The Perspectives of Gay, Bisexual, and Queer Adolescent Males
with Parent-Child Sex Communication

by

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Nursing
Duke University

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Ross E. McKinney

Dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Nursing in the Graduate School of Duke University

[2016]
ABSTRACT

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Abstract

**Problem:** Gay, bisexual, and queer (GBQ) adolescent males are disproportionately affected by negative sexual health outcomes compared to their heterosexual counterparts. Their sex education needs are not sufficiently addressed in the home and the larger ecological systems. The omission of their sex education needs at a time when they are forming a sexual identity during adolescence compels GBQ males to seek information in unsupervised settings. Evidence-based interventions aimed at ensuring positive sexual health outcomes through sex communication cannot be carried out with these youth as research on how parents and GBQ males discuss sex in the home has been largely uninvestigated.

**Methods:** This naturalistic qualitative study focused on the interpretive reports of 15- to 20-year-old GBQ males’ discussions about sex-related topics with their parents. From a purposive sample of 30 male adolescents who self-identified as GBQ, participants who could recall at least one conversation about sex with their parents were recruited for one-time interviews and card sorts. This strategy revealed, using Bronfenbrenners’ Bioecological Theory, their perceptions about sex communication in the context of their reciprocal relationships and the ecological systems that GBQ males and their parents navigate.
Results: Parents received poor ratings as sex educators, were generally viewed as not confident in their communication approach, and lacked knowledge about issues pertinent to GBQ sons. Nevertheless, participants viewed parents as their preferred source of sex information and recognized multiple functions of sex communication. The value placed by GBQ youth on sex communication underscores their desire to ensure an uninterrupted parent-child relationship in spite of their GBQ sexual orientation. For GBQ children, inclusive sex communication is a proxy for parental acceptance.

Results show that the timing, prompts, teaching aids, and setting of sex communication for this population are similar to what has been reported with heterosexual samples. However, most GBQ sons rarely had inclusive guidance about sex and sexuality that matched their attraction, behavior, and identities. Furthermore, the assumption of heterosexuality resulted in the early awareness of being different from their peers which led them to covertly search for sex information. The combination of assumed heterosexuality and their early reliance on themselves for applicable information is a missed parental opportunity to positively impact the health of GBQ sons. More importantly, due to the powerful reach of new media, there is a critical period of maximum receptiveness that has been identified which makes inclusive sex communication paramount in the pre-sexual stage for this population. Our findings also indicate that there are plenty of opportunities for systemic improvements to meet this population’s sexual education needs.
Dedication

For the kids who do not fit the mold.
Contents

Abstract ........................................................................................................................................ iv

List of Tables ................................................................................................................................ xvi

List of Figures ............................................................................................................................... xix

Acknowledgements ...................................................................................................................... xx

1. The Perspectives of Gay, Bisexual, and Queer Adolescent Males with Parent-Child Sex Communication ................................................................. 1

   1.1 Introduction .............................................................................................................................. 1

       1.1.1 Background ......................................................................................................................... 1

       1.1.2 Problem ............................................................................................................................ 3

       1.1.3 Growing Up Non-Heterosexual ....................................................................................... 5

       1.1.4 Lack of Resources ............................................................................................................ 7

   1.2 Theoretical Framework .......................................................................................................... 9

   1.3 Approach .............................................................................................................................. 13

   1.4 Purpose Statement and Aims ............................................................................................... 14

       1.4.1 Chapter 1 Aim .................................................................................................................. 15

       1.4.2 Chapter 2 Aim ................................................................................................................ 15

       1.4.3 Chapter 3 Aim ................................................................................................................ 15

       1.4.4 Chapter 4 Aim ................................................................................................................ 15

       1.4.5 Chapter 5 Aim ................................................................................................................ 15

   1.5 Significance ........................................................................................................................... 16

   1.6 Summary ............................................................................................................................... 16

2.1 Introduction..........................................................................................................................17

2.1.1 Background ......................................................................................................................17

2.1.2 Sex Communication and Effects on Adolescents.........................................................18

2.1.3 Theoretical Framework..................................................................................................20

2.2 Methodology .....................................................................................................................23

2.2.1 Literature Search Strategy ............................................................................................23

2.2.2 Inclusion and Exclusion Criteria ..................................................................................24

2.2.3 Search Results ...............................................................................................................25

2.2.4 Data Abstraction ............................................................................................................27

2.2.5 Synthesis .......................................................................................................................27

2.3 Findings ...............................................................................................................................28

2.3.1 Methodological Approaches .........................................................................................28

2.3.2 Process ............................................................................................................................30

2.3.2.1 Gender Dynamics .......................................................................................................30

2.3.2.2 General versus Specific Topics ...............................................................................31

2.3.2.3 Parental Communication Style ...............................................................................32

2.3.2.4 Tone and Language ...................................................................................................33

2.3.2.5 Consequence-Focused Discussions .........................................................................34

2.3.2.6 Future Orientation .....................................................................................................35

2.3.2.7 Incongruence of Reports .........................................................................................35
2.3.2.8 Reciprocal Reluctance to Initiate Conversations .............................................. 36
2.3.3 Person .................................................................................................................. 37
  2.3.3.1 Child Attributes .......................................................................................... 37
  2.3.3.2 Parent Attributes ......................................................................................... 38
2.3.4 Context .............................................................................................................. 43
  2.3.4.1 Microsystem ............................................................................................... 43
  2.3.4.2 Mesosystem ............................................................................................... 47
  2.3.4.3 Exosystem ................................................................................................... 49
  2.3.4.4 Macrosystem ............................................................................................... 50
2.3.5 Time ................................................................................................................... 55
  2.3.5.1 Frequency and Consistency ....................................................................... 55
2.4 Discussion and Recommendations ......................................................................... 56
  2.4.1 Enduring Sex Communication Issues ............................................................... 57
    2.4.1.1 Awkwardness and Timing Concerns .................................................... 57
    2.4.1.2 Reciprocal Reluctance ........................................................................... 57
    2.4.1.3 Gender Dynamics and Gendered Content ............................................ 58
    2.4.1.4 Paternal Roles ......................................................................................... 59
  2.4.2 Emergent Issues ............................................................................................... 60
    2.4.2.1 Nonverbal Sex Communication ............................................................. 60
    2.4.2.2 Beyond Heteronormativity .................................................................... 60
    2.4.2.3 Beyond Able-Bodiedness ....................................................................... 61
    2.4.2.4 The Redefined American Family ......................................................... 62
4.6 Procedures .......................................................................................................................... 98
4.6.1 Recruitment .................................................................................................................. 98
4.6.2 Screening ...................................................................................................................... 98
4.7 Protection of Human Subjects .......................................................................................... 99
4.7.1 Consent ....................................................................................................................... 99
4.7.2 Emotional distress and suicidality .............................................................................. 100
4.7.3 Other Precautions ....................................................................................................... 101
4.8 Data Collection ................................................................................................................ 102
4.8.1 Data Collection .......................................................................................................... 102
4.8.2 Instruments ................................................................................................................ 103
  4.8.2.1 Demographic Data ............................................................................................... 103
  4.8.2.2 Interviews ............................................................................................................ 104
4.8.3 Data Preparation ......................................................................................................... 105
4.8.4 Incentives ................................................................................................................... 106
4.9 Data Analysis .................................................................................................................. 106
  4.9.1 Demographic Data .................................................................................................... 106
  4.9.2 Qualitative Data ....................................................................................................... 106
  4.9.3 Trustworthiness and Validity .................................................................................... 110
4.10 Results ............................................................................................................................ 111
  4.10.1 Demographic Summary .......................................................................................... 111
  4.10.2 Frequency ............................................................................................................... 112
  4.10.3 Setting .................................................................................................................... 114
4.10.4 Teaching Aids ........................................................................................................... 114
4.10.5 Timing and Prompts ................................................................................................. 115
  4.10.5.1 Son-initiated conversations .................................................................................. 115
  4.10.5.2 Physical and social milestones ............................................................................ 116
  4.10.5.3 Sharing family stories ......................................................................................... 117
  4.10.5.4 Other teachable moments .................................................................................. 118
4.10.6 Gender Dynamics ................................................................................................... 118
4.10.7 Inclusivity ................................................................................................................ 119
4.10.8 Sex Communication as a Proximal Process .......................................................... 120
  4.10.8.1 Sons’ Reactions ................................................................................................... 120
  4.10.8.2 Parents’ Approaches .......................................................................................... 124
  4.10.8.3 Parents’ Knowledge of LGBTQ Sexuality Issues .............................................. 128
  4.10.8.4 Parental Ratings as Sex Educators ..................................................................... 130
4.10.9 Sex Communication Functions ............................................................................. 132
  4.10.9.1 Sex Communication Functions for Sons .......................................................... 132
  4.10.9.2 Sex Communication Functions for Parents ...................................................... 136
4.10.10 Sex Communication and Distal Ecological Factors ............................................. 143
  4.10.10.1 Microsystem ..................................................................................................... 143
  4.10.10.2 Mesosystem ..................................................................................................... 146
  4.10.10.3 Exosystem ......................................................................................................... 150
  4.10.10.4 Macrosystem ................................................................................................. 159
4.11 Discussion .................................................................................................................. 162
4.11.1 The Sex Communication Proximal Process: Similarities and Differences.....163
4.11.2 Sex Communication and the Larger Ecological System ......................169
  4.11.2.1 Sibling and Peers........................................................................169
  4.11.2.2 Media and Mobile Technology.....................................................170
  4.11.2.3 Healthcare ..................................................................................170
  4.11.2.4 Religion......................................................................................172
  4.11.2.5 Politics........................................................................................172
  4.11.2.6 Culture........................................................................................173
4.11.3 Parent-Child Sex Communication with GBQ Sons: A Conceptual Model....174
4.12 Limitations and Recommendations .........................................................180
4.13 Conclusion..............................................................................................180

5. Content, Timing, and Approach Considerations for Parents During Sex
Communication with Gay, Bisexual, and Queer Sons.........................................182
  5.1 Introduction............................................................................................182
  5.2 Specific Aims..........................................................................................184
  5.3 Approaches............................................................................................185
    5.3.1 Interviews.........................................................................................185
    5.3.2 Card Sorts.......................................................................................185
  5.4 Data Preparation and Analysis.................................................................188
  5.5 Results....................................................................................................189
    5.5.1 Card Sort Tabulations........................................................................189
      5.5.1.1 Most Familiar Topics.................................................................189
5.5.1.2 Topics Most Discussed by Parents ...................................................... 190
5.5.1.3 Most Recommended Topics for Parents to Discuss ................................ 192

5.5.2 Timing of Recommended Topics .............................................................. 193
5.5.2.1 Elementary ............................................................................................ 195
5.5.2.2 Middle School ....................................................................................... 197
5.5.2.3 High School .......................................................................................... 200

5.5.3 Preferred Sex Communication Frequency ................................................. 201

5.5.4 Educating the Educators ............................................................................ 202

5.5.5 Rationale for Sex Communication: Why Inclusive Sex Communication Matters ...................................................................................... 204
5.5.5.1 Inclusive sex communication for Gay, Bisexual or Queer Sons ........... 204
5.5.5.2 Inclusive sex communication for Questioning or Undisclosed Sons ...... 205
5.5.5.3 Inclusive Sex Communication for Heterosexual Children .................. 208

5.5.6 Positive Approaches to Inclusive Sex Communication ............................. 210
5.5.6.1 Pre-Disclosure Strategies ...................................................................... 211
5.5.6.2 Post-Disclosure Strategies .................................................................... 212
5.5.6.3 Inclusive Strategies During Sex Communication ................................. 213

5.6 Discussion ..................................................................................................... 214
5.6.1 Broad Considerations ................................................................................. 215
5.6.2 Working on Timing .................................................................................... 217
5.6.2.1 Elementary ............................................................................................ 217
5.6.2.2 Middle School ....................................................................................... 218
5.6.2.3 High School........................................................................................................... 219
5.6.3 Preferred Frequency.............................................................................................. 220
5.6.4 Implication for Parents ....................................................................................... 222
5.7 Limitations and Recommendations ....................................................................... 224
5.8 Conclusion............................................................................................................... 224
6. Dissertation Conclusion .......................................................................................... 225
6.2 Waiving Parental Consent During HIV Prevention Research with Gay, Bisexual and Queer Adolescent Males................................................................. 227
6.3 Exploring Parent-Child Sex Communication According to Gay, Bisexual, and Queer Sons........................................................................................................ 227
6.4 Beyond Heterosexuality: Content, Timing and Approach Considerations for Inclusive Sex Communication................................................................. 228
6.5 Limitations............................................................................................................... 229
6.6 Recommendations .................................................................................................. 231
6.6.1 Practice Implications ......................................................................................... 231
6.6.2 Research Implications ....................................................................................... 235
6.7 Conclusion............................................................................................................... 238
Appendix A: Self-Report Screening Tool ................................................................. 240
Appendix B. Decision Tree for Referral Scenarios ....................................................... 241
Appendix C. Study Flyer .............................................................................................. 242
Appendix D. Screening Tool ......................................................................................... 243
Appendix E. Interview Guide ......................................................................................... 244
Appendix F. Demographic Form.............................................................................................................246
Appendix G. Card Sorting Protocol .................................................................................................247
Appendix H. Card Sort Topics............................................................................................................249
References ........................................................................................................................................251
Biography........................................................................................................................................286
List of Tables

Table 1: Design and Sample Characteristics Across Studies .................................................. 29
Table 2: Demographic Characteristics....................................................................................... 112
Table 3: Google and Initial Sexual Orientation Queries........................................................... 154
Table 4: Topics Most Familiar to Participants......................................................................... 190
Table 5: Topics Most Discussed by Parents.............................................................................. 191
Table 6: Topics Most Recommended for Parents to Discuss ................................................. 193
Table 7: Timing of Topics Most Recommended for Parents to Discuss ................................. 194
Table 8: Common Suggestions on How Parents Can Be Educated About LGBTQ Issues
.................................................................................................................................................. 203
List of Figures

Figure 1: Youth Risk Behavior Surveillance by Sex Orientation..................................................5
Figure 2: Bronfenbrenner’s Bioecological Framework.................................................................10
Figure 3: Sample Pubmed Search Strategy..................................................................................24
Figure 4: Literature Review Flow Search....................................................................................26
Figure 5: A Conceptual Model of Inclusive Sex Communication as Proxy for Parental Acceptance ..........................................................................................................................176
Figure 6: Sample Card Sort Question and Answers ....................................................................186
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1. The Perspectives of Gay, Bisexual, and Queer Adolescent Males with Parent-Child Sex Communication

1.1 Introduction

1.1.1 Background

Parents can play a critical role as HIV prevention educators in the lives of their children (Perrino, Gonzalez-Soldevilla, Pantin, & Szapocznik, 2000), including non-heterosexual adolescent males. With male-to-male sexual transmission accounting for 93% of new HIV infections among all adolescent males between ages 13 to 19 (Centers for Disease Control and Prevention, 2012), prevention efforts must consider the role of parents as HIV risk reduction agents (B. Mustanski & J. Hunter, 2012). Given that most adolescents still live at home, the role of parents as HIV risk reduction agents is especially important for this high-risk population (Mustanski & Hunter, 2012). Parent-child sex communication, defined as the bi-directional discussion between parents\(^1\) and their children\(^2\) about sex-related topics, is a critically important component of the overarching public health aim to lower the rates of new HIV infections among this population.

Forty years of research on parent-child sex communication, henceforth sex communication, with heterosexual youth samples has produced effective interventions. DiLorio and colleagues (2003), in a systematic review, underscored the powerful role that

\(^1\) To account for all types of legal guardians, ‘parents’ in this dissertation will include biological parents, foster parents and other caregivers who assume primary stewardship over an underage individual.

\(^2\) ‘Children’ in this study will refer to 15 to 20 year old, self-identifying gay, bisexual or queer males.
parents play in children’s sexual socialization; the messages conveyed are influential in shaping adolescent sexual decision-making. In one of the few studies about sexuality-sensitive HIV prevention education in the school setting, Blake and colleagues (2001) found less sexual risk-taking associated with a group of non-heterosexual youth who had inclusive sex education when compared to a group of non-heterosexual adolescents who did not receive this type of instruction. Empirical analysis on the effectiveness of inclusive sex education in the home provided by parents to non-heterosexual adolescent sons has not been conducted.

Parents are optimal HIV prevention educators because they are able to reach youth early to provide sequential and time-sensitive information that is responsive to the adolescent’s questions and anticipated needs (Krauss & Miller, 2012). Sex communication among heterosexual adolescents has been shown to enhance efficacy with condom use (Hadley et al., 2009; Hutchinson & Montgomery, 2007; Miller & Whitaker, 2001), encourage resistance when pressured to have sex (Kapungu, Baptiste, Holmbeck, et al., 2010), initiate conversations about HIV prevention before engaging in sex (Hutchinson & Cederbaum, 2011; Lederman, Chan, & Roberts-Gray, 2008), and increase an adolescent’s tendency to access and use reproductive and sexual health services (Crosby, Hanson, & Rager, 2009; Hall, Moreau, & Trussell, 2012). It is not known, however, whether communication about sex in the home has protective effects among non-heterosexual adolescent males. Non-heterosexual adolescent males report a
sense of obligation to their parents to stay healthy (LaSala, 2007), but they are more likely than their heterosexual peers to participate in risky sexual behaviors (Eaton et al., 2012). This has been attributed, in part, to the unavailability of sexuality-specific support (Coker, Austin, & Schuster, 2010; Eaton et al., 2012) that fosters their positive development (Kubicek, Weiss, Iverson, & Kipke, 2010). Information about the sexual health of non-heterosexual adolescent males is not addressed in school-based sex education programs (Du Bois, Emerson, & Mustanski, 2011; Mustanski & J. Hunter, 2012; Santelli et al., 2006) and they are unlikely to receive any other type of formal sex education (Goodenow, Netherland, & Szalacha, 2002). Despite their requests for guidance that is responsive to their actions and desires (Flores, Blake, & Sowell, 2011; Seal et al., 2000), non-heterosexual adolescent males face obstacles accessing information that would decrease their likelihood of being infected with HIV. Non-heterosexual adolescent males develop and thrive across contextual systems (Bronfenbrenner & Morris, 2006; D'Augelli & A. Grossman, 2006), including the home, school, and community, and yet their same-gender sexual attraction and activity are not always supported by these systems (Harper & Riplinger, 2013)

1.1.2 Problem

As the HIV/AIDS epidemic enters its fourth decade, non-heterosexual adolescent males continue to be disproportionately affected in the United States. Of the estimated 50,000 cases of HIV diagnosed in 2010, the primary transmission mode for 60% was
male-to-male sex (Prejean et al., 2011). In a group of gay and bisexual males ages 13 to 24, there was a 22% increase in HIV infections from 2008 to 2010 (Centers for Disease Control and Prevention, 2013). HIV-related health risks reported by non-heterosexual youth, including having had sex, sexual debut before the age 13 and having had more than four sexual partners at the time of the survey are, on a national level, greater than those of their heterosexual counterparts (Figure 1) (Eaton et al., 2012; Grossman, 2001).

In North Carolina, 6.2% of high school students surveyed described themselves as lesbian, gay or bisexual youth, with an additional 4.8% reporting having had sexual contact with both males and females (NC YRBSS, 2014). In a study involving HIV-infected young gay adults, the mean age of sexual debut was 14.5 years and the mean age of HIV diagnosis was 19.9 years (Outlaw et al., 2011). It appears that for this high-risk group, adolescence is an especially crucial phase that predisposes them to engaging in high-risk sexual behavior.
1.1.3 Growing Up Non-Heterosexual

Adolescence represents one of the critical transitions in the life span and is characterized by a high rate of growth and change. Physical, sexual, and psycho-emotional maturation lead to experiences that move the adolescent toward social and economic independence, the development of identity, and the acquisition of skills needed to carry out adult relationships and roles (Morgan, 2014). This critical window of development can be further challenged by the development of a non-heterosexual sexual identity (Harrison, 2003; Jamil, Harper, & Fernandez, 2009).

Non-heterosexual males are aware of same-sex attraction at about 9 years of age, and self-identify as gay around age 16.7 years (D’Augelli & Grossman, 2006). Non-heterosexual youth today are disclosing their sexual orientation and gender identity at younger ages than previous generations of lesbian, gay, bisexual, transgender and Queer
(LGBTQ) individuals (Calzo, Antonucci, Mays, & Cochran, 2011; D’Augelli & A. Grossman, 2006; D’Augelli, Grossman, & Starks, 2008; Grov, Bimbi, Nanin, & Parsons, 2006; Holmes & Cahill, 2004; Martin & D’Augelli, 2009). However, early self-identification has been associated with greater morbidity (D’Augelli & Herschberger, 1993; Remafedi, 2008). Gay youth who become aware of their same-sex attractions and disclose their orientation earlier have been found to be more likely than gay youth who reach these sexual identity milestones at a later age to experience forced sex and gay-related harassment during adolescence and HIV infection during adulthood (Friedman, Marshal, Stall, Cheung, & Wright, 2008). This group of high-risk adolescents depends on their families, communities, schools, online resources and health services to learn a wide range of important skills that can help them to cope with the pressures they face and make the transition from childhood to adulthood successfully. Parents can play a particularly critical role in providing guidance to their non-heterosexual adolescent children because they can monitor their development and assist with the answering of sex-related questions. Despite this, parental roles in providing guidance in information-seeking and skill-building processes for non-heterosexual males have been largely unstudied (Bouris et al., 2010; Harper & Riplinger, 2013).

Before an initial inquiry on sex communication between parents and non-heterosexual adolescent males is conducted, this phenomenon must first be considered within the context of the existing sex communication literature. Chapter Two of this
dissertation synthesizes the ample literature published in the past 12 years about this process between parents and heterosexual-identifying children. The state of sex communication science was examined to further understand how lessons learned from normative parent-child relationships can be applied to parents talking to non-heterosexual adolescent children.

1.1.4 Lack of Resources

Existing interventions for heterosexual adolescent males cannot simply be modified for non-heterosexual males because the latter’s sexual behavior and identity are affected differently at multiple systemic levels, including by their families of origin, peers, schools and the larger community (Bronfenbrenner & Ceci, 1994; Garafalo, Mustanski, & Donenberg, 2008; Parks, Hughes, & Werkmeister-Rozas, 2009; Stall, Friedman, & Catania, 2008). Same-gender sexual attraction and activity are not always supported by these social systems (D’Augelli, 2006; Harper, Bruce, Serrano, & Jamil, 2009). Within the family, the fear of an anticipated negative reaction from parents (A.D’Augelli, Hershberger, & Pilkington, 1998; Jennifer Pearson & Lindsey Wilkinson, 2012; Savin-Williams, 2001b) often keeps non-heterosexual adolescent males from disclosing their sexual orientation and inhibits open and honest dialogue about sex-related concerns. Within peer networks, the bullying of this group is a ubiquitous reality (Connolly, 2012; Hightow-Weidman et al., 2011; Sherriff, Hamilton, Wigmore, & Giambrone, 2011). Inside public schools, the prevailing heteronormative sex education
models are silent about their concerns (e.g., abstinence only sex education) (Elia & Eliason, 2010; Mustanski, Newcomb, Du Bois, Garcia, & Grov, 2011), causing these non-heterosexual adolescent males to dismiss generic sex education classes as irrelevant (Goodenow et al., 2002; Mutchler, Ayala, & Neith, 2005).

Even though the transition from adolescence to young adulthood is marked by increased independence from parents, their support remains a strong correlate of positive health outcomes for non-heterosexual youth (Needham & Austin, 2010). In particular, more positive attitudes by parents toward same-gender sexual expression have been linked to decreased unprotected sexual activity for non-heterosexual youth between the ages of 14 and 21 (Rosario, Schrimshaw, & Hunter, 2009). Furthermore, despite some families’ negative reactions to a child coming out as non-heterosexual, many parents express concern about their children’s well-being (Conley, 2011), fear that they will contract HIV (LaSala, 2007) and want them to develop into healthy and productive adults (Bouris et al., 2010). For these parents, understanding sexuality-sensitive sex communication can help them meet their adolescent’s needs (S. Tortolero, 2010). Yet, little work has been done to incorporate parents as partners in the sexual health education of non-heterosexual children (Mustanski & Hunter, 2012; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

The perceived difficulty of conducting research about sex, with underage GBQ males - those under the age of 18 years – is one of the factors that inhibit researchers
from recruiting this population (Mustanski, 2011). By collecting data directly from this
group who can freely participate without the fear of parental reprimand, the feasibility
of employing parents as sex educators can be more fully explored. Chapter Three of this
dissertation explores the use of a waiver of parental consent as a means of facilitating
this group’s participation in research. Chapter Three details our study team’s
experience in securing the waiver of parental consent and reports on our experiences in
recruiting and interviewing youth under the age of 18.

1.2 Theoretical Framework

Examining the social processes that affect non-heterosexual adolescent males’
identities must take into account the multiple layers of interacting social systems that
define who they are and how they perceive themselves, and influences their behavior.
Because non-heterosexual adolescent males, like their heterosexual peers, grapple with a
nested set of interacting systems (Bronfenbrenner & Ceci, 1994; Bronfenbrenner &
Morris, 2006) that influence their sense of self, self-esteem and ultimately self-identity
(Flowers & Buston, 2001; Parks et al., 2009), the tenets of Bronfenbrenner’s Bioecological
Theory of Human Development, henceforth Bioecological Theory, will guide the
conduct of this dissertation (Figure 2). This approach allows for the examination of the
interactions within and between systems that act upon the non-heterosexual adolescent
male and his family (Bronfenbrenner & Morris, 2006). Each dissertation chapter will use
components of Bronfenbrenner’s Bioecological Theory in varying ways.
Figure 2: Bronfenbrenner’s Bioecological Framework

According to the Bioecological Theory, relations between an active individual and his or her active and multilevel ecology constitute the driving force of human development (Lerner, 2005). The major concepts of the Bioecological Theory include process, person, context and time (PPCT model) and will be used in Chapter Two to review the literature on heterosexual-focused sex communication published in the last 12 years. Theoretically defined, process is the interaction between an individual and their immediate environment (Bronfenbrenner & Morris, 1998). The core of the PPCT model are proximal processes that are “particular forms of interaction between organism and environment…that operate over time and are posited as the primary mechanisms producing human development” (Bronfenbrenner & Morris, 2006). For example, these reciprocal relationships include an adult playing with a baby or parents and children discussing
sex throughout puberty. Through these proximal processes individuals and their environment act on and shape each other, enabling individuals to situate themselves in the world and their roles in responding to the prevailing order while simultaneously fitting into the existing one (Tudge, Mokrova, Hatfield, & Karnik, 2009).

Person pertains to the biopsychosocial characteristics of the developing individual that impact their capacity to influence proximal processes. Next, context is the nested set of environments for which the Bioecological Theory is most recognized. Conceptualized as four concentric circles centering on the developing person, context includes the microsystem, such as parents, siblings, teachers and peers participating in the life of the person on a regular basis over an extended period of time; the mesosystem reflecting interrelations between the other microsystems such as churches or schools; the exosystem that includes societal institutions, such as media and local politics that have an important distal influence on human development; and the macrosystem that is the cultural context that encompasses groups whose members subscribe to shared beliefs, mores and customs.

The final construct in the PPCT model is time. As a developmental theory, time was initially called the chronosystem and is presented as prominent in three successive levels. Microtime refers to ongoing episodes of proximal processes; mesotime are episodes across broader time intervals such as days and weeks; and macrotime focuses on the
changing expectations and events in larger society, within and across generations over the life course.

In this dissertation, sex communication in the home is conceptualized as an interaction (proximal process) between parents and gay, bisexual and queer (GBQ) sons (persons) for the provision of information about sex throughout childhood and early adulthood. As seen in Figure 2, the multiple environments that the family navigates (context) impacts these conversations. For example, evolving societal views about same-sex marriage (macrosystem) as portrayed in the media (exosystem) influence views in the home (microsystem) which may, in turn, determine how parents communicate with their GBQ sons about sexuality and future relationships (mesosystem). The adolescent’s own biological make-up and developmental processes (biosystem) is integral in these multi-layered interactions (Bronfenbrenner & Morris, 2007; Odom, Pungello, & Gardner-Neblett, 2012). Similar to changing societal views about homosexuality, Bronfenbrenner accounts for how all these systems and their interactions can change over time with an arrow outside the systems (Bronfenbrenner & Morris, 2007). In Chapter Four, the Bioecological Theory will be used to describe how sex communication as a proximal process occurred for our sample and the notable ecological factors that influenced those processes. Finally, Chapter Five will frame the sex communication content, timing and

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3 Sex in this dissertation will be an encompassing term that will include the mechanics of intercourse in all its forms, topics related to reproduction, attraction, safety, sexual orientation, and gender identity.
approach considerations suggested by GBQ youth in terms of how the existing ecological systems hinder or facilitates these recommendations.

The bi-directional effects of ecological systems (family, peer networks, schools) on a non-heterosexual males’ pivotal life events and identity have been well-documented (Alderson, 2003; Elizur & Mintzer, 2001). Similar to previous studies using this framework that have examined bullying (Hong & Garbarino, 2012) and suicidality (Morrison & L’Heureux, 2001) among LGBTQ individuals, bioecological factors become indispensable when considering risks and protective factors that impact this populations’ health outcomes.

In summary, the perspectives of non-heterosexual adolescent males on home-based sex communication with parents and the contextual factors that affect the process have not been fully explored. To move the field of parent-child sex communication forward, an examination of the perspectives of 15 to 20-year-old GBQ males about this process and its potential impact on their sexual attitudes and behavior was conducted.

1.3 Approach

This research used a descriptive qualitative approach to understand GBQ males’ perceptions of sex communication. The primary data collection strategies were one time in-depth interviews and card sorts. This approach was best suited to the study of sex communication because it allowed the exploration of a relatively unexplored phenomenon and was chosen to understand the complexity of interactions in daily life.
(Marshall & Rossman, 2011), and how GBQ adolescent males interprets and makes sense of these interactions (Denzin & Lincoln, 2011). Since the perceptions of this group regarding sex communication have only started to be explored, a semi-structured interview was used to gather the rich descriptions and meanings they attributed to this complex phenomenon (Marshall & Rossman, 2011). Also, card sorting was used as an elicitation device to assist the participants to assess and express their experiences (Nastasi & Berg, 1999; Rugg & McGeorge, 1997). This technique facilitated the classification of topics we explored (Miller & Crabtree, 1999) and has been used to determine priority goals (Lang & Carstensen, 2002), perceive learning needs (Lunieski, Reigle, & White, 1999) and design interventions (Nastasi & Berg, 1999). The participants were asked to conduct four different sorts: to organize sex-related topic cards by level of familiarity (‘know about’ versus ‘know nothing about’); if ever addressed by/with parents (‘discussed’ versus ‘never discussed’); if necessary to discuss (should be discussed versus should not be discussed); and when to broach topics they have identified as necessary to discuss (‘elementary’, ‘middle school’, or ‘high school’). Chapter Four reports on the findings based on the card sorts.

1.4 Purpose Statement and Aims

The overall purpose of this dissertation was to develop knowledge about the potential role of parents as effective HIV prevention agents for their GBQ sons. This
purpose was guided by five overall aims, with each chapter of the dissertation representing an aim.

**1.4.1 Chapter 1 Aim**

Introduce the problem, the approach and significance of the study.

**1.4.2 Chapter 2 Aim**

Describe and analyze the state of the science regarding overall parent-child sex communication from literature published in the last twelve years.

**1.4.3 Chapter 3 Aim**

Explore the use of a waiver of parental consent as a means to study health-related topics with GBQ males.

**1.4.4 Chapter 4 Aim**

Describe the perceptions of GBQ males regarding parent-child sex communication, including those who have disclosed their sexual orientation to their parents and those who have not disclosed.

**1.4.5 Chapter 5 Aim**

Identify the sex-related topics for which GBQ males feel they need parental guidance and the perceptions of GBQ males on how parents might initiate and sustain parent-child sex communication.
1.5 Significance

These dissertation findings provide an empirical basis for HIV prevention that partner with parents in sexuality-specific sex communication for GBQ adolescent males.

1.6 Summary

The lack of parent-child sex communication research involving GBQ males hinders the formation of sexuality-specific interventions based on empirical data. To address the high rates of HIV/AIDS in this population, it is important to first understand GBQ males’ perceptions of sex communication in the context of the ecological systems that affect them and their parents. Parents have a primary role in adolescent HIV prevention (Perrino et al., 2000), including prevention for their adolescent sons who self-identify as GBQ. Achieving the multiple aims of this dissertation study will be the first steps that will assist parents to define that role.

2.1 Introduction

2.1.1 Background

Adolescent youth who engage in sex are at an elevated risk for negative sexual health outcomes. In 2013, a third of all high school students in the U.S. reported having had recent sexual intercourse, with 40% of them not using a condom the last time they had sex (Centers for Disease Control and Prevention, 2014). Young people between 13 to 24 account for almost half of the 19 million new sexually transmitted infections (STIs) recorded annually. Further, pregnancy among teen girls ages 15-19, while on the decline, still accounted for 400,000 births in 2009. To disrupt these trends, the sex education of young people is now focused on influencing the formation of lifelong attitudes and behaviors (CDC, 2014). Parents, through communication about sex in the home, have been identified as ideal sex educators for youth (Mustanski & Hunter, 2012). Parent-child sex communication, henceforth referred to as sex communication, is the bi-directional and ongoing communication between parents (or parent figures) and their children about sex-related issues including sex, sexuality, and sexual health outcomes. In these conversations, parents serve as a resource to which children turn for sex-related health information during their formative years.
2.1.2 Sex Communication and Effects on Adolescents

Research on sex communication is significant because the sexual health of most adolescents and young adults is greatly influenced by the type of sex education they receive in the home. In general, children who received direct messages to wait for marriage before sex were not as sexually active compared to those who were not given explicit instructions (Aspy et al., 2007; Sneed, 2008). If youth were sexually active, they were more likely to use birth control (Aspy et al., 2006). Daughters were less sexually active when sex communication involved discussions of sexual values, where mothers related abstaining from sex for moral reasons to its potential effect on their daughters’ lives (Teitelman & Loveland-Cherry, 2004; Usher-Seriki, Bynum, & Callands, 2008). Fathers who provided information about how to resist pressure, increased girls’ abilities to avoid being forced into sex (Teitelman, Ratcliffe, & Cederbaum, 2008). Further, mothers who are comfortable and responsive during sex communication were predictive of adolescents’ lesser likelihood of being sexually active, being abstinent, and being older at first intercourse (Fasula & Miller, 2006; Guzman et al., 2003).

The relationships among sex communication and condom and contraceptive use have been well documented. Parental warnings and discussions about sex were associated with condom use, decreased unprotected sex and increased protection from HIV and other STIs (Harris, Sutherland, & Hutchinson, 2013; Hutchinson, 2007; Kapungu, Baptiste, Holbeck, et al., 2010; Teitelman et al., 2008). Nadeem (2006) found
more explicit maternal conversations about condoms were associated with daughters’
detailed and accurate explanations of contraceptive knowledge, and Hadley (2009)
identified that more discussions about condom use were associated with more protected
sex acts. Additionally, greater self-efficacy in discussing sex with parents has been
associated with greater condom use among adolescent males (Halpern-Felsher, Kropp,
Boyer, Tschann, & Ellen, 2004).

Similarly, the association between sex communication and adolescent sexual
attitudes and health behaviors has also been reported. Sex communication with mothers
was associated with more conservative adolescent attitudes towards sex and less
perceived difficulty talking to partners about sexual topics (Hutchinson, 2007). Children
who have been talked to by their HIV-infected mothers reported greater comfort talking
about sex compared to their peers who had uninfected mothers (O’Sullivan, Dolezal,
Brackis-Cott, Traeger, & Mellins, 2005). The more children perceived mothers talked
about a topic, the more the adolescents endorsed that issue (Guilamo-Ramos et al., 2007).
Furthermore, parental sex discussion about pubertal changes, intercourse and STIs was
associated with daughters’ feeling prepared about bodily changes, availing HPV
vaccines and adolescents testing for HIV (Clawson & Reese-Weber, 2003; Roberts,
Gerrard, Reimer, & Gibbons, 2010).

DiIorio, Pluhar and Belcher’s review of the literature (2003) on sex
communication published from 1980 to 2002 identified three domains of research: 1)
content and process, 2) predictors, and 3) behavioral outcomes. In the 12 years since the Dilorio (2003) review, more U.S.-based studies that include novel theoretical and empirical findings have been published and now require critical analysis and synthesis. This review will focus solely on the process of sex communication; since Dilorio’s review, Akers, Holland, and Bost (2011) reviewed interventions that aimed to increase the frequency of sex communication; Sutton, Lasswell, Lanier, and Miller (2014) described interventions that used sex communication to impact sex and cognitive outcomes among minority youth; and Santa Maria, Markham, Bluethmann, and Mullen (2015) conducted a meta-analysis of parent-based adolescent sexual health interventions and its effects on communication outcomes. The purpose of this review is to advance what is known about the process of sex communication in the U.S. by reviewing studies published from 2003 to 2015. By synthesizing study findings from the last 12 years, we were able to identify enduring factors that affect sex communication and underscore areas of current and emerging research. The identification of both longstanding and emerging factors that affect how sex communication occurs will inform subsequent work that will result in more positive sexual health outcomes for adolescents.

2.1.3 Theoretical Framework

Urie Bronfenbrenner’s Bioecological Theory of Human Development (2006), henceforth Bioecological Theory, provides an encompassing approach to the study of an individual’s behavior, and in particular, a comprehensive lens to identify the multi-
system factors that give rise to sexual health outcomes. According to the Bioecological Theory, relations between an active individual and his or her active and multilevel ecology constitute the driving force of human development (Lerner, 2005). The major concepts of the Bioecological Theory include process, person, context and time (the PPCT model).

*Process* is the interaction between an individual and his or her immediate environment (Bronfenbrenner & Morris, 1998). The core of the PPCT model are proximal processes that are “particular forms of interaction between organism and environment...that operate over time and are posited as the primary mechanisms producing human development” (Bronfenbrenner & Morris, 2006). For example, these reciprocal relationships include an adult playing with a baby, a child interacting with another child, or parents and children discussing sex throughout puberty. Through these *proximal processes* individuals and the environment act on and shape each other, enabling individuals to situate themselves in the world in terms of their roles in challenging the prevailing order, while simultaneously fitting into the existing one (Tudge et al., 2009).

Second, *person* pertains to the biopsychosocial characteristics of developing individuals that impact their capacity to influence *proximal processes* (Bronfenbrenner & Morris, 2006). Inherent in the person are characteristics that shape the direction and power of proximal processes that include their capacity to initiate and sustain a
proximal relationship; their abilities, knowledge and skills essential for effective functioning; and their characteristics to invite or disrupt proximal processes.

Next, context is the nested set of environments for which the Bioecological Theory is most famous. Conceptualized as four concentric circles centering on the developing person, context includes the microsystem, such as one’s parents, siblings, teachers and peers, who participate in the life of the person on a regular basis over an extended period of time; the mesosystem, the interrelations between the other Microsystems such as the interaction of the home with churches or schools; the exosystem that includes societal institutions, such as media and local politics that have an important distal influence on human development; and the macrosystem, or the cultural context that encompasses groups whose members subscribe to shared beliefs, mores and customs. Bronfenbrenner posits that when interactions between the different systems are compatible, development progresses smoothly (Hosek, Harper, Lemos, Martinez, & Adolescent Medicine Trials Network for HIV/AIDS Interventions, 2008). For example, when there are consistent messages received from parents and the media, children will be more receptive to these messages rather than if there were discordant messages received across settings.

Finally, time refers to ongoing episodes of proximal processes that are spread across varying intervals such as days and weeks. This construct includes changing
expectations and events in larger society, within and across generations over the life course (Bronfenbrenner & Morris, 2006).

The Bioecological Theory will guide this literature review by examining sex communication as a proximal process that simultaneously affects the parent and child’s attitudes and behaviors when talking about sex. The following research questions will be answered in this review: In the past 12 years: 1) What are the enduring and emerging factors that affect sex communication? and 2) What are the bioecological factors that influence the occurrence of this process?

2.2 Methodology

2.2.1 Literature Search Strategy

A systematic literature search was undertaken for all published articles about sex communication using the following electronic databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, PsycINFO and SocIndex. Key terms or controlled vocabulary (e.g., Medical Subject Headings [MeSH]) such as “parent-child relations,” “communication,” “sex education,” and “sexual behavior” were used for each database. Search sets were combined using Boolean operators (and, or, not). Figure 1 provides a sample Pubmed search strategy. To ensure comprehensiveness, a Duke Medical Library health information specialist was consulted throughout the search of the online databases. A staged review was conducted (Torraco, 2005) which began with
an initial review of the titles and abstracts, followed by an in-depth reading of each article that met the inclusion criteria.

![Sample Pubmed Search Strategy](image)

**Figure 3: Sample Pubmed Search Strategy**

**2.2.2 Inclusion and Exclusion Criteria**

Articles identified through online databases had to meet the following conditions: 1) published in a peer-reviewed journal, 2) with publication delimiters from January 2003 to December 2015, 3) published in English language journals, and 4) contained original findings from descriptive qualitative, quantitative or mixed method studies about sex communication. *Sex* in this review pertains to topics that parents talk about with their children, including developmental information about puberty, sexuality, and decision-making about sexual behavior. The articles accepted for inclusion were informed by the views of parent/s or children only or from parent-child dyads. *Parents* in these included studies may be biological, adoptive, foster, or custodial parents who are the guardians of the child/ren. Articles involving intervention research were excluded as these have been recently reviewed. Grey literature, systematic reviews and metasyntheses were also excluded. Articles that had a secondary finding or section
on sex communication but whose main research questions were about other protective familial factors (e.g., parental monitoring, parent-child connectedness, general support) that may impact adolescent sexual behavior were also excluded as were articles that measured sex communication frequency as one of other factors, and concurrently reported other adolescent behaviors (e.g., alcohol abuse, cigarette smoking, and delinquency).

Given the potential to exclude relevant literature due to stringent exclusion criteria, we reviewed articles that did not clearly fall into the criteria above, discussed it with the review team and generally erred on the side of inclusion (Sandelowski, Voils, Barroso, & Lee, 2008). For example, articles focused on specific sex-related topics such as HPV vaccination or HIV disclosure by parents to children were included as they identified bioecological factors that affect discussions of those topics in the home and are often used as launching points for further sex discussions. Additionally, tenets of the PRISMA guidelines were followed in this review.

### 2.2.3 Search Results

Our initial electronic search yielded 1,044 citations. Two hundred and two duplicates were removed and DF and JB screened the titles and abstracts to assess the relevance of the studies to the project. Of the remaining 842 articles, 736 references were excluded, leaving 106 full-text articles from the electronic search (see Figure 2). All reference lists were checked for pertinent citations that may not have been identified in
the main online query of research databases. Through this ancestry method of cross-checking and back-referencing we ensured an additional level of search comprehensiveness (Whittemore & Knafl, 2005). Ten additional articles were identified from reference lists for a final count of 116 included studies (Figure 2). The accepted articles were exported to an EndNote library (Thomson Reuters, 2014) for data management. The authors individually conducted quality tests on the excluded articles, such as by skimming every tenth article to validate that these were correctly excluded. Further, if questions arose about an article’s ineligibility, the article was discussed by the team until a consensus decision was reached.

Figure 4: Literature Review Flow Search
2.2.4 Data Abstraction

The 116 articles accepted after the comprehensive search were abstracted through the matrix method (Garrard, 2013). An evidence table on Excel was created to organize information according to how they systematically informed the research findings. Column headings were based on study characteristics such as study design, setting, sample and methodology. DF independently abstracted findings from the eligible studies into the standardized matrices and this allowed the reviewers to examine the literature for contextual patterns and themes across studies.

2.2.5 Synthesis

An adaptation of framework synthesis (Carroll, Booth, & Cooper, 2011) scaffolded by Bronfenbrenner’s Bioecological theory guided this process review. This was accomplished by organizing the abstracted findings under broad groupings based on the PPCT model and informed by a priori themes from DiLorio and colleagues’ 2003 review. By using a relevant pre-existing framework merged with themes from the most recent review of sex communication, we were able to map and code data from the included studies. Throughout the analysis, similar and contradictory findings were noted as newer sex communication themes. Through this process, both the enduring and emergent bioecological factors that affect the process of sex communication were identified. Research implications of our findings are incorporated in the subsequent discussion section.
2.3 Findings

2.3.1 Methodological Approaches

Table 1 provides the details of the studies included in this review. There was a similar number of qualitative (43%) and quantitative (45%) designs used with the remaining using mixed methods (12%). A majority of studies (84%) used convenience sampling to identify participants. Most of the samples were Caucasian (22%), African American (23%), or came from diverse racial backgrounds (36%). Most of the studies included both children and parents (42%). More mothers than fathers (44% and 7%) and daughters than sons (40% and 4%) participated in the studies. Most of the children were high school and college age.
Table 1: Design and Sample Characteristics Across Studies

<table>
<thead>
<tr>
<th>General Approach</th>
<th>Number (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative</td>
<td>(50)</td>
<td>43%</td>
</tr>
<tr>
<td>Quantitative</td>
<td>52</td>
<td>45%</td>
</tr>
<tr>
<td>Mixed methods</td>
<td>14</td>
<td>12%</td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sampling Strategy</th>
<th>Number (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience</td>
<td>97</td>
<td>84%</td>
</tr>
<tr>
<td>Random within specific population</td>
<td>13</td>
<td>11%</td>
</tr>
<tr>
<td>Nationally representative</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;75% Caucasian</td>
<td>25</td>
<td>22%</td>
</tr>
<tr>
<td>&gt;75% African American</td>
<td>26</td>
<td>23%</td>
</tr>
<tr>
<td>&gt;75% Latino</td>
<td>13</td>
<td>11%</td>
</tr>
<tr>
<td>&gt;75% Asian</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Racially Diverse/Multiethnic</td>
<td>42</td>
<td>36%</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Sample</th>
<th>Number (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Only</td>
<td>31</td>
<td>27%</td>
</tr>
<tr>
<td>Parents Only</td>
<td>36</td>
<td>31%</td>
</tr>
<tr>
<td>Children-Parent Dyads</td>
<td>49</td>
<td>42%</td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender Composition of Parents</th>
<th>Number (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers only</td>
<td>37</td>
<td>44%</td>
</tr>
<tr>
<td>Fathers Only</td>
<td>6</td>
<td>7%</td>
</tr>
<tr>
<td>Mothers and Fathers</td>
<td>40</td>
<td>47%</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender Composition of Children</th>
<th>Number (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females Only</td>
<td>32</td>
<td>40%</td>
</tr>
<tr>
<td>Males Only</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Females and Males</td>
<td>44</td>
<td>55%</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100%</td>
</tr>
<tr>
<td>School Age Composition of Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Pre-K to Grade 6</td>
<td>8</td>
<td>10%</td>
</tr>
<tr>
<td>Middle</td>
<td>20</td>
<td>25%</td>
</tr>
<tr>
<td>High School</td>
<td>29</td>
<td>36%</td>
</tr>
<tr>
<td>College</td>
<td>18</td>
<td>23%</td>
</tr>
<tr>
<td>Not Specified</td>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100%</td>
</tr>
</tbody>
</table>

### 2.3.2 Process

According to the bioecological theory, processes are the interactions in which the parent and child are active participants who shape their environment, evoke responses and react to one another (Bronfenbrenner & Morris, 2006; Bronfenbrenner & Morris, 1998; Darling, 2007). Parents and children engage in sex communication while riding in the family car, when watching TV, when considering allowing children to attend events such as sex education at school, and when discussing events involving family or friends (Eastman, Corona, Ryan, Warsofsky, & Schuster, 2005b; Hannan, Happ, & Charron-Prochownik, 2009; Murray et al., 2014). During sex communication, numerous factors have been found as influential in the process including parent and child gender, the specificity of topics discussed, parents’ communication style, tone, language, the focus on the consequences of sex, and its implications for the future. Ultimately, these factors result in a lack of congruence among sex communication reports.

#### 2.3.2.1 Gender Dynamics

Parent and child gender dynamics interact most strongly to predict sex communication, with most discussions occurring between mothers and daughters.
(Guilamo-Ramos et al., 2007; Kapungu, Baptiste, Holbeck, et al., 2010; Marhefka, Mellins, Brackis-Cott, Dolezal, & Ehrhardt, 2009b; Miller et al., 2009a; Pluhar, Diorio, & McCarty, 2008; Sneed, 2008; Wisnieski, Sieving, & Garwick, 2015). Across most of the literature, mothers figure prominently in children’s sexuality education (Harris et al., 2013; Morgan, Thorne, & Zurbriggen, 2010; Raffaelli & Green, 2003; Sneed, Somoza, Jones, & Alfaro, 2013; Wilson, Dalberth, & Koo, 2010) and compared to fathers, mothers discuss more topics about sex with children throughout adolescence (Jerman & Constantine, 2010). The number of topics discussed is highest between same-gender parent-child dyads, where daughters receive significantly more sexual health discussions than sons from their mothers (Kapungu, Baptiste, Holbeck, et al., 2010; Raffaelli & Green, 2003; Sneed, 2008; Swain, Ackerman, & Ackerman, 2006); sons received more from their fathers (Tobey, Hillman, Anagurthi, & Somers, 2011). Still, some studies contradict that general trend and found that males reported an equal amount of information about sex communication from both parents (Tobey et al., 2011; Wyckoff et al., 2008). Moreover, children’s gender is not associated with discussions about HIV and risk behaviors with mothers (O’Sullivan et al., 2005).

2.3.2.2 General versus Specific Topics

Parents emphasize general communication about sex rather than engaging in talks about specific topics (Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006; Kapungu, Baptiste, Holbeck, et al., 2010; LaSala, 2015; Sneed, 2008). For example, parents
tended to focus more on informational topics such as warnings about STIs and HIV/AIDS protection rather than discussing personal topics such as asking if children were having sex (Sneed et al., 2013). Even mothers with HIV infection are more likely to discuss HIV prevention, but not sex or birth control (Marhefka, Mellins, Brackis-Cott, Dolezal, & Ehrhardt, 2009a). In a qualitative study involving mother-child dyads in New York City, mothers expressed relative comfort and willingness to discuss the consequences of sex, but not specific, fact-based information regarding intercourse and birth control (Guilamo-Ramos et al., 2006). Further, talks about sexual decision-making were supported more than discussions about emotions, relationships and romance (Stiffler, Sims, & Stern, 2007; Wisnieski et al., 2015).

2.3.2.3 Parental Communication Style

Although parental directness facilitates sex communication, the findings are mixed when it comes to who engages in this communication style. In general, lack of parental communication skills causes children to avoid and be anxious about sex discussions, while parents who can communicate with their children share and discuss their life experiences with minimal reservation (Afifi, Joseph, & Aldeis, 2008). Directive communication styles are associated with positive parent-child relationships and less risky sexual behavior (Peterson, 2007; Sneed, 2008). However, another study found that directive parents who tend to have a more authoritarian communication style do not invite open discussion and questions from children (Heller & Johnson, 2010). Few
fathers provide explicit guidance (Solebello & Elliott, 2011); those who were willing to have in-depth, open and honest conversations contributed to daughters’ knowledge, ability to clarify, and knowledge that they could talk to fathers about sex any time (Nielsen, Latty, & Angera, 2013). Many mothers were blunt about sex and honest in their approach (Murray et al., 2014), while others were avoidant or reticent (Baier & Wampler, 2008; Pluhar, Jennings, & DiLorio, 2006). Daughters agreed that mothers’ candidness contributed to communication about sexual risks (Cederbaum, 2012; Cox, Mezulis, & Hyde, 2010). Interactive communication strategies include making sure adolescents’ voices are heard to encourage active exchange of questions and answers, assessing current knowledge and leaving room for future discussions (Edwards & Reis, 2014).

2.3.2.4 Tone and Language

Daughters discussed how a parent’s negative emotional tone affected their ability to talk about sex, while a positive tone lead to further discussions about sex (Aronowitz & Agbeshie, 2012). Fathers who are good sex educators were thorough and their tone communicated clearly the seriousness of the topic, while fathers who are not as effective broached sexuality in vague, nonspecific ways that left daughters wondering what parents were trying to communicate (Nielsen et al., 2013). Parents sometimes used veiled language (Aronowitz & Agbeshie, 2012) and discussions about sex often included the use of euphemisms (Laurie Meschke & Dettmer, 2012; Pluhar et al., 2006). In a study involving grandparents as sex educators, their unfamiliarity with slang and sexual lingo
used by teenagers did not facilitate sex communication (Cornelius, LeGrand, & Jemmott, 2008). Further, children as young as 4 years old preferred slang words over parents’ use of anatomical terms (Martin & Torres, 2014).

### 2.3.2.5 Consequence-Focused Discussions

Studies indicate that parents framed the sex discussions in terms of consequences and cautionary statements, with the underlying message often being sexually prohibitive (Afifi et al., 2008; Akers, Schwarz, Borrero, & Corbie-Smith, 2010; Cox, Scharer, Baliko, & Clark, 2010; Eisenberg et al., 2006; Jerman & Constantine, 2010; Kim & Ward, 2007; Meschke & Peter, 2014; Nappi, McBride, & Donenberg, 2007). Parents conveyed clear disapproval of their children engaging in sex (Jaccard, Dodge, & Dittus, 2003), and they underscored the negative outcomes of sex (Heisler, 2005; Stauss, Murphy-Erby, Boyas, & Bivens, 2011), which for them can ruin children’s lives (Guilamo-Ramos et al., 2006). Fear was regularly employed to persuade daughters to be abstinent (Pluhar & Kuriloff, 2004) and parents routinely talked about the repercussions of sex and the risks of pregnancy, disease, and victimization (Elliott, 2010b; Gilliam, 2007; Teitelman, 2004). The threat of sexual abuse is another topic often brought up that further discouraged any positive discussions about sexuality (El-Shaieb & Wurtele, 2009). Pleasure or the positive aspects of sex was off limits; sex positivity was not addressed (Aronowitz, Todd, Agbeshie, & Rennells, 2007b; Elliott, 2010a; Hertzog, 2008). From adolescents’ perspectives, sex communication was essential to prevent risky sexual
behavior (Cornelius, LeGrand, & Jemmott, 2009), but they dismissed scare tactics as ineffective sex communication (Fitzharris & Werner-Wilson, 2004).

2.3.2.6 Future Orientation

For a lot of parents, conversations with children about abstinence, pregnancy and delaying sex were related to future success. Sex communication in these households emphasized the future in terms of prioritizing educational goals (McKee & Karasz, 2006) and attaining self-sufficiency through gainful employment before supporting a family (Akers et al., 2010; Meschke & Peter, 2014; Murray et al., 2014). In these talks about the future, sex and unplanned pregnancies were depicted as a threat that forced children to grow up early (Afifi et al., 2008) and can be an impediment to achieving one’s dreams (Jaccard et al., 2003).

2.3.2.7 Incongruence of Reports

There remains a marked incongruence between parent and adolescent reports of the frequency of sex communication. Parents typically remembered more incidents of having the sex talk while children reported fewer recollections (Chung et al., 2007; Fitzharris & Werner-Wilson, 2004; Hadley et al., 2009; LaSala, 2014; Miller, Ruzek, Bass, Gordon, & Ducette, 2013; Nappi, McBride, & Donenberg, 2007; O’Sullivan et al., 2005). Not surprisingly, there was a more pronounced incongruence between grandparent and grandchildren reports of sex topics discussed (JCornelius et al., 2008). However, preadolescents and their parents agreed about the occurrence of sex communication
(Wyckoff et al., 2008) and topics discussed during childhood and into adolescence (Beckett et al., 2010). Similarly, incongruence was also reported among young men who have sex with men (YMSM) and sex talks with their parents, where parents did not report any barriers to talking about health and sexual orientation with their sons, while the opposite was reported by the YMSM (Rose, Friedman, Annang, Spencer, & Lindley, 2014).

2.3.2.8 Reciprocal Reluctance to Initiate Conversations

When mothers provided information and feedback, daughters were more engaged and desired further conversations about sex (Mauras, Grolnick, & Friendly, 2013). However, most mothers admitted they only discussed sex-related issues at their daughters' initiation and they did not talk about sex unless asked (Baier & Wampler, 2008; Elliott, 2010a). Parents believed their children would approach them if they have questions, while children reported they were unlikely to do so even if they had concerns (Collins, Angera, & Latty, 2008; Fitzharris & Werner-Wilson, 2004). Daughters reported not knowing how to initiate conversations about sex and looked to their mothers to start the sex communication process (Dennis & Wood, 2012). Further, parents of gay and bisexual youth wished their sons would bring up sex topics if they have any questions, but the youth reported being reticent and wished parents would take the first step (LaSala, 2015). Similarly, most Muslim mothers did not think it was necessary to initiate conversations and said they were available if daughters need to talk (Orgocka, 2004).
Additionally, some parents thought it was almost like an assault if they were too forceful or too open about sex (McKee & Karasz, 2006).

2.3.3 Person

When viewing sex communication through the Bioecological Theory, children are conceptualized as more than passive recipients of knowledge. Children bring with them developmental attributes, temperaments and predispositions that impact how parents broach sex-related issues. Likewise, parents' interactions with children involve their own experiences, ideas and values that trigger specific reactions from children. The following child and parent attributes have been identified as salient person-centered factors that impact sex communication.

2.3.3.1 Child Attributes

<table>
<thead>
<tr>
<th>2.3.3.1.1 Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is ample evidence that the child’s age is a significant predictor of sex communication. Current age of the daughter predicted timing of first discussions about sex (Askelson, Campo, &amp; Smith, 2012; Miller et al., 2009b), and sex communication occurs earlier with daughters than with sons (Beckett et al., 2010). Parents are less likely to talk with younger teens about sex (Swain et al., 2006), and they reported discussions to be more challenging with younger rather than older daughters (Coffelt, 2010). Parents are more inclined to talk about sex when they deem their child as mature, which may explain why older adolescents received more communication than younger children</td>
</tr>
</tbody>
</table>
Nevertheless, it has also been reported that children’s age was not associated with sex communication between mothers and daughters (O’Sullivan et al., 2005).

### 2.3.3.1.2 Anticipated Disapproval

Generally, adolescents could not discuss topics of a sexual nature with their parents out of fear that they may be viewed as sexually active and face punishment (Fitzharris & Werner-Wilson, 2004; Guilamo-Ramos et al., 2006). Fear, based on the assumption that parents would judge them -- that mothers think, "if she’s talking about it, she’s doing it" (Pluhar & Kuriloff, 2004) -- keeps children from engaging in sex communication about a variety of topics (Dennis & Wood, 2012; Eastman, Corona, Ryan, Warsofsky, & Schuster, 2005a; Sisco, Martins, Kavanagh, & Gilliam, 2014). Daughters’ fears of relationship strain, anticipated loss of trust, and beliefs that mothers are not open to hearing information about their sex-related concerns, caused reluctance to ask about sex (Cederbaum, 2012). Furthermore, among adolescents whose parents disclosed to them their HIV-infected status, the fear of upsetting or reminding parents of their serostatus prevented some children from talking about sex (Corona et al., 2009).

### 2.3.3.2 Parent Attributes

#### 2.3.3.2.1 Knowledge Deficit

Parents have varying levels of knowledge about sex-related topics, with most of them having an inadequate base of information (Heller & Johnson, 2010; Jerman & Constantine, 2010; Martin & Torres, 2014; Laurie Meschke & Dettmer, 2012; Pluhar et al.,
For instance, in a study about family planning discussions, contraceptive knowledge was low for parents and they had minimal information about risks and side effects (Akers et al., 2010). Fathers in Atlanta supported the view that as sex educators they did not have subject matter expertise (DiLorio et al., 2006). For mothers, many professed inadequate knowledge about male sexuality (Cox et al., 2010), and they relied on male figures to address those questions (Murray et al., 2014; Pluhar et al., 2006). Single mothers, for example, limited sex communication out of concern that they might impinge on their son’s development of a normative masculine and heterosexual identity (Elliott, 2010a). Adolescents concurred and attributed the lack of sex communication to parents not being knowledgeable about sex-related topics (Fitzharris & Werner-Wilson, 2004; Gilliam, 2007). Denes and Afifi (2014) found that for many gay, lesbian, bisexual and queer individuals, disclosing their sexuality to parents a second time was necessary to share more information about themselves and address parents’ lack of understanding about what being a sexual minority was about. Further, parents’ lack of knowledge about the health issues that YMSM contend with was reported to be a barrier to PCSC (Rose et al., 2014).

### 2.3.3.2.2 Doing Better Than Their Parents

Parents attributed their lack of preparedness for sex communication to their own dismal experiences with the process (Eastman et al., 2005; Lehr, Demi, DiLorio, & Facteau, 2005; McKee & Karasz, 2006; McRee et al., 2012; Noone & Young, 2010; Ohalete, 2007). Parents viewed their own parents as ineffective sexuality educators (Kenny &
Wurtele, 2013) and they did not have parents who modeled how to have these conversations effectively (Eastman et al., 2005a). According to DiIorio et al (2006), some parents’ negative feelings about their own experiences with sex communication a generation earlier often serve as an impetus to provide better sex education for their children. Parents want “to do better than their parents had done with them,” (p. 460) (Ballard & Gross, 2009; LaSala, 2015) and they intended to discuss sex when their children are younger compared to when they themselves were taught about it or when they were forced to contend with sexual silence (Alcalde & Quelopana, 2013; El-Shaieb & Wurtele, 2009; Kenny & Wurtele, 2013). Muslim mothers, for example, saw sex communication as an important duty to offer moral and emotional support to daughters, based on their own experiences lacking parental models (Orgocka, 2004).

2.3.3.2.3 Learning from Traumatic Experience

Parents’ own experiences with risky sexual behavior when they were adolescents triggered discussions about sex-related issues with their own children (Grossman, Tracy, Richer, & Erkut, 2015; Noone & Young, 2010; Williams, Pichon, & Campbell, 2015). Broaching sex-related issues was motivated by concerns over victimization of vulnerable children, such as those with autism spectrum disorders (Ballan, 2012; Holmes & Himle, 2014), or stemming from their own personal trauma such as experiences with sexual abuse or interpersonal violence (AAkers, Yonas, Burke, & Chang, 2011; Deblinger, Thakkar-Kolar, Berry, & Schroeder, 2009; Woody, Randal, & D’Souza, 2005). For HIV-infected mothers, sex communication involved taking a negative experience and
creating a positive teaching opportunity (Cederbaum, 2012; Corona et al., 2009; Murphy, Roberts, & Herbeck, 2012). Mothers living with HIV were more comfortable and more likely to report discussing HIV and related sexuality topics compared to mothers without HIV (O'Sullivan et al., 2005).

### 2.3.3.2.4 Acknowledgement of Parental Responsibility

Parents acknowledged it is their responsibility to teach their children about sex (Ballan, 2012; Elliott, 2010a, 2010b; Fitzharris & Werner-Wilson, 2004; Guilamo-Ramos, Jaccard, Dittus, & Collins, 2008; Regnerus, 2005; Stiffler et al., 2007). Sex communication is viewed as an opportunity for parents to educate not only about sexuality, but also the effects of children’s sexual behavior on their overall health (Eisenberg et al., 2006; Hannan et al., 2009; Hutchinson & J. Cederbaum, 2011). Fathers wanted to instill a sense of responsibility so that their sons can learn from their stories and be trusted to make the right choices to protect themselves from negative consequences such as STI (DiIorio et al., 2006; Ohalete, 2007). Despite fathers having lower self-efficacy and lower expectations that sex communication would have positive outcomes (Wilson, Dalberth, & Koo, 2010), they believe sex communication is an ongoing process that should start at a young age and continue throughout adolescence (Lehr et al., 2005). In particular, some fathers provide the male perspective for their daughters (Solebello & Elliott, 2011). Nevertheless, parental responsibility for children’s sex education was not shared by all parents. From a group of parents who were in college, Heller and Johnson (2010) found that many of them did not feel any urgency to cover discussions about condoms and
HIV/AIDS due to public schools discussing those topics with their children; also, some fathers view sex education as part of a mother’s responsibility (Collins et al., 2008).

2.3.3.2.5 Sex Communication as a Green Light to Have Sex

Parents are concerned about sending mixed signals when discussing sex with children and fear that the information might be misconstrued as permission to have sex and promote adolescent sexual activity (DiIorio et al., 2006; Fitzharris & Werner-Wilson, 2004; Laurie Meschke & Dettmer, 2012; Wilson, Dalberth, Koo, & Gard, 2010). For parents, including the positive aspects of a sexual relationship during sex communication might lead to risky sexual behavior and may be perceived as a “green light” to have sexual intercourse (Aronowitz et al., 2007; McKee & Karasz, 2006). In several studies, parents struggled to promote abstinence and feared sex discussions might increase curiosity and encourage sexual experimentation (Aronowitz et al., 2007b; Elliott, 2010a; Ohalete & Georges, 2010). However, contrary to these parents’ concerns, grandparents in another study believed that talking about sex does not encourage sexual activity (Cornelius et al., 2008).

2.3.3.2.6 Children Being Too Young

Many parents think children are too young for sex information and have difficulty acknowledging their children’s sexuality (Deblinger et al., 2009; Laurie Meschke & Dettmer, 2012; Noone & Young, 2010). For instance, mothers of elementary age children often did not associate sexuality and sexual development with their 6-10 year olds, and therefore felt they would not be ready when asked about sex by their
children (Pluhar et al., 2006). Additionally, according to daughters, fathers viewing them as “Daddy’s little girl” inhibited sex communication (Hutchinson & Cederbaum, 2011). Further, parents express ambivalence and disagree about when, what, and how much to say to their children about sexual topics (Cornelius, Cornelius, & White, 2013; Elliott, 2010a). However, not everyone is reticent about broaching sexuality. Parents can and do talk about sexuality issues with young children and preadolescents (Miller et al., 2009; Wilson, Dalberth, Koo, et al., 2010; Wyckoff et al., 2008).

2.3.4 Context

Bronfenbrenner described context as the nested set of environments that affect the developing individual. In terms of location, children’s sexual socialization by their parents usually occurred while riding in the family car, when watching TV, when considering permitting children to attend sex education at school, and when discussing events involving family or friends (Eastman et al., 2005a; Hannan et al., 2009; Murray et al., 2014). These were the most commonly cited teachable moments parents used as a launching point for sex conversations. Distinct contextual patterns have been identified in the literature and can be classified according to the four concentric circles of the Bioecological theory.

2.3.4.1 Microsystem

Factors in the microsystem interact with parents’ and children’s ability to discuss and sustain conversations about sex. These factors include parents using developmental
2.3.4.1.1 Developmental Milestones as Cues

In most sex communication research, it is well documented that parents use as a cue observable pubertal changes and children’s emerging sexual or romantic interests to initiate conversations about sex. Parents wait until their children are physically mature, as evidenced by breast development or menses, before initiating sex communication (Cox et al., 2010; Miller et al., 2009; Pluhar et al., 2006). Marheffka et al. (2009) found that mothers primarily talk about HIV prevention and birth control if they believed that their adolescents had already sexually debuted. For fathers, sex communication was triggered when daughters became more inquisitive about boys or after observing their son’s pubertal development (Lehr et al., 2005; Ohalete, 2007). Further, Eisenberg et al. (2006) found that only after parents believed their children were sexually or romantically involved did they initiate sex communication. Parents were less likely to talk with teens they believed are not romantically involved (Swain et al., 2006b). Other milestones used as a reminder to discuss sex and developmental changes include times when children begin having sex education classes in school (Hannan et al., 2009), and when discussing preventive sexual health issues in general such as HPV vaccines (Askelson et al., 2011; McRee et al., 2012).
The closeness and comfort level adolescents have with parents is associated with parent-child communication about sex. More sex communication is associated with greater parent-child closeness (Corona et al., 2009; Hutchinson & Montgomery, 2007; McRee et al., 2012). Further, greater parent comfort with sex communication explained direct guidance, such as face-to-face discussions, and a higher number of sex topics discussed (Jerman & Constantine, 2010; Woody et al., 2005). Along gender lines, females are more likely to report comfort in discussing sex with mothers, while males speak with and are more comfortable with fathers (Guzman et al., 2003; Hutchinson & Montgomery, 2007). Adolescents reported that comfort level with mothers are also significantly associated with increased sex communication levels (Boyas, Stauss, & Murphy-Erby, 2012). Fathers are more comfortable with and prefer talking to sons rather than daughters (DiLorio et al., 2006; Solebello & Elliott, 2011). This gender difference in comfort with sex communication may be explained in part by a large survey of mothers with young children that found that mothers do not care as much about daughters seeing them naked compared to sons, which provides more early opportunities to talk about bodies and sexuality among mothers and daughters (Martin & Luke, 2010). Additionally, parental comfort in discussing general and specific topics increases over time (Corona et al., 2009; Morgan et al., 2010).

Other documented factors related to parent-child closeness and sex communication include approachability and responsiveness. Mothers who are
approachable foster trust and are able to assess risks and daughters’ readiness to talk (Noone & Young, 2010). Based on mother and child reports, mothers with the highest responsiveness had significantly increased odds of discussions about abstinence, puberty, and reproduction (Fasuila & Miller, 2006; Miller et al., 2009). Meanwhile, daughters whose fathers are good parental educators felt emotionally close to their fathers, which contributed to the ease with which they initiated conversations, while paternal discomfort was interpreted as a lack of caring or being judgmental of their daughters’ thoughts or actions, and kept daughters away (Nielsen et al., 2013).

2.3.4.1.3 Embarrassment

For a majority of parents, discussion about sex with their children is associated with embarrassment (Cox et al., 2010; Fitzharris & Werner-Wilson, 2004; Guilamo-Ramos et al., 2006; Noone & Young, 2010; Wilson & Koo, 2010). Fathers felt trepidation and ambivalence about the process (DiIorio et al., 2006; Ohalete, 2007); this is echoed by non-Caucasian mothers who reported the same frustration and discomfort (Guilamo-Ramos et al., 2006; Meneses, Orrell-Valente, Guendelman, Oman, & Irwin, 2006). Despite being cognizant of the need to address sex with their children, parents anticipated a conversation that may be embarrassing for both parties (Eastman, Corona, & Schuster, 2006; Jerman & Constantine, 2010). Even among a group of urban-dwelling parents with advanced educational degrees, the embarrassing notion of someday discussing sex with their children was identified as potentially getting in the way of successful sex communication (Ballard & Gross, 2009).
Adolescents are generally dismissive of parents’ attempts to discuss sex and were also embarrassed by the exchange (Elliott, 2010b; Rose et al., 2014). Male youth joked and employed sarcasm with their parents while daughters admitted that discussing sex with their parents can be painful and employed steps to avoid it (Afifi et al., 2008; McKee & Karasz, 2006). Overall, older adolescents tended to display higher levels of negative affect than younger children when probed by their mothers about dating and sexuality (Romo, Nadeem, Au, & Sigman, 2004).

### 2.3.4.1.4 Extended Family Members

Parental silence is a roadblock that results in other supportive family members becoming resources for sex communication. Children instead opted to talk to aunts (Pluhar & Kuriloff, 2004), grandparents (JCornelius et al., 2008), and stepmothers, who are seen as less judgmental, more accepting, and less inclined to worry when compared to their own mothers (Crohn, 2010). Further, *familismo* among Latino families allowed adolescents to discuss sexual issues with extended family members (Guzman et al., 2003), including talks about romance (Wisnieski et al., 2015). Moreover, in a recent study with a diverse group of urban teens (Grossman et al., 2015), sex communication with parents and extended family members was the norm.

### 2.3.4.2 Mesosystem

Mesosystems are formed when there is an interaction between two or more microsystems (Hosek et al., 2008). Salient factors in the mesosystem identified in the sex communication literature include parental education and family religiosity.
2.3.4.2.1 Parental Education

Parental education was positively associated with sex communication; discussions were more likely to occur with mothers who have a college degree or parents with more formal schooling (Kim & Ward, 2007; Lefkowitz et al., 2003; McRee et al., 2012). More educated Latina mothers probed more about children’s sexuality-related activities and questions (Romo et al., 2004), while paternal education predicted sex communication with both Latino sons and daughters (Raffaelli & Green, 2003). Nevertheless, fathers with less education also reported more sex communication (Lehr et al., 2005).

2.3.4.2.2 Religiosity

There are mixed results about the role religion plays in how conversations about sex are framed. On one hand, several reports support the idea that religion impacts sex communication. Religious parents from a mostly Caucasian national sample discussed the negative aspects of sex more often than non-religious parents did (Swain et al., 2006). In rural South Carolina, mothers used faith-based messages with their children where “biblical instruction should be sufficient to prevent the adolescent from engaging in sexual activity” (p.189) (Cox et al., 2010). Also, less religious mothers initiated sex communication three years earlier compared to their religious counterparts (El-Shaieb & Wurtele, 2009) and parents in the South were receptive to faith-based and church-led sex discussions with their children (JCornelius et al., 2013). Ohalete and Georges (2010) found that fathers in Los Angeles also used religion as a rationale to encourage
abstinence and monogamy. Likewise, negative views about sex before marriage are held by religious parents and children in the Northeast (Afifi et al., 2008), Midwest (Hertzog, 2008; Williams et al., 2015), and Central Texas (Baier & Wampler, 2008). Using two national surveys, Regnerus (2005) found that higher parental religiosity was linked to fewer discussions and greater unease in talking about sex. Further, religious affiliation and church attendance contributed to less frequent conversations about birth control and was associated with more discussions about the moral implications of adolescent sexual activity (Regnerus, 2005). In one observational study, adolescents who discussed safer sex with their parents reported less church attendance compared to their peers who did not discuss safer sex, but attended church more frequently (Lefkowitz et al., 2003). Similarly, Pluhar, DiIorio and McCarty (2008) found that religious mothers’ frequency reports of sex communication approached statistical significance compared to less religious mothers. However, there are a handful of studies that do not place a premium on religiosity and sex communication. Romo (2010) and Nadeem (2006) found that reports of religiosity did not determine the amount of time Latina mothers talked both implicitly and explicitly about abstinence and contraceptive use, despite being Catholic.

2.3.4.3 Exosystem

Parents and children are not directly involved with the exosystem, but these environments still have a distal impact on the dyad’s dialogue about sex.
2.3.4.3.1 Mass Media

Mass media emerged as the most influential factor in the exosystem and its impact occurs in two distinct ways. First, the perceived negative effects of highly sexualized media content on impressionable minds compels parents to discuss sex-related issues with their children (Aronowitz, Todd, Agbeshie, & Rennells, 2007; DiIorio et al., 2006; Noone & Young, 2010). Even among parents who found it challenging to verbalize their concerns about sex, a form of indirect sex communication included restricting media use by Asian American children to convey disapproval of Western sexuality (Kim, 2009). Second, many parents used examples from TV as opportunities to broach sex-related issues (Eastman et al., 2005; McRee et al., 2012; Pluhar & Kuriloff, 2004). In a study about how mothers discuss sexuality with daughters born with Type 1 Diabetes, mothers recalled addressing reproductive health when sexual content appeared on TV (Hannan et al., 2009). Similarly, the Internet has been used by parents to assist their children to find sexuality-related resources to complement discussions they had about sex (Edwards & Reis, 2014).

2.3.4.4 Macrosystem

The overarching societal structures, such as social and cultural values, characterize the macrosystem. Published studies in the last twelve years about sex communication identified macrosystem influences to include race and ethnicity, socioeconomic status, and gendered or stereotyped contents.
2.3.4.4.1 Race, Ethnicity and Sex Communication

In a diverse sample of adolescents from the Midwest, Caucasian children reported more sex communication when compared to African American and Latino/Hispanic children (Somers & Vollmar, 2006). African American adolescents received significantly more paternal communication than Caucasians did, and Caucasians received more sex communication from fathers than Hispanic adolescents did (Tobey et al., 2011). Data from the National Longitudinal Study of Adolescent Health found that Asian and Latina mothers reported the most infrequent amounts of sex communication (Meneses et al., 2006). Among Asian families, mothers, more so than fathers, were the sources of sexual information, but there was also a “don’t ask, don’t tell” policy in which both parties avoided communication about sex to avoid tension (Kim & Ward, 2007; Meschke & Dettmer, 2012). Asian parents and children discussed the fewest topics, compared to Latinos or African Americans dyads (Sneed, 2008).

Parents of Latino children tended to use direct rather than indirect communication about sexuality (Raffaelli & Green, 2003). Discussing sex as improper was associated with less perceived openness in general communication by both Latina mothers and daughters (Romo et al., 2010). On the contrary, tener confianza (“instilling confidence”) observed among Latino parent-child dyads underscored confiding in parents and seeking their advice, keeping information confidential and having non-punitive responses to children’s disclosures (McKee & Karasz, 2006). Among Asian American children, indirect sex communication included gossiping about others to
convey sexual values along with imposing rules that constrained how daughters dress and socialize (Kim & Ward, 2007). Likewise, in a study involving Muslim mothers, direct conversations about sex were not reported, and mothers emphasized that how they dressed -- such as their modest clothing and loose fitting pants and dresses -- and rarely showing affection to their husbands, are instead used to indirectly teach daughters about their cultural values around sexual expression (Orgocka, 2004).

Cultural differences between immigrant parents and their U.S.-born children that impede sex communication are consistently noted in the literature, with more adolescent acculturation predicting less frequent discussions about sex (Chung et al., 2007). For example, the varying abilities of parents to speak to their children in English or the conservative upbringing of Latina mothers clashed with children’s current urban residences and sexual mores (Alcalde & Quelopana, 2013; Guilamo-Ramos et al., 2006; Murphy-Erby, Stauss, Boyas, & Bivens, 2011). Asian parents and grandparents favored silent compliance as a sign of respect while children preferred open dialogue (Chung et al., 2005). Specifically, Hmong parents had an aversion for impolite conversations about topics traditionally deemed as coarse or too direct (Meschke & Dettmer, 2012). In Asian American families, this cultural divide cause both groups to withdraw from family communication about sex to avoid conflict and preserve harmony (Chung et al., 2005). Nonetheless, migrating to the U.S. has also been pointed out by fathers as causing a transformation in traditional views about female sexuality (González-López, 2004).
According to them, migration has led them to not focus so much on guarding daughters’
virginity, but focus instead on educating daughters about how to protect themselves and
ensure a better economic future (González-López, 2004).

2.3.4.4.2 Gendered Content

According to children’s reports, there were differences in what parents told
males compared to what they told females during sex discussions. Females were held to
a stricter moral standard compared to males (Heisler, 2014; Martin & Luke, 2010;
Murphy-Erby et al., 2011; Stauss et al., 2011). For example, daughters recalled discussing
delaying sex until marriage while more males discussed condom use (Sneed et al., 2013).
Similarly, college-aged women remembered receiving restrictive sex messages,
including warnings about the opposite sex, while young men received positive sex
messages, including the inevitability of sex before marriage (Morgan, Thorne, &
Zurbriggen, 2010). According to parents, daughters have to value themselves in order to
avoid being taken advantage of (Brown, Lamb, Perkins, Naim, & Starling, 2014), while
sex communication with sons was more about taking responsibility for behaviors and
treating women with dignity and respect (Akers, Yonas, Burke, & Chang, 2011). Fathers
wanted to teach their sons to grow up heterosexual by modeling masculine behavior
and giving tacit permission when sons are caught watching pornography (Solebello &
Elliott, 2011). Parents depicted teenage relationships in adversarial terms with some
mothers emphasizing the predatory and opportunistic nature of males (Aronowitz et al.,
2007; Averett, Benson, & Vaillancourt, 2008; Brown, Rosnick, Webb-Bradley, & Kirner,
2014; Heisler, 2014), while sons are warned against female aggressiveness (Akers et al., 2010; Dennis & Wood, 2012; Elliott, 2010a).

These gendered messages are also evident along racial/ethnic lines. Latino children think parents are more permissive with boys and more protective of girls (Guilamo-Ramos et al., 2006; Kapungu, Baptiste, Holbeck, et al., 2010; Murphy-Erby et al., 2011; Wilson & Koo, 2010). Among Asian and Latino families, parents were explicit about their expectations for their daughters’ dignified behaviors out of concern for family reputation while sons did not receive the same messages (Gilliam, 2007; Kim & Ward, 2007). However, in another study involving Hispanic fathers from Los Angeles, they reported believing in daughters’ sexual autonomy while still reiterating concerns about premarital sex and observing moderation in sexual activity (González-López, 2004).

### 2.3.4.4.3 Socioeconomic Status

There is support in the literature that a family’s socioeconomic status influences the content of sex communication. Low-income minority parents reported more discussion about the negative consequences of sex and where to obtain birth control, compared to higher income Caucasian parents (Swain, Ackerman, & Ackerman, 2006a). Scripts explicitly about postponing sexual intercourse or involvement in a relationship are recalled mostly by low-income girls, while girls from higher income households had fewer explicit discussions about sexual risks, but more conversations about good decision-making and life opportunities (Teitelman & Loveland-Cherry, 2004). Similarly,
Latina mothers from a lower socioeconomic background talked more to their daughters about avoiding risky situations and engaging in self-protective practices, while those with a higher socioeconomic status had longer discussions about positive sexuality, sexual behavior being normal and contraceptive use (Romo et al., 2010).

2.3.5 Time

Frequency and consistency of sex communication play a crucial role in how this proximal process simultaneously affects parents and their children.

2.3.5.1 Frequency and Consistency

Most discussions in the US about sex are episodic or one-time events that are punctuated by frustration and unease (Aronowitz & Agbeshie, 2012; Aronowitz et al., 2007; Averett et al., 2008; Baier & Wampler, 2008; Coffelt, 2010; Cornelius et al., 2009; Cornelius et al., 2013; Dennis & Wood, 2012; Meschke & Dettmer, 2012; Orgocka, 2004; Wilson & Donenberg, 2004). Fathers conducted ‘spot-checks’ and assumed their children received information from other sources (Solebello & Elliott, 2011). However, other studies report that continuous sex communication occurs in some households. For example, daughters reportedly received more instructive information from fathers when they were younger, and over time these conversations evolved into collaborative and open dialogues (Collins et al., 2008). Further, in a longitudinal study with college-aged young adults, there was more open and comfortable sex communication with parents noted during students’ senior years compared to when they were freshman (Morgan et
al., 2010). Finally, patterns across time showed that while sons received the same number of talks about birth control methods from the 1980s to early 2000s, the same was not the case for daughters (Roberts et al., 2010). Specifically, longitudinal data from national surveys showed that fewer daughters had a conversation about STDs or birth control in 2002 than they did in 1995 (Roberts et al., 2010).

### 2.4 Discussion and Recommendations

The parent-child relationship during adolescence shifts from unilateral parental authority to one that is cooperative and negotiated (Steinberg, 2015). However, numerous individual factors coupled with contextual influences act on parents and children to make sex communication a complicated process that is far from cooperative and negotiated. A handful of these factors are enduring issues related to the sex communication process and have been previously identified by DiLorio et al. (2003b). These include awkwardness and discomfort, reciprocal reluctance, and gender dynamics and gendered content. Twelve years after the DiLorio review, several emergent issues have been identified and demand further scrutiny. Among them is the role of a redefined family, nonverbal cues during sex communication, a focus on specific adolescent subpopulations, and the ubiquity of new media.
2.4.1 Enduring Sex Communication Issues

2.4.1.1 Awkwardness and Timing Concerns

By and large, the perennial awkwardness and discomfort noted as a defining attribute of the process may be due to the reactive and one-time nature of these sex conversations. Often triggered by developmental cues, conversations about sensitive topics -- especially when no prior talks precede it -- may be perceived by adolescents as awkward, intrusive, or forced. Additionally, at a time when they are simultaneously adapting to their changing bodies, labile emotions, and asserting independence, ill-timed sex communication comes across as confrontational. It is therefore crucial to understand the timing of sex communication. Longitudinal comparative studies that explore timing issues with pre-adolescents must be conducted to more fully understand how sequential and developmentally appropriate conversations can be achieved. A better understanding of timing issues may counter the universal embarrassment felt by parents and adolescents that is a substantial barrier when discussions about sex do occur.

2.4.1.2 Reciprocal Reluctance

Many parents truly expect their children will approach them for guidance when they have questions about sex, but children also expect parents to initiate these conversations. This waiting game undercuts the potential of sex communication as a proximal process to influence the sexual development of children and perpetuates the
cycle of silence that is observed from one generation to the next. Given that parental comfort in discussing general and specific topics increases over time, studies about broaching developmentally appropriate sex communication at earlier ages are recommended. Investigating sex communication starting at the pre-sexual stage may yield a better understanding of the reciprocal and evolving dynamics between parents and children and the contexts that determine adolescent behavior and attitude at later sexual stages.

2.4.1.3 Gender Dynamics and Gendered Content

The literature has affirmed that parent and child gender is an important factor during sex communication. Findings also revealed the general pattern that when sex communication happens, the marked differences in content conveyed to girls and boys reinforce gender stereotypes. A battle of the sexes mentality, where boys and girls are pitted against each other, is the prevailing approach perpetuated by parents who both admonish sons against aggressive girls and daughters against opportunistic boys. Girls and boys are socialized to be wary of each other in an effort to dissuade any premature interactions of a sexual nature. The attempt to reduce adolescent sexual risks through sex communication in the last 12 years in many U.S. households, particularly in minority and low socioeconomic status families, is therefore based on an adversarial approach that is founded on mistrust that does not encourage factual learning about potential sex partners. To address this, the unanimity of parents’ desire to equip children with
knowledge or skills for a successful future may be leveraged and necessitates studies that will examine and challenge parents’ perpetuation of gender bias and sexual stereotypes. Gendered messages about sex must be investigated to encourage meaningful re-conceptualizations of equal and consistent sex messages for daughters and sons.

2.4.1.4 Paternal Roles

The study of fathers’ sex communication support of children is paramount to improve paternal engagement in sex communication. Children view their fathers as having inherent authority regarding specific topics, such as how males think, and children would prefer learning about such topics from their fathers. However, only 7% of the studies reviewed here included fathers-only samples compared to the 44% that involved mother-only studies. Specifically, the role of residential versus non-residential fathers and the increasing number of stay-at-home fathers (Rehel, 2014) merit further attention for paternal sex communication. Despite parents favoring an ideal scenario where they present a united parental front (Ballard & Gross, 2009), no information is available on how shared custody affects the sexual socialization of children. Sex communication involving parents with strained relationships has not been studied to determine how topics and values are shared to children who reside in dual homes (Collins et al., 2008). Similarly, fathers’ perceptions of maternal gatekeeping, where mothers discredit fathers and portray them in a negative light (Ohalete & Georges,
2010), may influence the receptiveness of their children to paternal sex communication and would benefit from further research. Specifically, fathers have reported that their credibility to provide guidance through sex communication is undermined due to the perceived negative attitudes relayed by mothers to their children.

2.4.2 Emergent Issues

2.4.2.1 Nonverbal Sex Communication

Directly related to cultural issues underlying communication about sensitive topics are the non-verbal cues that may be as powerful as the overt information received by adolescents. The few studies that have focused on these dimensions (e.g., affective style and direct vs. indirect communication) report on a vital component in the sexual socialization of adolescents. It is recommended that more studies be conducted to further explore how non-verbal communication impacts the process and transmits implicit messages that also shape adolescent attitudes and behaviors. Further, the development of scales that measure implicit or indirect communication cues and negative or positive modeling from parents may advance this overlooked dimension of sex communication.

2.4.2.2 Beyond Heteronormativity

Another result of the gender bias in the content of sex communication is that it does not allow for inclusive discussion of same-sex sexual attraction and behaviors in the home. With mothers reporting concern about impinging on sons’ development of a
normative heterosexual identity (Elliott, 2010a) and fathers placing a premium on making sure their sons are socialized into becoming heterosexual (Solebello & Elliott, 2011), there is a marked absence of discussions about non-heterosexual identities and behaviors. This review has identified a growing interest in this subpopulation and in light of the cultural shift in the acceptance of LGBTQ individuals in the U.S. that has caused LGBTQ children to come out at earlier ages (Friedman et al., 2008); more research on the sexual socialization needs of this population and how their parents can assist with this process is warranted. Further, because adolescence is the dynamic stage that usually involves sexual experimentation and risk-taking, the lack of attention to parents’ discussion about transitory or potentially permanent same-sex attraction or behavior during adolescence may be missing significant risk factors that impact all adolescents. With LGBT teens at higher risks for negative sexual health outcomes, there is an urgent need to consider how parental guidance about sex and sexuality may affect this population.

2.4.2.3 Beyond Able-Bodiedness

More research is needed on sex communication among parents with child populations that have not been traditionally studied. Aside from LGBT adolescents, children with cognitive issues such as autism; those with chronic illness such as Type I diabetes, HIV or sickle cell disease; and those with other congenital issues would benefit from further research about how parents assist in their transition to becoming sexually
active adults. Preliminary reports have begun to investigate the conundrum parents and
children with chronic conditions face when navigating adolescence. Because these
adolescents are sexual beings and are influenced by the ecological system, a concerted
push to account for these adolescents’ normative sexual development needs will
improve not only their sexual health specifically, but also their overall psychosocial
wellbeing.

2.4.2.4 The Redefined American Family

The changing American family structure that is now more blended and less
nuclear redistributes some of the responsibility for sexuality education to other members
of the microsystem. Sex communication studies must be inclusive of non-parental
family members who can also be influential purveyors of information. Grandparents,
along with aunts and uncles, are in unique positions to augment or even provide
primary guidance for adolescents’ sex-related developmental needs. Similarly, due to
the shift in U.S. demographics, further studies on how to facilitate intergenerational
conversations about sex in minority and immigrant families is crucial to assist minority
and second generation immigrant youth to navigate sexual concerns in the US.
Understanding the tension between minority and majority culture or a country of
origin’s sexuality values and expectations versus the reality of US-acculturated youths’
lives may result in better assistance when they start going through adolescence and
early adulthood.
2.4.2.5 New Media

The media’s facilitative role in sex communication noted in this review is not a surprising finding. While the role of the media in general and the internet in particular has been previously examined, further investigations into adolescent social media use and how parents mediate its impact on adolescent sexual health outcomes deserves further scrutiny. Compounded by a technological divide between tech-savvy children and their technologically-challenged parents that is more prominent in minority families and those coming from a lower socioeconomic background, there is an urgency to assist parents to be updated on the web-based influences their children access. A nascent movement to study the relationship between adolescent outcomes, social media use and parental monitoring has begun. However, commensurate focus on how parents discuss with their children issues about sexuality in the age of sexting, snapchatting and porous Internet privacy is needed. Furthermore, an investigation of how communication between parents and children occurs through varied technological media is necessary given the numerous advancements in communication technology.

2.4.2.6 Healthcare and Sex Communication

Sex communication researchers have mentioned elements of healthcare in their previous findings, but investigations of healthcare providers’ personal barriers that impact their professional roles in providing sexual health guidance to parents, children and the family unit is absent. Because the same contextual and personal factors that
affect parents may also influence healthcare providers in their discussion of adolescent
patients’ sexual health needs, studies must be conducted to determine how these
potential barriers and facilitators can be addressed in the clinical setting. Additionally,
how parents interface with members of the healthcare setting for assistance regarding
sexuality discussions is relatively unexplored and would benefit from further
investigation.

2.5 Conclusion

As a proximal process that affects children’s sexual development, sex
communication is a function of bioecological factors that are complex and multi-
dimensional. It is essential to understand sex communication in the context of myriad,
often competing, environmental factors to glean how sexual health discussions between
parents and children are supported or undermined. Further, the consonance or
disjunction of parental versus environmental messages has to be examined to determine
how children decide which to listen to and which to disregard. This review has
underscored longstanding factors that prevent parents from effectively broaching and
sustaining talks about sex with their children and has also identified emerging concerns
unique to today’s parenting landscape.

Overall, parental factors salient to sex communication are established long before
individuals become parents and are acted upon by influences beyond the home. Child-
focused communication factors likewise describe a maturing audience that is far from
captive. Revolving around parents and children are ecological factors that contribute to how sex discussions occur. Our findings suggest that future work on sex communication must always be sensitive to these contextual forces. The challenge of 21st century sex communication then is to make clear these factors that affect sex communication an ongoing dialogue that addresses the sexuality-related concerns of all children ideally beginning at the pre-sexual stage, through adolescence and early adulthood. More than being focused solely on sharing knowledge with children about matters related to sex, parents can assist them develop the capacity to recognize salient influences on their attitudes and behavior and how they can best respond to these factors accordingly.
3. Waiving Parental Consent: A Strategy for Addressing Gaps in Gay, Bisexual and Queer Adolescent Males’ HIV Prevention Research

3.1 Introduction

3.1.1 Adolescent LGBTQ Health and Research

Compared to their heterosexual counterparts, lesbian, gay, bisexual, transgender and queer (LGBTQ) youth more frequently engage in risky sexual behaviors that increase their lifetime chances of acquiring HIV. In a national survey on health behavior risks, LGBTQ youth had a pronounced difference in HIV-related risks compared to heterosexual individuals, including earlier age of sexual initiation, having had sex before the age of 13 and having more than four sexual partners (Eaton et al., 2012). Despite the elevated risky sexual behaviors of these LGBTQ youth, limited research has been conducted that directly gathers data from their points of view (Allison et al., 2012; Mustanski, 2011). Very few publicly funded population-based data systems use or ask standard questions about sexual orientation or gender identity (IOM, 2011; Meyer & Wilson, 2009). Since 1989, only 0.5% of NIH-funded studies were related to LGBTQ health (Coulter, Kenst, Bowen, & Scout, 2014). Further, studies with youth on topics of a sensitive nature, such as LGBTQ sexual attraction and behavior, are challenging to conduct and fraught with methodological limitations (D’Augelli & Grossman, 2006; Fisher, 2012; Grov, 2012; IOM, 2011; Miller, Forte, Wilson, & Greene, 2006; Savin-Williams, 2008).
This group of LGBTQ youth is in need of research to help us better understand their health disparities, especially in terms of HIV infection rates, compared to their heterosexual peers. However, the perception that they are high risk and are a vulnerable population also implies that more protections must be formulated to safeguard them from research harm (Elze, 2009). In an effort to protect them from research-related harm, varying interpretations by regulatory boards of minimal or acceptable levels of risk have led to overestimation of potential psychological harm stemming from research participation (Fisher & Mustanski, 2014). Across the country, regulatory boards limit the participation of LGBTQ youth in studies, which ensures that they remain members of an understudied and hidden population (Mustanski, 2011).

Research designed to be sensitive to children’s unique circumstances can result in the accurate collection of their experiences and views (Docherty & Sandelowski, 1999). Obtaining waivers of parental consent is an underused strategy that allows for the inclusion of LGBTQ minors in research without obligating youth to request permission from their parents. This article will discuss our experiences in securing such a waiver, detail the strategies we employed to address the Institutional Review Board’s (IRB) anticipated concerns, explain responses to stipulations required for our study, and enumerate study design features that future researchers can incorporate in their research proposals to successfully allow LGBTQ minors to participate in research without parental consent. The article includes the perspectives of self-identifying gay, bisexual
and queer males, ages 15 to 17 years old, about participating in our study without their parents’ permission. Their thoughts about waiving parental consent will assist in clarifying issues about realistic measures for research protection.

3.1.2 Federal Guidelines on Adolescent Research

When it comes to research involving children and adolescents, most IRBs follow the Common Rule (45.CFR.46 Subpart A) that requires assurances that research institutions will conduct studies that protect the rights and welfare of all individuals. 45.CFR.46, Subpart D, known as Additional Protections for Children Involved as Subjects in Research, was codified in 1983 by the U.S. Department of Health and Human Services (2015) to serve as guidelines regarding required parental consent and child assent in research. Porter (1999) explained that pursuant to 45.CFR.46.116 (d), an alteration of the parental consent requirement may be made if it meets the following criteria:

1. The research involves only minimal risk;
2. The rights and welfare of the participants will not be adversely affected;
3. The research cannot be practically carried out without the waiver;
4. When appropriate, the participants are provided with additional pertinent information after participation, such as when a study generates new information about medical interventions that were used on the subjects.
Making the case to regulatory boards that participation in a study only entails minimal risk is a critical gateway to the approval of research involving minors (Fisher & Mustanski, 2014). To meet the minimal-risk criteria, researchers have to make the case that participation will not present any greater risk to the subject than they already face in daily life or during the performance of routine or psychological examinations or tests (English, 1995). For the risk to be considered minimal, only one standard of the two (daily life or routine examinations) must be met (Nelson, Lewis, Struble, & Wood, 2010).

3.1.3 Sex Communication Study

The original study involved an examination of parent-child sex communication, henceforth sex communication, between parents and their gay, bisexual or queer (GBQ) sons. Studies on parent-child sex communication that have mostly sampled heterosexual adolescents show these conversations can lead to effective HIV prevention interventions. Forty years of sex communication research has provided strong evidence that effective communication about sex can delay sexual initiation (Sneed, 2008), promote greater efficacy with condom use (Buzzi, Smith, & Weinman, 2009; Miller & Whitaker, 2001), enhance resistance when pressured to have sex (Hutchinson & Montgomery, 2007b), and result in a higher tendency among LGB adolescents to access and use reproductive and sexual health services (Crosby et al., 2009; Hall et al., 2012; Hutchinson & Cederbaum, 2011; Kapungu, Baptiste, Holmbeck, et al., 2010). Data about sexuality-specific sex education provided by parents to GBQ sons in the home, however, have only begun to
be published and with surprising results. Thoma and Huebner (2014) found that higher frequency of sex communication between parents and gay sons was associated with increased levels of unprotected anal intercourse. LaSala (2014) also found that gay and bisexual individuals from supportive families said that communication with their parents about sex did not greatly influence their choice to use condoms. Both studies stressed the need for further studies that explore the process of sex communication in detail, including a focus on the content, parental approach and quality of the conversations.

Since research on the perceptions of GBQ sons regarding sex communication has been underexplored, a qualitative study with semi-structured interviews was conducted to ascertain the rich descriptions and meanings participants attribute to this phenomenon. Card sorting was added as a qualitative elicitation technique to help participants assess their experiences (Nastasi & Berg, 1999; Rugg & McGeorge, 1997) and facilitate the classification of sexuality-related topics being explored (Miller & Crabtree, 1999). Participants included 15- to 20-year-old individuals who self-identified as GBQ, who could recall at least one conversation with their parents about sex. Participants included GBQ sons who may have already disclosed their sexual orientation (those who have “come out”) and those who have not disclosed their sexual orientation (those who are “in the closet”) to their parents at the time of the interview, allowing the exploration of how parents’ knowledge of a child’s sexual orientation affected sex communication in
the household. This study responds to the call for primary prevention that examines parenting effects on the health and wellbeing of LGBTQ youth and explorations of the normative development of same-sex attracted individuals (Borek, Allison, & Caceres, 2010; Savin-Williams, 2008; Tortolero, 2010).

Primarily because this study included GBQ sons who had not disclosed their sexual orientation to their parents or whose parents may know but are not supportive, a waiver of parental consent was requested from the IRB. This was done to ensure that participants who have not disclosed their sexual orientation to their parents were able to take part in this study without parental consent (D’Augelli, Grossman, & Starks, 2005; Elze, 2009). In recent years, waivers of parental consent have been used effectively to advance health research for LGBTQ adolescents and young adults (Bruce, 2011; Outlaw et al., 2011). Thus, we argued, the knowledge we generate from the study may ultimately help curb the HIV infection rates of this high-risk population, who are soon to be beyond the influence of direct parental supervision.

3.2 Rationale for Requesting a Waiver of Parental Consent

Our team presented our request through a letter to the IRB Chairperson for waiving parental consent by citing 45.CFR.46.407, which describes the need to conduct research that presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children. We argued that 15- to 17-year-old adolescents have unique psychosocial issues and are in a cognitive and developmental
stage that distinguishes them from their younger counterparts. The following points were detailed to support our request for a waiver of parental consent: GBQ sons’ potentially undisclosed sexual orientation to parents, making the distinction between high-risk versus competent minors, citing existing state laws that allow minors to seek medical care without parental consent, ensuring GBQ males’ right to participate in research about their health, the limitations inherent with retrospective studies, and adolescents’ reluctance to seek parental permission to talk about sensitive topics.

3.2.1 Undisclosed sexual orientation to parents

Our team proposed that many of our target GBQ participants may not have disclosed their sexual orientation to their parents, or may have already disclosed but may have parents who are not accepting of their sexual orientation. Parental reactions upon learning of their child’s non-heterosexual identity range from unconditional support and acceptance to hostility, rejection or even expulsion from the home (D’Augelli et al., 2005; D’Augelli, Grossman, Starks, & Sinclair, 2010). Within the family, the immobilizing fear of an anticipated negative reaction from parents (D’Augelli et al., 1998; Pearson & L. Wilkinson, 2012; Savin-Williams, 2001b) often keeps GBQ sons from disclosing their sexual orientation and inhibits open and honest dialogue about sex-related concerns. We argued that a waiver of parental consent would safeguard participants from risks associated with forced disclosure (D’Augelli & Grossman, 2006; Mustanski, 2011), especially about a sensitive topic where deferring to parents’
permission can actually place participants at a higher risk (Chabot, Shoveller, Spencer, & Johnson, 2012).

3.2.2 High-risk versus competent minors

Adolescents, including LGBTQ youth, are capable of adult-level decision making because they begin to engage in more abstract thought, develop competence and become future oriented (Lindeke, Hauck, & Tanner, 2000; Piko & Gibbons, 2008), and have the same decision-making capacity as adults regarding their medical care, beginning at age 14 (Santelli et al., 2003). While GBQ sons are clearly at elevated risk for HIV infection, this does not limit their autonomy or predispose them to risk of coercion or undue influence to participate in research (Mustanski, 2011). The Society for Adolescent Health and Medicine (Reitman et al., 2013) has advocated for future health research to be inclusive of and focused on LGBTQ individuals, noting that the majority of these individuals are healthy and well-adjusted and that perceptions of them as “high-risk” reflect more the stigma and non-acceptance by society than their actual status.

Furthermore, the lack of social support, infrequent positive interactions and chronic stress stemming from systemic stigmatization have been identified as the factors that cause this population to be “at-risk,” not necessarily their sexual orientation (Thompson & Johnston, 2003).

Our team proposed that the target population has the ability to reason as adults and to perceive the possibility of the negative consequences of their actions (Piko &
Gibbons, 2008). A distinction had to be made between older adolescents who are able to make competent decisions about research participation and younger children who truly require protection (Santelli et al., 2003). We added that the criteria for competence have moved from biological age towards individual children’s experiences and understanding (Alderson, 2007; Ashcroft, Goodenough, Williamson, & Kent, 2003; Horn, Kosciw, & Russell, 2009). Further, we argued, requiring written permission from parents would decrease participation because adolescents most at risk for HIV because of their risky sexual behavior are more likely to decline participation (Santelli, 1997).

3.2.3 Existing state laws that allow mature minors to seek medical care without parental consent

An adolescent’s capacity to provide informed consent about certain health aspects of their lives is the reason behind state laws known as Minor’s Consent Laws. These laws allow adolescents to avail themselves of sexual and reproductive health services such as access to contraception, pregnancy care, and STI and HIV testing without parental permission (Goodwin et al., 2012; Lerand, Ireland, & Boutelle, 2007). As recommended by the Society for Research in Child Development (2013), their classification as mature or emancipated minors as guaranteed by existing state laws that allow autonomous consent for sexual health services should be extended to their ability to consent without parental permission to participating in research about sexual health.
3.2.4 Having the right to participate in research about their health

As outlined in the Belmont Report (1979), the principle of justice suggests that all adolescents, including GBQ children, be provided reasonable opportunities to participate in research and that barring their inclusion may impede the creation of knowledge on their behalf (Elze, 2009). Our team argued that for a complete understanding of the potential for sexuality-specific, home-based HIV prevention, we must include the thoughts and opinions of young individuals who have previously been excluded from research (Eliason, Dibble, & DeJoseph, 2010; Grossman et al., 2011; Harper & Riplinger, 2013; IOM, 2011). Although research has been conducted on adolescents’ risk behaviors that directly or indirectly lead to HIV (i.e., substance use, sexual behaviors, depression), there is sparse literature focused on these same behaviors in young men who have sex with men (YMSM) under the age of 18, particularly YMSM from minority backgrounds (Phillips, Morriseau-Beck, & Patsdaughter, 2012). Additionally, the lack of avenues for research participation keeps this group from experiencing the positive feelings derived from such activities (Kuyper, Wijsen, & de Wit, 2014), including having a therapeutic outlet on a topic they might not have previously discussed (Lakeman, McAndrew, MacGabhann, & Warne, 2013).

3.2.5 Limitations of retrospective studies

The norm when studying LGBTQ adolescent behaviors is to conduct research involving the retrospective recall of young adult LGBTQ individuals (Mustanski, 2011).
These recollections are subject to recall bias (Richards & Morse, 2012). Particularly when dealing with sensitive topics, there is a tendency among participants to minimize the negative aspects of their past and present a more optimistic picture of their childhood (D’Augelli & A. H. Grossman, 2006; Savin-Williams, 2001a). Our team contended that retrospective studies, even by 18-year-old GBQ men, may not be reflective of the rapid social changes that define this population’s current home and social milieu. Further, Mustanski (2011) has argued that developmental changes in the context of one’s life around age 18 in the United States implies that research about them may not generalize to individuals even just a few years younger. Moving out of the home, going away to college or getting a job are examples of life events that alter one’s perspective compared to previous assumptions held when they were still living with their parents. With these points underscored, we explained in the letter to the IRB Chaiperson that allowing GBQ youth between the ages of 15 to 17 years old to share their perspective will allow us the opportunity to collect rich data that is more in line with the actual and current reality of this population as they deal with sex communication in the home.

3.2.6 Reluctance to seek parental permission regarding a sensitive topic

In general, fewer adolescents enroll in studies about STIs when parental permission is obligatory compared to when parental permission is waived (Reed & Huppert, 2008). In the case of our target population, even in the best type of parent-child relationships where a GBQ son may be fully accepted by his family, the routine and full
disclosure of sex-related issues to parents is an unrealistic expectation. Most adolescents are protective of their privacy and would prefer not sharing their sexual status with their parents (Anderson & Branstetter, 2012; Huebner & Howell, 2003; Reed & Huppert, 2008).

3.3 Perceived Risks in Not Seeking Parental Consent

In anticipation of the IRB’s concern, the protocol submitted preemptively addressed the major issues associated with conducting sexuality research with underage participants. These included potential risks for study coercion, inciting parental anger, inflicting emotional distress, and encouraging sexual activity through study participation.

3.3.1 Risk for study coercion

Measures to safeguard minors from coercion and to assess their competency to consent to participate in the study included questions that ascertained their understanding of the study: “Tell me in your own words what this study is all about.” “What do you think will happen to you in this study?” “What do you expect to gain by being in this study?” “What options do you have if you decide you don’t want to be in this study?” Participants were given the opportunity to skip any questions they were uncomfortable with or withdraw from the study at any point. Allowing for participants’ questions and providing adequate verbal explanation of the research addressed their
developmental needs while meeting ethical and legal expectations (Lamb, Puskar, & Tusaie-Mumford, 2001).

3.3.2 Risk of parental anger

A widely held belief is that foregoing parental permission to discuss sex-related topics with young individuals will incite parental anger. This is based on the idea that parents and guardians should have control over what their children are exposed to and that bypassing parental consent will undermine their authority and expose children to risky influences (Elliott, 2012).

Contemporary GBQ youth have a number of places where they can discuss their sexuality. Gay-Straight Alliances (GSAs) in high schools are an example, and these notably do not require parental consent for membership. The ubiquity of online forums on the internet and on mobile devices also make monitoring the venues adolescents explore a very difficult task. Our team argued that whether studies such as ours are conducted or not, discussions about sexuality occur beyond parental control. With the availability of GSAs and online forums being mostly out of the reach of parental supervision, spaces for adolescent discussions about sexuality can only benefit a group often neglected by researchers out of exaggerated fears of causing parental anger.

3.3.3 Risk for emotional distress

To minimize participants’ potential emotional distress during and after each interview, we detailed to the IRB how we would assure each participant that they may
share only information that they are willing to provide. If research questions or their responses trigger emotional discomfort, an opportunity to pause, reschedule or stop the interview would be offered to the participants. As the interviewer, the PI would emphasize that participants’ decisions to stop an interview would not impact their standing with the organization from which they have been recruited or any other entity.

### 3.3.4 Risk of encouraging sexual activity through participation in the study

There is no evidence that supports the notion that discussing or providing information related to HIV prevention or sex encourages sexual behavior or acting out. In addition, North Carolina’s sex education law mandates all public school students receive scientific, peer-reviewed sexual health education in the classroom related to HIV transmission, testing and treatment, risk reduction strategies, and healthy relationships starting in grade seven ("Healthy Youth Act ", 2009). Compared to our asking questions, this state law mandates the provision of information about sex.

### 3.4 Strategies for Gaining Approval of Waiver of Parental Consent

Prior to submitting the study proposal, we set out to gauge leadership support through consultation with IRB members, provision of supporting literature, securing expert endorsement, and other additional measures.
3.4.1 IRB consultation

Before any formal proposal was submitted to the IRB, the investigators met with the school’s IRB section chairperson to explain the study aims, describe the design, provide the rationale for the waiver request and solicit feedback about the IRB’s potential concerns. The goal of these consultations was to strategically address potential arguments against granting our request for a waiver of parental consent. By preemptively addressing the IRB’s concerns prior to official submission, we felt we were minimizing the chances of the IRB’s rejection of our request for the waiver of parental consent.

3.4.2 Supporting literature

Following this dialogue with our IRB section chairperson, the preliminary memo cited earlier was sent to the IRB Chairperson. The memo introduced the study, explained its significance, detailed the limitations of commonly used retrospective study designs, and requested his opinion about applying for a waiver of parental consent. Included in the memo was a table of recently published studies that successfully used waivers of parental consent. Row headings for the table included the study title, description, sampled population, findings and the name of the institutions that provided waiver approval. For example, Dehaan and colleagues’ (2013) mixed method study that examined LGBTQ youth’s online information-seeking behaviors about sexual health was included to highlight the utility of waiving parental consent to recruit minors in the
study. Citations of three recommended articles that discussed at length the necessity of why IRBs may have to grant waiver requests were also listed in the memo. Also, a second table that listed professional organizations that endorsed waivers of parental consent (National Association of Nurse Practitioners, Institute of Medicine, etc.) was included in the document. In sum, 30 articles were referenced in the memo to underscore the solid foundation from which our study design and waiver request evolved.

### 3.4.3 Expert Endorsement

One of the suggestions from the IRB chairperson was the need to secure a letter of support from a university expert who had extensive experience with adolescent studies. The IRB chairperson believed that an endorsement of our study’s design and significance from an expert would convince his IRB committee members of the soundness of our proposal. We searched through our university’s faculty roster, identified the ideal authority figure and made our case in a meeting. He helped us identify ways to bolster our arguments and provided suggestions to ensure human subjects protection. He drafted a letter of support stating that the benefits of using direct adolescent informed consent without seeking parental permission far exceeded the risks noted.
3.4.4 Other Measures

Additional measures to reassure IRB members of the study’s commitment to human subject protection were included. We explained that laminated referral cards would be provided to each participant at the conclusion of each interview. As suggested by Elze (2009), the wallet-sized cards thank participants for their time and include phone numbers of the researchers and the IRB, should adolescents feel the need to report any concerns or problems with the study. The phone numbers to area LGBTQ resources and local and national crisis hotlines were on the opposite side of the card to serve as an additional resource. Also, we obtained a federal Certificate of Confidentiality (CoC) from the National Institutes of Health to reassure participants of measures taken to protect their privacy. This CoC allowed researchers to keep confidential issues of a sensitive nature (e.g., data on sexual behaviors) from being subpoenaed or subjected to other governmental or civil orders (Elze, 2009). With an exhaustive list of anticipated concerns about study risks, the endorsement letter from an institutional expert, and design features that enhanced confidentiality and human subjects’ protection, we submitted our proposal for IRB review.

3.5 IRB Stipulations and Study Team’s Response

As expected, we received a deferral notice that contained a request for additional information. The main concerns raised involved the IRB’s perception that our study narrowly labeled potential participants as GBQ, the lack of a third-person observer
during interviews, concerns for the safety and mental health of potentially at-risk participants, and the traceable paper trail and incentives involved when GBQ adolescents participate in our study.

3.5.1 Narrow labeling versus fluidity of adolescent sexual orientation

In recognition of adolescent males’ fluid sexual orientation, the IRB requested that recruitment materials, consent forms and demographic data forms refrain from addressing our participants as gay. The initial proposal broadly defined gay as any individual who self-identified as having same-sex attraction that also included queer, bisexual, questioning or gender-variant individuals as well. The IRB noted that broadly referring to potential participants as gay “may be upsetting to subjects who otherwise meet entry criteria but are not yet willing to identify with that term.” Our team agreed with their concern, and verbiage in all study documents was amended to reflect all of the categories the IRB suggested be included. In the end, we defined our target population to include only self-identifying gay, bisexual or queer adolescent males.

3.5.2 Third-person observer

The Board requested that we revise our interview procedure to have more than one adult present at all interviews. We were initially concerned that a third-party observer would limit the interviewer’s ability to establish rapport with the participants and would deter adolescents from fully sharing their honest thoughts about sensitive topics. Although these restrictions appeared to undermine the strengths of conducting a
qualitative inquiry, having a third person in the room does not reduce interview rapport (Driskell, Blickensderfer, & Salas, 2013) and provides some benefits. From our perspective, these benefits include the observers being able to remind the interviewers of protocol fidelity, to identify areas of improvement as the study progressed, to serve as a partner during peer debriefing, and even to serve as a witness in case questions of unethical conduct arose. To ensure that qualified individuals would serve as our observers, we formulated criteria that only graduate students and staff who received training in the responsible conduct of research and the protection of human subjects would serve in this capacity. These observers were added as Key Personnel in the IRB proposal.

3.5.3 Safety and mental health of at-risk participants

The principle of *beneficence* requires that measures be taken to ensure the well-being of study participants, as is the case for formulating protocols for mental health referrals when conducting research about sensitive topics (Elze, 2009). To identify depressed and/or suicidal participants, the 9-item self-administered Patient Health Questionnaire-Adolescents (PHQ-A) (Johnson, Harris, Spitzer, & Williams, 2002; Spitzer, Kroenke, & Williams, 1999) was administered after the participant signed the consent form (Appendix A). This screening tool has been validated for use to measure depressive symptoms with adolescents. In addition, two other indicators to measure current suicidality (within the past two weeks) were used (Hightow-Weidman et al.,
Youth were asked about current suicidal ideation (‘‘Have you ever made a plan for committing suicide? Have you ever figured out a specific way of ending your life?’’
and prior suicide attempts (‘‘Have you ever tried to take your own life?’’). Both items could be answered ‘‘yes’’ or ‘‘no.’’ Similar screening questions have been used for multiple studies about sexual orientation and suicidality among young men who have sex with men (Herrell et al., 1999; Kessler, Borges, & Walters, 1999).

Those participants who did not meet criteria for depressive disorders or suicidality were included in the study. Youth who met the cut-off score for active depression (PHQ-A score >10) and who answered affirmatively to any of the suicidal ideation questions were assessed for current engagement with a mental health professional and the availability of any personal safety plans. Adolescents who were not engaged in care and did not want to form a personal safety plan would have been referred to our on-call mental health professionals. A detailed decision tree of the anticipated scenarios during participant screening -- including rules for providing help to participants, contact information for experts to provide guidance and emergency procedures for dealing with life-threatening situations or adverse incidents (Bauman, Sclafane, Lolaceno, Wilson, & Macklin, 2008; McDermott & Roen, 2012) -- was devised (Appendix B).
3.5.4 Traceable paper trail and incentives

To minimize the risk that an adolescent’s participation in our study would be discovered by parents who may react negatively, the IRB suggested that the paper trail associated with the research be minimized. We received guidance on seeking an additional waiver of documentation of the minor’s informed consent. Given that the only record that normally links participants to research are consent documents and incentives, the IRB recommended eliminating both as proof of research participation. The appropriate form was filed that would forego providing copies of signed consent documents and incentives to participants to safeguard against parental discovery and association with research about their sexuality.

Altruistic reasons motivate youth to participate in research (Flicker & Guta, 2008; McDermott & Roen, 2012). Their awareness of the potential benefits of their participation to the larger population of LGBTQ adolescents is another dimension of beneficence as outlined in the Belmont Report (Elze, 2009). With prior consultations with GSAs and the other recruitment sites being optimistic about their members’ opportunities to discuss issues pertinent to their concerns, our team agreed to forego study incentives.

3.6 Study Outcome and Discussion

Data collection took place between September 2015 and March 2016. Thirty gay, bisexual, and queer youth were interviewed; five of them were under the age of 18
years. Four of the five underage participants reported informing their parents of their decision to participate in the study before sitting for the interviews. These youth attributed their willingness to share this information to open and honest relationships they have with their parents. According to them, factors that assuaged initial parental concern about their research participation included their confidence in their sons’ maturity level and ability to make sound judgments, the parents’ generally supportive attitude of their sons’ participation in LGBTQ-related advocacy, and knowledge that their son’s friend had previously participated in the study. However, participants also acknowledged that the majority of their peers with undisclosed sexual orientation would most likely not be able to participate if parental consent was required. According to them, many of their GBQ peers did not have the same level of closeness that this sample had with their parents and thus securing parental consent to talk about GBQ-focused issues would have been unlikely.

In addition, participants under the age of 18 and a few over 18 years provided rationales for parental reluctance to allow sons to participate in sexuality-related research. First, parental objection may be due to concerns that participation in research may incite further sex-related questions to which parents would not have answers. This supports findings from Chapter Two that identified parents’ awareness of their knowledge gap about sex-related matters. Second, even in situations when a participant has already shared their GBQ identity with parents, there is variation in parental
reactions to disclosure. For youth, even the most accepting parents may have justifiable qualms about their sons’ safety and the confidentiality of data. Furthermore, many youth may have non-accepting parents or parents who are still actively dealing with a recent disclosure. For this group of parents, concerns about sons’ sharing information they think should not be shared may take primacy over the perceived benefits of participating in scientific research. Finally, one participant believed that parents’ conservative attitudes about sex may lead them to think that any discussion about sex and sexuality would translate to youth engaging in these behaviors. As echoed by some of his peers when answering the main research question, for many parents, active conversations about these matters were viewed as tantamount to permitting sexual activity. This parental concern that also affects parents of heterosexual adolescents was referred to as the green light conundrum in Chapter Two.

When asked about their view on the importance of engaging GBQ youth under 18 in this particular study, participants stated that it is relevant to establish information about sex communication from young GBQ sons as many parents are not comfortable with the process of talking about sex. All of them shared their satisfaction with how the study was conducted and were grateful for the chance to share their insights on the topic. For these youth under 18 who also had close relationships with their parents, this study was their first chance to reflect on the nature of this relationship. None of the
youth contacted the study team to report distress as a result of study participation. Two of them subsequently referred friends for research participation.

**3.7 Conclusion**

Research with GBQ youth that includes the perspective of adolescents under age 18 is feasible and crucial to addressing their risks for HIV infection. A waiver of parental consent must be sought when attempting to engage GBQ youth in sexuality research about them. Appropriate safety measures must also be included in the study design to ensure human subject protection. The data provided during the study that included the views of five participants under age 18 yielded rich descriptions that accurately revealed multi-dimensional aspects of sex communication. Our experience with this study shows that future HIV prevention research for at-risk GBQ youth will benefit tremendously with the inclusion of youth between the ages of 15 to 17, and perhaps even those who are younger.
4. Exploring Parent-Child Sex Communication: Implications for Gay, Bisexual, and Queer Sons’ Health

4.1 Introduction

It is well established that sex communication between parents and heterosexual adolescents enables teens to resist pressure to have sex (Kapungu, Baptiste, Holmbeck, et al., 2010), encourages more frequent condom use (Widman, Choukas-Bradley, Helms, Golin, & Prinstein, 2013), initiates conversations about HIV status prior to sex (Crosby et al., 2009), and encourages them to access sexual health services (Hall et al., 2012). The same cannot be said yet for gay, bisexual and queer (GBQ) sons. This dissertation is a qualitative study that focused on the interpretive reports of 30 15-20 year-old GBQ sons’ discussions about sex-related topics with their parents. This study addresses gaps in the sex communication science regarding the experiences and perspectives of GBQ males. The dissertation findings can ultimately be used to partner with parents in discussing sexuality-specific topics their GBQ sons need to protect themselves against HIV infection and other sexual risks.

Prior to disclosure, LGBTQ concerns are not often addressed at home in a positive light (D’Augelli, Grossman, & Starks, 2008; Institute of Medicine, 2011). Further, sex education in schools generally does not devote time to issues pertinent to this group’s risk factors. To remedy these challenges in these two proximal ecological systems, healthcare can play a crucial role in simultaneously addressing the needs of LGBTQ youth and their families. Wolitski and Fenton (2011) describe the need to adopt
a sexual health approach that reframes traditional health strategies around disease prevention and control to include a positive approach that recognizes human desires and how the physical, emotional and social aspects of human sexuality hinder or contribute to sexual risk-taking behavior.

The study of sex communication between parents and GBQ sons is in its infancy. Only a handful of research has been published which has provided an initial understanding of how this process unfolds for these dyads. One obstacle to HIV-related communication with gay and bisexual sons that has been noted is parental discomfort (LaSala, 2014). According to parents, these conversations with gay or bisexual sons were also sporadic, vague and one-sided, which may have contributed to the discrepancy in reports of whether HIV-related family discussions actually took place (LaSala, 2014). Additionally, Rose and colleagues (2014) found that the limited availability of inclusive health information for young men who have sex with men deterred health talks with their parents. This dissertation will elaborate on these initial findings and will be a guide when planning age-appropriate, home-based HIV/STI prevention interventions.

From an observational study with parent-child dyads that examined family interactions, LaSala, Siebert, Fedor, and Revere (2016) recently reported the association between higher levels of unsafe sexual activity with lower levels of mutuality and higher levels of disagreement between parents and gay and bisexual sons. Mutuality in that study was characterized as interactions where family members related on an equal basis.
with their opinions and values being viewed as equally important (LaSala et al., 2016).
While this dissertation does not examine the nature of GBQ sons’ sexual activities, it will
describe adolescent son perspectives of parent-child interactions when discussing sex.
Additionally, the contextual factors that influence sex communication were investigated
in detail. We examined if the provision of broad guidance from parents about sex inform
the unique needs of GBQ sons. As healthcare providers, these questions must first be
answered to determine how sex communication occurs for these dyads and to identify
barriers and facilitators to inclusive talks.

In sum, this dissertation has identified adolescent sons’ perspectives of the
content and approach parents and healthcare providers need to know about in order to
effectively educate GBQ sons about HIV/STI prevention. The dissertation findings heed
the call for research on how parents can promote the health of GBQ males (Bouris et al.,
2010; Garofalo, Mustansi, & Donenberg, 2008; Tortolero, 2010). New knowledge from
this dissertation will serve as a guide for future work to address the informational needs
of this population.

**4.2 Specific Aim**

In order to develop knowledge about the potential role of parents as effective
HIV prevention agents for their GBQ sons, this chapter will describe the perceptions of
GBQ males regarding parent-child sex communication, including those who have
disclosed their sexual orientation to their parents and those who have not disclosed.
4.3 Theoretical Framework: Bioecological Systems

Urie Bronfenbrenner’s Bioecological Theory of Human Development (henceforth, Bioecological Theory) provides, in general, an encompassing approach to the study of an individual’s behavior, and, in particular, a comprehensive lens to identify the factors that give rise to sexual health outcomes. This framework was discussed in detail in Chapter Two.

4.4 Innovation

This dissertation is innovative because it represents a new approach to HIV prevention by focusing on GBQ males’ perceptions regarding sex communication and their thoughts on how parents can help reduce their risks of acquiring HIV. The study breaks new ground with the narratives of GBQ sons whose parents may or may not know of their sexual orientation. The knowledge generated from these GBQ males’ stories open up new research horizons on a behavior-defining process, and delineates the next steps in developing HIV prevention interventions targeted to this group. The resulting data advances GBQ sexuality research and opens new areas for HIV prevention.

4.5 Approach

4.5.1 Design
This study used a descriptive interpretive approach to understand GBQ males’ perceptions of sex communication. This approach was best suited to the study of sex communication in order to fully understand the complexity of interactions in daily life and how a GBQ male interprets and makes sense of these interactions. An evolving and naturalistic approach was used during data gathering. Emerging response patterns were further explored with subsequent participants. The primary data collection strategies were one time in-depth interviews and card sorts. Semi-structured interviews were the optimal research method for this study to ascertain from individual participants the rich descriptions and meanings they attributed to this complex phenomenon (Marshall & Rossman, 2011). Also, card sorting as a qualitative elicitation technique helped participants assess their experiences (Nastasi & Berg, 1999; Rugg & McGeorge, 1997) and facilitated the classification of topics we explored (Miller & Crabtree, 1999). This strategy has been used to determine priority goals (Lang & Carstensen, 2002), perceive learning needs (Lunieski et al., 1999), and design interventions (Nastasi & Berg, 1999). Furthermore, alternative forms of data collection methods, such as conducting focus groups, were not conducive with the study’s goal of eliciting information about a sensitive subject.

4.5.2 Sample

English-speaking males between 15 and 20 years of age who could recall at least one conversation with their parents about sex were recruited. Referred to here as GBQ
males, they included biologically-born males who self-identify as gay, bisexual, or queer youth. Participants included GBQ males who may have already disclosed (those who have “come out”) and those who have not disclosed (those who are “in the closet”) their sexual orientation to their parents at the time of the interview. Including participants who have or have not disclosed their sexuality allowed us to explore how parents’ knowledge of a child’s sexual orientation affects parent-child sex communication in the household. Self-identifying transgender males (biologically born females who identify or have transitioned into males) were not included in the study since this subgroup is based on gender identification, not sexual orientation. Since some adolescent males may be still contemplating their sexual orientation, the study was careful to avoid premature or narrow labeling of sexuality and thus excluded recruitment of adolescent males who are questioning their sexual orientation.

**4.5.3 Sampling Plan**

A purposeful sampling technique was used to identify eligible participants at the recruitment sites. Similar to previous qualitative studies about parent-child sex communication, I recruited 30 participants to achieve redundancy, or the point at which response patterns became repetitive, when themes were thick and well-described, and little more could be gained by further data collection (Marshall & Rossman, 2011). Potential participants were recruited through flyers posted at the recruitment sites (Appendix C). After the first participants completed their interviews, snowball sampling
was used by asking them to refer any of their friends who met the eligibility criteria and who they thought were interested in participating in this research. Copies of the approved flyer were provided for them to share with their friends or acquaintances. Neither I nor the research team members cold-called potential participants. Once the referred potential participants contacted me via phone, I determined eligibility via telephone screening or email. Snowball sampling enabled recruitment of youth outside the school setting, those who do not participate in organized LGBTQ activities, those who may not have disclosed their sexual orientation beyond a selected number of individuals, and those who self-identified as GBQ based on attraction or same-sex behavior (Mustanski, 2011).

The purposive sampling plan guaranteed adequate minority representation (Bruce, 2011). Based on 2012 Census data, the average percentage of the population in Durham, Orange and Wake counties who are African-American (24.1%) is comparable to the rest of North Carolina (22%) (NC Census Bureau, 2012). Thus, in this study we anticipated that a quarter of the sample would be African-American GBQ sons. The average percentage of the population in the three counties of the Research Triangle area who are Hispanic/Latino (10.5%) is also comparable to the rest of the state (8.7%); thus, we expected to be able to recruit GBQ sons of Hispanic/Latino background (NC Census Bureau, 2012). To ensure adequate ethnic representation, the successful recruitment and participation of African-American and Hispanic/Latino participants were prioritized.
This was accomplished through targeted recruitment in non-profit organizations that cater primarily to these two populations, and by asking participants to refer their friends of African American race or Hispanic/Latino ethnicity to our study.

4.5.4 Setting

Gay-Straight Alliances (GSAs) in high schools, LGBT student centers at universities, LGBT-serving non-profit organizations, and LGBT community events, all within the Research Triangle in North Carolina, were the main recruitment sites for this study. GSAs are student-run organizations within high schools that provide a safe space for LGBT teens. The equivalent organizations for college-aged individuals are LGBT student centers. In the Research Triangle, these recruitment sites were the Center for Gender and Sexual Diversity at Duke University, the LGBTQ Center at the University of North Carolina in Chapel Hill, and the GLBT Center at North Carolina State University. In addition, the LGBT Centers in Durham and Raleigh, nonprofit organizations that provide advocacy and informational services about sexual orientation and gender issues, were additional sites for the recruitment of eligible participants who were not school-based. Finally, participants were also recruited during the annual North Carolina Gay Pride Festival that occurred in September 2015 in Durham.
4.6 Procedures

4.6.1 Recruitment

During recruitment and the data collection phase of the study, I made regular visits to the sites and had meetings with the venue gatekeepers. At these regular visits, I provided a description of the study, explained the aims of the research and answered their questions. Flyers approved by Duke University’s IRB that contain my Duke University School of Nursing-specific phone number were distributed and posted in the common areas and waiting rooms. Once respondents contacted me by phone, I determined eligibility via telephone and email screening. After eligibility was established, an appointment was scheduled to review the consent document and conduct the interviews. The consent document explained in detail the purpose of the study, potential risks for participants, and confidentiality protections that were maintained, should there be interest in taking part in the study. The consent process and interviews were held at a time and location of the participants’ choice. Most of the interviews took place at LGBT student centers, at public spaces in their respective schools, area restaurants and coffee shops.

4.6.2 Screening

Once potential participants were referred by site gatekeepers or saw flyers and contacted me, screening for study eligibility via phone or in person were conducted. An IRB-approved screening tool was used to eligibility (Appendix D). Additionally, since
this dissertation only involved discussing sexual orientation of males during adolescence when sexual identity is in flux and because no consensus exists regarding the best method of assessing adolescent sexual orientation (Anhalt & Morris, 1998; D’Augelli et al., 1998; Diamond, 2003; Friedman et al., 2004; Patterson, 2008), this study was explicit in asking participants their ascribed identity, reported behaviors and the gender of individuals to whom they were attracted. The demographic form and interview questions targeted these sexual orientation dimensions of self-identity, behavior and attraction, as this level of detail facilitated comparison of findings across participants (Parks et al., 2009).

### 4.7 Protection of Human Subjects

#### 4.7.1 Consent

Because this research aimed to explore the experiences of GBQ males who either have or have not disclosed their sexuality with their parents, a waiver of parental consent was requested from and granted by the Duke University IRB. This waiver was sought to ensure that those participants who have not disclosed their sexual orientation to their parents were not required to provide a signed parental consent to take part in this study. A detailed report of the study implications and protocols associated with the waiver of parental consent can be found in Chapter Three.
4.7.2 Emotional distress and suicidality

To identify potential participants who are depressed and/or suicidal, a three-part instrument was used (Appendix A). The 9-item self-administered Patient Health Questionnaire-Adolescents (PHQ-A) (Johnson et al., 2002; Spitzer et al., 1999), a screening tool that measures depression and has been validated for use with adolescents, was completed. In addition, two other indicators to measure emotional distress were used (Hightow-Weidman et al., 2011). Youth were asked about suicidal ideation (‘‘Have you ever made a plan for committing suicide? Have you ever figured out a specific way of ending your life?’’) and prior acts of self-harm (‘‘Have you ever tried to take your own life?’’). Both items had ‘‘yes’’ and ‘‘no’’ as response options. Similar screening questions have been used in previous studies about sexual orientation, suicidality, and young men who have sex with men (Herrell et al., 1999; Kessler et al., 1999). No participants met the exclusion criteria and all the participants who did not meet criteria for depressive disorders or distress were interviewed and asked to perform the card-sorts. There were no participants who met criteria for depressive disorders or distress. As a human subject protection measure, a decision tree (Appendix B) designed in collaboration with our consultants was approved by the IRB to deal with specific situations when potential participants were ineligible to take part in the study; however, we did not have to activate this tree.
4.7.3 Other Precautions

To minimize possible emotional distress during and after each interview, I assured each participant that they should share only information that they were willing to provide. The use of open-ended questions also facilitated flexibility in not pursuing a sensitive topic, if hesitation from the participants was felt. When research questions or their responses triggered emotional discomfort, an opportunity to pause, reschedule or stop the interview was offered to participants. While a few of the participants needed a few seconds to gather their thoughts during various times of the interview, no one reported wanting to pause or stop participating in the study. I maintained an empathic demeanor during the interviews so as not to pressure participants to proceed with the interview if they felt overwhelmed or unable to continue. I also emphasized that their decision to stop an interview would in no way impact their standing with the organization from which they were recruited or any other entity. I relied on my previous experiences and training in human subject protection, both as a nurse and researcher, to make sure that participants did not feel coerced into participating. In case emotional distress was persistent, a local emergency service agency could have been contacted, although the need for this never arose.

At the urging of the IRB, a number of safeguards to protect participants were put in place. First, a second adult serving as a participant advocate was present at each data gathering session. The participant advocates were current Duke PhD students from the
School of Nursing who: 1) received Collaborative Institutional Training Initiative (CITI) training in the ethical conduct of research, and 2) completed the Responsible Conduct of Research training from Duke University’s Graduate School. These nine advocates were listed as key personnel on the study. Next, the phone numbers of study personnel were provided, should participants identify an eventual need for such a resource.

Additionally, a list of community resources was provided on a laminated card at the conclusion of each interview. This card included the number to The Trevor Project, a national LGBT youth helpline for gay-sensitive counseling and support. Finally, unlike most studies, copies of the signed informed consent were not provided to participants to minimize the chances of parents discovering their child’s participation in research focused on GBQ males’ sex-related concerns.

4.8 Data Collection

4.8.1 Data Collection

The audio-recorded interviews were conducted in a naturalistic location of the participants’ choice, such as university LGBT student centers or in a designated office at the LGBT Center of Raleigh. Whenever a participant requested an interview outside these places, the contact person from the recruitment site (when applicable) and my dissertation co-advisers were informed before interview plans were made.

During the interviews, the demographic questionnaire was offered to be read out loud to the participants to facilitate their understanding of the demographic questions
although most declined assistance. Rapport-building questions along with questions about their perceptions of sex communication were asked next (Appendix E). These were followed by the card sort to avoid the monotony of an extended interview. Timely completion of the task was facilitated by arranging ample physical space to work with the cards. The final part of the interview focused on GBQ sons’ recommendations on how parents can best broach sex-related topics with GBQ males. After each interview, all the data collection materials were kept in a locked box during transport.

4.8.2 Instruments

4.8.2.1 Demographic Data

Each participant completed a researcher-developed demographic data form before the interview (Appendix F). Information obtained included age, race/ethnicity, sexual orientation, and educational background. The form also included a question about their parents’ awareness of their sexual orientation. Three additional questions about the age when they could remember common sexual identity formation milestones (first same-sex attraction, self-identification as GBQ, and self-disclosure) was part of the form. This demographic form was written at a 6th grade reading level to facilitate ease of completion and was the basis for sample description during analysis. I offered to read aloud each demographic question to each participant, but they all indicated not needing assistance completing the form.
4.8.2.2 Interviews

A semi-structured interview guide was used for data collection (Appendix E). The interview guide was organized by central concepts of Bronfenbrenner’s Bioecological Theory (Bronfenbrenner & Morris, 2006). The preliminary questions focused on proximal processes typically salient during sex communication. Subsequent questions and probes were based on ecological factors noted as integral to sex communication based on the findings in Chapter Two. During the interviews, participants were asked to share their recollections about the first time their parents initially addressed sex with them. Probes were used to elicit further details about their reactions to the sex communication process. To determine if and how bioecological factors, as described by Bronfenbrenner, surrounding the GBQ male and his family may have affected sex communication, circumstances that may have triggered the talks were explored.

Two interview questions explored what participants thought about how their parents’ knowledge (or lack of knowledge) of their sexual orientation might have impacted sex communication. Those adolescents who had disclosed their sexual orientation were asked whether discussions about sex contained inclusive information if the talk occurred after disclosure, and whether they perceived their being “out” as affecting the frequency, content, and parents’ level of comfort during sex talk. Participants who had not disclosed their sexual orientation to their parents were asked
about the content of their sex talk and their reactions to possibly receiving heterosexually-focused sex communication. All participants, regardless of disclosure status, were probed about their primary information sources about sex to identify the bioecological factors that they perceived had the greatest influence on their sexual knowledge and subsequent behavior. These questions accounted for how the interaction of parents and the child, either directly or indirectly, with entities such as church, social media or politics, potentially influenced sex communication in the home.

Questions to elicit participants’ suggestions regarding how parents might initiate and sustain gay-sensitive sex communication included a hypothetical situation in which participants were asked to give advice to a GBQ friend’s parents on how best to broach an inclusive dialogue about sex. Follow-up questions included how to address potential embarrassment or ways to minimize a GBQ male’s resistance to talking with a parent about safer sex. Audio recordings and transcripts were reviewed immediately, and emerging response patterns were further explored with subsequent participants. The interviews were transcribed by a DUSON-vetted transcriptionist who was familiar with confidentiality protocols.

4.8.3 Data Preparation

A verbatim transcript of each interview was prepared by a Duke University-certified transcriptionist. After the transcripts were validated against the interviews, the original audio-recordings were destroyed. Pseudonyms and participant code numbers
were used and any responses that might identify participants were not reflected in the transcripts. All data sources, including the demographic data sheets, audio-recordings, card-sorting results, the interviewer’s field notes, journals, and interview transcripts, are kept in a locked file cabinet in a locked office until the last participant turns 21 years old. Electronic files are stored in a password-protected, encrypted, secure server maintained by Duke University.

4.8.4 Incentives

No incentives were provided to study participants.

4.9 Data Analysis

4.9.1 Demographic Data

Descriptive statistics were used to summarize sociodemographic characteristics of participants. SAS version 9.3 (SAS Institute, Cary N.C.) was used to perform quantitative statistical analyses of the card sorts for the next chapter.

4.9.2 Qualitative Data

To describe the perceptions of GBQ males regarding sex communication -- including those who have disclosed their sexual orientation to their parents and those who have not -- and to elicit suggestions from GBQ sons’ on how parents might initiate and sustain parent-child sex communication, qualitative content analysis (Graneheim & Lundman, 2004; Sandelowski, 2010) of the interview transcripts were conducted. The transcripts were imported into NVivo, a software program that aids in organizing
qualitative data. I initially read the transcripts multiple times, paraphrased, became familiar with each interview’s distinctive features (Sandelowski, 1995) and aggregated chunks of data into first level codes that shared a central meaning (Barroso, 1997). During this stage of first cycle coding, multiple coding mechanisms were used including structural, descriptive, *in vivo*, and process coding.

Structural codes provided a preliminary way to categorize the data, especially during the initial reading of the transcripts. This coding method allowed me to sort through the data and label chunks of information that had distinct commonalities (Saldaña, 2015). For example, the prompts that parents used to initiate sex communication were indexed in one initial structural code that I called ‘Triggers’.

Descriptive coding was employed when novel topics where identified from the transcripts which did not fit into the broader structural codes. I used these codes to create an inventory of subtopics that emerged from the transcripts. From the above example, initial descriptive codes for the prompts that cued parents to discuss sex with their sons included ‘family story time,’ ‘social milestones,’ and ‘son-initiated talks.’

*In vivo* codes were derived from participants’ own words (Miles, Huberman, & Saldana, 2013) because sex communication from GBQ sons’ perspectives were described in very rich details that captured their nuanced experiences and thoughts. ‘Very mortified,’ is an example of a verbatim *in vivo* code that captured the reaction GBQ sons had when parents randomly broached a sex topic.
Finally, process coding was also commonly used to describe the actions found in the data (Charmaz & Belgrave, 2002). This coding method was used frequently given the proximal process under investigation. Examples of process codes were ‘estimating future support’ and ‘withholding identity’ which were about the actions entailed in sex talks between GBQ sons and their parents.

Once the transcripts were read repeatedly and assigned initial codes, I reorganized and realigned the codes to develop a sense of an ongoing thematic and conceptual organization throughout the second cycle coding (Saldaña, 2015). From this breaking up and breaking down of the data (Sandelowski, 1995), the resulting codes were organized into categories. These emergent categories refer to obvious or visible descriptions (manifest content) while the themes generated next linked the underlying meanings of the categories (latent content) (Graneheim & Lundman, 2004). Themes were formulated based on frequency, similarity of core concepts and marked differences between categories. The resulting collection of themes was conceptualized as a whole with the goal of rendering the analyzed interviews to create an initial picture of sex communication as it occurred between parents and GBQ males.

Consistent with the theoretical framework, codes and themes generated were situated within Bronfenbrenner’s Bioecological framework (Bronfenbrenner & Morris, 2007) with a focus on the interacting ecological systems that impact sex communication. Since the interview questions and card-sort topics were patterned from existing
literature that heavily sampled heterosexual adolescents, emergent themes from this study of GBQ males were analyzed relative to perceptions regarding sex communication in the home by that group. Thus, the findings are organized according to child- and parent-factors that affect the reciprocal exchanges during sex communication (e.g. sons’ reactions, parents’ knowledgeability), along with more distal factors in the micro-, meso-, exo-, and macrosystems. This allowed for an examination of the unique factors at play during sex communication between GBQ sons and their parents while also comparing the data to literature that is based from presumably heterosexual samples.

I maintained methodological and theoretical memos with definitions and coding schemes to provide an audit trail to document coding decisions and facilitate the development of categories and themes (Sandelowski, 1995). These memos were compiled in a codebook and include thick descriptions of participants’ experiences to ensure transferability. A section of the codebook was allotted to responses during data collection that correspond to Bronfenbrenner’s multiple bioecological systems. Further, I kept a reflective journal that detailed my feelings and insights about the study. Journal entries made immediately after each interview documented potential biases and serve as a record of emerging concerns I had about any aspect of the research. Also, throughout data collection I was writing theoretical memos and journaling insights. These memos and journal entries were analyzed along with the codes to refine the emerging main categories/themes. This iterative process, extracted and gleaned from the participants’
voices, was used to define the nature of sex communication between parents and GBQ sons.

4.9.3 Trustworthiness and Validity

Lincoln and Guba’s (1985) four criteria for trustworthiness were used to ensure scientific rigor in this study. First, credibility or accuracy was achieved through meticulous record keeping to provide a trail of how the raw data collected was analyzed and resulted into the themes reported. Accuracy was also observed through triangulation and peer debriefing. Triangulation pertains to the use of two pieces of information to arrive at a third unique finding (Barroso, 2010). In this study, data from transcripts were analyzed with theoretical memos and reflexive journal entries to come up with new insights. Triangulation was conducted to arrive at a more complete description of the phenomenon. Peer debriefing also involved exposing my assumptions and beliefs to members of the research team to ensure assumptions are honest, and that emerging hypotheses are based on data and not biases. Second, transferability, the potential to extrapolate the findings to other contexts (Polit & Beck, 2012), will be determined by the future readers of the research. To assure that this will happen, thick descriptions of the data will be cited in the manuscripts during dissemination to sufficiently inform readers. By providing rich depictions of the data, readers can then render informed judgments as to the interchangeability of the findings from the original context to their own. Next, dependability pertains to the ability to track the changes in
qualitative data over time and through changing conditions. An audit trail was kept about how emerging data were gathered and how decisions were made during data collection and analysis. The code book helps explain the processes that led to the formation of codes or themes. Finally, confirmability deals with the objectivity of the data where conclusions drawn are from the participants’ contributions and not from a researcher’s biased accounting of the data. Maintaining the audit trail mentioned earlier, plus frequent member checks with two or more people about the veracity of the data, were ways we ensured confirmability.

Finally, by maintaining awareness of my concurrent insider and outsider positions, I was cognizant of the need to balance having a shared viewpoint with the target population and the demand for objectivity (LaSala, 2009). Emphasizing participant confidentiality was an additional way to minimize any potential halo effect participants may succumb to for fear of being judged harshly by a member of his community (LaSala, 2009).

4.10 Results

4.10.1 Demographic Summary

Demographic characteristics of the sample (n=30) are presented in Table 2. A total of 23 (76.7%) participants self-identified as gay. The mean age of the participants was 18.5 years with a range of 15-20 years. Twenty-one of them (70%) were in college and 26 (86.7%) have disclosed their sexual orientation to parents. Most of the
participants first remembered being attracted to another male and self-identifying as GBQ at ages 10.5 and 14.7 years respectively. They first disclosed as GBQ to another person at 15.4 years.

Table 2: Demographic Characteristics

<table>
<thead>
<tr>
<th>Sample (N=30)</th>
<th>Categories</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Orientation</td>
<td>Gay</td>
<td>23</td>
<td>76.7</td>
</tr>
<tr>
<td></td>
<td>Bisexual</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td></td>
<td>Queer</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Asian</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td>Latino</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td></td>
<td>Multiracial</td>
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<td>3.3</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Education</td>
<td>High School</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td></td>
<td>College</td>
<td>21</td>
<td>70.0</td>
</tr>
<tr>
<td>Parents’ Awareness of</td>
<td>Definitely Knows</td>
<td>26</td>
<td>86.7</td>
</tr>
<tr>
<td>Son’s Sexual Orientation</td>
<td>Probably Knows</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Probably Does Not Know</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>Definitely Does Not Know</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Sexual Identity</td>
<td>Age First Attracted to Same Sex</td>
<td>10.5 years (SD 3.5)</td>
<td>5-17 years</td>
</tr>
<tr>
<td>Milestones</td>
<td>Age First Self-Identified as GBQ</td>
<td>14.7 years (SD 2.2)</td>
<td>10-18 years</td>
</tr>
<tr>
<td></td>
<td>Age First Self-Disclosed as GBQ</td>
<td>15.4 years (SD 2.6)</td>
<td>6-17 years</td>
</tr>
</tbody>
</table>

4.10.2 Frequency

Participants had to recall at least one instance of sex communication to be in the study. Three distinct patterns emerged in terms of sex communication frequency. First,
one group, which consisted of more than half of the sample, remembered rarely having conversations about sex with their parents. These limited talks occurred once or twice and happened around puberty. Five of the participants who reported rare sex communication only had talks after parents found out about their sons’ sexual orientation. Another group of participants recalled having occasional talks with parents with their initial conversations happening at younger ages. The six participants who had occasional sex communication recalled distinct episodes where they discussed specific topics and had follow-up conversations thereafter. These conversations were mostly initiated by sons and concerned their questions about human reproduction. These talks included the anatomical differences between males and females and, to varying extents, the mechanism of sex itself. Finally, the third and smallest group reported having regular sex communication. These conversations according to the three participants were initiated by either the parent or the son, were about a wide range of topics, and discussed sex as like any regular topic of conversation. These participants also had early talks with their parents, who were notably more liberal compared to other participants’ parents, and had close relationships with them as well. The onset of puberty signaled a change in topics, with parents focused on the introduction of safe sex, followed by bodily changes that come with adolescence.

After sons’ sexual orientation was known to parents, almost half of the sample reported immediate parent-initiated sex communication. These conversations were a
reaction to the disclosure and overwhelmingly reinforced the value of safe sex practices and parents’ concerns about HIV and STIs. A number of parents also inquired about their GBQ sons’ current dating life at the time of disclosure and the extent of their previous and present sexual activity. Of sons whose parents broached their sexuality-specific concerns, there was an increase in the frequency of these talks around the time of disclosure compared to sex communication instances pre-disclosure. Five participants denied parents ever bringing up sexuality-specific topics after sons disclosed or confirmed their GBQ identities.

4.10.3 Setting

Sex communication mostly occurred at home in the living room while the family was watching TV, at the kitchen table when sharing family gossip or in sons’ rooms once puberty-related milestones were observed by parents. These discussions also frequently occurred in the family car en route to or from school or in other public spaces, such as the mall or in a restaurant during mother and son bonding moments. Owing to the later age of sexuality disclosure for most of the participants, most sexuality-specific conversations were over the phone after sons’ coming out since they no longer lived with their parents or when sons were home during school and holiday breaks.

4.10.4 Teaching Aids

Many participants received varying amounts of instruction about sex from parents and recalled an assortment of materials that were used to facilitate teaching.
Books about human reproduction and puberty were the most commonly cited resource, followed by brochures or pamphlets. Some parents furnished these materials to sons and discussed the contents with them later on, while other parents opted to leave the resources in sons’ rooms for them to read at their own convenience. Several mothers also bought condoms for sons once they deemed them of an appropriate age to be introduced to safe sex. Participants also recall magazines and DVDs given to them by fathers or grandfathers to educate them on how sex between males and females occur.

Joe (20 years old, African American) remembers:

It came out of the blue. He just called me to the garage and I initially thought he was just gonna call me in to help him with something like to hold a piece of wood while he sawed or whatever. And he calls me over into this little corner where he has his table set up. He hands me this DVD in one of those clear CD cases and he basically said, ‘I realize you’re coming into your own as a man now. And so I’m giving you this. Don’t let your mother find out that I gave it to you.’ (laughs) And then he basically shooed me out of the garage after that.

Of the 26 participants who have disclosed their sexual orientation to their parents, none of them received sexuality-specific materials that depicted or included same-sexual activity or attractions after disclosure. All materials provided to them prior to disclosure were heterosexually-based information.

**4.10.5 Timing and Prompts**

**4.10.5.1 Son-initiated conversations**

Sons perceived that sex communication between themselves and their parents were mostly triggered by sons asking parents about sex-related topics. Curiosity about
human reproduction and where babies came from was the most cited question participants at very early ages brought up to their parents. Participants also recalled seeking answers from parents about things they overheard in the playground, at school, and on TV. GBQ sons remembered hearing slang that piqued their curiosities which led them to seek out a parent for clarification. At an older age, sons asked parents’ opinions about particular issues, such as parental outlook about same-sex marriages. After disclosure, the main reason sons initiated sex communication was to offer insights to parents regarding their sexual orientation and to check up on parents regarding how much information they have learned since their sons’ disclosure.

4.10.5.2 Physical and social milestones

Parents’ real or imaginary perception of a child reaching or about to reach physical milestones triggered them to teach sons about a variety of sex-related topics. Sons remembered parent-initiated discussions around puberty to explain what was happening to their bodies, books provided to enlighten them on what to expect during adolescence and even showing them what condoms were and instructing them on how to use them. Interestingly, it was not only the participants reaching physical milestones that served as an impetus for parents to broach sex-related issues. Participants recalled how older siblings’ or cousins’ puberty inspired parents to gather the younger children and have group talks about how they should expect body changes during their teenage years. Conversely, some sons attributed the lack of sex communication to the fact they
were late bloomers. For these late-developing teens, they thought their slight frames or lack of tell-tale signs of puberty did not cue their parents to discuss sex-related issues that their early-developing peers had with their parents.

Other milestones during adolescence that prompted parents to broach varying levels of talks about sex included social events such as sons getting ready to transition to middle school or high school, preparations for the prom, or when they were dropped off by parents in college. Marcus, (18 years old, Caucasian) who had come out to his mother in his senior year of high school, recalled:

Marcus: Two or three days before I left for college I could see my mom tensing up. She didn’t use the word condom or HIV or gay or anal or anything like that but she said, “You know you have to be careful.” It was so stereotypical. “When I was in college in the 80s, gay guys in New York were dying.” And I was “Oh yeah. I don’t actually know any of this since no one has ever bothered to teach me my history…”

Interviewer: You’ve never heard of that?

Marcus: I understood what she was referencing. But the angry side of me was, “Oh I didn’t know. No thanks to you.” But I wasn’t going to get into this with her since she probably doesn’t have much to offer me in that regard either. But she basically was like, “Gay guys dying of AIDS is something that I’ve noticed.”

4.10.5.3 Sharing family stories

Pertinent family stories that parents deemed as necessary to contextualize health-related lessons were shared with sons. A father’s story about getting an STD in college or an older sister’s pregnancy scare were employed by parents to underscore health concerns. After disclosure, gay-specific stories involving extended family members and
friends were also shared by parents, most of which were related to concerns about HIV infection. Despite the tragic nature of some of these stories, sons recalled parents being deliberate about bringing up the stories to highlight the relevance of the concepts in their sons’ lives. Sons believed parents did this to make the topics come alive and not to be viewed as distant concerns. As Gauis (18 years old, African American) recalled:

I know HIV is a really bad thing, and one of my cousins has HIV. As a family we avoid talking about it – not because we’re ashamed but because it’s a sad talk to have. But sometimes you have to have that talk. So sometimes we do have that talk, and my mom would be like, ‘Make sure you’re protected. Make sure you know that there are STDs out there. Make sure to know what the warning signs are of somebody who has STDs.’

4.10.5.4 Other teachable moments

For many of the participants, parents brought up sex issues to capitalize on what they perceived were teachable moments. Content on television of a sexual nature, such as soap operas among Latino families and sex scandals in the news, were the most commonly cited reason parents spontaneously discussed sex with their sons. School-based sex education also triggered sex communication as parents were required to sign-off on their sons’ participation in these classes. Finally, healthcare-related incidents were also cited as prompts for sex communication as wellness visits or routine vaccinations needed for school presented opportunities to discuss sex topics.

4.10.6 Gender Dynamics

Prior to and after disclosure of sexual orientation, GBQ sons recalled more mothers than fathers broached issues related to sex with them. Mothers figured more
prominently in the initial discussion about human anatomy and reproduction in early childhood and they also discussed more topics with GBQ sons throughout puberty. In instances when parents lived separately, both parents were equally recalled as mentioning sex-related issues although mothers still had more follow-up discussions with sons.

4.10.7 Inclusivity

Many of the participants did not hear about same-sex attractions and other sexual orientation during routine sex communication. Sons reported the sex talk they had as overwhelmingly heteronormative in content prior to disclosing their own sexual orientation. Those who did hear about homosexuality from their parents remember negative comments made about LGBTQ people which they attributed to the upbringing of the generation to which their parents belonged. Sex communication as one-time discussions or even as frequent talks was mostly non-inclusive of other sexual orientation. Among a group of participants who reported being effeminate at young ages, sex communication from parents seemed to emphasize the heteronormative aspect of topics being discussed. For example, Chance (17 years old, African American) recalled:

My teacher strongly encouraged all parents to talk to kids about sex because we were gonna do sex education/human development and growth. So my mom sat me down and she was like, ‘Okay son, here’s how it’s gonna be. You are a guy, you’re supposed to date girls and when you get married that’s when you can have sex and sex makes babies.’ I was like, ‘Okay,’ and then deep down inside I knew that two guys couldn’t make a baby.
Positive comments heard by some of the participants regarding homosexuality during their early childhood were all son-initiated inquiries and were reported by sons with non-religious parents. After asking his father at a bus stop what would happen to him if he turned out to be gay, Taras (19 year old, Asian) recalled his father saying to his then 8-year old son, “It would be a little bit more difficult, but we’d love you and we’d work through it.”

4.10.8 Sex Communication as a Proximal Process

4.10.8.1 Sons’ Reactions

Participants recalled verbal sex communication as generally awkward conversations with parents that included positive and negative reactions.

4.10.8.1.1 Mortified

By and large, many of the participants recalled sex communication as generally an awkward experience and being mortified when parents broached the issue of sex. Regardless of disclosure status, participants remembered mothers inquiring about their level of knowledge about sex topics that forced sons to address embarrassing issues. The intrusive nature of some questions from parents caused sons to want to end the conversations quickly. Disagreements about contentious issues, such as views about abstinence or abortion, almost always resulted in sons’ frustration with their parents. Further reasons for sons’ heightened negative reactions to sex communication was the overwhelming amount of information parents wanted to discuss during one-time sex
talks, plus their vocal encouragement for sons to engage in gendered activities or behavior, such as checking out women’s breasts or perusing Playboy magazine. Interestingly, some sons who dated girls during high school recalled being taken aback by parents’ endorsement of societal double standards that minimized women’s issues over male concerns and privilege. Sons were horrified when mothers trivialized the anticipated pain involved in the loss of their then-girlfriend’s virginity or parents’ primary concern over a son ruining his life should he become a teen parent, instead of inquiring about girls’ emotional state in case there was a pregnancy scare.

### 4.10.8.1.2 Unsurprised
A handful of participants viewed sex communication as normal everyday talks with parents. Despite the sexual nature of these conversations, many of them did not view the topics as a big deal. They listened to what their parents wanted to share, asked questions, and did not assign any negative or positive attributes to the incidents when they recalled the talks years later.

### 4.10.8.1.3 Grateful
A large number of participants also reported being grateful that their parents sat them down to cover sex-related issues. One participant was glad that his stepmother discussed how HIV and AIDS were different yet related concepts, which was a fact his school-based sex education class did not thoroughly explain to him. Another son appreciated how his parents volunteered their perspectives on a host of issues that he knew little about at that time. Still another participant looked back favorably at the times
he and his sister were reminded about abstinence as a valid choice and the value
assigned by parents to sexual intimacy.

### 4.10.8.1.4 Compliant

Many saw the talk as a rite of passage that was important for parents to provide. Some sons acknowledged the inevitability of sex communication and assumed the role of dutiful sons by playing along during conversations with parents about sex. Participants recalled how they sat through admonitions to use protection with future girlfriends because listening to parents was expected of them. This type of reaction was characterized by parents providing heterosexual-oriented information and children not correcting those assumptions so as not to draw attention to same-sex attractions they have not yet shared. When asked how sex communication with his mother went, Ramos (18 years old, Latino) said, “I kind of went, ‘Oh, okay.’ Just kinda going with it. I didn’t want to tell her I was gay, you know. So I just kinda went with it.”

### 4.10.8.1.5 Dismissive

Sex communication based largely on the assumption of sons’ heterosexuality fell mostly on deaf ears and was disregarded as non-applicable information. Many of the participants were not attentive during sex communication as they felt that they already knew about the topics their parents were belatedly covering with them. Many had previously heard about the topics from their friends or had learned about them online which rendered parents’ awkward efforts to broach those issues moot. Consistent with the egocentrism of this developmental stage, participants stated that they already
figured out on their own what the topics were, that they probably knew more than their parents did, and found the exercise amusing given how basic the level of information that was being provided.

### 4.10.8.1.6 Isolated

The lack of discussion of other sexual orientation during sex communication caused some of the participants to feel isolated. While they expected other ecological systems to not have resources about same-sex attraction, behavior or identities, some of the GBQ sons wished that parents offered inclusive information that were attuned to their same-sex attraction or curiosities. For them, any mention of homosexuality in either a neutral tone or a positive light would have made them feel acknowledged. Some sons added that early behavior inconsistent with heterosexual norms, such as not having crushes on girls or being repeatedly caught looking at gay pornography, should have cued parents to sex communication that was not heteronormative in content. These sons Alex (19 years old, African American) shared his thoughts about not hearing anything about same-sex attraction and gay people at home:

For me in particular, when that [being gay] was not talked about in particular, it made me feel very isolated from my own parents. I expected that from the school, because these people don’t really know me. But from my own parents I expect a little bit more in terms of the nuances of understanding that. I think it’s very important that that is talked about and to make that connection with their children regardless of how they identify.

### 4.10.8.1.7 Offended

A different set of reasons emerged from the interviews for sons’ negative reaction to sex communication after disclosure of sexuality. First, many participants
found their parents’ focus on HIV-related issues offensive as it communicated parental reliance on stereotypes about gay men over their confidence with their own son’s judgment. Participants recalled feeling offended that a disclosure about just one facet of their lives resulted in a sudden change in parents’ approach to them, as if they were now a completely different person post-disclosure. Parental concern over sons’ future health appeared exaggerated to participants and implied a lack of trust regarding their capacity to make safe sexual health choices. Also, many sons recalled initial sex communication after disclosure as petrifying due to the intrusive nature of parental questioning. The participants viewed themselves as young adults by the time most of these talks occurred and inquiries about their sexual history were seen as inappropriate. Admonitions for them to use condoms sometimes caused irritation as sons thought that safe sex was an obvious fact that parents did not need to verbalize. David (20 years old, Caucasian) recalls:

Every once in a while I’ll get a question. I feel like they have learned to stop asking because I once was like, ‘Whatever. Of course I know. I’m doing research on this! You think I don’t know what my own risk factor is?’ So I prefer not to talk about my own sex life with them.

4.10.8.2 Parents’ Approaches

Whether initiating conversations or responding to sons’ inquiries, son’s perceived that parents responded in four distinct ways during sex communication.
4.10.8.2.1 Directive

First, participants recalled parents being direct in tone when sharing information they deemed essential with sons. On one end, some fathers were reported as being business-like and used images and diagrams to explain concepts such as human reproduction. On the other end, a number of sons reported their fathers as taking pride in sharing with them stories of how they themselves came of age, which included regaling them about their first time having sex and even embarrassing stories about STIs. Gaius (18 years old, African American) describes his dad’s no-holds barred approach:

He has a filter. He knows when to turn it on. He turns it off around his kids because he’s like … he wants to share as much knowledge with us as he can.

When sons wanted to verify with mothers random facts they overheard at the playground or in school, maternal responses were mostly open and conversational. Responses that involved biological information were delivered with ease and comfort by mothers, especially on topics such as developmental processes that were devoid of the personal or social implications of sex. Sons recalled this tone as akin to regular conversations about any topic such as the weather or local celebrities.

4.10.8.2.2 Lecturing

The second parental tone, lecturing, was the most commonly occurring tone according to participants. Many of them recalled parents having conversations that were marked by unidirectional provision of information from parent to child. These
conversations underscored the consequences of certain sex acts. Most of the topics discussed when parents used this stricter tone included conveying views about abstinence, the implications of unplanned pregnancies, and the perils of unsupervised online presence. Ian (20 years old, Asian) shared the scare tactic his father used during the only sex talk they ever had:

I think he asked me, ‘Do you know what gonorrhea is? Do you know what syphilis is?’ He said, ‘Your peepee is gonna have an infection, like a bacteria or fungus will grow’ -- very scary visuals, not very accurate too. AIDS he didn’t explain in great detail but it was just, ‘Do you know what this is? It’s a disease that makes your peepee fall off.’

4.10.8.2.3 Pragmatic

The third reported parental tone involved parents’ realistic appraisal of sons’ current or future behaviors. Given the consequence-oriented focus during most sex communication, this tone was more conciliatory and acknowledged the inevitability of children exploring and eventually engaging in sex. Condom use was the most commonly cited topic that typified these pragmatic discussions. Whereas previous lectures left little room for bargaining, this tone included parental openness to the possibility of sons having sex and therefore minimized their risks by acquiescing on formerly rigid standards parents have conveyed. Bilbo’s (18 years old, Caucasian) parents once told him, “Okay. Try not to have sex before marriage. But if you do, be safe about it.”
Multiple participants noted how humor and jokes played pivotal roles in setting the tone for sex communication. When the participants were younger, they recall being teased by parents about which female playmate was their girlfriend or who of the opposite sex they would like to marry someday. Sons also recalled parents employing a joking tone when covering sex-related topics to minimize sons becoming offended or finding the conversation an intrusion of their privacy. Jovial sarcasm seemed to keep parents from overreacting to sons’ innocent queries, which in turn encouraged future conversations (“Mom, what’s a blowjob?” “Really?? You don’t know??”). Even when parents were pushing for details about sons’ sexual lives, the deft use of humor dispelled tension and resulted in sons sharing more than they normally would have had the overall tone been serious. Chance (17 years old, African American) recalled the questions his foster mom had about what he and his boyfriend engage in.

I told her we just made out and she went, ‘I know how teenagers are, that ain’t all y’all did.’ I’m like, ‘Oh my god, I promise you that’s all we did.’ ‘So where’d y’all do it at?’ … I was like, ‘In the bathroom,’ she was like, ‘Yeah, that’s not all ya’ll did, ya’ll did other stuff.’ I was like, ‘I promise you we didn’t...’ Of course I’m not gonna tell her everything we did. She’s like, ‘Oh I know what goes on, Mmhmm.’ I’m like, ‘Oh my goddddddd!!’ ” (laughing)

Similarly, sons have also indicated using humor to playfully confront a parent about their values or beliefs that were at odds with their sons’ identity or personal beliefs. For example, spilled grape juice on the kitchen floor became a great opportunity to joke about spontaneous abortion just to point out the conservative mother’s extreme
degree of religiosity. From the interviews, sons shared about times they teamed up with a like-minded parent to make fun of the less-accepting parent. Jokes with gay-centric punchlines were routinely shared especially after disclosure of sexuality to acknowledge familial comfort about one member’s homosexuality. According to sons, these good-natured jokes normalized their identities by having them be treated like the rest of the other children through an equal chance at being affectionately picked on.

4.10.8.3 Parents’ Knowledge of LGBTQ Sexuality Issues

The findings are mixed regarding sons’ perceptions of parents’ knowledge of GBQ sons’ sexuality information needs. Three distinct groups emerged to describe parents’ know-how on LGBTQ-related sexuality topics. The largest group was comprised of participants whose parents did not possess GBQ-specific information before and after their sons’ disclosure. A few of these were parents who were still having difficulty accepting their sons’ sexual orientation or who had made clear their disapproval. Many of the participants noted how parents’ lack of GBQ friends, of being heterosexual, or lack of skills to look for content suited for their sons’ sexual orientation are the main reasons for parental lack of knowledge. After Tilapia (19 years old, Latino) was discovered collecting sexually explicit images, his mother was at a loss about why he would do such a thing. He shared:

She said she didn’t why I was doing that. She didn’t understand why I had pictures of naked guys. And I just told her I didn’t know, I just really didn’t know. And then she talked about when she was a little girl, she didn’t do that. And that was pretty much it. We didn’t really talk about it after that.
A couple of the participants whose parents were not knowledgeable reported educating their parents themselves about what being GBQ entailed and the health issues they face as a population. David (20 years old, Caucasian) remembered:

If I had asked, they would have just been like, ‘I don’t know. Ask a gay person.’ They really wouldn’t have had an answer for me…I didn’t think my parents knew much. I’m always teaching my parents gay things.

A second group of participants reported that their parents definitely had ample knowledge of GBQ sexuality. Among these participants, they pointed out that parents started with a solid base of heterosexual-focused knowledge about sexual health. Parents in this group then extended that knowledge base to include LGBTQ sexuality issues after the sons’ same-sex attractions or behavior was known. After disclosure, many of the parents actively sought out information and educated themselves.

Finally, a third group was uncertain about the extent of parents’ knowledge. Because sex communication was almost non-existent for them, they could not gauge parents’ familiarity of issues their children may have found pertinent. For example, AJ (19 years old, African American) was under the impression that:

I think that they [parents] do know about how certain STDs are transferred and stuff like that but … I guess for me in particular, I don’t know because they don’t really talk about that. I feel like the knowledge might be within them but they may not disclose it to me because they don’t think I’m not going to be involved with that [sex].
4.10.8.4 Parental Ratings as Sex Educators

Study participants were asked to rate their parents as sex educators from zero ("worst educators") to ten ("best educators"). For the two-thirds of the sample who were raised in households with two opposite-sex parents, they tended to rate both parents poorly as sex educators. Some parents scored zero for not broaching any sex talks, while some were remembered as not being proactive enough in bringing up issues from which their sons could have benefitted. Roberto (19 years old, Latino) rated both his parents as zero and expressed his dismay about his parents’ attitude regarding sex communication:

My Mom, she can’t even say the word and my Dad just doesn’t have the courage to tell me about it. I mean, should I be the one to be sparking the conversation or should they be the ones to do it? That’s where I’m just like ‘What do I do?’ I haven’t asked him because I don’t know what his reaction would be. I know what my Mom’s reaction would be – ‘We’re not talking about that.’

Sons who gave higher scores to their parents did so with acknowledgement that those parents covered broad heterosexual-centered topics. These parents, sons said, would have received higher scores had sex education been more inclusive. When both parents received high ratings, they were credited for creating opportunities where sons had ample space to discover things on their own. Ian (20 years old, Asian) recalls:

I don’t think they did a bad job. I think they made it enough of an open space to say, ‘We know that these happen, we know that you’re doing this, we know you’re growing up.’ And therefore making it comfortable for me to go on online and look sex up, to watch TV past midnight to figure things out.
For the rest of the respondents who grew up in single-parent households, they rated most of their parents poorly as sex educators as well. Similar to the first group, this poor rating was due to the minimal and heteronormative content of the talks. From this group, more mothers were rated as better sex educators than non-residential fathers because they were open to these discussions, were easy to talk with, and seemed to have more information to share. Mothers received credit for broaching the talks compared to fathers who were mostly silent. Ricky (20 years old, Latino) scored his mom an eight while his father received a negative rating. He explained:

She doesn’t know a lot about the gay sex part of it. But she does try to do her best to answer my questions. So I can appreciate that. My dad gets a negative rating because he’s never talked to me about it. Ever. He’s never brought it up.

On the other hand, the reasons a few fathers received higher ratings than mothers were because of the straightforward manner in which they provided the information. Additionally, the clarity with which they expressed their thoughts and opinions about the topics discussed was viewed favorably by sons.

Irrespective of the household composition, participants tended to rate higher those parents who did broach sex communication. According to several sons, the underlying sentiment was that their parents “did the best they could,” and noted multiple barriers parents faced when initiating sexuality-inclusive sex communication. Many sons acknowledged that their heterosexual parents have never had same-sex attractions which cannot be held against them. When asked how their heterosexual
parents should respond to GBQ sons’ questions about same-sex attraction, Taras (19 years old, Asian) suggested:

I’d connect them [GBQ sons] to resources that can actually talk about issues from a perspective of someone who is gay. Because parents don’t have the experience of being gay, it’s just really hard for them to have that conversation.

Finally, many participants mentioned that parents who furnished condoms to sons and their siblings received favorable ratings.

**4.10.9 Sex Communication Functions**

From the perspective of GBQ sons, parents and sons have different reasons for engaging in discussions about sex with each other. Some reasons for sex communication may complement each other while others that are uniquely parent- or son-based may be in opposition or antagonistic in nature.

**4.10.9.1 Sex Communication Functions for Sons**

Participants viewed sex communication as a proximal process where they, just like their parents, could initiate conversations or react to them to convey their perspective. There were five primary ways sons utilized sex communication.

**4.10.9.1.1 To seek answers**

First, sons shared that they initiate or engage parents with sex communication when seeking answers to questions of a sexual nature. Parents were overwhelmingly viewed as the preferred source of sex information by GBQ sons. Participants recalled asking their parents about new concepts and saw parents, especially when they were
younger, as arbiters of reliable information. George (19 years old, Caucasian) shared how he found human reproduction to be a weird process until his mother reassured him that what he read was, indeed, correct information:

I said “Hey, I’m reading this encyclopedia. It said that this is where children come from. Is this true that a man sticks his penis into a vagina, ejaculates, and she’s gonna get pregnant? Is this the case?” I mean I was just sort of saying “Is this really what happens? This sounds kind of weird.” And she said “Yeah. No, that’s true. That is what happens.” I said “Okay. That’s good to know. I didn’t expect that.” And she said “Yeah, that’s what it is.” And I was more so just looking for confirmation of that fact. And she gave me that confirmation.

4.10.9.1.2 To gauge parental opinion and support

Depending on how sons’ self-identified at the time of sex talks, they listened to parents’ words for validation and proof that they did care for them. Despite the awkward nature of sex communication and regardless of the veracity of the information furnished, sex communication had an affirming value that GBQ sons sought. When parents provided inclusive information for their GBQ sons, participants viewed it as parents exhibiting concern for their welfare. According to them, even if they pretended to be inattentive, GBQ sons who were all mostly still figuring out their identities during adolescence were actually listening for clues about how accepting their parents would be regarding same-sex attraction or how much parents may have their opinion about LGBTQ individuals have changed since sons’ disclosure. Tilapia (19 years old, Latino) recalled how he had the worst relationship with his father after he was forced out of the closet years earlier. For five years the father ignored his son and was verbally abusive when his mother was not around.
Tilapia: He [dad] was really upset at that time and just sorry for what he did. He wanted to talk to me but I didn’t want to talk to him. He tried several times in the same night. In the hallway he was going one way and I was going the other way, so he stopped me and he wouldn’t let me go anywhere. He told me how sorry he was for treating me really bad. He told me he was sorry. That he wasn’t OK with it, but he wanted the best for me. And he told me to be safe with my partner. And that’s the only time he said something good...he told me to be safe. He didn’t specify, he just told me to be safe. To take care of myself in different aspects - mental, physical, and all those things.

Interviewer: And what was your reaction?

Tilapia: I wasn’t listening, but I was really attentive. I pretended I wasn’t listening but...those words, they’re going to stay here (gestures with a fist to his heart). That’s the only time he told me.

4.10.9.1.3 To keep parents informed

Sons reported that sex communication enabled them to keep parents informed of details about their lives. Among those who had disclosed their sexuality to their parents, sex communication was the medium to share who they were dating and even what behaviors they were or had engaged in. In one case, because a son wanted his relationship to be viewed on the same level as his siblings, he volunteered information and hoped that parents would respond the way they typically did regarding such matters. Gregory (16 years old, Caucasian) wanted to provide details of a budding romance, but did not elicit the reaction he had hoped for:

Before we were dating, I told them. I was just sitting there at the dinner table and I just told them, “I’m talking to this guy and I like him. I don’t know if we’re gonna date or not but I like him.” And they were just kinda like “Okay.” And they didn’t ask me any further questions like they would with my other brothers’ girlfriends. They would ask like what she looks like and all this stuff. My mom never asked for a picture of him, you know. She never asked to know what he looked like.
Participants talked about the potential sex communication had for ensuring that parents were kept abreast of sons’ activities after disclosure. These participants said that given the proper context, they would have been open to volunteering details of their romantic lives. According to them, if they had these frank conversations, sex communication would also have resulted in closer parent-child relationships. Amber (15 years old, Caucasian) stated:

He’s never contradicted verbally his statement of “I don’t care if you’re gay.” But he’s never asked me about it. He’s never asked me about boys. I’ve never commented on a boy’s appearance in front of him…If I could do that with my dad, I think it would make us closer.

4.10.9.1.4 To educate parents

Sex communication was viewed by sons as a means to fill their parents’ knowledge gap about issues concerning the LGBTQ community. Participants recalled how talking about sex enabled sons to clarify for their parents what bisexuality entailed, why HIV is a bigger transmission risk during anal sex, and has resulted in a mom rethinking her notions about homosexuality after she and her son had a series of deep conversations. Addressing parents’ knowledge gap was also considered important in making parents more comfortable with the idea that their sons have same-sex attractions. This was especially true for sons whose parents had a difficult time accepting their sons’ identity. Dan (20 years old, Caucasian) described his Dad:

He doesn’t think gay people exist – he thinks that people are faking it. I’ve tried to change that… have talks with him but he’s just fricking conservative. I mean, I
can ignore it for a while until it really gets to me. And then I yell at him, “How come you keep asking me if I have a girlfriend yet?? It’s obvious you don’t believe me or something!” And then I’d explain some more and he’d go, “OK.” And then a week later he’s like, “So... Sarah, how about her?

3.10.9.1.5 To maintain a relationship

Finally, sex communication was viewed as a means to ensure a continuous and open relationship with parents, especially in case sons experienced difficulties and needed parental support in the future. Many participants experienced and anticipated turbulent relationships and viewed having the ability to discuss these previous and upcoming issues with parents as crucial. In case sons had difficulties in life, in case complications arose with their romantic partners, and in instances when they felt rejected by potential partners, GBQ sons viewed parents as important resources they could turn to for support. Ian (20 years old, Asian) stated:

There’s an idea of making them [parents] feel comfortable talking about your partners. Also, you don’t have to talk to them about every Friday night hook-up you’ve had, but sometimes you do have hook-ups and they can be very scary and you don’t remember who you’ve had sex with. Did you have unprotected sex? I’m just thinking hypothetically, I could very easily have hooked up with someone and I don’t know what their status was. Your parents are supposed to be your outlet. I think it could be very helpful to have that kind of outlet and say “I think I made a mistake and for mental support, I need you” or “Guide me”. I think it is very, very important.

4.10.9.2 Sex Communication Functions for Parents

4.10.9.2.1 To educate sons

At its core, sex communication was viewed by sons as a parental mechanism to educate them on a variety of topics. These conversations were acknowledged by sons as a vehicle to introduce concepts to them. During sex communication, the traditional
notion was that parents explained and sons tried to understand the topics. After ideas were introduced, some subsequent conversations occurred that may have offered a different angle about the issue. For example, sons recalled that mothers would bring up the same topics to provide additional information or a counterpoint to materials to which sons were exposed, such as from their estranged husbands or the media. For example, John’s (18 years old, Latino) mother would sometimes verbalize her concern over the unrealistic portrayal of sex in the media:

If there was a sex scene then she would kind of explain it to me. She would be like, ‘Oh that’s not really realistic... don’t try that, you’ll probably hurt yourself!’ My mom specifically told me to never watch porn because she said it would give me unrealistic ideas of what sex looked like. So I never, I can say to this day, I still haven’t seen porn.

Many parents followed up sit-down conversations with repeated check-ins to make sure sons understood what they talked about and see if they had any questions. Reiteration of key concepts was noted by sons even though some parents gradually backed down from previously rigid stances and acknowledged the impractical nature of some parental and societal expectations.

4.10.9.2.2 To dictate behavior

Prior to sons coming out, sex communication was a way parents could dictate how sons should behave. This rule-setting function mostly came in the form of clear verbal instructions. Sometimes additional materials such as brochures from clinics or purity rings from church were provided as part of how they were told to act. The most
often repeated rule from parents was how sons should abstain from sex before marriage.

Alex (16 years old, Caucasian) was 11 years old when:

He [dad] mentioned that sex was pleasurable and you only share it with people you’re married to: ‘Premarital sex is a huge sin and really terrible. Be sure to wait until you get married, and promise me you’re not going to have sex.’ I was like, ‘Sure, ok. I guess.’

During conversations that covered the appropriate age for when sons can start having sex, most of the messages reinforced heterosexual couplings. Rule setting was reinforced through gendered scripts which sons remembered as frustrating. Charles (19 years old, Latino) recounted the story about the time his mother excitedly wanted to look up his future classmates from a list he received in the mail prior to his leaving for college:

Right before I left home, I got the university directory for incoming freshmen and she said, ‘Pick out all the girls you think are pretty.’ I was like, ‘No,’ and she was like, ‘I just wanna know,’ and I was like, ‘I’m not going to pick out girls for you, I’m sorry.’ So she just made weird comments and gave me that stink face or whatever. She never asked me again because she knew that I would freak out.

4.10.9.2.3 To acknowledge sons’ independence

Changes in sex communication content and the manner in which conversations occurred were viewed by sons as ways that parents acknowledged their growing independence and maturity. The difference in the topics parents brought up during their early and mid-teenage years was regarded by sons as tacit recognition that they no longer were viewed as little boys by their parents. Qualified parental admonitions that began with, “If you do...,” signified their growing autonomy. Conversely, changes in
how sons were allowed to view certain materials were observed as parents’ way of seeing sons as young adults. Ian (20 years old, Asian) recalled:

There were these two people kissing in a movie that I was watching with my parents. Usually they would cover my eyes or fast forward, but for some reason that day I didn’t close my eyes, they didn’t close my eyes, and they didn’t fast forward. It made me feel mature. I was like, “My parents finally see me growing up!” That definitely made me feel a lot more comfortable, recognizing that my parents value who I am, value my feelings, value my maturity. What they did proceed to tell me was inaccurate, but that again was a whole different thing. It definitely made me feel I had a place, my voice, who I was, was important.

4.10.9.2.4 To monitor

As sons became older and engaged in more social activities, sex communication took on a monitoring function. Direct questions about sons’ sexual activities were the norm with varying degrees of inclusivity. Queries from parents about whether sons were dating any girls or anyone at all were recalled by the participants. Most of the sons denied having active sex lives when pressed about it. A handful of them added that even if they were sexually active, they likely would not have admitted that fact to parents. Gregory (16 years old, Caucasian) provided an example of how parents monitoring his life included an insistence on keeping them informed about weekend plans with his boyfriend:

I just got my license so I gotta let them know, “I’m leaving,” or “I’m here now.” I don’t necessarily go into the extent of telling them everything, but I’ll tell them, “We’re gonna go the museum,” And they would say, “Well, whatever you do, text us and let us know.
4.10.9.2.5 To relay safe-sex expectations

After sons disclosed their sexual orientation, sex communication functioned as a way for parents to impress upon sons their expectations about engaging in safe sexual practices. Here, there was a multitude of stories involving condom use or reminders about that family friend whose brother died of AIDS. Jonathan (18 years old, Caucasian) recalls:

It was interesting because when my mom implied that she still expected me to be safe with dating and sex, she used some phrasing like "...and I still expect you to be smart about this." And I thought it was definitely reasonable, but I also remember thinking "I don’t remember you ever telling me about this expectation you had before!" (laughing)

4.10.9.2.6 To relay opinion about LGBTQ identities

Participants described sex communication as a means for parents to relay their opinions regarding LGBTQ identities in general or their sons’ sexual orientation in particular. Of those who mentioned this theme, almost half of the sample talked about it from their positive experiences while most of the sample described this function from an idealized viewpoint since most of their conversations about same-sex attraction were negative. Among the stories in which participants recalled parents being accepting, they heard affirmative messages even before disclosure. Despite the awkward nature of these talks, sons quizzed about whether they found men or women attractive recalled feeling relief when parents reassured them that they thought it was OK whoever sons preferred. A random comment from a mother that broadly stated that her son would be loved even
if he turned out to be gay was another example of sex communication serving as a means to convey parental opinion.

After disclosure as GBQ, parents’ inclusivity in their word choice was perceived by sons as proof of parents’ positive regard. Further, engaging in routine activities with sons such as watching LGBTQ-themed movies was a non-verbal conveyance of acceptance and often was impetus for verbal sex communication. Charles (19 years old, Latino) recalled:

My mom would come in and she would sit there and be like “What are you watching…?” I would be like “Oooh, I don’t know if you wanna watch this mom…” She would be like “Is this porn?” “Noooo, this is Netflix,” and she would be like “I miss watching movies with you. So if this is what you’re watching, if this is how I get to be close to you now, then I’m going to watch it too.” And she’s like resting her head on me, “Yeah, this is a nice moment.” And I’m just “Please don’t touch me right now!” (laughing) So she just sat there and watched it and she’s asking me all these questions about the characters and she asked if we were going to watch the next one and I was like “No! I think we are good for today!” She’s definitely more accepting than at first since she sat there and watched Queer as Folk with me. That taught me a lot.

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From the perspective of sons who did not receive positive messages about same sex attraction, they mostly viewed sex communication as a tool that can be employed in the future to reassure sons that parents will continue to support them if they do turn out to be GBQ. Affirming messages during routine sex talks or the use of inclusive language during sex conversations were suggested as these have implications for sons’ mental health and future relationship with parents. According to them, inclusive sex communication would make sons less fearful of parents, give them confidence at a time
when they have self-doubt and encourage more honesty with parents during their teenage years. Ian (20 years old, Asian) recounted how the knowledge that parents accepted him could have kept him from trouble when he was younger:

I was in a gay club that was in a sketchy part of town and a fight at the bar broke out. I could have very easily got entangled in it and harmed. But my parents didn’t know where I was and if I was hurt, I probably would not have called them. This was before I was out because in my head I thought they were uncomfortable with that. But if I had told them and if I got in trouble, I would have called them right then, “Hey I got in trouble, I need your help.” I think just being able to say “I need your help” and knowing they were on hand is a very, very powerful resource.

4.10.9.2.8 To augment previous heteronormative sex communication

Given that many participants acknowledged that they consciously withheld information about their sexual orientation from parents, sex communication after disclosure was remembered as a way parents augmented previously heterosexual-focused sex talks. They recalled how upon learning of son’s sexual orientation, many parents revisited topics discussed previously and made sure to talk more about topics in an apt same-sex context. After disclosure, many parents provided subsequent reminders for sons to be safe with varying nods to health concerns prevalent among GBQ men. Sex communication was a way for parents to retrospectively cover essential topics they deemed GBQ sons needed to know. Ramos (18 years old, Latino) explained:

When I told them I was gay, my mom all of a sudden was like “Oh, because there’s always that stigma or association of being gay as like you’re gonna die of AIDS or STDs…” it kind of opened the door to her talking to me more. And not just sex itself, but relationships and that kind of stuff. Some random news interview came up the other day on TV about a guy who was abused by his
spouse - his male spouse. And she was like “Watch this. Don’t get in a relationship where you’re being abused.

4.10.10 Sex Communication and Distal Ecological Factors

Aside from the child- and parent-based proximal factors noted, several other components of the larger ecological system influences how sex communication occurs.

4.10.10.1 Microsystem

4.10.10.1.1 Siblings

Many participants remembered how sex communication occurred in the home along with their younger or older siblings. Their older siblings’ milestones triggered parents to include them in sex communication even if the younger children could not fully understand the issues being discussed. Most of these group discussions contained heteronormative assumptions that many GBQ sons felt were exclusionary of their identities. Years later, these sons also viewed the group talks as limited in scope, especially when topics for siblings of the opposite sex were included. Alex (19 years old, African American) said:

I, of course, was in the space where I was like, “You know, I don’t know if this all applies to me,” but I was not going to bring that up. (laughs) That would be too much. But I had that in my mind, “This conversation is geared maybe more toward my sister,” because they didn’t bring up at all other sexualities…I was [seen as] heterosexual. So I definitely kind of … I listened to it, and I understood it, but I was like, ‘I don’t know how much this applies to me.

For our GBQ participants, older siblings were a source of sex information that they could seek out or to whom parents would refer for guidance. Siblings were the
people that parents used as role models for GBQ sons when reinforcing gender norms.

Early discussions about masculinity usually invoked siblings. Charles (19 years old, Latino) shared some of his mom’s constant source of consternation when he was younger:

I would try to play with my sister because she would have these Barbies and My Little Ponies and I wanted one so badly but I couldn’t have one. So that was a big ordeal. Or just, I guess, the way I was acting: I would act just like my sister around the house or be dancing around and my mom would just get really upset about that. She’d say, “No. Be more like your brother.

Prior to disclosing their sexual orientation to parents, many GBQ sons came out to their siblings first. This disclosure provided participants a support system as all of them were accepted by their siblings. Coming out to siblings first also gave participants an opportunity to determine how best to disclose to parents. After disclosure, siblings served as a resource who enabled parents to learn how to talk about their sons’ sexuality during the adjustment period that followed. Siblings also served as advocates for the participants because they could engage their parents to discuss about the disclosure. Bentley (20 years old, Asian) remembers how his brother was a great resource when he came out:

*I told my brother a couple months prior. He’s a really good ally. He helped a lot. [After disclosure] he called my dad and yelled at him for not reacting better at the beginning. I think that helped that he called and yelled at him for a while.*
Peers became a source of heterosexual norms whose behaviors participants tried to imitate. This early tendency to compare themselves to peers led some to police their early notions of what they thought were GBQ traits that were starting to manifest. With a number of parents having an inkling that their sons may not be heterosexual based on stereotypical attributes, participants remembered how certain peers were designated by the parents as someone they should copy. Alex (16 years old, Caucasian) recalled the constant work of keeping his emerging self in check during middle school:

I became a lot more conscious of even the way I spoke to people, the inflection of my voice and the way I would react to certain situations. Even mannerisms too… just trying to emulate what I saw my friends doing. I would think to myself, “When I do this, am I doing something that is falling in line with what they’re all sort of doing?” It’s always very much like self-policing. It was a lot. It was a lot. And it’s still sometimes … well, not as much anymore … but I still think about it sometimes.

Next, there are many examples provided in the interviews where GBQ youth overheard peers talk about sex issues that led them to seek clarification from their parents. Among participants who could not broach these issues with parents, their peers, along with the internet, became their initial source for sex answers. Many participants recalled that most of this information had varying levels of accuracy. James (19 years old, African American) recalls:

I actually remember being in 5th grade and just knowing that one of my friends was dating one of my other friends and they broke up, and it was this whole thing. And then I just remember someone saying, “Oh, it was because they started a rumor that they were having S-E-X.” We were even afraid to say the
word. And that’s when it first came up, and that’s when I kind of asked “Oh, what is that?” because I didn’t know. And then my friends basically described what it is to me as when a guy and a girl are in a relationship and they use their private parts to get closer together.

Peers, similar to siblings, were also the first people to whom GBQ sons disclosed their orientation. The supportive reaction of these friends allowed a venue to communicate their thoughts and feelings, which also provided a chance to practice skills for when they eventually talked to parents and romantic partners. Further, through interactions with peers and their families, the participants were able to have a reference to compare how sex communication was in other households and also provided an ideal of what they would like that conversation to look like in their own homes. Several participants recalled being envious of friends whose parents communicated openly with them about sex. These peers gave them ideas of how to approach their own parents when it came to sexuality discussions.

Finally, peers were also identified by participants as one of their enduring and main sources of sex information. Given the lack of awkwardness when talking to peers about these topics, GBQ males currently talk with their peers more than consulting parents.

4.10.10.2 Mesosystem

4.10.10.2.1 School

Half of the sample recalled attending sex education classes around fifth grade and they reported on how these classes impacted sex communication in several ways.
Half of those who shared their sex education stories recalled sex communication at home before or after the sex education classes. Some sons stated that the required consent forms triggered their parents to broach sex talk with them that included providing alternative perspectives from the mostly abstinence-based model that the school was going to cover. After the sex education classes, some parents, in varying degrees, shared with sons their personal thoughts regarding specific topics. James (20 years old, Caucasian) talked about how his stepfather acknowledged the sex education class and added his own perspective on adolescents having sex:

After sex ed, I told him what we did in school that day, and he basically told me “Oh, yeah, just don’t do it because someone’s going to get pregnant or you’re going to get a disease and you’re going to ruin your life.” That was the extent of the conversation.

Aside from the consequence-oriented nature of the follow-up talks, the sex education classes also resulted in sex communication that was heteronormative in content, which mirrored what the school setting provided.

An equal number of participants did not recall their parents broaching sex before or after sex education classes. According to them, since no follow-up conversations occurred, these sons’ viewed parents as relying on these classes for their sons’ sex education. Bentley (20 years old, Asian) recalled:

Bentley: I think they kind of figured, “OK, the school’s doing it so I don’t need to.” And they confirmed that recently because at a baby shower game they asked all parents questions, like “At what age did you have the sex talk?” And my parents were like “Never. The school does it for you.”
INT: Ok. And what did you think of that?

Bentley: I was like, "They should have said something!"

For the sons who did not have any pre-sex education discussions or follow-up, this implied parental confidence in the school system and what was being taught. Furthermore, for some sons, the lack of pre- or post-sex education inquiries communicated to them parents’ trust that should they have further sex questions they were assumed to know how to find the answers. Gregory (16 years old, Caucasian) stated:

I feel like that they think that I know more than they do so they trust me. But whether that’s true or not, they don’t know because they don’t ask me so I think ever since then they just basically kinda trusted me to learn stuff on my own.

### 4.10.10.2.2 Religion

A third of the sample saw religion as a significant component in the ecological system that had both a direct and indirect impact on sex communication. For these participants, parents’ level of religiosity determined the content of the discussions about sex, and the attitudes they had about same-sex attraction.

First, parents’ engagement with their churches impacted the sex-related topics they broached with their sons. Abstinence from sex before marriage was the topic most often discussed by parents who were active in church. Sons recall that talks about where babies came from were framed in a religious perspective that always involved pronouncements against premarital sex. The sex talk, as recalled by Chance (17 years
old, African American), was scripture-based and prescribed what was deemed appropriate:

It [sex communication] lasted really long because she took it way back to the bible. It was long and hectic. Like you’re not supposed to have premarital sex and you’re supposed to be married when you have sex. She just kept going on and on and on and on about how guys and girls are supposed to be together and then not guys and guy and then she was like, ”And that’s how you got here.”

Second, religion also impacted parents’ approach to sexuality discussion as these were mostly shame-oriented. Participants recalled how talking about sex in the church was unexpected, unless these discussions centered on marriage. One participant considered this an impediment to learning about sex as he was growing up and came to regard the shame associated with exploring sexuality issues as a long-term repercussion of those early conversations. Conversely, two Latino participants volunteered that the only reason they were able to receive any type of guidance about sex was because their parents were not religious, which is not the norm in their community.

Third, several participants from varying religious traditions linked how their groups’ religious beliefs affected how they treated GBQ individuals, including how parents responded to their GBQ children. Parents’ religious background determined their attitudes about same-sex attraction that informed the subsequent sex talk. For these youth, parents who were more religious were more difficult to talk to regarding sexuality. Participants who viewed fathers as more conservative than mothers sought out their mothers when sons were curious about sex-related issues. Since sexuality was
considered a taboo topic when they were growing up, parents were uncomfortable
talking about same-sex attraction. This parental silence left GBQ sons wondering about
why people outside their home treated them differently. Roberto (19 years old, Latino)
recalled the early bullying he endured because of how he sounded:

I was six years old and I didn’t understand why certain people felt a certain way
toward me. That was one of the biggest things in my mind. I was just like "Why
do they hurt me like this?" And I remember my grandma would always take me
to church every Sunday of every week and the one thing that I always asked God
was if he would please change my voice because I thought it was my voice,
the reason I was getting bullied. That’s something I never forgot. Ever since I was
a kid, that’s the one thing I would ask God for. I was like, “Maybe if my voice
was different it would all go away.”

4.10.10.3 Exosystem

4.10.10.3.1 Politics

Political events at the local, national and even international level impact sex
communication primarily through the teachable moments they presented. First, a
number of participants noted how local and national politics awakened their initial
sense of activism and commitment to social justice. Writing opinion pieces that were
pro-LGBTQ for the local papers and joining Planned Parenthood as facilitators for teen
sexuality workshops are two examples that first required parent-child discussions.

Next, according to many participants, the debate surrounding same-sex marriage
in the U.S. inspired talks about the issue with parents, both prior and after coming out as
GBQ. For many of them, hearing about the possibility of two men getting married to
each other made them think more about their own sexual orientation. Parents’ reactions
to the issue being discussed on TV determined their sons’ comfort level in disclosing to parents or having conversations about their own attractions. Amber (15 years old, Caucasian) recalled:

Amber: I was eleven or twelve and realizing that I was not straight and then hearing gay marriage being banned in North Carolina. I was like "Gay is like a relationship thing?" And then I asked my mom, "What is gay marriage? Why is it being banned?" And she was like “Gay marriage is when two men get married.” And I was like “That can happen? That sounds amazing.” (laughs)

Interviewer: Did you say those things?

Amber: No. I was like “Okay.”

Among sons who have disclosed their sexuality to parents after the Defense of Marriage Act was overruled by the U.S. Supreme Court in 2015, the event also provided material they could discuss to either educate or counter parents’ conservative views about marriage.

Finally, repercussions of international policies also impacted sex communication directly. For example, U.S. engagement in the Middle East region required at least one father to be away from home. As explained by James (20 years old, Caucasian), his father was very supportive of his son’s sexual orientation, but the multiple deployments and an accident involving a parachute caused post-traumatic stress disorder that affected how the son could discuss his high school relationship problems. After each succeeding deployment:
He just didn’t give robust answers. It probably had to do with him coming back from Afghanistan. He had trouble with that. It bothered me [son’s relationship issues with then boyfriend], but I just didn’t talk to him [father] about it. But now, with my most recent boyfriend, my dad, he talked, he asked how he was… I mean it’s normal now. Our relationship is back.

4.10.10.3.2 Media and Mobile Technology

For this sample, the effects of mass media and mobile technology on sex communication began before parents and sons ever had any conversations about sex. More than half of participants shared how exposure to sexually explicit media became early sources of sex information. In the course of looking up information about their identities online, many of them stumbled upon sexually explicit media which gave them a reference on a host of topics. According to Amber (15 years old, Caucasian):

I Googled and I looked up sex and I’m expecting like “Ah, sex is the name for where babies come from”, which I guess it kinda is. So then I got all these gigantic porn sites - they advertise so aggressively that I think it was a little bit much for my little eight year old mind. So I was like ‘Okay well I know something that is much better than reading: Pictures.’ So I hit the images on my Google search query for sex. That’s when I discovered porn. And so that I think is probably the most educational moment. I was like “Oh so that thing down there is like what goes into- and that’s what a woman’s penis should look like and that’s the hole that the baby comes out of.” And so these images and then my own Doctor Sherlock-like skills combined and I figured it out and I was like eight (laughs).

The absence of sex communication that was relevant to the participants at home or in school, when sons were most curious and waiting for information, led many of the participants to search for information on their own. The participants shared similar
experiences of how online resources and social media became their primary source of sexuality information. Charles (19 years old, Latino) recalled:

They [parents] never really gave me like a talk, which I think is really weird. I just feel like you learn a lot from social media and movies and stuff like that because they have gay people in it. I mean sometimes I just didn’t understand, how [gay] sex worked. I knew it was different but during Human Growth and Development and all that stuff in Sex Ed class they didn’t teach us about it. And so I had to figure out how that all worked on my own….Like how anal sex is because…who can I ask about that?? So like that’s how I had to look up stuff online.

For most of the participants, early mention and representations of same-sex attraction on TV gave them a word and an idea they could identify with. While a few of them approached their parents to ask what being gay meant, most of the participants had an idea that the topic was taboo and thus began learning about the nature of homosexuality by themselves, mostly in unsupervised online settings. For these youth, the ability to look up information without parental assistance established early reliance on themselves for answers to sexuality questions. Access to the internet at home provided youth the means to conduct online searches (Table 3).
Table 3: Google and Initial Sexual Orientation Queries

<table>
<thead>
<tr>
<th>Sample Recollections</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan: I think at some point I definitely Googled “How do gay people have sex?”</td>
<td>15 years old</td>
</tr>
<tr>
<td>Alex: I just Googled “same-sex attraction”.</td>
<td>11.5 years old</td>
</tr>
<tr>
<td>Roberto: I would just Google things. You know, like the typical “What does gay mean?”</td>
<td>11.5 years old</td>
</tr>
<tr>
<td>Marley: I typed “Define gay”</td>
<td>12 years old</td>
</tr>
<tr>
<td>George: I either Googled “gay” or “Am I gay?” or like homosexuality or something like that.</td>
<td>14 years old</td>
</tr>
<tr>
<td>James: Really innocuous questions like stuff like “What’s it like being gay?” or something like that.</td>
<td>17.5 years old</td>
</tr>
</tbody>
</table>

According to most of the participants, instances when parents provided comments about LGBTQ issues triggered by news reports or images on TV were a source of frustration as they gave erroneous information. According to Ramos (18 years old, Latino), the idea of sons being GBQ themselves did not seem to cross parents’ minds.

Before 8th grade, a lot of stuff that I heard was from television. My mom would watch the Hispanic version of TV court shows and every once in a while there would be a case where there would be a gay man. And one of the things that I remember my mom saying during one of these cases – she was talking to my aunt about it – and my aunt didn’t really understand it, my mom said “It’s like two men that want to be together.” And then my aunt was asking how that worked, and I remember my mom saying, “Well, they decide which one’s going to be the woman, and he dresses up like the woman. And he does what the woman is supposed to do in the relationship.”

With media and mobile technology being a ubiquitous presence in the lives of parents and GBQ sons, many participants voluntarily disclosed their sexual orientation...
to parents through various communication media. These include through the telephone, text messages, email, tweets on Twitter, Tumblr postings, and Facebook Messenger.

John (18 years old, Latino) shared how he decided to finally come out.

I was in a Facebook chat with some people...and they started speculating as to whether or not I was gay. So I took to Twitter and tweeted “I’m bisexual” and that was it. So my mom, who happened to be checking my account from time to time, which I had no idea about, saw it and she texted me a screenshot of it. She was like "John Smith, what is this??" And I was like "Ooh, it’s just me speaking the truth." Her responses were almost to a T of bad stereotypes about bisexual people that I once saw on Youtube. "You can’t know because you’ve never had sex with anyone before, right? How would you know that you’re sexually attracted to both people??” And then, "You can’t really be bisexual because if you get married to one then you’ll always be lusting after the other sex, right?” And this went on for a bit completely over text, ’cause she was in Vancouver and she didn’t really feel like calling me at the time, I guess. So that went on for like 20 minutes and then finally I got frustrated and I was like "Mom just don’t doubt me. That’s what I am,” and then I kinda shut her down.

Media and mobile technology also figured prominently in how the other half of the sample was forced to disclose their sexuality to parents. For many of the participants, parents discovering images of other boys or their sons’ viewing of sexually explicit materials, either triggered sex communication if the content was heterosexual pornography or led to confronting sons about their same sex attractions if the material discovered was seen as unorthodox. Gauis (18 years old, African American) recalls how his mother reacted at what she thought was incriminating material on her son’s phone:

He was this kid in my neighborhood and we hung out a lot. We were just joking around one day, and he said “I bet you won’t put me as your screen saver.” And I was like “I bet you I will” so I did. But he didn’t know I was bisexual at that time. He just thought we were joking around and having fun. So I did. And then
my mom took my phone one day and she was like “Why is this guy on your phone? Who is he?” She didn’t know him. I was like “It was just a joke. We were just joking around,” because it really was just a joke. And she was like “No. Normal kids don’t joke like that.” And she was like “Do you have something to tell me?” And I immediately said, “No, I have nothing to tell you. There’s nothing wrong. What are you talking about?” And I get really agitated and really irritated when she would bring up stuff like that. I’d be like “Mom, just leave me alone. You’re making me feel like an awful person. Just leave me alone.”

Despite their overwhelming reliance on the internet, the majority of the participants identified parents as their preferred source of sexuality information when they were younger. When asked which resource in the ecological system they would turn to first when they started wondering about their identity and needed information about being GBQ, parents were chosen as the ideal source for these facts. Charles (19 years old, Latino) explained:

I feel like you can’t always trust everything that you see or that you read. But if it is coming from your parents then you have a lot more trust in your parents so that it’s easier to believe. So if they talk about something like HIV, you realize that that’s a reality, rather than something you read online that you go “Oh, that’s something distant.” It’s like you read online that someone was killed, you’re like “Oh that would never happen to me.” But having a conversation with family that’s close and personal - then it’s scary. If you have the conversation within the family, face-to-face, human interaction, then you’re going to absorb it more rather than something online that you might forget. From screen it’s just different.

4.10.10.3.3 Healthcare
The routine interface of parents and GBQ sons with the healthcare system provided numerous opportunities for both parties to broach sexuality-related issues and answer their initial questions. Next to parents, healthcare personnel were identified by
participants as their second preferred source of sexuality information. Conversations about hygiene that were facilitated by one’s pediatrician were related to notions of illness and wellness. These preliminary talks paved the way for future talks about preventive health and STIs. Amber (15 years old, Caucasian) recalled asking his mother what hepatitis was while waiting to get vaccinated:

I asked her and she said “Oh well, hepatitis is a disease.” I said “Okay.” And then she was like “Oh and there are these things called STDs.” “Okay, well what’s an STD?” And she said “Well, when two people have sex and one of them is sick and then their sickness is in their genitals, then the other person gets that same disease.” And I was like “Okay, well that makes sense.”

The healthcare system was also mentioned as a resource parents can turn to after sons’ disclosure. Medical providers were viewed by participants as credible sources of information that parents can access to assist them in addressing knowledge gaps around LGBTQ issues. Additionally, sons suggested that joint appointments with family doctors be made for both parents and sons to gather reliable information and learn about the son’s sexual orientation together.

Not surprisingly, the ability to maintain confidentiality by parents and the healthcare personnel was mentioned as a factor that could deter future discussions about sexual health between GBQ individuals and the healthcare system. David (20 years old, Caucasian) recalled how a confidentiality breach left a lasting negative impression that will impact his future engagement with medical providers:
I came home from college and went to the doctor ‘coz I have been sick so much and it was just me and him in the room and he said, “We don’t really know what’s going on with you. Would you have a reason to be immune-suppressed?,” and I’m like “No.” And I said, “Well, I’m gay,” and he was like “We should test you for HIV.” So he did and then he told my Mom on the phone that he had tested me for HIV. I was over 18…That was just inappropriate when my Mom was talking to me about that, I was not really happy about it. And also very angry at the doctor for violating HIPAA. She said, “We don’t want you to have HIV…” or something like that. “Of course you don’t want your son to have HIV! You don’t want any of them to have HIV!”

While the excerpt above illustrated a negative interface, there were more positive encounters recalled that underscored healthcare provider’s information function to assist parents in keeping GBQ sons healthy. Participants noted how a provider’s positive response to a sexuality disclosure, or their routine and neutral tone in assessing who adolescents have had sex with (“Males, females or both?”), encouraged trust in the healthcare system. Moreover, when parents respected the privacy of the patient-provider exchange by stepping out of the examination room, sons’ trust in the healthcare system was supported. Gregory (16 years old, Caucasian) remembered how his father encouraged him to disclose pertinent medical information to their family doctor.

It was my first doctor’s appointment after I told my parents. I don’t know if it was a routine visit or I was sick or something, but we went in there and before we left, my dad asked me “Would you want to tell her?” And I was just like “Sure.” (laughs) I mean ’cause I was a little too shy at first if it’s not with someone I’m comfortable with. [The fact that] something might have happened…that might be something she might need to know so I mean I was perfectly fine with her knowing and she’s been my doctor since I was a baby.
4.10.10.4 Macrosystem

_Culture._ Notions of traditional masculinity and gendered expectations are two ways the prevailing culture affects GBQ sons and how sex and sexuality was discussed or not with them.

### 4.10.4.1 Traditional masculinity

A focus on masculine ways of acting was introduced at early ages. The majority of the participants recall early talks from parents that dictated societal standards about how boys were expected to act. Conversely, many participants also heard messages about how society negatively viewed people with same sex attractions and their behaviors. These messages were based on stereotypes that cut across varying racial and ethnic lines. Joe (20 years old, African American) remembers a lesson his stepfather gave him:

> The only sort of mention I can recall of him ever actually talking about anything regarding same-sex attraction was in regards to my handshake. He was from the school of thought where to prove your manliness you must have a really firm handshake. “Gotta make sure you have a firm handshake when you meet people or when you address people. Otherwise, people will think you’re a sissy or people think you’re weak.”

Notions of traditional masculinity also impacted sex communication through ideas fathers had about how men should express concern. For at least two sons, they remembered how their Latino fathers viewed talking about sex with sons as appearing feminine, because it would entail verbalizing paternal affection. Additionally, when confronted by the possibility that sons may be GBQ, many participants recalled their
fathers’ denial being framed within masculine standards. Amber (15 years old, Caucasian) recalls how his dad responded to his mom. He said, “Well, no. That’s my son. That’s my strong man. He’s not gay.”

Not only were expectations about masculine behavior verbalized by parents, extended family members also took part in reinforcing these messages, even via nonverbal means. John (18 years old, Latino) mentioned:

Before 10th grade, my grandfather bought me a Playboy magazine with the message being, “You should masturbate to this.” We were visiting him in Brazil and one day he goes into a vahaca [store]. He went in, he asked for one, he paid for it, and he was like “Here!” And it was in this little bag. I said “Thanks,” ‘coz there wasn’t really anything to say! (laughing)

4.10.10.4.2 Gendered roles

Early communication from parents not only informed sons of masculine standards, these talks also reinforced the gendered roles they were expected to fulfill. Many participants reported the gendered expectations they received from parents at early ages. Many sons, regardless of background, shared stories of mothers fretting over which girl their sons would take to the prom or the wife they were supposed to marry. James (20 years old, Caucasian) shared:

Ever since I can remember she’s always told me “Oh, when you get married you need to find a wife that’s this,” or “Your wife needs to do this or be like this,” not just sticking to the whole ’You’re Going to Marry a Woman,’ but also sticking to the gender norms of what the woman and the man are supposed to be following. The man is the one that’s the breadwinner. He’s the one that works. And then the wife stays at home. She takes care of the kids.
Additionally, cultural pressure to avoid disappointing parents hindered many sons from disclosing their sexual orientation sooner. The majority of the participants from minority backgrounds echoed the pervasive cultural pressure that compelled them to delay disclosure of sexual orientation to parents. Ian (20 years old, Asian) recalls his hesitation:

What I think did affect me was my mother. Growing up she would say, “Oh one day we will find you a beautiful wife.” Whenever she would buy a piece of jewelry, she would say “Oh this is for your sister, and this is for your wife, when you have a wife” And when she would buy very elaborate sari, and again these are all sentimental cultural pieces, she’d go, “Oh this is for your sister and this is for your wife.” And I think that had a lot more impact. Not in the sense of denying my sexuality - it was never “Oh, you shouldn’t be gay.” It was more like “Mom might have a problem with this.

Finally, these deeply ingrained cultural expectations that parents had subsequently affected parents’ capacity to respond to their sons’ disclosures as GBQ. Even among those with very accepting parents, participants talked about how parents’ lifetime expectations were shattered after disclosure. The shock of disclosure or confirmation of having a GBQ son affected parents’ initial ability to communicate acceptance or relay concern over their sons’ futures. According to Gauis (18 years old, African American), his mother’s demeanor changed completely after he disclosed as being bisexual:

Interviewer: Do you think your being bi makes her talk about it less with you? Or has she ever addressed it again?
Gaulis: … she won’t call me and talk to me about my relationships anymore. She won’t say like “Oh, do you have a girlfriend?” or “Do you have a boyfriend?” She won’t even … she won’t even ask if I have a girlfriend. She’ll just call me and ask me how my day went, ask me what I did with my weekend, and stuff like that. She doesn’t ask me those questions anymore.

4.11 Discussion

The health benefits from sex communication between parents and heterosexual adolescents have been well-established (Chapter Two). The sparse information on how sex communication occurs between parents and LGBTQ children hinders healthcare providers’ ability to address this population’s health outcomes through targeted sex communication. Using an interpretive qualitative approach, I conducted interviews with 30 GBQ males to provide an initial description of how sex is discussed by parents and GBQ sons. From the data, the perspectives of GBQ sons on sex communication mirror general qualities observed in prior works with their heterosexual peers. Many of the same ecological factors affect GBQ sons. However, findings from the dissertation also identified the degree to which some components of the ecological systems uniquely affect these dyads’ discussions about sex from the perspective of GBQ sons. While many of these factors have been identified and discussed in the broader literature, their emergence in the study of sex communication with GBQ males sheds new light on the magnitude of these systemic barriers and facilitators for youth traditionally at risk for negative sexual health outcomes (Institute of Medicine, 2011).
4.11.1 The Sex Communication Proximal Process: Similarities and Differences

The description of GBQ sons’ sex communication experiences highlight similarities that heterosexual parents and children also encounter during their discussions. As has been reported in Chapter Two, sex communication does not occur with regularity for most parents and children in U.S. homes. According to our sample, the same applies among GBQ sons and their parents. When sex communication does occur, sons describe discussions happen in the same type of settings and employ similar types of teaching aids which parents of heterosexual adolescents have been noted to use. Also, the same four primary triggers are relied on by parents with GBQ sons to broach sex communication. Sons perceive that parents cue in to the same physical changes during adolescence, social milestones during middle school or high school, they respond in similar varying degrees to sons’ questions and also share pertinent family stories to serve as backdrops for these teachable moments.

General awkwardness during sex communication was reported by most of the participants, and that is similar to what heterosexual youth have reported for years. GBQ sons also noted that the varying prompts parents used during these conversations signified the reactive nature of the sex communication process. This finding may help explain the parental discomfort noted by LaSala (2014) in his study of parent-child interactions about condom use. Because the conversations recalled by our sample were mostly triggered externally (e.g., sons’ inquiries, sporadic teachable moments), parents
did not appear ready to have talks about sex, let alone have discussions inclusive of other sexual orientations. Taken with the perceived lack of knowledge about the unique needs of this population, the generally poor ratings parents received from the participants was not a surprise.

Consistent with previous sex communication findings, mothers received more favorable ratings than fathers. However, regardless of household composition, the majority of parents received low scores when rated as sex educators. An interesting finding revolves around how parents who attempted sex communication were automatically rated more positively compared to parents who were silent about sex, regardless of the quality and content of these talks. This finding is indicative of the significant role GBQ sons perceive their parents have in educating them about sexuality. Furthermore, the sample recognized the inherent barrier stemming from parents’ heterosexuality. They pointed to this as not problematic for them, but a given that could be augmented through parental education of LGBTQ issues.

GBQ sons reported parental approach being similar to what has been identified in sex communication literature with heterosexual adolescents. Parents had varying approaches to accompany the topics they were discussing or in response to questions they were asked about. Similar to their heterosexual peers, humor was noted as useful in diffusing potentially sensitive discussions. Further, most of the content broached with GBQ sons are consequence-oriented which presents sex in a negative light. Prior to
parents’ knowing or confirmation of sons’ same-sex attractions, they warn sons against ruining their lives as a result of early sexual debut or unplanned pregnancies.

Sex communication with GBQ sons also appears to occur after exposure to sexually explicit social media that is similar to reports of heterosexual-focused sex communication, mainly among boys. With the average age of first exposure of the sample to sexually explicit materials at 10.9 years and looking up information about LGBTQ identities at 13.5 years, sex communication triggered by disclosure around 15.4 years underscores that parents talk to GBQ sons after this adolescent population actually begins to explore their sexuality.

Not surprisingly, the church and parents’ religiosity also figured prominently in GBQ sons’ stories of sex communication. Shame surrounding any type of discourse about sex was common for GBQ sons and their parents. Similar to sex communication literature on their heterosexual peers, church teachings also impacted what parents talked about with their GBQ sons and how they approached sexuality discussions.

As previously noted (Voisin, Bird, Shiu, & Krieger, 2013), GBQ youth view parents are their preferred source of information during the early years. However, once initial thoughts about their same-sex attractions began to form, they simultaneously received external messages that made them choose not to seek out parents to discuss these issues. With the exception of a few sons, most of our participants perceived their initial feelings as taboo topics that they must either ignore or keep to themselves and
must not broach with parents. Whereas heterosexual school-age children are encouraged to take part in scripts that socialize them to future roles in the ecological system, children who are beginning to recognize their same-sex attractions learn to be quiet about their feelings. At the pre-sexual stage, this population is socialized into silence.

For many of our participants, adolescence was a difficult time as parents were anticipating milestones which GBQ sons had to address on a regular basis. While puberty, by itself, brings with it an awkwardness to it that is universally experienced, GBQ sons reported a different set of challenges. For example, seemingly harmless questions about who they were dating or who they were taking to the prom carried with it gendered expectations. GBQ sons had to learn to respond to these questions in ways that would not draw attention to their same-sex attractions. Learning to deflect questions might have lasting implications for communication with parents. During puberty, GBQ males learn to appraise themselves against heteronormative standards.

Another issue that has emerged during the interviews is the awareness some GBQ sons had regarding gender-based double standards that parents perpetuated during sex communication. For sons who at one point identified as bisexual, they recalled parents’ primary concern over sons’ potential to get in trouble by getting their girlfriends pregnant. Their parents were much more concerned about them and showed minimal regard to girlfriends’ wellbeing during pregnancy scares. Further, one son noted how he was always reminded to be safe and use protection with his boyfriend,
while his sister received harsh reactions when it was discovered that she was sexually active with hers’. Based on GBQ sons’ stories, parents were permissive of their sons’ and restrictive of their daughters’ sexual activities.

According to GBQ sons, what they did not hear during sex communication was perhaps a louder message compared to what was actually discussed with them. The omission of same-sex content during sex communication plus the negative comments they occasionally heard associated with the LGBTQ community did not encourage participants to be forthright. In particular, the latter type of messages reinforced for them their perceptions that their heterosexual parents may not know how to address these topics, which left them to seek out information on their own. As GBQ sons go through adolescence, they forego parents as a source of information and rely on themselves to find material that is pertinent to them.

Due to the lack of affirming messages GBQ sons receive in the ecological system, stress stemming from their same-sex attraction formed early. The provision then of inclusive sex communication is essential because it affirms and validates them, even if they are not planning on disclosing their sexuality to parents anytime soon. According to the sample, the recognition by parents of LGBTQ identities, even in abstract and fleeting ways, is construed as meaningful nods to their personhood even if these sons are still in the closet. This affirmation contradicts societal messages against same-sex attraction, has a positive effect on their self-esteem and, according to them, is a huge step
in preventing internalized homophobia and the psychological stress associated with being an LGBTQ youth.

While the parental approach has similarities to how heterosexual adolescents experience sex communication, the consistency of parental approaches when discussing sex with heterosexual and GBQ children appears to have an added benefit for the latter group. From GBQ sons’ reports, consistent parental approaches to sex communication regardless of children’s sexual orientation recognize a spectrum of identities. For example, when the use of humor during sex communication to deflect tension is observed regardless of whether a topic is heterocentric or inclusive of same-sex attractions, the stronger message conveyed is that all sexual orientations are viewed on the same level and are part of a continuum. Not singling out the GBQ son by using a different approach during sex communication implies equal treatment and concern from parents.

Similarly, despite the similarities GBQ sons and heterosexual adolescents experience related to their parents’ religiosity and church engagement, the former group still has to contend with an extra layer of challenges that makes sex communication problematic. Because of institutional condemnation of homosexuality, talks from religious parents were mostly disapproving and involved varying threats of eternal damnation. Among sons whose parents were not accepting of their sexual orientation, parental religiosity was cited as a strong factor behind the non-acceptance.
4.11.2 Sex Communication and the Larger Ecological System

The components of the ecological systems that GBQ sons and parents navigate present both hindrances and opportunities to sex communication. In the microsystem, siblings and peers have emerged as support groups for GBQ adolescents. While politics, media and mobile technology, and healthcare are traditionally viewed as distal to the parent-child interaction, stories from our GBQ participants also require a closer inspection at the impact they have on sex communication.

4.11.2.1 Sibling and Peers

Heterosexual siblings advocate for their brothers who are GBQ. They are instrumental in getting parents to talk about their sons’ same-sex attraction which paves the way for better communication. Similarly, but outside of the home, peers function in a variety of ways that enable GBQ sons to have another set of support. Since peers are usually the first people GBQ individuals share their sexual orientation with, they can provide a venue for their friends to begin verbalizing issues they previously had to contend by themselves. The stories from participants did not include peers’ and siblings’ actions having a negative impact on sex communication. While there were stories of how GBQ sons were compared to siblings and peers to reinforce gendered expectations, and group sex communication occurred that may have been detrimental for the GBQ child, these were parent-initiated actions. In this study, both siblings and peers were presented in a positive light. This overwhelming support GBQ sons received from all
their siblings and peers validates the trend of growing LGBTQ acceptance among younger people (Pew Research Center, 2013).

4.11.2.2 Media and Mobile Technology

The pervasive reach of media through the internet and mobile technology is an inescapable fact in today’s parenting landscape. This study confirms that because traditional venues for sex education do not include their same-sex concerns, GBQ youth turn to online resources for answers (Pingel, Thomas, Harmell, & Bauermeister, 2013). Of all the components of the ecological system that has been explored, media through mobile technology appears to be the most salient factor that impacts sex communication. Access to online resources by GBQ males puts these youth in charge of their own learning and allows them venues to explore their sexualities without parental supervision. This combination renders sex communication optional, if not entirely unnecessary.

4.11.2.3 Healthcare

Rose et al. (2014) has reported on the inaccurate and limited information available for gay, bisexual and lesbian youth. In fact, LGBTQ youth face more difficulty engaging with healthcare professionals compared to their heterosexual peers with their confidentiality concerns being a barrier to accessing sexual health information (Martens, Di Meglio, & Frappier, 2012). Nevertheless, our sample of GBQ youth identified healthcare as a resource they and their parents can turn to for reliable information.
Moreover, our sample provided examples of how inclusive care received from members of the healthcare system influenced their health seeking and care engagement behaviors. When providers were sensitive in their approach to GBQ youth, the inclusiveness conveyed recognition of their sexual orientation. When confidentiality was protected by providers, this encouraged them to communicate openly and form trusting relationships. When parents’ knowledge about LGBTQ health issues was identified as lacking, healthcare personnel were identified as an important resource for parent education.

Next to parents, healthcare personnel were identified as their second most preferred source of sexuality information. Additionally, in a review that examined adolescent males and their sexual behavior, Ott (2010) identified the role healthcare providers, as part of the contextual influences, play that can either support or undermine young men’s development. These supportive roles not only include discussing sensitive maturation and sex topics but also understanding adolescent males’ problems, easing their worries, supporting their decisions and allowing them to learn how to take control and responsibility for their health (Ott, 2010). This study affirms earlier findings and extends our understanding of the larger role healthcare can play in facilitating positive GBQ outcomes in partnership with youth and their parents.
4.11.2.4 Religion

It is notable that from an early age, sons who asked and received factual information about homosexuality were from less religious families. At four and eight years old, two sons whose parents were not religious could seek details from their parents about who and what gay people were. On the other hand, sons from more religious backgrounds, mostly Hispanic/Latino and African American households, did not press for anything LGBTQ-related from their parents when they were young even if they had questions or already knew that they found other males attractive. These soon-to-be self-disclosing GBQ sons did not want to draw attention to their curiosities or attractions at a young age. From our study, it appears that, for some, the road to open communication about sex began at 8 years old or younger while the road to silence and self-censorship was established at a similar early age as well.

4.11.2.5 Politics

A possible history effect should be noted with this group of GBQ males who are coming of age at a time when same-sex marriage in the U.S. has just been recently approved. While the stories from our participants may lead us to focus on the possibilities this may bring to current and future cohorts of GBQ males, it behooves us to consider how these same societal changes are perceived and affect parents’ abilities to discuss marriage as a redefined concept. Because parental reaction to the legalization of same-sex marriage was not the focus of this study, future studies must be undertaken on
how parents are incorporating this new reality and how, if at all, GBQ males, and all LGBTQ youth, are socialized by parents into this new possibility.

4.11.2.6 Culture

Parents’ concerns about having gay and lesbian children is influenced by their perception of their own gender roles (Conley, 2011). This study supports that and has identified that parental adherence to societal roles based on a gender binary appears to limit their capacity to consider queer sexual orientation or gender fluidity. As seen from the excerpt on page 170 where a mother assigned masculine and feminine roles to a gay couple seen on TV, gendered expectations are even imposed on parents’ conceptualizations of same-sex relationships.

While more mothers were noted to have talked with sons, fathers and other male figures in the family were used by mothers as exemplars whom sons should emulate. At early ages, boys were socialized to adhere to notions of traditional masculinity. This finding supports prior literature that identified fathers feeling accountable for sons’ sexuality and preferring that they grow up “as heterosexual as possible,” (Solebello & Elliott, 2011). Conversely, the gender dynamic at play which views sex communication as a maternal responsibility was also supported by our findings since mothers overwhelmingly talked more to sons than fathers did. A few of our participants even noted how fathers struggled to discuss sexuality with children, partly due to a fear of
not appearing as masculine that has been noted beyond the U.S. (Kirkman, Rosenthal, & Feldman, 2001).

This study also supports broader trends observed among the larger cohort of adolescent boys who desire intimacy and do not ascribe to traditional masculine beliefs (Ott, 2010). Our sample was vocal about having their unique same-sex behaviors and concerns discussed and acknowledged, which may also actually be attributed to a generational shift.

The resulting tension between all of these cultural expectations of masculinity and gendered roles, along with a young GBQ adolescent males’ realization of being different, caused turmoil that made participants averse to heteronormative discussions about sex and their own future gendered roles. For HIV prevention specialists, our findings about fathers’ lesser participation in sex communication is especially significant as paternal non-involvement has been linked to young MSM’s psychological (low self-esteem, stress, delinquent behavior) and situational risks (expulsion from the home, gravitation to older men as sex partners) for HIV infection.

### 4.11.3 Parent-Child Sex Communication with GBQ Sons: A Conceptual Model

The nascent effort to study inclusive sex communication is timely given that LGBTQ youth are coming out at earlier ages (Bauermeister et al., 2010; D’Augelli et al., 2008; Ryan et al., 2009; Ryan et al., 2010), which affords more time for parents to positively influence their children’s health. The research on inclusive sex communication
is sparse, but has identified that the sexual education needs of LGBTQ youth are not being addressed sufficiently at home and throughout the ecological systems (LaSala, 2015; Rose & Friedman, 2012). Our findings indicate that sex communication, when it does occur, is more than the mere provision of knowledge about sexuality and that the process has implications for GBQ males’ health.

GBQ sons have identified parents as their preferred source of sex information, which requires going back to that most basic type of proximal process: the reciprocal relationship between a parent and a child. Our findings articulate the complex influence sex communication has on GBQ sons’ overall health and helps to explicate pathways through which sex communication may impact GBQ males’ sexual and psychological health trajectories (Figure 5). While the proposed conceptual model summarizes our findings and depicts conceptual relationships as described by our sample, it does not establish the causal directions of these mechanisms.
Figure 5: A Conceptual Model of Inclusive Sex Communication as Proxy for Parental Acceptance

As described through sons’ reactions to parents’ approaches, and illustrated in the dichotomized child- and parent-based factors, sex communication is a cyclical, multifactorial process that may, at times, be complementary or antagonistic for the dyad members. Regardless of whether parents provide inclusive messages or not, or closeted GBQ sons feign or have an actual interest in the topics broached, the dyad members have a proximal impact on each other and on the process. A father’s provision to a GBQ son of a sexually explicit video featuring a male and female couple having sex is taken as endorsement of heterosexual scripts and expectations, while a GBQ sons’ refusal to answer inquiries about girls he finds attractive causes maternal angst. Sex communication then, similar to heterosexual youth and their parents, can be a loop of directive, negotiated, tension-filled, or unspoken exchanges that are happening all at
once for both parties. On the other hand, the process can also be a feedback mechanism where sons receive morsels of reassurance when their parents talk with approbation about a baby the gay couple next door recently adopted. Thus, for GBQ youth, sex communication is not only about solitary units of information being sought out by children or transmitted by parents to curious youth. For GBQ youth, sustained discussions or even fleeting mentions of sexual orientation issues beyond heterosexuality are viewed by them as acknowledgement of their actual or potential personhood. Because the multilayered ecological systems they navigate mostly do not support their same-sex attractions, positive messages in the home communicate protective intent from parents. Because the time in between first same-sex attraction and self-disclosure as GBQ usually takes several years – it was 4.9 years for our sample – inclusive sex communication addresses sexuality issues closeted GBQ adolescents have usually dealt with sans parental guidance. Without confronting sons who have not disclosed their sexual orientation, inclusive sex communication becomes proxy for parental acceptance.

In the course of examining sex communication, parental acceptance emerged as a focal concern and a construct GBQ males consistently brought up. Our sample reported that, especially prior to self-disclosure, they participated in sex communication because they sought answers to questions and they wanted to gauge future parental support regarding their sexual orientation. The information they received during these talks,
while seemingly about sexual health, also had effects on their psychological well-being. Additionally, for those dyads who maintained communication lines, sex communication was a way parents could address their son’s sexual or psychological concerns, such as an STI or despondency over a relationship break-up. Sex communication was another feedback loop that allowed each dyad member to meet desired outcomes, which in the examples above were resolving the STI or assisting sons process their heartache.

If substantiated in further studies, inclusive sex communication as proxy for parental acceptance would be a promising field of investigation as the relationship between parental acceptance with LGBTQ psychological health has been well documented. Boys who had higher levels of acceptance from fathers reported lower levels of psychological distress and social anxiety compared to those who only received low parental acceptance (Van Beusekom, Bos, Overbeek, & Sandfort, 2015). Conversely, experiences with rejection in childhood added to minority stress and kept gay, lesbian and bisexual youth from overcoming internalized homophobia (D’Amico & Julien, 2012). LGBT children rejected by parents also had lower self-esteem and felt isolated (Ryan et al., 2009; Ryan et al., 2010). In fact, compared to LGBT youth who were not rejected or only received minimal rejection from parents, youth who received high levels of rejection were more than three times likely to use illegal drugs and be at risk for HIV and STD infection (Ryan et al., 2009; Ryan et al., 2010).
The link between family sex communication and its impact on LGBTQ sexual health has also been accumulating. From a sample of gay and bisexual youth, parent-son interactions that included conversations about sexual behaviors showed that dyads with low conflict and a mutual regard for each other were associated with youth who had the fewest risky sexual behaviors (LaSala et al., 2016). Mother-son communication about same-sex behavior has also been associated with routine HIV testing (Bouris, Hill, Fisher, Erickson, & Schneider, 2015). Conversely, the reliance of non-accepting parents on scare tactics to dissuade gay adolescent males from engaging in same-sex behaviors leads youth to mistrust parents, inhibits future conversations, and is a missed opportunity for HIV prevention (Voisin et al., 2013). Moreover, anticipatory family rejection leads to sexual secretiveness (Bird, LaSala, Hidalgo, Kuhns, & Garofalo, 2016) which does not bode well for family-supported education about one’s sexual orientation. Furthermore, risky sexual partnerships, such as transactional sex and sex with much older men, have also been linked to parental rejection (Bird et al., 2016).

Sex communication is a compass that directs GBQ youth on how to proceed on the home terrain as they learn more about themselves and their parents’ views about LGBTQ sexuality. Sex communication as landmarks gives GBQ youth an accounting of parental resources at their disposal. For HIV prevention specialists, inclusive sex communication may just be the mechanism that can address both the psychological and sexual drivers of HIV infection. Younger boys’ curiosities include anticipation and
readiness for sex, which when properly addressed, may include a tailored approach that is sensitive to their likely behavioral trajectory (Ott, 2010). Ultimately, GBQ adolescents do not want to be forced out of the closet until they are ready. In the interim, inclusive sex communication is what parents may have at their disposal that can address their child’s overall health.

4.12 Limitations and Recommendations

Study limitations along with the clinical and research implications of the study are discussed in detail in Chapter Six.

4.13 Conclusion

This qualitative study delineated the proximal process and major ecological factors that affect sex communication between parents and GBQ sons and paves the way for further studies including future intervention work. Despite its limitations, this study provides a substantial extension of the sex communication literature as this, to our knowledge, is the first study that described the experiences of a diverse group of GBQ males. The results of this dissertation have identified the commonalities and differences GBQ sons have with their heterosexual peers in the sex communication process. This strengthens the validity of previous findings regarding how sex communication may be improved for all adolescents’ positive sexual health outcomes. Further, this study has brought to light the factors that have a crucial effect on parents’ and GBQ sons’ discussions about sex that is beyond the typical concerns of heterosexual parents with
heterosexual adolescents. Taken together, these findings underscore that sex
communication may be vastly improved. Because inclusive sex communication is a
proxy for parental acceptance, talks with GBQ youth that are sexuality-sensitive holds
the potential to reverse the psychological and sexual health trajectories observed in this
population.
5. Content, Timing, and Approach Considerations for Parents During Sex Communication with Gay, Bisexual, and Queer Sons

5.1 Introduction

There is a seismic shift in social acceptance regarding lesbian, gay, bisexual, transgender and queer (LGBTQ) identities (Pew Research Center, 2013). Compared to years past, more children are coming out as LGBTQ at younger ages (Bauermeister et al., 2010; D’Augelli et al., 2008) allowing for more parental opportunities to positively impact youth development since many are still living at home with their parents (Institute of Medicine, 2011). However, despite the confluence of these factors, the needs of LGBTQ youth and the role that sex communication may have on their health outcomes are largely understudied (Guilamo-Ramos, Lee, & Jaccard, 2016).

For all youth, adolescence and emerging adulthood are marked by a concern for identity development (Arnett, 2000; Erikson, 1994) and more specifically for LGBTQ youth, this is a time for sexual identity formation (Calzo et al., 2011). Erikson identified identity exploration as a crucial task in adolescence, which is when youth determine an identity through a series of role and life explorations. Specifically, forming romantic relationships is a critical developmental task, but one that is limited for youth with same-sex attractions (Greene, Fisher, Kuper, Andrews, & Mustanski, 2015). Nascent awareness of same-sex attraction can make adolescence a very difficult time for young
LGBTQ individuals, especially if they do not see positive modeling of same-sex attraction (UNAIDS, 2014) in the ecological systems they occupy.

Prior to disclosure of their sexual orientation, LGBTQ concerns are not often addressed at home in a positive light (see Chapter Four). Further, sex education in schools generally does not devote time to issues pertinent to this group’s risk factors. To remedy these family- and school-based challenges in these two proximal factors, healthcare providers can play a crucial role in simultaneously addressing the needs of LGBTQ youth and their families. Wolitski and Fenton (2011) describe the need to adopt a sexual health approach that reframes traditional health strategies around disease prevention and control to include a positive approach that recognizes human desires and how the physical, emotional and social aspects of human sexuality hinder or contribute to sexual risk-taking behavior.

This chapter will examine gay, bisexual and queer (GBQ) sons’ experiences with specific topics parents may or may not have addressed in the context of their emerging sexual orientation. Given that sex communication has been shown in a recent meta-analysis to be associated with HIV-protective adolescent sexual health behavior, such as condom use (Widman, Noar, Choukas-Bradley, & Francis, 2014), this chapter will also examine the topics our sample said were important to discuss with future GBQ youth. The examination of specific topics GBQ youth want parents to discuss, along with their suggestions on how best to initiate and sustain these conversations, can ultimately lead
to the development of triadic interventions. Defined as provider-initiated efforts that target youth behavior in tandem with their parents (Dittus et al., 2015), triadic interventions can capitalize on the resources in the ecological system that may be unknown to the parents and child. This approach allows for the inclusion of proximal and distal influences on sex communication (see Chapter Four) that is supportive of GBQ sons’ development while accounting for parents’ influence in this interaction.

Owing largely to the fact that sexual orientation does not form exclusively in childhood and that there is no way parents can predict that their son might grow up to be GBQ, we examined the information needs of current and future GBQ adolescents. We also examined the potential sexual education needs of questioning, undisclosed and heterosexual youth. In doing so, this study heeds the call for examining the multiple ecological systems that impact sexual minority youth and addresses inequities related to sexual orientation (Guilamo-Ramos et al., 2016; Mustanski, Birkett, Greene, Hatzenbuehler, & Newcomb, 2014).

5.2 Specific Aims

The specific aim of this chapter is to identify the sex-related topics for which GBQ males felt they needed parental guidance. We also elicited from GBQ males suggestions on how parents might initiate and sustain sex communication.
5.3 Approaches

5.3.1 Interviews

The same type of interview detailed in Chapter Four was used for this portion of data collection. The analysis plan previously described was also applied for this section of the study.

5.3.2 Card Sorts

Card sorting is a qualitative elicitation technique that lends itself to situations in which participants’ appraisal of their social experience is an aim (Nastasi & M. Berg, 1999; Rugg & McGeorge, 1997); it facilitates the construction of a taxonomy of a concept being explored (Miller & Crabtree, 1999). Participants were asked to perform card sorts of various sex topics to determine how they recall the topics being discussed in the home with parents and what their general thoughts were about how their peers or future cohorts of GBQ adolescent males can be educated about them. This strategy has been used in determining priority goals (Frieder R Lang & Laura L Carstensen, 2002), perceiving learning needs (Luniewski, Reigle, & White, 1999), and crafting intervention designs (Nastasi & Berg, 1999). Card sorting was an ideal methodology for this study because participants were able to think aloud and provide their rationale while sorting the cards (Neufeld et al., 2004). Furthermore, this interactive strategy was simple to administer, easy to understand and relatively quick to accomplish (Fincher & Tenenberg, 2005; Rugg & McGeorge, 1997).
The general sexuality topics (e.g., dating, kissing) included in the card sort were chosen from published sex communication research with heterosexual youth (DiLorio, Kelly, & Hockenberry-Eaton, 1999; Heisler, 2005; Kapungu et al., 2010), while topics more salient to GBQ adolescent males (i.e., anal sex) were chosen after consultation with health professionals who specialize in LGBT health. There were 29 pre-printed topics and additional blank cards were provided for additional topics that participants wanted to add to the pile. These blank cards were used to write down regional/slang words, emerging concepts unknown to the interviewer or ones that are not documented in the sex communication literature. The original 29 topics fall within the 20-30 range of topics recommended for card sorts (Saunders, 2012). The topics were printed in uniform fonts and sizes on 4”-by-8” laminated cards (Figure 6) to facilitate manipulation of the cards (Neufeld et al., 2004), and a card-sorting protocol was devised (Appendix G).

![Figure 6: Sample Card Sort Question and Answers](image)
Timely completion of the task was facilitated by arranging ample physical space to work with the cards, while an accurate recording of results was ensured with a two-page tabulation form. When participants wanted to be interviewed in public spaces, such as coffee shops or restaurants, the area we chose included sufficient table space for card sorting and in a spot where onlookers or passersby could be spotted from a distance to ensure confidentiality and privacy. An oversized folder was used to cover the table if onlookers were nearby and the interviews were paused on the rare occasion that passersby were thought to be within hearing distance. A code number assigned to each topic on the left-hand corner of each card aided in data recording (Saunders, 2012). The participants were asked to conduct four different sorts. First, they were asked to organize the topic cards by level of familiarity (familiar or know about versus unfamiliar or know nothing about). Second, they were asked to organize the topics if ever addressed by/with parents (discussed versus never discussed). Third, they were asked to sort if they thought the topics were necessary to discuss (should be discussed versus should not be discussed). Finally, they were asked to sort the topics according to when the recommended topics should be broached (elementary, middle school, or high school).

Throughout the card-sorting session the participants were asked to elaborate on how to best implement their recommendations. By asking the participants to elaborate, existing resources in the varying ecological systems were identified (e.g., other family members with whom gay adolescent males are comfortable discussing sex, non-profit
organizations for LGBTQ individuals, or online resources that parents may not know about) and best practices for sexuality-sensitive sex communication were collected.

5.4 Data Preparation and Analysis

Descriptive statistics were used to summarize the sample characteristics. After each interview was conducted, transcripts and the card-sort tabulation form were verified by listening to the audio recordings. Once all 30 participants were interviewed, results of the card sort were tabulated in four Excel files – one for each card sort question. There were 19 novel sex-related topics identified by the participants along with the 29 original topics. Codes were assigned for each response to the demographic questions. For each card sort question, the percent of participants who selected a given card (topic) was calculated. The percent for an emergent topic was calculated based on the number of participants who had the topic available as a selection option in the card deck when addressing the question. The percent of participants selecting each topic was then entered into four Excel files – one file for each question. For analysis purposes, the Excel files were converted to SAS 9.3 datasets with the help of a Duke University statistician. For each card sort question, the percent of participants selecting each topic was then rank ordered from highest to lowest percent to determine the topics most commonly selected. By ranking the topics, a taxonomy of topics pertinent to GBQ males based on the four sorting criteria was formed. A list of those original and emergent
topics is in Appendix H. The next section provides the results of the card sorts along with findings from the interview (think aloud data) that describe the results in detail.

5.5 Results

5.5.1 Card Sort Tabulations

5.5.1.1 Most Familiar Topics

In the first card sort, participants were asked what topics they knew about or were familiar with. Table 4 alphabetically lists the 20 most familiar topics identified by the sample. At least 29 of the participants selected these top 20 items. When questioned about their level of familiarity with the topics, the majority of them stated that they could explain the concepts to a peer. They also added that familiarity for them did not necessarily mean having actual experience with a topic.
Table 4: Topics Most Familiar to Participants

<table>
<thead>
<tr>
<th>Most Familiar Topics</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Abstinence/Not Having Sex</td>
<td>30</td>
</tr>
<tr>
<td>2 Anal Sex</td>
<td>30</td>
</tr>
<tr>
<td>3 Condoms</td>
<td>30</td>
</tr>
<tr>
<td>4 Homosexuality/Being Gay; Sexual Orientations*</td>
<td>30</td>
</tr>
<tr>
<td>5 Masturbation</td>
<td>30</td>
</tr>
<tr>
<td>6 Oral Sex</td>
<td>30</td>
</tr>
<tr>
<td>7 Pornography</td>
<td>30</td>
</tr>
<tr>
<td>8 Privacy</td>
<td>30</td>
</tr>
<tr>
<td>9 Safe Sex</td>
<td>30</td>
</tr>
<tr>
<td>10 Sexually Transmitted Infections</td>
<td>30</td>
</tr>
<tr>
<td>11 Sexual Abuse; Harassment by Peers*</td>
<td>30</td>
</tr>
<tr>
<td>12 Virginity</td>
<td>30</td>
</tr>
<tr>
<td>13 Contraception/Birth Control</td>
<td>29</td>
</tr>
<tr>
<td>14 HIV/AIDS</td>
<td>29</td>
</tr>
<tr>
<td>15 Human Anatomy/Genitals</td>
<td>29</td>
</tr>
<tr>
<td>16 First Love/Crushes; Dating/Relationships*</td>
<td>29</td>
</tr>
<tr>
<td>17 Kissing</td>
<td>29</td>
</tr>
<tr>
<td>18 Sexual Coercion by a Partner</td>
<td>29</td>
</tr>
<tr>
<td>19 Social/Peer Pressure</td>
<td>29</td>
</tr>
<tr>
<td>20 Multiple Sexual Partners</td>
<td>29</td>
</tr>
</tbody>
</table>

* similar topics which received equal scores were merged for ranking

5.5.1.2 Topics Most Discussed by Parents

The second card sort involved participants remembering the topics parents discussed with them (Table 5). Unlike the first sort where there was near unanimity in the top responses, the participants reported a larger variation in the topics discussed with parents. According to them, topics discussed with parents could be divided between issues broached prior to and after sons’ disclosure as GBQ. Topics discussed prior to disclosure included expectations about dating, resisting social or peer pressure, how to deal with first love or crushes, privacy and the basics of human anatomy. After
disclosure, sexual orientation was broadly discussed, and the son’s homosexuality was specifically talked about along with reminders of condom use and warnings against mixing alcohol, drugs and sex. HIV/AIDS and sexually transmitted infections were mentioned by parents prior to sons’ disclosure, but became a top issue following sons’ coming out. Participants added that discussions post-disclosure were usually emotion-filled talks.

Table 5: Topics Most Discussed by Parents

<table>
<thead>
<tr>
<th>Rank</th>
<th>Topics Most Discussed</th>
<th>Most Likely Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dating/Relationships</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>2</td>
<td>Sexual Orientations</td>
<td>After Disclosure</td>
</tr>
<tr>
<td>3</td>
<td>Homosexuality/Being Gay</td>
<td>After Disclosure</td>
</tr>
<tr>
<td>4</td>
<td>Social/Peer Pressure</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>5</td>
<td>Condoms</td>
<td>After Disclosure</td>
</tr>
<tr>
<td>6</td>
<td>Emotions</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>7</td>
<td>Virginity</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>8</td>
<td>First Love/Crushes</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>9</td>
<td>Privacy</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>10</td>
<td>Human Anatomy/ Genitals</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>11</td>
<td>Safe Sex</td>
<td>After Disclosure</td>
</tr>
<tr>
<td>12</td>
<td>Abstinence/Not Having Sex</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>13</td>
<td>Alcohol, Drugs and Sex</td>
<td>After Disclosure</td>
</tr>
<tr>
<td>14</td>
<td>HIV/AIDS</td>
<td>After Disclosure</td>
</tr>
<tr>
<td>15</td>
<td>Sexually Transmitted Infections</td>
<td>After Disclosure</td>
</tr>
<tr>
<td>16</td>
<td>Pornography</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>17</td>
<td>Sex and Religion/Spirituality</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>18</td>
<td>Contraception/Birth Control</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>19</td>
<td>Masturbation</td>
<td>Before Disclosure</td>
</tr>
<tr>
<td>20</td>
<td>Vaginal Sex</td>
<td>Before Disclosure</td>
</tr>
</tbody>
</table>
5.5.1.3 Most Recommended Topics for Parents to Discuss

The third card sort elicited the topics participants thought parents should discuss with GBQ sons who have either disclosed their sexuality or who parents think may have same-sex attractions (Table 6). Similar to the first card sort, there was near unanimity in the top 20 responses. Almost all of them recommended the majority of both the 29 original and 19 emergent topics in the cards. Noting that specific topics that were discussed by parents related to sexual orientation were mostly based on minimal information and stereotypes about what being GBQ entailed, the participants’ recommended topics included suggestions that these topics be covered in a factual and non-judgmental approach. Referred to here as inclusive sex communication, participants suggested that the topics and tone be sensitive to same-sex attraction and parents not be heteronormative when framing these topics.

The participants generally cautioned against what they perceived as exaggerated talks about HIV/AIDS, STIs, and sexual abuse. Instead, they recommended the inclusion of topics that would have a practical use for them such as how to deal with their first same-sex crushes or what dating, in this case another boy, might be like. Reflecting the changing ecological milieu, the sample also viewed talks about abstinence, readiness to have sex, and virginity as crucial, but with a same-sex angle. For them, refraining from early sex was seen in the modern sense of waiting for the right male with whom to
sexually debut after a sound relationship has been established – a narrative that, a generation or two earlier, was previously exclusive to heterosexual couples.

Table 6: Topics Most Recommended for Parents to Discuss

<table>
<thead>
<tr>
<th>Rank</th>
<th>Topics Most Recommended by Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>2</td>
<td>Condoms</td>
</tr>
<tr>
<td>3</td>
<td>Homosexuality/Being Gay</td>
</tr>
<tr>
<td>4</td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td>5</td>
<td>Harassment by Peers (Gender and Orientation-Based)</td>
</tr>
<tr>
<td>6</td>
<td>Safe Sex</td>
</tr>
<tr>
<td>7</td>
<td>Sexual Orientations</td>
</tr>
<tr>
<td>8</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>9</td>
<td>First Love/Crushes</td>
</tr>
<tr>
<td>10</td>
<td>Sexual Coercion</td>
</tr>
<tr>
<td>11</td>
<td>Dating/Relationships</td>
</tr>
<tr>
<td>12</td>
<td>Privacy</td>
</tr>
<tr>
<td>13</td>
<td>Kissing</td>
</tr>
<tr>
<td>14</td>
<td>Social/Peer Pressure</td>
</tr>
<tr>
<td>15</td>
<td>Virginity</td>
</tr>
<tr>
<td>16</td>
<td>Abstinence/Not Having Sex</td>
</tr>
<tr>
<td>17</td>
<td>Readiness to Have Sex</td>
</tr>
<tr>
<td>18</td>
<td>Human Anatomy/Genitals</td>
</tr>
<tr>
<td>19</td>
<td>Contraception/Birth Control</td>
</tr>
<tr>
<td>20</td>
<td>Multiple Sexual Partners</td>
</tr>
</tbody>
</table>

5.5.2 Timing of Recommended Topics

The fourth card sort solicited participants’ thoughts on when topics should be broached by parents (Table 7). Generally, participants were asked to sort the topics based on GBQ sons’ age, their grade in school, the topics’ level of complexity (simple to complex), the experiences children in a particular age and school group are likely to
encounter, and the preventive value of these timed discussions (discussion of a topic prior to the onset of specific behaviors).

Table 7: Timing of Topics Most Recommended for Parents to Discuss

<table>
<thead>
<tr>
<th></th>
<th>Elementary</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Privacy</td>
<td>Condoms</td>
<td>Multiple Sexual Partners</td>
</tr>
<tr>
<td>2</td>
<td>Human</td>
<td>Pornography</td>
<td>Hook-up Culture</td>
</tr>
<tr>
<td></td>
<td>Anatomy/Genitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Homosexuality/</td>
<td>Contraception/</td>
<td>Hook-up Apps on</td>
</tr>
<tr>
<td></td>
<td>Being Gay</td>
<td>Birth Control</td>
<td>Smart Phones</td>
</tr>
<tr>
<td></td>
<td>Emotions</td>
<td>Oral sex</td>
<td>Online Dating</td>
</tr>
<tr>
<td>4</td>
<td>Social/Peer Pressure</td>
<td>Virginity</td>
<td>Younger/Older Relationships</td>
</tr>
<tr>
<td></td>
<td>Sexual Orientations</td>
<td>HIV/AIDS</td>
<td>Fetishes</td>
</tr>
<tr>
<td>5</td>
<td>Harassment by Peers</td>
<td>Sexually Transmitted</td>
<td>Tops and Bottoms</td>
</tr>
<tr>
<td></td>
<td>(Gender Identity/Sexual Orientation-Based)</td>
<td>Infections</td>
<td>(Insertive and Receptive Partners)</td>
</tr>
<tr>
<td></td>
<td>Kissing</td>
<td>Masturbation</td>
<td>Anal Sex</td>
</tr>
<tr>
<td>6</td>
<td>First Love/Crushes</td>
<td>Safe Sex</td>
<td>Sexual Coercion by a Partner</td>
</tr>
<tr>
<td></td>
<td>Masculinity</td>
<td>Anal Sex</td>
<td>Asexuality</td>
</tr>
<tr>
<td>7</td>
<td>Sexual Abuse</td>
<td>Sexual Coercion</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Transgender Issues</td>
<td>Vaginal Sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consent</td>
<td>Sexting</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Wet Dreams</td>
<td>Readiness to Have Sex</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Abstinence</td>
<td>Abstinence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dating/Relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Alcohol, Drugs and Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Break Ups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Negotiating Boundaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual Abuse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of the sample, 29 participants recommended that parents should have a comprehensive approach to inclusive sex communication that, regardless of disclosure status, is sensitive to sons’ self-identification as GBQ or the possibility that they may
eventually have same-sex attraction. Sons reported that inclusive sex communication starts with basic non-sexual concepts broached at an early age and progresses in complexity with routine follow-up conversations. Of the topics parents should discuss from Table 6, participants suggested that half of the topics be discussed for the first time in middle school, fewer topics should be broached in elementary school and even fewer topics introduced for the first time in high school. Most of the participants noted that fewer topics recommended for discussion in high school does not mean having fewer conversations at that time. Rather, the sample stressed that the early work done in broaching topics early and establishing communication lines during elementary and middle school will enable more open conversations in high school. They added that topics discussed earlier were building blocks for more complex issues in the future. They clarified that while they designated the topics be broached at certain time periods, parents must review the topics during subsequent check-ins and relate new topics being discussed to topics previously covered.

5.5.2.1 Elementary

According to the participants, the topics they recommended for the elementary school years were not sexual topics per se, but were facts and individually-based concerns. Participants explained that starting with basic topics early was better and that elementary school children would be most receptive to this generalized non-sexual information. They explained that most of the topics they sorted for the elementary
school year discussions were fundamental issues about their bodies (human anatomy), topics that prioritized safety (privacy, social/peer pressure, harassment by peers, sexual abuse), and conversations to cover the first same-sex attractions some children may have during these years (homosexuality/being gay, first love/crushes).

GBQ sons advised parents to provide a general view of human sexuality and talk about foundational concepts that will be relevant during subsequent talks. The topics they identified were the building blocks for future sex communication that explain core issues such as male and female anatomy. John (18 years old, Latino), shared:

These topics are fundamentals...[During the elementary years] you don’t have shame over these ideas. Children should know of reproduction and human anatomy. People have penises or vaginas or may be intersex. This idea of different sexual orientations and gender expressions is something you can learn as early as elementary school.

GBQ sons reported that concern for the safety of LGBTQ youth was a priority and must be covered during first to sixth grades. They acknowledged that even if children at these school grades may not fully understand sexuality, these topics should be taught to identify abuse as children can be subject to exploitation. Skills for identifying when abuse occurs and the subsequent reporting of suspected abuse to parents and grown-ups were underscored as essential to teach. The dual task of identifying and reporting abuse was consistently reported by the sample as necessary for elementary school children so they can protect themselves. Tilapia (19 years old, Latino) who was born in Mexico, stated:
There are some children that are being abused and they don’t really know how they should identify it because they’re being threatened. They should know how to identify it and tell their parents as soon as possible.

Based on their experience, the participants also pointed out that initial same-sex attraction may begin to happen for some during elementary school which makes it an opportune time to normalize different sexual orientations and gender identities. In fact, many in the sample recalled experiencing their first attraction to someone of the same sex during elementary school; for example, Chance and Mario at age 5, Joe at age 6, and Ricky and Marley at age 8, respectively. For them, talking about the variety of identities and the continuum of sexual orientations at an early age would be reassuring to future GBQ youth when they do experience initial thoughts of being different from their peers. The sample further believed that all children at this age think concretely (normal versus different, good versus bad). Encouraging them to think beyond binaries (to include transgender identities) and societal expectations (redefining masculinity) would reassure them that they are not different and would have a positive impact on their mental health.

5.5.2.2 Middle School

The majority of the participants recommended that most of the sex and sexuality topics be covered during middle school. If the recommendations for the elementary school topics were mostly for individually focused knowledge, the middle school topics mostly cover issues GBQ youth need to know about when they begin to contemplate
relating with other people socially and even perhaps sexually. Broad safe sex issues (condom and contraception use), the varied forms of sexual intercourse (anal, oral and vaginal sex), repercussions of unprotected sex (HIV/AIDS, STIs), considerations about the sex act (abstinence, readiness to have sex, negotiating boundaries, virginity), safety issues stemming from risky behavior (sexting; alcohol, drugs and sex; sexual coercion and partner abuse), and pleasure (masturbation and pornography) were the main topic areas identified by our participants.

The logic behind the topics in the middle school pile stemmed from GBQ individuals becoming more sexual beings around grades 7 and 8, having the capacity to process information better compared to earlier ages, and this stage being a transition period before high school. While the participants pointed out that some early developers may begin realizing same-sex attraction at younger ages, most of them may have the first inkling of being gay, bisexual or queer during middle school. For participants, middle school is when they learn about themselves and may start acting on their curiosities and exploring their sexuality. The sample clarified that while there were cases when their peers reported first same-sex activity during middle school, most of their GBQ peers did not engage in sexual activities. Because of this, they recommended that the bulk of the sex talk occur at this pre-sexual stage. GBQ sons stated that the combination of uncertainty about topics and early experimentation would make this
stage an ideal time for inclusive sex communication. George (19 years old, Caucasian) stated:

I feel like middle school is the time when people are gonna be going through puberty - when they’re going to start to feel sexual feelings. It’s the time when you’re starting to feel sexual things and when you might have questions. I think these topics aren’t necessarily super sexualized. There were some topics where I thought maybe I did want to put into high school, but I thought, ‘You know it’s better to tell someone in middle school before they go to high school.’ Next, GBQ sons explained that children are better able to cognitively process the many concepts they identified at this stage. They added that children’s immaturity leads to childish reactions. Gavis, (18 years old, African American) a college sophomore, explained:

I feel like elementary school is a little childish. When they watch pornography they’re going to laugh about it more than watch it with their friends and masturbate. But in middle school you watch it more for the pleasure...So it’s good just to say, ‘Hey, there is porn and there are things that you don’t watch at some point. And there are things that are acceptable,’ and things like that. It’s good to discuss that with your middle schooler because that’s when they’re mostly just deciding what they like to watch.

Finally, the sample recommended for most of the topics to be covered in middle school because high school may be too late to initiate these conversations.

Acknowledging an experiential shift (e.g. getting a job and a driver’s license) that occurs once an individual steps into high school, participants cautioned that introducing the topics before they actually encounter them in high school would be best. Joe (20 year old, African American shared:
The period of time you begin to actively kind of question [sexuality] is around middle school. Having that information at that time is more beneficial versus just holding it off until high school...Starting to learn about these topics in middle school gives a better opportunity to acclimate to the information and whether or not some of these aspects of these identities match up with one’s own identity.

They added that mindsets about their own nascent sexual orientation were formulated during this period and cultivating healthy self-regard would have been beneficial for them when they navigate high school. Related to this, participants also stressed that lifelong behaviors (both sexual and social) are formed at this stage which necessitates inclusive sex communication.

5.5.2.3 High School

With the exception of one topic (asexuality), all of the topics chosen for high school sex communication continue the relational nature started in middle school. The sample decided these topics were appropriate for high school because they require a higher level of cognition and because the worldview of individuals during this stage is relatively more expansive when compared to elementary and middle school. Most of these topics were emergent topics that GBQ sons knew and heard about that they then added to our original card sort list.

According to participants, high school is the time when parents must discuss technology-based issues pertinent to GBQ sons’ sexual orientation and behavior. Online dating and hook-up apps on smart phones, and the overall hook-up culture, were viewed by the participants as pertinent to being discussed in high school. More complex
issues around sexual behavior (such as multiple sexual partners and relationships between young and older people) were also viewed as issues more suitable to cover with older GBQ sons. While the actual mechanics of GBQ sex are in the high school list (tops and bottoms/insertive and receptive partners and anal sex), fewer than a third of the sample recommended these topics be actively discussed. Of those who sorted those topics into the final group, they added that detailed discussions from heterosexual parents were not expected. For them, broad acknowledgement of these topics, if brought up by sons, would suffice.

5.5.3 Preferred Sex Communication Frequency

During the interviews, participants were asked if they would like to have more frequent or less frequent sexuality-specific sex communication. The majority of GBQ sons responded that during the time of the interviews, less frequent sex communication was their preference because they felt their current level of information was sufficient for their needs. These sons added that if a new topic came up, they had ways of looking up information themselves. They cast doubt on their parents’ ability to address any issues on which they may need clarity. A few of them shared that more frequent and inclusive sex communication would have been opportune a few years earlier when they needed the information, and that any increase at the present time was unnecessary and would be awkward. Luke (19 years old, Asian), described his sentiments:
At this point I feel like I have a good grasp of what is good protection and all that. I mean I’m 19 so it’s not like I haven’t been introduced to the kind of protection and services that I need whenever I’m pursuing anything sexual.

Among the smaller number of sons who preferred more frequent sex communication, a focus on relationships during these talks was reported as beneficial. Other reasons cited for more frequent sex communication included the need to have safe sex messages reinforced, to increase awareness of threats to sexual health, and to increase parents’ own level of knowledge about LGBTQ issues.

Finally, an even smaller number of participants stated that the current rate of conversations about sex was acceptable. These participants noted that their talks about sexuality are seldom and occur only on an as-needed basis.

5.5.4 Educating the Educators

The disclosure by sons as GBQ to their parents was a pivotal moment in the parent-child relationship. While many sons noted that parents had an increase in their LGBTQ knowledge in the months following their sons’ disclosures, they also stressed the importance of making sure parents had credible information before sex communication occurred. Parents doing their homework were prerequisite to effective sexuality-specific sex communication. As Alex (19 years old, African American) recalled:

I think for parents, especially if they’re going to be their kids’ source, they have to have all their sources backed up. Like find a really book or article or seminar or class...some way for the parents to actually get their reliable information and their facts straight before they spread it onto their kids.
As noted in Chapter Four, the majority of the sons reported that online resources were their de facto source of sex information. They questioned the veracity of materials they found online, which they argue is a main reason parents need to be educated about inclusive sex communication. Since parents are a trusted source for most information, the knowledge they provide is underscored as especially significant because the wrong information may have deleterious consequences for this group’s sexual and mental health.

Sons suggested that there were several ways for parents to become LGBTQ-savvy. They suggested the following resources (Table 8) for parents whose sons just came out, for parents who have an idea that their son is either closeted or questioning, or for parents who just want to provide inclusive information for heterosexual children:

**Table 8: Common Suggestions on How Parents Can Be Educated About LGBTQ Issues**

<table>
<thead>
<tr>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Talking to other parents who have LGBTQ children.</td>
</tr>
<tr>
<td>2. Talking to an LGBTQ person who is a part of their community.</td>
</tr>
<tr>
<td>3. Consulting their healthcare providers or asking for a referral to a resource.</td>
</tr>
<tr>
<td>4. Reading articles and books about sexual orientation and how to raise GBQ sons.</td>
</tr>
<tr>
<td>5. Searching for information online from credible sources.</td>
</tr>
<tr>
<td>6. Talking to their own child and having them answer their parents’ questions.</td>
</tr>
<tr>
<td>7. Taking parenting classes or workshops.</td>
</tr>
<tr>
<td>8. Visiting local LGBTQ centers in their area.</td>
</tr>
</tbody>
</table>

Our participants stated that their heterosexual parents may not have been confident in their attempts at inclusive sex communication, but for them, these
discussions are preferable compared to when parents do not try at all. Further, GBQ sons claim that they do not expect parents to do a perfect job, but they appreciate the effort.

5.5.5 Rationale for Sex Communication: Why Inclusive Sex Communication Matters

Aside from merely informing GBQ sons about how they can protect their sexual health, inclusive sex communication was deemed relevant for different subsets of children for a variety of other reasons. Participants stated that inclusive sex communication was important not only for GBQ sons who have disclosed their sexual orientation, but also for adolescent males who are questioning their sexuality or who have not disclosed yet to parents. Further, this sample also included the value of broaching inclusive sex communication for heterosexual children.

5.5.5.1 Inclusive sex communication for Gay, Bisexual or Queer Sons

For self-identifying GBQ sons, inclusive sex communication has an affirming value that they deem important. Regardless of the extent or veracity of the information, participants pointed out that parents taking time to discuss topics they think are pertinent to this group acknowledges their sons’ identities. Sons relayed that of those who received any post-disclosure inquiry about their same-sex attractions, this communicated that parents still cared about them. Inclusive sex communication signified parental concern.
Inclusive sex communication is also important because this sample views parents as a trusted resource. Despite gaps in knowledge about LGBTQ issues, sons viewed parents as inherently credible and as individuals who would put their sons’ best interests first. Gregory (16 years old, Caucasian), a high school student who identifies as queer, describes it as:

Children trust their parents. They trust their judgment. They trust their knowledge. So I’d listen to my mom rather than some random person on the street. So parents talking to gay sons, informing them about sex, what actually goes on, what can happen in terms of sexually transmitted diseases…I feel like gay sons would become more knowledgeable and more confident.

For these sons, receiving inclusive sex communication at home counters the homonegative messages they receive from larger ecological systems. When parents are mindful of their sons’ same-sex attractions during these talks, they are able to correct the limitations of the public school sex education curriculum. According to sons, inclusive sex communication reframes negative connotations from society about LGBTQ people and provides a positive possibility for their lives. This gives them optimism and encourages them to be educated on matters that will have an impact on their future sexual and mental health.

5.5.5.2 Inclusive sex communication for Questioning or Undisclosed Sons.

There are several reasons parents are encouraged to broach inclusive sex communication. First, being inclusive during sex communication will allow for questioning or undisclosed sons to know more and be enlightened on the topics and feel
supported if or when they realize or do come out as GBQ. According to the sample, because many sons can and do question their identities at later ages, may not come out of the closet, or self-identify as GBQ until they are older, parents must include broad statements during sex communication that acknowledge other sexual orientations and gender identities. David (20 years old, Caucasian), who was raised in California, explains:

Because we know that children are coming out younger and younger and not hearing about their own sexual concerns during Sex Ed, that first time they are being educated formally about their identity could be really pathologizing.

Second, GBQ sons’ pointed to the value of normalizing the spectrum of sexual orientation, gender identities, and behaviors. They added that this normalization would be beneficial for questioning or undisclosed youths’ mental health. Inclusive sex communication will provide hints to undisclosed sons that parents are accepting of other identities and orientations. If parents have an idea that their son may have same-sex attractions but are not ready or willing to broach the topic with parents, sons can be reassured of parental acceptance. For them, their anxiety will be reduced by sex communication that does not invalidate their identities. John, an 18-year old participant whose parents are from Brazil, explains:

Overall it would be much better for the psychology of people, especially those who are still in the closet to their parents and even their peers, to know that they are being recognized and that they exist. Even if they are not ready to tell their parents, just from having that conversation you already know that the parent is
like someone who almost inevitably respects their sexuality. And that already is a huge step!

Sons added that providing inclusive sex communication will not influence questioning children to turn out either as GBQ or heterosexual. Moreover, participants do not believe that inclusive sex communication will encourage sexual experimentation. For this sample, messages of safe sex and protecting one’s self from negative outcomes are important for questioning and undisclosed sons as they will experiment with sex regardless of whether parents talk to them or not. For them, it is better that they have credible safe sex information from the outset.

Finally, inclusive sex communication that does not put questioning sons on the spot may assist these youth to determine their identity and could reduce the length of time it takes for them to form a sexual identity. Unencumbered by the guilt of disappointing parents or being kicked out of the home, inclusive sex communication creates a space for questioning or undisclosed sons to think about and contemplate their identities, not in isolation, but with the assistance of parents. Mario (18 years old, Latino), a recent high school graduate, describes the time he asked his parents what sex was:

I just remember him saying, ‘Sex is something that men and women do to make babies.’ And he didn’t explain what it was but he said that’s what it is. This was stuck in my memory ‘cause I guess it was like weird for me. He was like, ‘It’s between men and women and men and men can’t have sex with each other. Don’t do it. They can’t do it.’ That’s what he said. He was very specific. I guess I
really took that in as a five year old. I was like, ‘Okay.’ And that might’ve had something to do with it taking for me a long time to understand my sexuality.

Specifically, there are two ways that inclusive sex communication can assist questioning sons determine their identities and prevent the formation of risky sexual behavior. First, parents can be a resource that questioning sons can talk to as they figure out their identities. Second, questioning sons may be able to explore their attractions via safe spaces that are not covert, are less risky, and under the supervision of parents – a situation similar to how their heterosexual peers go through the dating rituals of adolescence. Gaius (18 years old, African American), who identifies as bisexual, explains the value of these safe sexual spaces that can be facilitated by inclusive sex communication:

"Giving that safe space for your kids to do things and to figure out who they are is very important, because if they don’t have that safe space they won’t get to do anything. In a situation like coming to college, all they’re going to do is try those things and it’s going to cause their life to spiral out of control because they’re not going to know how to control themselves. However, if they’re in a situation [at home] where they’re around people they already know, they’re going to control themselves a lot better than if they’re in a place where, ‘All these people are new to me, no one knows anything about me, I can do whatever I want.’ If parents didn’t let that child have the room to actually experiment and find themselves, then that child is going to be more drastic when they finally have the chance to do it."

5.5.5.3 Inclusive Sex Communication for Heterosexual Children

Inclusive sex communication also can benefit children who identify as heterosexual. Our participants stated that inclusive sex communication is a means for
heterosexual children to begin understanding LGBTQ issues, to clarify misconceptions, and to normalize same-sex attraction as a routine concept that is as common as their own feelings for the opposite sex.

According to GBQ sons, if their heterosexual peers also receive basic information about other identities, it would lead them to understand and be enlightened about people with same-sex attractions. The awareness young heterosexual people have will translate to less ignorance, lower likelihood of being insensitive and more acceptance of other sexualities or gender identities. Furthermore, inclusive sex communication is recommended, for heterosexual children, because they will have that knowledge in case they encounter future same-sex attraction, have friends or family who identify as LGBTQ, or may even someday be the parent to an LGBTQ child. By being inclusive when teaching heterosexual children about sex, these future parents would be able to readily answer their children’s needs. Charles (19 years old, Latino), who grew up in Miami, stated:

I feel like if you are educated about everything then you won’t have such, ‘Oh well that’s not what I know. My parents never taught me about that. That’s weird, that’s wrong.’ If everyone was educated and if everything was familiar to them in that aspect then maybe there wouldn’t be such discrimination or hate because it was something talked about when they were growing up. They are like, ‘Oh I know about it,’ or ‘I know about that,’ so even if they are not homosexual or identify as LGBTQ, it’s not something that is wrong because it’s acknowledged.
Similarly, knowing that other sexualities exist would be beneficial to heterosexual adolescents as it would compel them to consider perspectives informed by experiences different from their own. Some of the participants added that heterosexual adolescents’ ability to consider other peoples’ realities may usher in greater equality as GBQ individuals would not have to censor themselves to accommodate their heterosexual peers’ lack of knowledge about others. For a number of the participants, they reported educating their peers about GBQ identities. They stated that not being made responsible for educating heterosexual peers would be a welcome change. Ramos, an 18-year old participant attending a local technical college, stated that being around informed peers is much better as he is able to be more open and honest about his full self:

I deserve the ability or the right to be able to talk about anything. Like about a guy and those type of things like anybody else.

5.5.6 Positive Approaches to Inclusive Sex Communication

When the sample identified the topics they believed that future cohorts of GBQ children would need to know about, the participants also provided suggestions on how sex communication could be positively facilitated. Their suggestions are grouped according to strategies before, during, and after sons disclose their sexual orientations. A third group of strategies were suggested that was not dependent on disclosure status.
5.5.6.1 Pre-Disclosure Strategies

The foundation of effective sex communication lies in a close relationship between parents and children. Establishing an honest relationship when children are young fosters open conversations later when they are older. The sample suggested that parents be mindful when the child appears cognitively ready as any discussion may not be remembered if the audience is not capable of processing specific types of information. They suggested that parents establish a safe discussion environment in the household. This pertains to encouraging children to ask questions, not placing judgment on any topics raised, and eliminating the notion that repercussions await children if certain issues are brought up.

According to the sample, when GBQ sons are resistant to any discussions about sex, parents must be firm about how these talks must and will happen at home. As a sign of respect for the child’s autonomy, parents can reschedule sex talks for a future time, but they must be resolute that sex communication is non-negotiable and is something in which they will both take part.

Since sons have not yet shared their sexual orientation, parents can be inclusive by acknowledging LGBTQ identities as part of the human sexuality continuum. The sample adds that despite parents’ hunches or unverified certainty that a child may be GBQ, parents should not demand that information from sons. Same-sex attractions may be mentioned casually as naturally occurring and same-sex behavior as merely one way
people express intimacy. When parents are able to convey these messages to children without judgments assigned, sons’ confidence in parents’ responses to their eventual coming out increases; this may hasten disclosure and minimize worrying about potential worst case scenarios (e.g., expulsion from the home).

5.5.6.2 Post-Disclosure Strategies

After sons come out as GBQ, relaying acceptance of their sons’ sexual orientation is the most ideal reaction parents can have according to our participants. The sample stated that even if parents are having a hard time processing the information or do not fully accept or understand LGBTQ identities, relaying their difficulty and expressing that they are actively making sense of the information is crucial. They add that silence about the matter is detrimental to future sex communication and that sons will understand if parents ask for time to process the disclosure. Because most of the information parents are most likely to know about LGBTQ people can be based on stereotypes, participants caution against relying on this information, even if messages are well-intentioned. For example, immediately relating concerns about sons’ potential exposure for HIV or STIs after disclosure communicates a lack of trust in the sons’ ability to make wise choices and would convey a fatalistic belief that all gay men are doomed to die from AIDS. GBQ sons suggest that parents be deliberate in looking up resources to update themselves on the current health reality for all LGBTQ individuals.
Future sex communication after disclosure can be a positive experience if parents take time to educate themselves about LGBTQ issues and relay to sons that they have done their research. As proof that they have educated themselves, parents may also offer to refer sons to GBQ-specific resources and individuals who can answer their sons’ questions with more authority. The sample shared that while parents may have lots of questions about their sons’ previous and current sexual or romantic history, maintaining a respectful distance would be prudent. Parents are admonished against prying or asking very personal topics, unless GBQ sons bring them up first. Not asking intrusive questions and being responsive when sought out are the two activities parents must master if they want to establish or maintain optimum sex communication in the relationship.

5.5.6.3 Inclusive Strategies During Sex Communication

Regardless of sons’ disclosure status, parents are advised to avoid framing sex and sexuality in a negative light. Sex communication must be conversational and the topic not treated as a big deal. Parental tone must be as normal as possible and employing humor helps set a relaxed atmosphere. When parents share their own stories, sons may find these exemplars relatable. The consistent use of anatomical terms instead of lay terms (e.g., penis in lieu of peepee) or being mindful with inclusive language (e.g., partner and not wife) conveys the significance of mature discourse and exhibits parental sensitivity. Furthermore, sex communication that acknowledges the experimentation
that is the hallmark of adolescence and that allows for the safe exploration of sexuality was deemed as effective in encouraging GBQ sons to continue being honest with parents. Finally, punitive approaches that parents may employ when they discover their sons’ use of sexually explicit media or when talking about masturbation only situates desire and pleasure in a harsh or unreasonable light. Restrictive demands by parents, especially when monitoring their sons’ activities, were seen by the sample as contraindicated for open sex communication and would result in their withholding information from parents.

5.6 Discussion

GBQ sons indicated a need for *sexuality education* through inclusive sex communication. As opposed to sex education which for them was limited to the mechanics of heterosexual intercourse, the topics earmarked for discussion by the sample with their parents reflects the more encompassing term *sexuality* which includes “sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction,” (World Health Organization, 2006). While seemingly a minor semantic point, the comprehensiveness of their card sort recommendation is a response to the limited availability of resources in the ecological system that caters to their informational needs.
5.6.1 Broad Considerations

The participants in our study became familiar with the ways GBQ people express sexual intimacy and sex-related safety issues mainly from non-parental sources. Among the topics GBQ sons are most familiar with, six of the 20 were not discussed with parents. Issues around navigating safety (sexual abuse, harassment by peers and sexual coercion by partner) and the ways GBQ people express sexual intimacy (anal or oral sex) were not recalled as being discussed with parents. Our findings support research that shows how this population’s sexuality information needs are not readily available from family (Kubicek, Beyer, Weiss, Iverson, & Kipke, 2010). Despite their early awareness of same-sex attraction, information about anal and oral sex was not discussed at home. Potential sexual abuse, harassment, and sexual coercion by a partner were similarly not covered in conversations with parents growing up. Thus, it was not surprising that GBQ sons reported preferring sex communication that caters to their same-sex attractions and behavior instead of generic safe sex messages. Since sexuality-inclusive sex communication has been found to be positively associated with safer sex practices, including frequent HIV testing (Bouris et al., 2015), the potential impact of targeted sex communication to other positive sexual health behavior is promising.

The topics that the sample discussed most with their parents largely mirror those established through years of sex communication research with presumably heterosexual populations. These include dealing with social/peer pressure, human anatomy,
abstinence, sex and religion, and virginity. The notable exceptions to this list are the general discussions about sexual orientations, sons’ homosexuality, and especially after sons come out, talks were more about parental concerns for HIV/AIDS, STIs and safe sex. This finding adds to the evidence that sex communication, at least in the United States, is a reactive process instead of a discussion about preventing negative outcomes (see Chapter Two). Of the most recommended topics, four of those revolve around issues of safety that this sample does not remember discussing with their own parents. Thus, our study indicates sex communication is a missed opportunity for parents to teach sons about how to stay safe and how to protect themselves as young men with same-sex attractions.

Our finding that discussions about sons’ sexual orientation do occur in the home is not surprising as it has been previously reported (Rose et al., 2014). What we add to the literature is that those conversations occur due to parents reacting to sons’ disclosure as GBQ. Thoma and Huebner (2014) suggested that sex communication might not protect GBQ youth against risky behavior through the same mechanisms as it does for heterosexual youth. Our findings validate that notion and stress the potential counterproductive impact of reactive sex communication immediately after disclosure. When parents have initial talks about their sons’ homosexuality at a time of family distress, the messages they convey may be based on fears and outdated stereotypes associated with gay men. Sex communication during these times is not educational and
does not transmit positive messages to GBQ youth. For these families, triadic interventions supporting them during their sons’ disclosure of sexual orientation is therefore of prime importance. At this critical juncture, healthcare providers, family counselors and HIV prevention specialists have opportunities to address the parents’ knowledge gap that, if left unattended, may lead to disrupted communication lines and sons’ lifelong aversion to generic sexual health messages.

5.6.2 Working on Timing

Several timing considerations are important to note when it comes to broaching sex topics with GBQ sons.

5.6.2.1 Elementary

Eleven topics that should be discussed in elementary school were in the overall list of highly recommended topics. The remaining four topics (emotions, masculinity, transgender issues and wet dreams) were emergent issues identified by the participants themselves and are not based on heterosexual sex communication literature or LGBT medical professionals’ recommendations. The concern for emotions and masculinity exemplify the premium the sample placed on sex communication’s impact on GBQ children’s mental health – specifically their concerns about how sons can manage conflicting emotions given problematic definitions of traditional masculinity. The upbringing of boys within heteronormative ecosystems that impose gendered expectations (i.e., masculine behaviors) was repeatedly challenged by our same-sex
attracted youth. This concern reflects the growing re-examination of compulsory heterosexuality that is inherent in the ecological systems these youth navigate (Levant, 2011). Their recommendation that transgender identity be covered early during elementary school is proof of the growing awareness younger people have of sexual and gender diversity and their belief in the early normalization of such concepts.

5.6.2.2 Middle School

For all of the participants, middle school was projected to be the busiest time for broaching sex topics. According to them, acknowledging the different forms of sexual intercourse (oral, anal, and vaginal) falls within the realm of middle school discussions along with topics related to pleasure (masturbation and pornography). Topics that are related to relationships (abstinence, dating/relationships, readiness to have sex, and talking/negotiating boundaries) also figured prominently in the topics to be discussed at these grade levels. Issues that could place GBQ individuals at physical and psychological risk (sexting; alcohol, drugs, and sex; and break-ups) completed the topics that made it to the recommended list in middle school. Furthermore, the timing of these recommended topics before high school affords parents, through sex communication, a chance to prevent the formation of risky sexual behavior prior to GBQ sons’ sexual debut.

The most discussed topics mirror what has been reported in heterosexual literature with a few notable exceptions. For this population, pornography was also
covered, usually after sons were caught by parents perusing sexually explicit materials online. Homosexuality/being gay was an often covered topic after disclosure along with safe sex, HIV/AIDS and STIs. This again supports the assumption by Thoma and Brian (2014) about the reactive nature of sex communication after sons’ disclosure as GBQ. For GBQ sons, sexuality-related discussions mostly occurred for the first time when parents were distressed and reacting to the news that their sons were not heterosexual.

Finally, the placement of abstinence, HIV/AIDS, STIs and safe sex in middle school runs contrary to the current sex education model that introduces these topics to school-age children during fifth grade (Future of Sex Education Initiative, 2012). The designation of these topics for middle school by the sample may be an indication that for these same-sex attracted youth, covering these topics in elementary school, as is the current practice, may be too early for them, which leads to them not remembering most of what was covered during school-based talks.

5.6.2.3 High School

Only one topic scheduled for sex communication in high school (multiple sexual partners) was part of the original card sort list. All the rest of the topics scheduled for high school were novel topics identified by the participants themselves and written on the blank cards. Upon inspection, the topics are more of a sexual nature, because, according to them, high school is when they and most of their peers begin acting on their urges and sexually debut. The topics in this third group are concerned more about
the intricacies of sex once someone is sexually active. Additionally, many of the
participants pointed to a pervasiveness of communication technology behind their card
sorting rationale for high school sex communication topics. From their perspective,
today’s current group of high school students has tremendous access to online and
mobile technology, which has implications for their safety and sexual health. Coupled
with the mobility factor that comes with one having a driver’s license at age 16, topics
such as online dating and teenagers hooking up via mobile phone apps, takes on
primacy during high school.

The participants were quick to point out that while they assigned the topics
under high school, the individual conversations about these topics do not need to occur
as much as the previous topics they recommended under the elementary and middle
school headings. The majority of the participants did not recommend parents going into
detailed and graphic discussions about the mechanics of gay sex (such as tops and
bottoms). Many of them anticipated those conversations to be extremely awkward and
unnecessary because of the personal nature of the topics and their presumably
heterosexual parents’ lack of knowledge and experience with these topics.

5.6.3 Preferred Frequency

The preference of GBQ youth for less frequent sex communication underscores
the limited window of opportunity parents have in influencing their sons’ sexual health.
Because online information is highly accessible, most GBQ youth have learned what
they deemed as essential information prior to sex communication. Given sons’ preference for parents to be their primary source of sex information and reports that they would have preferred more frequent and inclusive sex communication prior to them finding out the information themselves, there is a need for parents to initiate these talks before online access renders parental sex communication unnecessary. Taken together with the recommended card sort schedule, these findings show strong support that inclusive sex communication potentially has a critical period of maximum receptiveness. The information provided by parents during the learning phase when sons are curious and actively looking for information about their sexual orientation may counter or clarify unverified information GBQ sons find online. However, as proven by sons’ resistance to increasing current levels of sex communication, the potency of this parent-provided information has a limited shelf life. Therefore, the window of opportunity for parents to most successfully communicate with GBQ sons – the period that might lead to positive impact on their GBQ sons’ sex education needs through inclusive sex communication – appears to be before high school, which is prior to them becoming resistant to parental information due the easy access of resources online. Coupled with incremental doses of independence that high school aged children in the U.S. achieve throughout high school (e.g., getting a driver’s license, securing first job), the influence of parents diminishes as adolescent GBQ sons become older. When parents broach sex beyond that critical period of maximum receptiveness, such as post-
disclosure, inclusive sex communication is viewed by GBQ sons as, at best, well-meaning, but too late just the same (Flores, Blake, & Sowell, 2011).

5.6.4 Implication for Parents

The rationale GBQ sons provided for inclusive sex communication indicates a wish for LGBTQ identities to be presented as part of a human sexuality continuum.” The value of inclusive sex communication for GBQ sons, whether still questioning or not, and heterosexual children varies, but collectively underscores the need to recognize LGBTQ sexuality in a positive or, at least, in a neutral light. GBQ sons viewed sex communication as a chance for parents to normalize LGBTQ identities at an early age. More importantly, these findings appeal for creating nonjudgmental spaces where GBQ sons can have positive experiences as they form a sexual identity.

Additionally, parents being mindful of the relationship between safe sex and sexual pleasure at a time when youth experiment and learn to control their emotions recognizes sons’ normative growth and development. Removing shame or the threat of punishment around these topics reassures these youth and frames their behavior as typical for all adolescents. Since the bulk of the empirical work around same-sex behaviors and health outcomes has failed to acknowledge the intrinsic human feelings and desires that drive human sexuality (Wolitski & Fenton, 2011), the call of our participants to include their concerns about pleasure must be considered in light of their parents’ generational orientation to pleasure and desire. Nevertheless, an increasing
interest among parents that children should be provided sexuality education that includes discussions about pleasure has been noted (Peter, Tasker, & Horn, 2015). This is indicative of evolving parenting beliefs on what constitutes comprehensive and inclusive sex education.

Post-millennial GBQ males may be more oriented to considering same-sex marriage because they came of age when LGBTQ identities first received federal recognition. The legitimization of their sexual orientation now compels a societal mind shift that will require reexamining traditional parenting scripts. Reconfiguring parental scripts to accommodate the possibility that a male son may marry another male is essential because LGBTQ youth look around the ecological system for support and couples worth emulating and who can model healthy relationship norms (Greene et al., 2015). Specifically for youth advocates and healthcare professionals, the challenge then during adolescence appears to center on helping parents and families respond to the informational sexual health needs of their LGBTQ children.

The recommendations offered by our participants add to earlier research that indicates a need for parent-focused education to assist them in addressing the sexual education needs of GBQ sons. Adequate preparation and affective considerations prior to, plus strategies when initiating sex communication, have been identified as crucial in fostering inclusive sex communication (Rose et al., 2014). This dissertation lists further
recommendations to ensure a holistic and positive approach to sex communication centered around the disclosure process (LaSala, 2015).

5.7 Limitations and Recommendations

The limitations of the study, along with practice and research implications, are discussed in Chapter Six.

5.8 Conclusion

This study identified an extensive list of sexual health topics that parents can address with their GBQ sons. The initial timing of inclusive sex communication was also underscored as more important than frequency of discussions. While it may appear challenging for parents, timing recommendations ensure that sex communication occurs when children need it most and are most likely to retain information. GBQ youth develop an early awareness of the challenges they face throughout the ecological systems; thus, parental scripts need to be reconfigured to meet the complex needs of this population. This reconfiguration begins with a positive approach to sexuality that is contrary to current sex communication practices in the U.S. The shifting social milieu presents multiple opportunities for parents and healthcare providers to assist GBQ youth as they undergo sexual identity formation during adolescence.
6. Dissertation Conclusion

Forty years of sex communication research has identified various mechanisms that positively impact adolescent sexual health outcomes (Akers, Holland, et al., 2011; DiLorio et al., 2003). Studies have tested evidence-based interventions that have shown the ways parents can be central to the sexual socialization of their heterosexual children through discussions about sex (Sutton et al., 2014). While the interventions have been shown as effective, none of this research, however, has been extended to those youth most at risk for HIV infection, namely young males who have sex with males (YMSM) (Rose & Friedman, 2012). The informational needs of YMSM are especially crucial to study given that early behavior determines their lifetime risk for HIV infection. In addition, the role parents have in educating GBQ sons has received only minimal attention in the last few years. This dissertation work endeavored to describe what the process is like from GBQ sons’ perspective and to solicit their thoughts on how these conversations can be broached and sustained. This exploratory study explored the complicated process between parents and GBQ sons and has yielded several relevant contributions to the sex communication literature.

6.1 21st Century Parent-Child Sex Communication: A Process Review

The study of sex communication involves multiple practitioners from a variety of disciplines. An encompassing review was conducted by DiLorio, Pluhar and Belcher (2003) in which they identified the content and process, predictors, and behavioral
outcomes for parent-child sex communication. Subsequent reviews of the literature have been undertaken in the intervening years which have advanced our understanding of how parents and children best communicate when they discuss sex. However, there has been no synthesis of newer literature since 2003 of the sex communication process.

Armed with Bronfenbrenner’s Bioecological Theory, this dissertation identified enduring and emerging factors that affect American parents and children when they communicate about sex. As a proximal process, sex communication is dependent on child- and parent-based qualities that result in a complex interaction in the home. The review we conducted yielded several major implications including highlighting the need to investigate sex communication as it occurs for parents and children who do not identify as heterosexual. Since the underlying goal of most sex communication research is to ensure positive adolescent sexual health outcomes, the longstanding omission of other youth subgroups partly explains the lack of resources available to them.

Based on our process review, an interview guide was formulated to systematically explore how the ecological systems affect parents and GBQ sons during sex communication. In addition, a comprehensive list of topics typically discussed with presumably heterosexual youth was compiled and served as the original list of topics for card-sorts performed by our participants. The dissertation findings extend what we know about all youth, including those with same-sex attractions.
6.2 Waiving Parental Consent During HIV Prevention Research with Gay, Bisexual and Queer Adolescent Males

Research on how parents may assist GBQ adolescents to transition to healthy young adults has been identified as a research priority (Institute of Medicine, 2011). Coupled with the information gleaned from Chapter Two, we identified the crucial need to investigate sex communication that includes a cohort of GBQ males. Because research designs that are sensitive to children’s unique circumstance result in a more accurate rendering of their experiences (Docherty & Sandelowski, 1999), a waiver of parental consent was sought and obtained for this study.

Our experience shows that engaging youth who are 15 to 17 years old in research can yield data informed by current ecological factors that, until a year or two prior, were not salient to YMSM. Interviewing 15- to 17- year-old GBQ youth allowed us insight that even their peers who may only be slightly older are not privy to. By waiving parental consent, GBQ participants under 18 years were also able to benefit by giving back to the LGBTQ community and were given an opportunity for a positive experience typically associated with research participation (Sanders et al., 2016).

6.3 Exploring Parent-Child Sex Communication According to Gay, Bisexual, and Queer Sons

Sex communication between parents and GBQ sons mirrored attributes previously reported in the literature. Similar to heterosexual parent/child dyads, a constellation of proximal and distal factors impact how sex is discussed at home. Our
findings also elucidated the unique and pervasive ways the sex education needs of GBQ adolescents are not addressed by parents. The larger ecological systems are also predominantly heteronormative and bereft of information to assist GBQ youth as they form a sexual orientation beyond normative opposite-sex attraction. The systemic lack of guidance therefore leads this group to information sources that may have deleterious effects.

The finding that parents are GBQ sons’ preferred source of sex information coupled with the multiple reasons they cited for engaging in this process indicate an interaction that can have meaningful impact, not only on their sexual health, but psychological well-being as well. Inclusive sex communication was identified as a proxy for parental acceptance. This has significant implications for sons who self-identify as GBQ but also for those who have yet to disclose as such. Given the uncertainty and self-doubt GBQ youth experience in between initial self-identification and disclosure, the value of inclusive sex communication cannot be overlooked.

6.4 Beyond Heterosexuality: Content, Timing and Approach Considerations for Inclusive Sex Communication

The examination of the proximal and distal factors that impact sex communication point to a need for parents to be educated about topics relevant to their GBQ sons. Pervasive messages from the ecological system underscore for GBQ youth the non-conforming nature of their same-sex attraction and behaviors. Parents are in a crucial position to correct potentially harmful contextual messages and provide their
children information that is typically unavailable to GBQ sons. A rewriting of parental scripts and expectations is necessary to meet their GBQ sons’ unique needs and to keep pace with the changing social milieu. The demand for inclusive sex communication begins at the pre-sexual stage and requires a positive approach that is at odds with how most parents were raised. GBQ youth want parents to be educated about their sons’ sexual orientation and to be a reliable resource. This dissertation provides preliminary information on how parents can accomplish this new parenting charge.

6.5 Limitations

The contributions of this exploratory work must be viewed in the context of its limitations. The generalizability of results can only be extended mostly to school-based youth as this is what made-up most of our sample. While we endeavored to recruit a representative sample of GBQ males who were both in and out of school, most of our participants were enrolled in school, which may imply ongoing parental support. The experiences of in-school and out-of-school youth with sex communication may be different. We also were only able to recruit five participants under the age of 18 years. The experiences with sex communication of those over 18 and who have been out of the house longer may be substantially different due to the enormous societal changes that have occurred in terms of LGBTQ acceptance and recognition. Additionally, despite our best efforts, we were only able to recruit one participant who had not disclosed his sexual orientation to parents. Most of our sample was recruited through LGBTQ-serving
organizations. These facts imply a level of comfort with their self-identification; the experiences of youth who have not yet disclosed their orientation may be different.

While no coercive effect related to monetary compensation applied to our sample, the primary interviewer’s shared sexual orientation with participants may have impacted the way they responded to his questions. Since interviewer bias due to a desire to be perceived positively by a member of one’s community is a realistic consideration (LaSala, 2009), the findings should be considered in light of this fact.

Fatigue from study participation is also an issue to consider as the average duration of each interview was 90 minutes. These extended data collection sessions may have affected some of the participants, specifically the high school students as many of them preferred to be interviewed on a weekday after classes were over. Although none of the participants reported exhaustion or a need to stop the interviews due to being tired, this may be related to a desire to please the interviewer. Further, the accuracy of the data may be subject to personal bias due to participants’ frame of mind and mood at the time of the interview, the extent to which they were willing to reflect on their experiences, and motivations for research participation. Finally, this study’s cross-sectional design is also important to consider when interpreting our findings. Thoughts about sex communication may vary across time and a longitudinal approach may have been able to capture better nuanced perspectives on this developmental process.
6.6 Recommendations

6.6.1 Practice Implications

Study findings have implications for HIV prevention specialists, healthcare providers, and health educators who routinely interface with parents and GBQ youth. Our findings reveal the exclusion or omission of LGBTQ youth’s concerns when discussions about adolescent sexual development occur. To this end, health practitioners are in a prime position to be inclusive when sexuality issues are being discussed. Including the sexual health concerns of LGBTQ youth in general conversations and during program planning underscores the gender and sexual orientation continuum, which helps remove the stigma associated with it.

Normalizing the occurrence of same-sex attraction during routine health assessment of all youth (e.g. “Are you attracted to males, females or both?”) communicates a safe and nonjudgmental space for potential GBQ adolescent males. Because healthcare personnel may be these adolescents’ only human resource, establishing a welcoming practice extends an opportunity for GBQ youth to be forthcoming. Also, the educational needs of parents to help them be supportive of a child who may potentially have same-sex attraction or who identify as GBQ must be considered at all times. Compulsory heterosexuality in the healthcare system must be addressed to create a more welcoming atmosphere for all LGBTQ youth and their parents. Furthermore, specifically assessing and providing resources to parents is
essential as parents themselves may not have disclosed having a GBQ son to family and
friends, have internalized stigma about the issue, and therefore require assistance.
Parents are also under the influence of societal expectations and gendered norms that
equate parental effectiveness to successfully raising heterosexual children. Healthcare
providers may be one of the few nonjudgmental resources available to parents in the
ecological system.

Educators working in the public school setting are in a prime position to
advocate for comprehensive sex education that includes discussion of LGBTQ-sensitive
materials. Since the majority of public school sex education programs include a parental
notice requirement, the explicit inclusion of LGBTQ content may sensitize parents to the
idea that adolescents explore their sexual orientation during puberty. Parental
notifications may even trigger inclusive sex communication at home.

Healthcare providers who work with parents can normalize the daunting nature
of sex communication and offer parents inclusive resources that may be appropriate for
all children regardless of sexual orientation or gender identity. As was suggested by the
sample, even simple language that goes beyond a gender binary recognizes members of
the LGBTQ community and socializes parents to a gender-fluid or non-binary world.

In addition to the direct assistance healthcare providers can offer parents to
ensure GBQ sons’ optimal health, the dissertation finding that describes how sex
communication occurs has two distinct implications for HIV and STI prevention. First,
the findings have identified strategies providers can use to address the informational and psychosocial support needs of youth who have not disclosed their sexuality to their parents. Second, our findings have established the reactive nature of sex communication and how parents respond to sons’ disclosure as GBQ. Knowing this, clinicians in the prevention sciences can help with the information-seeking activities that will help parents clarify outdated or stereotypical information parents may have about GBQ males’ health. In addition, clinicians may use our findings to assess for certain health outcomes that disproportionately affect GBQ males, such as suicidality (Morrison & L’Heureux, 2001). By enumerating the risk factors in these youths’ ecological systems, clinicians working with parents can better prevent suicide, intervene in the environments that interface with this population, treat the adolescents themselves, and sometimes even reframe with them the contextual factors that lead GBQ youth to perceive of suicide as the only option for themselves (Morrison & L’Heureux, 2001).

The findings from the first research aim, which described GBQ sons’ experience and perspective about sex communication, revealed a multifactorial proximal process that should be communicated to both parents and GBQ sons. These dyads have to be reassured that initially awkward or tension-filled sex communication happens in most families and does not always have to be the case. Enumerating to parents and GBQ sons, together or individually, the potential of inclusive sex communication to convey
parental acceptance may provide impetus for them to persistently engage in these talks until an open and honest communication pattern is established.

The finding that identified problematic areas in a family’s ecological system suggests that parents can take active steps to minimize that factor’s direct interaction with a GBQ son. Whether it is a more conservative family or a non-affirming church to which they may belong, parents are in a position to counter negative sexuality-related messages and offer alternatives to sons who may be excluded or even ostracized.

The findings from the second aim, which illustrated the pertinent sexuality topics parents glossed over or did not discuss with GBQ sons, point to a need for parental education to address knowledge or motivation gaps. To this end, interventions aimed at increasing parent knowledge or motivation for sex communication is essential. Federally-funded and empirically-supported programs that accomplish these goals are available for heterosexual youth. Similar research efforts and funding must be extended to this subpopulation of GBQ adolescent males.

Finally, the findings from the third aim, which lists ways parents can broach sex-related topics and factors that would enable them to sustain inclusive sex communication, must be incorporated into a comprehensive intervention for empirical testing. Similar to the previous recommendation, dedicated effort must be extended to the sex communication needs of GBQ sons and their parents if the sexual and psychological health of these youth is to be meaningfully addressed.
6.6.2 Research Implications

One major area for future sex communication research involves the emergent content significant for same-sex attracted youth. This group of GBQ adolescents we worked with challenged compulsory heterosexuality and asserted their sexual orientation and same-sex attractions. These youth indicated a need for space to safely explore their emergent identities in non-stigmatized settings that is not constrained by problematic definitions of masculinity. The study has uncovered a need to further investigate how parents can communicate with them about sex that is sensitive to their unique attractions and behaviors, that is devoid of shame and inclusive of pleasure, and that pushes back against rigid social standards.

A question that came up during this study centers on the concern of post-millennial GBQs with forming romantic relationships. With same-sex marriages now legal in the U.S., could younger cohorts of GBQ youth be more relationship-oriented compared to previous generations of GBQ individuals? Does this development have any impact on their future sexual behavior and health outcomes? Consequently, if that is the case, how might parents be supported to transition from looking at relationships as the realm of opposite-sex individuals to a model that includes same-sex relationships? Whereas parental grieving was previously an expected reaction when children came out as GBQ, how can parental roles be redefined to be more inclusive long before a child starts considering their sexual orientation? On a population level, how does the
heteronormative ecological system support this societal change? These are a few of the research questions that this study has brought about.

Another major area for future research on inclusive sex communication centers around parents’ perspective and opinion on this process. The study of sex communication between parents and GBQ sons would benefit from the inclusion of parents’ thoughts in future studies. The sex communication literature has long-identified the discrepancy between child and parent reports with the general trend showing parents overestimating the frequency of sex talks they initiated and children barely remembering these instances. Longitudinal and observational studies can also provide better detail about the exact impact sex communication has for parents and GBQ sons. Also, future research with GBQ youth should continue using waivers of parental consent and endeavor to recruit participants who have not yet disclosed their sexual orientation to parents. This may be accomplished through recruitment at online venues, including social media apps, which have been successful in engaging this hard-to-reach population (Mustanski, 2011).

Our findings also identified the powerful reach media and mobile technology has in educating both parents and GBQ sons about GBQ sexualities. However, most GBQ sons begin accessing online resources largely without parental supervision. While the internet plays multiple functions in assisting youth in their sexual identity formation such as learning about and communicating with other GBQ youth (Harper, Serrano,
Bruce, & Bauermeister, 2015), the internet also leads to exposure to sexually explicit media which normalizes risky sexual behavior (Flores et al., 2011). A review of empirical data from 2003 to 2013 revealed contradictory evidence that attributed use of social media with increased self-esteem and social support while also finding evidence of harm, social isolation and cyberbullying (Best, Manktelow, & Taylor, 2014). However, rather than viewing the internet and mass media as competition for GBQ sons’ attention, parents can be assisted in teaching sons how to become discerning consumers of online information and develop media literacy which is a crucial element for sexual health (Nelson & Carey, 2016). Parents can guide sons in developing this competency by finding correct information online, along with regulating and negotiating their use of the internet as they explore their initial GBQ identities. Because of the ubiquity of new media, an investigation of the interplay between online media use and parent-child sex communication is required.

Relatedly, with the preponderance of communication media at their disposal, distinct nonverbal cues may be missed when parents and sons send text messages, Skype, or Snapchat, when compared to face-to-face interactions. Given the awkwardness of the sex communication process as it is, parents and children may face unique communication challenges when pursuing sex communication through these non-traditional media. Research on these emergent issues will be beneficial not just for sex communication with GBQ sons, but with all adolescents.
As a part of the ecological system, the healthcare industry has been identified as crucial in addressing the educational needs of both GBQ sons and their parents. Investigating the multiple ways the healthcare system in general, and nursing in particular, can address these concerns throughout myriad access points may significantly foster better health outcomes for GBQ youth. For example, in one study that looked at pediatricians’ beliefs and knowledge about sex education, about 63% of them were comfortable providing sex education directly to patients compared to 41% who were comfortable educating parents (Brown et al., 2014). Similar studies, but on inclusive sex education for LGBTQ adolescents are recommended. Investigating healthcare personnel’s thoughts about sex communication may also be a worthwhile research endeavor as this may be a barrier or facilitator in their roles as educational resources.

6.7 Conclusion

Ultimately, what started out as an inquiry into sex communication has uncovered more questions about how parents and the larger ecological system can support the development of GBQ males to maximize their psychological and sexual health. We have started to uncover one side of the sex communication equation and our findings indicate that the process holds as much promise for positive health outcomes for GBQ males as it does for heterosexual adolescents. Future studies are in order to
fully position sex communication as an effective home-based HIV prevention mechanism.
Appendix A: Self-Report Screening Tool

PHQ-9 modified for Adolescents (PHQ-A)

Name: ____________________ Clinician: ________________ Date: __________

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Feeling tired, or having little energy?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?</td>
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<td></td>
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<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Office use only: ________________ Severity score: ________________

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1990) by J. Johnson (Johnson, 2002)

Please put an “X” in the box that best describes your experience.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever made a plan for committing suicide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you ever figured out a specific way of ending your life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you ever tried to take your own life?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B. Decision Tree for Referral Scenarios

Scenario One: If a participant scores higher than 10 in the PHQ-A or responds “yes” to any of the questions about suicidal thoughts or behavior, inquiries about current care engagement with a mental health professional will be made. These questions will include whether the participant is sharing what he feels about being depressed/suicidal with the therapist, when the last time they talked, and when their next counselling session is scheduled. If a participant is currently receiving mental health counselling, the interview will not proceed and an explanation about the potentially emotional nature of the study will be made. A list of local and national resources that provide referral services will be given (see below).

Scenario Two: If a participant scores higher than 10 in the PHQ-A or responds “yes” to any of the questions about suicidal thoughts or behavior and IS NOT currently under the care of a mental health professional, inquiries about their immediate risks will be made. This risk assessment will include determining plans made for committing suicide in the last two weeks, any current support systems they may have, having a safety plan, knowing the number to an emergency suicide hotline or having an emergency contact person.

If a participant has a current suicide plan and does not have a safety plan or does not agree to form one, a call to 911 will be made. If the participant agrees to form a safety plan, a referral call to the on-call consultant will be made and the study interview will be cancelled.

Scenario Three: If, for the PHQ-A item number 9 (Thoughts that you would be better off dead, or of hurting yourself in some way?), a participant checks “More than half the days” or “Nearly every day” in the past two weeks, whether or not they are currently under the care of a mental health professional, the interview will not proceed. Instead, inquiries about their immediate risks will be made. This risk assessment will include determining plans made for committing suicide in the last two weeks, any current support systems they may have, having a safety plan, knowing the number to an emergency suicide hotline or having an emergency contact person.

If a participant has a current suicide plan and does not have a safety plan or does not agree to form one, a call to 911 will be made. If the participant agrees to form a safety plan, a referral call to the on-call consultant will be made and the study interview will be cancelled.

Scenario Four: Participants who do not meet the PHQ-A score for moderate depressive disorders (10 or higher) AND respond “No” to any of the suicidal thoughts/behaviors will be interviewed and asked to perform the card-sorts. At the conclusion of the interview, a list of local and national resources that also provide referral services will be given to each participant (see below).
Appendix C. Study Flyer

Have Your Parents Had ‘The Talk’ with You?

You are being asked to participate in a 90-minute interview that is part of a research study to discuss how a parent talked with you about sex.

You may be eligible if you’re a guy between 15 and 20 years old; identify as gay, bisexual, or queer; speak English; and can remember at least one conversation your parents had with you about sex.

For more information, please call 919-681-4070. All inquiries are private and confidential.
Appendix D. Screening Tool

Date of Inquiry: ____________________  Referral Source:__________________________

Age: __________

Sexual orientation:

___ Gay   ___ Questioning   ___ Asexual

___ Bisexual   ___ Heterosexual   ___ Pansexual

___ Queer   ___ Other (Please specify: _________)

Speaks English: ___ Yes   ___ No

Ever had a conversation about sex with parent/s: ___ Yes ___ No

Disclosed/Shared Sexuality to Parent/s: ___ Yes ___ No

If individual meets criteria:

Date and method that study details/consent form given: ________________________

Participant’s preferred contact method: __________________________

Follow-up date: ____________________________

Interview time, date and venue: _____________________________
Appendix E. Interview Guide

Participant Alias: ____________________ Location:__________________________ Start Time: ____________________ End Time:_________________________

“Thank you again for agreeing to participate in this research study. Remember, if you ever feel uncomfortable or do not want to answer any of these questions, we can pause or stop the interview at any time. Do you have any questions before we begin?”

* If a participant is from a single parent household, change questions and probes to reflect that fact (e.g. single-parent homes with mother as primary guardian).

Rapport-Building Questions:
Please share with me what made you first think of yourself as not straight or not heterosexual.
You wrote that you first realized you were attracted to another boy when you were ____ years old. Tell me about that. How did that make you feel?
When you realized your attraction, did you talk to anyone about it? Who? What was it like sharing your story for the first time? Who else did you tell?
In your everyday life, do you have people around you that you can talk to about being (insert sexual orientation)? Who are you most close to?

Aim 1: To describe gay adolescent males’ experiences with PCSC.
Please tell me about the time your parents first addressed sex with you.
Probes:
How old were you? Where did it take place? Which parent did most of the talking?
How did you react?
Was it a one-time event or were there other discussions? If yes, how often do they address sex with you?
Do you think they planned the conversations beforehand, or was it spontaneous?
Do you think anything triggered or inspired them to have that conversation with you?
What topics did s/he cover during that conversation?
Did they discuss topics you were curious about?
Were there any topics you wish they had or had not discussed with you?
Did s/he/they seem prepared? How did they act?
What was it like having your _(parent)_ talk about sex with you?

Aim 2: To determine potential differences in the type of PCSC respondents receive based on whether or not the parents know of the child’s sexual orientation.

For ‘Out’ Participants:
Does/did the sex talk happen before or after you came out? If it was after you came out, did the conversation/s include anything specifically about gay sex?
Do you think your being gay makes them talk to you more or less about sex?
How does/did it make you feel?
At present, do you and your parents ever talk about your sexuality or sex life or other similar topics?
Who/what is your main source of information about your sexuality and sex?

For ‘Closed’ Participants:
Does/did the sex talk include anything gay-related or about homosexuality?
How did/does it make you feel?
At present, do you and your parents ever talk about your sexuality or sex life or other related topics?
Who/what is your main source of information about your sexuality and sex?

**Aim 3.1: To identify from participants the topics with which they need guidance**
One of the things of interest to us in this process is how parents tell their sons about how to protect themselves from HIV. What do you know about HIV?

**Probes:**
What do you know about protecting yourself against HIV?
Of that information, did any of it come from your parent/s?
Is HIV or AIDS something you personally are concerned about?

**Aim 3.2 How PCSC can be successfully initiated and sustained by their parents.**
How would you rate your parent/s as sex educators?
Do you think your parent/s are knowledgeable about your sexuality education needs?
Would you want your parent/s to talk to you more or less often about sex?
Why or why not?
Do you think parent/s talking to their gay sons about sex matter?
Do you think it has an impact/effect on you?
Does being closeted or out about your sexuality to parent/s affect sex communication in the household?
Looking back at it, would you change/have changed anything about how your parent/s handle/handled conversations about sex with you? Tell me more.
Do you think there are barriers that prevent parent/s from talking about sex with their gay sons?
If you could choose, who would you prefer talk to you and explain about gay-specific sex? Parent/s? Mother only? Father only? Friends? Other family members? Teachers? The clergy?
If the parent/s of a gay friend of yours were embarrassed about talking to your friend about sex, would you have any suggestions for them so that they’re not too nervous?
In your opinion, what would make your gay peers sit down and listen to their parent/s about sex?
If someone you know is still unsure or is questioning his sexuality, do you think there should be any type of sex talk with him by their parent/s?
If yes, why? Should it include any mention of gay-specific topics (i.e., same-sex attraction, dating, anal sex, etc)?
If no, why not?
Tell me, do you think all children, both gay and straight, should be educated about gay or lesbian sexuality in school or at home? Why or why not?
Do you think there is a best way to talk about gay-sensitive sex information with young gay or questioning teens or adolescents? If yes, what would it be like or how would it be done?
Tell me, is there anything else that we have not discussed that you’d like to talk about?
Appendix F. Demographic Form

Participant Alias: ____________________________________  Age: ______

Gender:  ___ Male  ___ Female  ____ Transgender

Sexual Orientation:
___ Gay  ___ Bisexual  ___ Questioning
___ Queer  ___ Heterosexual  ___ Other (Please specify)

Race:  ___ American Indian/Alaskan
___ Asian/Pacific Islander
___ Black/African American
___ White/Caucasian
___ Multiracial
___ Other

Education:  ___ Elementary  ___ Middle School  ___ High School
___ College  ___ Other

Parent’s Knowledge of Sexual Orientation:
How much does your mother/father know about your sexual orientation?
___ Definitely Knows
___ Probably Knows
___ Probably Does Not Know
___ Definitely Does Not Know

Age you first had same-sex attraction: ____ years old
Age you first identified/admitted to self as being gay, bisexual, or queer: ____ years old
Age you first shared/disclosed to anyone about not being heterosexual/not straight: ___ years old
Appendix G. Card Sorting Protocol

Instructions:

For this final part, we’ll be doing some card sorting of the most commonly discussed topics about sex. Take a look at each card. Are there topics in here that you think are missing? If so, please tell me at any time so that I can write it/them down on these blank cards and we’ll include it for you.

A. Level of Familiarity

For the first round, please sort the cards into two piles -- one for the subjects you are familiar with or know about, and another pile for topics you’re not familiar with or you don’t know anything about.

<table>
<thead>
<tr>
<th>Know About</th>
<th>Know Nothing About</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

B. If Ever Addressed by/with a Parent

Next, please sort the cards into two piles -- one will be for topics you and a parent have discussed/talked about and the other will be for those you and a parent have never discussed/not talked about.

<table>
<thead>
<tr>
<th>Discussed</th>
<th>Never Discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
C. *When to Broach Topics*

1. As a gay, bisexual or queer teenager, are there any topics that you think a parent SHOULD or SHOULD NOT discuss with you? Please sort out the cards between topics you feel SHOULD be discussed with you and SHOULD NOT be discussed with you by a parent.

<table>
<thead>
<tr>
<th>Should be Discussed</th>
<th>Should Not be Discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

2. Of the topics you feel should be discussed by a parent with gay, bisexual or queer teenagers, when should these topics be discussed? Please group them into elementary school, middle school or high school.

<table>
<thead>
<tr>
<th>Elementary 1-6</th>
<th>Middle School 7-8</th>
<th>High School 9-12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
# Appendix H. Card Sort Topics

## Original Topics

<table>
<thead>
<tr>
<th>Card Code</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Kissing</td>
</tr>
<tr>
<td>4</td>
<td>Masturbation</td>
</tr>
<tr>
<td>6</td>
<td>Human Anatomy/Genitals</td>
</tr>
<tr>
<td>8</td>
<td>Contraception/Birth Control</td>
</tr>
<tr>
<td>10</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>12</td>
<td>STDs</td>
</tr>
<tr>
<td>14</td>
<td>Abstinence/Not having sex</td>
</tr>
<tr>
<td>16</td>
<td>Condoms</td>
</tr>
<tr>
<td>18</td>
<td>Homosexuality/Being Gay</td>
</tr>
<tr>
<td>20</td>
<td>First Love/Crushes</td>
</tr>
<tr>
<td>22</td>
<td>Sex and Religion/Spirituality</td>
</tr>
<tr>
<td>24</td>
<td>Talking/Negotiating Boundaries</td>
</tr>
<tr>
<td>26</td>
<td>Sexual Coercion (forcing you into sex)</td>
</tr>
<tr>
<td>28</td>
<td>Anal sex</td>
</tr>
<tr>
<td>30</td>
<td>Readiness to Have Sex</td>
</tr>
<tr>
<td>32</td>
<td>Pornography</td>
</tr>
<tr>
<td>34</td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td>36</td>
<td>Oral sex</td>
</tr>
<tr>
<td>38</td>
<td>Vaginal sex</td>
</tr>
<tr>
<td>40</td>
<td>Social/Peer Pressure</td>
</tr>
<tr>
<td>42</td>
<td>Privacy</td>
</tr>
<tr>
<td>44</td>
<td>Harassment</td>
</tr>
<tr>
<td>46</td>
<td>Wet Dreams</td>
</tr>
<tr>
<td>48</td>
<td>Dating/Relationships</td>
</tr>
<tr>
<td>50</td>
<td>Safe Sex</td>
</tr>
<tr>
<td>52</td>
<td>Sexual Orientation</td>
</tr>
<tr>
<td>54</td>
<td>Virginity</td>
</tr>
<tr>
<td>58</td>
<td>Emotions</td>
</tr>
</tbody>
</table>
## Emergent Topics

<table>
<thead>
<tr>
<th>Page</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Online Dating</td>
</tr>
<tr>
<td>62</td>
<td>Sexting</td>
</tr>
<tr>
<td>64</td>
<td>Masculinity</td>
</tr>
<tr>
<td>66</td>
<td>Hook-up Culture</td>
</tr>
<tr>
<td>68</td>
<td>Alcohol, Drugs and Sex</td>
</tr>
<tr>
<td>70</td>
<td>Tops and Bottoms</td>
</tr>
<tr>
<td>72</td>
<td>Hook-up Apps on Smart Phones</td>
</tr>
<tr>
<td>74</td>
<td>Consent</td>
</tr>
<tr>
<td>76</td>
<td>Fembashing</td>
</tr>
<tr>
<td>78</td>
<td>Co-Dependence</td>
</tr>
<tr>
<td>80</td>
<td>Younger and Older Relationships</td>
</tr>
<tr>
<td>82</td>
<td>Unrequited Love</td>
</tr>
<tr>
<td>84</td>
<td>Break Ups</td>
</tr>
<tr>
<td>86</td>
<td>Transgender Issues</td>
</tr>
<tr>
<td>88</td>
<td>PrEP</td>
</tr>
<tr>
<td>90</td>
<td>Fetishes</td>
</tr>
<tr>
<td>92</td>
<td>Asexuality</td>
</tr>
<tr>
<td>94</td>
<td>Mental Illness/ Mental Health</td>
</tr>
<tr>
<td>96</td>
<td>Bisexuality</td>
</tr>
<tr>
<td>98</td>
<td>Polyamory</td>
</tr>
</tbody>
</table>
References


251


Best, P., Manktelow, R., & Taylor, B. (2014). Online communication, social media and adolescent wellbeing: A systematic narrative review. *Children and Youth Services Review, 41*(0), 27-36. doi:http://dx.doi.org/10.1016/j.childyouth.2014.03.001


260


Lakeman, R., McAndrew, S., MacGabhann, L., & Warne, T. (2013). That was helpful ... no one has talked to me about that before: Research participation as a therapeutic activity. *International Journal of Mental Health Nursing, 22*(1), 76-84. doi:10.1111/j.1447-0349.2012.00842.x


Nielsen, S. K., Latty, C. R., & Angera, J. J. (2013). Factors that contribute to fathers being perceived as good or poor sexuality educators for their daughters. *Fathering, 11*(1), 52-70. doi:10.3149/fth.1101.52


275


Biography

Dalmacio Dennis Flores, III was born in Dagupan City, Philippines on March 29, 1979. He is the oldest son of Mr. and Mrs. Dalmacio and Eleanor Flores, Jr. Dennis earned a Bachelor of Arts in the Social Sciences from the University of the Philippines (double major in Psychology and Sociology) in 2001, a Bachelor of Science in Nursing from Kennesaw State University in 2006, a Master of Nursing in Public Health Nursing Leadership from Emory University in 2012, where he was a Robert Woodruff Clinical Fellow, and is currently a PhD candidate in the Duke University School of Nursing. Prior to pursuing his doctoral training, Dennis worked as a registered nurse, mainly in HIV/AIDS care, in Atlanta, GA. He has also participated in HIV/AIDS prevention campaigns and HIV/AIDS nursing leadership nationwide. Dennis received funding for his first two years of doctoral training from the Jonas Center for Nursing Excellence and received a grant from the National Institutes of Health, an individual Ruth L. Kirschtein F31 National Research Service Award (NRSA) as a pre-doctoral fellow. He also received additional research funding from the Surgeon General C. Everett Koop HIV Prevention Dissertation Award. Dennis is the first author on one published manuscript, is co-author in three manuscripts and one book chapter, and has one manuscript under review:

Flores, D.D, Blake, B.J., & Sowell, R. (2011) ‘Get them while they’re young’:
Reflections of young gay men recently diagnosed with HIV. *Journal of the
Association of Nurses in AIDS Care*. Vol.22, No. 5, 376-387.
doi:10.1016/j.jana.2011.01.001

Flores, D.D., Leblanc, N. & Barroso, J. (under review). A Qualitative
Metasynthesis on HIV linkage and retention in care. *International Journal of
Nursing Studies*.

screening: A qualitative metasynthesis. *Qualitative Health Research*.Vol.26, No.3,
294-306. doi: 10.1177/1049732315616624

Nursing’s opportunity to lead. *Journal of the Association of Nurses in AIDS Care*.
Vol.26, No. 1, 1-3.

epidemiology. In Howlett, B. (Ed.) Evidence-Based Practice for Health