were conducted (for sample statistics, see Table 5). Although preworkshop and postworkshop scores were significantly correlated for some of the factors (see Table 6), as would be expected in any pretest–posttest design completed by same individuals, results from the paired samples *t*-test suggested some important differences (see Table 7). For factor 1, parents' comfort,  $t(68) = 5.484$ ,  $p < .01$ , had a large effect size,  $r = .55$ , but parents' willingness,  $t(68) = 3.755$ ,  $p < .01$ , had a moderate effect size,  $r = .41$ . Factor 2 demonstrated similar results, with comfort,  $t(68) = 6.111$ ,  $p < .01$ , showing a large effect,  $r = .59$ , and willingness,  $t(68) = 3.291$ ,  $p < .01$ , having a moderate effect size,  $r = .37$ . Factor 3 was also successful, with comfort,  $t(68) = 5.161$ ,  $p < .01$ , demonstrating a large effect size,  $r = .52$ , and willingness,  $t(68) = 2.860$ ,  $p < .01$ , having a moderate effect size,  $r = .33$ .

Table 5

*Paired Samples' Statistics*

		<u>Mean</u>	<u>N</u>	<u>Standard Deviation</u>	<u>Standard Error of Mean</u>
Pair 1	Factor 1 Postworkshop Comfort	15.28	69	1.54	.19
	Preworkshop Comfort	13.58	69	2.54	.31
Pair 2	Factor 1 Postworkshop Willingness	15.78	69	.85	.10
	Preworkshop Willingness	14.87	69	1.98	.24
Pair 3	Factor 2 Postworkshop Comfort	11.37	70	1.21	.14
	Preworkshop Comfort	9.93	70	2.00	.25
Pair 4	Factor 2 Postworkshop Willingness	11.81	70	.71	.09
	Preworkshop Willingness	11.23	70	1.45	.17
Pair 5	Factor 3 Postworkshop Comfort	6.49	69	1.55	.19
	Preworkshop Comfort	5.42	69	1.61	.19
Pair 6	Factor 3 Postworkshop Willingness	7.54	69	1.08	.13
	Preworkshop Willingness	7.04	69	1.30	.16

Table 6

*Paired Samples' Correlations*

		<u>N</u>	<u>Correlation</u>	<u>Sig.</u>
Pair 1	Factor 1 Pre- & Postworkshop Comfort	69	.29	.018*
Pair 2	Factor 1 Pre- & Postworkshop Willingness	69	.17	.174
Pair 3	Factor 2 Pre- & Postworkshop Comfort	70	.38	.001*
Pair 4	Factor 2 Pre- & Postworkshop Willingness	70	.18	.128
Pair 5	Factor 3 Pre- & Postworkshop Comfort	69	.40	.001*
Pair 6	Factor 3 Pre- & Postworkshop Willingness	69	.29	.017*

\* $p < .01$ )

### Model Development

Once factors were established for the conversational topics and pedagogical delivery methods, and paired *t*-tests established significant differences between preworkshop and postworkshop scores, multiple linear regression analysis was used to develop a model for predicting parents' postworkshop improvement with comfort on factor 1 from their corresponding preworkshop scores, and the pedagogical delivery method used. Model summary and analysis of variance (ANOVA) results are shown in Table 8. Because the ANOVA was marginally significant ( $p = .06$ ), demographic variables then were included to see if something was suppressing the effect.

Table 7

*Paired Samples' t-Tests*

		<u>Paired Differences</u>					<u>t-value</u>	<u>df</u>	<u>Sig. (2-tailed)</u>
		<u>Mean</u>	<u>Std. Deviation</u>	<u>Std. Error Mean</u>	<u>95% Confidence Interval of the Difference</u>				
					<u>Lower</u>	<u>Upper</u>			
Pair 1	Factor 1 Pre- & Post- Workshop Comfort	1.69	2.56	.30	1.078	2.312	5.484	68	.000*
Pair 2	Factor 1 Pre- & Post- Workshop Willingness	.91	2.02	.24	.427	1.398	3.755	68	.000*
Pair 3	Factor 2 Pre- & Post- Workshop Comfort	1.44	1.97	.23	.971	1.913	6.111	69	.000*
Pair 4	Factor 2 Pre- & Post- Workshop Willingness	.58	1.48	.17	.230	.940	3.291	69	.002*
Pair 5	Factor 3 Pre- & Post- Workshop Comfort	1.07	1.72	.20	.657	1.487	5.161	68	.000*
Pair 6	Factor 3 Pre- & Post- Workshop Willingness	.49	1.43	.17	.148	.836	2.860	68	.006*

\* $p < .01$

Table 8

*Model 1 Summary and Analysis of Variance Model 1*

<u>Model</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>Adjusted R<sup>2</sup></u>	<u>Std. Error of the Estimate</u>
1	.324 <sup>a</sup>	.105	.064	1.492

<u>Model</u>		<u>Sum of Squares</u>	<u>df</u>	<u>Mean Square</u>	<u>F-value</u>	<u>Sig.</u>
1	Regression	16.99	3	5.66	2.54	.064 <sup>b</sup>
	Residual	144.78	65	2.23		
	Total	161.77	68			

<sup>a</sup>Dependent variable: Factor 1 Postworkshop Comfort

<sup>b</sup>Predictors: (Constant), Pedagogical Delivery Method 2 (Instructor-Focused), Pedagogical Delivery Method 1 (Interactive), Factor 1 Preworkshop Comfort

Model 2 predicted parents' postworkshop comfort scores on Factor 1 as a function of their preworkshop comfort scores on that factor for eight demographic variables (age, gender, race, marital status, education, amount their parents talked to them about sex, number of children, and religion) and for pedagogical delivery methods. Once demographic variables were included, the model became significant,  $R = .755$ ,  $F(11, 72) = 5.072$ ,  $p < .001$  (see Table 9). The predictor variables of DM2 and gender had significant ( $p < .05$ ) partial effects with parents' postworkshop comfort scores on Factor 1 (see Table 10). This model, thus, suggested a connection between gender and pedagogical delivery method; consequently, a new variable was created to account for this correlation, and a third linear regression was conducted.

Table 9

*Model 2 Summary*

<u>Model</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>Adjusted R<sup>2</sup></u>	<u>Std. Error of the Estimate</u>
2	.755 <sup>a</sup>	.571	.457	1.204

<sup>a</sup>Predictors: (Constant), Religion, Education, Delivery Method 2 (Instructor-Focused), Age, Race, Marital Status, Amount of Parents Talked to Children before Workshop about Sex, Gender, Pedagogical Delivery Method 1 (Interactive), Number of Children, Factor 1 Preworkshop Comfort

Table 10

*Model 2 Coefficients*

<u>Model</u>		<u>Unstandardized</u>		<u>Standardized</u>	<u>t-value</u>	<u>Sig.</u>
		<u>Coefficients</u>		<u>Coefficients</u>		
		<u>B</u>	<u>Std. Error</u>	<u>Beta</u>		
2	(Constant)	3.37	3.36		1.004	.321
	F1_C	.085	.082	.126	1.038	.305
	DM1	.071	.410	.021	.174	.863
	DM2	1.251	.556	.275	2.251	.030*
	Age	.031	.034	.103	.927	.359
	Gender	1.986	.529	.435	3.753	.001*
	Race	-.277	.173	-.182	-1.601	.117
	Education	.150	.144	.112	1.041	.304
	Marital	-.198	.627	-.037	-.316	.753
	Parent Talk	.134	.256	.060	.526	.602
	No. of Children	.020	.239	.010	.083	.934
	Religion	.096	.054	.194	1.760	.086

\* $p < .05$

FC\_1 = Factor 1 Preworkshop Comfort, DM1 = Interactive Pedagogical Delivery Methods, DM2 = Instructor-focused Pedagogical Delivery Methods

The final model, Model 3, which predicted parents' postworkshop scores of comfort on Factor 1 as a function of their preworkshop scores of comfort on that factor for the eight demographic variables and pedagogical delivery method, was significant,  $R = .830$ ,  $F(11, 72) = 10.862$ ,  $p < .001$  (see Table 11). This model showed that fathers grew significantly from completing a workshop that employed instructor-focused delivery methods, to the point that they ended in approximately the same place as did mothers (see Table 12).

### Multiple Linear Regressions

Once exploratory work was completed on the first factor, the remaining factors were analyzed via multiple linear regression using the same final procedure. All tests that included the variable of parents' willingness, regardless of the factor, were insignificant: factor 1,  $F(8, 72) =$

1.876,  $p = .088$ ; factor 2,  $F(8, 72) = 1.876, p = .088$ ; and factor 3,  $F(8, 72) = 1.736, p = .116$ .

That result was not altogether surprising, as desire to do something may drive people to attend a workshop and, thus, would be unchanged after it.

Table 11

*Model 3 Summary*

<u>Model</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>Adjusted R<sup>2</sup></u>	<u>Std. Error of the Estimate</u>
3	.830 <sup>a</sup>	.690	.626	1.000

<sup>a</sup>Predictors: (Constant), Female\* Pedagogical Delivery Method 2 (Instructor-focused), Age, Religion, Pedagogical Delivery Method 1 (Interactive), Amount Parents Talked to Children before Workshop about Sex, Number of Children, Factor 1 Preworkshop Comfort, Gender

Table 12

*Model 3 Coefficients*

<u>Model</u>		<u>Unstandardized</u>		<u>Standardized</u>	<u>t-value</u>	<u>Sig.</u>
		<u>Coefficients</u>		<u>Coefficients</u>		
		<u>B</u>	<u>Std. Error</u>	<u>Beta</u>		
3	(Constant)	-26.540	6.49		-4.089	.000
	F1_C	.088	.068	.131	1.303	.199
	DM1	.568	.324	.167	1.750	.087
	DM2	8.672	1.62	1.903	5.355	.000*
	Age	.066	.028	.217	2.352	.023
	Gender	18.494	3.44	4.053	5.367	.000*
	Parent Talk	.209	.200	.093	1.048	.300
	No. of children	.082	.191	.041	.431	.668
	Religion	.052	.046	.106	1.135	.263
	femdm2	-4.520	.946	-4.424	-4.779	.000*

\* $p < .01$

FC\_1 = Factor 1 Preworkshop Comfort, DM1 = Interactive Pedagogical Delivery Methods, DM2 = Instructor-focused Pedagogical Delivery Methods

## Significant Models

The final two multiple linear regression tests on factor 1 and 2 with regard to parents' comfort were significant: Factor 2 Comfort,  $F(8, 72) = 4.952, p < .01$  (see Table 13); Factor 3 Comfort,  $F(8, 72) = 3.883, p < .01$  (see Table 14). Model summaries and ANOVA results are shown in Tables 13 and 14. For Factor 2, the predictor variables of Delivery Method 2, gender, and religion had significant ( $p < .05$ ) partial effects with parents' postworkshop comfort scores on Factor 2 (see Table 15). The predictor variables of age, religion, and preworkshop scores had significant ( $p < .05$ ) partial effects with parents' postworkshop comfort scores on Factor 3 (see Table 16).

Table 13

### *Factor 2 Comfort Model Summary and Analysis of Variance*

<u>Model</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>Adjusted R<sup>2</sup></u>	<u>Std. Error of the Estimate</u>	<u>R<sup>2</sup> Change</u>	<u>Change Statistics</u>		<u>Sig. F Change</u>	
						<u>F Change</u>	<u>df1</u>	<u>df2</u>	
1	.763 <sup>a</sup>	.582	.511	.91877	.582	8.190	8	47	.000
<u>Model</u>	<u>Sum of Squares</u>		<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig.</u>			
1	Regression	55.308	8	6.913	8.190	.000 <sup>b</sup>			
	Residual	39.674	47	.844					
	Total	94.982	55						

<sup>a</sup>Dependent Variable: Factor 2 Postworkshop Comfort

<sup>b</sup>Predictors: (Constant), Factor 2 Preworkshop Comfort, Age, Gender, Gender of Selected Child, Pedagogical Delivery Method 1 (Interactive), Marital, Religion, Pedagogical Delivery Method 2 (Instructor-focused)

Table 14

*Factor 3 Comfort Model Summary and Analysis of Variance*

<u>Model</u>	<u>R</u>	<u>R<sup>2</sup></u>	<u>Adjusted R<sup>2</sup></u>	<u>Std. Error of the Estimate</u>	<u>R<sup>2</sup> Change</u>	<u>Change Statistics</u>			
						<u>F</u>	<u>df1</u>	<u>df2</u>	<u>Sig. F Change</u>
1	.639 <sup>a</sup>	.408	.303	1.314	.408	3.883	8	45	.001
<u>Model</u>			<u>Sum of Squares</u>	<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig.</u>		
1	Regression		53.692	8	6.712	3.883	.001 <sup>b</sup>		
	Residual		77.789	45	1.729				
	Total		131.481	53					

<sup>a</sup>Dependent Variable: Factor 3 Postworkshop Comfort

<sup>b</sup>Predictors: (Constant), Factor 3 Preworkshop Comfort, Gender, Age, Religion, Gender of Selected Child, Marital, Pedagogical Delivery Method 2 (Instructor-focused), Pedagogical Delivery Method 1 (Interactive)

Table 15

*Factor 2 Comfort Coefficients<sup>a</sup>*

<u>Mode</u>	<u>Unstandardized Coefficients</u>		<u>Standardized Coefficients</u>		<u>t-value</u>	<u>Sig.</u>
	<u>B</u>	<u>Std. Error</u>	<u>Beta</u>			
1	(Constant)	-19.335	5.973		-3.237	.002
	DM1	.311	.281	.113	1.105	.275
	DM2	6.791	1.453	1.834	4.672	.000*
	Age	.053	.025	.219	2.153	.036*
	Gender	13.114	3.139	3.698	4.178	.000*
	Religion	.078	.041	.197	1.916	.062
	Marital	-.085	.441	-.019	-.193	.848
	Factor 2					
	Comfort	.084	.062	.139	1.345	.185
	Female*					
	Pedagogical					
	Delivery					
	Method 2	-3.344	.853	-4.146	-3.920	.000*

a. Dependent Variable: Factor 2 Postworkshop Comfort

\* $p < .05$

DM1 = Pedagogical Delivery Method 1 (Interactive), DM2 = Pedagogical Delivery Method 2 (Instructor-focused)

Table 16

*Factor 3 Comfort Coefficients<sup>a</sup>*


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<u>Model</u>		<u>Unstandardized</u>		<u>Standardized</u>	<u>t-value</u>	<u>Sig.</u>
		<u>Coefficients</u>	<u>Std. Error</u>	<u>Coefficients</u>		
	<u>B</u>			<u>Beta</u>		
1	(Constant)	-.825	3.103		-.266	.792
	DM1	.094	.418	.029	.224	.824
	DM2	.456	.550	.104	.831	.411
	Age	.080	.035	.273	2.294	.027*
	Gender	.224	.526	.054	.427	.672
	Religion	.182	.056	.383	3.247	.002*
	Marital	.011	.634	.002	.018	.986
	Factor 3- Pretest Comfort	.286	.122	.296	2.348	.023*

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\* $p < .05$ 

DM1= Pedagogical Delivery Method 1 (Interactive), DM2 = Pedagogical Delivery Method 2 (Instructor-focused)

## CHAPTER 5

### DISCUSSION

This research explored whether an intervention for parents increased their comfort and willingness to have discussions with their children about sex-related topics, and, if so, whether particular pedagogical delivery methods affected that increased comfort and willingness. This chapter examines conceptual and pragmatic meanings of the results from the study; limitations that, potentially, characterized the study; and future directions for research on improving parent–child communication about sex.

#### **Workshop Effects on Parental Comfort and Willingness to Communicate with their Children about Sex**

The results of the study showed that the workshop had moderate, yet significant, effects on increasing participants' comfort and willingness to communicate with their children about sex. Specifically, on factors 1 and 2 (body safety concepts and basic body concept, respectively), parents' comfort scores (measured on a 4-point scale) improved moderately (factor 1 preworkshop  $M = 3.39$ , postworkshop  $M = 3.82$ ; factor 2 preworkshop  $M = 3.31$ , postworkshop  $M = 3.79$ ), with willingness improving only slightly (factor 1 preworkshop  $M = 3.72$ , postworkshop  $M = 3.95$ ; factor 2 preworkshop  $M = 3.74$ , postworkshop  $M = 3.94$ ). Parents, thus, were fairly comfortable and willing to engage in discussions about sex and sex-related topics with their children prior to participating in the workshop, which may suggest that there is some acceptance in the culture at large of parents talking with their children about sex.

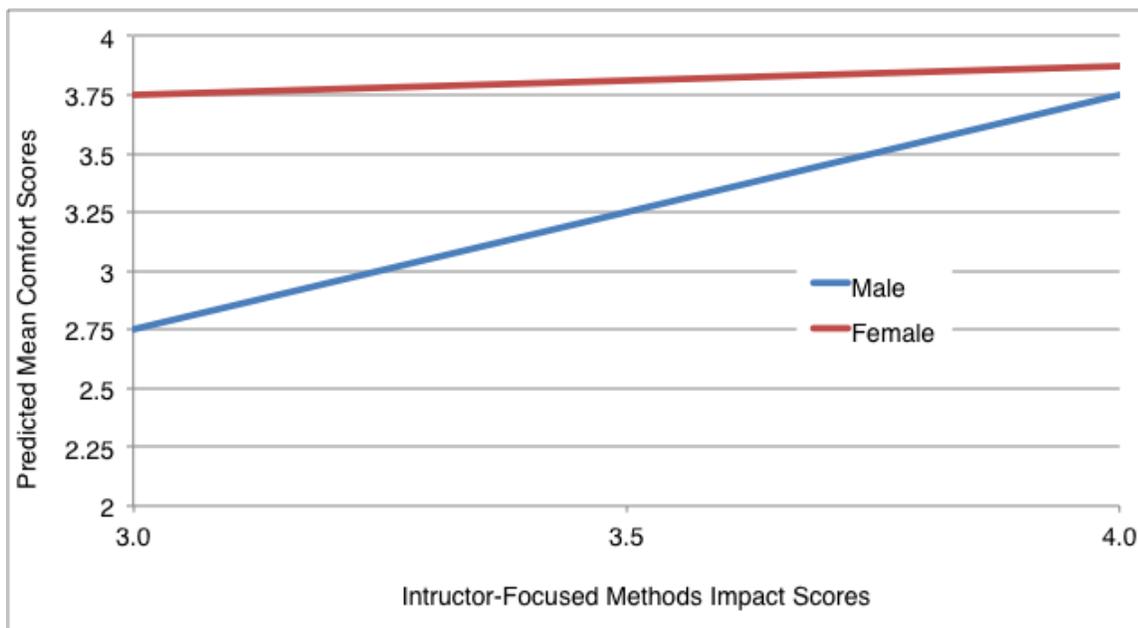
These findings also are in line with research that shows parents want to talk with their children about sex but that they have some concerns about engaging in those conversations, thus demonstrating that parents, generally, are willing to talk with their children but need some help to do so (Byers et al., 2008; Chung et al., 2005, 2007; DiIorio et al., 2003, 2007; Fitzharris & Werner-Wilson, 2004; Hutchinson & Montgomery, 2007; Jerman & Constantine, 2010; Jordan et al., 2000; Kim & Ward, 2007; King & Lorusso, 1997; McKee & Karasz, 2006; O'Sullivan et al., 1999, 2001; Raffaelli & Green, 2003; Usher-Seriki et al. 2008). This development is encouraging, as the advent of abstinence-only education had raised serious concerns among sexologists, sex educators, and sex communication scholars about the future of sex education.

The finding that the workshop increased parents' comfort talking with their children about sex is encouraging, but a closer analysis reveals more precise findings about the specific effects of the workshop and the pedagogical delivery methods that were employed. Specifically, as the following section shows, the workshop affected fathers, in particular, through particular pedagogical delivery methods that were employed.

### **Workshop Effects on Fathers**

Perhaps the most significant finding from this study was that fathers left the workshop feeling far more comfortable communicating with their children about sex, compared to their preworkshop scores, and that they ended, approximately, in the same place as did mothers, which was especially the case for discussing body safety concepts (factor 1; see Figure 1) and basic body concepts (factor 2; see Figure 2). One reason for fathers' increased comfort communicating with their children about sex after the workshop was because they had significantly lower comfort scores before the workshop, compared to mothers. Fathers' lower level of comfort, compared to mothers, prior to the workshop is in line with findings from other

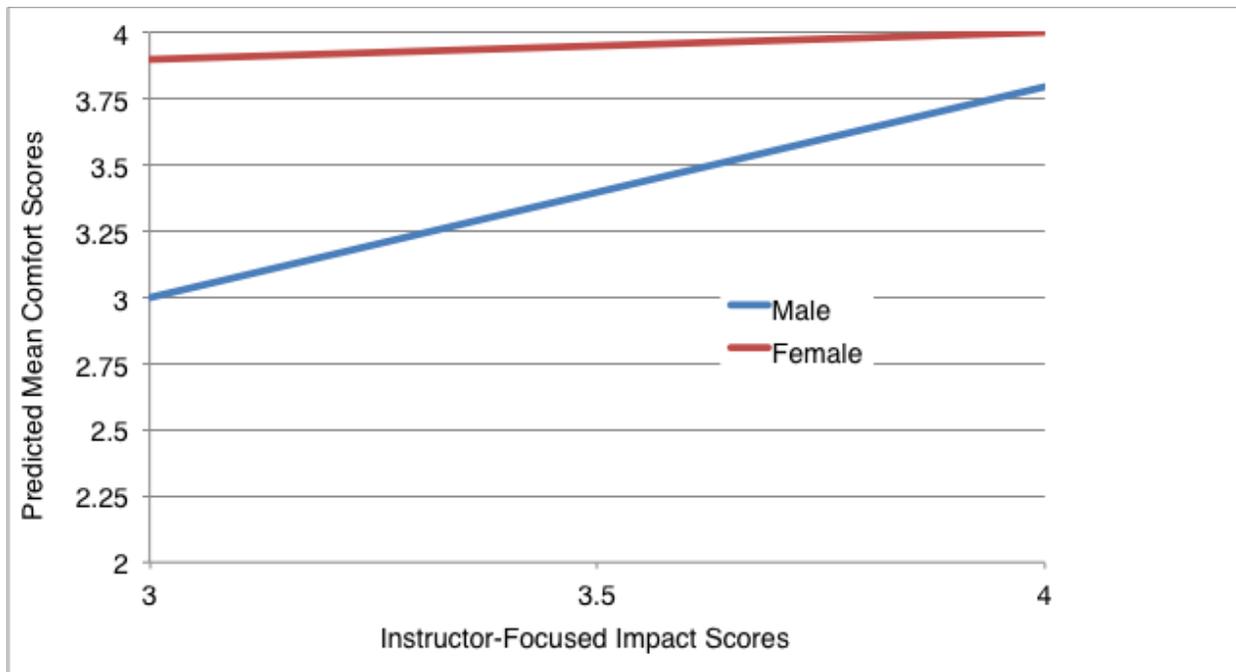
studies, which, consistently, have shown that fathers shy away from communicating with their children about sex, regardless of the children's gender (DiIorio et al., 2003; Hutchinson & Cederbaum, 2010; Kirkman et al., 2002; Nolin & Peterson, 1992; Raffaelli et al., 1998; Wilson et al. 2010). The effects of the workshop on fathers, in particular, also are in line with DiIorio et al.'s (2006) study of the R.E.A.L. MEN intervention, a father-son HIV prevention project that found fathers' self-efficacy mediated the intervention's effects.



*Figure 1.* Factor 1 increases in men's and women's comfort due to instructor-focused pedagogical delivery methods used in Parenting Safe Children Workshop

This finding of fathers becoming more comfortable talking with their children about sex after the workshop rather than before the workshop is important, given that research has shown that children want to communicate with their father about sex-related topics. For example, Hutchinson and Cederbaum (2010) found that daughters wanted to hear from their father what treatment they deserved to receive from men they dated. The literature, however, seems to suggest that it does not matter which parent delivers sex education to children, as long as that

communication is comfortable and open, but in the research conducted by Hutchinson and Cederbaum, those conversations between fathers and daughters came after a damaging relationship already had occurred for those daughters. Hence, it is vitally important that fathers become more comfortable having conversations with their children, and daughters, in particular, about sex before problems occur for their children.



*Figure 2.* Factor 2 increases in men’s and women’s comfort due to instructor-focused pedagogical delivery methods used in Parenting Safe Children Workshop

Moreover, fathers who become more comfortable communicating with their children about sex also, potentially, means that sons will receive more substantial sexual education than they currently do. As discussed previously, because mothers do the majority of communicating with their children about sex, and, generally, mothers talk far more expansively and in-depth with their daughters than with their sons, sons receive very little communication from their parents about sex, creating a major deficit (see Coffelt, 2010; DiIorio et al., 1999; Guilamo-Ramos et al., 2007; Kirkman et al., 2005). Helping fathers to overcome barriers that they face

having such discussions, such as their discomfort, as done in this workshop, potentially, means that sons might receive as much education about sex as do daughters, which could have a positive impact on those sons' lives as adults and even on some societal assumptions about men and sexuality, especially considering the effects that parent–child communication about sex can have with regard to children taking fewer sexual risks (Booth-Butterfield & Sidelinger, 1998; Dittus, Jaccard, & Gordon, 1999; Karofsky, Zeng, & Kosorok, 2000), having fewer episodes of unprotected intercourse (Hadley et al., 2009; Hutchinson, Jemmott, Jemmott, Braverman, & Fong 2003; Lehr, DiIorio, & Lipana, 2000; Whitaker & Miller, 2000; Whitaker et al., 1999), and being more likely to talk often with their intimate partners about sex (DiClemente et al., 2001; Dutra et al., 1999; K. S. Miller, Levin, Whitaker, & Xu, 1998; Shoop & Davidson, 1994). Hence, it is vitally important for fathers to become more comfortable (and, certainly, as comfortable as mothers) communication with their sons and daughters about sex.

### **Effects of Pedagogical Delivery Methods on Participants**

Although fathers' comfort having conversations with their children about sex were significantly affected by the workshop, the primary reason for that change was because they preferred instructor-focused pedagogical delivery methods ( $M = 3.59$ ) more than they did interactive methods ( $M = 3.54$ ), although that preference also was demonstrated by mothers (instructor-focused methods  $M = 3.76$ ; interactive methods  $M = 3.43$ ). This finding runs counter to research showing that adult learners do not want to simply be given information but that they would rather have an instructor act as more of a guide (Knowles, 1970).

Further complicating the findings from the present study, research by DeNeve and Heppner (1997), assessing differences between active learning techniques, such as role-plays and simulations, and instructor-focused techniques, such as lecture, in a classroom with regard to

business communication skills, found that participants enjoyed role-plays more and tended to recall information learned through that pedagogical technique slightly better, compared to lecture, in a posttest evaluation. In that study, however, there was no significant difference between role-play and lecture when it came time to apply the material in required situations; hence, neither method was superior from a practical perspective. These mixed results for interactive learning shows the need for more research on effects of pedagogical delivery methods, especially given that, in DeNeve and Heppner's study, as in the present study, those methods were subjectively rated by participants based on their perceived impact, not assessed for "objective" effectiveness, such as testing the effects of each pedagogical delivery method with on participants' recall of information.

There are a number of reasons for this surprising result that parents preferred instructor-focused pedagogical delivery methods. Ms. Berkower explained this finding by pointing out that the Parenting Safe Children workshop, first and foremost, is a child abuse prevention workshop and not a parenting class on talking with children about sex and sexuality; consequently, it is possible that participants preferred instructor-focused methods because they were uncomfortable talking about child sexual abuse (which is one of parents' worst fears) and because there often are child abuse survivors in the workshops who are trying to manage their complex emotions and, simultaneously, process the workshop content to keep their children safe.

Another possible reason may lie in the sample's demographics; specifically, participants may have improved their comfort scores on those two factors after exposure to instructor-focused teaching methods because of their high education level, with only four participants having less than a 4-year college degree. After being exposed to such instruction over many years in school, it is possible that they preferred a ubiquitous instructor-focused pedagogical

delivery method, such as lecture, because they were more comfortable with that form of instruction. However, given that the findings contradict research on andragogy, the teaching of adults, these findings speak to the need for additional research on adult learning, especially in contexts outside of the traditional classroom and with regard to sensitive topics such as communicating with their children about sex.

### **Body Development Topics and Willingness**

In contrast to the first two factors, factor 3 (body development topics) showed little improvement in parents' comfort (preworkshop  $M = 2.71$ , postworkshop  $M = 3.25$ ) or willingness (preworkshop  $M = 3.52$ , postworkshop  $M = 3.77$ ) to discuss those topics with their children. The mean scores showed that parents were fairly willing before the workshop to discuss these topics with their children, but that was not as much the case for comfort, although it did not increase substantially. Additionally, factor 3 (body development topics) did not have the same predictors, gender and instructor-focused pedagogical methods, as did the first two factors; instead, parents' age, religion, and preworkshop scores affected their postworkshop comfort scores on factor 3, meaning that older and less religious participants were more comfortable discussing those topics with their children.

These findings for factor 3 are not entirely surprising, for, as referenced earlier, Byers et al. (2008) demonstrated that parents who favor comprehensive sexual education do a better job of communicating with their children about sex, and given that the abstinence-only movement was driven by religious individuals and organizations, less religious parents would be more in favor of comprehensive sex education. Additionally, the workshop may have a secular tone and, consequently, resonates more with individuals who are not religiously affiliated. However, the literature on parent-child communication about sex gives no indication of how age, specifically,

might contribute to parents' comfort discussing with their children sex-related topics.

Nonetheless, given that parents' preworkshop scores were predictive of their posttest scores, in the sense that if their comfort was high (or low) before the workshop, it was high (or low) after the workshop, the workshop did little to improve parents' comfort discussing these topics with their children when parents were uncomfortable discussing them before the workshop.

Parents' lack of improvement, especially for comfort discussing these topics with their children, potentially, can be explained by Hutchinson's (2002) work, which suggested that the timing of such communication is significant. Although it is important to talk to children about sex before they became sexually active, as doing so is linked to delayed onset of sexual activity and to a greater likelihood of children using condoms consistently, the majority of participants in the Parenting Safe Children Workshop had children who were far from being sexually active (*M* age was 4.54 year olds) and, thus, parents may not yet have been ready to even consider, let alone feel comfortable, talking to their children about topics, such as puberty, although they were willing to talk with them at the right time in the future. However, Ms. Berkower, specifically, covered the topic of how to talk with children about where babies come from, which loaded onto this factor; consequently, parents should have demonstrated some increased comfort talking about that topic.

### **Practical Recommendations for Parenting Safe Children and Practitioners**

The results from this study, which were shared with Ms. Berkower, point to some practical recommendations for improving the workshop. For instance, in light of the finding that parents rated instructor-focused pedagogical delivery methods as being more impactful compared to more interactive methods, as well as the predictive models showing they are

essential to growth, it may be a good idea to drop some of the methods that were employed that were not particularly impactful, such as the group role-playing.

In addition to being reflective about the effectiveness of pedagogical delivery methods that are employed in the intervention, the finding that fathers are significantly affected should be taken into consideration, such that Ms. Berkower might offer a specialized class of the Parenting Safe Children Workshop to fathers. That type of intervention, potentially, could affect fathers' belief that it is not their place to be their children's sex educator (Kirkman et al., 2002), by addressing that point directly, and by employing pedagogical delivery methods that appear to aid fathers' learning about communication with their children about sex; specifically, that class would employ, primarily, lecture and instructor-guided practice, and it would be tailored to meet concrete concerns that fathers may have, such as discussing with their daughters sex-related issues, and to educate fathers about gendered knowledge that they may be lacking, such as knowledge about menstruation and women's sexual health care.

Taking a more macrolevel perspective, in spite of the Parenting Safe Children Workshop improving parents' (and especially fathers') comfort communicating with their children about sex, some questions can be raised about the program and, in particular, views of communication that are being taught in it. To do so, it is useful to differentiate views of communication with regard to two models: the transmission model and the constitutive model. The *transmission model of communication* is a sender-oriented model that views communication as the transmission of messages to receivers (primarily, information which is why this often is called an "information exchange" perspective) to make things common (see, e.g., Carey, 1989; Pearce, 1995); in contrast, the *constitutive model of communication* emphasizes meaning that is made common (which is why it often is called a "meaning-based" perspective; see, Craig, 1999;

Pearce, 1995) and is concerned with how “our experiences of reality are a product of communicative activity” (Mokros & Deetz, 1996, p. 32).

The Parenting Safe Children Workshop is particularly interesting in light of the distinction between transmission and constitutive models of communication, as the workshop advocates that parents should subscribe to one view of communication, a transmission perspective, whereas research on parent–child sex communication that points to openness as a key to high-quality conversations would suggest, in line with a constitutive perspective, that parents developing their relationship with their children through their communication about sex is a more appropriate perspective to employ. Despite the workshop's emphasis on open communication, techniques that parents are taught seem to be in direct opposition to openness. Parents are taught in the workshop to engage in a type of transmission view of communication with their children in a number of ways. For instance, although parents are asked throughout the workshop to be open and prepared when talking to their children about sex and sex-related issues, which can mean, for instance, answering rather than dismissing questions that their children ask about sex, parents are given the specific advice during the workshop to answer, in an age-appropriate manner, only questions that their children's ask and to leave it up to their children to request more information rather than to expound on relevant topics about which their children did not ask, which would be more in line with a constitutive model of communication.

As an example of the communication approach that is encouraged by the workshop, to answer one of the first “big” sex-related questions that children ask, “Where do babies come from?” Parenting Safe Children teaches that parents should say:

Women have eggs and men have sperm. The man puts his penis in the woman's vagina. Sperm comes out of the penis and swims really fast to find the egg, and if the sperm and

the egg come together, it's so amazing that it makes a baby. The baby grows inside the woman's uterus for 9 or 10 months, and then comes out of her vagina, or the doctor cuts it out of her stomach because the baby doesn't fit through her vagina, which is called a "C-section," and that's how babies go in and that's how they come out. (Feather Berkower, personal communication, June 10, 2014)

If a child follows up with the question, "How does a penis get in a vagina?" parents then would explain sexual relations (e.g., penile erections and using age-appropriate sexual education books), but parents would answer that question only if it were asked; hence, parents are told to provide only as much information as asked for by their children to satisfy their developmental curiosity rather than giving them more comprehensive answers. However, Ms. Berkower noted that what and how much parents share depends on their view of what their children can understand and parents' comfort level discussing sex with their children. She also encouraged the use of a book that is oriented toward children, *It's Not the Stork* (Harris, 2006), to help parents through such talk and to provide as much accurate information as possible. She also noted that the conception story needs to be customized depending on family makeup, such that heterosexual intercourse is not the only way to conceive children and other means are discussed, such as adoption, in vitro fertilization, and donor eggs, which is especially important for the 10–15% of workshop participants who are in same-sex relationships). It should be noted that at no point are children's questions discouraged; rather, Ms. Berkower is more concerned with educating children by offering them accurate information. Ms. Berkower often asked parents:

Who do you want to be, the person who teaches your children about sex? If it's you, then answer your kids' questions when they ask. Don't leave the door open for an offender to

teach your kids because some offenders say, “I look for kids whose parents do not teach them about sex stuff.”

An additional point of concern is the workshop’s insistence that parents’ teach their children to not keep any secrets from them. Although not keeping secrets from their parents may be a good idea for young children, it could pose a problem as children grow older and secret-keeping becomes more complicated and common. This issue, again, points to the complexity of the parent–child relationship, as it must evolve as children grow. Slade (2007) pointed out that parent–child relationships change as a result of “changes in a parent’s capacity to make sense of [his or her] child as a separate, differentiated person with thoughts, feelings, and a mind of [his or her] own” (p. 642). Hence, both parents and their children must grow and change in their communication with one another. It is not enough to simply use more complex language to talk to children about sex as they get older; rather, parents need to learn how to be emotionally sensitive and open to their children such that they stay connected to them as they grow. As Warren and Neer’s (1986) seminal research established, a general climate of communication openness is of utmost importance for high-quality parent–child sex communication; thus, parents need to learn to have a flexible outlook when preparing for discussions with their children rather than a ridged, script-based approach.

Ms. Berkower also teaches parents to use language that is rather clinical and sometimes, seemingly, emotionless. Teaching children anatomically correct names for body parts (e.g., vagina, penis, vulva, and buttocks), certainly, is essential to child sexual abuse prevention, but, sometimes, the terms sound rather clinical and, perhaps, create a conversational tone that is not as sensitive and caring as possible. Moreover, although Ms. Berkower has parents explain to their children why body-safety rules are important, using age-appropriate language (e.g., “Just

like you have rules about helmets to keep your head safe while riding a bike, you also have body-safety rules to keep your private parts safe”), questions could be raised about the comparability of those analogies. Parents are told that they must communicate repeatedly to their children that if those children break the body safety rules or someone else breaks their body safety rules, there will be no punishment or other negative consequences but, rather, they will talk about what happened and, as a family, get through it together. That point is very important because there is a tremendous amount of shame and fear that children can experience in telling their parents (or other adults) about sexual abuse; hence, when parents reiterate to their children that they will not be punished for issues related to body-safety rules, it helps children to tell if they have been sexually violated. Simultaneously, however, that advice does not account for the reality that there are consequences, however direct or indirect, such as being questioned by authorities, or, perhaps, having to stop an activity that children were involved in because the situation no longer is safe. In fact, given this stance, although the term “rules” is used widely in the prevention field, questions could be raised about its use, as, generally, if people break a rule, they get into trouble.

Although children’s feelings are important in the Parenting Safe Children, the communicative practices advocated are rooted in the motivation to protect children from harm, the result of which is rather clear, concrete communication, which, eventually, can pose a new challenge for parents as children age and topics become more personal and uncomfortable for them to discuss with their children. Although parents may find those scripts to be helpful, those scripts may not be broad enough to handle a wide-enough variety of topics that parents will encounter in communicating with their children about sex. For instance, if a child asked about sex and followed up with a question about how sex feels, or if and how often mom and dad “do

it,” parents’ answers require personal, sensitive messages that may be quite uncomfortable for parents to respond to honestly. Therefore, it is recommended that the Parenting Safe Children Workshop develop a method of making parents more adaptable communicators, by offering, for instance an impromptu question-and-answer session where questions asked by Ms. Berkower (in the place of a child) are designed to make parents “more uncomfortable”; the proposed activity also would incorporate practice, which is one of parents’ preferred learning methods. However, in making that recommendation, it is important to keep in mind that the Parenting Safe Children workshop is a child sexual abuse prevention workshop and not a parenting class focused solely on talking with children about sex and sexuality, and that there are participants who are child sexual abuse survivors, themselves; consequently, participants must always feel a certain level of comfort even when being pushed pedagogically.

Additionally, what is particularly interesting about the Parenting Safe Children Workshop is that the pedagogical delivery methods that are employed to teach participants what, essentially, is a transmission model of communication, actually, are more in line with a constitutive view of communication. For instance, rather than just giving parents a handout to use with their children when discussing sex-related topics, Ms. Berkower has them create the discourse themselves, with only a small amount of guidance and encouragement, to give them valuable practice time and to increase their comfort using that discourse. However, the language that is taught in the workshop, essentially, gives parents language that they can use when those situations occur; in doing so, that language/discourse/response functions as a “script,” in the sense of being a routine sequence for how to handle particular interaction.

To highlight the paradox that was just mentioned, as parents progress through these discourse-building exercises, they are told that as their children get older, the only thing that

changes about these conversations is the sophistication of the language employed, perhaps not accounting for specific cognitive abilities or the emotional life of their children as fully as possible, even though the workshop, theoretically, is designed to emphasize talking with children in ways that are aligned with their cognitive and emotional development. By employing such discourse and making adjustments only in language sophistication, parents are not interacting with their children in as emergent, constitutive manner as possible but, instead, are treating them as a problem that must be dealt with using noninteractive, nonadaptive, routine answers that do not take into consideration, as fully as possible, their children as individuals or unique circumstances.

This technique is echoed in the what-if games that the workshop promotes to teach children how to respond to situations where their safety is at risk. The game proceeds the following way, regardless of the issue that is being considered:

Parent: What would you say if someone asked you to touch his or her private parts?

Child: I would say “No”!

Parent: What would you do?

Child: Go tell.

The games are designed to build critical thinking and problem-solving skills prior to children finding themselves in uncomfortable or dangerous situations. Ms. Berkower envisions that parents ask the “what-if” question and, from that point, the ensuing discussion is meant to be entirely open and can go in many directions, with parents ready for all kinds of questions from their children and ready to go wherever the conversation leads. However, in practice, the game is somewhat reminiscent of a call-and-response form of communication, with little room for deviation from the discourse, and parents are not taught consistently how to encourage or be

prepared for further discussion. Moreover, the what-if game serves as both practice for children and a way for parents to test their children's ability to respond to threats to their safety, but it stops being useful if the situation is attractive to children, especially at the onset of puberty, and if parents are punitive in terms of responding to their children's answers, which Ms. Berkower strongly discourages.

Taking the view that workshops offer opportunities to teach participants to be competent communicators, one must ask whether creating scripts for discussing sex with their children is the best method of instructing parents. Sanders (2003) clarified the difference between having *communication skills*, a method or technique for using resources that reliably produce a specific result, and being *communication proficient*, conceptualized as being beyond just having skills to thoughtfully use a wide variety of skills that are employed based on situations and people involved. According to Sanders, proficiency "must be rooted in persons' competence to utilize expressive resources to be responsive and anticipatory in producing symbolic objects" (p. 234). Learning to be proficient communicators shapes and enhances what people already are competent to do, making them, in many ways, better than the norm. Learning a variety of scripts to use in specific situations easily could be considered skill acquisition, according to Sanders, whereas proficiency would require parents to learn how to use communicative practices, such as questioning or lecturing, and to identify situations when those pedagogical methods would be appropriate to employ. Thus, the Parenting Safe Workshop does little to improve parents' proficiency, focusing, instead, on skill building. Learning, practicing, and applying (both in the workshop and, later, at home) those skills, of course, is a prerequisite for developing proficiency over time. Hence, although the skill-building focus may be appropriate for a first-time workshop that concentrates, primarily, on new concepts, it does seem to encourage the idea that a second,

more proficiency-oriented workshop should be offered, once basic skills have been mastered.

### **Limitations of the Study**

Although the study revealed some important findings, those findings need to be interpreted in light of some important limitations that characterized the study. One of the most significant limitations was that participants volunteered for the workshop, which led to a highly skewed sample; specifically, overwhelmingly, sample members were White, highly educated, and not religiously affiliated, characteristics that are associated, undoubtedly, with the geographical area in which the workshop was conducted (Boulder and Denver, Colorado, areas). Because of those demographics, it is possible that the effects of the workshop on increasing fathers' comfort communicating with their children about sex, and the influence of instructor-focused pedagogical delivery methods employed in the workshop on parents' comfort communicating with children about sex, may not apply to other populations. As an example, Meneses, Orrell-Valente, Guendelman, Oman, and Irwin's (2006) study of racial differences in White, Black, Latina, and Asian mother-daughter communication about sex showed that, independent of other demographics and maternal attitudinal variables, non-Whites reported higher discomfort than did White mothers, and that Latinas and Asians were least likely to have discussed with their daughters sex, but that they were the most likely to know daughters' sexual status, whereas the opposite was observed for Black mothers. The homogeneous racial nature of the sample in the present study, thus, limits the generalizability of the findings obtained.

Additionally, the workshop is advertised as a child sexual abuse prevention workshop and, thus, parents may have a particular mindset coming into the workshop that is different from how they might enter a workshop that focused on increasing their comfort and willingness to talk with their children about sex. Moreover, because personal data were not collected and the

majority of questionnaires were administered anonymously over the internet, there was significant attrition, with 123 people completing the preworkshop questionnaire and only 92 people completing the postworkshop questionnaire; there also were cases where only the postworkshop questionnaire was completed. The result of these attrition problems was that the final sample was comprised of 72 matched preworkshop and postworkshop questionnaires. However, because the sample was fairly homogenous, there were no apparent differences between people who completed both questionnaires and those who did not; thus, the attrition rate probably did not affect the validity of the findings.

Another limitation of the study was that the factors that were constructed were not completely clean, as they were created with fewer than 100 responses (the recommended minimum number for factor analysis) and, therefore, may not be stable. Moreover, had the factors been constructed on the basis of logic, that likely would have resulted in at least one more factor. A second limitation is that the study investigated only one workshop (with no control group); consequently, the results may be based on Ms. Berkower's unique and charismatic delivery style. However, it also is reasonable to believe that any professional delivering such a workshop will have similar levels of charisma, practice, and expertise, and, therefore, the results still should be generalizable.

Finally, parents' self-reports of comfort and willingness may not translate into actual conversations with children. There is a wealth of literature across a wide range of disciplines that suggests that what people say is not necessarily what they do (see, e.g., Bertrand & Mullainathan, 2001; Boote & Mathews 1999; Hughes, Oliveto, & Terry, 1996; Israel, 1978). Hence, it is possible that parents' reports of high willingness (both before and after the workshop) to engage in discussions with their children about sex-related issues do not reflect

their actual willingness to do so, or that willingness translates (or will translate, given the relatively young ages of the children in this study) into concrete actions—in this case, having those conversations with their children.

A related issue concerns the administration of the postworkshop questionnaire immediately following the workshop, as effects of the workshop, at least attitudinally, undoubtedly, would be at their highest in that moment. Ideally, follow-up questionnaires (and/or interviews) would have been completed by participants at various times after the workshop (e.g., 3, 6, 12, and 24 months latter) to gauge not only parents' willingness and comfort to engage in discussions with their children about sex but whether, in fact, they had such conversations and their level of comfort during those conversations. That type of longitudinal research to determine the long-term cognitive, affective, and behavioral effects of the workshop, however, was not possible given the time-line of this specific project.

### **Future Research Directions**

Because this study did not demonstrate evidence of a substantial change in parents' comfort discussing with their children body development topics, further work needs to be done in that area. Specifically, studying an intervention that focuses on those topics, rather than the focus of Parenting Safe Children on preventing child sex abuse, might successfully show increases in parents' comfort discussing those topics with their children. Additionally, given the findings from research regarding the effects of parental communication self-efficacy (e.g., Akers, Holland, & Bost, 2011; Blake et al., 2001; Brock & Beazley, 1995; Burgess & Wurtele, 1998; DiIorio et al., 2000, 2006), that variable ought to be included in future intervention assessments.

Another area of research, given the skewed demographics of the sample in this study, which may be representative of much, but certainly not all, of the geographical area's population,

is how to get parents who may be less motivated to actually attend this and other communication education workshops. To understand what motivates parents to participate in parenting workshops, Haggerty et al. (2002) conducted a longitudinal study of 272 parents that consisted of families with a child in a school that offered a series of parenting workshops. Prior to assessing participation in the workshops, the researchers discovered that parents preferred sessions held in the evening, at the school that their children attended, that also offered childcare; additionally, parents indicated that they preferred workshops that featured trained group leaders and the opportunity to talk with other parents, characteristics that were taken into account when planning the treatment workshops. After a 5-year assessment period, Haggerty et al. found that more highly educated parents attended more sessions, as well as parents who reported having children with antisocial behavior; other variables, such as income level, single parenthood, parent smoking, and parent at-risk behavior, were not predictive of participation. Unfortunately, literature in this area is limited, as most interventions that have been studied have actively recruited particular participants rather than allowed for a self-selected population to emerge from blanket marketing. Although the sample from the Parenting Safe Children Workshop, largely, was self-selected, and many attendees chose not to take part in this study, the vast majority of parents who attended and participated in the study were relatively well educated; consequently, research into motivating parents with less education would be helpful for increasing parents' participation in such interventions.

Finally, in light of the above-mentioned limitation that demographics may have affected preferred pedagogical delivery method and the lack of research that has focused on the effectiveness of those methods in parenting workshops, more work should be done to examine more comprehensively effects that a wide variety of demographics have on preferred

pedagogical delivery methods with regard to parenting classes and other adult interventions.

Although Onwuegbuzie et al. (2007) found that demographics affected students' preferences for types of teaching styles, specifics of those preferences were not identified; moreover, all other studies have focused on children or college students in a typical classroom, who seem, fundamentally, different from parents.

### **Conclusion**

Communication between parents and their children about sex is tremendously important for children as they enter adolescence and adulthood, and, eventually, become sexually active; consequently, parents need to be willing and feel comfortable having those conversations with their children. To engage in those conversations and to achieve their desired results, such as delaying sexual onset and discouraging sexual risk taking, parents need both appropriate knowledge and encouragement. The advent of workshops, such as Parenting Safe Children and others that have been studied, demonstrates that there is a growing movement to educate parents and to create a culture that is open and encouraging of parent–child communication about sex. Moreover, the results of this study showed that the Parenting Safe Children Workshop was effective in increasing parents' (especially fathers') comfort and willingness to discuss with their children a variety of sex-related topics, as well as evidence for particular pedagogical delivery methods (in this case, instructor-focused methods) that can increase those effects. In the final analysis, although many parents struggle with having the “big talk” with their children about sex, with the help of communication education intervention programs, such as Parenting Safe Children, and continued research, hopefully, future generations of parents and their children will have a far more meaningful experience, both in terms of sharing important information and creating closer parent–child relationship, engaging in ongoing, open communicating about sex.

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## **Appendix A: Informed Consent Form**

### **Permission to Take Part in a Human Research Study**

***Title of research study:*** How Parental Communication Education Impacts Parents' Ability to have Comfortable and Effective Discussions with their Children about Sex

***Investigator:*** Elizabeth Drioane

#### ***Why am I being invited to take part in a research study?***

We invite you to take part in a research study because you will be/have participated in the Parenting Safe Children workshop.

#### ***What should I know about a research study?***

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

#### ***Who can I talk to?***

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the researcher at (559) 246-3765.

This research has been reviewed and approved by an Institutional Review Board ("IRB"). You may talk to them at (303) 735-3702 or [irbadmin@colorado.edu](mailto:irbadmin@colorado.edu) if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

#### ***Why is this research being done?***

The goal of this research is to determine possible benefits from teaching parents how to talk to their children about sex and sex-related issues. Current research points to the need for these types of conversations to be comfortable and frequent, but there is little advice for how to achieve that comfort. Because the Parenting Safe Children workshop is designed to teach parents of young children to engage in open communication with their children about sex, it is an ideal site to begin investigating this issue.

#### ***How long will the research last?***

We expect that you will be in this research study for a few weeks to no more than 3 months.

#### ***How many people will be studied?***

We expect about 100 people will participate in this research study.

***What happens if I say yes, I want to be in this research?***

You will be directed to a web link to complete a pre-test questionnaire that should take approximately 15 minutes to answer. Once completed, you will attend the Parenting Safe Children workshop for which you already signed-up. At the conclusion of the workshop, you will be given a paper copy of a questionnaire to be filled out right then, which should take no more than 15 minutes to complete. It is possible that you also will be asked if you would like to participate in an in person interview with the researcher in the near future. If you decide against further participation, your involvement in the study is complete.

***What happens if I do not want to be in this research?***

You can leave the research study at any time and it will not be held against you.

***What happens if I say yes, but I change my mind later?***

You can leave the research study at any time and it will not be held against you. Your data may be used in the final study, unless you expressly state that you do not want it to be used.

***What happens to the information collected for the research?***

Efforts will be made to limit the use and disclosure of your personal information to people who have a need to review this information. We cannot promise complete secrecy, as organizations that may inspect and copy your information include the IRB and other representatives of this organization. Additionally, Feather Burkower will receive a final report that guarantees confidentiality by not using people's names, and the original data will not be shared with her.

***What else do I need to know?***

It is possible that the researcher will contact you after you have completed the study to review the finished report for accuracy. Additionally, if you would like a copy of the completed report, please contact [Elizabeth.drioane@colorado.edu](mailto:Elizabeth.drioane@colorado.edu) (note: that report likely will not be available until May 2014).

**Signature Block for Capable Adult**

Your signature documents your permission to take part in this research.

_____ Signature of subject	_____ Date	
_____ Printed name of subject		
_____ Signature of person obtaining consent	_____ Date	
_____ Printed name of person obtaining consent	<table border="1"><tr><td style="background-color: #cccccc;"> </td></tr></table> IRB Approval Date	

## **Appendix B: E-mail Invitation**

Hello Parents,

We would like to invite to you take part in a study out of the Department of Communication at University of Colorado Boulder on parental education being hosted by Parenting Safe Children. Your involvement would require you to take an online questionnaire before attending and another after completing the workshop. The questionnaires should only take approximately 15 minutes to complete and your feedback would be invaluable. To participate please click on the link: [insert link here]. For more information, please contact Elizabeth Drioane at (559) 246-3765 or Elizabeth.drioane@colorado.edu.

## Appendix C: Preworkshop Questionnaire

### A. Information about Yourself

1. Your Age: \_\_\_\_\_
2. Your Gender:
  - Male
  - Female
3. Race:
  - White
  - White, non-Hispanic
  - African-American
  - Hispanic
  - Asian-Pacific Islander
  - Native American
  - Other
4. What is the highest level of education you have completed?
  - Less than high school
  - High school diploma/ GED
  - Some college
  - 2-year degree (Associates)
  - 4-year degree (BA, BS)
  - Master's degree
  - Doctoral degree
  - Professional degree (JD, MD)
5. Religious affiliation:
  - Protestant Christian
  - Roman Catholic
  - Evangelical Christian
  - Jewish
  - Muslim
  - Hindu
  - Buddhist
  - None
  - Other: \_\_\_\_\_
  - a. Do you attend religious services?
    - Yes
    - No
6. Marital Status:
  - Single, Never Married

Married  
 Divorced  
 Widowed  
 Civil Union

7. Date attending Parenting Safe Children Workshop: \_\_\_\_\_

8. Please use the following scale to indicate the extent to which your parents talked to you about sexual development:

4 = A Lot  
 3 = Much  
 2 = A Little  
 1 = Not at All

### **B. Information about Your Children**

1. Number of Children in Your Family: \_\_\_\_\_

2. For each child, starting with the youngest, please list his or her gender and age:

Child A:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Age: \_\_\_\_\_

Child B:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Age: \_\_\_\_\_

Child C:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Age: \_\_\_\_\_

Child D:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Age: \_\_\_\_\_

**C.** For the following questions, please think about your child (or one of your children) that you think would be the most difficult/uncomfortable for you to have conversations with about sexual development and sexuality.

Child's gender: Male or Female

Child's Age:

*Instructions:* Please use the following scale to answer the three questions that follow each of the topics listed below:

4 = A Lot  
 3 = Much  
 2 = A Little  
 1 = Not at All

	How Much You have Talked about this Topic with Your Child?	How Comfortable You are Talking about This Topic with Your Child?	How Willing you are to Talking about this Topic with Your Child?
A. Names of Body Parts	_____	_____	_____
B. Functions of Body Parts	_____	_____	_____
C. Gender Body Differences	_____	_____	_____
D. Puberty	_____	_____	_____
E. Nudity	_____	_____	_____
F. How Babies are Created	_____	_____	_____
G. Body Safety Rules	_____	_____	_____
H. Keeping Secrets	_____	_____	_____
I. Sexual Contact(s)	_____	_____	_____
J. Inappropriate Touching	_____	_____	_____
K. Privacy Surrounding Body	_____	_____	_____
L. Romantic Relationships	_____	_____	_____
M. That People are the Bosses of their Bodies	_____	_____	_____
N. Masturbating	_____	_____	_____
O. Choices about Physically Showing Affection	_____	_____	_____

P. Having Permission to Say  
“No” to authority figures \_\_\_\_\_  
when body safety issues arise \_\_\_\_\_

Q. Nude Photographs \_\_\_\_\_

## Appendix D: Postworkshop Questionnaire

### Section 1: Demographic Information

1. Your Age: \_\_\_\_\_
2. Your Gender: Male or Female
3. Race:
  - White
  - White, non-Hispanic
  - African-American
  - Hispanic
  - Asian-Pacific Islander
  - Native American
4. What is the highest level of education you have completed?
  - Less than high school
  - High school diploma/ GED
  - Some college
  - 2-year degree (associates)
  - 4-year degree (BA,BS)
  - Master's degree
  - Doctoral degree
  - Professional degree (JD,MD)
5. Marital Status:
  - Single, Never Married
  - Married
  - Divorced
  - Widowed
  - Civil Union
6. Date attending Parenting Safe Children Workshop: \_\_\_\_\_

### B. Information about your Children

1. Number of Children in Your Family: \_\_\_\_\_
2. For each child, starting with the youngest, please list his or her gender and age:
  - Child A:
    - Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female
    - Age: \_\_\_\_\_

Child B:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Child C:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Child D:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

For the following questions think about the same child that you imagined would be the most difficult/uncomfortable for you to have conversations with about sexual development and sexuality from the questionnaire that you completed before.

Child's Gender:

Child's Age:

## Section 2: Comfort and Willingness

*Instructions:* Please use the following scale to answer the two questions that follow each of the topics listed below:

4 = A Lot

3 = Much

2 = A Little

1 = Not at All

	How Comfortable You are Talking about This Topic with Your Child	How Willing you are to Talk about Topic with Your Child
A. Names of Body Parts	_____	_____
B. Functions of Body Parts	_____	_____
C. Gender Body Differences	_____	_____
D. Puberty	_____	_____
E. Nudity	_____	_____

F. How Babies Are Created	_____	_____
G. Body Safety Rules	_____	_____
H. Keeping Secrets	_____	_____
I. Sexual Contact(s)	_____	_____
J. Inappropriate Touching	_____	_____
K. Privacy Surrounding body	_____	_____
L. Romantic Relationships	_____	_____
M. That People are the Bosses Of their Bodies	_____	_____
N. Masturbating	_____	_____
O. Choices about Physically Showing Affection	_____	_____
P. Having Permission to Say “No” To authority figures when body safety issues arise	_____	_____
Q. Nude Photographs	_____	_____

### Section 3: Educational Impact

*Instructions:* Please use the following scale to indicate the extent to which each of the following teaching methods of the Parenting Safe Children Workshop was helpful to you:

4 = A Lot  
3 = Much  
2 = A Little  
1 = Not at All

A. Role-playing	_____
B. Quiz Questions	_____
C. Question–Answer Session	_____
D. Open Discussion Period	_____

E. Lecture \_\_\_\_\_

F. Practice Activities  
(e.g., sentence- completion  
activity and if-then game) \_\_\_\_\_

G. Videos \_\_\_\_\_

*Instructions:* Please use the following scale to indicate the extent to which each of the following content that was covered in the Parenting Safe Children Workshop was helpful to you:

4 = A Lot  
3 = Much  
2 = A Little  
1 = Not at All

A. Statistics \_\_\_\_\_

B. Facts about Sex Abuse/Abusers \_\_\_\_\_

C. Teachable Moments \_\_\_\_\_

D. Body Safety Rules \_\_\_\_\_

E. What-if Game \_\_\_\_\_

F. Screening Caregivers \_\_\_\_\_

G. Dispelling Myths \_\_\_\_\_

H. Use of Real-world Examples \_\_\_\_\_

I. Take Home Packet \_\_\_\_\_

J. What make a Child  
Vulnerable to abuse \_\_\_\_\_

K. Abusers' Grooming Process \_\_\_\_\_

L. Child-to-Child Sex Abuse \_\_\_\_\_

M. Age-appropriate Sex Behavior \_\_\_\_\_

**Appendix E: Institutional Review Board Approval Letter**

29-Oct-2013

**University of Colorado Exempt Certification  
Boulder**

Drioane, Elizabeth: **Protocol #:** 130629

**Title:** How Parental Communication Education Impacts Parents' Ability to have Comfortable and Effective Discussions with their Children about Sex

Dear Elizabeth Drioane,

The Institutional Review Board (IRB) has reviewed this protocol and determined it to be of exempt status in accordance with Federal Regulations 45 CFR 46.101(b). Principal Investigators are responsible for informing the IRB of any changes or unexpected events regarding the project that could impact the exemption status. Upon completion of the study, you must submit a Final Review via eRA. It is your responsibility to notify the IRB **prior** to implementing any changes.

**Certification Date:** 29-Oct-2013 **Exempt Category:** 2

Click here to find the IRB reviewed documents for this protocol: [Study Documents](#)

The IRB has reviewed this protocol in accordance with federal regulations, university policies and ethical standards for the protection of human subjects. In accordance with federal regulation at 45 CFR 46.112, research that has been approved by the IRB may be subject to further appropriate review and approval or disapproval by officials of the institution. The investigator is responsible for knowing and complying with all applicable research regulations and policies including, but not limited to, Environmental Health and Safety, Scientific Advisory and Review Committee, Clinical and Translational Research Center, and Wardenburg Health Center and Pharmacy policies.

Please contact the IRB office at 303-735-3702 if you have any questions about this letter or about IRB procedures.

Douglas Grafel  
IRB Admin Review Coordinator  
Institutional Review Board  
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Boulder, CO 80309  
Phone 303.735.3702  
Fax: 303.735.5185  
FWA 00003492