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Disclosure Statement

The authors declare that they have no conflict of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author, [L.S.]. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

Abstract

Objective: The present study prospectively examined the association between fear of COVID-19 and anxiety and whether social support moderated this association among college students.

Participants: 1,539 students from 11 universities in the United States completed two online surveys, one prior to the COVID-19 pandemic and one during the pandemic.

Methods: Hierarchical linear regressions assessed the impact of COVID-19 fears and social support on anxiety, after accounting for pre-pandemic anxiety and demographics.

Results: Results supported that adding fear of COVID-19 to the regression model resulted in a significant increase in variance explained over demographics and pre-pandemic anxiety. Social support did not moderate the association between fear of COVID-19 and anxiety.

Conclusion: These data underscore the mental health impact of COVID-19 on students and the urgency with which campus-wide initiatives are needed to support students during this unprecedented time.

Keywords: COVID-19, anxiety, social support, college students, psychological distress

Fear of COVID-19, Anxiety, and Social Support among College Students

In the wake of COVID-19 outbreaks across the United States (U.S.), local, county, and state officials implemented shelter-in-place orders, which resulted in the shutdown of nearly all colleges and universities across the country (Perz et al., 2020). College students faced unprecedented shifts in their daily lives with face-to-face classes being moved online, the closure of on-campus housing to reduce virus transmission, challenges related to travel restrictions, and taking on financial and/or childcare roles to support their families (Liu et al., 2020; Sahu, 2020; X. Wang et al., 2020). Public health emergencies like COVID-19 not only pose a threat to individuals' physical health, but also their mental health (Salari et al., 2020). Although a number of studies have documented the negative mental health impact of COVID-19 on psychological health of general populations, medical staff, patients, and children (Khan et al., 2020; Salari et al., 2020; Solomou & Constantinidou, 2020; Ye et al., 2020), few studies have explored the mental health impacts of COVID-19 on college students (Cao et al., 2020; Z. H. Wang et al., 2020), and none have used a prospective design to isolate the impact of fear of COVID-19 on anxiety among college students. The present study used a longitudinal design to examine whether fear of COVID-19 is associated with anxiety in college students and whether social support from college peers buffered this association.

Research shows that although young adults are not at the highest risk for infection and mortality, they exhibit more adverse impacts to their mental health in response to the COVID-19 pandemic (Salari et al., 2020; Ye et al., 2020). Research suggests that young adults experience more adverse COVID-19 related mental health impacts due to greater access to information about the virus through social media, disruptions to their daily lives, negative impacts to their financial security, the increasing absence of interpersonal communication, and stress associated

with friends and family being diagnosed with the virus (Active Minds, 2020; Cao et al., 2020; Salari et al., 2020). In a study of college students in China, Wang and colleagues (2020) found that students who had family members who were suspected or confirmed to have contracted COVID-19 reported increased depressive symptoms. In another study of college students in China, Cao and colleagues (2020) found that 25% of college students reported experiencing anxiety because of the COVID-19 outbreak. Additionally, in a survey of undergraduate students in the U.S., 80% reported that they felt COVID-19 had negatively affected their mental health including leading to experiences of stress, anxiety, disappointment, sadness, loneliness, and isolation (Active Minds, 2020).

Studies with non-college samples show individuals' fear of the unpredictable nature of COVID-19 contributes to increases in mental health symptoms (Rodriguez et al., 2020; Satıcı et al., 2020; Shigemura et al., 2020; Taquet et al., 2020). Thus, addressing the impact fear of COVID-19 can have on college students' mental health is critical because of the potential for adverse outcomes, including decreases in students' academic performance, retention, and productivity (Hunt & Eisenberg, 2009; Kitzrow, 2003). Indeed, mental health symptoms can negatively affect all aspects of students' well-being, including their physical health, their engagement in risky behaviors like hazardous drinking, and their social support (Angst, 1996; Hefner & Eisenberg, 2009; Hunt & Eisenberg, 2009; Kessler et al., 1995; Kessler et al., 1998; Kitzrow, 2003; Weitzman, 2004).

Given the adverse effects of mental health symptoms on students' well-being, it is important to consider whether ecological assets might protect against the negative influence fear of COVID-19 can have on undergraduate students. One asset, social support from one's peers on campus, may be particularly salient to examine since social support can contribute to better

mental health outcomes such as lower levels of anxiety, depression, and suicidality (Hefner & Eisenberg, 2009; Horgan et al., 2016; Hurd et al., 2018; Li et al., 2014). Studies find that when compared to other forms of social support (e.g., parental support), lack of peer support is a stronger predictor of lower college adjustment and lower GPA (Dennis et al., 2005). Moreover, having supportive peers during college is associated with academic persistence (Nicpon et al., 2006). In a study of 138 undergraduates at a public university in the U.S., one-third of participants reported that they communicated with family and friends as a way to cope with their stress and anxiety during the COVID-19 pandemic (Son et al., 2020); however, this study did not assess how social support related to fear of COVID-19. Cao et al. (2020) hypothesized that students' anxiety associated with COVID-19 could be related to decreased interpersonal communication, given calls for social distancing, and found that social support was negatively associated with college students' reports of anxiety symptoms. Additionally, a study examining the relation between social support, COVID-19 stress, and acute stress disorder in community college students in China found that social support partially mediated the positive association between COVID-19 stress and symptoms of acute stress disorder (Ye et al., 2020).

To the best of our knowledge, no study has explored whether social support moderates the link between fear of COVID-19 and anxiety in a sample of undergraduate students in the U.S. In contrast to Ye and colleagues' (2020) mediation model, the present study sought to investigate the potential for social support to moderate the relation between fear of COVID-19 and anxiety. Research with college students finds that social support often moderates the relation between stress and psychological distress (Chao, 2012; Wang et al., 2014), and this may be true for COVID-19 related fear and anxiety, as well. Moreover, the study builds upon previous research by including students from various universities across the U.S., uses a prospective

design such that analyses account for pre-pandemic levels of anxiety to isolate the impact of COVID-19 fear on current levels of anxiety, and examines social support as a moderator of the associations between COVID-19 fear and anxiety. The specific aims of the current study are as follows:

1. Explore whether fear of COVID-19 is related to anxiety after controlling for pre-pandemic anxiety.
2. Examine whether peer support moderates the relation between fear of COVID-19 and anxiety.

Methods

Participants

Data for the present study come from a larger study that sought to prospectively examine indicators of campus climate that affect intimate partner violence among college students. Participants were 1,539 undergraduate students from 11 medium- and large-sized universities across the contiguous U.S. (three universities in the Northeast, five universities in the Midwest, and three universities in the Southeast) between 18 to 24 years of age who completed two online surveys six months apart as part of a larger study about their dating/romantic/sexual relationships. At the time participants completed the second survey, their mean age was 20.3 years old (range 18-25, $SD = 1.47$). Almost three-quarters of the sample identified as a woman (76.2%; $n = 1,172$) with 19.8% ($n = 305$) identifying as a man and 3.8% ($n = 49$) as transgender or gender diverse. The majority of participants identified as heterosexual (73.7%, $n = 1,134$), with 12.2% ($n = 188$) identifying as bisexual/pansexual, 4.7% ($n = 72$) as gay/lesbian, and the remaining participants identifying as another sexual minority identity (e.g., asexual, queer). As far as racial identity, the majority of participants were White, (73.7%, $n = 1,134$), 7.8% ($n = 120$)

were Latinx, 5.8% ($n = 89$) were Black/African American, 5.0% ($n = 77$) were Asian/Asian American, and 5.0% ($n = 77$) were multiracial. Few individuals were Native American/Alaskan Native (0.3%, $n = 4$), Middle Eastern/North African (0.5%, $n = 7$), Caribbean Islander (0.1%, $n = 1$), or other (0.8%, $n = 13$).

Procedures

Participants ($n = 6,415$) initially completed a confidential campus wide online survey about college student relationships in the Fall 2019 semester for The Student Health and Relationships Study (SHARE study). Participants were recruited from 11 medium and large-sized residential campuses in the United States. Campuses were selected based on variability in both geographic location and in the extent to which they had resources and inclusive policies for LGBTQ+ individuals. Study recruitment strategies varied across the 11 participating campuses based on university policy and included individual emails sent to all students or a randomly selected sample of students, listserv messages, fliers, and social media postings. Individual email recruitment messages were sent to 100% of enrolled undergraduates at four participating universities (with a total of two to four recruitment emails sent to students over the recruitment period). Individual email recruitment messages were sent to a random sample of undergraduates (ranging from 5% to 50% of undergraduates) at an additional four universities with a total of one to two emails sent over the recruitment period. “Daily digest” emails or online news postings about the study were utilized at four campuses and a variety of other recruitment methods (e.g., postings on student listservs, class announcements about the study, flyers posted on campus, social media postings) were used across campuses, with universities varying in the extent to which such additional recruitment methods were utilized. The study was advertised as open to all currently enrolled undergraduate students between the ages of 18 and 24, and the enrollment

window ranged from 4 to 8 weeks across campuses. In addition to being 18- to 24-year-old undergraduate students, participant inclusion criteria were school enrollment at participating university, student type (non-distance education learner), and sexual identity disclosure.

Participation rates ranged from 0.3% to 8.9% ($M = 3.9\%$) of the overall student body.

As part of the initial survey, participants were asked to provide their email address and mobile phone number to be contacted about completing a second survey in 6 months. In the Spring 2020 semester, direct emails and text messages to complete the second online survey were sent to all participants with the first message sent 6 months after they completed the initial survey. Multiple text and email reminders were sent about the survey over the course of two weeks. The overall completion rate for the second online survey was 34.7% ($n = 2,229$), which is comparable to completion rates to other longitudinal online surveys of college students utilizing similar methodology (Bravo et al., 2018; Cheng et al., 2020; Graupensperger et al., 2020). There were no significant differences in age, sexual orientation, or anxiety symptoms between individuals who completed the second survey and those who did not. A significantly higher proportion of women than men completed the second survey, 36.0% versus 30.7%, $\chi^2(1, N = 6,228) = 14.9, p < .001$. In addition, there were racial/ethnic differences in completion rates such that a smaller proportion of Black participants (25.5%) completed the second survey as compared to individuals with most other racial identities $\chi^2(5, N = 6,380) = 25.1, p < .001$. For the current study, only individuals who completed the second online survey after COVID-19 related questions were added were included ($n = 1,539$). The COVID-19 items were added on March 13th, 2020, while the T2 data collection was underway in order to explore how COVID-19 impacted students on campus. The participants included in the present study completed the

survey between March 13th, 2020 and June 1st, 2020. A total of 690 students completed the second survey prior to the addition of the COVID-19 related questions.

Prior to completing the initial survey, participants provided electronic consent to participate. Following completion of both surveys, all participants received an electronic debriefing form with campus, local, and national resources. Participants were also entered into a drawing to win one of five \$50 gift cards awarded to students on each participating campus with separate drawings for the T1 and T2 surveys. The study was approved by the [masked for review]'s Institutional Review Board.

Measures

Anxiety. Symptoms of anxiety were measured using the seven item anxiety subscale from the Depression Anxiety Stress Scale-21 item (DASS-21; Antony et al., 1998). The anxiety subscale includes items such as, “I felt I was close to panic” and “I was worried about situations in which I might panic and make a fool of myself.” Participants answered about symptoms experienced during the past six months, and response options ranged from 0 (*Did not apply to me at all*) to 3 (*Applied to me very much or most of the time*). The scores for each item were summed and then doubled consistent with instrument coding recommendations (Lovibond & Lovibond, 1995b). The recommended cutoff for moderate anxiety is 10 and severe anxiety is 15 (Lovibond & Lovibond, 1995a). The DASS-21 has been shown to have good internal consistency among college students (Osman et al., 2012). The DASS was administered at both T1 and T2 and internal consistency for the anxiety subscale was good at both assessments (T1 $\alpha = .86$; T2 $\alpha = .85$).

Fear of COVID-19. Fear of COVID-19 was assessed at the T2 survey using four items adapted from the Perceived Safety Scale (PSS) developed by Grieger and colleagues (2003).

Specifically, participants were asked to rate how safe they felt from coronavirus in (1) their home/apartment; (2) on campus; (3) throughout their day in their usual activities; and (4) in their hometown/when spending time with family or other loved ones. Response options ranged from 1 (*not at all*) to 5 (*extremely*). The items were reverse coded and summed so that higher scores were indicative of feeling less safe from COVID-19. Internal consistency for the items was moderate ($\alpha = .77$).

Social Support. A modified version of the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) friends subscale was administered to assess perceived peer social support on campus. The modified subscale contained four items assessing perceived support from friends on campus (e.g., “My friends who attend [university name] really try to help me”). Response options ranged from 1 (*very strongly disagree*) to 7 (*very strongly agree*). All items were summed with higher values indicating higher levels of perceived social support. The MSPSS has been shown to have good internal consistency (Clara et al., 2010). Internal consistency for the measure in the current study was excellent ($\alpha = .96$).

Demographics. Several demographic characteristics of participants were assessed, with these items administered in both the T1 and T2 surveys. First, participants were asked to indicate their current age, with only participants who indicated they were between the ages of 18 and 24 at the T1 survey eligible to participate. Participants were also asked to indicate their gender with response options of man, woman, male to female transgender, female to male transgender, and genderqueer/non-conforming/non-binary. Participants were also asked to indicate their sexual orientation with options of heterosexual/straight or sexual minority (asexual, bisexual, gay, lesbian, pansexual, queer, questioning/unsure). Participants were provided with multiple categories to describe their racial/ethnic background and were given the option to select all the

categories that best described them (Ross et al., 2020). Response options were: Black or African American, Caribbean Islander, East Asian or Pacific Islander, Native American/Alaskan Native, North African/Middle Eastern, Western or South Asian, White, and other. Finally, participants were asked to indicate via a yes/no question whether they were Hispanic or Latinx.

Analytic Strategy

Data were analyzed using SPSS 26. A hierarchical linear regression was utilized to evaluate whether fear of COVID-19 predicted general anxiety after controlling for demographic variables and pre-pandemic anxiety. At step one, age and several dummy coded demographic variables were entered into the model including sexual minority status, racial minority status and two gender variables (women and transgender/gender diverse). At step two, pre-pandemic anxiety was added to the model. Finally, at step three, fear of COVID-19 was added to the model. A second hierarchical regression was conducted to evaluate whether peer support moderated the relation between fear of COVID-19 and anxiety. Specifically, at step one, the demographic variables were entered into the model. At step two, pre-pandemic anxiety was added to the model. At step three, fear of COVID-19 and peer support was added to the model. Finally, at step four, the fear of COVID-19/peer support interaction term was added to the model. Missing data for each variable of interest is as follows: T2 anxiety (1.1%), T1 anxiety (5.9%), gender (0.8%), sexual identity/orientation (3.6%), race/ethnicity (1.1%), fear of COVID-19 (5.7%), and peer social support (0.9%).

Results

Table 1 shows the descriptive statistics for the continuous variables, and correlations among continuous variables are summarized in Table 2. Anxiety was on average low at both T1 and T2. At T2, 12.8% of participants scored above the cutoff for moderate anxiety and 3.2%

above the cutoff for severe anxiety. Similarly, at T1, 11.4% of participants scored above the cutoff for moderate anxiety and 5.2% scored above the cutoff for severe anxiety. Anxiety scores were significantly higher at T1 than at T2, but the size of this difference was small, $t(1433) = 4.0, p < .001, d = 0.11$. Participants' scores on the fear of COVID-19 supported that students were on average moderately fearful of COVID-19, with 43.6% reporting being somewhat to extremely fearful of COVID-19 overall. Inspection of the item means revealed that participants reported the highest level of fear of COVID-19 on-campus and the lowest level of fear of COVID-19 at home or in their apartment. Finally, on average participants reported high levels of peer support on campus.

Aim 1: Examine whether fear of COVID-19 is related to anxiety symptoms

Results of the hierarchical linear regression for anxiety symptoms is summarized in Table 3. Results supported that adding fear of COVID-19 to the model at step 3 resulted in a significant increase in variance explained above that accounted for by demographics and pre-pandemic anxiety, $F(1, 1319) = 9.19, p = .002$.

Aim 2: Examine whether peer support moderates the relation between fear of COVID-19 and anxiety symptoms

Results of the hierarchical regression evaluating whether peer social support moderates the relation between fear of COVID-19 and anxiety is summarized in Table 4. Addition of the peer support/fear of COVID-19 interaction term at step 4 of the model did not result in a significant increase in variance explained, $F(1, 1306) = 0.55, p = .458$. Thus, results did not support the existence of moderation. Instead, both peer support and fear of COVID 19 were significantly associated with anxiety in the expected direction, with addition of these variables to

the model at step 3 resulting in a significant increase in variance explained, $F(2, 1307) = 9.76, p < .001$.

Discussion

The findings show that almost half of the college students in the current study reported being somewhat to extremely fearful of COVID-19, with individuals reporting the most fear on-campus. The results also show that fear of COVID-19 is related to psychological distress, specifically anxiety among college students, after controlling for pre-pandemic anxiety levels. These findings are consistent with a handful of other studies that examined how the current COVID-19 pandemic relates to distress among college students (Active Minds, 2020; Cao et al., 2020; Sahu, 2020; Son et al., 2020; Ye et al., 2020). Moreover, findings extend previous research by demonstrating that even when controlling for pre-pandemic anxiety level, fear of COVID-19 is associated with anxiety during the pandemic. While pre-pandemic anxiety was slightly higher than anxiety during the pandemic, the difference was small. These findings are not surprising given the knowledge that college students face unprecedented shifts in their daily lives including classes being moved to online platforms, campus closures including housing, travel restrictions, and providing financial and/or caretaking roles to support their family (Sahu, 2020; X. Wang et al., 2020).

A secondary question in this paper was whether campus peer social support moderates the link between fear of COVID-19 and anxiety. The results suggest that peer social support did not significantly moderate the relation between COVID-19 and anxiety. However, peer social support was related to lower levels of anxiety. Peer social support is only one type of ecological asset and thus there may be other factors that we did not account for, such as social support from family members and friends not on campus. Given many students returned home during the

pandemic, familial support may have been especially salient. Indeed, prior research both among college students facing significant stressors (e.g., students exposed to a campus mass shooting) and research focused on college student adjustment more broadly, has highlighted the importance of family support in affecting adjustment in this population (Grills-Taquechel et al., 2011; Littleton, Axsom, et al., 2009; Littleton, Grills-Taquechel, et al., 2009). Also, given that all college students were facing the same or similar stressors related to COVID-19 (e.g., uncertainty about infection risk, switch to online instruction, having to move out of campus housing), peers may not have been able to provide needed support. Further, if others within one's social networks are fearful of COVID-19, this may only serve to fuel anxiety, rather than reduce it, which suggests that more formalized responses (e.g., increases in access to mental health services) to COVID-19 are needed by college campuses.

Limitations

The present study is not without limitations. First, given the nature of the larger study, the measure of perceived support was limited to peer support on campus and did not account for social support from other friends, family, and significant others/romantic partners. It is possible that social support from individuals outside of the university setting may have been more critical in affecting fear of COVID-19. Also, there are likely other factors that were not measured (e.g., access to psychological care, stability of student's home environment, extent to which the students were in lockdown on their respective campuses), that could buffer the impact of COVID-19 related fear on anxiety. Additionally, the sample was predominately White and women and, as such, future research should assess impacts of fear of COVID-19 on more diverse samples. Finally, fear of COVID-19 was assessed at one timepoint near the beginning of the pandemic, and as such, changes in fear of COVID-19 over time could not be modelled.

However, it is important to note that most of the participating universities were in areas that did not have severe outbreaks during the time data were collected. Future research is needed to assess the long-term psychosocial impacts of the COVID-19 pandemic.

Implications

These results underscore the urgency with which initiatives are needed on college campuses to assist students who are experiencing distress because of fear of COVID-19. Efforts are also needed to help reduce fear of COVID-19 while urging students to engage in appropriate self-protective behaviors. During the shut-down of college campuses, mental health services for a number of students may have been interrupted as campuses shifted to solely telehealth methods, and the capacity to support students needing help during this challenging time may have been limited (Liu et al., 2020). Institutions of higher education will need to be creative in the ways that they help their students to feel safe and cope effectively with fears of COVID-19 which may include providing informal information about healthy ways to cope (e.g., virtual socializing, limiting access to news). Additionally, universities should consider providing resources to help students manage the broad range of stressors they face due to COVID-19 (e.g., increasing food pantry services, providing flexible asynchronous courses to accommodate students with additional responsibilities at home) and instructors should consider flexibility around assignment deadlines. Also, creating spaces in online classes for faculty to check-in with students about how they are doing and include psychoeducation about healthy ways of coping with COVID-19 and how to get help could have far-reaching impacts.

In sum, these data are among the first to demonstrate associations between COVID-19 related fear and anxiety among college students. Although peer social support did not moderate these associations, there are potentially other factors that may buffer against the deleterious

impact of COVID-19 related fear and anxiety. These data highlight the need for immediate coordinated campus community responses to (1) attenuate COVID-19 related fear among college students and (2) assist college students in effectively coping with COVID-19 related fear.

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Table 1

Descriptive Statistics for Continuous Study Variables

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	Range
Anxiety (T2)	1,522	5.04	4.30	0-21
Anxiety (T1)	1,448	5.42	4.68	0-21
Fear of COVID-19	1,451	10.98	3.31	4-20
Home/apartment	1,532	2.24	0.94	1-5
On campus	1,465	3.35	1.18	1-5
Doing usual activities	1,530	2.72	1.07	1-5
Spending time with loved ones	1,519	2.67	1.12	1-5
Social Support	1,525	22.55	5.73	4-28

Table 2

Correlations among Continuous Variables

Variable	1	2	3	4
1. Anxiety (T2)	—			
2. Anxiety (T1)	.67*	—		
3. Fear of COVID-19	.22*	.21*	—	
4. Peer Support	-.13*	-.09*	-.16*	—

Note * $p < .05$.

Table 3

Results of Hierarchical Regression Predicting Current Anxiety Symptoms

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	R^2	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step 1						.11	.11*
Constant	2.93	- 0.15	6.00	1.57			
Age	0.04	-0.11	0.19	0.08	.01		
Gender (woman)	1.04*	0.50	1.58	0.27	.10		
Gender (TGD)	3.42*	2.01	4.83	0.72	.14		
Race (racial minority)	-0.65*	-1.15	-0.14	0.28	-.07		
Sexual identity (sexual minority)	2.64*	2.09	3.19	0.28	.26		
Step 2						.46	.35*
Constant	0.75	-1.67	3.15	1.22			
Age	0.04	-0.08	0.16	0.06	.01		
Gender (woman)	0.40	-0.02	0.82	0.22	.04		
Gender (TGD)	1.52*	0.40	2.63	0.57	.06		
Race (racial minority)	-0.57*	-0.96	-0.17	0.20	-.06		
Sexual identity (sexual minority)	0.66*	0.21	1.11	0.23	.06		
T1 anxiety	0.58*	0.55	0.62	0.02	.62		
Step 3						.46	.01*
Constant	0.39	-2.02	2.80	1.23			
Age	0.02	-0.10	0.14	0.06	.01		
Gender (woman)	0.32	-0.10	0.75	0.22	.03		
Gender (TGD)	1.45*	0.34	2.56	0.57	.06		
Race (racial minority)	-0.55*	-0.94	-0.16	0.20	-.06		
Sexual identity (sexual minority)	0.61*	0.16	1.06	0.23	.06		
T1 anxiety	0.57*	0.54	0.61	0.02	.62		
Fear of COVID-19	0.08*	0.03	0.14	0.03	.06		

Note: CI = confidence interval; *LL* = lower limit; *UL* = upper limit; TGD = transgender and gender diverse. * $p < .05$.

Table 4

Results of Regression Predicting Anxiety Examining Peer Support as a Moderator

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	R^2	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step 1						.11	.11*
Constant	2.95	-0.14	6.03	1.57			
Age	0.04	-0.12	0.19	0.08	.01		
Gender (woman)	1.04*	0.50	1.58	0.27	.10		
Gender (TGD)	3.42*	2.01	4.84	0.72	.14		
Race (racial minority)	-0.67*	-1.18	-0.16	0.26	-.07		
Sexual identity (sexual minority)	2.64*	2.09	3.19	0.28	.26		
Step 2						.46	.35*
Constant	0.78	-1.63	3.19	1.23			
Age	0.04	-0.08	0.16	0.06	.01		
Gender (woman)	0.40	-0.02	0.83	0.22	.04		
Gender (TGD)	1.52*	0.41	2.63	0.57	.06		
Race (racial minority)	-0.57*	-0.97	-0.18	0.20	-.06		
Sexual identity (sexual minority)	0.66*	0.20	1.11	0.23	.06		
T1 anxiety	0.58*	0.54	0.62	0.02	.63		
Step 3						.47	.01*
Constant	1.65	-0.87	4.17	1.29			
Age	0.02	-0.10	0.14	0.06	.01		
Gender (woman)	0.39	-0.03	0.82	0.22	.04		
Gender (TGD)	1.50*	0.40	2.61	0.56	.06		
Race (racial minority)	-0.59*	-0.98	-0.19	0.20	-.06		
Sexual identity (sexual minority)	0.63*	0.18	1.08	0.23	.06		
T1 anxiety	0.57*	0.53	0.61	0.02	.62		
Fear of COVID-19	0.07*	0.02	0.12	0.03	.05		
Peer support	-0.05*	-0.08	-0.02	0.02	-.07		
Step 4						.47	.00
Constant	0.85	-2.46	4.15	1.69			
Age	0.02	-0.11	0.13	0.06	.01		
Gender (woman)	0.39	-0.04	0.81	0.22	.04		
Gender (TGD)	1.48*	0.37	2.59	0.57	.06		
Race (racial minority)	-0.59*	-0.98	-0.19	0.20	-.06		
Sexual identity (sexual minority)	0.63*	0.18	1.09	0.23	.06		
T1 anxiety	0.57*	0.53	0.61	0.02	.62		
Fear of COVID-19	0.14	-0.06	0.35	0.10	.11		
Peer support	-0.01	-0.12	0.09	0.05	-.02		
Fear of COVID-19 x Peer support	-0.00	-0.01	0.01	0.00	-.07		

Note: CI = confidence interval; *LL* = lower limit; *UL* = upper limit; TGD = transgender and gender diverse. * $p < .05$.