

Predictors and Implications of Parents' Beliefs About the Age Appropriateness of LGBTQ+ Topics for Children

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Abstract

U.S. policies increasingly limit lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation (LGBTQ+) education topics for children under the guise of age-appropriate curriculum, placing the responsibility of educating children about LGBTQ+ identities and experiences on parents. We examined parents' beliefs about the age-appropriateness of LGBTQ+ topics for children, with implications for parent-child conversations and support for restricted LGBTQ+ curriculum. In two studies, LGBTQ+ and cisgender-heterosexual parents' ($N = 837$) belief that LGBTQ+ topics are age-appropriate for children at an older age was related to fewer parent-child conversations about LGBTQ+ topics and greater anticipated discomfort having such conversations (Studies 1 and 2). Counter to hypotheses, exposure to restrictive LGBTQ+ education policies did not affect age-appropriateness beliefs (Studies 1 and 2). In line with hypotheses, parents' belief that sexual orientation discussion should be minimized was associated with later age-appropriateness beliefs and greater support for restricting LGBTQ+ curriculum (cisgender-heterosexual parents; Study 2). These studies highlight age-appropriateness beliefs as a key mechanism hindering critical parent-child LGBTQ+ conversations.

Keywords

LGBTQ+, parent conversations, lay beliefs, difference-blind ideologies

In 2022, more than 238 anti-lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation (LGBTQ+) bills were introduced in the United States (Lavietes & Ramos, 2022). Many bills were aimed at preventing discussions about minoritized gender identities and sexual orientations in school, including placing restrictions on the use of gender pronouns that do not align with sex assigned at birth, banning library books with LGBTQ+ themes, and restricting LGBTQ+ student clubs (Sawchuk, 2022). For example, Florida banned classroom discussions of gender identity and sexual orientation for kindergarten through third grade (ages ~8–9 years). Framed as “parents’ bill of rights,” such laws claim to give parents control over what their children are exposed to in school—a claim that 51% of Americans support (Gawthrop & Helmstetter, 2022). These bills ban instruction “in a manner that is not age appropriate or developmentally appropriate for students” (Phillips, 2022), suggesting that it is inappropriate for young children to have conversations about gender identity and sexual orientation. As a result, the responsibility of deciding if, when, and how to educate children about LGBTQ+ identities and experiences falls onto parents.

Yet no research to date has empirically examined parents’ beliefs about the age-appropriateness of LGBTQ+-related topics for children and how such beliefs affect parent-child conversations and parent support for restrictive education policies. This is a critical omission. Children benefit from learning about LGBTQ+ identity and culture; for example, LGBTQ+ content teaches children empathy and understanding and is associated with reduced bullying of LGBTQ+ students (Kosciw et al., 2020; Snapp et al., 2015; Toomey et al., 2012). Furthermore, positive parent-child conversations about LGBTQ+ topics can promote inclusive attitudes toward LGBTQ+ people for heterosexual children (Harkness & Israel, 2018; Stotzer, 2009) and promote safe identity exploration and development for

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LGBTQ+ children (Goodenow et al., 2006; Olson et al., 2016). Such conversations may thus be critical in mitigating mood disorder, suicidality, and social exclusion disparities that harm LGBTQ+ youth (Mustanski et al., 2010). As such, understanding factors that increase LGBTQ+-related parent-child conversations and parent support for LGBTQ+ curriculum is imperative.

In this research, we examine parents' beliefs about the age-appropriateness of LGBTQ+ topics (e.g., use of "they/them" pronouns, same-sex relationships, and LGBTQ+ pride) for children and connect these beliefs to parental endorsement of LGBTQ+ discussions in two critical domains: parent-child conversations and school curricula. Furthermore, we sought to identify predictors of age-appropriateness beliefs, including parents' LGBTQ+ identity, parents' ideologies regarding discussions of intergroup identities, and exposure to restrictive LGBTQ+ education policies.

Parents' Beliefs About LGBTQ+ Topics

Parents' beliefs about what age it is appropriate for children to learn about LGBTQ+ topics may influence how often parents discuss LGBTQ+ topics with their children and parental support of LGBTQ+ education in schools. For example, adults' beliefs that children process race at a later age predicted later onset of adults' willingness to discuss race with children (Sullivan et al., 2021). As topics about racism are similarly being suppressed in schools across the United States (Schwarz, 2023) and LGBTQ+ and marginalized racial groups both face historical and current stigmatization and discrimination, similar patterns may emerge for LGBTQ+ age-appropriateness beliefs. That is, U.S. parents' beliefs about when it is appropriate for children to learn about LGBTQ+ identities and discrimination may also affect parent-child conversations about LGBTQ+ topics and support for LGBTQ+ inclusive curriculums. For example, parents rated parent-child conversations about sex and LGBTQ+ identities as difficult, in part due to beliefs that the topics were unsuitable for children (Robinson, 2013; Robinson et al., 2017).

Outside of research on parent-child conversations, research on parent and teacher perceptions of LGBTQ+ school curriculum offers insights into parents' beliefs about LGBTQ+ topics. For example, the perception that gender identity and sexual orientation are inappropriate topics for children prevents parents' support for LGBTQ+ topics in schools (Hobby et al., 2021). Although some parents also resist all sex-education curricula, there is specific resistance to LGBTQ+ topics in sex education that are often deemed "controversial" and "inappropriate" in nature (see also Kantor & Levitz, 2017). Indeed, beliefs about *which* gender identities and sexual orientations are appropriate for discussion tend to be inequitable as conversations imbuing

heteronormativity and heterosexuality permeate classrooms and everyday dialogue (Edmunds, 2016; Puchner & Klein, 2011; Ryan, 2016). Furthermore, teachers' willingness to include LGBTQ+ readings in curriculum can depend on perceptions of parents' beliefs. For example, elementary school teachers reported hesitancy in teaching LGBTQ+ themed books due to concerns about appropriateness of content for children and parental conflict (Buchanan et al., 2020). As such, conversations about LGBTQ+ identities and experiences may increasingly be parents' responsibilities as teachers may be unwilling or unallowed to have such discussions with children.

Predictors of Parents' Beliefs About LGBTQ+ Topics

Several factors may affect parents' beliefs about the age-appropriateness of LGBTQ+ topics with children, including parents' exposure to restrictive LGBTQ+ education policies, and parents' ideologies and identities.

Social Policies

Legal decisions may affect attitudes toward LGBTQ+ people (Ofosu et al., 2019). For example, the 2015 U.S. Supreme Court ruling that validated same-sex marriage shifted perceived social norms of support for LGBTQ+ marriage (Tankard & Paluck, 2017). At the state level, the ruling facilitated more positive attitudes toward LGBTQ+ people (Ofosu et al., 2019). Structural prejudice (e.g., discriminatory laws and policies) may also have a top-down effect, shifting attitudes and beliefs (Hatzenbuehler, 2016). While LGBTQ+ structural prejudice can vary based on LGBTQ+ education policies in each U.S. state, public discourse about such laws may also broadly affect parents' beliefs about LGBTQ+ topic age-appropriateness. As such, exposure to restrictive LGBTQ+ education policies may result in parents' beliefs that LGBTQ+ topics are appropriate for older children. That is, these enacted and proposed laws may not only affect what children learn about in school, but also whether and how their parents discuss LGBTQ+ topics at home.

Ideologies

Parents' ideologies about which identities should or should not be discussed may also shape their beliefs about what topics are age-appropriate for their children. In prior research, White parents who more strongly endorsed racial color blindness,¹ the belief that minimizing race and focusing on cross-group similarity can benefit intergroup dynamics (Apfelbaum et al., 2012), were less likely to discuss race-related topics with their children (Perry et al., 2019). Critically, this identity-blind ideology is derived

from a false egalitarian narrative that ignores racial inequalities (Bonilla-Silva, 2010; Whitley et al., 2022).

A similar “identity-blind” ideology regarding sexual orientation exists. Specifically, some people believe that not recognizing or discussing LGBTQ+ identities can benefit societal progress or intergroup interactions (Holmes, 2020; Smith & Shin, 2014; Smith, 2018). Endorsement of this ideology, termed sexuality blindfolding (SB), was associated with more *negative* attitudes toward LGBTQ+ people in multiple U.S.-based samples of cisgender-heterosexual adults (Cipollina & Sanchez, 2024). People who more strongly endorsed SB had more aversive attitudes toward sexual minorities (e.g., being uncomfortable with or unsure about LGBTQ+ identities; Cipollina & Sanchez, 2024). SB may hinder parent–child conversations of LGBTQ+ topics and parent support for LGBTQ+ inclusive curriculum, paralleling research on racial color blindness and parent–child conversations (Perry et al., 2019).

Identity

Parents’ identity as LGBTQ+ or cisgender-heterosexual may account for some differences in beliefs about the appropriateness of LGBTQ+ topics for children. Parents who hold a marginalized racial identity are more likely to talk to their children about race and discrimination than White parents (Juang et al., 2018). Such differences may be accounted for by the perceived necessity of discussing group-based differences as parents of color are more likely to feel a need to prepare their children for discrimination (e.g., Biafora et al., 1993; Simon, 2021). LGBTQ+ parents may similarly perceive a greater need to discuss LGBTQ+ topics with their children at a younger age.

LGBTQ+ adults may also be less likely to endorse SB. LGBTQ+ adults prefer settings that encourage discussion of LGBTQ+ identities (Cipollina & Sanchez, 2024; Kirby et al., 2024) as identity-minimizing/erasing experiences can damage LGBTQ+ peoples’ relationships and well-being (Conley et al., 2002; Platt & Lenzen, 2013). As LGBTQ+ parents have navigated a predominantly heteronormative world (Ward & Schneider, 2009), LGBTQ+ parents may (a) be lower endorsers of SB, (b) believe discussions of LGBTQ+ topics are appropriate at a younger age, and (c) be more comfortable discussing LGBTQ+ topics with their children, relative to cisgender-heterosexual parents. However, in larger contexts that are hostile to LGBTQ+ people, some LGBTQ+ parents may seek to minimize differences to protect their children from bias (Berkowitz & Ryan, 2011).

Current Research

This research sought to examine parents’ beliefs about the age-appropriateness of LGBTQ+ topics for children and how such beliefs may be related to their parent–child

conversations. We examined predictors of age-appropriateness beliefs (i.e., structural policy salience, parent LGBTQ+ or cisgender-heterosexual identity, and parent SB endorsement). As public policies can shape beliefs, we proposed that salient restrictive LGBTQ+ education policies would signal to parents that LGBTQ+ topics were appropriate at older ages for children. We hypothesized that such effects would be greater for cisgender-heterosexual parents, who as a population may have more variability in experience with and support for LGBTQ+ experiences than LGBTQ+ parents, making their beliefs about LGBTQ+ topics more malleable than LGBTQ+ parents. As LGBTQ+ parents often aim to instill LGBTQ+ pride in their children (Goldberg et al., 2016), we hypothesized that LGBTQ+ parents would believe that LGBTQ+ topics were appropriate for children at a younger age compared with cisgender-heterosexual parents.

Paralleling research on racial color blindness and parent–child conversations, we expected SB endorsement to predict older LGBTQ+ age-appropriateness beliefs.² SB is related to, but conceptually different from, explicit anti-LGBTQ+ attitudes (e.g., feeling negatively toward LGBTQ+ people; Cipollina & Sanchez, 2024). As such, we examined whether parent LGBTQ+ identity may interact with SB ideology, such that SB may have a greater impact on age-appropriateness beliefs among cisgender-heterosexual parents than on LGBTQ+ parents.

We also examined implications of perceived age-appropriateness. We expected that parents with older age-appropriateness beliefs would report (a) less frequent parent–child LGBTQ+ conversations (regardless of child age), (b) less anticipated comfort in such discussions, and (c) greater support of restrictive LGBTQ+ education curricula. Age-appropriateness was examined as a mediator between parent identity, SB endorsement, and policy exposure and the above outcomes. Note that we did not anticipate policy exposure would shift discussion frequency due to conceptual timing. We examined these hypotheses across two experimental studies with U.S. LGBTQ+ (Study 1) and cisgender-heterosexual (Studies 1 and 2) parents.

All data and materials are available here: https://osf.io/4wy38/?view_only=d6f5fe8546074cd09c3f3509827fa181.

All conditions, measures, and exclusions are reported.

Study 1

Study 1 examined (a) whether parents’ LGBTQ+ identity, SB ideology, and exposure to restrictive LGBTQ+ education policies shifted beliefs about the age-appropriateness of LGBTQ+ topics, and (b) whether age-appropriateness beliefs were associated with frequency and comfort of parent–child conversations about LGBTQ+ topics.

Table 1. Studies 1 and 2 Sample Demographics

Demographic characteristic	Study 1		Study 2
	LGBTQ+ sample	Cisgender-heterosexual sample	Cisgender-heterosexual sample
Age (<i>M</i> , <i>SD</i>) years	33.60 (5.30)	36.95 (6.07)	37.93 (6.77)
Sexual orientation			
Heterosexual	7	316	334
Bisexual	104	—	—
Pansexual	33	—	—
Lesbian/gay	19	—	—
Queer	10	—	—
Asexual	9	—	—
Another identity	5	—	—
Gender identity			
Cisgender man	29	161	150
Cisgender woman	128	155	184
Transgender man	4	—	—
Transgender woman	4	—	—
Nonbinary/gender-queer	16	—	—
Another identity	6	—	—
Racial identity			
White	138	246	246
Black/African American	10	27	21
Asian American	4	13	13
Hispanic/Latinx	13	9	15
Multiracial	21	20	36
American Indian or Alaskan Native	1	1	3
Number of children (<i>M</i> , <i>SD</i>)	2.80 (0.94)	2.95 (0.92)	2.08 (1.00)
Political orientation (<i>M</i> , <i>SD</i>)	4.52 (1.84)	5.56 (1.56)	4.66 (1.75)

Note. Categories may not total 100% due to multiple identity selection. Political orientation was assessed on a scale from 1 (*very liberal*) to 7 (*very conservative*). LGBTQ+ = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

Method

Participants

LGBTQ+ and cisgender-heterosexual parents with children between the ages of 5 and 10 years (matching recent LGBTQ+ bans from kindergarten to third grade; Phillips, 2022) were recruited on Prolific. An a priori power analysis for a three-step hierarchical linear regression to detect a small effect ($d = 0.10$) with 90% power indicated a desired sample of 448. In case of exclusions, we recruited 520 people in exchange for compensation (in November 2022). Seventeen participants were excluded for failing multiple attention check items, leaving an analytic sample of 503 (LGBTQ+ $n = 187$, cisgender-heterosexual $n = 316$; $M_{\text{age}} = 35.70$, $SD = 6.01$). See Table 1 for demographics. Participants on average had 2 to 3 children. The average age of participants' youngest child was 4.96 years ($SD = 2.74$).

Procedure

After consenting, participants were randomly assigned to read one of three principal investigator (PI)-developed newspaper articles that described a rise in restrictive LGBTQ+ education policies, the LGBTQ+ population,

or state testing in education.³ See supplemental material for full article text. The participants completed manipulation checks regarding article content. If they responded incorrectly (<2% of participants), they reviewed the article again and correctly responded to the questions. Thereafter, participants completed the following items, in the presented order, provided demographics, and were debriefed.⁴

Materials

Age Appropriateness Beliefs. Participants completed six LGBTQ+ items beginning with the prompt, "At what age do you personally believe it is appropriate for children to learn about . . ." with sliding scales ranging from 0 to 18 years of age in 1-year increments, followed by topics, such as "some classmates having two dads," and "bias against LGBTQ+ people."⁵

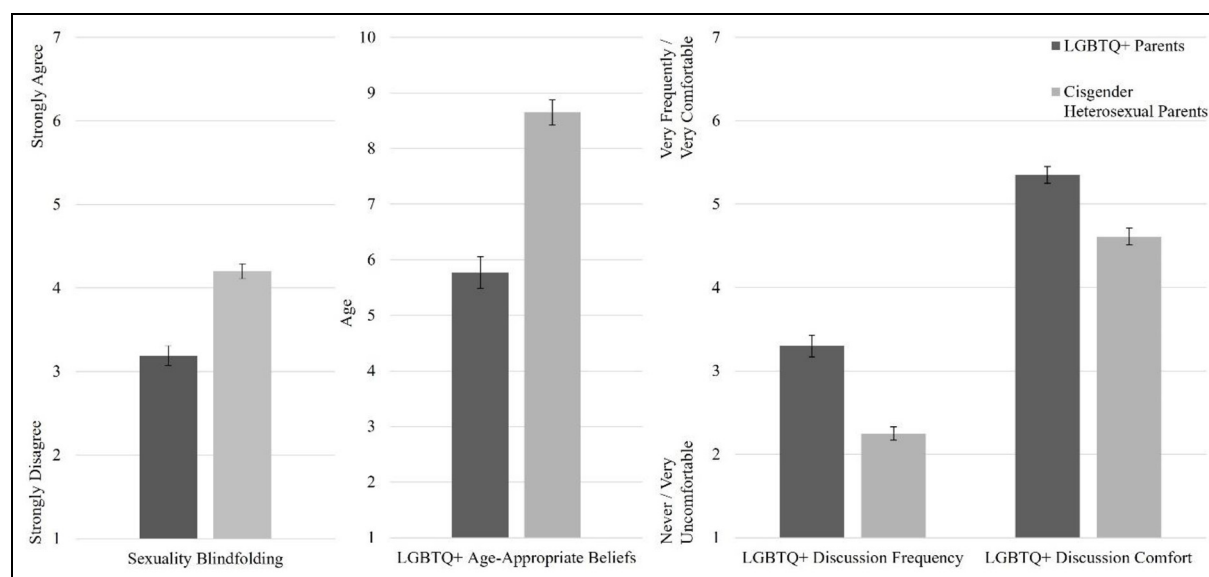
Parent-Child Discussion Frequency. On a scale from 1 (*never*) to 7 (*very frequently*), participants indicated how often they discuss topics with their child(ren). Topics included nine LGBTQ+ topics (e.g., "Laws limiting the rights and protection of LGBTQ+ people," "LGBTQ+ concealment or disclosure"; $\alpha = .98$),

Table 2. Study 1 Correlations and Descriptive Statistics

Variable	1	2	3	4	5	M	SD
1. Sexuality blindfolding						3.82	1.68
2. LGBTQ + attitude	-.52***					78.94	26.94
3. Youngest child age	.01	.07				4.96	2.74
4. Age-appropriate LGBTQ +	.56***	-.57***	.04			7.58	4.23
5. Discuss LGBTQ +	-.40***	.46***	.11*	-.51***		2.64	1.59
6. Comfort LGBTQ +	-.47***	.61***	.07	-.55***	.41***	4.89	1.67

Note. LGBTQ + = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

*** $p < .001$.

**Figure 1.** Study 1 Key Outcomes by Parent Identity

Note. Error bars denote standard errors. LGBTQ + = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

Parent–Child Conversation Comfort. On a scale ranging from 1 (*very uncomfortable*) to 7 (*very comfortable*), participants indicated how comfortable they would be discussing with their child(ren) the nine LGBTQ + items ($\alpha = .95$) assessed in parent–child conversation frequency.⁶

Sexuality-Blindfolding. Participants completed a three-item measure assessing beliefs that it is best to not talk about LGBQ + identities (Cipollina & Sanchez, 2024), on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Items included, “It is best to not talk about the topic of sexual orientation in workplace or school settings,” “Talking about sexual orientation creates tension in workplace or school settings,” and “It is best to avoid talking about sexual orientation to prevent bias against LGBQ groups” ($\alpha = .89$).⁷

Results

Table 2 presents correlations and descriptive statistics. Outcomes by parent identity are presented in Figure 1. Initial confirmatory analyses revealed no main effects of experimental condition on key outcomes (i.e., age-appropriateness, discussion, and comfort). Furthermore, neither SB nor parent identity significantly moderated the effect of condition on key outcomes (see supplemental material for full statistics). As there was also no significant effect of condition on SB, $F(2, 500) = 0.84, p = .432, d = 0.11$, we proceeded with hierarchical regressions, examining the effect of parent identity (confirmatory) and SB (exploratory) on key outcomes, while controlling for condition and age of youngest child as we did not directly ask the age of the child parents were considering when completing the measures of discussion frequency and comfort.

Table 3. Study 1 Hierarchical Linear Regressions

Outcome	Predictors	B (SE)	p value
Appropriateness LGBTQ+ topics	Condition Contrast 1	0.22 (0.22)	.329
	Condition Contrast 2	−0.07 (0.22)	.734
	Youngest child age	0.04 (0.06)	.496
	Parent identity	−0.80 (0.17)	<.001
	Sexuality blindfolding	2.14 (0.16)	<.001
Discussion frequency LGBTQ+ topics	Condition Contrast 1	−0.06 (0.09)	.541
	Condition Contrast 2	−0.01 (0.09)	.899
	Youngest child age	0.04 (0.02)	.115
	Parent identity	0.36 (0.07)	<.001
	Sexuality blindfolding	−0.54 (0.07)	<.001
Comfort discussing LGBTQ+ topics	Condition Contrast 1	−0.06 (0.09)	.500
	Condition Contrast 2	0.01 (0.09)	.987
	Youngest child age	0.02 (0.02)	.478
	Parent identity	0.16 (0.07)	.022
	Sexuality blindfolding	−0.68 (0.07)	<.001
	Parent identity × Sexuality blindfolding	0.18 (0.07)	.012

Note. Table 3 presents Step 2 results for the outcomes of appropriateness and discussion frequency and Step 3 for comfort discussing. LGBTQ+ = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

Hierarchical Linear Regressions. Step 1 included youngest child age and two condition contrasts (Contrast 1: −1 = LGBTQ+ education, 1 = LGBTQ+ population; Contrast 2: −1 = LGBTQ+ education, 1 = education control). In Step 2, parent identity (−1 = cisgender-heterosexual; 1 = LGBTQ+) and SB (standardized) were entered. In Step 3, the Parent identity × SB interaction was entered. Table 3 presents hierarchical regression results.

Age-Appropriateness. Step 1 was not significant, $F(3, 494) = 0.11, p = .954$. Step 2 accounted for significantly more variance, $R^2\Delta = .34, p < .001$; Step 3 did not, $R^2\Delta = .002, p = .266$. The Step 2 model was significant, $F(5, 492) = 50.77, p < .001$. LGBTQ+ parents indicated that it was appropriate for children to learn about LGBTQ+ topics at an earlier age, nearly 3 years earlier than cisgender-heterosexual parents (see Figure 1). Lower endorsement of SB predicted believing LGBTQ+ topics were appropriate at a younger age.

LGBTQ+ Topic Discussion Frequency. Step 1 was not significant, $F(3, 494) = 0.95, p = .416$. Step 2 accounted for significantly more variance, $R^2\Delta = .20, p < .001$; Step 3 did not, $R^2\Delta = .01, p = .082$. The Step 2 model was significant, $F(5, 492) = 25.40, p < .001$. LGBTQ+ parents and parents with lower SB endorsement indicated more frequent LGBTQ+-related parent-child conversations compared with their counterparts.

Comfort Discussing LGBTQ+ Topics. Step 1 was not significant, $F(3, 494) = 0.36, p = .779$. Step 2, $R^2\Delta = .22, p < .001$, and Step 3, $R^2\Delta = .01, p = .012$, accounted for significantly more variance. The Step 3 model was significant,

$F(6, 491) = 24.57, p < .001$. Probing the significant SB × Parent identity interaction revealed no effect of parent identity on comfort discussing LGBTQ+ topics among participants low in SB (−1 SD), $B = -0.02, SE = 0.09, p = .862$, 95% CI [−0.20, 0.17], but a significant effect among participants high in SB (+1 SD), $B = 0.35, SE = 0.11, p = .002$. The relationship between SB and anticipated comfort was weaker for LGBTQ+ than cisgender-heterosexual parents (see Figure 2).⁸

Mediations. To examine whether beliefs about the age-appropriateness of LGBTQ+ topics mediated the effects of SB and parent identity on LGBTQ+ discussion frequency and comfort, an exploratory moderated mediation was conducted using PROCESS (Hayes, 2012). See Figure 3. The indirect effects of SB on LGBTQ+ discussion frequency through age-appropriateness beliefs and SB on LGBTQ+ discussion comfort through age-appropriateness beliefs were significant for both LGBTQ+ and cisgender-heterosexual parents.

Discussion

Counter to hypotheses, the brief exposure to restrictive LGBTQ+ education policies (i.e., experimental condition) did not affect age-appropriateness beliefs. Yet LGBTQ+ parents and cisgender-heterosexual parents who less strongly endorsed SB believed that it was appropriate for children to learn about LGBTQ+ topics earlier, reported significantly greater LGBTQ+ discussion frequency and greater comfort in LGBTQ+ conversations with their children than cisgender-heterosexual parents and parents who more strongly endorsed SB. SB did not moderate the effect of parent identity on age appropriateness beliefs, or

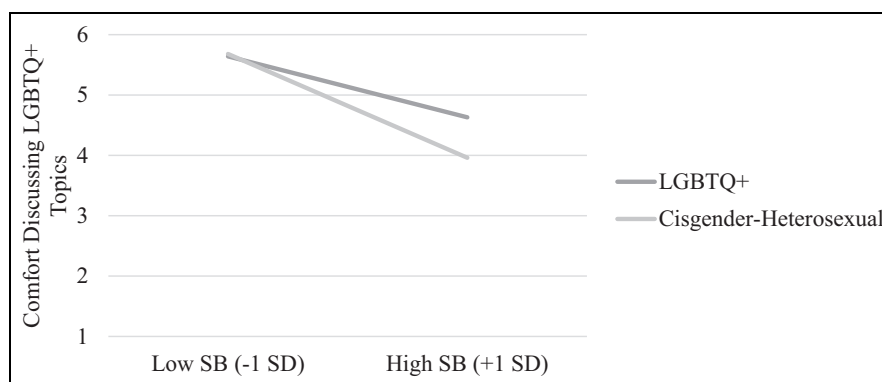


Figure 2. Study 1 Interaction of Parent Identity by Sexuality Blindfolding (SB) Beliefs on Comfort

Note. LGBTQ+ = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

discussion frequency, but did affect anticipated comfort discussing LGBTQ+ topics.

Study 2

In Study 2, we opted to focus on cisgender-heterosexual parents as they were the least likely to discuss LGBTQ+ topics with children and reported age-appropriateness beliefs that were about 3 years greater than LGBTQ+ parents. While Study 1 found no significant effect of exposure to restrictive LGBTQ+ education policies, we sought to explore this effect again, utilizing a more in-depth exposure as the brief manipulation in Study 1 may not have been sufficient to shift beliefs. Study 2 also assessed parents' support for such restrictive LGBTQ+ education policies. We hypothesized that restrictive policy support would be greater among parents who believe LGBTQ+ topics are inappropriate for young children, and thus explored policy support as an additional outcome of parents' beliefs about age-appropriateness. SB was again examined as a hypothesized predictor of age-appropriateness beliefs and subsequent discussion frequency and comfort.

Method

Participants

An a priori power analysis for a two-step hierarchical regression indicated a desired sample size of 295 to detect a small effect ($d = 0.10$) with 80% power. To account for exclusions, 360 cisgender and heterosexual participants were recruited from Prolific (in March 2023). Participants indicated on Prolific's screeners that they were the parent of a child between the ages of 5 and 10 years. Four participants were removed for not having a child in this age range and 22 were excluded for failing multiple attention check questions, leaving an analytic sample of 334 participants. Demographics are presented in Table 1. The average age of

the target child (child considered when answering discussion-related questions) was 6.80 ($SD = 1.63$) years.

Procedure

After consenting, participants were randomly assigned to read an adjusted news article about restrictive LGBTQ+ education policies or state testing in education. In Study 2, the restrictive LGBTQ+ education policy article did not mention restrictions from kindergarten to third grade, so as to not directly indicate when lawmakers may believe such topics are appropriate. Closely mirroring the restrictive LGBTQ+ education policy article, the state testing article similarly used language about making tests "age appropriate," describing decisions about state testing as part of "parents' bill of rights." After completing content checks on the article (all participants passed on first attempt), participants completed measures about the perceived beliefs of lawmakers to facilitate deeper reflection about the underlying beliefs behind these policies. For example, in the restrictive LGBTQ+ education policy condition, participants completed the measure of age-appropriateness beliefs as they "believe lawmakers would," whereas in the state-testing condition, participants reported when they thought lawmakers believe it is appropriate for children to "take standardized tests."⁹

Next, participants completed the Study 1 measures of age-appropriateness ($\alpha = .94$), were asked to select one of their children between the ages of 5 and 10 years, and to indicate that child's age before completing measures of discussion frequency ($\alpha = .97$) and comfort ($\alpha = .95$) while considering that child. Participants then completed a new measure of policy support, Study 1 measure of SB ($\alpha = .89$), and demographics.

Materials

Policy Support. Participants completed a four-item PI-created measure ($\alpha = .90$) assessing their support for policies

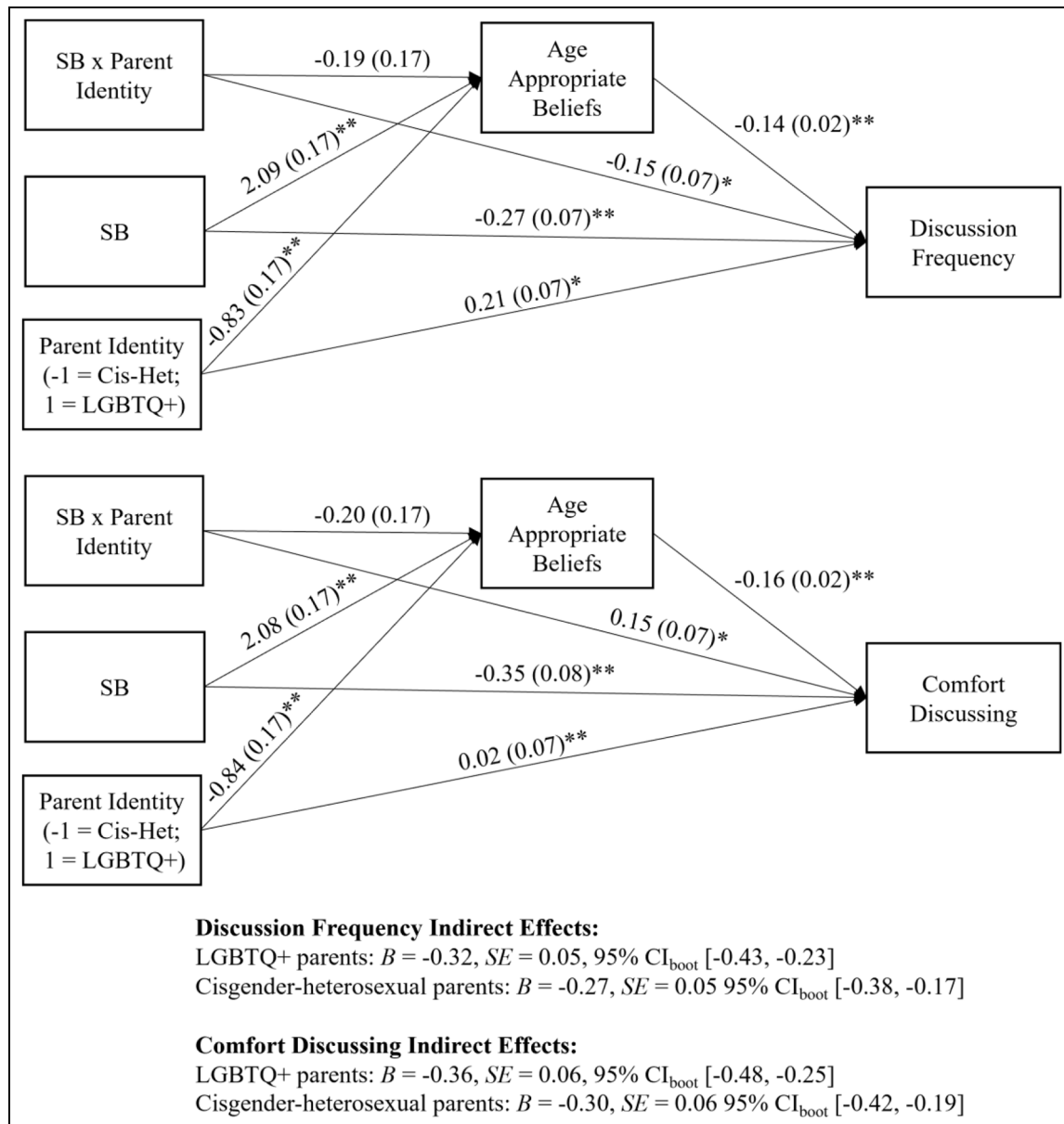


Figure 3. Study 1 Moderated Mediation Models

Note. Presented analyses using Model 8 of the PROCESS Macro controlling for condition and age of youngest child. LGBTQ+ = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation; SB = sexuality blindfolding; CI = confidence interval.

* $p < .05$. ** $p < .01$.

that regulate when children learn about LGBTQ+ topics (e.g., “I support efforts to regulate when children learn about LGBTQ+ topics”) on a 1 (*strongly disagree*) to 7 (*strongly agree*) scale.

Results

Table 4 presents correlations and descriptive statistics. As a one-way analysis of variance (ANOVA) confirmed no effect of condition on SB, $F(1, 332) = 0.31$, $p = .581$,

$d = 0.06$, we proceeded with the examination of SB, as in Study 1. We conducted confirmatory hierarchical linear regressions examining the effect of condition and SB endorsement on age-appropriateness, frequency and comfort of parent–child conversations, and restrictive LGBTQ+ education policy support. For all analyses, in Step 1, condition (restrictive LGBTQ+ education = 1; control = -1) and target child age were entered. In Step 2, SB (standardized) was entered. In Step 3, the Condition \times SB interaction was entered. See Table 5.

Table 4. Study 2 Correlations and Descriptive Statistics

Variable	1	2	3	4	5	6	M	SD
1. Sexuality blindfolding							3.97	1.69
2. LGBTQ + attitude	-.43**						75.58	28.56
3. Target child age	.09	-.04					6.80	1.63
4. Age-Appropriate LGBTQ +	.59**	.52**	.12*				8.18	4.24
5. Discuss LGBTQ +	-.47**	.33**	.18**	-.47**			2.11	1.22
6. Comfort LGBTQ +	-.46**	.53**	.07	-.56**	.48**		4.53	1.82
7. Policy support	.36**	-.29**	-.02	.38**	-.26**	-.27**	3.79	1.86

Note. LGBTQ + = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

* $p < .05$. ** $p < .01$.

Table 5. Study 2 Hierarchical Linear Regression

Outcome	Predictor	B (SE)	p value
Age-appropriateness for LGBTQ + topics	Condition	0.15 (0.19)	.408
	Target child age	0.18 (0.12)	.419
	Sexuality blindfolding	2.48 (0.19)	< .001
Discussion frequency LGBTQ + topics	Condition	0.10 (0.06)	.089
	Target child age	0.17 (0.04)	< .001
	Sexuality blindfolding	-0.60 (0.06)	< .001
Comfort discussing LGBTQ + topics	Condition	0.05 (0.18)	.771
	Target child age	0.13 (0.06)	.023
	Sexuality blindfolding	-0.85 (0.09)	< .001
Restrictive LGBTQ + policy support	Condition	0.23 (0.09)	.015
	Target child age	-0.06 (0.06)	.312
	Sexuality blindfolding	0.66 (0.10)	< .001
	Condition \times Sexuality blindfolding	0.21 (0.09)	.025

Note. Presenting Step 2 for age-appropriateness, discussion frequency, and discussion comfort; Step 3 for policy support. The effect of sexuality blindfolding on these outcomes was robust when controlling for participant attitude toward LGBTQ + people (age-appropriate: $B = 1.88$, $SE = 0.19$, $p < .001$; discussion frequency: $B = -0.51$, $SE = 0.06$, $p < .001$; comfort: $B = -0.53$, $SE = 0.09$, $p < .001$; policy support: $B = 0.52$, $SE = 0.10$, $p < .001$). LGBTQ + = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

Age-Appropriateness

Step 1 was not significant, $F(2, 331) = 2.94$, $p = .054$. Step 2 accounted for significantly more variance, $R^2\Delta = .34$, $p < .001$. Step 3 did not, $R^2\Delta = .001$, $p = .549$. The Step 2 model was significant, $F(3, 330) = 60.81$, $p < .001$. Only greater endorsement of SB predicted believing LGBTQ + topics were appropriate at an older age.

Parent–Child Conversations

For discussion frequency, Step 1 was significant, $F(2, 331) = 6.24$, $p = .002$. Step 2 accounted for significantly more variance, $R^2\Delta = .24$, $p < .001$. Step 3 did not, $R^2\Delta = .003$, $p = .213$. The Step 2 model was significant, $F(3, 330) = 41.73$, $p < .001$. Having an older child and lower SB endorsement, but not condition, were related to more frequent parent–child discussions of LGBTQ + topics.

For discussion comfort, Step 1 was not significant, $F(2, 331) = 0.86$, $p = .424$. Step 2 accounted for significantly more variance, $R^2\Delta = .22$, $p < .001$. Step 3 did not, $R^2\Delta$

$= .03$, $p = .319$. The Step 2 model was significant, $F(3, 330) = 31.11$, $p < .001$. SB, but not condition, was related to less anticipated comfort discussing LGBTQ + topics with their child.¹⁰

Policy Support

Step 1 was significant, $F(2, 331) = 4.11$, $p = .046$. Step 2, $R^2\Delta = .13$, $p < .001$, and Step 3, $R^2\Delta = .01$, $p = .025$, accounted for significantly more variance. The Step 3 model was significant, $F(4, 329) = 15.43$, $p < .001$. Examination of the Condition \times SB interaction revealed no effect of condition among participants with low SB endorsement ($-1 SD$), $B = 0.17$, $SE = 0.13$, $p = .899$, 95% CI $[-0.25, 0.27]$; participants who more strongly endorsed SB ($+1 SD$) reported greater endorsement of LGBTQ + restrictive education policies in the LGBTQ + education condition compared with the control condition, $B = 0.44$, $SE = 0.13$, $p = .001$, 95% CI $[0.18, 0.70]$ (Figure 4).

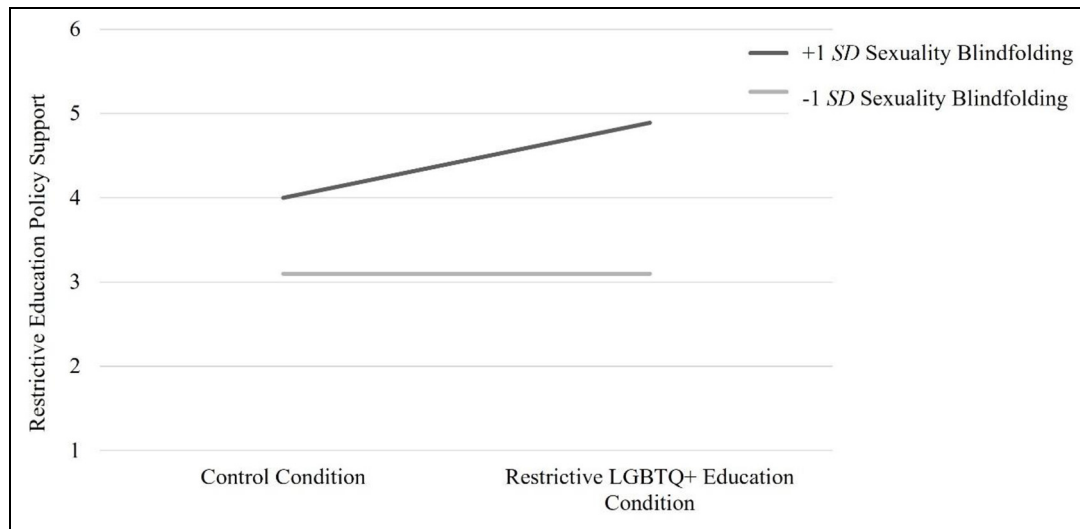


Figure 4. Study 2 Restrictive Education Policy Support Moderation.

Note. LGBTQ+ = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

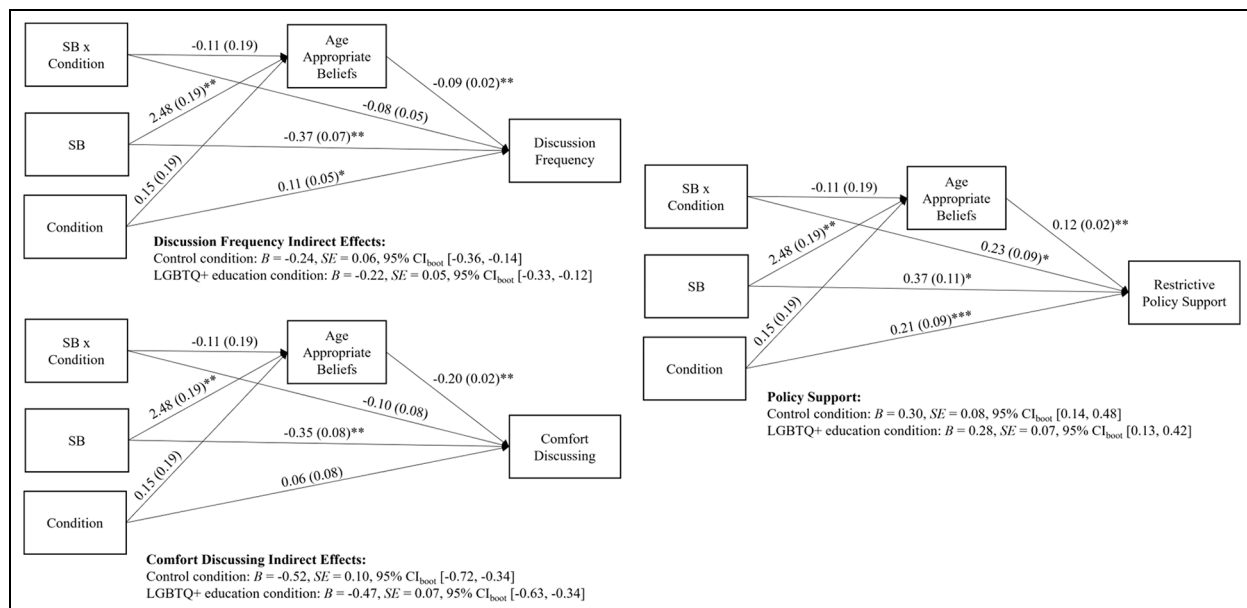


Figure 5. Study 2 Moderated Mediation Models

Note. SB = sexuality blindfolding; LGBTQ+ = lesbian, gay, bisexual, transgender, queer, or another marginalized gender identity or sexual orientation.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Mediation

Confirmatory moderated mediation analyses were conducted examining the effect of SB on discussion frequency, discussion comfort, and policy support via beliefs about age-appropriateness, examining condition (1 = LGBTQ+ education; -1 = control) as a moderator on both the a path and c path (PROCESS, Model 8, see Figure 5). Analyses were conducted controlling for age of target child.¹¹ The indirect effects of SB on LGBTQ+ topic discussion

frequency, comfort discussing LGBTQ+ topics, and policy support were significant for participants in the control and the LGBTQ+ education condition.¹²

Discussion

Replicating Study 1, cisgender-heterosexual parents' SB endorsement predicted lower frequency and comfort in parent-child LGBTQ+ topic conversations. This relationship

was mediated by beliefs that LGBTQ+ topics are appropriate for children at a later age. Although Study 2 did not find effects of restrictive education policy exposure on age-appropriateness beliefs, discussion frequency, or comfort, such exposure did predict greater restrictive policy support among parents who more strongly endorsed SB. Critically, LGBTQ+ education policies were presented as “parents’ bill of rights” aimed at making education “age-appropriate,” and this relatively positive spin appears to have been favorable among parents who already endorsed a belief that LGBTQ+ topics should not be highlighted or discussed (i.e., SB endorsers).

General Discussion

State-imposed restrictions on LGBTQ+ inclusive education disrupt efforts to promote safer educational spaces for LGBTQ+ students (Snapp et al., 2015; Toomey et al., 2012) while placing the responsibility to discuss LGBTQ+ topics with children on parents. Drawing on research examining parents’ beliefs about when to talk about race and racism with children (e.g., Sullivan et al., 2021), we examined at what age parents believe LGBTQ+ topics are appropriate for children and correlates of these beliefs.

Supporting hypotheses, parents’ beliefs that LGBTQ+ topics are appropriate for older children were related to lower likelihood of, and less expected comfort, discussing LGBTQ+ topics with children (Studies 1 and 2). Age-appropriateness beliefs were also related to parents’ identities and endorsement of SB. LGBTQ+ parents and parents who less strongly endorsed SB believed LGBTQ+ topics were appropriate for children at younger ages. These findings offer the first assessment of parents’ beliefs about the age-appropriateness of LGBTQ+ topics for children and indicate a belief that such topics are appropriate to discuss between 5 and 9 years of age. Yet cisgender-heterosexual identities are reinforced in elementary classrooms (e.g., Ryan, 2016) and efforts to restrict LGBTQ+ content in education have expanded to include college education (Izaguirre, 2023).¹³ With such restrictions, children may have limited exposure to LGBTQ+ topics, potentially increasing LGBTQ+ bias (e.g., Snapp et al., 2015) while negatively affecting LGBTQ+ youth (Goldberg & Abreu, 2023; Kosciw et al., 2020).

Counter to hypotheses, brief exposure to LGBTQ+ restrictive education policies did not affect age-appropriateness beliefs. These null effects may suggest age-appropriateness beliefs are less malleable, such that brief policy exposures were not sufficient to shift more stable ideologies, such as SB endorsement. Yet parents of children in schools affected by restrictive LGBTQ+ education policies may be the most affected by such policies due to prolonged exposure (Hoekstra, 2000; Kreitzer et al., 2014). Thus, future longitudinal work, assessing

shifts in age-appropriateness beliefs before, and after, such policies are implemented, is imperative.

As people’s values and experiences can affect whether institutions are perceived as legitimate (Tyler & Jackson, 2014), parents’ SB ideology may affect the perceived legitimacy of restrictive LGBTQ+ education policies, a factor that should be explored in future experimental work. Yet current restrictive LGBTQ+ education policies do not utilize overtly hostile framings and instead lean on “parents’ bill of rights” (Phillips, 2022), reflecting a more subversive anti-LGBTQ+ movement that uses an individual’s right to freedom as a method to restrict others’ access to equality. Such policies are aligned with the innocuous language utilized in identity-blind approaches to diversity, such as SB and racial color blindness. Indeed, those who endorse minimizing discussions of marginalized identities are more likely to have aversive or mixed attitudes toward marginalized groups (Cipollina & Sanchez, 2024; Whitley et al., 2022). Supporting hypotheses, cisgender-heterosexual parents higher in SB reported more support for restrictive LGBTQ+ education policies after reading about and reflecting on such policies, and this effect remained when controlling for mere attitudes toward LGBTQ+ people. We encourage future research to examine more explicitly how policy language affects policy support and shifts social norms. For example, might repeated exposure to such policies increase perceived norms of SB endorsement, negatively affecting LGBTQ+ youths and families? Furthermore, it is critical to note that such policies place the responsibility of educating children about LGBTQ+ topics onto parents, rather than trained educators. Cisgender-heterosexual parents must recognize this shifting responsibility and seek to educate themselves on LGBTQ+ topics to teach their children about LGBTQ+ topics promoting equity and potentially identity development.

This research relied on parent’s self-reported attitudes and behaviors and did not inquire about children’s classroom experiences or identities. We encourage future research to examine whether children’s attitudes and beliefs are shaped by parent–child conversations about LGBTQ+ identities and experiences. For example, laboratory studies could identify dyadic parent–child factors that promote or hinder effective LGBTQ+ topic discussions and examine how parents talk to their children about these topics. Such research will be imperative in understanding how to promote identity development for LGBTQ+ youth and facilitate egalitarian attitudes among cisgender-heterosexual youth. Targeting parent and educator SB beliefs (e.g., Smith, 2018) may be critical in future intervention efforts to increase children’s access to LGBTQ+ topics. For example, perspective-taking interventions that increase awareness of the unique experiences of LGBTQ+ people (e.g., discrimination; Mekawi et al., 2017; Todd & Galinsky, 2012) may reduce SB and promote conversations about LGBTQ+ topics.

Notably, the LGBTQ+ sample was predominantly White bisexual women and the cisgender-heterosexual samples were predominantly White. Future research should seek to recruit a more diverse LGBTQ+ sample as bisexual women's experiences as LGBTQ+ may shape their ideologies (e.g., Salim et al., 2020). Furthermore, difference-blind ideology endorsement and discussions of LGBTQ+ topics and identities may vary across marginalized racial groups due to greater comfort discussing discrimination and stigma (e.g., Ayón, 2016), and parallels between racial color blindness and SB. Finally, this research was presented within the U.S. context. Yet conservative backlash toward sexual orientation and gender identity curriculum in Canada (e.g., Lazzam, 2023) and Ireland (e.g., O'Brien, 2023) suggests the relevancy of this work to broader contexts, though varied societal norms may shape outcomes.




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Supplemental Material

Supplemental material for this article is available online.

Notes

1. We acknowledge that the term "color blindness" "conflates lack of eyesight with lack of knowing ... equates blindness with ignorance" and may function as an ableist term (Annamma et al., 2017). We use the term only when referring to prior literature on the topic.
2. Sexuality blindfolding was included as an exploratory individual difference variable in Study 1 but was a primary focus in Study 2.
3. The lesbian, gay, bisexual, transgender, queer, or another diverse gender or sexual identity (LGBTQ+) population condition was considered an LGBTQ+ salient control, whereas the state testing article was a salient state-based education policies control.
4. In both studies, participants indicated their attitude toward LGBTQ+ people ranging from 0 (*very cold/negative*) to 100 (*very warm/positive*). Results hold when controlling for LGBTQ+ warmth and parent political orientation; see supplemental material.
5. An additional measure of beliefs about cognitive developmental readiness was assessed. As beliefs about readiness

and age-appropriateness were highly correlated, $r(503) = 0.95$, $p < .001$, and findings do not significantly differ, these results are presented in the supplemental material.

6. Control topic items were included for age-appropriateness beliefs, discussion frequency, and conversation comfort. See supplemental material for repeated-measures comparisons for all outcomes across LGBTQ+ and control topics.
7. Note that the sexuality blindfolding questions removed the "T" in "LGBTQ" when relevant as a transgender identity is not a sexual orientation.
8. This pattern of effects did not significantly change when controlling for conversation frequency.
9. See supplemental material for results of these items.
10. As in Study 1, sexuality blindfolding remained a significant predictor of anticipated comfort when controlling for discussion frequency, $B = -0.55$, $SE = 0.10$, $p < .001$.
11. Note that due to conceptual timing, we did not hypothesize that condition would have a direct or indirect effect on discussion frequency. However, we opted to make all mediation analyses similar and thus retained condition in analyses of discussion frequency.
12. Effects do not significantly change when controlling for parents' attitude toward LGBTQ+ people (see supplemental material).
13. See supplemental material for analytic comparison of parents' beliefs about the age-appropriateness of LGBTQ+ and control topics in Studies 1 and 2.

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