2019 DELAWARE STATE EPIDEMIOLOGICAL PROFILE

SUBSTANCE USE AND RELATED ISSUES

CHAPTER 11: Adverse Childhood Experiences

prepared for

Director Elizabeth Romero and the
Delaware Division of Substance Abuse and Mental Health
&
The Delaware State Epidemiological Outcomes Workgroup

with funding from the
Strategic Prevention Framework - Partnerships for Success Program

Sponsored by Award SP020704 to the Division of Substance Abuse and Mental Health, Delaware Health and Social Services, from the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Please address all inquiries to Laura Rapp, PhD, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: lrapp@udel.edu.
Introduction:
The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, have received support from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) to establish a Statewide Epidemiological Outcomes Workgroup (SEOW). Some SEOWs, including Delaware’s, are incorporated as part of a SAMHSA Strategic Prevention Framework-State Incentive Grant (SPF-SIG) or Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant. The Division of Substance Abuse and Mental Health (DSAMH) in the Delaware Health and Social Services has been the recipient of an SPF-SIG grant and, more recently, of a SPF-PFS grant. The SEOW is a group of people and organizations in the state that have and use analytical data concerning drug and alcohol use and abuse and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance abuse prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance abuse and related behavioral problems to the forefront of the prevention planning process by pursuing the following goals:

- To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources
- To provide current benchmarks, trends, and patterns of substance abuse consumption and consequences
- To create data-guided products that inform prevention planning and policies
- To train agencies and communities in understanding, using, and presenting data effectively

This report, the Delaware State Epidemiological Profile, was developed by the SEOW to disseminate data for strategic planning, decision-making, and evaluation. Using indicators that are available on an ongoing basis, the report briefly describes Delaware-specific patterns of consumption, context, consequences, and trends of substance use, especially among young people.

Chapter 11 covers adverse childhood experiences in Delaware. To review the complete Delaware Epidemiological Profile, other chapters, or SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page.
SEOW Collaborators

*Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful for the support from Director Elizabeth Romero and the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.*

atTAcK Addiction

Christiana Care Health System

Delaware Academy of Medicine

Delaware Afterschool Network

Delaware Criminal Justice Council

Delaware Coalition Against Domestic Violence

Delaware Council on Gambling Problems

Delaware Courts - Office of the Child Advocate

Delaware Criminal Justice Information System

Delaware Department of Education

Delaware Department of Services for Children, Youth and their Families

Division of Prevention and Behavioral Health Services

Delaware Health and Social Services

Division of Medicaid and Medical Assistance

Division of Public Health

Division of Services for Aging and Adults with Physical Disabilities

Division of Substance Abuse and Mental Health

Delaware Information and Analysis Center

Delaware Multicultural and Civic Organization

Delaware Prevention Coalition

Delaware State Police

Department of Safety and Homeland Security

Division of Alcohol and Tobacco Enforcement

Division of Forensic Science
KIDS COUNT in Delaware, University of Delaware Center for Community Research & Service
La Esperanza Community Center
Latin American Community Center
Mental Health Association in Delaware
Nemours Health and Prevention Services
Office of Controlled Substances
  Delaware Division of Professional Regulation
  Delaware Prescription Monitoring Program
Open Door Inc.
Wesley College
West End Neighborhood House
University of Delaware
  Student Health & Wellness Promotion

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# Table of Contents

Delaware State Epidemiological Profile Overview ........................................ i

**Chapter 11: Adverse Childhood Experiences** ........................................ 1

  National Overview ............................................................................. 1
  Delaware Overview ........................................................................... 1
  Adverse Childhood Experiences ......................................................... 3
<table>
<thead>
<tr>
<th>Figure Number</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>160</td>
<td>Prevalence of ACEs among Delaware residents, 2015</td>
<td>3</td>
</tr>
<tr>
<td>161</td>
<td>Adults with dysfunctional household in family of origin, 2015</td>
<td>4</td>
</tr>
<tr>
<td>162</td>
<td>ACE exposure, poor health, mental health, substance use, 2015</td>
<td>5</td>
</tr>
<tr>
<td>163</td>
<td>ACEs among children in U.S. &amp; Delaware, 2016</td>
<td>6</td>
</tr>
<tr>
<td>164</td>
<td>Prevalence of ACEs in children in U.S. &amp; Delaware, 2016</td>
<td>7</td>
</tr>
<tr>
<td>165</td>
<td>ACEs among children in Del. by race &amp; ethnicity, 2016</td>
<td>8</td>
</tr>
<tr>
<td>166</td>
<td>ACEs among children in Del. by poverty status, 2016</td>
<td>9</td>
</tr>
<tr>
<td>167</td>
<td>Homelessness &amp; past-month substance use, HS, 2017</td>
<td>10</td>
</tr>
<tr>
<td>168</td>
<td>Homelessness &amp; mental health indicators, HS, 2017</td>
<td>10</td>
</tr>
<tr>
<td>169</td>
<td>Parental incarceration &amp; past-month substance use, 2017</td>
<td>11</td>
</tr>
<tr>
<td>170</td>
<td>Parental incarceration &amp; mental health indicators, 2017</td>
<td>11</td>
</tr>
<tr>
<td>171</td>
<td>Fighting &amp; substance use, past-month, 2017</td>
<td>12</td>
</tr>
<tr>
<td>172</td>
<td>Fighting &amp; mental health indicators, past-year, 2017</td>
<td>12</td>
</tr>
<tr>
<td>173</td>
<td>Threatened at school &amp; substance use, past-month, 2017</td>
<td>13</td>
</tr>
<tr>
<td>174</td>
<td>Threatened at school &amp; mental health, past-year, 2017</td>
<td>13</td>
</tr>
<tr>
<td>175</td>
<td>Bullying &amp; substance use, past-month, 2017</td>
<td>14</td>
</tr>
<tr>
<td>176</td>
<td>Bullying &amp; mental health indicators, past-year, 2017</td>
<td>14</td>
</tr>
<tr>
<td>177</td>
<td>Emotional dating violence &amp; substance use, past-month, 2017</td>
<td>15</td>
</tr>
<tr>
<td>178</td>
<td>Emotional dating violence &amp; mental health, past-year, 2017</td>
<td>15</td>
</tr>
<tr>
<td>179</td>
<td>Physical dating violence &amp; substance use, past-month, 2017</td>
<td>16</td>
</tr>
<tr>
<td>180</td>
<td>Physical dating violence &amp; mental health indicators, past-year, 2017</td>
<td>16</td>
</tr>
<tr>
<td>181</td>
<td>Sexual dating violence &amp; substance use, past-month, 2017</td>
<td>17</td>
</tr>
<tr>
<td>182</td>
<td>Sexual dating violence &amp; mental health indicators, past-year, 2017</td>
<td>17</td>
</tr>
<tr>
<td>183</td>
<td>Forced sexual contact (from partner) &amp; substance use, past-month, 2017</td>
<td>18</td>
</tr>
<tr>
<td>184</td>
<td>Forced sexual contact (from partner) &amp; mental health indicators, 2017</td>
<td>18</td>
</tr>
<tr>
<td>185</td>
<td>Forced sexual contact (anyone) &amp; substance use, past-month, 2017</td>
<td>19</td>
</tr>
<tr>
<td>186</td>
<td>Forced sexual contact (anyone) &amp; mental health indicators, 2017</td>
<td>19</td>
</tr>
<tr>
<td>187</td>
<td>Aggregated adverse childhood experiences by county and state, 2017</td>
<td>20</td>
</tr>
<tr>
<td>188</td>
<td>Adverse childhood experiences &amp; substance use, past-month, 2017</td>
<td>21</td>
</tr>
<tr>
<td>189</td>
<td>Adverse childhood experiences &amp; mental health indicators, 2017</td>
<td>22</td>
</tr>
</tbody>
</table>
Delaware State Epidemiological Profile Overview

Each year, the Center for Drug and Health Studies at the University of Delaware, the facilitator of the State Epidemiological Outcomes Workgroup (SEOW), releases the Delaware State Epidemiological Profile, a project funded under the federal Strategic Prevention Framework-Partnerships for Success initiative. This report (2019) highlights the most recently available data on substance use among various populations across both Delaware and nationwide. Its information is intended to help decision-makers and stakeholders across the state accomplish goals related to needs assessments, strategic planning, and evaluation.

In its entirety, this report includes the following chapters:

1. State Demographic Background
2. Tobacco and Electronic Cigarettes
3. Alcohol
4. Marijuana
5. Opioid Use and Other Trends
6. Other Illegal Drugs
7. Substance-Exposed Infants
8. Gambling
9. Mental Health
10. Persons with Disabilities (new to the report this year)
11. Adverse Childhood Experiences
12. Lesbian, Gay, Bisexual, and Questioning Youth
13. Transgender Youth
14. Protective Factors
Chapter 11: Adverse Childhood Experiences

National Overview

Adverse childhood experiences (ACEs) are traumatic events or conditions, such as abuse, neglect, homelessness, etc., that have been associated with toxic stress, health risk behaviors, and lifelong impacts. The research indicates that youth who experience significant traumas are likely to experience poorer health outcomes throughout their lifespan and even premature death. The number of ACES that an individual experiences has an accumulated impact; a recent analysis indicates that individuals who experience six or more ACES have a shorter life expectancy by up to 20 years. However, the presence of a supportive and caring adult has been associated with higher rates of resiliency among those who’ve experienced childhood trauma. In short, without intervention and support, children who experience traumatic events are likely to have increased health problems throughout their lives—lives that are likely to be shorter than the lives of others (Centers for Disease Control and Prevention [CDC], n.d.).

In the original ACEs study, conducted in the mid-90s, more than 17,000 adults in an outpatient healthcare setting were asked to report on their childhood experiences regarding the following 10 indicators:

- Emotional, Physical, Sexual Abuse
- Emotional and Physical Neglect
- Parental Divorce/Separation
- Living in a Household with a Person Who Has a Mental Illness
- Living in a Household with a Person Who Abuses Substances
- Parental Incarceration
- Exposure to Domestic Violence

Nearly two out of three respondents reported experiencing one or more ACE, with one in eight participants experiencing four or more (Kaiser/CDC, n.d.). Since then, various researchers have examined additional indicators, such as bullying, discrimination, economic hardship, and violence within the community (as distinct from domestic violence). The more ACEs an individual experiences, the greater the likelihood he or she will experience poorer health status (Hussaini et al., 2016).

Delaware Overview

In 2015, the Delaware Public Health Institute conducted the Delaware Household Health Survey, which asked respondents about their experiences with childhood trauma. When considering the original 10 ACE indicators, half of adults in Delaware reported experiencing one or more ACE, with 13.8% reporting four or more. The most commonly identified ACEs were parental divorce or separation (31.7%), followed by living in a household with someone who had abused substances (20.6%). When factoring in being bullied and/or experiencing discrimination (two indicators added to the Delaware survey), 59% of adults reported having at
least one ACE, with 16% reporting four or more (Public Health Management Corporation, 2016). In October 2018, Governor Carney issued an Executive Order (Executive Order 24) to establish Delaware as a “trauma-informed state.”

For the second time, in an effort to assess the prevalence of ACEs among youth, the 2016 National Survey of Children’s Health (NSCH) included a number of indicators relating to trauma and resiliency within the household. However, the survey, administered to parents who report on the health of their children, did not include questions on abuse or neglect. As in 2011-2012, the 2016 cohort indicates that 48% of children in Delaware experience at least one ACE, most commonly divorced/separated parents (25%) and economic hardship (23%). The third most common ACE, which impacts one in 10 children in Delaware, is parental incarceration. Findings suggest that nearly 8% of Delaware youth live with someone in the household who suffers from a mental illness, and the same number live with a household member who has a drug or alcohol problem. Almost one in four experience one ACE, and more than one in five are exposed to 2 or more (Hussaini, 2017).

The CDC Youth Risk Behavior Survey (YRBS), administered to a sample of Delaware students in odd-numbered years, includes a number of questions that address trauma, such as parental incarceration, being bullied, and exposure to various types of violence. Because the YRBS also includes questions regarding substance use and mental health, the data provides us an opportunity to explore the association between trauma and a spectrum of risk behaviors. The results of the 2017 YRBS again illustrate that youth who report experiencing trauma have higher rates of all substance use, as well as symptoms of depression, including self-harm and suicide attempts. For example, high school students who experience homelessness are nearly twice as likely to be current alcohol drinkers (46%) than students who were not homeless (28%) and six times as likely to abuse prescription pain killers in the past month (30% compared to 5%). They are also at greater risk for symptoms of depression than those who are not homeless (36% compared to 27%) and four times as likely to have attempted suicide within the past year (24% compared to 6%). As illustrated by the following graphs, these patterns are extremely similar when we consider all types of trauma.

By examining these associations, policy analysts and practitioners can begin to consider how early interventions and universally employed, trauma-informed approaches may improve lifelong health consequences and the associated costs for individuals, families, and society.
Adverse Childhood Experiences

ACEs have lifelong consequences with regard to substance use and risk behavior. In 2015, the Delaware Public Health Institute conducted a household survey of Delaware adults and found that more than half of Delaware residents (n=2,506) have experienced one or more ACEs in their lifetime.

Figure 160: Prevalence of ACEs among Delaware residents, 2015
Source: “2015 Delaware Household Health Survey (DHHS).” The Delaware Public Health Institute.

Back to table of figures
Delaware Household Health Survey
Delaware Adults 18 and Older
Who Indicated Having a Dysfunctional Household, 2015
(in percentages)

Figure 161: Adults with dysfunctional household in family of origin, 2015
Source: “2015 Delaware Household Health Survey (DHHS).” The Delaware Public Health Institute.

Back to table of figures
Adverse Childhood Experiences and Health

Figure 162: ACE exposure, poor health, mental health, substance use, 2015
Sources: “2015 Delaware Household Health Survey (DHHS).” The Delaware Public Health Institute.

Back to table of figures
Adverse Childhood Experiences among Children
0-17 Years of Age in the U.S. and Delaware, 2016

Figure 163: ACEs among children in U.S. & Delaware, 2016
Source: National Survey of Children's Health (NSCH), 2016. *Adverse Childhood Experiences (ACE)
Figure 164: Prevalence of ACEs in children in U.S. & Delaware, 2016
Source: National Survey of Children's Health (NSCH), 2016. *Adverse Childhood Experiences (ACE)

Back to table of figures
Figure 165: ACEs among children in Del. by race & ethnicity, 2016
Source: National Survey for Children's Health (NSCH), 2016

Back to table of figures
Adverse Childhood Experiences (ACE) Among Children 0-17 Years of Age in Delaware by Poverty Status, 2016

Figure 166: ACEs among children in Del. by poverty status, 2016
Source: National Survey for Children’s Health (NSCH), 2016

Back to table of figures
2017 High School Youth Risk Behavior Survey
Homelessness and Past-Month Substance Use among Delaware High School Students (in percentages)

Figure 167: Homelessness & past-month substance use, HS, 2017

Homelessness and Past-Year Mental Health among Delaware High School Students (in percentages)

Figure 168: Homelessness & mental health indicators, HS, 2017

Note: \( ^a \) “Homeless” defined here as usually sleeping anywhere other than at home with parents/guardians

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

<table>
<thead>
<tr>
<th>Homelessness(^a): Where Do You Typically Sleep at Night? (in percentages)</th>
<th>At Home with your Parents/Guardian</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>95</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>98</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>4</td>
</tr>
</tbody>
</table>

Back to table of figures

Chapter 11-10
2017 High School Youth Risk Behavior Survey
Parental Incarceration and Past-Month Substance Use
(in percentages)

![Graph showing parental incarceration and past-month substance use](image)

Figure 169: Parental incarceration & past-month substance use, 2017

Parental Incarceration and Past-Year Mental Health (in percentages)

![Graph showing parental incarceration and past-year mental health](image)

Incarceration: In the Past Year, Has Either Your Mother or Father Been Incarcerated? (in percentages)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>93</td>
<td>7</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>91</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>8</td>
</tr>
</tbody>
</table>

Figure 170: Parental incarceration & mental health indicators, 2017

Unweighted data

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

Back to table of figures
### 2017 High School Youth Risk Behavior Survey

#### Fighting and Past-Month Substance Use (in percentages)

![Bar chart showing past-month substance use.]

- Past 30 Day Alcohol Use: 47% fought, 25% did not.
- Past 30 Day Cigarette Use: 17% fought, 4% did not.
- Past 30 Day Marijuana Use: 48% fought, 19% did not.
- Past 30 Day Prescription Drug Use: 16% fought, 3% did not.

**Figure 171: Fighting & substance use, past-month, 2017**

#### Fighting and Past-Year Mental Health (in percentages)

![Bar chart showing past-year mental health indicators.]

- Depressed for Two Weeks: 39% fought, 25% did not.
- Self-Harm: 25% fought, 12% did not.
- Attempted Suicide: 15% fought, 5% did not.

**Exposure to violence indicators (in percentages)**

<table>
<thead>
<tr>
<th></th>
<th>I have been in a fight in the past year</th>
<th>I have been threatened or injured with a weapon on school property in the past 12 months</th>
<th>I have been bullied on school property in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>24</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>5</td>
<td>14</td>
</tr>
</tbody>
</table>

**Figure 172: Fighting & mental health indicators, past-year, 2017**

**Note:** Unweighted data

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

[Back to table of figures](#)
2017 High School Youth Risk Behavior Survey
Threatened at School and Past-Month Substance Use (in percentages)

Figure 173: Threatened at school & substance use, past-month, 2017

Threatened at School and Past-Year Mental Health (in percentages)

Figure 174: Threatened at school & mental health, past-year, 2017

Note:
Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

Back to table of figures

Chapter 11-13
2017 High School Youth Risk Behavior Survey
Bullying and Past-Month Substance Use

![Graph showing the relationship between bullying and substance use.](image1)

Figure 175: Bullying & substance use, past-month, 2017

Bullying and Past-Year Mental Health

![Graph showing the relationship between bullying and mental health indicators.](image2)

Figure 176: Bullying & mental health indicators, past-year, 2017

Note:
Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

[Back to table of figures]
2017 High School Youth Risk Behavior Survey
Emotional Teen Dating Violence and Past-Month Substance Use
(in percentages)

Figure 177: Emotional dating violence & substance use, past-month, 2017

Emotional Teen Dating Violence and Past-Year Mental Health
(in percentages)

Figure 178: Emotional dating violence & mental health, past-year, 2017

Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS),” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

Back to table of figures
2017 High School Youth Risk Behavior Survey
Physical Teen Dating Violence and Past-Month Substance Use
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Have experienced physical dating violence</th>
<th>Have NOT experienced physical dating violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 30 Day Alcohol Use</td>
<td>52</td>
<td>28</td>
</tr>
<tr>
<td>Past 30 Day Cigarette Use</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Past 30 Day Marijuana Use</td>
<td>55</td>
<td>22</td>
</tr>
<tr>
<td>Past 30 Day Prescription Drug Use</td>
<td>30</td>
<td>4</td>
</tr>
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</table>

Figure 179: Physical dating violence & substance use, past-month, 2017

Physical Teen Dating Violence and Past-Year Mental Health
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Have experienced physical DV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed for Two Weeks</td>
<td>58</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>42</td>
</tr>
<tr>
<td>Attempt Suicide</td>
<td>28</td>
</tr>
</tbody>
</table>

Figure 180: Physical dating violence & mental health indicators, past-year, 2017

Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

Back to table of figures
2017 High School Youth Risk Behavior Survey
Sexual Teen Dating Violence and Past-Month Substance Use (in percentages)

Figure 181: Sexual dating violence & substance use, past-month, 2017

Sexual Teen Dating Violence and Past-Year Mental Health (in percentages)

Figure 182: Sexual dating violence & mental health indicators, past-year, 2017

Unweighted data
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS),” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

Back to table of figures

Chapter 11-17
2017 Youth Risk Behavior Survey
Forced Sexual Contact and Past-Month Substance Use (in percentages)

Forced sexual contact (TDV) and past month substance use

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Males who have been forced to have sexual contact</th>
<th>Females who have been forced to have sexual contact</th>
<th>Males who have NOT been forced to have sexual contact</th>
<th>Females who have NOT been forced to have sexual contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 30 Day Alcohol Use</td>
<td>54</td>
<td>44</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Past 30 Day Cigarette Use</td>
<td>40</td>
<td>19</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Past 30 Day Marijuana Use</td>
<td>55</td>
<td>41</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td>Past 30 Day Prescription Drug Use</td>
<td>41</td>
<td>41</td>
<td>17</td>
<td>5</td>
</tr>
</tbody>
</table>

Figure 183: Forced sexual contact (from partner) & substance use, past-month, 2017

Forced Sexual Contact and Past-Year Mental Health (in percentages)

<table>
<thead>
<tr>
<th>Mental Health Indicators</th>
<th>Males who have been forced to have sexual contact</th>
<th>Females who have been forced to have sexual contact</th>
<th>Males who have NOT been forced to have sexual contact</th>
<th>Females who have NOT been forced to have sexual contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed for Two Weeks</td>
<td>46</td>
<td>70</td>
<td>16</td>
<td>33</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>43</td>
<td>50</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Attempt Suicide</td>
<td>35</td>
<td>30</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure 184: Forced sexual contact (from partner) & mental health indicators, 2017

Forced Sexual Intercourse and Contact (in percentages)

<table>
<thead>
<tr>
<th>Did someone you were dating or going out with force you to do sexual things you did not want to do?</th>
<th>Have you ever been physically forced to have sexual intercourse when you did not want to?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
</tr>
</tbody>
</table>

Figure 184: Forced sexual contact (from partner) & mental health indicators, 2017

Note:
Unweighted data; sexual things refer to kissing, touching, or being physically forced to have sexual intercourse
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

Back to table of figures
Forced Sexual Contact and Past-Month Substance Use
(in percentages)

![Bar chart showing forced sexual contact and substance use](chart1.png)

Figure 185: Forced sexual contact (anyone) & substance use, past-month, 2017

Forced Sexual Contact and Past-Year Mental Health
(in percentages)

![Bar chart showing forced sexual contact and mental health](chart2.png)

Figure 186: Forced sexual contact (anyone) & mental health indicators, 2017

Note:
Unweighted data; sexual things refer to kissing, touching, or being physically forced to have sexual intercourse

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).
### 2017 High School Youth Risk Behavior Survey

**Aggregated Adverse Childhood Experiences \(^a\)**

**By County and State (in percentages)**

<table>
<thead>
<tr>
<th></th>
<th>0 ACEs</th>
<th>1 ACE</th>
<th>2 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>57</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>60</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>54</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td><strong>New Castle</strong></td>
<td>57</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>61</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>54</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td><strong>Kent</strong></td>
<td>57</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>57</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>56</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td><strong>Sussex</strong></td>
<td>55</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>59</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>52</td>
<td>24</td>
<td>25</td>
</tr>
</tbody>
</table>

**Figure 187:** Aggregated adverse childhood experiences by county and state, 2017

**Notes:**

\(^a\) Students who confirmed experiencing any of the events above such as homelessness, incarcerated parent, fighting, being threatened, being bullied, or teen dating violence or sexual violence, were placed in either “1 ACE” or “2 or More ACEs” category depending on the number of different experiences they reported.

Unweighted data

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS).” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).

[Back to table of figures]
**2017 High School Youth Risk Behavior Survey**  
**ACEs\(^a\) and Past-Month Substance Use**  
(in percentages)

![Aggregated ACEs and past month substance use](chart.png)

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Past-30-Day Cigarette Use</th>
<th>Past-30-Day Alcohol use*</th>
<th>Past-30-Day Marijuana Use*</th>
<th>Past-30-Day Pain Killer Use without a Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 ACEs</td>
<td>3</td>
<td>22</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>1 ACE</td>
<td>6</td>
<td>33</td>
<td>31</td>
<td>5</td>
</tr>
<tr>
<td>2 or more ACEs</td>
<td>17</td>
<td>45</td>
<td>43</td>
<td>17</td>
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</tbody>
</table>

Figure 188: Adverse childhood experiences & substance use, past-month, 2017  
**Notes:**  
Unweighted data  
\(^a\)Students who confirmed experiencing any of the events above such as homelessness, fighting, being threatened, being bullied, or experience teen dating violence or sexual violence, were placed in either “1 ACE” or “2 or More ACEs” category depending on the number of different experiences they reported.  
Source: “2017 Delaware Youth Risk Behavior Survey (YRBS),” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).
2017 Youth Risk Behavior Survey
ACEs\textsuperscript{a} and Past-Month Self-Reported Mental Health
(in percentages)

![Aggregated ACEs and past month mental health graph]

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Depressed for Two Weeks</th>
<th>Self-Harm</th>
<th>Attempt Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 ACEs</td>
<td>15</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>1 ACE</td>
<td>33</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>2 or more ACEs</td>
<td>54</td>
<td>35</td>
<td>20</td>
</tr>
</tbody>
</table>

Figure 189: Adverse childhood experiences & mental health indicators, 2017

Notes:
Unweighted data

\textsuperscript{a} Students who confirmed experiencing any of the events above such as homelessness, fighting, being threatened, being bullied, or experience teen dating violence or sexual violence, were placed in either “1 ACE” or “2 or More ACEs” category depending on the number of different experiences they reported.

Source: “2017 Delaware Youth Risk Behavior Survey (YRBS),” Centers for Disease Control and Prevention (Administered by the Center for Drug and Health Studies, University of Delaware).
Adverse Childhood Experiences
Center for Disease Control and Prevention. (n.d.). *Adverse Childhood Experiences (ACEs)*
Retrieved February 21, 2017 from https://www.cdc.gov/violenceprevention/acesstudy/


## Data Sources for the 2019 Delaware State Epidemiological Profile

<table>
<thead>
<tr>
<th>Data Instrument</th>
<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
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<tbody>
<tr>
<td>Data Base/Diagnostics Plus</td>
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<td>Delaware Annual Traffic Statistical Report</td>
<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
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<td>Delaware Criminal Justice Information System (DELIJS)</td>
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<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>DE Division of Public Health (sponsored by the CDC)</td>
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<td>Delaware Household Health Survey</td>
<td>Delaware Public Health Institute</td>
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<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>Delaware Office of Controlled Substance, Division of Professional Regulation</td>
<td>2017</td>
<td>2013 - 2017</td>
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<td>Delaware School Survey (DSS) – 5th, 8th, and 11th grades</td>
<td>Center for Drug and Health Studies, UD</td>
<td>2018</td>
<td>1995 - 2016</td>
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<td>Delaware Youth Risk Behavior Survey (YRBS) – High School</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health and the CDC)</td>
<td>2017</td>
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<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>Center for Drug and Health Studies, UD (sponsored by Nemours)</td>
<td>2017</td>
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<td>Department of Public Instruction</td>
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<td>Monitoring the Future</td>
<td>University of Michigan</td>
<td>2018</td>
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<td>National Poisoning Data System</td>
<td>American Association of Poison Control Centers</td>
<td>2014</td>
<td>2012-2017</td>
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<tr>
<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
<td>2017</td>
<td></td>
</tr>
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</table>
In addition to the data sources for the figures and tables in the 2019 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- Delaware Health Tracker
- Health Resources and Services Administration
- Kaiser Family Foundation
- PolicyMap
- Prescription Behavior Surveillance System at Brandeis University
- Tobacco21.org
- U.S. Department of Health and Human Services
- U.S. Census Bureau