

The College Risk Behaviors Study Annual Report

2020

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Introduction and Demographic Overview

Introduction

The Delaware College Risk Behaviors Study (CRBS) has been administered at the University of Delaware for many years, beginning in 1993 as part of the Harvard School of Public Health College Alcohol Study. It continued from 1997 to 2004 as part of the University of Delaware's participation in the Robert Wood Johnson Foundation "A Matter of Degree" Program. From 2007 to 2018, the survey was funded through the federal Strategic Prevention Framework grants awarded to the Division of Substance Abuse and Mental Health, Delaware Department of Health and Social Services by the US Substance Abuse and Mental Health Services Administration. As of 2019, the survey is funded solely by the UD Office of Student Wellness and Health Promotion and is administered by the Center for Drug and Health Studies.

Over the years, the CRBS has evolved and expanded from focusing primarily on alcohol to including a wide range of topics such as: other substance use; mental health; interpersonal violence; sexual assault; sexual health knowledge and practices; more inclusive demographic indicators such as LGBTQ and disability status. The 2020 survey was administered online during the spring semester to a random sample of full-time, undergraduate students at the University of Delaware. Each was asked via email to follow an enclosed link and complete the online survey. These students were offered \$5 in FLEX credit as compensation for their time. By the end of the data collection period in 2020, 3,000 students were contacted and 764 completed the survey, resulting in a 25% response rate.

In typical years, once the survey link is sent to the selected sample of undergraduate students, a series of follow up emails are sent to students over the course of the subsequent weeks to encourage participation. This year, however, the advent of the COVID-19 pandemic intersected with the scheduled data collection. Within days of the initial launch of the 2020 survey, the pandemic necessitated the closure of the University of Delaware campus. All students living on campus who were able to leave were vacated from the dorms, and all classes were transitioned to an online format. This greatly disrupted the data collection process for this survey, and likely was the cause of the lower response rate compared to previous years – typically, the survey has a response rate of 30% or higher. At this time, it is not known what impact COVID-19 and the transition to remote learning had on student responses to the questions in the CRBS. Given the campus closures, students who did participate in the survey were given the option to accept a \$5 Amazon gift card instead of the FLEX credit.

This report will provide an overview of some of the key findings from the 2020 CRBS and is structured slightly differently from previous years. Following this introduction is a chapter on substance use among UD students, with special focus given to vaping. A brief overview of

suicide statistics is provided. Next is a new section devoted to interpersonal violence and sexual assault among students. The final chapter highlights resource and help seeking behaviors of students as well as ways they engage in risk mitigation around drinking and practicing safer sex.

Demographic Characteristics of the Sample

The sample is similar to the overall student body in distribution of gender and race/ethnicity¹, with higher percentages of female and white students in the sample than in the total UD student population². Due to the large difference in gender, the data reported in subsequent chapters of this report were all weighted to adjust the sample gender ratio to match that of the population. Unless otherwise noted, all reported findings are statistically significant at $p < .05$.

More than two-thirds of the survey respondents were female and roughly three-quarters were white. Nearly 3% of respondents were international students.

Considering age, class ranking, and place of residence of the students in this sample, the majority of respondents were under 21 and within their first three years of studies at UD. More than half lived on campus at the time of this survey.

| | Sample | UD |
|------------------------------|--------|-------|
| Sex | | |
| Male | 29.3% | 41.9% |
| Female | 70.7% | 58.1% |
| Race/Ethnicity | | |
| White | 76.5% | 68.8% |
| Black | 4.9% | 5.4% |
| Hispanic | 7.6% | 8.4% |
| Asian | 8.0% | 5.3% |
| Other | 3.0% | 6.4% |
| International Student | | |
| International | 2.5% | 5.6% |

Figure 1 Gender, race/ethnicity, and international status

| Age | | Class | | Residence | |
|------------|-------|----------------------|-------|------------------------------------|-------|
| 18 | 15.6% | First Year | 28.6% | On-campus | 51.0% |
| 19 | 26.2% | Second Year | 25.0% | Off-campus (with family) | 8.4% |
| 20 | 26.2% | Third Year | 27.8% | Off-campus (alone) | 0.7% |
| 21 | 21.8% | Fourth Year | 16.6% | Off-campus (with roommates) | 40.0% |
| 22+ | 10.2% | Fifth or More | 2.0% | | |

Figure 2: Age, Class, and Place of Residence of Survey Respondents

¹ International students are considered “other” under race in University statistics, but associated with their self-reported race in this study, which accounts for the difference seen here in race/ethnicity proportions.

² Information on the gender, race, and ethnicity of the 2019-2020 UD undergraduate student body is reported by the University of Delaware Office of Institutional Research and Effectiveness <https://ire.udel.edu/ir/facts-figures/>

A number of students surveyed were also affiliated with fraternities and sororities, athletic teams (both intercollegiate and intramural), and registered student organizations on campus. Students represented here may be affiliated with multiple groups or organizations.

| Affiliation with Campus Organizations | |
|--|-------|
| Sorority or Fraternity | 28.8% |
| Intercollegiate Athletic Team | 4.7% |
| Club sports or intramural sports | 19.3% |
| Registered student organization | 52.1% |

In this year’s report we also pay closer attention to two demographic groups that are often rendered invisible in the data collection and analysis processes: LGBTQ³ students and students with disabilities. With respect to the former demographic group, students are given two questions, one regarding their sexual orientation and the other about their gender identity. While the majority of students reported that they are heterosexual, approximately 15% of respondents described themselves as lesbian, gay, bisexual, pansexual, asexual, or preferred to self-describe. The most commonly reported sexual orientation following heterosexual was bisexual (10.7%), with just over 2% of respondents identifying as gay or lesbian, and around 1% each describing as asexual or that they preferred to self-describe. Among the write-in responses, students described themselves as aromantic, heteroflexible, queer, questioning, and undefined. Nearly 98% of students identified as cisgender (meaning that their gender identity aligns with their assigned sex at birth), but a small percentage of students responded that they were transgender, non-binary or gender non-conforming, or gender fluid.

In many instances, the number of students who identify as either gay, lesbian, bisexual, transgender, or questioning provide discrete subsets of data that are too small to conduct statistically reliable and ethical data analysis. As such, in this report been aggregated into a larger LGBTQ category and compared against responses of their cisgender and heterosexual peers. The students in this LGBTQ group represent a range of sexual and gender diversity, and their identities are often overlapping; many of the transgender students also identify themselves as gay, lesbian, bisexual, or unsure of their sexual orientation as well.” Overall, approximately 15.1% of students identified themselves as LGBTQ.

³ The acronym LGBTQ refers to lesbian, gay, bisexual, transgender, or queer individuals. The Q can also represent individuals who are questioning or unsure of their sexual orientation and/or gender identity, as well as those who do not feel represented by available labels. There are numerous sexual orientations and genders beyond what might be asked in a survey question; for this reason we also allow a “self-describe” option in the College Risk Behavior Survey. It is important to remember that the LGBTQ identifier may not be inclusive or exhaustive of all identities, and that variations of this acronym may be used by other data sources. The [Trevor Support Center](#) and [GLSEN](#) offer additional terminology resources on this topic.

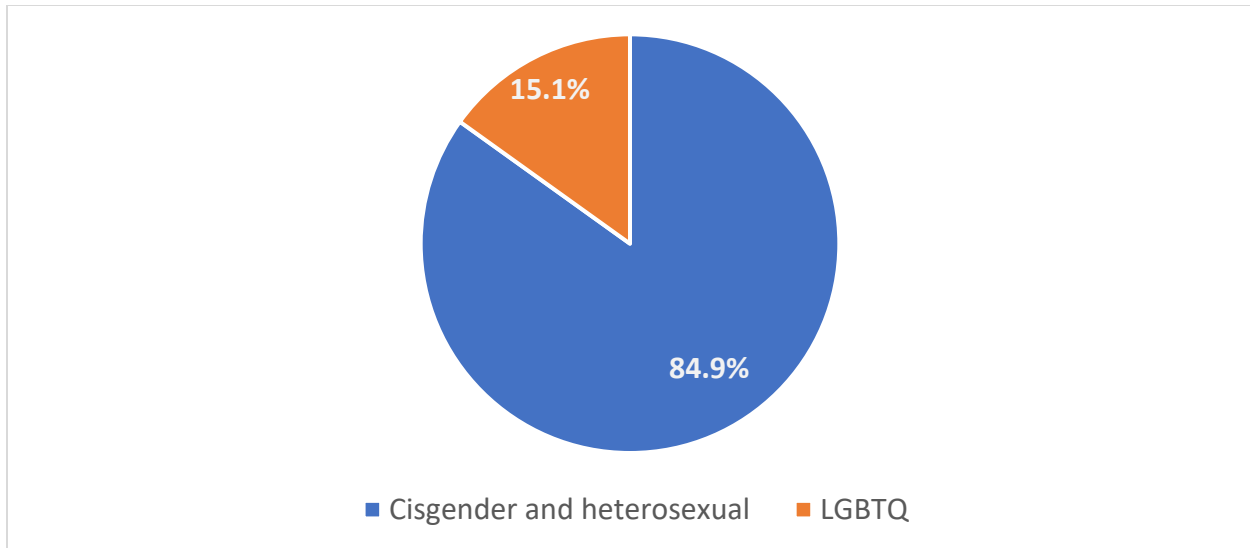


Figure 3: LGBTQ Students in Survey Sample

We also considered students with disabilities as a demographic category. Students were asked if they: were deaf or had serious difficulty hearing (<1%); had serious difficulty seeing, even with glasses (<1%); had serious difficulty walking or climbing stairs (<1%); had difficulty dressing or bathing (<1%); or if because of a physical, mental or emotional problem or condition, they had difficulty running errands alone (4.1%), or concentrating, remembering, or making decisions (11.4%). These six items represent the data collection standards for disability status as outlined by the [U.S. Department of Health and Human Services](#). If students responded yes to any of these questions, they were considered to have a disability. In the 2020 survey, 13.6% of respondents were students with one or more disability.

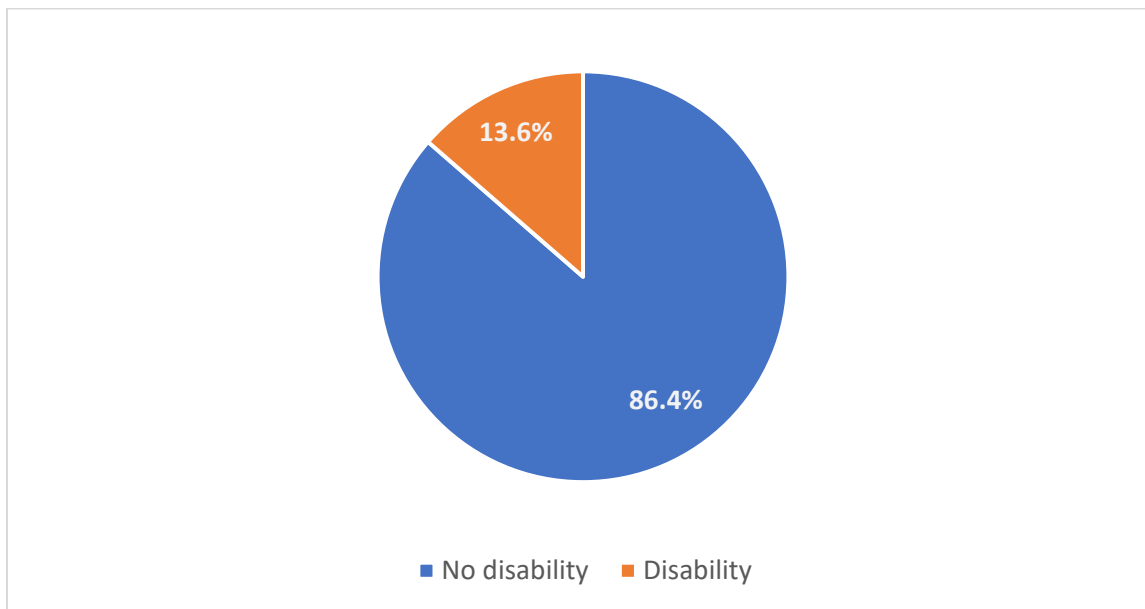


Figure 4: Disability prevalence

It is important to remember when referring to demographic groups, such as LGBTQ students or students with disabilities, that these categories are aggregates of many individual identities. Students may have vastly different individual experiences depending on their respective identities. Data aggregation is not meant to imply that membership in the LGBTQ or disability community is a monolithic experience; rather, in many cases, data aggregation is necessary to be able to make statistical claims and comparisons in cases where the individual categories yield relatively few responses.

Overall, the sample for the 2020 College Risk Behavior Survey is predominantly white and female. The majority of students are also involved in campus activities, with the most common being registered student organizations but a substantial proportion also participating in sports and Greek life. There is a relatively even spread of responses across age groups and class ranking; roughly half of respondents were living on campus at the time of the survey. There is also a substantial proportion of LGBTQ students and students with disabilities within the sample. While the gender of respondents is more female than the overall student body, the remaining statistics are likely representative of the UD undergraduate student body. Because of this gender disparity in survey participation, the analysis in the remainder of this report is weighted by gender to make responses more representative of the study body as a whole.

Substance Use Prevalence and Trends

Overall Trends in Select Substance Use

The College Risk Behaviors Study was not the first survey of substance use among University of Delaware students. In 1993, from 1997 to 2003, and again in 2005, University of Delaware participated in the College Alcohol Study⁴. As the trends below indicate, past month cigarette use and binge drinking have both declined over time, while marijuana use has recently risen to its former levels after a period of slight decline. Notably, after 2011 marijuana use has exceeded cigarette use among students. Vaping⁵ has increased substantially among students since we began tracking it on this survey. At this point, it is uncertain whether or how much the COVID-19 pandemic and subsequent shift to remote learning influenced any of the substance use reported here.

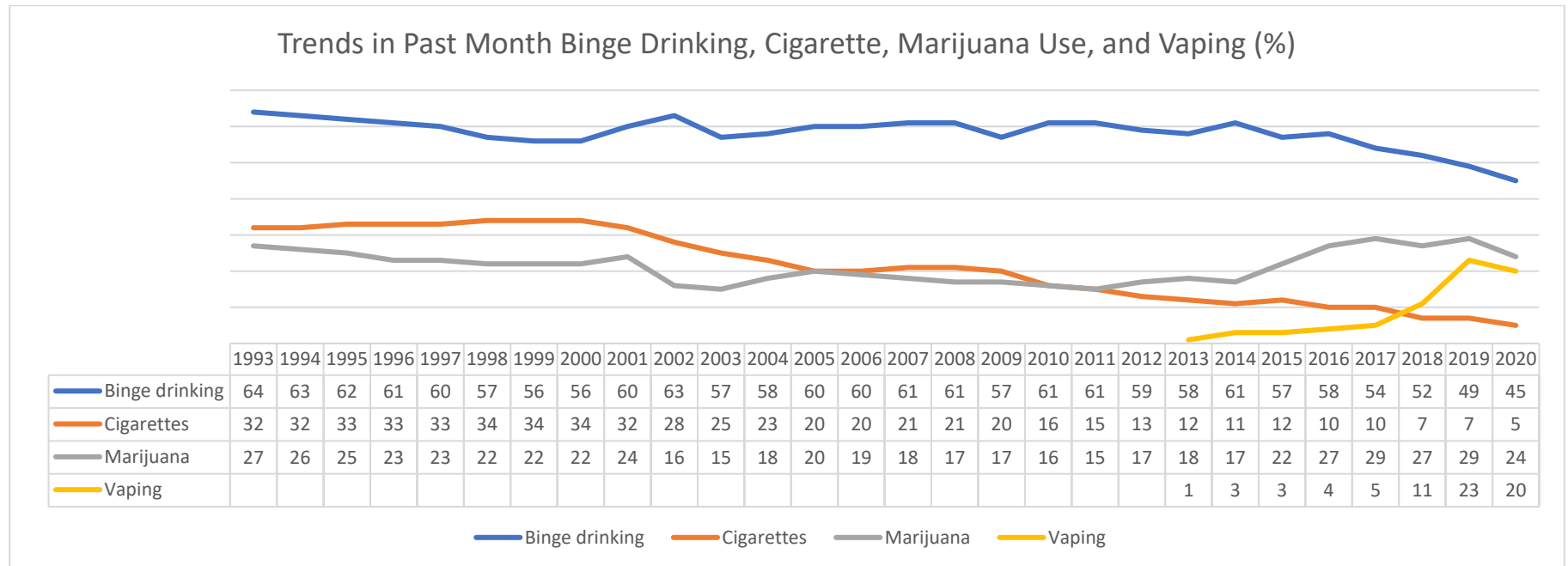


Figure 5: Trends in past month binge drinking, cigarette, marijuana use, and vaping, 1993 to present⁶

⁴ Data from 1993, 1997-2003, and 2005 are from the College Alcohol Study. Statistics for 1994-1996, 2004, and 2006-2007 are imputed by averaging adjacent years. Data beginning in 2008 are from the College Risk Behaviors Study. For these trend lines, the data from 2011 to the present were adjusted to include weights for gender.

⁵ Students were asked how often they use e-cigarettes from 2013-2019. In 2020, this question was expanded to refer to specific brands/terms that fall under the broader category of vaping, and to include vaping of substances other than tobacco or nicotine.

Alcohol Consumption Prevalence Rates

In general, the substance of choice among students was alcohol, with the majority of students (66%) reporting using alcohol in the past month, either alone or with other drugs. Nearly a third of surveyed students report no substance use in the past month.

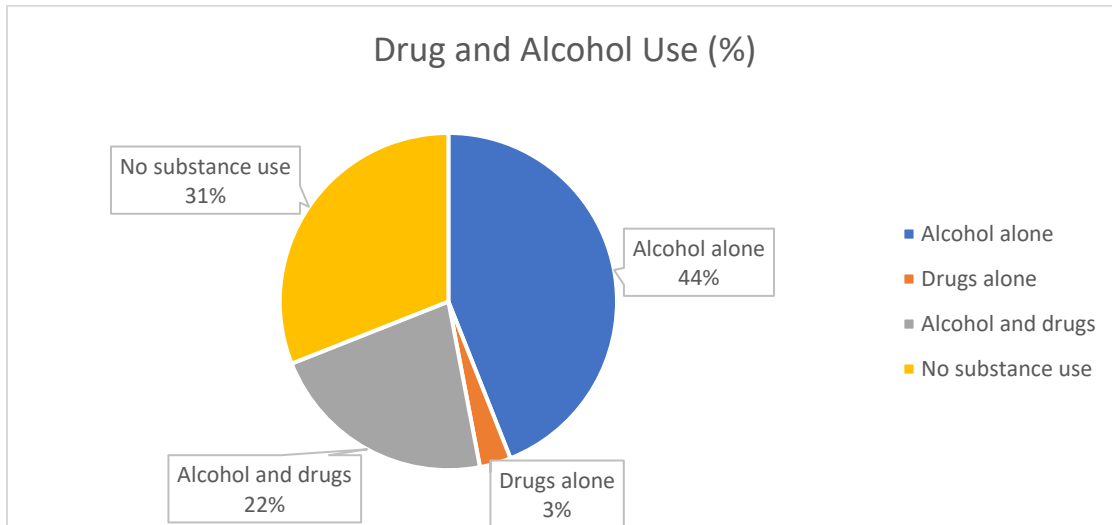


Figure 6: Past month drug and alcohol use among students

Among the surveyed students, 25% reported using drugs in the past month (22% used drugs and alcohol and 3% used only drugs but no alcohol)⁷. Among these students who reported drug use, the overwhelming majority reported only using marijuana and no other drugs. Only 11% reported using other illegal drugs other than marijuana⁸.

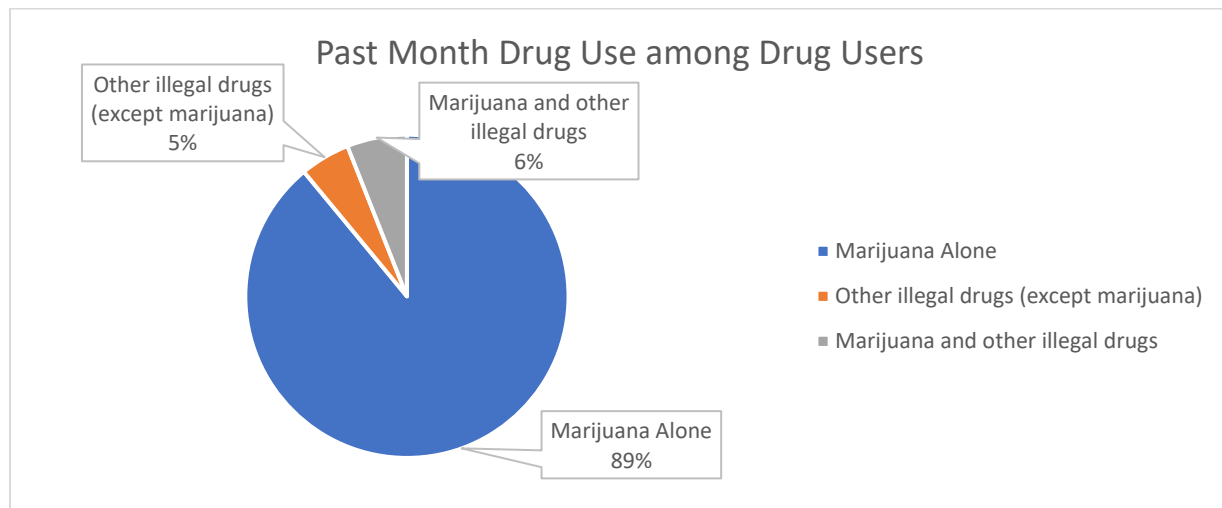


Figure 7: Type of drug use among students reporting past month drug use

⁷ Drugs other than alcohol include marijuana, cocaine, hallucinogens, opiates and other narcotics, and any prescription drugs use in a way other than prescribed.

⁸ Other illegal drugs include cocaine, hallucinogens, opiates and other narcotics, and any prescription drugs used in a way other than prescribed.

Three-quarters of female students reported drinking in the past month, compared with approximately two-thirds of male students⁹. However, although a higher percentage of female students reported drinking in the past month compared to men, both women and men reported the same rate of past month binge drinking. Nearly half of surveyed students reported binge drinking¹⁰ in the past month.

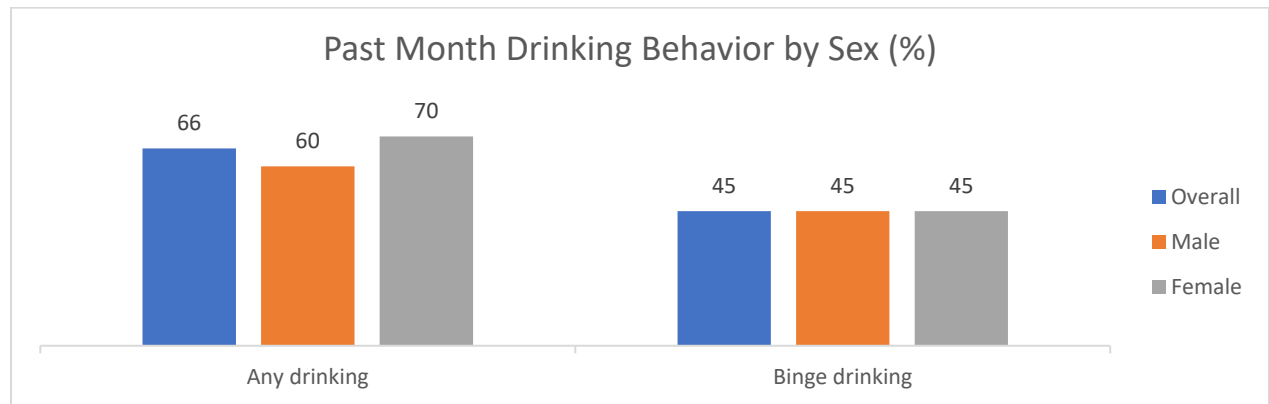


Figure 8: Past month drinking behaviors by sex¹¹, in percentages

Additional differences emerge when alcohol use is examined by race and ethnicity. Past month alcohol consumption was highest among non-Hispanic whites. This is also true of binge drinking, with more than half of non-Hispanic white students reporting binge drinking. Hispanic students report past month drinking and binge drinking more frequently than non-Hispanic black students, Asian students, and students from other non-white racial categories.

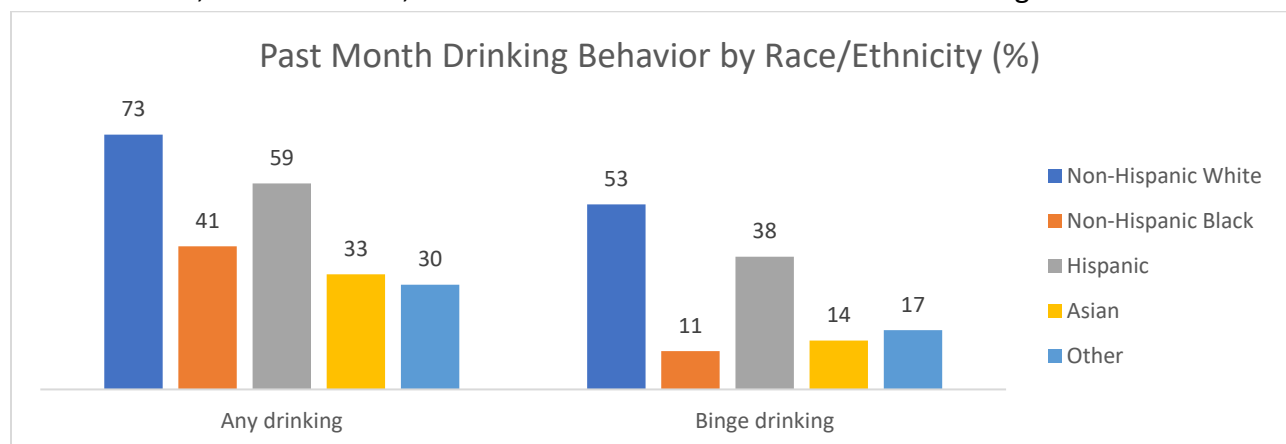


Figure 9: Past month alcohol consumption by race/ethnicity

⁹ The correlation between binge drinking and sex was not statistically significant at the $p < .05$ level.

¹⁰ Binge drinking is defined in the CRBS as having five or more alcoholic drinks in a single sitting for men and four or more alcoholic drinks in a single sitting for women.

A slightly different trend is shown when past month drinking behavior is disaggregated by age in this sample. This year, 18-year-old students reported any past month drinking and binge drinking at lower rates than 19- or 20-year-old students¹². However, 21-year-old students reported the highest frequency of past month binge drinking. Students 22 years and older reported binge drinking less than 21-year-old students but had a higher overall rate of alcohol consumption in general than any other age group.

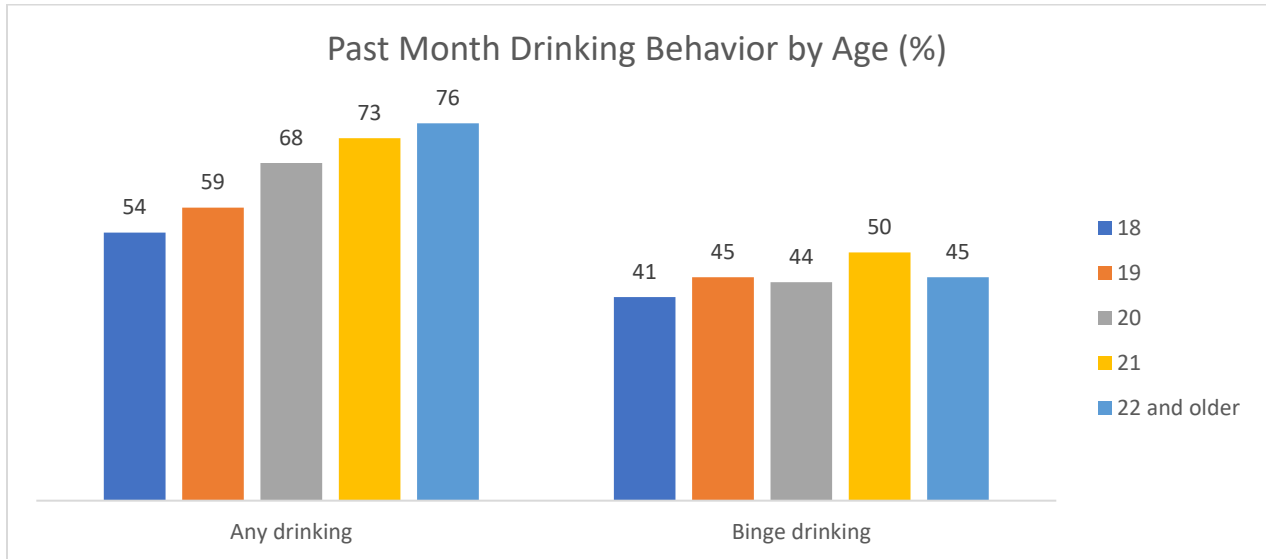


Figure 10: Past month drinking behavior by age

¹² In previous years, 18-year-old students have reported lower levels of drinking than older students; it is too soon to say whether this is an emerging trend or unique to the 2020 sample of students.

Drug Use Prevalence Rates

The CRBS also collects information from students regarding the use of substance other than alcohol, such as marijuana, prescription drugs, and other illicit substances. After alcohol, marijuana is the most commonly used substance among students at UD, with approximately 24% of surveyed students reporting that they used marijuana in the past month. Marijuana use is more common among male students than female students, with 30% of male students reporting past month marijuana use compared to only 19% of female students.

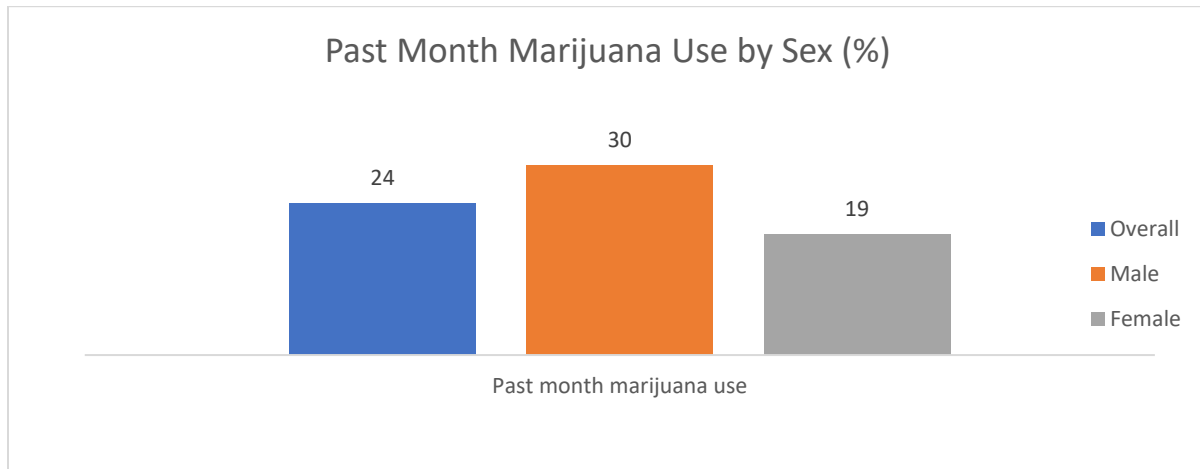


Figure 11: Past month marijuana use by sex

When disaggregated by race and ethnicity, non-Hispanic black and white students report the highest rates of marijuana use. Approximately 26% of both non-Hispanic black and white students reported using marijuana in the past month, compared with 21% of Hispanic students who report the same.

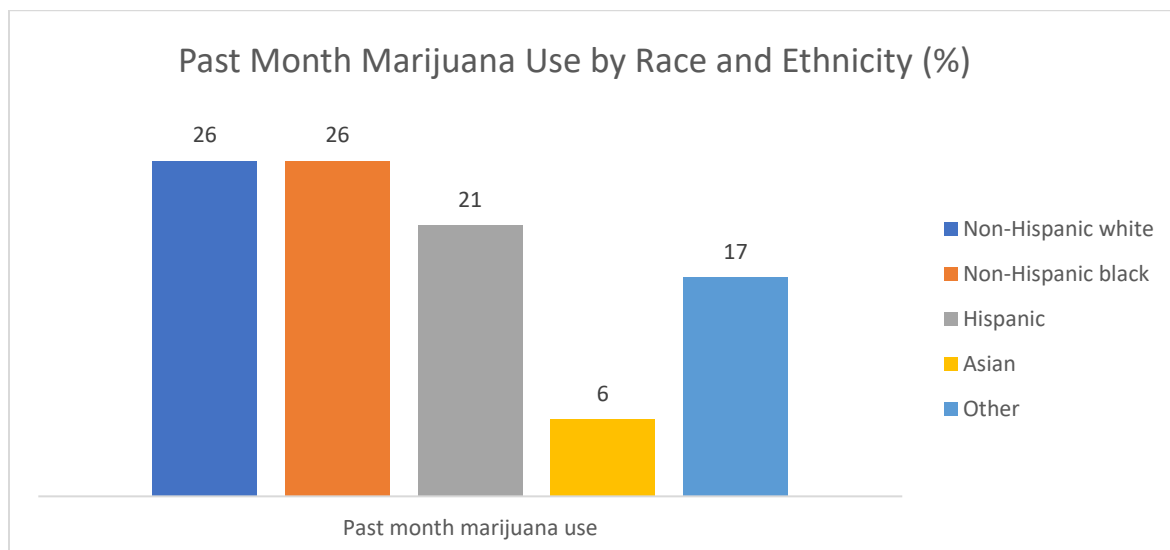


Figure 12: Past month marijuana use by race and ethnicity

Among students who used marijuana in the past month, the most common route of administration was smoking the drug. More than half of the students who used marijuana in the past month reported vaping oil or concentrates or eating marijuana edibles.

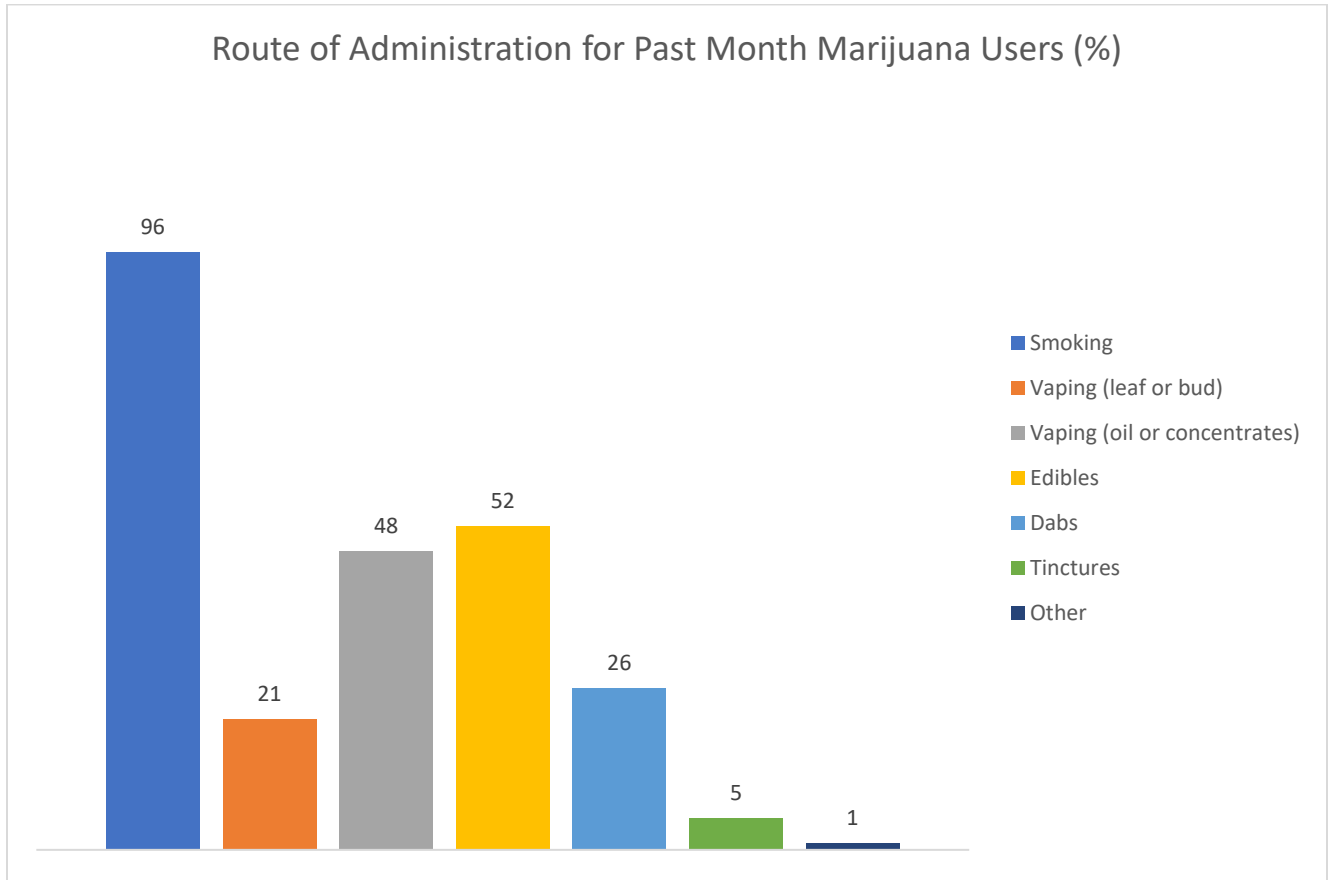


Figure 13: Most common routes of administration reported by past-month marijuana users

After marijuana, the use of prescription drugs without a prescription is the next most common substance used. Approximately 8% of students report ever using a prescription drug¹³ not prescribed to them in their lifetime¹⁴. Students were also asked their reasons for misusing prescriptions; the majority of students who report ever misusing a prescription medication say that they used the drug to help them study. Other responses include “to feel better” and “to get high”.

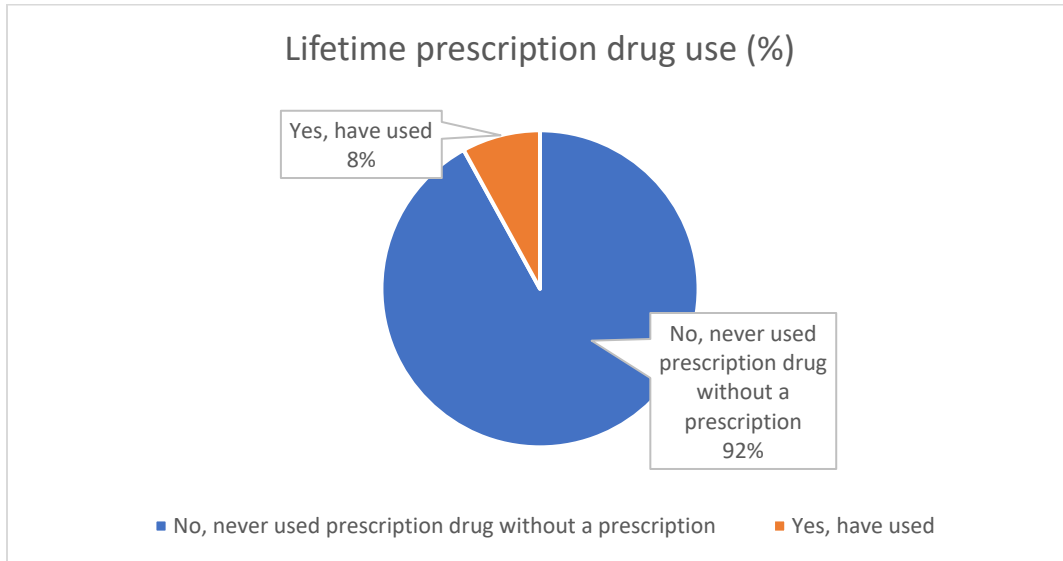


Figure 14: Lifetime prescription drug use without a prescription

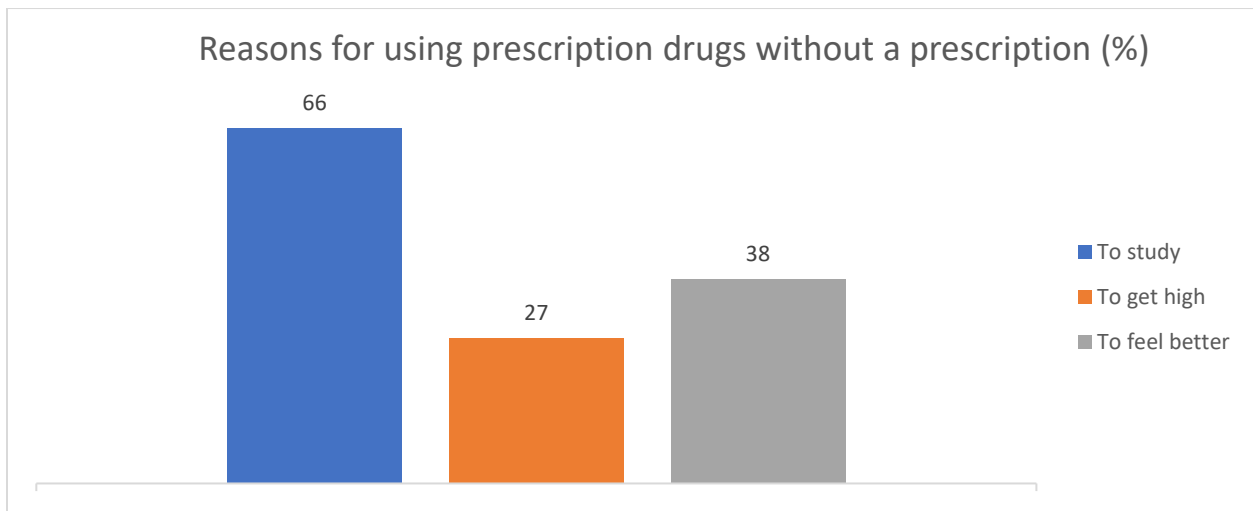


Figure 15: Reasons for using prescription drugs without a prescription¹⁵

¹³ This includes ADHD medications (such as Ritalin, Adderall, Concerta), other stimulant medications, painkillers, benzodiazepines, and other prescription drugs.

¹⁴ For prescription misuse, lifetime use rather than past month use was estimated because past month use was too small of a figure.

¹⁵ Among students who report ever using a prescription drug without a prescription

Among students who reported ever using prescription drugs without a prescription, the most common prescriptions used were ADHD medications such as Ritalin, Concerta, or Adderall. Over 58% of prescription misusers report the use of these particular types of drugs. This finding is unsurprising given the previous findings that the majority of students report misusing prescriptions to help study, and ADHD medications such as these are commonly used as “study drugs”. Approximately one in five students who use prescriptions not prescribed to them have used benzodiazepines.

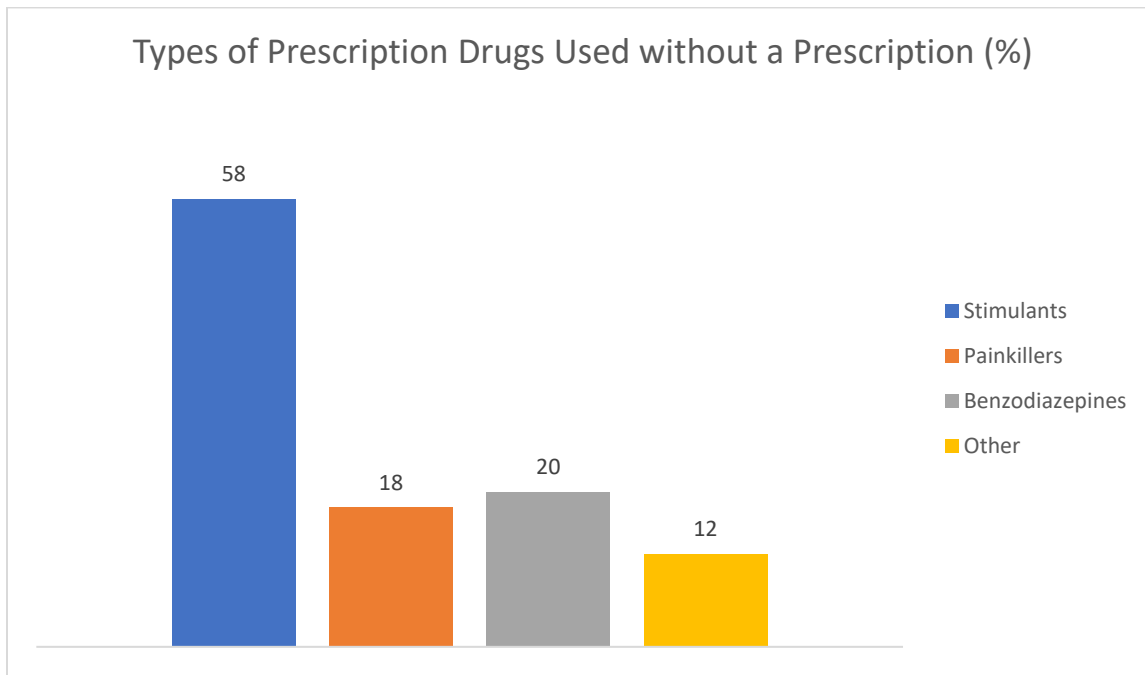


Figure 16: Types of prescriptions drugs used without a prescription¹⁶

¹⁶ Among students who report ever using a prescription drug without a prescription

Vaping Prevalence

As seen in the substance use trend chart, use of e-cigarettes or vaping devices has risen greatly since the first year their use was monitored in the CRBS. While in previous years vaping devices were referred to in the survey only as e-cigarettes, the 2020 survey updated this definition to encompass a greater breadth of terms used to refer to these devices. Respondents were shown the following definition, based on the definition used in [Monitoring the Future](#): To “vape” is to use a device such as a vape pen, an e-cigarette, an e-hookah, or e-vaporizer (including products such as JUUL or Blu) to inhale mist or vapor into the lungs. Additionally, respondents were asked about their vaping behaviors across multiple substances: flavored e-liquids, nicotine, and marijuana.

Vaping has increased greatly throughout the country over the past decade, with increases in use seen in every demographic group. Large-scale research on vaping has focused on teens – national Monitoring the Future data from 2018 shows that 37% of 12th graders reported having used some form of vaping device in the past year, an increase from 28% in 2017 (NIDA, 2018). Increases in youth vaping are particularly concerning because of how frequently e-cigarettes and vaping products contain nicotine, which is particularly harmful to adolescent brain development prior to age 25 (CDC, 2016). However, there is a lack of strong data sources on vaping among youth beyond high school. National Behavioral Risk Factor Surveillance System data are not available for this age group, and the National Survey on Drug Use and Health does not yet monitor vaping as of 2019 (SAMHSA, 2020). Still, a 2016 Surgeon General’s report, based on a number of studies, asserted that youth in the 18-24 age group were more likely to vape than those younger or older than them (Department of Health and Human Services, 2016).

Vaping devices and e-cigarettes were initially promoted as a safer alternative to traditional combustible cigarettes for adult smokers struggling to quit entirely. While cigarette use among young people has been steadily declining for decades, the sharp increase in vaping among these age groups suggest that vaping is not being used as an alternative to smoking among most college students who vape. Furthermore, it is questionable as to whether vaping actually is a safe alternative to smoking. Nicotine addiction is detrimental to brain development and increases the risk of other substance use, including tobacco (Ren and Lotfipour, 2019). Young people who likely would not have smoked cigarettes are now being exposed to nicotine through vaping. In 2019, there was a surge of E-cigarette and Vaping-Associated Lung Illnesses (EVALI) reported across the country, with one death in Delaware (Delaware DHHS, 2020). In rare cases, vaping devices themselves have exploded, causing facial injuries to the user (Azad, 2019). Still, because vaping is relatively new, other potential long-term health effects of vaping are still largely unknown.

At the University of Delaware, nearly half of the respondents to the 2020 CRBS reported having vaped at some point in their life, over a third reported vaping in the past year, and one-fifth reported past month vaping. When comparing prevalence rates by sex, men reported a slightly higher rate of past month vaping than women.

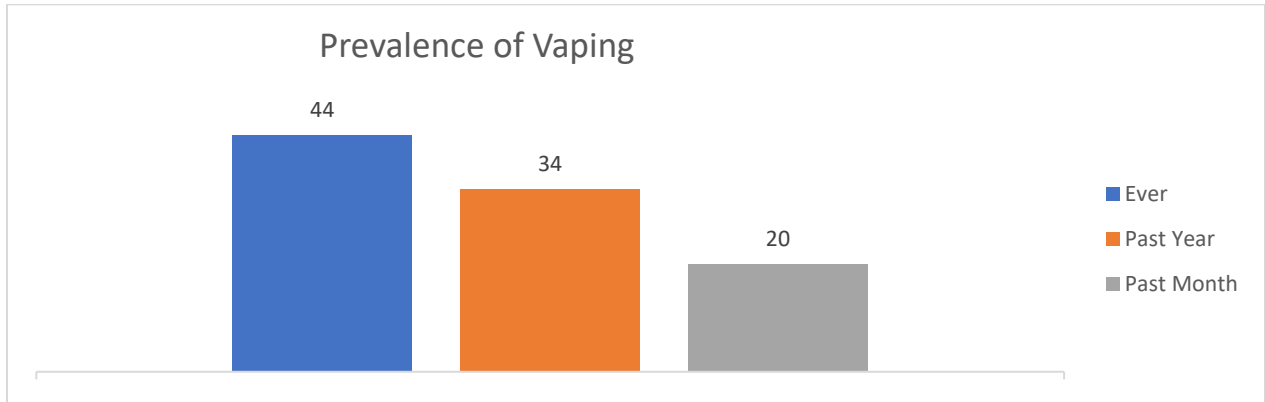


Figure 17: Vaping prevalence rates, in percentages

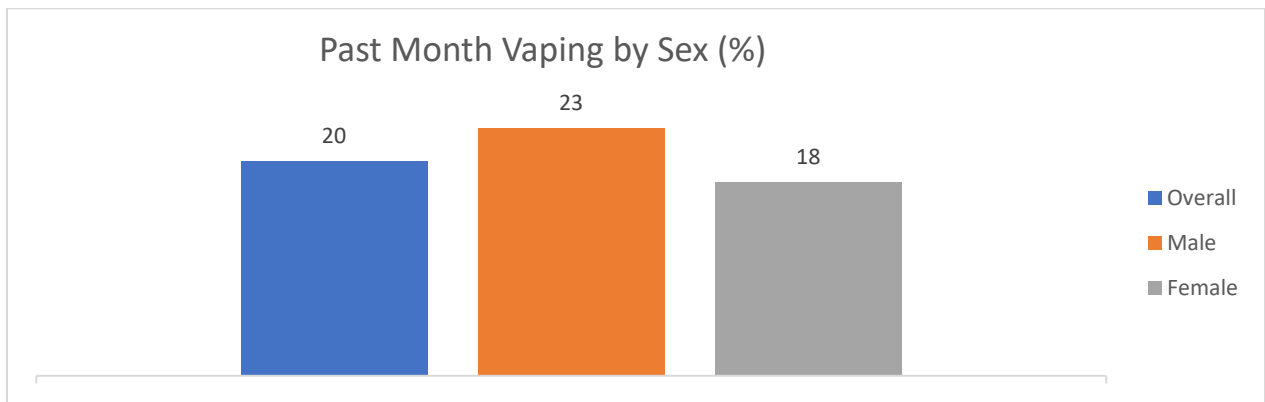


Figure 18: Past month vaping by sex¹⁷, in percentages

The highest rate of past month vaping was among non-Hispanic white people, followed by people who are Hispanic. Non-Hispanic black people, Asian people, and people of other races had significantly lower rates of past month vaping than both groups.

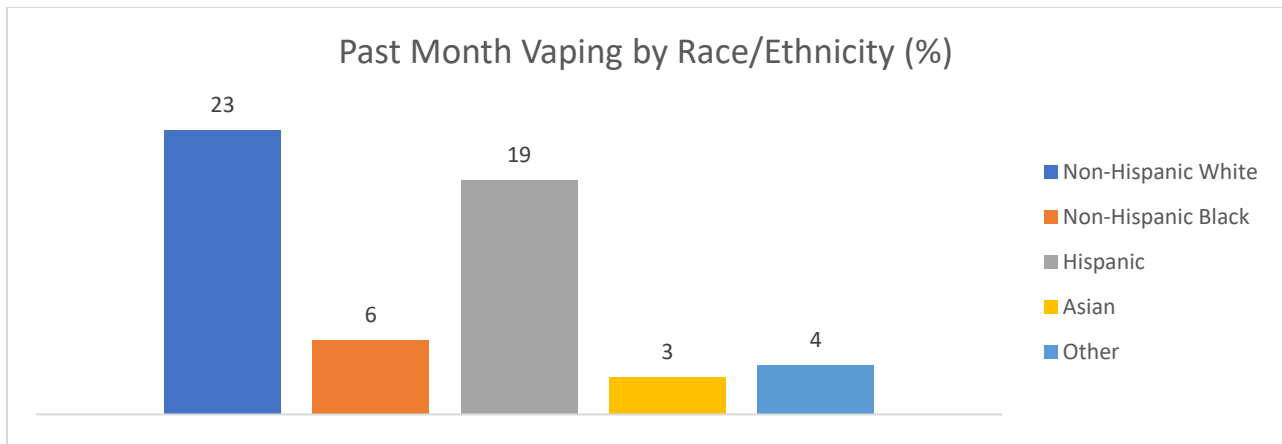


Figure 19: Past month vaping by race/ethnicity

Past month vaping was at its highest among 19 year olds, followed by 18 year olds. There was a downward trend in use after age 19. This is especially interesting in the context of recent changes to laws regulating the sale of vaping devices – in the summer of 2019, the minimum age to buy vaping devices and e-liquids was raised to 21 in Delaware. The minimum age was raised to 21 nation-wide not long after.

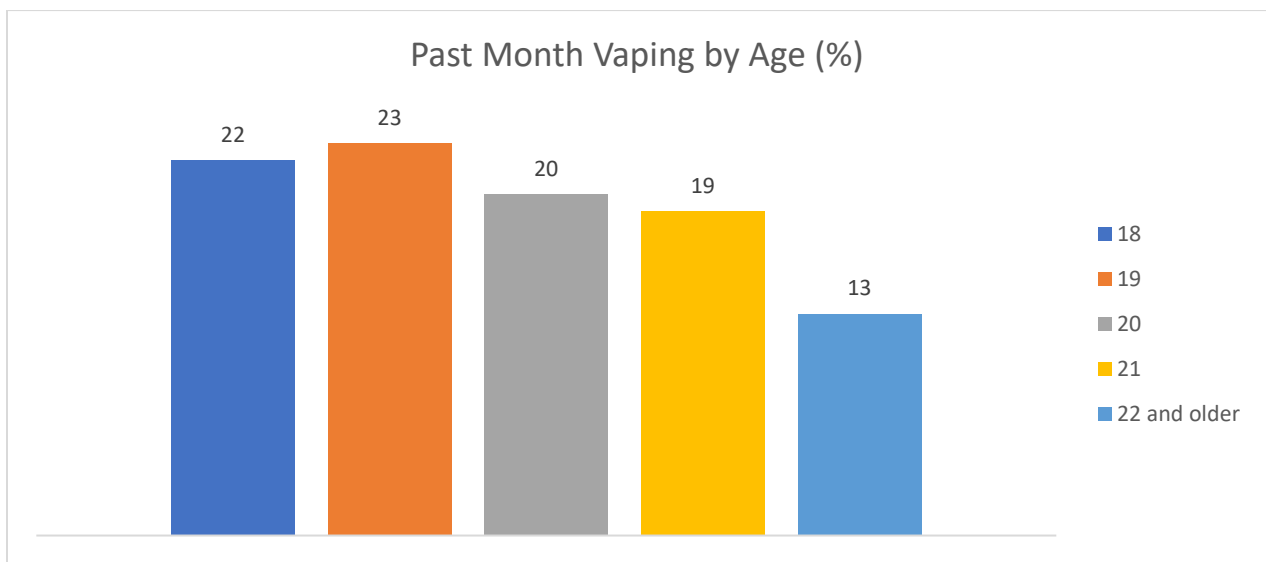


Figure 20: Past month vaping by age

Students Who Vape: A Closer Look

In response to the growing rate of vaping among UD students, the 2020 CRBS included several questions tailored around getting a better idea of the behaviors that students who vape engage in. The following analyses are based on a subsample of the students who reported having vaped in their life – students who have never vaped are excluded.

The majority of students reported their first use of a vaping device at 17 or 18. Prior to the minimum age to purchase vaping devices and e-liquids being raised, someone 18 years old

could purchase vaping products legally in Delaware, but anyone 17 or younger could not.

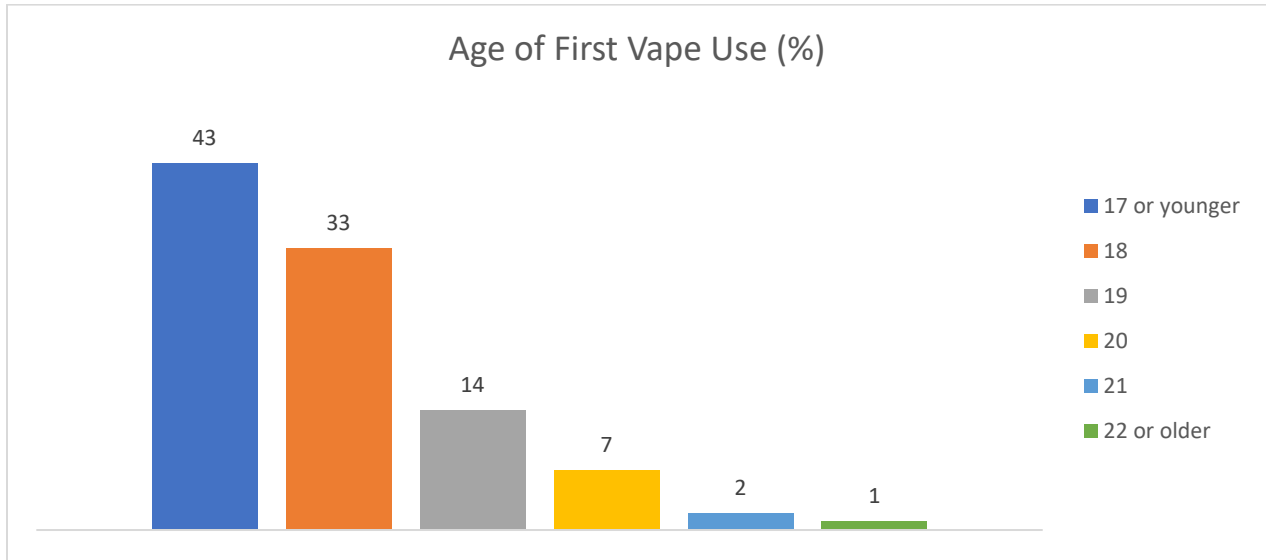


Figure 21: Age of First Vape Use

Students were asked what they vaped in the past month. Nearly half of those who had reported any vape use in their lifetime also reported past month use (44%). 2% reported only using nicotine- and marijuana-free flavored e-liquids, 8% reported nicotine only, 11% reported marijuana only, and 9% reported use of all three substances in the past month. Also notable is that 9% reported the use of flavors and nicotine – a rate greater than that for flavors or nicotine alone.

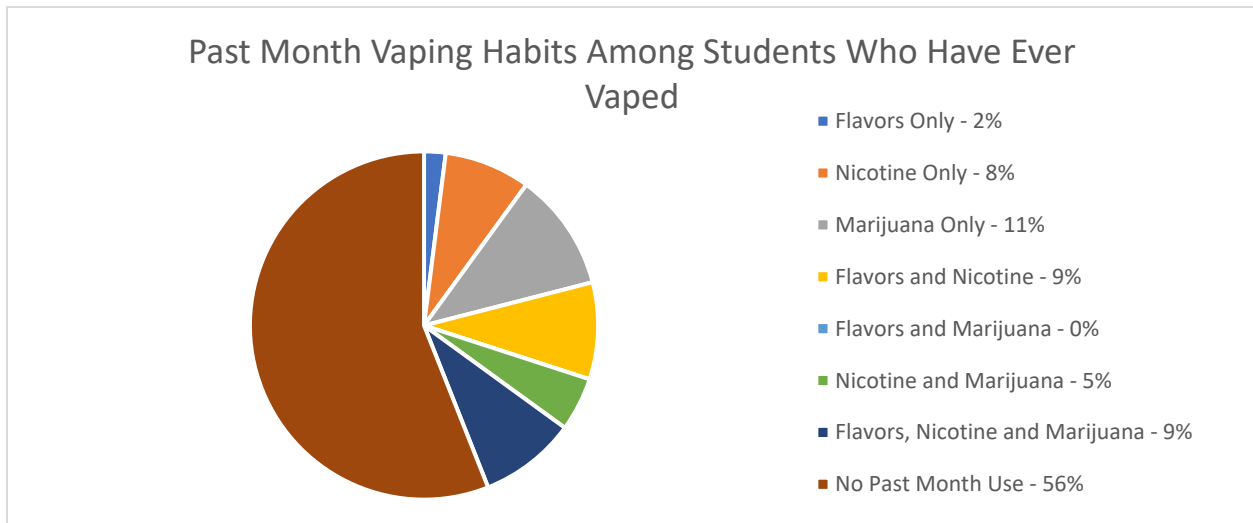


Figure 22: Past Month Vaping Habits

Using questions adapted from Monitoring the Future, respondents were asked why they vape. Nearly half of students reported that they tried vaping to see what it's like – similarly, nearly half reported that they vape to relax or relieve tension. Nearly a third reported that they vape to have a good time with their friends, and over a third reported that they vape to feel good or get high. Very few reported that they are vaping specifically to quit using cigarettes or because cigarette smoking is not permitted. A few students who responded “Other” observed that the experience was not what they were expecting; as one student said, “I just wanted to try it once. But it is actually disgusting. Did it once and almost puked. 10/10 do not recommend lol.”

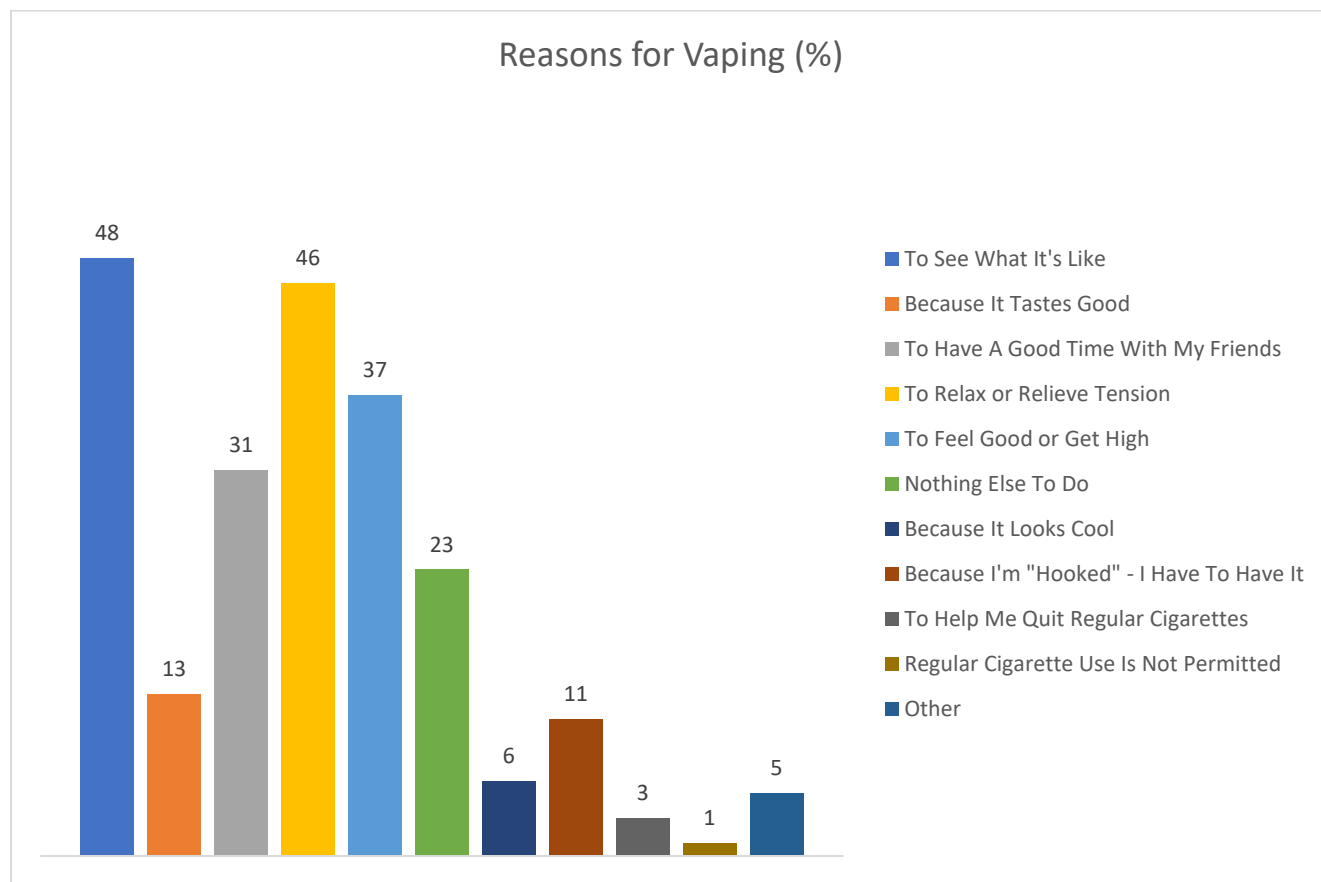


Figure 23: Reasons for Vaping

Respondents were also asked where they would go to get e-liquids containing nicotine or marijuana. 58% responded that they would get nicotine-containing e-liquids from a store, while 55% reported that they would get their marijuana-containing e-liquids from friends, acquaintances, or other peers.

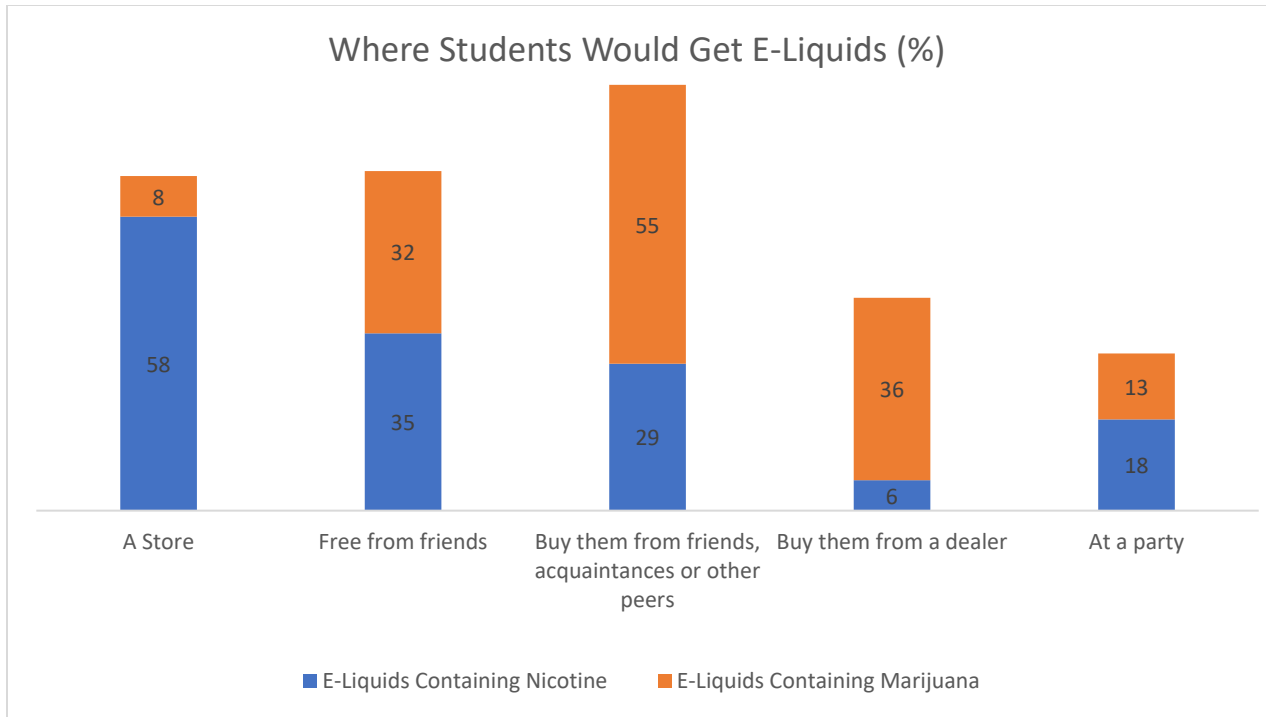


Figure 24: Where Students Get E-Liquids

Suicide

Suicide is the second leading cause of death for individuals 10-34 years old in the United States, and the past two decades have seen worrying increases in suicide rates across the population. From 1999-2017, suicide rates in the U.S. increased by 33% (Weir, 2019). Data from the National Survey on Drug Use and Health suggest that the 18-25 year old age group has seen the sharpest increases in suicidal thoughts, plans, and attempts compared to adults ages 26-49 or 50 and older (SAMHSA, 2020). The COVID-19 pandemic has intensified stressors contributing to poorer mental health outcomes, with preliminary data suggesting elevated suicidal ideation among adults in the U.S. in summer 2020 (Czeisler et al., 2020).

Among students who responded to the CRBS this year, nearly 7% reported that they had seriously considered suicide in the past 12 months, more than 3% reported that they had made a plan for suicide in the past 12 months, and less than 1% reported attempting suicide in the past 12 months. This could become an important indicator of how University of Delaware students are coping with their mental health as the pandemic and related stressors continue into 2021.

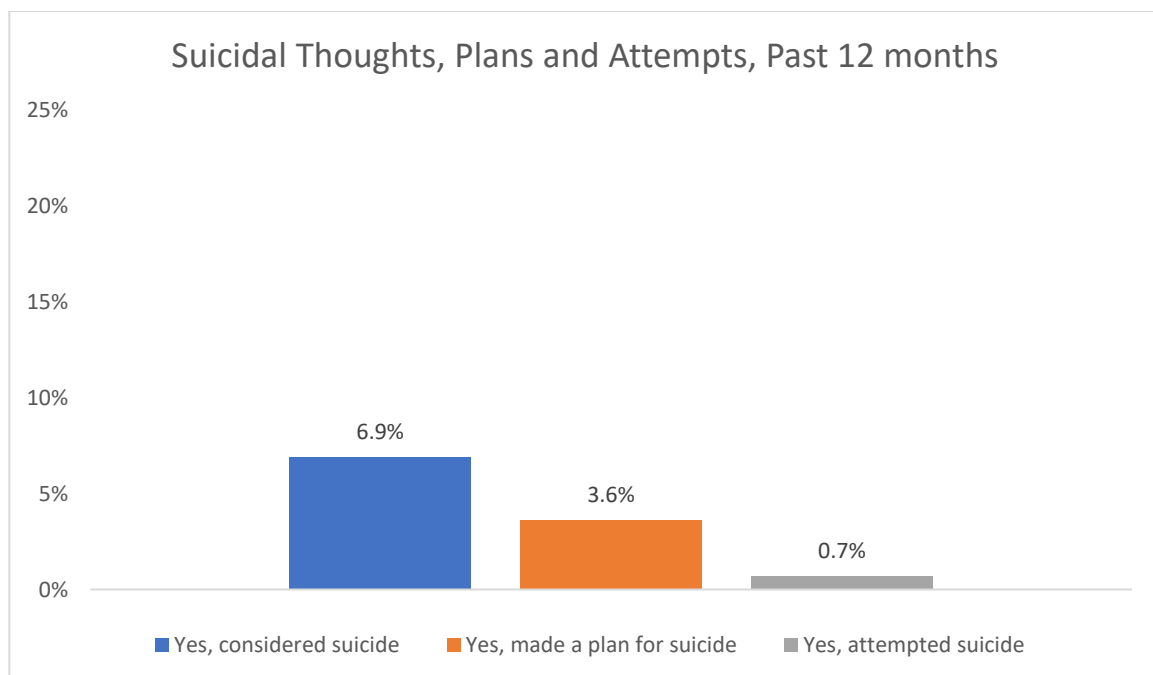


Figure 25: Suicidal thoughts, plans, and attempts, past 12 months

Interpersonal Violence and Sexual Assault

Introduction

Sexual violence on campus is a major social problem affecting the well-being and education of many students. Historically, research in two major areas, interpersonal violence and sexual assault, has focused on the use of force or assault that is facilitated by substance use. However, there are a range of non-physical ways that an individual can experience abuse, such as emotional and economic abuse in the case of interpersonal violence or more subtle coercive tactics used by perpetrators of sexual assault. The CRBS has tracked self-reported victimization in previous years, but in 2020 additional questions about experiences of interpersonal violence and sexual assault were added to the survey to capture the range of possible experiences that may be underreported with traditional questions.

Most studies have indicated that college students are at high risk of experiencing interpersonal violence and sexual assault (Cantor et al., 2015; Fass et al., 2008; Sinozich and Langton, 2014); as such, the team at the Center for Drug and Health Studies working with Student Health and Wellness Promotion constructed these new questions to align with current best practices in measuring experiences of interpersonal violence, sexual assault, and the range of tactics that may be used. The following subsections report in more detail the specific questions that were added to the 2020 survey regarding interpersonal violence and sexual assault, including coercive and more subtle tactics not previously operationalized in the CRBS.

Interpersonal Violence

Interpersonal violence may take on many forms beyond just physical violence (Brochado, Soares, & Fraga, 2017; Kowalski, Giumetti, Schroeder, & Lattanner, 2014). It may be physical, sexual, or may involve more subtle forms of abuse such as emotional and economic abuse experienced at the hands of an intimate partner, a classmate, a friend, someone in a position of authority, or a stranger (Dahlberg & Krug, 2002). Because of this diverse range of potential forms of violence, it is important when studying college students' experiences to also consider alternative environments where victimization may take place, such as on social media and through online social networks, in addition to physical spaces on and off campus (Kowalski, Morgan, Drake-Lavelle, & Allison, 2016).

For the interpersonal violence module in the survey, students were asked if, since starting college, anyone had ever done one or more of the following:

- Sent you unwanted texts/emails/DMs¹⁸
- Approached you when you didn't want
- Acted angry towards you in a dangerous way

¹⁸ DMs refer to Direct Messages on social media platforms or other online accounts.

- Insulted you, called names, etc. alone or in front of others
- Told you no one else would want you
- Tried to keep you from family or friends
- Made decisions for you
- Made threats to physically harm you, a love one, or a pet
- Made threats to harm themselves or take their own life
- Denied or restricted access to money
- Destroyed something important to you
- Refused to use a condom when you wanted them to

A little more than one-third of surveyed students (36.3%) reported experiencing at least one of the above twelve forms of interpersonal violence since starting college. The most often reported form of interpersonal violence was receiving unwanted texts/emails/direct messages (25%), and the second most reported form being insulted and called names (14.5%). The remaining most often reported forms of interpersonal violence were when a person made threats to harm themselves or take their own life (7.4%), approached when you didn't want to be approached (6.8%), and acted angry towards you in a dangerous way (6.4%). The figure below displays the six most prevalent forms of interpersonal violence; the remaining six forms (told you no one would want you; tried to keep you from family/friends; made threats to physically harm you, a loved one, or pet; denied or restricted access to money; destroyed something important to you; or refused to use a condom when you wanted them too) were far less prevalent, with 5% or less students reporting that they had experienced each of these forms.

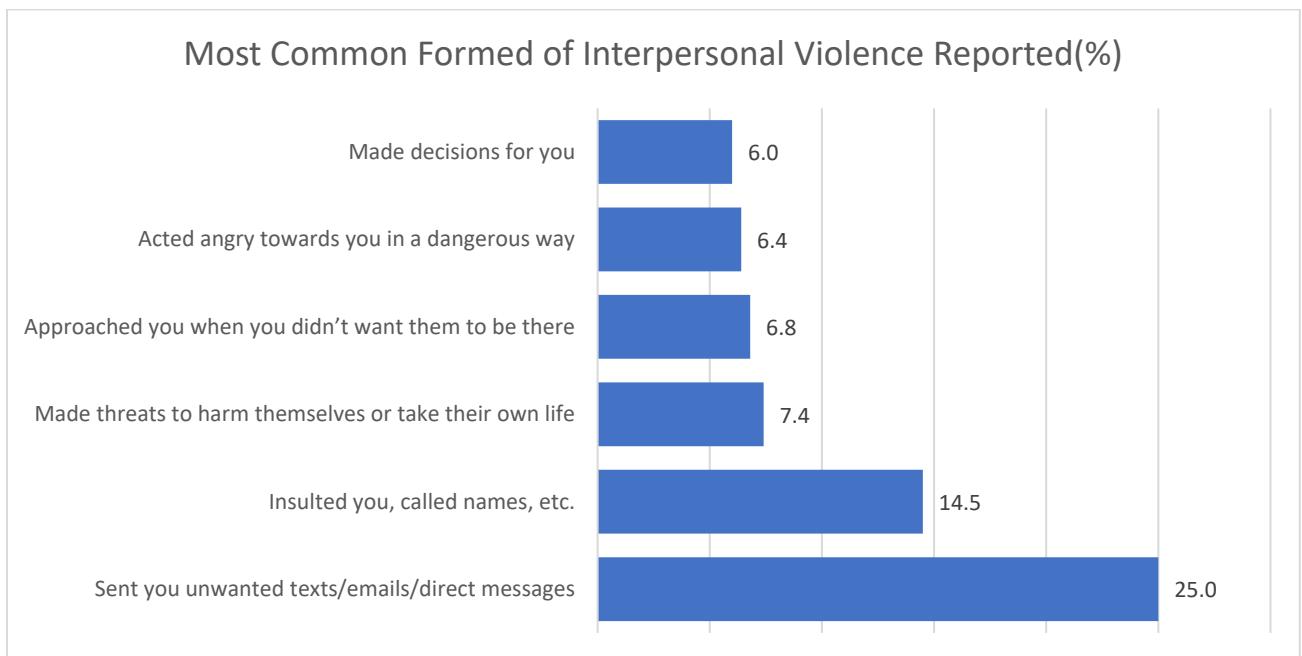


Figure 26: Most common forms of IPV reported

There are differences in IPV experiences by gender and disability status as well. Nearly 40% of female students report at least one of 12 responses from the interpersonal violence module, compared with 31.2% of male students. Students who reported having a disability were also more likely to report that they had experienced a form of interpersonal violence while at college. More than half of students with a disability report experiencing interpersonal violence, compared to roughly one-third of students who did not report having a disability. More than 45% of LGBTQ students had experienced a form of interpersonal violence, compared to a little more than a third of their cisgender and heterosexual peers.

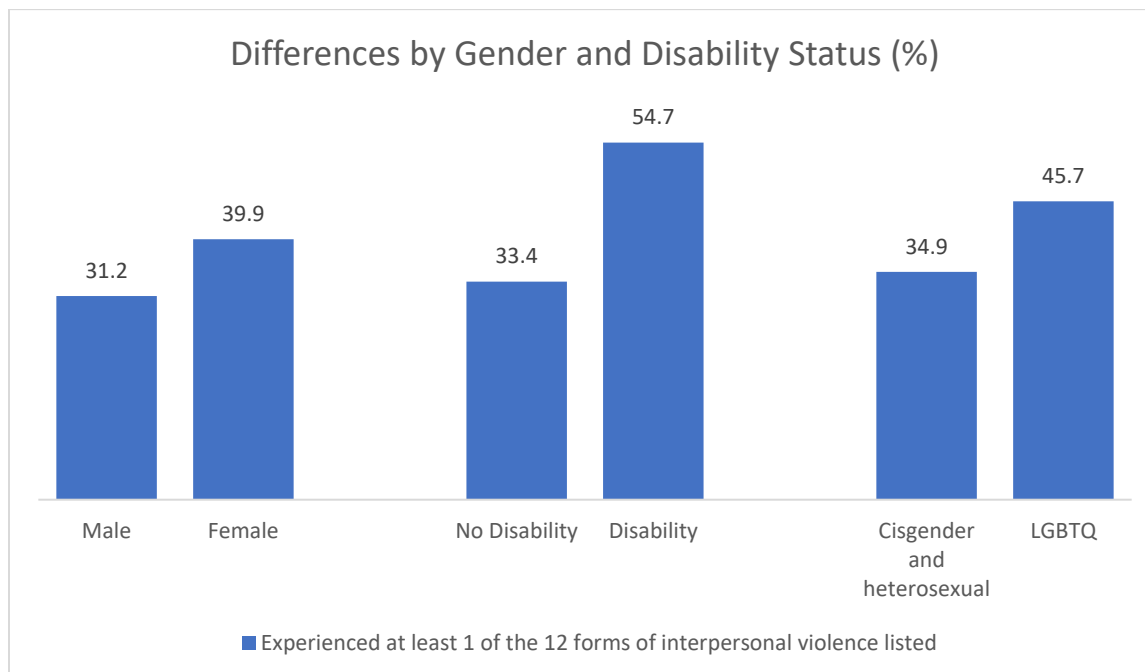


Figure 27: Differences in interpersonal violence experiences by sex, disability, and LGBTQ status

Based on categorizations found in the interpersonal violence literature (Lehman, Simmons and Pillai, 2012; Stark, 2009; Pence and Paymar, 1993), measures included in the survey were aggregated into four primary categories: intimidation; coercion; isolation; and emotional abuse. This is helpful in better understanding the types of abuse that are most common, especially considering the relatively small number of responses for some of the individual interpersonal violence measures from the survey. The four categories represent the following indicators:

- 1) Intimidation reflects the combination of the following behaviors:
 - Someone acted very angry towards you in a way that seemed dangerous.
 - Someone destroyed something that was important to you.
- 2) Coercion and threat reflect the combination of the following behaviors:
 - Someone made threats to physically harm you, someone you love, and/or your pet.

- Someone made threats to harm themselves and/or take their own life.
- 3) Isolation reflects the combination of the following behaviors:
- Someone tried to keep you from seeing or talking to your family or friends.
 - Someone made decisions for you that should have been yours to make, such as the clothes you wear, things you eat, friends you have, where you go and/or what you do.
- 4) Emotional Abuse reflects the combination of the following behaviors:
- Someone insulted you, called you names, told you that you were stupid, ugly, or not good enough alone or in front of others.
 - Someone told you that no one else would want you.

Illustrating the prevalence of these four types of interpersonal violence provides a fuller picture of the experiences of students. Similar percentages of students reported experiencing intimidation, coercion, and isolation, while emotional abuse was nearly twice as common.

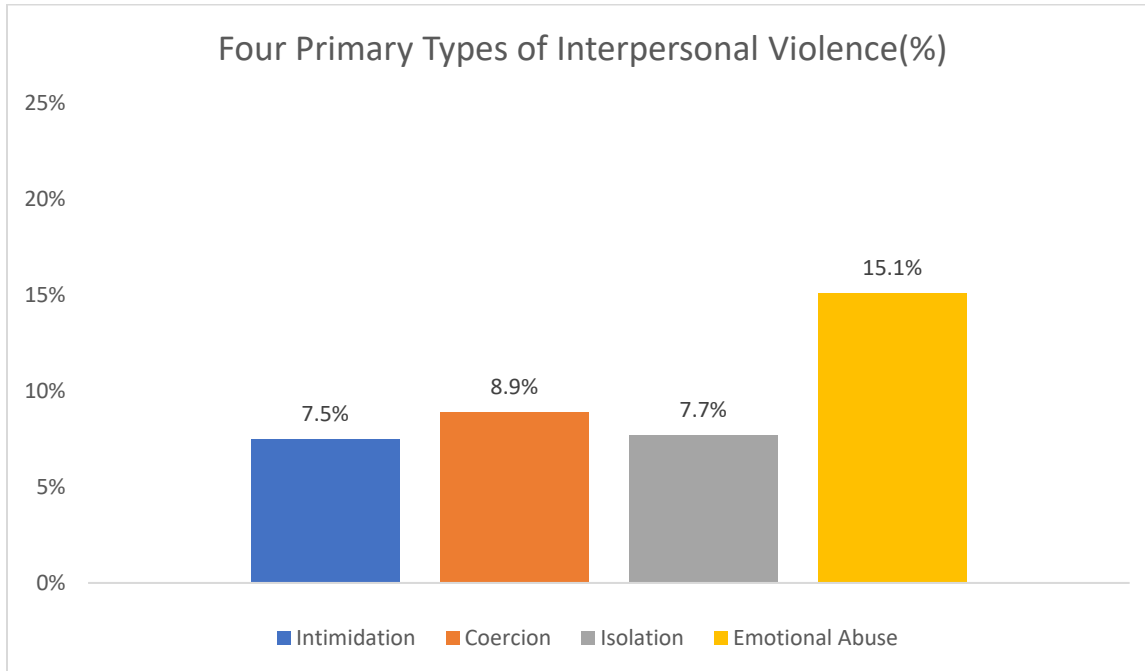


Figure 28: Prevalence of four primary types of interpersonal violence reported

Among the students who experienced some sort of interpersonal violence, more than one third identified their harasser as an intimate partner, 30.8% identified someone that was very close to them, but they were never in an intimate relationship, and 33% identified a classmate or an acquaintance that not well known to them.

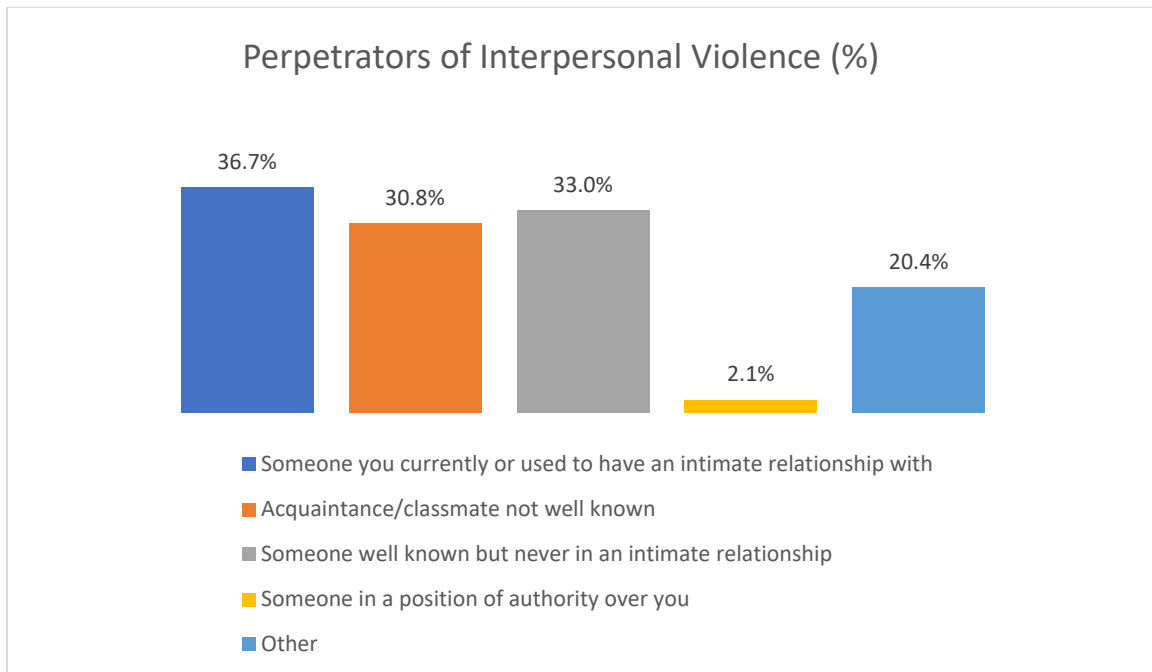


Figure 29: Perpetrators of interpersonal violence

Sexual Assault

When asked if, in the past year, they have been forced or coerced into having unwanted sex, approximately 2.9% of surveyed students in 2020 responded yes. Research suggests that coercion is a primary tactic used to obtain sex with a non-consenting person (Pugh & Becker 2018). However, most questions do not go into greater detail about the varying types of behavior that can be considered coercion and the range of what can be categorized as sexual assault. To address this limitation, new questions added to the 2020 survey focus on coercion as a sexual assault tactic, and specifically ask respondents if they have experienced any one of eight tactics after refusing to consent to sexual activity. These questions emphasize that a person may express non-consent in a variety of ways, both verbal and non-verbal. While a person may verbally say “no”, other forms of non-consent could involve physically moving or turning away, saying earlier in the night they do not desire to have sex later, making excuses, or using other verbal and non-verbal cues to express hesitation. Students are asked if, after expressing non-consent, they have ever experienced any of the following coercive tactics from someone:

- Tried to get you to change your mind by repeatedly asking
- Tried to make you feel bad for saying “no” to them
- Made you feel that you could not say no to sex because you invited them over or you went to their place
- Ignored your verbal and non-verbal no’s or pretended they couldn’t hear you

- Took advantage of you when you were drunk or high
- Became angry or got really mad at you
- Waited until you were asleep
- Used physical means to hold you down, block your exit, or harm you

Furthermore, students are asked to indicate whether any sexual activity occurred following any of the above coercive techniques. This allowed researchers to measure the overall prevalence of coercive tactics as well as how commonly the use of such coercive tactics preceded sexual assault. This is important because many students may experience coercive tactics prior to sexual activity, but would not necessarily report these experiences as sexual violence or sexual assault, thus resulting in a possible undercount of the true prevalence of sexual assault via coercive tactics among college students.

One quarter of students reported that, since starting college, they had experienced at least one of the above listed forms of coercion (regardless of whether sexual activity took place after the coercion). Of those surveyed, 13.5% of students reported experiencing at least one coercion tactic that was followed by sexual activity, while 16.9% of students reported experiencing a tactic that was not followed by sexual activity.

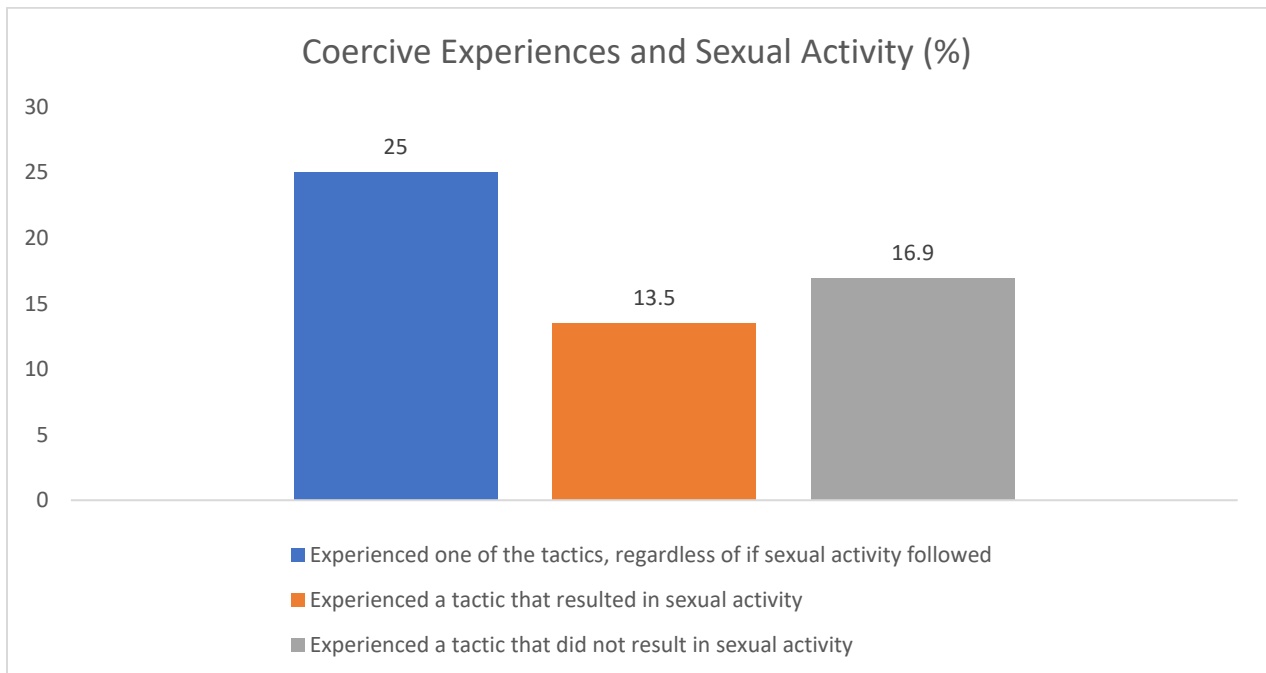


Figure 30: Coercive experiences and sexual activity

Students most commonly reported experiencing: someone trying to get them to change their mind by repeatedly asking (21%); someone trying to make them feel bad for saying “no” (16.1%); and someone making them feel like they couldn’t say now because they had invited the perpetrator over or had willingly gone to their place (10.8%). Least common, roughly five percent of students reported that someone had waited until they fell asleep or that they had used physical means to hold them down, harm them, or prevent them from leaving.

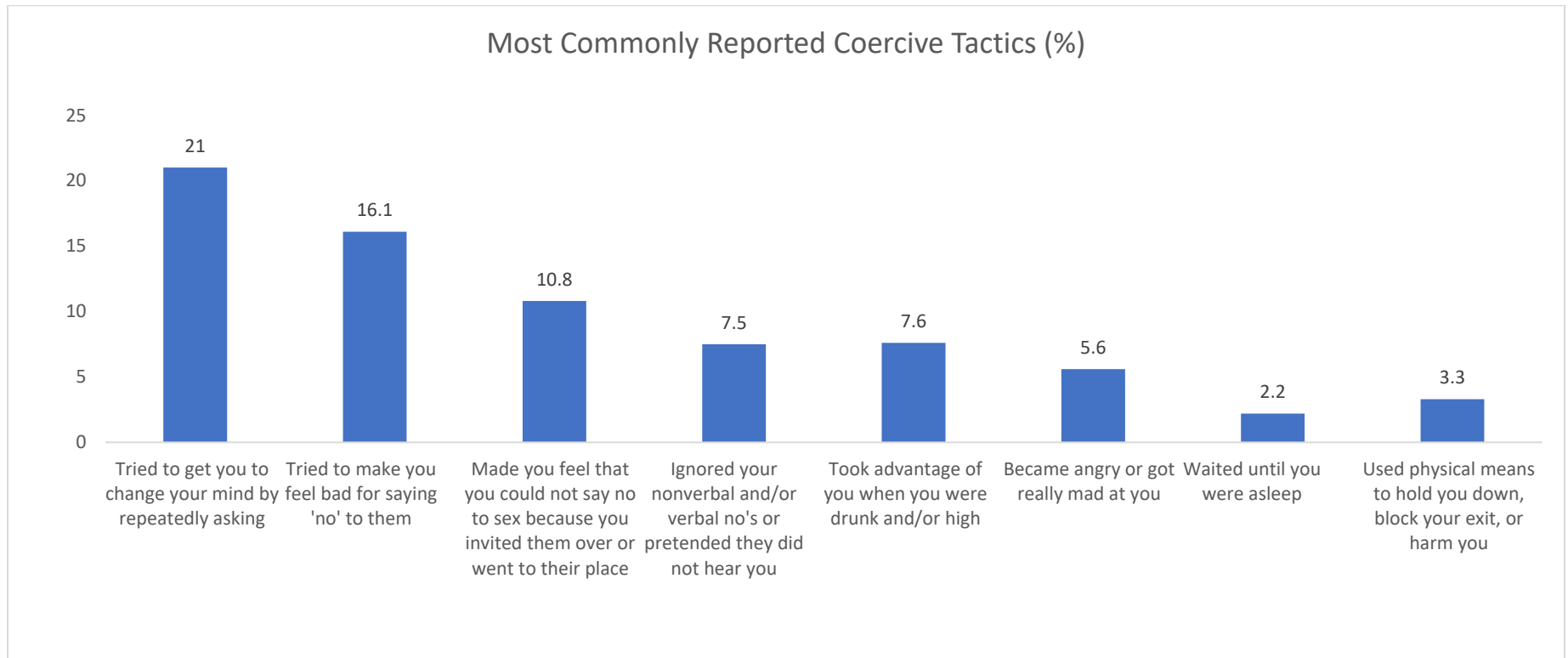


Figure 31: Most commonly reported coercive tactics

There are also substantial disparities in the prevalence of coercive experiences by sex, disability, and LGBTQ status. Female students report experiencing at least one of the eight forms of coercion at more than two and a half times the rate of male students. Students with disabilities report experiencing coercive tactics nearly twice as often as students without disabilities. More than a third of LGBTQ students also report experiencing coercion, compared to less than a quarter of cisgender and heterosexual students.

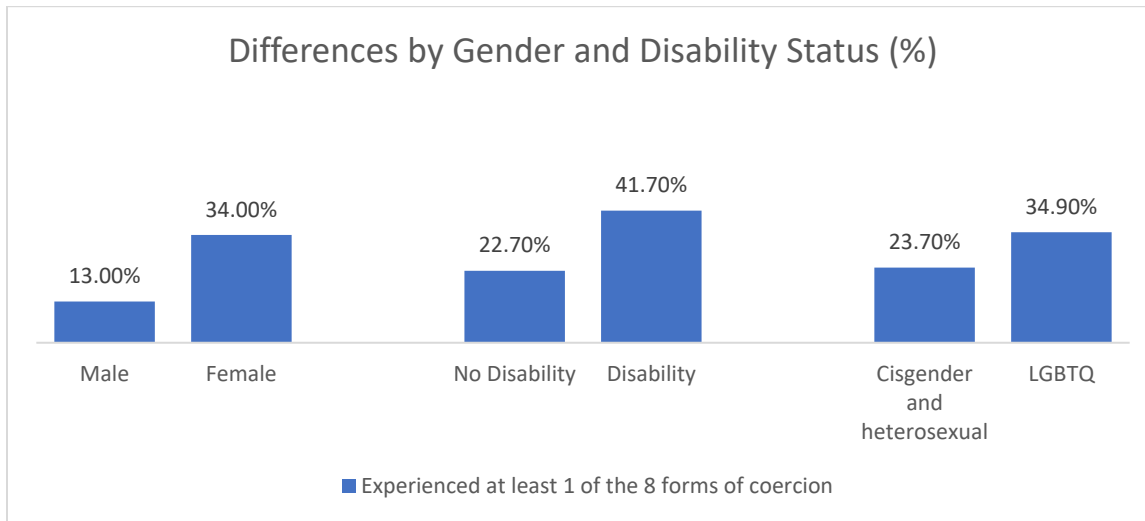


Figure 32: Differences in coercion prevalence by sex and disability status

Students were also asked to report the identity of the perpetrator of the coercive behavior. Among students who experienced coercion that was followed by sexual activity, the majority (66.8%) reported that they were someone with whom they currently or previously had an intimate relationship. Roughly ten percent responded that it was an acquaintance or classmate not well known to them, while nearly a quarter reported that it was someone well known to them but who had never been an intimate partner. Fewer students responded that they had experienced sexual coercion from someone in a position of authority over them or from someone else entirely.

Perpetrators of Coercive Sexual Assault Tactics (%)

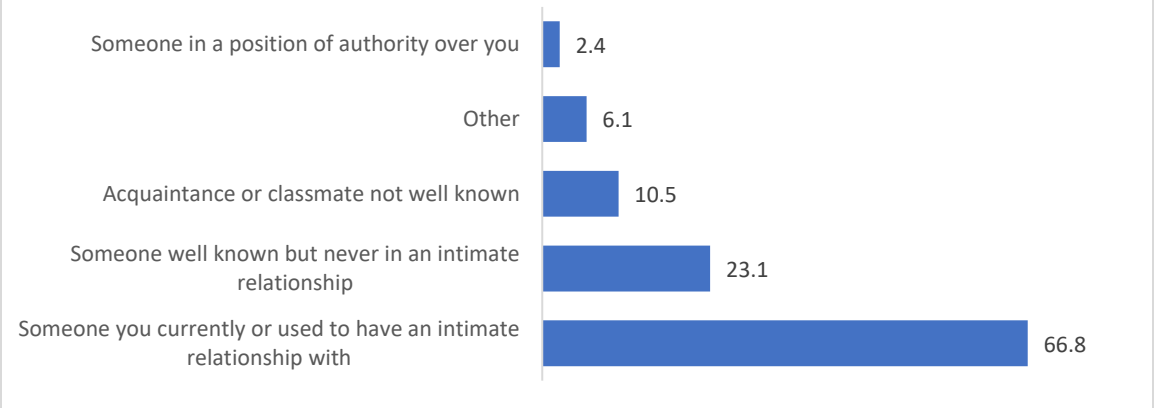


Figure 33: Perpetrators of coercive sexual assault tactics

Accessing Resources and Mitigating Risk

In this last section of the report, we highlight positive behaviors, including help seeking and knowledge of resources on campus, and risk reduction strategies used by students at the university.

Alcohol Harm Reduction Strategies

Students engage in a number of strategies to mitigate potential consequences from risky drinking. These types of strategies can be understood as forms of harm reduction, and include practices such as always traveling in groups, not drinking from large open containers, pacing alcoholic beverages, and so on. A substantial percentage of students reported using one or more of these strategies when drinking in the past year; the below table illustrates the percentage of students who responded that they always or most of the time use the respective strategies. Most commonly, students report that they know what they are drinking, have a plan to get home safely, and know their limits and when to stop drinking. Students least commonly report consuming no more than three (if women) or four (if men) alcoholic drinks and storing emergency contacts in their phone or using the Live Safe app.

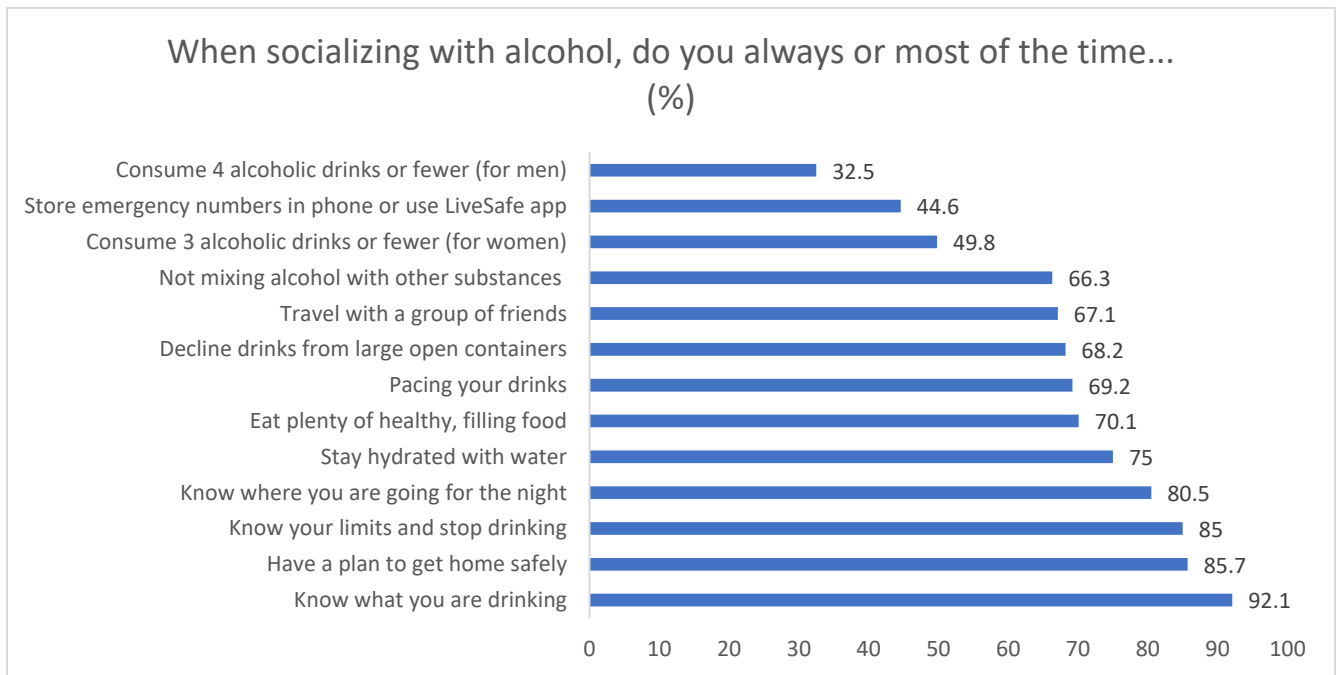


Figure 34: Alcohol harm reduction strategies used by students

Willingness to Seek Help

Students were asked a series of questions regarding their willingness to seek help, and who they would seek help from, in the case of a medical emergency¹⁹, someone becoming a threat to

¹⁹ A medical emergency is specifically defined in this context as experiencing one or more of the following:

themselves or others, or someone making harmful decisions or being unable to think clearly, all while having used alcohol or other drugs. For all three scenarios, students most commonly reported that they would call 911 or the police, call a Resident Assistant, or seek help from a friend. Students were more likely to report calling the police or 911 in the event of a medical emergency following substance use compared to the other scenarios; while in cases where a friend was intoxicated and making harmful decisions, their likelihood of calling on a friend or campus RA for assistance increased.

Furthermore, three-quarters of students said that they would not be afraid of getting in trouble for reporting any of the above scenarios. Students who were not afraid of getting in trouble for reporting these kinds of incidents more commonly reported that they would ask for help from an authority figure; students who were afraid of getting in trouble more often reported that they would first go to a friend. The top three most frequent responses are reported in the figures below.

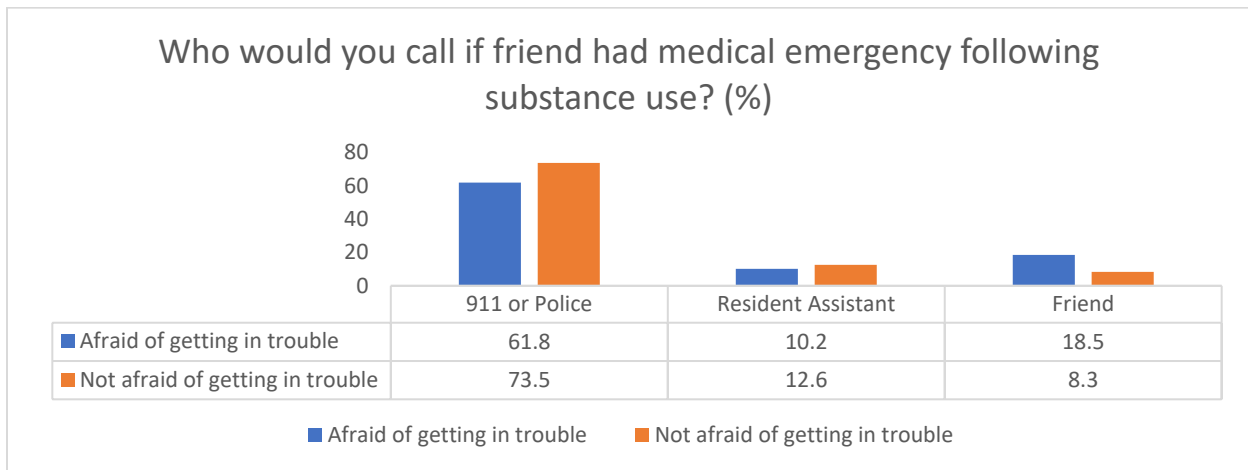


Figure 35: Afraid of getting in trouble and calling in case of medical emergency

throwing up, change in skin color, irregular heart rate, irregular breathing, passed out, fell, seizure, or any other injury.

Who would you call if friend became a threat to themselves or others following substance use? (%)

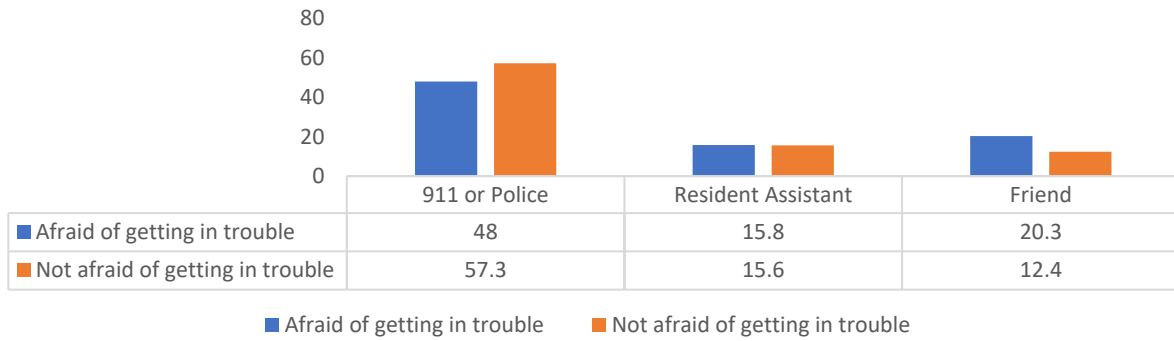


Figure 36: Afraid of getting in trouble and calling if friend posed threat

Who would you call if friend was making harmful decisions or couldn't think clearly following substance use? (%)

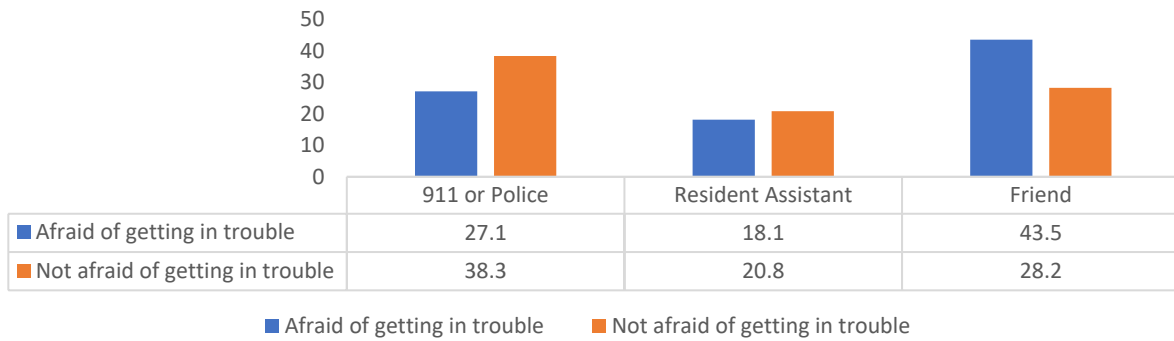


Figure 37: Afraid of getting in trouble and calling if friend made harmful decisions

Students were also asked who they would talk to if they were concerned about their relationship experiences. Students were provided 14 response options and allowed to select multiple answers. Most commonly, students reported that, if needed, they would talk to law enforcement. The least common response was a family religious or spiritual leader.

| | Have already talked to them (%) | Would talk to them if needed (%) | Would not talk to them (%) |
|--|---------------------------------|----------------------------------|----------------------------|
| Center for Counseling and Student Development | 6.8 | 70.5 | 22.8 |
| Family Religious/Spiritual Leader | 3.8 | 43.2 | 53.0 |
| Friends | 33.3 | 62.9 | 3.8 |
| Partner or significant other | 26 | 68.6 | 5.5 |
| Sexual Offense Support (S.O.S.) | .5 | 73.8 | 25.7 |
| UD Help Line | 1.1 | 70.6 | 28.3 |
| Medical personnel off campus | 2.6 | 77.8 | 19.5 |
| Crisis hotline off-campus | 1.3 | 69.1 | 29.7 |
| Law enforcement | 1.5 | 81.2 | 17.3 |
| Victim Advocacy /Crisis Counseling at Student Wellness | .5 | 72.5 | 27 |
| Title IX Coordinator | .9 | 66 | 33.1 |
| Victim support services with a police agency | .2 | 74.1 | 25.7 |
| Other authority personnel | 2 | 69.2 | 28.8 |
| Someone else | 3.9 | 75.4 | 20.7 |

Sexual Health and Contraceptive Knowledge

More than a quarter of students have never had sexual intercourse. Among those who have had sexual intercourse, 96.9% report using some method to prevent pregnancy or disease the last time they had sexual intercourse. Pregnancy prevention seems to be a greater concern among students than preventing sexually transmitted infection (STI) transmission; when asked what methods they used to prevent disease the last time they had sexual intercourse, more than a third of students reported that they did not use any methods.

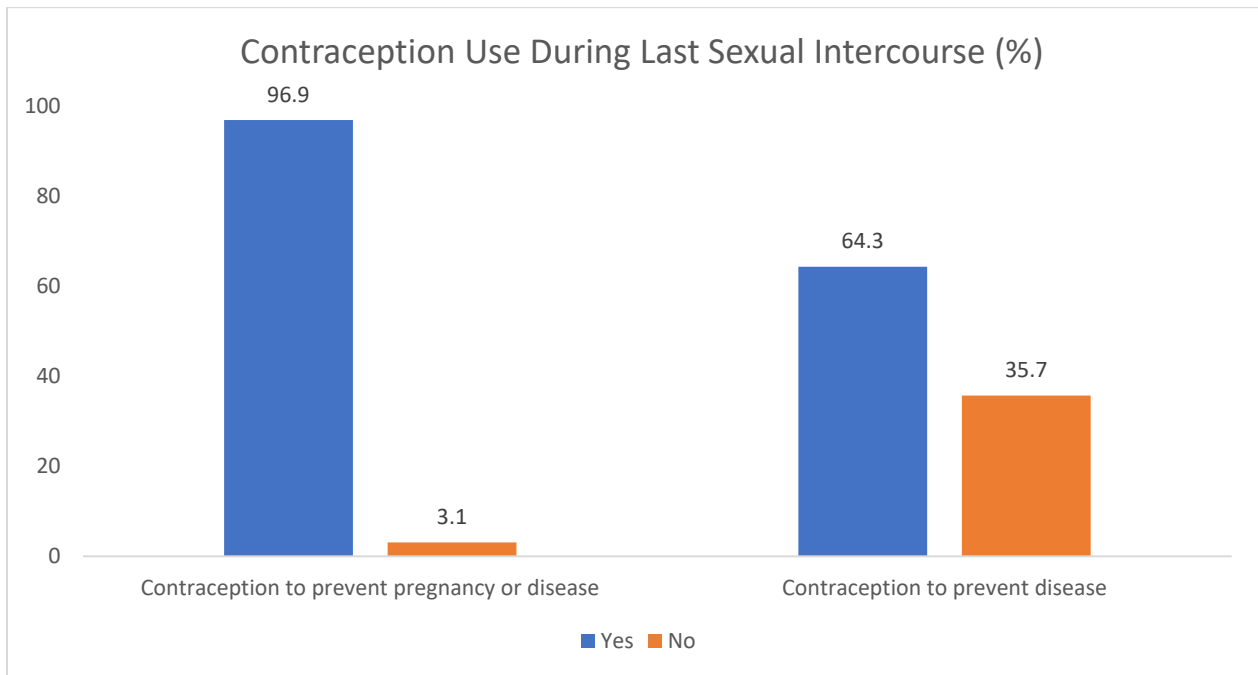


Figure 38: Contraception use during last sexual intercourse

The most popular reported methods of pregnancy prevention used by students were birth control pills and condoms, followed by the withdrawal method. A smaller percentage of students report using IUDs and the shot, and the remaining students were given the option to write in their method of contraception. Other responses here included spermicide and pulling out and implants such as Nexplanon. Some respondents also wrote in that they did not use any method of pregnancy prevention because they had a same-sex partner.

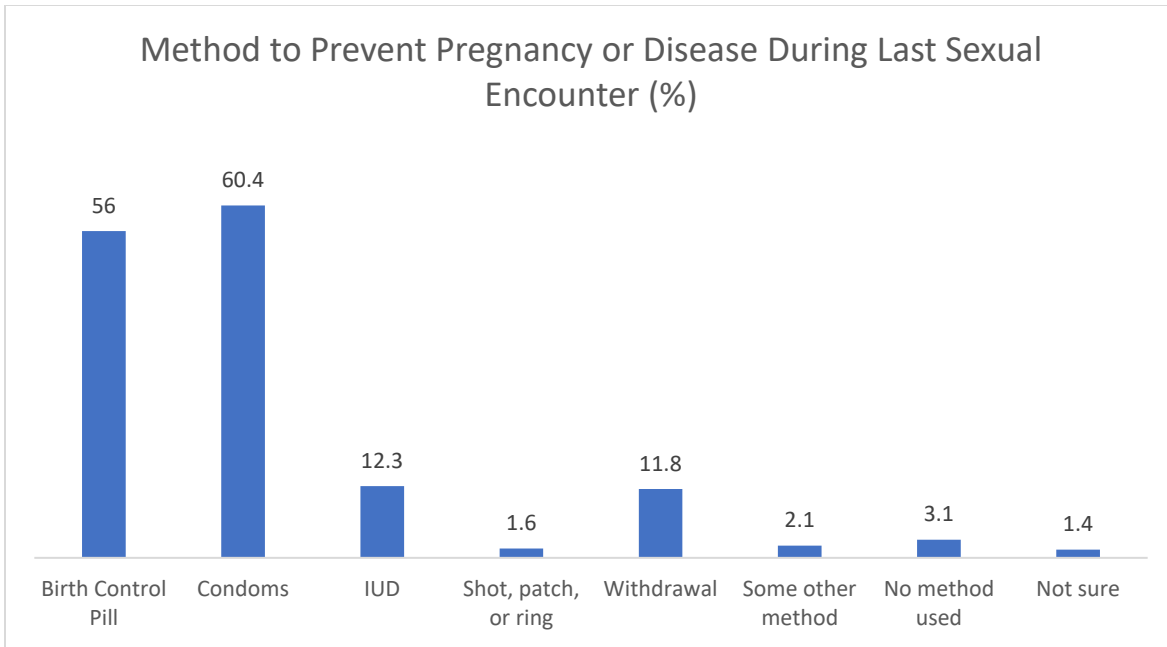


Figure 39: Pregnancy prevention method used during last sexual encounter

Students less frequently report using contraceptive methods solely to prevent disease. Among student who have ever had sexual intercourse, approximately three out of five students report using a barrier method (condoms or dental dams) to prevent disease. A small number of students report not using a method of preventing disease because they are in monogamous relationships and/or get tested for STIs regularly.

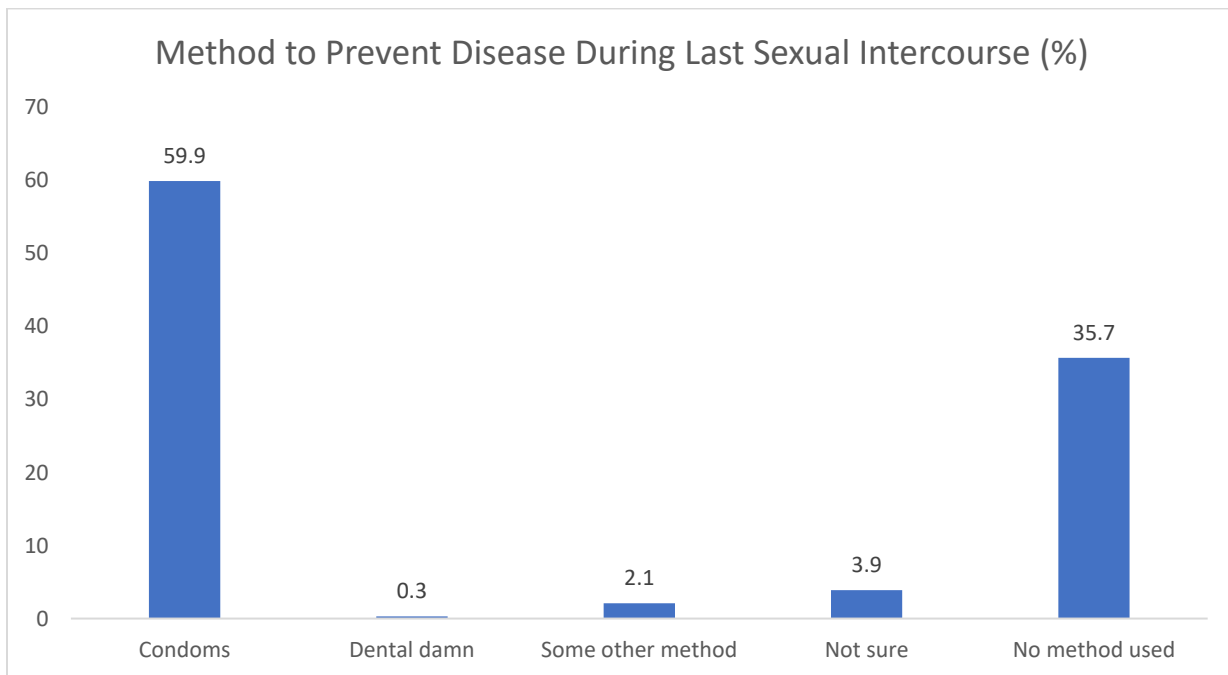


Figure 40: Method to prevent disease during last sexual intercourse

A number of students also report receiving information about birth control, including where they can go to get it, how much it costs, what types are most effective, and/or how a particular method works. More than a quarter of students say that they have received information about where they can go to access birth control, but a majority of students still respond that they have not received any information about these topics.

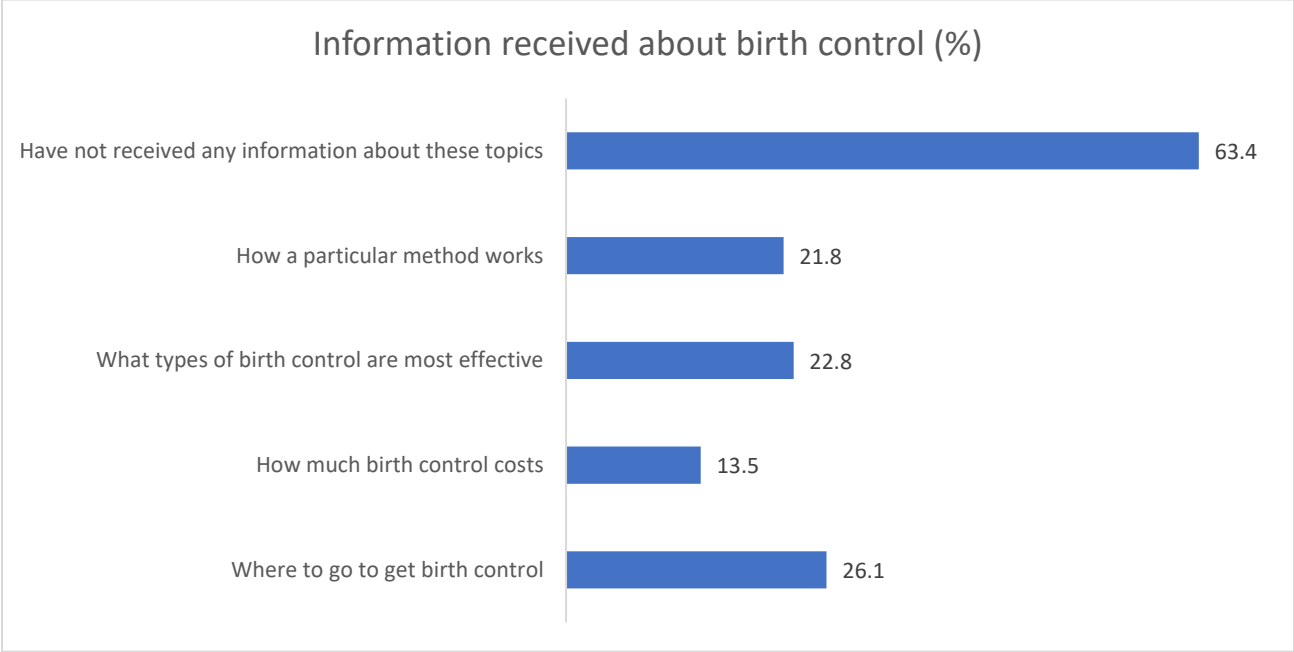


Figure 41: Information received about birth control

Key Takeaways from the 2020 CRBS

The 2020 CRBS, as with most data collection efforts that took place during the pandemic, was affected by the COVID-19 pandemic. It is difficult to determine exactly what effect the pandemic has had on our data – this survey was designed prior to its onset and was not designed with knowledge of what the United States would soon be facing. That being said, one effect is clear: the survey’s response rate was significantly lower than in past years. As a result, it is possible that those who chose to participate are in some way different from those who participated in previous years, or from those who may have participated this year if the pandemic had not occurred. It is also possible that some of the data presented here, such as rates of substance use, differ from past years not due to actual change, but due to differences in the sample that chose to participate in light of a burgeoning pandemic. Because the survey was administered in the very first days of the pandemic – while the survey remained open for a month, one week longer than is typical for this survey, the bulk of the responses were collected just a day prior to the University of Delaware announcing its first case, and the subsequent changes to students’ schedules and transition to online-only class delivery took place during the remainder of the survey administration period– it does not seem that actual responses were greatly affected by the pandemic itself.

That having been said, there are a number of takeaways from this year’s survey of great importance to the University of Delaware community. Alcohol remains the most used substance among UD undergraduates, followed by marijuana. Rates of vaping device use greatly exceeds those of just a few years ago, despite changes to state and federal laws made to prevent people under the age of 21 from using them. Even in the earliest days of the pandemic, numerous students reported mental health concerns, sexual victimization, and interpersonal victimization.

With national data sources showing that mental health concerns, substance use, and interpersonal violence continue to increase amid stay-at-home orders across the country, Student Wellness and Health Promotion and the UD community as a whole are, and must continue to, implement initiatives to promote the health and safety of University of Delaware students. While many students report engaging in risk-mitigating behaviors such as having a plan to get home safely when socializing with alcohol, or that they would call law enforcement, a resident assistant, or a friend in case of substance use, mental health, or other emergencies, there is ample room to continue to invest in initiatives to promote these risk-mitigating behaviors, and to encourage students to engage with resources to help them when needed.

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