



Community Involvement and Mental Health in Russian LGBT People

The Mediating Role of Social Support

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Abstract: *Introduction:* This study examined the sources and factors of resilience in Russian sexual and gender minorities. We hypothesized that, through their involvement in the lesbian, gay, bisexual, and transgender (LGBT) community (source of resilience), LGBT people establish friendships that provide them with social support (factor of resilience), which in turn should contribute to their mental health. *Method:* The study sample consisted of 1,127 young and middle-aged LGBT adults (18 to 50 years) from Russia. We collected the data online and anonymously. *Results:* Partial mediation could be confirmed. LGBT people who were involved in “their” community reported more social support from friends, which partially mediated the positive association between community involvement and mental health. The mediation remained significant when we controlled for demographics and outness as potential covariates. Additional analyses showed that the present sample reported lower mental health but not less social support than Russian nonminority samples recruited in previous research. *Conclusion:* Our study underlines the importance of the LGBT community in times of increasing stigmatization of sexual and gender minorities.

Keywords: LGBT, community involvement, social support, mental health, Russia

Introduction

On average, people from sexual and gender minority groups show lower levels of mental health than their cisgender heterosexual counterparts (Wittgens et al., 2022; Zeeman et al., 2019). According to the minority stress model, this disparity stems from minority-specific stressors, namely, the experience of and vigilance for discrimination, internalized stigmatization, and identity concealment (Brooks, 1981; Meyer, 1995, 2003). The minority stress model has received considerable academic attention and empirical support over the past three decades (Hoy-Ellis, 2023; Pitoňák, 2017). In addition to substantiating the detrimental impact of minority stress on mental health, it is important to explore the sources and factors of personal resilience, the latter defined as the ability to thrive despite adversity (Masten, 2001; Roisman, 2005). For many lesbian, gay, bisexual, and transgender (LGBT) people, the LGBT community is a vital *source of resilience* (McConnell et al., 2018; Meyer, 2015). It plays a beneficial role by providing help in identity formation and coming out, creating a plat-

form for common activities and activism, and enabling LGBT people to get to know and support each other (Formby, 2022; Lehavot et al., 2009).

Social support is a key *factor of resilience* (Feeney & Collins, 2015; Taylor, 2011). Social support can be emotional, informational, and practical; it can be received in a specific situation of need or perceived as generally available, with perceived support showing closer associations with mental health than received support (Gottlieb & Bergen, 2010; Haber et al., 2007). Research has explored associations between social support and mental health in two ways: as an interaction effect, suggesting that social support buffers the detrimental effect of a given stressor; and as a main effect, suggesting that social support boosts overall well-being (Cohen & Wills, 1985; Turner & Brown, 2010). Both approaches are not mutually exclusive but instead focus on different, specific versus general, levels of association. The primary objective of the present study was to test an extended main effect model of social support. We suggest that, through LGBT community involvement, LGBT people establish personal relationships, especially

friendships, that provide them with social support, which, in turn, contributes to their mental health.

We conducted our study in Russia. The collapse of the Soviet Union and the first years of the Russian Federation was a time of increasing equality for sexual and gender minorities (e.g., decriminalization/depathologization of homosexuality in 1993/1999; Healey, 2017). Since the early 2010s, however, there has been a significant backlash because of a strong anti-LGBT alliance between the country's ruling party, United Russia, the government-controlled mass media, and the resurgent Russian Orthodox Church. From their perspective, hostile Western powers use the LGBT movement to undermine Russian values, especially those related to the traditional family and national identity (Kon, 2010; Kondakov, 2022). In 2013 and 2022, respectively, the Russian Parliament passed and tightened the so-called "gay propaganda" law, banning the dissemination of "harmful information about nontraditional sexual relations." In 2023, the Russian Parliament banned the legal and medical gender transition for transgender people. In the same year, the Russian Supreme Court declared the "international LGBT movement" an "extremist organization" and banned their activity in Russia. It also declared the rainbow flag a forbidden, "extremist symbol."

While LGBT acceptance among the Russian population has decreased over the last years (Levada Center, 2015, 2021), discrimination against LGBT people has increased (Human Rights Watch, 2014, 2019). It ranges from avoidance or rejection in everyday life (e.g., at the workplace or in the neighborhood), to institutional disadvantage and mistreatment (e.g., in the education or health sectors), to overt aggression, including severe hate crimes. Such extensive discrimination against Russian LGBT people makes it increasingly difficult and even dangerous for individuals to come out with their sexual or gender identity (Kondakov & Shtorn, 2021; Pachankis & Bränström, 2019). These developments pose an existential threat to the country's LGBT community; on the other hand, they might also highlight the importance of the community – not least as a place of mutual support.

Based on the distinction between *structure* and *function* – or the quantitative and qualitative aspects – of social networks (House et al., 1988) and the idea of the LGBT community as *bonding social capital* (Putnam, 1995), we investigated the impact of involvement in the LGBT community (a structural factor) on mental health, mediated by perceived social support (a functional factor). We used multidimensional constructs of social support (from family, friends, and a significant other; Zimet et al., 1988) and mental health (emotional, psychological, and social well-being; Keyes et al., 2008). We expected to find the indirect effect of LGBT community involvement through social support to

mental health for support from friends and significant others (e.g., one's partner) as mediators, but not for support from family. Because the LGBT community is a place where LGBT people seek and form close relationships, including romantic partnerships, community involvement should be positively related to support from friends and significant others. Whether or not an LGBT person receives support from their family, however, should be relatively independent of the person's involvement in the LGBT community. Regarding mental health, we had no specific hypotheses for any of the three dimensions of well-being.

Before testing the crucial mediation hypothesis, we analyzed the three key variables included in the mediation model in some detail. We thus aimed to get a deeper understanding of LGBT people in Russia. Specifically, we compared the levels of social support and mental health in the present minority sample with Russian nonminority (i.e., cisgender heterosexual) samples recruited in previous studies. Within our sample, we then investigated dimensional differences in social support (from family vs. friends vs. a significant other) and mental health (emotional vs. psychological vs. social well-being). Furthermore, we analyzed whether the sexual orientation and gender identity groups in our sample differed in their community involvement, social support, and mental health. Most of these preliminary analyses were exploratory. Based on existing research we expected specific differences in mental health, namely, poorer mental health among LGBT compared to nonminority individuals (between-study comparison; Plöderl & Tremblay, 2015; Russell & Fish, 2016), and poorer mental health among transgender compared to cisgender minority individuals (within-study comparison; Downing & Przedworski, 2018; Su et al., 2016).

Method

Participants

Of the 2,150 visitors to the study homepage, a total of 1,156 individuals completed the survey (53.8%); 29 respondents did not meet the inclusion criteria (self-identification as LGBT, age range of 18–50 years, residence in Russia) and were removed from the dataset. The final study sample consisted of $N = 1,127$ participants, ranging in age from 18–50 years; the mean age was 25. Regarding sexual orientation, 53% identified as lesbian or gay (LG), 41% as bisexual, and 6% as other nonheterosexual identities (e.g., asexual or pansexual). Regarding gender, 77% identified as cisgender (65% female, 35% male) and 23% as transgender (14% female, 35% male, 51% nonbinary). Half of participants were in a partnership (52%). Over two-thirds (74%) were seeking or held a university degree, which lies within the

Russian average (Organization for Economic Cooperation and Development, 2019). Most participants were either (self-) employed or students (48% and 31%); the proportion of unemployed participants (19%) was above average (International Labor Organization, 2021). A large majority lived in metropolitan or, at least, urban areas (i.e., cities with over 1 million or 100,000 populations; 58% and 25%). Except for 20 participants with other post-Soviet nationalities (e.g., Belarusian, Ukrainian, and Kazakh), the sample was of Russian nationality (98%).

Procedure

The present study was part of a larger research project on the psychosocial situation of Russian LGBT people in young and middle adulthood (Kranz et al., 2023). We collected the data online from June to December 2018. Individuals were invited to participate if they identified as LGBT, were 18–50 years old, and lived in Russia. We set the upper age limit to restrict the sample to participants who came out with their sexual orientation or gender identity during or after the collapse of the Soviet Union – a fundamental historic turning point, also regarding LGBT issues. We accomplished recruitment via various Russian LGBT organizations (e.g., the *Russian LGBT Network and Resource*), community centers (e.g., in Moscow and St. Petersburg), and social media groups (e.g., on *Facebook* and its Russian analog *VK*). The study followed the Helsinki Declaration (World Medical Association, 2018). Participants were fully informed about the study's purpose before consenting to participate. Participation was voluntary, anonymous, and not incentivized; it could be terminated at any time. Upon request, participants were informed about the study results.

Measures

LGBT Community Involvement

We measured involvement in the LGBT community with the 7-item LGBT Community Involvement Scale (LGBT-CIS; Sandfort et al., 2008; Russian translation by the second and third author using a simplified forward-backward approach). All items begin with “How often do you socialize at . . .?” Sample items include “LGBT spaces (e.g., bars, cafés, clubs),” “LGBT events (e.g., public discussions, demonstrations, pride festivals),” and “LGBT social network groups.” Participants rated the frequency of each activity on a 5-point scale, ranging from *never* to *very often*. The items had satisfactory reliability ($\alpha = .73$) and were averaged so that higher scores represented more community involvement. Importantly, the LGBT-CIS measures the frequency of community-related activities, not feelings of connectedness with or belongingness to the LGBT

community (Barr et al., 2016; Frost & Meyer, 2012). We thus kept with the distinction between structural and functional aspects of social networks.

Social Support

We used the 12-item Multidimensional Scale of Perceived Social Support (MSPSS, Zimet et al., 1988; Russian validation by Pushkarev et al., 2020) to measure social support. The MSPSS taps three sources of support with four items each: the family (e.g., “I get the emotional help and support I need from my family”), friends (e.g., “My friends really try to help me”), and a significant other (e.g., “There is a special person with whom I can share my joys and sorrows”). Participants rated each statement on a 7-point scale, ranging from *very strongly agree* to *very strongly disagree*. The reliabilities of the three subscales were good ($\alpha = .93, .94, \text{ and } .94$, respectively). For each subscale, we averaged the corresponding items so that higher scores represented more support from family, friends, and significant others. We also built a general social support score ($\alpha = .91$) that, however, was not used in the main analysis, because we hypothesized specific associations between LGBT community involvement and the three dimensions of social support.

Mental Health

We measured mental health with the 14-item Mental Health Continuum-Short Form (MHC-SF; Keyes et al., 2008; Russian validation by Žemojtel-Piotrowska et al., 2018). The MHC-SF taps three key dimensions of well-being: emotional well-being (EWB; 3 items), psychological well-being (PWB; 6 items), and social well-being (SWB; 5 items). All items begin with: “During the past month, how often did you feel . . .?” Sample items include “happy” (EWB), “that you liked most parts of your personality” (PWB), and “that you had something important to contribute to society” (SWB). Participants rated the frequency of each feeling on a 6-point scale, ranging from *never* to *every day*. The reliabilities of the three subscales were good ($\alpha = .87, .83, \text{ and } .76$, respectively), as was the reliability of the unified mental health scale ($\alpha = .90$). For each subscale as well as the unified mental health scale, the corresponding items were averaged so that higher scores represented more emotional, psychological, social well-being, and general well-being, respectively. Our focus was on the latter, as we had no dimension-specific hypotheses.

Covariates

In addition to demographics (i.e., gender identity, sexual orientation, age, partnership, education, employment, and area of residence), we assessed the participants' outness as a potential covariate. We wanted to exclude mental health effects of LGBT community involvement through social support being driven by the participants' degree of

Table 1. Scale interrelations, correlations with outness and demographics, and descriptive statistics

Variable	1	2	2.1	2.2	2.3	3	3.1	3.2	3.3
1 LGBT Community Involvement	(.73)	.13***	.04	.19***	.07*	.17***	.09**	.16***	.16***
2 Social Support: Total		(.91)	.72***	.80***	.83***	.51***	.48***	.49***	.35***
2.1 Social Support: Family			(.93)	.30***	.35***	.40***	.39***	.36***	.28***
2.2 Social Support: Friends				(.94)	.61***	.41***	.33***	.41***	.30***
2.3 Social Support: Significant Other					(.94)	.39***	.40***	.38***	.23***
3 Mental Health: Total						(.90)	.82***	.92***	.84***
3.1 Mental Health: Emotional Well-Being							(.87)	.68***	.55***
3.2 Mental Health: Personal Well-Being								(.83)	.63***
3.3 Mental Health: Social Well-Being									(.76)
4 Outness	.25***	.30***	.32***	.23***	.15***	.28***	.17***	.30***	.21***
5 Age	.06*	.10***	.21***	-.03	.05	.13***	.10***	.17***	.06*
6 Partnership	.01	.33***	.14***	.14***	.50***	.15***	.21***	.16***	.03
7 Education	.05	.11***	.12***	.07*	.06*	.05	.08**	.06*	.00
8 Employment	.03	.15***	.17***	.08**	.11***	.20***	.15***	.22***	.13***
9 Area of Residence	.11***	.19***	.16***	.15***	.14***	.10***	.09**	.11***	.04
Range	1-5	1-7	1-7	1-7	1-7	1-6	1-6	1-6	1-6
<i>M</i>	2.03	4.69	3.62	5.12	5.32	3.13	3.45	3.48	2.52
<i>SD</i>	0.69	1.31	1.76	1.59	1.68	1.00	1.33	1.16	1.03
Skewness	0.87	-0.60	0.17	-0.87	-0.97	0.29	0.11	0.05	0.77
Kurtosis	0.67	0.10	-0.98	0.16	0.09	-0.50	-1.05	-0.79	0.18

Note. Internal consistencies (Cronbach's α) are given in parentheses. Partnership and employment are coded 1 = no, 2 = yes; education is coded 1 = lower, 2 = higher (i.e., seeking or holding a university degree); area of residence is coded 1 = rural (< 10,000), 2 = suburban (< 100,000), 3 = urban (< 1,000,000), 4 = metropolitan (\geq 1,000,000). * $p < .05$, ** $p < .01$, *** $p < .001$.

outness. Previous research found outness was positively associated with LGBT community involvement (Feinstein et al., 2017; VanDaalen & Santos, 2017) and social support (Jaspal et al., 2023; Reyes et al., 2023); associations with mental health, however, seem to be more ambivalent (see Pachankis, Mahon, et al., 2020, for a meta-analysis). Using the 8-item Outness Inventory (Mohr & Fassinger, 2000; Sarno et al., 2015), participants noted to what extent they were open about their sexual orientation/gender identity in different social contexts (e.g., parents, friends, coworkers; $\alpha = .79$); further scale information contained in Kranz et al., (2023).

Results

Preliminary Analysis

We started our analysis by comparing the social support and mental health levels in our sample (see Table 1 for the total score means) with Russian nonminority samples used in previous studies. Table 2 provides an overview of the six comparison studies, including the respective mean scores. We only considered studies with sample compositions comparable to our study and excluded studies that used clinical samples or referred to a specific critical life event or period

(e.g., the 2014 Beslan massacre or the COVID-19 pandemic). Regarding social support, findings were equivocal. While Chistopolskaya et al.'s (2020) sample scored lower in social support than the present sample, Veselova et al.'s (2021) sample scored higher. However, the findings were unequivocal regarding mental health: Our study's mean score was significantly lower than the mean score reported in Žemojtel-Piotrowska et al.'s (2018) cross-cultural study, especially the Russian subsample there. Likewise, our study's mean mental health score was lower than the mean scores that Osin et al. (2023; in press) and Sautkina et al. (under review) reported for their Russian nonminority samples.

We then investigated the dimensional differences for the social support and mental health measures within our sample (see Table 1 again for the subscale means). Participants perceived most support from a significant other and somewhat less support from friends; the lowest support was perceived from family, $F(2, 2,252) = 588.51, p < .001, d = 1.44$ (all p s for the pairwise comparisons $< .001$). Regarding mental health, the participants reported more emotional and personal well-being (no difference in-between, $p = .76$) than social well-being (p s $< .001$), $F(2, 2252) = 621.09, p < .001, d = 1.50$. Because of the one-dimensionality of the LGBT community involvement scale, we could not make dimensional comparisons. Nevertheless, the low level of LGBT community involvement was striking

Table 2. Social support and mental health differences between Russian nonminority samples and the present LGBT sample

Variable/Study	Sample	<i>M</i> (<i>SD</i>)	<i>t</i> (1,126)	<i>d</i>
Social Support (MSPSS)				
Chistopolskaya et al. (2020)	<i>N</i> = 490 Russian students (69% female, <i>M</i> _{Age} = 19 years)	5.35 (1.50)	-16.97***	-0.51
Veselova et al. (2021)	<i>N</i> = 850 Russian students (82% female, <i>M</i> _{Age} = 20 years)	3.45 (1.00)	31.71***	0.94
Mental Health (MHC-SC)				
Osin et al. (2023)	<i>N</i> = 364 Russian students (63% female, <i>M</i> _{Age} = 30 years)	3.40 (0.97)	9.08***	0.27
Osin et al. (in press)	<i>N</i> = 308 Russian community participants (86% female, <i>M</i> _{Age} = 40 years)	3.60 (0.93)	15.79***	0.47
Sautkina et al. (under review)	<i>N</i> = 442 Russian community participants (60% female, <i>M</i> _{Age} = 40 years)	3.48 (0.99)	11.76***	0.35
Žemojtel-Piotrowska et al. (2018)	<i>N</i> = 8,066 participants, mostly students, stemming from 38 countries including Russia (62% female, <i>M</i> _{Age} = 22 years)	3.91 (0.95)	25.87***	0.77
	<i>N</i> = 229 Russian participants (Russian subsample; 79% female, <i>M</i> _{Age} = 22 years)	3.60 (1.14)	15.79***	0.47

Note. MSPSS = Multidimensional Scale of Perceived Social Support (Zimet et al., 1988); MHC-SC = Mental Health Continuum-Short Form (Keyes et al., 2008). One-sample *t*-tests were used to compare the mean total scores of the MSPSS (*M* = 4.69, *SD* = 1.31) and MHC-SC (*M* = 3.13, *SD* = 1.00) from the present LGBT sample (*N* = 1,127) to those of the nonminority reference samples. **p* < .05, ***p* < .01, ****p* < .001.

Table 3. Sexual orientation and gender identity differences in LGBT community involvement, social support, and mental health

Variables	Sexual orientation differences				Gender identity differences			
	<i>M</i> (<i>SD</i>) _{LG}	<i>M</i> (<i>SD</i>) _{Bisexual}	<i>t</i> (1,056)	<i>d</i>	<i>M</i> (<i>SD</i>) _{Cisgender}	<i>M</i> (<i>SD</i>) _{Transgender}	<i>t</i> (1,125)	<i>d</i>
1 LGBT Community Involvement	2.11 (0.67)	1.95 (0.71)	3.97***	0.25	2.02 (0.67)	2.07 (0.74)	-1.08	-0.07
2 Social Support: Total	4.72 (1.30)	4.71 (1.31)	0.13	0.01	4.77 (1.30)	4.41 (1.31)	3.91***	0.28
2.1 Social Support: Family	3.68 (1.78)	3.62 (1.71)	0.58	0.04	3.74 (1.75)	3.24 (1.74)	3.98***	0.28
2.2 Social Support: Friends	5.13 (1.56)	5.18 (1.60)	-0.48	-0.03	5.17 (1.60)	4.95 (1.65)	1.95*	0.14
2.3 Social Support: Significant Other	5.35 (1.67)	5.34 (1.66)	0.16	0.01	5.41 (1.64)	5.04 (1.78)	3.13***	0.22
3 Mental Health: Total	3.20 (1.01)	3.11 (1.00)	1.48	0.09	3.20 (1.01)	2.88 (0.92)	4.63***	0.33
3.1 Mental Health: Emotional Well-Being	3.53 (1.36)	3.43 (1.29)	1.77	0.07	3.55 (1.33)	3.08 (1.26)	5.10***	0.36
3.2 Mental Health: Personal Well-Being	3.58 (1.15)	3.40 (1.17)	2.50**	0.15	3.54 (1.16)	3.27 (1.11)	3.33***	0.24
3.3 Mental Health: Social Well-Being	2.54 (1.01)	2.56 (1.01)	-0.24	-0.01	2.59 (1.05)	2.29 (0.91)	4.12***	0.29

Note. Standard deviations of means are given in parentheses. Difference tests refer to 593 lesbian/gay and 465 bisexual participants (sexual orientation; the "other" category was not included) and 871 cisgender and 256 transgender participants (gender identity). **p* < .05, ***p* < .01, ****p* < .001.

(*M* = 2.03; *SD* = 0.69); a mean score of 2 indicates "rarely" socializing within the community.

We finally investigated group differences in sexual orientation and gender identity within our sample. As Table 3 shows, the lesbian and gay participants reported more involvement in the LGBT community than the bisexual participants (the "other" category could not be included in this analysis because of too heterogeneous sample composition and too small sample size). There were, however, no differences in LGBT community involvement between cisgender and transgender participants. Regarding social support and mental health, sexual orientation made no difference, except for the dimension of personal well-being, which was somewhat higher among the lesbian and gay than the bisexual participants. In contrast, there were striking gender identity differences in the social support and mental health measures. Across all dimensions of both measures, transgender participants scored lower than cisgender participants.

Primary Analysis

As Table 1 depicts, involvement in the LGBT community was significantly positively related to social support from friends and, though weaker but still statistically significant, to social support from a significant other but not from family. LGBT community involvement and, especially, social support (irrespective from whom) were positively related to mental health (irrespective of the dimension of well-being). Furthermore, there were some significant correlations with demographics. Older participants and those living in metropolitan areas reported being more involved in the LGBT community. By and large, being older, in a partnership, better educated, employed, and living in a metropolitan area were positively related to social support and mental health. Furthermore, being out to others was positively related to LGBT community involvement, social support, and mental health.

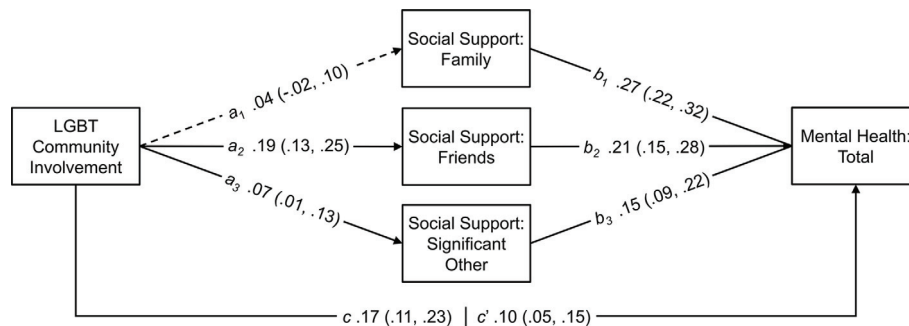


Figure 1. Associations between LGBT community involvement and mental health, mediated by social support. Regression weights are standardized (β s); their 95% confidence intervals are given in parentheses. Solid lines indicate significant paths, and dotted lines indicate insignificant paths.

The core analysis of this study tested the hypothesized mediation. We expected LGBT community involvement to increase LGBT people's mental health through social support from friends and significant others but not from family. With the given sample size, the statistical power of the three-parallel mediator model to be analyzed was $> .99$ ($\alpha = .05$ and assumed medium-sized correlations; Schoemann et al., 2017). We tested direct and indirect effects with 5,000 bias-corrected bootstrap samples and calculated the 95% confidence intervals (CIs) for the relevant path coefficients (β s). We considered the effects significant if the CIs did not include zero (MacKinnon et al., 2002). Before running the mediation analysis, we checked for multicollinearity among the predictor and mediator variables. All tolerance values were $\geq .60$, suggesting multicollinearity was not an issue.

Figure 1 presents simple path coefficients of the mediation model. Reflecting the bivariate correlations, there was a total effect (c) of LGBT community involvement on mental health. When we took the mediator set into account, the direct effect (c') remained significant. The total indirect effect was also significant ($a \times b$: $\beta = .06$, $CI = .03, .09$). Thus, mediation was partial. A closer look at the mediator set showed, however, that only social support from friends emerged as a significant mediator ($a_2 \times b_2$: $\beta = .04$, $CI = .02, .06$); the indirect effects of social support from family and significant others included zero ($a_1 \times b_1$: $\beta = .01$, $CI = -.01, .03$, and $a_3 \times b_3$: $\beta = .01$, $CI = .00, .03$). The amounts of variance explained (R^2 s) were 0%, 4%, and 1% for social support from family, friends, and significant other, respectively ($ps = .21, < .001$, and $.01$), and 27% for mental health ($p < .001$). That is, more than one-fourth of the variance in mental health could be explained by the variables included in the mediation model.

To validate the finding that only social support from friends mediated the relationship between LGBT involvement and mental health, we ran several supplementary analyses (available from the first author). First, we tested

the mediation model separately for the three dimensions of mental health (i.e., emotional, psychological, and social well-being). The mediation pattern was independent of the mental health dimension we used as the dependent variable. Second, we included these variables as covariates to test whether the mediation pattern was stable when controlling for demographics (i.e., age, partnership, education, employment, and area of residence) and degree of outness. Again, the mediation pattern remained unchanged. Third, to test whether sexual orientation (LG vs. bisexual) or gender identity (cisgender vs. transgender) moderated the mediation pattern, we included these variables as possible moderators. However, none of the moderated mediation effects were significant, as shown by indices of moderated mediation (Hayes, 2015).

Discussion

The present study used a sample of Russian LGBT people to investigate the impact of LGBT community involvement on mental health, mediated by social support. Our focus was strength-oriented rather than deficit-oriented, namely, on social networks as a key *source* and social support as a key *factor* of personal resilience. The latter can be viewed as a latent strength that requires some adversity to manifest. Undoubtedly, today's Russia is an adverse environment for sexual and gender minorities. LGBT people face significant and increasing discrimination that threatens their physical and mental integrity (Chumakov, 2021; Yanykin & Nasledov, 2017) and sometimes even their lives (Katsuba, 2024; Kondakov, 2021).

At a preliminary step of analysis, we found that the LGBT participants in our study, especially those who identified as transgender, were at a higher risk of mental health problems compared to Russian nonminority samples recruited in previous studies. Regarding social support,

the between-study comparison yielded mixed results, while the within-study comparison paralleled the respective mental health findings, in that transgender participants perceived less support than their cisgender counterparts. We interpret this pattern as suggesting that, even if LGBT people have satisfying relationships and get the support they need at the microsystem level (to use Bronfenbrenner's, 1997, terminology), higher-level stressors (e.g., at the institutional or state level) undermine their mental health (see also Horne & White, 2020). That transgender people proved to be an especially vulnerable minority group aligns with previous research (Hughto et al., 2016; Winter et al., 2016). This finding might reflect the increased exposure to stigma and minority stress compared to cisgender minority people (Rood et al., 2017; Ünsal et al., 2024) but also the very limited access to gender-affirming medical treatment (Kumchenko et al., 2020; Tordoff et al., 2022). As a side finding, participants in our study reported very low support from their families, which reflects the high rate of familial rejection Russian LGBT people face (Petrova, 2016; Weaver, 2020).

Against this background, it is of some theoretical interest as well as practical relevance to investigate whether the LGBT community plays a beneficial role in Russian LGBT people's lives and exerts a positive impact on their mental health. Applying a *structural* understanding of LGBT community involvement (operationalized as contact frequency with other LGBT people), we avoided spurious correlations with *functional* aspects thereof (namely, social support provided through contact). We hypothesized that LGBT community involvement enables close relationships and, thus, strengthens LGBT people's sense of social support.

As expected, LGBT community involvement was statistically significantly related to support from friends and, to a weaker degree, support from significant others. However, LGBT community involvement was unrelated to support from family, which also corresponded to our expectations. Whether or not the family provides support for their LGBT family member should be independent of the latter's contact with other LGBT people. Why was LGBT community involvement more strongly related to support from friends than from significant others? On the MSPSS instrument, the respondent defined who the significant other was. They could be anyone, including their partner, best friend, or a close family member. Indeed, many participants might have defined their partner as their significant other, as the strong correlation between partnership status and support from a significant other indicates. Compared to a relationship with a significant other (e.g., one's partner), friendships might be more likely to be experienced within the LGBT community. For many LGBT people, their involvement in the LGBT community is motivated primarily by their search for a partner. Having found someone, many of them, now as

a couple, might retreat into their private sphere (Hammack, 2018; Lannutti, 2005).

A wealth of previous research, both in the LGBT and general population (for reviews, see McDonald, 2018, and Wang et al., 2018, respectively), found a positive association between social support and mental health. The present study confirmed this association. All sources of social support, whether from family, friends, or significant others, were significantly positively related to all aspects of well-being, with stronger associations with personal and emotional well-being. The third factor, social well-being, refers to whether one feels connected to and accepted by society and can contribute to its betterment. The fact that participants scored lower on this dimension might reflect their specific minority situation. Russian society largely excludes LGBT people from public life and does not allow them to be civically engaged for the common good, especially for minority issues (Kondakov, 2014; but see also Soboleva & Bakhmetjev, 2015).

Regarding the core mediation analysis, only support from friends linked the association between LGBT community involvement and mental health. As previously mentioned, this unique mediation makes sense because the LGBT community might be a primary place to establish and maintain friendships – and thus to receive social support from friends. In total, 27% of the variance in mental health could be explained by the full model (i.e., all direct and indirect paths). When we focused on the association between LGBT community involvement and mental health through social support by friends (i.e., the predominant association), the direct path accounted for 10% and the indirect path for 3% of the variance in mental health; that is, the specific total effect was 13%. Is this a lot or a little? The question resembles that of the glass of water: half-full or half-empty? The answer depends on one's perspective.

First, we should consider that many factors influence an individual's state of mental health (World Health Organization, 2022), such as economic, personality, and physical health factors – as well as social factors beyond the LGBT community. In line with this, the proportion of explained variance in mental health doubled when we included support from family and significant others in the regression analysis. Against this background, we think 10% and 3%, respectively, of directly (by LGBT community involvement) and indirectly (through social support from friends) explained variance in mental health to be substantial. Second, we should also consider the possible detrimental effects of LGBT community involvement. Indeed, previous research identified several stress factors within the community, such as gay men's toxic appearance competition (Kousari-Rad & McLaren, 2013; Pachankis, Clark et al., 2020), bisexual and transgender people's experience of lesbian and gay dominance (Flanders et al., 2015;

Galupo et al., 2014), and transgender people's mutual pressure to be(come) "trans enough" (Parmenter et al., 2021; Sutherland, 2023). Beyond these intracommunity stressors, external stressors might also compromise the beneficial role of community involvement, such as the fear of "being outed" or facing violence when joining LGBT places or events (Buyantueva, 2018; Horne, 2020).

Another question that arises from the mediation analysis concerns why the indirect effect of LGBT community involvement through social support on mental health was only partial. First, a range of mediators may underlie the complex association between LGBT community involvement and mental health, such as developing a sense of belongingness instead of isolation (Elmer et al., 2022; Puckett et al., 2015), encountering role models for one's way of life (Goltz, 2014; LeBeau & Jellison, 2009), and promoting pride in one's sexual or gender minority (Abreu et al., 2023; DiFulvio, 2011). Second and more technically, differentiating between partial and complete mediation is somewhat artificial as it is affected by sample size, even when bootstrapped *CI*s are applied instead of conventional significance testing. In large samples, even marginal direct effects remain significant when including the mediating variable(s) in the regression analysis (Rucker et al., 2011).

Limitations

The present study is not without limitations. Because of convenience sampling, we cannot exclude sampling bias. Recruiting participants from LGBT venues might have underrepresented individuals who do not (yet) identify as LGBT or do not attend these venues (Kuyper et al., 2016; Meyer & Wilson, 2009). Because of the cross-sectional design of our study, our findings should be regarded as a starting point for more rigorous, longitudinal research on the interplay between LGBT community involvement, social support, and mental health. Furthermore, it remains unclear whether the little participation in the LGBT community we found in our sample stemmed from a lack of opportunities (e.g., no LGBT community on site) or a lack of motivation (e.g., no sense of connectedness to the community). It also remains unclear whether social support from friends and significant others was perceived within or outside the LGBT community. Future research should shed light on these differentiations. Upcoming studies might also differentiate between perceived beneficial versus detrimental aspects of community involvement (the present study did not consider the latter) as well as between involvement in traditional (offline) versus online communities (this was mixed in the present study). Globalized online communities play an increasingly important role in LGBT people's lives (Baams et al., 2011; McKenna and Chughtai, 2020) and might be especially

beneficial in LGBT-hostile countries like Russia (Andreevskikh & Muravyeva, 2021). Finally, resilience factors such as social support might work differently in LGBT people who belong to multiple marginalized groups, including marginalized ethnic groups or social classes (McConnell et al., 2018; Parmenter et al., 2021). Given that Russia is a multiethnic country with large socioeconomic disparities (Chancel et al., 2022), intersectionality should be given greater attention in future research.

Conclusion

The present study underlines the importance – or at least the great potential – of the LGBT community as a place of mutual support and personal well-being. At the same time, it leaves us somewhat perplexed, given the increasing stigmatization and persecution of sexual and gender minorities in today's Russia. Notably, the country's current war against Ukraine was also "justified" as a war against the "Western" LGBT ideology, insinuated as being based on "false values that would erode us, our people from within [...], attitudes that are directly leading to degradation and degeneration, because they are contrary to human nature" (President Putin's address on 24 February 2022; see also Edenborg, 2022). The LGBT community has thus become Russia's enemy from within. We hope our results reinforce those in the community who are courageous and continue to fight for their human rights, including protection against violence and discrimination based on sexual orientation and gender identity (Human Rights Council, 2019) and the freedom of assembly and association (Article 20 of the Universal Declaration of Human Rights and Articles 30 and 31 of the Russian Constitution). Apart from empowering the LGBT community, we hope our results motivate scientists, policymakers, and civil society to continue with LGBT-related research, advocacy, and solidarity in inhospitable environments such as contemporary Russia.

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History

Received November 24, 2023
Accepted May 20, 2024
Published online June 14, 2024




Open Science

The data underlying this study are available from the first author upon reasonable request.

Funding

The publication was supported by the Open Access Fund of Universität Trier and by the German Research Foundation (DFG).

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