

Attitudes and perceptions on gender identity among Italian general population: a pilot investigatory study

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SUMMARY

Background

In a country such as Italy, where every day there are serious episodes of homotransphobia, misogyny, discrimination against people with disabilities and femicide, there is still no law that adequately protects minorities. To investigate the knowledge, opinions and attitudes of the Italian population towards gender identity and sexuality, analyzing how much stigma is radicalized in the everyday life of the Italian reality.

Materials and methods

A nationwide online study involving the Italian population was conducted from March to August 2021 through social networks.

Results

A total of 1532 subjects participated in the survey. The majority of participants (64.8%) stated that they were only attracted to people of the opposite sex to their own. In addition, 93.1% of participants stated that they had heard about gender identity and 93.3% of participants defined "gender identity" as: "role in which the individual identifies, feeling a male, feeling a female, or feeling something else they do not psychologically recognize in their biological sex at birth." 96.1% defined "biological sex" as an "anatomical category of membership." 89.2% defined "gender role" as "socio-culturally defined behaviors or expectations as masculine or feminine." 55% felt that it is not possible to choose one's sexual orientation. 94.7% know LGBT people directly, and 25.4% said there are LGBT members in their family. Statistically significant differences were found between participants' attitudes for the proposed situations according to their personal knowledge about gender identity ($p < .05$).

Conclusions

Personal identity is not something unitary and stable over time and in different situations.

Key words: attitude, gender identity, general population, perception

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Introduction

Throughout history, there have been a number of controversies and debates about sexual orientation and gender identity; many concepts and definitions have undergone changes, and often terms used in the past are now obsolete or even offensive. Over time, the introduction of additional legislation to protect human rights, the depathologization by the psychiat-

ric world of gender identity, and the increased presence of transgender people in the media have contributed to society's increased awareness of this complex reality¹. Diagnoses on gender identity result included for the first time within the Diagnostic and Statistical Manual of mental disorders (DSM) in 1980, with the third edition of the manual (DSM-III) in which diagnostic criteria to define *transsexualism* are presented in the section dedicated to psychosexual disorders². The updated version of 2013, the DSM-5, introduces the term Gender Dysphoria as a category in its own right. In an attempt at a depathologization of gender identities, in the most recent edition of the ICD (International Classification of Disease) – ICD 11, presented at the World Health Assembly in May 2019 and to be effective January 1, 2022, the diagnosis of Gender Incongruence replaces past diagnoses in a new chapter called “conditions related to sexual health”³. Despite this, episodes of discrimination, stigma and social exclusion are increasing⁴ and these expose people belonging to the LGBTQ community (Italian acronym for: Lesbian, Gay, Bisexual and Transgender) to greater risk of mental distress and physical and verbal abuse more or less institutionalized and well rooted in “common sense”. Especially in countries with high stigma, hiding partially protects against discrimination, victimization, and even lower life satisfaction than would be experienced if an individual from a sexual minority lived uncensored in those countries⁵. The studies conducted on phenomena of violence, discrimination, prevarication and harassment suffered by transgender people report some very alarming data. A study that analyzed a sample of 402 transgender people from all over the world, reports that 59.5% have experienced violence and abuse (26.6% have experienced a violent incident, 14% a rape or attempted rape, 19.4% an assault without a weapon, 17.4% insults and 10.2% an assault with a weapon), 37.1% have suffered economic discrimination⁶. On a sample of 149 Italian people from the LGBTQIA+ community, researchers found that the most frequent types of stigma are verbal abuse (86.6%), problems finding a job (66.4%), physical abuse (57%), problems accessing general health services (38.9%), sexual abuse (31.5%), problems renting a home (28.9%), dismissal (24.2%), robbery (21.5%), and eviction (15.4%)⁷. This violence and discrimination appears to have a ripple effect on suicide attempts. In a large sample of 392 “Male to Female” (MtF) and 123 “Female to Male” (FtM) individuals, 32% were found to have attempted suicide⁸. Discrimination based on sexual orientation and gender identity is still an emergency in Italy, as there is a lack of adequate legal provisions to combat hate crimes. Italy's slow progress compared to other European nations is due in part to the country's religious background. There is consistent evidence

that self-identification as “religious” or as Christian (and to a lesser extent, being Muslim) is associated with increased Trans prejudice compared to being non-religious⁹. Respect for the rights of people, regardless of their sexual orientation, is one of the main criteria for respect for human rights in general. The Universal Declaration of Human Rights and agreed upon treaties require that human rights apply to all and that no one should be excluded. Therefore, protecting the human rights of people with different sexual orientations does not mean introducing new rights, but ensuring that these are guaranteed to all, without prejudice of any kind. The culture of the country has changed dramatically following the introduction of civil unions. A 2014 study of Italy's homosexual population showed that 92% of participants “did not feel protected by the state” and 40% felt they were victims of homophobia in a work or school environment^{10,11}. Homophobic barriers, perceived or real, make LGBT people reluctant to go to the hospital and adhere to health care providers' recommendations, and reluctance to disclose their sexual orientation precludes them from receiving specific care. Health care providers themselves (general practitioners, pediatricians, medical specialists, psychologists, nurses) often lack specific training in transgender health. In fact, users accessing health services report health professionals' use of inappropriate terminology, inappropriate curiosity, and lack of sensitivity to health needs¹². On the other hand, the lack in the nursing literature of the issues of LGBT patients is significant as demonstrated by a study conducted among Italian nurses, where an inadequate level of knowledge is evident¹³. The aim of this study is to investigate the knowledge, opinions and attitudes of the Italian population towards gender identity and sexuality, analyzing how much stigma is radicalized in the everyday life of the Italian reality, trying to fill the gap in the literature on this issue.

Materials and methods

Participants

A digital mode was used to collect data, specifically through the compilation of an online questionnaire. We opted for the mode of administration of the questionnaire in electronic format to ensure greater confidentiality to participants and allow a wide dissemination of the research among the entire Italian population. The survey instrument was administered by sharing the link to which to connect for completion, on various social networks (WhatsApp, Facebook, Instagram, and Telegram). After illustration of the content and following the signing of the informed consent, participants completed the questionnaire by choosing the answers they considered appropriate according to their knowledge. The

completed questionnaires were sent completely anonymously and collected in a special platform. To ensure that the questionnaires were anonymous and to allow for participant identification, a sequential identification (ID) number was assigned to each registered participant. Each questionnaire, therefore, had an ID number that corresponded to the database ID.

The questionnaire

The questionnaire administered contained three salient parts. In the first part, a set of socio-demographic data about the recruited sample was collected. Specifically:

- the gender, whether it is male or female;
- age, grouped by age group: between 20 and 30, between 31 and 40, between 41 and 50, between 51 and 60, between 61 and 70 and over 71;
- marital status, i.e. whether the participant is single, married, cohabiting, separated or divorced or widowed;
- the possible presence of dependent children;
- the educational qualification possessed by the participant, i.e.: no qualification, elementary license, lower middle school license, diploma, bachelor's degree, master's degree or PhD;
- the employment status, choosing it among those proposed, namely: student, housewife, worker, employee, freelancer, retired, unemployed;
- religious belief, i.e., whether Christian, Islamic, Buddhist, atheist, or other religious belief not covered;
- sexual attraction, i.e., whether the participant was attracted to both men and women, or mostly to persons of the opposite sex or persons of the same sex, only to persons of the opposite sex to his or her, or only to persons of the same sex.

The second part of the questionnaire contained 7 multiple-choice items that sought to define the knowledge about gender identity that the participant possessed. Specifically, the participant was asked to provide a description on:

- "gender identity" or not;
- definition about gender identity, choosing from suggested definitions such as: "Role in which the individual identifies; feeling male, feeling female, or feeling something else; not psychologically recognizing oneself in biological sex at birth"; or: "Category of belonging related to biological sex"; or the participant was invited to give a personal consideration;
- on "biological sex", specifically whether he/she considered it an "Anatomical and biological category of belonging", or: "Gender dictated by a social interpretation", or the participant was invited to give a personal consideration;
- on "gender roles," i.e., whether they are "Behaviors or expectations socio-culturally defined as masculine or feminine," or "Behaviors to be followed based

- on sex of birth", or to provide a personal definition;
- whether it was possible to choose their sexual orientation;
- if they directly knew LGBT people, i.e.: lesbian, gay, bisexual, and transgender;
- whether there were LGBT (lesbian, gay, bisexual, and transgender) people in their family context.

In the third and last part of the questionnaire, 33 items were proposed in order to define the attitude of the participants towards some particular constructs related to gender identity. Each item proposed a response grading was associated with an annexed Likert scale, in which value 1 expressed a condition of disagreement, value 2 indicated a condition of neutrality and value 3 expressed a level of agreement with respect to the proposed items.

Ethical considerations

In the first part of the questionnaire, an explicit consideration of the processing of personal data and respect for privacy as required by the current regulations in force, i.e. Law No. 675 of 31 December 1996, 676, Official Gazette of 08/01/1997, Article 7 of Legislative Decree No. 196 of 30 June 2003; as well as the European Privacy Regulation EU 2016/679, General Data Protection Regulation – GDPR, was reported. In addition, it was stressed that the data collected will be treated in a strictly anonymous manner, not requiring at the same time data inherent to one's identity. It was also reiterated that participation in the study was purely voluntary and that the data collected would remain confidential.

Data analysis

All data were collected in an Excel data sheet and processed through SPSS program, IBM, version 20. All socio-demographic characteristics and sampling characteristic on gender identity were presented as frequencies and percentages. Then, *chi square tests* were performed by considering knowledge on gender identity and relating attitudes of participants, differentiating them according to disagreement, neutral and agreement levels of perceptions on different gender identity levels' perceptions proposed. All p-values < .05 were considered as statistically significant.

Results

A total of 1532 subjects participated in the survey. Of these, 76.3% were women, 23.0% men and 0.70% preferred not to declare themselves. 35.3% of the participants were under 30 years of age, 27.3% were between 31 and 40 years of age, and 20.2% were between 41 and 50 years of age. 39.3% were single, 32.0% were married, and 21.4% were cohabiting. 56.6% reported having no dependent children. 49.5% of the participants held a diploma as a qualification and 29.4% held

a bachelor's degree. Only 2.5% stated that they did not work, 3.2% were retired, and 5.6% worked only at home, while the remaining participants stated any work activity among those proposed. Many of the participants (58%) were Christian and just as many were self-reported atheists (34.9%). Most participants (64.8%) stated that they were only attracted to people of the opposite sex to their own (Tab. I).

In addition, 93.1% of participants stated that they had heard of gender identity. 93.3% of participants defined "gender identity" as: "role in which the individual identifies, feeling a male, feeling a female, or feeling something else they do not psychologically recognize in their biological sex at birth". 96.1% defined "biological sex" as an "anatomical category of membership". 89.2% defined "gender role" as "socio-culturally defined behaviors or expectations as masculine or feminine". 55% felt that it is not possible to choose one's sexual orientation. 94.7% know LGBT people directly, and 25.4% said there are LGBT members in their family (Tab. II).

Considering participants' attitudes for the proposed situations based on their own personal knowledge about gender identity, statistically significant differences were found for all the following items proposed, except for items no. 11, 12, 16, 21 (Tab. III).

Discussion

The study aimed to investigate the knowledge, opinions and attitudes of the Italian population with respect to certain issues such as gender identity, analyzing how stigma is radicalized in everyday life in Italy. The sample that took part in the study consisted of 1532 subjects, of whom 76.3% were female, 23.0% male and 0.7% preferred not to specify. The concept of gender identity includes the expectations related to being male or female, within certain historical-cultural and psychosocial boundaries. It is not merely a biological concept^{14,15}. Thanks to gender studies that began in the 1950s and have continued to this day, the concept of gender has been changing. In the DSM-5, there is talk of gender dysphoria, a clinical condition in which experiencing discrepancy between one's biological sex and one's gender identity causes clinically significant distress and impairs social and occupational functioning. People with gender dysphoria often believe they are victims of a biological accident and cruelly incarcerated in a body that is incompatible with their subjective gender identity. Discussing gender dysphoria represents, a big change, if we consider that in the previous version of the DSM Gender Identity Disorder focused on the perception of an identity different from biological sex, without considering the subjective discomfort experienced². 49.5% (n = 758) had a high school diploma, while 29.4% (n = 451) had a bachelor's degree. 19.5% (n = 298) of

TABLE I. Sampling characteristics (n = 1532).

Socio-demographic characteristics	Frequencies; percentages n (%)
Sex	
Female	1169 (76.3)
Male	353 (23)
Not stated	10 (.70)
Age	
> 30 years	541 (35.3)
31-40 years	419 (27.3)
41-50 years	309 (20.2)
51-60 years	195 (12.7)
61-7 years	58 (3.8)
Over 71 years	10 (.70)
Marital status	
Single	602 (39.3)
Married	490 (32.0)
Cohabitant	328 (21.4)
Separated/divorced	99 (6.5)
Widower	13 (.80)
Dependent children	
No	867 (56.6)
Yes	665 (43.4)
Qualification	
None	5 (.30)
Elementary	1 (.10)
Junior High School	123 (8.0)
Diploma	758 (49.5)
Degree	451 (29.4)
Master	171 (11.2)
PhD	23 (1.5)
Employment status	
Student	298 (19.5)
Housewife	86 (5.6)
Worker	195 (12.7)
Employee	626 (40.9)
Freelancer	240 (15.7)
Retired	49 (3.2)
Unemployed	38 (2.5)
Religion	
Christian	889 (58.0)
Islamic	4 (.30)
Buddhist	16 (1.0)
Atheist	534 (34.9)
More	89 (5.8)
Sexual attraction	
Sia Both men and women	100 (6.5)
Per Mostly people of the opposite sex	279 (18.2)
Mostly people of the same sex	62 (4.0)
Only people of the opposite sex	992 (64.8)
Only people of the same sex	99 (6.5)

TABLE II. Sampling characteristics on “gender identity” (n = 1532).

Items	Frequencies; percentages n (%)
Item no. 1: Have you ever heard of gender identity?	
Yes	1427 (93.1)
No	105 (6.9)
Item no. 2: Define the term “gender identity”:	
Role in which the individual identifies; feeling like a male, feeling like a female, or feeling something else is not psychologically recognized in biological sex at birth	1430 (93.3)
Membership category related to biological sex	
More	88 (5.7)
	14 (.90)
Item no. 3: Define the term “biological sex”:	
Anatomical and biological category	1472 (96.1)
Gender dictated by social interpretation	54 (3.5)
More	6 (.40)
Item no. 4: Define the term “gender role”:	
Behaviors or expectations socio-culturally defined as masculine or feminine	1367 (89.2)
Behaviors to follow according to sex of birth	148 (9.7)
More	17 (1.1)
Item no. 5: Is it possible to choose, in your opinion, your sexual orientation?	
Yes	
No	690 (45.0)
	842 (55.0)
Item no. 6: Do you know LGBT (lesbian, gay, bisexual, transgender) people directly?	
Yes	
No	1451 (94.7)
	81 (5.3)
Item no. 7: Are there any LGBT people within your family?	
Yes	389 (25.4)
No	1143 (74.6)

the sample are students, while 69.3% are employed in the world of work (professionals, employees or workers) and a good part of the sample, 58.0% (No. 889) are Christians. Recent research has documented that religiously affiliated individuals report more negative attitudes toward transgender people, tend to be more biased toward gay men and lesbian women, and are less supportive of gay rights and marriage equality than non-religious individuals⁹. 39.3% are single, 32.0% are married, and 56.6% have no children. In addition, 64.8% stated that they are heterosexual and 6.5% homosexual. In the second section, consisting of items exploring knowledge about gender identity, 93.1% (n = 1427) of the sample said they had heard of gender identity and 93.3% (n = 1430) believed it to be a role in which the individual identifies, 5.7% (n = 88) placed the term gender identity in a category of belonging related to biological sex. Respondents mostly answered adequately, a surprising result given that in Italy there is no sex education at any level of education, although sex education is

mandatory throughout the EU. 55.0% believe that their sexual orientation is not a choice; 94.7% know LGBT people directly and 25.4% report the presence of LGBT people within their families. In the last section, on the other hand, aimed at investigating the attitudes of the population, it can be seen that 26.8% of the sample is convinced that gender identity is a choice. Regarding friendship relationships, 20.8% would change if they turned out to be gay/lesbian. 10% do not think that most of the problems encountered by a homosexual person are caused by social prejudice and 26.5% think that gay, lesbian and bisexual people are not discriminated against. The opinion of the sample, however, disagrees with the researches that study quantitatively the rates of violence, discrimination, prevarication and harassment experienced by LGBT people, which report very alarming data. In fact, by analyzing a sample of 402 people with “transgender and gender non-conforming identity” (TGNC), they report that 59.5% have experienced violence and abuse (violent accident, rape or attempted

TABLE III. Attitude as a function of knowledge of gender identity (n = 1532).

Items	Gender identity knowledge		P-value
	Yes	No	
Item no. 1: How people perceive their gender (gender identity) is a choice:			
In disagreement			
Neutral	716 (46.74)	32 (2.09)	< .001*
Agree	157 (10.25)	17 (1.11)	
	554 (36.16)	56 (3.66)	
Item no. 2: Women should only be attracted to men:			
In disagreement			
Neutral	1319 (86.10)	75 (4.89)	< .001*
Agree	50 (3.26)	16 (1.04)	
	58 (3.78)	14 (.91)	
Item no. 3: It is okay for people to dress in ways that do not conform to their assignment sex at birth:			
In disagreement			
Neutral	348 (22.71)	42 (2.74)	.001*
Agree	187 (11.62)	16 (1.04)	
	892 (58.22)	47 (3.07)	
Item no. 4: People should be male or female:			
In disagreement			
Neutral	1120 (73.11)	53 (3.46)	< .001*
Agree	137 (8.94)	17 (1.11)	
	170 (11.10)	35 (2.28)	
Item no. 5: Men should only be attracted to women:			
In disagreement			
Neutral	1297 (84.66)	73 (13.72)	< .001*
Agree	51 (3.33)	14 (.91)	
	79 (5.16)	18 (1.17)	
Item no. 6: Some people do not experience sexual attraction at all:			
In disagreement			
Neutral	357 (23.30)	43 (2.81)	.001*
Agree	266 (17.36)	18 (1.17)	
	804 (52.48)	44 (2.87)	
Item no. 7: If a person had same-sex attractions, they would have to go to great lengths to overcome them:			
In disagreement			
Neutral	1352 (88.25)	86 (5.61)	< .001*
Agree	37 (2.42)	8 (.52)	
	38 (2.48)	11 (.72)	
Item no. 8: My feelings toward a friend would not change if I learned he/she is gay/lesbian:			
In disagreement			
Neutral	290 (18.93)	30 (1.96)	.049*
Agree	107 (6.98)	11 (.72)	
	1030 (67.23)	64 (4.18)	
Item no. 9: I believe homosexuality should be contained:			
In disagreement			
Neutral	1403 (91.58)	99 (6.46)	.016*
Agree	12 (.78)	3 (.20)	
	12 (.78)	3 (.20)	
Item no. 10: I believe that homosexuality is a disease			
In disagreement			
Neutral	1384 (90.34)	96 (6.27)	.004*
Agree	17 (1.11)	5 (.33)	
	26 (1.70)	4 (.26)	
Item no. 11: Homosexuality is simply a different way of being:			
In disagreement			
Neutral	400 (26.11)	28 (1.83)	.344
Agree	234 (15.27)	23 (1.50)	
	793 (51.76)	54 (3.52)	

TABLE III. Attitude as a function of knowledge of gender identity (n = 1532).

Items	Gender identity knowledge		P-value
Item no. 12: I think homosexual people should not teach or be around children:			
In disagreement			
Neutral	1377 (89.88)	98 (6.40)	.255
Agree	28 (1.83)	4 (.26)	
	22 (1.44)	3 (.20)	
Item no. 13: Most of the problems encountered by a homosexual person are caused by social prejudice:			
In disagreement	131 (8.55)	21 (1.37)	< .001*
Neutral	209 (13.64)	21 (1.37)	
Agree	1087 (70.95)	63 (4.11)	
Item no. 14: Gay men and lesbian women had disturbed relationships with one both parents:			
In disagreement	1263 (82.44)	82 (5.35)	.003*
Neutral	97 (6.33)	11 (.72)	
Agree	67 (4.37)	12 (.78)	
Item no. 15: Homosexuality is a passing phase that people overcome:			
In disagreement			
Neutral	1357 (88.58)	97 (6.33)	.045*
Agree	29 (1.89)	6 (.39)	
	41 (2.68)	2 (.13)	
Item no. 16: Only heterosexuals are truly normal people:			
In disagreement	1372 (89.56)	97 (6.33)	.085
Neutral	25 (1.63)	5 (.33)	
Agree	30 (1.96)	5 (.33)	
Item no. 17: Gay, lesbian and bisexual people are discriminated against			
In disagreement			
Neutral	482 (31.46)	43 (2.81)	.030*
Agree	189 (12.34)	20 (1.31)	
	756 (49.35)	42 (2.74)	
Item no. 18: I would give my vote to a political candidate even if he/she publicly declared himself/herself a homosexual:			
In disagreement			
Neutral	91 (5.94)	18 (1.17)	< .001*
Agree	151 (9.86)	18 (1.17)	
	1185 (77.35)	69 (4.50)	
Item no. 19: The homosexuals could become heterosexual if only they wanted to:			
In disagreement			
Neutral	1314 (85.77)	86 (5.61)	.001*
Agree	60 (3.92)	8 (.52)	
	53 (3.46)	11 (.72)	
Item no. 20: I would feel that I have failed as a parent if I learned my son/daughter is homosexual:			
In disagreement	1342 (22.32)	85 (5.55)	< .001*
Neutral	32 (2.09)	7 (.46)	
Agree	53 (3.46)	13 (.85)	
Item no. 21: At school, the topic of homosexuality should be addressed and discussed without prejudice:			
In disagreement	93 (6.07)	12 (.78)	.103
Neutral	170 (11.10)	15 (.98)	
Agree	1164 (75.98)	78 (5.09)	

TABLE III. Attitude as a function of knowledge of gender identity (n = 1532).

Items	Gender identity knowledge		P-value
Item no. 22: Movies, television, and newspapers give an overly favorable image of homosexuality:			
In disagreement	1106 (72.19)	68 (4.44)	.001*
Neutral	180 (11.75)	15 (.98)	
Agree	141 (9.20)	22 (1.44)	
Item no. 23: One homosexual can be a good parent:			
In disagreement	121 (7.90)	27 (1.76)	< .001*
Neutral	177 (11.55)	15 (.98)	
Agree	1129 (73.69)	63 (11.84)	
Item no. 24: I am sick and tired of hearing about homosexuality:			
In disagreement			.011*
Neutral	1013 (66.12)	60 (3.92)	
Agree	192 (12.53)	22 (1.44)	
	222 (14.49)	23 (1.50)	
Item no. 25: Homosexual people should not be enlisted in the police force:			
In disagreement			.003*
Neutral	1357 (88.58)	93 (6.07)	
Agree	26 (1.70)	7 (.46)	
	44 (2.87)	5 (.33)	
Item no. 26: I would not want my child to have a homosexual teacher:			
In disagreement			.031*
Neutral	1375 (89.75)	96 (6.27)	
Agree	23 (1.50)	3 (.20)	
	29 (1.89)	6 (.39)	
Item no. 27: The homosexuals claim too many rights:			
In disagreement	1245 (81.27)	77 (5.03)	< .001*
Neutral	90 (5.87)	14 (.91)	
Agree	92 (6.01)	14 (.91)	
Item no. 28: If a friend confided in me that he/she was homosexual I believe our friendship would be compromised:			
In disagreement			.001*
Neutral	1395 (91.06)	96 (6.27)	
Agree	12 (.78)	3 (.20)	
	20 (1.31)	6 (.39)	
Item no. 29: Working with a homosexual coworker would make me uncomfortable:			
In disagreement			< .001*
Neutral	1395 (91.06)	96 (4.50)	
Agree	11 (.72)	6 (.39)	
	21 (1.37)	3 (.20)	
Item no. 30: Those who take a pro-homosexual stance are themselves:			
In disagreement			.196
Neutral	1385 (90.40)	99 (6.46)	
Agree	15 (.98)	3 (.20)	
	27 (1.76)	3 (.20)	
Item no. 31: I would easily invite a homosexual colleague to a party with his or her partner(s):			
In disagreement	177 (11.55)	25 (1.63)	.002*
Neutral	122 (7.96)	11 (.72)	
Agree	1128 (73.63)	69 (4.50)	

TABLE III. Attitude as a function of knowledge of gender identity (n = 1532).

Items	Gender identity knowledge		P-value
Item no. 32: Homosexual people are just as capable of having a stable, lasting relationship as heterosexual people:			
In disagreement	72 (4.70)	18 (1.75)	< .001*
Neutral	155 (10.12)	10 (.65)	
Agree	1200 (78.32)	77 (5.03)	
Item no. 33: I would not have a problem working side by side with a homosexual person:			
In disagreement	75 (4.89)	16 (1.04)	< .001*
Neutral	1267 (82.70)	78 (5.09)	
Agree	85 (5.55)	11 (.72)	

*p: statistical significance.

rape, assault with or without a weapon and insults) and that 37.1% have suffered economic discrimination¹⁶. Although 85.4% of the sample would not feel that, they had failed as a parent if they found out that a son/daughter was homosexual, 4.2% said otherwise. This is important since studies reveal that the most significant stigmatizing episodes experienced by LGBT people were those experienced within their family of origin, particularly when they were children. Mothers and fathers are among the main perpetrators of psychological harassment. In addition, the scientific literature points to different means through which family stigma can be manifested, which are physical, verbal and sexual aggression, or less overt means, such as lack of emotional support. However, 72.3% believe that the topic of homosexuality should be addressed and discussed at school without prejudice. Analyzing, then, the forms of physical and verbal violence suffered by homosexuals, 51.9%, just over half of the sample, replied that they had never witnessed homophobic bullying. However, what the studies report is certainly something wider; on a sample of 149 Italian transgender people, the most frequent types of stigma are verbal abuse (86.6%), problems in finding a job (66.4%), physical abuse (57%), problems in accessing general health services (38.9%), sexual abuse (31.5%), problems in renting a house (28.9%), dismissal (24.2%), robbery (21.5%) and eviction (15.4%). In 2011, following an agreement with the Department of Equal Opportunities, ISTAT carried out a "Survey on discrimination on the basis of gender, sexual orientation and ethnicity" where, for the first time, information on sexual orientation was collected. The statistical survey targeted a sample of approximately 8,000 households, providing important information about experiences of discrimination. Homosexuals and bisexuals reported experiencing discrimination at school or university, more than heterosexuals (24 vs 14.2%) and likewise at work (22.1 vs 12.7%). 29.5% felt discriminated against in their job

search (31.3% for heterosexuals). Considering the three domains, 40.3% of homosexuals/bisexuals said they had been discriminated against, compared with 27.9% of heterosexuals^{17,18}. Another study conducted by Scandurra et al.³ explores the LGBT person and their right to visibility even in the workplace precisely because of their personal fulfillment. The results show that 13% state that they have had their application for a job rejected because of their sexual identity; relevant is the share of "don't know" (25.8%). A significant variable is gender identity: trans people in the first place (45% out of 40 cases), followed by men (14.2% out of 938 cases) and women (6.7% out of 388 cases) declare that they have been rejected because they are LGBT, followed by men (14.2% out of 938 cases) and women (6.7% out of 388 cases). It was revealed, in particular, the prevalence of negative attitudes and behaviors on the part of other workers and the lack of concrete protections for LGBT people in organizations. In addition, the study shows that, for 63.3%, same-sex unions are a sign of civil progress; adoptions for same-sex couples, on the other hand, are less supported by society: just over half of the 53.8% sample believes that these should be legalized at all, while 17.8% are against it. From 2016 to date, thousands of people have benefited from the "Cirinnà law", historical and at the same time the result of a compromise that left gaps, such as stepchild adoption and did not define the civil union between people of the same sex as a "specific social formation", but as a "marriage"¹⁷. In 2019 alone, 2,297 same-sex partner unions were celebrated. The portrayal of LGBT people and discussions of issues affecting them in the media range from overtly homophobic or transphobic to stereotypical. A key role in this regard is played by the mass media: to reduce social prejudice; media exposure would offer the possibility of indirect contact with members of a minority group, which on a daily basis in real life one would not have the opportunity to meet; this

para-social contact would provide the basis for decreasing negative prejudice against members of that group¹⁹. A study conducted by the University of Padua, investigate which particular media channels most influenced prejudice towards immigrants and to analyze the cognitive, motivational and social processes on which media power acts to influence social attitudes towards certain minority groups showed that some Italian media, in particular television and news programs, dedicate over 25% of their agenda to crime news²⁰. The perception that individuals have of the world and of themselves is, therefore, inevitably conditioned by the imagery conveyed by the media and, in particular, by TV, which is the most widely used medium today. Given the profound transformations undergone by contemporary society, the themes of family ties, sexual identity and gender identity are the object of constant attention on television programs. Homosexuality, in particular, is among the themes most frequently represented. A study aimed at analyzing the way in which the television medium deals with this topic and at detecting the presence of stereotypes that are still widespread in our social context, outlined a fragmented representation of homosexuality¹⁰. It is well known that the LGBT population (lesbian, gay, bisexual and transgender) is the victim, in many legal systems, of discrimination and abuse more or less institutionalized, well rooted in “common sense”. Immersing oneself in daily life, one realizes that prejudice, the root cause of all the problems exposed here, is rooted in the same people who are victims, manifesting itself through disesteem, renunciation, distrust, causes of many problems^{16,21}.

Study limitations

Although the present study was a cross-sectional study and had both a multicenter design and a large sample size, it was not able to reach a more heterogeneous population at national level. Therefore, the data collected could not be considered as representative of the entire Italian population. For this assumption, also the reticence on the subject treated could be mentioned. Furthermore, the scarcity of studies concerning this topic made it difficult to compare the present results with the available literature.

Conclusions

The aim of the study was to investigate the knowledge, opinions and attitudes of the Italian population towards gender identity and sexuality. Despite the fact that violence and discrimination against people with different sexual orientation or gender incongruity are the order of the day, they are ignored by society. There are still many cultural and educational gaps in Italian society, dictated

by the lack of education starting from the school, which should, following European guidelines, include these topics in the curriculum and thus contribute to change. Many transgender people have generally negative experiences with services and with some health professionals who show a lack of knowledge and sensitivity and that nurses and students seem to lack the experience and training to work with transgender clients. The production of data, although limited compared to other Western countries, indicate to explore the possible stigma of health professionals towards those who manifest a sexual orientation different from the common domain of a society that, has yet to develop antibodies, towards any form of discrimination. Although the data collected showed a growing sensitivity to the argument, some aspects were still rooted such as parental failure still remained present in the population. It was hoped that greater awareness of these topics will lead in the future years to an increase in training, both at school and collective-social levels, perhaps involving sex education courses or through seminars. However, it was up to the professionals to give the input of challenges. In this way, discrimination might also be struggled.

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Conflict of interest statement

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Authors' contributions

All Authors equally contributed to the work.

Ethical consideration

The research was conducted ethically, with all study procedures being performed in accordance with the requirements of the World Medical Association's Declaration of Helsinki.

Written informed consent was obtained from each participant/patient for study participation and data publication.

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