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Sex Talks Between LGBTQ+ Parents and Children

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SEX TALKS BETWEEN LGBTQ+ PARENTS AND CHILDREN

by

Emily Gerlikovski

A Thesis Submitted in
Partial Fulfilment of the
Requirements for the Degree of

Master of Arts
in Communication

at

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ABSTRACT

SEX TALKS BETWEEN LGBTQ+ PARENTS AND CHILDREN

by

Emily Gerlikovski

The University of Wisconsin-Milwaukee, 2022
Under the Supervision of Professor Erin Sahlstein Parcell, PhD

Research on parent-child sex talks typically focuses on the perspectives of heterosexual parents. The reported number of queer parents is growing in the United States (Baker, 2019), and thus more children are hearing about sex topics from the points of view of sexual minorities. Thus, including queer perspectives on a topic that can have a lot of influence on sexual behaviors is imperative. The purpose of this research is to understand topics that are covered in sex topic conversations between LGBTQ+ parents and their children, how LGBTQ+ parents approach the conversations, and what LGBTQ+ parents' goals are for the conversations. I conducted semi-structured interviews with 15 LGBTQ+ parents, and I analyzed the interview data using Braun and Clarke's (2006, 2022) six-step thematic analysis. Themes related to what topics parents cover include: Consent as a Foundational Knowledge, Pleasure is Okay, but Private, Heteronormativity and the Nuclear Family as not the Only Option, and Information Outside Personal Sex Experiences. Themes regarding how parents approached these conversations include approaching sex talks: as a Series of Events, as a Dialogue, as Age-Appropriate, with Supplementary or Complementary Materials, and as "Clinical." The last four themes are related to the goals parents have for sex topic conversations: Doing Better Than Own Parents, Cultivating a Sense of Ownership, Being Open and Honest to Encourage Future Discussions, and Raising Informed, Educated, and Knowledgeable Children. LGBTQ+ parents do talk to their

children about a variety of sex topics to keep them informed about complicated concepts related to sex, to help them feel comfortable in their own bodies, and to prepare them for future sexual encounters. Implications for this research include emphasizing the importance of producing inclusive sex education material and the lasting impact these conversations can have on the children and their futures as parents themselves. Limitations and future directions, including finding diverse, intersectional perspectives and understanding experiences of children of LGBTQ+ parents are also discussed.

Keywords: queer parenting, LGBTQ+ parenting, parent-child sex talks, sex education

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Introduction

Research indicates conversations between parents and children about sex can have positive effects on a child's self-image and increase safe sex behaviors (Whitaker & Miller, 2000; Widman et al., 2019), making parents "ideal sex educators because they are able to reach youth early to provide sequential and time-sensitive information that is responsive to the adolescent's questions and anticipated needs" (Flores & Barroso, 2017, p. 532). However, studies on the topic of parent-child conversations about sex have primarily focused on heterosexual families and parents (Grossman et al., 2013; Pariera & Brody, 2017). Apart from Easterbrook et al.'s (2022) investigation into how LGBTQ+ parents talk to their children about sex and sexuality, studies that do include queer parents typically focus on how lesbian mothers in same-sex partnerships communicate about sex to their children (Cohen & Kivalanka, 2011; Gabb, 2004; Mitchell, 1998) and often exclude sexualities and identities beyond homosexuality (Bonander, 2016). Other LGBTQ+ parents do exist, and they should have a voice in the research, especially because the reported number of queer parents is growing in the United States (Baker, 2019).

This thesis study contributes to the limited research on LGBTQ+ parents and the sex talks they have with their children. The following sections overview established research on the topics of conversations parents have with children about human sexual anatomy, sexuality, and sexual intercourse and safe sex practices. Within these categories, the specific types of topics and information parents cover or do not cover in the conversations will be reviewed. The way parents approach these topics, including how they phrase information, is also included. Following the review of what topics are covered and how parents have these discussions with their children, the

goals parents have for these conversations will also be reviewed. The literature review serves as an essential part of my research process, as my research questions are based on what previous research has found and what the research has not focused on or investigated.

Parents Talking to Their Children About Sex Topics

A lot of concepts can fall within the category of “sex topics.” For this study, “sex topics” is any topic that deals with the concept and process of sex and the human body. This can include, but is not limited to, human sexual anatomy and physiology, sexuality and sexual orientation, the process of sex, contraceptives and safe sex, sexual consent, the risks of sex, including sexually transmitted diseases (STD’s) and sexually transmitted infections (STI’s), and the results of sex, including the emotional or physical results. Not only can these topics be addressed in sex talks between parents and children, but they can be approached in a variety of ways. Based on my review of the established literature, I detail below what topics are addressed and how they are addressed within the categories of human sexual anatomy, sexuality, and safe sex practices.

Talking About Human Sexual Anatomy

Parents and educators having conversations with children about human sexual anatomy can positively affect their self-image, increase their ability to ask questions about sexuality, and help prevent child sexual abuse (Wurtele & Kenny, 2011; Wurtele et al., 1992). Educating children about their genitals helps them understand their body as private; Kenny et al. (2015) argue, “[T]eaching proper names for all body parts at a young age (2 years) helps children develop a healthy, more positive body image” (p. 25). Talking with kids about sexual anatomy can provide them a strong foundation for successful sex education later in life; therefore, it is important to establish if and how these conversations are taking place, especially because of health risks associated with risky adolescent sexual behavior (Hadley et al., 2009; Wurtele et al., 1992).

When heterosexual parents try to explain sexual anatomy topics to their children, they often avoid using correct terminology and utilize slang instead (Thackeray & Readdick, 2003; Wurtele et al., 1992). While these conversations may occur from young childhood to adolescence, parents often do not accurately describe or identify anatomical parts of the child's body. For example, Martin et al. (2010) reported mothers use a total of 82 different words for male genitalia and 94 words for female genitalia with their three-to-six-year-old children. However, preschool aged children do have the ability to label parts of the body with correct, anatomical terms. For example, they can identify the "eyes," "arms," and "ears," on the body and use those terms when doing so, but they lack knowledge of anatomical terms for genitals and other private parts (Thackeray & Readdick, 2003; Wurtele et al., 1992). In a study by Wurtele et al. (1992), over 50% of their sample of 271 pre-school aged children used slang terms for breasts, 94 children (35%) of them used slang for penis, and 75 children (27.7%) used slang for vagina. When taking out the numbers of children who used incorrect terms, slang, or "private part" for vagina and penis, only eight children (3%) used the term "vagina", and 17 children (6%) used the term "penis." In total, "less than 10% of the children knew the correct terms for breasts, vagina, or penis" (Wurtele et al., 1992, p. 119). Thus, the children could identify their body parts with anatomically correct terminology when they were presented with the information; however, their parents did not correctly identify or similarly identify sexual anatomy.

Children's confusion about sexual anatomy can lead to problems later in adulthood. By not educating children about these parts of their bodies, the message communicated is that those body parts may be less important than other body parts (Thackeray & Readdick, 2003). This lack of education can extend into adolescence and adulthood as well, with adult women not

understanding or being uncomfortable with their own sexual working of their bodies (Martin et al., 2010).

Research on how queer parents communicate to their children about sexual anatomy is especially scarce. However, in a study focused on 26 lesbian mothers' communication about sex to their children between the ages of four to 24-years-old, lesbian mothers reported educating their young children about sexual anatomy (Mitchell, 1998). Mitchell found that mothers frequently taught accurate names for genitals rather than using euphemisms with their children. This differs from Martin et al.'s (2010) survey study of 629 heterosexual mothers (and two bisexual mothers) that reported mothers often used euphemisms or slang terms for some parts of the children's bodies. Educating children about these terms allows the children to understand how their genitals are a part of their own bodies, and proper labeling can prevent sexual assault (Wurtele et al., 1992). In addition to parent-child discussions about human sexual anatomy, parents can also discuss the topic of sexuality with their children.

Talking About Sexuality

Sexuality is another sex topic parents can approach with their children when educating them about sex. Conversations about sexuality can include discussing sexual orientation and the expression of one's sexual identity. When children better understand their sexual identity, they have a higher self-esteem and have fewer depressive symptoms than children who do not understand their sexual identity (Rosario et al., 2011). Thus, parents having these conversations and explaining sexuality can have positive impacts on their children both immediately during the conversations and long-term. Research has been done on both heterosexual parents and queer parents regarding how they address sexuality with their children (Easterbrook et al., 2022; Cohen & Kuvallanka, 2011; Mitchell, 1998; Solebello & Elliot, 2011).

Parents can have hopes for their children's sexual orientation. In an interview study by Solebello and Elliot (2011), heterosexual fathers shared their hopes for their 13- to 19-year-old-sons to be heterosexual, and they believed having a gay son would be difficult. Fathers were more accepting of their daughters possibly being homosexual instead of their sons, with some even welcoming it. This could be because the fathers in this study saw themselves as influencers in their sons' sexuality (Solebello & Elliot). Thus, in the fathers' eyes, their sons' sexuality was connected to their own masculinity and heterosexuality (Solebello & Elliot).

Mitchell (1998) reported that lesbian mothers talk about sexuality with their children through conversations on "heterosexism" and defining terms like "lesbian." Heterosexism was often a focus of conversations because of the media their children were consuming, which often only showed heterosexual relationships and identities, or the conversations their peers had about having one mom and one dad. Most lesbian mothers in this study defined terms like "lesbian" or "gay" to their children and talked about how people could love one another even if they are the same gender. Topics like homophobia, however, were avoided, because "they felt that homophobia was not about sex, but about bigotry and the oppression of a minority by members of a threatened majority" (p. 405).

In another study of lesbian mothers, Cohen and Kovalanka (2011) reported most participants talked to their children (ages five to 18) about sexual orientation, specifically noting sexualities beyond heterosexuality. Heterosexism was another conversational theme identified in this study as well, with some mothers talking about homophobia and how families can have two mothers or fathers. Mothers in this study often took incidents of heterosexism as teaching opportunities for their children about the concept of sexuality, explaining to them what is meant by terms like "lesbian" or "gay."

A recent study by Easterbrook et al. (2022) used open-ended surveys to investigate how LGBTQ+ parents talk to their children between the ages of three and 17 years-old about sex and sexuality. Specific to sexuality, their sample of 45 participants indicated they wanted to normalize sexuality discussions for their children. Easterbrook et al. did not report if parents identified terms for sexuality (e.g., “lesbian,” or “gay”), but they did say parents wanted to normalize the topic of queerness.

Talking About Safe Sex Practices

Research indicates parents are not talking about safe sex with their children (Goldfarb et al., 2018; Heisler, 2005). Parents avoid communicating about sex with their children because they are uncomfortable, lack confidence in their knowledge, and believe the conversations will initiate early sexual behaviors and activity (Elliot, 2010; Flores & Barroso, 2017; Goldfarb et al., Wilson et al., 2010). When conversations about safe sex practices take place, they usually lack detail or directness and include innuendos (Hyde et al., 2013). For example, if parents tell their children to use condoms, they usually do not tell them how to use them (Hyde et al.).

While research shows many parents are not having safe sex talks with their children, parents who do have conversations about sex with their children are identified as being open and honest, no matter the parent’s sexual identity (Afifi et al., 2008; Cohen & Kovalanka, 2011; Easterbrook et al., 2022; Fisher, 1991; Mitchell, 1998). Parents who were unhappy with their own sex communication with their parents when they were children are more likely to discuss sex with their own children, as an effort to “do better” (Easterbrook et al.; Flores & Barroso, 2017).

Talking about sexual pleasure is especially uncomfortable and avoided by parents, but emerging adults believe it should be covered by parents when children are older (Pariera &

Brody, 2017). Children do not want to address all sex topics with their parents though. In Flores and Barroso's (2017) review of parent-child sex communication research from 2003 to 2015, they identify the topic of sexual pleasure and positive aspects of sex as "off limits" in the eyes of parents, with parents not addressing the topics at all (p. 537). However, lesbian mothers from Mitchell's (1998) study reported they wanted their children to know it is normal to experience sexual pleasure.

While research looking at how queer parents discuss the logistics of sex is limited, Mitchell (1998) reported lesbian mothers talked with their four-year-old to 24-year-old children about reproduction and safe sex. Mothers in this sample reported feeling "comfortable, matter-of-fact and unconflicted" (p. 403) when talking with their children about reproduction and how their own child was conceived. Lesbian mothers from Cohen and Kivalanka's (2011) study also reported talking to their children (ages three-to-20 years-old) about reproduction and safe sex, and these mothers also communicated to their children how sexuality is "a normal and healthy part of life" (p. 298). While these mothers were fairly open when it came to discussing sex, they reported they were uncomfortable talking about their own sex lives or specific sex acts. Bonander (2016) also found that when it comes to talking about the act of sex with children, gay and lesbian parents discuss both heterosexual, reproductive sex, and sex outside the goal of reproduction with their kids between the ages of four to 24-years-old.

Conversations between parents and children focused on safe sex practices have been shown to prevent risky sexual behavior (Widman et al., 2019; Whitaker & Miller, 2000). Teens who talked to their parents about safe sex were less likely to be negatively impacted by peer pressure to engage in high-risk sexual behaviors, such as not wearing a condom (Whitaker &

Miller, 2000). Thus, while these conversations are avoided by parents, research indicates the conversations can have positive outcomes.

There are many sex topics parents can talk to their children about. Some include safe sex, sexuality, and anatomy talks. Not only can the topics covered in sex talks come from a wide range of possibilities, but also the approaches parents have to these topics and to sex talks in general can also be incredibly varied. Research on parent-child sex talks does not often separate the topics that are discussed in these conversations with how the conversations are approached. It is important to differentiate these, because approaches to sex conversations and how parents talk about sex topics with their children can impact the topics that are being covered. This leads me to my first two research questions:

RQ1: What sex topics do LGBTQ+ parents talk to their children about?

RQ2: How do LGBTQ+ parents talk to their children about sex topics?

Parents' Goals for Sex Talks

Parents can have many goals for the discussions they have with their children about sex topics, and those goals can differ depending on the specific topic being discussed. Goals include the desires parents have for their children to understand or learn things and for the children to engage in or avoid certain behaviors (Bonander, 2016; Easterbrook et al., 2022; Elliot, 2010; Grossman et al., 2016). Those goals are often formed from personal experiences (Grossman et al.).

Openness and honesty are common goals for parents to claim to have when talking about sex with their children; LGBTQ+ parents in Easterbrook et al.'s (2022) study wished for their sex conversations with their children to be open and honest by creating open spaces and opportunity for their children to come to them with questions. Their commitment to being open

and honest involved two major goals: for the children to feel they could return to the parents with questions and for the children to be safe in their sex life and practices. Bonander (2016) also found that gay and lesbian parents wanted to influence their children to have safe sex and healthy relationships. Part of this openness and honesty included covering both positive and negative messages about sex. This was done with the hope that “children would wait until they were emotionally mature and committed to partners” (Bonander, p. 85) to have sex. While parents in Bonander’s study wanted to normalize sex by being open and honest, they also discussed negative parts to sex as well to convince their children that sex is okay, but something they should be sure about before engaging in.

Some parents have sex topic conversations to encourage their children to avoid sexual activity altogether (Elliot, 2010; Grossman et al., 2013; O’Donnell et al., 2007). Flores and Barroso’s (2017) review of 116 articles on parent-child sex communication found that parents often focused on negative outcomes of sex to discourage their children from engaging in sexual acts. This goal of convincing their children to avoid sex is framed within a larger goal: protecting children (Elliot; Manning, 2015; Wilson et al., 2010). Elliot found in his study of 40 mothers of teenagers that they often frame sex as having “consequences,” and those consequences are typically negative. This included how mothers focused on unwanted pregnancies and diseases as being results of sex. Some parents of children between the ages of 10 and 12 from Wilson et al. were “motivated to protect their children because they had experienced negative consequences of unsafe sex in their teenage years” (p. 58–59). Goals for sex conversations with children can be influenced by the parents’ own sexual experiences as well.

Experiences influencing the goals of the parent-child sex talks are not limited to personal sexual encounters; they can be influenced by experiences of talking about sex when younger as

well. Parents can make goals for sex talk conversations with their children based on their own childhood sex talks. Grossman et al. (2013) investigated how early parents (parents who had children when they were adolescents) and late parents approached their parent-child sex talks with their children in the seventh grade based on their childhood sex talks. Early parents were more clearly focused on trying to convey different messages to their children compared to the ones they received when younger. Their goal was to be more open with their children.

Background research indicates parents can have many goals for conversations about sex topics with their children. Some studies indicate parents want to dissuade their children from engaging in sexual behaviors (Elliot, 2010; Grossman et al., 2013; O'Donnell et al., 2007), and others report parents are okay with their children engaging in sex acts but want their children to be healthy when doing so (Bonander, 2016; Easterbrook et al., 2022). When it comes to specifically investigating the goals of LGBTQ+ parents in these conversations, Bonander and Easterbrook et al. do report some information on parents' hopes and goals; however, neither of these studies specifically sought out to answer research questions about parents' goals. This leads to my third and final research question:

RQ3: What goals do LGBTQ+ parents have for talking to their children about sex topics?

Methodology

I engaged in qualitative research for this thesis study and embraced an interpretivist metatheoretical approach. Data was gathered using semi-structured interviews. I chose this as the data gathering method to allow for follow-up questions and more in-depth responses. Qualitative interviews “empower the researcher to probe about facts or about ideal responses or situations, as well as imaginary scenarios and fantasies that simply are not visible in everyday life” (Lamont &

Swidler, 2014, p. 160). This benefit allows for the participants to give the researcher a glimpse into their own experiences that may be hard to observe otherwise.

Recruitment

After obtaining approval from the University of Wisconsin-Milwaukee IRB (see Appendix A), recruitment occurred primarily through posts made via social media and connecting with local and national resources and organizations. I created a script and a flyer for recruitment (see Appendix B). There are Facebook pages dedicated to LGBTQ+ parents that posted a recruitment message with permission. Snowball sampling was also used, with the researcher asking participants if they know of others who qualify for the study, and in the thank you email sent to participants after the interview, they were also given the recruitment flyer to share with connections if they were willing. The recruitment message was also posted to my personal Facebook page to get help with recruitment from already established relationships. The message was shared by 11 “friends,” thus allowing the message to reach an even larger audience. Overall, I contacted 11 different organizations or Facebook groups across the United States to help with recruitment. Five of those organizations or groups shared the recruitment message with organization members, either through social media or email. I was intentional in trying to contact organizations from across the United States and organizations that tried to serve different populations of LGBTQ+ individuals. For example, I reached out to groups focused on mothers, fathers, any queer parents, and even some groups with a focus on intersectionality.

Participants completed a brief, prescreening survey to participate, which confirmed they met the study qualifications (see Appendix C). If participants qualified, I emailed them the informed consent form (see Appendix D) and asked to schedule an interview time.

Participants

Participants were at least 18 years old, identified as LGBTQ+, and were the parent of at least one child who lives with them at least part-time or lived with them at least part-time. Parents did not need to be in a relationship to participate, and they could have achieved parenthood through any means, such as adoption, pregnancy, and surrogacy. Participants could be any sexuality other than heterosexual. Thus, a participant who identifies as LGBTQ+ and is in a heterosexual relationship qualified for the study, because their identity was not heterosexual and not defined by their current relationship. I did not limit participants to gay or lesbian parents because other sexual minorities beyond homosexuality are understudied in LGBTQ+ research, such as bisexual or transgender parents (Reczek, 2020). Participants could also be of any age above 18 because it is important to gain perspectives from different generations of parents. Their children could also be of any age because conversations about sex topics can occur at any age. Also, even if participants had not talked about certain sex topics with their children, parents could talk about how they plan to talk to their children.

Based on the timeline for the thesis project as well as research indicating saturation is often achieved after approximately 12 interviews (Guest et al., 2006), I interviewed 15 LGBTQ+ parents for this study. Saturation refers to the point in the data collection process when no new information is being garnered from additional interviews (Guest et al.; Saunders et al., 2018). There are different ways to argue for the achievement of saturation. For my study, I approached saturation using the data saturation approach (Saunders et al.). In this approach, “Decisions about when further data collection is unnecessary are commonly based on the researcher’s sense of what they are hearing within interviews, and this decision can therefore be made prior to coding and category development” (Saunders et al., p. 1899). I approached saturation with Saunders et

al.'s data saturation approach because it lines up well with the iterative nature of my data analysis, since I am using a thematic analysis. Based on my 15 interviews, saturation was achieved.

The prescreening survey received 108 responses, with many being from bots or individuals who did not answer all of the questions. Of the 108 responses, 21 were complete and qualified for the study. Therefore, I contacted 21 potential participants to set up an interview, and 15 individuals were interviewed for this study. The process of recruitment and conducting interviews was quite fast for this project; I obtained IRB approval for the project on February 28, I started recruitment on March 1 and continued recruiting to the end of March. I conducted the 15 interviews in the span of one month.

Participants' ages ranged from 26 to 67. The mean age is 43.6 years old. They reported diverse means of becoming parents; two parents were foster parents, three parents adopted, six used artificial insemination, two became parents through marriage, and five became parents through reproduction via heterosexual sex. Five parents with more than one child became a parent to each of their children in different ways; for example, one parent was both a foster parent for one child and an adoptive parent for another. Parents also reported their children's ages and genders (Table 1). The children's ages ranged from 4 months to 36 years, with the mean age being 11.2 years old. As identified by the parents, 14 children were girls/women, 13 were boys/men, and two were non-binary. The participants were diverse in terms of participant ages, ages of the children, means of becoming parents, and the gender of the children; however, the race, gender, income levels, relationship statuses, and education levels of the participants were not as diverse. All interviewees self-identified as Caucasian, with only one participant identifying as both Caucasian and African American or Black. Three of the participants

identified as men, twelve identified as women, and none of the participants identified as transgender.

Thirteen of the participants co-parented through marriage or domestic partnership. One participant was divorced but co-parented their children with their ex-spouse. Another was pursuing divorce while living with her soon-to-be ex-spouse; however, they still parented the child together. She was also in a relationship with another individual (not a co-parent) at the time of the interview.

Eleven co-parenting couples were in same-sex relationships. Two parents in co-parenting relationships identified as bisexual and were in relationships with different sex partners. Two of the participants self-identified as polyamorous and mentioned having multiple partners, but both of those participants were also married and co-parented their child with the married partner and not with other partners outside the marriage. The participants were also highly educated; twelve participants reported earning a master's degree or higher. Regarding income, four participants had an income between the ranges of \$20,000 to \$50,999, two participants had an income level between \$51,000 to \$70,999, and nine of the participants had an annual income of \$71,000 or greater.

Interview Procedure

Interviews occurred over Zoom, a virtual meeting program. While in-person interviews are considered the preferred method for gathering interview data, virtual interviews are considered a useful supplement to face-to-face interviews, especially when meeting in person may be difficult or not preferred by the interviewee (Deakin & Wakefield, 2014). In addition, while participants might prefer in-person interviews because they think they are more comfortable, it is possible participants can become more familiar and comfortable with online

interviews as they gain more experience meeting via online platforms (Adams-Hutcheson & Longhurst, 2017). Given the increase of using online platforms to synchronously meet with people due to the Covid-19 pandemic (De et al., 2020), it is possible my participants were comfortable with the choice of using Zoom. Some participants might have preferred to conduct an online interview as a health precaution because of Covid-19 as well. Online interviews allowed for the possibility of recruiting participants beyond one geographic location, helping to diversify the sample. Also, since time was limited to recruit and conduct interviews, being able to conduct virtual interviews was beneficial because I did not have to factor in travel time. Following the completion of each interview, participants were emailed a \$30 Amazon e-gift card for compensation.

Participants provided informed consent prior to the start of the interviews. The consent form was emailed to participants when they expressed interest in the study, so they had time to review their rights and the details of the project. I never conducted an interview on the same day a participant received the informed consent form; they always had at least one day to review it. Consent was obtained by me asking participants to provide verbal consent on recording. Participants also needed to consent to their interviews being recorded in addition to their participation; when the interview began, participants were asked if they first consent to the recording, then they were asked if they consent to the interview after I reviewed the consent form.

I recorded interviews with Zoom's recording option. When I asked participants if they consented to the recording of the interview, I also confirmed if they were comfortable with both audio and video being recorded. All participants agreed to be recorded with both audio and video. If they did not agree, I was going to give them the option of turning off their camera, but this

follow-up was not required. Recorded files were stored on my password-protected computer and on Microsoft Teams, in a channel accessed by me and Dr. Erin Parcell. Zoom has a live transcription feature, where it transcribed the interview for me if I recorded the meeting. After each interview, I downloaded the recording and the transcript. I only used recordings for the transcription process. I listened back to the recordings as I cleaned up each transcript, and then deleted the recording after.

Interviews lasted between 45 minutes and 96 minutes with most lasting approximately an hour. As I started to gain more experience interviewing, I noticed my later interviews tended to be the longer interviews. For example, my first seven interviews were 58 minutes on average, and my last seven interviews were 77 minutes on average. I believe this is because I became much more skilled at active listening and asking probing questions based on what the participants were telling me.

I focused the interviews on soliciting participant experiences with three main categories (See Appendix E): what sex topics they talk about to their children, how they have these conversations, and what their goals are for these conversations. If participants were not currently talking to their children about one or more of these topics or did not talk about the topics in the past, I asked how they planned to talk to their children, including the topics they intend covering (e.g., sexuality, safe sex, sexual anatomy) and what their goals were for covering them (e.g., achievements, outcomes). I concluded the interview with demographic questions, which were designed based on UW-Milwaukee's IRB guidance for asking sensitive questions about participants' sexuality and gender identity (University of Wisconsin-Milwaukee Human Research Protection Program: Institutional Review Board, n.d.). Lastly, I asked participants if they wanted to receive a copy of my completed thesis. I plan on asking for their feedback and

use this as a form of member checking. This is being done to include participants in the research process and to further establish them as collaborators in the process. All participants expressed interest in receiving the thesis upon completion.

While I used the predetermined list of questions (see Appendix E) for each interview to ensure interviews follow a similar structure, interviews were unique and varied slightly based on how participants answered and engaged with the questions. This flexibility was important to emphasize the collaborative nature of interviews (Lareau, 2021). This means some participants were not asked the same probing questions as others; however, I made sure to ask my main questions to each participant.

Data Analysis

I conducted a thematic analysis for the interview data. A thematic analysis is appropriate for this thesis project because it is a well-suited method for researchers beginning their qualitative work (Braun & Clarke, 2006). Braun and Clarke (2006) argue thematic analysis is its own method, and it is used “for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). Thus, the goal of a thematic analysis is to discover themes and patterns from the data, with researchers being engaged in this process as active participants. The thematic analysis for this thesis study was inductive, because coding and identifying themes came from the data, meaning it was data-driven, and not from a preexisting theory or coding frame (Braun & Clarke, 2006).

I used Braun and Clarke’s (2006) six phases for thematic analysis for my data analysis. The six phases involved familiarizing myself with the data, creating my initial codes, searching for themes in those codes, reviewing those generated themes, finalizing the definitions and names for the themes, and finally, the production of my report.

Data analysis was an iterative process for this thesis. Because time was limited, I started transcribing interviews and engaged in the initial analysis while I was still recruiting and conducting interviews. Braun and Clarke (2006, 2022) note how the six-step process I used is not linear; instead, it is iterative, so this process was appropriate for my methodology and analysis. I also engaged in referential adequacy (Lincoln & Guba, 1985). I first read through, coded, analyzed, and developed themes using 10 of my 15 interview transcripts. I set aside 5 transcripts to use later for an adequacy test to see how well my themes could be applied to those transcripts not used in the thematic analysis. After conducting this test, I determined my themes were trustworthy and reliable. This helped solidify my findings, because it was a way for me to test my themes. This was especially important to use this procedure as I was the only researcher conducting the thematic analysis on the interviews.

I familiarized myself with the data by first cleaning up the transcripts, since Zoom created an automated transcript for each interview. I listened to each interview at least once to ensure the transcript accurately reflected the interview content. After cleaning each transcript, I then read through them again to continue familiarizing myself with the data. Following this additional reading, I started to highlight and annotate parts of the interviews that stood out to me. This was my approach to the first step of Braun and Clarke's (2006, 2022) thematic analysis. In total, I read and analyzed over 9,000 lines of data (400 typed pages) from the 15 interviews.

Once I started this process with a few interview transcripts, I then started phase two of the thematic analysis, which is a coding stage. Coding is "the process of exploring the diversity and patterning of meaning from the dataset, developing codes, and applying code labels to specific segments of each data item" (Braun & Clarke, 2022, p. 53). I started to create initial codes based on my reading and analysis of the transcripts. I approached coding inductively and

used open coding in this step, which involves identifying “major categories of information” (Creswell & Poth, 2017, p. 85). Open coding is a first cycle coding method (Saldaña, 2021). Saldaña (2021) states both in vivo coding and process coding can be used for open coding, but I used process coding, which involved identifying words or phrases that describe the action and data without needing to use the exact words of the participants (Saldaña, 2021). Saldaña (2021) notes process codes use gerunds, which are words ending in -ing, so all codes I developed in the second thematic analysis stage ended in -ing. For example, one code I developed from reading the interviews was parents “*emphasizing consent.*” While this was not the final wording I used for my theme related to consent, these codes served as essential starting points of developing themes out of the interviews. This open coding process occurred simultaneously with the first phase of my analysis and sometimes in the data gathering process as well. For example, after I conducted a few interviews and finalized the transcripts, I started this coding process. At the same time, I was still finalizing other interview transcripts and even conducting a few of my later interviews. However, most of my analysis occurred after interviews ceased.

I next introduced Braun and Clarke’s (2006) third phase of thematic analysis, which involved searching for and identifying potential themes. I generated themes according to the initial codes I developed in phase two. To do this, I focused on codes that were identified in multiple interview transcripts, because themes must occur across the dataset (Braun & Clarke, 2022). This often involved taking a few codes and grouping them under one theme. For example, the codes of “masturbating,” “acknowledging pleasure,” and “touching own body” were first placed under a potential theme of “parents talk about self-pleasure.” Following the creation of these broad themes, I reviewed them according to the fourth step of the thematic analysis. In this process, I needed to make sure my themes formed “a coherent pattern” (Braun & Clarke, 2006,

p. 91). In this stage, I started to compare the themes I developed in stage three with my research questions, to ensure I was focusing on themes from the interviews that answer my questions (Braun & Clarke, 2022). I often would combine themes here; for example, one of my first themes was “parents talk about self-pleasure,” and another was “the body is private.” Eventually, when I finalized my themes, these came together to form “pleasure is okay but private.”

I finalized my themes in the fifth step of my thematic analysis. In this stage, I crafted their definitions by identifying what “aspect of the data each theme capture[d]” (p. 92). This was a difficult process because I struggled to focus on reporting aspects of participants’ experiences that answer my three research questions compared to addressing all aspects of participants’ experiences (Braun & Clark, 2022). I also struggled to select representative quotes because many participants communicated rich and valuable insight, but I ultimately made decisions based on quote vividness and quote variety (i.e., using quotes from different participants; Braun & Clarke, 2022).

After formulating my themes and starting the sixth step of the thematic analysis, which was producing my report, I compared the data analysis process to the eight criteria for excellent qualitative research (Tracy, 2010). Those criteria are focused on obtaining the following end goals: having a worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics, and meaningful coherence. Credibility was the most important criterion for me to consider because I am the only researcher who conducted the thematic analysis. Part of establishing credibility in qualitative research is engaging in thick description. This description involves “in-depth illustration” (Tracy, p. 843). Part of thick description is “showing not telling;” I did this by using several quotes to support the findings, and I included quotes from different participants. Using quotes from varied voices reflects my findings’ multivocality, which is

another aspect to producing credible qualitative work. I was careful to choose quotes from different participants throughout my analysis process. I interviewed 15 individuals, and I quoted each participant at least once. Within each theme, I also shared quotes from at least two different parents to serve as illustrators.

Findings

I organized my findings according to my three research questions. I identified 13 themes in total and created definitions for each theme (Table 2).

RQ1: What Sex Topics do LGBTQ+ Parents Talk to Their Children About?

Parents in this study reported talking about a variety of sex topics with their children. Parents discussed talking about sexual anatomy and physiology, conception and birth processes, consent and boundaries, pleasure and intimacy, sexual abuse, sexuality, sex acts, and the emotional and physical consequences of sex. Sexual anatomy and physiology discussions included labeling sexual anatomy and explaining its purpose. It included instances like bath time and potty training when children were younger. Discussions about conception and the birthing process included topics such as what is necessary to create a baby (e.g., sperm and an egg), how babies are delivered, and the conception story of children not born through sexual intercourse. Consent and boundaries discussions included conversations about giving and receiving hugs, engaging in contact with peers, and who is allowed to touch the child's body. Pleasure and intimacy included conversations about masturbation. Sexual abuse discussions included sexual assault, date rape, and peer pressure. Sexuality topics included sexual orientation discussions. Sex acts involved talks about heterosexual sex, oral sex, and anal sex. Safe sex talks included birth control, and STD and STI prevention (e.g., condom usage). Physical results of sex included the potential negative outcomes, such as contracting STDs and STIs, having an unwanted

pregnancy, or getting an abortion. Other physical results can include positive outcomes, like the act of becoming closer to someone and increasing intimacy. Emotional results of sex included the feelings that can result from those negative and positive outcomes. Some emotions that can arise from negative outcomes are regret, anxiety, guilt, and embarrassment. Some positive emotions that can result from positive outcomes are happiness, desire, and satisfaction.

Beyond the specific topics, four themes were identified across the interviews: Consent as a Foundational Knowledge, Pleasure is Okay but Private, Heteronormativity and the Nuclear Family as not the Only Option, and Information Outside Personal Experiences.

Consent as a Foundational Knowledge

Parents reported talking about consent with their children. Devin, who fostered a now adult, 24-year-old male and is the adoptive father of a 13-year-old boy, stated, “Consent is a huge thing,” (line 208) and “We will have the safe sex talk and consent talk again. That will probably not stop until he is out of the house” (lines 451–452). Leena, a lesbian mother to an 8-year-old daughter, said, “We definitely look for teaching moments around consent” (lines 232–233). Leena and her partner approached consent with their daughter by looking for teachable moments, such as scenes in a movie where someone does not ask permission to touch someone else, to talk about consent.

Beyond reporting consent as a topic, parents also framed it as a foundational form of knowledge they wanted to instill in their children’s minds. Parents often introduced consent not as a sexual concept but one their children should understand in platonic interactions. Donna, a foster parent for five children ages of 4 months to 7 years said, “Consent is always huge, even if we’re just like sharing our toys” (lines 217–218) and Wilma, a queer mother of a 10-year-old and a three-year-old, said “consent is everything, from a touch on the shoulder to sexual activity [...]

And how to respect other people’s space and obtain consent” (lines 335–337). Parents wanted to introduce consent to their children not only to help them to have control over their bodies early in life but also to better understand sexual consent as they mature.

Nicole, a lesbian mother of a 36-year-old daughter, had a different experience with talking about consent with her daughter than Wilma, Devin, and Donna, and she believes it could be because of her generation; while Nicole was not the oldest participant in the study, she did have the oldest child. When asked if she talked about consent with her daughter when she was younger, Nicole answered, “I don’t remember that being a term quite honestly” (line 524). She did discuss explaining date rape to her daughter and that, “We would talk about the ability to say no, and kind of being pressured emotionally and physically” (lines 418–410). She went on to say later that she did explain that “No means no” to her daughter, but continued to say, “Was it called the topic of consent? I think about it in that way, probably not the way that you think about it today” (lines 527–529). Even though Nicole did not frame these conversations as being around the topic of consent like the other parents did, she recalled explaining parts of the concept to her daughter, such as saying no and avoiding pressure to engage in sexual activities.

Pleasure is Okay but Private

When it comes to discussing masturbation and pleasure with their children, LGBTQ+ parents did not want to shame their children about the activity. Instead, they communicated to their children that the act of touching themselves was okay to do, but it should be done in private. This topic was often raised based off the children’s actions of touching themselves in a public setting, like in the living room. Devin said he pointed out to his son, “That’s called your penis. It’s okay to play with it. But you need to do that behind a closed door. You don’t do that in the living room” (lines 218–219).

Kay, a mother of a 15-year-old male, eight-year-old male, and seven-year-old female shared how her and her partner talked to their son about masturbation. She felt the need to have the discussion because their son did not have many male figures in his life. Kay and her partner talked about masturbation being okay yet private, but also went into the details on how to masturbate. She said:

We had to talk about things like where you masturbate, how you clean up after you masturbate, what you should do with that laundry after you masturbate, the appropriate places to masturbate, and how to be private about that. And we even had to talk about how to masturbate. (lines 323–326)

Annie, a bisexual mother of a 23-year-old daughter, 21-year-old son, and 18-year-old son, also recalled having a conversation about masturbation with her children during a car ride. She framed the discussion as:

When you want to touch yourself, here are safe places to do it: When you're in the bathroom, when you're in the shower, when you're alone in your bedroom with the door closed, and then here are places to not do it. And we talked to them about ways that they could talk to us about it, like if you have questions, there are toys that can help. (lines 409–413)

Annie also brought in the topic of sex toys with her children, and she was not the only parent to report talking about sex toys with her children. Jessica, a lesbian mother to three adult children (one son, aged 24, two twin daughters, aged 20) recalled a time that she and her partner “purposely took a trip [...] to point out different dildos and different things to sort of desensitize any kind of stigma” (lines 713–714) with her children. Sigourney, a lesbian mother to an 18-

year-old son and 15-year-old daughter, also said she was considering asking her daughter if she wanted a dildo for her 16th birthday. Sigourney said:

Last night I thought, “Oh, I wonder if now’s the time to give her a dildo? Don’t surprise her with it, but you can ask her. She’ll take it, or she won’t take it.” And that’s about knowing your body. (lines 494–496)

For Sigourney, providing her daughter with the option of obtaining a sex toy was a way for her daughter to explore her body and understand what she likes. For all three parents, sex toys were another part of pleasure their children were allowed to engage in.

Heteronormativity and the Nuclear Family as not the Only Option

A third theme identified across the interviews was how LGBTQ+ parents discussed queerness, heteronormativity, and the nuclear family when talking about sex topics. For example, when talking about sexuality, parents wanted their children to feel free to be whoever they are in terms of gender and sexual identity. Kay said:

We don’t try to be like, “Oh, when you get a husband,” or whatever. We try to avoid doing stuff like that. We try to be intentional about language with the younger two, as far as keeping that open and giving them that space to be interested in whoever they want to be interested in. (lines 538–542)

Kay said she and her partner were intentional in how they used language to avoid pressuring their children to conform to heteronormativity. Annie expressed similar sentiments about her children not needing to fall within society’s heteronormative expectations, “As they got older, we started to see that they needed to understand that heteronormative privilege was a thing, and that we did not expect them to fall in those boundaries” (lines 193–194). Elisabeth, a queer mother of a 2-year-old daughter, said:

I'm going to [...] give her all the options so she knows being trans, being gay and queer, being non-binary, being asexual, any of that is completely fine and something that she really doesn't have control over, and something that she is okay with exploring. (lines 282–285)

Elisabeth wants her daughter to know there are options beyond heterosexuality and fitting within a gender and sexuality binary.

Rivers, a queer father to a five-year-old female, thought about how his daughter might become over-exposed to queerness because of the conversations they have and the way he and his partner display their sexuality as bisexual, polyamorous individuals. Nonetheless, he did not view this as a bad thing, saying if his daughter is straight:

The amount of effort that she's going to have to do as a straight person well-equipped to go throughout a straight, affirming world to understand "Oh, I guess that maybe queerness is a little bit less normal than I grew up thinking it is according to the rest of the world. Shucks." As opposed to her growing up being like, "Fuck, I think I'm gay, but if I tell anyone I'm not sure whether or not they're going to talk to me then." (lines 113–119)

Rivers would rather over-normalize queerness and have his child think it occurs more often than it does compared to her thinking it is not common or acceptable. Elisabeth also addressed this idea of her child being exposed to positive messages about queerness, making a joke that her daughter, "is going to grow up rolling her eyes at us with the opposite problem of like, 'it's so okay to be gay. Are you sure you're not gay?' She's going to have the opposite pressure from what I did" (lines 279–281). Both Rivers and Elisabeth make it clear they want their children to

know it is okay to be LGBTQ+, and they would rather overemphasize that message, even if their children are straight, than not communicate it enough in case their children do identify as queer.

This acknowledgement of heteronormativity was also present when parents discussed types of families. Participants let their children know some families could have two moms or two dads, for example, especially if that family makeup was different than their own. Rivers, who is a man married to a woman, said he does tell his daughter how some families can have two moms, for example. He framed this as not being anti-nuclear regarding families, but instead, “breaking it down to having it be, ‘these are the pieces that we have here, and these are what we are doing, and why we like this. And here are the pieces that these other people are doing’” (lines 110–112). Heidi, a lesbian mother to four-year-old and two-year-old sons, shared how she approaches the topic of family types with her children:

We just talk about families as every family has different grown-ups. We just use the term grown-up, so I can be inclusive of people who live with a grandparent or a foster parent, or a guardian or aunt and uncle, or grandparents, or a combination of whatever. So, we just leave it at that. Everybody has different grown-ups. (lines 253–257)

Heidi not only challenges the heteronormative family but the nuclear family in general by framing families as having “grown-ups,” which resists the assumption that all children are raised by their biological parents.

Information Outside Personal Sex Experiences

While parents expressed that they did not avoid conversations with their children about sex topics, they did not want to discuss their own sexual experiences or behaviors with their children. While parents did not think their children were interested in hearing about such things, parents recalled their children asking questions at times. Parents’ reactions included framing

such inquiries as inappropriate and that the information was private. Annie said, “I do avoid situations where I’m like talking particulars about our sex life, because I’s ours” (line 463). Parents also reported redirecting conversations to what acts can occur in their type of relationship, but they do not disclose the specific activities they engage in with their partners. Devin said, “When asked about what acts we do with each other, that’s none of his business, but we would tell him [about sexual activities], you know, disconnected from whether or not we perform those acts” (lines 428–431). While parents like Devin did not detail their own experiences or sex lives, they tried to address their children’s questions in a general manner to provide them with some information.

RQ2: How do LGBTQ+ Parents Talk to their Children About Sex Topics?

LGBTQ+ parents approached sex talks as a Series of Events, as a Dialogue, as Age-Appropriate, with Supplementary or Complementary Materials, and as Clinical.

As a Series of Events

Parents framed sex topic conversations as a series of events. Parents indicated the conversations happened often, both as planned and unplanned events, rather than them planning them out to occur in certain times of the children’s lives. Devin reported approaching these conversations as “a series of small events” (line 226). The approach to the conversations as a series of events allows the initial conversations to serve as a foundation for future discussions. Rivers thought about his approach as “intellectually stepping up with it each time” (lines 218–319) when he talks with his daughter about a sex topic. Kay brings this perspective to light with her teenage son, saying “For my oldest, we have had to have a lot of layered conversations over time” (lines 213–214).

Parents did not wait for certain milestones to talk about topics with their children either. Leena said, “She doesn’t need to be 13 to learn about something or 16 to see something” (line 413). Instead, parents often addressed wanting to follow the children’s cues before introducing new sex topics. For example, Matthew, a gay father to a 7-year-old male, stated, “As a parent [...] you are so in-tune with where they’re at developmentally, [...] when I recognize that he’s understanding more and more about certain things, that’s just a cue to me” (lines 618–622). Matthew noted how he tries to observe his son’s reactions towards and comprehension of the information as indicators for when his son is ready for the next stage of information. Matthew knows when he can move on to the next stage based on how his son is progressing in his understanding. Nicole framed this series of events as trying to create opportunities for her daughter to talk more on a topic. She recalled, “I tried to follow her cues and not force conversation but be open to conversation” (lines 353–354). She waited for her daughter’s cues that she was ready for the next stages of conversations. However, Nicole also stated both her and her daughter initiated the conversations, meaning she did not place the responsibility of talking on her daughter.

Parents also reported that sometimes their children did not want to talk about sex topics. When this happened, parents initiated the discussions. Annie experienced both circumstances with her children; her daughter and oldest son were very curious and asked a lot of questions, but her youngest son was less curious. To reconcile this, Annie said, “Finally when he was like eight or nine, I was like, well, it’s kind of my responsibility. I have to talk to you about this” (lines 167–168). Annie framed this as a responsibility of hers. She would ask the question and give opportunities for her children to talk with her, but at one point, she decided she had to talk to her son.

Parents reported difficulty with pinpointing how often these conversations took place, because they are often a part of daily conversations. Matthew said, “They happen so often that they’re just [...] part of the day” (line 566). Mickey, a queer mother of two children, ages 10 and six, said, “I can’t remember a specific conversation because it’s like weaved into our daily life. (lines 199–200). Nicole expressed a similar sentiment, “That’s like you asking me, ‘Have you had a chance to talk to your kid about math?’ For me, [talking to them about sex is] that basic” (lines 297–298).

As a Dialogue

Parents approached sex talks as a dialogue with their children being allowed to ask questions and give information. Heidi described this in her interview, saying,

If it’s just something we want them to consider or think about it’s a “What do you think about that?” or “Have you ever felt that?” Getting them to give us information versus telling them how they should perceive it. (lines 270–273)

This conversation is an example of how parents often ask their children questions to prompt the child’s own thinking and to understand where the child is coming from, instead of just explaining a concept. They talk *with* their children opposed to talking *to* their children; thus, these prompting questions serve as examples of initiating dialogue. This was especially seen when the child was the one to initiate the conversations. If a child asked a question, parents would ask their children why they were interested in the topic, how they heard about it, and if they wanted to know more about it. For example, parents would directly ask their children if they wanted to know more about a topic. Annie recalled a time when her daughter asked if adults had to have sex to have babies, and Annie’s response was, “That is true [...] Do you want to have details about what that is? Or do you want me to wait until you’re a little bit older?” (lines 164–166).

Her daughter did want to know, so she took her out for ice cream to explain. Wilma also gave her child an opportunity to learn more about the vibrator they found in Wilma's nightstand instead of either not explaining it or going into details; she gave their child the power over what information they were going to receive. Wilma said her child,

Did find my vibrator the other day in my nightstand [...] And they said, "Mom, what is this?" And I said, "Well, do you want to know?" And they said, "I don't think that I do."
And I said, "Okay." (lines 406–409)

In the cases of Annie and Wilma, they framed these discussions as being opportunities for the children to have control over what they were learning, but it is also possible parents ask these follow up questions to avoid the conversations.

As Age-Appropriate

LGBTQ+ parents reported considering what was age-appropriate to discuss with their children. While parents did not (intentionally) avoid answering their children's questions, most of them talked about crafting "appropriate" responses based on their child's age. For example, when asked if he ever deflected away from conversations about sex, Matthew said no, but:

I'm not going to start a conversation of something that's too advanced for his age. But again, if he were to come to me and ask me about something, I would not avoid any of it.

I would figure out how to talk to him in an age-appropriate way. (lines 353–355)

Matthew's seven-year-old son asked him how an egg becomes fertilized, and he explained semen needed to fertilize the egg but chose not to discuss in detail how the semen meets the egg. Rivers also addressed age-appropriateness indirectly when he shared, "She's asking questions that she doesn't understand the concepts around. And so, what I have to do is stop for a second, and instead just think about, 'What are the words she says mean? What does she actually mean?'"

(lines 154–157). Elisabeth considered how age-appropriateness would influence how she approached future sex topic talks with her daughter:

I think my main challenge is just going to make sure that I stay age-appropriate, that I don't give her too much specific information about sex and sex acts too early in life, because my fear is that she's going to go to school and start sharing information widely and freely with her friends, and it's not going to be age-appropriate for everybody. (lines 407–411)

Mickey raised a similar concern based on experience. Her children told other boys in the neighborhood about circumcision:

Oh, no, like my kids of course are telling the truth. And then those kids are going to go home, and are they going to have a conversation with their parents? What are their parents going to say? I'm always wondering, "Are my kids going to be like those naughty kids down the street because they know everything?" (lines 430–434)

Mickey was aware that future tensions with other parents could possibly arise by informing her children about sex topics. She did not want her children to be viewed as "naughty" because they knew more than what others deemed was age-appropriate for their children. Thus, LGBTQ+ parents who want to keep their children informed are not only considering what is age-appropriate for their own children, but also if the topics are appropriate for their children's' peers and families.

With Supplementary or Complementary Materials

From textbooks, children's books, television shows or movies, pictures, and the internet, parents reported using media to assist in their sex topic conversations with their children. Not only did parents purchase books or introduce their children to images or videos related to sex

topics, but they also used these materials to initiate conversations. If parents bought a book for their child, they recalled sitting down and reading the book with them instead of just handing them the book and not talking about it again. Izabella, a mother to a seven-year-old daughter, got a book for her daughter that explains artificial insemination, which is the way Izabella's daughter was conceived. She said, "My spouse and I read the book to her, and then we asked her if she had any questions about it" (lines 325–326). In addition to Izabella reading the book to her daughter and asking if she had questions, Izabella's daughter recently re-read the book to her mother. This was prompted by her daughter taking the book off the shelf herself.

Parents used books to explain the children's conception stories. For example, parents who used artificial insemination disclosed they bought their children books that had a young child character who was also conceived through artificial insemination to help them talk about their child's conception story. Parents read these books with their children many times. Leena said:

We have a book that's made for lesbian families [...] and it talks about how you need an egg, and you need sperm and that neither her mom or I make sperm and so we got it from a sperm bank, and we've read that to her multiple times. (lines 253–256)

Leena read the book more than once to her daughter. She got the book for her daughter when she was four years old. Leena's daughter is now eight years old, and the book has been a resource for different years in her life.

As "Clinical"

Parents reported using correct anatomical terms to talk about their children's genitals and sexual anatomy, and some parents framed this as talking about sex in a "clinical" manner.

Matthew said, "I use very sort of, you know, very kind of clinical terms when I talk to him" (line

327) because he did not want his son “saying inappropriate things to kids his age” (line 329).

Devin also used the term “clinical” to describe his approach to talking about sexual anatomy:

Yeah, we tend to be pretty clinical about this, you know, we use the proper terms for penis and anus. And when we’re talking about female anatomy, we use all the proper terminology, vulva and clitoris, et cetera. And it tends to be pretty clinical when we’re talking with mechanics. Yeah, you might think you’d stumbled into a medical convention. (Devin, lines 364–367)

Even if parents did not use the term “clinical,” they talked about using anatomically correct words. Donna explained her reasoning for using correct terminology with her foster children by recalling a conversation she had with one of her foster children. She wanted him to know the word “penis” so he would be able to properly communicate to her if any type of abuse were to happen:

Our seven-year-old is like, “Well, I have a dingy ding,” and I was like, “No honey, you have a penis [...] that’s the right word we have to use, because if we’re talking about something that may have happened, I need to know that you’re referring to your penis.” (lines 209–213)

Other parents like Devin and Donna were purposeful in using correct anatomical terms, such as vagina, vulva, penis, and scrotum with their children. Kay said, “We’ve made a point with our daughter and with our sons to talk about the fact that it’s not just vagina. [Genitalia have] many parts. There are many things there” (lines 191–193). Rivers reported his five-year-old daughter “corrects her grandmas that it’s her vulva, not her vagina” (line 308). Leena said, “We taught the word vulva because vagina is not, you know, your vagina is inside, really, and your vulva is

what's external" (lines 101–102). Parents who talked about this issue, including Kay, Rivers, and Leena, reported differentiating the parts of female genitalia with their children.

Parents also reported disliking if their children used nicknames to identify or refer to sexual anatomy. Parents also made note that even if their children did use nicknames or slang for their genitals, they still knew the proper terms. Izabella expressed embarrassment with her daughter calling her genitals her "front butt," saying:

She knows the anatomical correct words. She does. But when we are just talking about like when she's in the shower, making sure she washes herself, there was one time my spouse, she made a joke, and she called her private parts her "front butt." And it has stuck [...] So, it's embarrassing [when my daughter says that]. (Izabella, lines 400–404)

Izabella framed her daughter's use of "front butt" as embarrassing, and while she acknowledged they use the term "front butt" often with their daughter now, she made clear that her daughter knew the word "vagina." Kay's seven- and eight-year-old children call sperm "tadpoles," because Kay equated sperm to tadpoles when they were younger to help them understand the concept of sperm. "I find this amusing because I screwed myself over [...] I can't get them to switch it to the word sperm" (lines 239–241). Both Kay and Izabella expressed a desire for their children to use the correct anatomical terms.

RQ3: What Goals do LGBTQ+ Parents Have for Talking to their Children About Sex Topics?

LGBTQ+ parents in this study also shared their communication goals for talking to their children about sex topics. I have categorized these goals parents addressed into four subthemes: Doing Better Than Own Parents, Cultivating a Sense of Ownership, Being Open and Honest to Encourage Future Discussions, and Raising Informed, Educated, and Knowledgeable Children.

Doing Better Than Own Parents

Parents reported wanting to push past their discomfort talking to their children about sex, which they attributed to their own uncomfortable experiences talking with their own parents. Nicole reflected on her childhood sex talks with her parents, particularly her mother, and her education in human development as having an influence on her feelings regarding sex topic discussions with her daughter, saying, “The influence [...] my childhood had [...] was, I had a realization that it wasn’t as comfortable for me to talk about this with my daughter, and that I had to push past that” (lines 199–202). She recalled asking her mother a sex related question while driving, and her mom running a red light as a distraction to avoid talking about the topic, which her mom later confirmed was done on purpose. Izabella also located her discomfort during these conversations to her lack of childhood sex talk experiences, and her goal was to overcome these feelings when it came to her own children. When Izabella was a child, her sex talks were limited with her parents. She learned more about sex from peers than her mom, and she said, “I wish that my mom would have had those conversations with me” (lines 122–123), particularly because Izabella said it would have made it easier to come to terms with her sexuality and come out as a lesbian to her mom. When making connections to how she talks to her child now about sex topics, Izabella said:

I’m trying not to repeat the same problems that I had when I was a child. I’m sure I’m not perfect at it. I’m sure there’s going to be uncomfortable conversations, but I’m going to do my best to make sure that we keep open communication. (lines 202–204)

Izabella acknowledged that even though she might be uncomfortable at times, she plans to talk to her daughter about sex topics because she does not want her daughter to have the same experience.

While Izabella felt like she did not receive enough information when younger, Kay thought her mother shared too much information, particularly about her parents' sexual experiences. Kay's mother would talk about her experiences with sexual assault, and for Kay, this was difficult to hear.

None of learning about their sexual experiences, I guess, I don't feel in any way benefited me or helped me learn about sex more. I feel like hearing about their experiences either traumatized me, grossed me out, or made me feel icky, so knowing that with my own kids, I tried never to reflect on my own sexual experiences with them. (lines 169–173)

The way Kay's mother talked about sex topics influenced Kay's own feelings towards sex and in turn Kay's goals when talking to her children. Kay is using her childhood experiences to impact the types of information she presents to her children about sex because of this.

While most parents I interviewed reflected on their childhood sex talk experiences with their own parents as being models of what not to do with their own children, Annie wanted to emulate her parents' approach with her own children. She said her parents talked to her about sex, and she was grateful. "I was just very thankful that I knew how to teach them without any embarrassment or shame" (lines 156–160). While she appreciated how her parents talked to her about sex, Annie was dissatisfied with their focus on heterosexuality and expectation that she would abstain from sex before marriage. Additionally, although her parents did not talk poorly about queer individuals, she "picked [up on] messages that being queer was wrong" (line 90). Annie chose not to communicate these messages to her children. Thus, while Annie reported a positive experience with her parents generally, she, like other participants, talked about how she countered certain messages her parents told her.

Cultivating a Sense of Ownership

Parents also wanted their children to feel ownership over their bodies by ensuring their children knew they were in control of their bodies and their choices. Parents thought that talking with their children about sex topics would help achieve these goals. Nicole said, “I wanted to stay in that zone that created trust, educated her, and empowered her to make her own decisions about her body, and who she trusted with her body. Those are my goals” (lines 422–423). Sometimes this ownership was framed as a way to avoid shaming their children about their bodies or their questions about their bodies. Izabella said, “We don’t want her to ever feel shame for her body parts” (lines 582–583). Mickey stated, “You don’t ever want them to feel that there’s any shame involved in having a conversation [about sex]” (lines 113–114). For Leena, her daughter being able to own her sexuality was very important to her. She said, “Our biggest goal is for her to feel ownership of her body and her sexuality and her pleasure, [...] that’s hers to do with as she sees fit and hopefully to value those things and care for them” (lines 121–123). Leena went on to describe how body autonomy was especially important for her daughter, because girls and women face challenges in exploring and enjoying their sexuality when they do not feel ownership over their bodies.

Encouraging their children to feel comfortable with their bodies was another part of how parents encourage them to own their bodies. Parents wanted children to feel good about themselves as a way to help them claim ownership of their bodies. Matthew said, “I want him to be comfortable with his body [...] I don’t want him to see our bodies as taboo” (lines 549–550). Mickey stated a similar goal, saying, “We definitely want them to feel comfortable in their own skin” (line 320). Comfort is also connected to how parents want their children to feel during their sex topic discussions, which is discussed further below.

Being Open and Honest to Encourage Future Discussions

Parents reported being open and honest with their children to encourage future talks. Rivers was clear, “I have one specific and single goal, and that is to make her feel comfy coming back and talking again” (lines 202–203). He wants to not only encourage his daughter to talk with him but also feel comfortable doing so. Elisabeth expressed similar sentiments. When asked what she hopes to achieve in having sex talks with her daughter, she said, “Whether she needs help with a pregnancy scare or needs help accessing contraception, needs an STD test, needs just anything [...] I want her to have all of this information so that she can come to me” (lines 268–270). Elisabeth framed her decision to talk to her daughter about a variety of topics as providing her daughter with information to make decisions and have discussions about those decisions with her. Similarly, Leena also wanted her daughter to “know that she can always talk to us about whatever is going on, and that we’re not going to be upset with her” (lines 124–125). Matthew also said, “When the time comes, I want to be able to have open conversations with him about any kind of sexual activities he may be having to make sure that he understands the risks involved and is safe” (lines 230–232). Matthew, Elisabeth, and Leena reported wanting their children to return to them and have these discussions to ensure they are being safe.

Parents reported sometimes encouraging their older children to come back to them and talk about their sexual experiences. Sigourney’s son talked about performing oral sex on a woman, saying “We talked a little bit about how that occurred, and how did he note when she got excited, or did he know what to do?” (lines 457–458). Jessica explained how one of her daughters came to her after having sex to talk about the experience. Jessica said, “I’m glad that our relationship is open enough where this can be talked about. That she can ask me all these things” (lines 605–607). While both Jessica and Sigourney expressed happiness that their

children came to them, they also expressed shock. For example, Sigourney said, “I was shocked that he shared with me he did oral sex upon her, that he actually shared that with me” (lines 456–457). Thus, while the parents who are open to hearing about their children’s sexual experiences encourage those discussions, they can still be caught off guard when they occur.

Raising Informed, Educated, and Knowledgeable Children

Parents explained how they wanted their children to be knowledgeable and educated about many different sex topics, from sexual anatomy, intercourse, and safe sex. Matthew said one of his goals for his son was, “to be informed and educated about these topics” (line 229). Heidi framed the education they give their children as helping them engage in future healthy sex. “Eventually they're going to be a sexual partner to someone, I would imagine. So, their ability to identify what feels good for them might make them a more conscientious partner, more sensitive partner” (lines 134–136). For Heidi, informing her children about sex and their bodies would help them be knowledgeable and conscientious if they ever have sex with someone. Jessica had discussions with her children about sex because she, “didn't want them to be manipulated, misguided, misinformed or taken advantage of in any way” (lines 374–375). For Jessica, education on sex topics was a way for her children to be protected. She also wanted her children to be able to answer questions for their peers, saying “knowledge is power” (line 385).

In sum, my interviews with 15 LGBTQ+ parents provided insight into the sex topics LGBTQ+ parents talk with their children about, how LGBTQ+ parents approach these conversations, and what their goals are for having these conversations. The findings have many connections to past research on the topic, both in how they are similar and different. I detail these connections, as well as limitations, future directions, and practical implications of this study below.

Discussion

This study sought to answer three research questions: What sex topics do LGBTQ+ parents talk to their children about? How do LGBTQ+ parents talk to their children about sex topics? And what goals do LGBTQ+ parents have for talking to their children about sex topics? Regarding the sex topics discussed by LGBTQ+ parents, the interviews reflected a range of topics, including sexual anatomy, consent, acts of sex, safety, and results of sex. Parents talked about consent as a foundational form of knowledge. They wanted their children to understand the basic concept of consent in daily life and interactions so they could apply their knowledge of consent in their sexual encounters. Parents wanted children to understand how they can give consent and how they can ask for consent. This focus on consent supports Easterbrook et al.'s (2022) findings where LGBTQ+ parents indicated consent was important to “keep children safe [. . .] and prevent children from experiencing sexual abuse or harassment” (p. 6). Parents in my study wanted their children to understand consent for these same reasons, and so they could be good romantic and sexual partners as well.

Parents tried to discuss sex topics in a manner that was appropriate for their child's age. Lesbian mothers in Gabb's (2004) study also considered what information they presented and how they presented it based on the “children's age and/or maturity,” (p. 28), and gay and lesbian parents from Bonander's (2016) research also wanted to answer their children's questions in an age-appropriate way. Bisexual parents from Bowling et al.'s (2017) work also framed their conversations about sex and sexuality with their children as age appropriate. LGBTQ+ parents might feel stronger judgement or pressure from society on how they talk to their children about sex topics because they are sexual minorities (Fitzgerald, 2010). Identifying their approaches as age-appropriate could be a strategy to prove to outsiders that they are providing their children

with acceptable information. I did not follow up with participants on what they considered to be “age-appropriate,” and other studies that do report parents try to be age-appropriate do not detail how parents decide what is age-appropriate either (Bowling et al.; Gabb). Parents in my study and in Bonander’s study indicated part of the decision of what is age-appropriate deals with what the child can conceptualize and understand based on their age, but there is a lot more to unpack with the term “age-appropriate.” For example, how else do parents decide what is appropriate? Is this decision influenced by societal expectations of what children should be learning at certain ages?

Pleasure was another topic parents addressed with their children. They framed pleasure, particularly self-pleasure and masturbation, as activities their children should not be ashamed of. However, any acts of self-pleasure should be done in private. The topic of pleasure has generally been avoided by parents in the past (Flores & Barroso, 2017). However, not all research has found parents to avoid the topic. Results from Mitchell’s (1998) study on lesbian mothers and Easterbrook et al.’s (2022) study on LGBTQ+ parents note parents did talk about pleasure with their children. Mitchell did not report how lesbian mothers specifically discussed pleasure, only reporting they wanted their children to feel pleasure was normal. LGBTQ+ parents in Easterbrook et al.’s study framed safety as the priority in conversations about sex and sexuality. Parents from my study did not seem to prioritize one over the other; instead, they were different topics of conversations. Pleasure was talked about as being normal, healthy, and a way to understand one’s body. In that way, pleasure was a way for the children to be safe in their sexual activities, because they understood what they liked and disliked. Results from this study also strengthen the claim that LGBTQ+ parents do not want their children to feel shame about pleasure or their bodies (Bonander; Easterbrook et al.). This is notable because understanding

pleasure can help people recognize when they are experiencing sexual dysfunctions and can help people increase their sexual wellbeing (Hull, 2008).

Heteronormativity and types of families were also discussed by parents. Children were encouraged to not feel pressured to identify within society's expectations of sexuality or gender. This connects to findings from Easterbrook et al. (2022) and Bonander (2016), with both studies finding LGBTQ+ parents as wanting sexuality to be normalized and accepted. Parents did not frame sex as heterosexual or as only being used for reproduction, which connects to previous research focusing on LGBTQ+ parents (Gabb, 2004). This framing of sex takes the pressure off children from only being sexual with the opposite sex, allowing children to not be shamed for sexual feelings or desires beyond the goal of creating children. This might allow for children to feel more comfortable in their sexuality and feel less pressure to be heterosexual or have children.

Sex topic conversations were viewed as a dialogue by parents in my study, and this dialogue continuously occurred in the children's lives. This connects to Easterbrook et al.'s (2022) findings that parents viewed sex topic discussions as "integrated into their daily conversations and, happened quite organically" (p. 136). My study also identified that children and parents initiate conversations. Children often ask questions of their parents, and parents then ask questions of their children in return to prompt their thinking and get a better understanding of the children's worldview. This finding that the conversations occur multiple times in a child's life differs from past research that indicates parents do not have sex conversations with their children often (Padilla-Walker et al., 2020).

Supplementary material, particularly books, were commonly used by parents to initiate conversations on and describe topics like puberty, sex, reproduction, and the child's own origin

story. LGBTQ+ parents from Bonander (2016), Easterbrook et al. (2022) and Mitchell (1998) also used books to initiate and have similar conversations. The use of supplementary material could be helpful in guiding parents who feel unprepared to have these conversations and can help all people learn more tolerance (Mitchell). Parents in my study mentioned using books and videos as representation tools as well. They wanted to show their children that LGBTQ+ families exist outside of their own family. Easterbrook et al. also argue that books can be helpful for families who need to fill in gaps in their children's education depending on where they live or their access to programs. Parents in my study seem to have an easier time finding these resources compared to lesbian mothers from Mitchell's 1998 study. This 24-year difference in the research indicates that access to LGBTQ+ material has increased. My study helps to strengthen the argument for the use of these books; LGBTQ+ parents rely on the books to help educate their children, and authors and publishers should continue writing about diverse family perspectives.

While parents in my study discussed consequences of sex with their children, they did not solely focus on these consequences. Past studies found that fear appeals are used by parents to convince their children to stay away from sex (Afifi et al., 2008), but parents in this study did not talk about using fear appeals. Instead, parents presented their children with both the potential positive and negative consequences of sex so they could be informed to make whatever choices they ultimately wished to make. Understanding these consequences allowed the children to have ownership over their own choices regarding sex. Also, past research indicates children will be less likely to engage in risky sexual behaviors when their parents have frequent conversations with them on the topic (Booth-Butterfield & Sidelinger, 1998). Instead of parents emphasizing the risks or using fear appeals to scare and/or dissuade their children from engaging in risky sexual behaviors, parents in my study attempted to educate their children.

For parents in my study, part of having these discussions and educating their children on the risks and consequences of sex relies on being open and honest in their conversations with their children. Past research indicates that openness in family communication results in a stronger possibility that those families talk about sex topics (Afifi et al., 2008; Baldwin & Baranoski, 1990; Fisher, 1991). However, one topic parents were not very open about was their own sex life; this connects to findings from Cohen and Kuvallanka (2011), where lesbian mothers reported experiencing discomfort talking about their own sex lives or experience with specific sex acts. While parents wanted to be honest with their children and very open with them, they also recognized limitations to this honesty.

Limitations

While one goal of this thesis was to include individuals with different LGBTQ+ identities, because past research has focused on lesbian or gay parents in same-sex relationships, participants in this study were limited in representation, particularly when it comes to gender identity. None of the parents identified as transgender, and only three parents identified as male. Research should include other identities, particularly non-binary and transgender parents, because they have the perspective of identifying as a gendered parent role (e.g., mother, father) that is separate from the gendered parent role they believed they would have to take on before transitioning. For example, a transgender mother would have grown up believing if they became a parent, they would be a father; however, if they identify as a woman, this expectation to be a father figure can be confusing and difficult; Elisabeth, who is in a relationship with a transgender woman, discussed her girlfriend's experience in her interview:

[My girlfriend] was talking to me about how she never thought that she wanted a child, because she was always very uncomfortable at the idea of being a father. And now that

she's about 6 years post-transition, met me, met [my daughter]. She's like, "Wow! I never thought about parenting from the perspective of being a mother," and she's like "that feels so right." (lines 359–363)

Elisabeth's girlfriend has a different perspective on parenting after transitioning because she no longer feels like she must be a father to be a parent. This discomfort should be further investigated to understand how the transition to parenthood for transgender parents is more complicated than simply becoming a parent; instead, they also take on a new title they may not have grown up thinking was possible. I was not able to hear about any transgender parents' experiences with this because I did not have any transgender participants.

My participants also came from a narrow group. I recognize parents who are willing to talk to a researcher about sex conversations they have with their children are likely more comfortable with the topic compared to parents who do not talk about sex with their children. I did not explicitly seek out parents who do not talk to their children about sex. Although having these conversations was not a requirement for parents to participate in my study, parents who do not hold these conversations are likely were less comfortable participating in a study like this or potentially assumed it was a requirement.

Another limitation of this study was its reliance on online interviews. Although online interviews are identified as suitable substitutes for in-person interviews (Deakin & Wakefield, 2014), they do have drawbacks. First, there is the possibility of experiencing technical difficulties or disruptions that would not occur when interviews take place in person. This rarely occurred in my interviews; only one interviewee disconnected during my interviews, and it was toward the end of the interview when answering demographic questions. They were not interrupted in sharing a story or experience related to my research questions. Another participant

needed to change their Wi-Fi setting during the interview, but this was done early in the interview. Second, I note that online interviews can be a limitation for my study because of the sensitivity of my research topic. Parent-child sex conversations can be a personal thing to talk about and disclosing to someone over the internet may have felt more impersonal than if we met in person. Finally, online interviews can make it harder to interrupt nonverbal cues and there are less shared senses involved, such as touch and smell (Adams-Hutcheson & Longhurst, 2017). All of my participants had their cameras on for the interview, but I could only see nonverbal cues from the chest upwards. While I do not think online interviews takes away from the credibility of my study or results, I do believe it had an impact on the process by making the interview less personal when Wi-Fi disruptions took place or when it was hard to build rapport and make connections.

Future Directions

The perspective of the children of LGBTQ+ parents is a necessary future research direction (Easterbrook et al., 2022). While parents believe they are having open, honest, inclusive discussions with their children, children might experience these conversations differently. While parents feel they are covering necessary topics, their children might have different opinions. Gaining the perspective of the children is necessary because research indicates the children's perceptions of the conversations can predict their sexual behaviors and attitudes (Afifi et al., 2008). Interviews with children and parents from the same family would allow for comparisons to be made between their perspectives. I specifically call for conducting focus groups with children on how they talked about sex topics with their parents growing up. There are some studies that investigate perspectives of children of LGBTQ+ parents, also called queerspawns (Bateman, 2007), but they do not focus on sex topics. Instead, they generally

investigate issues the children have faced (Fitzgerald, 2010) and school experiences (Peter et al., 2016). I advocate for using focus groups to investigate queerspawn experiences because of how this research topic relies on participants being able to recall past experiences and conversations. Having a dialogue among participants instead of solely with a researcher may help prompt further thinking and recollection of memories or events that otherwise might go overlooked in an interview.

Future research should also investigate generational differences in LGBTQ+ parenting. Nicole, a 56-year-old mother of a 36-year-old daughter, wanted to discuss this in her interview. Nicole disclosed that she did not believe her identity played a role in her parenting or approaches to talking about sex topics with her daughter. She recalled raising this topic with a younger coworker with an LGBTQ+ sister. Nicole told her coworker that she was not sure how her identity played a role in the topic. Her coworker responded saying, “I think it makes all the difference in the world” (line 620). I asked Nicole to tell me more about that. She said:

People in my generation [...] opened up the possibilities for their kids, like it’s not only okay to talk about LGBTQ issues. It’s okay to ask and to tell them that that’s a possibility for them and if that’s true, it’s cool, if it’s not, it’s cool [...] So that’s why I said to you I want to talk to you about this generational thing because friends in my generation feel very much like I do, like, “Big deal. I’m a parent. I’m going to be a good parent. Of course, I’m going to talk about sex with my kids.” (lines 620–635)

Researchers should also incorporate into their future inquiry intersectionality within LGBTQ+ families. Intersectionality “compels us to examine the process by which individuals negotiate competing and harmonious social identities, as well as the fluidity, variability, and temporality of interactive processes that occur between and within multiple social groups,

institutions, and social practices” (Few-Demo et al., 2016). Intersectionality calls for an analysis of how an individual’s multiple identities (e.g., race, class, gender, and sexuality) interact with one another to shape their lived experiences. Few-Demo et al. make a case for intersectionality research on LGBTQ+ families, arguing, “An intersectional approach disrupts mainstream queer discourses on LGBT family life that have been primarily informed by White middle-class individuals and their families” (p. 84). Specifically on sex topic research, future research should investigate how different aspects of the parents’ and children’s’ identities can impact the topics discussed in the conversations, approaches parents have to the conversations, and the parents’ goals for the conversations. Many studies investigate how gender can play a role in the discussions (Afifi et al., 2008; Fisher, 1991; Thompson et al., 2015), but other aspects of identity are important to investigate, such as race and ability. Wilma briefly touched on intersectionality saying, “My children are biracial [...] and so there’s multiple things that they’re navigating right now alongside having two queer parents. You know, and racial disparities added on top of that experience” (lines 208–210). Being attuned to intersectionality and using theories of intersectionality would add layers of richness to future studies on this topic.

Practical Implications

Understanding the experiences of LGBTQ+ parents and the sex talks they have with their children hold practical implications beyond my study. Firstly, this study strengthens the argument for producing media that is representative of different family types. Families in my study often sought out particular books and videos to explain their family makeup and explain sex concepts to their children. Diverse media focusing on different sexuality and gender identities and expressions are needed to help children of LGBTQ+ parents make sense of their

family. This call for inclusive and diverse materials connects with implications from Easterbrook et al. (2022) for further production of this type of material, further solidifying the argument.

In addition to materials produced for LGBTQ+ parents and children, it is also important to consider how society frames things like sex and sexuality. Parents in my study mentioned being intentional about their language surrounding gender and sexuality, such as not making assumptions about what gender their children are attracted to. This is an extra effort that LGBTQ+ parents need to make because of the family's identity as an LGBTQ+ family. School education, media, and even researchers (Bonander, 2016) should be more careful with the language we use to ensure we are inclusive of all types of families.

Another implication of my study emphasizes the importance for parents to hold sex topic conversations with their children. All parents in my study were somewhat unhappy in varying levels with how their own parents talked about some sex topics with them as children. While parents addressed this unhappiness as being a motivation for how they should talk about sex with their own children, in some cases it also caused parents to be unsure of how to approach certain topics. Parents should talk to their children about sex not only to inform and educate them about the complexities of sex, but also to better prepare them to be parents in the future and accurately share this information with their own children. Thus, this study argues that not only is it important to have conversations about sex presently between parents and children because of the current impact it can have on the children, but also the long-term, generational impact it can have.

Conclusion

In conclusion, this thesis investigated what topics LGBTQ+ parents talk to their children about, how LGBTQ+ parents approach sex topic talks with their children, and what LGBTQ+

parents' goals are for having sex topic talks with their children. Through semi-structured interviews with 15 LGBTQ+ parents, I identified 13 different themes that answered my three research questions. The parents in my study typically cover a wide range of topics with their children related to sex, including consent, sexuality, and pleasure, but their own sex lives and experiences are typically left out of these discussions. In addition, they address heteronormativity and the concept of the nuclear family when they explain their own families. Parents try to approach these conversations as a series of events and a dialogue while staying age appropriate. They also tend to be clinical in their approach and like to use supplementary material to approach the conversations. Lastly, parents wanted to do a better job with these discussions than their own parents did with them. They also wanted their children to feel ownership of their bodies, be informed on sex topics, and initiate future discussions.

My findings contribute to the areas of parent-child sex communication research and LGBTQ+ families. Understanding how LGBTQ+ families navigate these conversations allows for there to be better resources for the families to hold these discussions. For example, books and videos were often used by parents to teach their children about sex topics. Knowing the types of topics parents try to cover in these conversations, such as topics of consent and pleasure, can influence the types of materials that are produced to assist parents with these discussions. LGBTQ+ families and parents are growing in the United States, meaning additional children will be raised in LGBTQ+ households (Taylor, 2020). Providing parents with applicable resources is one way to assist in the delivery of this material and ultimately provide children of LGBTQ+ parents a wide range of knowledge to help them make informed and healthy choices.

Table 1*Participant's Children Overview*

Participant Pseudonym	Number of Children	Ages of Children	Gender of Children
Devin	2	24, 13	Man, Boy
Matthew	1	7	Boy
Rivers	1	5	Girl
Leena	1	8	Girl
Kay	3	15, 8, 7	Boy, Boy, Girl
Elisabeth	1	2	Girl
Nicole	1	36	Woman
Izabella	1	7	Girl
Heidi	2	4, 2	Boy, Boy
Wilma	2	10, 3	Non-binary, Girl
Donna	5	7, 2.5, 11 months, 5 months, 4 months	Boy, Girl, Girl, Boy, Boy
Mickey	2	10, 6	Non-binary, Boy
Annie	3	23, 21, 18	Woman, Man, Man
Sigourney	2	18, 15	Man, Girl
Jessica	3	24, 20, 20	Man, Woman, Woman

Table 2*Themes According to Research Questions*

RQ1: What sex topics do LGBTQ+ parents talk to their children about?	
Theme	Description
Consent as a Foundational Knowledge	Consent is framed as a concept children should understand in everyday interactions to understand its importance in sexual interactions.
Pleasure is Okay, but Private	Children are not discouraged or shamed for wanting to experience pleasure; however, if they decide to engage in self-pleasure, they are expected to do so in private settings (e.g., bathroom, bedroom).
Heteronormativity and the Nuclear Family as not the Only Option	Families are conceptualized as coming in various forms and being made up of many different types of people and family roles.
Information Outside Personal Experiences	Parents do not share their own personal sex experiences, either in the past or currently, with their children when describing sex topics or when directly asked by their children.
RQ2: How do LGBTQ+ parents talk to their children about sex topics?	
Theme	Description
As a Series of Events	Sex talk conversations take place continuously throughout a child's life and can occur naturally throughout everyday conversation instead of needing to be planned out.
As a Dialogue	Parents both allow and encourage their children to ask questions about sex topics by not talking <i>to</i> their children but talking <i>with</i> them instead. This takes the form of parents often asking their children questions in return during these conversations (e.g., "what do you want to know about this?").
As Age-Appropriate	The type of information presented to children depends on the child's age and ability to comprehend the concepts.
With Supplementary or Complementary Materials	Materials such as books, videos, and images are used to initiate conversations and help their children understand concepts.
As "Clinical"	Parents use correct anatomical terms to explain the child's body and the process of sex.
RQ3: What goals do LGBTQ+ parents have for talking to their children about sex topics?	
Theme	Description
Doing Better than Own Parents	Parents use their past sex discussion experiences with their own parents as an influence for what topics they discuss with their children and how they approach those conversations.
Cultivating a Sense of Ownership	Parents want their children to feel like they have agency over their bodies and the sex choices they make.
Being Open and Honest to Encourage Future Discussions	Children should feel comfortable coming back to parents to talk about any sex topic because the parents have established an open, honest, and welcoming environment free of judgment or shame.
Raising Informed, Educated, and Knowledgeable Children	Children will be able to make informed and safe decisions regarding sex because they were provided with a variety of information.

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Appendix A

IRB Approval Letter



Institutional Review Board

uwm.edu/irb
irbinfo@uwm.edu
414-662-3544

Date: February 28, 2022

To: Erin Parcell
Dept: Communication
CC: Erin Parcell - Investigator, Emily Gerlikovski - Co-Inv (Full Access w/Notify)

IRB #: 22.165
Title: Sex Talks Between LGBTQ+ Parents and Children

The University of Wisconsin-Milwaukee Institutional Review Board has approved the following changes to your protocol:

- New funding
- Adding compensation
- Decreasing number of participants
- Adding transcription service

In addition, your protocol has been granted Level 3 confidentiality for Payments to Research Subjects according to UWM Accounting Services Procedure: 2.4.6.

Review level: Expedited

As a reminder, this study's IRB approval will expire on **February 16, 2023**. Before the expiration date, you will receive an email explaining how to either keep the study open or close it.

Any proposed changes to the protocol must be reviewed by the IRB before implementation, unless the change is specifically necessary to eliminate apparent immediate hazards to the subjects.

It is your responsibility to:

- promptly report unanticipated problems to the IRB
- maintain proper documentation of study records
- ensure that all study staff receive appropriate training as outlined in the protocol
- adhere to the policies and guidelines set forth by the IRB, UWM, and the UW System, and to all applicable state and federal laws

Contact the IRB office if you have any further questions. Thank you for your cooperation and best wishes for a successful project.

Appendix B

Recruitment Message and Flyer

Hello,

I am a M.A. candidate at University of Wisconsin-Milwaukee, and I am recruiting participants for my thesis study on how LGBTQ+ parents talk with their children about sex topics. I want to learn more about how and when these conversations about sex topics take place, what topics are covered in the conversations, and the reasoning behind having or not having the conversations. In order to participate, you must be at least 18 years old, identify as LGBTQ+, a parent of at least one child, and the child must have lived with you part time or is currently living with you at least part time.

This study consists of completing one screening survey and one interview. Your participation will begin with completing a prescreening survey to determine your eligibility. If you are eligible, you will be asked to participate in an interview. During this interview, I will ask you questions about your childhood sex talks with your own parents, what and how you talk to your child about different sex topics, including conversations about sexual anatomy, sexuality, and safe sex practices, and what your goals are for these conversations. The total time will be about 60 minutes. The interview can occur online or in-person, and the audio will be recorded. If you agree, the researcher may contact you with follow-up questions after the interview.

In appreciation for your participation, participants will receive a \$30 e-gift card for Amazon after completing the interview.

Participation is voluntary. You may refuse to answer any question or withdraw from the study at any point in time. All information collected is confidential. Your identifying information will not be used in any report of the data. You will be given a pseudonym instead.

Take the screening survey here: https://milwaukee.qualtrics.com/jfe/form/SV_0277Nd4nJlreu10

If you have any questions, please contact Emily Gerlikovski at gerliko4@uwm.edu.

Thank you,
Emily

IRB #: 22.165

IRB Approval Date: February 28, 2022

LGBTQ+ Parents Needed for Interview Study

You are invited to participate in an interview study investigating how LGBTQ+ parents talk to their children about different sex topics. During this interview, I will ask you questions about your childhood sex talks with your own parents, what and how you talk to your child about different sex topics, including conversations about sexual anatomy, sexuality, and safe sex practices, and what your goals are for these conversations. The interview will last approximately 60 minutes.

Participants must be at least 18 years old, identify as LGBTQ+, be a parent of at least one child, and the child should have lived with you or lives with you at least part time.

You will receive a \$30 Amazon e-gift card after the interview as a thank you for your time and contribution.

To participate, please follow the link to full out a pre-screening survey. If you qualify, you will be asked to enter your email. Fill out the survey here, or follow the QR code on the right:
https://milwaukee.qualtrics.com/jfe/form/SV_O277Nd4nJlreulO



The research is being conducted by Emily Gerlikovski, MA Candidate at University of Wisconsin-Milwaukee. If you have questions or concerns, please contact me at gerliko4@uwm.edu.

IRB #: 22.165
IRB Approval Date:
February 28, 2022

Appendix C

Prescreening Survey

1. Are you 18 years old or older?
 - a. Yes
 - b. No
2. Do you identify as LGBTQ+?
 - a. Yes
 - b. No
3. Are you a parent?
 - a. Yes
 - b. No
4. Does your child(ren) live with you at least part-time, or did your child live with you at least part-time when they lived with you?
 - a. Yes
 - b. No
5. Please explain in your own words why you think you qualify for this study.

If participants qualify, they are asked:

6. Please enter your email address, so the researcher can reach out to you to set up an interview.

Appendix D

Informed Consent Form

Study title	Sex Talks Between LGBTQ+ Parents and Children
Researchers	Emily Gerlikovski and Dr. Erin Sahlstein Parcell

IRB #: 22.165

IRB Approval Date: April 12, 2022

We're inviting you to participate in a research study. Participation is completely voluntary. If you agree to participate now, you can always change your mind later. There are no negative consequences, whatever you decide.

What is the purpose of this study?

The purpose of this research study is to understand how LGBTQ+ parents talk to their children about different sex topics.

What will I do?

If you are eligible to participate in the study, you will be asked to participate in an interview. During this interview, I will ask you questions about your childhood sex talks with your own parents, what and how you talk to your child about different sex topics, including conversations about sexual anatomy, sexuality, and safe sex practices, and what your goals are for these conversations. The total time will be about 60 minutes. The interview can occur online or in-person, and the audio will be recorded. If you agree, the researcher may contact you with follow-up questions after the interview.

Risks

Possible risks	How we're minimizing these risks
Some questions may be personal	You can skip any questions you don't want to answer.
Breach of confidentiality (your data being seen by someone who shouldn't have access to it)	We'll store all electronic data on a password-protected, encrypted computer. <ul style="list-style-type: none">• We'll store all paper data in a locked filing cabinet in a locked office.• We'll keep your identifying information separate from your research data, but we'll be able to link it to you by using a study ID. We will destroy this link after we finish collecting and analyzing the data.
Online data being hacked or intercepted	<ul style="list-style-type: none">• This is a risk you experience any time you provide information online. We're using a secure system to collect this data, but we can't completely eliminate this risk.

There may be risks we don't know about yet. Throughout the study, we'll tell you if we learn anything that might affect your decision to participate.

Other Study Information

Possible benefits	There are no anticipated benefits to subjects directly, but the study will further knowledge in communication, family, and LGBTQ+ studies. The study will contribute to knowledge on LGBTQ+ parents and how they talk with their children about sex topics.
Estimated number of participants	25
How long will it take?	Approximately 60 minutes
Costs	None
Compensation	\$30 Amazon e-gift card
Future research	Your data won't be used or shared for any future research studies.
Recordings / Photographs	<p>We will record you. The recordings will be used for transcribing the interviews, and they will not be shared with anyone other than the researchers or a transcription service (Temi); interviews occurring in person will be transcribed using the transcription service Temi. Recordings uploaded to Temi will be done through an account that is protected by a username and password. If you are interviewed online, you have the option of both audio and visual recording. If you are interviewed in person, we will only record audio.</p> <p>The audio recording is necessary to this research. If you do not want your audio to be recorded, you should not be in this study. The visual recording for online interviews is optional.</p> <p>If you would like to be in the study but are not able to participate in a verbal interview, please let us know so we can make accommodations.</p>
Funding source	UW-Milwaukee Communication Department

Confidentiality and Data Security

We'll collect the following identifying information for the research: your name and email address. This information is necessary for recruitment and communication purposes. However, your name and email will never be shared with anyone not involved in the study, and it will not be attached to your interview transcript.

Where will data be stored?	On our computers
How long will it be kept?	Identified information will be kept for 3 years, and interview transcripts without identifying information will be kept indefinitely.

Who can see my data?	Why?	Type of data
The researchers	To conduct the study and analyze the data	Coded (names removed and labeled with a study ID)
The IRB (Institutional Review Board) at UWM	To ensure we're following laws and ethical guidelines	Coded (names removed and labeled with a study ID)
Online Transcription Service	Interviews conducted in person will be transcribed using an online transcription service (Temi)	Coded (names removed and labeled with a study ID)
Anyone (public)	If we share our findings in publications or presentations	<ul style="list-style-type: none"> • De-identified (no names, birthdate, address, etc.) • If we quote you, we'll use a pseudonym (fake name)

Mandated Reporting

We are mandated reporters. This means that if we learn or suspect that a child is being abused or neglected, we're required to report this to the authorities.

Contact information:

For questions about the research	Emily Gerlikovski	gerliko4@uwm.edu
For questions about your rights as a research participant	IRB (Institutional Review Board; provides ethics oversight)	414-662-3544 / irbinfo@uwm.edu
For complaints or problems	Dr. Erin Sahlstein Parcell	eparcell@uwm.edu
	IRB	414-662-3544 / irbinfo@uwm.edu

Appendix E

Interview Guide

Thank you again for taking the time to talk with me. Today I will be asking you questions about conversations you have with your child(ren) on different sex topics. Before we continue, may I confirm with you that I can record this conversation? *[for in-person: start audio recording if they say yes. For online: start audio and visual recording if they say yes]*

Next, I want to review the informed consent page with you. *[Review informed consent form if in-person or online]* Do I have your verbal consent for participating in this interview? *[wait for answer. If yes, continue. If no, conclude the interview]* Do you have any questions for me? *[wait for answer]*

Before we start, I want to remind of you a few things. You may choose not to answer any questions, and you can end the interview if you feel uncomfortable at any point. Are you ready to start? *[wait for answer. If yes, continue]*

Lastly, I want to define one term for you before I ask any questions. I will occasionally refer to the term “sex topics” in this interview. What I mean by “sex topics” is any topic that deals with the concept and process of sex and the human body. This can include, but is not limited to, human sexual anatomy and physiology, sexuality and sexual orientation, the process of sex, contraceptives and safe sex, sexual consent, the risks of sex, including STD’s and STI’s, and the results of sex, including the emotional or physical results, or even pregnancy.

Interview Questions

To begin, let's start with talking about your child/children:

1. How many children do you have?
2. How old is your child/how old are your children?
3. What is your child's gender/what are your children's genders?

Let's go back to your childhood to start.

1. Do you recall having conversations with your parents about sex topics? [if they say yes then ask *tell me what you recall about those conversations?* If they didn't talk to their parents about sex, then ask them *how did you learn about sex topics growing up?*]
 - a. Probes: How often did you have these conversations? What did you talk about in these conversations? How did these conversations influence you growing up?
2. How do you see your own experiences learning about sex topics growing up influencing how you talk to your own child(ren) about sex?

RQ3: What goals do LGBTQ+ parents have for talking to their children about sex topics?

1. Would you share what you hope to achieve in having talks with your child about sex topics?
 - a. Probes: What prompts you to talk with them about their own bodies? What prompts you to talk with them about sexuality? What prompts you to talk with them about safe sex practices? What do you hope to get out of these talks?
2. How do you feel when having conversations about sex topics with your child?
 - a. Probes: How do you feel beforehand? How do you feel in the moment? How do you feel after?

Recollections about sex topic talks

Now I'm going to start asking questions about specific memories or conversations you can recall having with your child(ren) about sex talks. After we go over some specific memories, then we will talk more generally about the topics you cover in these conversations.

1. When is your first memory of talking to your child(ren) about sex? [Solicit details of when, where, who initiated, etc.]
2. Can you recall another specific conversation you have had with your child about a sex topic?
 - a. Probes: What do you remember talking with them about? Why do you remember this conversation?

RQ1: What sex topics do LGBTQ+ parents talk to their children about?

3. What sex topics do you usually talk about with your child?
 - a. Probes: How do you talk with them about their own body? How do you talk with them about sexuality? How do you talk with them about safe sex? How do you talk with them about the act of sex? How do you talk to them about the risks of sex? How do you talk to them about the benefits of sex?
4. What sex topics, if there are any, do you avoid talking with your child about?
 - a. Why do you avoid these topics?
5. Does your child ask you questions about sex topics?
 - a. If so, what questions does your child have for you about sex?
 - i. Probes: What questions do they have about sexuality? What questions do they have about their own body? What questions do they have about the act of sex?

6. Does your child ask you about your own sexuality or sex life?

RQ2: How do LGBTQ+ parents talk to their children about sex topics?

7. How do conversations about sex topics occur with your child?

a. Probes: How often do you have these conversations? Where do these conversations usually take place? Who is all present for these conversations? Who usually initiates these conversations? Are the conversations planned, or come about naturally?

8. If parents initiate conversations: How do you initiate sex topic conversations with your child?

9. If child initiates conversations: How does your child usually initiate sex topic conversations with you?

a. If so, how did you react? Did you engage the conversation? Did you deflect the conversation?

Concluding Questions

1. Do you have any future plans to discuss any sex topics with your child?

a. Probes: What do those future plans look like? What milestones are you waiting for to have certain discussions with them?

2. Is there anything else on the topic of sex conversations with your children we have not talked about today that you would like to share?

Demographic Questions

1. What is your age? _____
2. What is your race?
 - a. Caucasian
 - b. Hispanic or Latino
 - c. Black or African American
 - d. Native American or American Indian
 - e. Asian/Pacific Islander
 - f. Other _____
3. Are you transgender?
 - a. Yes
 - b. No
4. What is your gender? _____
5. What is your sexual identity?
 - a. Gay
 - b. Bisexual
 - c. Pansexual
 - d. Asexual
 - e. Alternative self-identification (please specify): _____
6. What is your current relationship status?
 - a. Domestic Partnership
 - b. Married
 - c. Divorced

- d. Separated
- e. Other _____

7. What is your highest education level?

- a. Some high school
- b. High school/GED
Some college
- c. Associate's Degree
- d. Bachelor's Degree
- e. Master's Degree
- f. Doctorate Degree
- g. Vocational/trade/technical training
- h. Other _____

8. What is your income level?

- a. Less than \$20,000
- b. \$20,000-\$50,999
- c. \$51,000-\$70,999
- d. \$71,000-\$100,000
- e. More than \$100,000

9. How old is your child/your children? _____

10. What is the gender of your child/your child(ren)? _____

11. How did you become a parent? _____

Lastly, would you be interested in receiving the results of the study when I complete my analysis? If so, I can send you a copy of my final thesis paper over email. *[if they say yes, confirm you can send the thesis to the email provided when recruiting. If not, move to thank you.]*

Thank you again for your time today. I'll stop recording now.

[stop recording]

Do you have a specific pseudonym in mind you would like me to use for you when writing my report?