PARENT RESPONSES TO CHILDHOOD GENDER NONCONFORMITY: EFFECTS OF PARENT AND CHILD CHARACTERISTICS

by

Leigh A. Spivey

A thesis submitted to the faculty of
The University of Utah
in partial fulfillment of the requirements for the degree of

Master of Science

Department of Psychology

The University of Utah

August 2016

Copyright © Leigh A. Spivey 2016

All Rights Reserved

The University of Utah Graduate School STATEMENT OF THESIS APPROVAL

The thesis of	Leigh A.	Spivey	
has been approved by the following	supervisory committee	e members:	
David Huebner	,(Chair	4/19/16 Date Approved
Sheila Crowell	, N	Member	4/19/16 Date Approved
Lisa Diamond	, N	Member	4/19/16 Date Approved
and by Lis	a Aspinwall		, Chair of
the Department of	I	Psychology	

and by David B. Kieda, Dean of The Graduate School.

ABSTRACT

It is common for children to occasionally display traits, interests, or behaviors that are not stereotypically associated with their sex. However, gender nonconforming children, who frequently display many of these traits and behaviors, are at risk for a variety of negative psychosocial outcomes, including internalizing symptoms, victimization, and even suicidality. Parents of gender nonconforming children likely play a crucial role in supporting their healthy development, yet many parents are uncomfortable with gender nonconformity and may even attempt to discourage it in their child. This study examined specific parent and child characteristics that predict how parents respond to their child engaging in gender nonconforming behaviors. A total of 279 parents reported on their child's gender nonconformity, their own gender expression, their attitudes towards gender roles, their parenting style, their degree of discomfort with gender nonconforming behaviors, and how frequently they would attempt to change those behaviors in their child. Results indicated that male child sex, lower degree of child gender nonconformity, and traditional attitudes towards gender roles predicted greater parent discomfort. After accounting for the effects of discomfort with gender nonconformity, male child sex, traditional attitudes towards gender roles, parent warmth, and parent psychological control predicted more frequent parent efforts to change gender nonconforming behaviors. Notably, parents of boys were less likely to attempt to change their son's gender nonconforming behaviors if their son frequently engaged in these

behaviors. On the other hand, fathers of daughters were less likely to attempt to change their behaviors compared to fathers of sons or mothers in general. These data contribute to our understanding of the unique parent-child contexts that are associated with parents being uncomfortable with their child and attempting to unnecessarily intervene on their behaviors in order to fit in with societal expectations for gender roles.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS	vi
INTRODUCTION	1
METHOD	10
Participants	
Procedures	
Measures Data Analysis	
RESULTS	
Child Gender Nonconformity	17
Correlations and Descriptive Statistics	
Predicting Parent Discomfort With Gender Nonconforming Behaviors	19
Predicting Parent Efforts to Change Gender Nonconforming Behaviors	20
DISCUSSION	28
APPENDIX	35
REFERENCES	36

ACKNOWLEDGEMENTS

This material is based upon work supported by the National Science Foundation Graduate Research Fellowship Program under Grant No. 1256065. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.

INTRODUCTION

Gender identity emerges early in childhood, but children's expression of their gender identity through their interests, behaviors, and appearance develops more gradually (Golombok et al., 2008). Gender influences how children interact with their peers and family, for example through the games they play or the playmates they prefer. Of particular interest is how these interactions are affected when a child's gender identity or expression is not typical for their sex. Children who push the boundaries of societally expected gender roles—such as a boy who likes to paint his fingernails, or a girl who likes to play football—can experience negative reactions from parents and peers, which has the potential to adversely affect their sense of self or psychosocial functioning. Parents may play a particularly important role for these children, as they are in the unique position to differentially reinforce and model certain gendered behaviors. Given that certain parent responses to gender nonconformity may be detrimental to children's psychosocial adjustment, it is important to understand the factors in a parent-child relationship that are associated with responses that either support or discourage gender nonconforming behaviors.

Gender identity refers to the inherent, internal experience of one's gender that can be characterized by cognitions and emotions (Hidalgo et al., 2013), and biological sex refers to the classification of individuals at birth as female or male based on sex chromosomes, external genitalia, internal reproductive organs, or hormones. Gender and

sex are often used interchangeably, because for a majority of individuals, these separate constructs align in a predictable fashion: most biological females develop feminine gender identities, and most biological males develop masculine gender identities.

However, this is not always the case.

Currently, a variety of terms are used to describe atypical alignments of gender identity, gender expression, and biological sex, such as gender variant, gender nonconforming, and transgender. Though the current study will specifically focus on gender nonconformity in childhood, it is important to situate the current research within the broader context of research on gender variant and transgender youth. Gender nonconformity refers to a gender expression that diverges from what is stereotypically associated with one's sex assigned at birth. Children who are gender nonconforming may prefer to engage in play activities or have interests that are typical of the other sex. A minority of these children may wish to be the other gender, or express that they *are* the other gender. Though consistent, insistent, and persistent cross-gender identification and expression is relatively rare (i.e., being transgender; Meier & Labuski, 2013), it is actually quite common for children to express gender nonconforming traits, interests, or behaviors (Sandberg, Meyer-Bahlburg, Ehrhardt, & Yager, 1993).

Although most children occasionally engage in gender nonconforming behaviors, children who are more consistently gender nonconforming are at risk for negative psychosocial outcomes in childhood, adolescence, and adulthood. Children who feel that they are not a typical example of their gender also experience higher levels of internalizing symptoms than their gender typical peers (Carver, Yunger, & Perry, 2003).

¹ The term other-sex will be used throughout this paper, instead of the term opposite-sex, in recognition of the fact that gender is a nonbinary construct (APA, 2015).

More specifically, one of the few longitudinal studies examining psychosocial outcomes for gender nonconforming children found that they were at heighted risk for depressive symptoms through early adulthood compared to their gender conforming peers, and that this elevated risk was partially accounted for by higher levels of victimization (Roberts, Rosario, Slopen, Calzo, & Austin, 2013). Though sexual orientation and gender identity and expression are distinct constructs, a significant association has been consistently documented between sexual minority status and gender nonconformity (e.g., Bailey & Zucker, 1995). Likely as a result of this correlation, many studies examining psychosocial outcomes related to gender nonconformity focus on sexual minority populations. For example, lesbian, gay, and bisexual (LGB) youth who report being gender nonconforming in childhood experience higher levels of verbal and physical victimization as well as general psychological distress in adolescence compared to gender typical LGB youth (D'Augelli, Grossman, & Starks, 2006). Finally, a history of childhood gender nonconformity has been associated with suicidality in adulthood among LGB individuals (Plöderl & Fartacek, 2009).

These negative psychosocial outcomes associated with childhood gender nonconformity can be examined from the perspective of Minority Stress Theory.

Minority Stress Theory suggests that minority individuals—typically in reference to LGB individuals—experience mental and physical health disparities as a result of internalized homophobia and experiences of discrimination and harassment associated with their minority identity (Meyer, 2003). This theory has been extended to encompass the experiences of transgender and gender variant individuals. Gender variant individuals also experience elevated levels of victimization and discrimination as a result of their

minority identity, and researchers have suggested that Meyer's proposed concept of internalized homophobia can be reconceptualized as internalized transphobia for this population (Hendricks & Testa, 2012; Testa, Habarth, Peta, Balsam, & Bockting, 2015). Similar to the experiences of LGB and transgender individuals, gender nonconforming children experience harassment and victimization as a result of their gender expression. Gender nonconforming children may also internalize beliefs analogous to transphobia related to their gender expression. Specifically, they may observe or be told that there is something unacceptable about atypical gender expressions, and thus internalize stigma associated with gender nonconformity.

Parents of gender nonconforming children may play a critical role in the psychosocial adjustment and well-being of their children through their acceptance of and reactions to their child's gender nonconforming behaviors. In the related literature on LGBT youth, it is clear that higher levels of family acceptance are associated with a variety of positive psychosocial outcomes, such as lower levels of depression, substance use, and suicidality, as well as higher levels of self-esteem and social support (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Similarly, prepubertal transgender children who are allowed to socially transition—presumably indicating parental support of their gender variant identity—do not experience clinically elevated symptoms of depression and experience only mildly elevated symptoms of anxiety (Olson, Durwood, DeMeules, & McLaughlin, 2016), suggesting that family support and acceptance promotes healthy psychosocial adjustment in transgender youth. Although there has been less research focused specifically on gender nonconformity, there is some evidence that general parental acceptance may moderate the relationship between childhood gender

nonconformity and psychological distress. Van Beusekom and colleagues (2015) found that parental acceptance from fathers significantly moderated the positive association between gender nonconformity and psychological distress for adolescent boys, such that the association became nonsignificant for youth reporting the highest level of father acceptance. Interestingly, this study observed different effects of parent acceptance on children's adjustment across parent and child sex: fathers' acceptance of boys moderated the relationship between gender nonconformity and psychological distress, but neither mothers' acceptance of boys nor mothers' or fathers' acceptance of girls moderated this relationship (van Beusekom, Bos, Overbeek, & Sandfort, 2015). This suggests that parent-child interactions related to gender nonconformity may vary in important ways based on individual differences such as biological sex. That said, little is known about the specific factors that lead parents to be accepting of gender nonconformity in their children.

Retrospective reports from youth who were gender nonconforming in childhood indicate that some parents react negatively to gender atypical behaviors and may attempt to change those behaviors. Specifically, approximately 30% of LGB youth who were gender nonconforming in childhood report that their parents attempted to change or discourage their gender atypical behavior (D'Augelli, Grossman, & Starks, 2006). In this sample of LGB youth, boys generally reported more negative reactions from their parents compared to girls, and fathers of boys were reported to have the most negative reactions to gender nonconformity compared to fathers of girls or mothers in general. Though the generalizability of these reports are limited due to bias—both by their retrospective nature and because they may be influenced by developmental factors related to sexual

orientation—they indicate that how parents react to their child's gender nonconformity may be an important factor related to that child's later well-being. Specifically, LGB youth in this study whose parents discouraged gender nonconforming behaviors or who called them 'tomboys' or 'sissies' reported higher levels of current psychological distress and trauma-related stress symptoms than youth whose parents did not (D'Augelli, Grossman, & Starks, 2006).

Additionally, parenting style, such as how warm or controlling a parent is towards their child, may play a significant role in how parents react to gender nonconforming children as well as later adjustment outcomes. Research from the broader literature on parental acceptance-rejection theory indicates that children's perceptions of parental warmth are related to positive adjustment outcomes (Khaleque, 2013). The association between parenting style and adjustment has also been examined for gender nonconforming children. Data based on the retrospective reports of adults who were gender nonconforming in childhood suggest that parenting style moderates the relationship between childhood gender nonconformity and psychological distress in adulthood, such that cold or controlling parenting styles were associated with greater psychological distress in adulthood for gender nonconforming children (Alanko et al., 2008). Interestingly, in this study, the authors observed a positive relationship between childhood gender nonconformity and negative parenting style, such that adults who reported being more gender nonconforming in childhood also reported that their parents were more cold and controlling. A reanalysis of these data indicated that this association reflected a reciprocal relationship between childhood gender nonconformity and negative parenting style (Alanko et al., 2011). These data indicate that parenting style is an

important factor in moderating negative psychosocial outcomes for gender nonconforming children, and moreover that a child's gender nonconformity may influence parent-child interactions.

Although these data are limited, it is clear that examining how parents react to their child's gender nonconformity is an important area of study. Qualitative work has examined various parenting strategies and responses displayed by parents of gender variant children in navigating the complex issues surrounding their child's gender identity and expression (e.g., Ehrensaft, 2011; Rahilly, 2015). For example, Ehrensaft (2011) identifies three patterns of parent transformations in response to their child disclosing a gender variant identity: those who process their own biases and transphobia in order to authentically accept and support their child, those who cannot move past their biases and transphobia in order to accept their child, and those who attempt to accept and support their child without fully processing their own biases and transphobia. However, there is a dearth of quantitative data available to examine parent reactions to a broad range of nonconforming gender expressions, as well as individual characteristics that may influence parent reactions.

The purpose of this study was to examine the effects of several relevant parent and child characteristics on how parents respond to their children engaging in gender nonconforming behaviors. We chose to focus on two specific parent reactions to gender nonconformity that may contribute to youth's perception of parental acceptance. Our first interest was in understanding *parental discomfort* with gender nonconformity.

Specifically, we explored which parent and child characteristics influenced how uncomfortable parents are with gender nonconformity. The child characteristics we

examined included age, sex, and degree of gender nonconformity, and the parent characteristics included sex, gender atypicality, attitudes towards gender roles, and parenting style (i.e., warmth, psychological control). We had several specific hypotheses about how these characteristics might influence parent discomfort with gender nonconformity. First, consistent with previous literature, we expected parent and child sex differences: fathers likely express more discomfort with gender nonconformity than mothers, and parents are likely generally more uncomfortable with sons engaging in gender nonconforming behaviors compared to daughters. Secondly, we hypothesized that parents who report having egalitarian or feminist attitudes towards gender roles would be more comfortable with gender nonconforming behaviors compared to parents with very traditional attitudes. Finally, we hypothesized that child gender nonconformity would be positively related to parent discomfort, such that parents of highly gender nonconforming children would report greater discomfort with these behaviors than parents of children who rarely engaged in gender nonconformity. This hypothesis is based on the fact that this study focuses on a community-based sample of parents that, unlike the parents of transgender children described by Ehrensaft (2011), have not been pushed to address their potentially transphobic attitudes. There is little research on how a *parent's* gender atypicality relates to their response to child gender nonconformity, and thus our hypotheses about this characteristic were left as exploratory.

Secondly, we examined how these same parent and child characteristics were associated with *parent efforts to change gender nonconforming behavior*, after accounting for the effects of discomfort with gender nonconformity. This second aim was focused on identifying unique characteristics that prompted parents to intervene on their

child's behavior above and beyond simply being uncomfortable. Again, we hypothesized that sex differences may contribute to how frequently parents attempt to change their child's gender nonconforming behaviors. Specifically, socialization around gender norms may result in a more limited range of acceptable behaviors for boys, such that parents may be more likely to discourage gender nonconformity among boys even after accounting for attitudes towards gender roles and discomfort with gender nonconformity. We also hypothesized that parenting style might moderate the relationship between parent discomfort with their child's gender nonconformity and their efforts to change those behaviors. We anticipated that parents who reported low warmth or high psychological control would be more likely to attempt to change gender nonconforming behaviors when they are uncomfortable, whereas parents who report high warmth or low psychological control may show a weaker relationship between discomfort and efforts to change (i.e., they will be less likely to try to change behavior that they are uncomfortable with). This hypothesis aims to explore how parenting style interacts with parent attitudes (i.e., discomfort) to predict behavior in response to their child engaging in gender nonconforming behavior—a relationship that could contribute to the observed associations between childhood gender nonconformity, parent responses, and psychosocial outcomes in the broader literature. Specifically, the associations that have been reported between cold and controlling parenting styles and negative psychosocial outcomes for gender nonconforming children may be a result of these parenting styles leading parents to attempt to change gender atypical behaviors in their child with which they are uncomfortable.

METHOD

Participants

In total, 843 families were initially screened in pediatricians' offices in the greater Salt Lake City area. This screening process included collecting basic demographic information about the parent and their children, and a brief measure assessing gender nonconforming behaviors exhibited by their child who was there for an appointment with the pediatrician. Parents who reported that their child engaged in some gender nonconforming behaviors were invited to complete a longer survey online. Though recruitment was based in community pediatricians' offices that did not specifically treat gender-related concerns, efforts were made to recruit parents of children along the full continuum of gender atypical expressions. When possible, a second parent from each family also completed the online survey.

Data from one respondent were deemed invalid as they responded to every item on the survey with a '1', and was not included in the final sample. Thus, the final sample included 178 mothers and 101 fathers (95 paired and reporting on the same child; M age = 35.97, SD = 6.1, range 23 to 56 years old), who reported on a total of 184 children. The sample was relatively homogeneous: 92.1% of parents self-identified as White, 0.4% as Black, 3.9% as Hispanic, 1.4% as Asian, 1.8% as Native American, and 0.4% as South Asian. Consistent with the population of the greater Salt Lake City area, a majority of the sample was affiliated with the the Church of Jesus Christ of Latter-day Saints (LDS):

69.5% of parents reported their religious affiliation as LDS, 11.5% as other Christian religions, 0.7% as Jewish, 1.1% as other unidentified religions, and 16.8% as having no religious affiliation.

The age of the children who parents reported on ranged from 3 to 17 (M = 7.71, SD = 3.82). Parents of children under the age of 13 were asked to report on their child's current behaviors. However, in order to gather an equivalent measure of childhood gender nonconformity across the sample, parents of children over the age of 13 were asked to report on their child's gender nonconforming behaviors when they were between the ages of 4 and 9. Thus, 236 parents reported on their child's current gender nonconforming behaviors, and 43 parents reported on their adolescent's gender nonconforming behaviors when they were children.

Procedure

Parents who consented to participate in the larger study completed an online survey that included questionnaires about their attitudes towards gender roles, their own gender expression, their parenting style, the frequency with which their child engaged in a variety of gender nonconforming behaviors, and their responses to those behaviors. Because the aim of this study was to examine parent attitudes and responses to gender nonconformity, parents were asked to report how they would respond to a variety of gender atypical behaviors regardless of how frequently their child actually engaged in the behavior. For families where two parents provided survey responses, each parent independently reported on their child's gender nonconformity, their responses to those gender nonconforming behaviors, their own parenting style, their gender expression, and their views on gender roles. Primary parents who participated were compensated \$30, and

secondary parents who participated received \$20. This study was approved by the University of Utah's IRB (00034005).

Measures

Attitudes Towards Gender Roles

To assess parents' attitudes towards gender roles, participants completed the Attitudes Towards Women Scale (Spence, Helmreich, & Stapp, 1973). This widely used 13-item scale was designed to measure the extent to which adults hold egalitarian or traditional attitudes towards gender roles for women and men. Participants were asked to respond on a Likert scale how much they agree or disagree with a series of statements, such as: "Women should take increasing responsibility for leadership in solving intellectual and social problems of the day." Higher scores indicate an egalitarian view of gender roles, while lower scores indicate a traditional view of gender roles. Cronbach's alpha was .738.

Parent Gender Expression

The Personal Attributes Questionnaire was administered to assess parents' gender expression (Spence, Helmreich, & Stapp, 1975). This questionnaire asks participants to rate themselves along a continuum for 20 traditionally gendered attributes (e.g., aggression, emotionality, dominance, kindness). For example, participants are asked to indicate where they fall between being "Indifferent to others' approval" and "Highly needful of others' approval." These attributes can then be combined to derive a masculinity subscale (Cronbach's alpha = .749) and a femininity subscale (Cronbach's alpha = .737). Higher scores on each subscale indicate greater identification with

masculine or feminine attributes. In order to obtain a comparable measure of parent gender atypicality, scores on the masculinity and femininity subscales were standardized within each sex on the gender atypical subscale (i.e., masculinity for women, femininity for men). Thus, higher scores for both mothers and fathers indicate greater gender atypicality compared to other members of their sex in the sample.

Parenting Style

To assess parenting style, parents completed a widely used inventory that provides measures of parental warmth and psychological control (Schaefer, 1965). Parents rated the degree to which they agree with a series of statements describing their typical interactions with their child. For example, parents responded to items such as "I cheer up my child when they are sad" and "I am very strict with my child." Cronbach's alpha was .884 and .627 for parental warmth and psychological control, respectively.

Child Gender Nonconformity

The Gender Identity Questionnaire was used to gather a parent report of the frequency with which their child engaged in a variety of gender nonconforming behaviors. The Gender Identity Questionnaire is a measure of gender atypical activities, interests, and traits exhibited by children (Johnson et al., 2004). This questionnaire included 18 items that asked about stereotypically gendered behaviors such as playing with gender-specific toys, like Barbie or G.I. Joe, and gendered role-play (e.g., pretending to be mother/father, imitating other-sex movie characters). The questionnaire also included items that assessed how often children expressed that they were, or wished to be, the other sex. Of the 18 items, there were 10 items that had a parallel structure for

both boys and girls that assessed gender nonconforming behaviors. For example, parents of boys were asked how frequently their child played "girl-type" games (as compared to "boy-type" games), while parents of girls were asked how frequently their child played "boy-type" games (as compared to "girl-type" games). Responses to this subset of items were averaged to create a child gender nonconformity score, which reflected how frequently children engaged in gender nonconforming behaviors on average.

Parent Response to Child Gender Nonconformity

The Gender Identity Questionnaire described above was used as a framework to assess parents' responses to gender nonconforming behaviors. For six of the gender atypical behaviors in that questionnaire, parents were first asked how comfortable they would be with this behavior (extremely comfortable, somewhat comfortable, neutral, somewhat uncomfortable, extremely uncomfortable), and secondly how frequently they would do or say anything to change this behavior (never, once in a while, occasionally, frequently, all the time). For example, parents were asked how comfortable they were or would be with their child dressing up as the other sex, and how often they would say or do something to try to change that behavior. Electronically managed skip patterns served parents questions phrased to assess how they actually responded if they reported that their child had frequently or as a favorite activity engaged in a specific behavior, and to report how they would respond if their child had never, rarely, or once-in-a-while engaged in the behavior. Allowing for responses to both frequent and infrequent, or even nonexistent, behaviors provides a more comprehensive assessment of how uncomfortable parents might be with gender nonconforming behaviors and to what extent they would attempt to change those behaviors.

Data Analysis

Multivariate linear regression analyses were used to examine how parent and child characteristics predicted how comfortable parents are with their child engaging in gender nonconforming behaviors, as well as how frequently they do or say something to change those behaviors. In the model predicting parent efforts to change their child's gender nonconforming behaviors, we chose to control for parent discomfort with gender nonconformity in order to identify parent and child characteristics that predict efforts to change behavior above and beyond discomfort.

All continuous predictors were mean-centered, which allows significant main effects to be interpreted as the effect at average levels of all other predictors in the model. In addition to exploring the main effects of parent and child characteristics, we also explored possible interactions between parent and child sex, parent sex and child gender nonconformity, and child sex and gender nonconformity. All interaction terms were computed using mean-centered continuous predictors and dichotomous predictors coded as -0.5 and 0.5. These three interactions were tested in the model predicting parent discomfort as well as the model predicting parent efforts to change gender nonconforming behavior. Interaction effects that were nonsignificant, including the hypothesized interactions between parenting style and discomfort, were dropped from the final models. Significant interactions were decomposed by computing simple slopes.

We explored for possible outliers in each regression model in the initial models that included all possible interaction terms and then again in each of the final regression models that included only significant interaction terms. For each case that was identified as a potential outlier, we conducted a sensitivity analysis by removing the case and re-

running the model. This process revealed no significant outliers, and thus all participants were included in the final regression models.

A majority of the study sample was composed of parent pairs reporting their individual reactions to the same child. To account for shared variance within these pairs, all analyses presented below that include the full parent sample (N = 279) were conducted using PROC SURVEYREG with a clustered data adjustment in SAS 9.4.

RESULTS

Child Gender Nonconformity

To examine the degree of gender nonconformity across the 184 unique children included in the sample, we examined responses from one parent in each family—primarily mothers, with the exception of 6 fathers who were the sole parent reporter from their family. Overall, parents reported that their child engaged in an average of 1.99 gender nonconforming behaviors "once in while" or more frequently (SD = 1.76, range 0 to 8). Parents of girls reported that their child engaged in a higher number of gender nonconforming behaviors (M = 2.43, SD = 1.84) compared to parents of boys (M = 1.55, SD = 1.57; t(182) = 3.49, p = .001). Overall, 21.7% of parents reported that their child did not engage in any of the gender nonconforming behaviors included in our survey.

Across sexes, the most frequently endorsed behavior was the child preferring other-sex children as their favorite playmates (Table 1). This was also the most frequently endorsed behavior by parents of boys specifically. Among parents of girls, the most frequently endorsed behavior was their daughter playing "boy-type" games instead of "girl-type" games.

Correlations and Descriptive Statistics

First, we explored for mean differences across child sex for all variables of interest. Parents of boys reported significantly more discomfort with their child engaging in gender nonconforming behaviors compared to parents of girls (t(183) = 6.78, p <

.001). Similarly, parents of boys reported more frequent efforts to change gender nonconforming behaviors than did parents of girls (t(183) = 5.89, p < .001). There were no significant differences in child age, degree of child gender nonconformity (i.e., frequency of behaviors), parent gender atypicality, parent attitudes towards gender, parent warmth, or parent psychological control across parents of boys and girls.

Bivariate correlations between variables are shown in Table 2. Parents who reported that their child frequently engaged in gender nonconforming behaviors reported less discomfort with gender nonconformity and reported being less likely to do or say something to change these behaviors. Parents' gender atypicality was positively associated with egalitarian views on gender roles and warmth and was associated with lower levels of psychological control.

Parents' attitudes towards gender roles were associated with their parenting style, such that egalitarian views of gender roles were associated with greater warmth and less psychological control. Moreover, parents' attitudes towards gender were significantly associated with their responses to their child engaging in gender nonconforming behaviors: egalitarian views of gender roles were associated with less discomfort and fewer efforts to change behavior.

Finally, parent-reported warmth was negatively associated with discomfort with gender nonconforming behaviors. Parent discomfort with gender nonconforming behaviors was strongly, positively associated with efforts to change behavior.

Predicting Parent Discomfort With Gender Nonconforming Behaviors

First, to examine how parent and child characteristics predicted parent discomfort associated with their child engaging in gender nonconforming behaviors, parent discomfort was regressed on child age, child sex, child gender nonconformity, parent sex, parent gender atypicality, parent attitudes towards gender, parent warmth, parent psychological control, and the interaction between parent sex and child gender nonconformity (results presented in Table 3). The interactions between parent sex and child sex, and child sex and gender nonconformity were not significant, and thus were not included in this model.

The model accounted for a significant proportion of the variance (39.6%) in parent discomfort with their child engaging in gender nonconforming behaviors, $R^2 = .396$, F(9, 183) = 22.20, p < .001. Child sex, child gender nonconformity, and parent attitudes towards gender emerged as significant predictors of parent discomfort. Male child sex was associated with greater parent discomfort. There was a significant, negative association between child gender nonconformity and parent discomfort, such that parents reported greater discomfort with gender nonconformity if their child did not frequently engage in these behaviors. Finally, more egalitarian attitudes towards gender were associated with lower levels of discomfort with gender nonconforming behaviors. Though the interaction between parent sex and child gender nonconformity was initially significant by standard conventions, it was reduced to being marginally significant after removing the extraneous interaction terms. Decomposing this interaction through simple slopes revealed a stronger negative relationship between child gender nonconformity and parent discomfort for fathers (B = -1.067, $\beta = -.518$, p < .0001) than for mothers (B = -1.067, B = -.518, D < .0001) than for mothers (D < 0.001) than for mothers (D

.661, $\beta = -.321$, p < .0001).

Predicting Parent Efforts to Change Gender Nonconforming Behaviors

Second, to examine how parent and child characteristics predicted the frequency with which parents would do or say something to change their child's gender nonconforming behaviors, parent efforts to change behavior was regressed on the following main effects and interactions: child age, child sex, child gender nonconformity, parent sex, parent gender atypicality, parent attitudes towards gender, parent warmth, parent psychological control, parent discomfort, the interaction between parent sex and child sex, and the interaction between child sex and child gender nonconformity. The hypothesized interactions between parenting style (warmth, psychological control) and discomfort did not significantly contribute to the model, and thus were dropped from the final model along with a nonsignificant interaction between parent sex and child gender nonconformity (Table 4).

The model accounted for a significant proportion of the variance (67.5%) in parent efforts to change gender nonconforming behaviors, $R^2 = .675$, F(11, 183) = 57.99, p < .001. Several parent and child characteristics predicted parent efforts to change behavior above and beyond discomfort with gender nonconforming behaviors: child sex, parent attitudes towards gender, parent warmth, and parent psychological control. As in the previous model, more egalitarian parent attitudes towards gender were associated with lower parent efforts to change behavior. Parenting style also significantly predicted efforts to change behavior after accounting for discomfort: higher levels of both parent-reported warmth and psychological control were associated with an increase in efforts to change behavior.

The conditional main effect of child sex was qualified by significant interactions between child sex and parent sex, and between child sex and child gender nonconformity. These interactions were decomposed by computing simple slopes for male and female children. Decomposing the interaction of parent and child sex revealed a significant association between parent sex and efforts to change behavior for girls (B = -.252, $\beta = -$.139, p < .05), such that fathers would do or say something to change their daughter's behavior less than would mothers (Figure 1). There was a nonsignificant association between parent sex and efforts to change behavior for boys (B = .075, $\beta = .041$, p = .39). Decomposing the interaction between child sex and child gender nonconformity revealed a nonsignificant association between child gender nonconformity and parent efforts to change behavior for girls (B = .08, $\beta = .042$, p = .31). However, for boys, there was a significant, negative association between gender nonconformity and efforts to change behavior (B = -.247, $\beta = -.131$, p < .01): parents of gender nonconforming boys would do or say something to change their behavior less frequently than parents of gender-typical boys (Figure 2).

Table 1
Number of Children Reported to Engage in Each Gender Nonconforming Behavior

Transer of Children IV	Girls (N = 93)		Boys $(N=91)$			
Behavior	Never/ Rarely	Once-in- a-while	Frequent- ly/Always	Never/ Rarely	Once- in-a- while	Frequent- ly/Always
Preference for Other- Sex Playmates	52	35	6	49	39	3
Playing with Gender Atypical Dolls (GI Joe, Barbie)	57	30	6	72	18	1
Imitating Other-Sex TV or Movie Characters	63	22	8	79	11	0
Playing Sports only with Other-Sex Playmates	48	33	12	58	32	1
Playing Other-Sex Roles in Make- Believe Play	83	1	4	70	6	1
Playing Gender Atypical Games	36	45	11	69	18	3
Dressing up as the Other Sex in Dress- Up Games	82	2	4	70	6	0
Stating Wish to be Other Sex	87	2	4	89	2	0
Stating that they are Other Sex	90	0	1	91	0	0
Stating that they Dislike their Sexual Anatomy	90	0	0	90	0	0

Note. Number of children does not always add up to total *N* due to missing data.

Table 2
Bivariate Correlations Between Variables

Bivariate Co.	rrelatio	ns Betwee		1			
		Donout	Egalitar-		Danant		
	Child GNC	Parent Gender Atypical -ity	ian Attitudes Towards Gender	Parent Warmth	Parent Psycho- logical Control	Discomfort with GNC Behaviors	Efforts to Change GNC
Child Age	.11	.104	.128	18*	.087	078	044
Child GNC	1	.083	.049	042	.016	431***	359***
Parent Gender Atypicality		1	.120*	.277***	156**	097	064
Egalitarian Attitudes Towards Gender			1	.129*	167**	294***	380***
Parent Warmth				1	323***	140*	026
Parent Psycholog- ical Control					1	.024	.081
Discomfort with GNC Behaviors						1	.783***
Mean (SD) – Mothers	1.82 (.48)	0.0(1)	2.04 (.40)	4.24 (.64)	1.18 (.53)	2.64 (.91)	2.20 (.80)
Mean (SD) – Fathers	1.82 (.44)	0.0(1)	1.89 (.40)	3.89 (.80)	1.32 (.54)	3.01 (.99)	2.42 (.97)

Fathers Note. ***p<.001, **p<.05. Parent gender atypicality is standardized within sex. GNC stands for gender nonconforming.

Table 3 Predicting Parent Discomfort with GNC Behaviors

Variable	B	SE B	В
Intercept	2.76***	0.055	
Child Characteristics			
Age	-0.009	0.017	-0.03
Sex	0.624***	0.107	0.326
Gender Nonconformity	-0.864***	0.11	-0.42
Parent Characteristics			
Sex	0.144	0.091	0.072
Gender Atypicality	-0.01	0.047	-0.011
Egalitarian Attitudes Towards Gender	-0.475***	0.141	-0.204
Warmth	-0.124	0.079	-0.094
Psychological Control	-0.004	0.111	-0.002
Parent Sex × Child Gender Nonconformity	-0.406	0.218	-0.099

Note. All continuous predictors are mean-centered. Sex coded as -0.5 = female, 0.5 = male.
***p<.001, **p<.01, *p<.05

Table 4
Predicting Parent Efforts to Change GNC Behaviors

Variable	B	SE B	β
Intercept	2.24***	0.033	
Parent Discomfort with GNC	0.651***	0.049	0.712
Child Characteristics			
Age	0.008	0.008	0.036
Sex	0.174*	0.074	0.099
Gender Nonconformity	-0.084	0.067	-0.044
Parent Characteristics			
Sex	-0.089	0.069	-0.049
Gender Atypicality	-0.0002	0.032	-0.0003
Egalitarian Attitudes Towards Gender	-0.348***	0.089	-0.163
Warmth	0.151**	0.049	0.124
Psychological Control	0.135*	0.066	0.083
Child Sex × Parent Sex	0.326*	0.133	0.093
Child Sex × Child Gender Nonconformity	-0.327**	0.103	-0.086

Note. All continuous predictors are mean-centered. Sex coded as -0.5 = female, 0.5 = male

^{***}p<.001, **p<.01, *p<.05

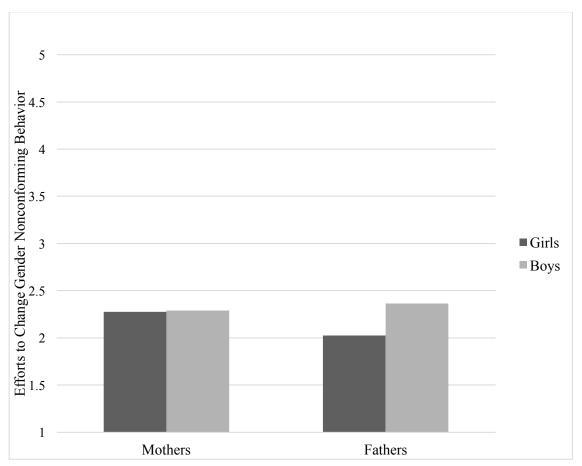


Figure 1. Interaction between parent sex and child sex predicting efforts to change gender nonconforming behaviors.

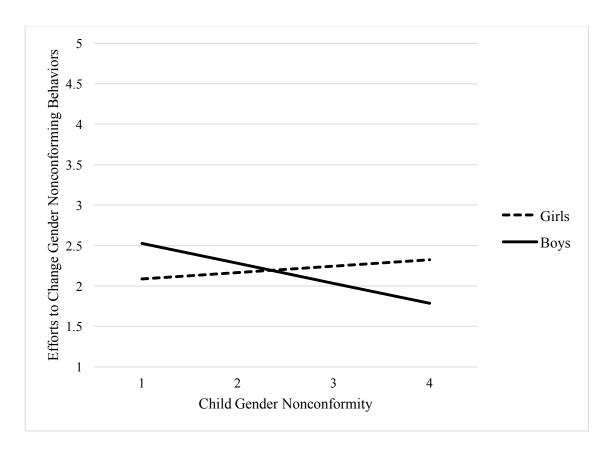


Figure 2. Interaction between child sex and child gender nonconformity predicting efforts to change behavior.

Note. Though the child gender nonconformity scale ranges from 1 to 5, the highest reported average child gender nonconformity score was 4.

DISCUSSION

The purpose of this study was to explore parent and child characteristics that influence how parents respond to their child engaging in gender nonconforming behaviors in order to understand the situations in which parents might unnecessarily intervene on non-normative, but otherwise innocuous behaviors. Parents with traditional attitudes towards gender roles, parents of boys, and parents of children who did not frequently engage in gender nonconforming behaviors expressed greater discomfort with gender nonconformity. Furthermore, certain parent-child contexts predicted parents attempts to change gender nonconforming behaviors above and beyond the effect of their discomfort. More frequent efforts to change gender nonconforming behaviors were associated with parents who reported that they were warm or controlling towards their child, as well as parents holding more traditional attitudes towards gender roles. Girls' degree of gender nonconformity did not impact the frequency with which their parents would attempt to change their behavior. However, this was not the case for boys, whose parents were less likely to do or say something to change their behavior if their son engaged in more frequent gender nonconforming behaviors. Finally, fathers of girls were less likely to do or say something to change their gender nonconforming behaviors than fathers of boys or mothers in general.

Parenting style and attitudes about gender emerged as important characteristics in understanding how parents respond to their child engaging in gender nonconforming

behaviors. How warm or controlling a parent was toward their child predicted their reported behavioral response to gender nonconformity, but not their internal reaction of comfort or discomfort. These results suggest that parents may view attempting to change their child's gender nonconforming behaviors as a *positive* intervention. It is possible that parents viewed discouraging such behaviors as a way to help their child fit in with normative expectations for gender expression. Data from qualitative interviews with parents of preschool-age children indicate that parents attribute their attempts to discourage gender nonconformity in their child to concerns for how they will be perceived in public (Kane, 2009). The concept of parents being concerned for the gender nonconforming child is also partially supported by previous research demonstrating that adults anticipate that gender nonconforming boys are more likely to experience internalizing symptoms in adulthood compared to gender conforming boys (Thomas & Blakemore, 2013). Although the data from this study cannot directly support this interpretation, future studies should examine parents' specific motivations for attempting to change gender nonconforming behaviors. Not surprisingly, parents who believe in more egalitarian gender roles felt more comfortable with their child engaging in behaviors that were not typical for their sex, and they were less likely to attempt to change those behaviors. Though these results were expected, they are less than encouraging from an intervention perspective given that deeply held attitudes towards gender roles may be particularly challenging to change.

The observed sex differences in this study are consistent with the broader literature on childhood gender nonconformity. The greater discomfort reported by parents of boys in this sample is in line with other studies that found that gender nonconforming

boys recall more negative parent reactions than gender nonconforming girls (D'Augelli, Grossman, & Starks, 2006). The current study adds to the literature on sex differences in parent reactions to childhood gender nonconformity by demonstrating that after controlling for factors such as discomfort with gender nonconformity and traditional views on gender roles, fathers of boys and mothers in general are equally likely to try to change their child's behaviors. This is in contrast to research specifically on parents of transgender children, which has found that fathers seem to have more difficulty with their child's gender variant identity (e.g., more frequently using natal sex pronouns rather than affirmed gender pronouns; Riggs & Due, 2015). However, it is possible that such parent sex differences could be attributed to differing attitudes towards gender roles, which were controlled for in this study. Moreover, fathers of girls in this study reported attempting to change their daughters' behaviors less frequently than mothers or fathers of boys. Qualitative research indicates that some parents encourage or support gender nonconforming behaviors and interests in their daughters (Kane, 2009). Consistent with this notion, girls in this study engaged in a greater number of gender nonconforming behaviors (though no more frequently), suggesting that girls may be given a greater latitude with respect to gender nonconformity. Thus, it is not surprising that parent efforts to change behavior did not differ as a function of girls' degree of nonconformity.

One of the more interesting findings in this study is the negative association between children's gender nonconformity and their parent's responses. Parents reported being more comfortable and less likely to attempt to change gender nonconforming behaviors if their child engaged in them more frequently. This association may be indicative of a reciprocal relationship (similar to that described by Ehrensaft, 2011),

where parents who are comfortable with gender nonconformity provide more opportunities for their child to explore their gender expression (e.g., buying their son a Barbie doll if he wants one), and that children who frequently engage in these behaviors repeatedly expose their parents to gender nonconformity, thereby increasing their comfort level. Future studies could directly examine whether parents who report being comfortable with gender nonconformity provide more opportunities for their children to participate in a greater variety of gendered behaviors and activities—both gender typical and gender atypical—compared to parents who are uncomfortable with nonconformity. Similarly, experimental studies could explore whether repeated exposure to a child engaging in gender nonconforming behaviors prospectively increases parent comfort with such behaviors and expressions.

However, one limitation to this study is the inclusion of parent responses to both frequent and infrequent gender nonconforming behaviors. Although examining parent responses to a wide range of gender expressions was also a strength of this study in that it allowed for greater generalizability, it also introduced the possibility of a methodological confound. Previous research on participant reactions to real and hypothetical situations suggests that when individuals respond to hypothetical situations, they tend to overestimate their likelihood of engaging in a specific behavioral response to the situation, whereas real situations trigger more normative or realistic influences on behavior (e.g., Ajzen, Brown, & Carvajal, 2004). In the current study, it is possible that parents responding to hypothetical behaviors may have overestimated the likelihood that they would try to change their child's gender nonconformity. However, after conducting a series of sensitivity analyses, we determined that the observed negative relationship

between child gender nonconformity and parent response was not driven by our methodology, as the relationship persisted when we examined these associations within participants who reported only real or only hypothetical parent responses.

Other limitations to this study include the homogeneity of our sample, the low rate of child gender nonconformity, and the focus on parent self-report. Although the sample of parents was consistent with the general population in the area, it was not necessarily representative of the broader population of parents in the country in terms of its racial, ethnic, and religious diversity. In particular, the high proportion of parents affiliated with the LDS church is a relevant context for our results, as we observed that this particular subset of our sample had more traditional attitudes towards gender roles compared to parents not affiliated with the LDS church. Secondly, we decided to recruit participants from pediatricians' offices in order to obtain a broad, normative sample of parents and children. Though this provided a representative sample, it came at the cost of including only a small number of parents reporting on their responses to highly gender nonconforming children. Finally, assessing only parents' report of their child's gender nonconforming behaviors and their responses to those behaviors provided a limited perspective of parent-child interactions related to gender nonconformity. Including multiple reporters, such as the gender nonconforming child and other adult family members, could provide a more comprehensive and accurate understanding of the factors that influence how parents respond to their child engaging in gender nonconforming behaviors.

Future studies should examine how parent responses to gender nonconformity vary as a function of developmental stage. Youth's expression of gender nonconformity,

and the relative impact of that expression, varies by age: children may play with gender atypical dolls, whereas adolescents may adopt a gender nonconforming appearance through their clothing or hairstyle. Though the current study controlled for child age, parents were instructed to report on their child's behaviors and their own responses to those behaviors based on when their child was approximately between the ages of 4 and 9. This methodological decision to obtain a comparable measure of childhood gender nonconformity limited our ability to examine developmental factors associated with parent responses. Future studies should explore parent responses to gender nonconformity using developmentally appropriate measures of gender expression across age groups.

In conclusion, these data add to the broader literature on the experiences of gender variant and gender nonconforming youth by exploring relevant characteristics within the parent-child context that affect how parents respond to gender nonconformity. Regardless of their intentions, it is problematic that some parents feel uncomfortable with their children participating in certain gendered behaviors that, while not typically associated with their sex, are normative and not uncommon. Moreover, it is concerning that parents feel that they need to change their child's behavior to align with arbitrary, stereotypical expectations for gender roles. As this area of research progresses, it is important to continue to examine these issues from a dynamic perspective, where individual differences in both the parents and the child impact interactions around gender identity and expression. Now that we know more about the parent-child context that influences how parents respond to gender nonconforming behaviors, the next step is to explore the various parent-child contexts in which certain responses to gender nonconformity

contribute to poor psychosocial adjustment for the child. The literature has consistently documented negative psychosocial outcomes associated with childhood gender nonconformity, and we know that parents are uniquely situated to either contribute to or buffer against these poor outcomes. Identifying factors associated with negative responses to childhood gender nonconformity will help future intervention efforts to more efficiently target parents in need of guidance, with the ultimate goal of increasing parent support and minimizing stress for the child.

APPENDIX

Mean Differences on Variables of Interest by LDS Status

	LDS Parents ($N =$ Non-LDS Parents ($N =$ 194) 84)		
	M(SD)	M (SD)	t
Child Age	7.72 (3.70)	7.71 (4.12)	0.00
Child Gender Nonconformity	1.80 (.47)	1.86 (.45)	-0.96
Parent Gender Atypicality	0.01 (.98)	-0.02 (1.04)	0.22
Parent Egalitarian Attitudes Towards Gender	1.89 (.37)	2.20 (.41)	-5.14***
Parent Warmth	4.10 (.68)	4.16 (.81)	-0.55
Parent Psychological Control	1.26 (.53)	1.18 (.54)	0.98
Parent Discomfort	2.86 (.90)	2.53 (1.03)	2.39*
Parent Efforts to Change Behavior	2.40 (.84)	1.97 (.88)	3.41***

Note: ***p<.001, **p<.01, *p<.05

REFERENCES

- Ajzen, I., Brown, T. C., & Carvajal, F. (2004). Explaining the discrepancy between intentions and actions: The case of hypothetical bias in contingent valuation. *Personality and Social Psychology Bulletin, 30*, 1108-1121. doi:10.1177/0146167204264079
- Alanko, K., Santtila, P., Harlaar, N., Witting, K., Varjonen, M., Jern, P., ... Sandnabba, N. K. (2008). The association between childhood gender atypical behavior and adult psychiatric symptoms is moderated by parenting style. *Sex Roles, 58*, 837-847. doi:10.1007/s11199-008-9395-5
- Alanko, K., Santtila, P., Salo, B., Jern, P., Johansson, A., & Sandnabba, N. K. (2011). Testing causal models of the relationship between childhood gender atypical behavior and parent-child relationship. *British Journal of Developmental Psychology*, 29, 214-233. doi:10.1348/2044-835X.002004
- American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. Retrieved from http://www.apa.org/practice/guidelines/transgender.pdf
- Bailey, J. M., & Zucker, K. J. (1995). Childhood sex-typed behavior and sexual orientation: A conceptual analysis and quantitative review. *Developmental Psychology*, *31*, 43-55. doi:10.1037/0012-1649.31.1.43
- Carver, P. R., Yunger, J. L., & Perry, D. G. (2003). Gender identity and adjustment in middle childhood. *Sex Roles*, 49, 95-109. doi:10.1023/A:1024423012063
- D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence*, 21, 1462-1482. doi:10.1177/0886260506293482
- Ehrensaft, D. (2011). Boys will be girls, girls will be boys: Children affect parents as parents affect children in gender nonconformity. *Psychoanalytic Psychology*, 28, 528-548. doi:10.1037/a0023828
- Golombok, S., Rust, J., Zervoulis, K., Croudace, T., Golding, J., & Hines, M. (2008). Developmental trajectories of sex-typed behavior in boys and girls: A longitudinal general population study of children aged 2.5-8 years. *Child Development*, 79, 1583-1593. doi:10.1111/j.1467-8624.2008.01207.x

- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, *43*, 460-467. doi:10.1037/a0029597
- Hidalgo, M. A., Ehrensaft, D., Tishelman, A. C., Clark, L. F., Garofalo, R., Rosenthal, S. M., ... Olson, J. (2013). The gender affirmative model: What we know and what we aim to learn. *Human Development*, *56*, 285-290. doi:10.1159/000355235
- Johnson, L. L., Bradley, S. J., Birkenfeld-Adams, A. S., Kuksis, M. R., Maing, D. M., Mitchell, J. N., & Zucker, K. J. (2004). A parent-report gender identity questionnaire for children. *Archives of Sexual Behavior*, 33, 105-116. doi:10.1023/B:ASEB.0000014325.68094.f3
- Kane, E. W. (2009). Policing gender boundaries: Parental monitoring of preschool children's gender nonconformity. In M. K. Nelson, A. I. Garey, M. K. Nelson, & A. I. Garey (Eds.), Who's watching? Daily practices of surveillance among contemporary families (pp. 239-259). Nashville, TN, US: Vanderbilt University Press.
- Khaleque, A. (2013). Perceived parental warmth, and children's psychological adjustment, and personality dispositions: A meta-analysis. *Journal of Child and Family Studies*, 22, 297–306. http://doi.org/10.1007/s10826-012-9579-z
- Meier, S. C., & Labuski, C. M. (2013). The demographics of the transgender population. In A. K. Baumle (Ed.), *International handbook on the demography of sexuality* (pp. 289-327). New York, NY, US: Springer Science + Business Media. doi:10.1007/978-94-007-5512-3 16
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697. doi:10.1037/0033-2909.129.5.674
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, *137*. doi:10.1542/peds.2015-3223
- Plöderl, M., & Fartacek, R. (2009). Childhood gender nonconformity and harassment as predictors of suicidality among gay, lesbian, bisexual, and heterosexual Austrians. *Archives of Sexual Behavior*, *38*, 400-410. doi:10.1007/s10508-007-9244-6
- Rahilly, E. P. (2015). The gender binary meets the gender-variant child: Parents' negotiations with childhood gender variance. *Gender & Society, 29*, 338-361. doi:10.1177/0891243214563069
- Riggs, D. W., & Due, C. (2015). Support experiences and attitudes of Australian parents

- of gender variant children. *Journal of Child and Family Studies*, *24*, 1999-2007. doi:10.1007/s10826-014-9999-z
- Roberts, A. L., Rosario, M., Slopen, N., Calzo, J. P., & Austin, S. B. (2013). Childhood gender nonconformity, bullying victimization, and depressive symptoms across adolescence and early adulthood: An 11-year longitudinal study. *Journal of the American Academy of Child and Adolescent Psychiatry*, *52*, 143-152. doi:10.1016/j.jaac.2012.11.006
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, *23*, 205-213. doi:10.1111/j.1744-6171.2010.00246.x
- Sandberg, D. E., Meyer-Bahlburg, H. F., Ehrhardt, A. A., & Yager, T. J. (1993). The prevalence of gender-atypical behavior in elementary school children. *Journal of the American Academy of Child and Adolescent Psychiatry*, *32*, 306-314. doi:10.1097/00004583-199303000-00010
- Schaefer, E. S. (1965). Children's reports of parental behavior: An inventory. *Child Development*, *36*, 413-424. doi:10.2307/1126465
- Spence, J. T., Helmreich, R., & Stapp, J. (1973). A short version of the Attitudes toward Women Scale (AWS). *Bulletin of the Psychonomic Society*, *2*, 219-220.
- Spence, J. T., Helmreich, R., & Stapp, J. (1975). Ratings of self and peers on sex role attributes and their relation to self-esteem and conceptions of masculinity and femininity. *Journal of Personality and Social Psychology*, 32, 29-39. doi:10.1037/h0076857
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity*, 2, 65-77. doi:10.1037/sgd0000081
- Thomas, R. N., & Blakemore, J. O. (2013). Adults' attitudes about gender nonconformity in childhood. *Archives of Sexual Behavior*, 42, 399-412. doi:10.1007/s10508-012-0023-7
- van Beusekom, G., Bos, H. W., Overbeek, G., & Sandfort, T. M. (2015). Same-sex attraction, gender nonconformity, and mental health: The protective role of parental acceptance. *Psychology of Sexual Orientation and Gender Diversity*, 2, 307-312. doi:10.1037/sgd0000118