



Italian Political Agendas on LGBTQIA+ Issues: Perceived Stigma and Civic Engagement Among Sexual and Gender Marginalized Communities

Fau Rosati¹ · Christian Compare² · Maric Martin Lorusso² · Roberto Baiocco¹ · Cinzia Albanesi² · Jessica Pistella¹ · Valerio Pellegrini¹

Accepted: 12 March 2025 / Published online: 2 April 2025
© The Author(s) 2025

Abstract

Introduction Structural stigma in public policies exacerbates minority stress for LGBTQIA+ individuals. This study explores the impact of Italy’s political climate on perceived stigma and civic engagement within the LGBTQIA+ population, following the inauguration of a conservative government that made a political agenda with explicit negative references to LGBTQIA+ individuals. Grounded in minority stress, social safety, intersectionality, and relative deprivation theories, the research also explores differences in perceived stigma across community subgroups.

Methods Data were collected from 619 LGBTQIA+ individuals via an online questionnaire between November and December 2022. Latent class analysis (LCA) was used to identify stigma-related class profiles.

Results LCA identified two main groups: marginalized (mostly cisgender, monosexual, experiencing no or single form of oppression and congruence between gender identity and ID) and intersectionally marginalized (predominantly transgender/nonbinary, plurisexual/asexual, experiencing multiple forms of oppression and incongruence between gender identity and ID). Intersectionally marginalized individuals reported higher levels of perceived stigma and civic engagement than their marginalized counterparts.

Conclusions This study highlights the disparities in stigma experiences within the LGBTQIA+ community and the protective role of civic engagement as a resilience strategy against minority stress.

Policy Implications There is an urgent need for policies and interventions tailored to support Italy’s LGBTQIA+ communities, particularly those intersecting multiple marginalized identities. Comprehensive anti-discrimination laws are needed to protect individuals from hate crimes, and institutions must provide financial support to LGBTQIA+ organizations to empower them in creating community resources that mitigate stigma.

Keywords Perceived stigma · Minority stress · Civic engagement · LGBTQIA+ · Intersectionally marginalized

Introduction

The minority stress model has been extensively used in scientific research in recent years to empirically measure the effects of sexual and gender stigma on the health of LGBTQIA+ people (Matsuno et al., 2022; Meyer, 2003, 2015;

Testa et al., 2015). According to minority stress, homobitranphobic prejudice and discrimination constitute a unique source of psychosocial stress. This stress is unique because it adds to the general stressors common to most of the population and is chronic due to its reliance on relatively stable social and cultural structures over time. Sexual and gender stigma manifest across three primary levels, ranging from macro to micro social dimensions: (1) the structural level, which involves institutional practices that disadvantage LGBTQIA+ individuals; (2) the interpersonal level, which pertains to stigma enacted through discrimination and violence; and (3) the individual level, which consists of perceived or internalized stigma (Tebbe & Budge, 2023).

✉ Fau Rosati
fau.rosati@uniroma1.it

¹ Department of Developmental and Social Psychology, Sapienza University of Rome, Rome, Italy

² Department of Psychology “Renzo Canestrari”, University of Bologna, Bologna, Italy

At the structural and interpersonal levels, external and objective stressful events—named distal stressors—such as discrimination, violence, and harassment occur, producing stress processes (Hatzembuehler et al., 2009, 2014). At the individual level, proximal stressors arise, including a state of vigilance and a tendency to conceal one's sexual identity—prompted by perceived stigma—and feelings of self-hatred—resulting from internalized stigma. Numerous studies have shown that proximal stressors are particularly impactful on mental health outcomes, as they are not always easy to recognize and deeply undermine self-perception (Baiocco et al., 2014; Scandurra et al., 2018). Perceived stigma, for example, consists of a set of negative expectations regarding the possibility of being discriminated against or assaulted as an LGBTQIA+ individual and can lead to various behavioral strategies aimed at reducing the associated negative feelings. These strategies include a tendency to conceal one's sexual orientation or gender identity (Jackson & Mohr, 2016), avoidance or delay in accessing medical and mental health treatment (Ard & Makadon, 2012; Burgess et al., 2007), and engaging in risky behaviors (Puckett et al., 2017). Perceived stigma thus poses a significant risk for increasing health disparities to the detriment of LGBTQIA+ individuals.

Recently, Diamond and Alley (2022) conceptualized that the harmful effects of stigma on marginalized sexual and gender individuals are not solely determined by objective experiences (such as discriminatory events or mistreatment), but also by the persistent awareness of what could potentially happen (perceived stigma), combined with the perception that others may not care or offer help due to hetero-cisgender prejudice. According to this perspective, LGBTQIA+ individuals experience lower levels of social safety due to the knowledge that they cannot, in most cases, rely on social connection, inclusion, or protection from others, as they do not conform to prevailing gender and sexual norms (Ellis & Fox, 2001; Gabriel & Banse, 2006). In both the minority stress model and the social safety perspective, subjective experiences—which manifest intrapsychically—are considered valid and reliable as objective ones. Consequently, marginalized individuals do not need to experience threats firsthand to develop feelings of fear and hypervigilance in their social context, particularly when the public discourse and media continuously reproduce evidence of homophobia or transphobic events or language.

In addition to stressors, the minority stress model includes the presence of several protective factors. Among these, community resources—created by and for one's community—play a central role in buffering against the adverse effects associated with stigma (Meyer, 2015). Community resources can be tangible, such as the presence of local LGBTQIA+ collectives and associations, support groups, specialized centers, and laws and policies resulting from

activism. The resource can also be intangible, such as a positive identity and a sense of connection with groups and communities of belonging, the redefinition of one's values and life goals, which members of oppressed social groups can draw upon (Riggle et al., 2008, 2011; Rostosky et al., 2018). Similarly, the social safety perspective argues that perceptions of safety depend on local conditions, including emotional engagement and connectedness with others (Diamond & Alley, 2022), which are reflected in a sense of belonging that plays a protective role. In this regard, creating and maintaining community resources through civic engagement positively impacts well-being by fostering a sense of safety, resilience, and generativity among LGBTQIA+ individuals (Oswald & Masciadrelli, 2008; Rosati et al., 2021).

Agostini and van Zomeren (2021), in line with the relative deprivation theory (Smith et al., 2012, 2018), demonstrated that the motivation to engage in collective action, such as civic engagement, is higher when a group strongly identifies with a shared social identity and perceives social injustice (Baiocco et al., 2024). This motivation arises from the perception of being deprived, disadvantaged, and discriminated against (Abrams & Grant, 2012), leading to an awareness of receiving inferior treatment compared to other social groups (De Cristofaro et al., 2021). A recent study by Lardier et al. (2023) found that individuals who experience the intersection of multiple disadvantaged social statuses (e.g., LGBTQIA+ racially oppressed) tend to be more civically engaged. This study highlights that members of the same marginalized community, such as the LGBTQIA+ community, can experience varying levels of inequality, which can drive different levels of civic engagement.

Intersectionality (Collins, 2015; Crenshaw, 1991) considers the complexity of interlocking systems of oppression. From an intersectional perspective, individuals' oppressions may vary depending on the historical, cultural, and social contexts they navigate (Frost et al., 2019). The term "intersectionally marginalized" was introduced to describe subgroups within marginalized communities that experience multiple layers of disadvantage, such as women, racially oppressed individuals, and those living in poverty (Cohen, 1999; Crenshaw, 1991). These intersectionally disadvantaged subgroups face additional marginalization due to overlapping social inequalities (De Cristofaro & Pellegrini, in press).

The concept of the LGBTQIA+ community is increasingly precarious, as subgroups within the community have vastly different experiences. For example, gay or lesbian cisgender, White, and non-disable individuals, while experiencing oppression related to their sexual orientation, may benefit from greater freedom of movement and have easier access to employment, housing, and other social amenities compared to those whose outward expression or cognitive and emotional functioning does not conform to societal

expectations, such as disabled, racially oppressed, transgender and nonbinary (TNB) individuals (Hinkson, 2021; Meyer, 2012). Research has extensively demonstrated that TNB individuals face unique and additional stigma experiences and poorer mental health outcomes when compared to cisgender individuals (Aparicio-García et al., 2018; Commane et al., 2024; Lefevor et al., 2019), even those who are not heterosexual (Bauerband et al., 2019; Warren et al., 2016). Moreover, bisexual and pansexual (i.e., plurisexual) individuals experience erasure due to dichotomous and binary conceptions of sexuality, which result in monosexual expectations (Roberts et al., 2015). These expectations are prevalent within the LGBTQIA+ community and are often enacted by lesbian and gay members (Abreu et al., 2022). Similarly, asexual individuals struggle to gain recognition from other sexual minorities (Colborne, 2018; Worthen & Laljer, 2021). Plurisexual and asexual individuals share the challenges of confronting the monosexual norm, including the resulting invisibility and stigma (Castro, 2023; Santos & Craig, 2023). Therefore, it is essential to understand that scientific research must differentiate subgroups within the LGBTQIA+ community according to their specific experiences of stigma and resilience (Veldhuis et al., 2024).

The Context of the Present Study

In Italy, there are no laws protecting LGBTQIA+ individuals. The only law that was passed in 2016 concerns the possibility of civil unions for same-gender couples, providing some of the guarantees of marriage, but it does not include the right to have children either through medically assisted procreation or adoption. In 2018, there was an attempt to introduce a law named “Measures to prevent and combat discrimination and violence on the grounds of sex, gender, sexual orientation, gender identity, and disability,” which in public discourse has been renamed as “Zan Bill” after its sponsor, the deputy Alessandro Zan.

The Zan Bill aimed to protect LGBTQIA+ and disabled individuals from hate crimes and hate speech and introduce topics related to sexual orientation and gender identity in various contexts, including schools and workplaces. This proposed law was rejected in 2021 at the Senate, and many right-wing parliamentarians publicly celebrated the rejection with enthusiasm and applause, which was broadcast on national television (Rucco et al., 2023). The inauguration of the Meloni government marked 2022, a right-wing coalition with far-right political actors, led for the first time in Italy’s history by a woman: Giorgia Meloni. However, some authors (see, for instance, Gaweda & Siddi, 2023) suggested that in this specific circumstance, the leadership of a woman does not reflect an increase in gender equality but rather serves as an opportunity to advance a hetero-patriarchal and

misogynistic culture through a feminized and more acceptable façade.

The Meloni government is characterized by its composition of political figures who have historically promoted a strongly reactionary agenda (Pellegrini et al., 2024). Among the principles this government upholds are nationalism and the defense of cultural identity and traditional family (Pellegrini, 2023; Pellegrini et al., 2022). Consequently, LGBTQIA+ civil rights are often portrayed as problematic and a threat to these traditional values. As confirmed following its inauguration, the Meloni government’s political agenda centered on combating the so-called “gender ideology,” a term used to trivialize the lives and experiences of LGBTQIA+ individuals by framing them as an ideological cause. The rhetoric of gender ideology is strategically and erroneously used to attack both gender studies and the claims of the LGBTQIA+ community, especially those related to the self-determination of TNB individuals (Prearo, 2024). The construct of “gender ideology,” or “gender theory,” is based on conspiratorial beliefs typically held and promoted by dominant and authoritarian social groups who fear the loss of their privilege (Salvati et al., 2024a). Its origin lies in a twenty-year-long Catholic campaign against queer theories, joined and enforced by numerous ultra-Catholic Italian associations and political parties (Gentile, 1996; Ozzano, 2021).

Theoretical Framework and Research Aim

This study is grounded in four key theoretical frameworks: intersectionality (Collins, 2015; Crenshaw, 1991), minority stress (Meyer, 2003, 2015; Testa et al., 2015), social safety (Diamond & Alley, 2022), and relative deprivation theory (Agostini & van Zomeren, 2021; Smith et al., 2012, 2018). In Italy, LGBTQIA+ individuals experience high levels of stigma and minority stress (Affuso et al., 2024; Baiocco et al., 2023, 2024; Pistella et al., 2023; Scandurra et al., 2017, 2020). Intersectionally marginalized individuals such as TNB, racially oppressed, and/or disabled individuals—typically endure elevated levels of stigma, stress, and trauma (Rosati et al., 2022). These individuals are often underrepresented and less protected within the mainstream Italian LGBTQIA+ community, which may emphasize aesthetic norms that reinforce cisnormativity, ableism, and Whiteness (Rosati et al., 2022, 2024). Moreover, recent studies have shown that individuals currently at higher risk of experiencing marginalization are those who challenge multiple levels of normativity, such as plurisexual and asexual individuals (Pistella et al., 2023)—as they defy monosexual expectations—and TNB individuals—as they defy cissexual normativity (Ronzón-Tirado et al., 2023). In particular, Italian TNB individuals are currently targeted in hate discourse, as gender ideology conspiracists consider the very concept of

gender identity as an invention designed to mislead children (Salvati et al., 2024b).

Given the explicit negative references to LGBTQIA+ individuals and their families adopted by the current government during the electoral program, we aimed to understand the level of perceived stigma among LGBTQIA+ individuals in Italy following the elections (Rucco et al., 2023). Furthermore, we sought to investigate whether there were differences within the LGBTQIA+ community in levels of perceived stigma, specifically identifying subgroups at higher risk than others. Drawing on intersectional perspectives (Collins, 2015; Crenshaw, 1991) and previous research on minority stress (Pistella et al., 2023; Ronzón-Tirado et al., 2023), we expected to find higher levels of perceived stigma among certain groups, such as plurisexual and asexual individuals, TNB individuals, and intersectionally marginalized individuals. Additionally, based on the relative deprivation theory (Agostini & van Zomeren, 2021; Smith et al., 2012, 2018), we hypothesized that individuals perceiving higher stigma and social disadvantage would demonstrate greater civic engagement as a resilient strategy to counterbalance the effects of stigma.

Method

Procedure

Data collection took place between November 7, 2022, and December 5, 2022, shortly after the inauguration of the Meloni government on October 22, 2022. Inclusion criteria were as follows: (1) self-identification as LGBTQIA+, (2) 18 years or older, and (3) residency in Italy. The authors advertised the study through their social media profiles, inviting individuals to participate and share it from their accounts. The research received significant attention and was widely shared, thereby ensuring a snowball sampling effect. Due to the diverse characteristics embodied by the authors in terms of sexual orientation and gender identity, a relatively balanced sample was achieved. However, since the authors most active on social media primarily belong to the lesbian and non-binary communities, the most reached individuals are cisgender women and non-binary people. The research protocol was approved by the Ethics Committee of the Department of Developmental and Social Psychology, Sapienza University of Rome (protocol number: 0001088; date of approval: 9 September 2021). Participants were required to provide informed consent before completing the questionnaire, which took approximately 10 min to complete.

Measures

First, sociodemographic information was investigated, including age, gender identity (i.e., cisgender man, cisgender

woman, transgender man, transgender woman, nonbinary, other), and sexual orientation (i.e., heterosexual, gay, lesbian, bisexual, pansexual, asexual). To investigate the presence of multiple axes of marginality, participants were asked to indicate whether they experienced oppression and for what reasons. They were provided with nine options plus one open-ended option: language, religion, skin tone, nationality, geographic origin, ethnic group, gender identity, sexual/romantic orientation, and disability. Finally, TNB individuals were specifically asked whether the biographical information on their official documents—such as their first name and gender marker—corresponded to their gender identity, with multiple response options provided (i.e., yes, no, not interested, application in progress, my gender is not recognized under Italian law). Some variables were subsequently recategorized to facilitate the analyses.

Perception of stigma was assessed using an item created ad hoc aimed at reflecting the current specific context. The decision to use a single ad hoc item instead of pre-existing scales on perceived stigma stems from the fact that such scales are typically non-context-specific. In this case, we were particularly interested in the context of perceived stigma related to the current government. Additionally, given that the survey was designed to be administered online and facilitate brief completion times, the single-item option was preferable. Notably, this single item was followed by an open-ended question about expectations regarding future political actions, which was not analyzed in the present study. Participants were asked: “Do you believe that under the current government, you will be exposed to increased discrimination?” Responses were recorded on a 4-point Likert scale, ranging from 1 (not at all) to 4 (very much). Sample descriptives of the item were as follows: $M = 3.45$; $SD = 0.77$.

Civic engagement was measured using the Behaviors subscale of the *Civic Engagement Scale* (CES; Doolittle & Faul, 2013; $\alpha = 0.77$), consisting of 6 items that assess individuals’ actions and behaviors to improve conditions within their community. For this study, the items were adapted with specific reference to the LGBTQIA+ community (e.g., “I help members of my LGBTQIA+ community”). Responses were rated on a 5-point Likert scale, ranging from 1 (completely disagree) to 5 (completely agree). Sample descriptives of the civic engagement were as follows: $M = 3.22$; $SD = 0.80$; $\alpha = 0.81$; $\omega = 0.81$; 95% CI = 0.79, 0.83.

Participants

A total of 619 LGBTQIA+ people aged 18 to 67 years ($M = 28.61$; $SD = 8.98$) participated in the study. The majority were White (95%; $n = 588$), followed by Latinx (2.1%; $n = 13$), Afro-Italians (1.5%; $n = 9$), Asians (0.8%; $n = 5$), and multiracial individuals (0.6%; $n = 4$). All participants had

either a high school diploma (47.5%) or a university degree (52.5%). Additional participants' characteristics have been reported in Table 1.

The sample size was established by considering adequate statistical power for our interest analysis. Power analysis for LCA models is not available and represents an evolving area of study in the LCA literature. Based on numerous studies, Nylund-Gibson and Choi (2018) suggest that 300 or more cases are desirable. Our sample is twice this recommended size. The power analysis for the analysis of variance, performed with G*Power (Faul et al., 2007), yielded a required sample size of 548 for two groups and a low expected effect size ($f=0.12$, $1-\beta=0.80$, $\alpha=0.05$). The sample size of 548 was also corroborated by the power analysis for the mediation effect ($r=0.15$, $n=548$, replication = 5000, draws = 20,000, CI = 95%, seed = 1234), which indicated a power of 0.80. Power analysis for indirect association was performed using the shiny app written by Schoemann et al. (2017) based on a Monte Carlo simulation approach.

Positionality

The authors of this contribution are clinical, developmental, political, and community psychologists dedicated to researching and promoting the well-being of

LGBTQIA+ individuals. All the team members are White, non-disable in terms of physical disability, with some members identifying as neurodivergent. Some team members are socially engaged in improving the living and health conditions of LGBTQIA+ people in Italy through various means, such as creating centers and services for employment and health and attending conferences and discussions to disseminate knowledge and skills. The research design and participant recruitment were carried out by two transmasculine nonbinary individuals and a queer person. The research team also includes bisexual, lesbian, and heterosexual cisgender individuals, who conducted data analysis and supervised the manuscript preparation.

Data Analysis

We first aimed to identify latent class profiles based on stigma-related characteristics (i.e., gender identity, sexual orientation, congruence with ID, and intersection of multiple disadvantaged social statuses). To pursue Aim 1, we implemented a series of latent class analysis (LCA) models using the R package *poLCA* (Linzer & Lewis, 2011) on the RStudio integrated development environment for R (R Core Team, 2024).

Table 1 Sociodemographic characteristics of participants

Characteristics	Percentage	
Gender	Cisgender men	20.5%
	Cisgender women	40.4%
	Trans men	7.6%
	Trans women	2.8%
	Nonbinary people	28.5%
Sexual orientation	Gay/Lesbian	36.4%
	Bisexual	19.2%
	Pansexual	13.7%
	Queer	13.6%
	Asexual	9.4%
	Heterosexual	7.8%
	Elected gender match with ID	Correspondence
Non-correspondence		27.5%
↓		
Elected gender lack legal recognition		17.3%
Ongoing legal procedure to revise ID		6.3%
Not interested in the non-correspondence	3.9%	
Experiencing systemic oppression as part of a minority group	No experiences of oppression	11%
	Experiences of systemic oppression	89%
	↓	
	Experiencing a single oppression (e.g., cisgenderism, heterosexism)	38.3%
	Experiencing multiple systems of oppression (e.g., cisheterosexism, racism, ableism, classism)	50.7%

Before proceeding with LCA, we checked for the potential presence of missing values but did not detect any. Then, we dichotomized gender identity into cisgender (i.e., cisgender men and women) and TNB (i.e., e.g., transgender men and women, genderqueer, nonbinary, gender fluid, or other gender diverse identities), sexual orientation into monosexual (i.e., gay or lesbian) and plurisexual and asexual, intersectionality intended as belongingness to multiple stigmatized minorities (i.e., none and one vs. two or more), and correspondence of gender identity on identity documents (correspondence vs. no correspondence). Such variables' recoding allowed us to obtain a balanced distribution of participants across variables' categories and to ease the interpretation of the different class solutions from LCA models. Descriptives of the recoded variables are presented in Fig. 1.

LCA represents a stepwise analytic approach, with each additional step implying a model that adds a class ($k + 1$) and compares the likelihood of the new model with the previous estimated model (Linzer & Lewis, 2011). We estimated a series of models with $k = 1$ to 4 latent classes. In poLCA, each model must be estimated in a separate log-likelihood function using the expectation–maximization (EM) algorithm (Dempster et al., 1977). The EM algorithm proceeds iteratively, potentially encountering only a local, rather than the global, maximum of the log-likelihood function (McLachlan & Krishnan, 2007). Thus, we used the *nrep* function of poLCA by estimating each model with ten sets of random starting values and a large number of maximum iterations (i.e., 5000) to attain convergence of the EM algorithm and

solutions that converged at global instead of local maxima of the likelihood function (Bauer, 2022).

To determine the best-fitting model, we used a combination of model fit indices (Nylund-Gibson & Choi, 2018; Weller et al., 2020): Log-likelihood (LL), Akaike information criterion (AIC), Bayesian information criterion (BIC), consistent Akaike information criterion (CAIC), and sample-size adjusted BIC (SABIC), with lower values indicating better model fit; Lo-Mendell-Rubin ad-hoc adjusted likelihood ratio test (LRM) evaluating the relative fit of a model by comparing a k -class solution to the $k-1$ class solution with low p -value indicating that the k -class model fits better than the $k-1$ class model. Although not used to select a final model, we also examined several diagnostic criteria (Weller et al., 2020): We looked for an entropy value above 0.8 and the lowest average latent class posterior probability equal to 0.80 or higher.

Once we identified the optimal class model, we assigned each case to a specific class based on their posterior class membership probabilities. The optimal class solution was then used to test our hypotheses about more significant perceived discrimination and civic engagement associated with belonging to a minority group stigmatized in multiple domains (Aim 2). Specifically, we implemented an analysis of variance to estimate differences in perceived discrimination and civic engagement across subgroups of the LGBTQIA+ community yielded by LCA and mediation analysis to investigate whether such differences could produce a pattern of indirect association.

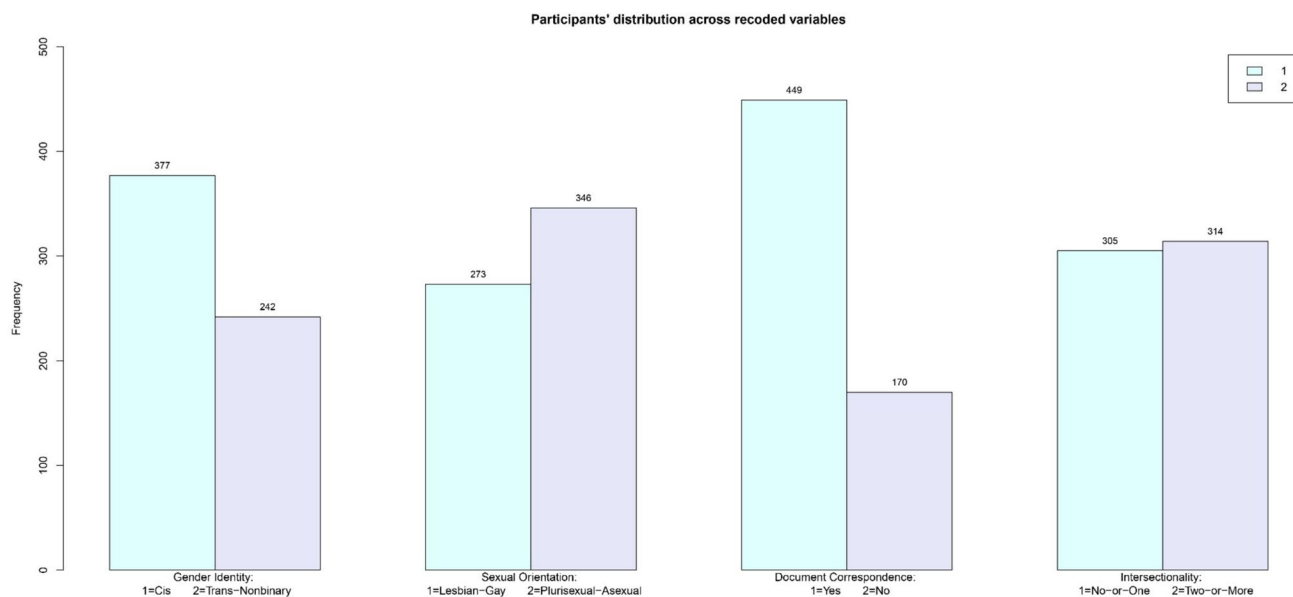


Fig. 1 Descriptive statistics of recoded variables included in LCA models

Results

Latent Class Analysis (Aim 1)

Figure 1 presents sample stigma-related characteristics and responses to recoded indicator variables used in LCA models. Participants were balanced across the recoded variables: 60.9% of participants identified themselves as cisgender, while 39.1% as TNB; 44.1% of the sample indicated lesbian or gay sexual orientation, and 55.9% stated to be plurisexual or asexual; 72.5% indicated to have ID documents consistent with their gender identity while the remaining 27.5% reported an incongruence; 49.3% indicated not experiencing or experiencing single systems of oppression, while 50.7% declared experiencing multiple systems of oppression.

Results from LCA supported our aim to identify latent class profiles based on the abovementioned stigma-related characteristics. As previously anticipated, we estimated a series of models with $k = 1$ to 4 latent classes. The four-class model failed to converge, yielding negative residual degrees of freedom (-4). Thus, Table 2 presents LCA results for $k = 1$ to 3 latent class models. As shown in Fig. 2, all goodness-of-fit indicators suggested the two-class model as the most informative solution.

The BF indicated that a three-class model did not add information compared to the two-class model. The LMR also corroborated this result. Specifically, when comparing the one-class model with the two-class model, the test yielded a likelihood ratio ($df = 5$) of 630.859, $p < 0.001$, which indicated that the two-class model was significantly more informative. Instead, when comparing the two-class

model with the three-class model, the test yielded a likelihood ratio ($df = 5$) of 9.404, $p = 0.094$, indicating that the three-class solution was not significantly more informative than the two-class solution. The two-class model also highlighted excellent value on all diagnostic criteria (Table 2). Specifically, it presented higher entropy and ALCPP values than the three-class model. Moreover, the two-class model allowed for a more balanced distribution of participants across latent classes with the smallest class size of 37.6% compared to the unacceptable 6% of the three-class model. Therefore, we selected the two-class model.

Figure 3 shows a graphic representation of the two-class model. The x -axis lists the names of the stigma-related characteristics related to the two levels of the distinct indicator variables. The y -axis provides the average probability of class membership for each indicator; as the number approaches 1, the probability of class membership is higher. Based on the emerging results and consistent with our aim and expectations, we achieved a two-class latent solution reflecting participants' belongings to (1) marginalized (62.4%) and (2) intersectionally marginalized (37.6%) groups. The marginalized group pertained to individuals who were cisgender (100%), lesbian or gay (78%), not experiencing or experiencing single systems of oppression (e.g., cisheterosexism) (89.8%), and who had a congruence of an ID document with their gender identity (86.0%). The intersectionally marginalized group pertained to individuals who were mostly TNB (96.3%), plurisexual or asexual (50.3%) but also lesbian or gay (49.7%), experiencing multiple systems of oppression (64.3%), and who had an incongruence of an ID document with their gender identity (100%).

Table 2 Fit and diagnostic criteria of different latent class models

		Model fit criteria					
Models	LL	AIC	BIC	CAIC	SABIC	BF	
1-Class	-1631.812	3271.62	3289.34	3293.34	3276.64	0.000	
2-Class	-1300.026	2618.05	2657.91	2666.91	2629.33	0.00002	
3-Class	-1295.08	2618.16	2680.15	2694.15	2635.71	-	
		Diagnostic criteria					
Models	Smallest class count (n)	Smallest class size (%)	Entropy	ALCPP			
				Class_1	Class_2	Class_3	Average
1-Class	619	100	-	1.00	-	-	-
2-Class	233	37.6	0.95	0.99	0.97	-	0.98
3-Class	37	6	0.89	1.00	0.90	0.73	0.88

$N = 619$. The model became unstable with the 4-class model, yielding negative residual degrees of freedom (-4). *LL* log-likelihood, *AIC* Akaike information criterion, *BIC* Bayesian information criterion, *CAIC* consistent Akaike information criterion, *SABIC* sample-size adjusted BIC, *BF* Bayes factor, *ALCPP* average latent class posterior probability

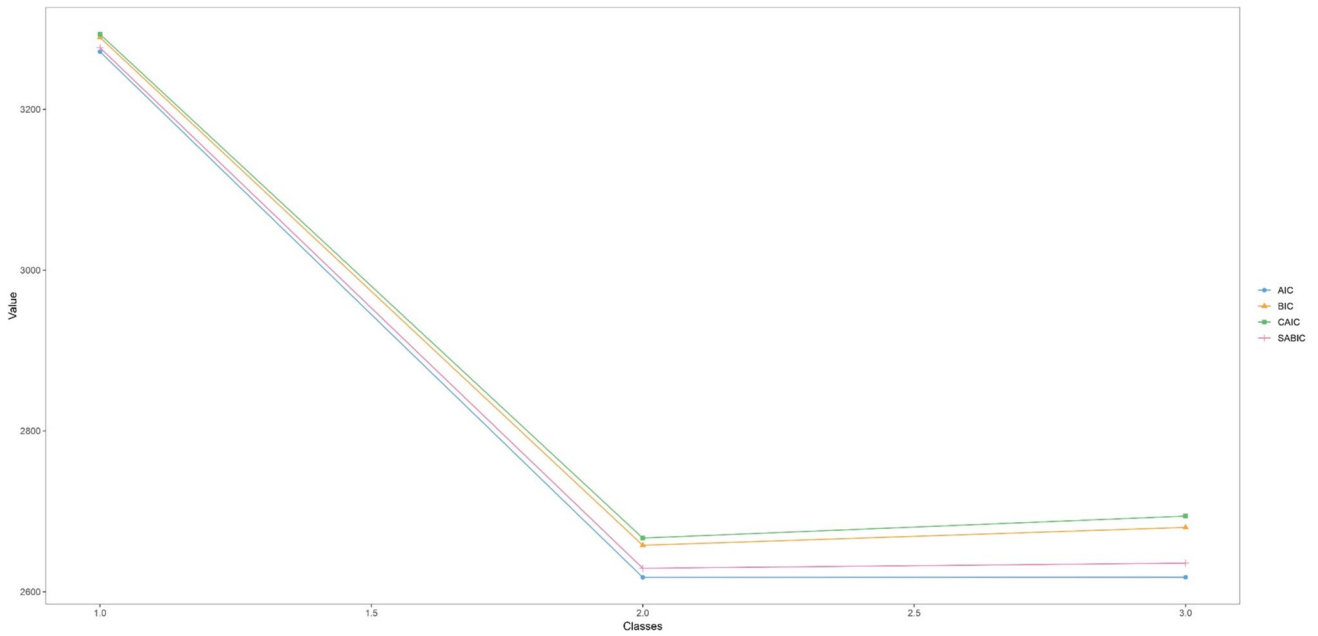


Fig. 2 Elbow plot of the fit statistics for the LCA models



Note: 62.4% of the sample falls into the marginalized category, while 37.6% falls into the intersectionally marginalized category. GEN_CIS, cisgender; GEN_TNB, transgender and nonbinary; SOR_LG, lesbian and gay; SOR_PA, plurisexual-asexual; DOC_(No)Correspondence, (no) correspondence of identity documents with gender identity; INT, membership in none and one (NOorONE), two or more than two (TWOorMORE) stigmatized groups

Fig. 3 Profile plot of the two-class latent solution of LCA. Note: 62.4% of the sample falls into the marginalized category, while 37.6% falls into the intersectionally marginalized category. GEN_CIS, cisgender; GEN_TNB, transgender and nonbinary; SOR_LG, lesbian

and gay; SOR_PA, plurisexual-asexual; DOC_(No)Correspondence, (no) correspondence of identity documents with gender identity; INT, membership in none and one (NOorONE), two or more than two (TWOorMORE) stigmatized groups

ANOVA and Mediation Analysis (Aim 2)

The second aim of our study was to investigate the potential association of marginalized and intersectionally marginalized group membership with perceived discrimination and civic engagement. As a first step in pursuing this aim, we descriptively explored potential differences in average scores of perceived discrimination and civic engagement across the latent class profile by implementing two distinct ANOVA models. Regarding perceived discrimination, ANOVA revealed a significant main effect of group membership ($F_{(1, 617)} = 38.61, p < 0.001$). Pairwise comparison indicated that the estimated marginal means of perceived discrimination for the marginalized ($M = 3.38, se = 0.04, 95\% CI = 3.30, 3.45$) and intersectionally marginalized ($M = 3.58, se = 0.05, 95\% CI = 3.49, 3.69$) groups differed significantly ($M_{diff} = 0.21, se = 0.06, t = 3.35, p < 0.001, 95\% CI = 0.088, 0.337$). As for civic engagement, ANOVA revealed a significant main effect of group membership ($F_{(1, 617)} = 38.61, p < 0.001$). Pairwise comparison indicated that the estimated marginal means of civic engagement for the marginalized ($M = 3.08, se = 0.04, 95\% CI = 3.01, 3.16$) and intersectionally marginalized ($M = 3.48, se = 0.05, 95\% CI = 3.38, 3.58$) groups differed significantly ($M_{diff} = 0.40, se = 0.06, t = 6.21, p < 0.001, 95\% CI = 0.274, 0.528$). See Fig. 4.

Finally, we implemented mediation analysis, using the lavaan R package (Rosseel, 2012), to investigate whether emerging differences could be consistent with a pattern of

indirect association. Specifically, we aimed to investigate the indirect relationship of group membership with civic engagement through perceived discrimination (Fig. 5). Analysis revealed that intersectionally marginalized (vs. marginalized) group membership was associated with an increased perceived discrimination ($\beta = 0.13, se = 0.035, z = 3.83, p < 0.001, 95\% CI = 0.065, 0.202$), which in turn was related to an increased civic engagement ($\beta = 0.38, se = 0.038, z = 9.82, p < 0.001, 95\% CI = 0.302, 0.452$). Consistent with our expectations, the analysis thus highlighted a positive indirect association of intersectionally marginalized (vs. marginalized) group membership with civic engagement through increased perceived discrimination ($\beta = 0.05, se = 0.015, z = 3.32, p < 0.001, 95\% CI = 0.021, 0.080$). Intersectionally marginalized (vs. marginalized) group membership was also directly related to civic engagement ($\beta = 0.19, se = 0.035, z = 5.41, p < 0.001, 95\% CI = 0.123, 0.262$), indicating that such association was partially channeled by perceived discrimination.

Discussions

The present study aimed to investigate whether and to what extent perceived stigma related to the establishment of a conservative government that promotes anti-LGBTQIA+ political agendas varies within the LGBTQIA+ population. The findings suggest that the sociopolitical context shapes the perception of stigma, affecting individuals with different

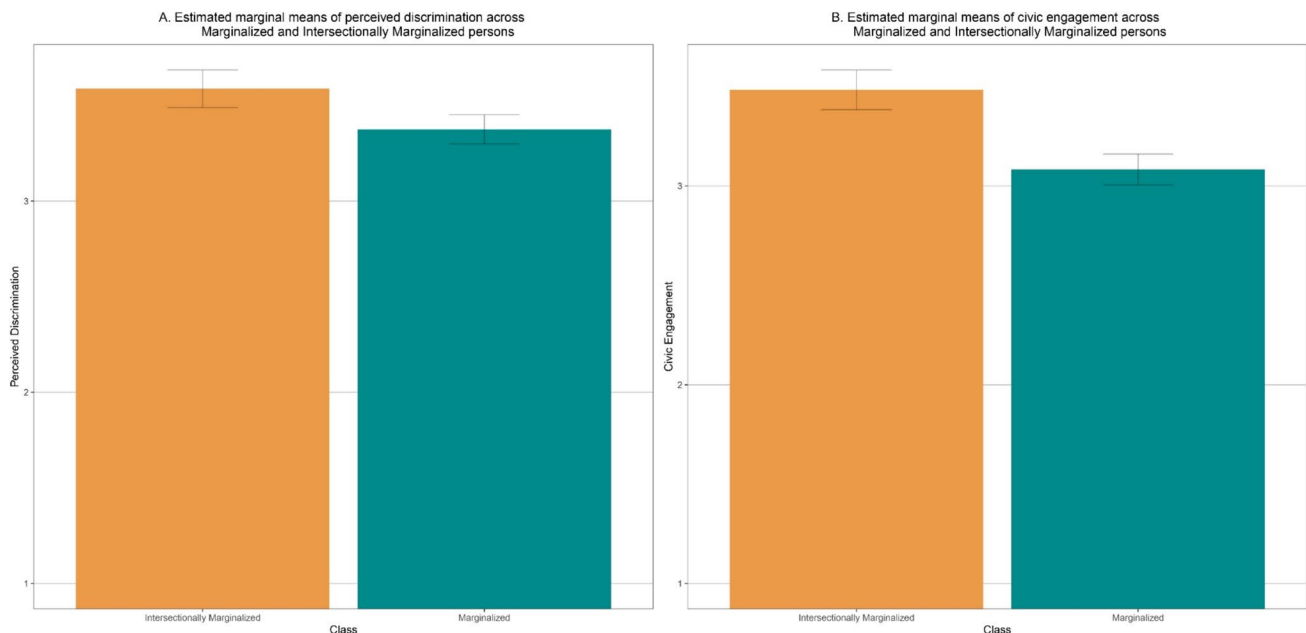
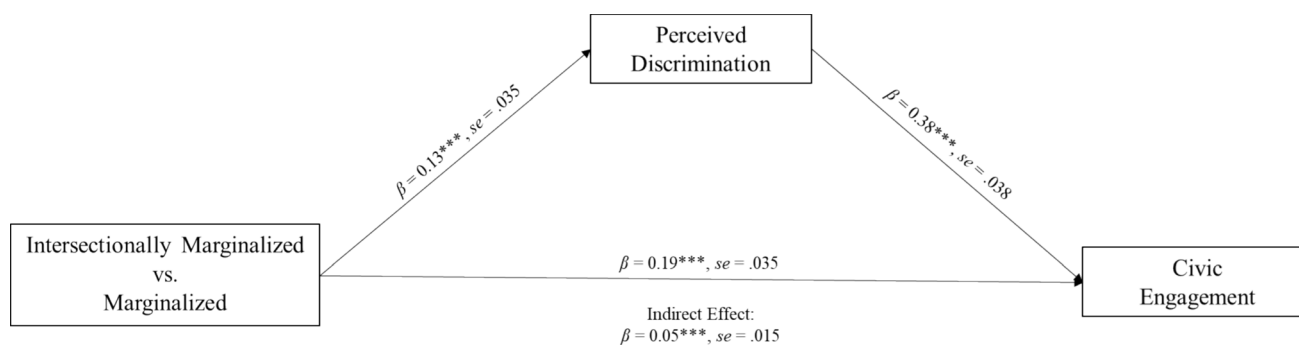


Fig. 4 Estimated marginal means of perceived discrimination (A) and civic engagement (B) across marginalized and intersectionally marginalized individuals from the two-class latent solution



Note. Marginalized = 0; intersectionally marginalized = 1

Fig. 5 Graphical representation of the pattern of indirect association between group membership (intersectionally marginalized vs. marginalized) and civic engagement through perceived discrimination. Note. Marginalized = 0; intersectionally marginalized = 1

types of marginalization to varying degrees (Puckett et al., 2024). Previous studies on LGBTQIA+ populations have shown that minority stress significantly increases following the election of conservative governments that promote anti-LGBTQIA+ agendas (Gonzalez et al., 2018; Price et al., 2023; Schlehofer et al., 2023). Structural stigma, which manifests in public policies that disadvantage LGBTQIA+ individuals, has been linked to higher levels of discrimination, anticipated and internalized stigma, anxiety, and depression in bisexual individuals (Rucco et al., 2023), as well as worsened social relationship functioning in sexual minorities (Doyle & Molix, 2015). Additionally, it is associated with psychological distress, suicidality (Price et al., 2023), and negative feelings in TNB individuals, particularly those who are intersectionally marginalized, such as TNB racially oppressed individuals (DuBois et al., 2023).

The latent class analysis revealed two main class profiles, which we labeled as (1) marginalized and (2) intersectionally marginalized individuals. It is essential to clarify that the terms we selected do not fully capture the complexity of intersectionality: the primary distinction between the two groups lies in the relationship between gender identity (cisgender vs. TNB) and the number of perceived domains of discrimination (single vs. multiple). The marginalized group predominantly comprised cisgender monosexual (i.e., lesbian or gay) individuals who declared not experiencing or experiencing single systems of oppression (e.g., cisheterosexism) and perceived congruence between their ID documents and gender. The intersectionally marginalized group mainly consisted of TNB and plurisexual and asexual individuals who declared experiencing multiple systems of oppression and perceived incongruence between their ID documents and gender.

The intersectionally marginalized group demonstrated higher levels of civic engagement within the LGBTQIA+ community compared to the marginalized group. Data

are consistent with previous studies that have demonstrated how individuals who face discrimination and social injustice, mainly when they embody the intersection of multiple systems of oppression, are more likely to engage in efforts to improve the conditions of marginalized groups (Compare et al., 2024b; Swank & Fahs, 2013). Furthermore, consistent with previous studies (e.g., Agostini & van Zomeren, 2021), our results showed an indirect pattern of associations indicating that the more intersectionally marginalized individuals felt discrimination, the more they engaged in civic improvement actions. Civic engagement indicates a person's active involvement in a range of actions to improve community conditions, such as helping community members, raising money to provide financial support, engaging in work that contributes to positive changes, and participating in events and discussions that raise awareness of issues related to their community (Doolittle & Faul, 2013). The result is crucial as it denotes a greater need and tendency among intersectionally marginalized individuals to create and maintain resources for their community (Lardier et al., 2023).

The intersectionally marginalized group, which appears to experience the greatest fear of government discrimination, is composed primarily of TNB individuals. This finding highlights potential disparities within the LGBTQIA+ community based on gender identity. Indeed, TNB people in Italy are structurally hindered in their possibility of self-determination, as the path of social, medical, and legal gender affirmation is subjected to heavy gatekeeping (Lorusso et al., 2024). Conservative governments often prioritize countering so-called "gender ideology," a stance that directly challenges the existence and healthcare rights of TNB individuals (Jones et al., 2023). This political context may have contributed to the intersectionally marginalized group perceiving higher levels of discrimination compared to the marginalized group. This is even more true for

intersectionally marginalized TNB individuals (e.g., disabled, neurodivergent, and/or racially oppressed) who often face additional stigma and discrimination within healthcare services. Professionals working in services related to gender affirmation pathways usually may fail to recognize the specificities associated with the intersection of race, disability, chronic illness or neurodiversity, and TNB identity (Höhne & Klein, 2019; Kattari et al., 2016; Pieri, 2023; Shapira & Granek, 2019; Strang et al., 2020; Wauldron et al., 2023).

To avoid violence, discrimination, and microaggressions in medical and psychological services, many intersectionally marginalized TNB individuals resort to nonprescribed hormone use and establish networks of care and support—economic, material, emotional, and social—to share knowledge and compensate for the lack of welfare and institutional protection (Harner, 2021; Hughes et al., 2022; Rotondi et al., 2013). This is in line with the heightened civic engagement observed among the intersectionally marginalized group. Such engagement could be interpreted as an adaptive response to the significant structural injustice faced by TNB individuals, who are accustomed to organizing autonomous mutual-aid networks—and are sometimes forced to operate outside legal frameworks—to mitigate the potential psychological and physical harm caused by repressive policies and to support one another in their survival. Civic engagement thus serves as a source of well-being (Wray-Lake et al., 2019) and resilience against social inequalities (Chan et al., 2014; Hope & Spencer, 2017). As such, it represents a crucial community protective factor that can mitigate the effects of minority stress (Meyer, 2015).

Furthermore, the results align with the social safety perspective (Diamond & Alley, 2022), which posits that LGBTQIA+ individuals today experience a chronic condition of social ambivalence due to the uncertainty surrounding the safeness of the contexts they navigate. This uncertainty is even more significant for individuals who experience additional and intersectional forms of marginalization. The most adaptive response to systemic marginalization is the adoption of social inclusion and protection practices, such as civic engagement. This may explain why, the more individuals perceive themselves to be at risk, the more they engage in community activities of this kind, contributing to the development and maintenance of essential resources for survival.

Policy Implications

The findings of this study underscore the urgent need for policy interventions to protect and support LGBTQIA+ individuals, particularly those who are intersectionally marginalized. European and Western countries are experiencing a rapid rise in anti-LGBTQIA+ policies, which have worsened healthcare access and rights for

LGBTQIA+ individuals (European Union Agency for Fundamental Rights, 2024). The rejection of the Zan Bill and the conservative agenda of the current Italian government exacerbate the vulnerability of these groups by reinforcing structural stigma. Comprehensive anti-discrimination laws must be implemented to protect against hate crimes and promote the social and legal recognition of LGBTQIA+ identities, including the right to gender self-determination. The results further underscore the civic engagement demonstrated by marginalized groups in response to discrimination, which manifests in volunteerism and community support within the LGBTQIA+ population, participation in social justice discussions, and contributions to positive social change through their professional work. LGBTQIA+ individuals—particularly those who are intersectionally marginalized—often possess extensive expertise on issues such as rights and health, as they are compelled to ensure their own well-being and safety. Consequently, they should be actively engaged (and appropriately compensated) in social initiatives aimed at improving the living conditions of marginalized communities, in working groups focused on developing protective legislation and policies, and in training professionals in law, healthcare, and education.

As confirmed by the present study, the LGBTQIA+ community is not homogeneous but instead comprises a diverse population with subgroups that experience varying levels of perceived stigma (Lewis & Reynolds, 2021). It is crucial to identify and recognize those most exposed to discrimination to ensure they are not left isolated and to restore the protective role that communities of marginalized individuals can play for their members (Parmenter et al., 2020). To buffer the impact of enhanced structural stigma, there is a need to implement prevention and intervention programs aimed at reinforcing community resources (e.g., organizations, centers, and support services) and empowerment in both territorial and virtual contexts (Compare et al., 2024a). Giving visibility and recognition to intersectionally marginalized people can strengthen the LGBTQIA+ community, given their commitment to building and maintaining community resources through civic engagement (Lee, 2023). LGBTQIA+ organizations should receive greater financial support from institutions to leverage the unique work they do in reducing stigma by creating community resources.

From a clinical perspective, health professionals often, consciously or unconsciously, carry biases that disable individuals seeking access to services, resulting in delays or avoidance of care. In addition to sexual biases, health professionals are often poorly trained on issues related to different gender identities, especially when these intersect with other aspects such as racialized oppression and disability (Mulcahy et al., 2022; Rosati et al., 2024).

Insufficient training leads to an inability to deliver competent and satisfactory services, exacerbating health disparities within the population. Healthcare professionals must be aware of and culturally informed about the health disparities experienced by LGBTQIA+ individuals, as well as the diversity within this population (Pezzella et al., 2023). Training courses should be implemented to increase awareness of the conditions faced by LGBTQIA+ individuals, especially those who are multi-marginalized. Such training would ensure that healthcare professionals are better equipped to recognize the intersectional nature of the discrimination and stress experienced by LGBTQIA+ individuals. By addressing these challenges, policymakers and healthcare providers can significantly improve the well-being and rights of LGBTQIA+ populations, fostering a more inclusive and equitable healthcare system.

Limitations of the Study and Future Research

This study has several limitations that present opportunities for future in-depth research. First, as a cross-sectional study, it could not investigate the impact of the Meloni government on levels of minority stress over time. Such studies would benefit from longitudinal designs capable of capturing pre-election (time 1) and post-election (time 2) periods, ideally following the implementation of governmental measures (e.g., anti-LGBTQIA+ laws) to capture reactions to these changes. In addition, 11% of the sample reported not experiencing any form of oppression, which may be influenced by factors such as their alignment with the current government. Future research should examine participants' political affiliations more closely, considering that some LGBTQIA+ individuals may identify with conservative, right-wing governmental values.

Regarding the instruments used, the study only considered perceived stigma using a single, ad hoc item as the stigma variable. We focused on perceived stigma because the government had just taken office, and not enough time had passed to investigate other forms of stigma, such as enacted stigma. Moreover, we used a single item to address participants' perceptions of the current government. This approach certainly limits the complexity of the minority stress investigation. Related to this, we also acknowledge that dichotomizing some variables implemented in the latent class analysis may have favored an oversimplification of the data, risking obscure potential nuances. However, maintaining a broader range of categories would have led to an imbalance of participants belonging to each of them, making the analysis invalid and challenging to interpret. Future research may profitably investigate how different nuances related to gender identity and sexual

orientation can play a role in the perception of stigma-related issues. Additionally, we did not control for participants' social desirability bias, which may have influenced their responses to this specific item. Indeed, several factors could shape these responses, including the fear of identifying as part of a stigmatized minority, potentially leading to a form of denial, or, conversely, the exaggeration of negative expectations driven by a need for belonging to the minoritized group. Future research should explore different forms of stigma (perceived, enacted) using social desirability and intersectionally dimensional measurement scales to provide more comprehensive information about the types of stigma experienced.

Finally, the experience of multiple systems of oppression, or the intersectionality embodied by the participants, was measured using a summative logic: participants were asked to indicate the number of oppressions they perceived through a series of predefined and open-ended options. However, intersectionality itself cannot be measured through a purely summative or quantitative approach, as it is the complex result of the interplay between various experiences of oppression, whose severity varies depending on context and time. Future research could more deeply investigate the experiences of intersectionally marginalized individuals in relation to conservative governments and perceived stigma using qualitative or mixed-method methodologies.

Funding Open access funding provided by Università degli Studi di Roma La Sapienza within the CRUI-CARE Agreement.

Data Availability The data are available from the corresponding author upon reasonable request.

Declarations

Ethics Approval This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Ethics Committee of the Department of Developmental and Social Psychology, Sapienza University of Rome (protocol number: 0001088; date of approval: 9 September 2021).

Consent to Participate All subjects gave their informed consent for inclusion before they participated in the study.

Competing Interests The authors declare no competing interests.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will

need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Abrams, D., & Grant, P. R. (2012). Testing the social identity relative deprivation (SIRD) model of social change: The political rise of Scottish nationalism. *British Journal of Social Psychology*, 51(4), 674–689. <https://doi.org/10.1111/j.2044-8309.2011.02032.x>
- Abreu, R. L., Lefevor, G. T., Gonzalez, K. A., Teran, M., & Watson, R. J. (2024). Parental support, depressive symptoms, and LGBTQ adolescents: Main and moderation effects in a diverse sample. *Journal of Clinical Child & Adolescent Psychology*, 53(5), 767–782. <https://doi.org/10.1080/15374416.2022.2096047>
- Affuso, G., Picone, N., Costa, P. A., Bacchini, D., De Angelis, G., Esposito, C., & Aparicio-García, M. E. (2024). Minority stress and mental health in gay and lesbian youth: A comparative study of Italy and Spain. *American Journal of Orthopsychiatry*, 94(2), 148–158. <https://doi.org/10.1037/ort0000709>
- Agostini, M., & van Zomeren, M. (2021). Toward a comprehensive and potentially cross-cultural model of why people engage in collective action: A quantitative research synthesis of four motivations and structural constraints. *Psychological Bulletin*, 147(7), 667–700. <https://doi.org/10.1037/bul0000256>
- Aparicio-García, M. E., Díaz-Ramiro, E. M., Rubio-Valdehita, S., López-Núñez, M. I., & García-Nieto, I. (2018). Health and well-being of cisgender, transgender and non-binary young people. *International Journal of Environmental Research and Public Health*, 15(10), 2133. <https://doi.org/10.3390/ijerph15102133>
- Ard, K. L., & Makadon, H. J. (2012). *Improving the health care of lesbian, gay, bisexual and transgender (LGBT) people: Understanding and eliminating health disparities*. The Fenway Institute. <https://www.lgbtqihealtheducation.org/wp->
- Baiocco, R., Ioverno, S., Cerutti, R., Santamaria, F., Fontanesi, L., Linguardi, V., Baumgartner, E., & Laghi, F. (2014). Suicidal ideation in Spanish and Italian lesbian and gay young adults: The role of internalized sexual stigma. *Psicothema*, 26(4), 490–496. <https://doi.org/10.1080/13811118.2013.833150>
- Baiocco, R., Scandurra, C., Rosati, F., Pistella, J., Ioverno, S., Bochichio, V., Wang, H. C., & Chang, T. S. (2023). Minority stress, resilience, and health in Italian and Taiwanese LGBT+ people: A cross-cultural comparison. *Current Psychology*, 42(1), 104–115. <https://doi.org/10.1007/s12144-021-01387-2>
- Baiocco, R., Kaya, O., Scandurra, C., Pistella, J., Ioverno, S. [...] & Laghi, F. (2024). Positive LGBT+ identity, interpersonal discrimination, and satisfaction with life: A cross-national comparison between LGBT+ people in the UK, Italy, and Turkey. *The Journal of Genetic Psychology*. Advance online publication. <https://doi.org/10.1080/00221325.2024.2413942>
- Bauer, J. (2022). A primer to latent profile and latent class analysis. In M. Goller, E. Kyndt, S. Paloniemi, & C. Damşa (Eds.), *Methods for researching professional learning and development: Challenges, applications and empirical illustrations* (pp. 243–268). Springer International Publishing.
- Bauerband, L. A., Teti, M., & Velicer, W. F. (2019). Measuring minority stress: Invariance of a discrimination and vigilance scale across transgender and cisgender LGBQ individuals. *Psychology and Sexuality*, 10(1), 17–30. <https://doi.org/10.1080/19419899.2018.1520143>
- Burgess, D., Lee, R., Tran, A., & Van Ryn, M. (2007). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *Journal of LGBT Health Research*, 3(4), 1–14. <https://doi.org/10.1080/15574090802226626>
- Castro, A. (2023). *Politiche della bisessualità. Oltre la visibilità delle persone bisessuali, pansessuali, e queer*. [Politics of bisexuality. Beyond the visibility of bisexual, pansexual, and queer people]. Edizioni ETS.
- Chan, W. Y., Ou, S.-R., & Reynolds, A. J. (2014). Adolescent civic engagement and adult outcomes: An examination among urban racial minorities. *Journal of Youth and Adolescence*, 43(11), 1829–1843. <https://doi.org/10.1007/s10964-014-0136-5>
- Cohen, C. J. (1999). *The boundaries of blackness: AIDS and the breakdown of black politics*. University of Chicago Press.
- Colborne, A. (2018). Chasing aces: Asexuality, misinformation and the challenges of identity. *Dalhousie Journal of Interdisciplinary Management*. <https://doi.org/10.5931/djim.v14i0.6926>
- Collins, P. H. (2015). Intersectionality's definitional dilemmas. *Annual Review of Sociology*, 41(1), 1–20. <https://doi.org/10.1146/annurev-soc-073014-112142>
- Commone, C., Pistella, J., Pellegrini, V., & Baiocco, R. (2024). Non-binary people in the family context: A systematic review and meta-analysis. *International Journal of Transgender Health*. Advance online publication. <https://doi.org/10.1080/26895269.2024.2310540>
- Compare, C., Lorusso, M. M., & Albanesi, C. (2024a). The power of connection: Resource and responsibility in the virtual community experience of Italian trans and gender-diverse activists. *Journal of Community & Applied Social Psychology*, 34(4), e2859. <https://doi.org/10.1002/casp.2859>
- Compare, C., Rosati, F., Albanesi, C., Baiocco, R., & Lorusso, M. M. (2024b). Embracing diversity: Exploring attitudes and beliefs toward transgender and gender-diverse people in the LGBTQIA+ communities. *International Journal of Transgender Health*. Advance online publication. <https://doi.org/10.1080/26895269.2024.2335517>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>
- De Cristofaro V. & Pellegrini, V. (in press). *Toward system change, but in opposite directions: The reactionary-progressive tension in Italy*. In M. van Zomeren (Ed.), *The social and political psychology of protest across cultures*. Routledge.
- De Cristofaro, V., Pellegrini, V., Giacomantonio, M., Livi, S., & van Zomeren, M. (2021). Can moral convictions against gender inequality overpower system justification effects? Examining the interaction between moral conviction and system justification. *British Journal of Social Psychology*, 60(4), 1279–1302. <https://doi.org/10.1111/bjso.12451>
- Dempster, A. P., Laird, N. M., & Rubin, D. B. (1977). Maximum likelihood from incomplete data via the EM algorithm. *Journal of the Royal Statistical Society: Series B (Methodological)*, 39(1), 1–22. <https://doi.org/10.1111/j.2517-6161.1977.tb01600.x>
- Diamond, L. M., & Alley, J. (2022). Rethinking minority stress: A social safety perspective on the health effects of stigma in sexually-diverse and gender-diverse populations. *Neuroscience & Biobehavioral Reviews*, 138, 104720. <https://doi.org/10.1016/j.neubiorev.2022.104720>
- Doolittle, A., & Faul, A. C. (2013). Civic engagement scale: A validation study. *Sage Open*, 3(3), 1–7. <https://doi.org/10.1177/2158244013495542>
- Doyle, D. M., & Molix, L. (2015). Perceived discrimination and social relationship functioning among sexual minorities: Structural stigma as a moderating factor: Structural stigma and relationships. *Analyses of Social Issues and Public Policy: ASAP*, 15(1), 357–381. <https://doi.org/10.1111/asap.12098>

- Dubois, L. Z., Puckett, J. A., Price, S. F., Kuehn, K., Lash, B., Walker, T., & Juster. (2023). The impact of sociopolitical events on transgender people in the US. *Bulletin of Applied Transgender Studies*, 2(1–2), 1–26. <https://doi.org/10.1089/trgh.2022.0047>
- Ellis, J., & Fox, P. (2001). The effect of self-identified sexual orientation on helping behavior in a British sample: Are Lesbians and Gay men treated differently? *Journal of Applied Social Psychology*, 31(6), 1238–1247. <https://doi.org/10.1111/j.1559-1816.2001.tb02672.x>
- European Union Agency for Fundamental Rights (2024). *LGBTIQ at a crossroads: Progress and challenges*. Publications Office of the European Union, 2024. <https://fra.europa.eu/en/publication/2024/lgbtiq-crossroads-progress-and-challenges>
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G* Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175–191. <https://doi.org/10.3758/bf03193146>
- Frost, D. M., Hammack, P. L., Wilson, B. D., Russell, S. T., Lightfoot, M., & Meyer, I. H. (2019). The qualitative interview in psychology and the study of social change: Sexual identity development, minority stress, and health in the generations study. *Qualitative Psychology*, 7(3), 245–266. <https://doi.org/10.1037/qap0000148>
- Gabriel, U., & Banse, R. (2006). Helping behavior as a subtle measure of discrimination against lesbians and gay men: German data and a comparison across countries 1. *Journal of Applied Social Psychology*, 36(3), 690–707. <https://doi.org/10.1111/j.0021-9029.2006.00025.x>
- Gaweda, B., & Siddi, M. (2023). The 2022 Italian elections and gender+ equality. *Femina Politica-Zeitschrift Für Feministische Politikwissenschaft*, 32(1), 120–124. <https://doi.org/10.3224/feminapolitica.v32i1.12>
- Gentile, E. (1996). *The sacralization of politics in Fascist Italy*. Harvard University Press.
- Gonzalez, K. A., Ramirez, J. L., & Galupo, M. P. (2018). Increase in GLBTQ minority stress following the 2016 US presidential election. *Journal of GLBT Family Studies*, 14(1–2), 130–151. <https://doi.org/10.1080/1550428x.2017.1420849>
- Harner, V. (2021). Trans intracommunity support & knowledge sharing in the United States & Canada: A scoping literature review. *Health & Social Care in the Community*, 29(6), 1715–1728. <https://doi.org/10.1111/hsc.13276>
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma “get under the skin”? A Psychological Mediation Framework. *Psychological Bulletin*, 135(5), 707–730. <https://doi.org/10.1037/a0016441>
- Hatzenbuehler, M. L. (2014). Structural stigma and the health of lesbian, gay, and bisexual populations. *Current Directions in Psychological Science*, 23(2), 127–132. <https://doi.org/10.1177/0963721414523775>
- Hinkson, K. (2021). The colorblind rainbow: Whiteness in the gay rights movement. *Journal of Homosexuality*, 68(9), 1393–1416. <https://doi.org/10.1080/00918369.2019.1698916>
- Höhne, M. S., & Klein, T. (2019). Disrupting invisibility fields—provincializing ‘Western Code’Trans* Narratives. *Open Gender Journal*, 3. <https://doi.org/10.17169/ogj.2019.24>
- Hope, E. C., spsampsps Spencer, M. B. (2017). Civic engagement as an adaptive coping response to conditions of inequality: An application of phenomenological variant of ecological systems theory (PVEST). In N. Cabrera spsampsps B. Leyendecker (Eds.), *Handbook on positive development of minority children and youth* (pp. 421–435). Springer. https://doi.org/10.1007/978-3-319-43645-6_25
- Hughes, L. D., Gamarel, K. E., King, W. M., Goldenberg, T., Jaccard, J., & Geronimus, A. T. (2022). State-level policy stigma and non-prescribed hormones use among trans populations in the United States: A mediational analysis of insurance and anticipated stigma. *Annals of Behavioral Medicine*, 56(6), 592–604. <https://doi.org/10.1093/abm/kaab063>
- Jackson, S. D., & Mohr, J. J. (2016). Conceptualizing the closet: Differentiating stigma concealment and nondisclosure processes. *Psychology of Sexual Orientation and Gender Diversity*, 3(1), 80–92. <https://doi.org/10.1037/sgd0000147>
- Jones, B. A., Cahill, L., & McDermott, D. T. (2023). Gender, traditional gender ideology, gender essentialist beliefs, and masculinity threat as determinants of attitudes toward trans and gender diverse people in a U.K. sample. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://doi.org/10.1037/sgd0000658>
- Kattari, S. K., Whitfield, D. L., DeChants, J., & Alvarez, A. R. G. (2016). Barriers to health faced by transgender and non-binary black and minority ethnic people. Race Equality Foundation. <https://raceequalityfoundation.org.uk/health-and-care/barriers-to-health-faced-by-transgender-and-nonbinary-black-and-minority-ethnic-people/>
- Lardier, D. T., Opara, I., Brammer, M. K., Pinto, S. A., Garcia-Reid, P., & Reid, R. J. (2023). Psychological sense of community, community civic participation, and ethnic identity on social justice orientation and psychological empowerment between LGBQ and Non-LGBQ youth of color. *Journal of LGBT Youth*, 20(1), 1–32. <https://doi.org/10.1080/19361653.2020.1860858>
- Lee, Y.-J. (2023). Over the rainbow: Sexual minorities’ bonding and bridging social capital and civic engagement. *Nonprofit Management & Leadership*, 33(3), 585–607. <https://doi.org/10.1002/nml.21535>
- Lefevor, G. T., Boyd-Rogers, C. C., Sprague, B. M., & Janis, R. A. (2019). Health disparities between genderqueer, transgender, and cisgender individuals: An extension of minority stress theory. *Journal of Counseling Psychology*, 66(4), 385–395. <https://doi.org/10.1037/cou0000339>
- Lewis, C., & Reynolds, N. (2021). Considerations for conducting sensitive research with the LGBTQIA+ communities. *International Journal of Market Research*, 63(5), 544–551. <https://doi.org/10.1177/14707853211030488>
- Linzer, D. A., & Lewis, J. B. (2011). polCA: An R package for polytomous variable latent class analysis. *Journal of statistical software*, 42, 1–29. <https://doi.org/10.18637/jss.v042.i10>
- Lorusso, M. M., Rosati, F., Loopuijt, C., Pistella, J., Baiocco, R., & Albanesi, C. (2024). Navigating the gap: Unveiling the hidden minority stressors faced by trans and nonbinary clients in gender affirming pathways. *International Journal of Transgender Health*. Advance online publication. <https://doi.org/10.1080/26895269.2024.2335519>
- Matsuno, E., Bricker, N. L., Collazo, E. N., Mohr, R., & Balsam, K. F. (2022). “The default is just going to be getting misgendered”: Minority stress experiences among nonbinary adults. *Psychology of Sexual Orientation and Gender Diversity*, 11(2), 202–214. <https://doi.org/10.1037/sgd0000607>
- McLachlan, G. J., & Krishnan, T. (2007). *The EM algorithm and extensions*. John Wiley & Sons.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyer, D. (2012). An intersectional analysis of lesbian, gay, bisexual, and transgender (LGBT) people’s evaluations of anti-queer violence. *Gender & Society: Official Publication of Sociologists for Women in Society*, 26(6), 849–873. <https://doi.org/10.1177/0891243212461299>
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209–213. <https://doi.org/10.1037/sgd0000132>

- Mulcahy, A., Streed, C. G., Jr., Wallisch, A. M., Batza, K., Kurth, N., Hall, J. P., & McMaughan, D. J. (2022). Gender identity, disability, and unmet healthcare needs among disabled people living in the community in the United States. *International Journal of Environmental Research and Public Health*, 19(5), 2588. <https://doi.org/10.3390/ijerph19052588>
- Nylund-Gibson, K., & Choi, A. Y. (2018). Ten frequently asked questions about latent class analysis. *Translational Issues in Psychological Science*, 4(4), 440–461. <https://psycnet.apa.org/doi/10.1037/tps0000176>
- Oswald, R. F., & Masciadrelli, B. P. (2008). Generative ritual among nonmetropolitan lesbians and gay men: Promoting social inclusion. *Journal of Marriage and Family*, 70(4), 1060–1073. <https://doi.org/10.1111/j.1741-3737.2008.00546.x>
- Ozzano, L. (2021). Religion, cleavages, and right-wing populist parties: The Italian case. In J. Haynes (Ed.), *A quarter century of the “clash of civilizations”* (pp. 65–77). Routledge.
- Parmenter, J. G., Galliher, R. V., & Maughan, A. D. A. (2020). An exploration of LGBTQ+ community members’ positive perceptions of LGBTQ+ culture. *The Counseling Psychologist*, 48(7), 1016–1047. <https://doi.org/10.1177/0011000020933188>
- Pellegrini, V. (2023). Populist ideology, ideological attitudes, and anti-immigration attitudes as an integrated system of beliefs. *PLoS ONE*, 18, e0280285. <https://doi.org/10.1371/journal.pone.0280285>
- Pellegrini, V., Salvati, M., De Cristofaro, V., Giacomantonio, M., & Leone, L. (2022). Psychological bases of anti-immigration attitudes among populist voters. *Journal of Applied Social Psychology*, 52, 449–458. <https://doi.org/10.1111/jasp.12871>
- Pellegrini, V., Giacomantonio, M., spsampsps Leone, L. (2024). Conspiracy ideation and populism. In G. Sensales (Ed.), *Political psychology perspective on populism* (pp. 139–185). Cham: Springer Nature Switzerland. https://doi.org/10.1007/978-3-031-44073-1_5
- Pezzella, A., Pistella, J., Baiocco, R., Kouta, C., Rocamora-Perez, P., Nielsen, D., & Papadopoulos, I. (2023). IENE 9 project: Developing a culturally competent and compassionate LGBT+ curriculum in health and social care education. *Journal of Gay & Lesbian Mental Health*, 27(2), 118–124. <https://doi.org/10.1080/19359705.2021.2012733>
- Pieri, M. (2023). LGBTQ+ people with chronic illness. *Palgrave Macmillan*. https://doi.org/10.1007/978-3-031-22071-5_7
- Pistella, J., Rosati, F., & Baiocco, R. (2023). Feeling safe and content: Relationship to internalized sexual stigma, self-awareness, and identity uncertainty in Italian lesbian and bisexual women. *Journal of Lesbian Studies*, 27(1), 41–59. <https://doi.org/10.1080/10894160.2022.2087344>
- Prearo, M. (2024). Resisting the epistemic straight gaze in the anti-gender Era: Italian LGBTIQ+ Studies and Scholars, 2013–2023. *WSQ: Women’s Studies Quarterly*, 52(1), 171–187. <https://doi.org/10.1353/wsq.2024.a924316>
- Price, M. A., Hollinsaid, N. L., McKetta, S., Mellen, E. J., & Rakhilin, M. (2023). Structural transphobia is associated with psychological distress and suicidality in a large national sample of transgender adults. *Social Psychiatry and Psychiatric Epidemiology*, 59(2), 285–294. <https://doi.org/10.1007/s00127-023-02482-4>
- Puckett, J. A., Newcomb, M. E., Ryan, D. T., Swann, G., Garofalo, R., & Mustanski, B. (2017). Internalized homophobia and perceived stigma: A validation study of stigma measures in a sample of young men who have sex with men. *Sexuality Research and Social Policy*, 14, 1–16. <https://doi.org/10.1007/s13178-016-0258-5>
- Puckett, J. A., Huit, T. Z., Hope, D. A., Mocariski, R., Lash, B. R., Walker, T., Holt, N., Ralston, A., Miles, M., Capannola, A., Tipton, C., Juster, R.-P., & DuBois, L. Z. (2024). Transgender and gender-diverse people’s experiences of minority stress, mental health, and resilience in relation to perceptions of sociopolitical contexts. *Transgender Health*, 9(1), 14–23. <https://doi.org/10.1089/trgh.2022.0047>
- R Core Team. (2024). *R: A language and environment for statistical computing*. R Foundation for Statistical Computing. <https://www.R-project.org/>
- Riggle, E. D. B., Whitman, J. S., Olson, A., Rostosky, S. S., & e Strong, S. (2008). The positive aspects of being a lesbian or gay man. *Professional Psychology: Research and Practice*, 39, 210–217. <https://doi.org/10.1037/0735-7028.39.2.210>
- Riggle, E. D. B., Rostosky, S. S., McCants, L. E., & e Pascale-Hague, D. (2011). The positive aspects of a transgender self-identification. *Psychology and Sexuality*, 2(2), 147–158. <https://doi.org/10.1080/19419899.2010.534490>
- Roberts, T. S., Horne, S. G., & Hoyt, W. T. (2015). Between a gay and a straight place: Bisexual individuals’ experiences with monosexism. *Journal of Bisexuality*, 15(4), 554–569. <https://doi.org/10.1080/15299716.2015.1111183>
- Ronzón-Tirado, R., Charak, R., & Cano-González, I. (2023). Daily heterosexist experiences in LGBTQ+ adults from Spain: Measurement, prevalence, and clinical implications. *Psychosocial Intervention*, 32(1), 1–10. <https://doi.org/10.5093/2Fpi2022a15>
- Rosati, F., Pistella, J., Giovanardi, G., & Baiocco, R. (2021). Queer generativity in lesbian, gay, and bisexual older adults: Personal, relational, and political/social behaviours. *Journal of Community & Applied Social Psychology*, 31(6), 673–689. <https://doi.org/10.1002/casp.2529>
- Rosati, F., Lorusso, M. M., Pistella, J., Giovanardi, G., Di Giannantonio, B., Mirabella, M., Williams, R., Lingiardi, V., & Baiocco, R. (2022). Non-binary clients’ experiences of psychotherapy: Uncomfortable and affirmative approaches. *International Journal of Environmental Research and Public Health*, 19(22), 15339. <https://doi.org/10.3390/ijerph192215339>
- Rosati, F., Pistella, J., Coletta, V., & Baiocco, R. (2024). Racialized migrant transgender women engaged in sex work: Double binds and identifications with the community. *Archives of Sexual Behavior*, 53(3), 1153–1168. <https://doi.org/10.1007/s10508-023-02804-2>
- Rosseel, Y. (2012). lavaan: An R package for structural equation modeling. *Journal of statistical software*, 48, 1–36. <https://doi.org/10.18637/jss.v048.i02>
- Rostosky, S. S., Cardom, R. D., Hammer, J. H., & Riggle, E. D. (2018). LGB positive identity and psychological well-being. *Psychology of Sexual Orientation and Gender Diversity*, 5(4), 482–489. <https://doi.org/10.1037/sgd0000298>
- Rotondi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed hormone use and self-performed surgeries: “Do-it-yourself” transitions in transgender communities in Ontario. *Canada. American Journal of Public Health*, 103(10), 1830–1836. <https://doi.org/10.2105/ajph.2013.301348>
- Rucco, D., Anzani, A., Scandurra, C., Pennasilico, A., & Prunas, A. (2023). Structural stigma and bisexual+ people: Effects of the rejection of the Zan Bill in Italy on minority stress and mental health. *Journal of Bisexuality*, 23(1), 27–49. <https://doi.org/10.1080/15299716.2022.2119629>
- Salvati, M., Pellegrini, V., De Cristofaro, V., & Giacomantonio, M. (2024a). What is hiding behind the rainbow plot? The gender ideology and LGBTQ+ lobby conspiracies (GILC) scale. *British Journal of Social Psychology*, 63(1), 295–318. <https://doi.org/10.1111/bjso.12678>
- Salvati, M., Pellegrini, V., De Cristofaro, V., Costacurta, M., & Giacomantonio, M. (2024b). Antecedent ideological profiles and negative socio-political outcomes of LGBTQ+ conspiracy beliefs. *Sexuality Research and Social Policy*, 21(3), 899–911. <https://doi.org/10.1007/s13178-024-00949-w>

- Santos, N. J., & Craig, A. (2023). Descriptive or divisive? A critical review of scholarly perspectives toward monosexism. *Journal of Bisexuality*, 24(1), 26–55. <https://doi.org/10.1080/15299716.2023.2289014>
- Scandurra, C., Amodeo, A. L., Valerio, P., Bochicchio, V., & Frost, D. M. (2017). Minority stress, resilience, and mental health: A study of Italian transgender people. *Journal of Social Issues*, 73(3), 563–585. <https://doi.org/10.1111/josi.12232>
- Scandurra, C., Bochicchio, V., Amodeo, A. L., Esposito, C., Valerio, P., Maldonato, N. M., Bacchini, D., & Vitelli, R. (2018). Internalized transphobia, resilience, and mental health: Applying the Psychological Mediation Framework to Italian transgender individuals. *International Journal of Environmental Research and Public Health*, 15(3), 508. <https://doi.org/10.3390/ijerph15030508>
- Scandurra, C., Pennasilico, A., Esposito, C., Mezza, F., Vitelli, R., Bochicchio, V., Maldonato, N. M., & Amodeo, A. L. (2020). Minority stress and mental health in Italian bisexual people. *Social Sciences*, 9(4), 46. <https://doi.org/10.3390/socsci9040046>
- Schlehofer, M. M., Wagner, K., & Bramande, E. (2023). Things will get worse before they get better": LGBTQ+ people's reactions to the 2020 US presidential election. *Sexuality Research and Social Policy*, 20(4), 1378–1392. <https://doi.org/10.1007/s13178-023-00802-6>
- Schoemann, A. M., Boulton, A. J., & Short, S. D. (2017). Determining power and sample size for simple and complex mediation models. *Social Psychological and Personality Science*, 8(4), 379–386. <https://doi.org/10.1177/1948550617715068>
- Shapira, S., & Granek, L. (2019). Negotiating psychiatric cisgenderism-ableism in the transgender-autism nexus. *Feminism & Psychology*, 29(4), 494–513. <https://doi.org/10.1177/0959353519850843>
- Smith, H. J., Pettigrew, T. F., Pippin, G. M., & Bialosiewicz, S. (2012). Relative deprivation: A theoretical and meta-analytic review. *Personality and Social Psychology Review*, 16(3), 203–232. <https://doi.org/10.1177/1088868311430825>
- Smith, H. J., Ryan, D. A., Jaurique, A., Pettigrew, T. F., Jetten, J., Ariyanto, A., ... & Wohl, M. (2018). Cultural values moderate the impact of relative deprivation. *Journal of Cross-Cultural Psychology*, 49(8), 1183–1218. <https://doi.org/10.1177/0022022118784213>
- Strang, J. F., Knauss, M., van der Miesen, A., McGuire, J. K., Kenworthy, L., Caplan, R., ... & Anthony, L. G. (2021). A clinical program for transgender and gender-diverse neurodiverse/autistic adolescents developed through community-based participatory design. *Journal of Clinical Child & Adolescent Psychology*, 50(6), 730–745. <https://doi.org/10.1080/15374416.2020.1731817>
- Swank, E., & Fahs, B. (2013). An intersectional analysis of gender and race for sexual minorities who engage in gay and lesbian rights activism. *Sex Roles*, 68(11–12), 660–674. <https://doi.org/10.1007/s11199-012-0168-9>
- Tebbe, E. A., & Budge, S. L. (2023). Factors that drive mental health disparities and promote well-being in transgender and nonbinary people. *Nature Reviews Psychology*, 1(12), 694–707. <https://doi.org/10.1038/s44159-022-00109-0>
- 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(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- Veldhuis, C. B., Cascalheira, C. J., Delucio, K., Budge, S. L., Matsuno, E., Huynh, K., Puckett, J. A., Balsam, K.F., Velez, B. L., & Galupo, M. P. (2024). Sexual orientation and gender diversity research manuscript writing guide. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://doi.org/10.1037/sgd0000722>
- Warren, J. C., Smalley, K. B., & Barefoot, K. N. (2016). Psychological well-being among transgender and genderqueer individuals. *The International Journal of Transgenderism*, 17(3–4), 114–123. <https://doi.org/10.1080/15532739.2016.1216344>
- Wauldron, A., Alexander, F., spsampsps Kattari, S. K. (2023). Trans enough, queer enough, and disabled enough. Exploring issues of gatekeeping and legitimacy of trans, queer, and disabled identities through sexuality. In Kattari, S. K. (Ed.) *Exploring sexuality and disability: A guide for human service professionals*, Routledge, pp. 283–298. <https://doi.org/10.4324/9781003308331-23>
- Weller, B. E., Bowen, N. K., & Faubert, S. J. (2020). Latent class analysis: A guide to best practice. *Journal of Black Psychology*, 46(4), 287–311. <https://doi.org/10.1177/0095798420930932>
- Worthen, M. G., & Laljer, J. (2021). LGBTQ+ A? Asexuals' attitudes toward lgbtq individuals: A test of norm-centered stigma theory. *Sexuality & Culture*, 25(6), 2052–2074. <https://doi.org/10.1007/s12119-021-09864-3>
- Wray-Lake, L., DeHaan, C. R., Shubert, J., & Ryan, R. M. (2019). Examining links from civic engagement to daily well-being from a self-determination theory perspective. *The Journal of Positive Psychology*, 14(2), 166–177. <https://doi.org/10.1080/17439760.2017.1388432>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.