
LGBT COMMUNITY MENTAL HEALTH

RESEARCH REPORT SERIES

3. COLLECTIVE ACTION

Randolph C. H. Chan (PhD candidate)
Prof. Winnie W. S. Mak (Professor)
Department of Psychology,
The Chinese University of Hong Kong



PROJECT OVERVIEW

BACKGROUND

Earlier studies have consistently documented sexual orientation disparities in mental health, with lesbian, gay, bisexual, and transgender (LGBT) individuals being at greater risk of poor mental health than cisgender heterosexual individuals [1-3]. The present study aimed to examine mental health of LGBT individuals in Hong Kong, and identify protective and risk factors that contribute to their mental health outcomes.

This report presents the research findings on the collective action participation and mental health of the LGBT respondents. The findings are part of a larger research study on LGBT community mental health.

METHODS

Data collection of the study was conducted through an anonymous online questionnaire from February to April 2017. Targeted and snowball sampling was adopted for participant recruitment. Participant recruitment messages were disseminated through local LGBT social media, community organizations, advocacy groups, and social venues.

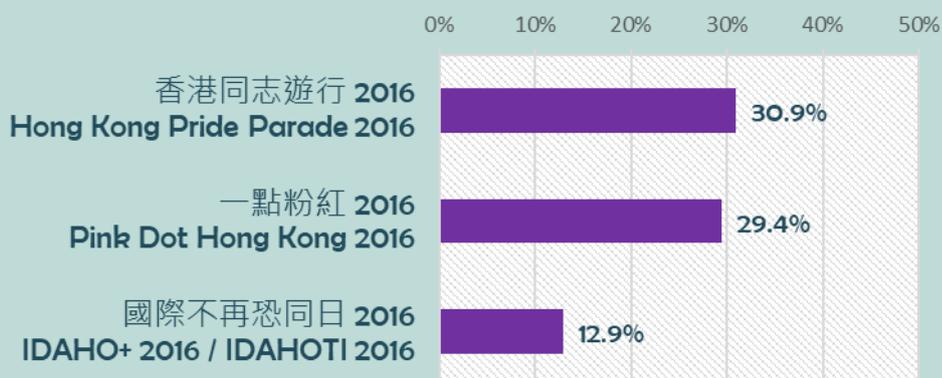
PARTICIPANTS

A total of 1,050 LGBT individuals participated in the study. The inclusion criteria were individuals: (1) aged 18 or above, (2) who identified as lesbian, gay, bisexual, transgender, queer, or otherwise not heterosexual, and (3) currently living in Hong Kong.

RESEARCH FINDINGS

Collective action is any action undertaken by individuals or groups in pursuit of collective rights and goals [1]. Respondents were asked to indicate whether they have engaged in LGBT-related collective action held in Hong Kong in 2016. Around 30% of the LGBT respondents have participated in Hong Kong Pride Parade and Pink Dot. 12.9% have joined International Day against Homophobia-related events (IDAHO+ 2016 and/or IDAHOTI 2016) in Hong Kong.

在過去一年你有否參與以下的集體行動？
Have you participated in the following
collective action over the past year?



RESEARCH FINDINGS

Respondents were asked to indicate how often they have participated in various types of LGBT-related collective action in the past year on a 5-point scale from 1 (never) to 5 (always). Results showed that majority of the respondents (89.3%) have undertaken one or more of the following collective action, but their overall level of participation was low (mean = 2.06, standard deviation = .88, range = 1 - 5). The three most commonly reported collective action were (1) using online tools to raise awareness about LGBT rights, (2) participating in a petition for LGBT rights, and (3) participating in a community event related to LGBT rights.

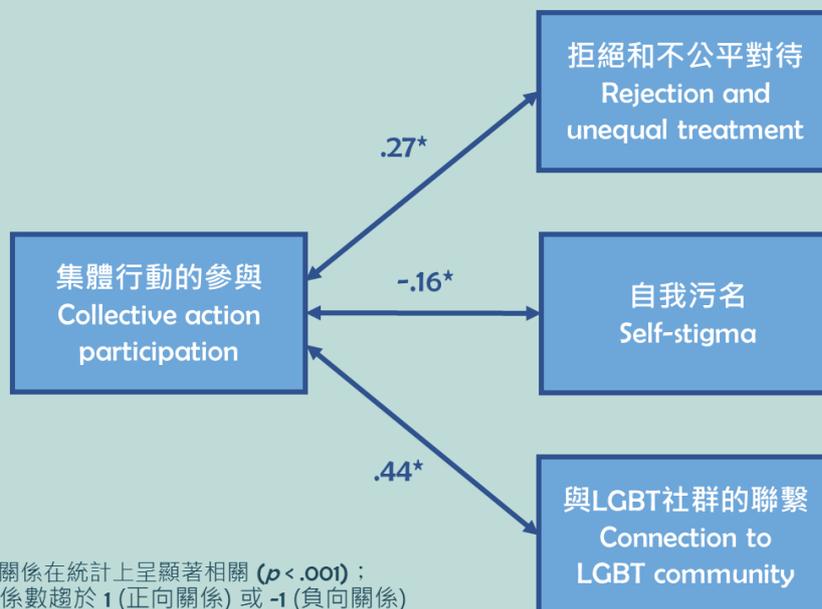
在過去一年你多常參與以下的集體行動？
How often did you participate in the following
collective action in the past year?



RESEARCH FINDINGS

Respondents were also asked about their experiences of sexual orientation-based rejection and unequal treatment [2], self-stigma (i.e., accepting the inferiority of LGBT status and holding negative thoughts and feelings about their identity) [3], and connection to the LGBT community (i.e., a sense of involvement with and support from the LGBT community) [4]. Findings showed that people with higher level of collective action participation were likely to report more experiences of rejection and unequal treatment, but they also had a lower level of self-stigma, and stronger connection to the LGBT community.

集體行動的參與和其他因素的關係
Relationship between collective action participation and other variables



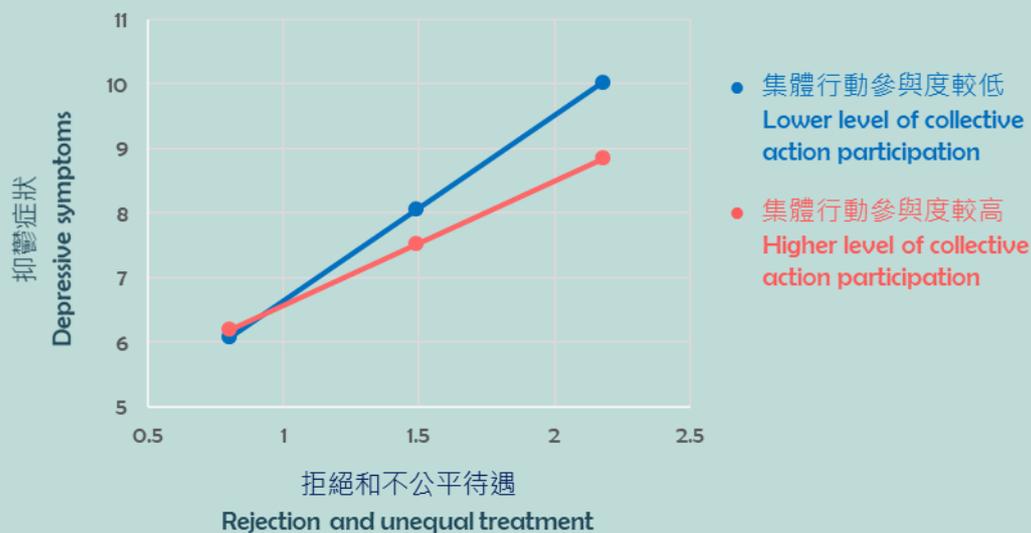
- ★ 兩者關係在統計上呈顯著相關 ($p < .001$) ; 相關係數趨於 1 (正向關係) 或 -1 (負向關係) 顯示兩者的關係越強。
- ★ Statistically significant correlation between the two variables ($p < .001$); the closer the coefficient is to either 1 (positive relationship) or -1 (negative relationship), the stronger the correlation between the variables.

RESEARCH FINDINGS

Results indicated that collective action could buffer the effect of rejection and unequal treatment on mental health as measured by depressive symptoms [5]. For people with lower level of collective action participation, the effect of rejection and unequal treatment on depressive symptoms was stronger. In contrast, among those with higher level of collective action participation, the effect of rejection and unequal treatment on depressive symptoms was weaker.

在集體行動參與度較高和較低的人士之中
拒絕和不公平待遇對抑鬱症狀的影響

Effect of rejection and unequal treatment on depressive symptoms
among people with higher and lower participation in collective action



WHAT DOES IT MEAN?

KEY MESSAGES

- ◆ Majority of the respondents have participated in LGBT-related collective action in the past year, but their overall level of participation was low. Around 30% of them have participated in Hong Kong Pride Parade and Pink Dot in 2016.
- ◆ Respondents with higher level of collective action participation reported more experiences of rejection and unequal treatment, and yet they had a lower level of self-stigma and stronger connection to the LGBT community.
- ◆ Participating in collective action can mitigate the harmful effect of rejection and unequal treatment on LGBT individuals and protect their mental health.

RECOMMENDATIONS

- ◆ Collective action represents a variety of action aiming to improve the conditions of sexual minorities. With a wide range of options for collective action participation, LGBT individuals can engage at a level that is commensurate with and appropriate to their needs [6].
- ◆ Given the protective effect of collective action found in this study, it is important for LGBT community organizations and advocacy groups to continue to actively involve and mobilize LGBT individuals to participate in collective action [7].
- ◆ Mental health service providers should extend beyond the provision of counseling and therapy to facilitate collective action among LGBT clients, so that they can be empowered to resist social oppression and protected against mental health problems [8].
- ◆ Reducing self-stigma and strengthening community connection are potential ways to encourage collective action. Service providers working with LGBT clients should attend to these aspects of their experience by actively validating their identity and providing peer support services.

REFERENCES

1. Wright, S. C., Taylor, D. M., & Moghaddam, F. M. (1990). Responding to membership in a disadvantaged group: From acceptance to collective protest. *Journal of Personality and Social Psychology*, 58(6), 994-1003.
2. Szymanski, D. M. (2006). Does internalized heterosexism moderate the link between heterosexist events and lesbians' psychological distress?. *Sex Roles*, 54(3-4), 227-234.
3. Mak, W. W. S., & Cheung, R. Y. M. (2010). Self-Stigma Among Concealable Minorities in Hong Kong: Conceptualization and Unified Measurement. *American Journal of Orthopsychiatry*, 80(2), 267-281.
4. Riggle, E. D., Mohr, J. J., Rostosky, S. S., Fingerhut, A. W., & Balsam, K. F. (2014). A multifactor Lesbian, Gay, and Bisexual Positive Identity Measure (LGB-PIM). *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 398-411.
5. Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613.
6. DeBlaere, C., Brewster, M. E., Bertsch, K. N., DeCarlo, A. L., Kegel, K. A., & Presseau, C. D. (2014). The protective power of collective action for sexual minority women of color: An investigation of multiple discrimination experiences and psychological distress. *Psychology of Women Quarterly*, 38(1), 20-32.
7. To, C. (2004). Towards equality through legal reform: Empowerment and mobilization of the tongzhi (LGBT) community in Hong Kong. *Journal of Gay & Lesbian Social Services*, 16(1), 65-74.
8. Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling & Development*, 85(1), 24-29.

Cited as:

Chan, R. C. H., & Mak, W. W. S. (2018). *LGBT community mental health research report series 3: Collective action*. Hong Kong: Diversity and Well-being Laboratory, Department of Psychology, The Chinese University of Hong Kong.