



Traumatic Stress Responses in Racial and Ethnic Minority College Students During COVID-19

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The Team

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Introduction

Recent research has shown that college-aged students are at the greatest risk of psychological distress during a health emergency. The COVID-19 pandemic introduced additional stressors such as: changes in workload, separation from school, and fear of contagion. The pandemic also saw an increase in psychiatric diagnoses in college students including posttraumatic stress disorder, depression, anxiety. These stressors are compounded by members of this cohort experiencing additional forms of vulnerability due to mental health diagnoses, racial and vicarious discrimination, and/or adverse childhood experiences (ACEs). The goal of the current study was to assess the traumatic stress response of college students impacted by the pandemic during the various stages of lockdown and restrictions. This pilot study aims to provide a picture of the collective and individualized experience of traumatic stress across a wide range of college students, with particular attention to international students and students of socially-diverse and marginalized backgrounds.

Sociodemographic Characteristics of Participants at Baseline		
Baseline characteristic	Full sample	
	n	%
Identify as POC		
Yes	36	
No	18	
I prefer not to say	4	
No answer	1	
Sexual Orientation		
Bisexual	5	
Gay/lesbian	5	
Heterosexual/Straight	43	
Pansexual	2	
Queer	1	
Questioning	1	
I prefer not to answer	1	
No answer	1	
Current Employment		
Employed	20	
Full-time Student	35	
Not working	2	
Prefer not to answer	2	
N = 59		
Gender Identity		
Woman	36	
Man	19	
Genderqueer	2	
Prefer not to say	2	
International Student		
Yes	3	
No	56	
First Generation Student		
Yes	21	
No	38	
Race/Ethnicity		
Asian/Asian American	1	
Black/African American	17	
Hispanic, Latinx, or Spanish Origin	18	59.3
Middle Eastern or North African	1	
Mixed/Biracial	9	
White/European American	11	
I prefer not to answer		
No answer	1	

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Methods

This study recruited 59 undergraduate college students from The University of Hartford. Participants were recruited using flyers across the university, via university-wide email. Participants who completed the study online through The University of Hartford SONA and were psychology students received class credit for their participation. Participants either took the survey via a link sent from Qualtrics or in person on a computer in the lab with an RA present. Before taking the survey, all participants completed the informed consent. Thereafter, participants were invited to engage in a 3-minute grounding breathwork exercise before taking the survey. Subsequently, participants completed the approximately 20 minutes Qualtrics survey.

Research Questions	Measures
What is the extent of the COVID-19 traumatic stress response among college students with a predisposition to mood dysregulation? Among those without?	COVID Stress Scale (CSS), Coronavirus Anxiety Scale (CAS), Structured Trauma-Related Experiences and Symptoms Screener (STRESS), The Generalized Anxiety Disorder (GAD-7), Difficulties in Emotion Regulation Scale (DERS), Patient Health Questionnaire (PHQ-4)
To what degree is COVID-19 impacting isolation and sense of connectedness?	Self-Isolation Coping and Stress (SIC) – Wave 3 Measure, Social Support
What is the intersection of COVID-19 and traumatic stress on students of marginalized identities?	COVID Stress Scale (CSS), Trauma History Questionnaire (THQ), Trauma-Related Symptoms and Impairment – Rapid Screen (TSIRS), Structured Trauma-Related Experiences and Symptoms Screener (STRESS), Adverse and Traumatic Experiences Scale

Results

The results from this study were drawn from various statistical analyses including simple t-tests, ANOVAS, and mediation analyses. The ANOVA was performed to assess the extent of the COVID-19 traumatic stress response among college students with a predisposition to mood dysregulation versus those without was significant. This was assessed through comparing the overall scores on the PHQ, GAD, and DERS which indicated that those with a

Results Cont.

predisposition reported a greater impact of COVID-19-related traumatic stress than those who did not demonstrate a predisposition to any mood disorder. This was supported by an individual mediation analysis between the THQ and one question on the ATES (“A serious chronic mental health condition (i.e. depression or anxiety)”) indicating that having a serious chronic mental health condition partially mediated the relationship between responses on the DERS and the Traumatic Stress Questionnaire related to the height of the COVID-19 pandemic. Students who identified as queer or sexually diverse also endorsed higher traumatic stress. Given that 73% of the respondents identified as straight, the result should be interpreted with caution because the sample of sexually diverse students was quite small. Of note, no other socially diverse or marginalized identity characteristic correlated with higher traumatic stress within our sample. Overall, there was no significant correlation found between self-isolation and connectedness. Notably, however, there were several possible responses for questions pertaining to self-isolation styles (self-isolation, forced quarantine, both, or neither) thus this variance should be considered when interpreting the results.

Discussion

While the sample was small, this pilot study’s results indicate that many factors contribute to college students’ reported level of traumatic stress during the phases of the COVID-19 pandemic and well into the present day. The findings revealed that a predisposition to a mood disorder was significantly impacted by the level of stress reported by the student, which provides useful insight for mental health professionals working among this population. Thus, considering a more contextual conceptualization to include a multicultural orientation framework to understand the presentation of traumatic stress symptoms related to young adults’ anxiety and/or depression is indicated. This is especially true among queer college students according to the results of this study. Lastly, it is important that we continue to assess for a relationship between social isolation and one’s reported sense of connectedness (particularly for those who chose to self-isolate/were forced to quarantine during the pandemic as this is a new factor in their clinical history) and consider this in treatment planning and conceptualizations of a client’s support system as well as an implication for future research.

Statistical Analyses Run Per Question			
Research Question	Variables Assessed	Statistical Test Run	Result
Question 1	Traumatic Stress (During Covid) x DERS (During Covid-19)	independent samples t-test	significant, $t(55) = -6.197$, $\alpha < .001$
	Traumatic Stress (During Covid) x DERS (During Covid-19)	One-way ANOVA	significant, $F(1,55) = 38.398$, $\alpha < .001$
	Traumatic Stress (During Covid) x GAD (During Covid-19)	One-way ANOVA	significant, $F(3,53) = 14.742$, $\alpha < .001$
	Traumatic Stress (During Covid) x PHQ (During Covid-19)	One-way ANOVA	significant, $F(3,53) = 9.990$, $\alpha < .001$
Question 2	Traumatic Stress (During Covid) x Self-Isolation/Quarantine	One-way ANOVA	insignificant $F(3,53) = 0.498$, $\alpha = .695$
	Traumatic Stress (Current) x Self-Isolation/Quarantine	One-way ANOVA	insignificant $F(3,52) = .182$, $\alpha = .908$
Question 3	Traumatic Stress (During Covid) x Sexual orientation	One-way ANOVA	significant, $F(5,50) = 3.061$, $\alpha < .001$
	Traumatic Stress (During Covid) x Sexual orientation	Mediation analysis, mediator = question “A serious chronic mental health condition (i.e. depression or anxiety)”	significant for partial mediation

The study’s primary limitation consists of a relatively small sample size from one university thereby there is caution in interpreting generalizability. Thus, future studies among this population are well-suited to expand the sample size to create more generalizable findings and include more statistical analyses examining correlations between past trauma and current experience of traumatic stress.