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"I Have No Idea What's Going On Out There:" Parents' Perspectives on Promoting Sexual Health in Lesbian, Gay, Bisexual, and Transgender Adolescents

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Abstract

Lesbian, gay, bisexual, transgender, and other sexual and gender minority (LGBTQ) adolescents experience higher rates of negative sexual health outcomes relative to their heterosexual and cisgender peers. Healthy parent-adolescent relationships and effective parenting are robust predictors of sexual health in heterosexual adolescents, but very little is known about barriers to and facilitators of effective parenting from the perspective of parents of LGBTQ adolescents. This study conducted online focus groups with 44 parents of LGBTQ adolescents in order to describe the factors influencing effective sexual health communication and parental monitoring in this population. Parents described generally positive relationships with teens, but many noted they went through a transition process in which they struggled with their child's identity and were less supportive of their LGBTQ teen. Lack of understanding about LGBTQ-specific sexuality was a commonly endorsed barrier to effective communication, and this was most commonly endorsed by parents of cisgender girls. Parents of cisgender boys and transgender/gender-nonconforming teens described fears about long-term sexual health (i.e., sexual predators, consent) as a barrier to parental monitoring. Parents of LGBTQ adolescents need information and skills to optimize their teen's sexual health. Parent-based programs for LGBTQ adolescents are long overdue for addressing these issues.

Keywords

LGBT youth; parent-child relationships; parenting; sexual health; HIV/AIDS; sexual health communication; parental monitoring

Lesbian, gay, bisexual, transgender, and other sexual and gender minority (LGBTQ) adolescents and young adults experience various sexual health inequities relative to their heterosexual and cisgender (i.e., non-transgender) peers (Mustanski, Birkett, Greene, Hatzenbuehler, & Newcomb, 2014). Research has observed high prevalence and incidence

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of HIV/AIDS among young men who have sex with men (YMSM) (CDC, 2016) and transgender women and men (Clark, Babu, Wiewel, Opoku, & Crepaz, 2016; Poteat, Scheim, Xavier, Reisner, & Baral, 2016). Further, young sexual minority women have lower rates of pregnancy prevention use and higher rates of unintended pregnancy compared to heterosexual women (Kann et al., 2016; Saewyc, Bearinger, Blum, & Resnick, 1999; Saewyc, Poon, Homma, & Skay, 2008). A large body of literature has documented the promotive effects of healthy parent-adolescent relationships and parenting practices on heterosexual adolescent sexual health (Dishion & McMahon, 1998; Hawkins, Catalano, & Miller, 1992), but very little is known about how parents of LGBTQ youth navigate these issues. Given that LGBTQ youth are at high risk for negative sexual health outcomes and too often experience strained relationships with parents (Bouris et al., 2010), more information is needed from parents with regard to barriers to and facilitators of effective parenting of LGBTQ teens.

Specific parenting practices that are meant to protect adolescents from risky situations and negative health outcomes are most effective in the context of healthy parent-adolescent relationships (Dishion & McMahon, 1998). LGBTQ youth face substantial social stress due to their sexual and gender minority statuses (Hatzenbuehler, 2009; Hendricks & Testa, 2012; Meyer, 2003), so the presence and quality of parental support may be especially critical for buffering these youth against negative health outcomes. Indeed, a handful of studies suggest that lack of parental support (e.g., rejection) after coming out (i.e., disclosure of LGBTQ identity) may increase the likelihood of engaging in condomless anal sex (Ryan, Huebner, Diaz, & Sanchez, 2009) and being diagnosed with HIV or STIs in samples of YMSM (Garofalo, Mustanski, & Donenberg, 2008; Glick & Golden, 2014). Unfortunately, nearly all existing studies on the influence of parent-adolescent relationships on health outcomes among LGBTQ youth utilize samples of older adolescents and young adults reporting retrospectively on their teenage years, which may lead to recall bias. Further, most studies have focused exclusively on YMSM, and the health concerns of sexual minority women and transgender and gender-nonconforming (TGNC) youth likely differ from those of YMSM. Finally, prior studies have largely failed to examine these relationships from the perspective of parents. Without understanding the perspective of parents, it would be nearly impossible to develop programs to help parents effectively promote healthy sexuality in these youth.

Several reviews of the literature have identified two key parenting skills that influence heterosexual adolescent sexual health outcomes: parental monitoring and parent-adolescent sexual communication (Kincaid, Jones, Sterrett, & McKee, 2012; Wight & Fullerton, 2013). Parental monitoring (i.e., tracking and enforcing rules) impacts adolescent risk behavior by directly preventing engagement in risk through enforcement of rules and modeling effective self-monitoring strategies (Dishion & McMahon, 1998; Stattin & Kerr, 2000). The literature often distinguishes parental knowledge of adolescents' activities from the act of parental monitoring (i.e., enforcement of rules), and a recent meta-analysis found that parental knowledge was associated with increased condom use in samples of presumably heterosexual adolescents while parental monitoring was not (Dittus et al., 2015). Another recent meta-analysis found a small association between sexual health communication and presumably heterosexual adolescent sexual risk behavior (Widman, Choukas-Bradley, Noar, Nesi, & Garrett, 2016).

Importantly, neither of these meta-analyses reported separate effects for LGBTQ adolescents, and there is reason to believe that these parenting skills may function differently with these youth. First, effective use of parenting skills to promote sexual health hinges on whether teens have disclosed their LGBTQ identity to their parents, and many LGBTQ teens do come out to their parents for fear of negative reactions or rejection (Grafsky, 2017; Savin-Williams & Ream, 2003). More specifically, parental knowledge and monitoring are not feasible practices for curtailing sexual risk behavior if adolescents conceal certain activities from their parents (Dishion & McMahon, 1998). As we have found in our prior research (Feinstein et al., 2017), LGBTQ youth are more likely to conceal their dating activities from their parents either because they are not out to their parents or they worry about how their parents will react to disclosures of same-sex dating. Further, sexual health communication may be a less effective parenting practice for LGBTQ adolescents if parents: a) are not aware of their child's LGBTQ identity and therefore unknowingly omit LGBTQ-specific information; b) are not comfortable discussing LGBTQ sexuality and therefore do so less with their teens; or c) do not have sexual health knowledge specific to LGBTQ sexuality and thus provide these teens with information that is less relevant to their needs. Taken together, the lack of research on the effectiveness of specific parenting practices on LGBTQ adolescent sexual health is troubling, and parents' perspectives on barriers to effective parenting are needed.

Only a handful of studies have examined the effects of parenting practices on LGBTQ adolescent sexual health outcomes. One recent study analyzed data from three samples of YMSM and found that both parental knowledge and monitoring were associated with less engagement in condomless anal sex among YMSM ages 18 and under (Mustanski, Swann, Newcomb, & Prachand, 2017). In contrast, Thoma and Huebner (2014) found that parental monitoring actually increased engagement in condomless anal sex for YMSM who were not out to their parents. These findings indicate that parental knowledge and monitoring may be more complex among LGBTQ adolescents. If LGBTQ youth mislead their parents about their whereabouts for fear of negative repercussions (possibly because they have not disclosed their LGBTQ identity to their parents), parents are left with incorrect or incomplete information, which could render monitoring less effective or even damaging.

With regard to sexual health communication, there appears to be a similarly complex relationship with sexual health outcomes among LGBTQ adolescents. Some research has suggested that YMSM who have reduced or strained communication about sex with their parents engage in more sexual risk behaviors and are less likely to receive HIV testing (Bouris, Hill, Fisher, Erickson, & Schneider, 2015; LaSala, Siebert, Fedor, & Revere, 2016). Thoma and Huebner (2014), on the other hand, found that higher levels of parent-adolescent sexual communication were actually associated with more condomless sex among YMSM who were out to their parents. These contrasting findings indicate that the content of conversations about sex may play an important role in the influence of parent-adolescent communication on sexual health knowledge, behaviors, and outcomes for LGBTQ youth. However, the effectiveness of sexual health communication requires that parents are both aware of their child's LGBTQ identity and have adequate knowledge about LGBTQ sexuality in order to impart useful information.

Only a very small number of studies have been conducted on these issues from the perspective of parents of LGBTQ adolescents, and these studies have almost exclusively focused on the experiences of parents of YMSM. In one of the first studies of parents of LGBTQ youth, Saltzburg (2004) found that many parents emotionally detached from their child when they first came out as LGBTQ. Although many of these parents described a process through which they eventually became closer to their children by seeking education about LGBTQ issues, the period immediately after coming out may be a time during which LGBTQ youth are particularly vulnerable to negative health outcomes. With regard to sexual health, studies have found that many parents avoid discussing sexuality with their gay or bisexual male teens because they are uncomfortable talking about same-sex sexuality (LaSala, 2015) or because they lack knowledge about these issues (Rose & Friedman, 2016). However, general perceptions of parent-child closeness (as reported by both the parent and teen) are associated with less sexual risk behavior (LaSala, 2007, 2015), indicating that supportive relationships may buffer against negative sexual health outcomes. Based on these limited data, it is clear that more information is needed from the perspective of parents to better understand barriers to and facilitators of emotionally supportive relationships with LGBTQ adolescents, as well as the contexts in which parental monitoring and sexual health communication are effective and ineffective for promoting LGBTQ adolescent sexual health.

Taken together, the limited existing literature on the influence of parenting on LGBTQ adolescents has several gaps that need to be addressed. First, parents' perspectives on these issues have rarely been considered, and this information is critical to building interventions that optimize the functioning of parent-adolescent relationships. Additionally, the limited research on these relationships has generally focused on cisgender sexual minority boys (or samples described as YMSM), and we need to know more about how parents address sexual health with cisgender sexual minority girls and TGNC adolescents. The primary goal of the current study was to conduct online focus groups with parents of LGBTQ youth in order to: a) understand how parents communicate with their LGBTQ adolescents about healthy sexuality; and b) describe the strategies parents use to increase their knowledge about and monitor their LGBTQ adolescent's dating and sexual behavior.

Method

Participants and Procedures

Participants were 44 parents of LGBTQ adolescents. In order to participate, parents had to meet the following criteria: 1) be a parent of an adolescent who identified as lesbian, gay, bisexual, transgender, queer or any other non-heterosexual or non-cisgender identity; 2) have an LGBTQ adolescent aged 13–17 years; 3) be able to read and write English; and 4) have consistent Internet access. Participants were recruited through multiple sources, including social media advertisement, participant referral, and word of mouth. Advertisements described a university study that aimed to better understand issues related to LGBTQ adolescent health and parent-adolescent relationships. The advertisement directed individuals to an online eligibility survey. Those who appeared eligible based on their responses were contacted via telephone to confirm eligibility and provide information about the study. A total of 167 people were eligible and 48 enrolled in the study (an additional 39

enrolled in focus groups on a different topic with the same eligibility criteria). Of those 48, 44 completed at least one day of the focus group. See Table 1 for a summary of the demographic characteristics of this sample.

Three online focus groups were conducted between April and May 2016. Focus groups were conducted via online forums (DuBois et al., 2015; Macapagal, Coventry, Arbeit, Fisher, & Mustanski, 2016). Each focus group was moderated by two members of the research team, consisted of at least nine participants, and took place over two consecutive days. Questions were posted each morning and participants were permitted to answer at their convenience (participants were asked to log onto the forum 2–3 times per day). Moderators prompted participants who did not respond and probed respondents for clarification or additional information. Participants were able to see and comment on one another's posts. This online forum methodology is particularly helpful for engaging marginalized groups (e.g., parents of LGBTQ teens), because it allows some anonymity amongst participants while also encouraging interaction in order to generate more detailed responses. Participants who responded to at least one day of the focus groups received a $30 Visa gift card. All procedures were approved by the Institutional Review Board at Northwestern University. Of note, we conducted a parallel set of online focus groups with cisgender sexual minority boys that asked analogous questions, and those data are reported elsewhere (Feinstein et al., 2017).

Measures

Demographics. Participants reported their own age, sexual orientation, and race/ethnicity. They also reported on the age, sexual orientation and gender identity of their child.

Focus Group Guide

Focus group questions were organized into three themes: (1) parent-adolescent relationships; (2) parent-adolescent communication about sex and dating; and (3) parental knowledge and monitoring of dating and sex behaviors. First, we asked several questions in order to characterize parents' relationships with their LGBTQ teens such as: "How would you describe the quality of your relationship with your [LGBTQ] teen?" and "In what ways has your teen's sexual orientation or gender identity affected your relationship with them?" For parent-adolescent communication about sex and dating, they were asked questions such as: "In what ways have you talked about or helped your teen think about sex and/or staying healthy while having sex?" and "What additional challenges do you face discussing sex with your child because they are LGBTQ?" For parental knowledge and monitoring, they were asked questions such as: "How do you keep track of whether your teen is dating and what they do with people they are dating?," "What rules or limits, if any, do you set with your teen related to sexual activity?," and "What additional challenges do you face monitoring your child because they are LGBTQ?" Finally, a subset of parents (i.e., the second and third focus groups; $n = 24$) were asked about their opinions related to developing family-based programs to improve the health and wellbeing of LGBTQ teens. These parents were asked: "What health-related topics would be most important for us to cover in these programs?" and "What format do you think would be best for these programs? (e.g., just you and your child, a group of children and parents, an online form)?"

Coding and Analysis

Each participant's transcript was imported into Dedoose mixed-methods software for analysis. Analysis focused on individual-level transcripts rather than group narratives (Carey & Smith, 1994), which enabled us to quantify the presence of codes in individual responses and to make comparisons across individuals in frequency of code application. Given the online nature of the focus groups, many indicators of group consensus could not be coded feasibly (e.g., nodding), so individual-level transcripts were preferable. Of note, individual-level transcripts also allowed the coder to see participants' responses to other participant comments, which provided a sense of group discussion and consensus. Codes were generated based on the first several transcripts, reexamined, and refined using the constant comparison method (Taylor & Bogdan, 1998). In this method, the analysis was a dynamic process, with each transcript informing the analysis of further transcripts. A codebook was created with codes, brief descriptions, and when necessary for clarity included illustrative quotations (MacQueen, McLellan, Kay, & Milstein, 1998). We coded both deductively and inductively to examine patterns of interest while also allowing themes to emerge throughout the analysis. Thus, we began with a preliminary codebook, but expanded it as unexpected themes came up. Codes were applied to each transcript to identify excerpts broadly representing each key topic covered during the focus group, with subcodes developing as examples of themes emerged from the transcripts. Two team members coded the transcripts and reliability was tested on 25% of the transcripts. The coders achieved a kappa score of . 76, indicating good agreement (McHugh, 2012). Participant quotes are presented verbatim with the exception of minor edits to spelling and grammar to facilitate readability. Note that all percentages below refer to the percent of parents who endorsed a given code among those who provided relevant data for each theme.

Results

Parent-adolescent relationships

See Table 2 for a summary of qualitative codes and frequency of code application, split by adolescent gender identity (i.e., cisgender male, cisgender female, TGNC). Most parents (86%) described the quality of their relationship with their adolescent as good or great, and twenty parents (48%) said that their teen's disclosure of their sexual orientation or gender identity improved their relationship with their child. For instance, a mother of a 16-year-old cisgender gay boy said: "I think the way that it has changed our relationship is that after he told me, we became closer. We kind of clung together to try to figure this out and keep him safe." Another third (31%) said that their teen's sexual orientation or gender identity did not affect the quality of their relationship with their child. Four parents (11%) stated that they themselves had a good relationship with their adolescent but that their partner did not, and parents of TGNC teens endorsed this code more frequently than did parents of cisgender boys and girls. Similarly, five parents (12%) said that their teen's initial coming out had a more negative effect on their partner, and parents of cisgender girls endorsed this code more frequently. As one parent said:

> I often feel in the middle of [my husband and teen] and my husband says I side with [my teen] all the time and override him. The truth is I probably do which puts

> a strain on our relationship…It's obvious with their interactions that my husband resents [my teen]. parent of 17-year-old, gay, transgender boy

Finally, four parents (10%) stated that their teen's sexual orientation or gender identity initially had a negative impact on their relationship with their teen, but these parents all said that their relationships with their teens had improved again with time. Only one parent (3%) described a relationship with their teen that was not good.

Some parents discussed their feelings about their teen's sexual orientation or gender identity in more nuanced ways. For example, a number of parents (36%) described feeling relieved when their teen came out because they had suspected that their teen was LGBTQ, and parents of cisgender boys endorsed this code most frequently. In contrast, nearly one-third (30%) described grieving the loss of their presumably heterosexual and/or cisgender child, and parents of cisgender girls and TGNC teens endorsed this code more frequently than did parents of cisgender boys. A mother of a transgender boy said:

> I felt devastated…I was petrified for his future, for being ostracized possibly, disliked, hated or worse hurt by someone who doesn't understand…I think it was partly my expectations held for the future and partly because it made me extremely sad that this could have happened to him, born with the wrong body parts. We said some pretty stupid, naive things to him back then. parent of a 17-year-old, gay, transgender boy

Over half of parents (59%) described becoming more worried about their teen after they came out as LGBTQ, and this theme was particularly prominent amongst parents of cisgender boys and TGNC teens. In summarizing other parents' comments in the forum, a mother of a 17-year-old cisgender gay boy stated: "That seems to be a common theme with us: fear of what's going to happen to them out there. In our house he's safe, no question. But I have no idea what's going on out there."

While not specifically related to parent-adolescent relationships, parents spontaneously discussed several other issues they found relevant to their relationship with their teen and the coming out process, including mental health problems and religious issues. Nearly half of parents (43%) described the challenges of parenting adolescents who struggled with mental health problems (e.g., depression, anxiety) and the effects of mental health on their relationship with their teen. One-third (34%) also described challenges related to religion, such as reconciling religious views with love for one's child, dealing with negative attitudes within one's religious community, and helping teens stay religiously involved after coming out. Parents of cisgender girls and TGNC teens discussed religious issues more frequently than did parents of cisgender boys.

Communication about dating and sexual health

Most parents stated that they were willing to talk to their teens about sex and dating, and they described various parenting strategies for doing so. The largest group of parents (77%) described talking to their teens about using protection for sex (e.g., condoms), and about half (48%) described educating their teens about the health risks associated with sex. Although less commonly noted, some parents mentioned talking to their teens about the importance of

getting to know someone before having sex (35%) and the importance of sex being consensual (19%). For parents of TGNC teens in particular, conversations about getting to know partners before sex and sexual consent focused on worries about their teens being harmed if they had not disclosed to their partners that they were TGNC: “I wanted my daughter to know that if you do not tell your partner you are transgender from the beginning, they may kill you” (mother of a 17-year old heterosexual transgender girl). Parents of cisgender boys also more frequently discussed the importance of getting to know someone before sex, and parents of cisgender boys and TGNC teens were more likely to discuss issues related to sexual consent. Of note, the majority of parents noted that the sexual orientation or gender identity of their teen did not affect their ability to communicate with their children about dating and sex, nor did it affect the content of those conversations. As one mother of a 17-year-old cisgender gay boy stated: “[We had the] same advice for both our [gay and straight] sons…use condoms, no means no, and be careful about who you share your body with.”

Parents noted several challenges related to communicating with their teens about sexual health, including discomfort with talking about sex (on the part of the parent, child, or both) and not being knowledgeable about sex for LGBTQ persons. About one-third (31%) stated that talking to their teen about sex was uncomfortable for them, and this was consistent regardless of teen gender identity. A mother of a 17-year-old same-sex attracted transgender boy said: “We really don’t talk about sex. It is a subject that makes me and my son really uncomfortable…I know that I am avoiding my responsibilities, but I prefer to let him have conversations about sex in [different] settings.” Beyond discomfort, about a third of parents (31%) described feeling unequipped to talk to their teen about sex for LGBTQ persons, and parents of cisgender girls were somewhat more likely to endorse this theme. A mother of a 17-year-old cisgender gay boy said: “My challenge around talking about sex is that I have no idea about what sex is really like for men, especially for gay men.” Several parents solved this issue by having their teen talk to an LGBTQ-identified friend about sex. One mother said:

> When [my daughter] came out, I had no idea what practical information to give her, since I’m straight, so I sent her to a friend of mine who is a lesbian for the ‘gay sex’ talk…. I felt challenged that I’m straight, my daughter is dating a gal, and I didn’t know anything about that. All my sex talks were about how not to get pregnant and how babies are conceived and all that. parent of a 16-year-old, bisexual, cisgender girl

Parental knowledge and monitoring

Most parents (88%) said that they actively tracked their teen’s dating behavior, and in general, parents of cisgender girls reported doing so more frequently than did parents of cisgender boys and TGNC teens. Several strategies were described, including knowing teens’ friends and whereabouts (72%), talking to their teens and asking questions about their dating lives and other activities (41%), and tracking their social media (19%). We observed no pronounced differences in specific parental monitoring strategies by teen gender identity. Further, many parents continued to re-iterate that their teen’s sexual orientation or gender identity did not affect the strategies they used to monitor their teens.

Parents were also asked about consequences they would impose on their teen for various sex risk behaviors. Most (81%) said they would talk to or lecture their teen about safer sex (including condom use and getting tested for HIV/STIs) if they found out their teen was having sex without protection. About half (44%) said they would be upset and would express disappointment with their child, and a minority (13%) said they would punish their teen but did not specify the punishment. Interestingly, many parents reported that they had difficulty answering these questions. They often stated that their children were not currently dating or having sex, so they had not needed to establish or enforce rules or consequences yet: "At this time I do not feel as if I have to set rules and boundaries. They have a few close friends and they are not involved sexually" (mother of a 16-year-old bisexual transgender boy).

Half of the parents (52%) specifically stated that their teen's sexual orientation or gender identity had an influence on their ability to set rules and limits related to sex and dating. Many parents discussed certain contexts or situations about which they worried or did not know how to approach because of their child's sexual orientation or gender identity. First, nearly a third (29%) described struggling with how to handle their teens wanting to have sleepovers. One mother said:

> One thing that has had me wondering is how other parents of [LGBTQ] teens deal with same-sex overnights. At [my child's] age we would never allow [her to] spend the night with the opposite sex if she were straight. parent of a 14-year-old, lesbian, cisgender girl

Most often, discussion of sleepovers reflected confusion about how to consistently enforce rules across their LGBTQ and heterosexual children. A third (31%) also expressed concerns about their teens using mobile apps to meet partners. One parent noted:

> [My son has] used [an app] and found a lovely boyfriend…[and] he returned to the apps for hookups. These are not dates. These are following someone to their apartment for sex. It's dangerous because they're not in a public place…So the apps, they are not evil. They can be used in risky ways. parent of a 16-year-old, bisexual, cisgender boy

Similarly, about a quarter (23%) expressed concerns about predators, and this was more frequently endorsed by parents of cisgender boys and TGNC teens. One parent stated:

> The challenge I mostly feel is protecting them from predators. They are in a very vulnerable place, and sometimes I feel they are desperate for a true friendship/ relationship. If they were to let someone in, I would really want to get to know the person and understand their intentions. parent of a 16-year-old, questioning, gender non-conforming teen

Finally, a handful of parents (9%) expressed concern about their TGNC teens being outed. Noting this fear, one parent of a 15-year-old queer transgender boy said: "My only fear with my child's sex life in the future is that once they start to pass, they could face violence if someone finds out they are transgender during sex."

Preferences for family-based LGBTQ teen health programs

A majority of parents stated that family-based programs should focus on sexual health (73%) and mental health issues (68%). About a quarter of parents (23%) also expressed an interest in focusing on sexuality and gender more broadly to facilitate mutual understanding. With regard to the specific format of family-based programming, 43% said that parents and teens should be separated into different groups because the needs of parents and teens are different and because they felt it might alleviate discomfort and awkwardness. However, most of these parents also noted the benefits of a group format if split into parent and teen groups:

> I would appreciate a group setting. I don't have an opportunity to talk with other parents whose kids are LGBTQ. Perhaps a topic brought up by a group member will help us think differently or get a heads up of a potential issue. Having other kids talk [in groups] might also help my kid talk through something. parent of a 17-year-old, gay, cisgender boy

Due to the lower number of parents who responded to these questions, we were not able to assess gender identity differences in theme endorsement.

Similarly, a quarter (24%) said that it would be uncomfortable to talk about sex in a group of several parent-adolescent dyads, suggesting that discomfort may be a barrier to implementing family-based interventions in group settings. In contrast, about a third (29%) said that parents and teens should participate together in a group of other parents and teens in order to learn from others and build community. In support of joint parent-adolescent programming, a mother of a 15-year-old queer transgender boy pointed out that parents and teens often learn from one another: "We run a camp for LGBTQ youth, and usually it's the teens teaching the adult volunteers rather than the other way around." One mother summarized these themes:

> We virtually have no support groups [for LGBTQ teens] in the area we live and it is much needed. I think a format where maybe there is a parent group and a child group that meet at the same time but separately...and occasionally together [would be best]. It would be great if it included overall well-being; not only drug and sexual health, but also mental health, support for coming out and everyday challenges. parent of a 15-year-old, lesbian, cisgender girl

When asked about online programs, about half of the parents (52%) were enthusiastic about using an online format for family-based programs. One mother stated:

> Online [would be best] for my son. He may feel more comfortable talking that way with others. [It] would be great to also have a leader to lead conversations and guide them. I don't think that my son would be comfortable in a group discussion in person. parent of a 17-year-old, gay, cisgender boy

In general, parents who were enthusiastic about online programs suggested that online approaches may help remove barriers (e.g., discomfort, logistics) to implementing family-based programs in groups. Of note, while there was some disagreement about program

format, parents were enthusiastic about family-based programming, and no parents described negative options about such programs.

Discussion

The purpose of this study was to understand more about the specific practices used by parents to prevent negative sexual health outcomes in their LGBTQ teens in order to inform the development of family-based sexual health programs. Parents overwhelmingly described positive relationships with their LGBTQ adolescents, but many also noted that they went through a transition process in which they struggled to come to terms with their child's identity. Although most parents stated that their child's LGBTQ identity did not affect their ability to effectively parent, these same parents also discussed many struggles related to parenting their LGBTQ children about healthy sexuality, including lack of understanding about LGBTQ-specific sexuality, discomfort communicating about sex with their children, and heightened fear about their children having negative experiences with sexuality. Overall, these findings suggest that many parents of LGBTQ adolescents are invested in helping their children have positive sexual health outcomes but that they require education and support in order to do so.

While the vast majority of parents (86%) described having supportive relationships with their LGBTQ teens, it was apparent that many of these relationships had not always been entirely supportive. Many parents talked about going through a transition period after their child came out as LGBTQ, which included a period of grief in which parents mourned the loss of the future they envisioned for their child. Some parents noted that they may have communicated their grief and worries to their children, which could have led their teens to believe they held negative attitudes about their LGBTQ identity. This transition period is strikingly similar to that reported by Saltzburg (2004) more than a decade ago, indicating that even in the context of societal change in attitudes toward LGBTQ individuals, parents today still need support coping after their child comes out. Given that coming out is often emotionally tumultuous for the teen as well, this is a particularly vulnerable period in which both parents and adolescents need support in order to optimize the wellbeing of the child. Further, many parents noted that their teens did not have positive and supportive relationships with their other parent, which indicates that LGBTQ teens may still experience the negative repercussions of having a rejecting parent. This speaks to the importance of optimizing the supportive relationships these teens do have in order to buffer LGBTQ teens against the consequences of stigma and rejection.

With regard to specific parenting practices, the vast majority of parents said that they were willing to and had discussed sexual health with their teens, but many discussed specific challenges with regard to communicating about sex. First, consistent with previous research with heterosexual (Malacane & Breckmeyer, 2016) and LGBTQ adolescents (Macapagal et al., 2016), parents noted that it was very uncomfortable for them and/or their children to talk about sex with one another, and this was consistent across parents of teens with all gender identities. Further, a third also stated that they felt unequipped to provide concrete and accurate advice about LGBTQ sexuality, and this was more frequently endorsed by parents of cisgender girls. Importantly, avoidance of communication about sex has been linked to

increased sexual risk behaviors and a lower likelihood of HIV testing among gay and bisexual boys and other YMSM (Bouris et al., 2015; LaSala et al., 2016), and it is plausible that such avoidance would impact sexual health outcomes among cisgender girls and TGNC teens as well. Resources are clearly needed to help all parents, regardless of their child's sexual orientation or gender identity, overcome the awkwardness and discomfort that can result from conversations about sexual health. However, parents of LGBTQ adolescents need additional information and support specific to LGBTQ sexuality, and our data indicate this may be especially true for parents of cisgender girls.

Even among those parents who actively discuss sex and dating with their children, parents may intentionally or unintentionally omit LGBTQ-specific sexual health information from these conversations (or even provide inaccurate information). Consistent with prior research (Thoma & Huebner, 2014), omitted or inaccurate information could place LGBTQ teens at risk for various negative health outcomes, including HIV, STIs, unintended pregnancy or unhealthy romantic relationships, even when parents attempt to communicate openly with their teens. In the current study, most parents stated that their child's LGBTQ identity had no effect on the content of their sexual health conversations and that they gave the same advice to their heterosexual and LGBTQ children. While it is encouraging that these parents are talking with their LGBTQ teens about sex, this approach omits information that is critical to sexual health and prevention (e.g., sexual safety specific to anal sex). Furthermore, this finding starkly contrasts with the parallel focus groups we conducted with teens, in which many cisgender sexual minority boys stated that their parents had more open conversations about sex and dating with their heterosexual siblings (Feinstein et al., 2017). Reinforcing this point, one mother who initially said she gave the same advice to their heterosexual and gay sons later went on to say that she felt challenged providing advice to her gay son about sexual health because she had no idea what sex was like for gay men. Various approaches could be used to provide this information to parents of LGBTQ adolescents, such as comprehensive online resources or formal parenting programs.

Parents also described various techniques for keeping track of their child's dating and sexual activity and enforcing rules and consequences. These strategies mirrored those commonly used by parents of heterosexual youth, including methods for increasing knowledge of teen's activities (e.g., getting to know teen's friends and romantic interests, tracking teen's social media) and enforcement of consequences for breaking rules about dating and sex (e.g., punishment, expressing disappointment). Interestingly, many parents noted that they did not need to monitor their teens because they believed their teens were not dating or having sex. This contradicts our focus groups with teens in which cisgender sexual minority boys stated they often misled their parents about who they were dating or omitted specific details about their activities due to concerns about being treated differently because of their sexual orientation (Feinstein et al., 2017). Given that parental knowledge is a robust predictor of better sexual health outcomes (Dittus et al., 2015; Mustanski et al., 2017), interventions that focus on building emotionally supportive relationships between parents and LGBTQ adolescents that are characterized by open and honest communication may help parents have a better understanding of their teen's activities so as to help them navigate sexuality and dating more effectively and enforce rules as needed.

When looking across parent perspectives on sexual health communication and parental monitoring with LGBTQ adolescents, many parents shared concerns about sexual health that were specific to LGBTQ teens. For example, parents often expressed concerns about their teen's risk of being exposed to "predators" or being victimized, and this was more frequently endorsed by parents of cisgender boys and TGNC teens. Being victimized by "predators" is not necessarily unique to, or more common among, LGBTQ youth, but parents noted that their child's coming out heightened this concern. For parents of cisgender boys, they were less concerned about victimization when they perceived their child to be heterosexual, possibly because of a general societal belief that heterosexual boys are less susceptible to victimization than are girls. For parents of TGNC teens, their heightened worry is not surprising given the many high-profile examples of violence toward transgender people in the media. Many parents also worried about the use of mobile apps and other online media to meet friends and romantic partners and the potential for victimization to occur through these media. While the use of online media does not inherently lead to victimization, it may be more difficult for parents to monitor their child's dating behavior when conducted online. Experimentation with dating is a normative developmental milestone for adolescents which allows them to build healthy relationship skills (Collins, 2003), and meeting other teens online may be necessary for LGBTQ teens due to a lack of available partners in more traditional settings (e.g., at school; Macapagal, Greene, Rivera, & Mustanski, 2015). These data suggest that parents need more information about dating contexts that are specific to LGBTQ individuals, as well as guidance about how to help their teens avoid any risks associated with these contexts.

Another pattern that emerged across topics was that most parents believed their child's LGBTQ identity did not have an effect on their parenting practices related to sexual health. However, these same parents also often noted barriers to effective parenting specific to LGBTQ individuals (e.g., lack of knowledge about LGBTQ sexuality), which undermined their prior statements. Furthermore, many cisgender sexual minority boys in our parallel focus groups with teens described the opposite; coming out to parents often had a negative impact on the manner in which their parents talked to them about sex and dating (Feinstein et al., 2017). Given that many of these teens also stated that they concealed their dating behaviors from their parents either because they were not out of they feared negative reactions, there is a clear need for improved communication between parents and teens about LGBTQ sexuality and dating.

With these data in mind, there is a clear need for family-based programs that aim to improve the health and wellbeing of LGBTQ teens. There is a robust literature on parent-based HIV prevention and sexual health programs for heterosexual adolescents, and common elements of effective interventions are parent-child communication skills training, sex education for parents, promotion of increased family involvement, and developmental and cultural tailoring (Santa Maria, Markham, Bluethmann, & Mullen, 2015; Sutton, Lasswell, Lanier, & Miller, 2014). Little to nothing is known about whether these programs are efficacious for LGBTQ adolescents, despite the fact that many LGBTQ youth are likely enrolled in programs intended for heterosexual youth (Ocasio, Feaster, & Prado, 2016). Further, most parents in the current study indicated that their primary barriers to promoting teenage sexual health were related to LGBTQ-specific issues that likely would not be addressed in broader

sexual health programs, including information about LGBTQ sexuality, navigating dating environments that are unique to LGBTQ young people (e.g., certain online environments or mobile apps), and maintaining consistent rule enforcement across heterosexual and LGBTQ teens (e.g., same-sex sleepovers).

Family-based programs for LGBTQ adolescents should therefore focus on providing substantial psychoeducation about LGBTQ sexuality, dating and identity development to parents. Teens should also be provided with tailored sexual health information, because it is clear that not all parents are capable of providing this education to their children. Beyond specific sexual health information, many parents and teens would benefit from skills for building warmth and emotional support with one another, such as gaining mutual understanding of parent and teen perspectives and increasing connectedness through shared interests. Building supportive relationships can also serve as a platform on which effective communication skills can be learned in order helping parents to better understand the thoughts and feelings of their LGBTQ teens related to their sexuality, as well as to help parents impart useful advice and enforce limitations. It is also important to acknowledge that parents spontaneously identified several other issues they struggled to address with their teens beyond sexual health, including mental health and religious issues. This indicates that parents and teens may also benefit from programs that focus on overall health and wellbeing, as opposed to sexuality-specific interventions.

Parents in these focus groups did not come to a clear consensus about the preferred format of these types of programs, though many parents felt that their teens would be reluctant to participate in programs that convened groups of parent-adolescent dyads in person. Some parents offered suggestions for overcoming this reluctance. Several stated that programs might benefit from separating parents and teens into different groups and later bringing everyone together for mutual discussion. When asked about online forums for parent-adolescent programs, many noted that the online forum might help reduce barriers to attending in person while also helping build community. It is important to note that not all parents will be prepared to attend such programs. Parent-only programs, particularly those administered online, may be more effective at reaching parents who are somewhat less accepting but are interested in seeking information. For example, the recently developed “Lead with Love” program is an innovative brief video-based program for parents who have recently learned that their child is LGBTQ that aims to reduce rejecting behaviors and improve family interaction (Huebner, Rullo, Thoma, McGarrity, & Mackenzie, 2013). Finally, it is important to acknowledge that the least accepting parents of LGBTQ teens are unlikely to participate in any of these formats, and in these cases, developing programs for teens who are not out or who have experienced parental rejection that help them to navigate these complex relationships with their parents is critically important. In sum, family-based sexual health programs for LGBTQ youth have tremendous potential, but multiple intervention modalities that are able to engage parents at varying levels of acceptance and knowledge will likely be needed to address the needs of all parents and their LGBTQ teens.

These findings should be interpreted in the context of several important limitations. First, this sample likely reflects parents who are generally more accepting of their teens’ LGBTQ identity than the average parent simply by nature of the fact that they were willing to

participate in a focus group about their LGBTQ teens. While this likely influenced our findings, we also note that many of the parents described struggles they previously had in coming to terms with their child's identity, which allows for some understanding of the experiences of less accepting parents. Furthermore, this sample is largely composed of White female parents and future research should seek to understand the perspectives of fathers and racial/ethnic minority parents, as research has documented some differences in parenting style by race and gender (Cox, 2006; Pagano, Hirsch, Deutsch, & McAdams, 2003). Our qualitative method involved asynchronous online focus groups, which allowed for participant anonymity and greater accessibility for parents across the U.S. However, while participants were able to respond to one another's comments, the data collected via real-time in-person focus groups may differ and allow for better observation of certain types of data (e.g., group consensus). Also, these data are qualitative in nature, so further examination of the impact of parenting on sexual health outcomes among LGBTQ teens using quantitative longitudinal methods is necessary in order to more firmly establish causality. Finally, while the current analyses focused on parenting related to sexual health, parents also discussed the need for programming that addresses other aspects of teen health, most notably mental health. Future work should focus on better understanding parenting needs regarding other health needs of LGBTQ adolescents.

Nevertheless, there is very little existing data on the relationships that parents have with their LGBTQ teens and the specific practices used by parents of LGBTQ teens to promote sexual health, particularly from the perspective of parents. These analyses are an important step toward understanding the barriers to and facilitators of optimizing parent-adolescent relationships in order to prevent negative sexual health outcomes in these youth. The parents of the LGBTQ teens in our sample expressed attitudes and behaviors that indicated that their relationships with their teens were generally supportive, but parents also identified many barriers to promoting their teen's sexual health. Based on these data, there is a clear need to provide parents of LGBTQ adolescents with the information and skills necessary to optimize their teen's sexual health, and family-based programs for parents of LGBTQ teens are long overdue for addressing these issues.

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Table 1

Demographic Characteristics of Parents and Teens, N = 44

Demographic Characteristic	*N*	%
Parent Gender Identity		
Cisgender Male	1	2.3
Cisgender Female	42	95.5
Genderqueer/Gender Non-Conforming	1	2.3
Parent Race/Ethnicity		
White	42	95.5
Hispanic/Latino	1	2.3
More than one race	1	2.3
Parent Sexual Orientation		
Bisexual	5	11.4
Heterosexual	37	84.1
Other	2	4.5
Teen Gender Identity		
Cisgender Male	17	38.6
Cisgender Female	9	20.5
Transgender Male	9	20.5
Transgender Female	1	2.3
Genderqueer/Gender Non-Conforming	8	20.5
Teen Sexual Orientation		
Gay/Lesbian	22	50.0
Bisexual	10	22.7
Queer	5	11.4
Unsure/Questioning	5	11.4
Heterosexual (same-sex attracted)	2	4.5

NOTE: “Cisgender” refers to an individual whose sex assigned at birth is the same as their current gender identity. Under parent sexual orientation, “Other” included one parent who identified as pansexual and one who identified as heterosexual with same-sex attractions.

Table 2

Counts and Percentages of Codes and Subcodes, Split by Teen Gender Identity.

Code	Subcode	Child Gender Identity				
		All		Cisgender male	Cisgender female	Transgender/gender non-conforming
		Count	%	Count	Count	Count
Parent-adolescent relationships						
Quality of parent-adolescent relationships (n = 37)	Good/great	32	86%	11	9	12
	Not good	1	3%	1	0	0
	Good with participant, but not their partner	4	11%	1	0	3
Effect of sexual orientation or gender identity on relationships (n = 42)	Improved relationship	20	48%	6	3	11
	Negatively impacted relationship	4	10%	0	3	1
	Did not affect relationship	13	31%	4	5	4
	Different effect on relationship with one parent versus another	5	12%	1	0	4
Other challenges related to coming out (n = 44)	Relieved when teen came out	16	36%	10	3	3
	Grieved loss of heterosexual/cisgender child	13	30%	3	3	7
	Strained relationship between parents	5	11%	3	0	2
	Became more worried about teen	26	59%	11	4	11
	Challenges related to teen's mental health	19	43%	6	4	9
	Challenges related to religion	15	34%	2	4	9
Communication of dating and sexual health						
Sexual health topics discussed with teens (n = 31)	Protection for sex	24	77%	9	6	9
	Health risks associated with sex	15	48%	6	4	5
	Get to know someone before sex	11	35%	6	1	4
	Sexual consent	6	19%	3	0	3
	Do not discuss sex	3	10%	0	1	2
Challenges related to discussing sex (n = 35)	Discomfort talking about sex	11	31%	5	2	4
	Lack of knowledge about	11	31%	4	4	3

Code	Subcode	Child Gender Identity				
		All		Cisgender male	Cisgender female	Transgender/gender non-conforming
		Count	%	Count	Count	Count
	LGBTQ sexuality					
Parental knowledge and monitoring						
Parental knowledge of adolescent activities (n = 32)	Reported tracking teen dating Behavior	28	88%	9	9	10
	Tracking by knowing teens' friends and whereabouts	23	72%	7	7	9
	Tracking by talking and asking Questions	13	41%	5	3	5
	Tracking social media	6	19%	3	3	0
Consequences for risky sexual behavior (n = 16)	Lecture teen about safer sex	13	81%	3	3	7
	Express disappointment	7	44%	3	1	3
	Punish teen	2	13%	0	0	2
Effect of sexual orientation or gender identity on parental monitoring (n = 35)	Had an influence on parenting practices related to sex and dating	13	52%	3	5	5
	Same-sex sleep-overs	10	29%	3	3	4
	Mobile apps to meet partners	11	31%	3	2	6
	Predators	8	23%	4	1	3
	Gender minority teens being Outed	3	9%	0	0	3
Preferences for family-based LGBTQ teen health programs						
Content (n = 22)	Mental health issues	15	68%	3	4	8
	Sexual health	16	73%	2	7	7
	Sexuality and gender	5	23%	0	3	2
Format (n =21)	Parents/teens together in a group	6	29%	2	2	2
	Parents/teens separate	9	43%	0	3	6
	Expressed discomfort talking about sex in a parent/teen group	5	24%	1	1	3
	Online	11	52%	2	4	5
	Church-based	1	5%	1	0	0

NOTE: the sample included 44 parents, but percentages are based on how many parents provided data relevant to each code (noted in the code column); for the code "parent-adolescent relationships," counts for the subcodes "quality of parent-adolescent relationships" and "effect of teen sexual orientation or gender identity on relationships" are mutually exclusive (i.e., each parent was only counted toward one subcode); for all other codes, counts for the subcodes are not mutually exclusive.