

## Yarning Quiet Ways (about sex) Project Report



“we find with our little ones, it is easier to start educating when they’re small”....

“a book for parents..... if they don’t know how to speak to their children, here’s some information about how to do it ...”



Western Australian Centre for Rural Health

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## ACKNOWLEDGEMENTS

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We acknowledge the traditional owners throughout the regions in Western Australia where we travelled to meet with participants on their land; and pay our respects to their elders both past and present.

We also extend our thanks to members of the Aboriginal Reference Group for their interest, support and guidance throughout the duration of the project.

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## EXECUTIVE SUMMARY

This research project was commissioned by the Department of Health, Western Australia to inform the development of a culturally-appropriate resource to assist Aboriginal parents and carers of children to have appropriate discussions with their children about sex and relationships. The research aimed to understand Aboriginal parents' and carers' views on the ways they had those discussions when growing up and what they would like to see that could assist discussions in the current day. The research also explored what should be included and also barriers to communication between parents/carers and their children.

As well as understanding Aboriginal participants' views, we sought to understand the type of resources that would be most helpful in initiating and having such discussions.

Focus groups and some interviews were undertaken with Aboriginal people in multiple urban and geographical locations in WA, often using groups that came together for other reasons. Informed consent was given prior to the interviews and they were audio recorded and transcribed verbatim.

Analysis of the data used a thematic approach with coding undertaken after two researchers listened independently to the recordings of the focus groups and interviews and identified emerging themes. The emergent thematic framework was discussed and reviewed by the investigators.

### Key findings:

- Parental roles of communicating with their children about sex and relationships are changing - in the past it was very much a *taboo* subject at home, with children learning very little from their parents and often relying on older siblings, aunties or uncles and peers for this information.
- Today many parents are more open in talking with their children, however they generally still feel uncomfortable initiating such conversations. Parents did reveal that they were willing to engage and respond to any questions posed by their children.
- Feelings of embarrassment or 'shame' appear to be the main barriers to initiating the conversation, as they feel by starting a discussion this may imply that they approve early sexual activity.
- Participants were generally protective of their children and many are very concerned about the consequences of early onset sexual activity. They were particularly concerned about teenage pregnancy, the influence of alcohol and drugs, sexual abuse and sexually transmitted diseases.
- Some participants mentioned the importance of positive role models for young people. This was deemed to be particularly important for young men with absent fathers. The importance of educating young people, both male and female, about health and respectful relationships was emphasised.
- Parents would like a resource to assist them to have appropriate conversations with their children. Revision of the content and format to the current resource *Talk soon Talk often* to include more culturally specific information would make it more useable and relevant for Aboriginal families in Western Australia.

- It is recommended that a web based interface/version is also developed. *Yarning Quiet Ways (about sex)* is the suggested title for the resource.

## INTRODUCTION

The important role that parents and carers play in the education of children about sexuality and relationships is well documented. However, parents quite often feel challenged and reluctant to initiate a discussion around these issues with their children. The aim of this research project was to find out what could make these discussions easier for parents and carers of Aboriginal young people in Western Australia, with a view to informing the development of culturally-appropriate resources that could assist them to have appropriate discussions with their children about sex and relationships. The research also sought to understand Aboriginal parents' and carers' views on what discussions should be included around this topic and explore any barriers to communication between Aboriginal parents and carers and their children.

The research was supported by the Metropolitan Sexual Health Action Group and the Aboriginal Sub-Committee of the WA Advisory Council on Blood-borne Viruses and Sexually Transmitted Infections, in part because of higher ongoing rates of sexually transmitted infections in Aboriginal (young) people.

A resource called *Talk soon Talk often* already exists to support parents to have discussions with their children about relationships and sex. However, it had been identified that this resource could be improved for specific population groups, with Aboriginal people identified as a high priority.

The research undertaken by Dyson (2010) Australian Research Centre in Sex, Health and Society at La Trobe University, Melbourne, which informed the development of the resource *Talk soon Talk often*, noted that there has been very little research on this topic with Indigenous families in Australia. It was therefore both timely and appropriate to consult with Aboriginal parents and carers in Western Australia to investigate the need for a culturally appropriate resource.

A Project Working Group was formed and at the first meeting members decided to re-name the project from *Talking with our kids about relationships and sex* to *Yarning Quiet Ways (about sex)*. This was chosen as it demonstrates not only the importance of the topic but also sensitivity and respect for the topic conversation within a traditional cultural context.

## METHODOLOGY

A qualitative approach was identified as the most appropriate method to gain an understanding into parents and carers views around the broad topic of sexual health and development of healthy relationships for their children.

## REFERENCE GROUP

An Aboriginal Reference Group was formed to offer guidance to the Project Working Group throughout the duration of the project and ensure that appropriate cultural protocols were maintained. Please see APPENDIX 1 for the members of both the Aboriginal Reference Group and the Project Working Group.

## SAMPLING AND RECRUITMENT

Members of both the Aboriginal Reference Group and the Project Working Group had networks throughout Western Australia and it was primarily through these networks that participants were recruited for both the focus groups and interviews. The networks included community, non- government and government organisations where Aboriginal people met together or were employed. A member of the Project Working Group contacted the key person at each organisation and where possible met them in person or via telephone to discuss the project. A promotional flyer was developed to assist the key organisation contact person to discuss with potential participants. (APPENDIX 2)

It was proposed that most data would be collected through focus group discussions. However, this was supplemented by interviews with individuals or with a small number of people. At the beginning of each discussion, the facilitator verbally explained what the discussion would cover, stating that if participants felt uncomfortable at any time they could choose to leave the discussion group. Information Sheets with more detailed information about the research were handed out for participants to read and keep and Consent Forms and Demographic Data Information Sheets were completed by participants and collected at this time. (APPENDIX 2)

Demographic information was collected including age, Aboriginal status, language, gender, place of residence. We also asked participants about their relationship status and the number of children they had, including how many children were living with them now. No names were recorded on the demographic data information sheet other than on the separate Consent Form.

## ETHICS AND PROTECTION OF CONFIDENTIALITY

Approval to undertake the research was gained from the Western Australian Aboriginal Health Ethics Committee.

When quotes are used in the findings, care has been taken to ensure these do not identify the participant, though the region may be noted.

## CONDUCT OF FOCUS GROUPS AND INTERVIEWS

Over a five month period (February to July 2015), twelve focus groups and a number of interviews were held with a total of 81 Aboriginal parents and carers (these included grandparents, aunties, uncles and foster parents) in four regions of Western Australia.

Two focus groups were held in both the South West (Bunbury) and Pilbara (Karratha, Roebourne) regions, three focus groups in the Midwest region (Geraldton, Yalgoo, Mount Magnet) and five focus groups were held in the Perth Metropolitan area. Four interviews were held in a regional town where it was difficult to gather enough people together at the one time to enable a focus group discussion. A Focus Group Guide was developed to ensure that each facilitator conducting either a focus group or interview followed a similar format addressing the key topic questions adequately, and this also served as a guide for interviews. (APPENDIX 3) Reflections from the researchers were written down after each focus group, noting the dynamics of the group, setting and environment and any other observations.

The focus group settings varied depending on convenience for the group participants and where they regularly met. Most of the focus groups were conducted around a meeting room table, usually at the participants' regular meeting place; one group discussion was held around a picnic bench in a park setting, surrounded by shady trees. Not all focus group discussions were undertaken in a setting that was removed from distractions and extraneous noise.

Recruitment for focus group participants continued until the researchers were no longer hearing any new information from the data collection process and saturation was considered to have been reached.

This research did not include the Kimberley region, but noted a study *Sex Chat* conducted there last year with young people which found that young people rely on adult family members as the key people from whom they obtain sexual health information. *Sex Chat* concluded that adults need to be engaged and have accurate sexual health information to discuss this subject with young people.

## ANALYSIS OF DATA

Analysis of the data was undertaken using a thematic mode in which participants' views were compared and where common and contrasting views and opinions were identified. Coding using this approach included two researchers who listened independently to the recordings of the focus groups and interviews and identified emerging themes. Thematic analysis is appropriate in that it is able to provide a rich overall thematic description, particularly when an under-researched area is being investigated. An advantage of thematic analysis is that it is independent of theory and epistemology and as such provides a useful and flexible research tool which can provide a detailed as well as complex description of the data. (Braun & Clarke 2006). The data analysis process followed steps of immersion in the data, coding, creating categories and identifying themes as described by Green and colleagues (2007). Themes were then cross referenced and presented in a coding matrix (APPENDIX 4). The emergent thematic framework was reviewed and refined by the researchers and included discussion of their own observations of the groups and contextual information.

## FINDINGS

There was considerable interest in the project but it still proved challenging to identify participants and undertake focus groups in multiple regions. We relied heavily upon the contacts and networks of the Project Working Group and the Aboriginal Advisory Group.

Of the 81 participants, 59 (73%) were female. (TABLE 1) Sixty three participants (78 %) identified as parents and 18 (22%) identified as carers through their relationships as older siblings, aunties, uncles and cousins. Seventy eight of the 81 participants stated their relationship status; 25 were married, or in a relationship, 34 stated they were single and 7 were divorced, widowed or separated. Sixty two of the 63 parents stated the number of children they had, ranging from one child to nine children. Their children's ages ranged from 5 months to 40 plus years. Of the 81 participants, 12 had children other than their own living with them. Nine of the 10 children were identified as family relatives (grandchildren, nieces or nephews, cousins) and one was identified as 'homeless'.

The breakdown of the number of participants by Region is represented in TABLE 2 and in APPENDIX 5 shows the postcodes of where the participants live.

**TABLE 1: Number of Participants by Age Group and Sex of Participants**

	Number of Participants					
	Age group (years)					
Sex	17-24	25-44	45-64	≥65	missing data	TOTAL
Female	13	24	16	5	1	59
Male	3	10	8	1		22
TOTAL	16	34	24	6	1	81

**TABLE 2: Number of Participants by Region**

Region	Number of participants
Pilbara	7
Midwest	28
South West	11
Perth Metropolitan	35
TOTAL	81

## 1. How did parents/carers learn about sex and relationships?

The majority of participants spoke about their experience in which they were not told about sex and relationships from their parents, with many referring to learning about ‘the birds and the bees’ from other family members such as their siblings and older cousins.

Generally, sex was a subject that was not discussed in the home; it was viewed as a ‘taboo’ subject and was ‘shame’ to discuss it. As one participant stated:

*In my time when I was growing up ... part of the stolen generation, it was taboo talking about sex and this sort of thing. And I couldn't talk to my children or my wife or anything about it ...*  
(male, regional focus group)

This was further supported by another participant who said:

*When we were growing up ... it was just a no no. We just learnt from our elder sisters.*  
(female, regional focus group)

And another stating:

*sex information in the past... it was hidden like a blanket thrown over you, wasn't talked about it, had to deal with it the best way you could.* (male, metropolitan focus group)

Older participants who had lived on a mission had varying experiences of learning about sex and relationships, with one stating:

*Some of us never had parents tell us ... when you are on a mission, who's going to tell you? Nuns are not going to tell you about sex. They're not supposed to have it ... when you come out of the mission and kiss a boy you think you're pregnant.*

(female, regional focus group)

However, another participant felt that they did receive some form of sex education from the missionaries stating;

*They did explain it in a good way... didn't tell us to keep away from boys and them things ...*

(female, regional focus group)

Although some of the younger participants learnt through sex education classes in school, this was generally limited in both time and content – covering mainly the anatomy of the body and reproduction rather than learning about relationships and the associated feelings and emotions.

*High school ... that's where I learnt. In high school ... one session.*

(male, regional focus group)

There were differing views regarding sex education classes; while some found it quite helpful, others found it 'shameful' because it was conducted in a mixed class of both boys and girls. Participants from a regional area suggested that mixed classes are culturally inappropriate for Aboriginal children today and discussion of sex should only be conducted within a single sex class. One participant who attended a sex education class in the past with a 'Wadjela teacher' was forbidden by their parents to attend the class again, and their parents did not want the topic discussed either at home or at school.

Most stated that they learnt about sex from sources other than their parents, saying they talked to older relatives of the same gender, cousins and siblings and other family members.

*Mainly my sex experience didn't come from my parents ... It came from my older uncles and cousins because back in them days you didn't talk about sex with your immediate mum and dad but with your uncles and aunties. And now, if you've got grandchildren, well granddaughters will talk to their nannas ...*

(male, regional focus group)

If children had grandparents, in some instances they would find it easier to talk to them rather than to their parents. In some cases, a grandparent had the sole responsibility for rearing their grandchildren. Others stated that they learnt from their friends and peers at school, although they acknowledged that this was not always factual information.

A small minority of younger participants said that they learnt from reference books given to them by their parents, however, there was generally no discussion with their parents about the content of the books. Some of the male participants mentioned that looking through pornographic material was common amongst their peers and part of their learning experience.

Participants highlighted a number of areas that they wished they had known about when they were growing up. These included information about puberty including menstruation; appropriate decision making and choice; consequences of behaviour; the wide range of

physical and emotional factors experienced with sex and sexual intercourse, and signs of sexually transmitted infections. As one participant commented:

*A lot of things, like the feelings when you first have sex. They don't talk ... like it could hurt, it may not hurt....STDs is a big one, they don't talk about STDs too much ... They don't talk about pap smears for girls at all ... and male hygiene for young boys which is a big one ... even just signs of STDs or signs of infections, especially for young girls.*

(female, regional focus group)

Having the knowledge about protective factors to keep them safe from sexual abuse was emphasised throughout all the discussions, highlighting that in both the past and present this topic area is not well discussed. As one participant stated;

*I think the protective behaviours would have come in handy as well ... so yes my body's mine, but when you are coaxing me on the side ... well hang on a minute, I don't have to do this ... so that would have been really good to know ...*

(female, regional focus group)

And one participant gave an example when they lived on a mission;

*They (mums) really kept an eye on the girls ... Old fellas and young people and we didn't know "oh, like come uncle" you know "come sit on uncle's lap" that sort of thing.*

(female, regional focus group)

Whilst another participant stated:

*We've lived in that dysfunction environment. We had all these influences that impacted on us, and our behaviours and what we've done. Then automatically we want to think ... now ... oh look, I've been to hell and back but I want to now show my daughter that this is not right, and that is not right ... You have to live in a positive way, you have to have a positive environment ...*

(female, metropolitan focus group)

## **2. How do parents/carers currently talk to their children about sex and relationships?**

Today, the participants in our study thought parents are aware of the importance of talking with their children about sex and relationships. Although the majority stated that as parents they are much more open to this than the previous generation, they do not find it always easy or comfortable to discuss certain aspects of sex and relationships. As one participant explained:

*Today I've got four daughters. I'm very open, I can actually talk to the girls about it ...and then I breathe ...*

(female, regional focus group)

When they do initiate a discussion it is often opportunistic, for example when watching television together and the program content provides an opportunity to begin the conversation. Other examples were also given, such as when a male parent is out driving

with his sons in the car, or when they are out hunting together in the bush. However, many parents still feel uncomfortable about broaching the subject as one participant explained:

*Even now a lot of us still get a bit shame about talking about sex to kids. Don't know how to bring it up.* (female, regional focus group)

Some parents find it easier to use humour in the conversation to help make the discussion more comfortable for everyone and even fun. As one participant stated:

*You've got to have fun with them and explain that it's okay to talk about. It's not taboo. It's not a myth. It does happen.... And we targeted our kids at the age of 12. We thought, okay they're going into high school. So we both sat with them. And they were rolling their eyes because they'd obviously heard about the word sex and what it meant and what's it about in school so I just said to them I'm not your teacher, I here being your mum and that's your dad ... you should be comfortable to talk to us about anything. We're not judgemental; we're not going to judge you ...* (female, metropolitan focus group)

Some older participants suggested that younger people prefer to listen to adult women yarning together in a group, as they feel more comfortable in this environment to bring up any issues, as one participant explained:

*They like listening to us yarning. Even some of the boys ... the young boys they prefer to sit and listen to the yarns of the women because they are more open to talk about things ...* (female, regional focus group)

Participants agreed that it is important to begin the conversation early with their children and to continue to talk by tailoring the conversation as they develop. As one stated;

*I think the first step is teaching them about their personal private parts ... and I'm already doing that part with my daughter because she is seven. I did it even when she was younger. As soon as she could actually understand and talk, I've done it so then she could let me now if anyone's ever touched her.*

*And then as they progress their age, that's when you should come into certain things, step by step. You can't just throw it all and give it to them all at once at the age of fourteen.* (female, metropolitan focus group)

The importance of starting the conversation from a young age was further highlighted by another participant concerned that young children in their community are being exposed to behaviours that they are then copying and acting out:

*I would say start as young as six ... Around six because fair dinkum they do start to access through third parties all sorts of materials ... I hear tales of young ones around here, six and seven year olds, doing really silly things ... like oral sex and things like that ... it's got to be something environmental ...* (male, regional interview)

Observing cultural protocols when participants talk to their children was also discussed - not only in the past, but today where it may not be appropriate to discuss sex and relationships with the opposite gender. As one participant explained:

*What about gender-appropriate? A lot of blokes struggle. Like when we had our parent talk there were things that (name) didn't talk about. We saved that for our time alone with that kid. There's cultural protocols that we have to also remember ...*  
(female, metropolitan focus group)

This was further explained by another participant:

*Nowadays it is ... a lot of people don't like talking about it. I can't talk if I had a daughter or to my granddaughter about things ... it would be the grandmother and I'd talk to the grandsons.*  
(male, regional focus group)

### 3. What barriers exist to parents/carers discussing sex and relationships with their children?

There were a number of barriers identified by the participants with discussing the topic with their children and grandchildren. These included fear of hypocrisy; embarrassment and *shame*. An example in one discussion was given where adolescents are aware of their parents' early sexual experiences and confront their parents about this, and was described as children bullying their own parent. This was further supported with a participant explaining how young people may use a situation to almost coerce the parent from giving advice:

*Some of the young girls they say to the mother ... " you done this here when you's my age" ... using those tactics back on the mother. In our family there's one girl is doing that to her mum and the mother if feeling defenceless.*  
(female, regional focus group)

Whilst another explained parent lack of confidence in discussing the topic leading to associated feelings of *shame*:

*Parents need to feel confident in themselves because a lot of parents they feel shame to talk to their children.*  
(female, metropolitan focus group)

Some participants reported concerns that if they raised the topic, children may misconstrue this as parents condoning sex at a young age, and so felt it was best not to raise the issue at all. This clearly was a dilemma for some as one participant commented:

*Should I give them all the freedom of information and say that it's a good thing and pleasurable and all the rest? But I don't want them to do it because I don't want to be a grandparent early or have problems down the track.*  
(female, metropolitan focus group)

Single parent families, particularly when there was no male figure in the household was commented on as challenging for some parents. As one participant explained:

*How do you do it if you don't have ... male model to say that to your son that's at that teenage years ... where do you go from here. I don't feel comfortable talking to him. Every time I say something he says 'mum don't talk to me about that' ... I don't feel comfortable ... I really want to talk to him more about it ...*

(female, metropolitan focus group)

Participants also highlighted that talking to a child of the opposite sex, such as a male parent talking to a female child was difficult and not always appropriate.

As one participant stated:

*We [men] can't talk to girls. Women have to talk to women and men talk to the men.*

(male, regional focus group)

Generational barriers were also mentioned, though this resulted in mixed responses. Some participants thought it was often easier for a child to speak to their grandparent or other older relatives whereas others thought it was harder for young people to speak to grandparents or older relatives. One participant stated that it is particularly hard for young people when there are no parents present in the home and the responsibility is with the grandparents:

*It's harder if the parents aren't there and the grandparents are looking after them, and that makes it even harder for the young kid because the grandparents don't know to speak to them.*

(female, regional focus group)

There were many examples where historical legacies such as the stolen generation, living on missions and religious influences have impacted on parenting and communication channels. One participant attributed the effects of communication breakdown to being banned from speaking their own language, impacting on future generations' ability to communicate effectively.

Other barriers identified were that some parents lacked knowledge about the topic to feel confident to discuss this with their children. As one participant explained:

*It people are educated they tend to talk to their kids but if they don't know, then they don't know.*

(female, regional focus group)

Cultural constraints were mentioned, particularly where lore is practised. Mothers appeared to have less influence with their sons once they had been through lore. However, whilst these were not seen as barriers, it does highlight the importance of younger men having a male role model that they can feel comfortable to talk with. As one participant explained:

*When they're a man (through lore) there are also boundaries that mothers aren't meant to cross so even though you want to ask the big questions, just know you can't ... in that case, mothers always play second seat to fathers.*

(female, regional focus group)

## 4. What do young people today need to know about sex?

Parents in this study were very protective of their children. They are aware of abuse and the many guises in which abuse can occur from very young through to and beyond adolescence. As a result they were very aware of the need to teach their children from a young age about protecting themselves from sexual abuse. As one participant stated:

*When they were little, I said to my girls – look no one should touch you, your private parts are yours.*

(female, metropolitan focus group)

Another participant stated the importance that parents stipulate to their children about 'what is right and what is wrong' and for children to have someone they can trust and confide in.

*If they know something's not right ... there's always someone they can talk to. I know some kids are scared of getting into trouble from mum or dad but there could be another relative they could trust.*

(female, metropolitan focus)

Participants in a regional area spoke frankly about concerns regarding sexual predators in their community and the lack of response from authorities. Community attitudes were alarming, particularly the perception of young women inviting sexual abuse because of their appearance. A common theme throughout the discussions was around the importance of teaching young people about protective behaviours, to be aware of risks factors and to build resilience to counter any negative situations and consequences. As one concerned participant stated:

*There's a lot of sexual abuse in the community and the kids need to find out more about protective behaviour.*

(female, regional focus group)

Concern was voiced around the threat of physical abuse, particularly when a family member tries to protect a younger family member from an abusive relationship.

*So when we talk rather than talk about sexual relationships, it's more about family relationships, it's about protecting our young ones ... giving them safety nets where they can go.*

(male, regional interview)

Another common theme throughout the discussions was around the importance of young people developing respectful relationships; with one another, with parents and extended family members. Parents feel that young people today have a lack of respect which impacts on developing healthy relationships. Developing healthy relationships in a regional area is tackled with Elders on men's camps where they are teaching the young males about respect for women and addressing family violence. As one participant explained:

*Noongars they go about their culture – old ladies will take the young women out to the camp to tell them about the birds and the bees and the men will take the boys out to camp and tell them things like that ...*

(male, regional focus group)

Participants considered that it was important to teach children about understanding their bodies and encouraging a positive sense of self as fundamental to developing healthy relationships. The need to avoid coercion and for young people to wait until the time when they were ready was raised, expressed by one participant as:

*Sex is better when you feel ready.*

(female, regional focus group)

Therefore, young people need to develop an awareness of the consequences in engaging in risky behaviours, particularly alcohol and drugs. A common view was that alcohol and drugs underpinned some of the early sexual activity. As one participant stated:

*Sometimes it's because of the drugs and alcohol that people end up in these situations.*

(female, regional focus group)

While in the past pornographic material had been largely confined to a few magazines that young men could access, there are concerns over the way the mass media portrays women and girls today. Sexual images in all forms of media are becoming explicit and almost pornographic in content, with even some advertisements including images that reflect acts of violence and sexual assault against women. Participants expressed concern about inappropriate messages portrayed through all forms of media - television, movies and access to the internet and social media sites. As one participant explained:

*You see people laying in bed kissing and they've got school uniforms on. No wonder the kids are doing what they're doing.*

(female, regional interview)

One focus group with regional area participants expressed concerns about community attitudes towards women with women seen as bearing responsibility for unwanted sexual advances and violence.

*What I find I think the most surprising for me is the response of some people ... oh, she shouldn't have been wearing what she was wearing ...*

(female, regional interview)

This was picked up by a male in the focus group who added “Or she wanted it” and the woman adding “Or she was looking for it”.

Sexuality was mentioned in some of the discussions, particularly around the need for parents and carers to have more knowledge and understanding about same sex relationships with young people. As one participant stated:

*Hard to talk about. You know ... a young girl coming out and saying ‘Nan, I’m not really liking boys, I like girls and (name) horrified at her and not talking. And that young girl’s just feeling so alone.*

(female, regional focus group)

Participants expressed concern for their children’s safety particularly around ‘sexting’ and requested that they would like more readily available information around the safe use of

social media sites for young people. Teaching children about which websites are legal and which ones are illegal would not only protect children from exposure to inappropriate sites but also prevent young people from potential legal convictions resulting from their naivety. As one participant stated:

*Technology – we need to talk about it to our young ones – know what they are looking at on the web ...* (male, metropolitan focus group)

Given these concerns and the recognition of what children need to know about relationships and sex, there was recognition that parents and carers need tools and skills to help teach children about gender equality; to block inappropriate websites and television programs and to discourage the sexualisation of women and girls.

## 5. What are parents/carers attitudes to early onset of sexual activity?

Parents and carers in this study expressed a desire to want the best for their children and the children they care for. They were concerned about early onset of sexual activity. In particular they expressed concerns about teenagers being sexually active and its potential consequences such as teenage pregnancy and sexually transmitted infections. As one participant explained:

*Aboriginal men need to talk to their Aboriginal boys. We need to sit down in our circles and talk about those stuff that are potent. Too many of our kids are having kids. Kids having kids.* (male, metropolitan focus group)

They also raised concerns about the trading of sexual favours for rewards ('presents'); a mobile phone was one example given. Older female participants from a regional area spoke frankly of their concern about early sexual debut and the consequences of teenage pregnancy and raised particular concerns that girls appeared to engage in sex at a younger age than occurred in previous generations.

A number of participants revealed their protective nature when describing reactive rather than proactive responses, particularly referring to young men who were showing an interest in their daughters before they felt their daughters were mature. As one male participant explained:

*Because I've got two daughters, I've got two spears!* (male, metropolitan focus group)

One mother talked to her daughter, instilling in her that she is in control;

*You don't have to do anything you don't want to do. If this fella doesn't want to hold your hand for three months, he's not worth it.* (female, regional interview)

Others shared further examples of their protective nature and sometimes overreacting in a situation that turned out to be quite an innocent incident. One participant described her story of finding a condom in her twelve year old son's pocket and being initially shocked as she believed her son was too young to engage in sex. However, when she asked him about this, her son explained that it was part of a school sex education class covering contraception in which the teacher handed out condoms to every student. She was relieved

with this explanation which was possible given she had good and open communication with her son. However, it illustrates the common concern parents have regarding their children engaging in early sexual activity. It also highlights the lack of knowledge parents may have about current sex education curriculum at schools.

## 6. What were their responses to the *Talk soon Talk often* resource?

In general, first impressions of the current *Talk soon Talk often* resource were quite positive. The participants thought the content was appropriate and the section on services and further resources useful.

However, they felt that whilst the book addressed most of the important issues around sex and relationships, it was not a book that they would pick up and read as it was large, too wordy and not culturally fitting. As one participant explained:

*Lot of words ... so when you flick through it you know, just too much words, don't really want to read it but if there's less words then ... it's easier to understand.*

(male, regional focus group)

With another stating:

*It's quite wordy ... people would flick through it and look at the captions and that would be the end of it.*

(female, regional focus group)

One participant suggested that language should be included where possible throughout the resource:

*The other thing I would put in there is a bit of language ... some is better than none Our girls in the house (hostel) use their language more than anything.*

(female, regional focus group)

However, participants acknowledged that incorporating relevant Aboriginal languages for every language area in Western Australia was not achievable in a state-wide resource. Two participants in one group were opposed to an Aboriginal-specific resource, commenting:

*I don't see why it should be specifically for an Aboriginal. Unless you are talking about someone who ... has very limited knowledge of English.*

(female, regional focus group)

With another stating:

*And people even tell us, "oh, you're Aboriginal. You're expected to have a child at 16" ... Well what does that make us? What give you the right to say that and tell us those sorts of things and have those sorts of assumptions? It feels discriminatory ...*

(female, regional focus group)

A number of participants commented that they thought the existing resource was excellent, with many wishing to take a copy away with them. However, despite its availability, many had not seen it or if they had, they had not taken interest in picking it up and reading it.

## 7. What format would be preferred for a resource for Aboriginal parents and carers?

Overwhelmingly parent and carers' preferences were for a stand-alone written resource. Some felt that the current resource was too large and that a suite of booklets representing the various stages of development/milestones would be more appealing and useful. One suggestion was for the booklets to be developed and to have a focus for different genders as well as being appropriate for particular ages and development stages. Suggestions to enhance the written resource included having an accompanying digital version of the resource developed whereby it could be easily updated, and to include interactive sections to make it more visual with the ability to include *YouTube* clips/scenarios/narratives.

A number of other suggestions were also mentioned but were not raised by a substantial number of participants. This included developing a digital multi-media package (music/video/audio) as well as brochures. One suggestion was for picture cards to be included in the resource as carers such as grandparents who could use the picture cards as a cue to start a conversation. Many noted the need for assistance for the children they cared for to talk about relationships and sex and for such discussion to be facilitated given difficulties they had in talking about this topic with their children. Such a resource was likely to be more helpful when it reinforced education that children were getting elsewhere.

Participants suggested a number of ideas to ensure a resource would be culturally acceptable and appropriate. These included Aboriginal graphics and colours, with easy to understand language and more culturally congruent content. The cover of the resource needed to be more appealing for Aboriginal parents and carers as this was essential for them to notice it as a first step, and therefore to look at it and utilise the resource in the way it has been designed. Suggestions were made to include local and regional service information; or to leave a blank page and encourage recipients to be able to insert their own local services contact details.

## 8. How could the *Talk soon Talk often* resource be adapted for Aboriginal parents/carers?

Participants felt that the content was useful but needed to be presented in a way that was more accessible and culturally appropriate; with less words and the inclusion of Aboriginal specific pictures and artwork. Participants felt that scenarios or stories/narratives illustrating particular ways of communicating would be useful; this would also provide a more objective and less subjective way of discussing a particular topic with their children. The text needs to be in an easy to understand language as one participant suggested:

*just put them easy way there ... see how they've got 'individuals', just put 'people' ... discussions turned into 'talk'*

(male, regional focus group)

Another suggested:

*like 'contraception' people won't pick up ... maybe 'protection'*

(female, regional focus group)

Participants also identified that specific cultural information should be included in the content; for example, information on cultural protocols and kinship norms, whilst stressing

the importance of acknowledging the broad diversity of Aboriginal people throughout Western Australia. The main issues they highlighted as important were covered in the book such as: teenage pregnancy, sexually transmitted infections, sexual abuse, child pornography and the influence of social media. But other issues were identified that participants felt should be included in a new resource. These included suggestions for addressing risky behaviours and the consequences of alcohol and drug use, issues related to family violence and keeping young people safe, the importance of good role models, potential approaches and support for engaging youth who are otherwise disengaged, developing respectful relationships and support around potential exposure to inappropriate behaviour such as sexual abuse.

Further topics that were highlighted included the importance of teaching children protective behaviours to support their decision making and choices and the importance of developing respectful relationships. As one participant stated:

*Us as a family, we have standards, we respect the other gender...*

(male, metropolitan focus group)

Consideration of the language for the particular parts of the body and use of terminology had some differing opinions. Some felt it important to teach children the correct terminology whilst others felt it was okay for younger children to use common names that they are familiar with. A compelling argument for using the correct terminology for the various body sex parts was when a number of participants from two regional areas voiced concern on the usage of incorrect terminology particularly when giving evidence in a court of law. Participants stressed the importance of educating young people on the use of correct terminology to ensure that any evidence was clear and accurate. One participant stated that if a child was in a court of law giving evidence on sexual abuse and said “he touched my cherries”, that this evidence may not necessarily hold up in such a situation.

Participants were keen to have a stand-alone resource in hard copy, but also were interested in the potential link to a web-based version. A web-based version that could incorporate capability that is more interactive was considered as likely to be more valuable. Scenarios can be presented via *YouTube* or similar, content material can be readily updated ensuring that the information is both current and relevant, and reference to other useful websites via hyperlinks can be incorporated. However, many participants made a point that access to the internet is not available for all families, particularly in rural and remote areas and therefore a written resource is more accessible for everyone. Some participants also suggested that a written resource could be presented in a suite of smaller booklets addressing areas specific to developmental stages or milestones. These booklets could be contained in a file and each booklet added or accessed as their child develops. Participants felt that this may also reduce the burden of parents feeling that they need to know everything when they first become parents, but could refer to a particular developmental stage booklet when relevant. Many participants also offered examples of how they used humour as a strategy in their conversations with young people and it was felt that use of humour in the resource would help make it more appealing and likely to engage an Aboriginal target group.

## 9. Dissemination of a new resource

Participants suggested a number of avenues to promote and disseminate the resource. The resource needs to be widely available and accessible for all parents and carers throughout Western Australia, from metropolitan Perth to rural and remote regions. Suggestions for where parents and carers will have access to the resource included places regularly visited such as child health clinics, local Aboriginal Community Controlled Health Service, schools (having the resource available for parents on enrolment days), other Aboriginal community organisations such as family support services and specific sexual health organisations such as Sexual and Reproductive Health WA. Information based websites such as the Australian Indigenous Health/InfoNet could assist with dissemination to services which work with families. Social media sites such as *Facebook* could be explored to advertise the new resource as these sites are widely accessed. Identifying further agencies and organisations appropriate for assisting with disseminating the resource more widely could be explored as part of a dissemination plan.

## DISCUSSION

Family values, communication and the influence of peers and of technology were the main issues identified from this research. Based upon our participant informants, many Aboriginal parents and carers feel they can communicate openly with their children today. However, not everyone had that level of comfort and there were a variety of different approaches used in talking about sex and relationships within the family context. Parents are keen to provide accurate information but often reported difficulty initiating the discussion, some describing that they wished they could respond more readily when asked a question. Negative experiences of or lack of sex education as a child has impacted on some people's ability to engage in informed and confident communication. Some parents and carers struggle in their role raising sexually healthy children, particularly if they are faced with a number of barriers – including being a lone parent without extended family support, lack of knowledge and poor skills and self confidence in communication on sexual issues. To some extent, these difficulties were seen as reflecting a wider challenge that some parents have in disciplining and controlling their children. The issue of parents who abused alcohol and/or other drugs and were not taking responsibility for their children was raised along with concerns regarding their children's welfare. It was noted that extended family members such as grandparents, aunts and uncles and older siblings can play an important role in the education of young people, particularly when parents feel uncomfortable to discuss a topic. Other family members and some community members also act as mentors and a source of advice, with some also offering condoms for adolescents in their community.

Most parents reported being comfortable talking about bodies, relationships and gender roles when their children are young. However, once children reach puberty it is less easy and apparent that for some people discussions about relationships and sex should occur based upon gender; men should talk to boys, and women should talk to girls. This is not always the case and very much depends on the individual's comfort level, cultural protocols and communication skills to the extent and depth of the conversation.

The prospect of the development of a culturally appropriate resource to guide parents and carers in topics and discussions on sex and healthy relationships was appealing and welcomed by the parents and carers in this study. Some participants indicated that they would be keen to have the opportunity to review a draft of any proposed resource prior to final production of the resource.

The *Talk soon Talk often* resource has been culturally adapted in Victoria (by the Victorian Aboriginal Community Controlled Health Organisation Incorporated and the Australian Research Centre in Sex, Health and Society, La Trobe University) to produce the resource *Yarn soon Yarn often*. It has been reported that the content development is completed and currently under production with a release date planned for the end of 2015. This independently developed resource should not delay the development and production of a Western Australian resource, but review of *Yarn soon Yarn often* once released may help improve further iterations of an Aboriginal Western Australian resource.

The existing WA resource *Talk soon Talk often* resource was adapted in January 2015 by NSW Health and the Nepean Blue Mountains Local Health District for use in New South Wales. The content is largely unchanged although the size of the book was reduced and includes many more multicultural images. These small changes have resulted in a resource that is likely to be more widely appealing for the broader community. It is suggested that when the current Western Australian version of *Talk soon Talk often* is due for a reprint, that multicultural images could be incorporated, perhaps even utilising those in the New South Wales resource.

This study had some limitations which need to be considered. Firstly, whilst considerable effort was made to gain a sample that reflected the diversity of Aboriginal people in Western Australia, there were more female than male participants, a not uncommon issue in health-related research. Focus group and interview discussions were conducted in only four regions of Western Australia but this may not fully reflect the wider views of Aboriginal people living in all regional areas throughout Western Australia. However, it was pleasing to note that analysis of the postcode data (APPENDIX 5) and participants' language group (APPENDIX 6) shows a wide reach of participants in terms of cultural and language group, reflecting also that many Aboriginal people are mobile and there is diversity in their cultural background and heredity. While qualitative work does not seek to be representative, participants were those who were interested and comfortable discussing these issues. Furthermore, participants were generally identified through health-connected contacts of the researchers, with some organisations declining their involvement in recruitment of participants on the basis of the perceived sensitivity of the topic.

Another issue that was apparent during the data collection was that some Aboriginal parents do not model talking respectfully as part of their problem solving. In their lives and in their communities, some Aboriginal youth are being exposed to violence and a lack of respect, both through television and pornographic material and through the people living in their homes. (Australian Institute of Family Studies, 2015). It is difficult to promote healthy sexual relationships to a child if their exposure is within their family and home is an underpinning relationship that is abusive and where there is a lack of stability and consistency. In such circumstances children may have more exposure to their peers and to sex by being on the streets because their home is not a safe place. This is a concern to other members of the Aboriginal community in which they live and not one which can be easily

addressed. However, creating opportunities to discuss difficult issues where youth are exposed to and discuss different beliefs and models of relationships and the importance of respect for others remain important. It was clear that schools continue to have a key role in supporting and reinforcing this. Opportunities for Aboriginal youth who are disengaged from school to be exposed to relationships education are similarly important.

## CONCLUSIONS/RECOMMENDATIONS

Based upon this study it is clear that Aboriginal parents and carers today have more open communication with their children than in the past. However, many parents and carers can feel uncomfortable and ill equipped to initiate discussions with their children on the many issues around sex and healthy relationships.

Whilst all stages of child development presents challenges for parents, the adolescent stage is one that parents often report as the most challenging, where children are transitioning from childhood to adulthood, forming their identity, becoming more critical about their parents and wider world, being more influenced by peers and seeking to assert their independence. Parents and carers who participated in this study were keen to parent well and many would have welcomed some assistance to help them. Most felt that a practical resource could be useful assist them to begin the conversation with their child(ren) at the appropriate stages of development. They want to feel confident and knowledgeable and not feel 'shame' when talking to their children. Many are very protective of their children and want them to feel safe and secure despite realising they could not always control them and that some experiences were important for them to develop experience and resilience.

Participants also expressed concern about the lack of parental and carer oversight of some Aboriginal children and adolescents, with children on the streets late at night and with parents not knowing what they were up to. Concerns were expressed about some children's access to pornography both as magazines and online. Some children were being exposed to sex with their parents having sex in front of them, partly a reflection of the lack of privacy that occurs in overcrowded housing when families are sharing one room for sleeping. Children are not always having respectful relationships modelled to them or learning to negotiate, with some exposed to feuding and violence. In these instances, it is difficult for parents to be leading discussions about sexual health.

Generally, however, parents were keen for their children to have good information and discussions that would help their child to develop a healthy attitude to sex and relationships. Aboriginal parents and carers felt a resource to assist them to initiate difficult conversations and to have appropriate discussions with their children would be useful. Although the current resource *Talk soon Talk often* was well received with many of the participants keen to hold on to it and read it more thoroughly, it was not a book they would necessarily pick up or use in its current format. Revision of the format to include more culturally specific information was seen as likely to provide a more useable and relevant resource for Aboriginal families in Western Australia. An accompanying web-based version is also recommended to promote a wider reach and appeal. While not restricting access to such a resource, timing may be helpful in ensuring its uptake and such a resource may best be made available to parents and carers at a time when sexual health discussion or other relevant activities are occurring within schools or other settings.

The resource should not be developed in isolation but should include an educational program for parents to maximise the usefulness of the resource. This should be in consultation with key stakeholders including the Aboriginal Health Council of WA, the Drug and Alcohol Office, Department of Child Protection, Department of Education, Sexual and Reproductive Health WA and other relevant stakeholder organisations.

**Key Actions:**

- Develop a resource to assist Aboriginal parents and carers to have appropriate conversations with their children. *Yarning Quiet Ways (about sex)* is the suggested title for the resource.
- Revise the content and format of the current resource *Talk soon Talk often* to include more culturally specific information based on the findings which will make it more useable and relevant for Aboriginal families in Western Australia.
- Develop a web based interface/version to complement the resource and provide a further medium that may appeal more widely to the target group.
- Alongside the development of a culturally appropriate resource, it is recommended that an accompanying parental educational toolkit/program on use of the resource be developed and implemented.
- Appropriate models to support good Aboriginal parenting and which recognise the different cultural, historical and other contexts of Aboriginal parents are needed, and need to be available from early in life. This was also identified as an area of need given issues of parents being able to discipline or control their children that were raised. Further exploration of what is already available and support for face-to-face skill development, working collaboratively with Aboriginal educators and other stakeholders to develop, promote and implement a parent educational program is recommended.

“communication is the key thing, I reckon”

## **APPENDIX 1: Aboriginal Reference Group and the Project Working Group**

### **Aboriginal Reference Group:**

Marion Kickett, Rose Murray, Josie Janz-Dawson, Joel Harrington, Rebecca Lothian

### **Project Working Group:**

Marilyn Lyford, Chontarle Bellottie, Daniel Vujcich, Dawn Bessarab, Mark Berg, Sandra Thompson

## **APPENDIX 2: Focus Group/Interview Forms**

- 1. Yarning Quiet Ways Flyer**
- 2. Information Sheet**
- 3. Consent Form**
- 4. Demographic Information Sheet**

# Yarning Quiet Ways



**Having conversations with your kids about healthy relationships and sex is important to help them make smart and safe decisions.**

**We are conducting research to develop a resource to make it easier for Aboriginal parents and carers to talk to their kids about these issues.**

**We would like you to participate in a discussion with other Aboriginal people and get your ideas and views.**

**If you are interested in being part of this project or would like to know more information, please contact us on the details below.**

**Marilyn Lyford**  
**Western Australia Centre for Rural Health**  
**Email: [marilyn.lyford@uwa.edu.au](mailto:marilyn.lyford@uwa.edu.au)**  
**phone: 9346 3317**  
**mobile: 0413 336 075**



**Yarning Quiet Ways about Sex  
Focus Group/Interview Consent Form**

I (the participant) agree to be interviewed for this research project.

The purpose of the projects has been explained to me.

Any questions I have asked about the project have been explained to my satisfaction; I am free to ask questions during the interview at any time.

I agree to participate in this activity, realising that I may withdraw at any time without reason and without prejudice.

I understand that:

- I will need to complete a very short questionnaire about my age, children etc.
- I will participate in a group interview which may take up to 90 minutes or a one-on-one interviews which is likely to be shorter
- I will be asked to look at an existing resource and see if this or a different sort of resources could be useful for helping Aboriginal people to talk with their kids about sex
- Any identifiable information that I provide is treated as strictly confidential and will not be released in any form that may identify me
- The information I provide, along with that from other people, will be used in a report and other articles provided my name or other identifying information is not used

I give my permission to having my interview recorded.

Signed (participant) \_\_\_\_\_ Date \_\_\_\_\_

Signed (researcher) \_\_\_\_\_ Date \_\_\_\_\_

Approval to conduct this research has been provided by the Western Australian Aboriginal Health Ethics Committee, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

Any person not satisfied with the responses of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting [ethics@ahcwa.org.au](mailto:ethics@ahcwa.org.au) or 0 92727 1631.

All research participants will be given a copy of the Participant Information and/or Participant Consent form relating to this research.



## ***Yarning Quiet Ways about Sex***

### ***Participant Background – Introductory Questions***

What is your age?

Gender:

Are you of Aboriginal or Torres Strait Islander descent?

Which language group do you identify with?

Area of residence: postcode or town?

How long have you lived in your current area of residence?

Marital status:

How many children do you have? (if applicable)

Ages of your children:

Do you have children other than your own living with you?

Whose children are they?

How many children are currently living with you?

Ages of children living with you:

## APPENDIX 3: Focus Group/Interview Guide

### Introduction:

Acknowledgement to Country

Hello .....my name is ..... and this is ..... We are from the Western Australian Centre for Rural Health and .....

Thanks very much for agreeing to be part of this focus group today. In the past topics about sex weren't really discussed much – it was a bit of a closed subject in most Australian cultures. These days we know that discussing things about sexuality and relationships are important to help kids make smart and safe decisions. We are interested to know more about how you learnt about things growing up? Who were the main people who told you about this? Or perhaps it wasn't talked about at all?

We are also interested in exploring your thoughts on how you currently talk to your children (or grandchildren/ nieces and nephews/younger brothers and sisters etc) around this topic. We are also keen to get your thoughts and feedback on this resource – (hold up the book to show).

We understand that this may be a sensitive topic and may cause some to feel uncomfortable, but you are free to stop talking to us at any time you wish. Just to remember that there are no right or wrong answers here – you all bring different experiences to the group and we value everyone's feedback. We will allow time for everyone to contribute to the discussion and that each person's view point can be heard. We will try and let one person finish speaking before another talks.

We have allowed about an hour to an hour and half for the discussion.

Before we begin the focus group discussion - can we ask you ask to take a copy of the information sheet *Yarning Quiet Ways about Sex* to read and for you to keep. Also can you please fill in the Participant Background – Introductory Questions sheet and the Focus Group/Interview Consent Form) each. (We can read these out to the group before they fill in the question sheet and sign the consent form. Explain the importance of having the discussion recorded and that we have ethics approval from the Aboriginal Health Council of WA for this discussion to be recorded. Emphasise that names will not be used in writing up of the focus group discussion. )

**Add in further notes here - collect the signed forms now before you begin the discussion**

**Switch on the digital recorder now!**

To begin the discussion can I ask you -

- How did your parents or extended family eg (aunties/uncles/older siblings) talk to you about sex and relationships when you were growing up?
- What did they tell you about this?
- Was there anything that they didn't tell you about that would have been helpful to know?
- How have things changed since then?
- Has this made a difference to the way you might talk to your children today?
- Anything else to add here?

Let's now have a look at the Resource - Talk *soon Talk often resource – A guide for parents talking to their kids about sex. Also included is a one pager Tip Sheet.*

Yarning Quiet Ways Report 2015

This has been developed recently for mainstream and we are interested to know if you think something similar developed specifically for Aboriginal families could be useful?

Give participants time to have a quick look through the book – maybe do this in pairs or a small group. Perhaps summarise the chapters in the book and direct them to page 30. **Re: Parent training program Mooditj: a sexual health and positive life skills program for Aboriginal children**

- What do you think about the content (all the information) in the book?
- What do you think about the format (the way it has been presented)?
- What do you think about the language used? – (easy to understand, wordy, hard, etc.?)
- If we were going to produce a resource that would be useful for families - what would it look like? In what sort of format?

For example

- A booklet or Fact Sheet
- DVD
- Specific website /Facebook page/other social media?
- Specific app (eg interactive game app for families to play together? / animation? -)
- Other?

How could we make the resource available for parents and carers/families to access?

- eg through schools, libraries, community groups, Aboriginal Health Services (AMS, ACCHSs),
- Other?

Is there anything else anyone would like to add?

Thanks so much for your time – we really value your input on this important topic.

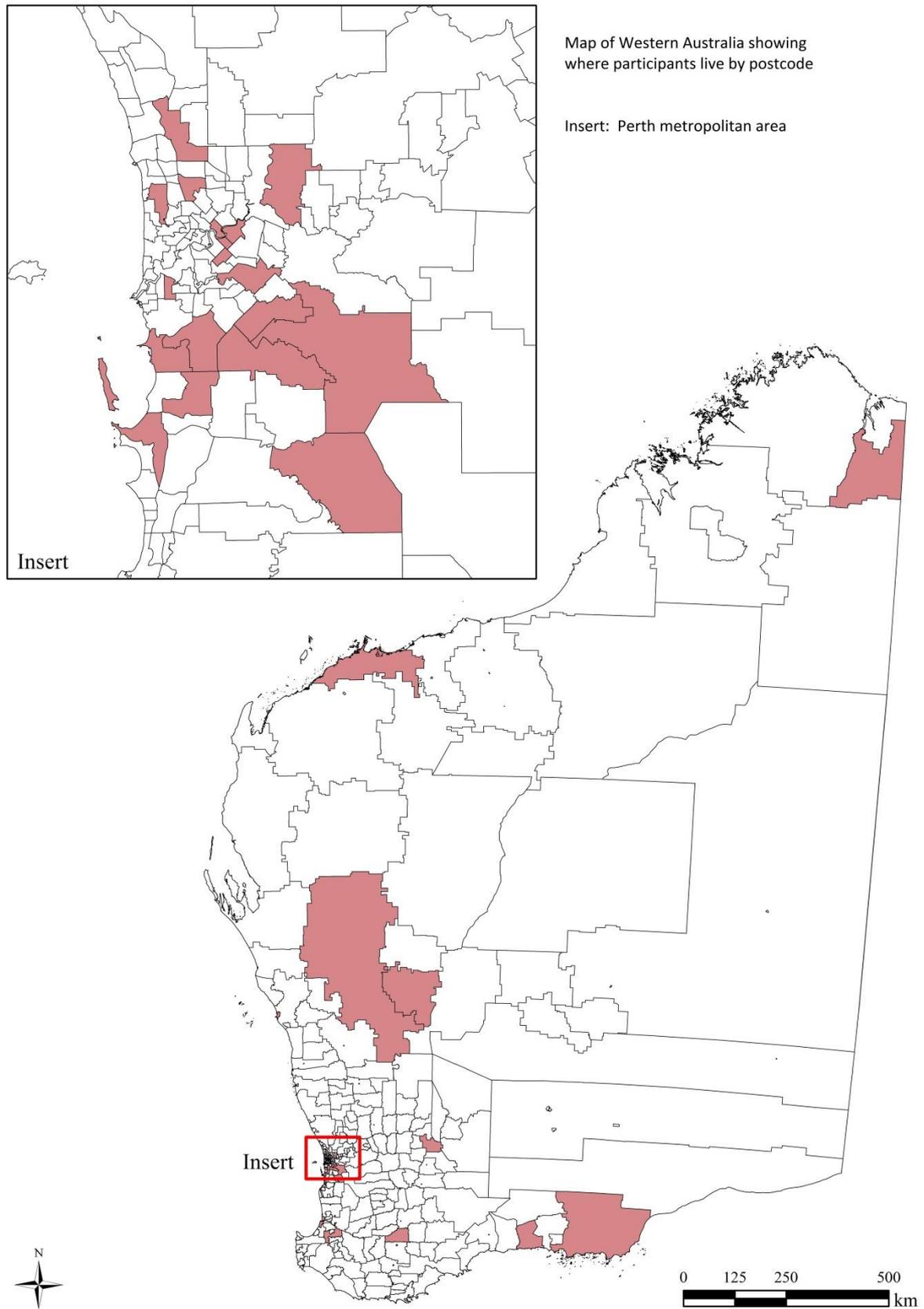
Once we have finished running all the focus groups we will let you what we have found out from our discussions and our plans to develop an appropriate resource for Aboriginal families.

**Turn off the digital recorder now!**

## **APPENDIX 4: Coding Matrix**

**See separate accompanying document**

## APPENDIX 5: Place of residence by postcode



## APPENDIX 6: Participant Language Groups

- Wajarri
- Wajarri/Amangu
- Yamatji
- Yamatji/Wadjarri
- Martu
- Gigi Nyal Nyal
- Nyungar/Noongar/Nyoongah
- Balladong/Ballardong
- Milyuranpa Banjyima
- Kitja
- Waggarie
- Badimaya
- Badimaya/Wadjarri
- Malgana /Nhanda
- Noongar, Bibblumun/Biboolminn
- Kuku Djungan
- Noongar, Martu

\*Please note there is a variety of ways to spell some language groups. We have included the various spellings that the participants have used.

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