Adverse Childhood Experiences (ACEs)

The 2021 Delaware Epidemiological Profile

Substance Use, Mental Health, and Related Issues

prepared for

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

The annual Delaware Epidemiological Profile is a publication of the Delaware State Epidemiological Outcomes Workgroup (SEOW) project. Funding for the SEOW has been provided by the Department of Health and Social Services, Division of Substance Abuse and Mental Health through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). 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.
All states, including Delaware, 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). The Division of Substance Abuse and Mental Health (DSAMH) in the Department of Health and Social Services initially supported the SEOW through SAMHSA Strategic Prevention Framework grants and continues to sponsor the SEOW with SAMHSA funding. The SEOW is facilitated by a team at the Center for Drug and Health Studies at the University of Delaware that convenes a network of representatives from over 50 State and nonprofit agencies, community organizations, advocacy groups, and other entities. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), the SEOW’s mission is to bring data on behavioral health and associated issues to the forefront of prevention and treatment 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 and treatment planning and policies;
- To train agencies and communities in understanding, using, and presenting data effectively.

The annual Delaware State Epidemiological Profile is a valuable data resource for strategic planning, decision-making, and evaluation. Using data that are available on an ongoing basis, the report highlights indicators of mental health and wellbeing, patterns of substance use and its consequences, and risk and protective factors for people in Delaware. The report also highlights crosscutting issues that warrant attention as well as populations that may experience disproportionate risk for these concerns.

This chapter provides an overview of adverse childhood experiences (ACEs) in Delaware. To review the complete report, slides, infographics, and other SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page. Video recordings of select SEOW presentations referenced in this report are also available online.
SEOW Collaborators

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

atTAcK Addiction
Bellevue Community Center
Christiana Care Health System
Colonial School District
Delaware Academy of Medicine/Delaware Public Health Association
Delaware Afterschool Network
Delaware Center for Justice
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Council
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 Department of 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 Department of Safety and Homeland Security
  Delaware State Police
  Division of Alcohol and Tobacco Enforcement
  Division of Forensic Science
Delaware Department of State
  Delaware Office of Controlled Substances
    Division of Professional Regulation, Prescription Monitoring Program
Delaware Domestic Violence Coordinating Council
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Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Delaware State Board of Education
Holcomb BHS/Open Door, Inc.
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
Milford School District
NAMI Delaware
Nemours Health and Prevention Services
New Castle County Police Department
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sun Behavioral Delaware
Sussex County Health Coalition
Transitions Delaware
Trauma Matters Delaware
United Way of Delaware
University of Delaware
College of Health Sciences
College of Arts and Sciences
Partnership for Healthy Communities
Student Health & Wellness Promotion
Wesley College
West End Neighborhood House
Wilmington University

SEOW Facilitator Team at the University of Delaware Center for Drug and Health Studies: Cheryl Ackerman, Jessica Arnold, Rochelle Brittingham, David Borton, Darryl Chambers, Miller Finkelstein, Bill Gratton, Stephanie Ha, James Highberger, Dana Holz, Steve Martin, Sharon Merriman-Nai, Dan O’Connell, Laura Rapp, Rachel Ryding, Meisje Scales, Rachael Schilling, Eileen Sparling, Wenjin Wang.

If your organization is interested in becoming an SEOW Collaborator, please contact Meisje Scales at: mjscales@udel.edu.
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Notes on Data Reporting and Interpretation

In order to protect the anonymity of respondents and to ensure that the data reported meet certain statistical standards, the Center for Drug and Health Studies (CDHS) at the University of Delaware has established a set of guidelines for reporting and interpreting data from surveys that it administers to students across the state. As a result, in the Delaware State Epidemiological Profile, data in some tables and figures may be aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report and provide an overview of changes relevant to this year:

- **Reporting small numbers:** For any estimate where the raw number of responses is less than 30, no statistical estimates are reported. Statistics computed from such a small proportion of the total number of students may be unreliable, inflating the significance of existing relationships in the data, and among some special populations, may put individuals at risk of being identified. In some data products such as our heat maps, multiple years of data have been combined in order to increase the sample sizes to a reportable figure.

- **Rounding:** All figures from Delaware School Survey (DSS) are rounded to the nearest whole percent. As such, in some cases the cells in a table may add up to slightly more or less than 100%.

- **Missing Observations:** In our analysis, any missing observations (responses) are not calculated into the total percentages. Because different questions have varying numbers of missing responses, the total sample size and percent missing may fluctuate slightly from question to question. This is due to a few factors:
  - Students may not answer all questions on a survey, particularly those towards the end if they run out of time or they tire of answering questions.
  - Students may also skip or decide not to respond to certain questions for various reasons (e.g., if they fear their responses will not be kept confidential; if they consider the question too personal or sensitive; if they do not understand the question; etc.)

- **Discrepancies in Reporting:** In some instances, there may be slight differences in estimates reported by the Center for Drug and Health Studies compared to those reported by other state or federal entities for the same data source. In most cases this is due to differing practices in rounding or handling missing observations in the data and does not substantially impact the overall prevalence estimates, trends, and relationships among these data points.

- **Statistical Significance:** Unless otherwise indicated, all reported correlations between variables are statistically significant at the p<.05 level. Null hypothesis testing, used to estimate statistical significance, provides an estimate of the likelihood that the relationship between two indicators is not due to random chance. If the p-value for a given crosstab is less than .05, this suggests that in 95% of cases, the correlation between the relevant variables is because there is a relationship between them.
• **Weighted Data:** Weighting data is a correction technique that compensates for nonresponses, helps correct for unequal probabilities of being selected within the sample, and helps ensure that the sample drawn is representative of the Delaware student population. If data is weighted, there will be a notation indicating the data is weighted for the specific fact, figure, or table.
  
  o **A note about 2019 Youth Risk Behavior Survey (YRBS) Data:** In previous years, Delaware received weighted Delaware YRBS survey data from the CDC for both middle and high school samples. However, during the 2019 administration, participation rates for the Delaware high school survey did not meet the required threshold for weighting the data. Therefore, this report only includes 2019 middle school findings from the YRBS. Whenever available, trend data from the CDC Youth Online Data Portal is also reported. Additional high school YRBS data from previous years may be requested by following the Delaware Division of Public Data Information & Request Process.

• **Pandemic Impacts on Data Collection:** In 2020, the advent of the COVID-19 pandemic and subsequent school closures and shifts to remote learning greatly impacted our ability to collect school survey data. As a result, in 2020, we are unable to report any data from the Youth Tobacco Survey (YTS) for middle or high school, or from the Delaware School Survey (DSS) for 5th and 11th graders. We are, however, able to report figures from the 8th grade Delaware School Survey, based on responses from 3,799 respondents.
1. Adverse Childhood Experiences (ACEs)

National Overview

Adverse childhood experiences (ACEs) are traumatic events or conditions, such as abuse, neglect, homelessness, and living with family members who have severe mental health or substance use problems. ACEs have been associated with toxic stress that impacts brain function and may impair coping, learning, and development (Trauma Matters Delaware, n.d.; Center on the Developing Child, Harvard University, n.d.). Research indicates that youth who experience significant traumas are at risk to experience poorer health outcomes throughout their lifespan. The number of ACES that an individual experiences has an accumulated impact, with some research indicating that individuals who experience six or more ACES have a shorter life expectancy by up to 20 years (Brown et al., 2009). However, the presence of a supportive and caring adult has been associated with higher rates of resilience among those who have 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 (Felitti et al., 1998), 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

Adverse childhood experiences (ACEs) have been associated with negative health outcomes throughout the lifespan.

On various surveys, as many as 2 out of 3 adults and youths in Delaware report having experienced at least 1 ACE.

Adults in Delaware who report experiencing ACEs are more likely to report current symptoms of depression and rates of smoking. Delaware youth who report experiencing trauma are more likely to report using substances as well as symptoms of depression and anxiety.
Nearly two out of three respondents reported experiencing one or more ACE, with one in eight participants experiencing four or more (CDC, n.d.). Since then, various researchers have examined additional indicators, such as bullying, discrimination, economic hardship, racism, and violence within the community (Fink, 2016; Pachter et al., 2017). More recently, the Behavioral Risk Factor Surveillance System (BRFSS) data collected across 25 states from 2015 to 2017 indicates that nearly six in ten individuals in the U.S. experienced at least one ACE, and that one in six (15.6%) experienced four or more (Merrick et al., 2019). The more ACEs an individual experiences, the greater the likelihood he or she will experience poorer health status (Hussaini et al., 2016).

**Delaware Overview**

To address this public health challenge, in 2018 Governor John Carney issued Executive Order 24 to establish Delaware as a “trauma-informed state” to mitigate the impact of childhood adversities and foster resilience at the individual, family, and community levels. First Lady Tracey Quillen Carney initiated the Trauma-Informed Delaware coalition bringing together public, private, and non-profit organizations. Subsequently, the Family Services Cabinet Council’s Trauma-Informed Care Progress Report and Action Plan was released, and Delaware’s inaugural Trauma Awareness Month was observed in May 2019 with a statewide symposium, multiple advocacy events, and the Compassionate Champion Awards. Since then, stakeholders have collaborated to develop a blueprint and a series of work groups have been established to advance the progress of becoming a trauma-informed state. More recently, Trauma Matters Delaware (TMD), formerly a steering group of advocates, reorganized to become a nonprofit backbone organization seeking to coordinate and leverage efforts to reduce trauma and enhance resilience.

Available data suggest that Delawareans experience rates of childhood adversity similar to national rates. In 2015, the Delaware Public Health Institute conducted the Delaware Household Health Survey, which asked adult respondents about their experiences with childhood trauma. Half of adults in Delaware reported experiencing one or more of the original ACEs, 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 with a substance use disorder (20.6%). When factoring in being bullied and/or experiencing discrimination (two

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1 According to the Trauma Matters Delaware (TMD) website, “Trauma informed care is an intentional approach to understanding and interacting with people who have or may be experiencing trauma. It assumes that most people are likely to have at least one traumatic event at some point in their lives and that, for some, this impacts the way they perceive the world and engage with others….By asking ‘what happened to you?’ rather than ‘what’s wrong with you?’ trauma informed approaches foster accepting and supportive environments that can minimize the impact of traumatic events and prevent re-traumatization....”. The TMD website provides more information on the guiding principles of and resources for these approaches.
indicators added to the survey), 59% of adults reported having at least one ACE, with 16% reporting four or more (Public Health Management Corporation, 2016; Fink, 2016).

For the first time in 2019, the Delaware Division of Public Health (DPH) included the optional ACEs module in the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) survey. In July 2021, Dr. Khaleel Hussaini presented highlights of the BRFSS ACEs data to the State Epidemiological Outcomes Workgroup (SEOW). BRFSS findings reveal that ACEs are common in Delaware; approximately two out of three adults experienced at least one ACE, with 43.3% experiencing two or more. Similar to the Delaware Household Health Survey, the most common adversity reported was living with divorced or separated parents (28.5%), followed by living with a problem drinker (23.5%), exposure to domestic violence (18%), and living with someone with a mental illness (17.3%). Approximately one in 10 adults reported they had been physically abused by a parent or touched sexually as a child (11% and 10.1%, respectively). Nearly 9% reported that a household member had been incarcerated during their childhood. Female respondents were more likely to have had exposure to two or more ACEs than male respondents. Notable health outcomes associated with exposure to one or more ACE include: fair or poor health status among female respondents; current depression and current smoking among both female and male respondents; and current heavy drinking among male respondents. (Hussaini, K. & Delaware Division of Public Health, 2021.)

In terms of youth data, since 2011 the National Survey of Children’s Health (NSCH) has included a number of indicators relating to trauma and resiliency within the household. The survey, administered to parents who report on the health of their children, does not include questions on abuse or neglect. NSCH 2016-2019 data includes an aggregate sample of 2,485 parent respondents. Dr. Hussaini presented ACEs highlights from the NSCH at the January 2021 SEOW meeting which indicated that approximately 43% of children in Delaware experience at least one ACE, most commonly having divorced/separated parents or economic hardship. The third most common ACE is living with a person with a substance use disorder, followed by parental incarceration. Parents report that 6.1% of children have been treated unfairly because of race, one of several indicators on the rise, including parental divorce and separation, parent or guardian death, and having been the victim of violence. More than one in five (21.9%) of Delaware youth have been exposed to two or more ACEs. There are certain groups who experience higher rates of ACEs, including youth who are Black (non-Hispanic), whose parents were born outside of the US, who are poor, or who have special healthcare needs. Conversely, children in families with high levels of resilience were less likely to have been exposed to multiple ACEs (Hussaini, 2021).

The Delaware School Survey (DSS) includes a number of questions that address trauma, such as parental incarceration, exposure to various types of violence, and parental substance use and

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2 Dr. Hussaini is a CDC senior scientist and epidemiologist serving as a Maternal and Child Health Assignee to the Delaware Department of Health and Social Services, Division of Public Health.

3 For more on the NSCH Family Resilience Index, please see Chapter 13 of this report, Protective Factors.
mental illness. Because the survey also includes questions regarding student substance use and mental health, the data provides us with an opportunity to explore the association between traumatic experiences and a spectrum of risk behaviors and other experiences. Two out of three 8th graders who responded to the 2020 DSS reported experiencing at least one ACE, and nearly one in four revealed having exposure to three or more. Most commonly, students reported being bullied (30%), being hit by another teen (25%), living with someone with a substance use disorder (24%), witnessing violence at home (22%), and living with someone with mental illness (22%). The results of the 2020 DSS illustrate that youth who report experiencing trauma have higher rates of all substance use, as well as symptoms of depression. Students who experience multiple ACEs have even greater rates of substance use or mental health concerns.4

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.

To view the slides on ACEs data presented to the SEOW network, please visit the SEOW Presentations page of the Center for Drug and Health Studies website. Recordings of the presentations are also available for viewing. For a discussion on protective factors that help to reduce risk behaviors and promote resilience, please see Chapter 13 Protective Factors of this report.

4 It is important to note that while there is a statistical association between these factors, this does not necessarily mean that there is a causal relationship between these variables in every instance, and there may be additional unobserved indicators that also influence the outcome. This holds true for all of the associations discussed in this chapter.
2019 Delaware Behavior Risk Factor Surveillance System (BRFSS)

Prevalence of ACEs Stratified by Sex and Age

Figure 1: ACEs prevalence among adults in Delaware, by sex and age, 2019

Note: Weighted percent with 95% confidence intervals.
Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. Adverse Childhood Experiences in Delaware, 2019. [Presentation], 2021

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2019 Delaware Behavior Risk Factor Surveillance System (BRFSS)

Figure 2: ACEs exposure and depression, smoking, and heavy drinking

<table>
<thead>
<tr>
<th>Adverse Childhood Experience (ACE)</th>
<th>Sample Size* (n)</th>
<th>Percent^ (95%CI)</th>
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<tr>
<td><strong>Household Dysfunction</strong></td>
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<tr>
<td>Live with anyone depressed, mentally ill, or suicidal?</td>
<td>484</td>
<td>17.3 (15.3-19.4)</td>
</tr>
<tr>
<td>Live with a problem drinker/alcoholic?</td>
<td>705</td>
<td>23.5 (21.3-25.7)</td>
</tr>
<tr>
<td>Live with anyone who used illegal drugs or abused prescriptions?</td>
<td>315</td>
<td>12.5 (10.6-14.3)</td>
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<tr>
<td>Live with anyone who served time in prison or jail?</td>
<td>215</td>
<td>8.9 (7.2-10.6)</td>
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<tr>
<td>Were your parents divorced/separated?</td>
<td>804</td>
<td>28.5 (26.1-30.9)</td>
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<tr>
<td>How often did your parents beat each other up?</td>
<td>533</td>
<td>18.0 (16.0-20.0)</td>
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<td><strong>Physical Abuse</strong></td>
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<td>How often did a parent physically hurt you in any way?</td>
<td>408</td>
<td>11.0 (9.5-12.4)</td>
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<td><strong>Emotional Abuse</strong></td>
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<td></td>
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<tr>
<td>How often did a parent swear at you?</td>
<td>505</td>
<td>13.0 (11.5-14.5)</td>
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<td><strong>Sexual Abuse</strong></td>
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</tr>
<tr>
<td>How often did anyone ever touch you sexually?</td>
<td>349</td>
<td>10.1 (8.6-11.5)</td>
</tr>
<tr>
<td>How often did anyone make you touch them sexually?</td>
<td>275</td>
<td>8.2 (6.8-9.6)</td>
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<tr>
<td>How often did anyone ever force you to have sex?</td>
<td>173</td>
<td>4.8 (3.8-5.8)</td>
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Notes: Delaware Department of Health Services, Division of Public Health, BRFSS, 2019
*Unweighted sample size
^Weighted percentage with 95% confidence intervals (CI)
Number/Percent responding “Yes” and excludes DK/NS/Refused

Figure 3: ACEs prevalence by type among adults in Delaware, 2019

Adverse Childhood Experiences in Delaware, 2019. [Presentation], 2021

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Figure 4: Adverse childhood experiences, by specific indicator, Delaware and National comparisons, ages 0-17

Note: Adverse Childhood Experiences – ACE 1: Hard to Cover Basics Like Food or Housing; ACE 2: Child Experienced - Parent or Guardian Divorced; ACE 3: Child Experienced - Parent or Guardian Died; ACE 4: Child Experienced - Parent or Guardian Time in Jail; ACE 5: Child Experienced - Adults Slap, Hit, Kick, Punch Others; ACE 6: Child Experienced - Victim of Violence; ACE 7: Child Experienced - Lived with Mentally Ill; ACE 8: Child Experienced - Lived with Person with Alcohol/Drug Problem; ACE 9: Child Experienced - Treated Unfairly Because of Race.

Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. Adverse Childhood Experiences in Delaware, 2019. [Presentation], 2021

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Figure 5: Adverse childhood experiences, aggregated, Delaware, ages 0-17

Note: Adverse Childhood Experiences – ACE 1: Hard to Cover Basics Like Food or Housing; ACE 2: Child Experienced - Parent or Guardian Divorced; ACE 3: Child Experienced - Parent or Guardian Died; ACE 4: Child Experienced - Parent or Guardian Time in Jail; ACE 5: Child Experienced - Adults Slap, Hit, Kick, Punch Others; ACE 6: Child Experienced - Victim of Violence; ACE 7: Child Experienced - Lived with Mentally Ill; ACE 8: Child Experienced - Lived with Person with Alcohol/Drug Problem; ACE 9: Child Experienced - Treated Unfairly Because of Race.

Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. Adverse Childhood Experiences in Delaware, 2019. [Presentation], 2021

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2016-2019 National Survey of Children’s Health
Adverse Childhood Experiences (ACE) Among Children 0 to 17 in Delaware, by Race
(in percentages)

Figure 6: Adverse childhood experiences, aggregated, by race, ages 0-17

Note: Adverse Childhood Experiences – ACE 1: Hard to Cover Basics Like Food or Housing; ACE 2: Child Experienced - Parent or Guardian Divorced; ACE 3: Child Experienced - Parent or Guardian Died; ACE 4: Child Experienced - Parent or Guardian Time in Jail; ACE 5: Child Experienced - Adults Slap, Hit, Kick, Punch Others; ACE 6: Child Experienced - Victim of Violence; ACE 7: Child Experienced - Lived with Mentally Ill; ACE 8: Child Experienced - Lived with Person with Alcohol/Drug Problem; ACE 9: Child Experienced - Treated Unfairly Because of Race.

Source: Hussaini, K. Delaware Department of Health and Social Services, Division of Public Health, BRFSS, 2019. Adverse Childhood Experiences in Delaware, 2019. [Presentation], 2021
2020 Delaware School Survey
Adverse Childhood Experiences (ACEs)\(^{a}\)
Among 8\(^{th}\) Grade Students
(in percentages)

![Pie chart showing the distribution of Adverse Childhood Experiences (ACEs) among 8\(^{th}\) grade students.]

**Figure 7: Adverse childhood experiences, 8\(^{th}\) grade**

**Notes:**
*Students who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, or lived with someone who had a problem with drinking or drugs, were placed in either the “1 ACE” or “2 ACES” or “3 or More ACES” category depending on the number of different experiences they reported.*

**Source:** [Center for Drug & Health Studies. (2020). Delaware Secondary School Survey: 8\(^{th}\) Grade [Annual Survey]].

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Figure 8: Individual ACEs Indicators, 8th grade


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2020 Delaware School Survey
Adverse Childhood Experiences by Sex
Among 8th Grade Students
(in percentages)

Figure 9: Adverse childhood experiences by sex, 8th grade

Adverse Childhood Experiences by Race and Ethnicity
Among 8th Grade Students
(in percentages)

Figure 10: Adverse childhood experiences by race, 8th grade

2020 Delaware School Survey
ACEs\(^a\) and Past Month Substance Use
Among 8th Students
(in percentages)

Figure 11: Adverse childhood experiences and past month substance use, 8\(^{th}\) grade

Notes:
\(^a\)Students who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, or lived with someone who had a problem with drinking or drugs, were placed in either the “1 ACE” or “2 ACES” or “3 or More ACES” category depending on the number of different experiences they reported.


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2020 Delaware School Survey
ACEs\textsuperscript{a} and Past Year Self-Reported Mental Health
Among 8\textsuperscript{th} Grade Students
(in percentages)

Figure 12: Adverse childhood experiences and mental health indicators, 8\textsuperscript{th} grade

Notes:
\textsuperscript{a}Students who confirmed experiencing any of the following events: homelessness (past 30 days), incarcerated parent (past year), ever seeing/hearing violence between adults at home, ever being hit by an adult who intends to hurt you, being ever hit by another teen who intends to hurt you; ever being bullied at school or in their neighborhood, or have ever lived with a household member who was depressed, mentally ill, or attempted suicide, or lived with someone who had a problem with drinking or drugs, were placed in either the “1 ACE” or “2 ACES” or “3 or More ACEs” category depending on the number of different experiences they reported.

Source: Center for Drug & Health Studies. (2020). Delaware Secondary School Survey: 8\textsuperscript{th} Grade [Annual Survey].

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2. References

**Adverse Childhood Experiences**


## Data Sources

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<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
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<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>2020</td>
<td>2012-2020</td>
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<td>Delaware School Survey (DSS) – 5th and 11th grades 8th grade*</td>
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<td>*1999-2019 1999-2020</td>
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<td>Delaware Youth Risk Behavior Survey (YRBS) – High School</td>
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<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>2019</td>
<td>1999-2019</td>
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<tr>
<td>DOMIP (Delaware Opioid Metric Intelligence Program)</td>
<td>2020</td>
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<tr>
<td>Monitoring the Future – 8th, 10th, and 12th grades</td>
<td>2020</td>
<td>1999-2020</td>
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<tr>
<td>Performance Measures, Delaware</td>
<td>2018</td>
<td>2014-2019</td>
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<tr>
<td>National Survey on Children’s Health (NSCH)</td>
<td>2019</td>
<td>2016-2019</td>
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<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>2018-2019</td>
<td>2002-2019</td>
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<tr>
<td>Delaware Infants with Prenatal Substance Exposure</td>
<td>2020</td>
<td>2015-2020</td>
</tr>
<tr>
<td>Treatment Admissions Data</td>
<td>2019</td>
<td>-</td>
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</tbody>
</table>
In addition to the data sources for the figures and tables in the 2021 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- American Psychological Association
- Bureau of Labor Statistics
- Center for Drug and Health Studies, University of Delaware
- Crisis Text Line
- Delaware Department of Education
- Delaware Department of Health and Social Services, Division of Public Health, My Healthy Community
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Household Health Survey
- Drug Enforcement Administration
- KIDS COUNT in Delaware
- KFF
- National Academies of Sciences, Engineering, and Medicine
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- National Institutes of Health
- National Institute on Mental Health
- Rapid Assessment of Pandemic Impact on Development – Early Childhood
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau
- U.S. Centers for Disease Control and Prevention
- U.S. Health Resources and Services Administration