The Relationships Between Activism, Community Connectedness, Self-Efficacy, Hope, Resilience, and Depressive Symptoms in Stonewall Sports

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Many lesbian, gay, bisexual, transgender, queer, and other gender and sexual minority (LGBTQ+) individuals feel unwelcome in sport settings yet are still interested in participating in sports. LGBTQ+ focused community sport leagues were formed to promote inclusion and celebrate LGBTQ+ identities. Simultaneously, LGBTQ+ focused community sport leagues provide platforms for activism, which may be associated with improved mental health. Structural equation modeling was performed with survey data from 220 LGBTQ+ adults in Stonewall Sports to examine the relationships between activism, depressive symptoms, and several possible mediators. Descriptive statistics showed participants had a high prevalence of depressive symptoms. The main analysis revealed low-risk activism was associated with more depressive symptoms and high-risk activism was indirectly associated with more depressive symptoms. Also, hope and community connectedness were associated with fewer depressive symptoms. Notably, participating in a remix tournament (i.e., being randomly assigned into new teams) was associated with greater community connectedness. Mental health interventions in Stonewall Sports should emphasize community connectedness and hope.

Keywords: LGBTQ+ sport; community sport; activism; depressive symptoms

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Rethinking Activism: Mental Health in LGBTQ+ Focused Community Sport

Lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ+) individuals reclaim sport and leisure activities by creating their own safe and inclusive spaces to engage in activities typically situated within oppressive and heteronormative power structures (McCartan & Nash, 2023). LGBTQ+ people have reported being bullied, excluded, and otherwise discriminated against within sport (Storr et al., 2022). Denison et al. (2021) even found homonegative language and norms are highly prevalent in youth sport. Without the development of safe and inclusive spaces, many LGBTQ+ people may feel excluded from participating in sport.

LGBTQ+ focused community sport leagues were formed to reclaim sport and provide a safe space for LGBTQ+ people to engage in sport (Jones & McCarthy, 2010; Mock et al., 2022). For example, Stonewall Sports is an LGBTQ+ focused community sport league with over 20 chapters throughout the United States and offers a variety of sports (e.g., kickball, dodgeball) meant to provide a community sport space for LGBTQ+ adults. However, to date, only little research has examined participation in LGBTQ+ focused community sport. Nevertheless, early evidence suggests participation may promote community connectedness, encourage activism, and improve mental health (Scheadler, 2025). Other research similarly indicates participation in LGBTQ+ groups is associated with lower rates of depression (Kulick et al., 2017), which is particularly important given LGBTQ+ adults have high risks for depression and suicide (Ramchand et al., 2022; Ross et al., 2018).

Scholars also have found community connectedness and activism are linked (Talò et al., 2014), which is particularly important given community connectedness has been regarded as a protective factor that improves the mental health of LGBTQ+ people (Lee et al., 2021; Rabasco & Andover, 2021). Relatedly, activism can be empowering and can promote community connectedness and other protective factors for LGBTQ+ people (Gonzalez et al., 2022; Hagen et al., 2018; Riggle et al., 2018; Scheadler et al., 2023) and athletes (Scheadler, 2021; Smith et al., 2016). However, no research has explored if and how activism is a protective factor among members of LGBTQ+ focused community sport leagues. Indeed, research is limited to suggesting LGBTQ+ focused community sport leagues can be environments that foster activism. In addition, little attention has been given to the possibility of activism as a protective factor for LGBTQ+ people. As such, the purpose of the present study was to examine the role of activism and several mediators (e.g., community connectedness) in influencing depressive symptoms among LGBTQ+ adults involved in LGBTQ+ focused community sport.

Athlete Activism & Well-Being

LGBTQ+ focused community sport settings can be leveraged for activism by increasing visibility of LGBTQ+ people, dismantling homonegative attitudes, joining protests, organizing rallies and workshops, and fundraising for social justice causes (Scheadler, 2025; Gaston & Dixon, 2020; Jones & McCarthy, 2010). Research among high school, college, and professional athletes and coaches reveals further implications of activism in sport contexts. For example, Tran

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(2024) insisted engagement in athlete activism may promote meaning in life, allowing athletes to leverage their interests to fulfill a purpose. Relatedly, Smith et al. (2016) reported some athletes believed adopting an activist identity can facilitate a smoother transition into retirement from sport, suggesting activism may give some athletes a sense of purpose. Other athlete activists have been with support from meaningful others and have strengthened transferable life skills such as confidence and agency (Kluch et al., 2025).

Further, college coaches who engage in activism believe that their activism facilitates the development of a safe and inclusive culture, which may promote athlete mental health and well-being (Scheadler et al., 2025). Also, Scheadler (2021) argued activism has the potential to bolster confidence, hope, resilience, and other important psychological skills among athletes by giving them an opportunity to leverage transferable life skills into action. Importantly, though, activism can lead to stress, isolation, and exhaustion, largely due to backlash, stigma, and concerns around reputational damage (Kluch, 2023; Kluch et al., 2024; O'Neill et al., 2025). Nevertheless, some athletes with more experience in activism have adopted emotional regulation skills to withstand the effects of stress and pushback (Smith et al., 2016).

LGBTQ+ Activism & Mental Health

Additionally, research beyond sport contexts has investigated the role of activism on the mental health of LGBTQ+ people. For instance, Scheadler et al. (2023) explained activism can introduce LGBTQ+ people to other LGBTQ+ people who offer safe and affirming spaces, allowing them to explore their gender and sexual identities and accept themselves while simultaneously developing greater responsibility, hope, and resilience. Evidence suggests activism strengthens community connectedness, self-efficacy, hope for the future, and resilience (Hagen et al., 2018; Montagno et al., 2021; Rabkin et al., 2018; Riggle et al., 2018; Scheadler et al., 2023), which may help explain how activism might improve mental health outcomes.

In fact, community connectedness (Lee et al., 2021; Rabasco & Andover, 2021), self-efficacy (Pu et al., 2017), hope (Corrigan & Schutte, 2023), and resilience (Wang et al., 2022) have each been associated with lower depressive symptoms. Likewise, activism has been associated with improved well-being (Frost et al., 2019; Roberts & Christens, 2021). In fact, Chan and Mak (2021) recently developed one measure of collective action for LGBTQ+ rights and found collective action has some buffering effects against the effects of discrimination on depressive symptoms on sexual minority men and women in Hong Kong. However, more research is needed to develop a fuller understanding of the role of activism on mental health among various groups of LGBTQ+ people. That is, research must continue to investigate and identify unique mediators that help explain how activism can influence mental health. Such investigations can provide a stronger understanding of the possible impacts of activism and can be used to justify and design interventions that encourage activism within LGBTQ+ focused community sport settings and other related settings.

Potential Mediators Between Activism and Mental Health

Protective factors are characteristics and conditions associated with improved health and well-being and may include maintaining a healthy diet, getting adequate sleep, and receiving

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high social support (Cairns et al., 2014; Colman et al., 2014). As mentioned previously, scholars have suggested activism can increase many protective factors associated with improved mental health among LGBTQ+ people in and out of sport, including community connectedness, self-efficacy, hope, and resilience. Briefly overviewing each of these potential mediators may help elucidate how activism might be related to mental health.

First, community connectedness refers to a sense of belonging to and affiliation and solidarity with the LGBTQ+ community (Frost & Meyers, 2012), and, like activism, has been associated with coping (Jackson, 2017). Additionally, Lee et al. (2021) found community connectedness attenuates the effects of discrimination on depressive symptoms. Though, some scholars have shared evidence of a positive relationship between community connectedness and depressive symptoms among LGBTQ+ adults during Trump's presidency (Pulice-Fallow et al., 2023). Greater connectedness to the LGBTQ+ community, at least in certain circumstances (such as when LGBTQ+ rights are under attack), may increase rumination, worsening depressive symptoms (Pulice-Farrow et al., 2023). As such, more research is needed to examine the relationship between community connectedness and depressive symptoms in different contexts.

Self-efficacy, or the confidence and beliefs one has about one's own capabilities to achieve success (Bandura, 1977), also may help explain how activism might be a protective factor for LGBTQ+ adults. Like activism, self-efficacy emphasizes problem-focused actions to address stress and accomplish goals (Ouch & Moradi, 2019). Additionally, some research suggests activism boosts self-efficacy (Hagen et al., 2018; Rabkin et al., 2018) and that self-efficacy is associated with fewer depressive symptoms (Pan et al., 2022). As such, there is a possibility that engaging in activism may decrease depressive symptoms by increasing self-efficacy among LGBTQ+ adults.

Hope is another phenomenon that may have protective features for LGBTQ+ people. Specifically, hope, which is entrenched in optimism and confidence, is related to one's belief that change is possible for achieving success in their future (Herth, 1992) and predicts lower levels of depressive symptoms and suicidal risk (Corrigan & Schutte, 2023). Also, like self-efficacy and activism, hope is related to problem-focused coping (Ong et al., 2017). Scholars also have found qualitative evidence that activism, which is considered a form of problem-focused coping, strengthens hope (Hagen et al., 2018; Rabkin et al., 2018). Thus, hope may be another factor to help explain how activism may decrease depressive symptoms among LGBTQ+ adults.

Resilience is related to, but distinct from, self-efficacy and hope, and acts as another protective factor for LGBTQ+ people. Resilience is defined as one's ability to adapt to setbacks and has been associated with improved mental health (Luthar et al., 2000). Research has shown resilience is negatively associated with depressive symptoms among LGBTQ+ people (Wang et al., 2022). Scholars have found activism can boost resilience among LGBTQ+ people (Scheadler et al., 2023; Hagen et al., 2018; Rabkin et al., 2018). However, these studies are mostly exploratory and limited to individuals who have displayed high levels of activism. More research is needed with more unique samples to develop a deeper understanding of the relationship between activism, resilience, and mental health among LGBTQ+ people.

Further, it is important to acknowledge that LGBTQ+ focused community sport leagues provide spaces that can foster community connectedness, self-efficacy, hope, and resilience (Scheadler, 2025). Participation in gay rugby and football clubs in the UK provided gay men with the opportunity to socialize with other gay men in ways that are not focused on sex (Gaston & Dixon, 2020; Jones & McCarthy, 2010). van Ingen (2004) also found running in an LGBTQ+

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running club in Toronto provided LGBTQ+ people with an alternative to socialization at gay bars. LGBTQ+ focused community sport also has been shown to boost self-efficacy, hope, resilience, and overall mental health (Scheadler, 2025). Additionally, some LGBTQ+ focused community sport leagues have instituted remix tournaments, which are sport events where players are randomly assigned into new teams to boost community connectedness by encouraging socialization with players from other teams. However, community connectedness, self-efficacy, hope, resilience, and remix tournaments have not yet been quantitatively examined as protective factors within LGBTQ+ focused community sport settings. In fact, to date, no study has ever examined the influence of participation in a remix tournament.

Theoretical Framework

Integrating minority stress theory and empowerment theory can help explain how activism may be related to depressive symptoms among LGBTQ+ adults in LGBTQ+ focused community sport. First, minority stress theory is helpful toward understanding risk and protective factors associated with mental health among LGBTQ+ people (Meyer, 2003). Individual and community coping and social support resources are critical protective factors within minority stress theory, buffering the effects of minority stress on mental health. Community connectedness, for example, provides LGBTQ+ people with a sense of belonging and affiliation to a group and can protect against the effects of discrimination on depressive symptoms (Lee et al., 2021). Self-efficacy (Pachankis et al., 2023), hope (Moe et al., 2023), and resilience (Storholm et al., 2019), also have been identified as protective factors within minority stress theory, improving the coping skills of LGBTQ+ individuals.

Activism is another possible protective factor rarely considered within the context of minority stress theory. Chan and Mak (2021) recently showed collective action can protect against the effects of discrimination on depressive symptoms. Others also have highlighted how activism can act as a form of coping for LGBTQ+ people (Gonzalez et al., 2022; Scheadler et al., 2023). However, minority stress theory is poorly situated to explain how activism and other protective factors influence mental health. Indeed, minority stress theory takes a deficit-based approach, emphasizing the harmful effects of stress and discrimination over the strengths of individuals and communities (Meyer, 2014). Combining minority stress theory with empowerment theory allows for the adoption of a strengths-based approach capable of explaining the protective features of activism.

Empowerment theory helps to explain how activism may influence the mental health of LGBTQ+ people. Indeed, empowerment theory posits that increased engagement in the community can strengthen perceived power and control to improve individual outcomes (Zimmerman, 2000). According to empowerment theory, connecting people to each other, resources, and opportunities to engage in sociopolitical actions can strengthen community connectedness and self-efficacy (Zimmerman, 2000). In addition, research in empowerment theory has argued activism may lower depressive symptoms by increasing community connectedness and hope (Lardier et al., 2019; Poteat et al., 2020). Related research has further insisted activism promotes resilience (Scheadler et al., 2023). As such, activism may improve mental health by boosting community connectedness, self-efficacy, hope, and resilience. This could potentially help explain how activism can be considered a source of community support

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and coping within minority stress theory. Research is needed to examine these possible relationships.

The Current Study

Previous research suggests participation in LGBTQ+ focused community sport can provide a platform of activism, promote community connectedness, and improve mental health (Scheadler, 2025). However, questions remain on how activism may fit within minority stress theory and influence mental health, and only limited empirical research has examined the relationships between these variables. Further, very little research exists within LGBTQ+ focused community sport settings even though they offer opportunities to access parts of the LGBTQ+ adult population. Indeed, research on activism and mental health of LGBTQ+ focused community sport members is warranted to determine the needs of the community and to develop appropriate strengths-based interventions to address these needs. Thus, the purpose of the present study was to investigate the relationships between activism, community connectedness, self-efficacy, hope, resilience, and depressive symptoms among LGBTQ+ adults in Stonewall Sports, one US-based LGBTQ+ focused community sport league. Finally, research has suggested activism can strengthen community connectedness, self-efficacy, hope, and resilience (Gonzalez et al., 2022; Riggle et al., 2018; Scheadler et al., 2023), which all have been associated with lower levels of depressive symptoms (Corrigan & Schutte, 2023; Lee et al., 2021; Pu et al., 2017; Wang et al., 2022). Therefore, the present study posed the following hypothesis:

> H_1: The relationship between activism and depressive symptoms will be mediated by community connectedness, self-efficacy, hope, and resilience.

Method

Context and Procedures

Following approval from an Institutional Review Board, a cross-sectional survey was administered online via Qualtrics with members of Stonewall Sports from December 2023 to May 2024. Stonewall Sports is an LGBTQ+ focused community sport league with several chapters throughout the US. Each chapter of Stonewall Sports offers a combination of sports and activities such as bocce, dodgeball, volleyball, kickball, and pickleball. In addition to offering sport leagues, some Stonewall Sports chapters provide opportunities for players to compete in remix tournaments where they are randomly placed onto a team to meet new people.

LGBTQ+ individuals from two Stonewall Sports chapters in the Midwest and one chapter in the Mid-Atlantic received an e-mail invitation to participate in the present study after registering for at least one sport with their local league. Participants also were recruited via social media posts and email blasts to listservs for the three chapters in Stonewall Sports. Recruitment flyers containing information about the study and a QR code to the survey were also shared in-person to prospective participants at Stonewall Sports events for one Midwest chapter. Notably, some players from other chapters joined the study after viewing the advertisements on social media that were posted by one of the partner chapters. Interested individuals were able to follow

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a link or scan the QR code to access the online survey. Participants were provided an opportunity to enter into a raffle to win one of 20 e-gift cards valued at $50 each.

Sample Demographics

There were 220 participants. Participants were 23-59 years old (M = 33.18, SD = 6.19) and have been playing in Stonewall Sports for 1-10 years (M = 2.78, SD = 1.91). Participants played a variety of sports in Stonewall Sports, including kickball (62.7%), dodgeball (40.7%), bocce (9.5%), pickleball (9.1%), bowling (7.7%), indoor volleyball (8.2%), billiards (5.0%), cornhole (4.5%), basketball (2.7%), sand volleyball (2.3%), and yoga (2.3%). Most players did not compete in a local remix tournament (67.0%). Most participants were White (66.8%), followed by Hispanic (6.8%), Black/African American (6.4%), Asian/Asian American (3.6%), and/or Middle Eastern (2.7%). Participants identified mostly as cisgender (87.7%), followed by men (49.3%), women (25.5%), non-binary (7.2%), genderqueer (3.2%), transgender (2.7%), trans men (1.8%), genderfluid (1.8%), agender (1.4%), gender non-conforming (1.4%), trans women (.9%), and/or two-spirit (.5%). Additionally, most participants identified as gay (61.8%), queer (22.7%), lesbian (18.6%), bisexual (12.7%), pansexual (5.4%), demisexual (4.1%), asexual (2.7%), and/or questioning/unsure (2.3%), among others. Finally, most participants had at least a bachelor's degree (76.4%).

Measures

Latent Variables

The 26-item Black Community Activism Orientation Scale (BCAOS; Hope et al., 2019) was adapted to measure the activism orientations for LGBTQ+ rights. Specifically, "Black" was replaced with "LGBTQ+." The measure consisted of an 11-item subscale for low-risk activism (e.g., "Wear a t-shirt or button with a political message about the LGBTQ+ community"), a seven-item subscale for high-risk activism (e.g., "Engage in any political activity specific to the LGBTQ+ community in which you fear for your personal safety"), and an eight-item subscale for formal political activism (e.g., "Campaign by phone for a political candidate who supports LGBTQ+ issues"). Participants rated the likelihood that they would engage in a variety of actions on a Likert scale from 1 (*extremely unlikely*) to 5 (*extremely likely*) where higher scores represented greater levels of activism orientations. In the present study, the low-risk (α = .87), high-risk (α = .93), and formal political (α = .88) subscales each had strong internal reliability.

Frost and Meyer's (2012) Connectedness to the LGBT Community Scale (CLCS), which included eight items, was used to measure the degree to which LGBTQ+ adults feel connected to the LGBTQ+ community. For this study, the CLCS was adapted so each item would broadly represent connectedness to the LGBTQ+ community (e.g., "You feel you are a part of the LGBTQ+ community"). Participants reported the degree to which they agree to each item from 1 (*strongly agree*) to 4 (*strongly disagree*). All items were reverse coded so higher scores represented greater community connectedness. The CLCS has demonstrated strong internal and test-retest reliability as well as convergent, discriminant, and factorial validity (Frost & Meyer, 2012). In the present study, the CLCS demonstrated strong internal reliability (α = .87).

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The eight-item New General Self-Efficacy Scale (NGSES; Chen et al., 2001) was used to measure self-efficacy. Respondents indicated the degree to which they agreed with each item (e.g., "I will be able to achieve most of the goals that I have set for myself") on a Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores reflected greater levels of self-efficacy. The NGSES has demonstrated strong internal and test-retest reliability as well as construct, discriminant, factorial, and predictive validity (Chen et al., 2001). The NGSES had strong internal reliability in the present study (α = .92).

The Herth Hope Index (HHI; Herth, 1992) was used to measure hope. The HHI included 12 items (e.g., "I believe that each day has potential") on a 4-point Likert scale (1 = *strongly disagree*; 4 = *strongly agree*). After reverse coding appropriate items, higher scores represented greater levels of hope. Herth (1992) found strong support for the internal consistency, test-retest reliability, and construct and discriminant validity of the HHI. In the present study, the HHI had strong internal reliability (α = .88).

Resilience was measured with the 10-item short form of the Connor-Davidson Resilience Scale (CD-RISC; Campbell-Sills & Stein, 2007). The items (e.g., "I am able to adapt when changes occur") were rated on a 5-point Likert scale from 0 (*not true at all*) to 4 (*true nearly all the time*) where higher scores represented greater levels of resilience. The short form has demonstrated strong test-retest reliability and convergent and discriminant validity (Windle et al., 2011). The CD-RISC had strong internal reliability in the present study (α = .88).

Finally, the Patient Health Questionnaire-9 (PHQ-9) was used to measure depressive symptoms (Kroenke et al., 2001). Respondents were asked "Over the last 2 weeks, how often have you been bothered by any of the following problems?" in nine different symptoms (e.g., "Little interest or pleasure in doing things") using a Likert scale from 0 (*not at all*) to 3 (*nearly every day*), meaning higher scores represented worse depressive symptomology. Kroenke et al. (2001) reported the PHQ-9 had strong internal consistency, test-retest reliability, and criterion and construct validity. The PHQ-9 had strong internal reliability in the present study (α = .87).

Control Variables

Age, gender, and race were used to predict depressive symptoms. Gender and race were dummy coded so that identifying as cisgender and white were equal to 1. Participants also were asked "In the past 12 months, did you participate in a remix tournament in your local Stonewall Sports chapter?" They could either answer with yes, no, unsure, or prefer not to respond. Responses to this item were dummy coded so that participating in a local remix tournament was equal to one and not participating in a local remix tournament was equal to zero. Other responses were recorded as missing. Because the purpose of hosting remix tournaments is to foster community connectedness, remix participation was used to predict community connectedness.

Data Analysis

SPSS version 28.0.1 was used to report descriptive statistics, including prevalence rates of depressive symptoms. The hypotheses were tested with general SEM and performed using Mplus version 8.9, which accounts for missing values for endogenous variables (Muthén & Muthén, 2017). The means and variance-adjusted weighted least squares (WLSMV) estimator was used. A confirmatory factor analysis (CFA) was performed to evaluate the measurement

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model, which included the indicators for every latent factor. Afterwards, the identification of the structural model, which included paths between latent factors as well as the addition of control variables, was confirmed and the model fit was evaluated (Bollen, 1989).

Model fit was evaluated based on several pre-specified criteria. In addition to χ^2, the comparative fit index (CFI) and Tucker-Lewis Index (TLI) values were each reported. CFI and TLI values equal to or greater than .95 were considered indicators of good fit (Bowen & Guo, 2012). The root mean square error of approximation (RMSEA), with 90% confidence intervals, was also reported, where a point estimate less than or equal to .06 was considered an indicator of excellent fit (Bollen, 1989).

Results

Descriptive Statistics

Descriptive analyses revealed only few participants did not experience any depressive symptoms in the past two weeks (n = 19, 8.6%). Meanwhile, 30.0% of participants (n = 66) experienced minimal depression (i.e., total scores of 1-4); 34.5% (n = 76) experienced mild depression (i.e., total scores of 5-9); 15.9% (n = 35) experienced moderate depression (i.e., total scores of 10-14); 5.9% (n = 13) experienced moderately severe depression (i.e., total scores of 15-19); and 2.7% (n = 6) experienced severe depression. Five participants had missing data on the outcome variable.

Measurement Model

The proposed measurement model was initially a poor fit to the data: $\chi^2(2527) = 3358.174$ ($p < .001$), RMSEA = .039 [.035, .042], CFI = .944, and TLI = .942. Model fit indices suggested adding correlations between indicators on the BCAOS to improve model fit. Therefore, six intercorrelations were added to the measurement model one at a time until acceptable fit was achieved, $\chi^2(2521) = 3233.556$ ($p < .001$), RMSEA = .036 [.032, .039], CFI = .952, and TLI = .950. All intercorrelations that were added were based on theory, empirical research, and model fit indices provided by Mplus (Bowen & Guo, 2012). For example, a correlation was added between the first two items on the CD-RISC. Both items were directly related to adapting, a core component of measuring resilience (Campbell-Sills & Stein, 2007).

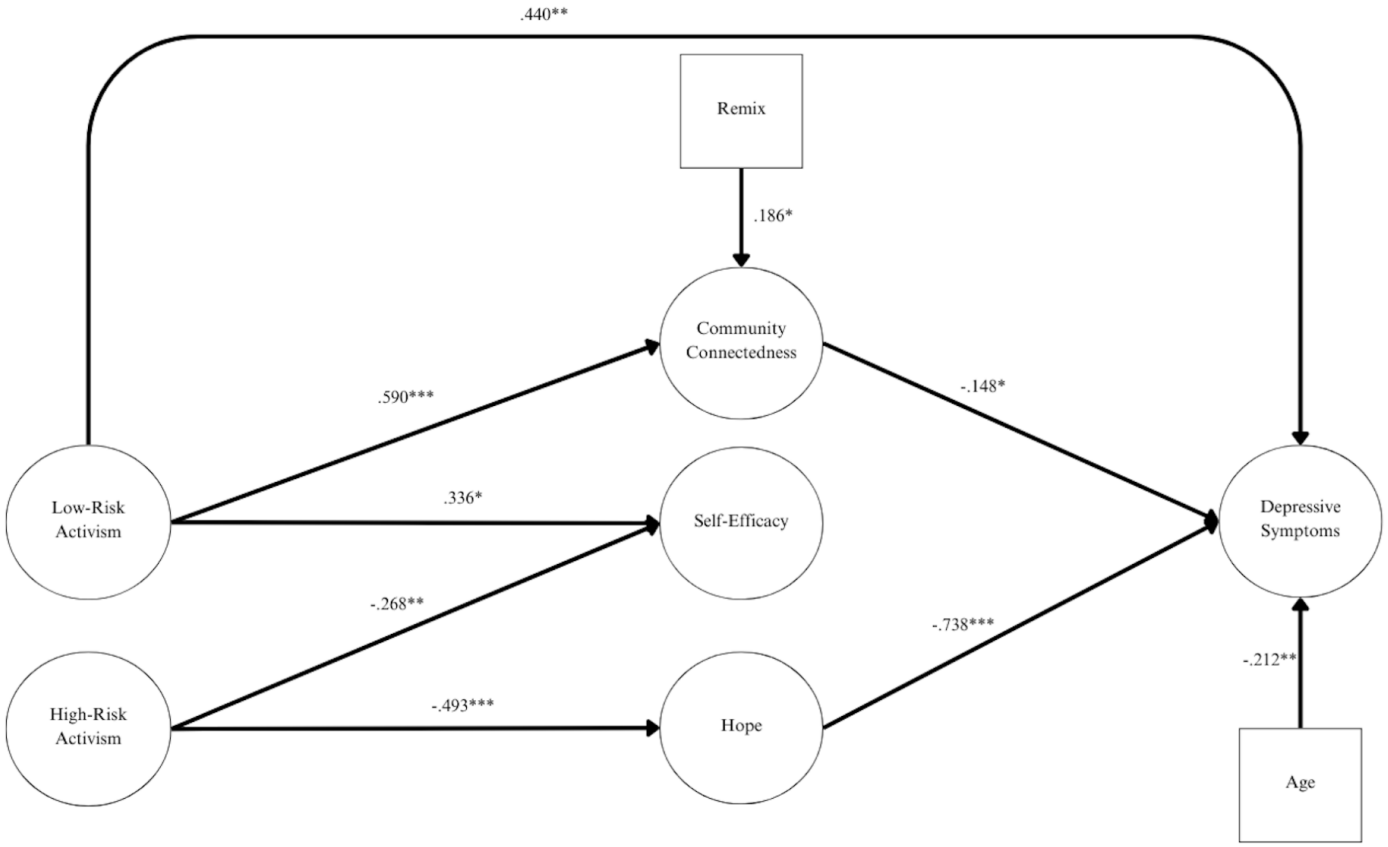
Structural Model

The structural model, which included four control variables (age, identifying as cisgender, identifying as White, and attending a remix tournament), had great fit: $\chi^2(2815) = 3522.077$ ($p < .001$), RMSEA = .034 [.030, .037], CFI = .952, and TLI = .950. The model explained 36.3% of the variance in depressive symptoms, 63.1% of the variance in community connectedness, 91.0% of the variance in self-efficacy, 84.6% of the variance in hope, and 95.1% of the variance in resilience. The significant standardized path coefficients are presented in Figure 1. Nonsignificant paths were not depicted to improve the readability of the figure. Both significant and nonsignificant paths are described below.

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Figure 1

Significant Path Coefficients of Direct and Indirect Pathways Between Sociopolitical Engagement and Depressive Symptoms



Note. *$p < .05$, **$p < .005$, ***$p < .001$.

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Low-risk activism had a significant positive effect on depressive symptoms, $\beta = .440$ ($p = .003$). Community connectedness ($\beta = -.148$, $p = .047$) and hope ($\beta = -.738$, $p < .001$) had significant negative effects on depressive symptoms. Age also had a significant negative effect on depressive symptoms, $\beta = -.212$ ($p = .004$). High-risk activism ($\beta = -.159$, $p = .126$), formal political engagement ($\beta = -.102$, $p = .502$), self-efficacy ($\beta = .197$, $p = .083$), and resilience ($\beta = -.176$, $p = .171$) each had nonsignificant effects on depressive symptoms. Identifying as cisgender ($\beta = -.092$, $p = .079$) and identifying as White ($\beta = .034$, $p = .661$) were not significant predictors of depressive symptoms. Thus, greater low-risk activism was associated with more depressive symptoms while greater community connectedness and hope, as well as being older, were associated with less depressive symptoms. Also, participating in a remix tournament was a significant predictor of community connectedness ($\beta = .186$, $p = .012$).

Relationships between the subscales of the BCAOS and the mediating factors were also examined. Low-risk activism had a significant effect on community connectedness ($\beta = .590$, $p < .001$) and self-efficacy ($\beta = .336$, $p = .043$) but not on hope ($\beta = .160$, $p = .299$) or resilience ($\beta = .197$, $p = .230$). High-risk activism was a significant predictor of self-efficacy ($\beta = -.268$, $p = .004$) and hope ($\beta = -.493$, $p < .001$) but not of community connectedness ($\beta = .027$, $p = .778$) or resilience ($\beta = -.199$, $p = .054$). Formal political engagement was not a significant predictor of community connectedness ($\beta = -.035$, $p = .814$), self-efficacy ($\beta = .049$, $p = .764$), hope ($\beta = .269$, $p = .080$), or resilience ($\beta = .097$, $p = .591$).

The indirect effects of paths that demonstrated significance were then examined. Although low-risk activism had a significant effect on both community connectedness and depressive symptoms, the indirect effect of low-risk activism on depressive symptoms through community connectedness was not statistically significant ($\beta = -.088$, $p = .074$). Finally, there was a significant indirect effect of high-risk activism on depressive symptoms through hope ($\beta = .364$, $p < .001$). No other indirect effects were significant.

Discussion

This study examined the role of athlete activism on psychological skills and mental health among LGBTQ+ adults in sport. More specifically, the purpose of this study was to examine the relationships between activism, community connectedness, self-efficacy, hope, resilience, and depressive symptoms among LGBTQ+ adults in Stonewall Sports. Generally, descriptive results demonstrate there is a large need for mental health support within Stonewall Sports. In fact, only 8.6% experienced no depressive symptoms in the past two weeks while 24.5% of participants experienced moderate to severe symptoms of depression in the past two weeks. To compare, 32.2% of all LGBTQ+ people have major depressive disorder at some point during their lives (Cai et al., 2024). Given this study was cross-sectional and did not look at lifetime prevalence for depressive symptoms, there is a possibility that even more participants have experienced major depressive disorder at some point during their lives.

The present study also examined the direct and indirect relationships between activism and depressive symptoms through community connectedness, self-efficacy, hope, and resilience. Prior research found activism can be empowering and can promote community connectedness, self-efficacy, hope, and resilience (Scheadler et al., 2023; Hagen et al., 2018; Montagno et al., 2021; Rabkin et al., 2018; Riggle et al., 2018). Previous research also has found collective action, one form of activism, is associated with lower depressive symptoms (Chan & Mak,

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2021). Contrary to prior research, results showed low-risk and high-risk activism were associated with higher–not lower–levels of depressive symptoms among Stonewall Sports players. This may be due to a difference in measurement. More specifically, Chan and Mak (2021) emphasized collective forms of activism whereas the present study focused on individualized actions. Likewise, prior research arguing activism boosts community connectedness, self-efficacy, hope, and resilience have largely focused on organized groups (Scheadler et al., 2023; Rabkin et al., 2018). As such, there is a possibility that activism can decrease depressive symptoms when performed with groups, such as with teams or leagues. However, collective activism was not measured in this study. More research is needed.

To this end, the present study found low-risk activism was associated with higher community connectedness, which was associated with lower depressive symptoms. The results, though, failed to reach significance in showing a full indirect effect of community connectedness between low-risk activism and depressive symptoms. The lack of significance could be due to the large number of other variables present in the model. Alternatively, as mentioned above, community connectedness may mediate the relationship between collective action and depressive symptoms but not between individualized activism and depressive symptoms. Regardless, there is insufficient evidence concluding community connectedness mediates the relationship between low-risk activism and depressive symptoms.

Further, results suggest different forms of activism may have different impacts. Low-risk activism was associated with higher community connectedness and self-efficacy. High-risk activism was associated with lower hope and self-efficacy where hope fully mediated the relationship between high-risk activism and depressive symptoms. Specifically, results indicate that high-risk activism was associated with lower hope, which then predicted worsened depressive symptoms. Formal political activism was unrelated to community connectedness, self-efficacy, hope, resilience, and depressive symptoms. Perhaps, low- and high-risk activism lead individuals to become more aware of LGBTQ+ issues, causing them distress and hurting their mental health. Likewise, high-risk activities may lead to exhaustion and frustration with the lack or delay of social change. Previous researchers found LGBTQ+ and athlete activism can be exhausting and stressful due to failures, setbacks, pushback from others, and the lack of rapid change (Scheadler et al., 2023; Kluch, 2023; Kluch et al., 2024; O'Neill et al., 2025). This could potentially lead to burnout and reduced hope, harming mental health. The lack of change following high-risk actions also may make one feel less in control, decreasing their self-efficacy. Engaging in low-risk activities, though, may require less emotional investment into LGBTQ+ rights, allowing participants to encounter less challenges with activism, protecting them from the loss of hope. Engaging in low-risk activities also may feel safer and more positive than other forms of activism, allowing participants to build community connectedness, which may lower depressive symptoms. Engaging in low-risk activities also may be more aligned with the mission of Stonewall Sports, which focuses on fostering fun and inclusion in a low-stakes environment. Notably, though, many of these possible confounding variables (e.g., awareness of injustice, burnout) were not measured in this study. Future research is needed to examine the relationships between these variables.

Likewise, activism may be related to other phenomena not examined in the present study. For example, scholars argue activism facilitates coping (Gonzalez et al., 2022) while self-efficacy (Ouch & Moradi, 2019) and hope (Ong et al., 2017) each support problem-focused coping, yet coping was not measured in the present study. Stress control mindset may be another

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important factor linking activism to mental health wherein stress related to activism can be perceived as either a challenge or a threat. Perhaps, problem-focused coping and strong stress control mindsets prevent challenges associated with activism from negatively affecting individuals. As such, athlete activism among Stonewall Sports players may only decrease depressive symptoms when problem-focused coping and/or stress control mindsets are considered. However, these possibilities remain speculative. Future research is required to examine the relationships between these variables.

Moreover, there were important findings related to community connectedness. Specifically, community connectedness was directly associated with lower levels of depressive symptoms among Stonewall Sports players. The present study also showed participating in a remix tournament was associated with greater community connectedness. This expands upon previous research which has found LGBTQ+ focused community sport can promote community connectedness (Gaston & Dixon, 2020; Jones & McCarthy, 2010). Perhaps, LGBTQ+ focused community sport leagues can foster community connectedness by organizing remix tournaments. Community connectedness among LGBTQ+ focused community sport players may foster improved mental health outcomes, which is especially important given the high prevalence of depressive symptoms found among participants in the present study. Further, no prior research has examined the impact of remix tournaments. These initial findings suggest remix tournaments may increase community connectedness. Remix tournaments may be serving their purpose, offering players opportunities to become more embedded in the LGBTQ+ community and introducing them to new LGBTQ+ peers in Stonewall Sports via fun and inclusive environments. However, this study was cross-sectional; those with greater community connectedness may be more likely to join remix tournaments. Further research on remix tournaments and other strategies for boosting community connectedness in Stonewall Sports is warranted.

Finally, results from this study suggest hope may be a strong protective factor for LGBTQ+ adults in Stonewall Sports. Indeed, results corroborate prior studies that found hope was significantly associated with fewer depressive symptoms (Corrigan & Schutte, 2023). Therefore, mental health interventions for Stonewall Sports players should emphasize strategies for fostering hope.

Practice Implications

There are several practical implications that can be drawn from this study. Most importantly, results revealed a high need for mental health support within Stonewall Sports. There may be similar needs for mental health support within other LGBTQ+ focused community sport leagues. It is of paramount importance for Stonewall Sports to take action to address the mental health needs of their players. Stonewall Sports and other LGBTQ+ focused community sport leagues should consider compiling a resource list that includes available mental health clinicians to disperse among the membership. LGBTQ+ focused community sport leagues also may consider initiating a campaign encouraging mental health help-seeking among LGBTQ+ people. Such a campaign could include social media and newsletter advertisements for help-seeking as well as booths with mental health resources at sponsored events. Notably, such a campaign may even have impacts that reach both players and non-players. The leadership also should partner with social workers and other mental health experts to offer suicide prevention and intervention training to leaders and other community members.

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When addressing the mental health needs of LGBTQ+ focused community sport members, social workers, league board members, and other relevant practitioners should target players who have engaged in low- and high-risk activism. Results showed low-risk activism was associated with greater depressive symptoms and high-risk activism was associated with greater depressive symptoms via lower levels of hope. These results suggest those with higher levels of low- and high-risk activism may be at greater risks for mental health concerns.

Finally, Stonewall Sports should continue to offer and encourage participation in remix tournaments. The remix tournaments offered by Stonewall Sports aim to encourage social networking and fun. According to results in the current study, remix tournament participation was associated with greater community connectedness, which was associated with lower depressive symptoms. Thus, increasing opportunities to participate in remix tournaments may be one feasible strategy for decreasing depressive symptoms among players. Relatedly, other sport leagues, including non-LGBTQ+ focused community sport leagues, should consider adopting and measuring the impacts of remix tournaments. Indeed, there is a possibility that remix tournaments can boost community connectedness for individuals in various sport settings, regardless of their gender and/or sexuality.

Limitations & Future Directions

This study was not without limitations. This study was cross-sectional and causal conclusions could not be drawn. Future research should examine the longitudinal relationships between these phenomena. Also, the present study only included LGBTQ+ participants from five chapters of Stonewall Sports. Future research should aim to include participants from more chapters, including both LGBTQ+ and non-LGBTQ+ individuals. Future research should include LGBTQ+ adults not involved in Stonewall Sports as well as adults involved in non-LGBTQ+ focused community sport leagues to gain a stronger understanding of the influence of Stonewall Sports. Another limitation was that the sample was predominantly White and highly educated. Results may not be generalizable to LGBTQ+ individuals of different identities and backgrounds. Additional research is needed to uncover the experiences of those who are multiply marginalized within Stonewall Sports. For instance, research is needed to further explore the experiences of LGBTQ+ people in Stonewall Sports who identify as a racial/ethnic minority or as a person with disabilities, as these individuals were underrepresented in this study.

Importantly, the BCAOS was originally designed to measure activism for Black rights. Therefore, adapting the BCAOS for LGBTQ+ rights among Stonewall Sports players may not have been appropriate. The adapted scale may not adequately capture the distinct cultural, historical, and political dimensions of LGBTQ+ activism. Future research is needed to evaluate and refine the adapted version of the BCAOS used in this study. Alternatively, future research could build a new scale for LGBTQ+ activism.

More research is needed to investigate the impact and implementation of remix tournaments. Further, the present study did not ask participants about help-seeking behaviors, coping styles, or stress control mindsets. Future research should incorporate relevant measures to evaluate these phenomena. Finally, the present study did not evaluate strategies for decreasing depressive symptoms. Future research evaluating the effectiveness and feasibility of such strategies is warranted.

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Conclusions

The present study was the first to survey participants in Stonewall Sports and gained important insight about activism and mental health. Findings suggest there is a critical need for mental health support within Stonewall Sports. Results from the present study also revealed that cultivating community connectedness and hope are important for decreasing depressive symptoms. Both community connectedness and hope should be emphasized in future research and interventions with LGBTQ+ focused community organizations.

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