Journal of Bisexuality

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/wjbi20

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To cite this article: Daniele Rucco, Annalisa Anzani, Cristiano Scandurra, Andrea Pennasilico & Antonio Prunas (2022): Structural Stigma and Bisexual+People: Effects of the Rejection of the Zan Bill in Italy on Minority Stress and Mental Health, Journal of Bisexuality, DOI: 10.1080/15299716.2022.2119629

To link to this article: https://doi.org/10.1080/15299716.2022.2119629

Published online: 09 Sep 2022.

JOURNAL OF BISEXUALITY
https://doi.org/10.1080/15299716.2022.2119629

Structural Stigma and Bisexual+People: Effects of the Rejection of the Zan Bill in Italy on Minority Stress and Mental Health

Daniele Rucco[a], Annalisa Anzani[a], Cristiano Scandurra[b], Andrea Pennasilico[b] and Antonio Prunas[a]

[a]Department of Psychology, University of Milano-Bicocca, Milano, Italy; [b]Department of Neuroscience, Reproductive Sciences and Dentistry, University of Naples Federico II, Napoli, Italy

ABSTRACT

Bisexual+people experience severe forms of structural stigma that are associated to negative mental health outcomes. In order to eradicate hate crimes against LGBTQIAPK+people, on the 4th of November 2020, the Italian deputy Alessandro Zan proposed a Bill entitled "Measures to prevent and combat discrimination and violence on grounds of sex, gender, sexual orientation, gender identity and disability" (also known as "Zan Bill"). On October 27, 2021, the Italian Senate silenced the Bill. This study aimed to explore whether a worsening in mental health before and after the Zan Bill's rejection occurred among bisexual+people. Data from 299 Italian bisexual+people after the Zan Bill's rejection were compared with data on the same measures from 381 Italian bisexual+people before the Zan Bill's rejection. We observed a worsening in the levels of discrimination, anticipated and internalized binegativity, resilience, anxiety, and depression after the rejection of the Zan Bill. Outness remained unchanged in the two groups. Results suggested that the rejection of the Zan Bill has had a strong effect on the well-being of Italian bisexual+people.

KEYWORDS

Bisexual+; mental health; structural stigma; Zan Bill; Italy

Stigma and discrimination against lesbian, gay, bisexual, and transgender (LGBT+) people are identified as primary factors in mental and physical health inequalities observed in these marginalized groups compared to heterosexual and cisgender people (di Giacomo et al., 2018; Khan et al., 2017; Plöderl & Tremblay, 2015; Russell & Fish, 2016; Sutter & Perrin, 2016).

This evidence finds a theoretical framework in the Minority Stress Theory (MST; Brooks, 1981; Meyer, 1995, 2003), which argues that sexual minorities are susceptible to social and chronic stress resulting from cis-heteronormative stigma. In particular, stigma is conceptualized as a multilevel construct, consisting in individual, interpersonal, and structural levels (Link & Phelan, 2001). Specifically, Hatzenbuehler (2018) refers to

CONTACT Daniele Rucco d.rucco@campus.unimib.it Department of Psychology, University of Milano-Bicocca, Piazza dell'Ateneo Nuovo 1, Milano, 20126, Italy.

individual stigma as the cognitive, affective, and behavioral processes in which individuals engage in response to stigma, such as rejection sensitivity (i.e., chronic anxious expectations of rejection enacted to guard against potential threat; Pachankis et al., 2014) or internalized stigma (that is, the internalization of negative social views about one's group; Corrigan et al., 2006). Differently, interpersonal stigma refers to negative biases in feelings and evaluations toward stigmatized groups and unfair treatment of those groups (Hatzenbuehler, 2018). Stigma at the interpersonal level can include both overt and covert actions, such as microaggressions (Dodge et al., 2016; Salim et al., 2019; Sue et al., 2007). Moreover, stigma has been investigated beyond individual and interpersonal levels to include more macrosocial manifestations of stigma, i.e., structural stigma. Structural stigma comprises social factors, such as cultural norms or institutional policies that may limit opportunities and resources for those who are stigmatized.

At this regard, research suggests that policies that limit the rights or remove protections for LGBT+people are a source of stress and negatively impact their mental health (Cramer et al., 2017; Drabble et al., 2021; Fields & Wotipka, 2022; Fredriksen-Goldsen & Espinoza, 2014; Gonzales & Ehrenfeld, 2018; Hatzenbuehler, 2009; Hatzenbuehler et al., 2009, 2010; Mallory & Sears, 2020; Raifman et al., 2018). Indeed, the literature showed that promoting new pro-LGBT+laws or removing existing anti-LGBT+laws can have a positive impact on the mental health of the community (Evans, 2018; Renley et al., 2022).

Structural stigma among Italian bisexual+people

Bisexual+individuals represent one of the largest groups within the LGBT+population (Copen et al., 2016; Gates, 2011; Kann et al., 2016) and, at the same time, one of the most stigmatized populations who experience health disparities caused by social stigma and biphobic discrimination (Bostwick, 2012; Chan et al., 2020; Flanders et al., 2015; Habibi & Stueck, 2018, Friedman et al., 2014).

The MST framework may explain how experiences of anti-bisexual stigma are associated with higher rates of psychological distress. Since bisexual+people experience hostility from both heterosexual people (Swan & Habibi, 2015; Yost & Thomas, 2012) and other sexual and gender minorities (Arriaga & Parent, 2019; Israel, 2018; Roberts et al., 2015), these experiences of stigma are described as binegativity (Brewster & Moradi, 2010; Dyar & Feinstein, 2018, Dyar & London, 2018). Binegativity is directly linked to negative health outcomes such as an increased risk for anxiety, depression, and suicidal ideation (Brewster et al., 2013; Feinstein

& Dyar, 2017; Flanders et al., 2017; MacLeod et al., 2015; Nielsen et al., 2020; Ross et al., 2018; Taliaferro et al., 2018).

As for the Italian context, to date, there are no updated data at the national level about the rate of bisexual + people and their well-being (ISTAT - National Institute of Statistics, 2012). In fact, despite stigmatization and discrimination have already been widely documented in Italian LGB people, bisexual + individuals have been considered a separate group in only a small number of studies (Castro & Carnassale, 2019; Gusmano, 2018; Monaco, 2021; Scandurra et al., 2020). Despite the paucity of such studies in the Italian context, it has been clinically observed that Italian bisexual + people also experience severe forms of anti-bisexual stigma that are linked to negative health outcomes, for example, an increased risk of reporting anxiety, depression, suicidality, and substance use in a manner similar to what has been observed worldwide (Lambe et al., 2017; Mongelli et al., 2019; Ross et al., 2018). Italian bisexual + individuals might also have trouble coming out to their family and friends since they have either suffered or fear facing consequences. (Gusmano, 2018; Monaco, 2021; Pistella et al., 2016).

Nevertheless, MST highlights that sexual minority groups can benefit from resilience factors at both the individual and group levels and have the ability to develop effective psychological strategies to buffer the negative health effects of stigma. Connection to one's community, support from loved ones, self-esteem, affirmation of one's identity, pride, and activism are all factors that can strengthen resilience by promoting well-being, social adaptation, and access to personal and social resources to overcome difficulties (Lira & Morais, 2018; Emlet et al., 2013; Meyer, 2015; Saewyc et al., 2009). In the Italian context, few studies have investigated the protective effects of resilience on stigma and minority stress. The few studies that have addressed it have measured a significant effect and positive effect of resilience on mental health outcomes (Baiocco et al., 2021; Pistella et al., 2022; Scandurra et. al, 2020).

When it comes to the prejudice that is occurring in Italy, daily events of physical and verbal violence, discrimination, and prejudicial behavior toward bisexual + people in Italy are still not punishable (Castro & Carnassale, 2019; Scandurra et al., 2020). In fact, Italy remains one of the few countries in Europe with no policies to protect sexual and gender minorities from hate attacks and discrimination (EQUALDEX, 2021). For these reasons, the European Union called out to Italy to guarantee and protect minorities from possible discriminatory and abusive acts (European Commission, 2020). According to Rainbow Europe (2021), an annual benchmarking tool by ILGA-Europe that ranks 49 countries in Europe and Central Asia with respect to their equality laws and policies for LGBT + people, Italy ranks

35th out of 49 considering all countries. However, if only European countries are considered, Italy ranks 23rd out of 27 states.

As the report claimed, Italy ranks so low in terms of LGBT+rights because it does not meet several criteria identified by ILGA-Europe emphasizing how structural stigma still prevails in Italy. As for the structural stigma experienced specifically by bisexual+people in Italy, it can be claimed that it is rooted in socio-cultural factors that characterize Italian history, for example with respect to how the family has always been envisioned. For example, Italian politics has always maintained a conservative attitude toward family values and structures. Heterosexuality and monogamy remain at the institutional, cultural, and social level firm pillars. For example, under Law No 76/2016, also known as the "Cirinnà Law," marriage remains the exclusive preserve of heterosexual couples, while same-sex couples only have access to civil unions. Moreover, this law does not provide for any recognition of relationships other than couples. Therefore, as well described by Gusmano (2018), both plurisexualities and non-monogamies suffer from delegitimization and stigmatization. Therefore, by institutionalizing and validating only mononormativity and heteronormativity, Italian law totally erases and invisibilizes bisexual+instances from the rights debate.

Concurrently, there is no specific law that prohibits hate crimes motivated by prejudice based on sexual orientation, gender identity, gender expression, and sexual characteristics. Another report published by the European Union Agency for Fundamental Rights (2020) identifies Italy among the top countries with the highest index of discrimination. In conclusion, both ILGA-Europe and the European Union Agency for Fundamental Rights report a problematic situation with respect to levels of prejudice and discrimination, but on the other hand, the absence of a law to protect against them. Nevertheless, over the years in Italy there have been several attempts to introduce some laws to protect LGBT+people in the context of work (Legislative Decree No 216/2003), marriage and civil unions (Law No 76/2016) and adoption (Court of Appeal No 9006/2021). Many of them, however, have either not been passed or only partially passed. Finally, the most recent attempt to introduce a law protecting LGBT+people, named the "Zan Bill" (Senate Act No 2005/2021), was voted down two years after it was proposed.

The Zan Bill: A measure to combat discrimination or violence on the basis of sex, gender, or disability

In order to comply with the requests made by the European Union, on the 4th of November 2020, the Italian Lower House of Parliament approved, with 265 votes in favor, 193 against, and one abstention, a Bill that has as its proponent the center-left Democratic Party (PD) legislator Alessandro

Zan. The title of the Bill is "Measures to prevent and combat discrimination and violence on grounds of sex, gender, sexual orientation, gender identity, and disability." A text consisting of ten articles that aims to amend Article 604-bis of the Penal Code, on the crime of "Propaganda and incitement to commit crimes for reasons of racial, ethnic and religious discrimination." The article of the Penal Code provides for the penalty of "imprisonment of up to one year and six months or a fine of up to 6,000 euros for anyone who propagates ideas based on racial or ethnic superiority or hatred or incites to commit or commits acts of discrimination on racial, ethnic, national, or religious grounds."

The Zan Bill would add to the already mentioned article the following words: "or based on sex, gender, sexual orientation, gender identity or disability." The Article 604-ter, ruling on aggravating circumstances, would also be amended "For crimes punishable by a penalty other than life imprisonment […] or in order to facilitate the activities of organizations, associations, movements, or groups that have among their purposes the same purposes." After heated discussions in the Justice Commission, a vote was taken to schedule the discussion of the Zan Bill, which arrived in Italy's Senate on July 13, 2021. After a further postponement for the summer break, on October 27, 2021, with 154 votes in favor, 131 against, and 2 abstentions, the Senate silenced the Bill. This motion to halt the Zan Bill effectively put an end to the discussion of amendments at least for the next six months, and therefore to the process of the Bill.

Although some of the political factions, who pushed for the rejection of the Bill, argued that there was no need for this addition to the already existing law (Horowitz & Bubola, 2021; Roberts, 2021), the situation of discrimination against LGBT + people in Italy is still an issue (Battaglio, 2022). In this sense, the Zan Bill has provoked a heated socio-political debate and has been a case of social relevance in Italy. Debates, protests, clashes, have accompanied the entire process of Zan Bill approval and have ignited the struggle within the political and social arena. Following the rejection of Zan Bill there has been an important mobilization throughout the country by LGBT + communities, politicians, and associations (Florio, 2021). This event, which meant the destruction of hopeful and trusting expectations of greater safety and protection for many Italian people, represented an important milestone in the history of civil rights in our country. The background assumption guiding the present study is that the rejection of the Zan Bill may have represented a structural stressor for LGBT + individuals.

The current study

Considering the literature regarding the psychological effects consequent to the introduction or abolition of policies to protect LGBT + civil rights,

and the high erasure of bisexual + instances in Italy, we were interested in investigating how the rejection of the Zan Bill affected minority stress and mental health of Italian bisexual + people in terms of experienced discrimination and binegativity events, outness, depression, anxiety, and resilience. Specifically, we conceptualized the rejection of the Zan Bill as a form of structural stigma and hypothesized that, cumulatively, everyday minority stressors together with the rejection of the Zan Bill could have had a negative effect on the well-being of Italian bisexual + people.

Three primary factors led to the selection of the bisexual + community as a target sample. First, because research examining the well-being of Italian sexual minorities frequently overlook and neglect the bisexual + community, therefore, our goal was to give voice to a large and significant group under the LGBTQ + umbrella. Second, additional concealment, this time of a law defending minority rights, may have a particularly negative effect on the bisexual + population, which is frequently rendered invisible, as was mentioned before. Finally, a more practical concern with sample accessibility that would have taken into consideration the pre-data.

Materials and methods

Participants

Data from 299 Italian bisexual + people (39 men and 260 women) were analyzed in this study. Participants' age ranged from 18 to 49 years ($M = 26.1$, $SD = 5.93$). Inclusion criteria to participate in the online survey were: (1) self-identifying in the bisexual spectrum (bisexual, polysexual, pansexual, etc.); (2) being at least 18 years old; and (3) living in Italy for at least 10 years.

The original sample was constituted of 437 participants but 138 were removed. Among them, 113 participants were excluded from the study because they completed less than 80% of the survey, i.e., they stopped at the socio-demographic questions or less. In addition, 21 subjects were excluded because they did not fit the inclusion criteria, and 3 subjects were discarded because they did not agree to the terms of consent. Moreover, one participant self-identified as "other" in sex assigned at birth without specification. Due to the low representativity of this group, this participant was removed from the final sample.

Procedures

The study was approved by the Institutional Review Board (CRIP, Protocol No. RM-2021-475) of the University of Milan-Bicocca and was in accordance with the ethical standards of the 1964 Declaration of Helsinki.

Specifically, this research has been carried out in collaboration with the University of Naples Federico II.

We reached out the research group led by Scandurra et al. (2020), who in a recent work have measured variables on minority stress and health outcomes in the Italian bisexual + population. With no access to the same participants who volunteered in the anonymous questionnaire compilation, we decided to collect a sample using the same snowball sampling methods adopted for the previous study. For these reasons, database obtained from the work of Scandurra have been used as an index of psychological well-being prior to the rejection of the Zan Bill. In fact, participants in the first group were recruited from September to December 2019.

The current study was conducted entirely online through a survey specifically designed on the Qualtrics platform. Participants were recruited from December 2021 to March 2022 through announcements posted on groups for LGBT + people available on social-networks (e.g., Instagram and Facebook) and through direct contact with leaders of cultural (e.g., Arcigay) and private associations (e.g., L'Altrosessuale) that deal with these issues. We engaged the same associations involved in the previous data collection to collaborate in the dissemination of the questionnaire in order to make the two samples comparable.

The number of sample size have been determined on the basis of the size of the samples previously collected by Scandurra ($N = 381$; 62 men and 319 women) that served as a pre-measures. As for the survey, the first part consisted of a sociodemographic questionnaire that allowed to acquire information about the participants, such as their gender identity, sexual identity, and age. The second part of the survey included the compilation of some questionnaires. Finally, data extracted from the survey have been compared with data derived from the same measurements by Scandurra et al. (2020) obtained prior to the rejection of Zan Bill.

Measures

Socio-demographic characteristics

Socio-demographic characteristics of the sample are summarized in Table 1. The sample of the pre rejection group of the Zan Bill consisted of 381 subjects with a mean age of 25.2 ($SD \pm 6.75$); whereas the sample of the post-group consisted of 299 subjects with a mean age of 28.1 ($SD \pm 5.93$). In order to compare the samples pre- and post-rejection of the Zan Bill, socio-demographic characteristics of the samples were compared using chi-square (χ^2) and t-test statistics. No differences emerged between the first and second data set regarding participants' sex (χ^2 (1) = 1.38, p =.240), age (t (678) = −1.87, $p < .06$), sexual orientation (χ^2 (5) = 7.89, p = .162), and ethnicity (χ^2 (1) = 1.08, p = .300). In the post-group,

Table 1. Sociodemographic characteristics of the post-rejection group of the Zan Bill.

	Total ($N = 299$)	Men ($n = 39$)	Women ($n = 260$)	
Characteristics	*N (%)* or *M ± SD*	*n (%)* or *M ± SD*	*n (%)* or *M ± SD*	*p*
Age	26.1 ± 5.93	26.8 ± 7.06	26.0 ± 5.75	.423
Ethnicity				.026
Caucasian	294 (98.3)	38 (97.4)	256 (98.5)	
Latin	1 (0.3)	1 (2.6)	0	
Other	4 (1.3)	0	4 (1.5)	
Education				.019
≤High school	147 (49.2)	26 (66.7)	121 (46.5)	
≥College	152 (50.8)	13 (33.3)	139 (53.5)	
Monthly income (€)				.405
No income	135 (45.2)	19 (48.7)	116 (44.6)	
<600	53 (17.7)	5 (12.8)	48 (18.5)	
600–999	52 (17.4)	4 (10.3)	48 (18.5)	
1000–2000	51 (17.1)	9 (23.1)	42 (16.2)	
2000>	8 (2.7)	2 (5.1)	6 (2.3)	
Partner				.656
No	98 (32.8)	14 (35.9)	84 (32.3)	
One or more	201 (67.2)	25 (64.1)	176 (67.7)	
Type of community				.078
Non-urban	123 (41.1)	11 (28.2)	112 (43.1)	
Urban	176 (58.9)	28 (71.8)	148 (56.9)	
LGBT activism				.095
No	117 (39.1)	20 (51.3)	97 (37.3)	
Yes	182 (60.9)	19 (48.7)	163 (62.7)	
Religious education				.971
No	62 (20.7)	8 (20.5)	54 (20.8)	
Yes	237 (79.3)	31 (79.5)	206 (79.2)	

Notes: *M* = mean; *SD* = standard deviation. Group differences related to age were tested through Student's t-test. Group differences related to other characteristics were tested through χ^2 test.

regarding gender identity, most participants self-identified as cisgender woman (63.2%), cisgender man (11.4%), transgender (0.3%), agender (2.3%), genderqueer (5.7%), genderfluid (8.4%), or other (8.7%). Moreover, regarding sexual orientation, most of the participants self-identified as bisexual (75.6%), while others as pansexual (13%), asexual (3.3%), polysexual (1.7%), omnisexual (1.3%), or other (5%; e.g., demisexual, queer, etc.).

Experiences of discrimination

Experienced discriminations were assessed through the *Experiences of Discrimination Scale* (EDS1) (Bartos & Baban, 2010; Montano & Andriola, 2011). The scale includes 8 items measuring four prejudice events: avoidance, verbal abuse, victimization, and unequal treatment (e.g., "I happened to be marginalized because of my sexual orientation" or "I have been insulted, offended or ridiculed for my sexual orientation"). Options ranged from 1 ("never") to 5 ("often"), with higher scores indicating higher levels of prejudice events. The Cronbach's alpha for the present study was .84.

Everyday discrimination

Everyday discriminations were assessed through the *Everyday Discrimination Scale* (EDS2) (Meyer et al., 2008). The scale includes 9-items measuring

the frequency of different types of everyday discriminations (e.g., being treated with less respect, less courtesy, and as not smart, receiving poorer services, etc.). The response options ranged from 0 ("never") to 3 ("often"). The Cronbach's alpha was .86.

Anticipated and internalized binegativity

Anticipated and internalized binegativities were assessed through Anticipated Binegativity (AB) and Internalized Binegativity (IB) subscales of the *Bisexual Identity Inventory* (BII) (Paul et al., 2014), a 24-items questionnaire assessing minority stressors experienced specifically by bisexual + people. The AB subscale comprised five items assessing concerns and fears about how others respond to one's bisexual identity (e.g., "People might not like me if they found out that I am bisexual), while IB subscale consisted of five items assessing negative feelings and attitudes related to one's bisexual identity as a result of the internalization of negative societal attitudes regarding bisexuality (e.g., "My life would be better if I were not bisexual"). The response options ranged from 1 (strongly disagree) to 7 (strongly agree). The Cronbach's alpha was .70 for AB and .68 for IB.

Concealment

Concealment of one's bisexual identity was assessed through the *Outness Inventory* (OI) (Lingiardi et al., 2012; Mohr & Fassinger, 2000), an 11-item questionnaire that measures the degree to which individuals are open about their sexual orientation, expressed as the degree to which the respondent's sexual orientation is known and openly discussed with 11 people or groups of people (mother; father; brothers, sisters; extended family/relatives; old heterosexual friends; new heterosexual friends; coworkers or studio colleagues; work or studio superiors; religious community members; religious community leaders; strangers; new people met). The OI consists of three subscales (i.e., out to Family, out to World, out to Religion), which together constitute the Overall Outness scale. The response options ranged from 1 ("person definitely does not know about your sexual orientation status") to 7 ("person definitely knows about your sexual orientation status, and it is openly talked about"), with higher scores indicating greater outness. The Cronbach's alpha for the overall score of outness was .67.

Resilience

Resilience was assessed through the *Resilience Scale* (RS) (Peveri, 2009; Wagnild & Young, 1993), a 10-item scale measuring resilience as a range of individual and environmental level resources that are associated with adaptation, or the ability to quickly recover after adverse or stressful events (e.g.,

"I usually manage one way or another"). The response options ranged from 1 ("strongly disagree") to 7 ("strongly agree"). The Cronbach's alpha was .88.

Depression

Depression was assessed through the *Center for Epidemiologic Studies Depression Scale* (CES-D) (Fava, 1983; Radloff, 1977), a 20-item self-reported scale intended to identify the frequency and severity of depressive symptoms during the previous week (e.g., "I felt down and unhappy"). The response options ranged from 0 ("rarely or none of the timeless than 1 day") to 3 ("all of the time—5–7 days"). The Cronbach's alpha was .93.

Anxiety

Anxiety was assessed through the *Beck Anxiety Inventory* (BAI) (Beck et al., 1988; Sica et al., 2006), a 21-item self-report questionnaire measuring common somatic and cognitive symptoms of anxiety during the previous month (e.g., such as to be terrified or afraid or have a rapid heartbeat). The response options ranged from 0 ("not at all") to 3 ("severely"). The Cronbach's alpha was .93.

Statistical analyses

Socio-demographics, minority stressors, protective factors, and mental health outcomes of the pre-and post-groups were compared. The IBM SPSS Statistics (version 27) software was used for statistical analysis (IBM Corp., Armonk, NY, USA). For categorical data, the Chi-square analysis (χ^2) was adopted, and for continuous variables, t-test analysis was performed. The statistical significance level for all of the models was set at $p \leq .001$.

Results

T-test statistics are summarized in Table 2. As for the discrimination outcomes, t-test statistics showed a significant difference between bisexual + individuals for experiences of discrimination pre- ($M = 11.6$, $SD = 3.8$) and post-rejection ($M = 12.85$, $SD = 4.3$) of the Zan Bill (t (678) = −3.99, $p < .001$, $d = .31$). Considering that higher scores indicate higher negative experiences, it is possible to state that bisexual + people in the post-condition experienced a greater average frequency of discrimination events.

Similar results have been observed for daily discrimination. In particular, we observed a significant difference between bisexual + individuals for everyday discrimination pre- ($M = .58$, $SD = .53$) and post-rejection ($M = .73$, $SD = .60$) of the Zan Bill (t (678) = −3.49, $p < .001$, $d = .27$).

Table 2. Independent groups T-test between pre- and post-rejection of Zan Bill.

	Pre-rejection			Post-rejection					
	N	*M*	*SD*	*N*	*M*	*SD*	*t* (*df*)	*p*	*d*
EDS 1	381	11.60	3.81	299	12.85	4.31	−3.10 (678)	< .001	.31
EDS 2	381	.58	.53	299	.73	.60	−3.49 (678)	< .001	.27
OI	380	2.25	.85	299	2.26	.81	-.15 (677)	.879	.01
BII-AB	381	3.64	1.31	299	3.97	1.26	−3.34 (678)	< .001	.26
BII-IB	381	1.58	.88	299	1.84	.94	−3.70 (620.8)	< .001	.29
RS	380	5.01	1.13	274	4.83	1.01	2.03 (652)	.043	.16
BAI	380	22.36	14.87	242	25.12	14.33	−2.29 (620)	.022	.19
CES-D	380	27.60	12.85	257	31.10	13.14	−3.35 (635)	< .001	.27

Notes: *M* = mean; *SD* = standard deviation; *t* = Student's T-Test; *df* = degrees of freedom; *d* = Cohen's d (this table provides the absolute value of the effect size for each comparison); EDS 1 = Experiences of Discrimination Scale; EDS 2 = Everyday Discrimination Scale; OI = Outness Inventory; BII-AB = Bisexual Identity Inventory - Anticipated Binegativity; BII-IB = Bisexual Identity Inventory – Internalized Binegativity; RS = Resilience Scale; BAI = Beck Anxiety Inventory; CES-D = Center for Epidemiologic Studies Depression Scale..

As for the concealment of one's sexual identity, no significance differences were observed between pre- ($M = 2.25$, $SD = .85$) and post- ($M = 2.26$, $SD = .81$); t (677) = −.15, $p = .88$, $d = .01$.

Both subscales of binegativity showed significant differences in bisexual + people pre- and post-rejection of the Zan Bill. Specifically, anticipated binegativity scores in the pre-condition ($M = 3.64$, $SD = 1.31$) were lower than that in the post-condition ($M = 3.97$, $SD = 1.26$); t (678) = −3.34, $p < .001$, $d = .26$. Similarly, bisexual + people's internalized binegativity was lower in the pre-condition ($M = 1.58$, $SD = .88$) than in the post-condition ($M = 1.84$, $SD = .94$); t (620.8) = −3.70, $p < .001$, $d = .29$. Because the Levene's Test revealed unequal variances ($F = 5.46$, $p = .020$), degrees of freedom were set at 620.8.

As for resilience, we observed a significant difference between pre- ($M = 5.01$, $SD = 1.13$) and post-condition ($M = 4.83$, $SD = 1.10$); t (652) = 2.03, $p = .04$, $d = .16$. Since less resilience means fewer resources available to manage stressful events, we can speculate that the rejection of the Zan Bill may have negatively impacted the resilience of Italian bisexual + people.

Analysis of mental health outcomes showed differences between the pre- and post-groups both for depression and anxiety. Specifically, with regard to depression we observed a significant difference between pre- ($M = 27.60$, $SD = 12.85$) and post-condition ($M = 31.10$, $SD = 13.14$), t (635) = −3.35, $p < .001$, $d = .27$). Similarly, anxiety levels in pre-condition ($M = 22.36$, $SD = 14.87$) were lower between bisexual + people than in post-condition ($M = 25.12$, $SD = 14.33$) condition; t (620) = −2.29, $p = .02$, $d = .19$. Because higher scores on both depression and anxiety indicate greater depression and anxiety, respectively, we can speculate that the rejection of the Zan Bill had a detrimental impact on the mental health of Italian bisexual + people.

Discussion

This study aimed to investigate whether the rejection of the Zan Bill as a form of structural stigma had impacted the minority stress and mental health of Italian bisexual + people. To our knowledge, this is the first Italian study to explore the impact of a structural stigma such as opposing a law protecting civil rights on the well-being of bisexual + people. Overall, there were some variations in minority stress and mental health outcomes in Italian bisexual + people before and after the Zan Bill was rejected. The findings of this study would delineate an association between the rejection of the Zan Bill and unfavorable consequences in terms of stress and psychological well-being in Italian bisexual + people, supporting our original hypothesis.

Minority stress, psychological health outcomes and resilience after Zan Bill's rejection

Globally, these results would seem to retrace the MST framework. In fact, the results showed that there was an increase in discrimination, stigma, and prejudice (i.e., distal factors) likely linked to the rejection of the Zan bill; an increase in internalized and anticipated binegativity (i.e., proximal factors); and a decrease in resilience. Thus, we observed a decrease in the well-being of Italian bisexual + people.

Specifically, the rejection of a law that was thought to be protective raised feelings and emotions of fear, anxiety, and depression in bisexual + people, was associated with worsened overall health outcomes. Comparing the pre- and post-conditions, there was an increase in the levels of discrimination experienced. It is possible that the increase in perceived prejudice is related to the fact that the debate over the Zan Bill's provisions have made the bisexual + community more visible and discussed upon. Thus, the bisexual + community may have become more vulnerable to prejudice as a result of their greater exposure (Nogrady, 2021; Oskooii, 2020). It might be argued that Italian bisexual + people's fears of psychological and physical violence as a result of the Zan Bill's rejection are real, not simply perceived. Some studies confirm that the socio-political situation is also mirrored in the level of discrimination against minorities, including sexual minorities but also minorities defined by ethnicity, gender, religion, etc. (i.e., Gorzig & Rho, 2022; Williams, 2018). The rejection of a widely publicized anti-discrimination measure in our country appears to have resulted in an increase in felt prejudice among bisexual + people.

Despite the Zan Bill was foreshadowed as an anti-hate crimes law, structural stigma suffered by a group of people can manifest itself in many

other forms; for example, the denial of rights concerning marriage and adoption. These restrictions have been shown to have detrimental mental health implications (Hatzenbuehler, 2009), such as depression, anxiety, and suicidal behavior (Raifman et al., 2017). As for Italian bisexual + people, the non-recognition of rights to non-monosexual relationships also turns out to be a potentially harmful factor (Lannutti, 2008). In addition, it should be emphasized that the ways in which people react to the denial of rights are multifaceted and subjective.

Based on these assumptions, the aforementioned anti-LGBT + propaganda activities carried out in Italy could also explain why there was no difference in the levels of outness (i.e., sexual orientation concealment) between the pre- and post-conditions in this study. Despite the fact that concealment is linked to negative mental health outcomes, it can also be viewed as a form of self-defense against judgment and discrimination, even to the point of being considered a protective factor (Pachankis et al., 2020; Pachankis & Bränström, 2018; Schrimshaw et al., 2018). Specifically, Feinstein et al. (2020) identified two motivations for sexual orientation concealment: intrapersonal, that is, when one's bisexual identity is not a central or most prevalent part of one's overall identity, and interpersonal, inherent in concerns about being judged, discriminated against, or experiencing violence. As a result of the findings of this study, it is possible to speculate that concealment has not changed between the pre- and post-rejection of the Zan Bill because it is likely to be a constant defensive mechanism.

We can speculate that one of the reasons for the decline in mental health and well-being outcomes in Italian bisexual + individuals following the defeat of the Zan Bill, specifically levels of anxiety, depression, and binegativity, is due to the extensive media coverage of the news, particularly the reaction shown by Italian members of parliament to the Bill's rejection. Many opponents of the Zan law were pleased after the votes were counted, applauding, and expressing joy in parliament. Institutional support, expressed verbally and nonverbally by some politicians, can be viewed as a type of structural stigma. As a result, we might hypothesize that open displays of support "against" LGBT + and disabled people's civil rights have made those who hold biases feel more justified and protected by institutions. The public expression of these beliefs may have had a spillover effect on internalized and anticipated binegativity in bisexual + persons (and other minorities), fueling a vicious cycle that has resulted in significant mental health deterioration, particularly in terms of sadness and anxiety.

Beach et al. (2019) conducted research into how bisexual + individuals view others' attitudes toward bisexual identities, referred to as "meta-perceptions."

The researchers discovered a wide range of meta-perceptions among bisexual + people, most of which were neutral to negative, with a few exceptions. Similarly, Moritz and Roberts (2018) found that bisexual + people who have negative meta-perceptions about their identities are more likely to have negative self-perceptions, expect others to judge them negatively, and exhibit depressive symptoms (Moritz & Roberts, 2018). As a result, proponents of the Zan Bill's rejection's negative attitudes against LGBT + people may explain in part the detrimental impact on mental health outcomes among Italian bisexual + people. The vicious loop of public expressions of negative attitudes about Italian LGBT+, greater internalized and predicted binegativity, and subsequent anxiety and depression may have resulted in a reduction in our sample's ability to deal and manage these stressors. In fact, there was a considerable change in resilience levels between the pre- and post-conditions.

After Zan Bill's rejection, resilience levels were found to be lower. We can assume that the rejection of the Zan Bill had a detrimental impact on Italian bisexual + people's ability to cope with distress because less resilience could mean fewer resources available to manage stressful occurrences (Lira & Morais, 2018). Furthermore, the decrease in bisexual + participants' resilience levels could be explained as a result of both hopelessness and learned helplessness (Hatzenbuehler, 2009; Wu et al., 2013) or as a result of being systematically discriminated against by someone or something in a position of authority, in this case by policies and attitudes hostile to bisexual + people's rights. In fact, learned helplessness occurs when it is believed that nothing that is done would change the outcome (Maier & Seligman, 1976). As a result, structural stigma may have a negative impact on resilience in the face of prejudice (Imborek et al., 2017).

Finally, in terms of policies, Italy should hasten to promote a law that protects all LGBT + people from discrimination. In addition, Italy should move in the direction of definitive social recognition of LGBT + instances, which should be treated equally. In the specific case of bisexual + people, this would achieve two fundamental goals. First, to give a concrete response to the demands of the European Union to guarantee and protect minorities from possible discriminatory and abusive acts and meet the criteria identified by ILGA-Europe that are useful in decreasing—up to eliminating—structural stigma in Italy. Second, a rights-equitable society would enable a reduction in structural stigma, minority stress, and invisibilization toward bisexual + people, giving voice to one of the largest groups in the LGBT + umbrella. As a consequence, the development of policies in favor and support of Italian bisexual + people would increase their well-being and allow us to align with other states globally in terms of recognizing diverse subjectivities without prejudice and discrimination.

Critical aspects to ponder and limitations

Two phenomena to mention that have relevance to this discussion concern intra-minority stress and the Covid-19 pandemic.

As for intra-minority stress, an aspect not considered by the original MST is the role of stigma arising from intragroup dynamics. In fact, structural stigma occurs not only at the intergroup level (i.e., stigmatizations, rejections, and negative attitudes of the dominant group against marginalized groups), but also at the intragroup level (i.e., within marginalized groups themselves). Mitchell et al. (2021), for example, examined health inequities among stigmatized populations including sexual minorities and pointed out how structural stigma toward marginalized communities may contribute to health disparities within groups. Structural stigma, in particular, would exacerbate the conflict and tension that exists between a community's common identity and the extent to which stigmatized qualities are observable among its members. Therefore, highly prominent members of stigmatized communities are more likely to be marginalized within their communities if the structural stigma they confront is internalized, whereas less visible individuals are more likely to be accepted.

With regard to the global pandemic spread in 2020, the effect of Covid-19 on the lower well-being and mental health of bisexual + people observed in this study needs to be taken into account. Some research has indicated that the global health emergency that has been plaguing the planet since February 2020 has had an influence on the well-being of bisexual + persons (Mumm et al., 2021; Pereira et al., 2021; Ruprecht et al., 2021). As a result, these studies focused on the health implications of the epidemic's early stages, when there was unprecedented forced social isolation. The Zan Bill, on the other hand, was rejected at a time when the restrictions had been lowered to a bare minimum, and we examined participants when the ability to meet and attend events in one's own region had been restored to a large extent. As a result, we believe the notion that the lower rates of mental health recorded among bisexual + people following the rejection of the Zan Bill is credible.

At the end, the current study's findings should be interpreted in light of significant limitations. The sample sizes of the two groups were not equal, which could have influenced the final results. Furthermore, it was impossible to determine if those who took part in the first data collection also took part in the second. To overcome this issue, we compared the two samples to see if they were similar in terms of sociodemographic characteristics. Participants were mostly Caucasian and cisgender. Due to the overlap of two minority identities, bisexual + non-cisgender and non-Caucasian individuals are likely to suffer even more. Furthermore, since the alpha level of the t-tests was set at $p \leq .001$, the results inherent

in resilience and anxiety should be understood as trending toward significance. Future studies should broaden the sample to include persons who identify as individuals of diverse minorities.

Conclusions

The primary goal of this study was to look at the impact of the Zan Bill's rejection on the Italian bisexual + community. The Zan Bill's pre- and post-rejection health outcomes revealed a general decrease of well-being and ability to cope with stress related to stigma, particularly structural stigma. To our knowledge, this is the first study to look at how bisexual + people's health has changed over time as a result of the Zan Bill's rejection. We hope that a law against hate crimes against LGBTQIA + people will be passed as soon as possible in Italy and in the rest of the world.

Disclosure statement

The authors report there are no competing interests to declare.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Notes on contributors

Daniele Rucco is a psychologist and second-year PhD student in Clinical Psychology at the University of Milan-Bicocca, Italy. His research concerns the mental health and well-being of LGBTQIAPK + people, with a specific focus on the relationship between minority stress and suicidality in transgender and gender-diverse people.

Annalisa Anzani is a clinical psychologist and Postdoctoral Researcher. Her research interests focus on LGBTQ + psychological health and well-being. She currently works at the Department of Psychology of the University of Milan-Bicocca and as a private practitioner with mostly gender minority clients.

Cristiano Scandurra is a Researcher in Clinical Psychology at the University of Naples Federico II, PhD in Gender Studies, and Psychodynamic Psychotherapist. He carried out a training fellowship at the Summer Institute in LGBT Population Health at The Fenway Institute (Boston) and a visiting internship at Columbia University (New York). His research areas of interest are LGBTQI + minority stress and clinical health psychology.

Andrea Pennasilico is a Clinical Psychologist specializing in Psychotherapy. He carried out several projects regarding bisexual health and non-monogamous relationships. His research areas of interest are LGBTQIA + mental health, with a focus on biphobia and bisexual erasure, and minority stress.

Antonio Prunas, Ph.D., is a psychologist, psychotherapist and a sex therapist. He is a European Certified Psychosexologist (European Society of Sexual Medicine) and also

completed the Post-Graduate Diploma in Gender, sexuality and relationship diversity at Pink Therapy, London in 2019. He runs a private clinical practice with LGBTQ-specific therapy and sex therapy as an area of expertise. He is Associate Professor in Clinical Psychology at Milano Bicocca State University, Milan (Italy), since December 2008 and is the scientific Director of the post-graduate program in sex counseling. His main research interests are trans-specific issues in psychotherapy and sex-therapy, discrimination against LGBTQIA + people and its impact on their well-being, in everyday life and in the context of clinical consultation with mental health professionals.

ORCID

Annalisa Anzani http://orcid.org/0000-0002-8755-6188
Cristiano Scandurra http://orcid.org/0000-0003-1790-3997
Antonio Prunas http://orcid.org/0000-0001-8248-5555

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