“This is all normal and normal is relative to you”: LGBTQ+ Parents’ Experiences Discussing Sex and Sexuality with their Children

by
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ABSTRACT

“THIS IS ALL NORMAL AND NORMAL IS RELATIVE TO YOU”: LGBTQ+ PARENTS’ EXPERIENCES DISCUSSING SEX AND SEXUALITY WITH THEIR CHILDREN

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Parent viewpoints on sexuality and sex education are important as parents are key stakeholders in their children’s education. However, research in this area has primarily focused on mothers and fathers in heterosexual couplings. There is a lack of information on how LGBTQ+ parents speak about sexual health with their children. This research project explored the experiences of LGBTQ+ parents speaking to their children about sex and sexuality through a mixed methods, online survey. A resource list for parents of inclusive materials for sex education with children was also developed. LGBTQ+ parents focus on openness and normalization when discussing sex and sexuality with their children. LGBTQ+ parents also want their children’s peers educated about LGBTQ+ families and experiences, as well as consent, to help keep their children safer. Finally, parents in this study desired a comprehensive, current, sex education curriculum in schools, and they disapproved of the Ontario government pulling the 2015 sex education curriculum.
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Table of Contents

Abstract ..................................................................................................................................................ii
Acknowledgements ................................................................................................................................. iii
List of Tables ......................................................................................................................................... vi
List of Figures ....................................................................................................................................... vii
Introduction ........................................................................................................................................... 1
  Language ............................................................................................................................................... 3
  Demographic Data ................................................................................................................................. 4
  Socio-historical Context ..................................................................................................................... 5
Literature Review ................................................................................................................................... 7
  LGBTQ+ Parents .................................................................................................................................. 8
  Heterosexual Parents and Sexuality Education ......................................................................................... 11
  LGBTQ+ Parents and Sexuality Education ............................................................................................ 15
  Stereotypes of LGBTQ+ Parents ......................................................................................................... 19
Guiding Theoretical Perspectives ........................................................................................................... 21
Positionality .......................................................................................................................................... 25
Rationale for this Project .......................................................................................................................... 26
Research Purpose .................................................................................................................................... 26
Research Questions ................................................................................................................................. 27
Methods and Research Design ............................................................................................................... 27
  Data Collection Tools ........................................................................................................................... 27
  Sample .................................................................................................................................................. 28
  Procedures and Measures ..................................................................................................................... 30
  Analysis ................................................................................................................................................. 33
Results and Discussion ........................................................................................................................... 38
  Demographics ..................................................................................................................................... 39
  Topics LGBTQ+ Parents Discuss with their Children about Sex and Sexuality .................................. 44
    Parents’ knowledge and comfort discussing different aspects of sexuality .......................................... 50
  LGBTQ+ Parents’ Experiences Discussing Sex and Sexuality with their Children ............................. 56
    Initiating conversations ....................................................................................................................... 57
    Parents’ own sexuality education ....................................................................................................... 61
  The Effect of Gender and Sexuality on LGBTQ+ Parents Discussions about Sex and Sexuality with their Children ......................................................................................................................... 65
  Stereotypes ........................................................................................................................................... 76
    Perceived stereotypes about LGBTQ+ people .................................................................................... 76
    Perceived stereotypes about LGBTQ+ parents ................................................................................ 79
<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effect of stereotypes on LGBTQ+ parents’ discussions with their children.</td>
<td>83</td>
</tr>
<tr>
<td>Programs, Policies, and Resources to Serve the Needs of LGBTQ+ Parents</td>
<td>87</td>
</tr>
<tr>
<td>Sex education in schools.</td>
<td>87</td>
</tr>
<tr>
<td>Preparing to talk to children.</td>
<td>100</td>
</tr>
<tr>
<td>Missing resources and needed programming.</td>
<td>104</td>
</tr>
<tr>
<td>Resource list.</td>
<td>107</td>
</tr>
<tr>
<td>Broader Discussion</td>
<td>110</td>
</tr>
<tr>
<td>Tying It All Together</td>
<td>110</td>
</tr>
<tr>
<td>Theoretical Discussion</td>
<td>113</td>
</tr>
<tr>
<td>Strengths and Limitations</td>
<td>115</td>
</tr>
<tr>
<td>Future Research</td>
<td>118</td>
</tr>
<tr>
<td>Knowledge Dissemination</td>
<td>120</td>
</tr>
<tr>
<td>Conclusion</td>
<td>121</td>
</tr>
<tr>
<td>References</td>
<td>123</td>
</tr>
<tr>
<td>Appendix A</td>
<td>134</td>
</tr>
<tr>
<td>Appendix B</td>
<td>135</td>
</tr>
<tr>
<td>Appendix C</td>
<td>138</td>
</tr>
<tr>
<td>Appendix D</td>
<td>139</td>
</tr>
<tr>
<td>Appendix E</td>
<td>140</td>
</tr>
<tr>
<td>Appendix F</td>
<td>141</td>
</tr>
<tr>
<td>Appendix G</td>
<td>142</td>
</tr>
<tr>
<td>Appendix H</td>
<td>146</td>
</tr>
<tr>
<td>Appendix I</td>
<td>155</td>
</tr>
<tr>
<td>Appendix J</td>
<td>157</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1 Survey questions and associated analysis plans. .......................................................... 35

Table 2 Parents’ (N = 45) responses to questions about addressing certain topics with their children, and their knowledge and comfort addressing these questions. ........................................... 54
LIST OF FIGURES

Figure 1. Flow chart of participant sample, including modifications based on inclusion and exclusion criteria. .......................................................................................................................................................... 38
Introduction

Sexuality and sexual health education have become increasingly discussed topics in Ontario with the introduction of the Health and Physical Education Curriculum in 2015 (Ontario Ministry of Training and Education, 2015). This curriculum, which includes sex education, was implemented in 2015, resulting in backlash from some parents in Ontario\(^1\). For example, some parents were concerned that this new curriculum introduced “too much, too soon”, and that parents should be the primary sex educators for children, not schools and teachers (Hall & Bateman, 2015; Vella, 2018). This curriculum was ultimately withdrawn by the current Conservative provincial government under the leadership of Doug Ford in the Summer of 2018, pending further parental consultation (Alphonso, 2018; Csanady, 2016; Vella, 2018). Despite the widespread discussions about and attention to sexual health education for young people, the research conducted on how parents talk about sexuality, sex, and sexual health with their children has been siloed and primarily focused on mothers and fathers in heterosexual couplings (see summary below, as well as Walker, 2001). Although there is extensive information on positive psychological and social outcomes for children of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) parents (e.g., Fedewa, Black, & Ahn, 2015), there is a lack of information on how LGBTQ+ parents speak about sex and sexuality with their children. It is important to understand how LGBTQ+ parents talk to their children about sex and sexuality as LGBTQ+ families may have a unique perspective on how these topics are approached. Additionally, sexual health education has been found to have many lifetime benefits for young people (e.g., Brugman,

\(^1\) Throughout my thesis, I will refer to the curriculum as the sex education (or sex ed) curriculum, as this is the main focus of my topic and has been the main focus of parental backlash against the new curriculum.
Research often frames discussions about sexuality in terms of parents providing sex and relationship education, or engaging in sexual socialization – how parents’ overt and subtle actions teach or influence children about sexuality including aspects such as physical development, the body, sexual behaviours, gender, and relationships (Jerman & Constantine, 2010; Shtarkshall, Santelli, & Hirsch, 2007; Stone, Ingham, & Gibbins, 2013). However, an examination of previous research shows that this body of work often fails to recognize the specific contexts of sex and sexuality education in families with an LGBTQ+ parent or parents. As well, there is a lack of inclusive sex education in classrooms (Estes, 2017), which means that many young people are not receiving the sex education they need and want. Additionally, most sex education is cis-normative\(^2\) and hetero-normative\(^3\) – it is developed with the belief that the sex someone is assigned at birth matches their gender identity, and that all individuals are heterosexual. Gabb (2004) and Larkin et al. (2017) highlight that most sex education is heteronormative as it focuses predominantly on heterosexual sexuality and/or reproduction. Therefore, understanding how LGBTQ+ parents educate their children is important as these parents may not have received sexuality education that addressed their own needs from their parents or in school (Estes, 2017). This means that these parents may have had less formal sexuality education, and thus either be less or more willing to discuss these topics with their

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\(^2\) The assumption that all individuals in society are cisgender; in other words, an individual’s gender identity matches the sex they were assigned at birth, and this is seen as “normal” in society (Barker & Scheele, 2016).

\(^3\) The assumption that all individuals in society are heterosexual, and those involved in a heterosexual partnership occupy distinct male and female gender roles. Both individuals are also assumed to be cisgender. Heterosexuality is seen as the “normal” sexuality in society (Barker & Scheele, 2016).
children (given their lack of experience with it). This research and understanding how LGBTQ+ parents educate their children about sex and sexuality can thus help researchers understand what resources LGBTQ+ parents use and need, which can assist with policy and program development. Finally, examining how stereotypes in society impact these discussions for families are important so that work can be done to combat these stereotypes and help all parents engage in healthy discussions surrounding sex and sexuality with their children.

Language

Although sexual and gender minority populations are commonly referred to via the acronym LGBTQ+ (lesbian, gay, bisexual, transgender, and queer; with the plus indicating the inclusion of other gender and sexual identities), it is important to recognize there is a lot of diversity within this acronym (for a comprehensive discussion of varying LGBTQ+ identities, see Mardell, 2017). For example, individuals who are a part of a sexual or gender minority may identify in many different ways including, but not limited to, lesbian, gay, bisexual, transgender, queer, questioning, two-spirit, intersex, pansexual, asexual, or aromantic. It is also important to acknowledge the difference between sex and gender. Sex refers to the sex someone was assigned at birth—male, female, or intersex—whereas gender is someone’s intuitive sense of self—man, woman, non-binary, or genderqueer, just to name a few. Nevertheless, many research studies interchangeably use sex and gender, without explicitly identifying what they mean. This makes it challenging to report on literature in terms of sex, gender, same-sex, or same-gender partnerships, as it is often unknown if people are actually referring to sex or gender. In particular, the phrasing same-sex is commonly used in publications, although there has been some more recent research utilizing the term ‘same-gender’ or even ‘similar-gender’ which highlights the diversity of gender and the separation of sex and gender (McArthur & Twist, 2017; Twist, 2018).
Further, many studies only examine same-sex couples (lesbians and gay men), without recognition of the diversity of sexual and gender identities that LGBTQ+ people may inhabit, thus excluding a large portion of the LGBTQ+ population. These researchers also tend to explicitly frame their research as same-sex relationship research, and as such trans individuals may not feel comfortable participating in these projects, even if they’re in a same-gender relationship and/or identify as a lesbian or a gay person. For this research project, the acronym LGBTQ+ was used to refer to a diverse group of sexual and gender identities, but it is important to understand that the language used to describe LGBTQ+ communities is broad and constantly changing, in recognition of this diversity. For example, even throughout the two-year period of this Master’s project, it has become increasingly more common to see people use a more extended acronym (LGBTQ2S+, LGBTQIA+, or LGBTQ2SIA+) when referring to queer and trans communities. Along with language about sexual orientation and gender, a definition of what is meant by sex and sexuality is important to establish. For the purposes of this thesis, sexuality was used as a broad term to indicate any aspect of sexual development (for example, puberty), sexual orientation, gender identity, romantic relationships, how people show affection, and sexual activity. This broad definition allows parents to elaborate on how these many different aspects of sexuality impact their discussions with their children.

**Demographic Data**

To gain a clearer picture of the LGBTQ+ population in Canada, it is helpful to understand some population demographics. In Canada, the census does not explicitly collect sexual orientation or gender identity data for individuals. The census does collect information about same-sex relationships and children in same-sex families. As of 2016, 72 880 couples in Canada were same-sex couples (0.9% of all couples), an increase of 12.9 percent since 2011 (Statistics
Canada, 2017). The majority of these same-sex couples reside in Ontario, and 12 percent have children who live with them (Statistics Canada, 2017). Additionally, the number of same-sex couples who have children living with them has increased from 2001 to 2016 from 8.6 percent to 12.0 percent (Statistics Canada, 2017). As of the 2016 Census, there were 10 020 children between the ages of 0 and 14 living with same-sex parents (Statistics Canada, 2017). There is no similar data from Statistics Canada on the number of transgender parents living in Canada; however, this has been examined in Ontario through the Trans PULSE study. This study estimates that in Ontario, 24.1 percent of binary trans individuals (either male-to-female or female-to-male\(^4\), not non-binary individuals) are parents (Pyne, Bauer, & Bradley, 2015). Additionally, a further 36.7 percent of trans individuals who were not currently parents, and 19.4 percent of those who were, indicated that they wished to have children in the future (Pyne et al., 2015). These statistics demonstrate that there is a large portion of the Ontario population that is parenting as an LGBTQ+ individual, even though it has not all been captured through the Canadian census. Although many LGBTQ+ individuals in Ontario are parents, the status of rights for LGBTQ+ individuals as parents is complex, and has rapidly evolved in Canada since the 1970s.

**Socio-historical Context**

LGBTQ+ rights are protected under the Canadian Human Rights Act which includes protection from discrimination on the basis of sexual orientation, gender, gender identity, and gender expression (Canadian Human Rights Act, 1985). Despite this, individual protections do not always extend to protections for parents and families, particularly LGBTQ+ parents and

\(^4\) Not all trans individuals like the language of male-to-female and female-to-male, however here I am explicitly using the language that was used in this study to stay consistent.
families. During the 1970s, lesbian and gay individuals were often denied custody of their children, generally those born out of a previous heterosexual relationship, because courts viewed lesbian and gay individuals as unfit to be parents (Epstein, 2012; Pollack, 1990 – as cited in Epstein, 2012). During the 1980s, there was a rapid growth of lesbian individuals becoming parents, although this was done through support and donors from social networks, and away from medicalized reproduction (Epstein, 2012). During this time, non-birth parents were not given legal rights to their children, and there was hardly any visibility of trans or bisexual parents (Epstein, 2012). The 1990s was an era of many changes for LGBTQ+ parenting rights in Canada, and Ontario. By the end of this decade, non-biological parents were legally able to adopt their children (second parent adoption) (Epstein, 2012). During the 2000s, LGBTQ+ parents further gained rights such that parenting rights are not linked with marriage, and same-sex couples can adopt children in all provinces in Canada (Epstein, 2012). Despite the advances in LGBTQ+ parenting rights over the last 40 years, there are still many challenges for LGBTQ+ parents. “LGBTQ families in Canada continue to face much uncertainty within family law systems, particularly with regards to legal recognition of non-biological parents…, multiple parent families, and families created through assisted conception and third-party donors” (Epstein, 2012, p. 373). Additionally, many LGBTQ+ Canadians cannot adopt children internationally, as other countries prohibit this (Epstein, 2012). Finally, despite increasing numbers of LGBTQ+ individuals becoming parents and greater recognition and understanding of the diversity of Canada, LGBTQ+ individuals still face prejudice and discrimination in society. To try and combat some of the negative perceptions around LGBTQ+ individuals as parents, much research has been conducted to try and evaluate the outcomes for children from LGBTQ+ families.
Literature Review

To date, the extant literature has often failed to examine how LGBTQ+ parents discuss sex and sexuality with their children. Therefore, to provide some context for this topic, research on LGBTQ+ parents broadly and heterosexual parents discussing sex and sexuality with their children was analyzed. Both of these areas are addressed in this section, followed by a brief summary of the limited research regarding LGBTQ+ parents discussing sex and sexuality with their children.

To search the literature for articles related to these topics, a pre-determined search string was used in a variety of EBSCOHost databases including Academic Search Premier, CINAHL Plus with Full Text, Family & Society Studies Worldwide, and Women’s Studies International. The search string used was as follows: (((lesbian or gay or homosexual or bisexual or queer or sexual minority) AND (parent or caregiver or family or mother or father) AND (sex information or sex education or sex*) AND (communication or guidance or parenting or parenting practices or childrearing or discus* or talk*) AND (children or son* or daughter*))). However, it is important to note that this was modified slightly based on specifics of desired articles (for example, for the research on stereotypes). The articles returned from the literature search were reviewed for relevance, and if they fit in one of the topics of the literature review, they were included. Additionally, reference lists and key references from sources included were examined for inclusion in the literature review. Furthermore, relevant journals such as the Journal of LGBT Youth were searched for relevant articles. Finally, a database alert was set up in order to catch any newer articles published which were related to the topics in the literature review, using the following search strategy: (((lesbian or gay or homosexual or bisexual or queer or sexual minority) AND (parent or caregiver or family or mother or father) AND (sex information or sex education or sex*) AND (communication or guidance or parenting or parenting practices or childrearing or discus* or talk*) AND (children or son* or daughter*)))).
education or sex*) AND (communication or guidance or parenting or parenting practices or childrearing or discus* or talk*) AND (children or son* or daughter*)). Throughout the project, when alerts were received, the articles were reviewed for relevance, and any useful articles were added to update the literature review.

**LGBTQ+ Parents**

Overall, research on sexual minority parents has found that children of these parents have just as good, if not better, outcomes on a variety of measures than children of heterosexual parents (Biblarz & Stacey, 2010; Fedewa et al., 2015; Wainright, Russell, & Patterson, 2004). However, it is important to note that many studies on this topic have been conducted with primarily White, well-educated, lesbian mothers who live in progressive urban settings (Fedewa et al., 2015). Therefore, there may be differences that arise in areas where individuals and/or their children experience greater societal discrimination. A meta-analysis of 33 published studies from the United States and Europe found that there were no significant differences with regards to cognitive development for children of same-gender parents compared to heterosexual parents (Fedewa et al., 2015). Additionally, when examining children’s psychological adjustment (including emotional functioning, peer relationships, appropriate behaviours, and mental health), this meta-analysis found that children raised by same-gender parents had better outcomes compared to children raised by different-gender parents (Fedewa et al., 2015). Children of LGBTQ+ parents may experience more positive outcomes because many LGBTQ+ parents cite the amount of planning and intense desire to be a parent that is prevalent for LGBTQ+ parents (Lee, 2009). Many children of LGBTQ+ parents are conceived through assisted reproduction methods; this may necessitate a great deal of financial involvement, along with personal investment and desire to become a parent. Therefore, the positive outcomes may be a result of
greater investment in the child and careful decision-making required prior to the arrival of the child meaning that the parents may feel somewhat more prepared when they do welcome a child into their lives.

When differences, for example in terms of psychological and emotional development and adjustment of children, between sexual minority parents and heterosexual parents do arise, many of them are not explicitly related to sexuality, but instead relate to parent-child relationships, number of parents, and parents’ relationships with each other (Biblarz & Stacey, 2010; Schumm, 2016; Wainright, Russell, & Patterson, 2004). Still, there may be aspects related to sexual identity that differentially affect how this population discusses sexuality with their children. For example, individuals in this community experience systemic and individual discrimination as a result of their sexual identity, which may impact not only how comfortable they are discussing sexuality with their children, but also the extent to which they consider the views and stereotypes of other people when having these discussions (Bowling, Dodge, & Bartelt, 2017; Lee, 2009; Mitchell, 1998). Additionally, there are often concerns about LGBTQ+ individuals raising children who will be LGBTQ+ themselves. A literature review involving gender identity and sexual orientation of children in LGBTQ+ families found that, overall, differences in sexual orientation seem to be related to more fluid sexuality for daughters of lesbian mothers, and less gendered behaviours when LGBTQ+ parents promoted or modelled more gender egalitarian behaviours and/or activities (Biblarz & Savci, 2010). However, the meta-analyses by Fedewa et al. (2015) and Crowl, Ahn, & Baker (2008) found no significant differences in either children’s sexual orientation or gender identity for children of same-gender parents compared to heterosexual parents. Nevertheless, the majority of studies about sexual orientation and gender identity outcomes have been conducted with lesbian mothers, and therefore future research is
needed to truly determine any significant differences or outcomes in this area. Further, there have been no differences found in the children of heterosexual, cisgender parents when compared with parents who are trans, in terms of sexual orientation or gender identity (Stotzer, Herman, & Hasenbush, 2014).

Examining the literature, there appears to be very little research on trans parents’ experiences or the outcomes of children of trans parents. One study examining trans parents’ experiences in Ontario, as a part of the Trans PULSE survey, found that less than half of these parents were strongly supported by their children, with regards to their gender identity (Pyne et al., 2015). Additionally, over 60 percent worried that their gender identity had affected their family by either hurting or embarrassing them (Pyne et al., 2015). Some research which focuses on the children of trans parents finds that overall, these children experience positive outcomes as a result of having parents that are happier and healthier after coming out (Epstein, 2012). One study interviewed 27 parents of 55 children and found that the best parent-child relationships occurred if children were younger when their parent transitioned, and the transitioning parent had a positive relationship with the child’s other parent (White & Ettner, 2007). Additionally, the adjustment of children of trans parents, measured through academic achievement, was not found to be significantly impacted by their parents’ transition (White & Ettner, 2007). Finally, it appears that greater external (i.e., social) support of the transitioning parent, and better parent-child relationships (including with the non-transitioning parent) predict better outcomes for children of trans parents (White & Ettner, 2004). A review of the literature on trans parents supports these findings, including that generally, having a trans parent does not significantly impact a child’s development (Stotzer et al., 2014). It is important to note though, that most of the research about children of trans parents examines child outcomes during a parent’s gender
transition, as opposed to examining children of parents who transitioned prior to having children. Transgender parents may be uniquely positioned with regards to discussing sex and sexuality with their children, potentially providing less cis-normative education, or opening up more discussions about gender identity. However, this still needs to be explored as there have been no studies that examine how trans parents talk to their children about sex and sexuality.

**Heterosexual Parents and Sexuality Education**

Previous research on parents and sexuality education has primarily focused on how White, heterosexual, partnered individuals talk to their children about sexuality (e.g., Ballard & Gross, 2009; Davies & Robinson, 2010; El-Shaieb & Wurtele, 2009; Fisher, Telljohann, Price, Dake, & Glassman, 2015; Martin & Luke, 2010). Although some studies involve a similar number of mothers and fathers (e.g., Ballard & Gross, 2009; Elliott, 2010a; Fisher et al., 2015; Walker, 2001), many overwhelmingly focus on mothers’ experiences providing sexuality education to their children (e.g., Byers, Sears, & Weaver, 2008; Davies & Robinson, 2010; Dyson & Smith, 2012; El-Shaieb & Wurtele, 2009; Jerman & Constantine, 2010; Martin & Luke, 2010; Stone et al., 2013; Turnbull, van Wersch, & van Schaik, 2011; Weaver et al., 2002); very few studies explicitly examine fathers’ perspectives of providing sexuality education (e.g., Kirkman, Rosenthal, & Feldman, 2002). Additionally, few studies explore young people’s experiences alongside their parents in discussions of sexuality education (e.g., Davies & Robinson, 2010; Kirkman et al., 2002); instead, this area of literature tends to dichotomize experiences into that of the parents providing education, and that of the children receiving it. When research does examine young people, or involve data on the children of the parents being studied, it is often adolescents that are the focus, instead of children (Byers, Sears & Weaver, 2008). This is likely due to widespread sociocultural beliefs that children are innocent and in
need of protection from things such as sexuality, which is seen as a “risk” to young children (Davies & Robinson, 2010; Elliot, 2010a; Stone et al., 2013). Parents even often view their own children as sexually innocent and in need of protection from peers, as they view these peers as highly sexual and sexually predatory (Elliott, 2010b). These literature gaps and risk perspectives are the context in which research around sexuality education has developed.

Overall, the literature examining how heterosexual parents approach sexuality education with their children is highly gendered, making the assumption that mothers are the ones providing sexuality education, not fathers. This is then reinforced in a cyclical nature by research predominantly on mothers, which says that they are the primary sex educators. Accordingly, fathers are rarely given the opportunity for their voices to be heard in this research, with very few exceptions (e.g., Kirkman, Rosenthal, & Feldman, 2002; Walsh, Parker, & Cushing, 1999). Therefore, it is understandable that there is not a lot of research exploring the role of fathers in sexuality education. Additionally, because of the social context around risk and sexuality, there is little information on adolescents’ or children’s perspectives of the sexuality education they have received. This social context about risk in relation to childhood sexuality likely also affects the results of the research on heterosexual parents providing sexuality education, as many parents may buy into the idea that not discussing sexuality helps to preserve childhood innocence, and the period of childhood itself (for a more detailed discussion of this, see Stone et al., 2013).

When research examines heterosexual parents discussing sex and sexuality with their children, it finds that parents believe they should, and they also want to, be the primary sex educators for their children (Ballard & Gross, 2009; Dyson & Smith, 2012; Elliott, 2010a; Turnbull, van Wersch, & van Schaik, 2011). However, parents often lack the confidence, skills, or knowledge necessary to wholly and effectively educate their children about sexuality (Davies
& Robinson, 2010; Dyson & Smith, 2012; Jerman & Constantine, 2010; Stone et al., 2013; Walker, 2004). Parents’ own sexuality education has also been shown to strongly influence their ability or confidence providing this education to their children, with parents often expressing that they wish to do better than their own parents did (Ballard & Gross, 2009; Byers et al., 2008; Davies & Robinson, 2010; Dyson & Smith, 2012; Elliott, 2010a; Stone et al., 2013; Turnbull et al., 2010; Walker, 2001). Despite this, it is important to consider that, if parents did not have good sexuality education themselves, there may be a lot of room for improvement; even if parents slightly improve the sexuality education that they provide to their children, there could be much more they are missing. Additionally, it is important to consider factors such as perceived confidence, previous sex education, and parents wanting to give their children better sex education than they received in the context of LGBTQ+ families.

There are also sex and gender norms in heterosexual families that may have important implications for LGBTQ+ families. Mothers are generally seen as the primary sex educators (El-Shaieb & Wurtele, 2009), as fathers either defer this topic to mothers, or because mothers think part of their role as a mother is to address sexuality with their children (Davies & Robinson, 2010; Kirkman et al., 2002; Turnbull et al., 2011; Walker, 2001). Parents also perceive barriers in sex education with regards to their own sex and how it relates to the sex of their child(ren), with parents reporting more ease discussing sexuality with their same-sex children compared to those children who are a different sex than them (Ballard & Gross, 2009; Jerman & Constantine, 2010; Kirkman et al., 2002; Walker, 2001). This may be particularly relevant in LGBTQ+ families as the child may not be the same sex or gender as any of their parents, so parents may search out extra information to feel more adequately prepared to talk to their child about
sexuality, or the parent may feel unable to talk to their child because they are unfamiliar with sex- or gender-relevant topics.

Even when parents state that they feel comfortable and able to discuss sexuality with their children, a number of barriers may make this more challenging. There is often a perception amongst parents that teaching children about sexuality can be limited to “the talk” – a sociocultural belief that there is one specific conversation that happens to educate children about sexuality, as opposed to engaging in these discussions in an informal and ongoing basis (Ballard & Gross, 2009; Walker, 2004; Walker, 2001). Parents appear to let their children guide these discussions about sexuality, by answering questions that are brought up, as opposed to initiating these conversations (Ballard & Gross, 2009; Davies & Robinson, 2010; Elliott, 2010a; Fisher et al., 2015). Although parents often struggle to determine what is developmentally appropriate knowledge to share with their children (Jerman & Constantine, 2010), answering questions brought up by children is a way that parents try to judge what is appropriate and determine how much they should share (Ballard & Gross, 2009; Stone et al., 2013). Again, this may relate to the risk construction of sexuality with children, as parents may believe that a large amount of sex and sexuality information is inappropriate to share with children, and fear it will place them at greater risk of what parents perceive as negative sexual consequences such as early sexual behaviours. Therefore, parents may limit the information they provide to children, or let them guide the conversations to determine what is appropriate because they do not feel adequately equipped to determine this. There are also challenges between parents when discussing sexuality as parents do not always agree on which topics should be taught and when these topics should be introduced to children (Fisher et al., 2015). In addition, parents cite challenges discussing more sensitive topics – including sexual assault, masturbation, and wet dreams – with their children,
even if they are comfortable discussing other aspects of sexuality (Byers et al., 2008; Elliott, 2010a; El-Shaieb & Wurtele, 2009).

Finally, research with heterosexual parents has found that parents perceive challenges providing sexuality education to their children because of fears about how children’s peers, other parents, and family members will react to children having this knowledge (Davies & Robinson, 2010; Stone et al., 2013). This may be particularly salient for LGBTQ+ parents as individuals in this community experience systemic and individual discrimination as a result of their sexual and/or gender identity, which may impact how comfortable they are discussing sexuality with their children, or how much they consider the views and stereotypes of other people when having these discussions (Bowling et al., 2017; Lee, 2009; Mitchell, 1998). Therefore, understanding these perspectives and experiences are important to determine which stereotypes or perceptions prevent parents from engaging in these discussions in order to more adequately address them in public health and education campaigns.

**LGBTQ+ Parents and Sexuality Education**

To date, there have only been a few studies examining LGBTQ+ parents’ experiences of providing sexuality education to their children (e.g., Bowling et al., 2017; Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). Three studies focused on the analysis of interviews with between 10 and 26 lesbian parents (Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998), one focused on the analysis interviews with 33 bisexual parents (Bowling et al., 2017), and a dissertation study focused on the analysis of interviews with 17 lesbian and 5 gay parents (Bonander, 2016); all of these studies were conducted in the United States. Overall, these researchers found that parents wanted to educate their children about sexual identity diversity and gender equality (Bowling et al., 2017; Cohen & Kuvalanka, 2011; Mitchell, 1998), and
broaden their children’s understanding of sex and sexuality past heteronormative, gendered, and binary conceptualizations (Bonander, 2016). This contrasts with some research on sex education with heterosexual parents that has found parents are not particularly positive about sexual identity diversity being portrayed to their children (Dyson & Smith, 2012). The studies with bisexual and lesbian parents found that these parents appear to be more open about sexuality than what is reported by heterosexual parents, through more of an acceptance of young people as sexual beings (Mitchell, 1998) and diverse conceptions of gender, sexuality, and families (Bonander, 2016; Bowling et al., 2017; Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). Previous research has shown that LGBQ+ individuals receive little sex education growing up, at home or at school (Estes, 2017). Therefore, these parents may choose to be more open and educate their children more about sexual and gender diversity because of their lack of this education and a desire for their children to be better prepared than they were. Lesbian and bisexual parents also discussed the importance of modelling healthy sexuality and relationships for their children (Bowling et al., 2017; Cohen & Kuvalanka, 2011), something not discussed in most of the research on heterosexual parents. Again, these parents may choose to more explicitly model healthy relationships to give their children an idea of what other forms of relationships look like, ones which are not heterosexual, in an effort to diversify their children’s role models and provide their children with these representations that they may not have received themselves as children. Lesbian and gay parents were found to also engage in a lot of discussion about their family structures with children, including how their current family came to be, how children were created, and explaining how other families might be different (Bonander, 2016). Discussion

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5 Although this has been examined with lesbian, gay, and bisexual individuals, there has been no research on the sex education of transgender individuals.
about diverse family structures and how children could discuss their family structure with others was also found to co-exist with preparing children for the stigma they might experience in the world as the child of lesbian or gay parents (Oakley, Farr, & Scherer, 2017).

As well, studies with lesbian parents highlight that these parents raise points that are different from those raised by heterosexual parents when discussing sexuality with their children, including discussion of the pleasures associated with sexuality as well as separating notions of sex and reproduction (Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). Bonander (2016) even found that lesbian and gay parents might include discussions about masturbation when talking with their children about sex, and that these parents try to avoid shaming and negative communication regarding masturbation while highlighting how it can be a ‘safe’ alternative for sexual activity. Bonander (2016) also highlighted how, in lesbian and gay parent families, parents have to decide how to discuss reproduction, sexual orientation, and non-reproductive sex, and if these conversations will exist together, because parental sexual activity does not lead to reproduction in many of these families. However, similar to research with heterosexual populations, research with bisexual parents found that they often educated their children about the risks of sexuality, instead of discussing pleasure (Bowling et al., 2017). Lesbian parents may be more inclined to educate their children about pleasurable aspects of sexuality as in many lesbian and LGBTQ+ relationships sexual activity is not inherently linked with reproduction. Therefore, it may be easier for LGBTQ+ parents to separate the notions of sex and reproduction and this may give parents the room to discuss other reasons individuals may choose to engage in sexual activity. In fact, Bonander (2016) discussed how many parents started conversations with their children about reproduction, but as children asked more complex questions, “gay and lesbian parents often had to adapt their conversations to describe sex in terms beyond
reproduction” (Bonander, 2016; p. 84). Lesbian and gay parents also tried to normalize sex and discuss it as a healthy and normal part of relationships, although many of these parents also talked about balancing these messages with conveying messages about potential consequences of engaging in sexual activity (Bonander, 2016).

Finally, related to the importance of gender in discussions about sex and sexuality, bisexual parents mentioned that they were more comfortable discussing sexuality with same-gender children (Bowling et al., 2017). Lesbian parents discussed the unique but relatively equal roles that both parents in a partnered family played in sexuality education for their children (Cohen & Kuvalanka, 2011; Gabb, 2004), in contrast to research with heterosexual individuals which finds that there is an unequal allocation of these responsibilities amongst couples (Davies & Robinson, 2010; Kirkman et al., 2002; Turnbull et al., 2011; Walker, 2001). Understanding how parents who are not the same-sex or same-gender as their child approach discussions about sexuality topics is therefore an area that still needs to be explored in this population, particularly if there is no other adult in the family structure that can provide this information. Bonander (2016) also found that although many conversations about sex and sexuality might be unplanned, many lesbian and gay parents felt it was important “to present a ‘united front’ in front of their children” (p. 122). Many parents also used books to communicate with their children about sex and sexuality, or to give their children more information after their conversations (Bonander, 2016). Given these results, understanding how LGBTQ+ families and/or partners determine who shares what information, and how much information to share, with their children is an important area to explore.

Although it is important to understand how families determine who discusses what aspects of sexuality with children, it is also important to understand how these conversations are
initiated and why. Bowling et al. (2017) found that bisexual parents both instigated discussions about sexuality, answered children’s questions about sexuality, sought out answers to questions if they did not know them, and ensured conversations were developmentally appropriate. Bonander (2016) also found that lesbian and gay parents often allow their children to direct the conversation about sex and sexuality, and use questions from children to determine what is age appropriate for their children and what information their children need and/or want. This is consistent with some previous research with heterosexual parents, although heterosexual parents did not appear to search out answers to questions they did not know and instead some said they would change the conversation if their children asked these questions, only give their children partial answers (Stone et al., 2013), or search out the necessary information (Turnbull et al., 2011). The differences highlighted in the research described above indicate the importance of further understanding the experiences of LGBTQ+ parents discussing sex and sexuality with their children. Additionally, simply examining the experiences of LGBTQ+ parents discussing sex and sexuality with their children is an area of research that has not yet been explored in any depth.

Stereotypes of LGBTQ+ Parents

LGBTQ+ individuals are widely stereotyped in society (e.g. Clarke, 2001; Massey, 2010; Pennington & Knight, 2011). Many of these stereotypes, particularly for sexual minority individuals, are related to perceived or real gender-role transgressions, and described negatively (Massey, 2010). For example, gay men are often seen as more feminine than heterosexual men and lesbian women are often seen as more masculine than heterosexual women (e.g., Massey, 2010). There are also broad stereotypes about LGBTQ+ individuals as parents, and widespread beliefs about the children of LGBTQ+ families. For example, in a series of focus groups with a
total of 44 university students, as well as media analyses, Clarke (2001) found six main themes to be prevalent in arguments against lesbian and gay individuals as parents. This included beliefs that lesbian and gay parenting was sinful, unnatural, and ignored the best interests of the child; and that the children from these families “lack appropriate role models”, “grow up gay and confused”, or get bullied (Clarke, 2001, p. 557). Although this article is somewhat dated, and despite the wealth of information about the positive outcomes of children of LGBTQ+ parents, many of these stereotypes and beliefs about LGBTQ+ individuals as parents remain consistent (Pennington & Knight, 2011).

There may also be specific stereotypes about LGBTQ+ or same-sex parents that affect how they provide sexual health education to their children. For example, Mitchell (1998) discusses how society views lesbian individuals as “sexually preoccupied” or “recruit[ing] children to homosexuality” (p. 1). This may limit what lesbian parents feel comfortable discussing with their children about sexuality, in an effort to negate these stereotypes and not be seen as discussing too much, too soon about sex or sexuality. Similar to this, even those attributes which may be generally viewed as positive may limit LGBTQ+ parents’ ability to discuss sex and sexuality with their children. For example, with a sample of almost 250 undergraduate psychology students, Massey (2010) explored “positive” things these individuals believed or had heard about gay men and lesbian women. They found that some of the positive beliefs about gay men included that gay men were sensitive, caring, and understanding of women; whereas, positive beliefs about lesbians included that they were pro-sex (Massey, 2010). This may particularly impact lesbian parents’ discussions as lesbian mothers may be limited in their decisions because they do not want other individuals to see them as making their children sexually promiscuous, given the construction of risk around children’s sexuality.
Other research has found that LGBTQ+ parents often have to downplay their sexuality for fear of increased scrutiny and to conform to an ideal of “normal parenting” (Lee, 2009). Further, there are often concerns or stereotypes that LGBTQ+ parents will “make their children LGBTQ+”, which is seen as negative. This was a prominent theme in Pennington and Knight’s (2011) interview research with eight heterosexual participants in Australia. Even if children are not seen as “at-risk” of becoming LGBTQ+ themselves, they are often perceived to lack appropriate gender role-models (Pennington & Knight, 2011). These perceptions may impact LGBTQ+ parents’ discussions of sex and sexuality with their children as it may limit discussions, in an effort for parents to not be seen as trying to “educate” their children about LGBTQ+ topics, and thus “make” them LGBTQ+ themselves. Alternatively, this may result in parents seeking out individuals who are the same sex or gender as their child to teach them sex and sexuality information if they feel that their child needs a same-sex or same-gender role model, particularly for these more intimate topics. Therefore, understanding how LGBTQ+ parents feel their discussions about sex and sexuality with their children are affected by stereotypes is important to better understand these interactions.

**Guiding Theoretical Perspectives**

The literature exploring how heterosexual parents talk to their children about sexuality has primarily come from a life course approach. This approach considers how family values, beliefs, and expectations about sexuality are transmitted intergenerationally (Bengtson & Allen, 1993). This approach also indicates the importance of considering history with regards to experiences, and how experiences of one individual are tied to other individuals close to the individual of focus (Elder & Shanahan, 2006). The small body of literature on LGBTQ+ individuals and how they discuss sexuality with their children has a similar emphasis on
intergenerational transmission of values, attitudes, and beliefs with regards to sexuality (Bonander, 2016; Bowling et al., 2017; Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). This perspective can be useful with LGBTQ+ individuals as it helps us understand how information may be transmitted from parents to children, and the importance of the experiences of parents when talking to their children about sexuality. For example, many LGBTQ+ individuals have less than adequate sexuality education (Estes, 2017), but this historical experience may contribute to LGBTQ+ parents wanting to provide better sexuality education to their children.

Although the life course approach has value in the study of how parents educate their children about sexuality, it also limits how we think about sexuality and has contributed to the exclusion of LGBTQ+ parents in literature about parents and sex education. This approach conceptualizes sexuality as more about sexual socialization and how children learn these values, attitudes, and beliefs from those close to them, instead of considering other influences such as the sociological context and broader, external factors such as the media that influence how LGBTQ+ individuals may learn, and subsequently teach their children about, sex and sexuality. Additionally, this perspective fails to consider how LGBTQ+ individuals learn about non-normative experiences or expectations around sexuality, unless their parents are also LGBTQ+. Therefore, although this theory has usefulness and merit for some aspects of analysis related to how parents talk to their children about sex and sexuality, it will not be the dominant theory used in this project to understand the experiences of LGBTQ+ parents.

In recognition of the impact of broader society on parents teaching their children about sex and sexuality, as well as the ways in which gender, sex and sexuality are discussed in society, alternative theories may prove to be more useful for analyzing how LGBTQ+ parents
discuss sex and sexuality with their children. Queer theory is a multifaceted theoretical perspective that has important interactions with this thesis topic. A single definition of queer theory is often hard to find, as it encompasses many different ideas and theories (Barker & Scheele, 2016). The multifaceted, and sometimes contradictory (see Barker & Scheele, 2016), nature of queer theory is one of the main challenges for using it in research; as such, for this thesis I drew on some specific aspects of queer theory as opposed to considering it in entirety. One aspect of queer theory focuses on how sexuality and sexual categories are socially constructed, and how power is distributed throughout all categories of sexuality to varying degrees and in different ways (Cohen, 1997). The label queer also acknowledges “sustained and multisited resistance to systems…that seek to normalize” (Cohen, 1997, p. 440). In this way, queer theory is useful for considering how sexuality is constructed and viewed by society, and how LGBTQ+ parents challenge notions of “normal” sexuality and sex education with their children.

For example, in her research with lesbian mothers, Gabb (2004) implicitly used queer theory as she highlighted how ideas of sex, reproduction, sexuality, and family are deconstructed through these parents’ experiences educating their children. Gabb (2004) also explicitly argued for the value of this deconstruction of ideas, thereby queering understandings of these terms. Davies and Robinson (2010) explicitly used queer theory in their work with heterosexual parents to highlight the “shifting, contradictory, dynamic, and constructed” nature of identities (p. 4). Here, queer theory helps to explain the necessity of disrupting the relationship between risk and sexuality in childhood, and shifting ideas about childhood innocence to understand that educating children is not a threat to childhood innocence, but rather a necessity. In this way, queer theory may be useful with LGBTQ+ parents to highlight how certain identities are
constructed and how parents may challenge the idea that risk is an inherent part of sexuality and sex education. As the literature has shown that LGBTQ+ parents tend to be more open with their children when discussing sexuality, including things such as pleasure in their sex education, queer theory may help analyze how LGBTQ+ parents challenge perceptions of risk and instead focus on other aspects of sexuality. The uses of queer theory discussed above were important to consider in analyzing participants’ accounts of their experiences talking to their children about sex and sexuality. Due to the complexity of queer theory, it was used more as a guiding framework for considering how parents frame their experiences, as opposed to an explicit lens of analysis. Queer theory was also helpful to explore moments in which participants challenge, or “queer”, social norms.

Another major theory that was used to guide this research and analysis is social constructionism. Social constructionism is a theoretical positioning that says that reality is constructed by the social context and culture in which we live (Brock, Raby, & Thomas, 2012). This theory is useful for understanding that parents’ experiences providing sexuality education are rooted in cultural beliefs about what is socially acceptable (Elliott, 2010a). How children respond and how parents frame these responses to sexuality education are also influenced by cultural constructions of sexuality and sexuality education (Elliott, 2010a). This is helpful for research with LGBTQ+ parents because it can also help explain how social norms – via stereotypes – influence what parents feel they can share with their children and how this is perceived by others. Ultimately, this research sought to integrate both queer theory and social constructionism by queering traditional understandings of what sexuality education may be and what it can include. As queer theory looks at socially constructed categories similar to social constructionism, both perspectives were useful when considering how the current social climate
influences education LGBTQ+ parents provide to their children, and how these discussions may be shifting and dynamic based on relational and socially constructed influences on LGBTQ+ parents.

**Positionality**

It is important for all researchers to recognize their social location and orientation to the research projects with which they are involved. My theoretical positioning towards this project has been articulated above, and social constructionism is generally the lens through which I view the world. Social constructionism suggests that reality is constructed, and our social interactions and social contexts allow us to make meaning from experiences and interactions. Social interaction thus may influence the stories people tell and how they make sense of their experiences, highlighting the importance of recognizing the subjective nature of research and the identities each individual brings into their research. With this in mind, I am coming at this project from the lens of a queer, non-binary individual. It is important that research with LGBTQ+ communities is done by and for LGBTQ+ communities, and therefore I am well positioned to conduct this research. Not only can this help build rapport with my participants (see Braun & Clarke, 2013), but it helps to avoid positioning my participants as ‘objects of study’ but rather as peers whose stories I wish to know more in-depth. It is also important to acknowledge my experiences of privilege in conducting this research as a White, settler, middle-class, able-bodied settler who lives in an urban area. Many attempts were made to recruit a diverse group of participants outside of my own demographic categories, identities, and lived experiences. However, I am aware that my privileges and different identities limit my ability to interpret diverse stories as well as my ability to recruit a diverse group of participants. Whenever possible, I have tried to draw from literature that reflects these participants’ social locations, and use their
own wording so that readers can reflect on the interpretations of the data, as my own social position inherently affects my interpretation of my participants’ stories. Recognizing this, it was important for me to disclose to participants during the consent process that I identify as LGBTQ+, to help make my participants comfortable sharing their stories.

**Rationale for this Project**

This project is important because of the limited research on LGBTQ+ parents discussing sex and sexuality with their children. In particular, there is no Canadian or Ontario research on this topic. With the political debates over the Ontario sex ed curriculum, sex education more broadly has become increasingly visible and at the forefront of discussions. For example, there are discussions about who is best suited to provide sex education to children, and parents are often brought into these conversations (Vella, 2018). Additionally, the increasing numbers of LGBTQ+ parents adopting or having children within their LGBTQ+ relationships (as opposed to with a previous partner in a heterosexual context) (Gates, 2015) and potential uniqueness of these conversations in these families, point to the importance of exploring this area with these parents, as opposed to only heterosexual parents.

**Research Purpose**

The purpose of this research project was to explore the experiences of LGBTQ+ parents discussing sex and sexuality with their children, and how stereotypes about sexuality and LGBTQ+ communities affect LGBTQ+ parents’ discussions with their children. In collaboration with participants’ suggestions throughout the study, the goal was also to create a list of LGBTQ+ inclusive resources (see Appendix A). These resources are for parents to use in sexuality education with their children or for organizations that deliver parenting classes to provide to participants.
Research Questions

The following research questions were explored in this project:

1) What are LGBTQ+ parents’ experiences discussing sex and sexuality with their children?
2) What topics do LGBTQ+ parents discuss with their children about sex and sexuality?
3) How does gender and sexual orientation affect discussions about sex and sexuality between LGBTQ+ parents and their children?
4) What stereotypes do LGBTQ+ parents perceive there to be in society about their role as an LGBTQ+ person and LGBTQ+ parent?
   a) How do perceived stereotypes about LGBTQ+ individuals and parents affect how LGBTQ+ parents discuss sex and sexuality with their children?
5) How can programs and/or policies for parents related to educating children about sex and sexuality best serve the needs of LGBTQ+ parents?

Methods and Research Design

Data Collection Tools

This research examined the perspectives of LGBTQ+ parents in order to understand their experiences discussing sex and sexuality with their children. With this in mind, an online mixed-methods survey (through Qualtrics) was used to gather responses from participants, following submission of an application, review, and clearance by the institutional research ethics board (Appendix B). As recommended by Braun and Clarke (2013), the goal was to recruit 50-100 participants for the online survey component of the project. Qualtrics is a secure, online platform that allows for a wide variety of surveys to be developed. Questions on this survey included demographic information for both parents and children including gender, sexuality, age, ethnicity, and amount of time child lived with their parent(s) (full- or part-time). Additionally,
participants were asked open-ended questions about: the types of topics they discuss with their children; how they prepare for these discussions; stereotypes they perceive other people have about them as an LGBTQ+ parent; how these stereotypes affect their discussions with their children; and the resources participants may or may not have drawn upon to help them with sexuality education.

Numerous measures were put in place in order to ensure data security and confidentiality. Qualtrics itself is a secure, online platform which stores data in the United Kingdom, as opposed to the United States, which means that the data collected are not affected by the United States’ Patriot Act (Qualtrics, 2005). This is particularly relevant and important for this study as I explored sexual and gender minorities, who continue to be heavily discriminated against by the United States’ government. Therefore, given the current political climate, hosting data for any minority group in the United States may not be ideal, given the global power that the United States government has. All files were securely stored on an encrypted USB or encrypted laptop in a locked house.

Sample

**Eligibility criteria.** All participants were required to reside in Ontario to participate in the study, with the hope that participants would have access to similar resources, and have consistency in policies, procedures, and school programming that affects their experiences. Participants must also have been over 18 years of age to participate in the study, but their child could be anywhere between three and 17 years of age. This age range was selected because parents would likely have had some, at least preliminary, conversations about sexual development with their child by the time their child is three years of age. These preliminary conversations are expected as some professionals indicate that parents should start talking to
children from the age of two (El-Shaieb & Wurtele, 2009), and many children verbally express their gender identity by 26 months of age (Weinraub, Clemens, Sockloff, Ethridge, Gracely & Myers, 1984), suggesting that they understand differences between people and more about their relationship with their own bodies and identities. The upper limit of 17 was selected so that these conversations were still relatively fresh in participants’ minds. Further, many parents were likely still having these conversations as most young people are in their last year of high school when they are 17. These children would still likely be living at home and interacting with their parents.

The study was open to all family forms (e.g., single parents, various co-parenting relationships, or polyamorous families); however, participants were required to be residing at least 50 percent of the time with their child. This was chosen in an attempt to capture parents who spend the majority of time with their child, and thus likely have had these conversations more often as they address their child’s questions or material that their child learned in school. Additionally, although only one parent was invited to participate (i.e., through the recruitment poster), it is possible that more than one parent in a family could have separately chosen to fill out the survey. Participants were also required to be able to speak, read, and write in English, as the online survey was in English. Finally, all participants were required to self-identify as LGBTQ+ to be included in the analyses.

**Recruitment procedures.** Participants for the online survey were recruited through online methods in two waves – one around the middle of October 2018, and another at the beginning of January 2019. I reached out to campus groups and local groups in Guelph, and also reached out to a variety of locations around Ontario. Organizations were selected in an attempt to capture a diverse group of participants, as well as based on the work they do with LGBTQ+ populations. Of the organizations that were reached out to, the following organizations responded and
indicated they would post the survey on social media or in their offices, and/or circulate the survey to their networks: The University of Guelph Wellness Centre, Guelph Resource Centre for Gender Empowerment and Diversity (GRCGED), Guelph Neighbourhood Support Coalition, Guelph Community Health Centre, Toronto BiNet, SHORE Centre Kitchener, Guelph Midwives, Salaam: Queer Muslim Community, Kind Ottawa, Pride @ Lakehead University, Fanshawe Positive Space Program, and Grey Bruce Pride. The survey was also advertised through a research posting – one which requires an application and approval through Rainbow Health Ontario – on Rainbow Health Ontario’s website. Additionally, the survey was advertised explicitly through Facebook (in addition to the Facebook pages of the organizations above) on the Facebook group for Camp Ten Oaks (a camp for LGBTQ+ children and those with LGBTQ+ parents), Guelph Queer Happenings, and Gender Intersect (a Guelph-based support page for trans individuals). Finally, I posted the recruitment information on my Instagram and Facebook, and encouraged my networks to share it with their networks (through Instagram, Facebook, and Twitter). The original posting on my Facebook page was shared 135 times.

The posters and all recruitment materials (see Appendix C-F) contained a link to the Qualtrics survey for participants to fill out. The poster was shared on Facebook (see Appendix C), and the Instagram graphic was shared on both Twitter and Instagram (see Appendix D and F). Alt text graphics and a pre-composed tweet have been provided in Appendix F; these were also used on social media. Finally, a recruitment script was developed for any recruitment emails, as well as to post on Facebook (see Appendix E). Participants were entered into a draw for one of two, $25 cash incentives for completing the online survey. Consent was requested electronically on Qualtrics when entering the survey (see Appendix G).

Procedures and Measures
Online survey. An online, qualitative survey with 35 questions was completed by all participants in phase one of the research project. Although there was some variation in survey completion times, 75.56% of individuals ($n = 34$) completed the survey in under an hour. This survey included a demographic questionnaire designed by the researcher, as well as other questions designed to examine the experiences of LGBTQ+ parents discussing sex and sexuality with their children. All questions were researcher-designed or were included or adapted from other related research. Initially, the Parenting Outcome Expectancy Scale (DiIorio, 2013a) and the Parenting Self-Efficacy Scale (DiIorio, 2013b) were going to be used, however upon closer review these scales were not appropriate for this survey. After in-depth examination in preparation to adapt the above scales to make them more inclusive of LGBTQ+ families, I felt that both of the above scales were composed of questions that included a great deal of sex negative values. Therefore, in an attempt to try to be as inclusive as possible and not suggest to parents that they should be speaking to their children about certain things (for example, delaying the age of sexual intercourse), both measures were excluded.

Measures. For an outline of the Qualtrics survey, including adapted and researcher-created questions and their sources, see Appendix H.

Demographic questions. A number of demographic questions for this study were either directly from the TransPULSE Project’s (2009) survey, or were adapted from this survey. Based on the TransPULSE (2009) survey, I directly included the following questions: “How do you identify your ethno-racial background?”; “What is your first language?”; “How long have you been living in Canada?”; and “What is your religious affiliation, if any?”. The TransPULSE survey’s question about gender identity was changed such that the options did not include: FTM, MTF, Trans Boy or Trans Man, Trans Girl or Trans Woman, Feel like a girl sometimes, Feel like
a boy sometimes, T Girl, She-male, Crossdresser, and Bi-gender. These were removed because I allowed people to select more than one (thus allowing them to select both transgender and man, eliminating the need for Trans Man), and because of my desire to avoid stigmatizing and outdated language (for example, She-male). However, the following options were added for my survey: Non-binary, Genderfluid, Genderqueer, and Gender non-conforming. Additionally, for the final option, people could indicate if they had a gender identity which was not listed.

Race and ethnicity was also adapted such that instead of using the phrasing Aboriginal, I used Indigenous (based on current, more up-to-date terminology). I also included Black (e.g., Caribbean, African, African American, etc.) instead of Black Canadian or African-American and Black African (e.g., Ghana, Kenya, Somalia). Additionally, I did not include South East Asian in my survey, but I did allow participants to indicate if I did not have an option that applied to them, and fill in a blank text box with their answer. Additionally, I adapted the TransPULSE (2009) question “What country were you born in?” to a blank text box, instead of providing an option for Canada and an option for “Other, please specify.” Finally, with regards to child demographics, I adapted the chart from Bonander (2016) to include the wording “sex assigned at birth” instead of just “sex”, and also included an option for intersex instead of strictly male and female. Additionally, I included columns for parents to write in their child’s gender identity and sexual orientation (if known). The remaining demographic questions were researcher-created.

**Knowledge and comfort measures.** To assess parents’ knowledge and comfort providing sex education to their children on a range of topics, and if they currently or planned to address these topics in the future, I adapted the chart questionnaire from Cohen, Byers, Sears and Weaver (2004). This chart was adapted to include descriptions of the various topics (in gender- and sex-netural and inclusive ways), and to include additional topics such as: sexual activity, family
diversity, sexting, and child sexual abuse prevention (see Appendix H for the exact wording of questions). Additionally, parents were provided with opportunities to fill in their own topics if they wished. Similar to Cohen et al. (2004) participants were asked to indicate their comfort and knowledge addressing these topics on a scale of one to five, with one indicating they were not at all knowledgeable or comfortable and five indicating they were extremely knowledgeable or comfortable. In addition, respondents were then provided with check boxes for them to indicate ‘yes’ or ‘no’ to if they currently addressed these topics with their children or if they planned to address these topics in the future with their children.

**Other survey questions.** All other questions in the survey were designed by the researcher, except for a question about parents’ own sexuality education and a question about external resources. The question “Did the sexuality education you received growing up influence how you speak to your child(ren) about sex and sexuality?” was taken from a study by Ballard and Gross (2009). Finally, the question, “Do you draw on any external resources, such as books, websites, or other people, to talk to your child(ren) about sex or sexuality?” was taken from Bonanader (2016).

**Analysis**

As mentioned previously, the online survey platform Qualtrics was used for the qualitative survey. Descriptive statistics were used to analyze some of the questions on the online survey (see Table 1 below; see appendices for references for questions). Thematic analysis was then used to analyze the online qualitative survey data. Analysis was from both descriptive and interpretative perspectives (see Braun & Clarke, 2013). As there is little information on how LGBTQ+ parents discuss sex and sexuality with their children, having a baseline, descriptive perspective on the data is important. Through the analysis, I also wished to gain a deeper
understanding of the data by understanding more about participants’ experiences and examining them through social constructionism and queer theory, as stated above.

Thematic analysis was useful for this data as it does not require a specific methodological theoretical positioning (Braun & Clarke, 2013). This was useful for this project as it opens up potential for analyzing participants’ accounts through social constructionist and queer theoretical lenses. Additionally, thematic analysis allowed for both descriptive and critical investigation, which was useful to not only describe details about LGBTQ+ parents’ experiences discussing sex and sexuality with their children, but also to further explore stereotypes that may or may not influence how LGBTQ+ parents have these conversations with their children. All qualitative analysis was done with Atlas.ti, a qualitative data analysis program that allows coding directly on text and then allows codes to be exported individually.

To provide a framework for thematic analysis and coding the qualitative aspects of the data, the six phases of Thematic Analysis as described by Braun and Clarke (2006) were followed. The first phase of this involves familiarizing yourself with your data. After completion of the online surveys, I reviewed and read survey data. During the second phase, generating initial codes, I coded the survey responses. This coding was done in an inductive, data-driven manner (Braun & Clarke, 2006), with the data shaping the codes that were produced, as opposed to viewing the data with specific codes in mind. The data was then reviewed multiple times to try to capture as many, and as diverse, aspects of the data as possible with the codes. Phase three, searching for themes, allowed me to explore the codes that were developed from the data, and gather relevant codes to form themes. From here, the reviewing of themes took place, which allowed me to check if the themes fit with the data, or needed to be revised. The fifth phase involved defining and naming themes; this was done after the themes were reviewed a few times
and determined to adequately represent the data (see Appendix I for a list of these themes and subthemes). Finally, the sixth phase, producing the report, allowed me to reflect on the themes and codes and analyze their meanings within the broader scope of the literature and project. This was also the beginning of the knowledge dissemination phase of research, where knowledge translation materials were created.

Table 1

Survey questions and associated analysis plans.

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Online Survey Questions</th>
<th>Analysis</th>
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</thead>
<tbody>
<tr>
<td>What are LGBTQ+ parents’ experiences discussing sexuality and sexual health with their children?</td>
<td>1. Did the sexuality education you received growing up influence how you speak to your child(ren) about sex and sexuality? 2. How do you initiate conversations about sex and sexuality with your children?</td>
<td>Thematic Analysis</td>
</tr>
<tr>
<td>What topics do LGBTQ+ parents discuss with their children about sex and sexuality?</td>
<td>1. What does discussing sex and sexuality with your children mean to you? 2. What is your main goal when you talk to your children about sex and sexuality? 3. What other goals do you have when you talk about sex and sexuality with your children? 4. 20-part question asking about what topics parents discuss and their comfort level and knowledge discussing each topic (see Appendix H)</td>
<td>Thematic Analysis &amp; Descriptive Statistics</td>
</tr>
<tr>
<td>Does gender or sexual orientation affect discussions about sex and sexuality between LGBTQ+ parents and their children? If so, how?</td>
<td>1. In what ways does your gender identity impact discussions of sex and sexuality with your child? 2. In what ways does your sexual orientation impact discussions of sex and sexuality with your child?</td>
<td>Thematic Analysis</td>
</tr>
</tbody>
</table>
What stereotypes do LGBTQ+ parents perceive there to be about their role as an LGBTQ+ person and LGBTQ+ parent? How do these affect how parents discuss sex and sexuality with their children?

<table>
<thead>
<tr>
<th>Question</th>
<th>Thematic Analysis</th>
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<tbody>
<tr>
<td>1. What stereotypes do you perceive other people in society have about you as an LGBTQ+ person?</td>
<td></td>
</tr>
<tr>
<td>2. What stereotypes do you perceive other people in society have about you as an LGBTQ+ parent?</td>
<td></td>
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<tr>
<td>3. Do LGBTQ+ stereotypes impact the sex and sexuality discussions you have with your child(ren)? If so, how?</td>
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</table>

How can programs and/or policies for parents related to educating children about sex and sexuality best serve the needs of LGBTQ+ parents?

<table>
<thead>
<tr>
<th>Question</th>
<th>Thematic Analysis</th>
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<tbody>
<tr>
<td>1. Given the recent political changes related to the health and physical education curriculum (that includes sex education), what is/are your child(ren) currently learning in school about sex and sexuality?</td>
<td></td>
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<tr>
<td>2. Does the material in the current Ontario sex ed curriculum fit your family’s needs?</td>
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<tr>
<td>3. How could the material your child(ren) is/are learning in school better reflect your family’s needs?</td>
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<tr>
<td>4. How do you (or did you) prepare to talk to your child about sex and sexuality?</td>
<td></td>
</tr>
<tr>
<td>5. Which external resources, such as books, websites, or other people, do you draw on to talk to your child(ren) about sex or sexuality?</td>
<td></td>
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<tr>
<td>6. What resources do you think are missing for LGBTQ+ parents to help them talk to their child(ren) about sex and sexuality?</td>
<td></td>
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<tr>
<td>7. What programming do you think would be helpful for LGBTQ+ parents in discussing sex and sexuality with their child(ren), if any?</td>
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</table>

Other Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Thematic Analysis</th>
</tr>
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<tbody>
<tr>
<td>1. If you have any additional comments or feedback that you would like to share that you do not feel have been captured in the previous survey questions, please type them below.</td>
<td></td>
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</table>

Demographics

<table>
<thead>
<tr>
<th>Information about parent</th>
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<tbody>
<tr>
<td>Age</td>
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<tr>
<td>Gender identity</td>
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<tr>
<td>Sexual Orientation</td>
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<tr>
<td>Ethno-racial background</td>
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<tr>
<td>Country you were born in</td>
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<tr>
<td>Length of time living in</td>
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<tr>
<td>Canada</td>
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<tr>
<td>Highest level of education completed</td>
</tr>
<tr>
<td>Current religious practice</td>
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</tbody>
</table>
Data cleaning process. The SPSS data file was downloaded from Qualtrics after the online survey was closed (at which time 90 individuals had responded to the survey). To arrive at a final sample of 45 participants, the following data cleaning process was performed (see Figure 1). Initially, 34 individuals were excluded as they had completed less than 75% of the online survey. Following this, three participants were excluded as they were pilot test participants for the survey. Next, five people were excluded because they were not within the geographical requirements for the survey (two were in British Columbia, one in Nova Scotia, one in Newfoundland and Labrador, and one unknown). Additionally, one person was excluded because she identified as heterosexual and a woman, but made no mention throughout the survey of being a trans woman, or anything in relation to a personal LGBTQ+ identity. This individual did indicate that she had a lesbian daughter, and so I suspect that she misread the inclusion criteria. Finally, two people were excluded based on the criteria of amount of time their child spent with them – one person indicated that their child lived with them less than 50 percent of the time, and another person did not indicate how much time their children spent living with them. After data cleaning procedures, the final sample for the online survey was 45 participants \( (N = 45) \).
Figure 1. Flow chart of participant sample, including modifications based on inclusion and exclusion criteria.

Results and Discussion

In this section, the results are organized by each research question, with the discussion about these results immediately following the results from each research question. Following these combined sections, a broader discussion is provided that discusses the relevance of theory to my results, highlights strengths and limitations of this research, and presents some future research directions.

LGBTQ+ parents’ experiences are not compared with the research on heterosexual parents’ experiences discussing sex and sexuality with their children. This research has been provided in the literature review section of this thesis to help situate readers and give them some context about the previous research that has been done on this topic. However, I am intentionally not comparing my results with previous research because I believe doing so replicates ideas that heterosexual (and/or cisgender) individuals/parents/families are the norm to which LGBTQ+ individuals should (and often are) compared against. When research is done on heterosexual and cisgender parents, their experiences are not compared and contrasted with experiences of LGBTQ+ individuals; accordingly, I have not done the reverse in this thesis. This is an initial,
exploratory study which aims solely to examine LGBTQ+ parents’ experiences. Therefore, these results will be contextualized in terms of other research on LGBTQ+ parents, but not with research on heterosexual individuals.

Finally, there is also research evidence that it is more valuable to compare LGBTQ+ individuals’ experiences with other LGBTQ+ individuals. Powell, Hamilton, Manago, and Cheng (2016) highlight how these experiences should be compared to each other, and the implications of similarities and differences among these similar families described instead of comparing ‘alternative’ families with ‘traditional’ families. Powell et al. (2016) also highlight how most research on ‘alternative’ families focuses on children’s well-being (often in contrast to their counterparts who are children of heterosexual parents). This framing of research suggests that LGBTQ+ parent families may in some way be better or worse than heterosexual parent families; whereas, I argue that these experiences are simply different and should be explored as such. Furthermore, comparing LGBTQ+ families’ experiences to heterosexual families’ experiences continues to perpetuate hetero- and cis-normativity both within research and within broader culture (Bonander, 2016; Savin-Williams & Esterberg, 2000; Stacey & Biblarz, 2001). You may find that there are differences and similarities between LGBTQ+ parents and heterosexual parents in these discussions; however, as highlighted, they will not be discussed as they would not make a valuable addition to this research.

Demographics

After data cleaning, the final sample for the online survey was 45 participants, with ages ranging from 26 to 53 ($M_{age} = 40.44$ years old). For sexual orientation and gender identity, participants were able to select more than one label to describe themselves, as well as fill in a blank if none of the labels provided best represented their identities. For this reason, percentages
for gender identity and sexual orientation may be over 100. Of the participants in this study, 31.1% \((n = 14)\) of participants identified as lesbian, 4.4% as gay \((n = 2)\), 37.8% as bisexual \((n = 17)\), 2.2% as Two Spirit \((n = 1)\), 31.1% as queer \((n = 14)\), 15.6% \((n = 7)\) as pansexual, 2.2% \((n = 1)\) as asexual, and two individuals indicated that their sexual orientation was not listed (one identified as demisexual and one identified as polyamorous). Additionally, 12 out of the 45 participants in the sample selected more than one sexual orientation to describe themselves. With regards to gender identity, 77.8% \((n = 35)\) of participants identified as women \((n = 35)\), 6.7% \((n = 3)\) as men, 6.7% \((n = 3)\) as trans or transgender, 4.4% \((n = 2)\) as Two Spirit, 4.4% \((n = 2)\) as non-binary, 4.4% \((n = 2)\) as agender, and 2.2% \((n = 1)\) as genderqueer. To help clarify these numbers a little bit, in contrast to sexual orientation, few participants selected more than one label for gender identity. One person selected non-binary and agender, one person selected man and transgender, and one person selected woman and two-spirit. Although research on LGBTQ+ communities commonly examines only queer or otherwise non-heterosexual individuals, and gender and sexuality are two distinct concepts that might have impacted participants’ experiences discussing sex and sexuality with their children, I have chosen to include all LGBTQ+ individuals in my study. I have explicitly chosen to include trans parents because it is important to hear their experiences, in addition to other members in LGBTQ+ communities. I have also explicitly chosen to include trans parents because it is nearly impossible to separate out trans and queer communities, as there are often many overlaps. For example, none of the trans parents in my sample identified as straight, they all identified as LGBQ+ in some way.

In terms of relationship types, participants were also able to select more than one label that best represented their relationship. From the sample of 45 participants, 8.9% \((n = 4)\) were single and dating, 2.2% \((n = 1)\) were single and not dating, 15.6% \((n = 7)\) were in a monogamous
relationship, 13.3% \((n = 6)\) were in an open relationship, 15.6% \((n = 7)\) were in a polyamorous relationship, 8.9% \((n = 4)\) were living with their partner, 60% \((n = 27)\) were married/common-law/in a domestic partnership, 15.6% \((n = 7)\) were separated or divorced, and 2.2% \((n = 1)\) were widowed.

With regards to ethnicity, a majority of participants \((84.4\% \text{ or } n = 38)\) identified as White Canadian or White American, and an additional 11.1% \((n = 5)\) identified as White European. Of the remaining participants, 4.4% \((n = 2)\) identified as Indigenous, 2.2% \((n = 1)\) as Latinx, 2.2% \((n = 1)\) as Middle Eastern. 4.4% of respondents \((n = 2)\) indicated that no options applied to them, with both indicating they were a mix of ethno-racial backgrounds. From the numbers provided above, one participant indicated they were both White Canadian/White American, White European, and Indigenous, and another indicated they were White Canadian/White American and White European. The majority of participants \((93.3\%\) indicated that English was their first language, and 77.7% \((n = 35)\) of participants were born in Canada. With regards to religion, a majority of participants indicated they were not religious \((n = 17 \text{ or } 37.8\%)\), atheist \((n = 11 \text{ or } 24.4\%)\), or agnostic \((n = 4 \text{ or } 8.9\%)\). Other participants indicated their religions as the following: Anglican \((n = 1)\), Aboriginal spirituality \((n = 1)\), Christian \((n = 2)\), Jewish \((n = 2)\) or an option not listed \((n = 7)\) including Pagan, Neo Pagan Unitarian, Quaker, and being raised Christian but currently not practicing.

With regards to the geographical distribution of the sample, the sample was fairly well distributed across Ontario. Based on postal codes, 11 individuals were from Eastern Ontario, 11 individuals were from Central Ontario, three individuals were from the Metropolitan Toronto Area, 20 individuals were from Southwestern Ontario, and one individual was from Northern Ontario. Participants were scattered across these regions, with many being concentrated in cities
(including Ottawa, Hamilton, Guelph, Kitchener, Waterloo, etc.) but some also residing in more rural areas of Ontario.

The sample was also fairly well distributed with respect to respondents’ highest level of education completed: 2.2% \( (n = 1) \) of the sample had completed high school, 17.8% \( (n = 8) \) college, 28.9% \( (n = 13) \) had an undergraduate degree, 26.7% \( (n = 12) \) had a Master’s degree, 11.1% \( (n = 5) \) had a doctorate degree, and 13.3% \( (n = 6) \) had professional degrees (four of these professional degrees were bachelor of education degrees, one was a midwifery degree, and one was an M.D).

**Children.** With regards to the respondents’ children, participants ranged from having one to nine children, although almost all participants had between one and four children \( (97.7\%) \): 24.4% \( (n =11) \) of the sample had one child, 51.1% \( (n = 23) \) of the sample had two children, 8.9% of the sample \( (n = 4) \) had three children, 13.3% \( (n = 6) \) of the sample had four children, and 2.2% of the sample \( (n =1) \) had nine children. The mean number of children across the sample was 2.27. Overall, there were 102 children across 45 parents, with 95 of these children being under 18 years of age \( (M_{age} = 9.48 \text{ years old}) \). Children ranged in age between less than one year to over 18 years, although families were required to have at least one child between three and 17 to be included in the analyses. With regards to family structure, 67 of the children were biological children of the parent who filled in the survey, 15 were adopted children, and 17 were step-children. The remaining three were not identified as biological, adopted, or step-children; however, this individual indicated in the additional comments\(^6\) that they did not feel any of the terms best represented their family or their relationship to their children.

\(^6\) The final question on the survey asked participants if they had anything additional they would like to add. These are the additional comments I am referring to here, and throughout the remainder of this thesis.
Of the 95 children who were under 18, relatively equal numbers of children had been assigned male \((n = 47)\) and female \((n = 48)\) at birth; none were assigned intersex at birth. A majority of the children were identified by their parent as being cisgender; although, of the 95 children, two were trans girls, two were trans boys, four were non-binary, genderqueer or genderfluid, and four were indicated as ‘unknown’ by their parents (likely due to being too young for parents to know). Four children were also missing data for gender identity, which may also be because parents felt that their children were too young for them to definitively identify their gender identity, or parents may not be aware of it. With regards to sexual orientation, many parents indicated that they did not know their child’s sexual orientation or their child had not shared that with them (four children were also missing data for this section). For children whose parents did identify their sexual orientation, 10 were identified as straight, 10 as exploring or questioning, and 9 as somewhere in the LGBTQ+ umbrella with regards to sexuality.

Finally, 38 parents had their children in public school, three in a religiously-affiliated public school, two homeschooled their children, five had children in childcare or daycare, one was at home with their child, and three had children in another type of educational setting. One of these three parents indicated that they had one child in Catholic school and would be changing to public school in the next two years, and another child who was currently in a home daycare but would be entering public school soon. The remaining two parents said that the educational setting of their children was university and a Waldorf-inspired public school, respectively. Again, similar to other demographic questions, parents were able to choose more than one to best represent their families, which is why these totals are higher than the total number of parents who participated in the survey. Of the 45 respondents, 43 had at least one child currently in school between Kindergarten and Grade 12. With regards to the distribution of children across
grades, 8.9% (n = 4) were in JK, 8.9% (n = 4) in SK, 13.3% (n = 6) in Grade 1, 15.6% (n = 7) in Grade 2, 17.8% (n = 8) in Grade 3, 8.9% (n = 4) in Grade 4, 15.6% (n = 7) in Grade 5, 26.7% (n = 12) in Grade 6, 15.6% (n = 7) in Grade 7, 11.1% (n = 5) in Grade 8, 11.1% (n = 5) in Grade 9, 8.9% (n = 4) in Grade 10, 4.4% (n = 2) in Grade 11, 4.4% (n = 2) in Grade 12, and 4.4% (n = 2) were above Grade 12 (e.g., Grade 12+ or post-secondary education).

**Topics LGBTQ+ Parents Discuss with their Children about Sex and Sexuality**

To investigate what parents discuss with their children about sex and sexuality, the following survey questions were asked:

1. What does discussing sex and sexuality with your children mean to you?
2. What is your main goal when you talk to your children about sex and sexuality?
3. What other goals do you have when you talk about sex and sexuality with your children?

In this section, I will discuss some common themes that were apparent from the analysis of all three of these open-ended questions. When they had any discussions about sex or sexuality, parents emphasized the importance of 1) consent and prevention of sexual harassment/assault, 2) being open and honest with their children, 3) normalizing sexuality for their children, and 4) the broadness of sexuality education. Safety and agency were also often emphasized both specifically in relation to safer sex, and more broadly as an overarching goal of conversations. A good example of how these three overarching themes, coupled with safety and agency, are present across discussions of sex or sexuality is emphasized by one participant who said that their main goal was:

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...to make [my children] feel like talking to me is a safe space and that anything they are thinking or feeling about sexuality is natural and ok. I want them to feel like their body is...
```
valued and that they have a right to respect and healthy consent around their bodies and emotions. I want them to feel proud of who they are and who they love. (QTP_44)\footnote{Throughout the write-up, parents will be referred to with only their participant IDs. If you are interested in some of the demographic characteristics (including age, gender, sexual orientation, and number of children) of these participants, they have been provided in a table in Appendix J.}

In addition to the previous three themes, another key theme that is apparent from parents’ answers is the broadness of sex and sexuality education. Parents view sex and sexuality education as broad areas encompassing a huge variety of topics. For example, one parent said that sex and sexuality education, “involves everything from body parts to relationships to stereotypes to pleasure to safety to privacy to babies…” (QTP_15). Parents indicated that they covered topics one might typically expect in sex education, such as appropriate names for body parts, sexual activity (e.g., kissing, oral sex, and intercourse), and prevention and protection against STIs and pregnancy. Parents also discussed things like romantic relationships, sexual and gender identities, queer culture, and family composition.

**Consent and prevention of sexual harassment/assault.** In addition to some of the more concrete topics parents discussed with their children mentioned above, there were some common, overarching topics parents discussed. Across questions, parents identified broader conversations that they hoped would be incorporated into their more specific conversations with their children. For example, many parents indicated the importance of educating their children about consent, which also related to parents’ desire to keep their children safe (not just in relation to STIs or pregnancy) and prevent their children from experiencing sexual abuse or harassment. Some parents indicated that, because they had experienced sexual abuse, they wanted to educate their children about these topics so that they would not experience it themselves, or so if they
ever did experience it they knew they could turn to their parents for support. This is exemplified by one parent’s comment that, as parents:

we want them to be able to stand up for themselves and protect themselves, and understand their own boundaries, as well as their autonomy and the autonomy of others. We want to be a safe place where our kids can land, and talk to us about anything. We want them to be safe, but have fun and joy (QTP_43).

Some parents did indicate pleasure and fun in their discussions, but this was not usually the main focus in any parents’ responses to the questions, and parents seemed to prioritize safety above everything else. Sometimes parents combined the two by talking about how they wanted their children to have information so that they could make informed choices about sexuality related things and what they wanted. This was also related to one of the more overarching themes that appeared across responses related to agency; that children could choose what they did, when they did it, and who they did it with, but that parents wanted to provide them with the information to be able to make these choices. Although parents in my study often mentioned consent, this is not something that has been previously discussed in the limited literature on LGBTQ+ parents’ experiences providing sex and sexuality education to their children. With the rise of the #MeToo movement in 2017 (Gill & Orgad, 2018), it may be that these conversations are more present in people’s minds. Accordingly, parents may either be more likely to have these conversations with their children, or they may be more likely to explicitly report that they are having these conversations (even if they were having them before). As Gill and Orgad (2018) highlight, “consent is a focal point of the #MeToo-inspired debate” (p. 1318), therefore demonstrating how the increasing visibility of this social movement may have contributed to increasing discussions around consent with parents and children.
**Being open and honest with children.** Along with discussions of consent, parents emphasized the value of being open and honest with their children, which also often related to providing their children with accurate information. Parents seemed to feel that it was really important that they answered questions their children asked truthfully, and felt that providing accurate information would serve their children well in the future. For example, one parent said that their main goal was to “provid[e] truthful information so that [my children] can navigate their world as safely and confidently as possible” (QTP_39). A lot of parents talked about trying hard to cultivate a space in their family where children could come to them with any questions they had, at any time. Some parents explicitly emphasized how these conversations should be ongoing, with one saying sex and sexuality education is “an ongoing discussion that is open and honest” (QTP_43).

**Normalizing sexuality for children.** Many parents also talked about how it was really important to them that sexuality was normalized and de-stigmatized, and that their children felt safe, supported, and not judged when having these conversations with them. This was coupled with the importance of cultivating an open space with their children, but many explicitly identified their desire to normalize these conversations and what their children were feeling. Parents talked about how these conversations should be as normal as talking about other topics that affect their children’s bodies and minds. Additionally, parents wanted to normalize some of the topics inherent in sexuality communication, such as sexual attraction and (potential) queerness:

I want them to know that love is love. I also want them to know that your emotions and your attractions don’t wrap up neatly in a box; that things can be fluid and that’s okay. That you can be attracted to the guy in class and the girl on the screen. This is all normal
and normal is relative to you. I also want them to know that they are 100% supported no matter what. (QTP_25)

Ultimately parents wanted their children to feel comfortable in these conversations, and normalizing sexuality was a part of that. This is congruent with Bonander’s (2016) study which found that parents wanted to normalize sexuality for their children, while also balancing this with conveying messages around potential negative impacts of sexual activity. The parents in my study really emphasized their desire to normalize sexuality and conversations about sexuality, but many also highlighted their desire to inform their children about things such as consent and STI prevention. One important distinction between Bonander and this study is that our participants rarely framed things such as pregnancy or STIs as negative impacts or consequences, and instead mentioned them more as just one aspect of a broader conversation around sex and sexuality.

**Broadness of sex and sexuality education.** Parents also indicated that they discussed a wide range of topics when asked about their goals surrounding sexuality education, or what they meant when they said they discussed sex and sexuality. Some parents talked about discussing the proper names of body parts, differences in bodies (for example, between males and females)\(^8\), and information about sexual activity when it was relevant for their children. There were also responses that indicated that parents wanted to talk about the variety of ways conception might occur (for example, not just including intercourse) and educate their children about how their family, or other families might be different. Parents also talked about educating their children

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\(^8\) I acknowledge that intersex folks often have bodies that do not fit with this narrative of differences between males and females. I also know that it is important that sex education include intersex individuals, and talk about bodies in non-gendered and non-sexed ways. No parents in this study explicitly mentioned Intersex individuals, and I am using the framing and language that these parents used.
about gender and sexual identities, and the variations in these, not only for the purposes of
talking about family composition, but also for their children’s own (potentially future)
identification and so that their children understood the variability in these experiences for other
people. Talking about family composition has been found to be a common theme in research
with lesbian and gay parents, including topics such as how a child’s family came to be
(Bonander, 2016). This research adds depth to some previous findings by Oakley et al. (2017)
which found that educating children about family structures was part of preparing them for
addressing stigma they might experience in the world as a child from an LGBTQ+ family. In this
study, although that may be some of parents’ goals, parents also highlighted how it was
important that their children were open and accepting of others, and that children understood the
variability in families other than their own. Finally, some parents in this study talked about how
some of their other goals in relation to sexuality were about making sure that their children were
accepting of other people, or that their children could be/were a source of support for their
friends and peers. In this way, parents’ sexuality education was not just explicitly about their
children, but educating their children to have a broader impact on their communities.

Ultimately, many of the topics discussed by parents line up with what McKee et al.
(2010) classify as components of healthy sexual development. McKee et al. (2010) identify
topics such as “freedom from unwanted activity; an understanding of consent…; understanding
of safety…; agency…; open communication…; self-acceptance; awareness and acceptance that
sex is pleasurable” as some of the 15 components of healthy sexual development. In their
responses, parents identified all of these areas as ones they might focus on or discuss with their
children. The results in this study resonate with those found in other research with lesbian, gay
and bisexual parents in that these parents want to provide their children with broad education in
relation to sex and sexuality (Bonander, 2016; Bowling et al., 2017; Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). However, it is unknown how comfortable and knowledgeable parents feel discussing some of these topics.

**Parents’ knowledge and comfort discussing different aspects of sexuality.** To try and address this gap, in addition to the three open-ended questions, parents were also asked to rate (from 1-5, with 1 being the least knowledgeable/comfortable and 5 being the most knowledgeable/comfortable) their knowledge and comfort discussing a variety of topics, and indicate whether they currently discussed these with their children (see Appendix H). In addition, parents were asked to indicate if they planned to discuss these topics with their children in the future. Overall, parents discussed a lot of topics with their children, and felt fairly knowledgeable and comfortable addressing these topics (see Table 2). Yet, there were some areas where less than 60% of parents indicated they do not currently discuss these things with their children, including: various methods of sexual activity (i.e., use of toys), addressing the prevention of STIs, and discussing sexting. Interestingly, almost 75% of parents addressed different types of sexual activity, such as kissing, oral sex, and intercourse, but only 33.3% of parents addressed different ways that this sexual activity might occur (for example, with toys). More parents discussed the prevention of pregnancy with their children than the prevention of STIs (67.4% compared to 53.5%). Finally, just over half (53.5%) indicated that they currently discuss sexting with their children – this is especially important when we consider the increasing rates of online sexual activity and sexting, particularly amongst young people (Madigan, Ly, Rash, Van Ouytsel, & Temple, 2018). With regards to knowledge and comfort, parents felt pretty knowledgeable and comfortable ‘right now’ to address the topics in the survey. Parents were the least comfortable ($M = 3.93$) addressing different methods of sexual activity (i.e., use of toys),
although many felt that they had the knowledge to do so ($M = 4.27$). With almost all of the topics asked about in the survey, participants were at least somewhat knowledgeable and/or comfortable (indicated by selecting a 3 on a scale of 1-5) addressing these topics with their children. In fact, the only topic where someone indicated that they were not at all comfortable addressing the topic with their children was in regards to the different methods of sexual activity (i.e., use of toys).

Although some of these topics are ones that are more taboo (such as masturbation), parents in this study reported that they were quite comfortable addressing this with their children. In the previous open-ended questions, a couple parents even explicitly included addressing masturbation or self-touching as goals of their sexuality education. Similarly, Bonander (2016) also found that lesbian and gay parents might include discussions about masturbation, and also tried to normalize these conversations with their children. Nevertheless, some of the areas parents were less comfortable discussing, or were less likely to discuss are important pieces to highlight. Although some parents may not be discussing some things with their children because they felt it was not yet age appropriate, the discrepancy in percentages between things like sexting (53.5%) and discussing changes that come with puberty (88.7%) are important. Despite the fact that both of these things likely start to become important topics around similar ages (as young people going through puberty become more interested in sexual activity), approximately 25% less parents are discussing sexting with their children. Some of this discrepancy may be due to parents’ comfort levels, as parents were slightly less comfortable discussing sexting than puberty. This could potentially be because parents have experienced puberty themselves, but likely did not experience sexting as a young person as it is mostly begun to increase in popularity in recent years.
It is also important to highlight the almost 15% discrepancy in parents who discuss prevention of pregnancy with their children (67.4%) compared to those who discuss the prevention of STIs (53.5%). There is some limited evidence to suggest that individuals may be more worried about pregnancy than STIs (Milhausen, McKay, Graham, Crosby, Yarber, & Sanders, 2013). This also highlights the pervasive impact of heteronormativity in that parents may be assuming that their children will be heterosexual and thus more likely to have these conversations as opposed to conversations about STIs which are a possibility in all types of sexual activity with people of all genders, not just heterosexual, cisgender individuals.

Participants were also asked if they planned to address the topics included in the survey in the future with their children. These numbers have not been included in the chart because there were many topics where more than 10 individuals did not answer either ‘yes’ or ‘no’ to discussing the topics in the future with their children. One reason for this might be because parents who already indicated that they discussed a particular topic felt it was unnecessary to indicate if they would thus do so in the future – because it was already being done. For most of the topics, when parents indicated that they did not currently address these topics with their children, they often selected that ‘yes’ they planned to address these topics in the future. It is unknown if parents plan to address these topics in the future because their children will be older and thus they feel the information is more relevant for them. For example, when given the opportunity to add open-ended responses, one parent said: “my answers to these questions are developmentally specific (e.g., we talk about consent for certain kinds of activities such as kissing) but we don’t talk about more explicit activities such as oral sex that she hasn’t been asking about or that hasn’t really come up in conversations yet” (QTP_11). This highlights that some of these conversations may not be a part of the sex education parents are currently
providing not because they do not think it is important, but because it has not yet become relevant to their conversations. Alternatively, parents may have felt pressured to answer yes because of the way the options were presented in the survey, and/or feeling that they need to present what they might perceive as the best possible form of parenting. This social desirability bias has been highlighted as a potential limitation in other research with LGBTQ+ parents (e.g., Fedewa et al., 2015).

In addition to filling in the chart, parents were provided with the space to include other topics that they felt were important in sex education, and answer the questions about whether they currently addressed these topics or planned to in the future, and how knowledgeable and comfortable they were addressing them. Some things parents indicated in these blank spaces were in relation to sexual activity – such as pleasure, reflecting to see how one feels about sexual things, experimenting with sexuality, and “how it’s okay to not be sexual” (QTP_10). Additionally, one parent mentioned sexually explicit material viewing as something that was important to discuss. Finally, one parent talked about checking in with partners, and how communicating the importance of this was an important part of the sexuality education they provided to their child.

Ultimately, these parents discussed a wide range of topics with their children when they provide sex education, and they felt pretty knowledgeable and comfortable providing this type of education on such a range of topics. Parents demonstrated that they wish to emphasize to their children the importance of: 1) consent and prevention of sexual harassment/assault, 2) being open and honest, and 3) normalizing sexuality while providing them with a broad education. Safety and agency also often arose when parents were discussing their goals and ideas of sexuality education. These results demonstrate that LGBTQ+ parents want to provide
comprehensive and extensive sex education to their children, and wish to do this in an honest, open, and non-judgmental way providing their children with the tools to make informed decisions about themselves and their sexuality.

Table 2

*Parents’ (N = 45) responses to questions about addressing certain topics with their children, and their knowledge and comfort addressing these questions.*

<table>
<thead>
<tr>
<th>Topics:</th>
<th>Currently addressed?</th>
<th>Knowledge (1-5)</th>
<th>Comfort (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M (range)</td>
<td>n</td>
</tr>
<tr>
<td>Using correct names for genitals (e.g., vulva, penis, urethra, scrotum, testicles, vagina, labia, anus).</td>
<td>45</td>
<td>100%</td>
<td>44</td>
</tr>
<tr>
<td>Explaining to your children different sexual orientations</td>
<td>45</td>
<td>97.8%</td>
<td>44</td>
</tr>
<tr>
<td>Talking to your children about their own sexual orientation</td>
<td>45</td>
<td>91.1%</td>
<td>44</td>
</tr>
<tr>
<td>Explaining to your children different gender identities</td>
<td>45</td>
<td>95.6%</td>
<td>44</td>
</tr>
<tr>
<td>Talking to your children about their own gender identity</td>
<td>45</td>
<td>88.9%</td>
<td>44</td>
</tr>
<tr>
<td>Explaining to your children how babies are made through sexual intercourse</td>
<td>45</td>
<td>77.8%</td>
<td>44</td>
</tr>
<tr>
<td>Explaining to your children how babies are made through assisted reproductive technology (i.e., sperm bank, in vitro fertilization, surrogacy)</td>
<td>44</td>
<td>72.7%</td>
<td>44</td>
</tr>
<tr>
<td>Explaining how babies develop in a uterus</td>
<td>45</td>
<td>86.7%</td>
<td>44</td>
</tr>
<tr>
<td>Explaining how babies are delivered (vaginal birth)</td>
<td>44</td>
<td>88.6%</td>
<td>44</td>
</tr>
<tr>
<td>Explaining how babies are delivered (C-section)</td>
<td>44</td>
<td>84.1%</td>
<td>44</td>
</tr>
<tr>
<td>Discussing changes that happen with puberty (ex.</td>
<td>45</td>
<td>88.9%</td>
<td>44</td>
</tr>
<tr>
<td>Topics:</td>
<td>Currently addressed?</td>
<td>Knowledge (1-5)</td>
<td>Comfort (1-5)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>% that said ‘yes’</td>
<td>n</td>
</tr>
<tr>
<td>voice deepening, hair growth, menstruation, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressing masturbation/self-touching with your children</td>
<td>43</td>
<td>79.1%</td>
<td>44</td>
</tr>
<tr>
<td>Addressing various types of sexual activity with your children (ex. kissing, oral sex, intercourse)</td>
<td>43</td>
<td>74.4%</td>
<td>44</td>
</tr>
<tr>
<td>Addressing various methods of sexual activity with your children (ex. use of toys)</td>
<td>42</td>
<td>33.3%</td>
<td>44</td>
</tr>
<tr>
<td>Addressing ways to prevent STIs during sexual activity through barrier methods (condoms, dental dams, etc.)</td>
<td>43</td>
<td>53.5%</td>
<td>44</td>
</tr>
<tr>
<td>Addressing ways to prevent pregnancy during sexual activity through barrier methods and/or birth control (condoms, IUDs, hormonal birth control, etc.)</td>
<td>43</td>
<td>67.4%</td>
<td>44</td>
</tr>
<tr>
<td>Including LGBTQ+, heterosexual, and trans parents in discussions of family</td>
<td>45</td>
<td>100%</td>
<td>44</td>
</tr>
<tr>
<td>Including single parents, extended families, blended families, and adoption in discussions of family</td>
<td>45</td>
<td>100%</td>
<td>44</td>
</tr>
<tr>
<td>Including folks with disabilities (e.g., individuals who are blind, use a wheelchair, have an intellectual disability, etc.) in discussions of family</td>
<td>45</td>
<td>88.9%</td>
<td>44</td>
</tr>
<tr>
<td>Including different cultures/ethnicities in discussions of family</td>
<td>45</td>
<td>97.8%</td>
<td>44</td>
</tr>
<tr>
<td>Topics:</td>
<td>Currently addressed?</td>
<td>Knowledge (1-5)</td>
<td>Comfort (1-5)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>% that said ‘yes’</td>
<td>n</td>
</tr>
<tr>
<td>Including different belief systems and religions in discussions of</td>
<td>45</td>
<td>86.7%</td>
<td>43</td>
</tr>
<tr>
<td>family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussing boundaries with touch and who children should tell if an</td>
<td>45</td>
<td>100%</td>
<td>44</td>
</tr>
<tr>
<td>adult or older child touches them sexually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussing boundaries, how to say no to unwanted sexual activity, and</td>
<td>44</td>
<td>90.9%</td>
<td>44</td>
</tr>
<tr>
<td>who to tell if sexual harassment or assault occurs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussing consent – including both giving and receiving consent for</td>
<td>44</td>
<td>88.6%</td>
<td>44</td>
</tr>
<tr>
<td>sexual activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussing with your children what healthy relationships look like,</td>
<td>45</td>
<td>88.9%</td>
<td>44</td>
</tr>
<tr>
<td>how to engage in healthy relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussing what sexting is and how your child can ensure safety online</td>
<td>43</td>
<td>53.5%</td>
<td>43</td>
</tr>
</tbody>
</table>

**LGBTQ+ Parents’ Experiences Discussing Sex and Sexuality with their Children**

In addition to the content parents discussed with their children regarding sex and sexuality, I was interested in understanding more about parents’ broader experiences with this education. To provide a broader picture of the context of this sex education in families’ homes, I asked parents how conversations about sex and sexuality were initiated, and if the sex education parents received growing up impacted their current conversations with their children. When one thinks about general parenting practices, a desire to ‘do better’ than one’s own parents is often the goal, or to take what worked well from our parents and incorporate this with our own morals,
values, and beliefs about parenting. I, therefore, wanted to see if this was similar in regards to sex education, and/or to what extent.

**Initiating conversations.** Initiating conversations about sex and sexuality with children came in many different forms. Many people highlighted how both parents and children initiated these conversations, albeit at different times and maybe in different ways. Many parents mentioned that their children initiated conversations. However, even when children initiated, parents almost always said that, at certain times, they would also initiate the conversations.

**Parents initiating conversations.** Most commonly, parents reported that they were the ones initiating these conversations – often it was whoever filled out the survey that said that they would initiate, but sometimes the person filling out the survey explicitly indicated that it was them or their partner(s), or both/all of them. Some of the parents who filled out the survey did mention that they would be the ones who initiated the conversation, but that their partner(s) might follow through with it, “[it’s] typically me, though my partner is comfortable to follow through with the conversations” (QTP_29). Others indicated that their partners might be less likely to at least initiate these conversations, for example because their partner is shy or because their partner is just not as talkative, and thus “less likely to initiate any topic in general” (QTP_17). Parents also talked about how initiating these conversations was often because of things children might bring up that happened at school, things parents and children saw in media (such as movies or tv shows), or because of current events and things happening in the news. Some parents highlighted how they would use books to try and stimulate these conversations, either more passively – for example, by leaving the books around the house – or just through reading them with their children and the questions that might naturally emerge from that. Similarly, Bonander (2016) found that may lesbian and gay parents used books to communicate
with their children about sex and sexuality, highlighting the importance of LGBTQ+ inclusive sex education materials for parents.

When parents talked about initiating and having these discussions, they also commonly brought in the topics they had previously mentioned as important in these conversations. For example, one parent mentioned how they have discussions about consent with both their children and their children’s friends:

We hold mandatory "consent workshops" when our kids have a bunch of their friends over for a party, that all of the kids attending need to take part in before the party starts. In these workshops we cover what is consent, why is it important, when/how to ask for it, and identifying what "enthusiastic consent" is. We watch some videos (the British consent tea video), and discuss as a group different scenarios.” (QTP_26)

Other parents supported the previous themes I have discussed by indicating that they tried to keep these conversations as ongoing and open as possible, with one parent even saying, “we don’t have initiated discussions. We just chat about everything” (QTP_18). Along with these ongoing conversations, parents mentioned their efforts to continue to normalize these conversations for their children. As one parent described:

Usually it is myself and/or my wife who initiate conversations with the children over the dinner table or after a meal. We try to bring it up regularly in order to normalize the topic for them. As they get older, they are becoming more resistant to the discussions, but we continue nonetheless. They both ask questions during the discussions, and will often report things that they’ve heard at school/through friends that we will then address and try to rectify any misconceptions or wrong information that they’ve received. (QTP_14)
As shown through this quote, parents also mentioned that children would often ask questions throughout these discussions (even if parents explicitly initiated the conversation). Some parents also highlighted how they wanted to be a space that their children could come to with questions whenever they had them, and similar to their goals of sex education, they mentioned that they really wanted to cultivate openness for their children to feel comfortable coming to them.

*Children initiating conversations.* Although parents were often initiators of these conversations, they also highlighted how frequently their children would initiate the conversations, either explicitly or (more commonly) by asking their parents questions. One parent even mentioned that their children prefer that the parents do not start these conversations, “often it’s the children [initiating these conversations]. Sometimes it’s me or my husband. They definitely prefer when we’re answering questions they’ve asked, not spontaneously discussing the issue” (QTP_24). It was quite common for children to ask questions about things at school, things they might see their parents doing (for example, one parent mentioned conversations emerging after being seen using a menstrual cup), or things in media. Parents also highlighted how these questions could often emerge into larger conversations:

> Often the children initiate by asking a question about reproduction, or talk about crushes at school, or talk about “not being able to wear” a certain colour or style for fear of teasing. This can be a jumping off point for a larger conversation. (QTP_20)

Research with bisexual parents has also found that when these parents have conversations with their children about sex and sexuality, both parents and children play a role in instigating these conversations (Bowling et al., 2017). Lesbian, gay, and bisexual parents in other research have also been found to use their children’s questions to direct conversations about sex and sexuality,
and also to determine what information their children need, or what might be developmentally appropriate for their children (Bonanader, 2016; Bowling et al., 2017).

Along with determining what might be age appropriate for conversations with children, with children’s increasing age, the content and initiation of conversations appeared to shift. For example, one participant mentioned that it is the parents who currently initiate these conversations, but that their children are ‘still young’. Many parents also highlighted how their children would come to them with questions based on changes they were experiencing (e.g., puberty, crushes), and so it makes sense that the content and initiation of these conversations might change with children’s age. Conversely, one parent also mentioned the changes and challenges of having these conversations with older children:

…years ago, it was me. Now that they are teenagers, topics like gender transition and orientation are easy, but they avoid sexual details in conversation. I am just hoping I set them up with the tools to muddle their way through it, or come to me for something big.

(QTP_37)

It may thus be important for parents to think about alternative ways of displaying and encouraging healthy sexuality and sexual development for their children, particularly once they reach adolescence and are more reluctant to have these conversations with their parents.

**Other individuals initiating conversations.** Finally, participants noted that extended family members sometimes initiated these conversations with children, or friends of parents might start the conversations. Many parents highlighted how these conversations happened because of everyone, and there was no one person that might initiate them:

We all initiate it. If something happens in the news, I might initiate it. I have an extensive circle of chosen family, a few of whom have deep education in family and sexuality
studies – they may initiate it based on what one of my children may speak about. My children frequently initiate with questions about their bodies and changes they are witnessing in themselves (QTP_31).

Another person highlighted how what people might contribute to the conversation varied based on their experiences, but that it was still a collective effort: “everyone [initiates these conversations]. As it comes up, depending on what we each have to offer to the discussion” (QTP_32).

Overall, the initiation of these conversations seemed to be a collective family, and sometimes extended and chosen family, effort from both parents and children. When children did initiate conversations (often with questions), parents would sometimes use those opportunities to spark larger discussions with them. Parents also highlighted the use of resources such as books to prompt these conversations. Finally, it was evident that much of parents’ initiation of conversations was related to their goals of sex education in general – such as openness and normalization.

Parents’ own sexuality education. When parents discussed their personal sexuality education, and any impacts it (might) have had on the sex education they provided to their children, most people said that they wanted to either do better than their parents did, or at the very least give children more diverse and a larger amount of information.

Desire for broader sexuality education. Parents wanted their children to be well informed – as mentioned when they talked about their goals of sexuality education – and they reflected on how a lack of education when they were younger might have spurred this on. For example, one parent said:
I didn’t learn about consent and healthy relationships. I was sexually assaulted as a youth and didn’t tell anyone for years after. I didn’t learn about being queer and gay. I didn’t learn about gender diversity. As a result, I didn’t discover my own identity until my 30s I talk about these things with my kids because I want them to have information I didn’t have. (QTP_01)

Similar to this parent, a few other parents indicated that they received fairly heteronormative sex education, and they wanted to make sure their children had information that was more diverse than that. The majority of responses to this question indicated that, in some way, the person responding either did not have very good or had no sex education growing up, and this either did not impact how they spoke to their children about sex and sexuality (because it was not good), or it made them want to do better. One parent even mentioned that the sex education they received growing up, “taught me how not to talk to my children” (QTP_34; emphasis added).

Some parents did not explicitly say that their sex education had impacted them, but it was sometimes implicit, such as in this example:

[the sex education I received] was wholly inadequate and heterosexist. So I don’t think much about what I learned there. I wanted him to know the importance of consent, that sexual exploration and activity is normal and that there are many ways to express sexuality and sex. (QTP_19)

Although this parent indicates that they do not think much about the sex education they received, it has clearly impacted their desire to provide their child with more information and to normalize sexual diversity. Some parents also mentioned how the overall lack of sex education they received, or the shame around sex and sexuality when they were growing up, made them want to
be more open with their children; again, this was also a main goal of sexuality education for many parents. Finally, a few parents also explicitly mentioned how the sex education in their schools was inadequate when they were younger.

It is important to note that the social context in which parents would have been growing up and been receiving (if they received) sex education is different than the current context. As mentioned in the literature review, LGBTQ+ rights and visibility has greatly increased over time. As most of my participants indicated they were born in Canada, many of them would have received a sex education curriculum prior to the 1998 sex education curriculum or similar, a curriculum which is now even out of date, as it does not include concepts such as consent, sexting, or sexual diversity and gender identity. Furthermore, we know that many LGBTQ+ individuals do not receive adequate sex education (Estes, 2017), and the parents in this study certainly echo these research results.

**Modelling good sexuality education.** For those who indicated that they received fairly good sex education growing up, it seemed to impact them by making them want to be open with their children and model what their parents had done for them. One participant said, “my mother was very open and set a good example for how to have ongoing conversations absent of shame” (QTP_25). In addition to modeling openness, some parents also mentioned how some of the sex education they received was pretty good, but there were still aspects they wanted to improve on when providing this education to their own children:

My mom was pretty good at keeping an open communication line between us. However, I also felt like I was giving her a sex talk when I told [her] that I was starting to have sex and was going on the pill. Her first question was “aren’t you a little young” and I had to explain to her a lot of things about myself and my relationship, so while it was open there
was still sometimes a judgemental [sic] and surprised aspect to it…The openness helped me learn and grow and the other aspects showed me what I did not want to replicate in relationships with my own children. (QTP_11)

Another participant also indicated how they modeled openness with their children after their mom’s openness:

I do remember my mom being the one a friend of mine went to when she got her period. My mom modeled that for me, and I want to be someone my kids (and their friends) can come to. We display the rainbow flag partly for this reason. (QTP_44)

Again, similar to many other aspects of sex education, this reflects some of parents’ other goals around sex education such as acceptance and support for children’s peers. Interestingly, whenever parents mentioned positive sex education experiences, they only mentioned their mothers or other women in their lives being open and honest with them.

**Preparation through learning as an adult.** Finally, a few participants mentioned that the sex education they received did not adequately prepare or influence them to discuss these things with their children. Instead, a lot of what did prepare or influence them happened when they were adults. For example, some participants mentioned learning a lot of this information as an adult, either through formal education such as university, or through informal, self-learning. One participant also mentioned how they were influenced both by this self-learning and through personal relationships, “what has influenced me has been my own journey of discovering my sexuality and sexual identity, as well as meeting friends from diverse backgrounds” (QTP_42).

When considering the research presented earlier about how LGBTQ+ young people do not receive adequate sex education (Estes, 2017), it makes sense that some of the parents in this study indicated they had to get a lot of the information they know through their own personal
learning as an adult. Generally speaking, parents want to do better than their own parents when it comes to raising children (i.e., you often do not hear parents talking about wanting to raise their children poorly), so it also makes sense that many of the parents in this study highlighted this as a key aspect of their own sex education with their children.

The Effect of Gender and Sexuality on LGBTQ+ Parents Discussions about Sex and Sexuality with their Children

Participants were asked about the ways their sexual orientation and gender identity impacted discussions of sex and sexuality with their children. I asked these questions because I thought that parents might feel more comfortable discussing sexual orientation diversity, since that had been their experience. Additionally, because of research with bisexual parents suggesting that conversations about sexuality are easier with children that are the same gender as the parent having these conversations (Bowling et al., 2017), I was interested in determining how gender impacted these parents’ discussions of sex and sexuality.

The impact of sexual orientation. In terms of the perceived impact of parents’ sexual orientation on their discussions of sex and sexuality with their children, almost all parents identified positive impacts of their sexual orientation on these conversations. In fact, only two parents stated that their sexual orientation had no impact on their conversations.

No perceived impact. Although two parents said that their sexual orientation did not impact their conversations, examining both of these quotes a little bit further contradicts this point a little. It seems that for one parent, by virtue of them being LGBTQ+, their child had been exposed to diversity in sexual orientation from a young age: “It [my sexual orientation] does not [impact these discussions]. I have always been very open and was with a woman for years and it was just normal to [my child] from the get go” (QTP_33). This idea of it being normal because it was the child’s experience relates to some other parents’ accounts that because their reality was
that they were LGBTQ+, these topics were naturally included in discussions about sex and sexuality, and in their families’ everyday conversations and lived experiences: “my child has 2 moms so our sexual orientation is just part of our life. Since it’s our reality, it’s something we naturally include in discussions around love, sex and sexuality” (QTP_25). Although parents may not explicitly identify their sexual orientation as impacting discussions, it appears as though these conversations are simply just present in LGBTQ+ family households and children’s experiences because of family structures. Another parent indicated that their sexual orientation did not have an impact because, “[my children] need information to become healthy adults regardless of my sexuality” (QTP_24); although it is hard to say if this parent would feel the same way if they were not LGBTQ+ and had different lived experiences.

**Impact through increased diversity and openness.** Most of the parents in the study identified their sexual orientation as having an impact in some way or another. Many mentioned that it made them present more diversity in their conversations with their children, feel more comfortable presenting this diversity, and be more open with their children. A good example of this was from one parent who said, “I think we all benefit from me viewing sex and sexuality through a queer lens. I think it’s easier to discuss issues many families struggle with, like sexual orientation or gender identity” (QTP_24). This parent then went on to discuss how this did not mean they were perfect, “[this] isn’t to say that my own orientation prevents me from messing up or removes any of my own hangups (and who doesn’t have a least a few of those?) when discussing sex and sexuality” (QTP_24). Other parents discussed the presentation of diversity more explicitly, “[my sexual orientation] is a reminder to be more varied in my representation of possibilities for the kids” (QTP_08), and highlighted the impacts it had on being more open, “I think we are more open to the differences in families and orientations” (QTP_07). Finally, one
parent mentioned how their orientation made them more open, but also more likely to challenge assumptions with their children:

I believe my approach to discussing sex and sexuality with my kids is very fluid and includes open definitions of sex, gender, and orientation. Given that I am in a relationship that appears heterosexual, I will often emphasize that we shouldn’t make assumptions about people and that the only way we know these things is if people tell us (and if they think it’s important information for us to know/trust us with their information). (QTP_11)

All of these impacts of sexual orientation resonate with what parents have already mentioned around their goals for sexuality education, and their experiences of sexuality education with their children in terms of wanting to provide their children with more diverse knowledge, and being open in these discussions.

Given these results, it is also important that we continue to look at sexual orientation from a holistic perspective and think about not only how it can enhance these conversations with children, but also how it may limit them and may make certain things challenging. For example, as the one parent highlighted, their sexual orientation definitely does not prevent them from making mistakes. It is therefore important to consider how LGBTQ+ individuals’ experiences are not universal, and understand that all parents have experience with different aspects of sexuality, and there may thus be differences in comfort when discussing things with children.

With regards to representations of diversity, these results echo other research with lesbian, gay, and bisexual parents which found that these parents wish to represent diversity in terms of gender, sexuality, and families (Bonander, 2016; Bowling et al., 2017; Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). The parents in this study then highlighted how often their
desire to represent this for their children was because of a lack of representation (and/or information) they had received growing up.

**Impact through increased knowledge and information.** Some parents also discussed how their sexual orientation provided them with more information and knowledge that they could draw on when having these conversations: “it makes me feel more better [sic] equipped to discuss the sexualities I was never educated via my family or school board” (QTP_06). Accordingly, this lived experience provided the foundation for parents to have these conversations with their children. Some discussed how their sexual orientation made this type of education with their children necessary, often because they did not trust schools to provide this education: “I know the school is not likely to provide much info about queer families so the responsibility falls to us” (QTP_30). One of the participants also highlighted how their Indigeneity, along with their sexual orientation, was something that would never, and could never be adequately addressed in the education system, and so they had to provide it:

Because my sexual orientation is one of cultural and sexual difference lying in unique intersections of marginalization, one that deals with ongoing genocide, and one that used to hold a place of medicine, it is something that has required teaching beyond anything they could ever get in school. Canadian schools can’t address the history of colonization, never mind the impact of it on the Indigenous body and sexuality. (QTP_31)

The limits of the Ontario, and Canadian education system to address sexual orientation and family diversity is evident with the current debates around the Ontario sex education curriculum. There has also been research and discussions around the government’s failure to adequately address Indigenous people in Canada, let alone in the education system, although discussion of this is beyond the scope of this thesis (for more information see Truth and Reconciliation
Commission of Canada, 2015). Overall, it appears as though parents felt that their sexual orientation made them more comfortable discussing things and improved their knowledge about a diverse range of topics. This may be why parents scored quite high on their knowledge and comfort discussing a variety of sexuality-related topics, described earlier. Parents’ lived experiences as a result of their sexual orientation may have made them required to seek out more LGBTQ+ sexuality related information, which then better equipped them with this information to share with their children.

**Impact through increased inclusion.** Finally, along with openness and representation of diversity, many parents discussed how their sexual orientation made them more inclusive and use more inclusive language in conversations with their children. For example:

I use neutral terms like “when you are dating someone”, or “if you decide to have a boyfriend or girlfriend”, or “when you grow up, you may decide to have one partner or more, or to be single, whatever you decide you want”. It’s important to me that they grow up knowing all options are okay. (QTP_37)

Other parents highlighted how their orientation made them “consciously non-heterosexist” (QTP_03) in their conversations, which also appeared to lead to more inclusion: “I never forget that there is more than just heterosexuality so every discussion uses inclusive language and thinking” (QTP_19). Many parents highlighted discussing children’s crushes and future partnerships in gender-neutral ways, and not siloing their children into a heterosexual or queer identity. This is similar to previous research with bisexual and lesbian parents that found that these parents want their children to have broad understandings and ideas about sex and sexuality, past a heteronormative and binary understanding (Bonander, 2016; Bowling et al., 2017; Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). In this way, participants’
discussions of being 'consciously non-heterosexist' provide their children with more diversity and representation of a variety of sexualities, family types, and ways sexuality might manifest in one’s life.

Ultimately, sexual orientation appeared to have a large impact on parents’ discussions of sex and sexuality with their children, often in line with their goals and experiences of sexuality education already previously discussed. Parents highlighted how it gave them increased knowledge and comfort discussing these topics, and made them want to present diversity to their children. Further, parents mentioned that their orientation made them consider possibilities outside of heterosexuality and use more inclusive language when having these conversations with their children. Finally, parents also indicated that they felt a responsibility to include some of this diversity because of the lack of adequate sexuality education within schools.

**The impact of gender identity.** The answers to the gender identity question was a little more complex and varied than the answers to the sexual orientation question. Many participants seemed to be a bit unclear with the gender question, and conflated gender identity with being transgender; however, everyone has a gender identity, even if they are cisgender.

*No perceived impact because of cisgender identity.* The most prevalent theme that arose from this question was the conflation of gender identity with being transgender, or lacking a gender identity if one is cisgender. For example, as one parent said, “I’m a cisgendered [sic] woman doing my best to incorporate trans and other identities into our discussions” (QTP_24). Here we can see how this parent conflates their cisgender identity with a lack of gender identity, and highlights that they therefore try to include more information about trans identities in their conversations. Mardell (2016) highlights how commonly gender identity is used to refer exclusively to trans and non-binary people, and not cisgender people, and how the phrase
“identifies as” can be used to invalidate trans and non-binary people’s experiences of their gender. We often do not refer to cisgender people as ‘identifying as’ cisgender men and/or women, although this is their identity. Many of the individuals in my study who answered this question implicated that being cisgender was the default, and that their gender identity (as cisgender) did not impact discussions – because they were not transgender. In fact, 13 parents (compared to only two for the sexual orientation question) indicated that their gender identity had no impact on these discussions, with quite a few identifying that this was because they were cisgender (i.e., not transgender or non-binary).

Parents also highlighted how their own gender identity (of being cisgender) did not impact their conversations, but that they were trying to explicitly include information on transgender identities with their children. For example:

I am cisgender so my personal gender identity didn’t impact my discussions but I have many trans friends. I asked about their input in how to speak to my children about gender and, on their recommendations, started introducing gender as a separate concept from sex when they were toddlers. I build on it every year, and incorporate new information as I learn it. (QTP_17)

Although this parent indicates that their gender identity did not impact these discussions, it is clear that the fact that they do not have lived experience as a transgender person impacts the knowledge they have about these experiences, and thus their cisgender identity does impact these discussions. Some parents talked about having broader conversations about gender, but highlighted how their cisgender identities likely made these conversations not as nuanced as if they were not-cisgender. For example, one parent said:
While I have knowledge and understanding of diverse gender identities, I do not have the lived experiences that gender-diverse individuals do and therefore I think my conversations are about gender [sic] are likely less nuanced in that way, even though I try my best to be as nuanced as possible. (QTP_11)

This was a common response from parents who were cisgender – indicating that their personal identity (as a cisgender person) did not impact these discussions but that they felt it was important to present their children with gender diversity or to educate their children about gender diversity. Some parents also highlighted how their relationships to other transgender individuals (such as their own friends or their children’s friends) made these conversations about trans identities more present in their lives, or gave them people that they could learn this information from and then share it with their children.

**Impact through increased conversations about gender.** For those participants who did indicate that their gender identity impacted the discussions, many still conflated gender identity as equaling being trans. As one parent mentioned:

> [Gender identity impacts these discussions] a great deal. We talk a lot in our family about masculinity and femininity and how people express their gender identities. One [child], AFAB, has expressed masculine identity since about [preschool age] and starting at about [middle school age] has started to use the label of “trans” for himself. My wife came out as trans and started transitioning to female when the [children were under 10 years of age], so this has been an active part of their consciousness for as long as they can remember. (QTP_30)

This demonstrates how trans identities in a family might make the conversations about masculinity and femininity more common, or more in-depth. Many of the trans parents in my
study did highlight how their lived experiences made conversations about gender easier and less abstract: “it makes explaining trans and non-binary identities more concrete. My kids know the details of medical transition because it’s a reality in our lives” (QTP_08). Although gender identity can impact many conversations, not just about gender, these parents’ experiences demonstrate how gender identity also substantiates these conversations through lived experience, in a similar way to how many parents indicated that sexual orientation impacted their discussions.

These cissexist assumptions from parents, about cisgender identities being the default, and gender identity as exclusively referring to trans and non-binary individuals indicates a gap in knowledge amongst the queer community. This also points to a limitation of this research in that I was trying to gather information about if parents who are the same-sex or same gender as their children might feel more comfortable discussing certain topics (such as puberty) with these children. However, very few parents actually interpreted this question in the way it was intended. This also points to a larger issue with online qualitative research in general, in that you are unable to clarify things for parents. It may have been better to word this question asking parents if their sex and/or gender impacted these discussions, and avoided the wording of gender identity. Alternatively, this question points to how parents’ cisgender identity might impact discussions in that they have less information to provide to their children about the experiences of trans and non-binary individuals. Further, it demonstrates how having a trans parent in the family impacts discussions about gender specifically, in a similar way to having a queer parent in the family in that this lived experience and reality for parents makes these conversations more naturally included and commonplace in these families. Finally, similar to the question about sexual orientation, many parents highlighted how ultimately they wanted their children to have
information about diverse gender identities, and to be open and accepting with their children about gender identity diversity.

**Impacts on conversations across genders.** For those parents who had interpreted the question in the intended way (i.e., about their gendered experiences impacting discussions other than gender identity), some talked about how it was easier to talk with same-gender children. One parent said, “I think it makes it easier being a man and talking to my boys about sex. I would probably be less comfortable (but willing to do so) if I had daughters” (QTP_04). In contrast, another parent highlighted that she thought it was easier, as a mother, to discuss sex with her sons, but mentioned that “it really depends on the relationship” (QTP_14). This points to the impact of parent-child relationships on these conversations, and the many factors that might impact these conversations overall. Previous research with bisexual parents found that these parents feel more comfortable discussing things with their same-gender children (Bowling et al., 2017); the parents in the current study seem to vary in their opinions about this topic. This also points to the importance of exploring parent-child relationships when considering discussions about sexuality, and gathering information from children to see their perspectives on this type of education. Potentially it is not parents that feel more comfortable talking to same-gender or same-sex children, but that children feel more comfortable talking to same-gender or same-sex parents.

**Impacts of womanhood on discussions.** A couple of the women in my study mentioned how their gender, as women, impacted their discussions about sex and sexuality with their children. One mentioned having conversations with her children about how women are perceived in society and another mentioned “safety and positive body image” (QTP_13) as things that were
impacted by her gender. Further, one parent mentioned the different perspective being a woman had on the sexuality education she provided to her children:

>I am very grounded in being a woman (I have explored my gender identity – I have asked myself, am I really a woman? Could I be something else – and I am committed to my gender identity as a woman. It’s pretty solid. So, being a woman, I discuss sexuality from a woman’s perspective, intersecting with my sexual minority status (as well as other intersecting factors such as my ethnic background, etc.). (QTP_05)

This parent also highlights how holding multiple identities, particularly multiple marginalized identities, impacts these conversations overall. This points to the importance of considering these gender contexts, and how gender impacts the way one moves through the world, when exploring what parents may or may not discuss with their children. Additionally, this highlights the importance of communicating how multiple identities interact to impact one’s experience in the world.

**Unsure of the impact.** A few parents mentioned they were unsure of the impact of their gender identity on these conversations. For example, one parent said, “I don’t know, I like to think regardless of my gender identity I’d be having the same conversations with my children but I’m sure it would be different if my gender identity isn’t what it is today” (QTP_21). This quotation in particular is interesting because of the one quotation above from a parent indicating that their sexual orientation had no impact because, regardless of their sexual orientation, they thought that their children should be educated about sexual orientation diversity. From this quote about gender identity, we see some introspection about how gender likely impacts these conversations, but it is hard to elucidate exactly how, without being in a different position. I argue that similarly, sexual orientation impacts these discussions, but in contrast to what the
parent said previously, it is likely hard to see how this might be without being in that position and having a different lived experience.

Overall, it appears as though parents were less clear about how their gender identity might have impacted these discussions with their children. Many parents assumed a cisgender identity as being the norm, but highlighted that they wished to present their children with diverse understandings of gender, including information about trans and non-binary identities. For parents who interpreted the question in the way I had intended, they seemed split on if it was easier or more difficult to discuss sex and sexuality with same-gender children. Finally, a few of the women in my study highlighted how their gender had impacted these discussions because there were things they were maybe more likely to discuss, because of the ways being a woman is seen and perceived in society.

**Stereotypes**

Many stereotypes about LGBTQ+ people in society could potentially impact how these individuals discuss sex and sexuality with their children. Therefore, I was interested in understanding more about what stereotypes people perceived there were about them in society, and if these stereotypes did actually have an impact on their discussions about sex and sexuality with their children.

**Perceived stereotypes about LGBTQ+ people.** First, I asked individuals what stereotypes they perceived people in society had about them as an LGBTQ+ person in general (i.e., not specifically related to them being a parent). Participants described a wide range of stereotypes, some focused explicitly on sex and sexuality, with many more focusing on stereotypes about them and their identities more broadly. In particular, many of my sample mentioned stereotypes and perceptions of others about bisexual individuals.
**Stereotypes about bisexuality.** Bisexual participants talked a lot about how other people think bisexuality is not real, a phase, something someone does for attention, that bisexual individuals are not ‘actually’ LGBTQ+ or not LGBTQ+ ‘enough’, or that they are “really gay but not ready to come out with [i]t yet” (QTP_39). These are common stereotypes that bisexual individuals face in their daily lives, and have been found in other research as well (Alarie & Gaudet, 2013; Bostwick & Hequembourg, 2014). Although not explicitly a stereotype, there were also quite a few mentions of bisexual participants feeling erasure based on their relationships, or how others viewed their relationships. For example, as one participant described, “Bisexuality erasure is a key part of my experience as a bisexual woman married to a cis male” (QTP_29). Another individual mentioned how, regardless of their partnerships, this erasure seemed to be pervasive, “People make assumptions about my sexuality based on the gender of the partner I’m with. Sometimes my identity feels erased” (QTP_33). This is related to the results of a study by Alarie and Gaudet (2013) who found that bisexual individuals are often ignored and/or devalued by other people. Through this participant’s description of feeling their identity erased based on the gender of their partner, we can see how erasure is related to people ignoring someone’s identity, and also results in someone feeling their identity is being devalued. Other participants, including those who did not identify as bisexual, discussed feeling erasure about their identity because people assumed they were straight, and some mentioned that they did not ‘look’ LGBTQ+ ‘enough’. A few of the individuals who discussed this perception also mentioned that they did not like being perceived as heterosexual.

**Stereotypes of politics and presentation.** Other perceived stereotypes from participants in the study included some comments about people’s political orientations, for example that LGBTQ+ individuals were more liberal, forward thinking or “always going on about injustice”
People also mentioned being perceived as hating men, and mentioned assumptions from others about their queer relationships – for example, that one partner is the man in the relationship and another is the woman. One of the trans participants in my study also mentioned gender stereotypes suggesting that he should portray a certain type of masculinity: “[People] expect me to “man up” and be more gruff and what they perceive as masculine in order to fit their idea of what a man is, otherwise, I’m just playing dress-up to them” (QTP_23). Massey (2001) found that many stereotypes about lesbian and gay individuals are related to real and/or perceived gender transgressions; because there are also widespread anxieties about LGBTQ+ individuals not providing appropriate or adequate gender role-models (Pennington & Knight, 2011), transgender parents may thus also be subject to increased gender stereotyping and regulation.

**Stereotypes about sexual activity.** Finally, a number of participants mentioned stereotypes related to sex and sexuality more explicitly, which may also affect how they discuss these topics with their children (although this will be explored when I discuss the effect of these stereotypes on sex education below). A number of participants mentioned stereotypes such as being a ‘slut’, more sexually permissive, promiscuous, and one participant even indicated that people perceive them as “more focused on sex and sexuality since the identity is ‘about sex’ (said sarcastically)” (QTP_43). Although this participant clearly indicates, with their addendum about being sarcastic, that they do not believe this stereotype, they also highlight how this is a stereotype that some people have about LGBTQ+ individuals. Many of the stereotypes the participants in my study mentioned about sex align with the results about people’s beliefs about lesbian and gay individuals (Massey, 2010). This includes stereotypes that lesbians are pro-sex or highly sexual, or that gay men are promiscuous (Massey, 2010). Although Massey (2010)
found these results stratified by gender, many of my participants were self-identified queer, bisexual, or lesbian women and, as such, the stereotype that lesbians are pro-sex or sexual, and the stereotype that bisexual individuals are “sexually obsessed” (Brewster & Moradi, 2010, p. 462; Mitchell, 1998) are most relevant to my sample.

Overall, participants brought up a number of stereotypes they perceive other people in society have about them being LGBTQ+, most of which were in line with what research has found other people believe about LGBTQ+ individuals and many of which are also common things that one might hear in daily life or see in popular culture. Only two participants mentioned that they did not perceive any stereotypes, and another two said that they were not sure. To try and determine further how these stereotypes might impact people’s experiences of sex education with their children, I also explored if there were any additional stereotypes people perceived others as having about them as LGBTQ+ parents, and also asked how this affected their sex education with their children.

**Perceived stereotypes about LGBTQ+ parents.** When examining what parents responded for stereotypes they perceived other individuals had about them as LGBTQ+ parents, there were a couple main themes. The most common stereotype parents mentioned was that LGBTQ+ parents would raise LGBTQ+ kids. Parents also mentioned some stereotypes about children lacking a male or female role model, exposing children to sex and/or sexuality too early, and some gendered stereotypes that interacted with sexuality in these parents’ lives. Most parents brought up more negative stereotypes, although a couple people mentioned ones that might be perceived as more positive – such as LGBTQ+ parents being more inclusive or celebrating diversity. Despite this, these more positive stereotypes were very limited, and negative stereotypes were definitely the more pervasive ones in this study.
**LGBTQ+ parents will make their children LGBTQ+.** Many parents brought up stereotypes that suggest that LGBTQ+ parents will raise LGBTQ+ children, or in some way influence their children to be LGBTQ+. As one parent described, “people see me as somehow influencing my children’s identities. This is especially salient as the queer parent of a trans child” (QTP_08). This parent demonstrates the complexity of being an LGBTQ+ parent under scrutiny about your child’s (potential) identity. Although a common stereotype, it is also interesting as one of the parents in my study also mentioned that they came to understand their trans identity after their child came out as trans. Although broader society may perceive this as an LGBTQ+ parent influencing their child’s identity, the reality is that, for this parent, it was the other way around. However, this is a common stereotype that has been found in previous research examining people’s perceptions of LGBTQ+ parents. Broader society seems to commonly believe that the children of LGBTQ+ parents will grow up to be LGBTQ+ themselves (Clarke, 2001; Pennington & Knight, 2011, Mitchell, 1998).

**Lack of appropriate gender role models.** A number of parents also mentioned stereotypes about their children lacking a male or female role model in their lives and/or how families should have both a mother and a father. Although no participants explicitly related this lack of appropriate role models to a lack of capability of being parents, a number of participants did indicate that they might be viewed as less capable parents, or less likely to raise their kids well because they were LGBTQ+. This likely relates to broader stereotypes that people believe children need a cis-normative, binary male and female role model (and/or a mother and a father), and because some of these LGBTQ+ families may not have that, the children in these families are somehow lacking. This has also been found in previous research examining people’s beliefs about LGBTQ+ parents. Clarke (2001) found that lesbian and gay individuals face beliefs from
others that their children will “lack appropriate role models” (p. 557), particularly with regards to
gender (Pennington & Knight, 2011). Still, these broader stereotypes fail to account for the
diversity of ways families exist – including heterosexual parents who may be single parents,
raising children between two houses (because of work, family relationships, health reasons, etc.)
or a multitude of other reasons that children may not have a male and female role model in the
house.

**Precocious introduction of sexuality concepts.** Furthermore, in relation to sexuality,
some parents in the study mentioned that other people think that LGBTQ+ parents might
introduce too much, too soon in terms of sexuality or sexual content. Some parents mentioned
that people perceive LGBTQ+ parents as being more permissive in terms of what they allow for
their children’s sexual expression; for example, one parent mentioned that people think they will
allow their children to have sex at an earlier age. Related to permissiveness, a couple parents also
mentioned being perceived that they would be generally more permissive with their children and
have less rules for them. Although no previous research has explicitly confirmed these
stereotypes, research examining sex-related stereotypes about LGBTQ+ individuals more
broadly demonstrate how some of these stereotypes may translate into the parenting lives of
LGBTQ+ individuals. For example, research which finds that people believe that lesbians are
pro-sex (Massey, 2010) may influence parents’ discussions with their children as they worry
about other people viewing their education as inappropriate.

**Gendered parenting expectations.** Finally, there were some stereotypes about LGBTQ+
parents that related to gendered parenting expectations. For example, one trans father in my
study said, “I think a lot of people assume I’m an active and involved parent because I was
socialized as a girl from birth” (QTP_23). Another parent mentioned how aligning with certain
gender expectations, presumably in contrast to her partner, means that she is perceived a certain way, “because I’m a cis woman who more or less exhibits certain gender markers (long hair, wearing dresses and occasional makeup etc), there has been a perception that I’m “naturally” the more nurturing, “mom-like” parent” (QTP_28). Through these examples we can see how gender stereotypes permeate LGBTQ+ parents’ experiences.

**Unawareness of stereotypes.** In addition to stereotypes LGBTQ+ individuals mentioned about themselves as parents, a number of parents also mentioned that they were not aware of stereotypes because they do not pay attention to them. For example:

> I don’t really know. I can only guess at what homophobic Christian Conservatives may think of our queer household, but we live our life and raise our kids just as any other family, and our values are not impacted by those who don’t approve of us. (QTP_26)

Along with some parents not paying attention to or placing much value on stereotypes from others, a couple of parents mentioned how they are read as straight (generally because of their gender expression or because they were a woman in a partnership with a man), and as such they did not expect other people to perceive them as an LGBTQ+ parent.

For those participants who did perceive stereotypes about themselves as an LGBTQ+ parent, these were often in relation to how they were raising their children. For example, many stereotypes were related to parents raising their children to be LGBTQ+ themselves, parents inadequately raising their children, or parents raising their children too permissively. In addition, some parents brought up gendered parenting stereotypes that they perceived from others. Finally, some parents in this study talked about how they did not pay attention to people’s stereotypes, or other people read them as heterosexual so they did not perceive any stereotypes.
**Effect of stereotypes on LGBTQ+ parents’ discussions with their children.** Overall, parents reported that the stereotypes seemed to impact their discussions of sex and sexuality with their children along similar lines as many of the themes that have already been explored. Many parents talked about stereotypes as opening the lines for discussion with their children across a variety of topics such as diversity and respecting others. Parents also talked about how they used these stereotypes as an opportunity to educate their children, sometimes so that their children could then also educate others. Ultimately, stereotypes about the LGBTQ+ parents in my study seemed to prompt them to give their children the tools to successfully navigate a hetero- and cis-normative world while confronting the homo-, bi-, and transphobia they might experience along the way.

**Stereotypes prompting broader discussions.** Although many stereotypes can be negative and untrue, parents discussed how they prompted them to include certain things in their discussions with their children. For example, “[stereotypes] make me more aware of things that I should address with [my children] to make them better thinkers, better people, and to prepare them should they have identities that are no[t] within the mainstrea[m], hetero/cis norm” (QTP_11). Another parent mentioned how they discuss the importance of respecting other people, which comes out of discussions of stereotypes: “We do talk about stereotypes a lot, and homophobia, transphobia, and other forms of discrimination, and about the necessity of respecting people's gender identity, pronoun preferences, and sexual orientation” (QTP_26). This idea of respecting other people and teaching children about diversity was a common response from parents, and a way that parents actively rejected (potentially harmful) stereotypes about LGBTQ+ individuals with their children. One parent described this rejection through the following response: “I try to frame things in a very affirming, open view of the varied ways that
humans can show up in the world. I want to create a counter narrative for them to fall back on” (QTP_08). Another parent highlighted how countering stereotypes also means being inclusive in discussions, and including information about people’s lived experiences in these conversations.

**Stereotypes as an educational opportunity.** Along with providing this education to their children, parents talked about how they hoped that the education they provided to their children would simultaneously give them the tools to educate others. One parent mentioned how they wanted their children to “have the language to debunk lies and stick up for themselves if needed” (QTP_16), while another shared:

> I want to make sure our kids sound knowledgeable, respectful, and are open minded to these discussions with others. I want to ensure they are equipped with the right tools to be able to help educate others and to be able to defend themselves against ignorant stereotypes. (QTP_04)

This combination of education about the diversity of human experience, along with how to confront stereotypes and educate others seemed to be the most common way that stereotypes impacted parents’ discussions with their children. Although this is not as explicitly related to discussions about sex, stereotypes about LGBTQ+ individuals as being sexually promiscuous or deviant in some way may come through in some of these discussions, and providing children with the knowledge and skills to confront this, along with the other stereotypes they may face appears to be important for LGBTQ+ parents. One parent also explicitly mentioned that discussions about some of these things “often come up in related topics to sexuality discussions” for example, “discussing how other people may perceive things and why and if that’s be valid [sic]. Or when/if to disclose information about our family and why” (QTP_39).
One parent in this study also highlighted how these stereotypes permeate their children’s perceptions of them as an LGBTQ+ person, and how this provided them with a good opportunity to educate their children further:

[Stereotypes] makes [sic] it harder for [my children] to see me as an LGBTQ+ person. They see my involvement in the community, and I sat on the executive for my city for a year so they were involved in many activities. But I still get treated as a bit of an outsider by straight and queer people alike. So I emphasize to my kids how you can't know either sexual orientation or gender by looking, and we believe what people tell us. I also call them on heteronormative assumptions about others and about me. (QTP_17)

This parent demonstrates how stereotypes can impact discussions as parents not only try to educate their children about diversity so that they are adequately prepared to face discrimination in the world, but also so that their children do not replicate this discrimination with their parents.

External influences on the impact of stereotypes. Based on previous research, I thought that some parents might share less information about sex and sexuality, for fear of being seen as transmitting too much information to their children, too soon. From these results though, the parents in my study ultimately did not seem to care what other people perceived they talked about with their children; instead, they chose to focus on educating their children so that they could confront these stereotypes when they faced them. A couple parents also explicitly mentioned that these stereotypes do not actually affect their discussions with their children – either for the reason I just mentioned, or potentially because these parents do not want to give attention to false stereotypes. Despite some of my hypotheses in my literature review about the variety of ways in which stereotypes may impact LGBTQ+ parents’ discussions about sex and sexuality with their children, parents appear to not be impacted much by these overall – with the
exception of trying to provide their children with more information. However, one parent did mention how stereotypes might influence their treatment of other people’s children – because of their LGBTQ+ identity⁹:

I think that stereotypes (particularly contagion-"you'll give my kids your gayness" or sex offender-"you are going to sexually abuse my kid because you are a pervert") influences the way I interact with other people's kids (i.e., my kids' friends and classmates). For example, I had some fears that the father of the little girl I talked about earlier (the field trip) might complain to the teacher that I explained my relationship [having two moms] to her. Or, worse, that he'd accost me in my yard (he walks by my house all the time and we exchange pleasantries).

Although this is not explicitly related to LGBTQ+ parents’ discussions with their children about sex and sexuality, it is an important area to consider, and to potentially more explicitly ask parents about – for example, do parents consider their children’s friends’ parents’ perceptions when they consider what to discuss with their children about sex and sexuality.

Ultimately, stereotypes seem to affect most parents’ discussions through a desire to provide their children with open and inclusive information, and give them the tools to adequately address instances of discrimination (specifically related to sexuality and their families) in their daily lives. It is important to continue to explore stereotypes and other people’s perceptions so that people (not just LGBTQ+ parents and individuals) can actively work to challenge them in their day-to-day lives.

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⁹ It is interesting that this participant mentioned that these stereotypes impact their treatment of other people’s children in the “do you have anything else to add” section at the end of the survey. This participant may thus have been thinking about this specific situation throughout the survey and obviously it made enough of an impact that they thought it would be relevant to include.
**Programs, Policies, and Resources to Serve the Needs of LGBTQ+ Parents**

**Sex education in schools.** I was interested in exploring how parents felt about sex education in schools because of the recent political changes in the Ontario sex education curriculum. To capture parents’ experiences of sex education in schools, I asked them what their children were currently learning, if the current Ontario sex education curriculum fit their family’s needs (and why), and how the curriculum could be updated to better fit their family’s needs.

Parents highlighted how better communication about what children are learning in schools is important. Overwhelmingly parents also talked about LGBTQ+ identities and consent being necessary for children to learn in school, not being adequately covered in current conversations, and how these updates and changes were important components of the curriculum better fitting their family’s needs.

**Current context of sex education in schools.** To try to contextualize data about parents’ feelings and experiences with the Ontario sex education curriculum, I asked parents what their children were currently learning with regards to sex education in school. Many parents seemed to be unsure what their children were learning, felt that their children were not really learning anything, or indicated that their children were learning at a very basic, biological level about things like puberty.

*Parents are unsure what their children are learning.* Many parents did not seem to know what their children are learning in school either because they have not been provided with the information or because their children do not tell them. Parents also mentioned difficulty getting information about what curriculum their children were being taught or what they were learning from schools. As one parent said:
It is not clear [what they are learning in school]. The Catholic school board is very guarded about this and is not open about what is taught. I'm not comfortable with the lack of openness and possible lack of teaching of this topic. This is one of the main reasons I would like her to change to public school when she finishes elementary. (QTP_44)

Although this student in particular was in a Catholic school, parents of students in public schools shared similar sentiments:

I'm not sure [what they are learning in school]. It is difficult to get this information from the school. I have determined that I can't trust the school to give my child the breadth of information I would like him to have nor will it be as positive as I'd like it to be. I feel comfortable educating him myself. (QTP_19)

As this parent indicated, a number of parents mentioned how they felt it was necessary to supplement the education their children were receiving at school with their own education at home. One even mentioned supplementing the school’s education with a copy of the 2015 curriculum at home because they did not know what their children were learning at school. The parents in this study have previously discussed the value they place on openness and accurate information. Therefore, it is understandable that they feel the need to supplement their children’s education when they are unsure what this education consists of.

_Parents feel children are learning nothing at school._ Other parents indicated that their children were learning nothing at school, either because of timing of classes or because they really did not believe their children were learning anything. Some parents mentioned that sex education classes are not until June, so they were unsure at the time point of this study what might be taught to their children. A good example of how this overlaps with a lack of communication from schools about the curriculum was described by a parent:
In my experience of elementary school education, the school leaves what little sex ed there is to the very last week of the year when no one is paying attention. The teachers provide no information about what is taught in class, and my kids haven't reported learning anything they didn't already know from what we teach them at home. (QTP_30)

Similar to this, a lot of parents said their children were not learning very much and some were pretty apathetic about the type of sex education their children would be provided with. For example, one parent said that their child was learning “probably nothing in grade one that’s worthwhile” (QTP_09). Therefore, some of the parents responding ‘nothing’ to the question may be referring to not only the timing of their children’s education, but also to the actual content of this education.

One parent mentioned how health was only offered to high school students who took gym classes, and their children were older than grade 9 (which is the only grade in high school when gym classes are mandatory). Some parents also mentioned “nothing yet” (particularly parents of a 4, 6, and 7-year-old), with one parent saying that they thought it was because their children were too young. Yet, the updated 2015 curriculum starts this education in grade 1, when children are 5 or 6 years of age. In the 2015 curriculum, children in grade one are expected to learn the correct names for body parts, including genitals, while children in grade two learn about different stages of human development (Ontario Ministry of Training and Education, 2015). Although parents may not think that their children are old enough to be learning any of this information in school, some material is incorporated into the curriculum even at these young ages.

*Children need to learn more at school.* For parents who indicated that they knew what their children were learning in school, responses and school approaches seemed to be quite varied. Some parents seemed to think that their children’s school lessons only covered puberty:
“even before the curriculum was changed, I don’t think much was covered beyond the basics of puberty” (QTP_26). Other parents talked about how they were aware that their school would be switching back to the 1998 curriculum, but some indicated that their schools would be challenging this: “I do know that our teachers have been vocal about ensuring that kids have the whole range of information they need and that our school is a welcoming place for queer and trans kids (or at least tries to be)” (QTP_35). Parents also suggested though that overall the sex education provided by schools was not comprehensive enough (ex. “They are definitely not learning enough about consent in school” (QTP_11)), and predominantly sex-negative. It is also hard for parents to determine if teachers will cover the material without imparting their own values and potentially misinformation. For example, one parent said, “my son was told that the teacher was unable to discuss STI prevention in non-heterosexual couples until grade 8. Sex was also described as oral, anal or normal” (QTP_03). This demonstrates how heteronormative biases can permeate sex education through teachers, even if those teachers are providing curriculum-based education.

In addition to the challenges of determining if teachers are teaching everything they should be in the curriculum, this study was conducted at a time when debates were raging about the Ontario sex education curriculum and its status in schools seemed to constantly be in flux. During the summer of 2018, Doug Ford and the Conservative government pulled the 2015 curriculum from schools (Alphonso, 2018). Following this the government said they would only partially repeal the curriculum – leaving room for conversations such as gender identity and consent – before contradicting themselves and saying they had not decided what they would do (Jeffords, 2018). During this time some teachers spoke up saying that, despite what the government was going to do, they would still teach this material in schools because they felt it
was important information for children to learn (Jeffords, 2018). The government then came out with a ‘tip line’ (named a ‘snitch line’ by many) for concerned parents to report teachers who were teaching material from the 2015 curriculum so that they could be investigated by the Ontario College of Teachers (Paling, 2018). During the Winter of 2018 and 2019, the government engaged in public consultations, which found overwhelming support for an updated sex education curriculum, similar to the 2015 curriculum (Jeffords & Loriggio, 2018). In February 2019, an Ontario court dismissed a legal case against the government in regards to the repealed curriculum, and in response the Elementary Teachers’ Federation of Ontario (ETFO) issued a statement saying that teachers should use their ‘professional judgement’ and can draw on other resources to teach updated sex education information to students (Alphonso & Gray, 2019). Finally, in March 2019, the government announced they would release a new curriculum, to be implemented in September 2019, covering many of the same topics as the 2015 curriculum, but when children are older (Jeffords, 2019). Given all of these changes in the curriculum and the statement by ETFO indicating that teachers can now supplement their teachings with other materials (but not providing universal guidelines for what should be taught and when), it is not surprising that many of the parents in my study were confused or unsure about what their children might be learning, to what extent, or at what age.

Ultimately, it seemed challenging for parents to determine what exactly their children were learning in school, or to what quality and extent this education was being provided. A number of parents mentioned their desire to supplement this education on their own, and indicated that even when provided, the school’s education was inadequate and predominantly sex-negative. Given the recent political changes with regards to the sex education curriculum,
there is a lot of variability across school boards in what exactly might be being taught, so understanding what exactly is being taught in what classrooms is a challenge.

*Current sex education curriculum and family needs.* Parents in my study overwhelmingly said that the 1998 sex education curriculum (the one that was re-instated after Doug Ford rolled back the 2015 curriculum) does not fit their family’s needs. Although seven individuals answered ‘yes’ to my question asking if the curriculum fit their family’s needs, six of these individuals discussed how the 1998 curriculum was not sufficient when they elaborated on this yes. A few mentioned, however, that the 2015 curriculum did fit their family’s needs. One respondent indicated that the curriculum “is adequate because of our willingness/openness to talking about this subject matter” but they then went on to explain how they feel that for most families a comprehensive curriculum in schools is important:

…for the community at large, I think it’s important that it is made an ongoing discussion in the classroom as it is in our home. This let’s [sic] kids know they can ask questions all the time and will ensure all sorts of topics are covered. (QTP_23)

As this parent describes, a less comprehensive curriculum may not be adequate for all families, especially if they are unwilling or unable to discuss this material in their homes. Additionally, for children who may not share sexual or gender identities with their parents, they may receive a narrow scope of sex education, or at least a home-based sex education that does not fit their experiences. Therefore, having more comprehensive education in schools is important to support all children.

*The current sex education curriculum does not fit family needs.* The majority of the parents in my study focused on how the sex education curriculum does not adequately fit their family’s needs. Parents mentioned the importance of children learning about gender and sexual
orientation diversity in classrooms, particularly for children with LGBTQ+ parents or for LGBTQ+ children themselves. One parent highlighted how removing information about LGBTQ+ people and experiences from the curriculum means that “our family is erased on so many levels” (QTP_08) and a few parents similarly said that not including this information means that the curriculum is not reflective of their children’s lived experiences (as LGBTQ+ children or those from LGBTQ+ families). Some parents talked about how these lessons about gender identity and sexual orientation diversity also protect their children’s safety at school: “I want my trans daughter to be safe at school and I worry she will be bullied or experience violence if her classmates are not taught that gender diversity is normal” (QTP_01). Similar to this parent talking about how it is important that other children are educated about this for the safety of their own child, another parent mentioned how the school should teach this because other children’s families may not:

   From my understanding of the recent curriculum rollback, the school will now provide no information about gender identity, which means both my wife's and my child's identities will be ignored or treated as shameful secrets. If other children's families don't teach them that there are queer people and trans people, then the school won't do so either. This makes my kids' lives harder, and substantially increases the risk that they will get bullied. (QTP_30)

   A common stereotype is that children from LGBTQ+ families will be bullied (Clarke, 2001). However, if we can teach other children about the diversity of sexual orientation and gender identity, this could help to avoid some of the bullying children experience. Although a meta-analysis found that many of the positive benefits of educational programs focused on reducing homophobia, transphobia, and biphobia amongst young people were most apparent
shortly after the program (Vera Cruz, 2015), educating children about these things and normalizing them at an earlier age may help to prevent some of their prejudicial attitudes from even developing. Finally, one parent mentioned how not including information about LGBTQ+ individuals, in particular gender identity, “can put a lot of pressure on my children to be the suppliers of this information when explaining who "xexe" is and even if we use mommy why they have two step moms AND a biological assigned female parent” (QTP_06). This parent thus highlights how providing this information in schools can take some of the weight off of children to explain to others their family structures, origins, and relationships. Although parents have highlighted previously throughout this study how they hope to be able to provide their children with enough information and education to educate others, this type of emotional labour on a regular basis may be exhausting for children.

*Current curriculum needs information on consent.* Along with information about LGBTQ+ families and identities and its impact on safety from bullying, parents discussed safety more generally and in reference to consent. Similar to LGBTQ+ information, one parent highlighted how providing information in schools keeps their children safe as *all* children are learning about this: “I’m worried that they won’t get the information they need to keep themselves safe. And I worry that other children won’t get the information they need, which also puts my children at risk” (QTP_08). Other parents talked about the importance of including consent in the curriculum because, “consent should be a central part of the conversation, from bodies to sexual acts. Children should be informed on what is okay and what is not, and how to seek help if someone is harming them” (QTP_33). This parent highlights how an important component of consent is also protection from abuse, particularly in this case sexual abuse.
Overall, parents were very passionate about including consent in the curriculum and the negative impacts of removing it. As one parent shared:

THEY LITERALLY CUT OUT EVERYTHING ABOUT CONSENT. I HAVE SONS. THEY MIGHT TURN OUT STRAIGHT. YOU BETTER FRIKKIN BELIEVE I CARE ABOUT THEM KNOWING ABOUT CONSENT […] FOR PETE'S SAKE. Look, I'm not swearing in your data, but rest assured, if we were having this conversation face to face, I'd be swearing. (QTP_35)

This parent very clearly demonstrates their frustration with not having this material included in the sex education curriculum.

Broader areas where the current curriculum needs to be updated. Information about LGBTQ+ identities and families and consent were the most commonly mentioned areas where the sex education curriculum does not fit families’ needs. A few parents also mentioned how the curriculum was inadequate because of its lack of information about technology and online content and because of its sex negativity and focus on abstinence. The 1998 curriculum was implemented in a technologically different time and does not include any information about online safety (Contenta, 2018). One parent said, “my children need to be educated and have their friends educated about…the dangers of sexting and about how to keep themselves safe online” (QTP_21). Other parents highlighted the importance of their children being educated about social media and the impact of technology. Finally, a few parents mentioned that another area of weakness in the current sex education curriculum is its sex negativity with one highlighting that, “sex is still discussed around abstinence which puts stigma on those who choose to participate” (QTP_16). The fact that the curriculum focuses on abstinence is particularly important as we know from other research that abstinence-only curricula are actually less effective than more
comprehensive programs (Advocates for Youth, 2009). Additionally, comprehensive sex education does not increase the likelihood or prevalence of sexual activity amongst youth, nor do youth who receive this education experience negative effects on their sexual health (Advocates for Youth, 2009). Finally, research has shown that abstinence-only education programs completely misrepresent information and that youth in these programs are also no more likely to delay sexual activity than their counterparts not in these programs (Advocates for Youth, 2009). More comprehensive sex education programs which can address LGBTQ+ issues and safer sex for LGBTQ+ youth, instead of just a focus on (heterosexual) abstinence would help to address a multitude of issues that the parents in this study raised.

Overall, parents felt that the current sex education curriculum had many gaps. As one parent summed up in her response, “Where are the queers? Where is pleasure? Where is inclusivity? Where is information about online expression of sexuality? Social media and sexuality? Consent? I could go on. It's woefully shitty” (QTP_10). Another parent highlighted how children already have a lot of information that is being discussed, and they need (and want) more: “All of the children in her class have more knowledge and open mindedness than the current curriculum. They all want more open and honest discussion about topics that they are unfamiliar with” (QTP_22). Finally, one parent said that “the curriculum should be current, inclusive and relevant to the world” (QTP_38). These parents so clearly describe how the current sex education curriculum does not adequately fit families’ needs, but also how it is not relevant to today’s current context and social climate. Sex education curricula need to respond to children’s needs and the world children live in, and the current curriculum fails to do so.

**How the sex education curriculum could better fit families’ needs.** Many of the ways in which the sex education curriculum could better fit families’ needs are explicitly related to the
gaps parents see in the current curriculum and their descriptions of how this curriculum does not fit their family’s needs. Many parents talked about incorporating the material they saw as being left out (mostly commonly information about consent, sexual orientation, and gender), although a few others went beyond this to talk about explicit ways that classrooms, teachers, and the curricula could be better designed.

Widespread and comprehensive sex education curricula in schools. A number of parents said that using the 2015 curriculum would better suit their family’s needs, although some extended this saying that even that curriculum could be updated. For example, one parent said “go back to the previous curriculum, then make it even more progressive by teaching them about pleasure and how they deserve pleasure and how to access pleasure” (QTP_11). Along with this parent, a few other parents mentioned how the curriculum should incorporate pleasure and be more sex positive; this includes the way the curriculum is taught. Teachers should not shame students and be more sex positive in the way they teach material.

Other parents talked about how incorporating this information not just in the sex education curriculum but more widespread in the classroom and its resources is important, and how this can and should be incorporated at a young age. As one parent said, “If children's books in kindergarten can show a mom and a dad family, they can show a two mom family” (QTP_12). Another parent shared ways in which the curriculum could discuss LGBTQ+ issues in age appropriate ways, and increasingly incorporate this information as children get older:

Start in early grades. Why should kids learn about LGBTQ issues in kindergarten/1st grade? Because LGBTQ+ families are a reality and we're just as valid a family constellation as any other! Kids also need to learn about gender early, so that they learn kindness, acceptance and tolerance towards people who don't fit binary gender norms.
Also teach kids about homophobia and transphobia and how to respond to comments, etc. Celebrate Day of Pink in each school, not just Pink Shirt Day against general bullying, but a real day against homophobia/transphobia specifically. As kids get older, incorporate more stuff about sex and relationships. Present various sexual orientations, including asexuality, as something normal and valid. Don’t just talk about STIs etc in the context of straight sex. (QTP_28)

_Incorporation of sexual orientation and gender diversity._ The incorporation of sexual orientation and gender diversity was a big theme throughout many parents’ responses as well. Not only did parents want the curriculum to normalize and represent LGBTQ+ families and identities, a few mentioned how sexual health information should be presented in the context of a variety of relationships – not just heterosexual ones. One parent also mentioned how presenting family diversity is important because of the social context in which we live:

> It's imperative [...] that children learn of these different family configurations ... regardless of their parents' / religion's moral stance on the issue. One can hold an opinion (i.e., "My religion is not in favour of this") but they must know it exists, is part of our society, and is, in fact, celebrated in this society (i.e., it is part of our Charter of Rights, it is embedded in our laws, and even our school board is celebrating Pride month by flying the rainbow flag). (QTP_05)

Another parent similarly shared that this type of education needs to be presented to all children, not just children in LGBTQ+ families: “…it is not only about what MY family needs. What we need is a community that understands and accepts the diversity of experiences and identities. That means teaching not only MY children, but ALL children” (QTP_15). These parents’ accounts demonstrate how LGBTQ+ information is important for all children to
normalize LGBTQ+ people and their existence in the world, and also to educate their children’s peers. Because we live in a country which has protections for people on the basis of their gender identity, gender expression, and sexual orientation, this information is an important component of the education children receive in school. In recognition of some of this diversity, one parent also mentioned the importance of inclusive language in the sex education their children receive: “It's important to me that material is covered using non-gendered language. In our family, we talk about "people who can have babies", "people who have penises", and "people who have vaginas" for example” (QTP_23). This type of language helps to normalize trans and intersex bodies and experiences, and also may help to teach children that it is not just women who give birth, and people of many different genders may have many different bodies. Along with LGBTQ+ content, families, and identities, many parents also mentioned that the curriculum should include consent – at an earlier age and more consistently – and information about online safety including discussions about pornography, social media, and sexting. Some parents also mentioned how discussions about different family structures should also explicitly include single-parent families, step-parents, polyamorous families, and other forms of family-diversity.

**Empowering children and supporting parents in sex education.** In addition to specific topics that parents highlighted in their responses, a few parents talked about the importance of empowering children through this education. For one parent, this empowerment meant, “empowering each individual student to be able to make educated choices for themselves and to teach them good communication skills so they know how to convey their choices to their partners, and how to ask for and listen to their partners' decisions” (QTP_37). This parent indicated that the curriculum should be centered around this empowerment goal. Another parent mentioned the importance of the curriculum supporting parents own education with their
children, and teaching children pride, especially in the context of a family that experiences not only the history of colonization but ongoing colonial violence:

[The curriculum] could also work to support our own education in teaching our children about consent and pride in their bodies and sexuality. The current curriculum goes a long way to reinforcing colonial violence especially against women and two spirited people.

(QTP_31)

In contrast to this parent’s desire that the curriculum support parents’ own education, another parent said that they actually do not want the curriculum to address all of their needs as they “have absolutely no faith that the school system will ever be able to cover these topics in a way that I would like” (QTP_19). Some of this cynicism about schools being able to provide adequate sex education covering all of the topics parents would like was discussed earlier as well, and this may provide evidence for why it is important that both parents and schools address these topics with their children.

Preparing to talk to children. To try and understand what resources might be the most helpful for LGBTQ+ parents in talking with their children about sex and sexuality, I asked participants how they prepared to have these conversations with their children.

No explicit preparation. Many parents indicated that they do not explicitly prepare to have these conversations with their children, often because they were integrated into daily conversations and a part of a variety of topics they already discussed with their children. As one parent shared, “We don’t prepare. It’s part of our normal dialogue” (QTP_06). Similar to this, another parent talked about how these conversations “happened quite organically. I don’t think I did any explicit planning” (QTP_08). The organic nature of these conversations may also have limited this parent’s ability to actually prepare for these, as it naturally came up in conversation
and they just had these discussions in the moment. However, one parent highlighted how these organic conversations could be coupled with a more explicit conversation, which they did prepare for:

I thought about what I wanted to say, consulted some resources for guidance, and planned a time when we could have a private, focused conversation. But we’ve also had many impromptu discussions about sex at teh [sic] dinner table. We’re a pretty open household. (QTP_10)

This combination of both natural and daily conversations, coupled with more explicit conversations which parents did their own preparation for was relatively common in my data. Some of the topics parents mentioned more explicitly researching and preparing to have conversations about were gender identity, information about a sperm donor, and sexting (and the laws around it). This is similar to research by Bonander (2016) which found that, in lesbian and gay parent families, many sex education conversations are unplanned, although parents tried to communicate to children that they ‘were on the same page’ as each other.

**Self-education and research before conversations.** Some parents mentioned more generally that they try to educate themselves before having these conversations, either by doing their own research, reading books and articles related to the topic, or by staying on top of current issues. Interestingly, one parent also highlighted how they worked through their own biases in preparation for this type of education with their children: “I had to work through sex and sexuality is not something to be ashamed of first so I could transparently supply information without passing on the shame we're often taught comes with these topics” (QTP_06). Another parent highlighted the variety of ways in which they prepare to have these conversations, coupled with their own post-secondary education in sexuality:
I also spend a lot of time thinking about my language and how I am going to approach conversations before they occur. If I need more info on a topic we will spend time looking it up together through appropriate avenues, or I will come back and discuss it again after reading about it. I also think back on our conversations and given her answers/questions etc think about where they might go next so that I can prepare some ideas about how to address these issues. (QTP_11)

This demonstrates how preparing to have these conversations can take multiple forms, and how parents may draw from a variety of available resources to help them prepare. An interesting facet of this quote as well is when the parent describes doing research with their children if they do not know the answer to one of their questions. This parent was the only one who mentioned this type of learning with their child, but I think it is an interesting and important way in which parents can demonstrate that they will not always have all the answers, and demonstrate to their children that they are open to a variety of conversations because if they do not have the answers they will look them up together. Finally, similar to the results of research by Bonander (2016), a number of parents mentioned using books to prepare to have these conversations, both reading books for adults as well as pre-reading books for their children or reading books for children with their children and then having these conversations.

**Preparing through conversations with other people.** Finally, parents also highlighted a variety of people they talked to, to help them prepare for these conversations including friends, other parents, medical professionals, their own parents, and their partners. However, one parent described how this does not always go according to plan: “We talked as parents/lovers talk about what felt right to talk to our children about and when. Then our kids blew our plans away with their own timing on questions and thoughts they have had. It’s their schedule, not ours.”
In this context, although the family tried to intentionally think about what conversations they would have with their children and when, it is clear that children can disrupt this based on their own expectations and curiosities. In some families, parents’ own plans about when to discuss topics may mean that parents shut down their children’s ‘premature’ curiosities. As I discussed previously, LGBTQ+ parents in this study valued being open and honest with their children and normalizing sexuality. Therefore, I expect that other parents who have experienced this situation probably also addressed these questions and thoughts in the moment when their children brought it up, instead of waiting until the parents felt it was right to address them.

Overall, parents seemed to prepare through a variety of different ways to have these conversations with their children. Although for many parents these conversations were naturally integrated into their daily lives, many still mentioned how they were prepared for these conversations through their own education, research or lived experiences, or because of the explicit work they had done to learn this material or think through how they might discuss it with their children.

**External resources.** Similar to parents’ preparation for these discussions, parents reported drawing on a range of external resources when having conversations with their children about sex and sexuality. Most parents talked about using books to stimulate this discussion or provide information. The two most common books parents cited were *What Makes a Baby* and *Sex is a Funny Word*, both by Corey Silverberg. Some parents also mentioned more inclusive children’s books that incorporated characters and stories that represented LGBTQ+ families and structures. In addition to books, a few people mentioned using websites or YouTube channels, or providing these resources to their children. Some parents also mentioned more in-person
resources such as discussions with their friends or other parents, drawing on the lived experiences of other queer people in their lives, or drawing on the expertise of medical professionals. A few also discussed a variety of parenting groups they used; one parent mentioned a parenting group for parents of trans children and another mentioned online gay dads’ groups. Finally, a couple parents mentioned using sexual health resources from local agencies, such as Planned Parenthood or the SHORE (Sexual Health, Options, Resources, Education) Centre in Kitchener, Ontario. Very few parents mentioned not using any resources at all.

Ultimately, parents seem to use a range of resources in their discussion with their children, although there still seems to be a heavy focus on books. This may be because parents can monitor their children more closely when they provide them with books, or because books that are overall good, but may have some flaws can be discussed or modified in the moment. For example, one parent mentioned how when reading a book aloud about pregnancy and childbirth to their child they “did some judicious editing…as it is very heteronormative and cisnormative” (QTP_17). In this way, books may be the best resource for parents because they are able to shape the content a little more easily, particularly when reading the material with younger children. Overall, it seems like parents use a range of different resources when having these conversations with their children. One parent highlighted how they “intend to use any and all resources to ensure that we’re speaking openly and at an age-appropriate level” (QTP_18). This quote demonstrates the assortment of resources that many parents likely collectively use to have these conversations with their children.

**Missing resources and needed programming.** In terms of resources, parents talked about a variety of resources that they thought might be useful. A few parents highlighted how the
resources they need are resources that all parents need – inclusive sex education materials for children. Inclusivity in resources and the necessity of inclusive resources was brought up by multiple parents, with one sharing “I’d like to see inclusion throughout rather than being a footnote or separate part of sex education” (QTP_43). Although there are some resources inclusive resources for parents, overall these are hard to find and even if they describe gender or sexual orientation, they might not be inclusive of trans bodies going through puberty, talking about pleasure, etc. These resources also generally cover sexual orientation or gender identity in a chapter in a book, instead of incorporating these diverse identities into the other material they are presenting (e.g., through illustrations, examples). One parent also highlighted how there is a need for more intersectional resources. Another parent discussed the gap in sex education resources like this: “We just need more. More inclusivity in the “classic” books on sex/puberty, more focus in teaching texts on sex for intimacy and pleasure as opposed to reproduction, more representation of LGBT characters in kids programming” (QTP_28). This desire for more resources generally also extended to a wider diversity of resources, such as alternatives for people who do not learn best through books and more online resources.

Other areas which parents felt they could use more resources included resources about self-touching (i.e., masturbation), resources about media, a glossary of non-gendered terminology and how to use it, resources which talk about sexuality as a colonial and capitalist colonial concept, and a centralized set of resources (i.e., avoiding all of the hunting that is necessary to find appropriate and adequate inclusive resources for children). In addition to physical resources for parents, a few parents mentioned the importance of having more support

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10 In my efforts to compile a list of resources, I heavily researched all of the different resources I would include in my list, and found this to be true.
in the school system. This support for them meant not only teaching LGBTQ+ inclusive curricula, but also having LGBTQ+ allies in the school. Another parent mentioned how community sex education programs should be offered for children who may not have parents comfortable with discussing these issues. Although some parents highlighted different resources that they would find useful, the main theme was that parents just wanted more. One parent even said they were “not sure, as myself being an LGBTQ+ parent I didn’t even know there were these kinds of resources available” (QTP_36). This points to the importance of creating these resources but also sharing them in a more mainstream way so that they reach more people and are easier to access.

When asked about what programming LGBTQ+ parents thought would be helpful for them in discussing sex and sexuality with their children a number of parents highlighted the importance of workshops and parent education/training programs on these topics. Some of these parents also indicated how these workshops could be useful for all parents, not just LGBTQ+ parents. One parent said:

I don’t think LGBTQ+ parents need any special help or resources discussing sex and sexuality with their children. It seems like it should be the other way around. Non-LGBTQ+ parents likely need resources and supports to discuss sex and sexuality and LGBTQ+ issues with their children who may be queer or non-binary. I am so sick of the onus being on the queer community to educate others about these issues. (QTP_26)

Although this was a similar sentiment, that this programming should be available to other parents, and research has found that LGBTQ+ children lack inclusive sex education (Estes, 2017), many parents did highlight the need for specific resources. One parent also mentioned having a support group, and another mentioned “information nights and workshops would be a
nice chance to connect with other people in the area” (QTP_33). Although LGBTQ+ parents may not need specific programming in terms of content, having programming that is specifically tailored to them may give these parents a space in which they can bring their whole selves without worrying about having to be defensive about their family composition or lived experiences.

In addition to a facilitated program, a number of parents mentioned more books and online material (such as YouTube channels) about these topics would be helpful. A few parents highlighted how books and online resources are valuable for families who live in more rural areas or are not as mobile, and may be a way to fill in gaps in enrolment for things like workshops or avoid parents having to travel to access this programming. Finally, a few individuals mentioned inclusive sex education curricula and more material within the school system.

**Resource list.** To help compile this resource list, parents’ responses to questions about what resources they found beneficial and what they would recommend to other parents were initially collected. Then, I searched the internet for other lists of LGBTQ+ inclusive resources, investigated some authors and publishers I knew published more inclusive material (such as Corey Silverberg and Maya Gonzalez), and searched for sex education books for kids online. I focused my searches on books, as this seemed to be a primary area of focus for many of the participants in my study as they said they both wanted more books, and also used books to initiate and continue discussions about sex and sexuality with their children.

Trying to narrow down the initial list I had was a lot of work that required me to make some ethical and moral decisions. Some of the resources that multiple parents had recommended were inclusive of queer, but not of trans, individuals. I struggled with how to include these
resources as they have obviously been useful for a variety of parents, but were not as inclusive as I had envisioned for the resource list. For example, although many parents mentioned they found value in the books by Harris and Emberley (such as *It’s Not the Stork, It’s So Amazing*, and *It’s Perfectly Normal*), these books were cisnormative, so I did not include them in my resource list. The books by Harris and Emberley also come up quickly when doing a search for good or inclusive sex education books for children. Our Whole Lives (OWL) – a sexuality education program through the Unitarian church – was also mentioned by a two parents in my study as a beneficial resource, but I chose not to include it because, although it does discuss sexual activity, it still promotes abstinence as the best option, and a number of parents in my survey seemed to prefer that sex education avoid this.

I also read reviews on goodreads.com to see what other people were saying about the books. If they had negative reviews indicating their lack of inclusivity (with regards to either transgender or queer individuals), I took the book off the list (if it had passed all my other reviews up until that point). On occasion, if I felt a book was really good and important to include, but might not be applicable to all of the families that it would be shared with (such as books about surrogacy or sperm donation), I added a note under the description of the book to try and make this apparent. The further I got in trying to curate resources, the more I realized that I could not possibly find resources that would perfectly fit all of the families in my study, but I tried my best to find the most inclusive ones I could. In lieu of other resources, I thought that it might be better to present parents with more options, while informing them outright about what these resources did and did not include.

There was also the challenge that there were some great resources out there for transgender individuals, but they were targeted at adults – despite the fact that many young
people need this information. I thus also thought about how best to address this – not all parents would find resources which explicitly talk about sexual activity appropriate for young people in high school, yet some might have no issues with this. When thinking about sharing the resources with participants, I thought about these things and how I could include this information as a precursor to the list, and in the email I would send to participants that might help address some of these ethical challenges. I decided that my email would include a statement similar to the following: “I recommend reading these resources on your own first, and then sharing them with your children, or reading them together with your children so you can address any questions or concerns as they come up. Some of these resources you may find are better suited to your own personal learning, but you may then wish to share some of this information with your children in a more age-appropriate manner.” Another ethical challenge was trying to determine what exactly qualified as being about sex education. I was challenged by trying to decide if information for very young children which simply included family diversity should be included in my list, or if this was not related to sexuality as explicitly enough. Ultimately, because more and more books are being released that are inclusive of LGBTQ+ characters, I decided I would include books for young children talking explicitly about family formation and bodies, but not just including LGBTQ+ characters. Instead, I provided a few different links to places where parents could find a list of some of these books.

After compiling my initial list of resources, I had 72 different resources across a variety of mediums – including books, YouTube channels, and websites. I thoroughly looked up each resource, or went to a library or bookstore to read through the books, if possible, to determine if they were suitable to include in the resource list. I chose to include inclusive resources as well as resources exclusively for LGBTQ+ young people, as I think these types of resources are harder
for parents to find. If parents feel they need a book for their straight, cisgender child about sex education, they will likely have a much easier time finding this through a simple Google search or visiting a bookstore. Once I read through and sorted through reviews and information about the different books (and other resources), I was left with a total of 32 resources (see Appendix B for an outline of the resource list).

**Broader Discussion**

**Tying It All Together**

This research project aimed to explore the experiences of LGBTQ+ parents discussing sex and sexuality with their children, and how LGBTQ+ stereotypes impacted these discussions. An additional goal of this project was to use some recommendations from parents to collaboratively develop a list of LGBTQ+ inclusive resources for parents to use in sexuality education with their children. Across research questions, parents’ experiences discussing sex and sexuality with their children seemed to centre on themes of openness, normalization, consent, LGBTQ+ information, and community responsibility (see Appendix I for a comprehensive overview of the themes from this research). Normalization has been found to be a key theme in other research with lesbian in gay parents, both with regards to sexual activity within relationships and masturbation (Bonander, 2016). Lesbian parents have also been found to more explicitly include pleasure in sex education discussions with their children, which relates to the normalization of sexuality and sexual activity found in this research (Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). Furthermore, although parents perceived stereotypes others had about them as LGBTQ+ individuals and as parents, these did not seem to impact their provision of sexuality education to their children. This is in contrast to some research by Lee (2009) which found that LGBTQ+ parents might downplay their sexuality in an effort to conform to an ideal of
“normal parenting” and because of fears of scrutiny from other parents. Finally, in terms of resources, parents highlighted their desire for the Ontario sex education curriculum to reflect their families and be current and inclusive, and their desire for more inclusive resources about sex education overall.

Parents often talked about the value they saw in openness in sex education – openness as parents, openness in communication between parents and schools, and openness from teachers when providing this education. Many parents talked about how this openness included providing their children with all possible options and accurate, and thorough information. Being honest about when parents did not know the answers was a way for parents to demonstrate how they were open to these conversations and learning with their children. Bowling et al. (2017) similarly found that bisexual parents would search for the answers to sexuality questions they might not know, in order to provide accurate answers for their children. Openness is also related to normalization in that parents aimed to be open and non-judgmental with their children when having these conversations. This included using inclusive and non-gendered language when talking about future partners, body parts, etc. By being open with children, parents can normalize these conversations and different experiences of sexuality. Previous research with bisexual and lesbian parents has found that they want their children to have broad understandings of sexuality and for their children to know about sexual diversity (Bowling et al., 2017; Cohen & Kuvalanka, 2011; Mitchell, 1998). Having parents be open with their children about different experiences of sexuality thus helps to normalize these different experiences. Many parents highlighted a desire to normalize not only the experience of sexuality and sexual pleasure, but also LGBTQ+ identities, families and experiences. They wanted this information incorporated into school
curriculums, and they aimed to share this information with their children so that they did not feel any shame about their own sexual experience or identities.

In addition to being open and normalizing different experiences, two main subject areas parents focused on throughout their surveys were consent and LGBTQ+ information (including both gender and sexual orientation). These two topics came up over and over again as parents shared that their main goal was to educate their children about these things, and that parents wanted this information incorporated into programming and resources for their children (and other children). This also relates to another theme throughout the research questions which was related to community responsibility. Parents talked about how they wanted to be a resource for their children’s friends, and how they wanted other children to have comprehensive information about things like consent and LGBTQ+ topics so that their children would be safer or not experience bullying. This is similar to other research which has found that lesbian and gay parents talk to their children about how to talk to other people about their diverse family structures, in an effort to prepare their children for any potential stigma they might face (Oakley et al., 2017). The parents in this research tried to prevent bullying by providing their children with information to stand up to people who might bully them about these topics.

With regards to stereotypes, many parents shared a variety of stereotypes they perceived others had about them as LGBTQ+ individuals and as parents. Although some of these stereotypes related to sex and sexuality (for example, being more promiscuous or hypersexual), when asked if these influenced sex education, many parents said there was no effect because they wanted their children to be well informed regardless of how others perceived them. As I just discussed, some said that the only effect of these stereotypes on sex education was that parents
wanted to give their children accurate information so that they could educate others who might stereotype their families or their experiences.

Finally, in terms of programming and resources, parents ultimately felt that the 1998 sex education curriculum was inadequate for their family needs. Parents discussed their desire for children to have information about consent and LGBTQ+ identities – a theme which arose across all research questions as I already mentioned – and for this information to be shared in an inclusive way. Aside from the Ontario sex ed curriculum, parents indicated that they wanted a wider variety of more inclusive resources to talk about sex education with their children.

**Theoretical Discussion**

In recognition of the limitations of the life course approach discussed during the literature review, in this section I explore how the results of my research fit with both queer theory and social constructionism. Although queer theory has many different applications and ideas, as I mentioned previously, some specific aspects of it are useful in this research. Furthermore, I will explore how social constructionism has relevance to this research.

Queer theory generally highlights how power is differentially distributed through categories of sexuality (Cohen, 1997) and, in particular, helps us understand why LGBTQ+ people hold less power in society because they are not the dominant sexuality group. Therefore, LGBTQ+ parents’ identities as LGBTQ+ challenge dominant systems of power and parents’ very identities challenge ideas about ‘normal’ sexuality. In addition, parents challenge notions of normality around sexuality and society by attempting to normalize sexuality with their children. Although this may seem contradictory, because of the way sexuality is constructed (particularly with children) as risky (e.g., Davies & Robinson, 2010), parents’ desires to educate their children about pleasure and how sexuality is a normal human experience challenges society’s definition
of ‘normal’. Similar to the research by Davies and Robinson (2010), my research shows that parents believe that educating their children is not a threat to childhood innocence (a normalized idea in society), but instead a necessity. In this way, LGBTQ+ parents challenge social norms and expectations, and the idea that risk is an inherent part of sexuality education.

In the literature review, I highlighted how social constructionism might be beneficial for identifying if/how parents provide sexuality education based on social and cultural influences of what this education should look like. Through examining parents’ perceived stereotypes, it appears that, despite parents having an understanding of the variety of ways in which their identities are socially constructed and how these might impact their provision of sexuality education, these stereotypes ultimately do not impact the sexuality education they provide. Instead, it appears that the current social climate around the Ontario sex education curriculum and the lack of content it provides has instead influenced parents’ desire to heavily supplement this education through their own education at home. However, it may be that parents are constructing their own cultures within their families and social circles; cultures which are open, accepting, and feel strongly about normalizing sexuality for children and providing children with honest, accurate information about sexuality. Although this culture is different than the one in the world around them, especially given the current context regarding sex education in Ontario, this subculture LGBTQ+ parents construct within their queer and trans families and communities may actually aid them when having these conversations with their children. Additionally, this more open climate might push parents to be open and inclusive because in many parts of different LGBTQ+ communities this might be seen as the norm. By constructing a culture of openness and honesty within their families, they are able to continue to use this approach when having sexuality conversations with their children. In this way, LGBTQ+ parents may construct
their own subcultures within their families, in contrast to the more dominant culture, which helps to support their efforts for what they believe is the best sexuality education for their children.

**Strengths and Limitations**

A key strength of this research is its contribution to a vastly understudied area. To date, there have been only five published studies (including one dissertation) which examined how LGBTQ+ individuals talk to their children about sex and sexuality (Bonander, 2016; Bowling et al., 2017; Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998). Understanding more about LGBTQ+ parents is important to grow this area of research. Given the political timeliness of these discussions, this research is also beneficial as it provides some description of the ways in which current programming does not fit LGBTQ+ families’ needs. None of the previous studies on this topic have included transgender parents in their research. Therefore, the inclusivity of this research in terms of LGBTQ+ communities is also a strength. Participants were provided with a multitude of options to identify their gender and sexual orientation, which resulted in participation from people with identities across a variety of LGBTQ+ communities.

Another key strength of this research is the recruitment process, as very intentional measures were taken to try to diversify the participants who completed the online survey. Individual organizations across the province of Ontario were reached out to, and dissemination through specific people in LGBTQ+ communities was valuable as a way to highlight to individuals that the study was being conducted by a self-identified LGBTQ+ individual. Ultimately, participants represented a range of regions in Ontario, from Southwestern Ontario to Northern and Eastern Ontario. To try and increase racial diversity in the study, it was also specifically disseminated through a member of the queer Muslim community in Toronto.
Although my sample does have some strengths, there are also limitations to it. Although there were a range of identities represented in my study, the majority of respondents were White, lesbian women. This is common in other similar research (Bonander, 2016; Cohen & Kuvalanka, 2011; Mitchell, 1998). Furthermore, there were limitations with regards to the demographic categories for race and ethnicity, in that White Canadian and White American were separated from White European, but Black was a homogenous choice. This oversight is an important limitation of the ways in which race and ethnicity were represented. Additionally, demographic information was not collected on participants’ disability status, so I am unable to determine how diverse my population was with regards to disability. Furthermore, I did not ask individuals if their gender identity was different than their sex assigned at birth which may have given me a better understanding of how many individuals in my survey were transgender. Although participants were able to self-identify as trans, some binary transgender individuals may not have selected this option and simply just identified as a man or a woman. Finally, with regards to the sample, the way in which I allowed participants to characterize their relationship to their children was not as inclusive as it could have been. I allowed for participants to indicate if their children were their biological children, their step-children, or their adopted children. However, I should have also included an open-ended option or potentially options for partner having carried the child, etc. Alternatively, I could have not required parents to indicate how they were related to their children, or I could have just included an open-ended option. This is particularly a limitation given the feedback in the additional comments section of my survey from one participant who indicated:

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11 Gabb (2004) did not identify the racial composition of their study; however, all of the respondents were lesbian women. Additionally, Bowling et al. (2017) interviewed bisexual parents, but the majority were White women.
I didn’t check off that I had any of the relationships to my kids you listed, because I find it very, very alienating to say that my relationship to them is that they’re adopted. First, I didn’t adopt the second one (who was born in Ontario), so it’s not accurate. Second, if I say they were adopted, it would imply they have other parents—which they don’t, it’s just me and my wife. But it’s also not accurate to say they’re my biological kids, and they certainly aren’t my stepkids. I just wanted to point out that these three categories don’t work for me, and I’m certain I’m not alone. (QTP_35)

Given that this research involved many same-gender and/or same-sex parent families, this is certainly a key limitation and an oversight in the development of the survey. Many of these families likely have not adopted their children, they just were not birth parents for them, and so this could have been alternative language that was used (e.g., gestational or birth parent, non-gestational or birth parent, adoptive parent, step-parent, foster parent).

Another limitation of my study is the length of the survey. Although many participants completed the survey in under an hour, there were a number of open-ended questions which required more detail than had participants just been required to pick a choice from a variety of options. Although this can also be seen as a strength because it allowed my participants to provide me with more comprehensive answers, it does increase participant burden and decreases the likelihood that people will complete my survey. Furthermore, because of the qualitative nature of the study, causation cannot be inferred from any of the results, and more definitive analyses based on specific demographic characteristics or groupings were not possible.

Finally, my study is limited in that the 20-part question exploring parents’ comfort and knowledge in a variety of areas, and if they currently discuss these things with their children or plan to in the future was unclear for some survey participants. As one participant said:
I found the response options for many of these questions very limited. A whole section asked if I currently talk to my kids about a list of topics, and if I plan to talk about them in the future. My kids are 16 - teenagers don't talk to me about much of this stuff anymore. There should be an option for "I have already talked to them about this topic, and do not have plans to revisit it unless they ask." I could not decide if yes or no was correct for the question of if we talk about it now - because we don't, but covered it years ago when they were 6 or 10 or 12. I also struggled with the comfort level questions. I would be 100% comfortable answering new masturbtion [sic] questions, but I wouldn't raise the topic with my kids at this age, or ask my kids about it, and I'm pretty sure they would be pretty uncomfortable with me talking to them about it. (QTP_37)

This points to a challenge of qualitative research, in that parents are not able to expand further on their answers, and the questions cannot be clarified for participants. Looking back on the design of these questions, I think it would have been beneficial to word them in a different way, such as “do you currently, or have you previously discussed this topic.” This limitation may have been why response rates for these questions varied.

**Future Research**

Future research should further examine LGBTQ+ parents’ experiences providing sex and sexuality education to their children with a specific focus on recruiting diverse samples and individuals that are generally not represented in this research. Ultimately, because of the lack of depth and breadth on this topic, much more research is needed to understand these parents’ experiences. Multiple methods of research, such as qualitative, quantitative, and mixed-methods would also be a valuable addition to this area of research. Different types of qualitative research, such as interviews or focus groups, would also be valuable to help address some of the
challenges of this research – for example, clarifying questions about the impact of gender on these discussions. Additionally, many of my participants indicated that they were in polyamorous relationships and a number mentioned including this in discussions with their children. Therefore, specifically reaching out to polyamorous communities in recruitment, or interviewing all parents in a family may be a beneficial addition to this research. The overlaps in these communities cannot be ignored, and should continue to be explicitly considered in future research.

With regards to topics of research, a number of parents throughout this research also talked about making sure information was age appropriate for their children. Research should further investigate how parents determine what is age appropriate, how this interacts with what researchers, professionals, and policy makers determine is age appropriate, and also what children actually want to know at what age. Another key area of future research is examining the overlaps between grief, mental health, and sexuality education. Although I had not initially thought of this link, one of my parents mentioned:

Information on death of a parent, grief, emotional and mental health all tie in to family, gender and sexuality discussions and are often left out. Providing inclusivity means the difficult discussions about suicide and loss when discussing family within schools and home education. (QTP_13)

Given that LGBTQ+ individuals have higher rates of suicide and mental health concerns than their heterosexual and cisgender counterparts (e.g., Burgess, Lee, Tran, & van Ryn, 2008; Haas et al., 2011), children from these families may be more likely have lost a parent to suicide, or see relationships which are impacted by mental health. Therefore, exploring how these factors may impact parents’ conversations with their children are also important.
Furthermore, research examining LGBTQ+ parents’ experiences discussing sex and sexuality with their children should also examine these children’s experiences of receiving this sexuality education. Although the parents in my study indicated that they were quite comfortable discussing these topics, it is important to learn if children feel they are receiving the depth and breadth of education these parents feel they are providing, or if children have additional concerns or things they are looking for out of this education.

Finally, although a number of parents indicated that stereotypes did not impact how they discuss sex and sexuality with their children, evaluating this more in depth would be a beneficial addition to the research. This could potentially be evaluated in a more anonymous way, potentially through recording conversations and seeing what type of implicit biases or internalizations of stereotypes emerge after examining the data, or using validated measures to explore the effect of stereotypes.

**Knowledge Dissemination**

In this context, I refer to dissemination as Lomas (1993) describes – an active process in which the message to be shared is targeted and tailored to specific target audiences. The results of this study have been presented at Congress for the Humanities and Social Sciences in Vancouver and the Guelph Sexuality Conference in June 2019. Furthermore, I will attempt to share this information with academic communities by writing academic papers and submitting them for publication. To help increase the reach of this research past academia, the impacts of this work will be disseminated through the inclusive resource list with LGBTQ+ friendly educational materials pertaining to sex and sexuality. This will be sent to all parents involved in the study that indicated they would like it, to help provide them with some resources for talking to their children. This resource list, curated and updated in collaboration with the data from
parents in this research will also be shared with a variety of LGBTQ+ parenting organizations and many of the organizations that were contacted to participate in this study. This multi-layered dissemination plan will help ensure that this research is accessible to people outside of academia.

Conclusion

This research sought to explore LGBTQ+ parents’ experiences discussing sex and sexuality with their children, and how stereotypes impact this education. Ultimately, parents focused on the value of openness and normalization in their discussions about sex and sexuality with their children. Additionally, parents highlighted the value of educating not only their own children, but their children’s peers to help avoid negative reactions to LGBTQ+ families and experiences, as well as to keep their children safer from sexual violence (e.g., in terms of consent). Finally, although parents perceived a number of stereotypes about them because of their LGBTQ+ identities, these did not appear to impact their experiences providing sexuality education, or only impacted them in terms of their desire to provide their kids with more education to help combat these stereotypes.

Parents in this study also highlighted their desire for comprehensive, current, sex education in schools, and their disapproval of the Ontario government pulling the 2015 sex education curriculum from schools. Although some backlash around the updated sex education curriculum was that parents should be the primary sex educators for their children, these parents demonstrate how they believe that this should be the case (as so many provide this education at home), but they also believe that this comprehensive education in school is important not only for their children, but their children’s peers as well.

Understanding LGBTQ+ parents’ experiences providing sex and sexuality education to their children is important so that sexual health education can highlight these parents concerns
and desires about sex education, and incorporate it into more inclusive programming. As well, understanding what supports LGBTQ+ parents’ feel they need to provide this education is important due to the benefits of sex education for young people.

Overall, this research has strong implications for sexual health education and how educational policy-makers think about the role of parents in sexual health education. Clearly, LGBTQ+ parents should be consulted in curriculum development, so they can highlight their desire for their families to be included in the information children are learning in schools. This research also has implications for public health with regards to community sexual health education and parenting programs, and ensuring these services are diverse and inclusive. Ideally, this project will prompt changes in sexual health education and public health policies towards more diverse and inclusive parent programming focused on educating children about sex and sexuality.
References


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## Appendix A

### RESEARCH ETHICS BOARDS

Certification of Ethical Acceptability of Research Involving Human Participants

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The members of the University of Guelph Research Ethics Board have examined the protocol which describes the participation of the human participants in the above-named research project and considers the procedures, as described by the applicant, to conform to the University’s ethical standards and the Tri-Council Policy Statement, 2nd Edition.

The REB requires that researchers:

- Adhere to the protocol as last reviewed and approved by the REB.
- Receive approval from the REB for any modifications before they can be implemented.
- Report any change in the source of funding.
- Report unexpected events or incidental findings to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants, and the continuation of the protocol.
- Are responsible for ascertaining and complying with all applicable legal and regulatory requirements with respect to consent and the protection of privacy of participants in the jurisdiction of the research project.

The Principal Investigator must:

- Ensure that the ethical guidelines and approvals of facilities or institutions involved in the research are obtained and filed with the REB prior to the initiation of any research protocols.
- Submit an Annual Renewal to the REB upon completion of the project. If the research is a multi-year project, a status report must be submitted annually prior to the expiry date. Failure to submit an annual status report will lead to your study being suspended and potentially terminated.

The approval for this protocol terminates on the EXPIRY DATE, or the term of your appointment or employment at the University of Guelph whichever comes first.

Signature:   

[Signature]

Stephen P. Lewis  
Chair, Research Ethics Board-General

Date: September 14, 2018
Appendix B

SEX EDUCATION RESOURCE GUIDE FOR LGBTQ+ PARENTS AND FAMILIES

Compiled with suggestions from LGBTQ+ parents and individuals

CREATED BY: RILEY EASTERBROOK
Family Formation and Structures

This book talks about the many different ways babies might be made and born. It can easily be adapted based on your child's understanding of the concept and birth story, and is inclusive of all families and genders.

Puberty, Sexual Activity, and Consent

A comic book for older children and young adults about a variety of topics related to sexuality and sex, including consent, relationships, body image, and sexual activity. Presented in inclusive and diverse ways (not hetero- or cis-normal).

Sexual Abuse

This book presents gender-neutral advice oninternet-safe sexual activity including information about STIs, pregnancy, masturbation, and anatomy.

A Note for Parents

- Although age ranges are provided, I recommend reading these books before giving them to your children. Depending on your own child's development and maturity, you may find some of these more or less applicable to them; different ages than is recommended.
- I also recommend using these books to read together with your children, and using them as a jumping off point for conversations with your children.
- Although I've done my best to curate an inclusive list of resources, many of these books are homophobic (even when they include discussions of transgender individuals) and lack comprehensive discussions of diverse bodies and experiences. However, you may find them helpful for starting these conversations in your home.

CREATED BY: RILEY EASTERBROOK
Sexual Orientation and Gender Identity

Authors: Maya Gonzalez & Matthew Sp
Age Range: 2-10 years old
This book is a great way to introduce younger children to the concept of gender diversity.

Author: Maya Gonzalez
Age Range: 7-10 years old
This book talks about the diversity of gender and bodies, including non-binary and intersex individuals.

Note: Find resources to accompany this book at http://www.genderevolution.com/

Author: CJ Allison
Age Range: 11+ years old
This book covers many different aspects of gender diversity, including non-binary and intersex identities.

You Tube Channels

- Queer Kid Stuff
  LGBTQ+ videos for kids. Hosted by Lindsey and with the help of my cool, smart friends. We’ll be teaching you what we think is cool, what EXIT
  YouTube

- explorations
  Sex education videos for the whole family, hosted by Dr. Lindsey Deo. The show is designed for children of all ages and focuses on the importance of
  YouTube

- Nadine Thorme
  Educating the world. 360° - your friendly, knowledgeable sex education consultant. I’m curating and creating educational content with a focus on
  YouTube

Websites and Online Resources

- SCampScreen
  https://www.scampscreen.com/

- Planned Parenthood
  https://www.plannedparenthood.org/

- Teaching Sexual Health
  https://www.teachsexualhealth.ca

This guide is tailored towards adults, but you may find it helpful for older children to use as a resource to help explain things to your children.


Other Resources

- For LGBTQ+ included: Children’s and Young Adult’s Books (not specifically related to sex education):
  2. Lambda Literary Award Winner: https://www.lambdaliterary.org/2017-lambdaliterary-award-winner-list-

Created by: Riley Easterbrook
Appendix C

Are you LGBTQ+ and a Parent?

HAVE YOU TALKED WITH YOUR CHILD ABOUT SEX OR SEXUALITY?

A Master's student at the University of Guelph is seeking LGBTQ+ parents for research on their experiences discussing sex and sexuality with their children. The online survey may take approximately 60 minutes. By participating, you could win a $25 cash prize.

Participate at: https://tinyurl.com/queerparents

If you have any questions, please contact Riley Easterbrook: reasterb@uoguelph.ca

University of Guelph REB #18-08-008
LGBTQ+ PARENTS WANTED!
DO YOU IDENTIFY AS LGBTQ+? HAVE YOU TALKED WITH YOUR CHILD ABOUT SEX AND SEXUALITY? IF SO, YOU'RE INVITED TO COMPLETE A 1-HOUR SURVEY ABOUT YOUR EXPERIENCES.

Participate at:
https://tinyurl.com/queerparents

If you have any questions, please contact Riley Easterbrook: reasterb@uoguelph.ca
Recruitment Script

Hello,

My name is Riley Easterbrook and I am a Master’s student at the University of Guelph in Family Relations and Human Development. I am conducting research on LGBTQ+ parents’ experiences discussing sex and sexuality with their children.

To participate in this study, you must:
   a) Self-identify as LGBTQ+
   b) Reside in Ontario
   c) Have a child between the ages of 3-16 years old
   d) Have talked to your child, at least a little bit, about sex and sexuality (for example body development, sexual orientation, gender, how people show affection, etc.)

Participation in this study involves the completion of an online survey, which will take approximately an hour. There will also be the option to participate in an in-person follow-up interview, which will take approximately 1-2 hours.

All identifying information will be kept entirely confidential. To participate in the survey, click on the following link: https://tinyurl.com/queerparents
If the link does not work, you may type or copy and paste it into a web browser.

If you have any questions please feel free to contact me at reasterb@uoguelph.ca.

Thank you in advance for your participation,
Riley Easterbrook
Department of Family Relations and Human Development
University of Guelph
Guelph, ON
Email: reasterb@uoguelph.ca

Dr. Tricia van Rhijn
Department of Family Relations and Human Development
University of Guelph
Guelph, ON
Email: tricia.vanrhijn@uoguelph.ca
Appendix F

Alt Text for Instagram Graphic
[Red, orange, yellow, green, and purple striped background with white outlined box containing text: LGBTQ+ PARENTS WANTED! Do you identify as LGBTQ+? Have you talked with your child about sex and sexuality? If so, you’re invited to complete a 1-hour survey about your experiences. Participate at https://tinyurl.com/queerparents. This study is being conducted through the University of Guelph. If you have any questions, please contact Riley Easterbrook: reasterb@uoguelph.ca]

Twitter Post
Do you identify as LGBTQ+? Are you a parent? Have you talked about sex or sexuality with your children? If so, you’re invited to complete a 1-hour, University of Guelph survey about your experiences: https://tinyurl.com/queerparents.
LGBTQ+ Parents’ Experiences Discussing Sex and Sexuality with their Children

You are invited to participate in a research study conducted by Riley Easterbrook and Tricia van Rhijn, from the department of Family Relations and Applied Nutrition at the University of Guelph. The purpose of this letter is to provide you with all of the information you require to make an informed decision about participating in this research. Additionally, before you read further, it is important that you know that this study is being conducted by a member of the LGBTQ+ community.

The Purpose of this Research
The purpose of this research project is to explore the experiences of LGBTQ+ parents discussing sex and sexuality with their children, and how stereotypes about sexuality and the LGBTQ+ community affect LGBTQ+ parents’ discussions with their children. From the results of the study, the current research project also aims to develop a list of LGBTQ+ inclusive resources, such as books and websites, for parents to use in sexuality education with their children, or for organizations involved in parenting classes to provide to parents.

The Researchers
Principal Investigator: Dr. Tricia van Rhijn, Department of Family Relations and Human Development, University of Guelph, tricia.vanrhijn@uoguelph.ca

Student Researcher, Riley Easterbrook, Master’s Student, Department of Family Relations and Human Development, University of Guelph, reasterb@uoguelph.ca

Inclusion and Exclusion Criteria
In order to participate in this research, you must:

a) Self-identify as LGBTQ+
b) Be over 18 years of age
c) Have a child between 3 and 16 years of age
d) Have had at least some discussions with your child about sex and/or sexuality (including the development of the body, how babies are made, or how people show affection with each other).

Procedures
If you volunteer to participate in this study, I would ask you to do the following:

Complete an online, 35-question survey via Qualtrics online survey platform. This survey will include demographic questions (including your age, level of education, family characteristics,
and information about your children) and questions about your experiences discussing sex and sexuality with your children. This information will not be used to identify you in any way, and should take approximately an hour to complete.

Upon completion of the study, you will be prompted to “Submit” your answers. From here you will be directed to a separate Qualtrics online survey where you can enter your information to be entered into a draw for one of two $25 cash prizes. Additionally, you will have the option to enter your contact information to be contacted after the online survey for a follow-up interview. Participation in this interview is completely voluntary, you do not have to enter your information to be contacted later.

**Potential Risks and Discomforts**
There is the potential that participating in this study may remind you of challenging or negative memories about the sexuality education you received growing up, or challenging times providing sexuality education to your children. Additionally, there is a risk that you may experience some negative memories when discussing stereotypes and perceptions of other people. Finally, sex and sexuality may be a sensitive topic to discuss and this may cause some anxiety for you as you complete the survey. I will attempt to minimize this risk by providing a list of resources at the end should you wish to discuss this with anyone.

**Potential Benefits to Participants and/or Society**
Your participation in this study could benefit the research community, and the LGBTQ+ community by providing valuable information about parents’ experiences discussing sex and sexuality with their children. As this is an under-researched topic, participation in this study can help address a gap in the research literature. Additionally, you may choose to receive a list of inclusive resources for discussing sex and sexuality with your child(ren). This will be provided upon completion of the research project, emerging from other research and resources other parents have shared as helpful.

**Payment for Participation**
To thank you for your time and participation, you will be entered into a draw for a $20.00 cash prize. Odds of winning are approximately 1 in 50. Should you win, payment of the prize will be made via e-transfer, at the email address you provide in a separate survey (link given at the end of this survey).

**Confidentiality**
Because data collection occurs via the internet, complete confidentiality cannot be guaranteed. If you are using a public computer to complete this survey we recommend that you: erase the history, empty the cache, and close the browser completely. Please note that confidentiality cannot be guaranteed while data are in transit over the internet. The research team will not release any potentially identifying information when disseminating the final results. E-mail addresses collected in the separate Qualtrics survey will be used only for the distribution of cash prizes. These e-mail addresses will not be linked to the main survey by the research team. The PI, Tricia van Rhijn, will be in charge of data storage. For long-term storage, the de-identified data will be stored in the University of Guelph Research Data Repository which is housed at Scholars Portal at the University of Toronto, and mounted using Dataverse platform.
Participation and Withdrawal
You can choose whether to be in this study or not. Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study by closing your browser, without any consequences. However, you will be unable to remove your data from the study as it will be in no way identified, so the researchers will be unable to identify which data is yours. You may also refuse to answer any questions you don’t want to answer (by clicking through to the next question) and still remain in the study. You may still receive the honorarium for the survey even if you choose to withdraw by emailing the following information to the principal investigator: Your full name and email address to which the e-transfer would be sent.

Rights of Research Participants and Ethics Clearance
You may withdraw your consent at any time and discontinue participation without penalty. This project has been reviewed by the Research Ethics Board for compliance with federal guidelines for research involving human participants. If you have questions regarding your rights and welfare as a research participant in this study (REB#18-08-008), please contact: Director, Research Ethics; University of Guelph; reb@uoguelph.ca; (519) 824-4120 (ext. 56606).

We would be pleased to send you a short summary of the study results and discussion when we finish going over our results. Please contact the student researcher Riley Easterbrook (reasterb@uoguelph.ca) if you would like a summary and what would be the best way to get this to you.

Possible Resources
There are many support services available to LGBTQ+ individuals. The following contact information is included for your information.

- Ontario Mental Health Helpline - http://www.mentalhealthhelpline.ca/
  The Ontario Mental Health Helpline provides help and support online and via phone, and provides information on other community-based resources.
- Egale Canada: https://egale.ca/
  Egale Canada is an advocacy organization for LGBTQ+ individuals in Canada.
- The 519 – LGBTQ+ Community Centre: http://www.the519.org/
  The 519 is an LGBTQ+ organization based out of Toronto that provides supportive services, including mental health support, for LGBTQ+ individuals.
- LGBTQ+ Parenting Network (Sherbourne Community Health Centre): http://lgbtpqn.ca/
  The LGBTQ+ Parenting Network is a part of the Sherbourne Health Centre in Toronto and provides support for LGBTQ+ parents through resources, information and workshops.
- Rainbow Health Ontario: https://www.rainbowhealthontario.ca/
  Rainbow Health Ontario is an LGBTQ+ health program and resource provided by the Sherbourne Health Centre. They offer a list of LGBTQ+ inclusive service professionals, including mental health professionals.

If you would like to talk to someone about any issues that came to your attention while participating in our research you may contact a mental health professional. Helpful services are
widely available. You may find a psychologist near you by visiting the Canadian Psychological Association website at www.cpa.ca/public/findingapsychologist/.

Consent of Research Participant

I have read the information provided for the study “LGBTQ+ Parents’ Experiences Discussing Sex and Sexuality with their Children” as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. Please print a copy of this form for your records.

☐ Yes, I have read the consent form and agree to participate in this research project.
☐ No, I do not consent to participate in this research project.
Appendix H

Qualtrics Survey Outline

| Researcher-created | Access to survey or incentive draw | You are invited to participate in an online survey about your experiences discussing sex and sexuality with your children. Do you consent to participate in this survey? | Yes – continue to survey | No – links to incentive draw |

Demographic Questions:

*It is important that we know some of the characteristics of the people who complete this questionnaire. Please provide the following information about yourself and your child(ren) by selecting the appropriate answers.*

<table>
<thead>
<tr>
<th>Researcher-created</th>
<th>How old are you?</th>
<th>Drop down menu with options for 18-70 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>a) Heterosexual/Straight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Gay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Lesbian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) Bisexual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e) Two-Spirit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f) Queer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>g) Questioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>h) Pansexual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>i) Asexual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>j) Fluid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>k) A sexual orientation not listed here. Please indicate:___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adapted from TransPULSE survey</th>
<th>What is your gender identity (select all that apply)?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>l) Woman/Girl</td>
<td></td>
</tr>
<tr>
<td></td>
<td>m) Man/Boy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n) Transgender</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o) Two-Spirit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p) Intersex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>q) Non-binary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>r) Genderfluid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>s) Genderqueer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>t) Gender non-conforming</td>
<td></td>
</tr>
<tr>
<td></td>
<td>u) A gender identity not listed here. Please indicate:___________</td>
<td></td>
</tr>
</tbody>
</table>
Adapted from TransPULSE survey

We recognize that ethnicity has race, nation, and cultural dimensions. We have provided a short list of options and space to express your identity in your own words, if need be.

What is your race/ethnicity?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Black (e.g., Caribbean, African, African American, etc.)</td>
<td>b) East Asian (Chinese, Korean, Japanese, Indonesian, Filipino, Vietnamese, etc.)</td>
<td>c) Indigenous (e.g., Inuit, Métis, First Nations, North American Indian, etc.)</td>
</tr>
<tr>
<td>d) Indo-Caribbean (e.g. Guyanese with origins in India)</td>
<td>e) Latin American (e.g. Mexican, Costa Rican, etc.)</td>
<td>f) Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)</td>
</tr>
<tr>
<td>g) South American (e.g., Brazilian, Chilean, etc.)</td>
<td>h) South Asian (e.g., Indian, Pakistani, Sri Lankan, etc.)</td>
<td>i) White Canadian or White American</td>
</tr>
<tr>
<td>j) White European (e.g., British, French, Italian)</td>
<td>k) You don’t have an option that applies to me. I identify as (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

From TransPULSE survey

How do you identify your ethno-racial background?

Leave blank

From TransPULSE survey

What is your first language?

Leave blank

Adapted from TransPULSE survey

What country were you born in?

Leave blank

From TransPULSE survey

How long have you been living in Canada?

_____Years ____Months

Researcher-created

What is your highest level of education completed?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Grade school</td>
<td>b) Some high school</td>
<td>c) High school</td>
</tr>
<tr>
<td>d) Apprenticeship</td>
<td>e) College</td>
<td>f) Undergraduate</td>
</tr>
</tbody>
</table>
| g) Master’s | h) Professional Degree (please specify:_____)

|
From TransPULSE survey

What is your religious affiliation, if any?

- a) Aboriginal Spirituality
- b) Agnostic
- c) Anglican
- d) Athiest
- e) Buddhist
- f) Catholic
- g) Christian
- h) Hindu
- i) Jewish
- j) Mennonite
- k) Islamic
- l) Sikh
- m) No religion
- n) You don’t have an option that applies to me. I identify as (please specify): ___________
- o) I choose not to answer

Researcher-created

What is your current relationship status?

- a) Single and not dating
- b) Single and dating
- c) In a monogamous relationship
- d) In an open relationship
- e) In a polyamorous relationship
- f) Living with partner
- g) Married/Common-law/Domestic Partnership
- h) Separated or Divorced
- i) Widowed
- j) Other (please specify): ___________

What are the first three digits of your postal code? Open-ended

<table>
<thead>
<tr>
<th>Number</th>
<th>Age</th>
<th>Sex Assigned at Birth</th>
<th>Gender Identity</th>
<th>Sexual Orientation</th>
<th>Biological Child? (Y/N)</th>
<th>Stepchild? (Y/N)</th>
<th>Adopted? (Y/N)</th>
<th>Custody (do not have custody/less than 50% custody/more than 50% custody)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Child
Two
Child
Three
Child
Four
Child
Five
Child
Six
(adapted from Bonander, 2016); provide drop down box options (for everything)

### Survey Questions:

*Now that we understand a little bit about your family composition, we are interested in understanding your experiences talking to your children about sex and sexuality. For the following sections please think about one of your children that you have talked about sex and sexuality with the most. Please refer to this child when answering the rest of the questions in this survey.*

<table>
<thead>
<tr>
<th>Source</th>
<th>Items</th>
<th>Response options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researcher-created</td>
<td>What does discussing sex and sexuality with your children mean to you?</td>
<td>Open-ended</td>
<td></td>
</tr>
<tr>
<td>Researcher-created</td>
<td>What is your main goal when you talk to your children about sex and sexuality?</td>
<td>Open-ended</td>
<td></td>
</tr>
<tr>
<td>Researcher-created</td>
<td>What other goals do you have when you talk about sex and sexuality with your children?</td>
<td>Open-ended</td>
<td></td>
</tr>
<tr>
<td>Researcher-created</td>
<td>Is your child currently in school (JK-Highschool)?</td>
<td>a) Yes</td>
<td>b) No</td>
</tr>
<tr>
<td>Researcher-created</td>
<td>Which best describes the type of educational setting your child is in?</td>
<td>a) Public school</td>
<td>b) Religiously-affiliated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>public school (ex. Catholic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>school board)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Researcher-created</td>
<td>Given the recent political changes related to the health and physical education curriculum (that includes sex education), what is happening in your child’s school related to sex education?</td>
<td>Open-ended</td>
<td></td>
</tr>
</tbody>
</table>
What are your children are learning in school about sex and sexuality? Are they learning topics included in the current Ontario sex ed curriculum? If so, which topics?  

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a) Yes</td>
<td>b) No</td>
<td>If yes, what are your children currently learning in school?:</td>
</tr>
</tbody>
</table>

Does the material in the current Ontario sex ed curriculum fit your family’s needs?  

<p>| | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes</td>
<td>b) No</td>
<td>Please describe:</td>
</tr>
</tbody>
</table>

Below is a list of topics that we feel pertain to children. In the blank rows, please indicate any topics you feel are important that are not represented in the list below.

Please indicate if you discuss this topic with your child currently, or plan to in the future. Then, for each topic, on a scale of 1 to 5, please select the number that represents the extent to which you (a) feel knowledgeable enough right now to address this topic; (b) feel comfortable addressing this topic right now

1. Language  
- use correct names for genitals (e.g., vulva, penis, urethra, scrotum, testicles, vagina, labia, anus)

2. Sexual Orientation  
- explain to your child different sexual orientations and talk with them about their own sexual orientation

3. Gender Identity  
- explain to your child different gender identities and talk with them about their own gender identity

4. Reproduction & Birth  
- explain to your child how babies are made through sexual intercourse

5. Reproduction & Birth  
- explain to your child how babies are made through assisted reproductive technology [i.e., sperm bank, IVF, surrogacy]

6. Reproduction & Birth  
- explain how babies develop in a uterus

7. Reproduction & Birth  
- explain how babies are delivered (vaginal birth)
<table>
<thead>
<tr>
<th>8. Reproduction &amp; Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>-explain how babies are delivered (C-section)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Puberty</th>
</tr>
</thead>
<tbody>
<tr>
<td>-discuss changes that happen with puberty (ex. voice deepening, hair growth, menstruation, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Self-Touching</th>
</tr>
</thead>
<tbody>
<tr>
<td>-addressing masturbation/self-touching with your children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Sexual Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>-addressing various types of sexual activity with your children (ex. kissing, oral sex)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Protection during sexual activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>-address ways to prevent STIs and/or pregnancy during sexual activity including barrier methods (condoms, dental dams)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Healthy Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>-discuss with your children what healthy relationships look like, how to engage in healthy relationships</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Family Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>-including LGBTQ+, heterosexual (male/female), trans, single parents, extended families, blended families, and adoption in discussions of family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Family Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>-including differently abled (e.g., blind, hearing, wheelchair) people in discussions of family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Family Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>-including different cultures/ethnicities, and belief systems in discussions of family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Sexting</th>
</tr>
</thead>
<tbody>
<tr>
<td>-discuss what sexting is, how your child can ensure safety online</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Child Sexual Abuse Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>-discuss boundaries with touch and who children should tell if an adult or older child does touch their private parts</td>
</tr>
</tbody>
</table>

| 19. Sexual Assault |
- discuss boundaries, how to say no to unwanted sexual activity, and who to tell if sexual harassment or assault occurs  

<table>
<thead>
<tr>
<th>Question</th>
<th>Source/Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who initiates discussions about sex and sexuality in your family? How?</td>
<td>Researcher-derived Open-ended</td>
<td>If yes, how? (Open-ended)</td>
</tr>
<tr>
<td>Did the sexuality education you received growing up influence how you speak to your child(ren) about sex and sexuality?</td>
<td>Ballard &amp; Gross (2009) Open-ended</td>
<td></td>
</tr>
</tbody>
</table>
| Does your sexual orientation impact discussions of sex and sexuality with your child? | Researcher-derived               | a) Yes  
|                                                                              |                                   | b) No  
|                                                                              |                                   | If yes, how? (Open-ended)                                                   |
| Does your gender identity impact discussions of sex and sexuality with your child? | Researcher-derived               | a) Yes  
|                                                                              |                                   | b) No  
|                                                                              |                                   | If yes, how? (Open-ended)                                                   |
| Have your experiences discussing sex and sexuality been different with your other children? | Researcher-derived Open-ended    |                                                                              |
| What stereotypes do you perceive other people in society have about you as an LGBTQ+ person? | Researcher-derived Open-ended    |                                                                              |
| What stereotypes do you perceive other people in society have about you as an LGBTQ+ parent? | Researcher-derived Open-ended    |                                                                              |
| Do LGBTQ+ stereotypes (either about you as a person or a parent) impact the sex and sexuality discussions you have with your child(ren)? | Researcher-derived Open-ended    | a) Yes  
|                                                                              |                                   | b) No  
|                                                                              |                                   | If yes, how? (Open-ended)                                                   |
| How do you (or did you) prepare to talk to your child about sex and sexuality? | Researcher-derived Open-ended    |                                                                              |
| Do you draw on any external resources, such as books, websites, or other people, to talk to your child(ren) about sex or sexuality? | (Bonander, 2016) Open-ended      | a) Yes  
|                                                                              |                                   | b) No  
<p>|                                                                              |                                   | If yes, what resources do you use? (Open-ended) |</p>
<table>
<thead>
<tr>
<th>Researcher-derived</th>
<th>If yes, would you recommend any of these resources to other LGBTQ+ parents?</th>
<th>Open-ended response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What resources do you think are missing for LGBTQ+ parents to help them talk to their child(ren) about sex and sexuality?</td>
<td>Open-ended response</td>
</tr>
<tr>
<td></td>
<td>What programming do you think would be helpful for LGBTQ+ parents in discussing sex and sexuality with their child(ren), if any?</td>
<td>Open-ended response</td>
</tr>
<tr>
<td></td>
<td>If you have any additional comments or feedback that you would like to share that you do not feel have been captured in the previous survey questions, please type them below.</td>
<td>Open-ended response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Researcher-derived</th>
<th>You have the option of participating in a follow up interview. You will receive a $10 cash incentive for participating. Are you willing to be contacted to complete the follow-up interview (within the next month)?</th>
<th>a) Yes b) No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, please provide your name and the email address which you can be contacted at.</td>
<td>Open-ended responses for both name and email</td>
</tr>
</tbody>
</table>

Thank you very much for taking the time to complete this survey. If you have any questions about the research, please contact:
Riley Easterbrook (University of Guelph) via email at reasterb@uoguelph.ca or Tricia van Rhijn (University of Guelph) via email at tricia.vanrhijn@uoguelph.ca

If you are interested in receiving a list of LGBTQ+ inclusive resources and/or being entered in the draw to win one of two $25 cash prizes, please click the red next button (>>). From here you will be directed to a separate survey where you can provide the details needed for the resource list distribution and to be entered into the draw.

**Resources survey details (separate survey):**

<table>
<thead>
<tr>
<th>Researcher-derived</th>
<th>You have the option of receiving a list of LGBTQ+ inclusive resources for teaching your children about sex and sexuality at the completion of this study (approximately April 2019).</th>
<th>a) Yes b) No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The email address you enter here is collected in a separate data file from the larger survey and will only be used for the purposes of distributing this resource list.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you wish to receive this resource list after the completion of the study?</td>
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</table>
**If YES:**
Please enter the email address where you would like the resource list sent.

If you are interested being entered in the draw to win one of two $25 cash prizes, please click the red next button (>>). From here you will be directed to a separate survey where you can provide the details required to be entered into the draw.

**If NO**
If you are interested being entered in the draw to win one of two $25 cash prizes, please click the red next button (>>). From here you will be directed to a separate survey where you can provide the details required to be entered into the draw.

**Honorarium survey details (separate survey):**
In order to be entered into the draw for one of two $25 cash prizes, you will be asked to provide your email address for the transfer.

The email address you enter here is collected in a separate data file from the larger survey and will only be used for the purposes of making the honorarium payment.

Do you wish to be entered into the draw for this survey?

<table>
<thead>
<tr>
<th>If YES:</th>
<th>Email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please enter your full name and the email address where you wish to be contacted if you win.</td>
<td>*Open-ended (text) response options provided for each</td>
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</table>

<table>
<thead>
<tr>
<th>If NO (and YES after previous question):</th>
<th>Full name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thank you for your participation in this survey. We appreciate your time and effort!</td>
<td>Email address:</td>
</tr>
<tr>
<td>If you have any questions about this research, please contact either Riley Easterbrook (University of Guelph) via email at <a href="mailto:reasterb@uoguelph.ca">reasterb@uoguelph.ca</a> or Tricia van Rhijn (University of Guelph) via email at <a href="mailto:tricia.vanrhijn@uoguelph.ca">tricia.vanrhijn@uoguelph.ca</a></td>
<td>Captcha Question (from Qualtrics)</td>
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<tr>
<td></td>
<td>*Open-ended (text) response options provided for each</td>
</tr>
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## Appendix I

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Sub-Subtheme</th>
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</thead>
<tbody>
<tr>
<td>Topics Parents Discuss with their Children</td>
<td>- Consent and Prevention of Sexual Harassment/Assault</td>
<td>- Parents initiating conversations</td>
</tr>
<tr>
<td></td>
<td>- Being Open and Honest with Children</td>
<td>- Children initiating conversations</td>
</tr>
<tr>
<td></td>
<td>- Normalizing Sexuality for Children</td>
<td>- Other individuals initiating conversations</td>
</tr>
<tr>
<td></td>
<td>- Broadness of Sex and Sexuality Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Parents’ Knowledge and Comfort Discussing Different Aspects of Sexuality</td>
<td></td>
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<tr>
<td>LGBTQ+ Parents’ Experiences Discussing Sex and Sexuality with their Children</td>
<td>- Initiating Conversations</td>
<td>- Desire for broader sexuality education</td>
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<tr>
<td></td>
<td></td>
<td>- Modelling good sexuality education</td>
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<tr>
<td></td>
<td></td>
<td>- Preparation through learning as an adult</td>
</tr>
<tr>
<td>The Impact of Sexual Orientation</td>
<td>- No perceived impact</td>
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</tr>
<tr>
<td></td>
<td>- Impact through increased diversity and openness</td>
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</tr>
<tr>
<td></td>
<td>- Impact through increased knowledge and information</td>
<td></td>
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<tr>
<td></td>
<td>- Impact through increased inclusion</td>
<td></td>
</tr>
<tr>
<td>The Impact of Gender Identity</td>
<td>- No perceived impact because of cisgender identity</td>
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</tr>
<tr>
<td></td>
<td>- Impact through increased conversations about gender</td>
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</tr>
<tr>
<td></td>
<td>- Impacts on conversations across genders</td>
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</tr>
<tr>
<td></td>
<td>- Impacts of womanhood on discussions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unsure of the impact</td>
<td></td>
</tr>
<tr>
<td>Perceived Stereotypes About LGBTQ+ People</td>
<td>- Stereotypes about bisexuality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Stereotypes of politics and presentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Stereotypes about sexual activity</td>
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</tr>
<tr>
<td>Perceived Stereotypes About LGBTQ+ Parents</td>
<td>- LGBTQ+ parents will make their children LGBTQ+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Lack of appropriate gender role models</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Precocious introduction of sexuality concepts</td>
<td></td>
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<tr>
<td></td>
<td>- Gendered parenting expectations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unawareness of stereotypes</td>
<td></td>
</tr>
<tr>
<td>Theme</td>
<td>Subtheme</td>
<td>Sub-Subtheme</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| Effect of Stereotypes on LGBTQ+ Parents’ Discussions with their Children | - Stereotypes prompting broader discussions  
- Stereotypes as an educational opportunity  
- Resisting stereotypes through education | - Parents are unsure what their children are learning  
- Parents feel children are learning nothing at school  
- Children need to learn more at school |
| Sex Education in Schools | - Current Context of Sex Education in Schools | - The current sex education curriculum does not fit family needs  
- Current curriculum needs information on consent  
- Broader areas where the current curriculum needs to be updated |
| | - Current Sex Education Curriculum and Family Needs | - Widespread and comprehensive sex education curricula in schools  
- Incorporation of sexual orientation and gender diversity  
- Empowering children and supporting parents in sex education |
| | - How the Sex Education Curriculum Could Better Fit Families’ Needs | |
| Preparing to Talk to Children | - No explicit preparation  
- Self-education and research before conversations  
- Preparing through conversations with other people | |
| External Resources | | |
| Missing Resources and Needed Programming | | |
## Appendix J

### Participant Characteristics

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Participant Age</th>
<th>Sexual Orientation</th>
<th>Gender Identity</th>
<th>Age Range of Child(ren); years</th>
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<td>14-18</td>
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