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Future Parenthood Ideas Among Child-Free LGBTQ+ Adults: The Roles of Stigma and LGBTQ+ Community Connections

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Although a growing body of research has documented parenting desires and intentions among lesbian, gay, bisexual, transgender, queer, and more identities (LGBTQ+) individuals, LGBTQ+ individuals also experience stigmatization and barriers to family formation. The present study examines how experiences of stigmatization are related to thoughts of future parenthood (i.e., parenting desires, parenting intentions, and LGBTQ+ parent socialization self-efficacy) among child-free LGBTQ+ adults. Additionally, we examined the role of connection to the LGBTQ+ community in moderating associations with stigma and in statistically predicting LGBTQ+ parent socialization self-efficacy. Participants (N = 433) reported on their thoughts about future parenthood, experiences of stigmatization, and LGBTQ+ community connection though an online cross-sectional survey. Results from multigroup path analysis showed that greater experiences of stigmatization were associated with greater parenting desires for cisgender women and greater parenting intentions across sexual and gender identity groups. Associations between stigma and parenting intentions were moderated by community connection, such that the positive association between stigma and parenting intentions was only significant at high levels of community connection. Finally, greater community connection was positively associated with LGBTQ+ parent socialization self-efficacy, but socialization self-efficacy was not associated with parenting desires or intentions. These findings suggest that connection to the LGBTQ+ community may play a role in thoughts about future parenthood for child-free LGBTQ+ individuals, especially among those who experience stigmatization. Clinicians and family practitioners can consider facilitating connections to the community as a way of supporting LGBTQ+ individuals who are interested in family formation.

Keywords: lesbian, gay, bisexual, transgender, queer, and more identities; future parenthood; community connection; lesbian, gay, bisexual, transgender, queer, and more identities parent socialization

Research has documented parenting desires and intentions in lesbian, gay, bisexual, transgender, queer, and more identities (LGBTQ+) people (Baiocco & Laghi, 2013; Tornello & Bos, 2017), and despite similarly valuing parenthood (Riskind & Patterson, 2010), these are often lower than those of cisgender heterosexual people (e.g., Hayfield et al., 2019; Riskind & Tornello, 2017). Differences may stem from barriers to parenthood experienced by LGBTQ+ adults (Tornello & Bos, 2017), such as negative societal messages about the fitness of LGBTQ+ parents (Levitt et al., 2020; Park et al., 2020) and varied structural, legal, and financial obstacles to accessing parenthood (Farr & Goldberg, 2018; Tornello & Bos, 2017). LGBTQ+ adults may experience discrimination from adoption agencies and social workers (Farr & Goldberg, 2018), and costs of assisted reproductive technology can be prohibitive and are not often covered by insurance (Levitt et al., 2020; Tornello & Bos, 2017). Barriers also may vary across sexual and gender identities due to differences in ability to conceive via sexual intercourse and assisted reproductive technology, as well as in discrimination experiences (Carpenter & Niesen, 2021; Goldberg et al., 2020; Hoffkling et al., 2017). Here, guided by theories of minority stress (Brooks, 1981; Meyer & Frost, 2013) and planned behavior (Aizen & Klobas, 2013), we explored how LGBTQ+ stigmatization relates to child-free LGBTQ+ adults' thoughts of future parenthood and how resources such as community connections may mitigate negative impacts.

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Moreover, although previous research has focused on whether LGBTQ+ people want to become parents, there has been relatively little research on *how* they think about parenting. For example, researchers have recently attended to unique LGBTQ+ parenting practices such as LGBTQ+ parent socialization (i.e., the ways parents teach their children about being part of an LGBTQ+ family; Oakley et al., 2017). As with parenting desires and intentions, thoughts about engaging in socialization with one's future children may be informed by sociocultural contextual factors such as experiences of stigmatization and community support (Goldberg & Smith, 2016; Hughes et al., 2006). We therefore conceptualize thoughts of future parenthood as including both thoughts related to parenting aspirations (i.e., desires and intentions) and thoughts of intended parenting behaviors (i.e., LGBTQ+ parent socialization).

Theoretical Framework

Minority Stress Theory

Minority stress theory (Brooks, 1981; Meyer, 2003; Meyer & Frost, 2013) posits that stress related to discrimination based on one's minoritized identity can negatively impact mental and physical health. Minority stressors can include distal stressors such as overt discrimination and proximal stressors, which are experienced internally. Proximal stressors may include anticipation of rejection due to felt stigma (i.e., perception that others view LGBTQ+ people negatively) and internalized stigma (Meyer, 2003; Meyer & Frost, 2013). Other examples may include anticipation of discrimination in forming a family or internalizing prejudiced beliefs about LGBTQ+ parents (Anttila et al., 2021). Therefore, minority stress experiences could lead to negative beliefs about one's perceived self-efficacy as a future parent (Gato et al., 2020).

Community support also may buffer against the negative effects of minority stress (Meyer & Frost, 2013), which may apply to the context of future parenthood. Indeed, child-free and newly parenting sexual minority women, as well as gender nonconforming and nonbinary adults, describe desires to maintain and grow connections to the LGBTQ+ community while navigating LGBTQ+-specific challenges across the transition to parenthood (Simon et al., 2019).

Theory of Planned Behavior

Theory of planned behavior (TPB; Aizen & Klobas, 2013) provides another useful way of understanding how discrimination may impact thoughts about future parenthood. TPB has been used to describe how parenting desires and intentions are predicted by three types of beliefs: (1) behavioral (e.g., consequences of having a child), (2) normative (e.g., expectations of others surrounding whether/how to parent), and (3) control (e.g., perceived self-efficacy in becoming a parent and raising a child). More positive behavioral beliefs, greater perceived pressure from subjective norms about having children, and greater perceived self-efficacy from control beliefs can all relate to greater parenting desires and intentions (Aizen & Klobas, 2013). However, LGBTQ+ individuals who internalize negative messages about LGBTQ+ adults being unsuitable parents may develop normative beliefs that they are not expected to have children (e.g., Scandurra et al., 2019). In contrast, TPB suggests that those with greater control beliefs, such as stronger beliefs about effectively socializing one's child to navigate potential discrimination (i.e., LGBTQ+ parent socialization self-efficacy), may also have greater perceived self-efficacy to become a parent and, in turn, have greater parenting intentions and desires.

Stigmatization and Parenting Desires and Intentions

Given the relevance of LGBTQ+ stigma to future parenthood perceptions, some research has explored how stigmatization experiences may explain differences in parenting desires and intentions, as suggested by TPB and minority stress. For instance, in the United States, lesbian and gay adults are more likely than heterosexual ones to report gaps between their parenting desires and expectations (Tate & Patterson, 2019). Thus, LGBTQ+ adults may anticipate greater barriers to parenthood than cisgender heterosexual adults, which may lower the probability of achieving it. This interpretation is supported by qualitative findings in the United States among LGBTQ+ child-free adults who report that potential social, legal, and financial barriers affect how they think about future parenthood (Carpenter & Niesen, 2021; Park et al., 2020; Tornello & Bos, 2017).

Stigmatization experiences among LGBTQ+ people have been directly associated with lower parenting intentions and desires, and these experiences help to explain gaps between LGBTQ+ individuals and their cisgender heterosexual peers (Gato et al., 2020; Shenkman, 2021; Wang & Zheng, 2022). A qualitative study of Finnish LGBTQ+ parents showed that those who had experienced discrimination questioned whether to have children because of concerns that their children would experience discrimination (Anttila et al., 2021). Findings suggest, however, that associations between stigmatization and thoughts about future parenthood may vary across specific sexual and gender identities within the LGBTQ+ community. Scandurra et al. (2019) examined associations between discrimination and stigma as well as parenting desires and intentions among cisgender lesbian and gay adults in Italy. Patterns of associations differed within the sample. For lesbian women, both discrimination and internalized stigma predicted parenting desires and intentions. For gay men, only felt stigma negatively predicted desires and intentions. Thus, contexts of stigma around future parenthood may vary by specific identities held within the LGBTQ+ community (Carpenter & Niesen, 2021).

Differences in Parenting Intentions and Desires Within the LGBTQ+ Community

Indeed, differences characterize the parenting intentions and desires of groups within the LGBTQ+ community. For example, Gato et al. (2020) found that lesbian women reported greater intentions to become parents than gay men (bisexual women and men did not differ from either group) among child-free, cisgender lesbian, gay, and bisexual adults in Portugal. Riskind and Tornello (2017) found that bisexual women in the United States reported patterns of parenting desires and intentions that were more similar to those of heterosexual adults than of lesbian women, while bisexual men did not differ from either heterosexual or gay men. Notably, there were no differences by sexual identity in intentions among women who desired parenthood, but gay men who desired parenthood were less likely than heterosexual men to report intentions. Other studies have found no differences by sexual identity in parenting desires and intentions (Dorri & Russell, 2022; Simon et al., 2018; van Houten et al., 2020). Although studies in this area have often focused on cisgender sexual minority people

(for exceptions, see Carpenter & Niesen, 2021; Tornello & Bos, 2017; Tornello et al., 2019), Salinas-Quiroz et al. (2020) found that transgender adults showed lower parenting desires and intentions than plurisexual (i.e., attracted to multiple genders) cisgender men but did not differ from plurisexual cisgender women or monosexual (i.e., attracted primarily to one gender) cisgender lesbian and gay adults. However, in a sample assigned female at birth, Godfrey et al. (2022) found that cisgender women reported higher parenting importance and likelihood than those with minoritized gender identities. Thus, it is vital to explore experiences across identities.

LGBTQ+ Parent Socialization

Beyond parenting desires and intentions among LGBTQ+ adults, it is vital to understand *how* they intend to parent in a society that privileges cisgender and heterosexual identities. LGBTQ+ people may consider how they will engage in LGBTQ+ parent socialization—the ways in which parents teach their children what it means to be part of an LGBTQ+ parent family (Oakley et al., 2017). This can include cultural socialization (e.g., attending LGBTQ+ pride events as a family), preparation for bias (e.g., explaining stigma experienced due to parents' identities), and proactive parenting (e.g., discussing differences among diverse family structures; Oakley et al., 2017). LGBTQ+ parent socialization is linked with positive child outcomes (e.g., social competence; Simon & Farr, 2022). Understanding factors linked with LGBTQ+ parent socialization could shed light on how to promote such practices among parents.

One predictor of LGBTQ+ parent socialization practices identified in previous research is LGBTQ+ parent socialization self-efficacy or one's appraisal of their competency in socializing their child (Wyman Battalen et al., 2019). As with other parenting behaviors, child-free LGBTQ+ adults may form perceptions of their ability to execute these practices before becoming parents (Mihelic et al., 2016). Therefore, examining predictors of socialization self-efficacy may be useful in understanding factors that contribute to future socialization practices. However, studies have focused on *actual* socialization among LGBTQ+ parents rather than *perceived* socialization self-efficacy among LGBTQ+ child-free adults. Nevertheless, these studies may provide insight into potential predictors of socialization self-efficacy. For one, LGBTQ+ parent socialization has been associated with greater outness about one's LGBTQ+ identity (Goldberg & Smith, 2016). Since outness has been associated with greater LGBTQ+ community involvement (Morris et al., 2001; Pastrana, 2016), it is plausible that LGBTQ+ community involvement could be associated with greater LGBTQ+ parent socialization self-efficacy.

Additionally, racial socialization research, from which LGBTQ+ parent socialization research was drawn (Oakley et al., 2017), suggests that parents' own discrimination experiences may inform socialization practices. Greater parent experiences of discrimination have been associated with engaging in greater racial socialization practices (Hughes et al., 2006; McNeil Smith et al., 2016; Saleem et al., 2016). In particular, qualitative research with White lesbian parents who have adopted transracially found that these parents identify their own experiences with discrimination as a unique strength that informed their racial socialization practices (Richardson & Goldberg, 2010). The same may be true for LGBTQ+ parent socialization. LGBTQ+ adults who have experienced discrimination may perceive themselves as better equipped to prepare their future children for coping with experiences of discrimination.

Role of LGBTQ+ Community Support

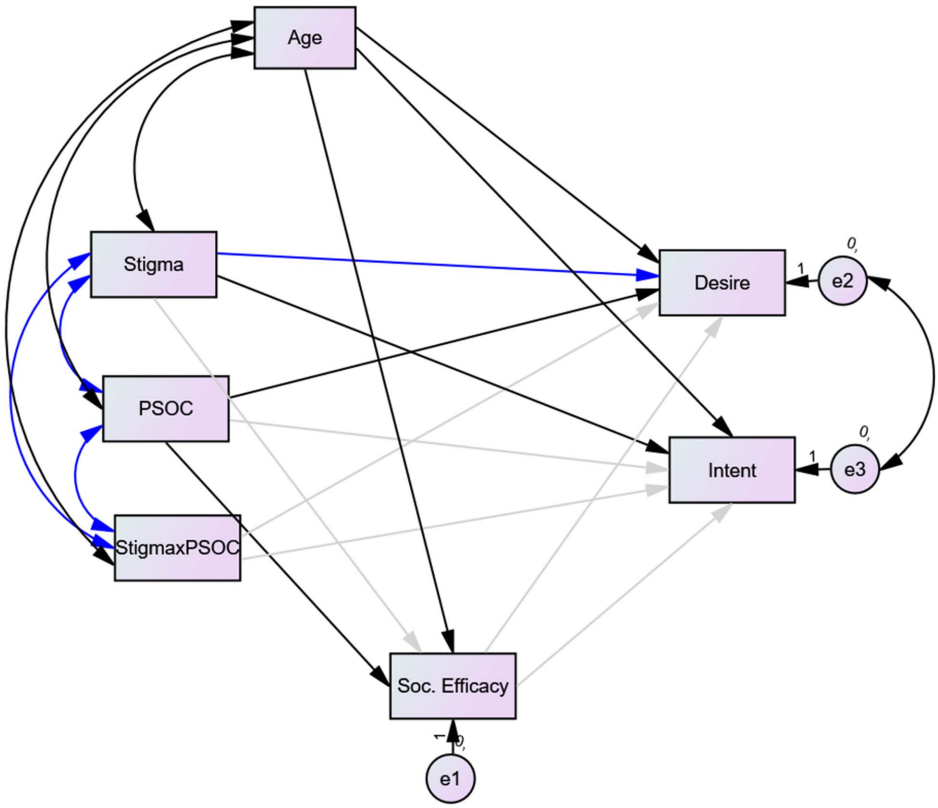
Connections to the LGBTQ+ community can be a crucial source of support for LGBTQ+ people in coping with stigmatization and possible support for socialization practices. Research has revealed associations between LGBTQ+ community connections and health (i.e., mental and physical; Fish et al., 2019; Jackson, 2017; Watson et al., 2020). Such connections also may be associated with increased parenting desires and intentions (Costa & Bidell, 2017; Scandurra et al., 2019) and buffer against impacts of stigmatization. Scandurra et al. (2019) found that social support from family and significant others moderated the impact of stigmatization on parenting desires and intentions among lesbian women and gay men in Italy. Specifically, family support buffered against the impacts of internalized homophobia on parenting desires in lesbian women and against the impacts of felt stigma on parenting desires in gay men. Support from significant others buffered against the impacts of prejudice events on parenting intentions for lesbian women. Interestingly, there was no evidence of moderation by community connectedness, which may reflect the measure used. Only involvement with LGBTQ+ events and media was assessed (Baiocco et al., 2010), so other aspects of connection, such as social support from other LGBTQ+ community members (Lin & Israel, 2012), may not have been captured.

LGBTQ+ community connections may also predict LGBTQ+ socialization self-efficacy. Connections with other LGBTQ+ community members may provide prospective parents with more LGBTQ+ parenting resources and examples of LGBTQ+ parent socialization practices. Having access to such resources may strengthen their perceived self-efficacy in future socialization practices (Aizen & Klobas, 2013). Despite the benefits of LGBTQ+ community connections, plurisexual and transgender individuals often report less acceptance in community spaces (Gonzalez et al., 2021; Marine & Nicolazzo, 2014; McCormick & Barthelemy, 2021). For example, Hoffkling et al. (2017) found that while trans men noted the importance of community support in coping with transphobia during their pregnancies, many found that organizations intended for lesbian, gay, and bisexual parents were not fully prepared to support trans parents.

The Present Study

We had three aims, represented in Figure 1. The first was to understand how minority stress experiences are associated with thoughts about future parenthood for child-free LGBTQ+ individuals. Thoughts about future parenthood were examined in terms of *whether* individuals wanted to become a parent (i.e., parenting desires and intentions) and *how* they intended to parent (i.e., LGBTQ+ parent socialization self-efficacy). Parenting desires were operationalized as the frequency with which individuals thought about becoming a parent. Parenting intentions were operationalized as the extent to which individuals were willing to make sacrifices to achieve their goal of becoming a parent (van Balen & Trimbos-Kemper, 1995). Thus, our operationalization of parenting intentions focuses on the strength of these intentions rather than the presence of intentions. Minority stress was conceptualized as experiences and perceptions of LGBTQ+ stigma. Based on previous findings (e.g., Scandurra et al., 2019), we hypothesized that greater minority stress would be associated with

Figure 1
Final Model for Gender Identity Multigroup Analysis



Note. Blue (dark gray) lines represent variant parameters, black lines represent significant invariant parameters ($p < .05$), light gray lines represent insignificant and invariant parameters; PSOC = psychological sense of community; Soc. Efficacy = socialization efficacy. e1–e3 represent error variances for endogenous variables. See the online article for the color version of this figure.

lower parenting desires and intentions. Our research question about associations between stigmatization and LGBTQ+ parent socialization self-efficacy was exploratory, as this is the first known study to examine these associations.

Our second aim was to understand the potential protective role of community connection in relation to positive perceptions of future parenthood for LGBTQ+ adults. Aligned with minority stress theory (Brooks, 1981; Meyer, 2003, 2013), we predicted that any observed associations between discrimination and parenting desires or intentions would be weaker for those with stronger connections to the LGBTQ+ community. Additionally, based on TPB (Aizen & Klobas, 2013), we hypothesized that greater community connection would be associated with greater LGBTQ+ parent socialization self-efficacy, which in turn would be associated with greater parenting intentions and desires.

Finally, our third aim was to test whether model parameters varied by sexual or gender identity. Specifically, we compared monosexual and plurisexual individuals and compared cisgender women, cisgender men, and transgender and gender nonconforming (TGNC) people. These comparisons were based on previously documented differences in levels of parenting intentions and desires (Gato et al., 2020; Salinas-Quiroz et al., 2020; Tate et al., 2019), experiences of discrimination (Goldberg et al., 2020), and experiences within the LGBTQ+ community (Gonzalez et al., 2021; Hoffkling et al., 2017; McCormick & Barthelemy, 2021). Given the mixed findings on differences between LGBTQ+ identities reviewed above, we did not have specific hypotheses for this aim.

Method

Procedure

Participants who were 18 years or older, not a parent (i.e., child-free), and who identified as LGBTQ+ were recruited to be part of a larger study on LGBTQ+ people's perceptions of future parenthood (Simon & Farr, 2021). After consenting, participants completed a Qualtrics survey about future parenthood thoughts, identity development, and gender expression. Two layers of attention check and built-in bot detectors on the survey platform were used to screen out potential bots and bad actors. Data for this study were collected in the spring of 2019. This study was approved by the University of Kentucky Institutional Review Board. In accordance with reporting standards, we report on sample determination, data exclusions, and all study measures below. This study was not preregistered. Study data and materials are available upon request.

Participants

All participants were child-free LGBTQ+ adults in the United States. ($N = 433$). The majority of participants were cisgender women ($n = 201$), followed by cisgender men ($n = 122$), and then TGNC people ($n = 104$). The largest subsample of gender minority identities were gender nonconforming/nonbinary people ($n = 59$), followed by transgender men ($n = 26$), genderqueer people ($n = 12$), and then transgender women ($n = 7$). We collapsed sexual identities into two groups: plurisexual ($n = 248$) and monosexual ($n = 147$). Among plurisexual individuals were bisexual ($n = 176$), pansexual ($n = 44$), asexual ($n = 35$),[1] and queer ($n = 28$) adults. The monosexual group included people who identified as gay ($n = 80$) or lesbian ($n = 67$). Most participants were assigned female at birth ($n = 268$), followed by those assigned male at birth ($n = 138$), and one intersex individual. Most participants reported being single ($n = 167$), while others reported being in a committed relationship ($n = 120$), married ($n = 60$), dating ($n = 30$), engaged ($n = 20$), or other ($n = 10$).

Most participants identified as White ($n = 308$), followed by those identifying as African American/Black ($n = 35$), Hispanic/Latino/Latinx ($n = 24$), Asian/Pacific Islander ($n = 15$), multiracial ($n = 18$), Native American ($n = 4$), or self-described ($n = 3$). The largest subsample was in the Southern United States ($n = 176$), and then those in the Western ($n = 82$), Northeastern ($n = 79$), and Midwestern ($n = 68$) United States. Participants averaged 30 years old ($M = 29.85$, $SD = 8.80$) and had a mean annual household income of $55,004, with wide variation ($Mdn = \$45{,}000$; $SD = \$52{,}048$).

Measures

Future Parenthood

To assess future parenting desires and intentions, participants received two single-item measures. Desires to parent were assessed with the item, "How often do you spend thinking about becoming a parent?," with Likert scale responses from 1 (*never*) to 5 (*very often*). Parenting intentions were assessed with the item, "What are you willing to give up to have children?" with responses on a scale from 1 (*it doesn't matter whether or not I become a parent*) to 6 (*I will do everything to become a parent*). The parenting desire item showed a skewness of 0.431 ($SE = .118$) and a kurtosis of −0.344 ($SE = .235$). The parenting intention item showed a skewness of 0.939 ($SE = .118$) and a kurtosis of −0.395 ($SE = .235$). Although the wording of these items may capture more specific aspects of thoughts of parenthood (e.g., saliency of parenting desires, intentions to persevere through barriers to parenthood), we use the terms "desires" and "intentions" to be consistent with how the items have been previously used in studies including diverse populations of child-free adults (e.g., Boivin et al., 2018; Lasio et al., 2020; van Balen & Trimbos-Kemper, 1995; van Houten et al., 2020).

LGBTQ+ Community Connection

To assess how much participants felt a part of, or attached to, the LGBTQ+ community, they completed the Psychological Sense of LGBT Community Scale (Lin & Israel, 2012). This 22-item measure asks respondents about their relationship to the LGBTQ+ community and their attachment to the local LGBTQ+ community. Example items include, "How much do you feel your opinion matters to other LGBT people?" and "How much do you feel that you can get help from the LGBT community if you need it?" Responses range from 1 (*none*) to 5 (*a great deal*). A sum score is calculated, with a minimum possible score of 22 and a maximum of 110; higher scores indicate greater LGBTQ+ community connection. This scale had excellent reliability ($\alpha = .92$) in this sample.

LGBTQ+ Stigma

To assess experiences of LGBTQ+ stigma, participants completed an adapted 12-item sexual stigma measure (Logie & Earnshaw, 2015) which was originally developed for bisexual, lesbian, and queer women. Items were adapted only to be more inclusive of all LGBTQ+ identities. There are two subscales to the measure: Perceived Stigma (e.g., "How often have you heard that LGBTQ+ people grow old alone?") and Enacted Stigma (e.g., "How often have you been hit or beaten up for being an LGBTQ+ person?"), which are each on a scale of 1 (*never*) to 4 (*many times*). As such, these subscales capture proximal and distal minority stressors, respectively. Higher average scores indicate greater experiences of perceived or enacted stigma as an LGBTQ+ person. This measure showed good reliability, $\alpha = .80$, in our sample.

Sexual Minority Parent Socialization

The eight-item Sexual Minority Parent Socialization Self-Efficacy Scale (Wyman Battalen et al., 2019) was used to assess participants' confidence in engaging in socialization behaviors common to children with LGBTQ+ parents. We adapted the instructions for this measure for use with child-free adults. Items include, "Teach my child adaptive ways of coping with homophobia" and "Talk with my child about their feelings regarding having a LGBT parent(s)." These are rated from 0 (*not at all confident*) to 4 (*highly confident*). Greater average scores indicate greater confidence in LGBTQ+ parent socialization behaviors. This measure showed excellent reliability ($\alpha = .92$) in this sample.

Data Analysis Plan

We began with examining descriptive statistics and correlations among all variables to be included in the models. We then ran a series of independent samples *t* tests and analyses of variance to compare means on all variables to be included in the model by sexual identity (monosexual and plurisexual) and gender identity (cisgender women, cisgender men, and TGNC). A path analysis was then conducted using AMOS (Version 28) to test for goodness of fit of the model to the data separately for each gender and sexual identity group (Figure 1). Variables included in interaction terms (i.e., stigma and community connection) were mean centered before creating interaction terms. Age was included as a covariate because it was significantly correlated with stigma ($r = .14$, $p = .006$), community connection ($r = -.11$, $p = .028$), parenting desires ($r = -.20$, $p < .001$), and parenting

[1] Although asexual individuals may not necessarily report patterns of attractions that align with plurisexual individuals or monosexual individuals, our decision to include them within the plurisexual group was based on the greater possibility of diversity in partner gender than participants in the monosexual groups (Clark & Zimmerman, 2022). All analyses examining differences in sexual identity were also run excluding asexual individuals. As results did not change, the presented analyses include asexual participants.

intentions ($r = -.16$, $p = .001$) in preliminary analyses. Maximum likelihood estimation was used to account for missing data. Models were assessed for goodness of fit to the data by examining multiple fit measures using the following cutoffs to represent adequate fit (Hooper et al., 2008): model chi-square that fails to reach statistical significance, comparative fit index (CFI) greater than .95, Tucker–Lewis index (TLI) greater than .95, and root-mean-square error of approximation (RMSEA) less than .07.

Following this, we ran a series of planned multigroup comparisons across gender and sexual identity. Initially, a model in which all parameters were constrained between groups was compared to models in which parameters were allowed to vary. If the model in which parameters were allowed to vary was determined to be a better fit to the data, a series of partially constrained models that allowed one parameter (e.g., the path from community connection to socialization self-efficacy) to vary at a time were compared to the fully constrained model. In each case, if the partially constrained model was determined to be a better fit to the data than the fully constrained model, the parameter that was allowed to vary was considered to differ between groups. Since the multigroup comparison for gender identity included a comparison of three groups, if the fully constrained model was found to be a worse fit of the data, further analyses compared two groups at a time to test for differences between groups (Byrne, 2004). A final model that constrained only parameters determined to be invariant was then evaluated for goodness of fit to the data.

Results

Preliminary Analyses

Descriptives by identity groups and correlations are presented in Table 1. Independent samples *t* tests revealed no differences on any model variables between monosexual and plurisexual individuals (all *p*s > .071). A one-way analysis of variance showed a significant difference among gender identity groups (i.e., TGNC, cisgender women and men) in desire to become a parent, $F(2, 421) = 3.24$, $p = .040$. Tukey's honestly significant difference test for multiple comparisons showed that cisgender women reported greater desire to become a parent than cisgender men, $p = .035$, 95% CI [.02, .60]. There were no significant differences between cisgender men and TGNC individuals ($p = .646$) or between cisgender women and TGNC individuals ($p = .350$). There were no significant differences by gender identity in parenting intentions, $F(2, 421) = 0.28$, $p = .757$, or in connections to the LGBTQ+ community, $F(2, 421) = 1.16$, $p = .314$. However, there was a significant difference among groups in LGBTQ+ stigma, $F(2, 421) = 9.90$, $p < .001$. TGNC individuals reported greater LGBTQ+ stigma than both cisgender women, $p < .001$, 95% CI [.12, .38], and cisgender men, $p = .005$, 95% CI [.05, .35]. There was not a significant difference between cisgender women and cisgender men ($p = .598$).

Multigroup Analyses

Overall, models ran by subgroup regarding sexual identity (monosexual, plurisexual) and gender identity (cisgender women, cisgender men, TGNC) showed adequate fit to the data (see Table 2). Although goodness of fit varied across subgroup, likely due to smaller sample sizes within subgroups, we proceeded with the planned multigroup analyses provided that the final model showed good fit to the data. We began by comparing a model in which parameters were allowed to vary between monosexual and plurisexual individuals, $\chi^2(2) = 3.11$, $p = .211$, CFI = .99, TLI = .93, RMSEA = .04 (90% CI [.00, .11]), to a model in which all parameters were constrained between the two groups, $\chi^2(21) = 27.63$, $p = .151$, CFI = .99, TLI = .96, RMSEA = .03 (90% CI [.00, .05]). The difference in model fit between the unconstrained and fully constrained models was not significantly different, $\chi^2(19) = 24.51$, $p = .178$. Therefore, there was no evidence that model parameters significantly varied between monosexual and plurisexual individuals.

For gender identity, a model in which all parameters were allowed to vary between cisgender women, cisgender men, and TGNC individuals, $\chi^2(3) = 3.41$, $p = .333$, CFI = .99, TLI = .98, RMSEA = .02 (90% CI [.00, .09]), was compared to a model in which all parameters were constrained across groups, $\chi^2(41) = 104.543$, $p < .001$, CFI = .87, TLI = .75, RMSEA = .06 (90% CI [.05, .08]). The fully constrained model was a significantly worse fit to the data, $\chi^2(38) = 101.13$, $p < .001$, indicating that parameters may vary between gender identity groups. Next, we ran model comparisons in which one parameter was constrained at a time to the fully constrained model. A final model was examined that allowed parameters identified as variant (see Table 3) to vary between gender identity groups and constrained all other parameters was fit to the data. This final model showed good fit to the data, $\chi^2(33) = 37.79$, $p = .259$, CFI = .99, TLI = .98, RMSEA = .02 (90% CI [.00, .04]).

Table 1
Descriptive Statistics and Correlations Among Study Variables

Study variable	Monosexual (n = 147) *M* (*SD*)	Plurisexual (n = 248) *M* (*SD*)	Cis women$_a$ (n = 201) *M* (*SD*)	Cis men$_b$ (n = 122) *M* (*SD*)	TGNC$_c$ (n = 104) *M* (*SD*)	1	2	3	4	5
1. Desire	2.57 (1.05)	2.67 (1.11)	2.78 (1.18)$_b$	2.47 (0.88)	2.60 (1.09)	—				
2. Intentions	2.27 (1.52)	2.29 (1.53)	2.34 (1.58)	2.26 (1.43)	2.21 (1.52)	.76***	—			
3. Sexual stigma	1.95 (0.48)	1.86 (0.47)	1.81 (0.46)	1.87 (0.43)	2.06 (0.51)$_{a,b}$	.11*	.11*	—		
4. Community attachment	65.90 (15.39)	64.38 (15.04)	65.47 (15.02)	63.15 (14.92)	65.86 (15.80)	.17***	.15**	.07	—	
5. Socialization efficacy	3.72 (0.85)	3.67 (0.93)	3.73 (0.86)	3.53 (0.97)	3.78 (0.90)	.08	.11*	.08	.38***	—

Note. Subscripts denote significant differences between groups. Cisgender women showed higher parenting desire than cisgender men ($p = .035$). TGNC participants showed higher sexual stigma than cisgender women ($p < .001$) and cisgender men ($p = .005$). There were no significant differences between sexual identity groups. TGNC = transgender and gender nonconforming.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2
Preliminary Analysis Model Fit by Individual Groups

Group	χ^2	*df*	*p*	CFI	TLI	RMSEA	90% CI
Monosexual	0.542	1	.462	1.00	1.08	.000	[.00, .20]
Plurisexual	2.571	1	.109	0.99	0.86	.08	[.00, .19]
Cisgender women	0.054	1	.816	1.00	1.10	.000	[.00, .11]
Cisgender men	0.714	1	.398	1.00	1.06	.000	[.00, .22]
TGNC	2.634	1	.105	0.99	0.60	.13	[.00, .32]
Final model full sample	37.79	33	.259	0.99	0.98	.02	[.00, .04]

Note. CFI = comparative fit index; TLI = Tucker–Lewis index; RMSEA = root-mean-square error of approximation; CI = confidence interval; TGNC = transgender and gender nonconforming.

Experiences of Stigma and Thoughts About Parenthood

Estimated coefficients for all paths are in Table 4. For cisgender women, stigma was positively associated with parenting desire, $\beta = .24$, $p < .001$. No such relationship emerged, however, between stigma and parenting desire for cisgender men, $\beta = -.01$, $p = .877$, or TGNC adults, $\beta = .09$, $p = .236$. Across all groups, stigma was positively associated with parenting intentions, $\beta = .139$, $p = .009$, but not with socialization self-efficacy, $\beta = .02$, $p = .657$.

Role of Community Connections

There was no significant interaction between stigma and community connection in predicting parenting desire, $\beta = .03$, $p = .672$. The interaction between these two variables in predicting parenting intentions approached significance, $\beta = .11$, $p = .064$. Follow-up analyses conducted using the PROCESS macro (Hayes, 2018) in SPSS Version 28 showed that the relationship between stigma and parenting intentions was not significant at low levels, $b = .03$, $SE = .22$, $p = .878$, or average levels of community connection, $b = .29$, $SE = .15$, $p = .062$. However, there was a positive relationship between stigma and parenting intentions at high levels of community connection, $b = .54$, $SE = .21$, $p = .009$. As predicted, greater community connection was associated with greater socialization self-efficacy, $\beta = .39$, $p < .001$. Socialization self-efficacy was not associated with parenting desires, $\beta = .05$, $p = .279$. Similarly, socialization self-efficacy was not associated with parenting intentions, $\beta = .09$, $p = .071$.

Discussion

The present study provides important contributions to our understanding of thoughts about future parenthood among child-free LGBTQ+ individuals. For one, the present study conceptualizes thoughts of future parenthood not only in terms of *if* LGBTQ+ adults

Table 3
Model Comparisons to Determine Invariant Parameters in Gender Identity Multigroup Analyses

Model	Model χ^2	*df*	$\Delta\chi^2$	Δdf	*p*	
Unconstrained model	3.41	3				
Fully constrained model	104.54	41	101.13	38	<.001	
Parameter constrained	**Model χ^2**	***df***	**$\Delta\chi^2$**	**Δdf**	***p***	**Invariant?**
PSS > desire	91.17	39	13.37	2	.001	No
PSS > intent	99.07	39	5.47	2	.065	Yes
PSOC > desire	102.11	39	2.43	2	.297	Yes
PSOC > intent	102.26	39	2.28	2	.319	Yes
PSS × PSOC > desire	102.42	39	2.12	2	.346	Yes
PSS × PSOC > intent	101.70	39	2.84	2	.242	Yes
PSOC > SMPS	102.03	39	2.51	2	.285	Yes
SMPS > desire	101.70	39	2.84	2	.242	Yes
SMPS > intent	98.94	39	5.60	2	.061	Yes
PSS > SMPS	102.11	39	2.43	2	.297	Yes
Age > SMPS	103.14	39	1.40	2	.497	Yes
Age > intent	103.57	39	0.97	2	.615	Yes
Age > desire	103.80	39	0.74	2	.691	Yes
Covariance of PSS and PSOC	97.03	39	7.51	2	.022	No
Covariance of PSOC and PSS × PSOC	77.88	39	26.66	2	<.001	No
Covariance of PSS and PSS × PSOC	84.43	39	20.11	2	<.001	No
Covariance of Age and PSS	104.06	39	0.48	2	.785	Yes
Covariance of Age and PSS × PSOC	98.71	39	5.83	2	.054	Yes
Covariance of Age and PSOC	103.60	39	0.94	2	.625	Yes

Note. PSS = stigma; PSOC = community; SMPS = socialization efficacy; PSOC = psychological sense of community; LGBTQ+ = lesbian, gay, bisexual, transgender, queer, and more identities.

Table 4
Coefficients for All Estimated Paths in Final Gender Identity Multigroup Analysis Model

Path	*b*	*SE*	β	*p*
Age > socialization efficacy	.01	.01	.09	.008
Age > desire	−.02	.01	−.13	<.001
Age > intentions	−.03	.01	−.12	<.001
Stigma > desire, Cis women	.60	.14	.24	<.001
Stigma > desire, Cis men	−.02	.15	−.01	.877
Stigma > desire, TGNC	.19	.16	.09	.236
Stigma > intentions	.40	.15	.14	.009
Stigma > socialization efficacy	.04	.09	.02	.657
Community > desire	.01	.004	.11	.038
Community > intentions	.01	.01	.10	.099
Community > socialization efficacy	.02	.003	.39	<.001
Socialization efficacy > desire	.06	.06	.05	.279
Socialization efficacy > intentions	.15	.08	.05	.071
Stigma × Community > desire	.003	.01	.03	.672
Stigma × Community > intentions	.02	.01	.11	.064

Note. Only the pathway between stigma and parenting desires was allowed to vary across gender identity groups. Coefficients for all other paths include the entire sample. *SE* = standard error; TGNC = transgender and gender nonconforming.

want to become parents (i.e., parenting desires and intentions) but also *how* they think of parenting as LGBTQ+ individuals (i.e., LGBTQ+ parent socialization self-efficacy). Additionally, the present study directly examines the role of LGBTQ+ community connections in statistically predicting thoughts of future parenthood, particularly when individuals experience minority stress. Overall, we found mixed support for our hypotheses, which we interpret in more detail below.

Stigma and Future Parenthood

Our hypothesis that greater reports of stigmatization would be associated with lower reports of parenting desires and intentions was not supported. Instead, we found a positive association between stigmatization and parenting desires for cisgender women and a positive association between stigmatization and parenting intentions across identity groups. Although this finding is inconsistent with what we predicted based on minority stress theory (Brooks, 1981; Meyer, 2003; Meyer & Frost, 2013) and some previous research (Gato et al., 2020; Shenkman, 2021; Wang & Zheng, 2022), it is consistent with findings from other studies (Amodeo et al., 2018). For example, Dorri and Russell (2022) found that greater internalized homophobia was associated with higher parenting desire and a higher gap between parenting desire and perceived likelihood of becoming a parent.

Simon et al. (2019) found that sexual minority women considered getting involved in LGBTQ+ activism related to parenthood and marriage as they were considering potential parenthood. It may follow, then, that those who strongly desire parenthood may also be more aware of stigma and barriers to parenthood for LGBTQ+ individuals. This interpretation would also be supported by the wording of our parenting intentions measure, which asked participants how much they were "willing to give up" to become a parent. Although this item was designed to measure the strength of parenting intentions, it is possible that those who perceive more stigma anticipate having to sacrifice more to become a parent. Similarly, our measure of parenting desires asked participants to reflect on how often they think of becoming a parent. It may be the case that individuals who anticipate more stigma spend more time thinking about what becoming a parent would entail. These measures have been used in studies with samples representing both cisgender heterosexual adults and LGBTQ+ adults (e.g., Boivin et al., 2018; Lasio et al., 2020; van Balen & Trimbos-Kemper, 1995; van Houten et al., 2020), and as such, we built upon this previous research using this measure. That said, the unique barriers to parenthood faced by LGBTQ+ people may shape their interpretation of these items differently than cisgender heterosexual individuals. Despite this limitation, our findings suggest that stigmatization is associated with thoughts about future parenthood.

Alternatively, theories of hegemonic heteronormativity in families (Allen & Mendez, 2018) suggest that it may be the case that those who report greater stigma may also more closely ascribe to homonormative ideals of family (i.e., LGBTQ+ families that otherwise reflect heteronormative standards of families parented by two legally married parents) and thus have greater parenting desires. Although many LGBTQ+ individuals parent in ways that intentionally challenge social institutions (Oswald et al., 2009), it is also possible for LGBTQ+ individuals to gain access to privilege associated with these social institutions by distancing themselves from other "nonnormative" LGBTQ+ individuals (Allen & Mendez, 2018). Thus, parenthood may be seen by individuals as protecting against future experiences of stigma. Amodeo et al. (2018) found that among lesbian women (but not gay men), greater sexual orientation concealment was associated with greater parenting desire. This is also consistent with our finding that stigma was related to parenting desire for cisgender women but not cisgender men or TGNC adults. Gendered associations of parenthood with women in our society may make it so that parenthood provides greater access to homonormative privilege for LGBTQ+ *women* rather than LGBTQ+ individuals with other gender identities. For example, among LGBTQ+ parents in Québec, lesbian women were more likely to report inclusion of their family type as compared to those with other LGBTQ+ identities (Chbat et al., 2022). Conversely, achieving parenthood and thereby breaking with gendered expectations for cisgender men and TGNC folks may not be perceived as providing the same protection from stigmatization.

We also found no support for a relationship between experiences of stigma and LGBTQ+ parent socialization self-efficacy. Perhaps experiences of stigma are less important for how child-free LGBTQ+ individuals think about their ability to socialize their children than their ability to cope with stigma. Research on predictors of racial socialization practices has found that parents' racial coping self-efficacy is predictive of parents' racial socialization practices (Smith et al., 2022). Future research should examine whether LGBTQ+ adults' self-efficacy for coping with LGBTQ+ stigma informs their LGBTQ+ parent socialization self-efficacy and, in turn, their actual socialization practices.

Role of Community Connection

For our second aim, we examined the role of LGBTQ+ community connection to thoughts about future parenthood. Our hypothesis that community connection would moderate the relationship between stigma and parenting desires and intentions was partially supported. We only found statistical support for an interaction between stigma and community connection in predicting parenting intentions; the

positive relationship between stigma and parenting intentions was significant at high levels of connection. The direction of this relationship is the opposite of what we had predicted, yet these findings may still point to the importance of community support in the face of stigmatization. Those who have experienced more stigmatization may be more likely to seek out community support (Jackson, 2017; Simon et al., 2019).

We did find support for our hypothesis that greater community connection would be associated with greater LGBTQ+ parent socialization self-efficacy, suggesting that involvement in the LGBTQ+ community may be an important resource for future LGBTQ+ parents (Simon et al., 2019). Such involvement may provide future parents with more tangible access to these resources that they may, in turn, share with their children. Additionally, involvement in the LGBTQ+ community may expose LGBTQ+ individuals to socialization practices being used by current LGBTQ+ parents. Indeed, among sexual minority individuals, involvement in LGBTQ+ activism and the LGBTQ+ community are associated with more problem-solving coping skills (Szymanski et al., 2023). Therefore, those with greater community connections may feel more confident that they have the skills necessary to prepare their children for encountering bias. LGBTQ+ parent socialization is associated with more positive developmental outcomes for children (Simon & Farr, 2022). Therefore, increased socialization self-efficacy among LGBTQ+ people through community connection may have beneficial outcomes for child development.

Contrary to expectations from TPB (Aizen & Klobas, 2013), socialization self-efficacy was not associated with parenting desires and intentions. We hypothesized that feeling as though one would be able to successfully prepare one's child for facing stigmatization because of their family would equate to a control belief that would predict greater parenting desire and intentions. Our lack of support for this hypothesis may suggest that thinking about *whether* one wants to be an LGBTQ+ parent and *how* one wants to parent as an LGBTQ+ person are distinct processes.

Variations Among Identity Groups

An important contribution of this study was our examination of whether the examined associations among model variables varied by sexual and gender identity. Overall, our findings suggested more similarities than differences across identity groups. There were no differences in model pathways between monosexual and plurisexual individuals. Among gender identity groups, only the pathway between stigma and parenting desire varied across groups. That said, there were some notable differences in levels of the constructs of interest. Findings from our gender multigroup analyses are consistent with previous research comparing cisgender women and cisgender men (e.g., Gato et al., 2020), yet these findings are inconsistent with research showing no differences between cisgender women and TGNC individuals (Salinas-Quiroz et al., 2020). This inconsistency may reflect diverse experiences among people of specific gender identities (e.g., transgender women and nonbinary individuals) that are grouped together here for reasons of sample size. We did not find any differences between monosexual and plurisexual individuals, which is consistent with some research (Simon et al., 2018) but inconsistent with other research (Riskind & Tornello, 2017). As with gender identity, these inconsistencies may reflect different experiences across specific identities. Future research should attend to heterogeneity within these identity groups. Additionally, our measures asked participants to report on experiences of LGBTQ+ stigma broadly. Future research disentangling sexual stigma from gender stigma may help unpack how stigma unique to TGNC parents may influence thoughts of future parenthood.

Limitations and Future Directions

One major limitation of this study was our inability to examine intersections of sexual and gender identities (i.e., monosexual cisgender women vs. plurisexual cisgender women) due to the constraints of our multigroup analyses. As noted in the literature review, previous research has been mixed in whether parenting desires and intentions vary at these intersections (Riskind & Tornello, 2017; Salinas-Quiroz et al., 2020), and future research should attend further to within-group differences. The wording of our parenting intentions item, which focuses on what participants would give up to be a parent, may also limit interpretations of our results (i.e., this item may tap expectations of barriers to parenthood). The use of single-item measures of parenting desires and intentions is common within the literature (e.g., Dorri & Russell, 2022; Godfrey et al., 2022; Riskind & Patterson, 2010; Tate et al., 2019). That said, our results highlight the need for additional research understanding the nature of parenting desires and intentions among LGBTQ+ people and the development of measures to accurately capture the nuances in thoughts of future parenthood among this population. This may also include items from a strengths-based approach (e.g., how would parenthood enhance your life?).

Additionally, our participants reported a wide range of income levels. As many barriers to parenthood for LGBTQ+ people are related to costs (e.g., medical expenses, attorney fees; Farr & Goldberg, 2018; Tornello & Bos, 2017), future work should attend to how income and social class impact thoughts of future parenthood. Research should also expand upon the current work by examining how intersecting systems of power and privilege, such as racism and ableism, shape the associations examined here (Allen & Mendez, 2018).

Furthermore, the cross-sectional nature of our data limits our ability to draw conclusions about the directionality of relationships. Longitudinal research would allow the examination of the impact of stigma and community connections on thoughts of future parenthood for LGBTQ+ individuals at various phases of family planning. Perhaps potential experiences of stigma and need for community support may be more salient to those who are closer to parenthood. Similarly, future research should examine how relationship status may be related to thoughts of future parenthood. Although not everyone desires parenthood in the context of a romantic relationship (Tate, 2023), having a committed partner may prompt more concrete explorations of potential future parenthood for those who do.

Finally, regional- and community-level factors may be linked with the constructs of interest. For example, laws and policies related to access to LGBTQ+ parenthood in specific geographic regions may influence thoughts of future parenthood. Of note, a majority of our participants come from regions of the United States (e.g., South and Midwest) with greater concentrations of less affirming political and social climates for LGBTQ+ individuals. Similarly, community acceptance of LGBTQ+ individuals and families, as well as access to LGBTQ+ community resources, may shape experiences of stigmatization and community connection (Oswald et al., 2010). Future research should explore how regional- and community-level factors

moderate associations among stigmatization, community connection, and thoughts of future parenthood.

Implications for Policy and Practice

Our findings highlight the need to address experiences of stigmatization toward LGBTQ+ individuals in order to promote equitable access to parenthood (Farr & Goldberg, 2018). The findings also corroborate other work showing that TGNC individuals report experiencing more stigma than cisgender sexual minority individuals (Goldberg et al., 2020). Especially in light of recent waves of legislation targeting TGNC individuals in the United States (American Civil Liberties Union, 2023), these findings highlight the need for supportive and affirming policies that center the needs of TGNC people. Furthermore, the findings of the study point to connections to the LGBTQ+ community as a potentially important resource for LGBTQ+ individuals who may be considering what parenthood can look like for them. Policymakers should consider providing resources to support the development of local LGBTQ+ communities (e.g., supporting LGBTQ+ community centers). Additionally, practitioners should consider facilitating community connections when working with LGBTQ+ individuals who are considering parenthood as a way of providing affirming social support and resources.

Conclusion

In sum, our findings suggest that stigmatization and community connection play roles in thoughts about future parenthood for child-free LGBTQ+ individuals. Stigmatization was linked with greater parenting desires for cisgender women and greater parenting intentions across all participants, with few differences by sexual identity. However, the association between stigmatization and parenting intentions was only significant at high levels of community connection. Greater community connection was also associated with greater LGBTQ+ parent socialization self-efficacy. Thus, facilitating connection to the LGBTQ+ community may be one effective way to support child-free LGBTQ+ individuals who are considering future parenthood.

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