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To cite this article: Vincenzo Bochicchio, Pascal Perillo, Antonella Valenti, Fabrizio Chello, Anna Lisa Amodeo, Paolo Valerio & Cristiano Scandurra (2019) Pre-service teachers' approaches to gender-nonconforming children in preschool and primary school: Clinical and educational implications, *Journal of Gay & Lesbian Mental Health*, 23:2, 117-144, DOI: [10.1080/19359705.2019.1565791](https://doi.org/10.1080/19359705.2019.1565791)

To link to this article: <https://doi.org/10.1080/19359705.2019.1565791>



Published online: 22 Feb 2019.



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ORIGINAL RESEARCH



Pre-service teachers' approaches to gender-nonconforming children in preschool and primary school: Clinical and educational implications

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ABSTRACT

Corrective approaches taken by teachers towards gender nonconformity in childhood may increase the gender pressure that children feel, negatively affecting well-being and development. This study was aimed at assessing whether the approaches of 305 pre-service preschool and primary school teachers towards gender nonconformity in childhood are influenced by sexist and homophobic attitudes and feelings. The results indicated that the majority of the sample would adopt a supportive and affirmative approach towards gender nonconformity in childhood. Notwithstanding, the results also showed that sexism influenced the likelihood of adopting corrective approaches only to gender-nonconforming primary school children, whilst homophobia was positively associated with adoption of a corrective approach to gender nonconformity in both preschool and primary school children. Suggestions for educational and clinical practice are discussed.

ARTICLE HISTORY

Received 13 October 2017
Revised 10 November 2018
Accepted 12 December 2018

KEYWORDS

Gender-nonconforming children; pre-service teachers; sexism; homophobia; gender pressure

Childhood gender nonconformity (CGN) represents a phenomenon in which children do not conform to gender roles and behaviors that are typically associated with the gender assigned at birth on the basis of their genital anatomy (Stein, 2012). CGN may provoke fear and anxiety in teachers and educators (Payne & Smith, 2014), who might find themselves unprepared for managing gender-nonconforming behaviors and attitudes in children in their classes (e.g., Gerouki, 2010). This can be particularly true in those countries, such as Italy—which is the context of our study—in which the core curriculum for Preschool and Primary School Teacher Education (PPSTE) provides no specific and compulsory classes in Gender or Lesbian, Gay, Bisexual, and Transgender (LGBT) studies. In this case,

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teachers' approaches to gender-nonconforming behaviors might be influenced by personal prejudices and cultural beliefs about sexual and gender minorities, such as sexism and homophobia (Foy & Hodge, 2016; Mudrey & Medina-Adams, 2006; Pérez-Testor et al., 2010; Sears, 1992; Taylor, Meyer, Peter, Ristock, Short, & Campbell, 2016).

To our knowledge, no previous study has specifically considered what influences pre-service preschool and primary school teachers' (PPPSTs) approach towards CGN. The aim of this study, therefore, was to explore whether sexist and homophobic attitudes influenced PPPSTs' approach to CGN. In Italy, preschool encompasses the first cycle of public education (from 3 to 5 years old) and primary school the second cycle (from 6 to 10 years old), a crucial developmental stage for the construction of gender and sexual identity in children. For this reason, the current study might be relevant from the educational policy point of view as it could shed light on how educational and teaching practices often reflect social and cultural attitudes about gender identity and sexual orientation (Renold, 2000; DePalma, 2013), providing both educational and clinical suggestions.

We begin with a brief overview of the characteristics and psychological domains of CGN, focusing on the theoretical framework of "felt gender pressure" (Egan & Perry, 2001). Then, we focus on the historical and current approaches to CGN and, in particular, on the role of school settings and teachers in promoting wellbeing or fostering distress in children who display gender-nonconforming behaviors and attitudes.

Childhood gender nonconformity: Characteristics and psychological domains

CGN leads children to not conform to the expected gender roles or behaviors typically associated with the gender assigned at birth and manifests itself, for example, by wearing clothing, choosing toys, or having interests that are not typically associated with the gender assigned at birth (Coleman et al., 2011). This definition of CNG, therefore, has both sociocultural and statistical implications.

From a sociocultural point of view, a behavior is perceived and judged as gender-nonconforming when it is discordant or inconsistent with gender behavioral cultural norms, which are always specific for age and societal status. This means that the perception of gender nonconformity depends always on the cultural and historical context, and no universal definition can hold for all eras and cultures (Newman, 2002). This sociocultural approach has a relevant statistical implication, as we can define as "gender-conforming" what most people, in a certain context, do, think, or feel in terms of gender roles and behaviors. On the other hand, "gender-

nonconforming” indicates that what one does, thinks, or feels is perceived as minority, different, discordant, or inconsistent from what the majority of people in that culture do, think, or feel in terms of gender roles and behaviors.

Three general domains in which gender nonconformity could manifest itself in childhood have been identified (Liben & Bigler, 2008): (1) the *behavioral domain*, referring to the degree to which child’s actions, games, clothing choices, interests, and mannerisms are inconsistent with the cultural gender expectations; (2) the *cognitive domain*, indicating the degree to which the child’s beliefs about gender are inconsistent with cultural beliefs about how males and females can be characterized; and (3) the *affective domain*, referring to the degree to which the gender cultural norms are felt as uncomfortable and unsuitable for the self. These domains are strongly interrelated, but for the purpose of the current study we will take into consideration, above all, the behavioral and affective domains.

The most important construct characterizing the behavioral domain of gender nonconformity has been called “engagement” by Liben and Bigler (2008):

This construct covers the child’s actual behaviors, such as participation in gender-typical games, with same-sex peers, and using play styles typical of the child’s own sex. . . . Some children, however, are nonconforming with respect to engagement. These are the children who show high levels of behavior in activities that are typical of the other sex. (pp. 108-109)

In the scientific literature there is an impressive amount of research showing that games and toys for childhood are strongly gendered, and these have an impact on development and sex typing (Weisgram & Dinella, 2018), although there is some evidence that toy choices and engagement appear to be tied not only to cultural factors but also to biological factors (Endendijk, Beltz, McHale, Bryk, & Berenbaum, 2016; Pasterski et al., 2005; Alexander & Hines 2002). However, beyond the causes of the child’s choices, engagement in opposite-sex games and opposite-sex peer groups is clearly perceived as a behavioral manifestation of gender nonconformity. Thus, for the purpose of our study, we will consider gender-nonconforming children as those who usually prefer to engage in games or with toys typical of the opposite sex (i.e., male pupil playing with dolls or female pupil playing with toy cars), and/or prefer playing with opposite-sex peers.

The affective domain of gender nonconformity relates to how children feel regarding cultural gender expectations, or rather how comfortable or uncomfortable they feel with societal gender pressure, that is, the sex-typing pressure to conform to gender stereotypes (Egan & Perry, 2001). Pressure for sex typing is extensively, commonly, explicitly, and implicitly present in all social interactions, particularly in children-adults interactions occurring

in parenting and educational processes (Hines, 2004; Mesman & Groeneveld, 2018; Kollmayer, Schober, & Spiel, 2016), and it is commonly not “felt” in terms of comfort or discomfort. On the contrary, the gender pressure is “felt”—usually as discomfort—when the pressure for sex typing mismatches the child’s desires, spontaneous choices, and behaviors. This happens in particular when the child exhibits behaviors that are perceived as nonconforming to gender stereotypes and when adults and peers consequently increase the pressure for sex typing.

As Egan and Perry (2001) stated, felt gender pressure can have a deep negative impact on gender-nonconforming children’s development and result in several negative mental health outcomes. For this reason, it is extremely important to understand: (1) what are the possible psychological and developmental effects of felt gender pressure on gender non-conforming children; (2) what are the best educational practices and approaches for promoting the well-being of gender-nonconforming children; and (3) the reasons why adults (in our study, PPPSTs) increase the gender pressure on gender-nonconforming children. These are relevant issues for educational policy because felt gender pressure represents an important risk factor for the educational success, psychological development, and emotional well-being of gender-nonconforming children and, more generally, of LGBT youth.

Approaches to childhood gender nonconformity: The role of teachers and school settings

The *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* (American Psychological Association [APA], 2015) describe two different historical approaches in the psychological practice with gender-nonconforming children, that we could schematically call the *corrective* versus the *affirmative/supportive* approach. This is a very relevant document, not only for psychologists, but also for parents and educators, because support for the development and promotion of the well-being of gender-nonconforming children are strictly dependent on the approach that caregivers and other adults adopt towards CGN, both in clinical settings and in everyday settings (i.e., school and the home).

The corrective approach to CGN is rooted in a historical and cultural period in which sexual and gender diversity was strongly pathologized, that is, from the first half of the twentieth century up through the 1980s (Drescher, 2015). In particular, starting from the ’70s, there was a lot of emphasis in the academic literature on detecting the presumed early signs of adult homosexuality and transgenderism. Several studies carried out in this period focused on “deviant sex-role behaviors” in children (e.g., Rekers

& Lovaas, 1974; Green, 1975; Newman, 1976; Chiland, 1988), namely extremely “feminine” attitudes and behaviors in boys and extremely “masculine” attitudes and behaviors in girls. These behaviors were interpreted as pathognomonic precursors of adult transgenderism and homosexuality (the so-called “sissy boy syndrome”; Green, 1987) and therefore considered something to correct in order to prevent the child from developing a sexual or gender-role “disturbance.” Clinicians, parents, educators, and teachers were encouraged to “correct” these “deviant sex-role behaviors” using various disciplinary tools such as token economy, spanking, reprimands, and other physical and moral punishments (e.g., Green, Newman, & Stoller, 1972; Rekers & Lovaas, 1974; Newman, 1976). It was believed that reinforcing gender conformity would reduce the likelihood of children developing a non-heterosexual orientation or transgender identity in adulthood, and some scientific studies reported significant “therapeutic successes” (Newman, 1976; Rekers & Lovaas, 1974). It is plausible that such an approach was underpinned by stigmatizing socio-cultural views (e.g., Foy & Hodge, 2016; Taylor et al., 2016), such as sexism and homophobia, that are closely correlated (e.g., Pharr, 1997). Indeed, both represent forms of gender oppression that deal with the ideal of masculinity, thus sustaining a heterosexist view of gender. For instance, in the case of a male-born gender-nonconforming child, what conceivably must be “corrected” is the “excess” of femininity that prevents the child from conforming to masculine stereotypes.

This corrective approach, aimed at endorsing and supporting behaviors and attitudes that align with the child’s gender assigned at birth, albeit with some variations, is still suggested by some contemporary clinicians to colleagues, parents, and educators (e.g., Zucker, 2008; Zucker et al., 2012). Nevertheless, as APA (2015) recommends:

Consensus does not exist regarding whether this approach may provide benefit or may cause harm or lead to psychosocial adversities. When addressing psychological interventions for children and adolescents, the World Professional Association for Transgender Health Standards of Care identify interventions “aimed at trying to change gender identity and expression to become more congruent with sex assigned at birth” as unethical. (p. 842)

Corrective approaches to CGN, besides being unethical, can also have a negative impact on children’s social, emotional, and cognitive growth, as the attempts to encourage sex-conforming behaviors and/or to discourage the nonconforming ones could increase the gender pressure felt by children. To this end, a range of evidence indicates that strong environmental pressure to conform to gender norms is a risk factor for negative mental health outcomes, having a negative effect on self-esteem and psychosocial adjustment (Egan & Perry, 2001; Yunger, Carver, & Perry, 2004).

Furthermore, exerting this type of pressure in school settings might also foster bullying and harassment by peers (Pauletti, Cooper, & Perry, 2014). Indeed, gender-nonconforming children experience an elevated risk for bullying victimization by peers (e.g., Aspenlieder, Buchanan, McDougall, & Sippola, 2009; Toomey, Ryan, Díaz, Card, & Russell, 2010) and, in turn, bullying may contribute to the development of negative health outcomes, such as depression, anxiety, post-traumatic stress disorder, and suicidality (e.g., Rider, McMorris, Gower, Coleman, & Eisenberg, 2018; Roberts, Rosario, Corliss, Koenen, & Austin, 2012).

Although bullying represents a stressful life experience among gender-nonconforming youths, we must also highlight that this population is able to use adaptive strategies to cope with bullying and its negative effects (e.g., Amodeo, Picariello, Valerio, & Scandurra, 2018; Amodeo, Vitelli, Scandurra, Picariello, & Valerio, 2015; Scandurra, Amodeo, Bochicchio, Valerio, & Frost, 2017). Among them, resilience is undoubtedly one of the most functional factors allowing one to successfully overcome adverse life conditions and promoting social adjustment (Singh, Hays, & Watson, 2011; Singh, Meng, & Hansen, 2014). Also social support is a fundamental protective factor (Scandurra, Amodeo, Valerio, Bochicchio, & Frost, 2017; Scandurra et al., 2018; Vitelli et al., 2017), as it has been demonstrated that support from school, family connectedness, and care from adults can protect gender-nonconforming youths against suicidal ideation and attempts (Eisenberg & Resnick, 2006). In the same vein, another possible recourse for this population is social transition. Durwood, McLaughlin, and Olson (2017) reported no difference in health between socially transitioned transgender children and two control groups (age- and gender-matched controls and siblings of transgender children), concluding that, differently from transgender adults whose transition is not always related to positive health outcomes, social transition in childhood occurs alongside social support from parents, which is usually absent in adulthood.

The newer approach discussed in the APA (2015) Guidelines, i.e. *affirmative/supportive*, “encourages an affirmation and acceptance of children’s expressed gender identity” (p. 842). According to this approach, gender-nonconforming children should be left free to express their desires and choices in terms of games, playmates, clothes, and behaviors, and therefore caregivers, educationalists, and teachers should support the gender-nonconforming expression, fostering a non-judgmental and supportive climate. In this way, gender-nonconforming children should not be oppressed by gender pressure, but rather should be assisted in developing coping strategies and emotional tools helping them to cultivate a positive self-image (Edwards-Leeper & Spack, 2012).

In school settings, this implies that, in order to promote the well-being of gender-nonconforming children, teachers should adopt a supportive rather than judgmental and corrective approach (Wyatt et al., 2008; Luecke, 2011; Taylor et al., 2016), allowing children to choose toys, accessories, and playmates freely and to have attitudes that do not conform to cultural gender norms, even if childhood cross-gender behaviors and attitudes are strongly predictive of adult homosexuality (Whitam & Mathy, 1991; Bailey & Zucker, 1995; Liben & Bigler, 2008). This is consistent with the scientific assumption that there is nothing wrong with homosexuality and gender nonconformity, and these behaviors and attitudes are not a sign or predictor of mental illness and therefore do not warrant correction.

The current study

Given that there are no scientific, clinical, or educational reasons to “correct” gender-nonconforming behaviors and attitudes in children at home, school, or in other everyday settings (Adelson & American Academy of Child and Adolescent Psychiatry Committee on Quality Issues, 2012; Coleman et al., 2011; Institute of Medicine, 2011), the current study aimed at assessing whether personal prejudices and cultural beliefs about sexual and gender minorities, such as sexism and homophobia, influenced PPPSTs’ approaches to GNC.

This study fills a gap in the academic literature. There has been very little research on teachers’—and in particular PPPSTs’—approach to their actual or future students’ gender nonconformity (e.g., Wyatt et al., 2008; Mudrey & Medina-Adams, 2006). We chose to consider PPPSTs because they will play an important role in the education of the next generation of children, as well as influencing their well-being. It seems to us that understanding why a pre-service teacher thinks it appropriate to “correct” gender-nonconforming behaviors and attitudes should help us to develop training modules aimed at dissuading teachers from adopting this approach and providing them with tools to manage discussion about gender nonconformity in their classrooms appropriately.

As sexism and homophobia have been associated with corrective approaches to gender nonconformity (e.g., Foy & Hodge, 2016; Taylor et al., 2016), and as corrective approaches as a form of pressure for sex typing are associated with children’s age and gender (Halim & Ruble, 2010), we tested the following hypotheses:

Hypothesis 1: Sexist attitudes and feelings in PPPSTs are positively associated with corrective approaches towards gender-nonconforming behaviors and attitudes of: a) preschool males; b) preschool females; c) primary school males; and d) primary school females.

Hypothesis 2: Homophobic attitudes and feelings in PPPSTs are positively associated with corrective approaches towards gender-nonconforming behaviors and attitudes of: a) preschool males; b) preschool females; c) primary school males; and d) primary school females.

We tested these hypotheses through hierarchical linear regression with sexism and homophobia as independent variables and corrective approaches towards gender nonconformity as the dependent variable.

Furthermore, as Scandurra et al. (2017) showed that socio-demographic variables predicted sexist and homophobic attitudes and feelings in a group of Italian pre-service secondary school teachers, we controlled regression models for certain socio-demographic variables, specifically age, gender, religious faith, political orientation, and having a LGBT friend or relative. Beyond the socio-demographic variables individuated by Scandurra et al. (2017), we also asked participants if they had received training in sex education and used the response as a control variable, as it has been demonstrated that taking such a course might reduce homophobia and sexism in schools (e.g., Meyer, 2009). Finally, we also included year of enrollment in teacher training as another control variable, because Italian PPPSTs gain teaching experience gradually (one internship per year throughout a five-year degree program), and we were interested in the extent to which teaching experience modulated their approach to gender-nonconforming attitudes and behaviors. Summarizing, as regards the socio-demographic variables, we expected that being older, male, religious, conservative, not having an LGBT friend or relative, not having received training in sex education, and having had fewer years of internship would contribute to develop a corrective approach towards gender-nonconforming behaviors and attitudes.

Method

Participants and procedures

Participants were recruited from students following the master's degree program in PPSTE at the University of Calabria. Inclusion criteria were: 1) Being enrolled in the PPSTE program, 2) being at least 18 years old (the Italian age of consent), and 3) speaking Italian as the first language. The final sample consisted of 305 participants (290 women and 15 men) ranging in age from 19 to 49 years (women: $M = 24.04$, $SD = 5.32$; men: $M = 23.47$, $SD = 4.88$). One hundred and thirty (43.3%) participants were in the first year of their master's degree, 66 (21.6%) were in the third year, and 107 (35.1%) in the fifth year. The demographic profile of the sample is reported in [Table 1](#).

Table 1. Socio-Demographic Characteristics of Italian Pre-Service Preschool and Primary School Teachers (N = 305).

Socio-demographic variable	No. (%) or Mean \pm SD
Age	24.02 \pm 5.30
Gender	
Male	15(4.9)
Female	290(95.1)
Year of enrollment	
First	132(43.3)
Third	66(21.6)
Fifth	107(35.1)
Actual religious faith	
Yes	249(81.6)
No	56(18.4)
Political orientation	
Conservative	32(10.5)
Moderate	180(59)
Progressive	93(30.5)
LGBT relatives	
Yes	51(16.7)
No	254(83.3)
LGBT friends	
Yes	179(58.7)
No	126(41.3)
Training course on sexual education	
Yes	96(31.5)
Organized by:	
University	2(2.1)
Religious organization	12(12.5)
High School	82(85.4)
No	209(68.5)

Participants were given questionnaires during classes in the 2016-2017 academic year. We provided very clear guidance on how to answer questions, both in the written information accompanying the consent form and orally, emphasizing that we were interested in their sincere answers and that participants could leave the study at any time. Questionnaires were anonymous and test administrators unknown to students. This presumably guaranteed that social dynamics did not in any way affect the validity of the study.

We used several measures, including questions assessing PPPSTs' approach to "correcting" gender-nonconforming children. To our knowledge, there are as yet no validated instruments for assessing PPPSTs' approach towards CGN, and so we developed a set of questions specifically for use in this study. The questions were developed by a group of three experts: an expert in gender studies, an educationalist, and an expert in clinical psychology. They met to develop questions to assess teachers' approach towards "correcting" CGN. On the basis of previous research in this area and the experts' discussion, we decided that three main factors were relevant: the child's gender (male vs. female), the child's age (pre-school vs. primary), and the teacher's approach (corrective vs. undecided vs. non-corrective). The following were considered the most effective

indicators of a corrective approach: describing a gender non-conforming behavior as improper, discouraging a gender non-conforming behavior, and hindering gender non-conforming behavior. Other corrective approaches were also considered during the group, such as isolating gender non-conforming children and reinforcing gender-conforming behaviors. However, as we were not interested in building a new composite scale to measure PPPSTs' approaches towards CGN, we decided to create single-item questions on those that were considered as the most frequent corrective behaviors. Future studies might create a scale, considering different nuances of the corrective approach. In the current study, four single-item questions about approach to CGN were created and then assessed by a focus group consisting of three preschool and three primary school teachers, facilitated by a clinical psychologist with expertise in the use of focus groups and by an educationalist. The teachers who participated in the focus group were selected because they supervised pre-service teachers' internships and thus had long teaching experience and plenty of opportunity to observe the attitudes and behaviors of pre-service teachers during internships. The focus group assessed the clarity of the questions and how well they captured the three factors mentioned above (child's gender, child's age, and teacher's approach). No change was made to the questions as participants judged that the wording was clear and that they captured the dimensions they were intended to measure. The questions are reported in the Measures section.

The study was approved by the ethics committee of the University of Calabria. The study complied with the Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects.

Measures

Socio-demographic features

The socio-demographic variables were age, gender (male, female, specified other), year of enrollment, sexual orientation, political orientation (conservative, moderate, progressive), and religious education (yes, no). We also asked participants if they were currently practicing a religious faith, if they had LGBT friends or relatives, if they had received training in sex education and, if so, who the provider was.

Approach to CGN

This scale is constituted by four single-item questions, two related to male and female preschool children and two related to male and female primary school children. The questions relating to preschool children were: "If a male pupil in my preschool class likes playing with dolls, ..." (Q1) and "If

a female pupil in my preschool class likes playing with toy cars, ...” (Q2), and the response options were “I would explain to him/her that those toys are feminine/masculine toys” (corrective explanation); “I would encourage him/her to play differently” (discouragement); “I would stop him/her from doing so” (prohibition), “I would not know what to do” (indecision); “I would leave him/her free to play” (non-corrective). The questions related to primary school children were “If a male pupil in my primary school class prefers to play typically female games, with girls, ...” (Q3) and “If a female pupil in my primary school class prefers to play typically male games, with boys, ...” (Q4). The response options were the same as for questions 1 and 2. Non-corrective responses scored 0, indecision scored 1, and corrective responses (corrective explanation; discouragement; prohibition) all scored 2, because although they represented different approaches to “correcting” gender nonconformity, they shared a common aim and were presumed to reflect a shared attitude. Coding the responses in this way yielded an ordinal variable where high scores indicated a corrective approach.

Sexism

We assessed sexist attitudes and feelings using Glick and Fiske’s (1996; Italian adaptation by Manganelli Rattazzi, Volpato, and Canova, 2008) Ambivalent Sexism Inventory (ASI). The ASI is a 22-item questionnaire that uses a five-point Likert scale, ranging from 0, “Disagree strongly,” to 5, “Agree strongly.” The questionnaire consists of two subscales: 1) Hostile Sexism, which assesses the extent to which the respondent endorses negative stereotypes of women who reject traditionally female roles and behaviors ($\alpha = .86$); and 2) Benevolent Sexism, which assesses positive feelings about and endorsement of stereotypes of women who embrace traditionally female roles ($\alpha = .88$). The questionnaire also yields a score for “Ambivalent Sexism,” calculated as the sum of scores on the two subscales. Internal consistency is higher for the full ASI scale ($\alpha = .91$) than for the two subscales. For this reason, and secondarily for parsimony, we decided to use the total ASI score instead of the two subscales.

Homophobia

We used the Italian version of the Homophobia Scale (HS) (Wright, Adams, & Bemat, 1999; Italian adaptation by Ciocca et al., 2015) to assess homophobic attitudes and feelings. The HS is a 25-item questionnaire using a five-point Likert scale ranging from 1, “Strongly disagree,” to 5, “Strongly agree.” Factor analysis has shown that both the original version and the Italian version have a three-factor structure. The three subscales

Table 2. Percentages of Corrective and Non-Corrective Approaches to Childhood Gender Nonconformity in Italian Pre-Service Preschool and Primary School Teachers (N = 305).

Attitudes and behaviors	No. (%)
Pre-school male (Q1)	
Non-corrective	269(88.2)
Indecision	6(2)
Corrective	30(9.8)
Pre-school female (Q2)	
Non-corrective	277(90.8)
Indecision	5(1.6)
Corrective	23(7.5)
Primary school male (Q3)	
Non-corrective	218(71.5)
Indecision	35(11.5)
Corrective	52(17)
Primary school female (Q4)	
Non-corrective	223(73.1)
Indecision	26(8.5)
Corrective	56(18.4)

Q = Question

are: 1) Avoidance behavior/negative affect, which assesses negative affect and avoidance behaviors ($\alpha = .85$); 2) Aggressive behavior/negative affect, which measures aggressive behavior and negative affect ($\alpha = .86$); and 3) Cognitive negativism, which assesses negative attitudes and cognitions related to gay people ($\alpha = .89$). A total Homophobia score is calculated by adding the scores for these three subscales. As with the previous measure, the scale as a whole has demonstrated higher internal consistency ($\alpha = .92$) than the subscales, and so for the same reasons we used only the total score.

Analytical strategies

All analyses were performed using SPSS 20, except for the multiple imputation procedures for missing values, for which R-Studio was used. Firstly, missing values were handled with the multiple imputation procedures (Graham, 2009) available in the Amelia II for R software (Honaker, King, & Blackwell, 2011). Outliers, defined as values with a standardized score greater than 3.29 or smaller than -3.29, were removed from the sample (Tabachnick & Fidell, 2001). Specifically, 14 participants matched criteria to be removed from the final sample.

All participants reported that they were heterosexual, with the exception of four participants who failed to report their sexual orientation. As sexual orientation was highly relevant to our research questions, we removed the four participants who did not report this from the sample. All of the participants except one reported that they had received some religious education; again, because this was regarded as highly relevant to the research aims, we

removed the participant who reported not having received any religious education from the final sample.

Turning now to the hypothesis testing, we first calculated the frequencies of each of the categories for the approach-to-gender-nonconformity variable. Second, we assessed the effects of sexism and homophobia on corrective approaches through eight hierarchical multiple linear regression models. We calculated separate models for each of the questions assessing approach to gender nonconformity, with sexism and homophobia as independent variables. In all of the models, we entered the demographic variables as covariates in step 1 and sexism or homophobia in step 2.

Results

The results are presented in three sections. First, we report descriptive statistics for approach to gender nonconformity. Second, we present results related to the effect of sexism on PPPSTs' approach to gender nonconformity, followed by the results related to the effect of homophobia.

Percentages adopting corrective and non-corrective approaches

As shown in [Table 2](#), regardless of the child's gender and age, more PPPSTs said they would choose a non-corrective approach than were undecided or opted for a corrective approach. PPPSTs were more likely to be undecided or choose a corrective approach in the case of primary school children than preschool children, regardless of the gender of the child.

Effect of sexism on corrective approaches

The hierarchical multiple linear regressions of sexism on corrective approaches are reported in [Table 3](#) (Hypothesis 1).

In the case of preschool boys, the only demographic variable associated with a corrective approach was year of enrollment, and the association was negative, indicating that the more experience PPPSTs have, the less likely they are to opt for a corrective approach to gender nonconformity. The model accounted for 3.6% of the variance in the dependent variable. Sexism did not predict PPPSTs' approach to gender nonconformity.

In the case of preschool girls, having an LGBT relative or friend and having received sex education were both positively associated with a corrective approach to gender nonconformity. The model accounted for 5.7% of the variance in the dependent variable, and once again sexism was not a predictor of approach.

Year of enrollment was negatively associated with a corrective approach to gender nonconformity in both preschool and primary school children,

Table 3. Regressions of Sexism on Corrective Approaches to Childhood Gender Nonconformity Amongst Italian Pre-Service Preschool and Primary School Teachers (N = 305).

	Pre-school male (Q1)			Pre-school female (Q2)			Primary school male (Q3)			Primary school female (Q4)		
	B	SE	95% CI	B	SE	95% CI	B	SE	95% CI	B	SE	95% CI
Step 1: Control variables												
Age	-.01	.01	-.02, .01	-.00	.01	-.01, .01	-.02	.01	-.03, .01	-.02	.01	-.04, .01
Gender (male)	.09	.19	-.27, .47	.23	.16	-.09, .56	-.24	.23	-.69, .20	-.25	.23	-.70, .19
Year of enrollment	-.02*	.02	-.07, .02	-.04	.02	-.08, .01	-.06*	.03	-.12, .01	-.06*	.03	-.12, .01
Religious faith (no)	-.13	.11	-.34, .08	-.10	.09	-.29, .08	-.06	.13	-.31, .19	.03	.13	-.23, .28
Political orientation (conservative)	.09	.07	-.05, .25	.09	.07	-.04, .23	.02	.09	-.16, .20	.07	.09	-.11, .25
LGBT relative (no)	-.13	.11	-.34, .08	-.21*	.09	-.39, -.02	.07	.13	-.18, .33	.04	.13	-.21, .30
LGBT friend (no)	-.14	.08	-.31, .02	-.03	.07	-.18, .12	.05	.10	-.14, .25	.08	.10	.12, -.28
Sexual education (no)	.15	.09	-.02, .33	.18*	.08	-.02, .33	.16	.11	-.05, .37	.14	.11	-.07, .35
	$R^2 = .036^*$			$R^2 = .057^{**}$			$R^2 = .051^{**}$			$R^2 = .051^{**}$		
Step 2: Sexism	.14	.10	-.06, .35	.10	.09	-.08, .28	.35**	.13	.09, .59	.38**	.13	.14, .63
	$R^2 = .040; \Delta R^2 = .007$			$R^2 = .058; \Delta R^2 = .004$			$R^2 = .076^{**}; \Delta R^2 = .028$			$R^2 = .083^{**}; \Delta R^2 = .034$		

** $p < .01$.

* $p < .05$.

Q = Question; B = Standardized regression coefficient; SE = Standard Error; CI = Confidence Interval; OR = Odds Ratio; R^2 = R-Square; ΔR^2 = Change in R^2 ; χ^2 = Chi-Square of each block.

indicating that pre-service teachers who are farther along in their training are less likely to adopt a corrective approach than those who are in the early stages of training and accounting for 5.1% of the variance in the dependent variables in both preschool and primary school children. Adding sexism in step 2 of the regression models explained an additional 2.8% and 3.4% of the variation in PPPSTs' corrective approach to boys and girls, respectively, indicating that sexism was positively associated with a corrective approach and accounting for a total of 7.6% and 8.3% of the variance in the PPPSTs' approach.

Effect of homophobia on corrective approach

The hierarchical multiple linear regressions of homophobia on corrective approaches are reported in [Table 4](#) (Hypothesis 2).

In the case of preschool boys, among the control variables, only having received sex education was positively associated with corrective approaches to gender nonconformity, accounting for 3.6% of the variance in the dependent variable. Adding homophobia in step 2 explained an additional 2.9% of the variation in PPPSTs' approaches to preschool boys, indicating that homophobia was positively associated with a corrective approach to gender nonconformity and accounting for 6.2% of the variance in the PPPSTs' corrective attitudes.

In the case of preschool girls, having LGBT relatives or friends and having received training in sex education were associated, negatively and positively, respectively with a corrective approach in step 1. The model accounted for 5.7% of the variance in the dependent variable. Introducing homophobia in step 2 explained an additional 2.2% of the variation in PPPSTs' approach to gender nonconformity in preschool girls, indicating that homophobia was positively associated with a corrective approach. The final statistical model accounted for 7.6% of the variance in PPPSTs' approach.

In primary school children, but not preschool children, among control variables, only the year of enrollment was negatively associated with approach to gender nonconformity, indicating that pre-service teachers in the later stages of training were less likely to favor a corrective approach and accounting for 5.1% of the variance in the dependent variable in the case of both boys and girls. Adding homophobia in step 2 of the regression models explained an additional 10.7% and 7.5% respectively of the variation in PPPSTs' approaches to gender nonconformity in boys and girls of primary school age, indicating that homophobia was positively associated with a corrective approach to gender nonconformity. The final statistical

Table 4. Regressions of Homophobia on Corrective Approaches to Childhood Gender Nonconformity Amongst Italian Pre-Service Preschool and Primary School Teachers (N = 305).

	Pre-school male (Q1)			Pre-school female (Q2)			Primary school male (Q3)			Primary school female (Q4)		
	B	SE	95% CI	B	SE	95% CI	B	SE	95% CI	B	SE	95% CI
Step 1: Control variables												
Age	-.01	.01	-.02, .01	-.01	.01	-.01, .01	-.01	.01	-.03, .01	-.02	.01	-.03, .01
Gender (male)	.22	.19	-.15, .60	.33	.17	-.01, .66	.05	.22	-.38, .49	-.01	.23	-.45, .44
Year of enrollment	-.03	.02	-.08, .01	-.04	.02	-.08, -.01	-.07**	.03	-.13, -.02	-.08**	.03	-.13, -.02
Religious faith (no)	-.15	.11	-.36, .06	-.12	.09	-.30, .07	-.09	.12	-.33, .15	.01	.13	-.25, .25
Political orientation (conservative)	.12	.07	-.03, .27	.11	.07	-.02, .24	.07	.09	-.11, .24	.11	.09	-.07, .29
LGBT relative (no)	-.12	.11	-.33, .09	-.20*	.09	-.38, -.01	.10	.12	-.15, .34	.06	.13	-.19, .31
LGBT friend (no)	-.15	.08	-.31, .01	-.03	.07	-.17, .11	.05	.09	-.14, .24	.07	.10	-.12, .26
Sexual education (no)	.14*	.09	-.03, .31	.16*	.08	-.01, .32	.13	.10	-.07, .33	.13	.10	-.08, .33
	$R^2 = .036^*$			$R^2 = .057^{**}$			$R^2 = .051^{**}$			$R^2 = -.051^{**}$		
Step 2: Homophobia	.01**	.01	.01, .02	.01*	.01	.01, .01	.02***	.01	.01, .03	.02***	.01	.01, .03
	$R^2 = .062^{**}, \Delta R^2 = .029$			$R^2 = .076^*, \Delta R^2 = .022$			$R^2 = .158^{***}, \Delta R^2 = .107$			$R^2 = .125^{***}, \Delta R^2 = .075$		

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

Q = Question; B = Standardized regression coefficient; SE = Standard Error; CI = Confidence Interval; OR = Odds Ratio; R² = R-Square; ΔR² = Change in R²; χ² = Chi-Square of each block.

models accounted for 15.8% and 12.5% of the variance in the PPPSTs' approaches to gender nonconformity in boys and girls respectively.

Discussion

Informed by evidence that CGN – whether persistent or variable throughout development – is not an indicator of a developmental disorder and, consequently, that a corrective approach towards CGN – particularly because of its possible harm – represents an unethical educational bias (Coleman et al., 2011), the aim of this study was to explore whether sexism and homophobia influenced PPPSTs' approaches to CGN. Our results partially supported the hypothesis that they do. We are not aware of any other research on this issue, and so our study sheds light on factors that predict whether teachers will adopt a corrective approach to gender nonconformity in children.

First, as regards the percentage of corrective/non-corrective approaches, it should be noted that a much higher proportion of PPPSTs opted for a non-corrective approach than opted for a corrective approach. This might mean that the majority of our sample thinks that CGN is not a precursor of a psychological disorder or a developmental abnormality requiring correction. Given the lack of training in gender and/or LGBT issues within the PPSTE program, this probably reflects the general cultural change in attitudes toward sexual and gender diversity that has taken place in Italy in recent decades (Amodeo et al., 2018; Gerhards, 2010; Scandurra et al., *in press*; Scandurra, Braucci, Bochicchio, Valerio, & Amodeo, *in press*; Scandurra, Mezza, Bochicchio, Valerio, & Amodeo, 2017). It is also interesting that PPPSTs seem more willing to adopt a corrective approach to gender nonconformity in primary school children than in preschool children. This is probably due to the persistence of the notion that early childhood is a time of “innocence” (Kehily & Montgomery, 2009; Miller & Yavneh, 2011; Robinson, 2013), that is, a de-sexualized and de-gendered period of the lifespan during which behaviors, choices, and preferences do not have strong sexual or gender-related implications, hence “deviant” sex-role behavior is not viewed as a cause for concern and therefore is less likely to be discouraged or “corrected.”

As regards the first hypothesis—that sexism in PPPSTs is positively associated with corrective approaches towards gender-nonconforming behaviors and attitudes in children with different age and gender—our results suggest that the most important factor is represented by the child's age, as we found that sexism influenced the likelihood of adopting a corrective approach in a primary school setting but not in a preschool setting, regardless of gender, partially confirming our hypothesis. This datum suggests

that the more sexist PPPSTs are, the more they tend to put pressure for sex-typing (Egan & Perry, 2001) on older children. As mentioned, this finding might be explained considering that, during early childhood, gender nonconformity seems not to elicit much concern because it is regarded as “innocent,” but gender nonconformity in primary school children attracts more attention.

Considering the control variables, as we expected, we did find that in the case of preschool boys, PPPSTs in the later stages of training were less likely to opt for a corrective approach, which may indicate that as they gain experience PPPSTs’ implicit understanding of children’s real needs increases and reduces the likelihood that they will adopt a corrective approach to CGN. Furthermore, our results showed that adopting a corrective approach to preschool girls, contrary to our expectations, was positively associated with having received sex education and, as we expected, negatively associated with having LGBT friends or relatives. These results are interesting for different reasons. The majority of participants in our sample (85.4%) reported having received sex education during high school, and this leads us to hypothesize that adolescents in Italian high schools still receive sex education that is colored by a religious, heteronormative, and conservative approach to gender and sexual diversity. Having attended a sex education class increased the likelihood of adopting a corrective approach to gender nonconformity in preschool girls but not in preschool boys, a result which is hard to interpret. One hypothesis is that, in contemporary Western culture, the behaviors, choices, and attitudes of girls are probably interpreted in terms of sexuality and gender at an earlier age than is the case for boys, that is, young girls are probably “prematurely sexualized” and gendered (Kehily, 2012). One potential implication of this is that educators and parents attach more importance to gender-nonconforming behaviors in girls because they consider it an indicator of personality and gender identification from an early age and hence potentially in need of correction if it is not consistent with gender norms. The hypothesized premature “genderization” of young girls’ behaviors might also explain the negative association between a corrective approach to gender nonconformity and having LGBT friends or relatives. There is a range of evidence demonstrating that having significant LGBT others reduces prejudice and discrimination against LGBT people (e.g., Herek & McLemore, 2013), and this might mean that gender-nonconforming behaviors in girls produce in PPPSTs similar effects to those observed in adults. This seems to confirm that gender nonconformity arouses more attention in young girls than in young boys, because young girls’ behavior is prematurely viewed in terms of gender and is conceived as a strong indicator of adult sexual and gender identity, or at least as a more meaningful indicator than in boys.

The *gender-intensification hypothesis* (Hill & Lynch, 1983) offers another explanation of the discrepancy in approach to preschool boys and girls. According to this hypothesis, environmental gender-related role expectations intensify during late childhood and early adolescence, and this occurs earlier and is more marked in girls than in boys. It is likely that these expectations are related to sexism, and it may be that sexism leads people to have gender-related expectations about the roles girls will play, even in early childhood.

As regards our second hypothesis—that homophobia in PPPSTs is positively associated with corrective approaches towards gender-nonconforming behaviors and attitudes in children with different age and gender—it is noteworthy that, differently from sexism, homophobia was positively associated with corrective approaches to CGN regardless of the gender and age of the child, confirming our hypothesis. This might mean that homophobic attitudes and feelings are more pervasive than sexist ones in eliciting corrective approaches towards CGN. This finding is probably due to the tendency to perceive gender-nonconforming individuals as gay or lesbian (e.g., Pascoe, 2007; Wyss, 2004) or to the persistent thought that CGN represents an indicator of a non-heterosexual orientation in adulthood, a perspective that is after all supported in the literature (e.g., Steensma, van der Ende, Verhulst, & Cohen-Kettenis, 2013). Following Herek's (2004) theoretical model on sexual prejudice and stigma, we could assert that the association between homophobia and corrective approaches represents a form of enactment of teachers' sexual stigma which, in turn, might increase the pressure for sex typing towards gender-nonconforming children.

Furthermore, as regards the control variables, in the case of primary school children, the only control variable associated with corrective approaches to CGN was the year of enrollment, with more experienced PPPSTs being less likely to adopt a corrective approach, presumably because they have a better understanding of the real needs of children. Finally, our results showed that the variable most strongly associated with approach to CGN was having received sex education, which was positively associated with a corrective approach in the case of preschool boys and girls. This seems to confirm our previous suggestion concerning the heteronormative, conservative, and religious nature of the majority of sex education courses delivered in Italian high schools. Indeed, it is possible that such sex education courses provided end-users with incorrect or outdated information about sex and gender development, leading consequently to the development of homophobic, transphobic, and sexist biases which, in turn, increased the likelihood of adopting a corrective approach towards GNC. Future studies should assess content and training methods of such

courses, revealing why and how the contents of these sex education courses increase the likelihood of adopting a corrective approach towards GNC.

Limitations

This study has important limitations. Firstly, the sample was recruited from a single university and this did not allow us to compare our results with data from other socio-cultural contexts. Future research should explore whether socio-cultural context influences PPPSTs' tendency to adopt a corrective approach to CGN. Furthermore, the sample was not representative of the general population of PPPSTs, and this might have affected the external validity of the study. An additional limitation is the use of an unvalidated questionnaire of approach to CGN. This means that the results based on this instrument must be treated with caution. It should also be noted that we did not measure observed responses to gender nonconformity, only self-reported hypothetical responses, measuring PPPSTs' attitudes and not behaviors. In future, this limitation should be addressed by observing interactions between teachers and children and recording the type of corrective approach used (e.g., explanation, discouragement, or prohibition), if any. Another important limitation is the marked gender imbalance in the sample. Additionally, we were unable to assess how sexual orientation and religious background influence approach to CGN, as almost all our participants were straight and had received some religious education. In future, it will be necessary to recruit a more diverse sample and thus overcome this limitation. Last, although in the statistical models we included many control variables to assess their potential influences in predicting PPPSTs' approaches towards CGN, it is plausible to hypothesize that other variables may have influenced the outcome (e.g., type of community where participants live, being in a relationship, being parents, and so on). Furthermore, the percentage accounted for by the regression models is not very high and is consistent with a model of limited predictive value.

Educational implications

Despite the important limitations of the current study our findings have some important implications for Italy's current PPSTE.

Our results shed light on the necessity of adopting a reflexive educational model, that is, one that is based on the ability to reflect on one's own actions while engaging in a process of continuous learning (Schön, 1983; Perillo, 2016). This model could help PPPSTs to deconstruct the dominant social representation of childhood as a de-sexualized and de-gendered period of lifespan. This representation does not correspond with the contemporary literature on the view of the child as a *competent child* (Juul,

2000). Within this theoretical framework, the representation of an emotionally competent child implies that the child's body is affected by sexual drives and desires, i.e. by a primary form of sexuality, whose development should be facilitated, not corrected. This facilitation should be guided by the child's activity, rather than—as in the corrective and repressive educational tradition—seeking to achieve a specific ideal goal. Thus, reflexive educational practices have the potential to lead PPPSTs towards a more supportive and inclusive conception of education.

Finally, another consequence of this new image of childhood and the child body's is the necessity of incorporating explicit, standardized training on the formation of gender and sexual identity into the curricula for PPSTE. This training should cover the development of gender and sexual identity from its origins to its transformations in adulthood.

Clinical implications

PPPSTs' corrective approaches to CGN represent a form of pressure on children to conform to gender stereotypes. Several studies have demonstrated that experiencing such pressure in childhood is associated with several negative mental health outcomes. In particular, feeling pressure to conform to gender norms has a negative effect on psychosocial adjustment (Egan & Perry, 2001; Menon, 2011) and self-esteem (Good & Sanchez, 2010), and is conducive to internalizing problems (Yunger et al., 2004). More generally, feeling pressure to conform to gender norms represents a risk for problematic development, as Egan and Perry (2001) stated very clearly:

Children who wish they were the other sex or who desire to engage in cross-sex activities are at risk for problematic development mainly when they perceive their social environment to be telling them that they cannot be whom they wish to be. (p. 460)

In addition, an environment where there is strong pressure to conform to gender stereotypes can produce a feeling of insecurity about gender typicality in children and, in turn, can foster bullying and harassment by peers (Pauletti et al., 2014). This means that, in contexts where there is high pressure to conform to gender norms, there is an association between gender typicality and victimization (Drury, Bukowski, Velásquez, & Stella-Lopez, 2013).

This evidence highlights the importance of avoiding corrective approaches to gender-nonconforming children, in order to decrease the pressure on them to conform to gender norms, which has a negative impact on their well-being. As mentioned before, the shift towards a *supportive* rather than *corrective* approach to CGN reflects changes in how

clinical psychology and psychiatry regard gender and sexual diversity (Gray, Carter, & Levitt, 2012).

Until the end of the 1980s, gender-nonconforming behaviors were considered indicators of negative developmental outcomes with respect to adult gender identity and sexuality, and so it was recommended that such behaviors should be “corrected” to decrease the likelihood of developing sexual pathologies—such as homosexuality and transgenderism—in adulthood (Green et al., 1972; Rekers & Lovaas, 1974; Newman, 1976). On the contrary, starting in the 1990s clinical psychology and psychiatry progressively shifted their focus from children to environment, arguing that gender-nonconforming behaviors in children represent a spontaneous and healthy investigation of other-gender options (Egan & Perry, 2001) and are not a precursor of psychosexual disorders. Psychological research has demonstrated that androgynous young people, gender atypical, and gender-nonconforming children and teenagers have mental health advantages over the gender-conforming young population (Pauletti, Menon, Cooper, Aults, & Perry, 2017) and can exhibit considerable resilience (McCormack, 2012). This suggests that children’s clinical problems might be caused by a judgmental environment in which they face pressure to conform to gender norms and are harassed if they do not, that is, an environment in which they are not free to construct and express their “true gender self” (Ehrensaft, 2012). To promote the wellbeing of gender-nonconforming children, it is necessary that they encounter supportive attitudes and behaviors in everyday life settings (Luecke, 2011).

From a clinical point of view, it is therefore extremely important to avoid “correcting” the behavior of gender-nonconforming children. Instead, they should be supported in all their everyday life settings—school, family, gym—and adaptations made to the environment to prevent their enduring homophobic or transphobic bullying and harassment.

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