Walden University

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Abstract

Effects of Coping Styles Among Racial/Ethnic Minority Emerging Adults who Experienced Trauma

by

Kenyatta S. B. Bell

EdS, Georgia Southern University, 2017

MEd, Georgia Southern University, 2016

BS, Georgia Southern University, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

Walden University

November 2023

Abstract

This quantitative study investigated the coping styles of racial/ethnic minorities who have experienced trauma, such as childhood trauma and racial discrimination. Endler and Parker's multidimensional interaction model of stress, anxiety, and coping served as the theoretical framework. The research questions addressed whether there are coping style differences by race/ethnicity, childhood trauma, racial discrimination, and a combination of the variables. An online questionnaire consisting of measures of coping, childhood trauma, and racial discrimination was completed by 116 participants. Due to a small number of non-African American/Black participants, Research Questions 1 and 3 could not be tested for lack of sufficient sample size. Based on the results for Research Questions 2 and 4, emotion-oriented coping had a negative association with childhood trauma, and emotion-oriented coping styles had a positive association with racial discrimination. Results thus indicated that childhood trauma experiences were minimally related to the coping style preferences of African American/Black individuals who had experienced racial discrimination and were likely to use an emotion-oriented coping style. The study also indicated a positive association between task-oriented coping and avoidance-oriented coping and a negative association between childhood trauma and racial discrimination. The results suggested that the more task-oriented coping experienced by African American/Black individuals, the more avoidance-oriented coping experienced, and the more childhood trauma experienced, the less racial discrimination reported. This research is significant for mental health professionals seeking to understand the coping styles of racial/ethnic minorities leading to positive social change.

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Dedication

Upon completing graduate school in 2017, pursuing a doctoral degree never crossed my mind. However, this was not due to a lack of ambition, but rather a lack of confidence. I believed that I was an imposter and that completing such a degree alone was impossible—alone in that I would not have a cohort walking me through each step of this process. But when the world shut down in March 2020, I saw an opportunity that I could not pass up and turned to God for guidance. It was then that I realized that my cohort was much larger than I had previously thought. My cohort included my husband, mother, father, sister, niece, nephews, in-laws, friends, fellow Walden classmates, but most importantly, my ancestors. With their unyielding support, I am proud to dedicate this work of art to them. Without their countless prayers, conversations, words of encouragement, and financial, mental, emotional, and physical support, I would not be where I am today. This work stands as a testament to my gratitude, honor, and appreciation for them.

Furthermore, I dedicate this work to my ancestors. My late grandmothers, Mrs. Ruth E. Richards and Mrs. Hattie R. Cook; late grandfathers, Mr. Francis Richards and Mr. Dile Bragg; my great aunts and uncles; and a loving sorority sister/friend, Ms. Shelby Thomas.

Lastly, I dedicate this work of art to myself and my future. I have overcome countless obstacles and refused to let excuses stand in the way of my greatness. Today, I stand before myself as a woman of completion, confident in my abilities and ready to take on whatever challenges come my way.

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I acknowledge my Lord and Savior, Jesus Christ for His unwavering presence in my life and for His constant guidance in every step I take. I extend my appreciation to my beloved husband, Derrick X. Bell, for his unyielding love and encouragement, which has been instrumental in my emotional, mental, and physical well-being throughout this journey. I also acknowledge my pet, Cookie Lyon, whom I regard as my first-born child, for her unwavering companionship and emotional support during various milestones in my life. To my future children, I hope that this endeavor serves as a testament to the importance of hard work, perseverance, and the value of a support system.

I would like to express my gratitude to my parents, Darnell and Beverly Braggs, for their unwavering dedication and support throughout this process. I also extend my appreciation to the Sanchez Family, De'Andre, Ebonie, Arianna, DeAaron, and DeSean.

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Chapter 1: Introduction to the Study

Coping is a human process that has been studied for decades. In the earliest studies, Freud (1933, as cited by Endler & Parker, 1990) depicted coping as an unconscious defense mechanism, suggesting that only clinicians could identify coping. Although Freud introduced coping as a defense mechanism, it was not until the 1970s and 1980s that coping was viewed as a process, and research on the topic expanded (Endler & Parker, 1990; Frydenberg, 2014). The transaction theory of coping by Lazarus and Folkman (1984) and the conservation of resources (COR) theory by Hobfoll (1989) are two theories that shaped the study of coping (Frydenberg, 2014). These theories help explain the reciprocal, dynamic relationship between emotions and coping. For example, the authors of the transaction theory contended that emotions such as fear and anger support individuals when they are threatened, and the reaction they demonstrate is their coping style response (Lazarus & Folkman, 1984).

Although the transaction theory of coping and the COR theory provided valuable information to the scholarly community, these theories have limitations. These limitations include the use of an intraindividual approach, a lack of multidimensionality, and lack of consideration of biological and genetic factors. An intraindividual approach suggests that the "behaviors of the same individual are studied across stressful situations" (Endler & Parker, 1990, p. 846). This approach focuses on the coping process versus individual differences, which are the focus of the interindividual approach. According to Endler and Parker (1990), the interindividual approach "uses coping scores aggregated over different measurement occasions or scores collected on a single occasion that represent a stable

index of the individual's coping processes and style" (p. 846). This approach suggests that the basic coping styles of a singular individual are observed to determine their preferred coping style following various traumatic experiences. For example, if an individual experiences the loss of a grandparent, they may cope using an emotion-oriented response. In contrast, if the same individual received a failing grade, they might cope using an avoidance-oriented response. Therefore, this model is ideal to assess situation-specific coping styles displayed by individuals. Secondly, the transaction theory of coping identifies coping in two dimensions, emotion- and problem-focused, whereas the theory proposed by Endler and Parker (1990) addresses a third dimension. In their model, Endler and Parker (1990) incorporated emotion and problem orientations into the model, but they expanded their model by adding a third dimension, avoidance-oriented coping. Avoidance-oriented coping refers to an individual's preference to seek out social diversions or distractions to cope. Lastly, the multidimensional interaction model of stress, anxiety, and coping is the only framework that includes biological and genetic factors (Endler, 1997). The research suggests that many psychologists have studied coping and understand the impact of stress and vulnerabilities. However, biology and genetics were overlooked regarding how people cope after a traumatic experience. Endler (1997) suggested that biological and genetic factors are connected to an individual's personality and temperament, which are believed to affect the person's reaction to situational stress. The model was named the multidimensional interaction model of stress, anxiety, and coping.

The model created by Endler and Parker (1990) adopted various ideas from older coping literature. For example, researchers adopted the idea that coping is an active and conscious process from Lazarus and Folkman (1984), and multidimensionality derived from authors such as Billing and Moos (1984), Carver and colleagues (1989), and Folkman and Lazarus (1984). Through the adoption of prior literature, Endler and Parker identified three coping styles: task oriented, emotion oriented, and avoidance oriented. Task-oriented coping is a coping style where individuals attempt to address a problem by solving or minimizing the effects of the problem to handle stress, similar to Lazarus and Folkman's problem-focused coping (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990). Emotion-oriented coping is a coping style where individuals address their stressors through emotional responses, such as self-preoccupation and fantasy reactions, to handle stress (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990), and is similar to Lazarus and Folkman's emotion-focused coping. Avoidance-oriented coping is a coping style where individuals seek out social diversions or distractions to handle stress (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990). Avoidance-oriented coping is akin to Pearlin and Schooler's selective ignoring coping style (Pearlin & Schooler, 1978). Selective ignoring refers to an individual's ability to avoid or ignore situations that are less desirable to focus on things of importance. Endler and Parker (1990) extended the literature proposed by Pearlin and Schooler by subdividing the avoidance-oriented scale into two subscales: distractions and social diversions. These

subscales indicate that individuals use avoidant-oriented coping styles to exchange the current problem for another task or seek social interactions.

Although the multidimensional interaction model of stress, anxiety, and coping is beneficial in exploring coping styles, the authors neglected to account for differences in coping by racial/ethnic minority groups (Endler & Parker, 1990). Racial/ethnic minorities may demonstrate unique patterns of coping. For example, McQuaid et al. (2015) found that Canadian Aboriginal adults with a history of childhood trauma experienced more depression and perceived discrimination than individuals without a history of childhood trauma. Moreover, Aboriginal Canadians utilized emotion-focused coping to cope with racial discrimination. McQuaid et al. reported that emotion-oriented coping helps individuals "mitigate feelings of shame, distress, or helplessness" (p. 332). Additionally, Makhoul-Khoury and Den-Zur (2022) indicated that Arab mothers used more emotion-oriented and avoidance-oriented coping styles than Jewish mothers in Israel. The results from McQuaid et al. and Makhoul-Khoury and Den-Zur are two examples that support why racial/ethnic minorities may use different coping styles to handle traumatic experiences. The research suggests that racial/ethnic minorities may rely on their emotions, family, friends, or religious entities to overcome adversity. The coping styles adopted by racial/ethnic minorities should be considered in the context of racial discrimination experienced by racial/ethnic minorities living in America. According to Henderson et al. (2021), American society is built upon a human hierarchy based on race. This ideology bred racism and standards centered around White individuals. Due to the historical strain infringed upon racial/ethnic minorities living in America, racial/ethnic

minorities have adopted coping styles to handle race-related stress (Henderson et al., 2021). Henderson et al. reported that racial/ethnic minorities often use emotion-and social-focused coping styles to overcome stress. The results from these studies inform the scholarly community that often racial/ethnic minorities experience more childhood trauma and racial discrimination and therefore are more prone to long-term risks. For example, childhood trauma research has indicated that individuals living with childhood trauma are prone to mental health disorders that continue into adulthood (Assari, 2020). Therefore, studying the coping styles of racial/ethnic minorities informs the scholarly community of future intervention and prevention programs that focus on the mental health of racial/ethnic minorities. The current research examined the coping styles of racial/ethnic emerging adult minorities with a history of childhood trauma and racial discrimination. Although more than 150,000 childhood trauma studies have been conducted, according to a search in the Walden University library, there is limited research concerning the coping styles of racial/ethnic minorities who have experienced childhood trauma and racial discrimination. Therefore, I examined the coping styles of racial/ethnic minority emerging adults who have a history of childhood trauma and racial discrimination. My hope in conducting this research was to inform future intervention and prevention mental health programs for racial/ethnic minorities.

In Chapter 1 of the study, I explore the history of coping styles, childhood trauma, and racial/ethnic minority emerging adults. Additionally, I present the research problem statement, the purpose of the study, the research questions and hypotheses, the model, definitions most relevant to terms used throughout this study, assumptions, scope,

limitations, and the significance of the study. Chapter 2 focuses on a comprehensive literature review exploring childhood trauma, childhood trauma for racial/ethnic minorities, trauma into adulthood, coping styles, types of coping styles, and coping styles of racial/ethnic minorities. The third chapter addresses the methods used to analyze the data collected from the study. The fourth chapter addresses the results of the study, and the fifth chapter addresses the interpretation of findings and recommendations for future studies.

Background

This study fills a gap in understanding differences in the coping styles of emerging adults by racial/ethnic minority status, a history of childhood trauma, racial discrimination, and a combination of the variables. Nearly 25 years have passed since the original adverse childhood experience (ACE) study was published. The ACE study found a relationship between childhood traumas and mental and physical health problems (Felitti et al., 1998). The more childhood trauma exposure an individual underwent, the higher the likelihood of adverse long-term psychological and physical health conditions. The researchers in the ACE study recruited 8,056 adult participants, but nearly 80% were White (Felitti et al., 1998). Although the results of the ACE study make a strong contribution to the literature, the researchers did not indicate whether the results of the ACE study were generalizable to racial/ethnic minorities.

Later studies indicated that discrimination contributes to trauma for racial/ethnic minorities. For example, Bernard et al. (2021) used the ACE framework and added racism as a trauma category affecting the mental health of Black adolescents. The results

suggested that understanding all aspects of trauma, including discrimination, is necessary to inform the development of intervention and prevention programs for racial/ethnic minorities. Although Bernard et al. explored childhood trauma, including discrimination against racial/ethnic minorities, limited research exists addressing coping styles, childhood trauma, and racial/ethnic minorities. Due to the limited number of studies addressing all three variables, more research is needed to address the needs of racial/ethnic minorities. For example, Ernst et al. (2021) suggested that researchers should conduct more research focusing on racial/ethnic minorities to ensure the generalizability of the results. Inclusion of racial/ethnic minorities in trauma studies is important to inform the scholarly community for the development of potential mental health intervention and prevention programs.

Problem Statement

According to Martin Romero et al. (2022), often the coping literature does not account for cultural groups or family systems, which are important for minority communities. Much of the published coping literature focuses on coping from an individualistic approach. However, many racial/ethnic communities do not navigate using an individualistic approach; they are interdependent. For instance, researchers found that cultural values, such as religion and family, influenced the coping styles of Latinx adolescents (Martin Romero et al., 2022). The interdependent perspective indicates that racial/ethnic minorities operate with their culture and family systems to uphold their cultural values. The literature provides insight into why racial/ethnic minorities utilize

emotion- and avoidant-oriented coping styles. Emotion- and avoidant-oriented coping styles align with the cultural values of racial/ethnic minorities.

Current research shows that racial/ethnic minorities who experienced childhood trauma demonstrate different coping styles compared to White individuals. Bryant-Davis (2005) studied the coping styles of African American adults with a history of childhood trauma. They found that participants primarily used religion, social support, creativity, and activism to cope with past traumas. Although this study did not explicitly explain coping differences between African Americans and White individuals, understanding cultural differences is important to understand the coping styles utilized by various racial/ethnic minorities. Bryant-Davis's study concluded that cultural competence is essential to support these groups. Furthermore, Gardner (2005) focused on the coping styles of racial/ethnic minorities when faced with racial discrimination and insensitive comments while enrolled in a predominantly White nursing program. Participants indicated that they tried not to think about insensitivity and discrimination because racial/ethnic minorities are judged more harshly than their White peers. For example, an East Indian participant reported, "a teacher will give a minority student a lower grade if the teacher thinks that the student is less talkative, less assertive, and will not complain about the grade" (Gardner, 2005, p. 161). Likewise, Zhang et al. (2015) focused on the relationship between childhood trauma and PTSD symptoms in African Americans. Participants indicated that they used religion, specifically spirituality, to cope. Throughout these articles, similar findings emerged regarding the coping styles of racial/ethnic minorities. The findings from Bryant-Davis, Gardner, and Zhang et al.

research argued that racial/ethnic minorities depend on their emotional response and social supports (i.e., family, friends, and religion) to cope. Emotion- and social-focused coping are preferred coping styles for racial/ethnic minorities for several reasons, the most notable being the historical context of living as a racial/ethnic minority in America. For example, African Americans were enslaved in America for more than 400 years. Due to this extended period of racism and marginalization, present-day African Americans experience indirect effects from race-based trauma (Francois & Davis, 2022). Francois and Davis (2022) referred to the indirect effects of race-based trauma by groups and communities as collective trauma. Due to these experiences, racial/ethnic minorities rely on social support and emotional control to navigate various experiences (Bryant-Davis, 2005; Gardner, 2005; Zhang et al., 2015). Therefore, understanding the cultural component of coping is necessary to support why racial/ethnic minorities use specific coping styles.

To explore the coping style differences between racial/ethnic minorities, I used the multidimensional interaction model of stress, anxiety, and coping as a theoretical framework to view the coping styles of participants. The multidimensional interaction model of stress, anxiety, and coping describes coping as a multidimensional process in which an individual's coping style aligns with one of the following three coping orientations: task-oriented, emotion-oriented, and avoidance-oriented coping (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990). These coping styles were explored in research studies by Cavanagh and Obasi (2020) and Makhoul-Khoury and Den-Zur (2022). The two studies explored the coping styles of

racial/ethnic minorities using the multidimensional interaction model of stress, anxiety, and coping. Cavanagh and Obasi studied the impact of chronic stress and coping styles on the cardiovascular health of African American emerging adults. The results indicated that individuals who used emotion-oriented coping were likely to experience more stress and cardiovascular concerns. Makhoul-Khoury and Den-Zur studied racial/ethnic differences in perceived threats and coping styles of Jewish and Arab mothers of pediatric patients living with cancer. Two results were drawn from this study. The first result suggested that individuals who used avoidance-oriented coping were associated with parental adjustment problems. The second finding was that Arab mothers used emotion-oriented coping more than Jewish mothers. Researchers believe that Arab mothers used emotion-oriented coping more because of their lower socioeconomic status and education. The results indicate that racial/ethnic minorities rely on their ability to regulate their emotions or avoid the situation to cope, which is similar to the results found by Bryant-Davis (2005), Gardner (2005), and Zhang et al. (2015). Although the literature explains the coping styles used by racial/ethnic minorities, these studies do not explain why racial/ethnic minorities use different coping styles.

Although coping styles literature exists, few studies have explored the effects of coping styles for racial/ethnic minority emerging adults with a history of childhood trauma and racial discrimination. To explore the relationship between racial/ethnic minority status, level of childhood trauma, and racial discrimination and coping styles, the multidimensional interaction model of stress, anxiety, and coping served as the theoretical framework. The aim of this study is to inform the scholarly community about

the potential development of mental health intervention and prevention programs for racial/ethnic minorities.

Purpose of the Study

Through this quantitative study, I aimed to compare the difference, if any, in coping styles of emerging adults of various racial/ethnic minority backgrounds and their experience of childhood trauma and racial discrimination, using the multidimensional interaction model of stress, anxiety, and coping as a framework. To explore the coping styles of racial/ethnic minorities who experienced childhood trauma and racial discrimination, a quasi-experimental design was conducted. The study had one dependent variable (i.e., coping styles) and three independent variables (i.e., race/ethnicity, level of childhood trauma, and racial discrimination). In conducting this study, I hoped to inform readers of whether coping styles are affected by race/ethnicity, the level of childhood trauma experienced, racial discrimination experienced, or an interaction of the variables. Although researchers have investigated coping styles, there is limited literature concerning the coping styles of emerging adults of various racial/ethnic minority backgrounds who experienced childhood trauma and racial discrimination.

Research Questions and Hypotheses

According to Endler and Parker (1990), "coping has been conceptualized as a response to external stressful or negative events" (p. 844). Ernst et al. (2021) found that race/ethnicity moderated the relationship of stress and coping styles. For example, African American and Hispanic mothers used emotion-focused coping more than White mothers. An African American mother indicated that religion was a tool that she used to

cope, which can be identified as an emotion-focused strategy. Although research exists on coping style differences by race/ethnicity and there may be research on how childhood trauma affects coping styles, there are few instances of considering both issues. Therefore, the purpose of the current study was to address coping styles, racial/ethnic minorities, childhood trauma, and racial discrimination. In the present research, I examined coping style differences of racial/ethnic minorities in emerging adults who experienced childhood trauma and racial discrimination. The study had one dependent variable, coping styles, and three independent variables (i.e., race/ethnicity, level of childhood trauma, and racial discrimination). The Coping Inventory for Stressful Situations: Situation Specific Coping (CISS: SSC; Endler & Parker, n.d., 1990) measured coping styles, the demographics measured the race/ethnicity of participants, the ACE inventory (Felitti, 2019) measured childhood trauma, and the Racial/Ethnic Discrimination Index (REDI; Wang & Yip, 2021) measured racial discrimination. Four research questions were used to address the purpose of the study:

RQ1: How do coping styles (i.e., task-oriented, emotion-oriented, and avoidance-oriented) vary by race/ethnicity?

RQ2: How does a history and level of childhood trauma relate to coping styles?

RQ3: How does the interaction of race/ethnicity and childhood trauma relate to coping styles?

RQ4: How does the amount of racial discrimination experienced contribute to coping styles?

The null hypotheses were as follows:

1. There is no difference between the coping styles (i.e., task-oriented, emotion-oriented, and avoidance-oriented) of racial/ethnic minority emerging adults.
2. Emerging adults with a history of childhood trauma do not have poorer coping styles than individuals with less childhood trauma.
3. There is no interaction effect for racial/ethnic minority emerging adults between childhood trauma and racial discrimination on coping styles.
4. Racial discrimination is not associated with coping styles.

The alternative hypotheses were as follows:

1. There is a difference between the coping styles (i.e., task-oriented, emotion-oriented, and avoidance-oriented) of racial/ethnic minority emerging adults.
2. Emerging adults with a history of childhood trauma have poorer coping styles than individuals who have less childhood trauma.
3. There is an interaction effect for racial/ethnic minority emerging adults between childhood trauma and race/ethnicity on coping styles.
4. Racial discrimination is associated with coping styles.

Theoretical Framework

Although several conceptual and theoretical coping frameworks have emerged since the 1930s, most theories suggest that an individual's coping response is consistent across all situations. However, in 1990, Endler and Parker developed a theoretical coping framework that presented an individual's coping style as a multidimensional process. The

process suggests that an individual's coping responses change based on the stressful situation. This model is known as the multidimensional interaction model of stress, anxiety, and coping. Endler (1997) reported that person and situation variables affect the coping reactions of individuals. Person variables are described as internal factors; for example, vulnerability, cognitive style, heredity, emotionality, activity, and sociability are considered part of personality. Situation variables are external factors, including life events, hassles, pain, disasters, crises, and traumas. The person and situation variables help an individual determine whether an experience is dangerous or a threat (Endler, 1997).

The multidimensional interaction model of stress, anxiety, and coping follows a four-phase feedback loop (Endler, 1997). The first phase involves an interaction between the person and the situation. Endler stated that all individuals have various personal variables that support them during major stressful events, such as trauma. During the next phase of the process, the person considers the situation, known as the person-by-situation interaction, to analyze the situation as either stressful or not. The third phase of the framework is known as changes in A-state, which are changes in the autonomic nervous system (e.g., anxiety, anger, and pain). Feelings of anxiety, anger, and pain are internalized behaviors that may occur during A-state (Endler, 1997). The last phase of the framework is the person's reaction to changes in A-state, which includes a person's coping response. A-state changes can include biological and physiological changes, coping responses, defense mechanisms, and illnesses (Endler, 1997). The feedback loop experienced is a conscious process that guides an individual when responding to stressful

situations, and the responses utilized by the individual belong on a coping style continuum.

The coping style continuum created by researchers categorizes coping into the following three coping orientations: task-oriented, emotion-oriented, and avoidance-oriented (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990). Task-oriented coping is a coping response that focuses on problem-solving to change the situation. Emotion-oriented coping focuses on the emotional reactions of the individual. The third style, avoidance-oriented, focuses on avoiding social situations using distractions or social diversions. Individuals modify their coping styles to handle their stress and trauma based on the interaction that occurs during the feedback loop between the person and the situation. Therefore, it is likely that individuals with certain person variables are prone to utilize one coping style more than the others.

I used the multidimensional interaction model of stress, anxiety, and coping to explore the coping styles of racial/ethnic minorities. One distinction of this model is the fact that other theories neglected biological and genetic factors (Endler 1997). Biological and genetic factors refer to the genetic, physical, and behavioral characteristics of an individual. The theory supports the idea that an individual's personality and temperament shape their coping style choice. Not only does the model consider biological and genetic factors, but the model considers the interaction between the individual, the situation, and the stressor (Endler, 1997). Moreover, the model supports the current research by analyzing an individual's coping styles (i.e., task-, emotion-, and avoidance-oriented coping) in relationship to traumatic experiences. Endler (1997) explained that individuals

may modify their preferred coping styles depending on the situation. For instance, an individual may predominantly use task-oriented coping; however, if the situation warrants a change, the individual may use an avoidance-oriented coping style. Because the model addresses coping styles as a situational process, the following hypotheses guided the study: There is no difference between the coping styles (i.e., task-oriented, emotion-oriented, and avoidance-oriented) of racial/ethnic minority emerging adults; emerging adults with a history of childhood trauma do not have poorer coping styles than individuals with less childhood trauma; there is no interaction effect for racial/ethnic minority emerging adults between childhood trauma and racial discrimination on coping styles; and racial discrimination is associated with coping styles. Therefore, conclusions drawn from this study may inform the scholarly community for the development of potential mental health intervention and prevention programs for racial/ethnic minorities.

Nature of the Study

A quasi-experimental research design was conducted to address the research questions in this quantitative study. A quasi-experimental design is described as a research design that is used to examine naturally existing groups (Burkholder et al., 2019). For example, individuals with racial/ethnic minority status and individuals who have experienced childhood trauma are considered naturally existing groups because they cannot be controlled or manipulated by the researcher. Therefore, a quasi-experimental research design is most appropriate to study the coping styles of racial/ethnic minorities who have experienced childhood trauma. The dependent variable was coping styles, and

race/ethnicity, level of childhood trauma, and racial discrimination were the independent variables.

The study population was racial/ethnic minority emerging adults. Emerging adults in this study were individuals ranging from 18 to 29 years old. Participants completed an electronic Qualtrics survey distributed through a convenience sample from Walden University's Research Participant Pool, various social media postings, and various listservs.

The dependent variable, coping styles, was measured by administering the CISS: SSC (Endler & Parker, 2011) inventory. The CISS: SSC inventory measures three major coping styles: task-, emotion-, and avoidance-oriented coping. The independent variables were race/ethnicity, childhood trauma, and racial discrimination. The demographic portion of the survey allowed participants to self-identify their race/ethnicity. Childhood trauma was addressed through Tranter et al.'s (2021a) modification of Felitti et al.'s (1998) ACE questionnaire. The ACE questionnaire allows participants to self-report childhood traumas by responding to 17 items. Lastly, the REDI (Wang & Yip, 2021) measured racial discrimination. Racial discrimination was considered for this study because studies show that race-related stress impacts racial/ethnic minorities similarly to childhood trauma (Assari, 2020).

I used a quasi-experimental design to examine the relationship of racial/ethnic minority status, past level of childhood trauma, and racial discrimination on coping styles. A thorough description of participant demographics, research inventories,

statistical methods, and other research details pertinent to the study is presented in Chapter 3.

Definitions

Avoidance-oriented is a coping style whereby individuals seek out social diversions or distractions to handle stress (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990).

Childhood trauma is a term that describes adverse childhood experiences, which include but are not limited to "physical and sexual abuse, abandonment, neglect, death of a loved one, a serious accident, witnessing violence, being bullied, incarceration of a loved one, fire, illness, traffic accidents, natural disasters, and life-threatening situations" (McGruder, 2019, p. 119).

Coping style describes an individual's characteristics that affect their reaction after the person suffers a stressful or negative event (Endler, 1997; Endler & Parker, 1990).

Emerging adulthood describes the time frame in which individuals leave childhood but are not yet faced with the responsibilities of adulthood (Arnett, 2000).

Emotion-oriented is a coping style whereby individuals address their problems through emotional responses, such as self-preoccupations and fantasy reactions to handle stress (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990).

Racial discrimination is defined as avoidance to bare access, exclusion, withhold information, and use of deception toward people and groups based on characteristics like race and ethnicity (Carter, 2007).

Racial/ethnic minority is a term to describe U.S. residents who self-identify as one of the following racial/ethnic minority categories: African American/Black, American Indian/Alaska Native, Asian/Asian American, Hispanic/Latino, Native/Other Pacific Islander, and mixed/other (Feng et al., 2021; U.S. Census Bureau, 2020).

Task-oriented is a coping style whereby individuals attempt to address a problem by solving or minimizing the effects of the problem to handle stress (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990).

Assumptions

Two assumptions existed for this study. The first assumption of the study was self-report accuracy among participants. Due to the nature of this study, participants were asked to answer questions regarding their childhood retrospectively. Specifically, participants answered questions that might be considered sensitive; therefore, participants might have either over- or underestimated their trauma for various reasons (Felitti et al., 1998). For example, some individuals might not have been able to recall certain instances from their childhood, which might have caused them to report their childhood trauma inaccurately. The second assumption of the study was that the percentage of recruited participants reflects the overall U.S. population. For example, the 2020 U.S. census reported that 12% of the population was African American, 1% was American Indian and

Alaska Native, 6% was Asian or Asian American, and 9% was some other race alone (U.S. Census Bureau, 2020).

Scope and Delimitations

This research addressed differences in coping styles of racial/ethnic minority emerging adults who experienced childhood trauma and racial discrimination. For example, Türk-Kurtça and Kocatürk (2020) studied the predictive relationships of childhood trauma, emotional self-efficacy, and internal locus of control to resilience skills for college students. Although the research findings indicated that all three variables impact psychological resilience, the researchers did not report their findings by the participant race/ethnicity. While there are many variations of childhood trauma studies, few studies address the coping styles of emerging adults who identify as racial/ethnic minorities.

Even though the present study addressed the research gap by exploring the interaction of the variables, threats to internal validity exist. Internal validity refers to research measuring what it is intended to measure (Burkholder et al., 2019). The threats to internal validity that posed a problem for this study included subject bias and mortality (attrition). Subject bias is a threat that suggests that participants respond how they believe the researcher desires (Burkholder et al., 2019). For example, if participants know the purpose of a study, they may alter their responses to support the researcher. This type of change may negatively impact the results of the study. The second threat to internal validity is mortality (attrition). Mortality refers to the loss of participants from the study (Burkholder et al., 2019). Loss of participants may include participants no longer wanting

to complete the study, the study being too long, or participants not wanting to admit to having childhood traumas. This internal validity threat existed because participants had the right to leave the study whenever they no longer wished to proceed. In any instance, all incomplete survey data were removed.

The steps taken to reduce potential threats to internal validity were as follows. To minimize subject bias, identifiable participant data (e.g., name, date of birth) were not collected. It is believed that participants are more likely to respond truthfully if they are not requested to share identifiable data. To reduce participant attrition, I added a progress bar at the bottom of the Qualtrics study. The aim of the progress bar was to minimize participant fatigue because participants could monitor their progress as they navigated through the survey.

To take part in the study, each participant needed to identify as an emerging adult 18 to 29 years of age who was part of Walden University's Research Participant Pool, had access to my social media website (i.e., Facebook), or various social media platforms and listservs (e.g., Facebook, Instagram, LinkedIn, etc.). Additionally, participants were required to have a history of childhood trauma and racial discrimination to address the scope of the study. One delimitation of this study was that only individuals aged 18 through 29 years were included in the study. Participant responses that fell outside of these parameters were excluded from the final study sample. The second delimitation of this study was that participants needed to be English literate. This was a delimitation of the study because the survey was only constructed in English. Therefore, participants needed to be able to read and comprehend English to complete the survey. The third

delimitation of the study was trauma response. Responses from participants who did not indicate any childhood trauma or racial discrimination were excluded in the final study sample. The last delimitation of the study was race/ethnicity. Participants needed to self-identify as one of the six racial/ethnic minorities (i.e., African American/Black, American Indian/Alaska Native, Asian/Asian American, Hispanic/Latino, Native/Other Pacific Islander, and Mixed/Other) to participate in the study.

Limitations

The potential challenges of the study included the accuracy of self-report, the age of participants, recruitment, the education levels of participants, and recent trauma. The accuracy of self-report was a limitation because survey responses rely on the honesty of the research participants (Burkholder et al., 2019). If participants overestimate, underestimate, or misinterpret questions, research is subject to bias. To address this limitation, I reviewed the literature. Felitti et al. (1998) reported that self-reporting was a limitation of their study; however, researchers compared their results to the National Health Interview Survey of childhood exposures. Research results were compared to data from Merrick et al. (2019) to ensure that the study aligned with the Behavioral Risk Factor Surveillance System (BRFSS) data. The BRFSS is a state-based survey conducted via phone that obtains data regarding health conditions, risk behaviors, and ACEs. In collecting data, Merrick et al. inquired about each participant's ACE score, and the results were separated by age group and race/ethnicity. For example, 17.7% of Black participants, 8.6% of Asian participants, 28.3% of American Indian/Alaska Native participants, 15.8% of Hispanic participants, and 28% of the other participants

experienced four or more ACEs. I compared the ACE results for each racial/ethnic minority group from the study to Merrick et al.'s study to ensure that the results were comparable to the national sample. Moreover, the CISS: SSC measure has been tested and found reliable and valid (Endler & Parker, 1994). The second limitation of this study was the age of the participants. I was interested in studying emerging adults ranging from 18 to 29 years old. Therefore, the results obtained may only be generalizable to individuals within this population. The recruitment method was the third limitation of the study. Participants were recruited through a convenience sample from Walden's research pool and my social media; therefore, the generalization may be limited to individuals with social media accounts (i.e., Facebook) and individuals enrolled at Walden University. The participants' education levels were the fourth limitation of the study due to the targeted population. Participants of this study were recruited from Walden University's Research Participant Pool, social media accounts associated with me, and various social media platforms and listservs (e.g., Facebook, Instagram, LinkedIn, etc.). Therefore, research generalizability is limited to individuals of the same age, with the same social media accounts (e.g., Facebook), similar education levels, enrollment at Walden University, and access to technology. Recent trauma was the last limitation of the study. Recent trauma may have been a confounding variable for this study because it may alter a participant's response style due to heightened feelings of discrimination and other stressful experiences. To minimize the impact of these limitations, the instructions indicated that the research was motivated by an interest in learning about events that occurred in the first 18 years of their lives.

Significance

The significance of the study resides in the effort to inform the development of mental health interventions and prevention programs by examining coping differences for racial/ethnic minorities. Although the literature indicates that racial/ethnic minorities use different coping styles, there is still limited knowledge about the relationship between coping styles, racial/ethnic minorities, childhood trauma, and racial discrimination (Bryant-Davis, 2005; Gardner, 2005; Martin Romero et al., 2022; Zhang et al., 2015). However, the results from these studies emphasize the importance of intervention and prevention programs specific to racial/ethnic minorities. For example, Bernard et al. (2021) stated that "culturally specific coping strategies … may assist in navigating stressors pertinent to their daily lived experiences" (p. 241). Similarly, Torres Stone et al. (2020) reported that racial/ethnic minorities are underrepresented in mental health treatment and culturally competent interventions. If racial/ethnic minorities were considered during the creation of intervention and prevention programs, it is likely that the treatments would provide better results. The assertions made by these authors highlight the importance of intervention and prevention mental health programs specific to racial/ethnic minorities. Therefore, the aim of this study was to inform the scholarly community in the development of mental health interventions and prevention efforts for racial/ethnic minorities.

Secondly, though research on childhood trauma is less than 25 years old, researchers have failed to explain whether racial/ethnic minorities are affected by childhood trauma in the same way. Felitti et al.'s (1998) seminal ACE study recruited

participants to understand long-term health implications for patients with childhood trauma exposure. Of the 8,056 total participants in that study, 6,432 participants were White. Although the participant population was comparable to the 2020 U.S. census (U.S. Census Bureau, 2020), researchers did not address whether the results were generalizable for racial/ethnic minorities (Felitti et al., 1998). The current literature criticizes the ACE study because researchers did not address disparities that exist by race/ethnicity. Bernard et al. (2021) reported that understanding childhood trauma by race/ethnicity is important because Black adolescents reported higher ACE scores than White individuals. Even though Black adolescents were the focus of the study, the results demonstrate the need to focus on racial/ethnic minorities because of potentially different lived experiences. For example, Bernard et al. added a culturally responsive component to the ACE study to recognize historical trauma experienced by racial/ethnic minorities. The historical trauma identified by researchers included racism because researchers believed that these experiences are considered additional traumatic exposures experienced by racial/ethnic minorities. Therefore, these studies suggest that racial/ethnic minorities are affected by childhood trauma differentially due to higher exposure rates to childhood trauma and discrimination (Assari, 2020; Bernard et al., 2021; Gaston et al, 2020).

Although research exists regarding coping styles and childhood trauma, childhood trauma and race/ethnicity, or coping styles and race/ethnicity, there is limited research on the interaction of the four variables. For example, Thakur et al. (2020) studied childhood trauma and racial/ethnic minority pediatric patients, and Türk-Kurtça and Kocatürk

(2020) studied the predictive relationships of childhood trauma, emotional self-efficacy, and internal locus of control to resilience skills for college students. Thakur et al. found that children with higher trauma scores had lower caregiver ratings and weaker executive functioning skills. Türk-Kurtça and Kocatürk found a positive correlation between emotional self-efficacy and resilience skills. Although Thakur et al. and Türk-Kurtça and Kocatürk studied childhood trauma, these researchers did not study the interaction of coping styles, race/ethnicity, childhood trauma, and racial discrimination. Because limited research is available regarding the interaction of the variables, the scholarly community has limited knowledge regarding intervention and prevention programs that may support individuals of diverse backgrounds.

In a recent study, Ghafoori and Khoo (2020) studied racial/ethnic minorities with a history of trauma. Researchers conducted a 6-week intervention in which participants received mental health treatments. The results indicated that all racial/ethnic minorities benefited from exposure therapy, but most importantly, the researchers reported the limitations of their study. Ghafoori and Khoo indicated that although the results of this study were beneficial for racial/ethnic minorities, more research should be conducted to understand the needs of racial/ethnic minorities. Therefore, the hope for this research is to promote social change by informing interventions and developing treatments for racial/ethnic minorities whose members experienced childhood trauma and racial discrimination.

Summary

There is limited research regarding the coping mechanisms of racial/ethnic minorities whose members experienced childhood trauma (Bernard et al., 2021; Ghafoori & Khoo, 2020; Torres Stone et al., 2020) and racial discrimination. The present research used Endler and Parker's (1990) multidimensional interaction model of stress, anxiety, and coping to explore the coping styles of racial/ethnic minority emerging adults who experienced childhood trauma and racial discrimination. Four research questions were created to address the research problem: How do coping styles vary by race/ethnicity? How does history and level of childhood trauma affect coping styles? How does the interaction of race/ethnicity and childhood trauma impact coping styles? How does the amount of discrimination experienced contribute to coping styles? Through this research, I hope to promote social change to inform the development of mental health interventions and prevention programs for racial/ethnic minorities.

The second chapter of this study includes a detailed literature review. In the literature review, I explore current coping literature, childhood trauma, the interaction of coping styles and childhood trauma for racial/ethnic minorities, and racial discrimination. In addressing the literature review's foundation, I describe the study's importance and how the research gap was addressed. Additionally, in the second chapter, I continue to examine Endler and Parker's (1990) multidimensional interaction model of stress, anxiety, and coping. The framework was used to align the purpose of the research with the result most important for the scholarly community. Lastly, the summary and

conclusions for Chapter 2 assist readers in making a transition to the present study and the methods used for research.

Chapter 2: Literature Review

Introduction

Through this study, I aimed to examine coping style differences of emerging adults from racial/ethnic minorities who experienced childhood trauma and racial discrimination. Studies have found that emotion-oriented and avoidance-oriented coping styles are consistent trauma responses for racial/ethnic minorities (Ernst et al., 2021; Lee & Williams, 2022; Ojeda & Liang, 2014). Avoidance-oriented coping is described as a coping mechanism whereby individuals use distractions or social diversions to overcome traumatic experiences (Endler, 1997; Endler & Parker, 2011). Individuals who use emotion-oriented coping address their stressors through emotional responses (Endler et al., 2003). For example, Mexican American males reported using religion to navigate adversity (Ojeda & Liang, 2014). Individuals who use religion to cope rely on their belief in a higher being. Similarly, Lee and Williams (2022) found that older adult minorities (e.g., African Americans, Hispanics, and Asians) used religion to cope more than nonminority individuals (i.e., White individuals). Endler indicated that religion is considered an avoidance-oriented coping style. The results of these studies suggest that the coping styles utilized by racial/ethnic minorities are used as survival tools. The coping styles utilized allow racial/ethnic minorities to depend on their social groups or avoid traumatic experiences entirely to move on. Therefore, these differences call for a deeper look into the intervention and prevention programs created to support the coping style differences of racial/ethnic minorities. For example, Asher BlackDeer and Patterson Silver Wolf (2020) concluded that culturally specific intervention and prevention

programs successfully supported the mental health concerns of American Indian participants. From the research conducted, it is my hope that interventions and prevention programs are developed for racial/ethnic minorities who experienced childhood trauma and racial discrimination.

The second chapter introduces the theoretical framework that guided the research. The theoretical framework for this study was the multidimensional interaction model of stress, anxiety, and coping by Endler and Parker (1990). Following the theoretical framework discussion, I examine the current literature regarding coping styles. The literature review includes a history of childhood trauma studies, trauma within adolescents, trauma and racial/ethnic minorities, childhood trauma and coping, trauma into adulthood, overcoming trauma, types of coping styles, and coping for racial/ethnic minorities.

Literature Search Strategy

Most of the literature and research obtained for the study were collected through peer-reviewed journal articles. The databases accessed were APA PsycInfo, PsycTests, Medline, ScienceDirect, SocIndex, as well as a Thoreau multidata base search. These databases were used to obtain peer-reviewed research articles to study the coping style differences of emerging adults from racial/ethnic minorities who experienced childhood trauma and racial discrimination. In addition to peer-reviewed journals, some seminal work regarding research methods (Burkholder et al., 2019), the history of coping styles (Endler & Parker, 1990; Frydenberg, 2014; Lazarus, 1993), and census data (U.S. Census Bureau, 2020) was obtained through books and websites relevant to the background of

the study. The key terms searched were *coping styles or coping strategies, mental health, race or ethnicity or minority, racism and discrimination, social and emotional development, and young adults or college students or emerging adults.*

As reported in the literature, coping has been studied for more than 90 years, and Sigmund Freud is cited as one of the original psychologists to study the topic (Endler & Parker, 1990; Roth & Cohen, 1986). However, when Freud introduced coping, he referred to coping as an unconscious process. Freud's beliefs suggest that individuals use coping to protect themselves from "repression, regression, isolation, reaction formation, undoing, introjection, projection reversal, sublimation, and turning against the self" (Snyder, 1999, p. 7). Although current research identifies the process described by Freud as coping, the concept of stress precedes coping research. According to Frydenberg (2014), early research addressed the relationship between people and their stress. For example, Holmes and Rahe (1967, as cited by Frydenberg, 2014) found that major life experiences are considered stressors, and the purpose of their research was to study how individuals handle their stress. Shortly after the concept of stress was introduced, researchers shifted their interest from identifying stress to understanding how individuals cope following traumatic experiences. During this shift from studying stress to studying coping, a number of coping researchers and theories emerged. The transaction theory of coping and COR are two of the most notable coping theories to emerge (Frydenberg, 2014). Lazarus developed the transaction theory of coping, which suggests that coping requires two appraisal phases. During the two phases of appraisal, individuals identify the experience as undemanding or stressful (Folkman et al., 1986; Lazarus & DeLongis,

1983). When individuals identify an event as undemanding or stressful, individuals use either emotion-focused or problem-focused coping to overcome the situation. Emotion-focused coping refers to a person's emotional reaction to a stressful situation, whereas problem-focused coping suggests that individuals attempt to change how they respond and reduce the threat. The second theory, COR theory, was developed by Hobfoll and indicates that individuals cope to obtain, retain, and protect resources of value. According to the literature, all individuals have resources that are considered valuable possessions (Frydenberg, 2014). These resources are described as possessions that can fit into one of the following categories: physical nature, socioeconomic status (SES), personal characteristics, conditions, or energies. Therefore, when their resources are threatened or stressed, individuals appraise the situation as a threat or a loss. After the event is appraised, individuals use their resources to overcome the situation.

Although many theories emerged, these theories lacked dimensionality, and they followed an interindividual approach. Therefore, Endler and Parker (1990) introduced the multidimensional interaction model of stress, anxiety, and coping. The model presented coping as a multidimensional process, categorizing an individual's coping approach into one of three styles: task-oriented, emotion-oriented, and avoidance-oriented. The model suggests that an individual's preferred coping style can be adjusted to fit the situation. Although the multidimensional interaction model of stress, anxiety, and coping utilizes a multidimensional approach, the model uses the same basis of coping as the transactional theory of coping and COR theory. The model suggests that stress impacts an individual's coping style. Second, Endler and Parker's theoretical framework suggests that an

interindividual approach should be used to study an individual's coping styles. An interindividual approach addresses the coping styles of a singular individual across multiple settings to discover the individual's preferred coping style. This theoretical framework was chosen to align with and support the findings for the present study and guide the literature review search.

Theoretical Framework

The multidimensional interaction model of stress, anxiety, and coping was chosen to guide this effort to understand the relationship between coping styles, racial/ethnic minorities, childhood trauma, and racial discrimination. Endler and Parker (1990) created the model in 1990 to understand the coping process of individuals. Although the model is more widely acknowledged in the literature, this model evolved from the multidimensional interaction model of anxiety (Endler, 1997; Endler & Kocovski, 2001; Grooms & Endler, 1960). In 1960, Grooms and Endler (1960) studied the relationship between anxiety and academic achievement. Researchers found that anxiety was a significant factor in the researcher's ability to predict students' grades. More importantly, Grooms and Endler identified anxiety as a multidimensional construct. Prior to Endler, Endler and Kocovski, and Grooms and Endler, researchers followed a Freudian approach to explain anxiety. The Freudian approach indicates that anxiety is a unidimensional personality trait, suggesting that a person is anxious or lacks anxious thoughts and feelings. On the other hand, the multidimensional interaction model of anxiety focuses on anxiety as a multidimensional construct and the interaction between person and situation variables (Endler, 1997; Endler & Kocovski, 2001). According to Endler and Endler and

Kocovski, there are two constructs of anxiety, A-trait and A-state. A-state measures cognitive worry and autonomic-emotional components, whereas A-trait measures an individual's predisposition to anxious feelings during various situations (Endler, 1997). The traits described by the model suggest that an individual must experience congruent changes in both A-state and A-trait to be consider the event as a threat to the individual. Although anxiety is a component of the multidimensional interaction model of anxiety, Endler and Parker expanded the model by adding stress and coping. The expanded model addressed the interaction between stress, anxiety, and coping.

Endler (1997) expanded the multidimensional interaction model of anxiety in the early 1990s to include stress and coping. The new model is regarded as the multidimensional interaction model of stress, anxiety, and coping. This model differs from previous frameworks because it addresses coping with a multidimensional approach, uses an interindividual approach, and is the only model to consider biological and genetic factors (Endler, 1997). First, the expanded model is process-oriented, suggesting that the model focuses on the individual's response to the situation. Endler believed that people are affected by situational and behavioral variables, and they interact with these variables based on their personality traits. However, it is essential to note that this model does not define coping as a singular response. An individual's coping response is situational, indicating that a person may change their response based on the perceived threat. A perceived threat is defined as any action considered a threat, dangerous, pleasurable, or indifferent (Endler, 1997). For example, if an individual fears dogs and a large dog runs in their direction, they may consider the action by the dog as threatening

or as a dangerous situation. The individual may negatively respond to the perceived threat by yelling, jumping, or running away. Though the example presented is simple, the example demonstrates an interaction that occurs in a person-by-situation interaction.

Endler (1997) explained a person-by-situation interaction as a four-phase feedback loop (Endler, 1997). The four-phase feedback loop describes the phases that individuals experience when a congruent person-by-situation interaction occurs. Phase 1 concerns the person-situation, which focuses on the interaction between an individual's personal variables (i.e., A-trait, vulnerability, cognitive style, heredity, emotionality, activity, and sociability) and the situation such as life events, hassles, pain, disasters, crises, and traumas. Identifying the person variables and the stressor is the goal in Phase 1. Within Phase 2, individuals make assumptions about the situation to either perceive the situation as dangerous or not. Phase 3 pertains to the changes in A-state; this suggests that individuals experiencing stressful events experience cognitive worry and autonomic-emotional changes (Endler, 1997). For example, the stressor experienced by the individual can elicit an unconscious emotional response to the experience. The last phase is the reactions to the change in state anxiety, which is suggested to affect an individual's personal variables and the stressful situation. As individuals unconsciously experience the four-phase feedback loop in response to person-by-situation interactions, they demonstrate a coping style preference in response to the situation.

However, the coping styles identified by Endler and Parker fall on a continuum. This continuum categorizes coping into the following three coping orientations: task-oriented, emotion-oriented, and avoidance-oriented (Endler, 1997; Endler et al., 2003;

Endler & Kocovski, 2001; Endler & Parker, 1990, 2011). Task-oriented coping is defined as an individual's attempt to address a problem by solving or minimizing the effects of the problem to handle stress (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990, 2011). Emotion-oriented coping is defined as an individual's ability to manage problems through emotional responses, such as self-preoccupation and fantasy reactions to handling stress (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990, 2011). Avoidance-oriented coping is defined as an individual's ability to seek out social diversions or distractions to handle stress (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990, 2011). Endler and Parker (1990, 2011; Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001) created these orientations to categorize the coping styles of individuals when they encounter stressful situations. As previously indicated, an individual's preferred coping style can adjust to fit the situation. For example, an individual may prefer avoidant-oriented coping but use a task-oriented coping style if the situation requires it.

Second, the model uses an interindividual approach to study an individual's coping style. An interindividual approach addresses the coping styles of a singular individual across multiple settings to discover the individual's preferred coping style (Endler & Parker, 1990). Under ideal circumstances, this suggests that one individual's coping style is studied across one or multiple situations, the data collected are compiled, and researchers use this information to identify an individual's preferred coping style.

Finally, the multidimensional interaction model of stress, anxiety, and coping is the only known framework that considers biological and genetic factors as part of an individual's personality and temperament (Endler, 1997). Therefore, biological and genetic factors should be considered as factors that can alter an individual's coping style preference. In a study by Jurczak et al. (2019), researchers studied the influence of genetic factors of late adult women on personality and coping styles. Although the researchers reported no direct influence between genetics and coping styles, the finding still suggests that personality traits influence an individual's coping style. The researchers went on to state that regardless of the results of their study, it is essential to note that traumatic experiences weaken an individual's ability to deal effectively with stress (Jurczak et al., 2019). Therefore, an individual's coping style preferences are impacted by many A-state constructs, including biological and genetic factors. Additionally, these factors are identified in the fourth stage of the four-phase feedback loop. Biological and genetic factors are A-state reactions that affect an individual's personal variables and situation. To conclude, the multidimensional interaction model of stress, anxiety, and coping provides a beneficial framework to draw conclusions regarding the way individuals cope after they have experienced childhood trauma.

Literature Review

Trauma and Behavior

There is evidence that childhood trauma can affect individuals into adulthood. These effects include poor psychosocial development (Scott et al., 2021) and health issues (Felitti et al., 1998). In the early 1990s, two researchers, Felitti and Anda, found a

relationship between childhood trauma and health-related concerns (Felitti et al., 1998). Prior to the creation of the childhood trauma study, Felitti observed how overweight patients had trouble losing weight and keeping weight off. Felitti interviewed patients, asking questions about their lives, and discovered that many of his patients had experienced sexual abuse as a child (McGruder, 2019). Felitti presented his findings during a health conference, where he met Dr. Robert Anda, who joined him in his childhood trauma studies. Based on their experiences, researchers conducted a series of studies on exposure to childhood trauma in adulthood to understand the associated health risks. Researchers found that certain types of trauma experiences were associated with negative physical and mental health outcomes.

To assess these types of traumatic experiences, Felitti et al (1998) developed the ACE scale for their research. Felitti et al.'s (1998) seminal study indicated that the ACE questionnaire separated traumatic childhood exposures into four types of childhood abuse and three types of household dysfunction. The initial survey indicated seven childhood trauma exposure categories associating with negative outcomes, ranging from zero representing no adverse childhood exposures to seven representing the maximum number of childhood exposures (Dietz et al., 1999; Felitti et al., 1998). Shortly after the original seven childhood exposures were compiled, three additional exposures were added to the ACE measure. Divorce, emotional neglect, and physical neglect were added to the original list of seven childhood exposures based on additional studies (Anda et al., 1999; Dube, Anda, Felitti, Chapman, et al., 2001; Dube, Anda, Felitti, Croft, et al., 2001). Results indicated that the identified childhood exposures were associated with negative

long-term health issues such as obesity, depression, alcoholism, and sexual promiscuity (Felitti et al., 1998). Given the findings, it is important to understand how the results from these studies may indicate points of prevention and help mitigate long-term effects that can develop from childhood trauma exposure.

The ACE questionnaire identified ten risk factors as contributors to poor mental and physical health (Felitti et al., 1998). The risk factors include: "smoking, severe obesity, physical inactivity, depressed mood, suicide attempts, alcoholism, any drug abuse, parental drug abuse, a high lifetime number of lifetime sexual partners (≥50), and a history of having a sexually transmitted disease" (Felitti et al., 1998, p. 776). In addition to the finding's researchers found patterns between the number of traumas and reduced life expectancy. Researchers found that individuals with a score of four or more traumas have higher odds of chronic health conditions (Felitti et al., 1998). These conditions include ischemic heart disease, cancers, stroke, chronic bronchitis or emphysema, diabetes, skeletal fractures, hepatitis or jaundice, and fair or poor self-rated health. Felitti et al. reported the strength between an individual's ACE score and each health condition. For example, individuals with four or more traumas are 3.8 times more likely to have chronic bronchitis or emphysema than those with no childhood trauma (Felitti et al., 1998). This demonstrates that individuals who lived traumatic childhoods are more likely to develop lasting health conditions. To replicate the original ACE study, Downey et al. (2017) studied childhood trauma from a sample of adults living in Iowa. The study's results indicated that the more childhood traumas reported, the more health risks. For instance, death, heart disease, cancer, stroke, respiratory diseases, and diabetes were risks

associated with increased childhood trauma. In another study, Brown et al. (2009) studied the relationship between childhood trauma and premature death for adults. Researchers found that individuals with an ACE score of six or more decreased their life expectancy by 20 years. Although the results indicate a small relationship exists between life expectancy and childhood traumas, the conclusions from the study are impactful. The results from the studies above present consistent findings: a positive relationship exists between amount of childhood trauma and major long-term negative mental and physical health concerns (Brown et al., 2009; Downey et al., 2017; Felitti et al., 1998). Moreover, these health conditions are likely to contribute to a reduction of the life expectancy of individuals.

In addition to chronic health conditions, the research found that individuals with childhood trauma also experience mental health concerns. Downey et al. (2017) reported a relationship between childhood trauma and depression. The results suggest that the more childhood traumas an individual experiences, the more likely an individual experiences depression into adulthood. Furthermore, Nöthling et al. (2020) conducted a four-study literature review to investigate the relationship between epigenetics, mental health, and childhood trauma in adults. Epigenetics suggests that environmental influences can alter an individual's gene expression. Nöthling et al. found a relationship between childhood trauma and poor mental health concerns. Individuals with higher childhood trauma levels were more likely to experience depression, suicide, and borderline personality disorder. Additionally, Nöthling et al. asserted that the following mental health issues, depression, suicide, and borderline personality disorder, were

associated with hypermethylation. The results suggest that childhood trauma alters an individual's genetic expression, which increases their proneness to poor mental health. Similarly, Schneider et al. (2020) studied adults with a history of childhood trauma and their physical and mental health. Participants from the study were placed into one of four classes based on their endorsement of childhood traumas. Participants in Class 1 demonstrated a low level of childhood traumas across all ACEs, Class 2 individuals indicated a high endorsement of childhood traumas, specifically in the areas of verbal, physical, and maternal abuse, Class 3 individuals indicated a high endorsement of childhood trauma in the areas of verbal and physical abuse and a moderate endorsement for living with someone with a mental illness, and Class 4 individuals demonstrated a high endorsement of childhood traumas specifically in the area of verbal abuse and a moderate endorsement of maternal abuse (Schneider et al., 2020). Out of all the participants, the results indicated that participants in Class 2 demonstrated the poorest outcomes as adults. These individuals suffered more mental health concerns, specifically in the areas of anxiety and depression. The results from Downey et al., Nöthling et al., and Schneider et al. revealed the damaging impact childhood trauma has on mental health that spans into adulthood. Childhood traumas increase the likelihood of negative long-term physical and mental health issues.

Childhood Trauma and Racial/Ethnic Minorities

Although Downey et al.'s (2017) seminal study attempted to obtain a representative sample of racial/ethnic minorities through random selection stratified sample and oversampling, there was a lack of racial/ethnic diversity in the sample to

draw conclusions about racial/ethnic minorities. For instance, only 6% of the participants identified as a racial/ethnic minority; therefore, more information is needed to generalize the results. Limits to generalizability for racial/ethnic minorities were also a concern from the seminal ACE study (Felitti et al., 1998). Even though Dr. Felitti and Anda opened the doors to understand the developmental impact of trauma experiences, there were major limitations to their study (Felitti et al., 1998). According to the study, 79% of participants were White with an average age of 56 years old (Felitti et al., 1998). Therefore, it is difficult to generalize the results of the study of racial/ethnic minority populations. Although there is a plethora of childhood trauma studies, many of the ACE studies do not include sufficient racial/ethnic minority participants to provide meaningful results regarding the impact of adverse childhood experiences within these populations.

In recent studies, researchers are changing the course of childhood trauma studies by focusing on racial/ethnic minorities. Gaston et al. (2021) studied the long-term effects of childhood trauma on sleep concerns of adult women. Researchers recruited non-Hispanic White, non-Hispanic Black, and Hispanic/Latina women with a mean age of 55 years old. Researchers found that Black and Hispanic/Latina women reported more childhood traumas than White women (Gaston et al., 2021). Black and Hispanic women were more likely to have experienced more natural disasters, sexual, physical, and psychological/emotional trauma. The results found are suggestive that childhood trauma contributes to sleep concerns for racial/ethnic minority adults. Researchers believe the relationship between sleep concerns and childhood trauma may be more prevalent for racial/ethnic minorities due to their environment. Gaston et al. (2021) described that

many racial/ethnic minorities living in the United States live in marginalized communities that can be considered unsafe and impoverished. Therefore, these environments may contribute to poor sleeping patterns. Moreover, a report from the National Survey of Children's Health (NSCH) revealed that Black and Hispanic children have a higher rate of childhood trauma and sleep concerns (Slopen et al., 2016, as cited in Gaston et al., 2021). Similarly, Mersky et al. (2021) studied childhood trauma and the intersectionality of poverty status, race/ethnicity, and gender. The results indicated a significant interaction exists between race/ethnicity, poverty, and childhood trauma. Researchers found that it was more common for racial/ethnic minorities (i.e., Black, Hispanic, and American Indians) and poor students to report more ACEs than those that do not belong to these categories (i.e., White individuals and affluent students). Even though the results from both studies indicated that racial/ethnic minorities reported more childhood traumas than White individuals, researchers also considered environment and socioeconomics. The results suggest that communities with limited safety and low SES communities are at an increased risk of exposure to childhood trauma, and the risks presented affect racial/ethnic minorities and White individuals equally (Gaston et al., 2021; Mersky et al., 2021). The conclusions drawn by the researchers demonstrated racial/ethnic minorities experience more childhood traumas than White individuals when environment and socioeconomic status is considered.

Although Gaston et al. (2021) and Mersky et al. (2021) found that racial/ethnic minorities experience more trauma that White individuals, the research also found that economic status and environment are also significant when determining the risk of

childhood trauma. Researchers reported that in some instances, individuals of lower economic status and those living in less developed environments were at a greater risk of experiencing childhood trauma. Nevertheless, Wang et al. (2020) found that familial support and community may be protective factors for racial/ethnic minorities. Familial support and community refer to support provided by an individual's community. Wang et al. (2020) indicated that these supports have primarily been identified in Black and Hispanic communities. Familial support and community are significant to racial/ethnic minorities because of their support. Specifically, the literature indicates that racial/ethnic minorities have strong moral obligations to their communities, support, and emotional closeness (Wang et al., 2020). The study conducted by Wang et al. (2020) used the ecological systems theory to study the mediating role of ACEs in neighborhood disorders and child behavioral health outcomes. Neighborhood disorders are environments with poor child-rearing, greater exposure to violence, limited resources, and poor education. The results found a positive association between neighborhood disorder, externalizing behaviors, internalizing behaviors, and a number of ACEs. Secondly, the behavioral health of White children demonstrated the greatest indirect effects of neighborhood disorders, which suggests that poor environments affected the externalizing and internalizing behaviors of White children more than the behaviors of racial/ethnic minorities. As previously described, familial support for racial/ethnic minorities is considered a protective factor when poor living situations are present. Although White individuals were reported to live in better neighborhoods overall, when neighborhood disorders were present, their risk for childhood traumas increased (Wang et al., 2020).

Researchers suggested that White individuals were more likely to demonstrate greater risk for childhood traumas when neighborhood disorders were present because familial support and community were not considered a protective factor for this group. On the other hand, Wang et al. (2020) found that Hispanics reported more internalizing problems than Black and White individuals (Wang et al., 2020). Results indicate no relation between childhood trauma and neighborhood disorders for Hispanic individuals. Therefore, Wang et al. (2020) believe that more research should be conducted to determine the cause of poor mental health in Hispanic individuals. The literature suggests that future studies should consider discrimination's negative implications on childhood traumas.

Racism, Discrimination, and Racial/Ethnic Minorities

Despite the existence of research on childhood trauma, there are limited studies that examine racism and discrimination as a form of trauma experienced by individuals from racial/ethnic minorities. Consequently, it is crucial to acknowledge racism and discrimination as supplementary traumas experienced by individuals from racial/ethnic minorities to comprehend the enduring effects of these experiences. The trauma experienced by racial/ethnic minorities based on their race was identified by Carter (2007), who coined the term "race-based trauma." Research suggests that racism and discrimination cause negative long-term effects, such as psychological distress, depression, anxiety, academic concerns, increased blood pressure, and risky health behaviors (Feng et al., 2021). Research suggests that racial/ethnic minorities living in America experience exposure to racism and discrimination due to their perceived

racial/ethnic identity by others early in their lives. For example, Henderson et al. (2021) reported that racial/ethnic minorities experience racial discrimination as early as grade school. Researchers reported that grade school racial/ethnic minorities are disproportionately reprimanded for their behaviors compared to their White counterparts (Henderson et al., 2021). The inequitable distribution of punishment experienced by racial/ethnic minorities versus White peers is only one demonstration of racial discrimination experienced by racial/ethnic minorities.

Hufana and Morgan Consoli (2020) studied the resilience skills against Filipinos and Filipino Americans in the United States who experienced adversity. The history of racial discrimination for Filipinos and Filipino Americans spans back more than 50 years in the United States. Researchers found that racial discrimination negatively affected the mental health, cultural identity, and cultural values of these individuals (Hufana & Morgan Consoli, 2020). Historically the Philippines was the only Asia country that was colonized by two countries, the United States and Spain. The primary goal of colonization was to govern a group of individuals, so they felt inferior to their colonizers. This term is called colonial mentality (Hufana & Morgan Consoli, 2020). For racial/ethnic minorities, discrimination based on one's race/ethnicity may be an adverse experience that could cause differences in coping. Moreover, as previously indicated, the seminal ACE study did not account for racial discrimination as a traumatic experience that impacts childhood trauma. This illustration explains the importance of exploring racial discrimination alongside childhood trauma.

Feng et al. (2021) indicated that exposure to racial/ethnic discrimination impacts the mental and physical health of racial/ethnic minorities, which suggests that racial/ethnic minorities are at a disadvantage and more likely to experience more health concerns than their White counterparts. To understand how racism and discrimination impact racial/ethnic minorities, Wood et al. (2021) studied the stress response of African American emerging adults with a history of racial discrimination. They found lower cortisol reactivity for individuals who experienced racism, higher recovery time for those with interpersonal trauma, and higher recovery time for those exposed to neighborhood violence (Wood et al., 2021). Low cortisol impacts the body's ability to react to stress and reduces the body's immune responses. Therefore, these individuals likely develop physical health concerns because of their weakened immune response. Moreover, the researchers found that an individual's environment and experiences of chronic adversity significantly affected participants' stress responses (Wood et al., 2021). The negative interaction between the stress response of African American individuals and racial discrimination is one example of how racial/ethnic minorities experience more mental and physical health concerns. In a review article by Carter (2007), the research reviewed two studies that focused on the effects of racial discrimination. The studies found that Black and Latino individuals with a history of racial discrimination experienced extreme emotional distress and hypervigilance. In contrast, the results suggest that Asian and biracial individuals experienced moderate levels of emotional distress (Carter, 2007). The results from these studies indicate that racial/ethnic minorities living in America are more likely to experience racial discrimination due to the history of racial injustice and

oppression experienced in America (Carter, 2007). Therefore racial/ethnic minorities are also likely to experience more mental and physical health issues.

Undoubtedly research supports that racial discrimination is a traumatic experience that produces negative mental and physical health concerns for racial/ethnic minorities. For example, Dorvil et al. (2020) found that racism and discrimination were found to affect the self-esteem, overall well-being, and mental health of racial/ethnic minorities. Furthermore Feng et al. (2021) reported that racial discrimination could cause depression, anxiety, high blood pressure, mental health, and physical health concerns. Therefore, it is important to understand that trauma is not a single event or circumstance but an experience that can be overt and covert, subtle and obvious. However, the impact of racial discrimination is difficult to assess because researchers rely on self-reports, and racial/ethnic minorities may be impacted by racial discrimination differently. It should be noted that Carter (2020) agreed that it is difficult to understand the specific aspects of racial discrimination that impact people. For example, Dorvil et al. (2020) found that Black males reported frequent race-related discrimination, whereas Asians and Hispanics frequently experienced perceived discrimination. Dorvil et al. (2020) examined the mental health of racial/ethnic minority college students who experienced childhood trauma and racial discrimination. The results indicated that racial/ethnic minorities reported more childhood trauma and racial discrimination. However, race/ethnicity did not predict depressive symptoms. Researchers believe that race/ethnicity does not predict depressive symptoms because it depends on the type of depression for racial/ethnic minority groups. For instance, Riolo et al. (2005) found that Black and Mexican

Americans are likely to experience higher rates of dysthymia, compared to White individuals. On the other hand, White individuals reported a higher rate of major depressive disorder. The major difference between these types of depressive disorders is the onset of depressed mood. Dysthymia, better known as persistent depressive disorder, is a depressive disorder that persists for at least 2 years, whereas major depressive disorder presents for at least two weeks (American Psychiatric Association, 2013). The research conducted by Riolo et al. (2005) echoes that although race/ethnicity did not predict all depressive disorders. Racial/ethnic minorities were likely to experience mental health disorders, such as dysthymia, that persist for longer periods. The studies presented demonstrate the need to consider racial discrimination as a traumatic experience that impacts the mental and physical health of racial/ethnic minorities.

Childhood Trauma Into Adulthood

Although childhood trauma is characterized by adverse childhood experiences, which include abuse, neglect, drug use, mental illness, incarceration, and maternal abuse, the effects have been known to last into adulthood. Liu et al. (2021) stated that individuals with a history of childhood trauma are 2.8 times more likely to develop psychosis into adulthood. Additionally, young adults who experienced multiple adverse childhood experiences were 17 to 23% more likely to be diagnosed with PTSD (Xie et al., 2022). Lastly, Huang et al. (2021) studied healthy young adults and the relationship between childhood trauma and brain networks. Researchers found that adults with a history of childhood trauma were at risk for the following long-term health concerns: schizophrenia, major depressive disorders, and bipolar disorder. Though the results from

Huang et al. (2021), Liu et al. (2021), and Xie et al. (2022) provided a wealth of knowledge regarding the relationship between childhood trauma and mental health issues in adulthood, why does this relationship exist? To understand the relationship between childhood trauma and mental health concerns in adulthood, it is vital to begin studying this relationship by exploring brain development. Therefore, the literature was explored to understand the connection between childhood trauma and brain development.

According to the findings from Huang et al. (2021), Liu et al. (2021), and Xie et al. (2022), unresolved childhood trauma increases an individual's risk of negative long-term health concerns that span into adulthood. The results from these studies demonstrate the damaging effects childhood trauma have on brain development. The impact of childhood trauma can impact brain development because early life is marked as a period of constant brain development. During early life, the brain rapidly grows as an individual navigates their environment and learns. Although brain development begins two weeks after conception, many regions of the brain do not reach full maturity until early adulthood (Bink & Nelson, 2016). For example, the prefrontal cortex does not reach full maturity until early adulthood. The prefrontal cortex is the part of the brain responsible for focusing, decision-making skills, and self-regulation (Bink & Nelson, 2016). Therefore, early brain development is critical to understanding childhood trauma because childhood trauma impacts brain development. Bink and Nelson (2016) reported that individuals with a history of childhood trauma experienced reduced brain volume, gray matter, and white matter. This suggests that childhood trauma decreases an individual's ability to control their body movements, emotions, and memory. Moreover, Perry et al.

(1995) studied the impacts of childhood trauma on brain development. Perry et al. (1995) indicated that uninterrupted brain development is necessary during this time of life because of rapid neural system growth. However, when the brain is exposed to trauma, the brain's nervous system temporarily stops development to ensure protection. Therefore, the brain development of individuals exposed to childhood trauma is delayed, resulting in hyperreactivity to typical experiences (Perry et al., 1995). The fear response pattern and brain development following childhood trauma are significant factors that increase an individual's risk for mental health issues that last into adulthood. Although living with mental health issues is not devastating, it presents obstacles that make adult life somewhat more complicated than individuals living without mental health issues.

For example, the life satisfaction of individuals with mental health issues may be negatively impacted by their mental health conditions. Lee and Kim (2022) studied "the relationship between childhood abuse, early maladaptive schema, state anxiety, life satisfaction, and the role of emotional expressivity in young [Korean] adults" (Lee & Kim, 2022, p. 1960). The results found that adult life satisfaction depended on an individual's ability to process their experiences through emotions, known as emotional expressivity. However, adults with impacted emotional expressivity, including those with anxiety, poor perception of their life events, and low self-concept, were likely to have poor life satisfaction. Therefore, the results suggest that adults with a history of childhood trauma require support to increase emotional expressivity to ensure a greater sense of well-being.

Emerging Adulthood and Childhood Trauma

Since Felitti et al. (1998) found a relationship between childhood trauma and adult health concerns, researchers have conducted numerous studies to understand the outcomes of childhood trauma for the adult population. However, many of these studies recruited adult participants ranging in age. For example, the studies conducted by Dietz et al. (1999), Felitti et al. (1998), Gaston et al. (2021), and Schneider et al. (2020) recruited participants ranging from young adulthood to late adulthood. The youngest participants recruited were 19 years old (Felitti et al., 1998), and the oldest participants were roughly 67 years old (Gaston et al., 2021). Although each study focused on adults, the age range of the participants was too vast. Therefore, the present study condensed the adult population to study adults ranging from 18 to 29 years old, emerging adulthoods. It is believed that studying emerging adults provides a wealth of information regarding the influence of childhood trauma and coping styles.

Emerging adulthood differs from adulthood because of modern societal changes (Arnett, 2020) and its transitional nature (Rogers et al., 2021). Arnett (2020) describes emerging adulthood as a time when individuals explore their identity, transition, and develop, making individuals within this group susceptible to developing risky behaviors. For example, emerging adults must learn to balance adult responsibilities while they continue to mature. Rogers et al. (2021) studied the long-term effects of childhood trauma for Hispanic emerging adults. Findings indicated that although substance abuse issues may emerge in adolescents, these concerns may exacerbate in emerging adulthood. Moreover, the risky behaviors demonstrated by emerging adults with a history of

childhood trauma were more likely to develop addiction in later adulthood. In addition, Scott et al. (2021) studied childhood and medical trauma for adolescent and young adult cancer patients and found that substance abuse during adolescence impacted the neurological and social development of all age participants from 12 to 25 years old. The results from these studies suggest that childhood trauma has a lasting effect on emerging adults. As indicated previously, areas of the brain such as the prefrontal cortex and the amygdala continue developing into emerging adulthood (Bink and Nelson, 2016). Therefore, the implications of childhood trauma can be observed in emerging adulthood.

Although research indicates that emerging adulthood is marked by balancing and exploring new responsibilities, childhood trauma can impact this development. Munroe et al. (2022) reported that emerging adults with a history of trauma generally have trouble coping and navigating feelings of guilt, shame, and alienation. The results suggest that trauma can impact an individual's self-concept. Therefore, it is essential to recognize methods that may rebuild their issues with self-concept. Munroe et al. (2022) suggested that self-compassion-based treatment may increase an individual's sense of control and post-traumatic growth (PTG). Self-compassion-based treatment may assist survivors of childhood trauma by teaching them how to access support, use active coping, and reduce negative emotions. The result of this study describes the importance of treatment programs that reduce an individual's negative self-concept that developed following childhood trauma. Moreover, strategies such as implementing intervention and prevention programs may eliminate the negative long-term effects of childhood trauma by teaching survivors effective coping styles.

Coping

Endler (1997) defined coping styles as an individual's ability to overcome a maladaptive experience. For example, coping styles may be utilized when an individual experiences a sudden death of a family member or a parent's divorce. In both instances coping styles are required to recover from a traumatic experience. The history of coping traces back to Hans Selye and Sigmund Freud. Before coping literature became popular, the study of stress was the focal point. According to Viner (1999), Hans Selye reconceptualized the term "stress" as a response model during the 1930s. Selye reintroduced stress and changed it from a physics term to one describing an individual's physiological defense reaction. Between 1941 and 1945, nearly a decade after Selye reintroduced the term stress, he obtained faculty status at three different universities. However, while working at the Institute of Experimental Medicine and Surgery at the University of Montreal, Selye was assigned a "clearing house" for all stress research. Selye worked on an 800-page stress publication throughout his time at the university, and in 1950, he published "Stress" (Viner, 1999). Although Selye received some support, he was still met with opposition from researchers. Nevertheless, in 1953 he obtained allyship from the United States army during a stress symposium. The United States army believed in Selye's stress theory, and they used his findings to maximize operational efficiency among military personnel. The relationship that Selye built with the army funded his initial stress research. Selye continued researching stress, and in 1967 two notable psychologists, Thomas H. Holmes and Richard H. Rahe, created a life stress scale that

quickly gained the attention of academic psychologists. Following Holmes and Rahe, the research community continued their interest in studying stress.

Apart from this, Sigmund Freud was identified as the first researcher to study coping (Endler & Parker, 1990; Snyder, 1999). Initially, he believed coping was a defense mechanism that helps individuals protect themselves from environmental threats. However, Snyder (1999) indicated that the work conducted by Anna Freud 1936, Sigmund Freud's daughter, improved coping literature by summarizing her father's original ten defense mechanisms which added to his theory. Anna Freud's addition to the work emphasized that individuals have preferential coping styles. The work completed by Sigmund and Anna Freud is regarded as the groundwork for much of the current coping literature. After Freud introduced the concept of coping, several researchers began analyzing his work and studying coping independently.

In 1966, Lazarus and Folkman (1966, as cited in Frydenberg, 2014) created one of the most notable coping models, the transactional model of stress and coping. The model proposes that individuals assess stressful events through person-environment transactions. This model suggests that an individual assesses the situation and proceeds depending on the perceived threat level. This process is divided into two coping categories: problem-focused and emotion-focused coping (Frydenberg, 2014). Problem-focused coping is a person's ability to consider the available solutions and choose which decision is most advantageous to reduce the stressor. In contrast, emotion-focused coping is focused on changing or regulating one's feelings regarding a stressful situation (Frydenberg, 2014). Therefore, the coping style an individual utilizes depends upon their

perception. If the individual does not view the stressor as a perceived threat, then utilizing a coping resource is unnecessary; however, if the stressor is considered stressful, the individual appraises the stressor and uses their coping resources to respond. Although Lazarus and Folkman are some of the most notable researchers, their framework is a drawback. Like many other previously published theories, the transactional model of stress and coping follows a two-dimensional coping style (Endler & Parker, 1990). A two-dimensional framework suggests that coping only has two functions, to regulate emotion (i.e., emotion-focused) or to put forth the effort to change the problem (i.e., problem-focused). Therefore, the model limits the dimensions of an individual's coping ability.

In contrast to the Folkman and Lazarus model of coping, Endler and Parker (1990) believed that coping is a multidimensional process, and researchers introduced the multidimensional interaction model of stress, anxiety, and coping. This model differentiated itself from other models because researchers identified three coping orientations: task-oriented, emotion-oriented, and avoidance-oriented. Secondly, the model follows an interindividual approach, which suggests that researchers study the response styles of one individual over time to identify an individual's preferred coping style (Endler & Parker, 1990). However, in this model individuals are not restricted to one coping style, their coping style varies depending upon the situation. Lastly, this is the only model that considers biological and genetic factors (Endler, 1997). This suggests that the multidimensional interaction model of stress, anxiety, and coping considers an

individual's personality and temperament as part of the process that affects an individual's preferential coping style.

Coping Orientations

Endler and Parker's (1990) model identified three coping orientations to explore the coping styles of individuals. The three coping styles are task-oriented, emotion-oriented, and avoidance-oriented (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990, 2011). Avoidance-oriented coping is a method where individuals use either distractions or social diversions to handle their trauma. Task-oriented refers to an individual's ability to focus on the problems in an attempt to alter the experience. Emotion-oriented coping suggests that the person attempts to control their emotions rather than addressing the trauma (Henderson et al., 2021; McQuaid et al., 2015). Although the multidimensional interaction model of stress, anxiety, and coping explores preferred coping styles, the model does not limit an individual's coping style to one coping orientation versus another. The model suggests that the coping style displayed by an individual depends upon the situation. For instance, an individual can utilize emotion-oriented coping in one situation; however, they may also use avoidance-oriented coping in another situation.

Childhood Trauma and Coping

Research indicates that childhood trauma causes long-term mental and physical health issues for individuals with a history of childhood trauma (Felitti et al., 1998; Gaston et al., 2021; Thakur et al., 2020). Findings suggest that childhood trauma may compromise the livelihood of these individuals; therefore, it is vital to mitigate these

problems to improve the livelihood of childhood trauma survivors. Intervention and prevention programs can mitigate adverse long-term effects that develop from childhood trauma. Researchers agreed that creating and implementing intervention and prevention strategies could reduce the adverse health effects of trauma (Bernard et al., 2021; Felitti et al., 1998; Rogers et al., 2021). However, before intervention and prevention strategies can be developed, it is important to understand coping in relation to childhood trauma.

Coping is a skill that aids individuals in overcoming trauma (Munroe et al., 2022). The individual can acquire these skills either through learned experiences or personality traits. For example, Wang et al. (2019) found that individuals with a history of childhood trauma and high loneliness scores were likely to display weaker coping styles. However, coping can also be taught using intervention and prevention programs. Therefore, learning effective coping styles allows childhood trauma survivors to heal from negative experiences in a positive manner rather than dwelling on the experience. A study conducted by Munroe et al. (2022) examined emerging adults who experienced trauma to understand the relationship between self-compassion, coping, and posttraumatic growth (PTG). Posttraumatic growth is defined as "a positive psychological shift in one's cognitions as a result of adversity through things like a greater appreciation for life, increased personal strength, spiritual growth, more meaningful relationships, and recognition of new possibilities" (Munroe et al., 2022, p. S158). This suggests that PTG is an action where individuals shift their attention from the traumatic experiences endured to positive experiences. The study's results suggest interventions based on self-compassion and problem-focused coping styles can reduce adverse effects that stem from

trauma. It is our belief that if individuals are provided with appropriate intervention and prevention programs, it may benefit the individual's overall well-being.

Coping for Racial/Ethnic Minorities

Although a variety of coping literature exists, there are limited studies focused on the coping styles of racial/ethnic minorities who experienced childhood trauma and racial discrimination. For example, Munroe et al. (2022) studied the relationship between self-compassion, PTG, and coping strategies for trauma survivors. The results of the study suggest that self-compassion-based treatments and problem-focused coping could promote positive traumatic growth. However, the percentage of racial/ethnic minorities included in this population were small. In the study South Asians were the largest percentage of racial/ethnic minorities, however, South Asians only made up 10.8% of the participant pool. Moreover, another concern of current literature is a lack of information regarding the results separated by racial/ethnic status. For example, Munroe et al. (2022) provided the racial demographics from their study, however the results did not provide an analysis by race/ethnicity. The results from the study only produced one set of results for all participants. Thus, the literature should be explored to understand the coping styles exhibited by racial/ethnic minorities.

Henderson et al. (2022) examined the coping styles of racial/ethnic minority students identified as Black/African American, Latinx, Asian, and Native American (BALANA), who experienced race-related stress in schools. The coping styles addressed in the study were emotion-focused, divided into two forms, and social-focused coping. Acceptance and refusal are the two forms of emotion-focused coping described by

researchers. The acceptance form of emotion-focused coping allows individuals to release control of the situation, whereas refusal suggests that individuals refuse to believe that an action or experience has happened (Henderson et al., 2022). Researchers found that BALANA students used acceptance more than refusal emotion-focused coping, suggesting that they surrendered control of the situation to address the maladaptive experience (Henderson et al., 2021). Henderson et al. (2021) suggest that these differences exist because the coping styles demonstrated by racial/ethnic minorities are considered protective factors when they encounter race-related stress. Researchers indicated that self-preservation was most important to racial/ethnic minorities because it protected them against overwhelming situations they could not change. For example, if a racial/ethnic minority student applies for a nursing placement, but a White student with fewer credentials gains the opportunity. This student may accept the decision made instead of asserting that racial discrimination guided this decision.

Although racial/ethnic minorities were found to experience more childhood trauma in the literature than White individuals, there is a need to study protective factors that may prevent negative long-term effects associated with childhood trauma and racial discrimination. In a longitudinal study conducted by Moses et al. (2020), researchers studied Black and White adolescents to determine whether race and ethnic-racial identity (ERI) was protective factor for childhood trauma, future occupation, and future family expectations (Moses et al., 2020). Ethnic-racial identity (ERI) refers to an individual's identification and the value the person places on their racial/ethnic group. The results indicate that ERI is considered a protective factor for Black participants with a history of

childhood trauma. Black participants with a strong sense of ERI reported higher positive expectations for their education and the effects of childhood trauma were mitigated. The results from Moses et al. (2020) propose that identity is a protective factor that can mitigate negative long-term effects for racial/ethnic minorities following traumatic experiences.

Furthermore, Hufana and Morgan Consoli (2020) studied adult Filipino Americans to understand how they overcome adversity and identify strategies to deal with their lived experiences. Filipino participants used their culture and identity to overcome adversity (Hufana & Morgan Consoli, 2020). Using one's culture and social support to address adversity is considered avoidance-oriented coping, according to the multidimensional interaction model of stress, anxiety, and coping (Endler & Parker, 1990, 2011). Although research regards avoidance-oriented coping as a less effective coping strategy, Moses et al. (2020) found that strong ERI is an effective coping strategy for racial/ethnic minorities. The ERI of racial/ethnic minorities aids in their coping ability because ERI strengthens an individual's self-concept and overall outlook. In addition, the results reiterate that racial/ethnic minorities may cope differently.

The research presented demonstrates a common theme for racial/ethnic minorities; individuals from these communities utilize emotion and avoidance-oriented coping styles to overcome trauma (Gaston et al., 2021; Henderson et al., 2021; Hufana & Morgan Consoli, 2020; Moses et al., 2020). Even though research reports that emotion-oriented and avoidance-oriented coping are less desirable coping styles, the use of these coping styles is effective for racial/ethnic minorities. Emotion and avoidance-oriented

coping are considered effective for racial/ethnic minorities because culture and community are protective factors for racial/ethnic minorities (Hufana & Morgan Consoli, 2020; Moses et al., 2020). Although the research identifies childhood trauma as a maladaptive experience that affects individuals, racial discrimination is an additional experience that has been found to impact the coping styles of racial/ethnic minorities. Therefore, more research should be conducted to study the coping styles of racial/ethnic minorities, because intervention and prevention programs created to support racial/ethnic minorities may mitigate the long-term effects of childhood trauma and racial discrimination.

Overcoming Trauma

Following the release of the ACE study, Whitfield (1998) added to the field by explaining the importance of overcoming childhood trauma. He suggested that survivors require validation and support to heal from traumatic experiences. For example, individuals not validated by close friends and family are likely to experience mental health concerns, such as post-traumatic stress disorder (PTSD). Moreover, Whitefield (1998) reported that childhood trauma survivors are also likely to cope with their issues by displaying high-risk behaviors (i.e., alcohol and drug use, illegal substances, etc.), likely to decrease the survivor's life expectancy. To support survivors of childhood traumas, grassroots organizations created recovery organizations such as "AA, Al-Anon, Adult Children of Alcoholics, and Co-dependents Anonymous" (Whitefield, 1998, p. 362-363). In addition to the recovery organization created to support survivors, Whitfield (1998) suggested that four preventative measures can be implemented. First, healthcare

providers should address their patients' physical and mental health concerns; secondly, more research is required to understand this topic. Third, health insurance companies should provide treatment options for survivors; and lastly, children should be treated with care and dignity by increasing parent education. Though the work discussed by Whitfield (1998) was published in the late 90s, the preventative measures shared remain helpful, considering the necessity to overcome childhood trauma.

Individuals who develop strong coping styles have better mental and physical health outcomes. Researchers found that culture and racial/ethnic identity supported strong coping styles for racial/ethnic minorities (Moses et al., 2020). Results suggest that culture and racial/ethnic identity mitigated negative long-term effects of childhood trauma and racial discrimination because it increased their feelings of belongingness. Moses et al. (2020) believes that racial/ethnic minorities with strong connections to their racial/ethnic minority group were likely to experience positive self-concept, cognitive appraisal, and coping styles. Therefore, these individuals are likely to have greater life expectations because they are equipped with the necessary tools to overcome traumatic experiences. Moreover, overcoming trauma provides psychological gains such as empathy, gratitude, and a sense of pride (Hufana & Morgan Consoli, 2020). Therefore, the results from the present research may support the community by informing the scholarly community of racial/ethnic minorities of mental health intervention and prevention programs.

Summary and Conclusion

According to the literature, childhood trauma impacts the mental and physical health of racial/ethnic minority individuals (Endler, 1997; Felitti et al., 1998; Feng et al., 2021; Gaston et al., 2021; Liu et al., 2021; Thakur et al., 2020). However, an individual's ability to cope can mitigate the negative long-term effects of trauma. Coping is a process in which individuals' approach and progress after trauma, and these skills are directly affected by an individual's personality traits (Endler, 1997). Endler and Parker (1990; 1995) asserted this idea of coping in the multidimensional interaction model of stress, anxiety, and coping. Researchers believe that an individual's coping style depends on the person and situation, and these responses are subject to change depending on the situation. Moreover, the model proposed by Endler and Parker (1990) uses an interindividual approach that focuses on one individual's response to a stressful event or events to determine an individual's coping style. Additionally, since the model uses a multidimensional approach, it can explain how racial/ethnic minorities handle life experiences and past and ongoing prejudice and discrimination (Bernard et al., 2021; Feng et al., 2021; Gardner, 2005; Henderson et al., 2021; Martin Romero et al., 2022; McQuaid et al., 2015; Polanco-Roman et al., 2016; Wang & Yip, 2020, 2021; Williams et al., 1997; Yip et al., 2022). Therefore, this model is ideal for studying the coping styles of racial/ethnic minorities who have experienced childhood trauma.

Moreover, the literature indicates that a research gap exists in this study area. There is limited research regarding the interaction of coping styles, race/ethnicity, childhood trauma, and racial discrimination. Research indicates that racial/ethnic

minorities use different coping styles to survive (Henderson et al., 2021). The development of coping styles for racial/ethnic minorities is considered a protective factor from traumatic childhood experiences and racial discrimination. It is essential to recognize and understand potential coping differences due to racial/ethnic minority status because research suggests that racial/ethnic minorities use different coping styles (Bryant-Davis, 2005; Gardner, 2005; Martin Romero et al., 2022; McQuaid et al., 2015; Makhoul-Khoury & Den-Zur, 2022; Zhang et al., 2015). Therefore, the present study examines the coping styles of racial/ethnic minority emerging adults who experienced childhood trauma and racial discrimination. The study hopes to create interventions and develop treatments that help reduce long-term mental and physical health issues experienced by racial/ethnic minorities.

Chapter 3: Research Method

Introduction

The aim of this quantitative study was to investigate if there are coping style differences of racial/ethnic minority emerging adults who experienced childhood trauma and racial discrimination. The study specifically examined the effect of race, trauma (i.e., childhood trauma and racial discrimination), and the interaction these variables may have on coping styles. The population of interest completed the study through an electronic Qualtrics survey. I used a quasi-experimental research design to examine the data to determine the effect of race, childhood trauma, and the interaction of the variables on coping styles. The quasi-experimental design was chosen because it may be used to explore groups that naturally exist; for example, the racial/ethnic minority group a participant belongs to is a naturally existing group (Burkholder et al., 2019). Four research questions guided the study:

RQ1: How do coping styles vary by race/ethnicity?

RQ2: How does history and level of childhood trauma affect coping styles?

RQ3: How does the interaction of race/ethnicity and childhood trauma impact coping styles?

RQ4: How does the amount of discrimination experienced contribute to coping styles?

The research design and methodology are explained in the remaining parts of the chapter, including Institutional Review Board (IRB) approval, a detailed narrative

regarding the population, participant recruitment, data collection, instrumentation, and the threats to internal and external validity.

Research Design and Rationale

The study variables included a dependent variable and three independent variables. The dependent variable was coping styles, and the independent variables were racial/ethnic minorities, childhood trauma, and racial discrimination. These variables were analyzed using a quasi-experimental research design. A quasi-experimental design was appropriate because this design may be used to study naturally occurring groups (Burkholder et al., 2019). For example, race/ethnicity is a naturally occurring group that cannot be manipulated by a researcher. Moreover, due to the nature of this study and the inventories chosen, this research presented two constraints. A challenge of the study involved recruiting enough participants to produce meaningful results—in other words, obtaining enough participants to have a large enough sample size to be confident that the results were not likely due to chance. This ensured that the data may be interpreted as meaningful and might take more time than conducting a study with secondary data. To account for this restraint, I distributed the study using multiple methods: the use of Walden University's Research Participant Pool, various social media platforms, and listservs (e.g., Facebook, Instagram, LinkedIn, etc.). Utilizing more than one distribution method has the potential to obtain a greater number of participants in a shorter amount of time.

Although Endler and Parker's (1990) research design used a correlational research method, the most appropriate design for this study was a quasi-experimental design. As

previously indicated, a quasi-experimental design examines the interaction between naturally occurring dependent and independent variables. Even though the design chosen for this study deviated from the literature Endler and Parker shared, it was an ideal design to advance knowledge in the discipline. This design has helped researchers understand how racial/ethnic minority emerging adults with a history of childhood trauma and racial discrimination cope. As previously indicated, a quasi-experimental design was most appropriate for this study, because an experimental research design focuses on manipulating one variable across groups to examine whether a causal relationship exists. However, the independent variables (i.e., race/ethnicity, childhood trauma, and racial discrimination) and dependent variable (i.e., coping styles) from the study could not be manipulated by a researcher, nor could a researcher prove causal relationships between the independent and dependent variables. Through this study, I aim to advance the field of coping styles by informing the scholarly community about the development of mental health interventions and prevention programs for racial/ethnic minorities.

Methodology

Population

The target population for the study was emerging adults. Participants ranging from 18 to 29 years old are considered emerging adults, according to Arnett (2000). In addition to recruiting participants based on age, race/ethnicity was vital to the study. Participants self-identified their race/ethnicity (i.e., African American/Black, American Indian/Alaska Native, Asian/Asian American, Hispanic/Latino, Native/Other Pacific Islander, and mixed/other). The demographic groups were obtained from the 2020 U.S.

Census 2020 racial/ethnic population projection (U.S. Census Bureau, 2020). To compare the groups, a G*Power analysis was created to determine the sample size needed for the study.

Sampling and Sampling Procedure

Participants were recruited through a convenience sample from Walden's research pool, various social media platforms, and listservs. Furthermore, additional participants were recruited through the snowball effect, which was observed when social media users shared my research flyer and link on their personal social media sites to facilitate participant recruitment. According to Burkholder et al. (2019), quantitative studies with three independent variables should have a minimum sample size of 36 participants for a large effect size, 77 for a medium effect size, and 539 for a small effect size. The literature indicates that the more predictor variables, the smaller the effect size should be to calculate the magnitude of the results (Burkholder et al., 2019). Therefore, a larger sample size was needed to ensure sufficient power to obtain meaningful results for each racial/ethnic minority group. Two G*Power analyses were conducted to obtain the appropriate sample size (Buchner et al., 2022). The G*Power application is a statistical tool that calculates power analyses for statistical tests. Two analyses were conducted because the variables in each research question differed. For example, the independent variables (IV) in Questions 1 and 3 were categorical variables with more than two levels (i.e., race/ethnicity); therefore, an analysis of variance (ANOVA) test was most appropriate to analyze the results. On the other hand, Questions 2 and 4 had two continuous variables; therefore, a correlation test was most appropriate to analyze the

results. Childhood trauma was the IV in Question 2, and racial discrimination was the IV in Question 4. Both variables were ordinal because participants responded to the question using a Likert scale. Therefore, these variables were treated as continuous variables. Due to the differences between the variables, two G*power analyses were conducted to obtain a minimum research sample size.

The first analysis conducted was an ANOVA: fixed effects, special, main effects, and interactions to obtain the appropriate sample size for Research Questions 1 and 3. The effect size used for this study obtained a medium effect size. The error probability of the test was $\alpha = 0.05$, and the power was set at 80% $\beta = 0.80$. The results of the ANOVA: fixed effects, special, main effects, and interactions G*Power analysis suggested a minimum of 191 participants for a medium effect size for the first and third research questions. The second analysis conducted was a linear bivariate regression: one group, size of slope to obtain the appropriate sample size for Research Questions 2 and 4. The effect size used for this study obtained a medium effect size. The error probability of the test was $\alpha = 0.05$, and the power was set at 80% $\beta = 0.80$. Standard Deviation 1 and Standard Deviation 2 of the test were $SD = 1$. The results of the linear bivariate regression: one group, size of slope G*Power analysis suggested a minimum of 82 participants for a medium effect size for the second and fourth research questions. Although the results of the G*Power analysis indicated that between 82 and 191 participants should be recruited for the study, a minimum of 300 participants was desired for the study to oversample the population. This ensured that the data had sufficient power to have meaningful results.

Consequently, the primary internal validity concern is participant mortality (attrition). Mortality is defined as the loss of participants during the course of a research study (Burkholder et al., 2019). The study instructions allowed participants to leave the study at any time without penalty. In those instances, incomplete data sets were excluded from further analysis. Hence, oversampling the population provided a greater likelihood of obtaining a sufficient sample size to enable generalizations about the findings. Furthermore, oversampling the population facilitated the removal of outliers from the sample while still maintaining a sufficiently large sample size to conduct analyses with adequate power.

Procedure for Recruitment

Participant solicitation indicated that emerging adults ranging from 18 to 29 years of age were eligible to participate. The study was conducted via an electronic survey using the Qualtrics XM application. Participants accessed the study via a link from one of the multiple platforms: Walden University's Research Participant Pool, various social media platforms, and listservs (e.g., Facebook, Instagram, LinkedIn, etc.). I created a recruitment flyer and posted it on my personal social media page (i.e., on Facebook), my sorority group page on Facebook (i.e., Georgia Southern AKAs—Past & Present), a Facebook group called Research Participation, various social media platforms, and listservs (e.g., Facebook, Instagram, LinkedIn, etc.). The sorority group was chosen because it is a closed group with women from diverse racial/ethnic minority backgrounds and was accessible to me, and the Research Participation group provided me access to over 6,000 Facebook users of diverse backgrounds, education statuses, and interests in

completing research. Social media was chosen as the third survey distribution location because of convenience and safety while recruiting a vast number of research participants (Leighton et al., 2021). Alternative research practices emerged, specifically in the area of participant recruitment for research (Leighton et al., 2021). Researchers have utilized social media sampling to access participants in a convenient and safe manner. However, using social media for research recruitment presented limitations. Research has suggested that social media sampling is effective to increase the participant pool and is a beneficial way to access populations that may be difficult to access (Gelinas et al., 2017). Moreover, Stern et al. (2022) reported that using social media as a tool of recruitment has proven to be helpful when a researcher is interested in studying hard-to-reach populations. Researchers have described hard-to-reach populations as individuals with substance use issues, mental health disorders, sexual minorities, and racial/ethnic minorities. These groups may be considered difficult to reach because they represent a small portion of the population. However, using social media has been found to help researchers diversify their participant pool (Stern et al., 2022).

Additionally, there is a high probability that several participants were recruited through snowball sampling. Snowball sampling is a recruitment technique whereby participants are asked to share the study with potential research participants to obtain more participants for the study (Burkholder et al., 2019). This sampling technique may occur due to the nature of social media. Social media postings allow users to share posts on their own social media pages or other Facebook groups, which may reach a wider audience.

Participation and Data Collection

Prior to the implementation of the research study, permission was obtained from the IRB of Walden University. I recruited emerging adults through a convenience sample from Walden University's Research Participant Pool and a research link shared through multiple locations on Facebook. The research link was available for 4 months. During this month, I reposted the link once a week. Participants were requested to complete a survey that was constructed and distributed electronically through a tool known as Qualtrics XM. The survey comprised three sections, with the first section of the survey requiring participants to read and respond to the informed consent information. The informed consent information was constructed using the Belmont Report ethical guidelines (Burkholder et al., 2019). The Belmont Report is a set of ethical principles and guidelines that protect the rights of research participants. Following informed consent, participants were given the option to either agree to or decline participation by selecting "I agree to participate" or "I do not agree to participate." Individuals not interested in the survey could check "I do not agree to participate," and they were routed to the end of the survey, or participants could click the exit button to leave the survey page. However, those interested in participating were directed to the second section of the survey.

The second section inquired about participant demographics and participant experiences from three sets of survey questions. The CISS: SSC (Endler & Parker, 1990; Endler & Parker, n.d.) measured coping, the ACE inventory (Felitti, 2019) measured childhood trauma, and the REDI (Wang & Yip, 2021) measured racial/ethnic discrimination. All data collected will be stored on an external storage device for a

minimum of 5 years with an encrypted password to adhere to Walden's IRB guidelines. After 5 years, research data will be disposed of. The survey remained open until I obtained a sufficient number of research participants. Each of the research inventories used a Likert scale. The Likert scale is a response scale that provides a response on a continuum. Participants accessed the survey through a Qualtrics solicitation link and were allowed to complete it in one sitting, which took approximately 30 minutes. If participants exited the survey, they were not able to return to the survey. The responses can be described as an interval ratio because the differences between the items were equally spaced. For example, participants answered the questions from the CISS: SSC with a response from 1 to 5. An answer of 1 meant "not so much," and an answer of 5 meant "very much." The data collected was analyzed using ANOVA.

The third section of the survey included a debriefing note to ensure participant safety at the end of the study as well as information regarding how to learn about the results of the study. The debriefing note included free mental health resources for participants affected by the survey. The resources I chose included the Student Assistance Program (SAP) for Walden University students, the National Suicide Prevention Lifeline, and the National Alliance on Mental Illness (NAMI). In addition to the debriefing note, participants were informed that once the study was completed, I would share the abstract on my social media page.

Instrumentation and Operationalization of Constructs

The survey collected deidentified data through demographic questions, 21 questions measuring coping like the CISS: SSC (Endler & Parker, 1990, 2011), 17

questions measuring childhood trauma like the Adverse Childhood Experience—Amended Version (ACE-Q) measure (Tranter et al., 2021a), and six questions measuring racial/ethnic discrimination like the REDI (Wang & Yip, 2021).

Demographic Data

The demographic data included the following information: gender, age (i.e., 18–19, 20–21), educational attainment, race, and whether participants were of Hispanic, Latino, or Spanish origin. All demographic data were obtained through self-report.

Coping Styles

The CISS: SSC is the abbreviated version of the CISS inventory created in 1990 by Endler and Parker (2011; Pisanti et al., 2018). The inventory measures coping using a multidimensional approach. Participants answer 21 items using a Likert scale ranging from 1 = *not at all* to 5 = *very much*. According to the manual, researchers sampled multiple groups to obtain coefficient alphas for the 48-item CISS inventory (i.e., adults, undergraduates, psychiatric patients, early adolescents, and late adolescents; Endler & Parker, 1999). However, for the purpose of this study, the adult and undergraduate coefficient alphas were reviewed to ensure internal consistency. The alpha coefficients ranged from .72 to .90 for adult males, .72 to .89 for adult females, and .78 to .90 for undergraduate males and females, which indicated high internal reliabilities for the measure. The test–retest reliabilities reported for undergraduate males and females ranged from moderate to high. The data indicate that task-oriented and emotion-oriented test–retest reliabilities were ≤ .68 for males and females and the avoidance-oriented test–retest reliability was ≤ .51. Endler and Parker (1999) reported similar alpha coefficient

scores for the CISS: SSC inventory. The alpha coefficients for the CISS: SSC inventory for males experiencing changes in social situations ranged from .72 to.87, males experiencing social evaluation situations ranged from .70 to.83, females experiencing changes in social situations ranged from .75 to.85, and females experiencing social evaluation situations ranged from .78 to.84. The reliability coefficients suggest that the CISS: SSC inventory is acceptable and that the tool measures coping as researchers intended.

The inventory must be purchased from MHS Assessments in packs of 25 (Endler & Parker, n.d.). According to Endler and Parker (n.d.), the CISS: SSC is estimated to take participants 10 minutes to complete. I emailed MHS to inquire about purchasing the inventory for research purposes, and the company can provide a student discount for those interested in the inventory.

Childhood Trauma

The *Adverse Childhood Experiences (ACE)* is a self-report retrospective questionnaire designed by Felitti et al. (1998). The ACE questionnaire was created to measure the relationship between traumatic childhood experiences and mental and physical health concerns. Felitti et al. defined childhood traumas into seven categories. The categories include childhood abuse which was separated into three categories (i.e., psychological abuse, physical abuse, sexual abuse), and household dysfunction which was separated into four categories (i.e., substance abuse, mental illness, violent treatment of maternal caregiver, and criminal behavior). The seven categories identified assisted researchers as they created their 17-question questionnaire to obtain data regarding a

participant's exposure to childhood trauma. Of the 17 questions, participant trauma scores ranged from 0 to 7. A score of zero suggested no traumatic childhood experiences exist for the individual, whereas a score of seven suggests that the individual has experienced all experiences throughout their childhood. Although the original ACE questionnaire only included seven childhood exposures, three more categories were added over time (Dube, Anda, Felitti, Croft, et al., 2001). Dube, Anda, Felitti, Croft, et al.'s study reported ten childhood exposures that put survivors at risk for mental and physical health concerns.

Participants that complete the ACE questionnaire rate 10 items, using a scale of no = "0", yes = "1" (Dube, Anda, Felitti, Croft, et al., 2001; Felitti et al., 1998). Scores are then summed and a trauma score from 1 to 10 is used for analysis. The higher a participant's ACE score the more traumatic childhood experiences a participant experienced. Due to the nature of ACE questionnaire, participants completed Tranter et al.'s (2021a) modified version of Felitti et al. (1998) ACE measure. Tranter et al.'s childhood trauma tool, The ACE-Q, measured past adverse events during childhood. Participants rated 17 items, using a scale of no = "0", yes = "1". Scores are then summed and a trauma score from 1 to 17 is used for analysis. Tranter et al. indicated Cronbach's alpha as .82 for their study. This measure has been validated on diverse age range of adults (Tranter et al., 2021b). I obtained the ACE-Q questions from PsycTests. According to PsycTests, researchers may use survey questions for educational research purposes without written permission (Tranter et al., 2021a).

Racial Discrimination

The *Racial/Ethnic Discrimination Index (REDI)* is a measure that was created by Wang and Yip (2020; 2021; Feng et al., 2021). The index measures daily racial/ethnic discrimination experienced by participants. This measure was added to the study for two reasons. Firstly, research has shown that race-related trauma has a significant impact on racial/ethnic minorities similar to childhood trauma (Assari, 2020). Secondly, the childhood trauma measure did not account for racial discrimination as a childhood trauma experienced by racial/ethnic minorities. Therefore, this measure assessed possible racial discrimination experienced by participants. Participants rated six items, using a 3-point Likert scale of 0 = did not happen to 2 = very much a problem. Yip et al. (2022) indicated the Cronbach's alpha as .90 for the REDI, suggesting that the psychometric properties of the index are acceptable. I obtained the REDI questions from PsycTests. According to PsycTests, researchers may use survey questions for educational research purposes without written permission (Wang & Yip, 2020).

Data Analysis Plan

I created a research survey using Qualtrics XM. Qualtrics XM is a tool that allows participants to complete surveys electronically. The survey comprised three sections: consent, demographic questions and research inventories, and a debriefing section. The data collected was exported into the Statistical Package for the Social Sciences (SPSS) version 28 for analysis. The SPSS version 28 is a statistical tool used in education to analyze statistical data (Burkholder et al., 2019). Before analyzing the data on SPSS,

incomplete data sets were removed. For example, if a participant exited the study before answering all questions, the data was removed and excluded from analysis.

Four research questions were created to study the coping styles of racial/ethnic minority emerging adults who experienced trauma. The research questions include: *(RQ1)* how do coping styles vary by race/ethnicity, *(RQ2)* how does a history and level of childhood trauma relate to coping styles, and *(RQ3)* how does the interaction of race/ethnicity and childhood trauma relate to coping styles, and (*RQ4*) how does the amount of racial discrimination experienced contribute to coping styles?

The null hypothesis for Research Question 1 is that no difference exists between the coping styles (i.e., task-oriented, emotion-oriented, and avoidance-oriented) of racial/ethnic minority emerging adults. To test Hypothesis 1, an ANOVA was conducted on the hypothesis. An ANOVA design is utilized when the dependent variable is continuous, and the independent variable is categorical with more than two levels. Coping styles are the dependent variables, and race/ethnicity is the independent variable. The dependent variable is nominal with three levels (i.e., emotion-oriented, avoidance-oriented, and task-oriented), which is considered a continuous variable. The independent variable is nominal with six levels (i.e., African American/Black, American Indian/Alaska Native, Asian/Asian American, Hispanic/Latino, Native/Other Pacific Islander, and Mixed/Other), which is considered a categorical variable.

The null hypothesis for Research Question 2 is that emerging adults with a history of childhood trauma do not have poorer coping styles than individuals with less childhood trauma. A correlational design was suggested to test Hypothesis 2, however

due to a limited number of non-African American/Black participants the hypothesis was unable to be analyzed. According to Burkholder et al. (2019), correlational designs study the relationship between naturally occurring variables. For example, the participants' coping style and level of childhood trauma are self-reported scores that the researcher cannot manipulate. The participants' coping styles are the dependent variables, and childhood trauma is the independent variable. The dependent variable is nominal with three levels is considered a continuous variable, and the independent variable is ordinal. The independent variable ranges from 1 to 17, and the score represents the position of value.

The null hypothesis for Research Question 3 is that there is no interaction effect for racial/ethnic minority emerging adults between childhood trauma and racial discrimination on coping styles. To test Hypothesis 3, an ANOVA was conducted on the hypothesis. The participants coping styles are the dependent variables, and childhood trauma and race/ethnicity are the independent variables. The dependent variable is nominal with three levels (i.e., emotion-oriented, avoidance-oriented, and task-oriented) is considered a continuous variable. Race/ethnicity is an independent variable that is considered nominal (categorical), and childhood trauma is ordinal (continuous).

The null hypothesis for the fourth research question is that racial discrimination is not associated with coping styles. A correlational design was suggested to test Hypothesis 4, however due to a limited number of non-African American/Black participants the hypothesis was unable to be analyzed. The participants coping styles are the dependent variable, and racial discrimination is the independent variable. The dependent variable is

nominal with three levels (i.e., emotion-oriented, avoidance-oriented, and task-oriented) is considered a continuous variable, and the independent variable is ordinal (i.e., scores range from 1-6) is considered continuous.

Threats to Validity

Two potential threats to internal validity exist for the research: subject bias and mortality (attrition). Subject bias refers to participants producing responses in a manner that they believe researchers desire (Burkholder et al., 2019). For example, if a researcher is conducting an experimental study to analyze how many hours of television their participants watch, and participants change their response to reflect more or fewer hours of watched television in an attempt to help the researcher. This data is considered a subject bias because participants did not answer honestly to help the researcher. This could be considered a threat to the internal validity of the study. In addition to subject bias, mortality (attrition) is another concern. Mortality refers to participants leaving the study (Burkholder et al., 2019). Participant leaving the study is a potential threat to this study because it could affect the data collected if participants leave before they respond to all survey questions. Incomplete data sets were removed and excluded from the final analysis; however, this data is reported in Chapter 5.

To address subject bias, I analyzed the reliability and validity of each instrument. According to Wantanabe et al. (2015) the Cronbach α ranges from 0.72 to 0.90. This suggests that the results of this survey are consistent when provided to multiple participants. Researchers also indicate that the validity scales for these scales are valid, suggesting that the questions measure what researchers intend to study. Moreover,

mortality was addressed through oversampling. Although the G*Power test suggested that this study only requires between 82 and 191 participants, the study obtained a sample of 300 participants to ensure that enough data is collected to be able to make generalization about the results.

The primary threat to external validity that exists for this study is generalizability. Generalizability refers to generalizing the research results to a larger population of interest (Burkholder et al., 2019). To address the generalizability of the results, the examiner used research inventories with statistically significant psychometric properties. The psychometric property should suggest that the results can be replicated (reliability) and measure the information intended to measure (validity). By indices with valid and reliable psychometric properties increased the research's ability to generalize to a larger population. For example, suppose the results suggest that racial/ethnic minorities with higher ACEs scores cope with emotion-oriented coping styles. In that case, I concluded that these results are generalizable. Results suggest that researchers can make similar generalizations about participants with similar demographics.

Ethical Procedures

Once the proposal was completed and approved by the committee chair, committee member, and the URR the proposal was submitted to the IRB. The IRB is a governing body that ensures that the research conducted by researchers would not cause harm to participants. To adhere to the ethical guidelines suggested by the IRB, four steps were taken. The first step involved the inclusion of an informed consent section in section one of the survey, which informed participants that their participation was voluntary and

explained the nature, risks, benefits, and agreement to participate in the study. At the end of the informed consent participants can "I agree to participate" or "I do not agree to participate." If a participant agrees to participate, they are automatically be routed to survey questions, whereas if they mark, "I do not agree to participate," participants were routed to the end of the study. Moreover, participants were required to read instructions that inform them that they can exit from the study whenever they no longer feel comfortable completing the study. According to Burkholder et al. (2019), the information included in the informed consent section adheres to the Belmont Report of ethical code. Each participant received an automatic response ID for completing the survey was the second ethical procedure implemented. This ensured that the identity of each participant is protected. The third ethical procedure secured the data following collection. All data is secured using an encrypted password file, where the data will be stored on an external storage device for a minimum of 5 years. According to Walden University's IRB guidelines, encrypting and storing the data for 5 years is vital for research. After 5 years, research data will be disposed of. The final procedure implemented is a debriefing note from the researcher. The debriefing note provided participants with free mental health resources to support participants who were negatively affected by the questions from the survey. Including resources such as the website of the National Alliance of Mental Illness (NAMI). Lastly, the IRB guidelines ensured that ethical standards were met during the implementation of the research study, as evidenced by the assigned IRB approval number, IRB approval #03-30-23-1042300.

Summary

A quasi-experimental research design was used to answer the research questions. The research design included one dependent variable, coping styles, three independent variables, race/ethnicity, childhood trauma, and racial discrimination. The study focused on emerging adults aged between 18 to 29 years of age to study these variables. Prior to conducting the study, research approval was obtained from Walden University's IRB to maintain ethical standards. Following IRB approval, participants were recruited through Walden University's Research Participant Pool, various social media platforms, and listservs (e.g., Facebook, Instagram, LinkedIn, etc.). Participants were instructed to complete an electronic Qualtrics survey comprising of three sections. After the data reaches saturation, the data was analyzed using the SPSS program. Due to the number of variables, an ANOVA test was utilized to analyze the data.

When the data meets saturation according to the results from G*Power, the findings were analyzed. The next chapter summarizes the data collected and the statistical results.

Chapter 4: Results

Introduction

The purpose of this research was to examine coping style differences of racial/ethnic minority emerging adults who experienced childhood trauma and racial discrimination. According to the literature, individuals with a history of childhood trauma and racial discrimination are likely to experience negative long-term mental and physical health conditions (Brown et al., 2009; Downey et al., 2017; Felitti et al., 1998; Feng et al., 2021; Henderson et al., 2021). However, after a thorough investigation, I found that limited research exists regarding the coping styles of individuals from racial/ethnic minorities who experienced childhood trauma and racial discrimination. Therefore, the aim of the study was to examine the coping style patterns of these individuals to inform future intervention and prevention programs that may support individuals of diverse racial/ethnic backgrounds.

In this chapter, I examine the data collection procedures and the results from the study. The data collection section addresses the time frame of the study, discrepancies in the data, and demographic characteristics. In the results section, I explore descriptive characteristics and statistical assumptions and present tables.

Data Collection

Data collection was conducted from March 2023 to July 2023 via Walden University's Research Participant Pool, various social media platforms, and listservs (e.g., Facebook, Instagram, LinkedIn, etc.). During the data collection period, participants accessed the online survey link through Walden's Research Participant pool, my personal

Facebook page, and a few Facebook groups (i.e., Dissertation Survey Exchange, Black School Psychologists, and Georgia Southern AKAs—Past & Present). Due to the limited number of survey responses after 16 weeks, the initial IRB application was revised to include an expansion of multiple social media platforms and listservs (i.e., my personal Instagram, Cornell Research listserv, and the Diaspora listserv from Stanford University). Following modified IRB protocol approval of the expansion of recruitment efforts, the participant reach was expanded, and I observed an informal "snowball effect" as social media users shared the research posting on their social media platform as well. Additionally, the recruitment flyer was reposted daily until data collection was completed. The results from the expanded recruitment efforts increased survey responses.

A total of 211 responses were collected via Qualtrics from March 2023 to June 2023. Inclusion criteria for participants were being between 18 and 29 years old, identifying as a racial/ethnic minority, and having experienced trauma. Additionally, participants were required to understand and read English to complete the online survey. Although the inclusion criteria were noted on recruitment materials, many respondents did not meet the criteria by being beyond the age limitations and were eliminated. Once those respondents over 29 years old were eliminated, 150 respondents remained in the sample. Table 1 presents the demographic characteristics of the initial study sample.

Table 1

All Demographic Characteristics of Study Sample (N = 150)

Characteristics	*N*	%	Mean	*SD*
Gender				
Male	25	16.7	1.00	.00
Female	120	80.0	1.00	.00
Nonbinary/other	5	3.3	1.00	.00
Age				
19- to 29-year-olds	150	100.0	25.54	3.11
Educational background				
GED/high school diploma	14	9.3	1.00	.00
Some college/associate's degree	28	18.7	1.00	.00
Bachelor's degree	64	42.7	1.00	.00
Graduate degree (e.g., master, specialist, and/or doctorate degree)	44	29.3	1.00	.00
Race/ethnicity				
African American/Black	116	77.3	1.00	.00
Asian/Asian American	9	6.0	1.00	.00
Hispanic/Latino	10	6.7	1.00	.00
Native/Other Pacific Islander	1	.7	1.00	.00
Mixed/other	14	9.3	1.00	.00

Of those who completed the survey, 120 (80.0%) participants identified as female, 25 (16. 7%) identified as male, and 5 (3.3%) identified as nonbinary/other. The racial/ethnic composition of the sample included 77.3% African American/Black participants (116 responses), 6.0% Asian/Asian American participants (9 responses), 6.7% Hispanic/Latino participants (10 responses), 0.7% Native/Other Pacific Islander participants (1 response), and 9.3% mixed/other participants (14 responses). No participants identified as American Indian/Alaska Native. The research sample obtained reflects the effort of targeting racial/ethnic minorities for research in efforts to fill the research gap.

Given that the number of participants from racial/ethnic groups other than African Americans/Black participants was small and lacked statistical power to make conclusions, only African American/Black participants' data were used for analyses. The final study sample size consisted of 116 African American/Black participants. Of the 116 participants, 17 (14.7%) identified as male, 97 (83.6%) identified as female, and two (1.7%) identified as nonbinary/other. The educational attainment of the sample included 11 (9.5%) participants who obtained their GED/high school diploma, 19 (16.4%) participants who obtained some college/associate's degree, 51 (44.0%) participants who obtained a bachelor's degree, and 35 (30.2%) participants who obtained a graduate degree. The age of research participants ranged from 19 to 29 years old, with a mean age of 25.9 years and $SD = 3.0$. The demographics for all African American/Black participants in the sample are presented in Table 2.

Table 2

Demographic Characteristics of Study Sample (African American/Black Only N = 116)

Characteristics	*N*	%	Mean	*SD*
Gender				
Male	17	14.70	1.00	.00
Female	97	83.60	1.00	.00
Nonbinary/other	2	1.70	1.00	.00
Age				
19- to 29-year-olds	116	100.00	25.90	2.95
Educational background				
GED/high school diploma	11	9.50	1.00	.00
Some college/associate's degree	19	16.40	1.00	.00
Bachelor's degree	51	44.00	1.00	.00
Graduate degree (e.g., master, specialist, and/or doctorate degree)	35	30.20	1.00	.00
Race/ethnicity				
African American/Black	116	100.00	1.00	.00

Reliability Analyses of the Measures

A Cronbach's alpha coefficient was calculated for the ACE scale, REDI scale, and the CISS: SSC scale. The Cronbach's alpha for the ACE scale ($\alpha = .87$) and the REDI Scale ($\alpha = .87$) were found reliable. The CISS: SSC task-oriented subscale consisted of

seven items (α = .88), the emotion-oriented subscale consisted of seven items (α = .87), and the avoidance-oriented subscale consisted of seven items (α = .80). Table 3 presents the results of the reliability analyses.

Table 3

Reliability Table for ACE, REDI, and CISS: SSC

Scale	No. of items	α	Mean	Variance	*SD*
Task-oriented	7	.88	22.46	45.88	6.77
Emotion-oriented	7	.87	22.89	51.54	7.18
Avoidance-oriented	7	.80	22.10	44.91	6.70
Childhood trauma	17	.87	29.84	15.87	3.98
Racial discrimination	6	.87	4.35	11.05	3.32

Preliminary Analyses

To investigate possible differences by demographics, I conducted an ANOVA for gender with the study variables and conducted correlations with age. To see if there were any associations by age, I conducted a Pearson product-moment correlation with age, coping, childhood trauma, and racial discrimination. The bivariate correlation analysis revealed statistically significant findings between age and childhood trauma and with age and emotion-oriented coping styles. There was a negative correlation between age and emotion-oriented coping styles, r (109) = -.31, $p < .001$. There was a positive correlation between age and childhood trauma, r (116) = .27, $p < .001$. Table 4 presents the results of the preliminary correlation analysis.

Table 4

Correlation Among Variables of Interest and Age

	Age	Racial dis.	Avoidance-oriented	Emotion-oriented	Task-oriented	Gender	Childhood trauma
Age	--	-.16	.02	-.31**	.04	-.11	.27**
Racial dis.		--	.01	.45**	-.01	.06	-.29**
Avoidance-oriented			--	.09	.49**	.11	.10
Emotion-oriented				--	-.04	.22*	-.36**
Task-oriented					--	-.05	.15
Gender						--	.12
Childhood trauma							--

The ANOVA indicated a statistically significant difference by gender and emotion-oriented coping styles, F (2, 108) = 3.25, $p < .001$). Nonbinary participants were highest on emotion-oriented coping (M = 32.00, SD = 1.41), females were lower (M = 23.22, SD = 7.20), and males were lowest (M = 19.88, SD = 6.18).

Results

The preliminary analyses indicated associations between age and some variables of interest and differences by gender. Therefore, the analyses controlled for these differences by gender and associations by age.

Research Question 1

In Research Question 1, I proposed that coping styles vary by race/ethnicity. However, the sample did not contain sufficient numbers of participants from across racial/ethnic groups to explore the research question. Therefore, the first research question was not tested due to a limited sample of non-African American/Black participants.

Research Question 2

The second research question indicated that a history of childhood trauma relates to coping styles. A Pearson correlation coefficient was computed to assess the linear relationship between childhood trauma (i.e., scores on the ACE measure) and coping styles (i.e., subscale scores on the CISS: SSC), controlling for age. Task-oriented coping (r (106) = .15, p = .13) and avoidance-oriented coping (r (106) = .10, p = .29) were not significantly related to the degree of trauma experienced in childhood when controlled for age. However, the results indicated that emotion-oriented coping (r (106) = -.31, $p <$ .001) was significantly related to childhood trauma when controlled by age. As a result, the null hypothesis was rejected for the association of emotion-oriented coping and childhood trauma. In conclusion, emotion-oriented coping styles are negatively associated with childhood trauma, when controlling for age.

Research Question 3

In Research Question 3, I proposed that the interaction of race/ethnicity and childhood trauma relates to coping styles. However, the sample did not contain sufficient numbers of participants from across racial/ethnic groups to explore the research question. Therefore, the third research question was not analyzed due to a limited sample of non-African American/Black participants.

Research Question 4

The fourth research question indicated that racial discrimination is associated with coping styles. Pearson product-moment correlations were computed to assess the linear relationship between racial discrimination (i.e., scores on REDI) and coping styles (i.e., scores on CISS: SSC subscales), controlling for age. Task-oriented coping (r (106) = .00, p = .99) and avoidance-oriented coping (r (106) = .01, p = .92) were not significantly associated with racial discrimination, when controlled by age. However, emotion-oriented coping and racial discrimination (r (106) = .42, p =< .00) were significantly associated, when controlled by age. As a result, the null hypothesis was rejected for the association of emotion-oriented coping and racial discrimination. The results suggest that individuals who use more emotion-oriented coping are likely to have experienced more racial discrimination, even when controlling for age.

In addition to these analyses, two additional significant associations emerged in this study. There was a significant association between task-oriented coping and avoidance-oriented coping. A moderate positive correlation exists between task-oriented and avoidance-oriented coping styles when controlled by age (r (106) = .49, p < .00). The

results indicate that an association exists between task-oriented and avoidance-oriented coping, suggesting that individuals who use task-oriented coping are likely to use avoidance-oriented coping. There was a weak negative correlation between childhood trauma and racial discrimination when controlled by age (r (106) = -.25, p = .01). In conclusion, the association of childhood trauma and racial discrimination suggests that as childhood trauma goes up, racial discrimination goes down.

Table 5 presents the results of the partial correlational analysis controlling for age.

Table 5

Partial Correlation Analysis Controlling for Age

	Task-oriented	Emotion-oriented	Avoidance-oriented	Racial dis.	Childhood trauma
Task-oriented	--	-.03	.49**	.00	.15
Emotion-oriented		--	.10	.42**	-.31**
Avoidance-oriented			--	.01	.10
Racial discrimination				--	-.25**
Childhood trauma					--

Summary

The present chapter provides a summary of the findings in this chapter. The study revealed several significant relationships that support the research, including a relationship between emotion-oriented coping styles and childhood trauma and emotion-oriented coping styles and racial discrimination. Although the original study was modified due to a limited number of non-African American/Black participants, the study had a large enough African American/Black sample size to test the null hypotheses for Research Questions 2 and 4. The first and third research questions could not be tested with limited numbers of participants from across racial/ethnic categories. The results from Research Question 2 suggest that for African American/Black emerging adults, greater childhood trauma experienced is associated with less emotion-oriented coping. Secondly, results for Research Question 4 suggest that, for African American/Black emerging adults, greater racial discrimination is associated with more emotion-oriented coping. Furthermore, a positive significant association exists between task-oriented and avoidance-oriented coping for African American/Black individuals, suggesting that these may function similarly for this group. Lastly, African American/Black individuals indicated that the more childhood trauma they experienced, the less racial discrimination they were likely to experience. The results suggest that as childhood trauma goes up, racial discrimination goes down.

Chapter 5 provides a summary of the study and presents conclusions regarding the results. Furthermore, the implications of the findings for social change are discussed, along with the study's limitations and recommendations for future research.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The aim of this research was to investigate the differences in coping styles among racial/ethnic minority emerging adults who had experienced childhood trauma and racial discrimination. The study was conducted due to limited research existing regarding the coping styles of racial/ethnic minorities who have experienced trauma (i.e., childhood trauma and racial discrimination). To support the existing literature, four research questions were formulated.

The first research question addressed the variations in coping styles (i.e., task-oriented, emotion-oriented, and avoidance-oriented) across different races/ethnicities. The literature indicated that racial/ethnic minorities favor emotion-oriented and avoidance-oriented coping styles (Gaston et al., 2021; Henderson et al., 2021; Hufana & Morgan Consoli, 2020; Moses et al., 2020). These coping styles are believed to be protective factors, as a relationship was established between the coping styles of racial/ethnic minorities, cultural factors, and community (Hufana & Morgan Consoli, 2020; Moses et al., 2020). The second question examined the relationship between the history of childhood trauma and coping styles. According to Felitti et al. (1998), Gaston et al. (2021), and Thakur et al. (2020), negative long-term implications were found among individuals with a history of childhood trauma. These implications include mental and physical health issues for individuals with unresolved trauma. However, Munroe et al. (2022) and Wang et al. (2019) concluded that the risks associated with childhood trauma could be mitigated through intervention and prevention programs. The third

question addressed how the interaction between race/ethnicity and childhood trauma affects coping styles. In 2007, Carter (2007) introduced the term "race-based trauma" to recognize the traumatic consequences of racism and discrimination on individuals belonging to racial/ethnic minorities. The study revealed that race-based trauma produced similar negative long-term effects akin to those of childhood trauma. Consequently, coping mechanisms adopted by racial/ethnic minorities typically revolve around their cultural and social support systems, as well as their racial/ethnic identity, which serve as protective factors. Lastly, the fourth research question addressed how the degree of racial discrimination experienced contributes to coping styles. Although four research questions were devised, the analyses were limited by the lack of non-African American/Black participants, which resulted in insufficient comparison groups to test the null hypotheses for all four research questions. As a result, the first and third research questions could not be tested. Four key findings were interpreted from this study. The second research question indicated that a weak negative association exists between child trauma and emotion-oriented coping, whereas the fourth research question indicated that a moderate positive association exists between racial discrimination and emotion-oriented coping. In addition to these results, the data indicate that a positive moderate association exists between task-oriented coping and avoidance-oriented coping, and a negative weak association exists between childhood trauma and racial discrimination.

Interpretation of the Findings

The present study expands upon the existing knowledge regarding coping strategies, childhood trauma, and racial discrimination for African American/Black

emerging adults. The null hypothesis from Research Question 2 was rejected, which suggested that African American/Black emerging adults with a history of childhood trauma have poorer coping styles than individuals who have less childhood trauma. The results indicate that a negative association exists between an individual's childhood trauma and emotion-oriented coping. As noted by Moses et al. (2020), cultural and ethnic/racial identity (ERI) may play a role in shaping an individual's coping styles. Researchers have found that belongingness and feelings of affirmation served as a protective factor for the negative implications of childhood trauma for Black adolescents (Moses et al., 2020). Thus, it is likely that ERI mitigates the effects of childhood trauma for the study's African American/Black participants. Consequently, the coping styles favored by African American/Black individuals are likely influenced by factors unrelated to early life experiences. The findings in this study are consistent with the literature, which suggests that childhood trauma has a minimal association with the coping style preferences of African American/Black participants. Therefore, a further investigation should be conducted to determine which factors influence the coping styles preferences of African American/Black individuals.

The fourth research question addressed the relationship between racial discrimination and coping styles. The null hypothesis from Research Question 4 was rejected, which suggested that racial discrimination is not associated with coping styles. The results indicate that a positive association exists between racial discrimination and emotion-oriented coping, suggesting that the greater the emotion-oriented coping experienced by African American/Black emerging adults, the more racial discrimination

experienced. The reported use of emotion-oriented coping is consistent with the research conducted by McQuaid et al. (2015), Makhoul-Khoury and Den-Zur (2022), and Henderson et al. (2021). Researchers found that racial/ethnic minorities often used emotion-oriented coping strategies to handle adversity. The emotion-oriented coping style is defined as an individual's ability to regulate emotionally. Furthermore, Henderson et al. (2021) found that Black/African American, Latinx, Asian, and Native American (BALANA) students used acceptance as their coping style, meaning that they accepted the things that they could not control. Henderson et al. identified acceptance as a form of emotion-oriented coping effective for BALANA students because it preserves their self-concept. The consistencies found within this study and the literature suggest the prevalence of emotion-oriented coping for racial/ethnic minorities. Therefore, the findings in this study reiterate the importance of emotion-oriented coping for African American/Black participants because it may serve as a protective factor for the individual's overall well-being.

As it relates to the theoretical framework of the study, the multidimensional interaction model of stress, anxiety, and coping suggests that an individual's coping styles are fluid depending upon the situation (Endler, 1997; Endler & Parker, 1990). Therefore, an individual is likely to shift coping styles whenever they encounter a different event. However, in this instance, the research results suggest that the participant's coping style is not significantly related to childhood trauma, but racial discrimination is significantly related to the coping styles of African American/Black individuals. Therefore, it is likely that the coping styles utilized by African American

participants are often impacted by other situations not identified by childhood trauma results. On the other hand, experiences of racial discrimination were found to have a positive association with emotion-oriented coping. Emotion-oriented coping is defined as one's ability to focus on the their emotion reaction to the situation, which is consistent with the literature (Endler, 1997; Endler et al., 2003; Endler & Kocovski, 2001; Endler & Parker, 1990, 2011). Henderson et al. (2021) found that, for generations, African American/Black individuals living in America have experienced racial trauma, and they often use emotion-oriented coping to overcome adversity. In conclusion, the use of emotion-oriented coping aids African American/Black individuals in recognizing how they would like to react to the things out of their control, such as discrimination. As a result, the findings of this study support the need for mental health intervention and prevention programs catered to African American/Black individuals.

Limitations of the Study

In the first chapter of the study, potential internal validity and limitations were addressed to prevent future concerns from arising. However, upon further review, three concerns were identified. The first concern was related to internal validity, specifically mortality (attrition). As previously described by Burkholder et al. (2019), mortality (attrition) refers to the loss of participants during the research period, including those who only partially complete the study. The loss of research participants could be due to the length of the assessment, the nature of the research questions, or available personal time. Upon initial review, 211 responses were collected, but due to a lack of diversity among research respondents, all non-African American/Black participants were removed from

the dataset. Next, responses less than partially completed data were removed, totaling to 95 responses removed from the final data set. The final data set consisted of 116 responses with only 6% of the data missing values.

The second limitation of the study was related to the age of participants. Although the consent form, research flyer, and Qualtrics survey indicated that the study was limited to emerging adults, individuals older than the required age range completed the study. Therefore, data from participants older than 29 were removed to ensure that the results of the study were aligned with the study's purpose, which was to research emerging adults ranging from 18 to 29 years old.

The third limitation of the study pertained to the racial/ethnic diversity of the participants. Approximately 77% of participants identified as African Americans among the initial 211 responses. This was a limitation because the purpose of the research was to study individuals from a racially/ethnically diverse population. However, due to the lack of diversity within the data, non-African American/Black individuals were removed because the sample size did not have enough strength to yield clinically significant test results. Therefore, the generalizability of the research results is limited to African Americans/Black individuals with a history of childhood trauma and racial discrimination.

Recommendations

Several recommendations for further research were identified following the distribution of the research study. The first recommendation is to explore all avenues of survey distribution upon initial IRB approval. This entails reaching out to local and

distant universities and colleges that engage with individuals of the targeted population, disseminating the survey flyer in high-traffic areas such as libraries and malls, and utilizing both free and paid internet services to reach populations that are otherwise unreachable. The second recommendation for future studies is to ensure adequate data collection time. In this instance, the initial study aimed to obtain 300 research participants to account for internal validity errors. However, due to the nature of the study, only 116 responses were obtained and able to be interpreted after a 4-month period. The third recommendation is to conduct a gender study. Future research focusing on gender may reveal differences or similarities between different gender groups. This information could be valuable for prevention and intervention programs, enabling practitioners to provide appropriate support based on the needs of individuals. The last recommendation involves possible regional trauma differences for racial/ethnic minorities. Historically, the United States has experienced multiple periods where racial/ethnic minorities were unwelcome in the country. There is historical data indicating that various racial/ethnic minority groups migrated throughout the United States to avoid racial discrimination. Therefore, it is possible that different regions or types of communities may experience varying degrees of trauma that warrant further study.

Implications

In comparison to the existing literature, the present study involved an attempt to understand the coping styles of racial/ethnic minority emerging adults who experienced trauma. However, due to limitations, the analyses shifted from racial/ethnic minority comparisons to African American/Black emerging adults. The study revealed that

childhood trauma has a negative association with coping styles, whereas racial discrimination has a positive association with coping styles for African Americans/Black participants. The findings showed that African American/Black participants utilizing emotion-oriented coping were more likely to have experienced higher levels of racial discrimination. The results from this study are consistent with the pattern found by Henderson et al. (2021). Researchers found that Black/African American, Latinx, Asian, and Native American (BALANA) students used emotion-oriented coping in most experiences, apart from emotional and physical harm based on race. Although the results from Henderson et al.'s study negate the association between the use of emotion-oriented coping and racial discrimination in experiences of racial discrimination, the use of social coping styles may be due to a history of race-based trauma experienced in America. Carter (2007) found that one way in which African American/Black individuals' manifest race-based traumatic stress is through avoidance. African American/Black individuals avoid or become numb to experiencing racial discrimination, which was found to increase the likelihood of negative long-term health concerns in African American/Black individuals. To mitigate these concerns, the literature described the importance of understanding racial and historical impacts when counseling and providing psychological support to African American/Black individuals (Carter, 2007). The conclusion aligns with the social change efforts of the study, which was conducted to aid in the development and adaptation of mental health intervention and prevention programs for African American/Black emerging adults who experienced trauma (i.e., childhood trauma and racial discrimination).

Although the study cannot generalize the results to the entire African American/Black population, the results are vital in initiating a conversation regarding the needs of various racial/ethnic populations to mitigate negative long-term health problems. For instance, Carter (2007) found that mental health studies focusing on racial discrimination found greater rates of psychological distress including depression, anxiety, PTSD, and personality disorders and physical problems including high blood pressure, unhealthy weight gains, and hyperreactivity. The literature went on to say that in earlier literature, racial discrimination and trauma were studied, but few studies identified racism as a traumatic event (Carter, 2007). Therefore, it is likely that racial/ethnic minorities are less likely to be identified with health concerns because physicians lack culturally and historically appropriate training to meet the needs of their patients. Due to the limited support from individuals within the mental health and health profession, racial/ethnic minorities develop coping styles that they model after the individuals within their community. The coping styles identified are avoidance-oriented and emotion-oriented coping styles (Carter, 2007; Henderson et al., 2021). Through the emergence of future culturally and historically relevant studies focused on the coping styles of racial/ethnic minorities, it is the hope that the overall health and well-being of these individuals will improve. Not only will improved health support individuals belonging to racial/ethnic minority communities, but this can also positively impact society by potentially reducing health issues.

Conclusions

In conclusion, the present study has examined the coping styles of racial/ethnic minority emerging adults who have experienced trauma. This study is significant because limited research exists on the combination of the three variables (i.e., coping styles, childhood trauma, and racial discrimination). I proposed four research questions to analyze the results of the study. However, due to a limited sample of non-African American/Black participants, Questions 1 and 3 were not tested. I analyzed Research Questions 2 and 4 with a partial Pearson correlational analysis. The findings indicated a negative association between emotion-oriented coping and childhood trauma, and a positive association between emotion-oriented coping and racial discrimination. The results suggest that the more childhood trauma experienced by African American/Black emerging adults, the less emotion-oriented coping experienced. On the other hand, the more an individual uses emotion-oriented coping, the greater the levels of discrimination experienced.

The results also found two additional results: a positive association between task-oriented and avoidance-oriented coping and a negative association between childhood trauma and racial discrimination. The results suggest that the more task-oriented coping experienced by African American/Black individuals, the more avoidance-oriented coping experienced, and the more childhood trauma experienced, the less racial discrimination reported. These findings reveal the importance of future research regarding the coping styles of racial/ethnic minorities, because the results reveal racial discrimination as a contributing factor that impacts the coping styles of African American/Black participants.

The literature explained that America has a history of discrimination based on race, which has left a lasting effect on African American/Black individuals. Researchers have found that racial discrimination is related to negative long-term mental and physical health conditions (Carter, 2007; Polanco-Roman et al., 2022). Therefore, the coping styles utilized by African American/Black individuals are associated with the racial discrimination experienced. In summary, this study's results are vital to informing the scholarly community of future intervention and prevention programs that focus on the mental and physical health of racial/ethnic minorities to provide culturally and historically sensitive care to improve their overall health.

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Appendix A: Demographics

Demographic Information: Will be used for research and will not be shared or used in any way to track respondents.

1. What is your gender?
    a. Male
    b. Female
    c. Nonbinary/Other
2. Please indicate your age (Please type a numerical value. For example: 20):
3. What is your highest level of educational attainment?
    a. GED/high school diploma
    b. Some college/associate's degree
    c. Bachelor's degree
    d. Graduate degree (e.g., master, specialist, and/or doctorate degree)
4. Please indicate your race:
    a. African American/Black
    b. American Indian/Alaska Native
    c. Asian/Asian American
    d. Hispanic/Latino
    e. Native/Other Pacific Islander
    f. Mixed/Other (please indicate) _____
5. Are you of Hispanic, Latino, or Spanish origin? (Please indicate):
    a. Yes_____ (e.g., Mexican, Puerto Rican, Cuban, etc.)

b. No