

Adverse Childhood Experiences (ACEs) and Other Trauma

The 2022 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 funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Please address all inquiries to M.J. Scales, MPH, CPS, University of Delaware [Center for Drug and Health Studies](mailto:mjscales@udel.edu), Department of Sociology and Criminal Justice: mjscales@udel.edu.



The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

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 approximately 55 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 efforts 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 available data on adverse childhood experiences (ACEs) and other trauma. 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

Beebe Healthcare

Children and Families First

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 Corrections

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

Delaware Guidance Services

Delaware Information and Analysis Center

Delaware Multicultural and Civic Organization

Delaware Overdose System of Care

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
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Latin American Community Center
Mental Health Association in Delaware
Milford School District
NAMI Delaware
Nemours Health and Prevention Services
Network Connect
New Castle County Behavioral Health Unit
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
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If your organization is interested in becoming an SEOW Collaborator, please contact Meisje Scales at: mjscales@udel.edu.

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Notes: 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 (i.e., 30 or above).
- **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.
 - 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](#).
- The 2021 Delaware School Survey (DSS) is administered annually to students in 5th, 8th, and 11th grades of participating public schools. There is one version designed for 5th graders and a secondary version for 8th and 11th graders. These data are important for monitoring behavioral health among youth and are included throughout the report. The sample sizes for the 2021 DSS are:
 - 5th grade: 2,601
 - 8th grade: 2,896
 - 11th grade: 1,597
- Pandemic Impacts on Data Collection: Since 2020, the COVID-19 pandemic has greatly affected data collection of all kinds. This report compiles the most recently accessible state and national data available to provide a comprehensive profile of behavioral health in Delaware. Given that the timing and methods of various data survey administrations may have changed within the past several years, it will be important to consider this when interpreting trends.
 - Prior to the onset of the COVID-19 pandemic, the Delaware School Survey was administered at participating schools in person and using paper and pencil copies. To accommodate the new pandemic-related protocols that were put in place when in person learning resumed, in 2021, the survey was administered to students using an online format. Data from the 2021 survey should be interpreted with this in mind, especially when comparing trends against previous years, as changes in the survey format may impact student participation in unknown ways.

A Note on Word Choice Used in this Report:

Language frames how we collectively think about behavioral health and is continuously evolving. The SEOW Facilitator Team strives to use word choices that are accurate, respectful, free of stigma, strength-based, trauma-informed, and inclusive and culturally sensitive in our data products. However, much of the data and information we report are drawn from other sources. To preserve accuracy, whenever possible, we use the words, phrases, and data labels that are

used in the original sources even if these terms are not necessarily the terms we would use as researchers, practitioners, or prevention specialists. When it is necessary to edit an SEOW product in a way that uses different terminology from the original data source, we include the original phrasing in the accompanying notes.

1. Adverse Childhood Experiences (ACEs) and Other Trauma

National Overview

“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.

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

Adults and youth who experience ACEs are more likely to also report use of substance substances and mental health symptoms.

1 in 5 8th graders and 1 in 4 11th graders reported that they had been or knew someone who was the victim of gun violence.

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 a victim of violence. It can also be experienced indirectly. For example, youth may be deeply impacted by the suicide of a fellow student or by watching news coverage of a tragic event like the recent school shooting in Uvalde, Texas. The impacts of trauma can be short term or long lasting and can affect physical as well as mental wellbeing. 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; research by Brown and colleagues (2009) indicates that individuals who experience six or more ACEs have a shorter life expectancy by up to 20 years. However, the presence of a supportive and caring adult has been associated with higher rates of 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.).

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:¹

- emotional, physical, sexual abuse
- emotional and physical neglect
- parental divorce/separation
- living in a household with a person who has a mental illness
- living in a household with a person who abuses substances
- parental incarceration
- exposure to domestic violence

Nearly two out of three respondents reported experiencing one or more ACE, with one in eight participants experiencing four or more (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 (Hussaini et al., 2016).

ACEs can be particularly impactful because they occur at an early stage of cognitive, physical, social, and emotional development. However, trauma can be experienced at any age. Community, societal, and global conditions such as poverty, systemic injustice, racism, social and political unrest, natural disasters, and war are traumatic events. As mentioned previously, chronic exposure to widespread trauma through community experiences, media reports, and other influences can cause negative outcomes for individuals. First responders, healthcare professionals, law enforcement officers, social workers, and others who work with people who experience trauma directly may experience trauma themselves. A recent example would be the experiences of healthcare professionals who worked in emergency departments and hospitals throughout the COVID-19 pandemic and chronically witnessed the impact of devastating illness and loss.

¹ Instruments that attempt to measure the rate of ACEs generally include a list of commonly identified adversities such as those in the original study. As the field has evolved, various instruments have incorporated additional conditions. Because one's experience of trauma is unique, it is worth noting that a given condition may be experienced as an adversity by one child and not another.

Delaware Overview

To address this public health challenge, in 2018 Governor John Carney issued Executive Order 24 to establish Delaware as a “trauma-informed state²” 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%). With the addition of two new indicators, being bullied and experiencing discrimination, 59% of adults reported having at least one ACE with 16% reporting four or more (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 Hussaini³ [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 ten adults reported they had been physically abused by a parent or touched sexually as a child (11% and 10.1%,

² 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.

³ 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.

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 ACEs⁴ (Hussaini, 2021).⁵

The Delaware School Survey (DSS) includes a number of questions that address trauma and adversity. 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. Although the 5th grade questionnaire includes fewer questions related to ACEs, in 2021, 9% of students reported being in a fight in their neighborhood and 4% reported being in a fight at school within the previous year, and 6% reported being bullied within the past month. Seven percent reported that an adult family member had been in jail or prison within the past year.

The DSS Secondary questionnaire is designed for 8th and 11th graders and includes a greater number of ACE indicators.⁶ Two out of three 8th graders who responded to the 2021 DSS reported experiencing at least one ACE, and more than one in four (27%) revealed having

⁴ For more on the NSCH Family Resilience Index, please see Chapter 13 of this report, Protective Factors.

⁵ 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.

⁶ The Delaware Secondary School Survey asks students to report on the following experiences: *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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence.*

exposure to three or more. Most commonly, students reported being bullied (29%), living with someone with mental illness (25%), living with someone with a substance use disorder (24%), witnessing violence at home (22%). Nearly one in five (19%) had been or knew someone who was the victim of gun violence; the same percentage reported being hit by another teen.

Eleventh graders reported a similar rate of exposure to ACEs as their younger counterparts. More than one-third reported at least one ACE including one in four who reported experiencing three or more adversities. One in three students indicated that they had ever lived with a person with a mental illness and 29% indicated that they had ever lived with someone with a substance use disorder. Nearly one in four (23%) had been or knew someone who was the victim of gun violence. Being bullied and witnessing violence in the home were also common.

The 2021 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 concerns.⁷ Across both age groups, females were more likely than males to report three or more ACEs.

Students were also asked about their perceptions of safety at school as well as concerns regarding gun violence. The majority of 8th and 11th graders reported feeling safe in their school most of the time or often (73% and 77% respectively). However, roughly a third of students reported that they believe student violence is a problem at least some of the time. Approximately one in ten 8th graders worry about gun violence as a problem and gun violence in school most of the time. While 15% of 11th graders worry about gun violence as a problem only 6% reported worrying about gun violence in school most of the time.

The 2021 DSS Secondary questionnaire also allowed students to share input on what schools could do to make them feel safer while at school. Of note, 44% of 8th graders and 52% of 11th graders selected provide mental health counselors or school psychologists, the most common response. Nineteen percent of 8th graders and 28% of 11 graders also responded that school based social workers would make them feel safer. One in three students were in favor of conducting active shooter drills and having more school resource officers. When given the option to check *other*, more than 300 students shared additional thoughts with write-in answers. Responses were wide-ranging and touched on issues such as: bullying and harassment; gender identity, inclusivity, and sex education; listening, empathy, and awareness; greater accountability and enforcement of rules; mental health education, awareness, and opportunities to take a time out; dress codes; and more supervision. A review of these comments also revealed the complexities of enhancing school safety. For example, some students identified the need for

⁷ 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.

more, and more intensive, active shooter drills while others believed that the focus on these activities created fear among some students; while some students thought more school resource officers would make them feel safer, many responded that law enforcement presence in their schools did not make them feel safer. The variety and amount of information shared in these responses indicate the importance of this topic to students and the need to incorporate their voices when designing strategies to prevent and reduce trauma.

As mentioned, exposure to trauma is not limited to home and school environments. One of the more visible forms of trauma is violence in the community. The count of homicides identified in Delaware has increased from 56 in 2019 to 103 in 2021, most commonly involving firearms (Delaware Division of Forensic Science, 2021). The victims were predominantly male, black, and between the ages of 11 and 40.⁸ 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 chart summarizing this data indicates that there was a dramatic increase in the number of gun violence incidents as well as victims who were wounded or had died between 2019 and 2020. The numbers of incidents, victims, and those wounded declined modestly between 2020 and 2021, however, the number of those who died increased from 69 to 81. It is promising that as of early September 2022 the Year-to-Date indicators suggest a continuing decline, recording approximately two-thirds as many incidents and half as many deaths when compared to one year ago.

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 divisions in the state's Departments of Health and Social Services and Services for Children, Youth and Their Families promote and support trauma-informed strategies along with other agencies. The Delaware Coalition Against Domestic Violence, the Delaware Coalition Against Gun Violence, the Center for Structural Equity, and Trauma Matters Delaware are among many local entities working to prevent and address these issues. For more information, download [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#). For a discussion of protective factors that help to reduce risk behaviors and promote resilience, please see Chapter 13 Protective Factors of this report.

⁸ 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 138 in 2021 (Delaware Division of Forensic Science Annual Reports, 2019, 2020, 2021).

2019 Delaware Behavior Risk Factor Surveillance System (BRFSS)

Prevalence of ACEs Stratified by Sex and Age

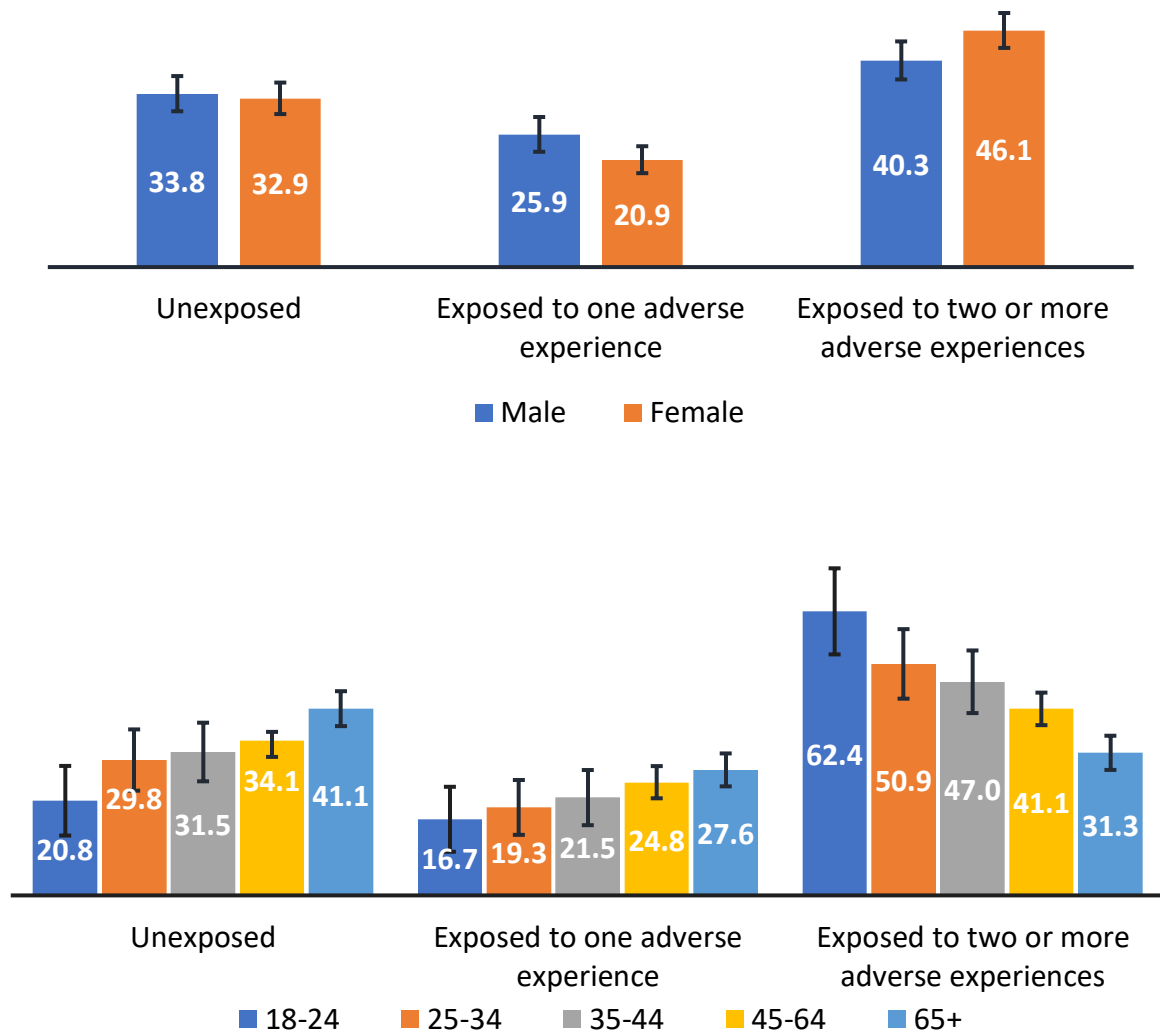


Figure 1: ACEs prevalence among adults in Delaware, by sex and age, 2019

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)

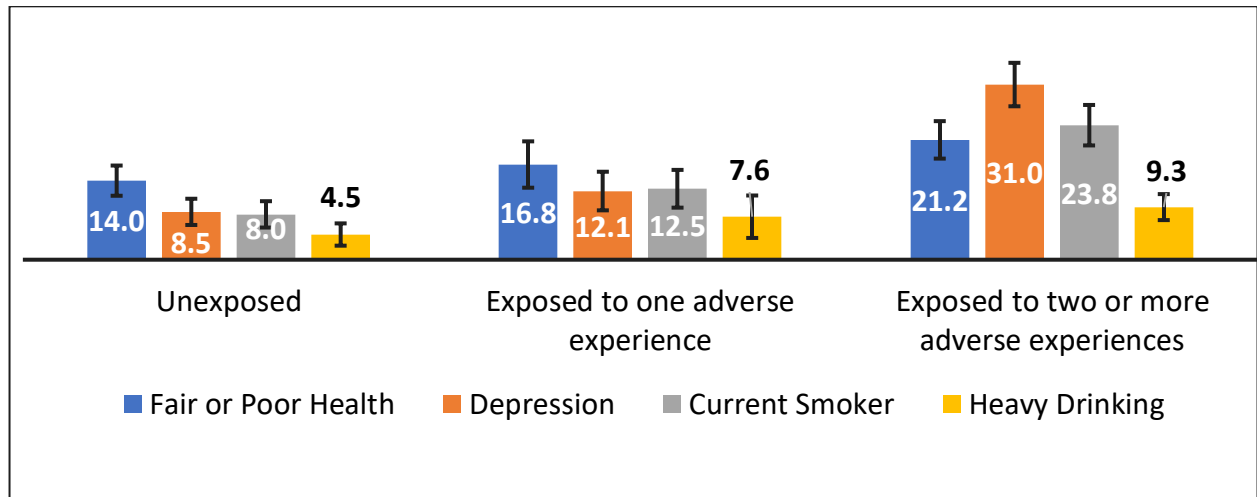


Figure 2: ACEs exposure and depression, smoking, and heavy drinking

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

Adverse Childhood Experience (ACE)	Sample Size* (n)	Percent^ (95%CI)
Household Dysfunction		
Live with anyone depressed, mentally ill, or suicidal?	484	17.3 (15.3-19.4)
Live with a problem drinker/alcoholic?	705	23.5 (21.3-25.7)
Live with anyone who used illegal drugs or abused prescriptions?	315	12.5 (10.6-14.3)
Live with anyone who served time in prison or jail?	215	8.9 (7.2-10.6)
Were your parents divorced/separated?	804	28.5 (26.1-30.9)
How often did your parents beat each other up?	533	18.0 (16.0-20.0)
Physical Abuse		
How often did a parent physically hurt you in any way?	408	11.0 (9.5-12.4)
Emotional Abuse		
How often did a parent swear at you?	505	13.0 (11.5-14.5)
Sexual Abuse		
How often did anyone ever touch you sexually?	349	10.1 (8.6-11.5)
How often did anyone make you touch them sexually?	275	8.2 (6.8-9.6)
How often did anyone ever force you to have sex?	173	4.8 (3.8-5.8)
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

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 by Specific ACE (in percentages)

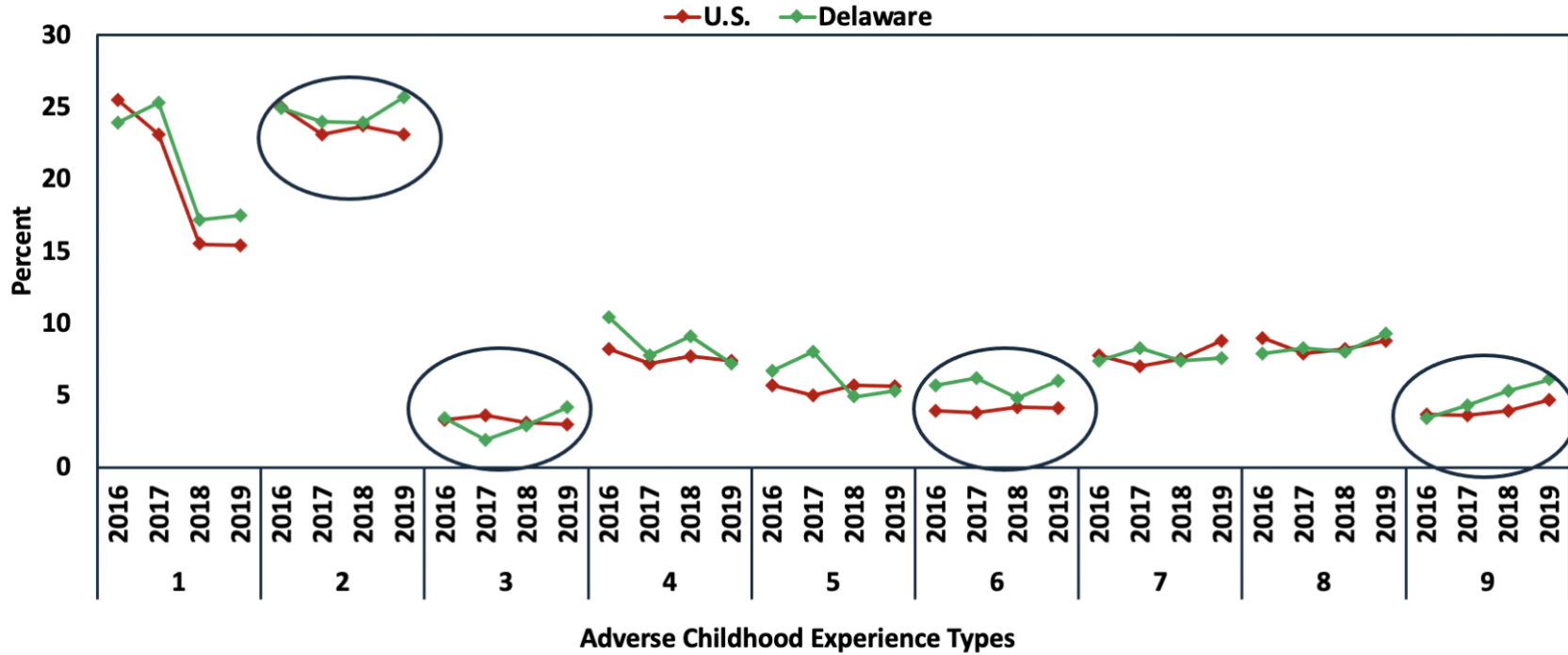


Figure 4: Adverse childhood experiences, by specific indicator, Delaware and National comparisons, ages 0-17

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.

Circled data points highlight differences between Delaware and national rates.

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, Aggregated, in Delaware by Age (in percentages)

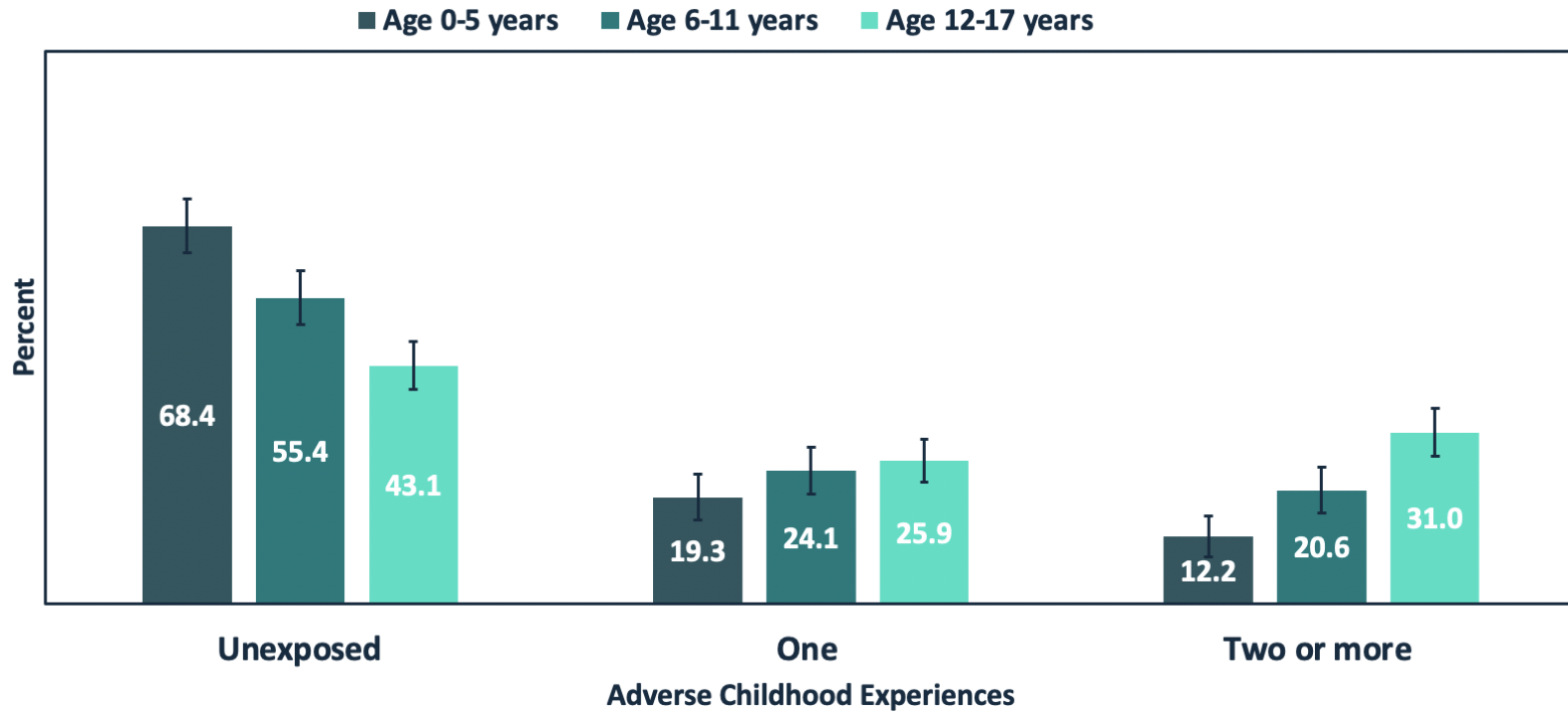


Figure 5: Adverse childhood experiences, aggregated, Delaware, ages 0-17

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)

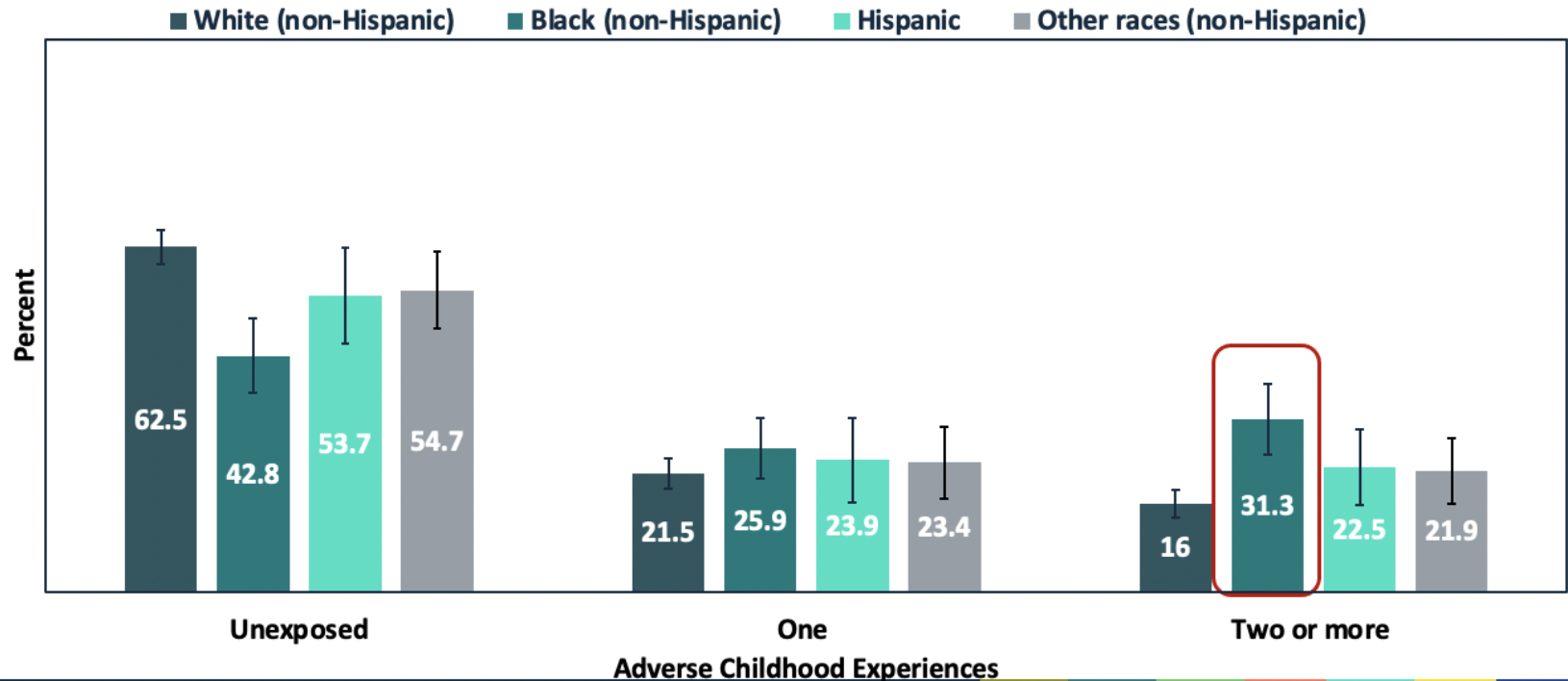


Figure 6: Adverse childhood experiences, aggregated, by race, ages 0-17

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

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2021 Delaware School Survey Select Childhood Adversity Indicators among 5th Grade Students (in percentages)



Figure 7: Select childhood adversity indicators, 5th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\].](#)

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**2021 Delaware School Survey
Adverse Childhood Experiences (ACEs)^a
Among 8th Grade Students
(in percentages)**

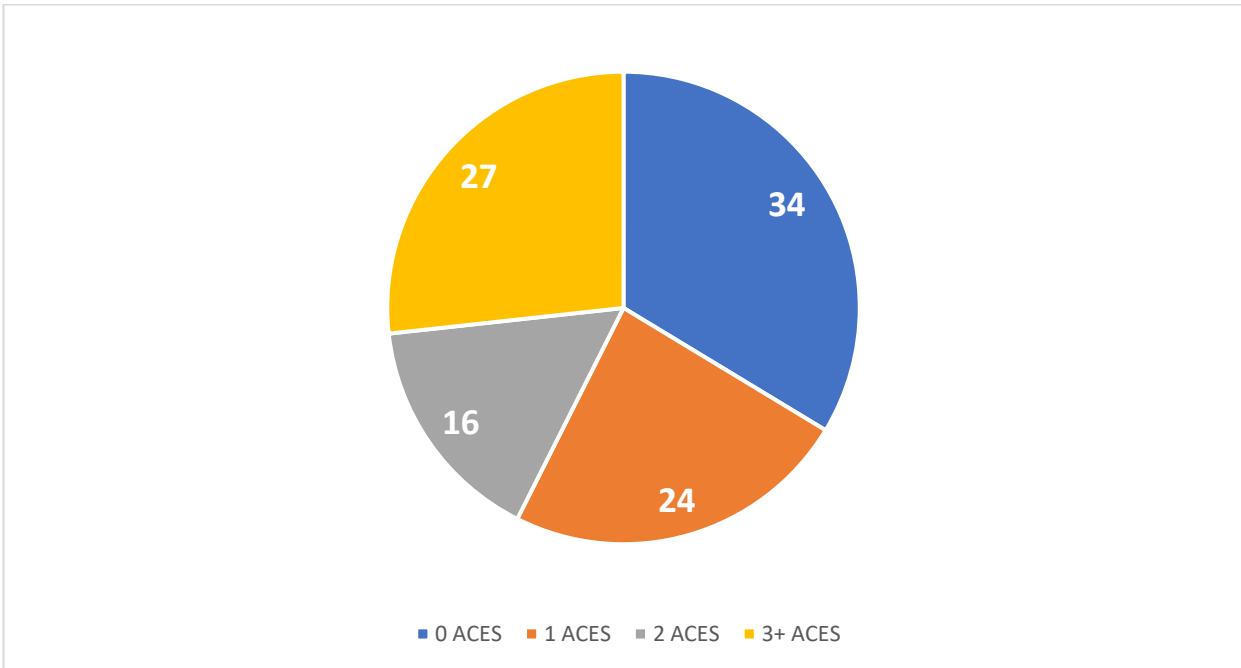


Figure 8: Adverse childhood experiences, 8th grade

Notes:

^aStudents 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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, 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. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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**2021 Delaware School Survey
Adverse Childhood Experiences (ACEs)^a
Among 11th Grade Students
(in percentages)**

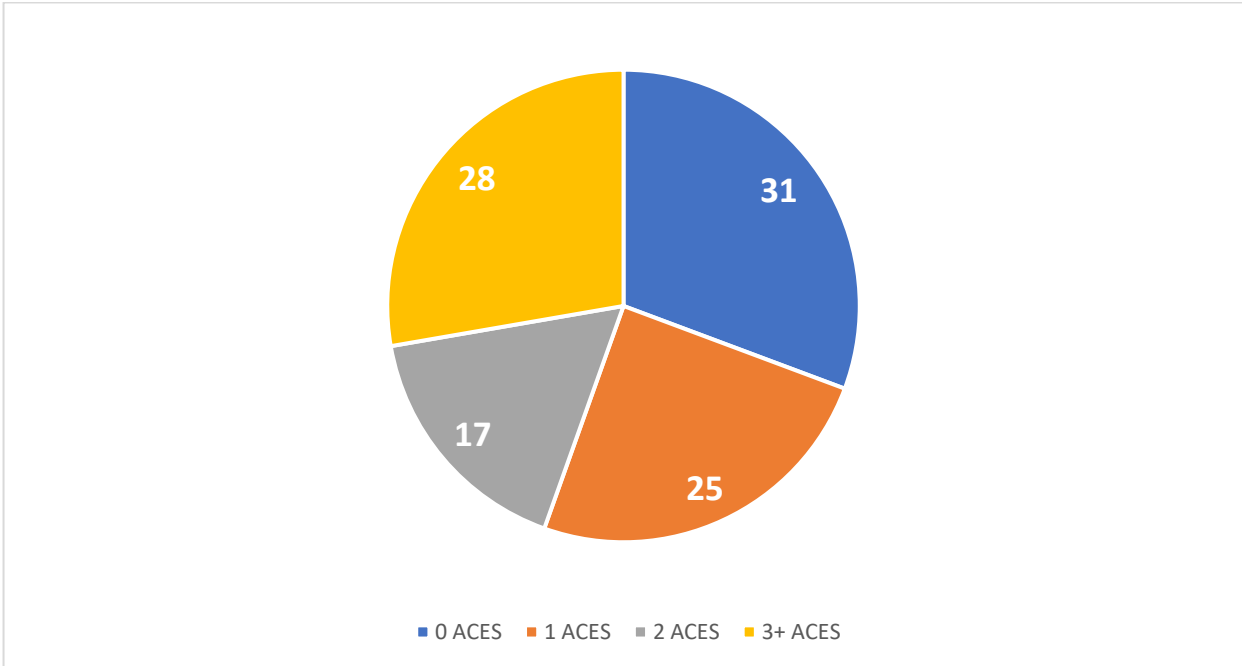


Figure 9: Adverse childhood experiences, 11th grade

Notes:

^aStudents 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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, 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. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Prevalence of Individual ACEs Indicators Among 8th Grade Students (in percentages)



Figure 10: Individual ACEs Indicators, 8th grade

Notes:

^aStudents 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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, 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. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Prevalence of Individual ACEs Indicators Among 11th Grade Students (in percentages)

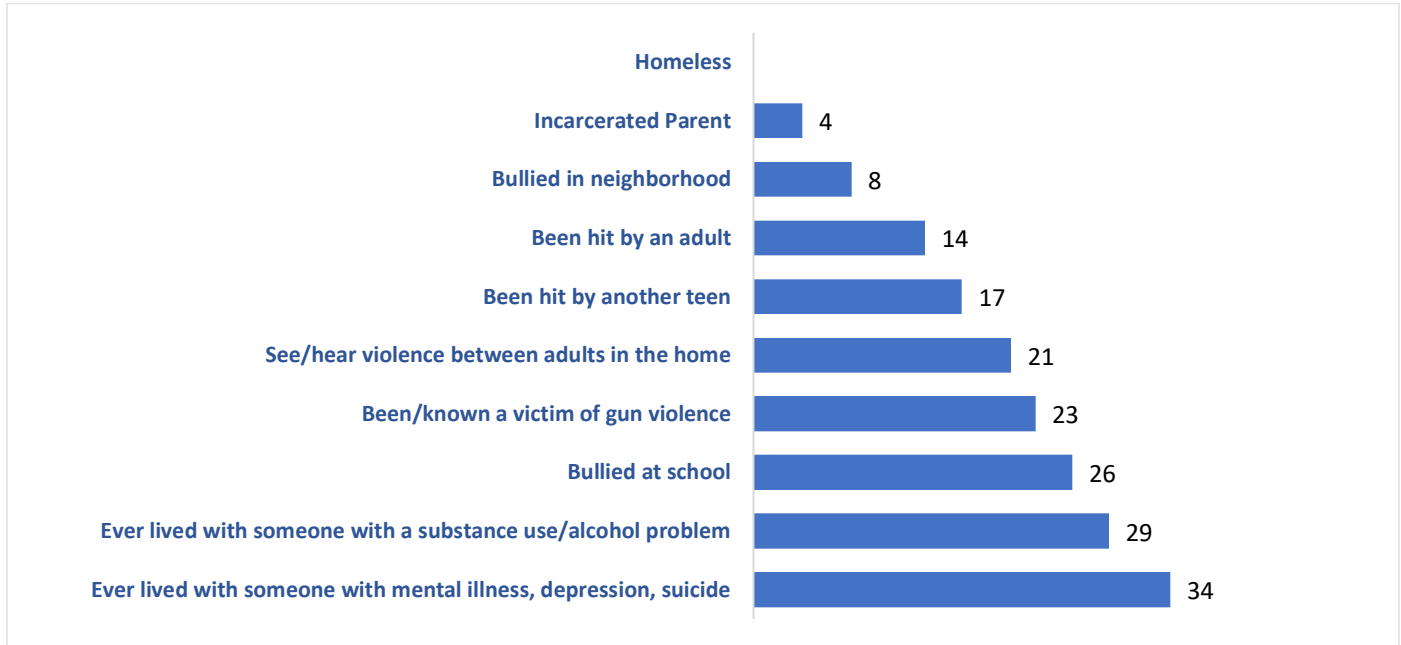


Figure 11: Individual ACEs Indicators, 11th grade

Notes:

^aStudents 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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, 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.

*The prevalence estimate of students reporting homelessness or housing instability in the past 30 days was not reported because the unweighted sample size represented fewer than 30 students.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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**2021 Delaware School Survey
Adverse Childhood Experiences by Sex
Among 8th Grade Students
(in percentages)**

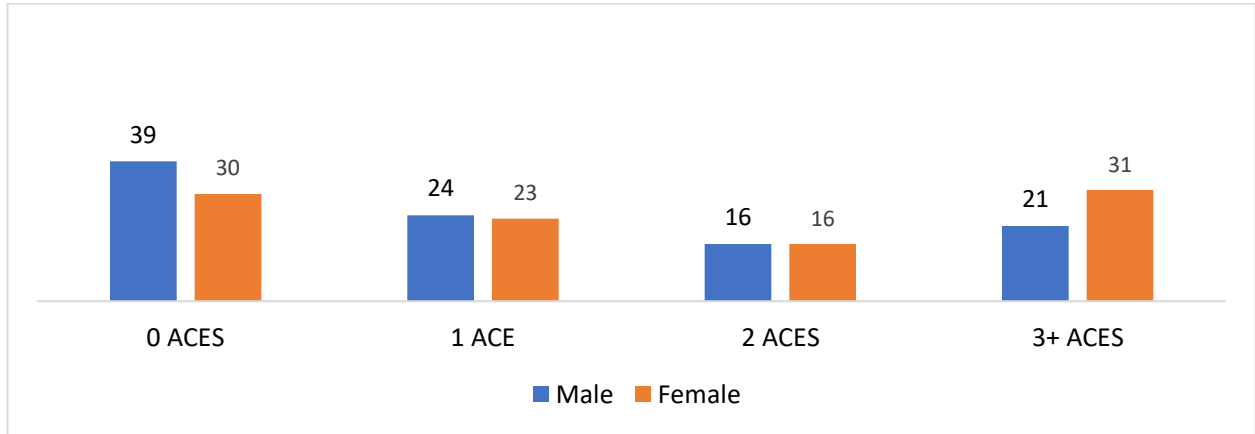


Figure 12: Adverse childhood experiences by sex, 8th grade

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

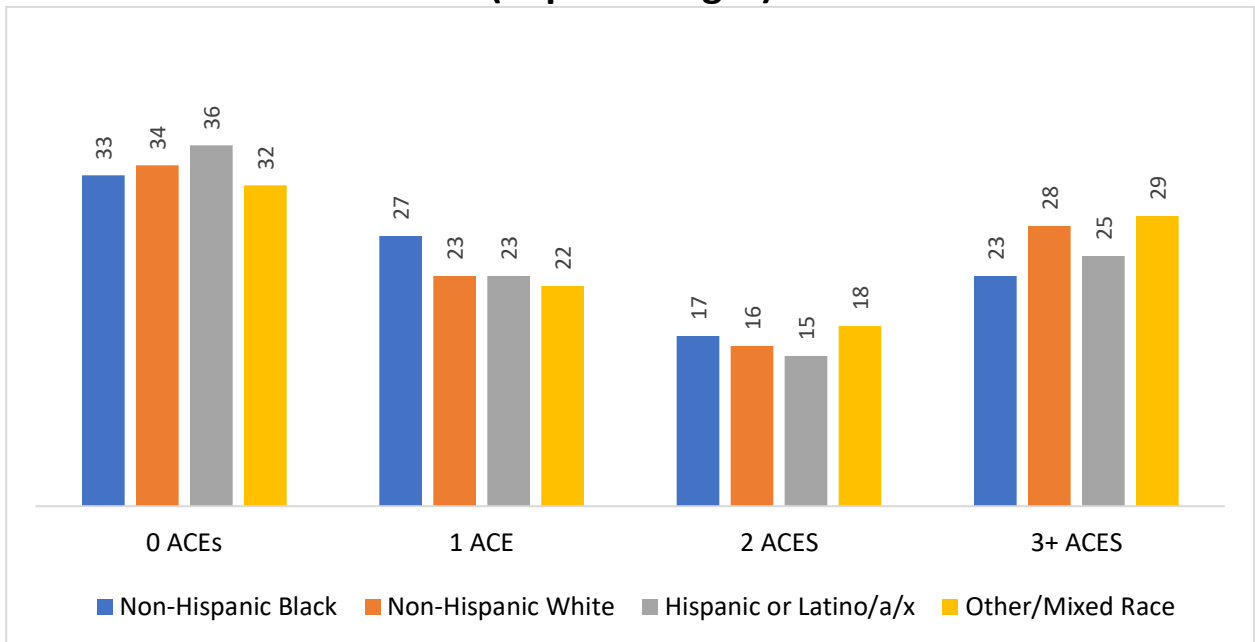


Figure 13: Adverse childhood experiences by race, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey ACEs^a and Past Year Alcohol Use Among 8th Students (in percentages)

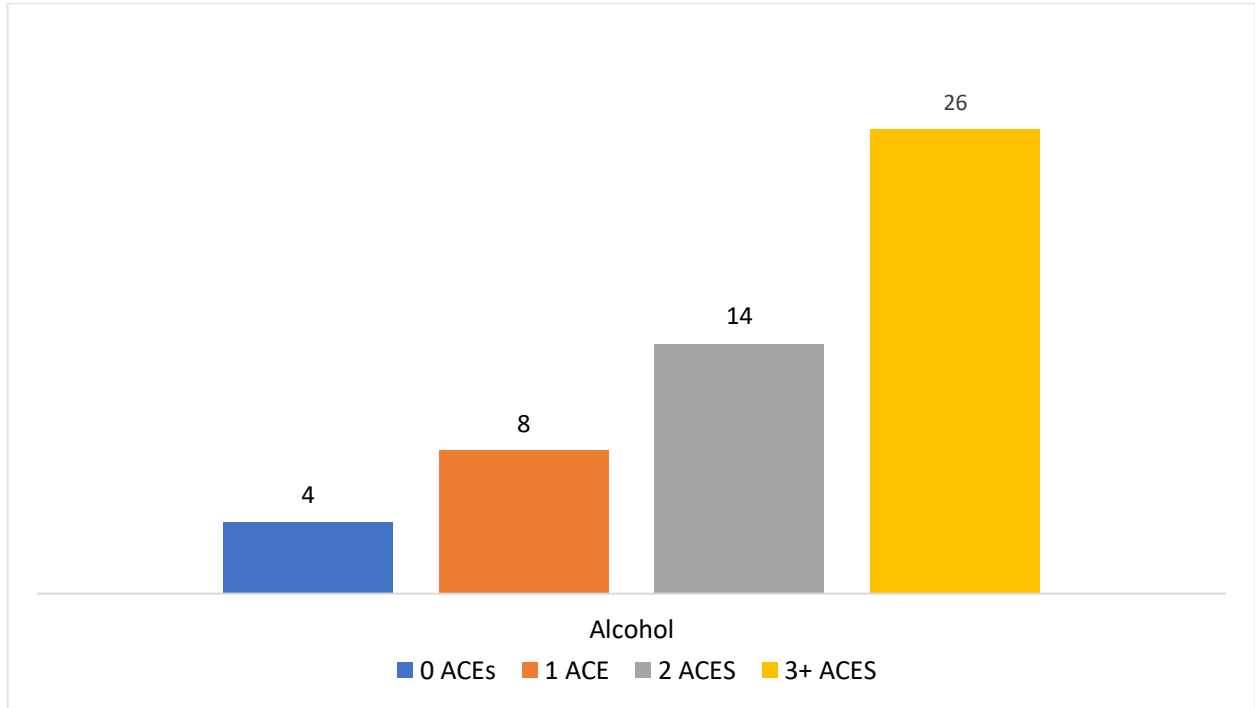


Figure 14: Adverse childhood experiences and past month substance use, 8th grade

Notes:

^aStudents 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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, 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. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
ACEs^a and Past Year Self-Reported Mental Health
Among 8th Grade Students
(in percentages)

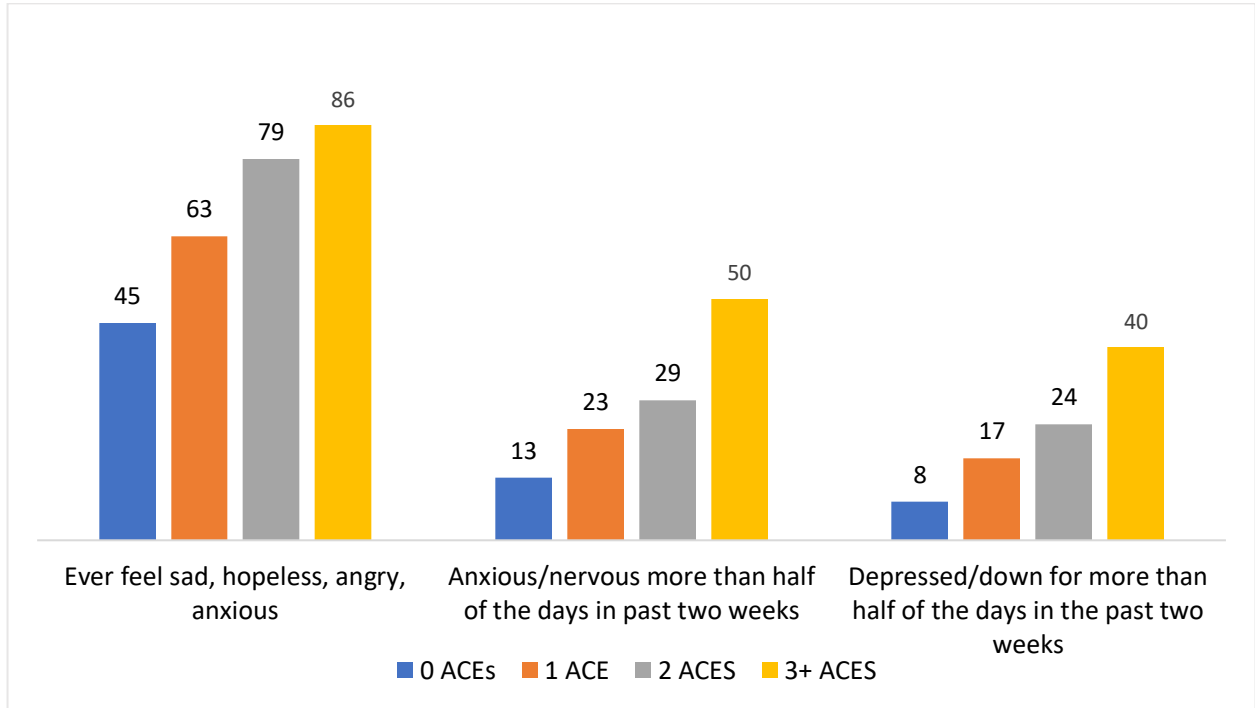


Figure 15: Adverse childhood experiences and mental health indicators, 8th grade

Notes:

^aStudents 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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, 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. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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**2021 Delaware School Survey
Adverse Childhood Experiences by Sex
Among 11th Grade Students
(in percentages)**

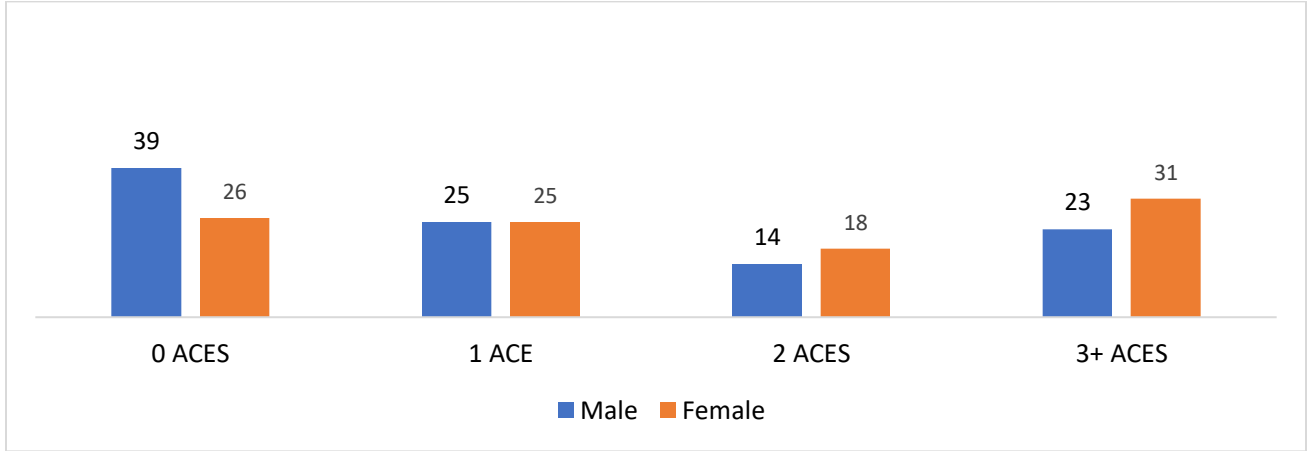


Figure 16: Adverse childhood experiences by sex, 11th grade

**Adverse Childhood Experiences by Race and Ethnicity
Among 11th Grade Students
(in percentages)**

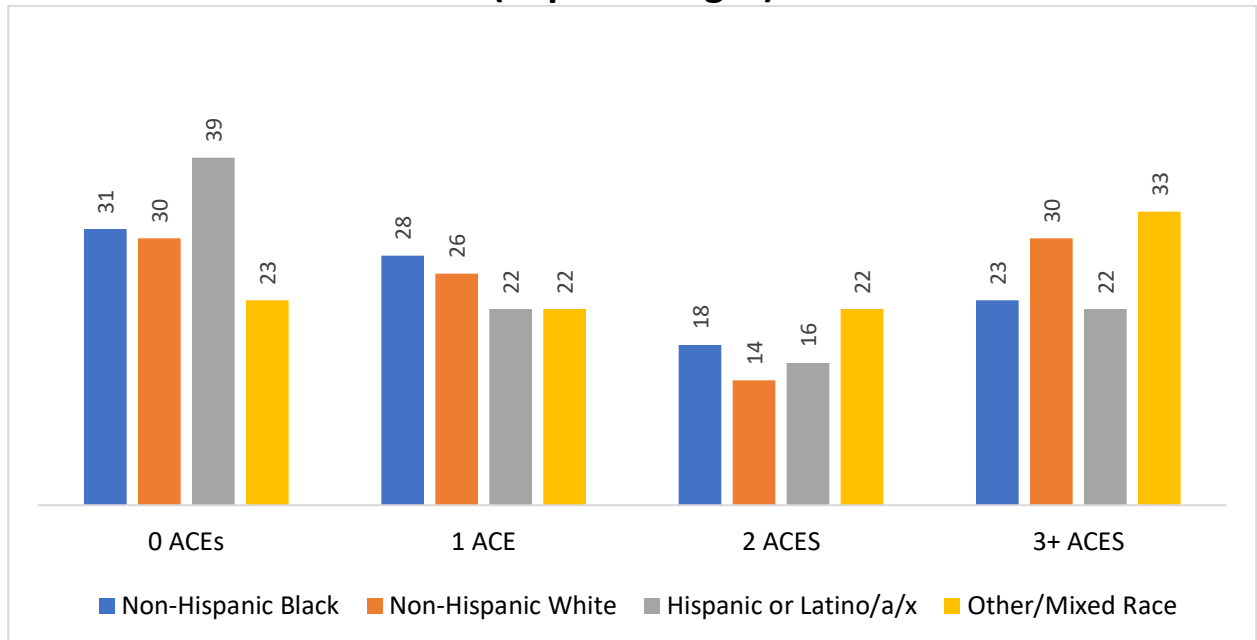


Figure 17: Adverse childhood experiences by race, 11th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey ACEs^a and Past Year Substance Use Among 11th Grade Students (in percentages)

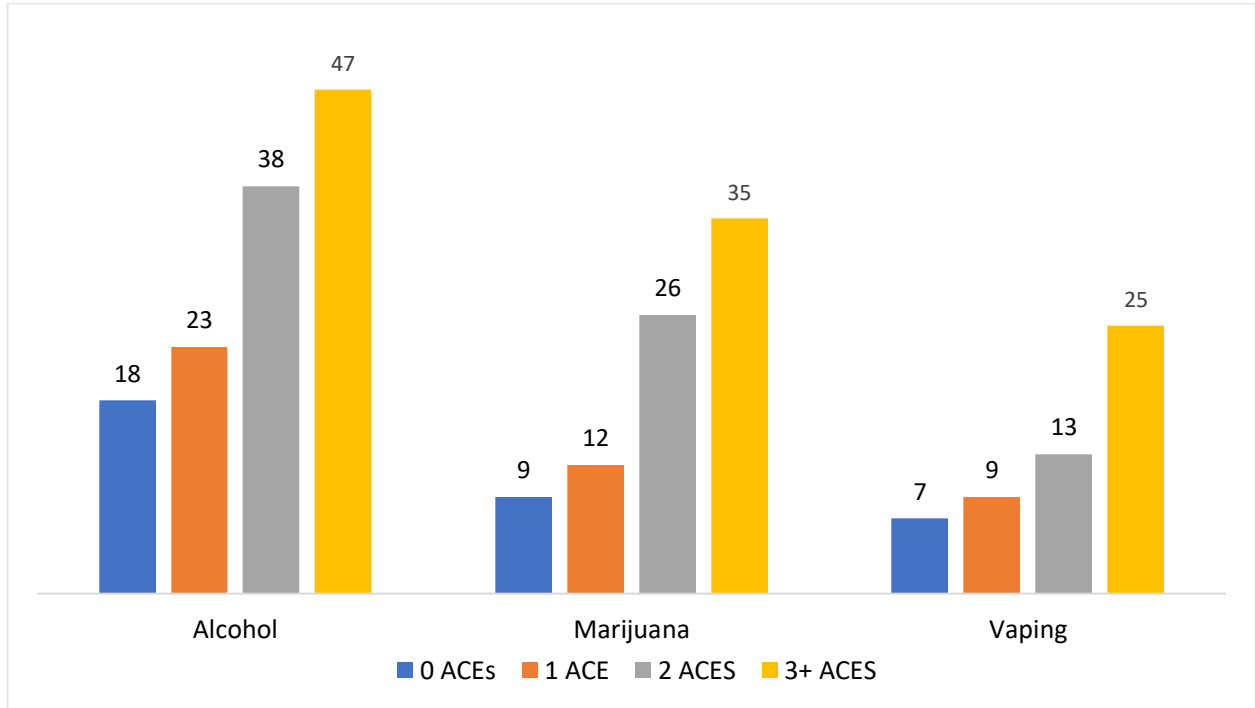


Figure 18: Adverse childhood experiences and past month substance use, 11th grade

Notes:

^aStudents 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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, 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. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

ACEs^a and Past Year Self-Reported Mental Health Among 11th Grade Students (in percentages)

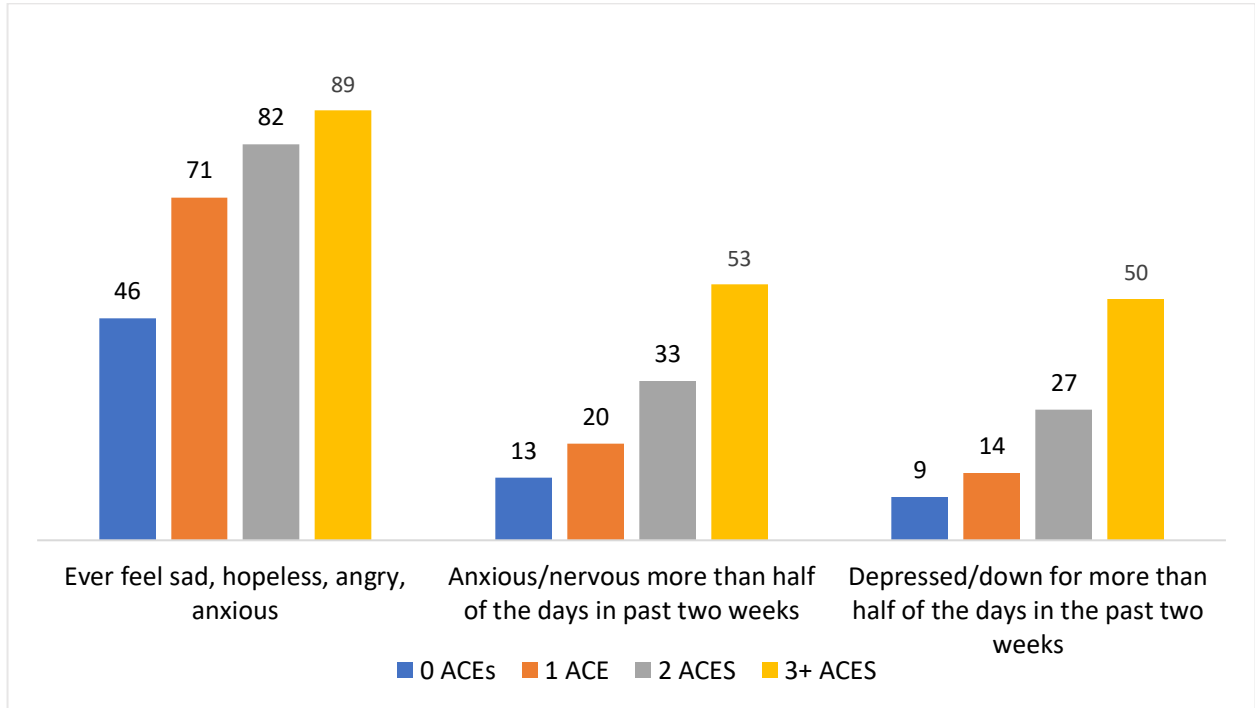


Figure 19: Adverse childhood experiences and mental health indicators, 11th grade

Notes:

^aStudents 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, lived with someone who had a problem with drinking or drugs, or had ever been a victim or known someone who was a victim of gun violence, 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. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Student Concerns About Violence among 8th Grade Students (in percentages)

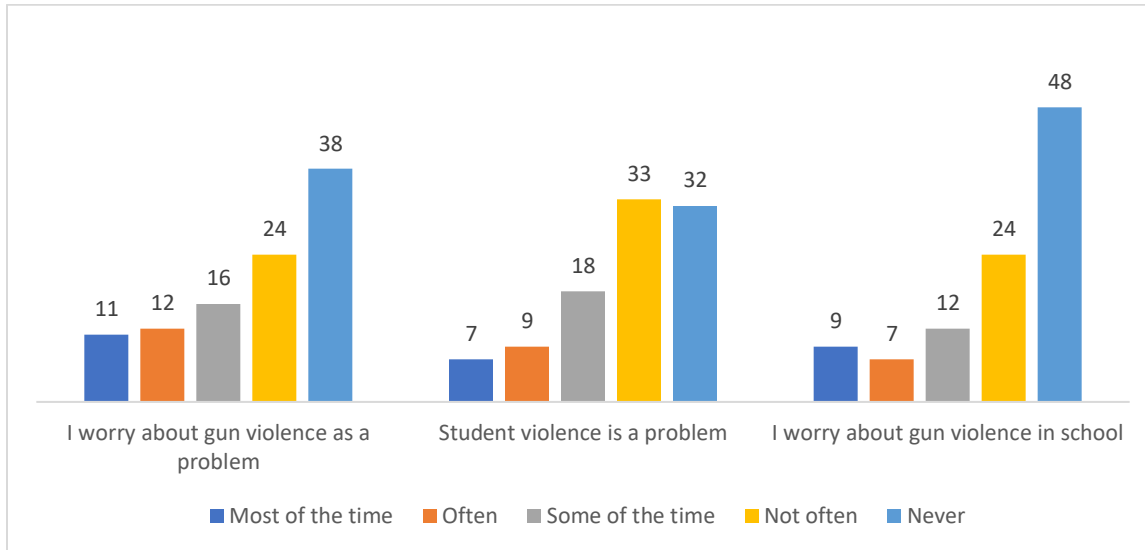


Figure 20: Student concerns about violence, 8th grade

Feelings of School Safety among 8th Grade Students (in percentages)

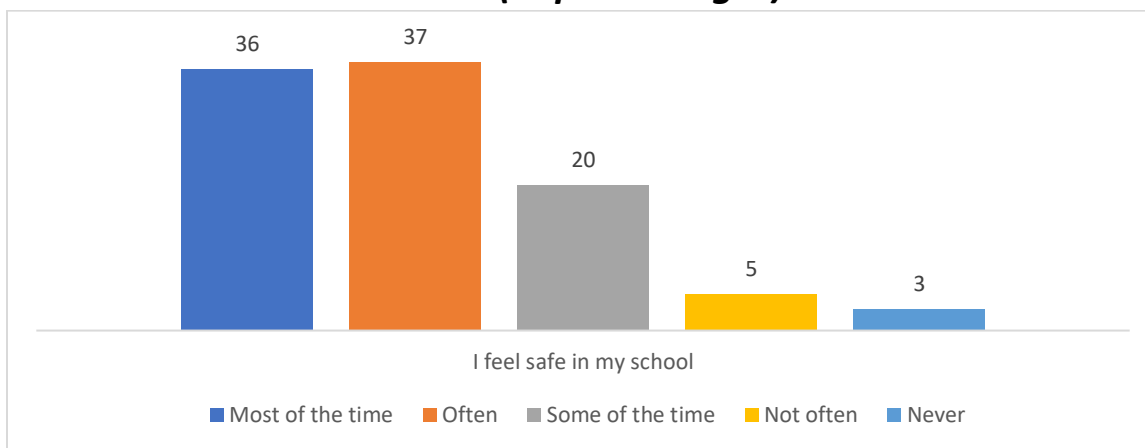


Figure 21: Feelings of school safety, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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School Violence/School Safety

2021 Delaware School Survey
What Would Make School Feel Safer
According to 8th Grade Students
(in percentages)

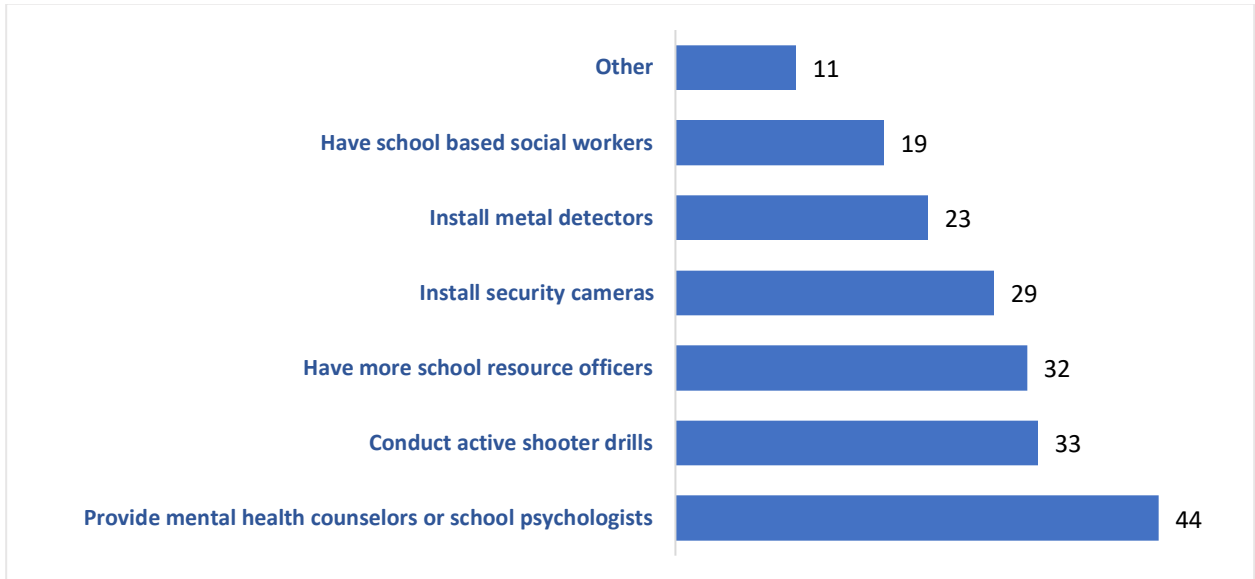


Figure 22: What students think would make school safer, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Student Concerns About Violence among 11th Grade Students
(in percentages)

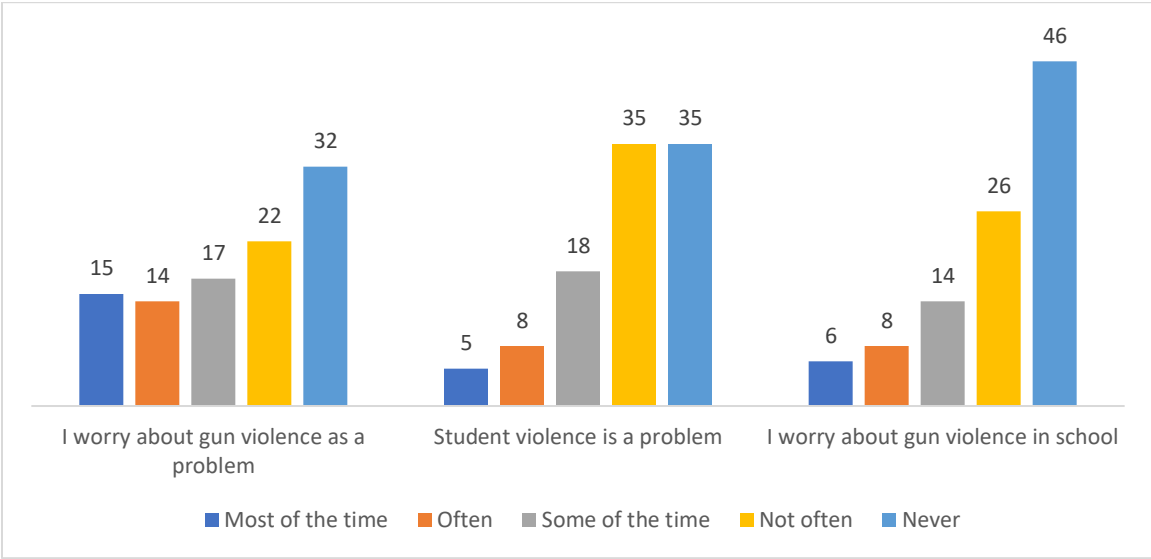


Figure 23: Student concerns about violence, 11th grade

Feelings of School Safety among 11th Grade Students
(in percentages)

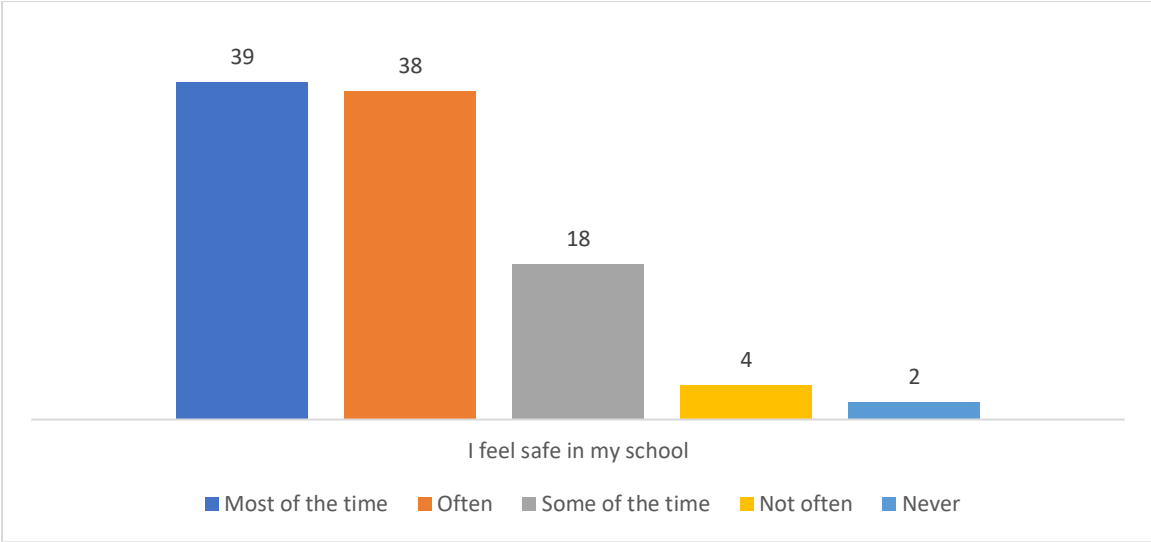


Figure 24: Feelings of school safety, 11th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
What Would Make School Feel Safer
According to 11th Grade Students
(in percentages)

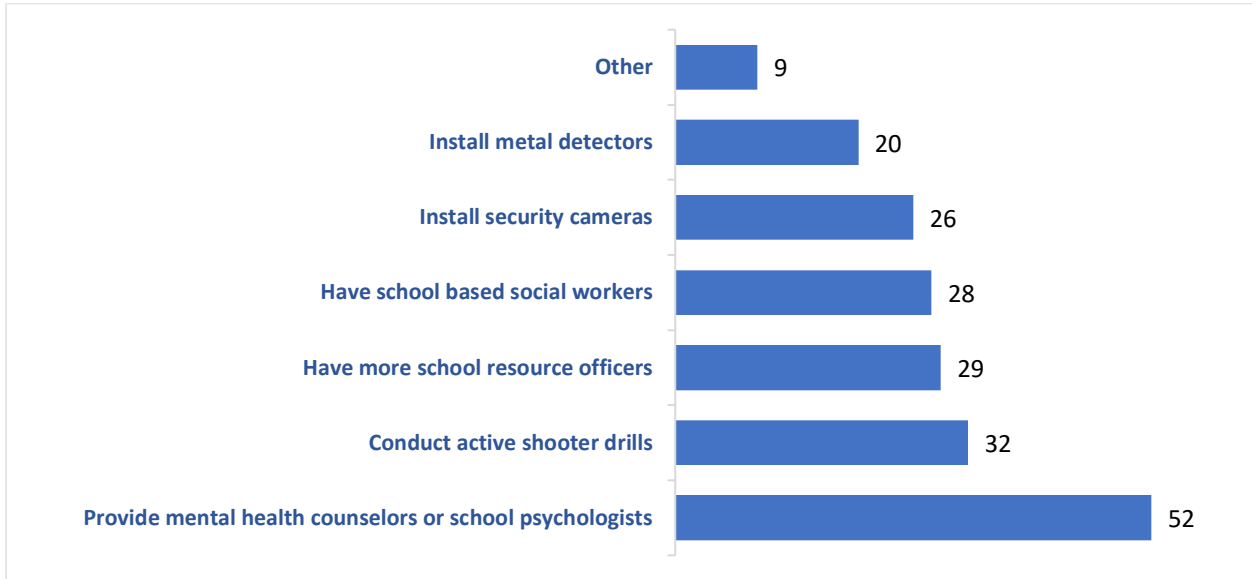


Figure 25: What students think would to make school safer, 8th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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Homicides and Suicides in Delaware 2019-2021

Homicides			
	2019	2020	2021
Total count	56	87	103
Homicide by Firearms	44	80	82
Suicides			
Total count	118	125	138
Suicide by Firearms	50	62	76

Figure 26: Homicides and Suicides in Delaware, 2019-2021

Source: Delaware Division of Forensic Science Annual Reports, 2019, 2020, [2021](#).

Characteristics of Homicide Victims in Delaware, 2021

Age	n		Race	n		Gender	n
<10	6						
11-20	23						
21-30	24		Black	72		Male	76
31-40	23		White	29		Female	27
41-50	10		Other	2			
51-60	7						
>60	10						

Figure 27: Characteristics of Homicide Victims, Delaware, 2021

Source: Delaware Division of Forensic Science [2021](#) Annual Report.

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Gun Violence in Delaware, 2017 through September 5, 2022

	2017	2018	2019	2020	2021	Jan-Sept 5, 2022	Jan-Sept 5, 2021
Incidents	245	130	155	248	232	109	168
Wounded	229	102	146	249	212	107	160
Killed	54	47	43	69	81	26	57
Victims	283	149	189	318	293	133	217
Victim Characteristics, 2021					Multi-victim Incidents		
Gender	n		Age	n			
Male	231		<9	-	Incidents with 3 Victims	7	
			10-14	8			
Female	59		15-19	50	Incidents with 4 or more victims	7	
			20-24	70			
			25-29	42			
			30-34	36			
			35-39	22			
			40-44	21			
	45+	28					

Figure 28: Gun Violence, 2017-September 5, 2022, and 2021 victim characteristics

Source: [Delaware Online/The News Journal Gun Violence Database](#).

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Data Sources

Data Instrument	Most Recent Data	Trend Range
Delaware's Annual Traffic Statistical Report	2021	-
Delaware Behavioral Risk Factor Surveillance System (BRFSS)	2020	-
Delaware Division of Forensic Science Annual Report	2021	2019 - 2021
Delaware Online/NewsJournal Gun Violence Database	2022	2017 - 2022
Delaware Prescription Monitoring Program (PMP)	2020	2012- 2020
Delaware School Survey (DSS) – 5 th grade	2021	1999 - 2021
8 th and 11 th grades	2021	1999 - 2021
Delaware Youth Risk Behavior Survey (YRBS) – High School	2017	1999 - 2017
Delaware Youth Risk Behavior Survey (YRBS) – Middle School	2019	1999 - 2019
DOMIP (Delaware Opioid Metric Intelligence Program)	2020	-
Household Pulse Survey	2022	2021 - 2022
Monitoring the Future – 8 th , 10 th , and 12 th grades	2021	1999 - 2021
National Youth Risk Behavior Survey (YRBS) – National	2019	1999 - 2019
National Survey of Children's Health (NSCH)	2020	2016 - 2020

Data Instrument	Most Recent Data	Trend Range
National Survey on Drug Use and Health (NSDUH)	2019-2020	2002 - 2020
Delaware Infants with Prenatal Substance Exposure	2020	2015-2020
Treatment Admissions Data	2019	-

In addition to the data sources for the figures and tables in the 2022 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 Drug Monitoring Initiative
- Delaware Household Health Survey
- Drug Enforcement Administration
- Gallup
- 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
- State of Delaware Economic Development Office
- The Trevor Project
- The Williams Institute
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau
- U.S. Centers for Disease Control and Prevention (Alcohol-Related Disease Impact [ARDI] Dashboard; Death Rate Maps & Graphs; State Overdose Death Reporting System [SUDORS])
- U.S. Health Resources and Services Administration