The 2023 Delaware Epidemiological Profile

Substance Use, Mental Health, and Related Issues:

Adverse Childhood Experiences (ACEs) and Other Trauma
The Delaware 2023 Epidemiological Profile: Substance Use, Mental Health, and Related Issues

is prepared for

Director Joanna Champney and the Delaware Division of Substance Abuse and Mental Health &

The Delaware State Epidemiological Outcomes Workgroup

The annual Delaware State Epidemiological Profile is a valuable data resource for strategic planning, decision-making, and evaluation. The report includes modules that highlight 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 module is part of a series of materials. To review the Annual Epidemiological Profile Companion Guide (which includes data notes), modules on additional topics, downloadable slides, and infographics, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page. Links to presentations referenced in the annual profile are available from the Presentations webpage.

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 more than 100 representatives from approximately 55 state and nonprofit agencies, community organizations, advocacy groups, and other entities. The SEOW's mission is to bring data on behavioral health and associated issues to the forefront of prevention and treatment efforts in Delaware. To learn more, please visit the What is the SEOW? webpage.
Adverse Childhood Experiences (ACEs) and Other Trauma

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Adverse Childhood Experiences (ACEs) and Other Trauma

“Although an individual’s experience of trauma is unique, exposure to trauma is related to higher risk of physical and mental health problems across the lifespan. Trauma during childhood can have especially significant impacts because they occur while the brain, body, psychology, and social relationships are under development. The ability to recover from trauma depends upon strengths, resilience, and a caring and supportive environment....”

Trauma Matters Delaware (TMD, n.d)

The American Psychological Association defines trauma as an “emotional response to a terrible event like an accident, rape, or natural disaster.” Trauma can be experienced directly (such as when a person is the victim of violence) or indirectly (for example, by being a first responder or providing care to people who have been directly affected, witnessing trauma, etc.). As noted in the opening quote by TMD, an individual’s response to trauma is unique and depends on a number of personal and environmental factors.

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 (TMD, 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 experienced has an accumulated impact; one study indicates 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 youth who have experienced childhood trauma. In short, without intervention and support, children who experience ACEs 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.).

This module provides an overview of the prevalence of ACEs and other trauma based on the following recent data sources:

- Behavioral Health Risk Factor Surveillance System (BRFSS)
- Delaware School Surveys (DSS)
- National Survey of Children’s Health (NSCH)
- Delaware Forensic Science Annual Report
- Delaware Online/Gun Violence Database

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1 For a more comprehensive discussion on conditions that help to reduce or prevent behavioral health risk factors, please see the Protective Factors module of the 2023 Delaware Epidemiological Profile.
Behavioral Risk Factor Surveillance System - 2019 ACEs Data

The Delaware Department of Public Health (DPH) participates in the annual Behavioral Risk Factor Surveillance System (BRFSS), funded by the Centers for Disease Control and Prevention (CDC), to monitor trends in adult health behaviors. For the first time in 2019, DPH included the optional ACEs module in the Delaware BRFSS questionnaire. The findings were summarized in a presentation to the State Epidemiological Outcomes Workgroup (SEOW). The following chart provides prevalence rates of specific ACEs reported by Delaware adults.

<table>
<thead>
<tr>
<th>Adverse Childhood Experience (ACE)</th>
<th>Sample Size* (n)</th>
<th>Percent^ (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household Dysfunction</strong></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Live with anyone who served time in prison or jail?</td>
<td>215</td>
<td>8.9 (7.2-10.6)</td>
</tr>
<tr>
<td>Were your parents divorced/separated?</td>
<td>804</td>
<td>28.5 (26.1-30.9)</td>
</tr>
<tr>
<td>How often did your parents beat each other up?</td>
<td>533</td>
<td>18.0 (16.0-20.0)</td>
</tr>
<tr>
<td><strong>Physical Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often did a parent physically hurt you in any way?</td>
<td>408</td>
<td>11.0 (9.5-12.4)</td>
</tr>
<tr>
<td><strong>Emotional Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often did a parent swear at you?</td>
<td>505</td>
<td>13.0 (11.5-14.5)</td>
</tr>
<tr>
<td><strong>Sexual Abuse</strong></td>
<td></td>
<td></td>
</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>
</tr>
<tr>
<td>How often did anyone ever force you to have sex?</td>
<td>173</td>
<td>4.8 (3.8-5.8)</td>
</tr>
</tbody>
</table>

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 1: ACEs prevalence by type among adults in Delaware, 2019 BRFSS

Data reveals that ACEs are common in Delaware; approximately two out of three adults have experienced at least one ACE, and 43.3% have experienced two or more. The ACE most commonly reported in 2019 was living with divorced or separated parents (28.5%), followed by living with a someone who misused alcohol (23.5%), exposure to domestic violence (18%), and living with someone with a mental illness (17.3%). Approximately one in ten adults reported they had been physically abused.

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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 & Delaware Division

**National Survey of Children’s Health**

The National Survey of Children’s Health (NSCH) provides prevalence rates of many aspects of childhood
health and wellbeing as reported by their parents. Respondents are asked several questions regarding
their child’s experiences which contribute to our understanding of the prevalence of ACEs in Delaware.
The NSCH groups these indicators into two categories: household-based ACEs and community-based
ACEs. According to the 2020 – 2021 NSCH, 19.2% of Delaware youth have experienced at least one
household-based ACE (such as parental divorce or incarceration, witnessing domestic violence, etc.) and
13% have experienced two or more. Nearly one in ten Delaware youth (9.8%) have experienced one or
more community-based ACE, such as being the victim of violence or witnessing violence in the
neighborhood or being treated unfairly due to race, ethnicity, gender, or sexual orientation.

**Delaware School Survey (DSS)**

The Delaware School Surveys (DSS) are state-funded annual surveys administered to 5th, 8th, and 11th
grade public school students throughout Delaware. There are two versions of the survey, one for 5th
grade students and a secondary version for 8th and 11th graders. The DSS are designed to provide
estimates of youth substance use and related factors and include a number of questions on ACEs and
trauma. For more information or to review the survey questionnaires and earlier reports, visit the DSS
page of the University of Delaware Center for Drug and Health Studies website. (Due to the data gap in
2020 as well as the changes in the methodology for the 2021-2022 administration due to the COVID-19
pandemic, results of the 2022 DSS should be compared with caution to previous survey results.)

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Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human
Services, Health Resources and Services Administration.
4 The NSCH Household-based ACEs indicator is a composite measure including children who: have a parent or
guardian who are divorced or separated, had been incarcerated, or who had died; had witnessed domestic
violence; had lived with someone with a serious mental illness; have lived with someone with a substance use
problem. Of note, the NSCH does not include questions regarding child abuse or neglect. Additional Delaware data
on ACEs and other indicators of child health and wellbeing gathered by the NSCH can be explored using the
5 The NSCH Community-based ACE indicator is a composite measure including children who have been a victim of
violence or witnessed violence in their neighborhood or who have been judged or treated unfairly due to their
race, ethnicity, gender identity, or sexual orientation.
Figure 2 summarizes the prevalence rates of various ACEs reported by 5th grade students on the 2022 DSS. Of concern, one in five students reported being bullied at school within the month prior to taking the survey, one in six students reported being involved in a fight at school within the past year, 13% reported being in a fight in the neighborhood during that timeframe, and 11% reported being bullied electronically. Although readers should use caution comparing these rates to previous DSS findings, they are notably higher than those reported in the 2022 Delaware Epidemiological Profile and should be monitored (Center for Drug and Health Studies at the University of Delaware, 2022.) For more on pandemic impacts on data collection, please see the Companion Guide for this report.

Nearly one in ten 5th graders indicated that a family member had been incarcerated in the preceding year. Eight percent of students had witnessed some form of domestic violence among adults in the home in the past year and 7% responded that they had been hit within the past month by an adult intending to hurt them. These numbers suggest that many young children experience trauma in the home, neighborhood, and at school.

<table>
<thead>
<tr>
<th>Select Childhood Adversity Indicators among 5th Grade Students, DSS 2022 (in percentages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullied in your neighborhood in the past 30 days</td>
</tr>
<tr>
<td>Hit by an adult intending to hurt you in the past 30 days</td>
</tr>
<tr>
<td>Seen/heard adults in the home hurting each other in the past year</td>
</tr>
<tr>
<td>Any adult family member been in jail or prison in the past year</td>
</tr>
<tr>
<td>Bullied electronically in the past 30 days</td>
</tr>
<tr>
<td>Been in a fight in your neighborhood this year</td>
</tr>
<tr>
<td>Been in a fight at school this year</td>
</tr>
<tr>
<td>Bullied at school in the past 30 days</td>
</tr>
</tbody>
</table>

Figure 2: Select childhood adversity indicators, 5th grade, DSS 2022

The secondary version of the DSS asks students to indicate if they experienced a number of adversities, such as housing insecurity, violence or abuse, or living with a household member with a substance use or mental health disorder, etc. Depending on the number of different experiences they report they are grouped as having 0 ACEs, 1 ACE, 2 ACES, or 3 or More ACEs.

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7 Instruments that attempt to measure the rate of ACEs generally include a list of commonly identified adversities such as those in the original ACEs study. As the field has evolved, various instruments have incorporated additional conditions or deleted some items. Students are asked about the following ACEs on the DSS Secondary survey:
As Figures 3 and 4 illustrate, ACEs are also prevalent among both 8th and 11th graders; approximately two out of three students at both grade levels have experienced at least one ACE. These are comparable to the adult prevalence rates reported on the 2019 BRFSS. The proportion of students across both grades experiencing multiple ACEs are also quite similar. Twenty-two percent of 8th graders and 24% of 11th graders report having 1 ACE. One in six students in each grade report having two ACEs, and 31% of 8th graders and 28% of 11th graders report having three or more ACEs.

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences (ACEs) Among 8th Grade Students, DSS 2022 (in percentages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 ACES</td>
</tr>
<tr>
<td>31</td>
</tr>
</tbody>
</table>

Figure 3: Adverse Childhood Experiences, 8th grade, DSS 2022

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences (ACEs) Among 11th Grade Students, DSS 2022 (in percentages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 ACES</td>
</tr>
<tr>
<td>28</td>
</tr>
</tbody>
</table>

Figure 4: Adverse Childhood Experiences, 11th grade, DSS 2022

housing insecurity (past month); an incarcerated parent (past year); ever lived with a household member who was depressed, mentally ill, or attempted suicide; ever lived with someone who had a problem with drinking or drugs; ever been a victim or known someone who had been a victim of gun violence; ever saw or heard violence between adults at home; ever been hit by an adult who intended to hurt them; ever been hit by another teen who intended to hurt them; or ever been bullied at school or in their neighborhood.
Figures 5 and 6 summarize the prevalence of specific ACEs reported by 8th and 11th grade students in 2022.

Most commonly, 8th grade students reported being bullied at school (30%), living with someone with mental illness (30%), living with someone with a substance use disorder (26%), witnessing violence at home (23%), and being hit by another teen (24%). Nearly one in four 8th graders (24%) had been or knew someone who was the victim of gun violence.

![Prevalence of Individual ACE Indicators Among 8th Grade Students, DSS 2022 (in percentages)](image)

The most common ACE among 11th graders was ever having lived with a person with a mental illness, which was reported by one in three students. Living with a person with a substance use disorder was also common (29%). Roughly one in five 11th graders reported being bullied (21%), witnessing violence in the home (20%), or being hit by another teen. Exposure to gun violence was as prevalent among older students as it was among 8th graders: one in four 11th graders indicated that they had been or knew someone who had been the victim of gun violence.
Because the DSS also includes questions regarding student substance use and mental health, the data provides us with an opportunity to explore the association between trauma and a spectrum of risk behaviors and other experiences.8

The 2022 DSS results illustrate that youth who reported experiencing trauma also reported higher rates of substance use as well as symptoms of anxiety and depression. Students who experienced multiple ACEs reported even greater rates of substance use or mental health symptoms. This is not to say that experiencing trauma causes higher rates of substance use or mental illness, or that using substances or having a mental illness causes higher rates of trauma; however, this data indicates that there is an association between these circumstances. Figures 7 through 10 illustrate these associations. Eighth grade students with three or more ACEs were five times as likely as students with no ACEs to report using alcohol in the past year (27% compared to 5%). They were four times as likely to report recent symptoms of anxiety and six times as likely to report recent symptoms of depression. Similar patterns emerge when viewing 11th grade data. Eleventh graders with three or more ACEs reported considerably higher rates of alcohol, marijuana, vaping, and recent symptoms of depression and anxiety than students who did not report experiencing childhood trauma.

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8 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 them; in other words, we cannot say that one factor causes the other, and there may be other conditions that also influence the association. This holds true for all of the associations discussed in this report.
In the DSS Secondary Survey, anxiety is defined as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks, and depression is defined as students who respond that they have been bothered by feeling down, depressed, or hopeless on more than half of the days in the past two weeks.
Adverse Childhood Experiences (ACEs) and Past Year Substance Use Among 11th Grade Students, DSS 2022 (in percentages)

![Bar chart showing the percentage of 11th grade students who used alcohol, marijuana, or vaped by the number of ACEs they experienced.]

Figure 9: Adverse Childhood Experiences and Past Year Substance Use, 11th Grade, DSS 2022

Adverse Childhood Experiences (ACEs) and Feelings of Anxiety and Depression Among 11th Grade Students, DSS 2022 (in percentages)

![Bar chart showing the percentage of 11th grade students who felt anxious or depressed by the number of ACEs they experienced.]

Figure 10: Adverse Childhood Experiences, anxiety and depression, 11th grade, DSS 2022
In 2022, the DSS questionnaire also included questions about student perceptions of safety at school as well as concerns regarding gun violence. Most 8th graders reported feeling safe in their school most of the time (31%) or often (35%). However, roughly half believe that student violence is a problem at least some of the time, including 14% who believe it is a problem most of the time. Approximately one in ten 8th graders worry about gun violence as a problem (12%) and gun violence in school specifically (11%) most of the time.

**School Violence/School Safety**

![Graph showing concerns about violence among 8th grade students, DSS 2022 (in percentages)](image)

Figure 11: Concerns about violence, 8th grade, DSS 2022

![Graph showing feelings of safety among 8th grade students, DSS 2022 (in percentages)](image)

Figure 12: Feelings of school safety, 8th grade, DSS 2022
The 2022 DSS Secondary questionnaire also allowed students to share input on what could be done to make them feel safer while at school. Of note, the most common response selected by 8th graders (37%) was *provide mental health counselors or school psychologists*. Approximately one in three students were in favor of conducting active shooter drills and having more school resource officers.

![Figure 13: What students think would make school safer, 8th grade, DSS 2022](chart.png)

When asked about gun violence, 11th grade students reported similar rates of concern as 8th graders. Twelve percent indicated that they worry about gun violence in general and 9% worry about gun violence in school most of the time. The same proportion reported that they worry about these issues often. Twenty-nine percent indicated that they felt safe at school most of the time and 38% felt safe often.

![Figure 14: Concerns about violence, 11th grade, DSS 2022](chart.png)
When asked what they believed would make schools safer, nearly half (46%) of students identified the need for mental health counselors or school psychologist. Approximately one in three students reported active shooter drills would make them feel safer, and one in four believed more school resource officers were needed. About one in five students responded that security cameras and metal detectors would enhance school safety.
Additional Data on Trauma and Violence

As noted before, exposure to trauma is not limited to home and school environments. One of the more visible forms of trauma is violence in the community. On a positive note, the count of homicide deaths reported in the Delaware Division of Forensic Science 2022 Annual Report decreased substantially from 102 in 2021 to 61 in 2022. Victims were overwhelmingly male and the majority (39) were between the ages of 21 and 50. Fifty-six percent were Black. The count of suicide deaths reported for 2022 was 133. Firearms remain the most common mechanism for both homicides and suicides (Delaware Division of Forensic Science, 2023).  

Homicides and Suicides in Delaware 2019-2022

<table>
<thead>
<tr>
<th></th>
<th>Homicides</th>
<th>Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total count</td>
<td>56</td>
<td>87</td>
</tr>
<tr>
<td>Homicide by Firearms</td>
<td>44</td>
<td>80</td>
</tr>
</tbody>
</table>

Figure 17: Homicides in Delaware, 2019-2022, Delaware Division of Forensic Science

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>Race</th>
<th>n</th>
<th>Gender</th>
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</tr>
</thead>
<tbody>
<tr>
<td>&lt;11</td>
<td>3</td>
<td>Black</td>
<td>34</td>
<td>Male</td>
<td>53</td>
</tr>
<tr>
<td>11-20</td>
<td>7</td>
<td>White</td>
<td>24</td>
<td>Female</td>
<td>8</td>
</tr>
<tr>
<td>21-30</td>
<td>16</td>
<td>Other</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31-40</td>
<td>13</td>
<td></td>
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</tr>
<tr>
<td>41-50</td>
<td>10</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>51-60</td>
<td>7</td>
<td></td>
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</tr>
<tr>
<td>&gt;60</td>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>

Figure 18: Characteristics of Homicide Victims in Delaware, 2022, Delaware Division of Forensic Science

Since 2017, Delaware Online/The News Journal has maintained a publicly accessible gun violence database drawing upon information from police reports and their own reporting. The following figure summarizing this data also indicates that there was a substantial decrease in gun violence in 2022. There were 67 fewer incidents recorded and less than half as many people killed (39) compared to 2021. The total number of victims and those wounded were also lower. It is equally promising that the Year-to-Date indicators for 2022 and 2023 track similar numbers so far. Despite the decreases in these counts in the past couple of years, more than 200 victims were directly impacted by gun violence in Delaware in 2022,

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10 It bears noting that there were fewer deaths by homicide than by suicide throughout the state over this same time frame, which ranged from 118 in 2019 to 133 in 2022 (Delaware Division of Forensic Science Annual Reports, 2019, 2020, 2021, 2022).
which holds significant implications for public health and the need for strengthened prevention strategies.

Early interventions and universally employed, trauma-informed approaches have the potential to improve lifelong health consequences and the associated costs of trauma for individuals, families, and society. Multiple state agencies and community organizations promote and support trauma-informed strategies. For more information, download SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. For a discussion of factors that help to reduce risk behaviors and promote resilience, please see the Protective Factors module of this report.

### Gun Violence in Delaware, 2017 through September 25, 2023

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidents</td>
<td>245</td>
<td>130</td>
<td>155</td>
<td>248</td>
<td>233</td>
<td>166</td>
<td>126</td>
<td>129</td>
</tr>
<tr>
<td>Wounded</td>
<td>229</td>
<td>102</td>
<td>146</td>
<td>249</td>
<td>212</td>
<td>167</td>
<td>132</td>
<td>126</td>
</tr>
<tr>
<td>Killed</td>
<td>54</td>
<td>47</td>
<td>43</td>
<td>69</td>
<td>81</td>
<td>39</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>Victims</td>
<td>283</td>
<td>149</td>
<td>189</td>
<td>318</td>
<td>293</td>
<td>206</td>
<td>160</td>
<td>157</td>
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#### Victim Characteristics, 2022

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>Age</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>176</td>
<td>0-4</td>
<td>-</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>5-9</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10-14</td>
<td>10</td>
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<td>15-19</td>
<td>39</td>
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<td></td>
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<td>30-34</td>
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<td></td>
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<td>35-39</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40-44</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45+</td>
<td>15</td>
</tr>
</tbody>
</table>

#### Multi-victim Incidents

- Incidents with 3 Victims
  - 5
- Incidents with 4 or more victims
  - 1

Figure 19: Gun violence in Delaware and victim characteristics, 2017 through September 25th, 2023, Delaware Online/The News Journal

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11 Source: Delaware Online/The News Journal Gun Violence Database.
References and Data Sources


Trauma Matters Delaware (n.d.) Trauma Informed Care. Retrieved from
https://traumamattersdelaware.org/what-is-trauma-informed-care/

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https://traumamattersdelaware.org/what-is-trauma/