Proyecto FUERZA: Exploring Risk Factors for Mental Health in Latino/a Adolescents Exposed to Stressful Life Events

A Summary of Preliminary Findings

PURPOSE

Latino/a teens experience higher rates of mental health concerns (Polo et al., 2024) and exposure to stressful life events (SLEs) events (Llabre et al., 2016; Sacks & Murphy, 2018) than non-Latino/a White teens. SLEs are experienced or witnessed events that are distressing and may lead to physical and/or psychological harm (NIMH, n.d.). Examples of SLEs include physical abuse, sexual abuse, and parental separation. Approximately 78% of Latino/a youth experience at least one SLE by the time they are 18 years old, and 29% report at least four events (Llabre et al., 2016). This is in comparison to approximately 40% of non-Latino/a White youth who experience at least one SLE by age 18 (Sacks & Murphey, 2018). SLEs are a well-known risk factor for mental health concerns (e.g., depression, anxiety, post-traumatic stress) in Latino/a teens (Galvan & La Barrie, 2024). However, not all teens who experience SLEs develop mental health concerns (Copeland et al., 2007; Greeson et al., 2014). Unfortunately, there is limited research on the factors that influence the associations between SLEs and mental health concerns in Latino/a teens. Therefore, **the goal of Proyecto FUERZA was to better understand the associations between SLEs and the mental health of Latino/a teens by (a) characterizing the types of SLEs that Latino/a teens experiences, (b) understanding their association to their mental health, and (c) identifying what factors may impact this association.**

METHODS

Eligibility Criteria

- ✓ between 13 and 17 years old
- ✓ identify as Latino/a
- ✓ have experienced at least one SLE
- ✓ speak English and/or Spanish
- ✓ live in the United States

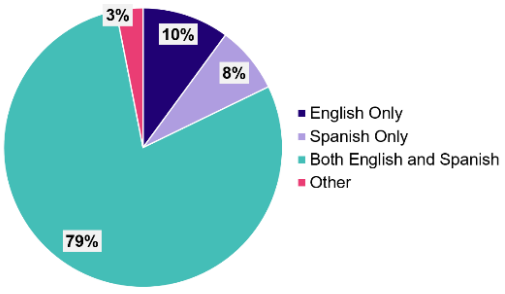
Teens were recruited through community events in Athens, Georgia and surrounding areas, flyers in the community, social media, and a referral program offered to participating families. At the beginning of the 90-minute Zoom study visit, a team member met with teens and parents to obtain their consent to participate. During this process, teens were informed that they could skip questions they did not feel comfortable answering and that they could stop participating in the study at any point with no penalty to them. The team member then read the questionnaires to the teen in an interview style. These questionnaires touched on various topics including mental health, SLEs, racial/ethnic identity, cultural values, coping styles, executive functioning abilities, and teens' social and familial relationships. All families received a list of mental health resources after the study visit and were compensated $60 for participating. They could also earn an additional $60 by referring up to three teens to the project. This study was under the direction and supervision of Dr. Thania Galvan (assistant professor of psychology, University of Georgia).

MAIN FINDINGS

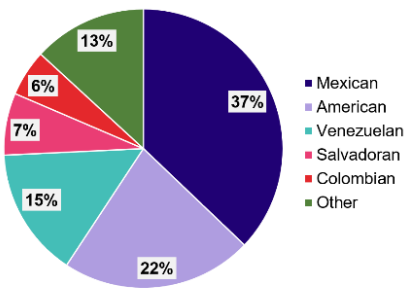
Teen Characteristics

Participants were 129 Latino/a teens. Teens were, on average, 14.95 years old (*SD* = 1.42) and mostly assigned female at birth (65.89%, *n* = 85). Most teens spoke both English and Spanish (79.07%, *n* = 102), but most chose to complete the study in English (80.62%, *n* = 104). Most teens were born in the United States (62.02%, *n* = 80). The average length of time in the United States for foreign-born

Languages Spoken



Nationality



FUERTE Lab

www.fuertelab.com
labfuerte@gmail.com
762-499-4844

teens was 4.41 years (*SD* = 3.63). Additionally, most teens identified with only one heritage (71.32%, *n* = 91). Of those, most teens identified as Mexican (37.36%, *n* = 34), followed by Venezuelan (26.37%, *n* = 24) and Colombian (9.89%, *n* = 9). Of those that endorsed multiple heritages (27.90%, *n* = 36), most (55.26%, *n* = 21) identified with being Mexican American.

Stressful Life Event Characteristics

Teens endorsed an average of 3.19 SLEs (*SD* = 2.02) with a range of 1 – 11 SLEs across all teens. On average, teens reported that they experienced their first SLE at 8.50 years old (*SD* = 3.72). Additionally, the average age of teens at their most recent SLE was 13.37 (*SD* = 2.63). The five most commonly endorsed SLEs (in order) were: witnessing community violence (45.74%, *n* = 59), the sudden or violent death of a loved one (37.21%, *n* = 48); serious accident or injury where they worried someone might die (34.88%, *n* = 45); seeing or hearing of the deportation of someone close to them (28.68%, *n* = 37), and a stressful or scary medical procedure (27.91%, *n* = 36).

Mental Health Characteristics

Three types of mental health concerns were measured in this study: anxiety, depression, and post-traumatic stress.

- The Screen for Child Anxiety Related Disorders (SCARED; Birmaher et al., 1997) measures anxiety symptoms. Scores ranged from 5–71 with an average of 30.06 (*SD* = 14.34). Teens with scores of 25 or higher were considered to have clinically significant symptoms. Most teens reported clinically significant symptoms of anxiety (62.02%, *n* = 80).
- The Children's Depression Inventory, Second Edition (CDI-2; Kovacs, 2012) was used to measure depression symptoms. *T*-scores ranged from 40–90 with an average of 53.64 (*SD* = 9.55). Teens with *T*-scores equal to or over 60 were on this measure were considered to have clinically significant symptoms. Approximately 23% (23.26%, *n* = 30) of the teens reported clinically significant symptoms of depression.
- Finally, the Child and Adolescent Trauma Screen (CATS; Sachser et al., 2017) measures post-traumatic stress symptoms. Scores ranged from 0–38 with an average of 13.97 (*SD* = 9.39). Teens with scores of 15 or higher were considered to have clinically significant post-traumatic stress symptoms. A little less than half of the teens (40.31%, *n* = 52) reported clinically significant symptoms of post-traumatic stress.

62% of participants had clinically elevated symptoms of **anxiety**

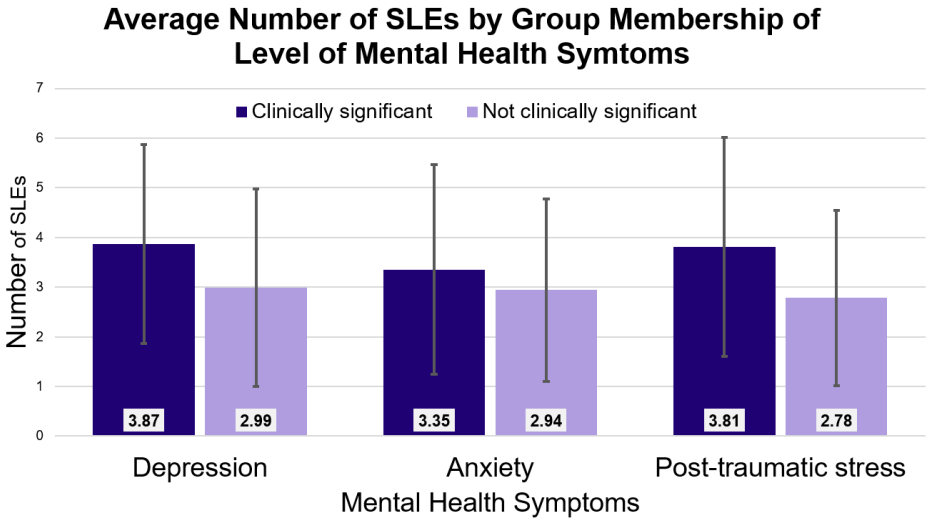
23% of participants had clinically elevated symptoms of **depression**

40% of participants had clinically elevated symptoms of **post-traumatic stress**

www.fuertelab.com
labfuerte@gmail.com
762-499-4844

The Relationship Between Stressful Life Events and Mental Health in Latino/a Adolescents

Experiencing more SLEs was associated with worse mental health symptoms overall. Results revealed that more SLEs were positively associated with reporting more post-traumatic stress symptoms (r = .31, p < .001). However, more SLEs were not associated with depression symptoms (r = .16, p = .07) or anxiety symptoms (r = .05, p = .54). Additionally, we looked at group differences in the average number of SLEs between teens with clinically significant symptoms and teens without for each measure. Specifically, those with clinically significant post-traumatic stress symptoms experienced more SLEs (M = 3.81, SD = 2.21) than those without (M = 2.78, SD = 1.77), t(127) = -2.93, p = .004, d = -.53. Those with clinically significant depression symptoms (M = 3.87, SD = 2.00) also experienced more SLEs than those without (M = 2.99, SD = 1.99), t(127) = -2.12, p = .04, d = -.44. However, there were no differences in SLEs reported between those with clinically significant anxiety symptoms (M = 3.35, SD = 2.11) and those without (M = 2.94, SD = 1.84), t(127) = -1.13 p = .26, d = -.20.



TAKEAWAYS

1. Experiencing more than one SLE is common among Latino/a adolescents (M = 3.19). SLEs happen early in development, and they occur over an extended period of time.
2. Experiencing more SLEs was associated with worse mental health symptoms overall, but a majority of the sample did not have clinically elevated symptoms of post-traumatic stress.
3. More SLEs were associated with more depression and post-traumatic symptoms, and with higher risk for clinically elevated levels of these symptoms.
4. A higher percentage of teens experienced clinically elevated symptoms of anxiety than post-traumatic stress symptoms and depressive symptoms.
5. Having more SLEs did not increase the risk for anxiety symptoms that were clinically elevated, suggesting that we need more research to understand the relationship between SLEs and anxiety in Latino/a adolescents.

www.fuertelab.com
labfuerte@gmail.com
762-499-4844

References

1. Birmaher, B., Khetarpal, S., Brent, D., Cully, M., Balach, L., Kaufman, J., & Neer, S. M. (1997). The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale Construction and Psychometric Characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry*, *36*(4), 545–553. https://doi.org/10.1097/00004583-199704000-00018
2. Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, *64*(5), 577. https://doi.org/10.1001/archpsyc.64.5.577
3. Galvan, T., & La Barrie, D. L. (2024). Trauma exposure and the mental health needs of Latinx youth: A systematic review of the literature. *Journal of child & adolescent trauma, 17*(3), 969–979. https://doi.org/10.1007/s40653-024-00635-4
4. Greeson, J. K. P., Briggs, E. C., Layne, C. M., Belcher, H. M. E., Ostrowski, S. A., Kim, S., Lee, R. C., Vivrette, R. L., Pynoos, R. S., & Fairbank, J. A. (2014). Traumatic childhood experiences in the 21st century: Broadening and building on the ace studies with data from the national child traumatic stress network. *Journal of Interpersonal Violence*, *29*(3), 536–556. https://doi.org/10.1177/0886260513505217
5. Kovacs, M. (2012). *Childen's Depression Inventory 2nd Edition* [Dataset]. https://doi.org/10.1037/t04948-000
6. Llabre, M.M., Schneiderman, N., Gallo, L.C., Arguelles W., Daviglus, M.L., Gonzalez, F., Isasi, C.R., Perreira, K.M., & Penedo, F.J. (2016). Childhood trauma and adult risk factors and disease in Hispanics/Latinos in the US: Results from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) sociocultural ancillary study. Psychosomatic medicine, 79(2), 172–180. https://doi.org/10.1097/PSY.0000000000000394
7. National Institute of Mental Health (NIMH). (n.d.). Coping with traumatic events. https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events
8. Polo, A. J., Solano-Martinez, J. E., Saldana, L., Ramos, A. D., Herrera, M., Ullrich, T., & DeMario, M. (2024). The epidemic of internalizing problems among Latinx adolescents before and during the coronavirus 2019 pandemic. *Journal of Clinical Child & Adolescent Psychology*, *53*(1), 66–82. https://doi.org/10.1080/15374416.2023.2169925
9. Sachser, C., Berliner, L., Holt, T., Jensen, T. K., Jungbluth, N., Risch, E., Rosner, R., & Goldbeck, L. (2017). International development and psychometric properties of the Child and Adolescent Trauma Screen (CATS). *Journal of Affective Disorders*, *210*, 189–195. https://doi.org/10.1016/j.jad.2016.12.040
10. Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Child Trends. https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity

www.fuertelab.com
labfuerte@gmail.com
762-499-4844