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Stigma and Lesbian, Gay, Bisexual, Transgender, and Queer (and Additional Identities) (LGBTQ+) Parent Socialization Self-Efficacy: Mediating Roles of Identity and Community

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In the United States, cultural forces have led to the stigmatization of lesbian, gay, bisexual, transgender, and queer (and additional identities) (LGBTQ+) parenthood. However, pushing back against this stigmatization, developing a positive LGBTQ+ identity, and investing in one's LGBTQ+ community may inform empowering narratives of future parenthood and related constructs, such as LGBTQ+ parent socialization. Perceived self-efficacy related to preparation for bias (i.e., discussions of discrimination, prejudice, or bias-based bullying) socialization is likely associated with an individual's own perceptions or experiences of stigmatization given the conceptual overlap of bias and stigma. However, other constructs related to stigmatization and socialization self-efficacy, such as positive LGBTQ+ identity or community connectedness, have yet to be simultaneously considered (to our knowledge). Further, previous research has rarely included different assessments of stigma (i.e., perceived and enacted) and/or dimensions of positive LGBTQ+ identity (i.e., authenticity and self-awareness). Thus, this study aimed to rectify these gaps and provide a greater understanding of sexual stigma and LGBTQ+ parent socialization self-efficacy. Using data from a survey-based, online, cross-sectional study of LGBTQ+ childfree adults ($N = 433$; $M_{\text{age}} = 29.85$ years old) in the United States, we found that experiences of enacted or perceived sexual stigma were differentially associated with LGBTQ+ parent socialization preparation for bias self-efficacy. Further, positive LGBTQ+ identity authenticity and self-awareness, as well as LGBTQ+ community connectedness played distinct roles as mediators of the relationships between sexual stigma and LGBTQ+ parent socialization self-efficacy. These findings have implications for how we might understand the role of stigma, identity, community, and socialization among future LGBTQ+ parents.

Keywords: lesbian, gay, bisexual, transgender, and queer (and additional identities) childfree adults; socialization; sexual stigma; positive identity; community connectedness

Preparation for bias (i.e., how parents talk with their children about discrimination) is an integral part of socialization that parents engage in with their children (Hughes et al., 2016). Substantial evidence indicates that preparation for bias is a complex form of socialization that can serve as a protective and promotive factor for youth (Priest et al., 2014) but much of this work has occurred with racial-ethnic minority families (Hughes et al., 2016), with less among lesbian, gay, bisexual, transgender, and queer (and additional identities) (LGBTQ+)

parent families (Simon & Farr, 2022). There are also gaps in the extant literature pertaining to one's LGBTQ+ parent socialization self-efficacy, especially preparation for bias socialization (i.e., perceived competency in preparing a child to experience bias because they are part of an LGBTQ+ parent family; Simon & Farr, 2022), and associated characteristics among childfree LGBTQ+ people. While there is research that has been conducted on LGBTQ+ parent socialization self-efficacy much of this has focused on LGBTQ+

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Research using these same data, but different variables, has been published in the *Journal of Family Psychology* and presented at the 2019 Annual National Council on Family Relations Conference. Data and

study materials are available upon request, additional information on measures in the study can also be found in Simon and Farr (2021a).

Kay A. Simon played a lead role in funding acquisition, investigation, methodology, project administration, resources, supervision, writing—original draft, and writing—review and editing and an equal role in conceptualization. Yueyao Wang played a lead role in data curation, formal analysis, and visualization, a supporting role in writing—original draft, and an equal role in conceptualization. Rachel H. Farr played a lead role in supervision and mentorship and a supporting role in writing—review and editing.

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people's self-efficacy in *becoming* a parent, and not how one perceives their own future parenting practices (Shenkman, 2021; Shenkman et al., 2023). Furthermore, while there are ongoing stereotypes about the competency of LGBTQ+ parents (Carneiro et al., 2017; Farr & Vázquez, 2020), the stigmatization of parenthood (Gato et al., 2019), and structural, legal, and financial barriers to parenthood (Farr & Goldberg, 2018; Patterson & Farr, 2022), many LGBTQ+ adults do become parents (Riskind & Tornello, 2017). Thus, research is needed to understand concepts related to future parenthood, such as perceived self-efficacy about socialization practices (i.e., LGBTQ+ parent socialization self-efficacy), and experiences associated with them. Stigma, positive identity, and community connectedness are three constructs that are likely to be associated with socialization self-efficacy, but these have not been thoroughly investigated among LGBTQ+ (childfree) adults. The present study, informed by minority stress theory (Brooks, 1981), and a strengths-based perspective (Vaughan & Rodriguez, 2014), aimed to rectify gaps in the literature by investigating the role of positive LGBTQ+ identity and community connectedness as mediators in the relationship between sexual stigma and preparation for bias self-efficacy among LGBTQ+ childfree adults.

Sexual Stigma and Preparation for Bias

Many LGBTQ+ people experience stigmatization or minority stressors of some kind, which has been associated with negative outcomes (e.g., lower psychological well-being; Bauermeister, 2014; Mohr & Sarno, 2016). Furthermore, research on other types of socialization self-efficacy among LGBTQ+ populations indicates that stigmatization and bias do impact self-efficacy. Specifically, LGBTQ+ people who experience stigma report lower desires for future parenthood and reduced self-efficacy to become a parent (Shenkman, 2021; Shenkman et al., 2023). However, there is a need to comprehensively investigate different types of socialization self-efficacy, such as preparation for bias socialization, given the variety of considerations related to future parenthood. These considerations are important as LGBTQ+ parents must contend with unique situations, such as how to navigate stigmatization their children face because they are part of an LGBTQ+ family rather than their children identifying as LGBTQ+ themselves (although children may also come to do so as they grow older). Socialization may be especially complex for LGBTQ+ parent families then, because they must discuss identities that not all family members share (i.e., children may not be gay, but parents are; Simon & Farr, 2022). Socialization research among racial-ethnic minority families also indicates variation in how the type of stigmatization—specifically, perceived or enacted—impacts socialization practices (Hughes et al., 2016). Research shows that when parents experience race-based discrimination (i.e., enacted stigma), they engage in greater preparation for bias with their children (Saleem et al., 2020), which may also occur if a parent perceives stigmatization to protect against future negativity. Research also indicates that gender identity is associated with racial-ethnic socialization (e.g., fathers engage in greater preparation for bias; Hughes et al., 2016); however, associations with gender and LGBTQ+ parent socialization self-efficacy have yet to be comprehensively investigated.

Many parents, in the context of racial-ethnic socialization (Hughes et al., 2016), report engaging in preparation for bias *reactively* such that bias-based conversations only occur *after* a child

has experienced negativity. While research finds that LGBTQ+ parents typically report being proactive in some dimensions of socialization practices, such as cultural socialization (e.g., discussion of activities related to a child's cultural heritage; Simon & Farr, 2022), and family planning (Simon et al., 2018), this may not apply to preparation for bias. Research does suggest that LGBTQ+ parents do engage in preparation for bias (Goldberg & Smith, 2016), but it is unclear if preparation for bias occurs reactively as it often does in racial-ethnic minority families. Unfortunately, children with LGBTQ+ parents report experiencing heterosexism as young as 5 years old (Bos & van Balen, 2008; Carone et al., 2022; Farr, Crain, et al., 2016; Farr, Oakley, et al., 2016), while race-based preparation for bias tends to occur when children are in late childhood or preadolescence (Hughes et al., 2016). If preparation for bias does occur, it may be through parents intentionally "setting the stage" for socialization related to bias so that these difficult conversations are scaffolded for children, which has some support in LGBTQ+ family literature (Goldberg et al., 2016). That is, LGBTQ+ parents may consider LGBTQ+ parent family socialization prior to said socialization occurring and perceive themselves as having varying competency to engage in said practices. This may suggest that self-efficacy related to preparation for bias is considered prior to parenthood, which is important given the lack of research on how experiences or perceptions of sexual stigma impact LGBTQ+ people's socialization self-efficacy. Thus, investigation of socialization self-efficacy and associated constructs, such as perceptions or experiences of sexual stigma among childfree LGBTQ+ adults may provide a greater understanding of future parenthood considerations and inform how we can prepare future LGBTQ+ parents to thrive.

The Role of Identity and Community in Stigma and Socialization

While stigmatization plays a role in people's socialization practices, other constructs such as identity or community connectedness may also be interwoven with this relationship. Positive LGBTQ+ identity can be understood as being composed of different dimensions such as holding an authentic sense of self, self-awareness of one's identity, or community connectedness, among others (Vaughan & Rodriguez, 2014). These positive identity dimensions may also resemble other theoretical understandings of identity development. For example, one's authentic sense of self (i.e., identity authenticity) resembles some aspects of identity centrality, which has been found to be associated with stigmatization (Hinton et al., 2022). Research finds that individuals who report high identity centrality also report greater perceived sexual stigma (Hinton et al., 2022), which could suggest that greater authenticity is also associated with greater perceived sexual stigma. In addition, other dimensions of identity, such as self-awareness, may function similarly to other identity constructs such as identity saliency (e.g., how often one thinks about their identity; Hughes et al., 2016). Although associations between identity saliency or self-awareness and stigmatization are still unclear, it may be that experiences of sexual stigma lead to greater saliency or awareness of one's identity (Mohr & Sarno, 2016). With little information in the extant literature, additional work is needed on the potential associations between stigma, socialization self-efficacy, and identity simultaneously.

Research has also found that one's connectedness to the LGBTQ+ community can play a role in perceptions of future parenthood.

For example, Simon et al. (2019) found that sexual minority women, many of whom were childfree, reported an investment in their LGBTQ+ community, and by extension, socialization practices for their future children. Further, research finds that cisgender women (compared to men) report greater awareness of one's surrounding LGBTQ+ community (compared to cisgender men; Lin & Israel, 2012), although this work is not specific to future parenthood. Other work has also found that gay fathers engage in socialization practices as an important form of advocacy and a way to showcase their commitment to their LGBTQ+ community (Carroll, 2018). In turn, future parents likely want to maintain their relationship to their LGBTQ+ community as a way of ensuring that this cultural history and community connectedness will continue to be present once they become a parent (Simon et al., 2019). Finally, other aspects of socialization practices beyond preparation for bias involve discussion of the LGBTQ+ community. Cultural socialization in particular emphasizes discussion of visibility and the cultural history of the LGBTQ+ community (Oakley et al., 2017). Given the deep history of the stigmatization of LGBTQ+ people, community connectedness may also be associated with preparation for bias, which is supported by previous research in the context of racial-ethnic socialization (Umaña-Taylor & Hill, 2020).

In sum, LGBTQ+ community connectedness appears linked with socialization practices and stigmatization, yet little work has examined whether community connectedness plays a role in the relationship between stigmatization and socialization. If community connectedness does mediate the relationship between stigmatization and socialization self-efficacy, then interventions could emphasize one's investment in their LGBTQ+ community in preparing for future parenthood. As such, investigation of community connectedness in the context of related constructs such as sexual stigma, positive identity, and socialization self-efficacy is needed.

Minority Stress Theory

With increasing work on the stigmatization of LGBTQ+ people in the context of future parenthood (Dorri & Russell, 2022), it is important to conduct theoretically informed research to understand findings and maximally contribute to LGBTQ+ family science research (Farr et al., 2017). As such, this work is informed by minority stress theory (Brooks, 1981; Meyer, 2003), which suggests that LGBTQ+ people report health disparities relative to their cisgender heterosexual counterparts due to stress accumulated through structural marginalization. From these minority stressors are those that may be considered proximal, such as experiencing discrimination, or distal, such as one's perceptions of discrimination, which may lead to different outcomes based on the construct of interest (e.g., parenting desires compared to likelihood of becoming a parent; Dorri & Russell, 2022). Thus, enacted stigma can be understood as a proximal stressor while perceptions of stigma can be understood as a distal stressor; each are of interest as they have been shown to differentially impact outcomes (Scandurra et al., 2019).

While there is substantial research that investigates enacted or perceived sexual stigma among LGBTQ+ adults (Dorri & Russell, 2022), less work has focused on how stigmatization influences future thoughts, especially related to parenting self-efficacy or practices. Past research has found that some LGBTQ+ childfree adults experience a form of conceptual grief (Simon & Farr, 2021a) related to the belief that they have lost access to mainstream cultural scripts of parenthood

and family formation. This negativity then, may be considered a nonevent stressor—an event that is anticipated in one's life course but does not occur (Frost & LeBlanc, 2014). As nonevent stressors are difficult to navigate, given that they are associated with the absence of life events rather than explicit negativity, investigation of the links between stigmatization and considerations of future parenthood is an important area of interest to ensure positive development and functioning among LGBTQ+ future parents.

The Present Study

The goal of this study was to quantitatively investigate roles of identity self-awareness or authenticity, and community connectedness in the relationship between perceived and enacted sexual stigma with LGBTQ+ parent socialization self-efficacy in preparation for bias. That is, our work aimed to investigate whether positive identity or community connectedness mediates the relationship between stigma and socialization self-efficacy. To do this, we utilized structural equation modeling (SEM) using secondary data from an online, cross-sectional survey of childfree LGBTQ+ adults' perceptions of future parenthood (Simon & Farr, 2021a). Given past research (Goldberg et al., 2016; Hughes et al., 2016), we anticipated that our constructs of interest would be associated with one another, and that identity and community connectedness would mediate the relationship between stigma and socialization self-efficacy. Our work was exploratory due to gaps in the literature and since types of stigma (i.e., perceived or enacted) and dimensions of identity (i.e., authenticity or self-awareness) have not been distinguished in the context of preparation for bias or community connectedness.

Method

Procedure

Participants were recruited through three different means, specifically Amazon's Mechanical Turk (MTurk; $n = 394$), online volunteer snowball sampling ($n = 26$), and the subject pool at a large university in the Southern United States ($n = 13$). To be eligible, participants needed to reside in the United States, be childfree, identify as LGBTQ+, and be 18 years of age or older at the time of the survey. MTurk participants received \$3 for their time and subject pool participants received course credit hours. Volunteers did not receive compensation. Following consent, participants received questionnaires that covered perceptions of future parenthood, community connectedness, experiences of stigma, and identity. These data are part of a larger study on LGBTQ+ childfree adults' perceptions of future parenthood and ambiguous loss (Simon & Farr, 2021a). Data and study materials are available upon request from the corresponding author, this study was not preregistered. The institutional review board at the University of Kentucky approved this study.

Participants

All participants were childfree LGBTQ+ individuals, who were 18 years of age or older (the oldest participant was 69 years old, although most were 35 or younger), and in the United States ($N = 433$). Participants averaged 30 years old ($M = 29.85$, $SD = 8.80$, $Med = 28$). Participants also represented several different sexual identities and were classified into three groups, plurisexual (e.g., bisexual; $n = 220$), lesbian or gay ($n = 145$), or additional identities

(e.g., asexual; $n = 68$). Participants' gender identities were also classified into three groups, with cisgender women ($n = 201$) representing the largest group, followed by cisgender men ($n = 122$), and transgender/nonbinary individuals ($n = 110$). Most participants were White ($n = 308$; 71.11%) with smaller groups of African American ($n = 35$; 8.08%), Latino/a/x ($n = 24$; 6.47%), multiracial ($n = 18$; 4.16%), Asian American/Pacific Islander ($n = 15$; 3.46%), and Native American ($n = 4$; .92%) people. The modal relationship status was single ($n = 167$; 38.57%), followed by those in legally recognized marriages or engaged ($n = 76$; 17.55%), dating ($n = 30$; 6.93%), or who represented another relationship type or structure (e.g., nonlegal/ceremony only marriage; $n = 14$; 3.23%). Further, participants reported a middle-class income, with considerable variation ($M = \$55,000$, $SD = \$52,050$). Approximately half had a bachelor's degree or higher (49.6%). Slightly less than half of the participants lived in the Southern United States ($n = 176$; 43.5%), followed by smaller groups in the Western ($n = 82$; 20.2%), northeastern ($n = 79$; 19.5%), and Midwestern ($n = 68$; 16.8%) United States. See Simon and Farr (2021a) for additional information on the demographic characteristics of participants.

Measures

Demographic Factors

Participants reported their age, education, household income, gender, sexual orientation, and racial-ethnic identities.

Sexual Stigma

To assess life-time stigma experiences, participants completed a 12-item sexual stigma measure on a 1 (*never*) to 4 (*many times*) scale (Logie & Earnshaw, 2015). There are two subscales: perceived (five items, e.g., "How often have you heard that lesbian, queer, and bisexual women are not normal?") and enacted stigma (seven items, e.g., "How often have you been made fun of or called names for being lesbian, queer, or bisexual?"). Original wording was modified to be more inclusive of lesbian, gay, bisexual, transgender, and queer identity (LGBTQ)¹ identities (e.g., "How often have you been harassed by the police for being lesbian, queer, or bisexual?" was changed to "How often have you been harassed by the police for being an LGBTQ person?"). Higher scores (across subscales) indicate greater frequency of sexual stigma experiences. The measure showed good reliability ($\alpha = .80$).

Positive LGBTQ Identity

Participants received an adapted version of the lesbian, gay, and bisexual (LGB) Positive Identity Measure (LGB-PIM; Riggle et al., 2014) to assess well-being related to one's LGBTQ+ identity with subscales of self-awareness (e.g., "My LGBT identity leads me to important insights about myself") and authenticity (e.g., "I have a sense of inner peace about my lesbian, gay, bisexual, and transgender (LGBT) identity"). The LGB-PIM Authenticity subscale was used given previous operationalization of this construct as LGBTQ+ positive identity (Vaughan & Rodriguez, 2014), and its conceptual orientation toward an internal sense of self. Items are rated from 1 (*strongly disagree*) to 7 (*strongly agree*); higher scores indicate greater positive identity. We made one modification in the instructions to ensure inclusive language of transgender identities. The two sub-

scales demonstrated good reliability ($\alpha = .91$ for self-awareness and $\alpha = .87$ for authenticity).

General Psychological Sense of LGBTQ+ Community

Participants received a five-item measure that assessed general sense of LGBT community (Lin & Israel, 2012; e.g., "In general, how well do LGBT people get along?"; "In general, how warm do LGBT people feel toward each other?"), which was to be inclusive of LGBTQ+ rather than solely LGBT identities. The subscale of general sense of LGBT community (i.e., community connectedness) was selected given that one's connectedness to LGBTQ+ communities and culture can be online or within one's own geographic LGBT community (Escobar-Viera et al., 2018), whereas other items in the measure were more pointed toward associated constructs (e.g., needs fulfillment; Lin & Israel, 2012). Items are rated from 1 (*none*) to 5 (*a great deal*); higher scores indicate greater LGBTQ+ community connectedness. This subscale demonstrated good reliability ($\alpha = .92$).

Preparation for Bias Socialization Self-Efficacy

Participants received an eight-item measure that assessed self-efficacy to engage in socialization (e.g., "I think it is very important to educate my child about the realities of prejudice, bias, and discrimination in relation to homosexuality"), which was an adapted version of the Sexual Minority Parent Socialization Self-Efficacy Scale (Wyman Battalen et al., 2019). Items were adapted to assess participants' self-efficacy to engage in socialization if they were to have a child in the future. Items are rated from 1 (*not at all confident*) to 5 (*highly confident*); higher scores indicate greater self-efficacy to engage in socialization around LGBT issues. This measure demonstrated good reliability ($\alpha = .89$).

Parenting Desires and Intentions

An important potential covariate in our study, given investment in future parenthood practices, are individuals' interest in becoming a parent at some point in time in the future. Related to the previous studies on LGBTQ+ childfree adults' perceptions of parenthood (Simon et al., 2018), we asked participants "How often do you think about becoming a parent?" with response options ranging from 1 (*never*) to 5 (*very often*) to assess parenting desires ($M = 2.63$, $SD = 1.09$), and "What are you willing to give up to become a parent?" on a 1 (It does not matter whether or not I become a parent) to 6 (I will do everything to become a parent), to assess parenting intentions ($M = 2.28$, $SD = 1.52$).

Results

Analytic Plan

We first conducted descriptive statistics and product-moment correlations on our variables of interest (Table 1). Second, we conducted confirmatory factor analyses and subsequent mediation model analyses. Missing data were imputed with regression data imputation (Kline, 2015). Regression imputation involves using

¹ Although we use LGBTQ+ throughout, we use specific acronyms in the measures section to accurately reflect the wording used in the original study.

Table 1

Descriptive Statistics and Associations Between Variables of Interest Among LGBTQ+ Childfree Adults (N = 433)

Variable of interest	M (SD)	1	2	3	4	5	6
1. LGBTQ+ socialization self-efficacy	4.38 (0.63)	—					
2. Perceived stigma	2.52 (0.72)	.24***	—				
3. Enacted stigma	1.45 (0.45)	-.03	.42***	—			
4. Identity authenticity	5.55 (1.16)	.18***	-.18***	.02	—		
5. Identity self-awareness	5.15 (1.24)	.42***	.23***	.17***	.23***	—	
6. Community connectedness	3.68 (0.76)	.30***	-.04	-.15**	.18***	.42***	—

Note. LGBTQ+ = lesbian, gay, bisexual, transgender, and queer (and additional identities).

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

observed data to predict missing data using regression models and is a widely used method of imputation in SEM (Enders, 2010). Regression imputation can handle missing data when the data are missing at random, which is the most common assumption in SEM (Graham, 2009). It can also account for the relationship between variables, which can improve the accuracy of the imputed data (Enders, 2010). Several fit indices are commonly used to evaluate the goodness of fit of measurement models. The root-mean-square error of approximation (RMSEA), comparative fit index (CFI), incremental fit index (IFI), and Tucker–Lewis index (TLI) were chosen to assess if the measurement models were good representations of the data. The RMSEA is a measure of discrepancy between the model and observed data. A value of 0.08 or lower is considered a good fit (Hu & Bentler, 1999). The CFI and IFI are incremental fit indices that measure the degree of improvement in model fit relative to a null model. Values of 0.90 or higher indicate a strong fit (Bentler, 1990). The TLI is another IFI that measures the relative improvement in the fit of the proposed model compared to a baseline model. A value of 0.90 or higher is considered indicative of a strong fit (Kline, 2015). These indices were chosen because they are widely used in the literature and have been shown to be reliable indicators (Kline, 2015). All analyses were completed using Amos 28.

Measurement Models

Confirmatory factor analysis was conducted for both sexual stigma measures, both positive LGBTQ identity measures, psychological sense of LGBTQ community measure, and preparation for bias socialization self-efficacy measure. In the confirmatory factor analysis, each item within a subscale served as an indicator of the corresponding latent variable (Bollen, 1989). Good model fit was obtained for the confirmatory factor analysis model of perceived sexual stigma measure (CFI = .99, TLI = .97, IFI = .99, RMSEA = .06) and enacted sexual stigma measure (CFI = .94, TLI = .90, IFI = .94, RMSEA = .10), after adjustments were made based on the modification indices. Additionally, both confirmatory factor analysis models for positive LGBTQ identity measures showed good model fits (CFI = .98, TLI = .95, IFI = .99, RMSEA = .10 for self-awareness, and CFI = .99, TLI = .95, IFI = .99, RMSEA = .10 for authenticity). Furthermore, the confirmatory factor analysis model of general psychological sense of LGBTQ community measure demonstrated excellent model fit (CFI = 1.0, TLI = 1.0, IFI = 1.0, RMSEA = 0). Finally, the confirmatory factor analysis model of preparation for bias socialization self-efficacy measure also yielded good model fit (CFI = .98, TLI = .95, IFI = .98, RMSEA = .08).

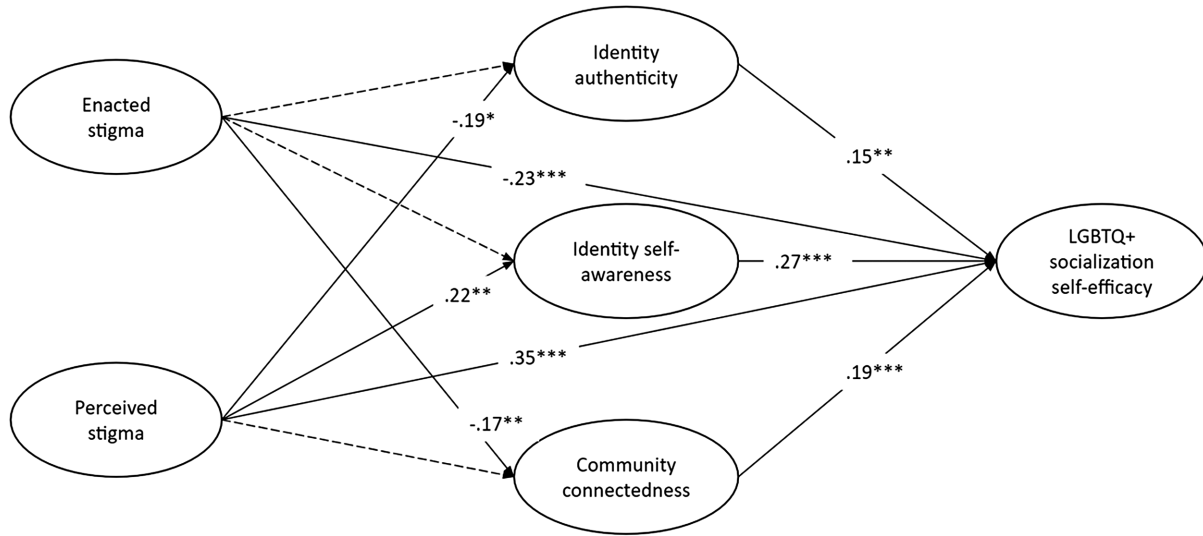
Full Model

The hypothesized latent mediation model was tested using SEM with Amos 28. The full model, which examined PIMs and LGBTQ+ community connectedness (i.e., psychological sense of LGBTQ community) as buffers against the association between perceived sexual stigma and socialization self-efficacy, approached good model fit: CFI = .88, TLI = .86, IFI = .88, RMSEA = .06. Control variables such as parenting desires or intentions, age, education, household income, gender (cisgender man, cisgender woman, and transgender/nonbinary), sexual orientation (lesbian/gay, bisexual/pansexual, and not-lesbian, gay, bisexual, and pansexual), and race (White and non-White) were included. The inclusion of these control variables allowed us to examine the unique effects of the variables under investigation while controlling for other relevant factors. Among these, only parenting intentions, age, education, and gender exhibited significant associations with any of the endogenous variables. More specifically, intentions was negatively associated with LGBTQ+ community connectedness ($p = .044$), such that greater parenting intentions was associated with lower LGBTQ+ community connectedness. Age and education were positively associated with authenticity ($p < .001$ and $p = .035$, respectively). Compared to the cisgender men, cisgender women and transgender participants reported having higher levels of self-awareness ($p < .001$ for both) and higher levels of socialization self-efficacy ($p = .030$ and $p = .016$, respectively). Additionally, cisgender women reported higher levels of LGBTQ+ community connectedness compared to cisgender men ($p < .001$). Therefore, a revised full model was tested that included parenting intentions, age, education, and gender as control variables (Figure 1). The model fit was good for the adjusted model: CFI = .90, TLI = .89, IFI = .90, RMSEA = .05. The control variables displayed consistent patterns in relation to the endogenous variables, similar to those observed in the previous model.

The final model, which included three partial mediation effects, was interpreted in two steps. First, as shown in Figure 2, the relationship between enacted stigma and parents’ socialization self-efficacy was partially mediated by LGBTQ+ community connectedness. While the total effect of enacted stigma on socialization self-efficacy was negative ($-.27, p < .001$), the direct effect of enacted stigma on socialization self-efficacy decreased ($-.23, p < .001$) after the mediator, LGBTQ+ community connectedness, was introduced. More specifically, the total effect indicated that participants who reported experiencing enacted stigma were less likely to report socialization self-efficacy. However, community connectedness acted as a buffer against this effect, as a higher

Figure 1

Full Mediation Model With Parenting Intentions, Age, Education, and Gender as Control Variables



Note. Measurement models had good model fit for perceived sexual stigma (CFI = .99, TLI = .97, IFI = .99, RMSEA = .06), enacted sexual stigma (CFI = .94, TLI = .90, IFI = .94, RMSEA = .10), PIM: self-awareness (CFI = .98, TLI = .95, IFI = .99, RMSEA = .10), PIM: authenticity (CFI = .99, TLI = .95, IFI = .99, RMSEA = .10), general psychological sense of LGBT community (CFI = .1, TLI = 1, IFI = 1, RMSEA = 0), and parent socialization self-efficacy (CFI = .98, TLI = .95, IFI = .98, RMSEA = .08). CFI = comparative fit index; TLI = Tucker–Lewis index; IFI = incremental fit index; RMSEA = root-mean-square error of approximation; PIM = positive identity measure; LGBT = lesbian, gay, bisexual, and transgender; LGBTQ+ = lesbian, gay, bisexual, transgender, and queer (and additional identities). Standard estimates were reported. Dashed lines indicate nonsignificance.

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

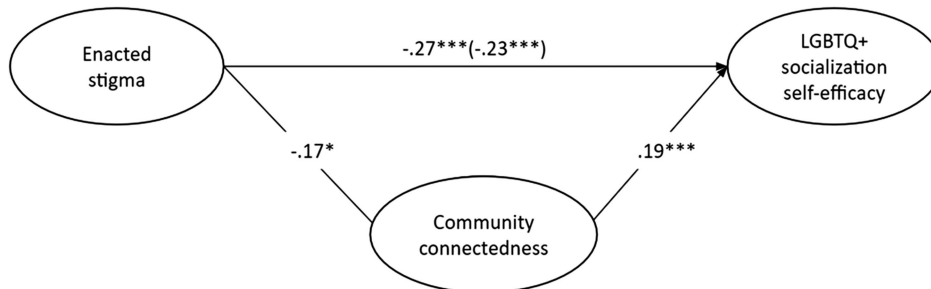
community connectedness constrained the relationship between enacted stigma and socialization self-efficacy (indirect effect estimate = $-.03$, $p = .003$).

Second, as demonstrated in Figure 3, the relationship between perceived stigma and preparation for bias socialization self-efficacy was partially mediated by both PIMs. The total effect of perceived stigma on socialization self-efficacy was positive ($.39$, $p < .001$). Specifically, participants who reported higher perceived stigma were more likely to report greater socialization self-efficacy. Upon introducing the mediators, authenticity and self-awareness, the direct

effect of perceived stigma on socialization self-efficacy decreased ($.35$, $p < .001$). These two partial mediation effects were subsequently examined separately. The mediator authenticity weakened the relationship between perceived stigma and socialization self-efficacy (indirect effect $-.03$, $p = .029$). Although participants who reported higher perceived stigma were more likely to report increased socialization self-efficacy, a higher sense of authenticity diminished the strength of this relationship. On the other hand, the mediator self-awareness strengthened the relationship between perceived stigma and socialization self-efficacy (indirect effect $.05$, $p = .009$).

Figure 2

Relationship Between Enacted Sexual Stigma and Socialization Self-Efficacy, Mediated by General Psychological Sense of LGBT Community

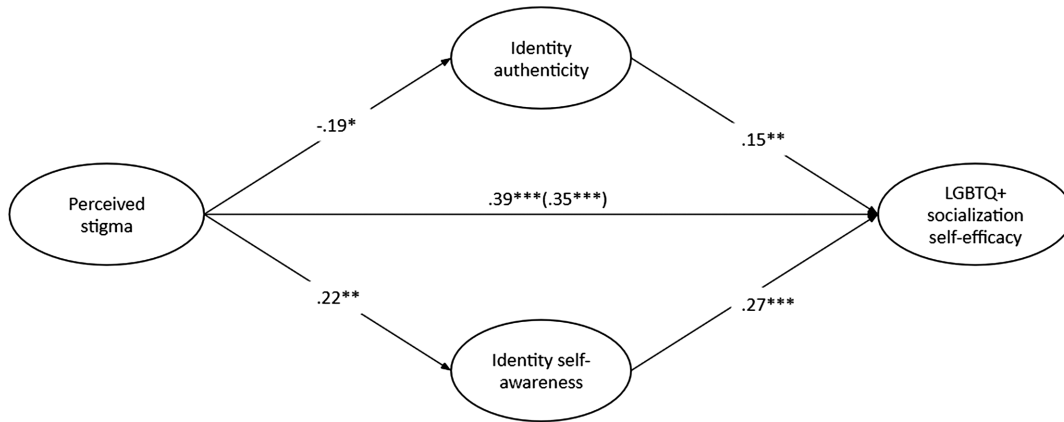


Note. Mediation path is represented by total effect c (direct effect c'). Standard estimates were reported. Indirect effect was detected, $\beta = -.03^{**}$. LGBT = lesbian, gay, bisexual, and transgender; LGBTQ+ = lesbian, gay, bisexual, transgender, and queer (and additional identities).

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

Figure 3

Relationship Between Perceived Sexual Stigma and Socialization Self-Efficacy, Mediated by Authenticity and Self-Awareness



Note. Mediation path is represented by total effect c (direct effect c'). Standard estimates were reported. Indirect effect was detected for authenticity, $\beta = -.03^*$. Indirect effect was also detected for self-awareness, $\beta = .05^{**}$.
 $^* p < .05$. $^{**} p < .01$. $^{***} p < .001$.

Participants reporting higher perceived stigma were still more likely to report greater socialization self-efficacy; a heightened sense of self-awareness further strengthened this relationship.

Discussion

The present study contributes to the extant literature on LGBTQ+ parent socialization self-efficacy, specifically preparation for bias, (perceived and enacted) sexual stigma, positive LGBTQ+ identity, and LGBTQ+ community connectedness. Our findings elucidate the roles that different dimensions of positive LGBTQ+ identity (authenticity and self-awareness), and community connectedness, play in the context of sexual stigma and LGBTQ+ parent socialization self-efficacy. Specifically, enacted sexual stigma appeared to statistically reduce preparation for bias self-efficacy, perceived sexual stigma increased self-efficacy in preparation for bias, and community connectedness and positive LGBTQ+ identity played different roles as mediators in these relationships. These results suggest that stigmatization impacts constructs related to future parenthood and is relevant to practitioners and researchers who study LGBTQ+ parents and those who intend to become parents. Further, this work indicates that positive LGBTQ+ identity and community connectedness should be studied to a greater degree, as these may be factors that protect or exacerbate the effect of stigmatization on future parenthood.

Our findings indicate that greater levels of enacted sexual stigma was associated with reduced self-efficacy in preparation for bias socialization. Further, SEM results suggest that while identity self-awareness and authenticity did not play a role, community connectedness did mediate the relationship between enacted sexual stigma and preparation for bias self-efficacy. Specifically, community connectedness served as a buffer such that greater levels of community connectedness weakened the impact of enacted sexual stigma on preparation for bias self-efficacy. One possibility to explain this is that it is not experiences of sexual stigma, rather the internalization of

sexual stigma that leads to a change in one’s perceived self-efficacy about preparation for bias. However, there is no research in the extant literature that has investigated this potential mechanism. Research finds that community connectedness is associated with reduced internalized stigma, which may be a connecting factor here (Swann et al., 2023). If community connectedness reduces the degree to which experiences of sexual stigma “get under one’s skin” (Bauermeister, 2014), then community may also serve as a source of empowerment and a way that people can vicariously prepare for bias (Gray et al., 2015). This has some support in the racial–ethnic socialization literature such that many parents also rely on members of their community (e.g., neighbors) to engage in socialization with children (Hughes et al., 2016).

Research among racial–ethnic minority families suggests that experiences of racism increase preparation for bias behaviors among parents (Christophe et al., 2022; Saleem et al., 2020), as we found here among LGBTQ+ childfree individuals. One explanation is that while LGBTQ+ parent family socialization is based on the racial–ethnic socialization literature, there are unique ways in which these socialization practices do not overlap. Substantial racial–ethnic socialization research has been conducted with monoracial families with less work on multiracial families and transracial adoptive families (Christophe et al., 2022; Simon & Farr, 2021b), who may be similar to LGBTQ+ parent families in that members of the family do not hold the same identities (e.g., parents hold different racial–ethnic or LGBTQ+ identities than their children).

Even among research on multiracial or transracial adoptive families that focus on experiences of stigma and socialization, there is an emphasis on the majority group member parent (i.e., White) engaging in socialization with their minority group child (i.e., youth of color). However, this power dynamic is switched for LGBTQ+ parent families (i.e., their child likely is cisgender and heterosexual), which may shift a parent’s self-efficacy in preparation for bias socialization. It may be that LGBTQ+ parents want to shield their children from harm that is targeted toward themselves, rather than the child, so in turn they avoid discussions of preparation for bias,

which has sometimes been found in the previous research (Goldberg et al., 2016). Unfortunately, these beliefs could be misguided. Research finds that children with LGBTQ+ parents do experience stigma based on their family structure (Farr, Crain, et al., 2016), so it is important that parents are prepared to support their children and minimize potential harm.

Research has found that LGBTQ+ community connectedness serves as a protective factor for stigma-related outcomes, and our results specifically suggest that community connectedness serves as a protective factor against stigma even for parent-related outcomes. Past work has also found that LGBTQ+ community connectedness is something that LGBTQ+ intended and new parents proactively invest in to maintain this relationship (Simon et al., 2019). Thus, our findings provide further evidence that enacted sexual stigma toward one's LGBTQ+ identity broadly is harmful enough that even future thinking related to parenthood is impacted. Practitioners should be aware of the diversity of constructs impacted by sexual stigma, including those that are future-family related, and protective factors such as investment in one's LGBTQ+ community.

In contrast to the findings on enacted sexual stigma, our results suggest that greater perceptions of sexual stigma are associated with increased self-efficacy in preparation for bias socialization. Further, while both identity self-awareness and authenticity played a role in this relationship, community connectedness did not. Identity self-awareness and authenticity also appeared to play opposing roles in how each dimension of identity impacted the relationship between perceptions of sexual stigma and preparation for bias socialization self-efficacy. Specifically, identity self-awareness increased the impact of perceived stigma on socialization, whereas authenticity reduced the impact of perceived stigma on socialization self-efficacy.

Research finds that racial-ethnic identity self-awareness is associated with greater levels of perceived stigma, likely due to higher identity saliency and in turn greater attunement to instances of discrimination (Hughes et al., 2016). As research also finds that LGBTQ+ parents may be more proactive on a number of parent-related concerns (Goldberg et al., 2016; Simon et al., 2018, 2019), this proactivity appears to extend to socialization self-efficacy. Further, other LGBTQ+ parent socialization research shows that greater visibility or outness is also associated with greater levels of socialization (Goldberg & Smith, 2016). It may be that outness is also associated with greater self-awareness given the overlap of being visibly queer in one's expression and perceptions of sexual stigma. Thus, if one is already aware about the possibility of sexual stigma, then they may also proactively consider engaging in preparation for bias, which is supported in some previous literature (Goldberg et al., 2016). However, the relationship between stigma and socialization gains complexity when one considers how identity authenticity buffered the impact of perceived sexual stigma on socialization self-efficacy.

One possibility is that identity authenticity impacts socialization self-efficacy through a different mechanism than identity self-awareness, and that this mechanism is similar to LGBTQ+ community connectedness. The previous research on the stigmatization of LGBTQ+ people has conceptualized community connectedness and identity authenticity as similar constructs (Swann et al., 2023). If authenticity is associated with community connectedness, then it may be that community impacts enacted sexual stigma while authenticity impacts perceptions of stigma. Thus, the combination of community connectedness buffering the impact of enacted sexual stigma on socialization, and authenticity

buffering the impact of perceived stigma on socialization may suggest that a promotive combination of all these constructs is needed (i.e., higher community connectedness, identity self-awareness, and authenticity) to encourage a balanced frequency of preparation for bias socialization messages. Given the more recent research finding profiles of parents who engage in varying levels of racial-ethnic socialization messages (Christophe et al., 2022), LGBTQ+ parents likely have their own unique profiles of socialization practices that are differentially associated with positive identity and stigma.

Finally, it is relevant to note the associations we found between gender identity and our variables of interest. Although there is little research on preparation for bias socialization among LGBTQ+ parents, this work finds no association between parent gender and socialization practices (Goldberg & Smith, 2016). In contrast, we found that cisgender women and TGNB adults reported greater identity self-awareness and preparation for bias self-efficacy, compared to men. One explanation is that cisgender women and transgender people report investment in socialization practices and self-awareness of their identities as protective factors against discrimination because they experience marginalization based on their sexual *and* gender identities (Tasker & Gato, 2020). Further, cisgender women reported greater community connectedness than cisgender men, which has been found in the previous research (Lin & Israel, 2012). Additional research is needed to understand the role of gender with socialization, positive identity, and community connectedness in the context of future LGBTQ+ parenthood.

Implications, Limitations, and Future Directions

This work also has implications for how we might understand the far-reaching impacts of LGBTQ+ stigmatization and our application of minority stress frameworks (Brooks, 1981; Meyer, 2003). One might suggest that considerations of future parenthood and related constructs, such as socialization self-efficacy, is a nonevent stressor (Frost & LeBlanc, 2014). Expansion of our understanding of nonevent stressors is an important contribution to the literature on minority stress among LGBTQ+ future families as it indicates that minority stress impacts parenthood outcomes prior to the parenthood (Dorri & Russell, 2022; Frost & LeBlanc, 2014). Future work should investigate the ways in which nonevent stressors impact future families and cultural beliefs among LGBTQ+ people and influence health outcomes or family adjustment over time.

As with any study, this work comes with a number of limitations. Our sampling is consistent with other research that relies on online samples, so it is lacking in diversity, especially as it pertains to racial/ethnic identity. Given sample size restrictions, we also collapsed all transgender and gender nonconforming participants into a singular group. In addition, the age range of our sample was very wide (ages 18–69 years old), which could have influenced our results because LGBTQ+ individuals came of age in different historical contexts. Furthermore, although the average level of parenting desires and intentions were moderate in our sample, there was a wide range of responses such that some participants may not have wanted to become a parent in the future at all. A sample of individuals who all report wanting to have children in the future may lead to different findings. These data are also cross-sectional, so determination of a causal relationship should be taken with caution. Future research should pointedly investigate the experiences of lesbian, gay, bisexual, and queer (and additional identities) people of color and gender minority

individuals and take a longitudinal approach, given the research indicating differences in experiences for families of color and transgender families relative to White cisgender lesbian, gay, bisexual, and queer (and additional identities) families (Hughes et al., 2016; Tasker & Gato, 2020). Finally, our research and sample are U.S.-based so our findings may not generalize to other countries given the unique history of discrimination and family formation for LGBTQ+ people in the United States.

Although there are a number of limitations, our work also showcases a number of strengths. One such strength is that we were able to investigate a complex relationship between different kinds of sexual stigma and socialization self-efficacy and find that this relationship is further complicated by identity and community. Research has often investigated singular forms of stigma, identity, and/or socialization; thus, our work serves as a call for future research given the ways in which different dimensions of stigma and identity impacted socialization. Another strength is that our research includes a sample of only childfree LGBTQ+ adults, which provides a greater depth of understanding as it pertains to people's perceptions of future parenthood and related constructs, such as socialization self-efficacy. Finally, our work also indicates that minority stress theory (Brooks, 1981; Meyer, 2003), particularly the concept of nonevent stressors (Frost & LeBlanc, 2014), can be effectively applied to research on future parenthood and how individuals think about related parenting practices (i.e., socialization self-efficacy).

Research finds unique associations between perceived and enacted stigmatization with identity-based socialization practices among minoritized families. In the present study, we advanced the literature on socialization in four ways. First, we extended the work on socialization by focusing on childfree adults to emphasize socialization self-efficacy prior to the parenthood. Second, we investigated LGBTQ+ socialization self-efficacy, thus extending the literature from racial-ethnic minority families (e.g., Hughes et al., 2016) to LGBTQ+ individuals. Third, we separated distinct forms of sexual stigma (i.e., perceived and enacted) to provide a more complete understanding of the ways that stigma impacts socialization self-efficacy. Finally, we shed light on the complex role that positive identity and community connectedness play in the relationship between LGBTQ+ parent family socialization self-efficacy and sexual stigma.

Conclusion

Our findings present a step forward in understanding LGBTQ+ parent family socialization self-efficacy among LGBTQ+ childfree adults in the United States, specifically preparation for bias, and associations with sexual stigma, as well as the mediating roles of LGBTQ+ identity authenticity and self-awareness as well as LGBTQ+ community connectedness. Our research suggests that perceived sexual stigma was positively associated with preparation for bias self-efficacy and that authenticity reduced the strength of this relationship while identity self-awareness increased the strength of this relationship. Further, we found that enacted sexual stigma was negatively associated with preparation for bias self-efficacy and that LGBTQ+ community connectedness constricted this relationship. This work advances our understanding of the literature on LGBTQ+ future parenthood as well as the role of stigma, identity, and community on socialization self-efficacy. This work also has implications for how practitioners may work with LGBTQ+ intended parents as they navigate a stigmatizing world and make

decisions about how to raise their children related to socialization self-efficacy.

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