

Parenting and Child Sexuality Questionnaire

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applies to you. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0. Not true of me at all
1. True of me a little, or some of the time
2. True of me quite a lot, or a good part of the time
3. True of me very much, or most of the time

	Not at all	A little	Quite a lot	Very much
I wish my parents had talked more to me about sexuality	0	1	2	3
I feel that I have adequate knowledge to provide sexuality education to my children	0	1	2	3
There are sexuality topics I would not be comfortable discussing with my children	0	1	2	3
I feel I have adequate knowledge about child sexuality and knowing what children need at different ages	0	1	2	3
I feel that I have adequate knowledge about what is covered in the school curriculum on sexuality education	0	1	2	3
I feel that I have adequate knowledge about the community resources that are available to parents to help with the sexuality education of their children	0	1	2	3

When you were a child, what was your main source of information about sexuality? (Please select all major sources)

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Friend/s |
| <input type="checkbox"/> Teacher or school staff | <input type="checkbox"/> Health professional (e.g., GP, Nurse) |
| <input type="checkbox"/> Media (e.g., radio, TV, newspaper) | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Other (Please specify) _____ | |

What is your main source of information about sexuality now? (Please select all major sources)

- | | |
|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Friend/another parent | <input type="checkbox"/> Teacher or school staff |
| <input type="checkbox"/> Health professional (e.g. GP, Nurse) | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Media (e.g., radio, TV, newspaper) | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Other (Please specify) _____ | |

Where do you get information about children's developing sexuality from? (Please select all major sources)

- | | |
|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Friend/another parent | <input type="checkbox"/> Teacher or school staff |
| <input type="checkbox"/> Health professional (e.g. GP, Nurse) | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Media (e.g., radio, TV, newspaper) | <input type="checkbox"/> Partner |

- Brochures Relative
 Other (*Please specify*) _____

Please describe how you communicate with your child about sexuality?

.....

Please read each statement and select a number 0, 1, 2 or 3 that indicates how true the statement was of you over the past four (4) weeks.

There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0. Not true of me at all
- 1. True of me a little, or some of the time
- 2. True of me quite a lot, or a good part of the time
- 3. True of me very much, or most of the time

Then, using the scale provided, select the number next to each item that best describes how confident you feel in each situation, even if it is something that rarely occurs or does not concern you.

Example:

Encouraged your child to ask questions about sexuality 0 **1** 2 3 | 9

	Not at all	A little	Quite a lot	Very much	Rate your confidence from 1 (Certain I can't do it) to 10 (Certain I can do it)
Encouraged your child to ask questions about sexuality	0	1	2	3	<input style="width: 30px; height: 20px;" type="text"/>
Responded to a question about a sexuality topic	0	1	2	3	<input style="width: 30px; height: 20px;" type="text"/>

Started up a conversation about sexuality with your child	0	1	2	3	<input type="checkbox"/>
Stayed calm when your child asked a question about sexuality	0	1	2	3	<input type="checkbox"/>
Discussed sexuality education for your child with your partner or another caregiver	0	1	2	3	<input type="checkbox"/>
Used correct terminology for genitalia	0	1	2	3	<input type="checkbox"/>
Listened to your child's views on sexuality	0	1	2	3	<input type="checkbox"/>
Felt comfortable in talking to your child about sexuality	0	1	2	3	<input type="checkbox"/>
Used a current event or media story to start a conversation with your child about sexuality	0	1	2	3	<input type="checkbox"/>
Avoided teasing your child about sexuality	0	1	2	3	<input type="checkbox"/>
Read books with your child about sexuality	0	1	2	3	<input type="checkbox"/>
Encouraged your child to share their thoughts and feelings about sexuality	0	1	2	3	<input type="checkbox"/>
Gave brochures or other materials to your child to help them learn about their sexuality	0	1	2	3	<input type="checkbox"/>
Expressed comfort with your own sexuality	0	1	2	3	<input type="checkbox"/>
Accessed community resources to help you learn about child sexuality	0	1	2	3	<input type="checkbox"/>
Modelled a positive body image	0	1	2	3	<input type="checkbox"/>
Monitored your child's internet and television use	0	1	2	3	<input type="checkbox"/>

Please read the question and rate which number indicates how much the feeling applies to you. There are no right or wrong answers. Do not spend too much time on any one statement.

Overall, how do you feel in explaining answers to questions that are asked of you by your child in regard to sexuality?

	1 Not at all	2 Slightly	3 Moderately	4 Very	5 Extremely
Knowledgeable					
Confident					
Comfortable	0	1	2	3	5
Anxious					

**Where do you feel your children get their information about sexuality from
(Please select all major sources)**

Parent/s Friend/s

- Teacher or school staff Health professional (e.g., GP, Nurse)
 Media (e.g., radio, TV, newspaper) Internet
 Brochures
 Other (*Please specify*) _____

Citation:

Morawska, A., Walsh, A., Grabski, M., & Fletcher, R. (2015). Parental confidence and preferences for communicating with their child about sexuality. *Sex Education, 15*(3), 235-248. doi: doi.org/10.1080/14681811.2014.996213

Please answer the following questions in relation to one child in your care.

	1 Not at all	2 Slightly	3 Moderately	4 Very	5 Extremely
How important do you think sexuality education is for your child?	1	2	3	4	5
How responsible do you feel for the sexuality education of your child?	1	2	3	4	5
How important do you feel your role is in the sexuality education of your child?	1	2	3	4	5
How important do you feel your child's preschool is in the sexuality education of your child?	1	2	3	4	5
How important do you feel your child's school is in the sexuality education of your child?	1	2	3	4	5
How important do you feel the media is in the sexuality education of your child?	1	2	3	4	5

What would make it easier for you to talk to your child about sexuality?

.....

.....

.....

.....

.....

If a parenting program was developed, with the aim of increasing parents' skills and confidence in sexuality education of their child, how important would it be that the program includes the following elements?

Please indicate how useful you believe each of the following topics would be:

Topic	Not at all useful	Somewhat useful			Extremely useful
	1	2	3	4	5
Using appropriate terminology with children	1	2	3	4	5
Discussing puberty with children	1	2	3	4	5
Parent's attitudes and values about sexuality	1	2	3	4	5
Obtaining accurate information about child sexuality and education	1	2	3	4	5

Communicating effectively with children about sexuality	1	2	3	4	5
Understanding parents' roles as sexuality educators	1	2	3	4	5
Protecting children from sexual abuse	1	2	3	4	5
Exploring gender roles and gender identity	1	2	3	4	5
Encouraging child self-acceptance and self-esteem	1	2	3	4	5
Encouraging a positive body image	1	2	3	4	5
Exploring barriers to communicating effectively with children about sexuality	1	2	3	4	5
Helping children to express emotions and feelings	1	2	3	4	5
Understanding the human body, reproduction, pregnancy and birth	1	2	3	4	5
Learning about sexual development and behaviour across childhood	1	2	3	4	5
What do to about and how to react to signs of sexual abuse	1	2	3	4	5
Discussing parental standards for children's sexual behaviour	1	2	3	4	5
Talking about sexuality, sexual expression, sexual relationships	1	2	3	4	5
Responding to child masturbation	1	2	3	4	5
Responding to child sexual play	1	2	3	4	5
Responding to child nudity	1	2	3	4	5
How to identify sexual abuse in a child	1	2	3	4	5
Learning about the influence of the media and the internet on children's sexuality	1	2	3	4	5

What additional information or topics would you like to see included in a parenting program to help parents develop skills to support children's developing sexuality?

.....

.....

.....

.....

.....

Citation:

© 2015 The University of Queensland, Brisbane, Australia
 ABN 63 942 912 684, CRICOS Provider No: 00025B
 Licensed under limited terms and conditions

Morawska, A., Walsh, A., Grabski, M., & Fletcher, R. (2015). Parental confidence and preferences for communicating with their child about sexuality. *Sex Education, 15*(3), 235-248. doi: doi.org/10.1080/14681811.2014.996213