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Sairong Lu

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Dr. Chris Kladopoulos, Committee Member, Psychology Faculty
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Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Resilience as a Mediating Factor in Depression and Posttraumatic Stress for

Hongkongers Experiencing Political Oppression

by

Sairong Lu

MS, University of Phoenix, 2014

BA, Sonoma State University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

June 2023

Abstract

Political oppression has been associated with mental health issues in refugee populations. The goal of this research was to measure the correlational relationship between political oppression, levels of depressive and trauma symptoms, and resilience as a mediating variable among Hongkongers. Three models of resilience formed the theoretical framework for this study. The mediating model was applied to determine if resilience mediated the relationship between political oppression and levels of depressive and trauma symptoms. The Beck Depression Inventory II, the PTSD-Checklist-Civilian, the Oppression Questionnaire, and the Resilience Scale for Adults were used to measure levels of depressive and trauma symptoms, the degree of political oppression, and level of resilience in Hongkongers (N=50) who reside in free countries. Multiple regression was used to determine the relationship between resilience and levels of depressive and trauma symptoms. The results showed a significant relationship between political oppression and levels of depressive and trauma symptoms in Hongkongers. The results also showed a significant relationship between resilience and level of trauma symptoms. However, the results did not show a significant relationship between resilience and level of depressive symptoms. Implications for positive social change include increasing mental health and social services to better support Hongkongers. Political oppression is a worldwide issue. Findings of this study will help health-care professionals, educators, caregivers, and policymakers have a better understanding of political oppression and related impact on this population.

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Dedication

I dedicate this dissertation to all Hong Kong imprisoned and killed young protesters who had bravely fought for freedom, democracy, and human rights.

Acknowledgments

I would like to thank my Chair Dr. Denise Horton for her targeted feedback and positive guidance. I would also like to thank Dr. Horton for her academic support and expertise on the methods portion and content. Dr. Horton helped me to not only understand, but also to enjoy quantitative writing.

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Chapter 1: Introduction to the Study

Introduction

Political protests and riots have increased globally over the past half-century (Galea et al., 2020). Many cities such as Hong Kong, Paris, Barcelona, Delhi, Santiago have experienced tumultuous political movements in 2019 (Chang et al., 2020). Political oppression by China has been associated with mental health issues including depression and posttraumatic stress in the Hong Kong population (Chan et al., 2017; Chang et al., 2020; Huang et al., 2017). Political oppression includes political violence, political imprisonment, and forced displacement (Kazlauskas & Zelviene, 2020). For both adults and children, exposure to political oppression can lead to profound psychological outcomes (Beagley et al., 2016; Kar, 2019; Kazlauskas & Zelviene, 2020).

In Hong Kong, since the Movement of Anti-Extradition Bill took place in summer of 2019, there have been teenagers (age 12-19) participating in and arrested during the protests. In 2019 political movements, 15% of arrested and injured were protesters aged under 18 (Chang et al., 2020). China's political oppression and anti-China movements in Hong Kong were continuing in 2020. Chang et al. (2020) found that probable depression and posttraumatic stress disorder were reported in 11.2% and 12.8% of 1,213-1,376 participants in 2019, compared with 1.9% during 2009-2014 and 6.5% in 2017 after the Occupy Central Movement in Hong Kong. Moreover, due to China's violation of human rights in Hong Kong, political protests have been continuing and political oppression has

become a risk factor affecting Hongkongers' mental health, especially the young protesters.

The increase of depression and posttraumatic stress disorder in Hongkongers due to unprecedented political oppression by China has become Hong Kong's major burden in mental health, education, and social services. Depression and posttraumatic stress disorder are psychiatric conditions which are defined by the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (American Psychiatric Association, 2013). People with depression and posttraumatic stress disorder or other mental conditions have had poorer mental health outcomes (Aoun et al., 2018; Kwan et al., 2020; Nuttman-Shwartz & Shoval-Zuckerman, 2016).

According to Hong Kong's suicide rates, dead bodies found in water with hands and legs tightened in the back were reported as "suicide" by Hong Kong police (Arranz, 2020). An increase in mental illness such as depression and posttraumatic stress disorder and suicide or "being suicide" by Chinese secret police have been impacting all Hongkongers (Galea et al., 2020). However, Pielch et al., (2016) argued that the differences among age, gender, education, and family support might be affecting levels of depressive and trauma symptoms that are mediated by factors of resilience in refugee populations around the world.

Resilience focuses on strength-based approaches to understanding how children and adults learn and develop personal resilience skills from their adverse life experiences and mental distress (Caisley et al., 2018; Wessells, 2018). These strength-based approaches

are called promotive factors which may help young people to overcome difficulties to recover from challenging situations (Hammad & Tribe, 2020; Wessells, 2018). Improving personal resilience skills may be critical to prevent or reduce symptoms of depression and posttraumatic stress in individuals due to the exposure to political oppression or war-related events in Hong Kong and other countries (Caisley et al., 2018; Hammad & Tribe, 2020; Wessells, 2018).

Studies have not focused on problems of political oppression and its related outcomes in Hongkongers. As an Asian ethnic group, Hongkongers have been neglected in research as they have always been melted into the "Chinese" group. In this study, the role of resilience that mediated the relationship between experience of political oppression and levels of depressive and trauma symptoms was examined. The relationship between experience of political oppression and levels of depressive and trauma symptoms was first analyzed. The researcher and then analyzed whether resilience mediated the relationship between experience of political oppression and levels of depressive and trauma symptoms. Findings of this study will help to identify the needs that can better address mental health issues for Hongkongers.

Background

Literature has found depression and posttraumatic stress and other mental health issues among refugee children and adults in war-affected countries. Aoun et al., (2018) conducted a study focused on the relationship between Syrian refugees (living in North Lebanon) with posttraumatic stress disorder and the Syrian conflicts. Based on a random

sample of 450 (84.6% women and 15.33% men) aged between 14 to 45, 47.3% were positive for PTSD due to the exposure to political conflicts. Since currently there are no standardized screening and clinical practice guidelines for testing PTSD in all refugees. The authors suggested future studies should consider using a standardized screening tool for this population. In addition to those who only have PTSD symptoms but do not meet the full criteria of the DSM-5 for diagnosis, providing a stepped screening approach would be helpful. The stepped screen approach suggests that positive screens for PTSD could trigger a standardized diagnosis for PTSD with more comprehensive assessment and early interventions. Therefore, screening and intervention strategies should be addressed in research. Kazlauskas and Zelviene (2016) provided an overview of traumatic stress studies in the three Baltic countries Lithuania, Latvia, and Estonia from political oppression to recovery. The studies showed traumatic stress in the Baltic regions were psychological effects of political violence due to unprecedented wars. There were four major topics of political violence, epidemiology of trauma and posttraumatic stress disorder (PTSD), disaster, and developmental aspects of trauma. Studies found between 70-75% of traumatic events reported, while 27% reported PTSD in the Baltic countries. In these three countries, higher trauma and PTSD prevalence rates compared to other European countries. For example, the 2015 studies found, in the Lithuanian general population on a sample of 626 adults aged from 18- to -89, 70% reported at least one life-time traumatic event. 75% prevalence of traumatic stress in the 15-year-old teenager sample of 183, and a 70% prevalence of PTSD. In a sample of 1,400 Lithuanian survivors

of political violence reported long-term physical and mental health problems due to the exposure to political violence. Nearly 50% of them reported flashbacks and 33% reported nightmares at the time when being assessed. The authors suggested future studies should be needed to work more on the topics of prevalence of stress-related disorder, trauma and resilience, and trauma-focused treatment for PTSD in the Baltic countries.

According to Hong Kong populations, Huang, Kim et al., (2017) examined the relationship between political movement (Umbrella Movement) and psychological distress in the Hong Kong public. The study interviewed 344 (n=344) adults aged 18-65 to measure depression, negative mood, and anxiety. Results found individuals who had experienced anti-government protests (57%) and had voted in the legislative council elections (18%), 3.2% of them showed moderate or severe probable depression (mild or above: 7.6%); 10.5% showed probable anxiety; 37.5% reported emotional disturbance; and 13.1% reported sleep problems. The study also found that mental health distress among youths were worse than that of older people. However, there was no difference in mental health distress between females and males. The authors suggested more public events or celebrations would help promote population mental health for Hong Kong society. Chang et al. (2020) conducted a 10-year prospective cohort study (2009-2019) measuring Hongkongers with depression and posttraumatic stress during major social unrest in Hong Kong. The findings of this study brought huge concerns about mental health burden, risk factors, and healthcare needs in Hong Kong society. This study also found an increase of probable depression and posttraumatic stress were reported by

11.2% to 12.8% compared with 1.9% during 2009-2014 and 6.5% in 2017 in general Hong Kong populations. The study suggested that there was a gap for future research to assess Hongkongers aged under 18 who were to be believed the major population of protesters in Hong Kong.

In addition to resilience, studies have found that factors of resilience have positive roles in recovery from adverse events in traumatic populations. Caisley et al. (2018) wrote a systematic review of resilience factors that mediate or moderate the relationship between adverse experience and mental disorders in Western children and young adults (aged 13-24). Studies have found that social, emotional, cognitive, and behavioral resilience enhancing factors reduced the risk of psychopathology after childhood adversity (Alghamdi, 2020; Fayyad et al., 2017; Fino, Mema, & Russo, 2020). Increasing or developing resilience skills is important for mental health interventions. Caisley et al. (2018) reviewed 22 studies and found that individual-level and family-level resilience factors were most effective for young people in the Western countries. Caisley et al. (2018) suggested: “Future research should scrutinize whether resilience factors function as a complex interrelated system that benefits mental health resilience after childhood adversity” (p. 2).

Review of the existing research showed that studies have been conducted mostly for adults more than children and teenagers on the topics of mental health challenges due to the experience of political oppression. However, studies that have suggested future research should focus on how resilience factors benefit mental health after experiencing

childhood adversity. In sum, there was an absence of studies on experience of political oppression, depressive symptoms and trauma symptoms, and resilience specific to Hongkongers.

Statement of the Problem

Experience of political oppression has brought psychological impacts on Hong Kong protesters (Chan et al., 2017; Chang et al., 2020; Huang et al., 2017). Political oppression refers to the act of a political power or under the power of governmental authority restricting the people by threatening use of force against the oppressed for political reasons (DaFonseca et al., 2016). Political oppression includes political violence, political imprisonment, and forced displacement (Kazlauskas & Zelviene, 2020). War and physical attack are part of political oppression (DaFonseca et al., 2016; Kazlauskas & Zelviene, 2020). Research on mental health challenges such as depression and posttraumatic stress found findings that higher degree of exposure to political oppression caused higher levels of mental health distress (Chan et al., 2017; Chang et al., 2020; Kazlauskas & Zelviene).

However, studies also supported higher levels of resilience contributed to trauma recovery from adversity (Caisley et al., 2018; Wessells, 2018). Resilience can be defined as an ability or an adapted process to recover from adversity (Caisley et al., 2018; Wessells, 2018). According to Hong Kong, nothing was known about the role resilience played in the ability of Hongkongers under political oppression. Resilience was important to both children and adults because higher resilience skills would better help them

manage mental health distress (Caisley et al., 2018). This exploratory study assessed whether resilience mediated the relationship between experience of political oppression and levels of depression and posttraumatic stress. Prince-Embury (2013) argued that factors of related resilience such as sense of mastery, sense of relatedness, and emotional reactivity have influenced the relationship between mental health disorders and adverse experience in children and teens.

Purpose of the Study

The apparent increase in prevalence of depression and posttraumatic stress disorder reported by psychological researchers appeared in part due to political oppression (Chan et al., 2017; Chang et al., 2020; Huang et al., 2017). The impact on Hongkongers drew the researcher's attention to conduct dissertation research. The purpose of this study was to explore if resilience mediated the relationship between experience of political oppression and levels of depressive symptoms and trauma symptoms. This study was also to explore if there were significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support. The critical variable for this study was to measure the experience of oppression for an individual (Victoroff, 2005). It was assumed that experience of political oppression correlated with levels of depressive and trauma symptoms. The measure of resilience as a mediator included variables such as perception of self, perception of future, structured style, social competence, family cohesion, and social resources (Friborg et al., 2005). This study was to determine if resilience mediated

the relationship between experience of political oppression and levels of depressive symptoms and trauma symptoms.

In this study, a quantitative approach was used to analyze standardized self-reported inventories for depression, posttraumatic stress, and experience of political oppression. The measure of resilience reflected the correlational relationships between experience of political oppression and levels of depressive and trauma symptoms as mediated by resilience. Hongkongers, age 18+, who have experienced political movements, arrest, physical and mental torture by the Hong Kong police or Chinese secret police were recruited to be assessed.

Research Question and Hypotheses

RQ1 – Quantitative: Does experience of political oppression correlate with level of depressive symptoms and level of trauma symptoms in Hongkongers?

$H1_A$ – Experience of political oppression correlated with level of depressive symptoms and level of trauma symptoms in Hongkongers.

$H1_O$ – Experience of political oppression does not correlate with level of depressive symptoms and level of trauma symptoms in Hongkongers.

RQ2 – Quantitative: Are there significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support?

H2_A – There are significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support.

H2_O – There are no significant differences between level of depressive symptoms, level of trauma, and the experience of political oppression based on age, gender, education, and family support.

RQ3 – Quantitative: Does resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediate the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers?

H3_A – Resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediates the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers.

H3_O – Resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources does not mediate the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers.

Theoretical Framework

The theory of resilience was used to explain the relationships between experience of political oppression and levels of depressive symptoms and trauma symptoms in

Hongkongers. The three models of resilience: the integrating model, the protective factor model, and the challenge model formed the theoretical framework for this study (van Breda, 2018; Masten, 2018). The concept of resilience was initially described and recognized in 1970, following decades of practice and research on trauma in many populations (van Breda, 2018; Cicchetti, 2016; Masten, 2018). The resilience theory was originally from Darwin's natural selection and Freud's personality theories (Masten, 2018). After the end of WWII, researchers started to seek better understanding of adverse experiences such as war, violence, torture, and political distress that threatened individuals and how could they recover from it (van Breda, 2018; Masten, 2018). Later, researchers focused more on psychopathology, adversity, and positive adaptation or resilience in children and families (Gottesman, 1974; Masten & Cicchetti, 2016).

Resilience is the capacity for recovery from traumatic life experience (Cicchetti, 2016). Studies have found that resilience as a strengths-based approach is effective for individuals to overcome trauma and other mental health difficulties (Caisley et al., 2018; Masten, 2018). Resilience theories focus on how individuals learn and develop resilience skills to recovery from their adverse life experiences and mental distress (Caisley et al., 2018). There are three components involved in three models of resilience: adversity, outcomes, and mediating factors (Breda, 2018). The theory of integrating model is based on theories and disciplines of family and developmental systems, resilience, psychopathology, and ecology (Bronfenbrenner, 1979; Lerner et al., 2013; Masten, 2018). It reflects how an individual to be adapted into the new environment for changes

through learning. The protective factor model focuses on finding the supportive resources (self-efficacy, self-esteem, and other cognitive skills) available to children and families (Garmezy, 1992; Masten, 2018). The challenge model of resilience emphasizes levels of a risk factor are associated with negative outcomes and a moderate level of a risk factor is associated with positive outcomes (Rutter, 1987). It can be understood as the modest levels of risk help develop coping mechanisms.

The theory of resilience would be the best to explain whether Hongkongers with posttraumatic stress disorder and depression were affected by experience of political oppression during and after the traumatic events. As Prince-Embury (2013) argued that one's sense of mastery, sense of relatedness, and emotional reactivity may affect the relationship between traumatic life experience and mental health disorders in children and teens. Moreover, resilience focuses on strength-based approaches to change individuals from adverse life experiences and mental health distress. The process of recovery from trauma or adversity may include three steps: adversity, mediating processes, and better than expected outcomes (Prince-Embury, 2013; Van Breda, 2018). Although depression and posttraumatic stress have been reported in the Hong Kong populations (Chan et al., 2017; Chang et al., 2020; Huang et al., 2017). There were no studies that directly correlated depressive symptoms and trauma symptoms to levels of political oppression that were mediated by resilience in both children and adults.

Nature of the Study

The nature of this exploratory study was quantitative research with a correlational design. A quantitative design was appropriate to assess whether resilience mediated the association between political oppression on depressive and trauma symptoms in Hongkongers. This study also to explore whether there were significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support. There was scarce literature on exploring if political oppression impacted depression and posttraumatic stress in the Hong Kong populations (Chang et al., 2020). This research used the Beck Depression Inventory (BDI; Beck, Steer et al., 1996) to measure depression disorder, and PTSD-Checklist-Civilian Version (PCL-C; Weathers et al., 1994) to measure posttraumatic stress disorder for those who were directly or indirectly exposed to protests in Hong Kong. The measure of political oppression, an Oppression Questionnaire scale (OQ; Victoroff, 2005) was used to assess aspects of the experience of oppression or feeling oppressed. In addition to measuring how resilience as a trait that mediated the relationship between experience of political oppression and levels of depressive and trauma symptoms, The Resilience Scale for Adults (Friborg et al., 2005) was used to assess six aspects of resilience including perception of self, perception of future, structured style, social competence, family cohesion, and social resources. This quantitative design determined how degree of resilience mediated the experience of political oppression on the prevalence rates of depressive symptoms and trauma symptoms disorder.

Definition of Key Terms

Political oppression: Political oppression refers to the act of a political power or while under the power of governmental authority restricting the people by threatening use of forces against the oppressed for political reasons (DaFonseca et al., ,2016). This study used the Oppression Questionnaire (OQ; Victoroff, 2005) to measure the degree of experience of political oppression.

Resilience: Resilience can be defined as an ability or an adapted process to recover from adversity (Caisley et al., 2018; Wessells, 2018). This study used The Resilience Scale for Adults (RSA; Friborg et al., 2005) to measure six aspects of resilience: perception of self, perception of future, structured style, social competence, family cohesion, and social resources.

Hongkongers: In this study, "Hongkongers" refers to the people from Hong Kong, including refugees who have escaped from Hong Kong and resided in the western countries.

Depression: The DSM-5 defines depression as depressed mood or lack of interest or pleasure in all activities (DSM-5, 2013). Symptoms associated with depression include weight loss, insomnia or hypersomnia, fatigue, feelings of worthlessness or guilt, inability to concentrate or make decisions, and thoughts of death or suicidal ideation (DSM-5, 2013. This study used the Beck Depression Inventory II (BDI II; Beck, Steer, & Brown, 1996) to measure depression.

Posttraumatic Stress Disorder: Exposure to actual or threatened death, serious injury, or sexual violence in one or more ways (DSM-5, 2013). Symptoms associated with posttraumatic stress disorder include recurrent, involuntary, and intrusive distressing memories, dreams, dissociative reactions, and avoidance of stimuli (DSM-5, 2013). This study used the PTSD-Checklist-Civilian Version (PCL-C; Weathers et al., 1994) to measure posttraumatic stress disorder.

Refugee: A refugee is a displaced individual who has been forced to leave their own country and cannot return to their original home safely (Berry, 2017). Countries that have signed the Geneva Convention for refugees are responsible for accepting refugees globally (Hilado & Lundy, 2018).

Assumptions

The first assumption to this study was that the three models of resilience were the appropriate approach to determine and explain the relationship between experience of political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers. The second assumption was that the scales of BDI-II, PCL-C, OQ, and RSA were appropriate inventories to individually measure depression, posttraumatic stress disorder, experience of political oppression, and resilience. The third assumption was that participants of Hongkongers were honestly responded to all questions. The fourth assumption was that all participants could access computers and social media. The fifth assumption was that the researcher was able to have enough participants who were representatives of Hong Kong, and they could generalize to the entire population of Hong

Kong for this study. The last assumption was that no one was coerced to participate since the participant was exposed to oppression.

Scope and Delimitations

The purpose of this study was to explore the relationship between experience of political oppression and levels of depressive and trauma symptoms as mediated by resilience in Hongkongers. This study was delimited to Hongkongers age 18+, residing in Hong Kong or as refugees residing in other countries. The sample was through a purposive sampling and through social media SurveyMonkey. The findings of this study might not be generalized to other ethnic populations in Asia such as the Chinese populations. The sample was excluded the Chinese who have never lived in Hong Kong because Hong Kong and China do not share social values and beliefs such as Hong Kong's Capitalism versus China's Socialism.

Limitations

Several barriers and limitations to this study should be considered. First, findings from a small sample size (N=50) of this study might not generalize to the entire Hong Kong population when interpreting the correlational relationship between experience of political oppression and levels depressive and trauma symptoms as mediated by resilience. There Indian-Hongkongers, Thai-Hongkongers, Vietnamese-Hongkongers, and Pilipino-Hongkongers might also have been exposed to political oppression in Hong Kong. Resilience and family support might play different roles and have different effects in the face of political oppression. Future research may wish to recruit a larger sample of

Hongkongers which includes different ethnicities within the society. Second, due to the purposive sampling, recruitment was difficult through social media. The possibility of internet censorship also brought impacts on this research. The third limitation was selection bias and self-reporting bias. Participants were from eight countries around the world, it was not easy to accurately distinguish who was the real Hongkonger who was not since social media does not show everything about personal identity. Self-reporting bias existed in this study due to stigma of mental illness in Hong Kong culture. Hongkongers would have to show themselves to the world as "strong and positive freedom fighters" more than freedom fighters with mental illness when answering questions about depression or trauma. The fourth limitation was external validity outside the local Hong Kong populations. For those who have resettled in free countries for a longer period than those new expats might cause generalizability to the entire Hong Kong freedom fighters only limited to this political movement. The last limitation was that those who did not have computer or internet access and they really should have participated in this study, but they did not.

Significance

This study filled in a significant gap in existing literature by focusing specifically on the relationship between resilience, experience of political oppression, levels of depressive symptoms and trauma symptoms in Hongkongers. Caisley et al. (2018) suggested: "Future research should scrutinize whether resilience factors function as a complex interrelated system that benefits mental health resilience after childhood

adversity" (p.2). There was also literature that addressed the prevalence of depression and posttraumatic stress during social unrest in Hong Kong populations (Chan et al., 2017; Chang et al., 2020; Huang et al., 2017). This study is important because it focused on an understudied population. No quantitative study has been done that directly correlated the relationship between political oppression and levels of depressive and trauma symptoms in Hongkongers. No study has evaluated the role resilience plays. The study of resilience has contributed to the recovery of mental health disorders such as depression and posttraumatic stress due to the suffering from political oppression (Fino et al., 2020. Results of this study could help worldwide healthcare and social service sectors to have a better understanding of how resilience helps to recover from the adverse consequences of political oppression and its impact on mental disorders in Hongkongers. The understanding could also help educators, parents, health-care professionals, and social workers to identify mental health burdens, risk factors, and healthcare needs of this population to decrease depressive symptoms and trauma symptoms.

Historical context

Hong Kong had been a British colony for 156 years (1841-1997) (Tsang, 2019). The year 1997 was a huge turning point for Hongkongers. It was turning their lifestyle, political ideology, and economic status from a British-based democratic international financial center to a Communist Chinese city (Tsang, 2019).

The "One Country Two Systems" principle agreed by the 1984 Sino-British Joint Declaration has been destroyed by China (Tsang, 2019). The distrust of Chinese rule has

directly led to the anti-government movements in Hong Kong. It started the fire from the Umbrella Revolution in 2014, then the Occupy Central Movement, and the Anti-Extradition Bill in 2019. Hongkongers are more likely than people who are from China to be involved in anti-government political movements. They share the core values of political freedom and civil rights with the Western countries.

The findings of studies indicated a major mental health burden associated with the ongoing Hong Kong political movements (Chan et al., 2016; Chan et al., 2017; Chang et al., 2020; Huang et al., 2017). To assess the relationship between experience of political oppression, depressive symptoms and trauma symptoms in Hongkongers was significant. The high percentage of depressive symptoms and trauma symptoms due to political oppression in Hongkongers brought serious impairments in education, family functioning, social functioning, brain development, and economic costs to the city. The findings of this study brought new insights and knowledge of Hongkongers with depressive symptoms and trauma symptoms to the field of psychology as well as society. This study found experience of political oppression in Hongkongers significantly correlated with levels of depressive symptoms and trauma symptoms. Psychological and educational programs for interventions should need to be increased for this population. China's political oppression has also impacted the entire Hong Kong society since Hongkongers have been forced to live in fear. The findings of this study also brought positive influence on society, thereby improving the quality of psychological and family

support for other populations who have been directly or indirectly exposed to political oppression.

Summary

In many countries, studies have shown politically oppressed populations including adults and children were at higher risks to develop mental disorders due to the exposure to traumatic events. Resilience as an effective approach has been recommended to help affected populations to recover from adversity. Several studies have found increased rates of depression and posttraumatic stress disorders in Hong Kong populations during and after the 2014's Umbrella Movements. In this chapter, an introduction, background of the Hong Kong and worldwide problems, the research questions and hypotheses, the theoretical framework, the purpose of the study, the nature of the problem, the definitions of keywords, assumptions, scope and delimitations, and limitations of this study are provided.

In Chapter 2, literature review started with search strategies, and important studies on depression, posttraumatic stress in war affected populations throughout the world. Studies on depression and posttraumatic stress during and after the Umbrella Movements in Hong Kong populations were reviewed. Studies on resilience and its theories of three models were also reviewed.

Chapter 2: Literature Review

Introduction

The purpose of this study was to examine if resilience mediated the relationship between political oppression and levels of depressive and trauma symptoms in Hongkongers. Political oppression can be understood as the act of a political power or under the power of governmental authority restricting the people by threatening use of force against the oppressed for political reasons (DaFonseca et al., 2016). Resilience can be defined as an ability or an adapted process to recover from adversity (Caisley et al.; 2018; Wessells, 2018).

In this study, a correlational research design was used to examine the degree of political oppression associated with levels of depressive symptoms and trauma symptoms. This study also examined mediator relationships. The degree of perception of self, perception of future, structured style, social competence, family cohesion, and social resources as factors of resilience whether mediated the relationship between experience of political oppression and levels of depressive and trauma symptoms in Hongkongers were determined. In this chapter, the research and literature related to resilience, political oppression, depression, and posttraumatic stress were analyzed.

In this study, “Hongkongers” refers to the people of Hong Kong who have a permanent Identification card or were born in Hong Kong. Individuals who have entered Hong Kong from other countries for a short period of time to visit, study or work are not considered “Hongkongers”. Hongkonger as one of the Asian ethnic subgroups was

understudied with respect to the topic of political oppression, mental disorders, and resilience (Chang et al., 2020; Huang et al., 2017). Hongkongers have been exposed to political oppression but neglected in the research.

There was literature that addresses research on resilience in individuals with traumatic experiences. Caisley et al. (2018) recommended for future study in traumatized populations: “Future research should scrutinize whether resilience factors function as a complex interrelated system that benefits mental health resilience after childhood adversity” (p. 2). There was also literature that addresses the prevalence of depression and posttraumatic stress during political unrest in Hong Kong populations (Chan et al., 2017; Chang et al., 2020; Galea et al., 2020; Huang et al., 2017). Galea et al. (2020) identified 52 studies and found that people's exposure to political oppression could lead to adverse mental health problems. Galea et al. (2020) suggested: “Future research on interventions targeting risk factors for psychopathology and enhancing resilience is warranted” (p. 240).

Research Strategies

Sources for literature review on political oppression, depression, trauma, and resilience among Hongkongers and populations from other areas around the world were found from the Walden University Library. Information and historical data related to Hong Kong Basic Laws and the Umbrella Movement were found through the official websites of local government and universities. A systematic search through databases on the Walden University Library in the English language from 2016 to 2020. EBSCO,

PsycINFO, and CINAHL, and the European Trauma study official website were used to find peer reviewed journals for theories of resilience in children and adult populations. Books on the subject were found through Google and Amazon. Additional publications were cited from Asian American Journal of Psychology (AAPA). Keywords used included: Hong Kong, political oppression, psychotraumatology, resilience, Hongkongers, Hong Kong political movements, Hong Kong Umbrella Movements, Hong Kong Anti-Extradition Bill Movement, depression, and PTSD in HK.

Depression and Posttraumatic Stress Among War-affected Populations

Depression and posttraumatic stress disorder are psychiatric conditions which are defined in the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (American Psychiatric Association, 2013). People with depression and posttraumatic stress disorder have had poorer mental health outcomes such as experiencing trauma, stress, anxiety, sleep problems, and reduced functioning (Aoun, Gerges, & Joundi, 2018; Nuttman-Shwartz et al., 2016).

Studies have found that for both adults and children in war-related countries, exposure to political oppression can lead to profound psychological outcomes such as depression and posttraumatic stress (Beagley et al., 2016; Kar, 2019; Kazlauskas & Zelviene, 2020). Political oppression includes political violence, political imprisonment, and forced displacement (Kazlauskas & Zelviene, 2020). These studies supported theories of psychotraumatology that suggest that political oppression is a risk factor for depression and posttraumatic stress disorders in all populations. The term

"psychotraumatology" refers to the study of psychotrauma which focuses on the study of posttraumatic stress disorder (PTSD), complex PTSD, prolonged grief disorder, and adjustment disorder (Augsburger & Maercker, 2019). Aoun et al, (2018) conducted a cross-sectional study (*N*=450) to measure Syrian refugees aged between 14 and 45 years, living in North Lebanon. These people were living in war-affected areas. The results indicated that 47.3% of refugees had PTSD and depressive symptoms after the exposure to traumatic events.

Studies also found that exposure to political oppression or war-related trauma events could lead to adverse mental health outcomes. Galea et al. (2020) reviewed 52 studies (*N*=57,487) from 20 countries or regions. The findings showed that the prevalence of posttraumatic stress disorder ranged from 4% to 41% and major depressive disorder increased by 7% following a political protest in riot-affected areas. The findings of depression and PTSD also showed that sociodemographic factors such as gender and socioeconomic status were associated with depression and PTSD. Poorer resilience and the loss of social support were also risk factors. Children living in riot-affected areas were at higher depression risk (Galea et al., 2020).

Depression and Posttraumatic Stress Among Hongkongers

The increase of depression and posttraumatic stress disorder among Hongkongers due to unprecedented political oppression by China has become Hong Kong's major burden in mental health, education, and social services (Chang et al., 2020; Huang et al.,

2017). Studies supported theories that individuals who have been exposed to political oppression or traumatic events led to mental health problems.

Chan et al. (2017) conducted studies (*N*=1170) to measure the longitudinal patterns and predictors of depression before, during, and after Hong Kong's 2014 Umbrella Movement. This study found four trajectories after a major political movement: 22.6% resistant, 37.0% resilient, 32.5% mild depressive symptoms, and 8.0% moderate depression. Chan et al. (2017) pointed out that individuals who had more family support, better self-related health, and fewer depressive symptoms compared to those who had less family support.

Galea et al., (2020) measured depression and related symptoms for Hong Kong citizens *(N*=1112) among participants and non-participants of the Anti-Extradition Bill protests in 2019. This study examined the mediating effect of disruptions to daily routines such as eating/sleeping habits between socioeconomic status and mental health in the face of potentially traumatic events. Findings showed that 52.2% of respondents participating in the Anti-Extradition Bill protests were with higher educational attainment and protective of depression among both participants and non-participants of this movement. However, 50.3% of the socioeconomic gradient was affected by daily routine disruptions among participants compared with 8.3% among non-participants. Study conducted by Lau et al., (2020) focused on relationships between anticipation of socio-political developments and mental health (depression, trauma, and life satisfaction) in 420 Hong Kong adults. Lau et al. (2020) found that anticipated deterioration in socio-political

developments was significantly associated with depressive symptoms, mood distress, sense of security, and life satisfaction. Results of this study indicated that 71.7% of the participants had pessimistic anticipations over socio-political developments and 11.3% of the participants reported having probable depression and life satisfaction.

Chang et al. (2020) found that probable depression and posttraumatic stress disorder were reported in 11.2% and 12.8% of 1,213-1,376 participants in 2019's Anti-Extradition Bill movement, compared with 1.9% during 2009-2014 and 6.5% in 2017 after the Occupy Central Movement in Hong Kong. There have been teenagers (age 12-19) participating in and arrested during the Anti-Extradition Bill movement and this could be the major cause of depression and posttraumatic stress in Hongkongers since 15% of arrested and injured were protesters aged under 18 (Chang et al., 2020).

According to Hong Kong's increased suicide rates, Hall et al. (2020) found that political unrest was the major risk factor causing depression and suicide in Hong Kong. Hall et al. (2020) focused on political protesters (N=1112) aged 15 or older during the first three weeks of July 2019. There 25.7% of the respondents reported probable depression and 9.1% reported suicidal ideation. The study found the prevalence of probable depression and suicidal ideation were higher than during the 2014's Umbrella Movement due to the exposure to massive political movements and the degree of political oppression such as police violence increased in Hong Kong.

Galea et al. (2020) reviewed five studies during 2015 – 2017 focused on Hong Kong's 2014 Umbrella Movement/Occupy Central found the prevalence of probable

depression was 1.5% before the Umbrella Movement, increased to 6.3% in the first month of the movement, 6.8% in the third month, and 8.5% in the sixth month. A year after the Umbrella Movement, resistant (22.6% of sample), resilient (37.0%), mild depressive symptoms (32.5%) and persistent moderate depression (8.0%). Comparatively, Galea et al. (2020) also reviewed findings of studies from Northern Ireland based on 1969 Northern Ireland riots and found no differences in antidepressant prescriptions and a decline in health care for depression. According to the effects of political movements on depression among children, during the Arab Spring in 2011 was 62% closer to Tahrir Square Revolution (Moussa et al., 2015). However, studies found participation in nonviolent collective actions was not associated with depressive sequela (Lau et al., 2017). Studies also found that factors of resilience have played critical role in reducing symptoms of depression and trauma (Wessells, 2018)

Resilience and Other Factors

Resilience has been found across studies to be a mediating or moderating variable to sociopolitical oppression, trauma, depression, and healing in traumatized populations. Resilience can be defined as the ability to cope with and recover from adversity (Caisley et al., 2018; Wessells, 2018). Resilience has been conceptualized as a capacity, personal strength, flexibility for learning how to cope with mental health difficulties after experiencing adverse traumatic events (Alghamdi, 2020; Caisley et al., 2018). Alghamdi (2020) conducted a cross-sectional study from 367 Saudis found 72% reported at least one traumatic event in their lives. 40% of them met the criteria for PTSD diagnosis; 45%

and 60% reported anxiety and depression. Alghamdi (2020) found that people who live in war zones are more likely to be exposed to war events with increased risk for PTSD, depression, anxiety, and other mood disorders. The participants of this study live at the southern border or a conflict region. However, resilience plays a significant role as a protective factor against trauma and depression in this study. Craparo et al. (2018) argues that individuals with better attachment style tend to have higher levels of resilience and lower levels of emotional problems. In other words, family and social support may change the outcome after experiencing adverse events. Alghamdi (2020) found women had higher levels of resilience than men because men had been exposed to war zones more than women; individuals with better attachment style showed higher levels of resilience; and lower education levels showed lower resilience which impacted their capacities to recover from trauma.

Education. Education often serves as a moderating factor in the relationship between resilience and mental health after the experience of traumatic events. Alghamdi (2020) found significant differences in resilience and educational levels in war-related populations in Saudi Arabia. Findings of the study showed that participants with postgraduate education were less likely to be impacted by their exposure to traumatic events compared to those who had lower levels of education. In other words, higher levels of education were associated with higher resilience while lower levels of education were associated with higher levels of posttraumatic stress and depression. Those with lower levels of education also are more likely to have poorer coping skills, insights,

making it difficult to heal from traumatic experiences. Laban et al., (2019) conducted studies to measure individual resilience after experiencing trauma in refugees and non-refugee Dutch adolescents. Refugees reported more trauma and depression than individuals in the non-refugee group. Studies found that in the refugee group, levels of education varied and was difficult to determine because some of them might be with an educational system that was difficult to compare with that of the new country. Language becomes a new barrier for refugees. But various educational levels were associated with levels of individual resilience in the non-refugee group.

Social support. Social Support serves as a moderating factor in the relationship between resilience and adverse life experiences. Guo et al., (2020) found community resilience enhances one's social support which is essential to psychological recovery from trauma. Hamby et al. (2020) found interpersonal strengths such as peer and family support helped development of resilience and that could contribute to recovery from adversity. Hannigan, Jones, and Marie (2018) reviewed studies regarding cultural ties with the development of resilience in Palestinian populations. Studies have found that shared identity, community collaboration and increased social ties helped to increase a sense of wellbeing and collective strengths (Hannigan et al., 2018).

Age. Age is a significant factor in trauma-related populations around the world. There is a prevalence of posttraumatic stress and depression among children and youth. Children and youth have been exposed to wars and political oppression in many countries. Hamby et al. (2020) conducted a study to measure 440 age 10-21 American

youth from states of AL, GA, MS, and TN to measure mental health problems and resilience after the exposure to traumatic events. In the sample, 89.3% American youth reported one or more victimizations. 47.1% of them reported adult perpetrated offenses. The study found “a sense of purpose” was the only strength that contributed to resilient mental health with other strengths and controlling for victimization. In the resilient mental health group, older youth were more likely to report poorer mental health than younger youth after exposure to poly-victimization. Fayyad et al. (2017) conducted a study with a sample of (*N*=710) adolescents who have recently been exposed to wars in Lebanon. There were 252 students out of the 710 exposed to war events. 38% of them had post-war mental health issues. Findings showed that resilience was related to being male, using problem-solving techniques, having leisure activities, and having support from parents and others.

Gender. Gender is a risk factor in adverse experiences in young people. Results of studies conducted by Fayyad et al. (2017) found that war-exposed male students in Lebanon had lower scores on PTSD compared to female students. Studies have found a higher risk of post-traumatic stress in girls after exposure to traumatic events. “Experiencing fear of war” and “denying fear of war” were related to scores on PTSD. Scores on Child-Revised Impact of Events Scale (CRIES) as the outcome reflected the protective effects of denying fear of war in boys. Fayyad et al (2017) also found being a boy was one of the significant factors related to resilience in youth and adolescents.

Resilience Theories

Many studies have found that resilience as a strengths-based approach to research and clinical practice is effective for traumatic individuals (Caisley et al., 2018). Masten (2018) defined resilience: "Resilience is defined as the capacity of a system to adapt successfully to significant challenges that threaten its function, viability, or development" (p. 12). Resilience and the study of resilience have been recognized as processes and as outcomes in multiple systems or disciplines (Breda, 2018; Masten, 2018). Resilience theories focus on how individuals learn and develop resilience skills from their adverse life experiences and mental distress (Caisley et al., 2018).

Resilience study was recognized and emerged around 1970, following decades of practice and research on trauma and stress in individuals and families (Cicchetti, 2016; Master, 2018). Resilience theory was originally from Darwin's natural selection and Freud's personality theories (Masten, 2018). In the aftermath of WWII, scholars started to seek a better understanding of how adverse experiences such as war, violence, torture, political disasters, and so on threaten individuals and their recovery (Masten, 2018). Soon after, the research focused on adversity, psychopathology, and positive adaptation or resilience in children and families were recognized (Gottesman, 1974; Masten & Cicchetti, 2016). Resilience theory has its roots in the study of adversity and trauma (van Breda, 2018). Models of resilience have been viewed as integrating model and protective factor model. There are three components involved in these models of resilience: adversity, outcomes, and mediating factors (van Breda, 2018). Throughout the years,

researchers have built theories of family resilience and individual resilience. Researchers now recognize the emergence of development systems theory as an integrative framework in resilience science (Masten, 2018).

Integrating Model

The theory of integrating models is based on theories and disciplines of family and developmental systems, resilience, psychopathology, and ecology (Bronfenbrenner, 1979; Lerner et al., 2013; Masten, 2018). The integrating model reflects how individuals to be adapted into the environment for mental and behavioral changes through learning. The integration of an individual's positive change from adversity would be reflected in the interaction effects among individual, relational, family, and community (Barnes & Masten, 2018). In addition to relational attribution, secure attachment relationships, productive social relationships with friends, family, teachers, and romantic partners are important factors that help to achieve the goal of recovery. Social and family support often seem significant to integrating models.

Protective Factor Model

The protective factor model focuses on boosting the supportive resources or assets available to children and families (Garmezy, 1992; Masten, 2018). Norman Garmezy was considered as one of the most important founders of research in resilience (Moore, 2020). His research on how protective factors such as motivation, cognitive skills, social change, and personal voice to prevent mental challenges (Garmezy, 1992). Zimmerman (2013) explained that there are two types of protective models: risk-protective and protective-

protective. Risk-protective models indicate that all promotive factors are used to moderate or reduce the risks and traumatic outcomes, whereas protective-protective models focus on enhancing the positive effects of protective factors for an expected outcome (Zimmerman, 2013). When adversity is on a high score, protective factors such as assets or resources are used to change negative outcomes (Barnes & Masten, 2018). Individual's self-efficacy and self-esteem are considered as assets and resources are mostly associated with social or family support which contribute to health development (Mastern, 2018).

Challenge Model

Rutter (1987) first introduced the challenge model of resilience which made possibilities to youth to overcome negative outcomes from adverse experiences. Rutter (1987) believed that the relationship between a risk factor and an outcome is curvilinear which means that the low and high levels of a risk factor are associated with negative outcomes. But a moderate level of a risk factor is associated with less negative outcomes or positive outcomes. In other words, individuals' exposure to modest level of risk help to develop coping mechanisms in order to overcome mental health difficulties.

Resilience for Depression and Posttraumatic Stress

High level of resilience is often recognized to have a correlation to psychological recovery from adversity in war-affected children and adults (Barnes & Masten, 2018; Masten, 2018; Wessells, 2018). Resilient individuals are less likely to develop PTSD and other psychiatric morbidity following a traumatic event (Alghamdi, 2020; Fino et al.,

2020). Resilience has been conceptualized as personal strength, flexibility, and the ability to master and to be adapted to the new environment after experiencing a traumatic event (Riccio et al., 2018). In other words, resilience has protective factors that can be used for traumatic individuals to improve resilience skills.

Alghamdi (2020) pointed out that people who live in war zones are likely to experience trauma with increased risk for PTSD, depression, and anxiety. However, resilience has been found to be a protective factor against trauma and depression (Alghamdi, 2020). This supports Garmezy's (1992) protective factor models of resilience. Alghamdi (2020) found differences in resilience regarding education, gender, and attachment style and this reflects protective factors that have played significant roles in the relationship among resilience, depression, PTSD, and anxiety. For example, the study found higher levels of education had higher levels of resilience and lower levels of PTSD and other mental health issues.

In Fino et al's (2020) study, findings indicated war-affected refugees with higher levels of resilience weakening the effects of traumatic exposure on PTSD development. Results shed light on the ways that resilience has influenced the relationship between war trauma exposure and PTSD. Findings support the role of resilience and resilience as a mediator of the relationship between experience of political oppression and level of trauma symptoms. But findings do not support resilience as a mediator of the relationship between experience of political oppression and level of depressive symptoms.

Summary of Literature Review

In this chapter, there was a review of the literature related to depression and post-traumatic stress of war-affected children and adults around the world, resilience, and other factors, and resilience theory. It is believed that political oppression has brought mental health concerns in Hong Kong populations, especially the young protesters. The increased rates of depression and post-traumatic stress caused by the exposure to traumatic events during unrest, war, or political movements in Hong Kong and other countries have been found in studies.

Education, gender, age, and social support have been found in studies that they could be important factors affecting resilience against adversity. Current research on war-affected children and adults have shown important results in depression and posttraumatic stress and other mental health distress. However, there was a space for this research to seek if Hong Kong, now under China's political oppression, the people's mental health distress can be recovered through learning resilience skills.

There has been less research that focused on resilience of political or war-affected children and adults in Hong Kong. The literature review has shown that war or political oppression directly impacts the mental health of children and adults. But protective factors such as education, personal voice, family, and social support help to prevent PTSD development and symptoms of depression. Throughout the literature review, the current resilience framework recognizes individuals' social ecology, family system, and individual strength-based approach contribute to recovery from adversity. Both individual

and family-centered concepts of resilience models have roots in shaping resilience theory. The reviewed literature indicated that interactions among family systems and social ecology have supported the process of healing. Models of resilience have also contributed to overcome negative effects of risk war exposure. In Chapter 3, findings of this research explained the relationship between resilience, political oppression, and levels of depressive and trauma symptoms.

Chapter 3: Research Method

Introduction

The findings of this study were used to explain the relationship between resilience, political oppression, level of depressive symptoms, and level of trauma in Hongkongers. My role in this study was an independent investigator, observer, and data collector. The nature of this exploratory study was quantitative research. In this study, the research process was deductive. A correlational design was used to assess how resilience mediated the relationship between experience of political oppression and levels of depressive and trauma symptoms in Hongkongers. The integrating model and protective factor model would predict lower levels of depressive and trauma symptoms due to higher levels of resilience (Barnes & Masten, 2018). The challenge model of resilience would predict the lower and higher levels of political oppression are associated with negative outcomes or higher levels of depressive symptoms and trauma symptoms (Rutter, 1987). But a moderate level of political oppression is associated with less negative outcomes or lower levels of depressive symptoms and trauma symptoms (Rutter, 1987). This model predicts if exposure to the moderate levels of political oppression would help resilience development for mental health recovery. The challenge model suggests that moderate levels can enhance an individual's adaptation in essence because the experience prepares the individual for the next challenge (Rutter, 1987; O'Leary, 1998). This quantitative analysis demonstrated the correlational relationship between experience of political

oppression and levels of depressive and trauma symptoms as mediated by resilience in Hongkongers.

Purpose

The purpose of this study was to explore how resilience mediated the relationship between experience of political oppression and levels of depressive and trauma symptoms in Hongkongers. To address the purpose, this research analyzed results of resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediated the relationship between experience of political oppression and levels of depressive and trauma symptoms. Models of resilience such as the integrating model, the protective factor model, and the challenge model were used to analyze this relationship. Three research questions in this study were addressed and answered.

Research Questions/hypotheses

RQ 1 -Does experience of political oppression correlate with level of depressive symptoms and level of trauma symptoms in Hongkongers?

H1-Experience of political oppression correlated with level of depressive symptoms and level of trauma symptoms in Hongkongers

H01-Experience of political oppression does not correlate with level of depressive symptoms and level of trauma symptoms in Hongkongers.

RQ2- Are there significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support?

H2- There are significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support.

H02- There are no significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support.

RQ3- Does resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediate the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers?

H3-Resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediates the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers

H03-Resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources does not mediate the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers

Research Design and Approach

Quantitative approach was selected because it has a more scientific and objective result than a qualitative research method indicated for this study. This study had a clear expectation for the measurement of resilience which reflected how resilience mediated the relationship between experience of political oppression and levels of depressive and trauma symptoms. A qualitative research approach could not measure the mediating effect for this study.

There were four scales (BDI, PCL-C, OQ, and RSA) used to measure level of depressive symptoms, level of trauma symptoms, degree of political oppression, and level of resilience of 50 Hongkongers residing in the United States, the United Kingdom, Canada, Australia, Europe, Japan, Taiwan, and other free countries. This research was not supervised directly by a licensed psychologist since it went through online testing. The dissertation chair was the supervisor when questions or concerns came up during the testing. There were resources provided such as Hong Kong Suicide Hotlines including the Suicide Prevention Services for risk if any participant scores in an extreme range and needed care. The results of the test were not shared with any individual or organization due to privacy concerns. A demographic questionnaire was used to collect data for age, gender, education, and family support. Since the official language of Hong Kong is English, translation was not needed for this study.

A mediation model was used to examine whether resilience mediated the relationship between experience of political oppression and levels of depressive and

trauma symptoms among Hongkongers. Mediation model can be explained as when the direct effect of X (independent variable) on Y (dependent variable) is transmitted by a third variable M (Warner, 2020). In this study, the relationship between experience of political oppression (X) and the levels of depressive and trauma symptoms (Y) as mediated by the mediator (M) was determined and analyzed. The predictor variable (X or degree of experience of political oppression) was expected to be significantly correlated with the outcome variable (Y or levels of depressive and trauma symptoms). The predictor variable (X), degree of political oppression was expected to be significantly correlated with the mediator variable (M or resilience).

The mediating variable in research Question 3 includes perception of self, perception of future, structured style, social competence, family cohesion, and social resources. The result was analyzed through Pearson's simple bivariate correlation coefficient (r). The results also reflect the relationship between the dependent variable (Y) and the mediating variable (M) must be statistically significant (Warner, 2020; Warner, 2021). In this study, multiple regression was used to determine if the relationship between the mediating variable resilience (perception of self, perception of future, social competence, family cohesion, and social resources) and levels of depressive symptoms and trauma symptoms was statistically significant.

Methodology

Population and Sample

The population being surveyed in this study were male, female, and cisgender Hongkongers (age 18+) that resettled as political refugees in free countries. The sample of this study was 50 Hongkongers who have experienced political oppression in Hong Kong during the Anti-Extradition Bill Movement in 2019 and 2020. Due to political reasons, I invited participants one-by-one through online surveys.

Sample Size

To calculate the sample (N=50) for this study, a Power analysis was conducted . The results indicated a needed sample of 50 participants. The analysis includes effect size, the power of the study, and level of significance. An effect size measures the strength of the effect between the independent and dependent variables (Warner, 2020). A moderate effect size of (f^2 =0.30) was sought in this study. The power of the study defines the probability that the test was able to find a statistically significant difference when a difference exists in the study (Warner, 2020). A power of 80% was used in this study. Level of significance represented by *alpha*. It is defined as the fixed probability of a wrong rejection of a Type I error when in fact, it is true (Warner, 2020). The value of *alpha* is often set at 0.05 ($p \leq 0.05$) (Martin & Bridgeman). In this study, a sample size of 50 Hongkongers to improve better participation among age, gender, education, and family support was measured. At (f^2 =0.30; p =0.05) with a Power of 0.08, the sample size was ≥ 45.

Participants

The participants in this study were surveyed individually. There were males and

females with all ages from 18+. Surveys were conducted through Survey Monkey individually. A purposive sampling was used to reach the number of sample size. A purposive sample of the Hong Kong expats was defined for the purpose that's relevant to this study. The participants were selected and invited one by one by the researcher via private message on Twitter. During the survey, over 270 people were invited but only 50 of them participated in the study.

The participants had to be Hong Kong expats resettled in free countries and experienced Hong Kong Anti-Extradition Bill Movement. The research requirements and guidelines of the American Psychological Association were followed. This research obtained approval from the Walden University Institutional Review Board. Approval number is 12-01-21-00593000.

Instrumentation and Measures

This research used the Beck Depression Inventory (BDI), PTSD-Checklist-Civilian Version (PCL-C), Oppression Questionnaire (OQ), The Resilience Scale for Adults (RSA), and a short demographic form. The BDI and the PCL-C were used to measure dependent variables (DV) including levels of depressive symptoms and trauma symptoms. The OQ and RSA were used to measure independent variables (IV) including degree of experience of political oppression and resilience.

Administration was not supervised directly by a licensed psychologist since this was an online testing. But the dissertation chair answered questions for administration. The testing results could be shared with participants. If a participant needed help during or

after the test, he or she would be provided resources for mental health treatment or suicide prevention services if needed. This was part of the informed consent process.

Demographic Information Form

The demographic form was used to collect descriptive data from participants about their age, gender, education, and social support during and after the experience of political oppression. For each participant, I also asked the participant current location or the name of country. Questions were short and easy to understand. The questionnaire was provided in English. For safety and privacy concerns, no personal information from participants was collected.

Beck Depression Inventory II (BDI-II; Beck, Steer, & Brown, 1996)

To measure depressive symptoms, the 21 self-report items of Beck Depression Inventory II (BDI II) Scale has been used for individuals aged 13- to -80 (Pearson, 2019). The BDI-II scores correlate with measures of depressive symptoms, suicidal ideation, and anxiety (Pearson, 2019). Scores (a continuous score and a categorical score) for depression also meet the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria (APA, 2020). The measure of depressive symptoms in this study was a continuous variable. The BDI II demonstrates high internal consistency ranges from 0.73 to 0.92 with a mean of 0.86, alpha coefficients of 0.86, and 0.81 for psychiatric and non-psychiatric populations (APA, 2020). The BDI II also has a high level of internal consistency and correlations with other depression-related measures in Asian populations (Park et al., 2019). The BDI II Cantonese version has been used to

measure Hong Kong populations with depression disorder (Li et al., 2020). But for the measurement of depressive symptoms, only English version was used for this population. The psychometrics of these two versions are similar. It does not need to request permission to use BDI II English version and PCL-C since they are available in the public domain. Surveys were conducted through Survey Monkey online so that there was no licensed psychologist to supervise the measurement. However, the dissertation chair answered questions when needed.

PTSD-Checklist-Civilian Version (PCL-C; Weathers, Litz, Huska, & Keane, 1994)

The 17 items of the PTSD-Checklist-Civilian Version (PCL-C) measures the key symptoms of posttraumatic stress disorder (PTSD). There are two versions of the PCL: PCL-M (symptoms caused by military experiences) and PCL-C (applies to any traumatic event) (Weathers et al., 1994). The PTSD-Checklist-Civilian Scale is based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria (Chang et al., 2020). McDonald et al., (2019) found high validity of PCL-C in Somali refugee youth in Kenya. Change et al. (2020) also found scores range from 6 to 30 with a sensitivity of 0.92 and specificity of 0.72 for PTSD in Hong Kong populations who have been exposed to traumatic events during political movements.

There was no supervisor to supervise the use of PCL-C. The dissertation chair was consulted on how to accurately use the measuring tools. Resources were provided for risk if any participant needed support for mental health treatment or suicide prevention

services. Aggregate results were only delivered to the participants. Results were not delivered to any individual or organization in Hong Kong due to political safety concerns. For this study, participants and the researcher did not contact each other after the survey.

Oppression Questionnaire (OQ; Victoroff, 2005)

The 32-item of Oppression Questionnaire (OQ) was used to measure the subjective experience of oppression. The OQ includes the beliefs of discrimination, injustice, humiliation, control, and abuse (Victoroff, 2005). Questions include 5, 6, 7, 8, 13, 14, 15, 16, 21, 22, 23, 24, 29, 30, 31, and 32 address the subjective experience of feeling oppressed, and questions include 1, 2, 3, 4, 9, 10, 11, 12, 17, 18, 19, 20, 23, 24, 25, and 26 address beliefs that the subject attributes to the oppressive ingroup (Victoroff, 2005). The Oppression Questionnaire has been examined to have high reliability (Cronbach's α .95) and consistent validity (Victoroff, 2006; McConochie, 2017).

The original data file of this scale showed that it consisted of term scores for the 32 OQ items and scores on the 21-item BDI scales (McConochie, 2017). This study used the 32-item questionnaire to measure the experience of political oppression. This questionnaire was provided in English only. For safety and privacy concerns, no personal information was collected.

Resilience Scale for Adults (RSA; Friborg et al., 2005)

Resilience refers to positive functioning in the face of adversity (Breda, 2018). Resilience skills are critically important for interventions, and they can be developed through learning in young people (Caisley et al., 2018). Resilience enhancing factors can

reduce the risk of psychopathology after the exposure to traumatic events (Caisley, 2018). Therefore, this study used The Resilience Scale for Adults (RSA) to measure resilience as a mediating variable in Hongkongers.

The 33-item Resilience Scale for Adults (RSA) was used to assess six factors of resilience: perception of self (6 items), perception of future (4 items), structured style (4 items), social competence (6 items), family cohesion (6 items), and social resources (7 items) (Friborg et al., 2005). Six factor of resilience have both positive and negative answers. The RSA indicates that Cronbach's α for the global scales were MAS=0.875, REL=0.903, which is consistent with other studies (Friborg etl al., 2005). In Hong Kong studies, there is a lack of resilience assessment tools with good psychometric properties for assessing Hong Kong populations (Cheung et al., 2020). However, this study used the RSA to assess resilience in Hong Kong expats. This inventory was provided in English only. For safety and privacy concerns, there was no personal identifying information to be collected.

Research Procedure

For collecting data, participants were recruited through Twitter's private message. The study information was posted on Surveymonkey.com. It went through purposive sampling. The participants were invited one-by-one by the researcher via Twitter's private message. The link was sent to participants one-by-one for the survey. No translator needed for this research since the official language in Hong Kong is English. There was no face-to-face interview at any location. No E-mail contact since this study

went everything anonymous for all participants. To prepare well for the research, all inventories, the consent form, and the flyer were complete and included. There over 270 invites were sent to participants one by one around the world and had 50 of them completed the survey. For participants, if they were not complete, the participants were free to not complete the survey.

Data Storage and Analysis

For safety and privacy concerns, all collected data was locked in a locked file for at least five years from the date of final publication. Once the research has been done and the collected data not in use after five years, all research data including forms used, test results, and data analysis will be destroyed by the researcher. All collected data must be used for research analysis only. No participants to be identified by personal information such as name, identification number, and date of birth. In this study, SPSS Version 28 was used to analyze data. Descriptive statistics such as age, gender, education, and family support were used to analyze the demographic data. Analysis of multiple regression was used for mediator models. It ensures the mediation effect of R or resilience skills after controlling for the experience of political oppression. The simple regression analysis was used to explain significant relationships. In addition to how to measure the relationships between variables, Person's r correlation was used to explain continuous variables.

Threats to Validity

The validity discussed in this study was in the context of measurement. Threats to internal and external validity could be testing, instrumentation, and sample bias. Internal

validity refers to whether the study design, conduct, and analysis answer the research questions without bias (Andrade, 2018). External validity refers to whether the study findings can be generalized to other populations (Andrade, 2018). If different instruments were used in different measurements on different days, which might cause changes in outcomes. This is a threat to internal validity. The sample bias which does not represent the population may cause a threat to external validity (Surucu & Maslakci, 2020). If a sample bias exists, the sample cannot be generated to other populations (Andrade, 2018). For this reason, to reduce the validity threats is important to the entire research. Surucu and Maslakci (2020) suggest that researchers should clearly define the research problem, construct hypotheses on a theoretical basis. and to use valid and reliable measuring instruments to collect data.

Ethics

Ethics was important to this research since participants were politically sensitive even though they have resettled in free countries. For safety and privacy concerns, identifiable information such as name, date of birth, address, and ID number of participants was not asked and collected. The participants' safety and privacy were protected. During the survey, the participants were allowed to quit the survey with any reason. They were free to quit it without any explanation. An informed consent form was provided for all participants to read before taking the survey. This form was found from the research center of Walden University.

Summary

In this study, correlational research was used to measure resilience as the mediator of the relationship between political oppression and levels of depressive and trauma symptoms. In Chapter 3, research methods for this study were reviewed. The introduction, the purpose, the research questions, the hypotheses, the research design and approach, the population and sampling, the instruments and measures, the data storage and analysis, the threats to validity, and the ethics were written. In Chapter 4, the results of this study are presented. In Chapter 5, all findings of this study and recommendations for future research are analyzed and discussed.

Chapter 4: Results

Results

The purpose of this study was to examine the relationships between political oppression and levels of depressive symptoms and trauma symptoms as mediated by resilience in Hongkongers residing in free countries. A mediation model was used to address all research questions for this study.

RQ1 – Quantitative: Does experience of political oppression correlate with level of depressive symptoms and level of trauma symptoms in Hongkongers?

RQ2 – Quantitative: Are there significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support?

RQ3 – Quantitative: Does resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediate the relationship between political oppression and levels of depressive and trauma symptoms in Hongkongers?

Analyses of this study were tested at the $p = 0.05$ level of significance using SPSS Statistics Version 28. The alternative hypotheses for this study, corresponding with RQs 1-3 were:

$H1_A$ – Experience of political oppression correlated with level of depressive symptoms and level of trauma symptoms in Hongkongers.

H2$_A$ – There are significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support.

H3$_A$ – Resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediates the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers.

The sample size of this study was $N = 50$. Data was collected from December 10, 2021, to February 10, 2022. A description of demographics, measures, participants, hypothesis, analyses, results, and a summary of results was written in this section.

Demographics

The participants in this study were 50 Hongkongers who live in free countries including the United States, the United Kingdom, Canada, Australia, Japan, Taiwan, Europe, and countries that are not specifically listed or as "other". Mean and standard deviation of participant age is presented in Table 1. The ages of the participants ranged from 18- to- 60 and older. There were 22 participants between 18-29 years old; 12 were between 30-39 years old; six were between 40-49 years old; five were between 50-59 years old, and five participants were between 60 years old and older. The 50 participants included 30 males, 19 females, and one not sure about gender identity. The mean age of the participants was 31.8 years old. The standard deviation was 1.36 (Table 1).

In Table 2, descriptive statistics and frequencies were used to analyze the characteristics of the sample (Age, gender, education, countries to live, and family support).

Measures

Participants answered all the demographics survey questions. Participants were also given four instruments to access the levels of depressive and trauma symptoms, political oppression, and resilience in Hongkongers from the United States, the United Kingdom, Europe, Canada, Australia, Taiwan, Japan, and other free countries. The entire measurement was in English. In Table 3, data shows mean of political oppression, resilience, and levels of depression and PTSD. The PTSD and BDI scales scored by age, gender, education, and family support were also in Table 3.

Oppression Questionnaire (OQ) Scale

The OQ scale was used to measure and determine the level of political oppression among Hongkongers. Hongkong participants' level of political oppression with a Cronbach's alpha of 0.95 was reliably measured. This scale ranged from 0.00 (not at all) to 3.00 (a great deal or high oppression). For the score of oppression levels, high scores reflect Hongkongers' feeling of being oppressed are high. Low scores reflect feeling of being oppressed are low.

In this sample (N=50), the mean score was 76.24 between the lowest 24 to the highest 98 showing a strong feeling of being oppressed to Hongkongers (Table 3). There

were 2% scored between 24:00-29:00, 2% scored between 97:00-98:00, and 46% scored between 29:00-96:00 (Table 3).

Beck Depression Inventory II

BDI-II was used to determine depression scores of Hongkongers. The overall self-reported levels of Hongkong participants in this sample with a Cronbach's alpha of 0.91 were reliably measured using the BDI-II scale. In this sample (*N*=50), 8% between 5-10 were considered as normal, 30% between 11-16 considered as mild, 18% as Borderline clinical depression, 18% as moderate, 24% as severe, and 2% as extreme depression.

PTSD Checklist-Civilian Version (PCL-C)

Posttraumatic stress scores of Hongkong participants were determined using the PCL-C scale. The PCL-C reliably measured the self-reported levels of Hongkongers in this sample (*N*=50) with a Cronbach's alpha of 0.90. The scale ranged from 1 (not at all) to 5 (extremely or high posttraumatic stress). In this sample, 10% between 17-29 were considered to have mild traumatic symptoms, 46% between 30-44 as moderate, and 44% between 45-81 as having severe traumatic symptoms.

Resilience Scale for Adults (RSA)

The level of Hongkongers' resilience was determined by using the Resilience Scale for Adults (RSA). There were six factors with negative questions measured including perception of self (Q1-6 Resilience 1), perception of future (Q7-10 Resilience 2), structured style (Q11-14 Resilience 3), social competence (Q15-20 Resilience 4), family cohesion (Q21-26 Resilience 5), social resources (Q27-33 Resilience 6). The resilience

scores of Hongkong participants with a Cronbach's alpha of 0.88 was reliably measured. This scale ranged from 1 (strongly disagree) to 5 (strongly agree). Negative questions ranged from 5 (strongly disagree) to 1 (strongly agree). Higher scores reflect higher resilience, and lower scores reflect lower resilience. Table 3 shows means of political oppression, resilience, depression, and PTSD. The mean score of Resilience 1 was 40.72, Resilience 2 was 24.60, Resilience 3 was 29.80, Resilience 4 was 34.80, Resilience 5 was 38.28, and Resilience 6 was 48.52. The mean scores on Resilience 1 and Resilience 6 subscales were significantly higher than the Resilience 2 and Resilience 3 subscales. It was statistically significant. From a bidimensional perspective, in Resilience 1, 66% between 40-59 considered as average level of resilience, and 34% between 20-39 as below average level. In Resilience 2, 100% between 11-34 as below average level. In Resilience 3, 100% between 16-39 were considered as below average level. In Resilience 4, 24% between 40-59 were considered to have an average level, and 76% between 18-39 as below average level. In Resilience 5, 62% between 40-59 considered to have an average level, and 38% as below average. In Resilience 6, 8% between 60-79 considered to have an above average level, 72% between 40-59 as average level, and 20% as below average.

Analysis

In this study, alternative hypotheses 1 hypothesized experience of political oppression correlates with levels of depressive and trauma symptoms. Table 4 and 5 indicated correlations between political oppression and depression. Table 6 and 7

indicated correlational relationships between political oppression and trauma. In Table 4, data showed political oppression was significantly correlated with levels of depressive symptoms among Hongkongers ($p < .05$). In Table 6, data showed political oppression was significantly correlated with levels of trauma symptoms ($p < .05$). Table 5 and 7 summarized the results of the Unstandardized Coefficient Beta and Standard Error for the relationship between dependent variables levels of depressive and trauma symptoms and independent variable political oppression.

The alternative hypotheses 3 hypothesized resilience significantly mediates the relationship between political oppression on levels of depressive and trauma symptoms in Hongkongers. Table 8 indicated a mediation analysis of resilience, political oppression, and depression. Table 9 indicated a mediation analysis of resilience, political oppression, and trauma. In Table 8, data from this study showed that among the sampled Hongkong expats, resilience did not remediate the relationship between political oppression and levels of depressive symptoms. However, in Table 9, data indicated resilience mediated the relationship between political oppression and levels of trauma symptoms. In Table 10 and 11, data showed model summary of mediation analysis in the relationship between political oppression, depression, trauma, and resilience. The data analysis was derived from the OQ scale, BDI-II, PCL-C, and RSA. SPSS Version 28 was used to analyze data. The alternative hypothesis in this study was supported by the data.

According to theory of mediation, if an independent variable (*X*) and the dependent variable (*Y*) is mediated by a third party (*M*), then the mediator occurs (Warner, 2020).

The goal of this study was to determine whether resilience (M) mediates the relationship between experience of political oppression (*X*) and levels of depression and posttraumatic stress (*Y*). The research question is listed below:

RQ3 does resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediate the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers? The following hypotheses were answered in this analysis:

H_1: Resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediates the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers.

H_2: Political oppression is significantly related to depression.

H_3: Political oppression is significantly related to posttraumatic stress

H_4: Resilience is significantly related to depressive and trauma symptoms.

The null hypotheses were:

H_{o1}: Resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources does not mediate the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers.

H_{o2}: Political oppression is not significantly related to depressive symptoms.

H_{o3}: Political oppression is not significantly related to trauma symptoms,

H_{o4}: Resilience is not significantly related to depressive and trauma symptoms

To analyze mediation, the first step was to estimate the direct effect between political oppression, depression, and trauma using bivariate regression. Between political oppression and depression, r (48) = .075, r^2 = .075, p = .019, have a statistically significant direct effect (Table 4). Political oppression has a statistically significant direct effect on trauma as the dependent variable, r (48) = .479, r^2 = .229, p = .000 (Table 6). The result supports the hypothesis that resilience mediates the relationship between political oppression and trauma symptoms.

Step two was to estimate the direct effect between political oppression and six factors of resilience through bivariate regression. Political oppression has a significant and positive direct effect on mediator resilience (Resilience 1), r(48) = .135, r^2 = .018, p = .000. It reflects a medium, and significant effect size. Between political oppression and Resilience 2, r(48) = .169, r^2 = .029, p = .000 also have a direct effect. Between political oppression and Resilience 3, r(48) = .207, r^2 = .043, p = .000 also have a direct effect. Between political oppression and Resilience 4, r(48) = .187, r^2 = .035, p = .000 have a direct effect. Between political oppression and Resilience 5, r(48) = .241, r^2 = .058, p = .000 have a direct effect. Between political oppression and Resilience 6, r(48) = .167, r^2 = .028, p = .000 have a direct effect. The results of six factors support hypothesis H_1 that resilience is significantly related to political oppression on depression and trauma.

Step three was to estimate the direct effect between resilience, dependent variables depression and trauma, and independent variable political oppression through

multiple regression. Resilience did not have a statistically significant direct effect on dependent variable depression, $r(48) = .336$, $r^2 = .113$, $p = .077$. Since $p = .077$, the finding is not statistically significant (Table 8). There is not a relationship between mediator and depression. *Ho* ($r = 0$) is accepted. Between resilience, political oppression. and dependent variable trauma have a significant direct effect, $r(48) = .565$, $r^2 = .319$, $p = .0017$ (Table 11). The overall results of the Multiple Regression Analysis showed that the variables political oppression and resilience were significant predictors of trauma, $r = .565$, $r^2 = .319$, $F(7, 42) = ,815$, $p < .05$.

Summary of Findings

The goal of this study was to find the relationship between political oppression and depressive symptoms and trauma symptoms of Hongkongers that have resettled in the United States, the United Kingdom, Europe, Canada, Australia, Taiwan, Japan, and other free countries. It was hypothesized there would be significant relationships between political oppression and levels of depression and trauma. This hypothesis was supported by the data. The direct effect of political oppression on depression and trauma were significant.

It was also hypothesized resilience would mediate the relationship between political oppression and levels of depression and traumatic stress of Hongkongers. In this study, multiple regression analysis was used to determine if resilience and political oppression could be predictors for levels of depression, $r(48) = .336$, $r^2 = .113$, $p = .077$. The result supports the null hypothesis. However, levels of trauma were predicted from

levels of political oppression and resilience, $r(48) = .565$, $r^2 = .319$, $p = .017$. There was a statistically significant correlation between political oppression and depression and trauma.

Table 1

Mean and Standard Deviation of Political Oppression, Depression and Trauma Scores

Descriptive Statistics

	Mean	Std. Deviation	N
PoliticalOppression	76.2400	15.10043	50
Depression	21.2400	9.76575	50
Trauma	43.9800	13.88508	50

Table 2

Frequency and Percentages of Demographic Variables

	Frequency	Percent
Gender		
Male	30	60
Female	19	38
Not sure	1	2
Age		
18 - 29	22	44
30 - 39	12	24
40 - 49	6	12
50 – 59	5	10
60+	5	10
Education		
Elementary	0	
High School	3	6
College	29	58
MaMs	16	32
Phd	2	4
CountryLive		
USA	11	22
UK	5	10
Canada	5	10
Australia	6	12
Europe	5	10
Taiwan	5	10
Japan	6	12
Other	7	14
FamilySupport		
No	11	22
1 GetSupport	3	6
2 FeelLovedSecure	7	14
3 SupportWorkSchool	10	20
4 ShareTimeResources	19	38

Table 3

Means of Political Oppression, Resilience, Depression, and PTSD

N Political Oppression Resilience 1-6 Depression PTSD

	N	Political oppression	Resilience1-Resilience6	Depression	PTSD
All	50	76.24	40.72 24.62 29.82 34.80 38.28 48.52	21.24	43.98
Gender					
Male	30	74.5	41.16 24.86 30.13 35.16 38.53 47.10	20.03	40.20
Female	19	77.84	41.10 24.94 30.05 34.21 37.21 50.05	22.26	48.42
Not sure	1	98.00	20.00 11.00 16.00 35.00 51.00 62.00	38.00	73.00
Age					
18 - 29	22	76.59	39.45 23.04 30.09 33.36 36.77 47.90	19.45	40.10
30 - 39	12	75.08	43.00 27.50 30.41 36.41 41,25 50.41	16.83	43.00
40 - 49	6	82.16	44.50 27.16 29.50 39.50 40.33 54.00	24.33	52.99
50 – 59	5	82.00	37.00 19.80 25.80 29.60 34.80 40.20	27.80	48.00
60 or older	5	64.60	40.00 26.40 31.60 36.80 38.80 48,40	29.40	49.60
Education					

Elementary	0				
High School	3	73.33	41.33 25.33 33.66 38.00 41.00 52.00	24.00	43.00
College	29	75.89	40.86 24.65 30.06 35.51 39.03 49.79	21,51	44.24
MA/MS	16	75.43	39.81 24,43 28.25 33.87 37.31 46.56	20.50	43.87
Ph.D	2	92.00	45.00 24.50 33.00 27.00 31.00 40.50	19.00	42.40
CountryLive					
USA	11	76.45	38.63 23.54 29.63 35.00 34.00 45.72	27.27	50.72
UK	5	70.60	39.00 21.00 32.20 32.40 37.80 48.40	15.80	40.00
Canada	5	79.00	42.60 25.40 31.20 37.20 42.20 53.00	21.40	48.20
Australia	6	73.50	38.33 21.33 26.33 31.83 36.50 48.26	18.00	36.16
Europe	5	78.40	43.60 28.40 32.80 35.60 39.80 49.80	13.80	39.00
Taiwan	5	88.40	43.80 27.00 30.40 36.60 38.00 49.40	17.40	48.40
Japan	6	66.16	43.00 27.33 31.66 34.16 43.00 49.50	21.16	36.16
Other	7	78.71	39.71 24.42 26.28 35.71 39.14 47.71	26.42	47.00
Family support					
No	11	77.81	39.27 23.81 27.45 34.09 39.36 48.72	24.90	51.18

1GetSupport	3	71.33	38.66 27.00 29.66 40.66 34.00 52.00	32.33	57.00
2 FeelLoveSecure	7	78.57	45.85 26.85 31.57 39.42 41.57 53.14	18.14	41.28
3 SupportWorkSchool	10	78.00	42.40 25.00 32.00 31.80 37.70 45.50	18.60	42.80
4 ShareTimeResources	19	74.31	39.10 23.68 29.42 34.15 37.42 47.73	19.89	39.36

Table 4

Correlations Between Political Oppression and Depression

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	17.548	7.232		2.426	.019
	PoliticalOppression	.048	.093	.075	.520	.605

Dependent Variable: Depression

P <.05

Table 5

Summary of Correlations Between Political Oppression and Depression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.075[a]	.006	-.015	9.83924

a. Predictors: (Constant), PoliticalOppression

Table 6

Correlations Between Political Oppression and Trauma

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.413	9.052		1.150	.256
	PoliticalOppression	.440	.117	.479	3.779	.000

a. Dependent Variable: Trauma

Table 7

Summary of Correlations Between Political Oppression and Trauma

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.479[a]	.229	.213	12.31629

a. Predictors: (Constant), PoliticalOppression

Table 8

Mediation Analysis of Resilience, Political Oppression and Depression

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	26.114	14.394		1.814	.077
	PoliticalOppression	.022	.100	.034	.223	.825
	Resilience1	-.474	.298	-.387	-1.588	.120
	Resilience2	.195	.402	.117	.485	.630
	Resilience3	-.058	.334	-.037	-.175	.862
	Resilience4	.048	.288	.034	.167	.868
	Resilience5	-.360	.292	-.333	-1.234	.224
	Resilience6	.449	.307	.441	1.461	.152

a. Dependent Variable: Depression

Table 9

Mediation Analysis of Resilience, Political Oppression, and Trauma

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.	95.0% Lowe
1	(Constant)	7.835	17.927		.437	.664	
	PoliticalOppression	.431	.124	.469	3.470	.001	
	Resilience1	-.499	.372	-.287	-1.343	.186	
	Resilience2	.373	.501	.157	.744	.461	
	Resilience3	-.100	.416	-.044	-.241	.811	
	Resilience4	.301	.359	.147	.837	.407	
	Resilience5	-.498	.364	-.324	-1.371	.178	
	Resilience6	.536	.383	.371	1.402	.168	

a. Dependent Variable: Trauma

Table 10

Summary of Mediation Analysis of Resilience, Political Oppression, and Depression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistic		
					R Square Change	F Change	df1
1	.565[a]	.319	.206	12.37328	.319	2.815	7

a. Predictors: (Constant), Resilience1, PoliticalOppression, Resilience2, Resilience3, Resilience4, Resilience5, Resilience6

Table 11

Summary of Mediation Analysis of Resilience, Political Oppression and Trauma

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistic		
					R Square Change	F Change	df1
1	.565[a]	.319	.206	12.37328	.319	2.815	7

a. Predictors: (Constant), Resilience1, PoliticalOppression, Resilience2, Resilience3, Resilience4, Resilience5, Resilience6

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The objective of this study, it was (a) to assess the prevalence and severity of trauma symptoms and depressive symptoms among Hongkongers relocated to free countries; (b) to deepen and widen the findings in the literature regarding the relationship between political oppression and mental distress among Hongkongers during political protests; (c) to fill a gap in the literature by evaluating if resilience mediates the relationship between degree of political oppression and levels of depressive and trauma symptoms.

Results of this study showed a statistical significance between experience of political oppression and levels of depressive and trauma symptoms. The prevalence of trauma and depressive symptoms were higher among Hongkongers after the 2019s Anti-Extradition Bill movements as compared to Hongkongers during and after the 2014s Umbrella political movements (Chang et al., 2020). As compared to Hongkongers before the 2019s Anti-Extradition Bill movements in the literature (Chang et al., 2020; Huang et al., 2017), Hong Kong expats experienced higher depressive symptoms (21.24%) and higher traumatic symptoms (43.98%). As compared to Hongkongers living in Hong Kong in the same period, prevalence of depression among Hong Kong expats in this study were lower than the local Hongkongers in the literature (Cheung et al.) However, prevalence of PTSD among Hong Kong expats was slightly higher than local Hongkongers.

As highlighted in the beginning of this study, an increase in mental health problems have been impacting Hong Kong society (Chang et al., 2020). It is believed that one's resilience skills help to decrease levels of depressive and trauma symptoms as impacted by political oppression in refugee children and adults around the world. Caisley et al. (2018) suggested: "Future research should scrutinize whether resilience factors function as a complex interrelated system that benefits mental health resilience after childhood adversity" (p. 2). However, in reviewing the literature, there was an absence of studies on the relationships of political oppression, depression, posttraumatic stress, and resilience specific to Hongkong expats. This study filled a gap in literature by examining the roles of political oppression with resilience as a mediator on levels of depressive and trauma symptoms among Hongkong expats around the free world.

The purpose of this study was to determine (a) the relationship between degree of political oppression and levels of depressive and trauma symptoms, (b) if there were differences between political oppression and levels of depressive and trauma symptoms based on age, gender education and family support, and (c) if resilience mediated the relationship between political oppression and levels of depressive and trauma symptoms. The hypotheses and research questions were developed to determine the relationship. Between political oppression and levels of depressive symptoms, there was a statistically significant relationship. Also, there was a statistically significant relationship between political oppression and levels of trauma symptoms. There was not a statistically significant relationship between resilience, political oppression, and levels of depressive

symptoms. However, there was a statistically significant relationship between resilience, political oppression, and trauma symptoms.

Interpretations of Findings

The results of this study indicated a higher prevalence of trauma symptoms in Hong Kong expats compared to trauma symptoms in local Hongkongers before and after Anti-Extradition Bill movement. The results indicated a higher prevalence of depression in Hong Kong expats compared to local Hongkongers before the Anti-Extradition Bill movement, but lower prevalence of depression compared to local Hongkongers in the same period. In this study (N=50), the prevalence of PTSD in Hongkongers resettled in the United States, the United Kingdom, Canada, Australia, Europe, Japan, Taiwan, and other free countries was 43.98%. This prevalence was consistent with Aoun et al., (2018) who found 47.3% of Syrian refugees from war-affected areas had PTSD and depressive symptoms after the exposure to traumatic events. It is also consistent with local Hongkongers in the literature. Cheung and Li (2020) found 40.6% of local Hongkongers reported to have symptoms of anxiety, depression, and PTSD during the Covid-19 period which was also in the same period of Anti-Extradition Bill movement. Literature has suggested that people who live in war zones are more likely to develop mental disorders such as depression, anxiety, and PTSD due to the exposure to war events. Alghamdi (2020) found 72% reported at least one traumatic event in their lives. 40% of them met the criteria for PTSD diagnosis; 45% and 60% reported anxiety and depression.

However, the prevalence of depression of Hongkongers (*N*=50) was 21.24%. This prevalence was not consistent with the literature listed above.

The prevalence of depression (21.24%) was lower in Hong Kong expats as compared to local Hongkongers (40.6%) during the Anti-Extradition Bill movement. But the prevalence of PTSD (43.98%) among Hong Kong expats was like local Hongkongers (40.6%) in the same period. However, the prevalence of depression and PTSD among local Hongkongers and Hong Kong expats during and after the Anti-Extradition Bill movement were higher than the prevalence of depression and PTSD during and after the 2014s Umbrella movement. Galea et al. (2020) reviewed five studies focused on Hong Kong's political movements during 2015-2017 reported probable depression was 1.5% before the 2014s Umbrella movement and increased to 6.3% to 8.5% after the Umbrella movement. Chang et al. (2020) found that depression and posttraumatic stress disorder were reported in 11.2% and 12.8% in 2019s Anti-Extradition Bill movement, compared with 1.9% during 2009-2014 and 6.5% in 2017 after the Occupy Central Movement in Hong Kong. Therefore, the prevalence of depression and PTSD increased since political oppression plays a significant role in mental health in the Hong Kong populations. Findings in this study correlating political oppression to depression and PTSD, and resilience to PTSD were consistent with the literature review. Alghamdi, (2020), Caisley et al. (2018), Fino et al., (2020), and Masten, (2018) agreed that increased resilience has been found to be protective factors against mental disorders and reduced symptoms of depression and trauma. However, findings in this study were not consistent with the

degree of resilience to level of depression in Hong Kong expats even though political oppression correlated with depression. The inconsistency can be added to the research that there is no statistically significant relationship between resilience, political oppression, and depression among Hong Kong expats.

The first research question was:

RQ 1 -Does experience of political oppression correlate with level of depressive symptoms and level of trauma symptoms in Hongkongers?

Results showed there was a statistical relationship between political oppression and levels of depression and trauma symptoms. Reviewed literature found higher political oppression and higher levels of depressive and trauma symptoms (Beagley et al., 2016; Kar, 2019). The result supports the literature. Although Hong Kong expats have been able to flee Hong Kong after the Anti-Extradition Bill Movement, but as political refugees, they still have high prevalence of depression and trauma due to the exposure to traumatic events in Hong Kong.

The second research question was:

RQ2- Are there significant differences between level of depressive symptoms, level of trauma symptoms, and experience of political oppression based on age, gender, education, and family support?

Reviewed literature found higher levels of education and family support were less likely to be impacted by their exposure to traumatic events compared to individuals had lower levels of education since lower levels of education were associated with higher

levels of depression and posttraumatic stress (Alghamdi, 2020). While results indicated a statistically significant correlation between higher levels of political oppression and lower levels of depression based on younger age, male, and higher levels of education and family support. The result supports the literature (Alghamdi, 2020). But there was no difference between political oppression and level of PTSD based on education, age, and gender. However, there was a difference between a higher level of political oppression, a lower level of PTSD, and a higher level of family support.

The third research question was:

RQ3- Does resilience as measured by perception of self, perception of future, structured style, social competence, family cohesion, and social resources mediate the relationship between political oppression and levels of depressive symptoms and trauma symptoms in Hongkongers?

Reviewed literature found that higher level of resilience has been recognized to have a correlation to psychological recovery from adversity in war-related populations (Mastern, 2018). Caisley et al. (2018) argued resilience may be a mediator in the relationship between traumatic events, depression, and PTSD and recommended future research should focus on resilience factors that help recovery after the exposure to adverse events. Results of this study indicated a significant correlation between resilience, political oppression, and level of traumatic symptoms in Hongkong expats. However, there is no significant correlation between resilience, political oppression, and depression in this population.

Limitations of Study

There are limitations of this study including the sample size, the purposive sampling design, the nature of selection bias, and external validity outside of Hongkongers. The first limitation was the small sample size (N = 50). Due to both the fear of COVID-19 and political oppression against Hongkongers including their family members, the sample size had to shorten to 50 from the original 100. A small sample size decreases statistical power since it decreases the flexibility of effect size (Serdar et al., 2021). The small sample size might not be able to represent the entire Hong Kong populations who have experienced political oppression during and after the Anti-Extradition Bill movement. The second limitation was the purposive sampling design. It was difficult to invite Hong Kong participants one by one. There over 270 invites had to be sent to Hong Kong expats around the world, and only 50 of them completed the questionnaires through Survey Monkey. Due to time differences, the researcher received ten completed surveys within two hours and sometimes zero for the whole week. It had to take more time and patience to send new invites and wait for new participants. For example, 50 invites were sent to Japan, and five of them completed within 2 hours. But they did nothing for the rest of the week. The third limitation was selection bias. To obtain the 50 participants from more than eight countries around the world may have had some selection biases. It was not easy to distinguish a real Hongkonger or a supporter of Hong Kong since there was not everyone showing his or her self-identity on Twitter. Some of the Twitter accounts did not tell where that person lived or if he or she a real Hongkonger. It could be a supporter

or a friend of Hong Kong but identified himself as a “Hongkonger” and took the survey without responding to the researcher. This situation could also lead to self-reporting bias. According to self-reporting bias, due to stigma of mental illness in Hong Kong culture, participants might have to present themselves more like positive “freedom fighters” than freedom fighters with mental illness. The fourth limitation was external validity outside of Hongkongers. In fact, this research was limited to people who have experienced political oppression during and after the Anti-Extradition Bill movement. For those who have resettled in free countries for a longer time than the new expats may cause generalizability to the entire Hong Kong freedom fighters only limited to this political movement. It may not generate Hong Kong populations to Hong Kong expats in other areas.

Recommendations

Caisley et al. (2018) suggested: “Future research should scrutinize whether resilience factors function as a complex interrelated system that benefits mental health resilience after childhood adversity” (p. 2). Resilience studies have recognized resilience as a capacity, personal strength, flexibility for learning how to recover from mental health difficulties after experiencing traumatic events (Alghamdi, 2020). Due to China’s political oppression against local Hongkongers, research on mediating factors to political oppression among local Hongkongers has been missing. Future studies with a large sample size on political oppression in Hong Kong populations would add validity to findings of this study. In addition to children and teen Hongkongers, it has also been a

missing part of psychological research on the relationship among political oppression, mental distress, and resilience. Future studies in political oppression, resilience, and mental distress among Hong Kong children and teens are strongly recommended. However, the safety and anonymity must be maintained.

This study found a significant relationship between political oppression and levels of depressive and traumatic symptoms in adult Hong Kong expats. Hall et al. (2020) found that political unrest was the major risk factor causing depression and suicide in Hong Kong. Alghamdi (2020) argued that resilience may serve as a mediating factor for depression and PTSD. While this study supports part of this argument in Hong Kong expats. There may be additional studies to support or argue from Alghamdi's (2020) ideas that resilience as a mediating factor against trauma and depression in war-related populations including Hongkongers.

In this study, depressive and trauma symptoms are part of mental disorders. There are some more mental health concerns may need to be determined in Hongkongers due to political oppression. Chang et al. (2020) recommended a need to focus on surveillance and monitoring of the mental health consequences of major social unrest including wars and/or natural disasters as part of preparedness efforts worldwide. As a relationship between political oppression and resilience within Hong Kong expats, resilience may be a mediator to anxiety, and other mental health disorders. This relationship may be suggested for future research as well.

Implications

The findings of this study contribute to the field's limited understanding of Hong Kong expats experienced political oppression and the relationship between experience of political oppression and levels of depression and trauma symptoms as mediated by resilience. Political oppression had a significant relationship with levels of depressive symptoms and trauma symptoms. Resilience as a mediator also had a significant relationship between political oppression and levels of trauma symptoms. However, there was no significant relationship between resilience, political oppressive, and level of depressive symptoms in this sample.

Results indicated that Hong Kong expats are experiencing higher rate of depressive symptoms than local Hongkongers in the past political movements. But lower rate of depressive symptoms than current local Hongkongers during and after Anti-Extradition Bill movement. Levels of trauma symptoms are higher than local Hongkongers in past political movements and the Anti-Extradition Bill movement. For this reason, even though resilience did not have a significant relationship with political oppression, and level of depressive symptoms in this sample, but the higher rate of depressive symptoms may be addressed by policy makers and suggestions for this population in the United States, the United Kingdom, Canada, Europe, Australia, Japan, Taiwan, and other free countries. This study found a statistically significant relationship between political oppression and levels of depressive symptoms and trauma symptoms. This may be addressed by policy makers for this population in those free countries. In addition to mental health practices, the findings could also help clinical therapists

proactively identify such issues and provide culturally competent therapy for this population.

Conclusions

The purpose of this study was to explore the relationship between degree of political oppression on levels of depressive symptoms and trauma symptoms in Hong Kong expats resettled in the United States, the United Kingdom, Canada, Europe, Australia, Japan, Taiwan, and other free countries. This study was also included resilience as a mediating factor to examine the relationship between experience of political oppression and levels of depressive and trauma symptoms. The literature gap regarding resilience as protective factor to be recognized in depression and PTSD was addressed in this study. This study found that a significant relationship between political oppression and levels of depressive symptoms and trauma symptoms. This study also found there was a significant relationship between resilience, political oppression, and levels of trauma symptoms. However, there was no significant relationship between resilience, political oppression, and level of depressive symptoms. Findings of this study help better understanding of depression and PTSD in Hong Kong expats resettled in different free countries.

Findings of this study also add to empirical research on recognized resilience theory and the theories used to determine the relationships between political oppression, resilience, and symptoms of depression and PTSD in Hong Kong expats. According to the consistency with previous research, this study found that the degree of political

oppression correlated with levels of depressive and trauma symptoms. And resilience correlated with level of trauma symptoms. While there was an inconsistency in the relationship between resilience, political oppression, and level of depressive symptoms with theories from Alghamdi (2020), Fino, Mena, and Russo, (2020), and Masten (2018).

During data collection for this study, it was the most dangerous period for all Hongkongers due to China's so called National Security Law was passed and operated in Hong Kong. Hongkongers has completely lost all freedom and human rights in their own land. This may have influenced the dependent variables of depression and trauma, as suggested by Alghamdi (2020). Results may reflect different degree of depressive symptoms and trauma symptoms during a non-National Security Law period.

This study helps better understanding of the relationship between resilience, political oppression, levels of depressive symptoms and trauma symptoms among Hong Kong expats. This study also helps better understanding of war-related populations in other countries.

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Appendix A: Demographic Questionnaire

1. How old are you? ________
    1) 18-29
    2) 30-39
    3) 40-40
    4) 50-59
    5) 60+
2. Are you ____ male or _____ female?
    1) Male
    2) Female
    3) Not sure
3. Where do you live (country only)? ________
    1) The United States
    2) The United Kingdom
    3) Canada
    4) Australia
    5) Europe
    6) Japan
    7) Taiwan
    8) Other
4. Do you get family support from your family? ________ Yes/No

1) Does your family help you feel loved/secured? Yes/No

2) Does your family help you learn/support your school/work? Yes/No

3) Does your family share time/resources with you/ Yes/No

5. Education level? _________

A. Elementary _________

B High school/GE_________

C. College _________

D. MA/MS _________

E. Ph.D. _________

Appendix B: Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.

2.
0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.

3.
0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.

4.
0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

5.
0 I don't feel particularly guilty
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6.
0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7.
0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

8.
0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.

2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9.
0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10.
0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
11.
0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12.
0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13.
0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14.
0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.
15.
0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16.
0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

3 I wake up several hours earlier than I used to and cannot get back to sleep.
17.
0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18.
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19.
0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.
20.
0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.
21.
0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one
questions by counting the number to the right of each question you marked. The highest possible
total for the whole test would be sixty-three. This would mean you circled number three on all
twenty-one questions. Since the lowest possible score for each question is zero, the lowest
possible score for the test would be zero. This would mean you circles zero on each question.
You can evaluate your depression according to the Table below.
Total Score____________________Levels of Depression

1-10____________________These ups and downs are considered normal
11-16___________________ Mild mood disturbance
17-20___________________Borderline clinical depression
21-30___________________Moderate depression
31-40___________________Severe depression
over 40_________________Extreme depression

Appendix C: PTSD CheckList – Civilian Version (PCL-C)

Client's Name: ____
Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life
experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that
problem *in the last month*.
No. Response Not at all
(1)
A little bit
(2)
Moderately
(3)
Quite a bit
(4)
Extremely
(5)
1. Repeated, disturbing *memories, thoughts, or images*
of a stressful experience from the past?
2. Repeated, disturbing *dreams* of a stressful
experience from the past?
3. Suddenly *acting* or *feeling* as if a stressful experience
were happening again (as if you were reliving it)?
4. Feeling *very upset* when *something reminded* you of
a stressful experience from the past?
5.
Having *physical reactions* (e.g., heart pounding,
trouble breathing, or sweating) when *something*
reminded you of a stressful experience from the
past?
6.
Avoid *thinking about* or *talking about* a stressful
experience from the past or avoid *having feelings*
related to it?
7. Avoid *activities* or *situations* because they *remind*
you of a stressful experience from the past?
8. Trouble *remembering important parts* of a stressful
experience from the past?
9. Loss of *interest in things that you used to enjoy?*
10. Feeling *distant* or *cut* off from other people?
11. Feeling *emotionally numb* or being unable to have

loving feelings for those close to you?
12. Feeling as if your *future* will somehow be *cut short*?
13. Trouble *falling* or *staying asleep*?
14. Feeling *irritable* or having *angry outbursts*?
15. Having *difficulty concentrating*?
16. Being *"super alert"* or watchful on guard?
17. Feeling *jumpy* or easily startled?
PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division
This is a Government document in the public domain.
PTSD CheckList – Civilian Version (PCL-C)
The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to
the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused
by military experiences and 2) PCL-C is applied generally to any traumatic event.
The PCL can be easily modified to fit specific time frames or events. For example, instead of asking
about "the past month," questions may ask about "the past week" or be modified to focus on events
specific to a deployment.

How is the PCL completed?

- The PCL is self-administered
- Respondents indicate how much they have been bothered by a symptom over the past month
using a 5-point (1–5) scale, circling their responses. Responses range from **1** *Not at All* – **5** *Extremely*

How is the PCL Scored?

1) Add up all items for a total severity score
or
2) Treat response categories **3–5** (*Moderately* or above) as symptomatic and responses
1–2 (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a
diagnosis:
- Symptomatic response to at least 1 "B" item (Questions 1–5),
- Symptomatic response to at least 3 "C" items (Questions 6–12), and
- Symptomatic response to at least 2 "D" items (Questions 13–17)

Are Results Valid and Reliable?

- Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid
and reliable (Additional references are available from the DHCC)

What Additional Follow-up is Available?

 All military health system beneficiaries with health concerns they believe are deployment-related
are encouraged to seek medical care

 Patients should be asked, **“Is your health concern today related to a deployment?”** during all
primary care visits.

• If the patient replies “**yes**,” the provider should follow the Post-Deployment Health Clinical Practice
Guideline (PDH-CPG) and supporting guidelines available.

Appendix D: Oppression Questionnaire

OQ

Oppression Questionnaire
Jeff Victoroff, M.D.

Today's date
Your Name
Your Age
Your Gender (circle): **M F**

The statements on this form ask how you feel people with power have tended to treat you and others in your social group over the last year. Please read each statement carefully and decide how well it describes your feelings.

Please circle the ONE biggest reason you (or your group) tend to be treated differently:

1. My race or ethnic group 2. My religion or beliefs 3.My sex 4. My sexual
(What group) (What religion?)
orientation

5. Other reason for different treatment?

Please circle the ONE group that most tends to treat you and members of your group differently:

1. My parents 2. My teachers 3. The police 4. My own Government 5. Another Government (Which?)

6. Another race or ethnic group (What group) 7. Another religion (What religion?) 8. Members of the opposite sex 9. People with a different sexual orientation

10. Other group that treat you differently or unfairly?

Please put a check mark in the one answer that best describes your feelings

Not A **A fair**

A great

at all little amount

deal

1 Some people look down on me and my group

2 They consider us to be inferior
They don't care about us

4 They think we are not as good as them

5 My group is often looked down upon

6 We are treated as if we are inferior

7 We are not cared about

8 We are not considered to be as good as
Others

9 Some people treat us unjustly

10 They don't give us equal rights

11 They don't give us a fair chance

12 They want to humiliate us

13 My group is often treated unjustly

14 We are denied our equal rights

15 We are not given a fair chance

16 We feel humiliated

17 Some people try to control us too much

18 They block our chances for happiness

19 They keep us from living the way we want

20 They want us to live in segregation

21 My group gets controlled too much

22 We are denied our chances of happiness

23 We are not allowed to live the way we want

24 We are forced to live in segregation

25 Some people verbally abuse us

26 They want to physically hurt us

27 They actually physically attack us

28 They try to kill us

29 My group is often verbally abused

30 We are considered good targets for attack

31 We are physically attacked by others

32 We are killed by others

Appendix E: The Resilience Scale for Adults, 33 items

Personal strength/Perception of self

When something unforeseen happens I always find a solution ■ ■ ■ ■ ■ I often feel bewildered

My personal problems are unsolvable ■ ■ ■ ■ ■ I know how to solve

My abilities I strongly believe in ■ ■ ■ ■ ■ I am uncertain about

My judgements and decisions I often doubt ■ ■ ■ ■ ■ I trust completely

In difficult periods I have a tendency to view everything gloomy ■ ■ ■ ■ ■ find something good that help me
thrive

Events in my life that I cannot influence I manage to come to terms with ■ ■ ■ ■ ■ are a constant source of worry/concern

Personal strength/Perception of future

My plans for the future are difficult to accomplish ■ ■ ■ ■ ■ possible to accomplish

My future goals I know how to accomplish ■ ■ ■ ■ ■ I am unsure how to accomplish

I feel that my future looks very promising ■ ■ ■ ■ ■ uncertain

My goals for the future are unclear ■ ■ ■ ■ ■ well thought through

Structured style

I am at my best when I have a clear goal to strive for ■ ■ ■ ■ ■ can take one day at a time

When I start on new things/projects I rarely plan ahead, just get on with it ■ ■ ■ ■ ■ I prefer to have a thorough plan

I am good at organizing my time ■ ■ ■ ■ ■ wasting my time

Rules and regular routines are absent in my everyday life ■ ■ ■ ■ ■ simplify my everyday life

Social competence

I enjoy being together with other people ■ ■ ■ ■ ■ by myself

To be flexible in social settings is not important to me ■ ■ ■ ■ ■ is really important to me

New friendships are something I make easily ■ ■ ■ ■ ■ I have difficulty making

Meeting new people is difficult for me ■ ■ ■ ■ ■ something I am good at

When I am with others I easily laugh ■ ■ ■ ■ ■ I seldom laugh

For me, thinking of good topics for conversation is difficult ■ ■ ■ ■ ■ easy

Family cohesion

My family's understanding of what is important in life is quite different than mine ■ ■ ■ ■ ■ very similar to mine

I feel very happy with my family ■ ■ ■ ■ ■ very unhappy with my family

My family is characterized by disconnection ■ ■ ■ ■ ■ healthy coherence

In difficult periods my family keeps a positive outlook on the future ■ ■ ■ ■ ■ Views the future as gloomy

Facing other people, our family acts unsupportive of one another ■ ■ ■ ■ ■ loyal towards one another

In my family we like to do things on our own ■ ■ ■ ■ ■ do things together

Social resources

I can discuss personal issues with no one ■ ■ ■ ■ ■ friends/family-members

Those who are good at encouraging me are some close friends/family members ■ ■ ■ ■ ■ nowhere

The bonds among my friends is weak ■ ■ ■ ■ ■ strong

When a family member experiences a crisis/emergency I am informed right away ■ ■ ■ ■ ■ it takes quite a while before I am told

I get support from friends/family members ■ ■ ■ ■ ■ No one

When needed, I have no one who can help me ■ ■ ■ ■ ■ always someone who can help me

My close friends/family members appreciate my qualities ■ ■ ■ ■ ■ dislike my qualities

Appendix F: Informed Consent Forms

CONSENT FORM

You are invited to take part in a research study about how resilience mediates the relationship between experience of political oppression and levels of depressive symptoms and trauma symptoms. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part. Participation is voluntary, and responses will be kept anonymous.

You have the option to not respond to any questions that you choose. Submission of the survey will be interpreted as your informed consent to participate.

This study seeks 50 volunteers who are:

- Hongkongers age 18+
- Have experienced political oppression during or after Anti-Extradition Bill Movement

This study is being conducted by a researcher named Sai R Lu, who is a Ph.D. student at Walden University.

Study Purpose:
The purpose of this study is to explore if resilience level mediates the relationship between experience of political oppression and levels of depressive symptoms and trauma symptoms.

Procedures:
This study will involve you completing the following steps:

- Online Survey (60 minutes)

Here are some sample questions:

#1 Demographic Questionnaire

1. How old are you? ________
2. Are you ___ male or____ female or not sure?

#2 Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.

#3 Oppression Questionnaire

Please circle the ONE biggest reason you (or your group) tend to be treated differently:

1. My race or ethnic group
2. My religion or beliefs
3. My sex
4. My sexual

#4 Posttraumatic Stress Checklist: PCL-C Questionnaire

Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?

0 response Not at all
1 A little bit
2 Moderately
3 Quite a bit
4 Extremely

#5 Resilience Scale for Adults

Personal strength/Perception of self
When something unforeseen happens I always find a solution
Circle from 1(low) to 5 (high)

1 2 3 4 5

Voluntary Nature of the Study:
Research should only be done with those who freely volunteer. So everyone involved will respect your decision to join or not.
If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this study could involve some risk of psychological distress such as anxiety or anger similar to what can be encountered in daily life. It is also remotely possible that your involvement in this study could come to the attention of the Hong Kong government, which may carry legal risks. So, it is important that all actions related to this study are on a secure VPN.

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by increasing mental health and social services to better support Hongkongers.
The researcher will not contact the participants after the end of this survey. But you can learn about the study results by looking up:
https://scholarworks.waldenu.edu/

Free mental health support services in Hong Kong:

The Samaritans

G.PO Box 7953
Hong Kong
Contact by: - Phone ✓ - E-mail: ✓
Hotline: +852 28 960 000
Website: samaritans.org.hk
E-mail Helpline: jo@samaritans.org.hk
24 Hour service: ✓

Suicide Prevention Services
G/F, 14-15 Yat Tung House
Kowloon
Hong Kong
Contact by: - Phone ✓
Hotline: +852 23820000
Website: **sps.org.hk**
Hours:
Mon, Tues, Wed, Thurs, Fri, Sat, Sun: 00:00 - 23:00

Emergency call: 999 in Hong Kong and 110 in Taiwan.

Privacy:

The researcher is required to protect your privacy. The researcher will not ask for your name at any time. Data will be kept secure by using encryption, password protection, and a locked file. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You can ask questions of the researcher. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is 12-01-21-0593000 and it expires on November 30, 2022.

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Appendix G: Flyer

Online survey study seeks Hong Kong participants (age 18+) who have experienced political oppression during and after Anti-Extradition Bill movement

There is a new study called "*Resilience as a Mediating Factor in Depression and Posttraumatic Stress for Hongkongers Experiencing Political Oppression*" that could help care providers like doctors and counselors better understand and help their patients. For this study, you are invited to describe your experience of political oppression in Hong Kong.

This survey is part of the doctoral study for Sairong Lu, a Ph.D. student at Walden University.

About the study:

- One 30–40-minute online survey
- To protect your privacy, no names will be collected

Volunteers must meet these requirements:

- 18 years old
- History of experiencing political oppression in Hong Kong
- Currently live in free countries

To confidentially volunteer, click the following link:

[insert survey link]