

The College Risk Behaviors Study Annual Report

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Prepared by the University of Delaware
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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 2021 survey was administered online during the spring semester to a random sample of full-time, undergraduate students at the University of Delaware who had at least one credit hour of on-campus learning. Each was asked via email to follow an enclosed link and complete the online survey. These students were offered a \$5 Amazon gift card as compensation for their time. By the end of the data collection period in 2021, 3,000 students were contacted and 765 completed the survey, resulting in an approximate 25% response rate.

This report will provide an overview of some of the key findings from the 2021 CRBS and is structured similarly to the 2020 report. Following the demographic characteristics in this section is a chapter on substance use among UD students, with special focus given to vaping. Next is a section devoted to interpersonal violence and sexual assault among students. The final chapter highlights behaviors related to student health and safety, including suicide and self-reported health concerns, help-seeking behaviors in scenarios involving alcohol and other drugs, sexual health and contraceptive knowledge, and student responses to COVID-19 concerns. The pandemic still has an ongoing impact on the experiences of UD students and that is reflected in data throughout this report.

Demographic Characteristics of the Sample

The sample is somewhat 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. More than 4% of respondents were international students. Because of the smaller raw number of students who participated in this year's survey, it was not possible to reliably report some statistics by race and ethnicity as in years prior; as such, in this year's report there are no prevalence estimates for substance use by race.

Compared to previous years, this sample is slightly older on average. For example, in 2020 roughly 15% of the sample was 18, but in 2021 18-year-old students make up just 5% of the survey respondents. In 2020, the majority of respondents were under 21 and within their first three years of studies at UD. Furthermore, a little more than a quarter of the surveyed students in 2021 lived on campus, while in 2020 the number of students living on-campus comprised a majority of the survey respondents. The percentage of students who report living off campus with family essentially doubled. These differences are likely due to a number of factors related to the pandemic and constraints on survey sampling. Many classes were still being offered virtually at the time of this survey administration, and older students and upperclassmen may have been more likely than younger students to be taking any classes on campus and living in Newark.

| | Sample | UD |
|------------------------------|--------|-------|
| Sex | | |
| Male | 27.2% | 41.6% |
| Female | 72.2% | 58.4% |
| Race/Ethnicity | | |
| White | 75.8% | 68.5% |
| Black | 3.3% | 5.6% |
| Hispanic | 7.1% | 8.8% |
| Asian | 9.5% | 5.3% |
| Another race | 4.3% | 6.5% |
| International Student | | |
| International | 4.3% | 5.3% |

Figure 1 Gender, race/ethnicity, and international status

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 2020-2021 UD undergraduate student body is reported by the University of Delaware Office of Institutional Research and Effectiveness <https://ire.udel.edu/ir/facts-figures/>

| Age | | Class | | Residence | |
|------------|-------|----------------------|-------|------------------------------------|-------|
| 18 | 5.6% | First Year | 13.9% | On-campus | 26.7% |
| 19 | 19.0% | Second Year | 26.1% | Off-campus (with family) | 15.8% |
| 20 | 28.8% | Third Year | 33.5% | Off-campus (alone) | 1.6% |
| 21 | 29.9% | Fourth Year | 23.7% | Off-campus (with roommates) | 55.9% |
| 22+ | 16.7% | Fifth or More | 2.9% | | |

Figure 2: Age, class, and place of residence of survey respondents

Many 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 | 30.2% |
| Intercollegiate Athletic Team | 3.4% |
| Club sports or intramural sports | 18.5% |
| Registered student organization | 59.7% |

Figure 3: Affiliation with campus organizations

As in 2020, 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 asked 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 17.2% 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 (12.5%), with 2.2% of respondents identifying as gay or lesbian, less than 2% describing as asexual, and less than 1% that they preferred to self-describe. Among the write-in responses, students described themselves as demisexual, queer, “no labels”, and undefined. More than 97% of students identified as cisgender (meaning that their gender identity aligns with their assigned sex at birth), while more than 2% of students responded that they were transgender, non-binary or gender non-conforming, or preferred not to answer.

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.

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 this was 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 17.5% of students identified themselves as LGBTQ.

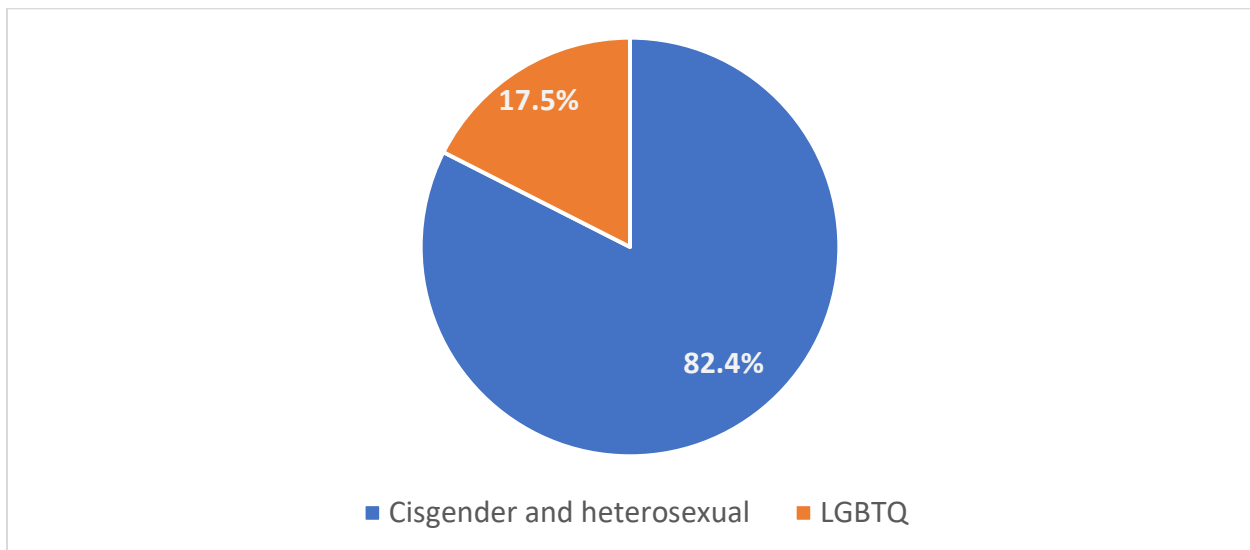


Figure 4: LGBTQ students in survey sample

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 (<2%); 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 (4.6%), or concentrating, remembering, or making decisions (12.2%)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 2021 survey, 16.7% of respondents were students identified themselves with one or more disability.

⁴ Due to very low raw numbers of students reporting some of the above individual disabilities, we provide approximations of prevalence rather than the precise estimate. In this statement, >1% indicates just over 1% of surveyed students and <1% indicates just under 1%, and so on.

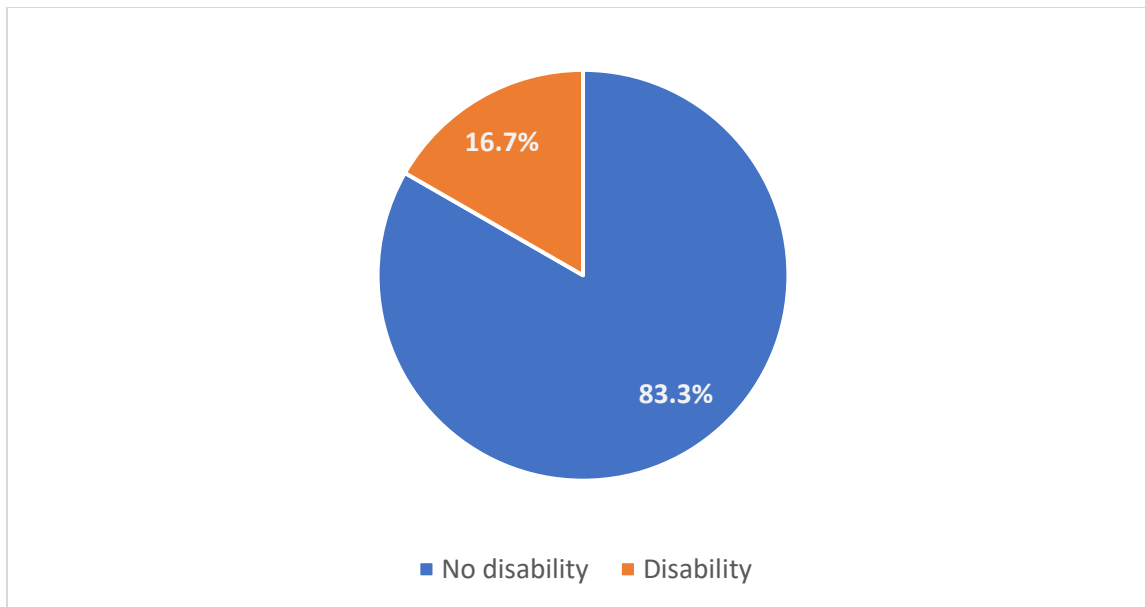


Figure 5: Disability prevalence

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 2021 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. The biggest change in the 2021 sample of students compared to previous years is the distribution of age and residence; there is a much lower percentage of 18- and 19-year-old students and students living on campus who responded to this year's survey compared to the 2020 survey respondents. 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

As the trends below indicate⁵, past month cigarette use and binge drinking have both steadily declined over time, while marijuana use and vaping have begun to decrease slightly after peaking in 2019. Notably, since 2011 marijuana use has exceeded cigarette use among students. Vaping⁶ has increased substantially among students since we began tracking it on this survey in 2013. The numbers on past month prescription misuse remain too small to accurately trend here, but further in this report we present data on lifetime prescription misuse among students. At this point, it is uncertain whether or how much the COVID-19 pandemic and subsequent shift to remote learning influenced any of the declines in substance use trends reported here.

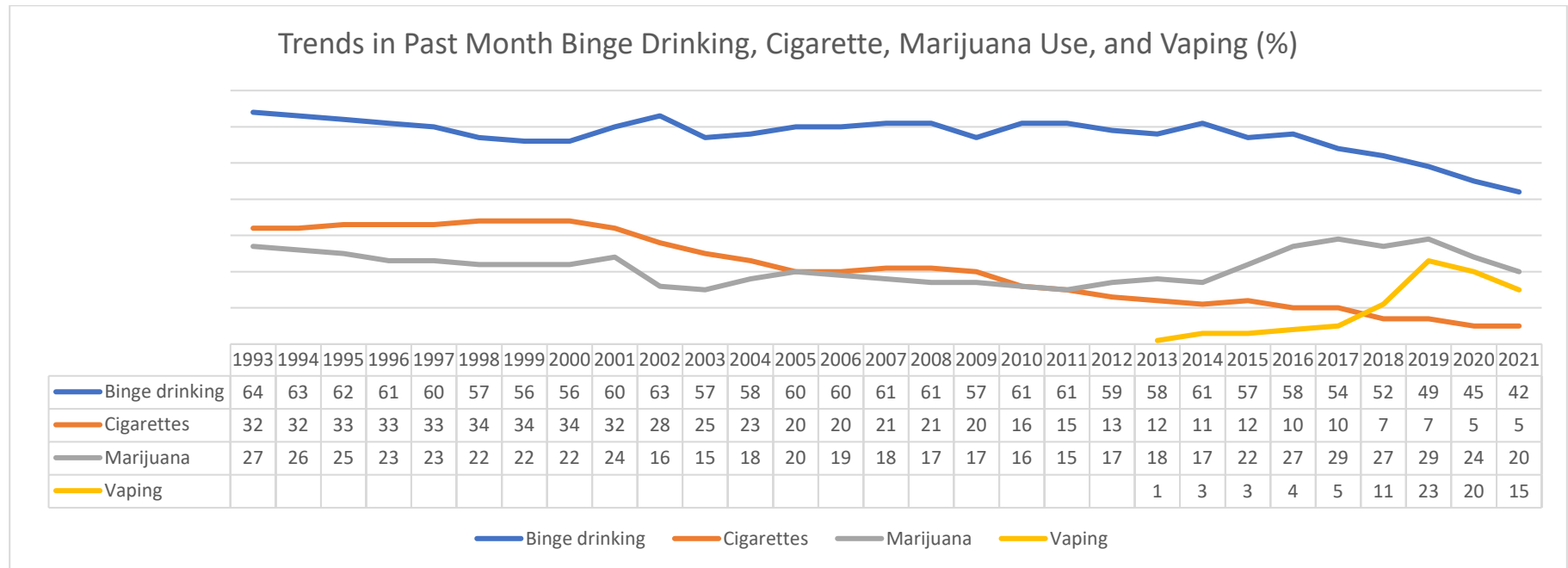


Figure 6: Trends in past month binge drinking, cigarette, marijuana use, and vaping, 1993 to present⁷

⁵ 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.

⁶ 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 (64%) reporting using alcohol in the past month, either alone or with other drugs.

Approximately a third of surveyed students report no substance use in the past month.

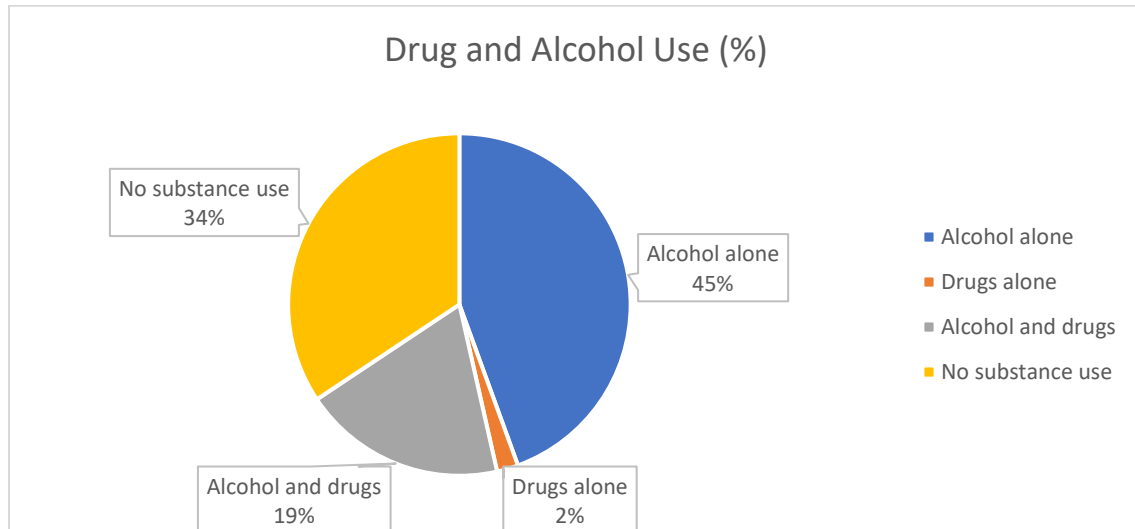


Figure 7: Past month drug and alcohol use among students

Among the surveyed students, 21% reported using drugs in the past month (19% used drugs and alcohol and 2% used only drugs but no alcohol)⁸. Among these students who reported drug use, the overwhelming majority (87%) reported only using marijuana and no other drugs. Only 13% of students who used drugs reported using anything other than marijuana⁹.

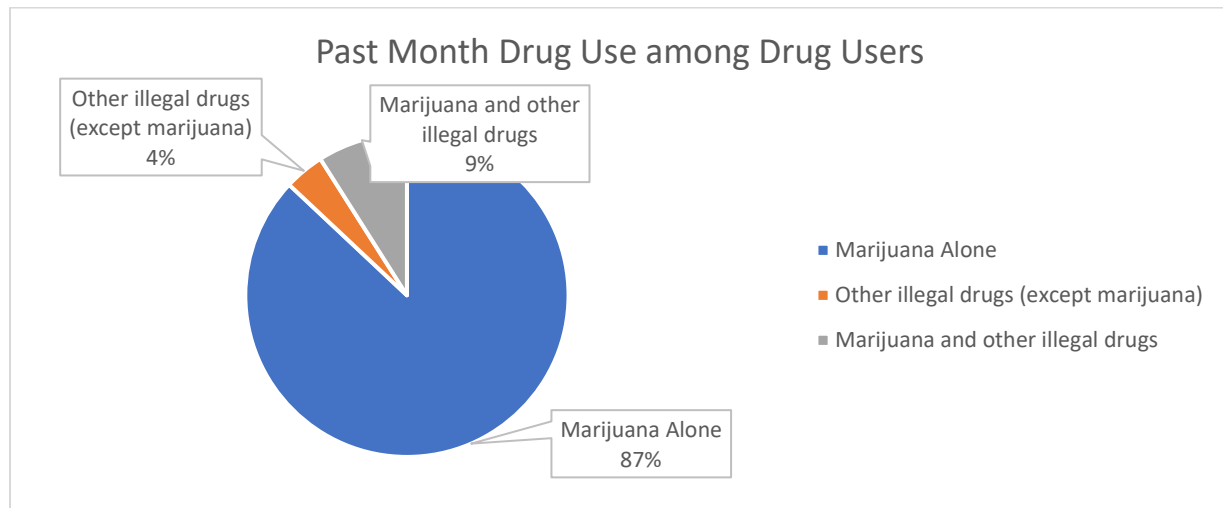


Figure 8: Type of drug use among students reporting past month drug use

⁸ Drugs other than alcohol include marijuana, cocaine, hallucinogens, opiates and other narcotics, and any prescription drugs use in a way other than prescribed.

⁹ Other illegal drugs include cocaine, hallucinogens, opiates and other narcotics, and any prescription drugs used in a way other than prescribed.

Almost two-thirds of female students reported drinking in the past month, a slightly higher prevalence than drinking among male students¹⁰. However, while 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. Less than half of surveyed students reported binge drinking¹¹ in the past month.

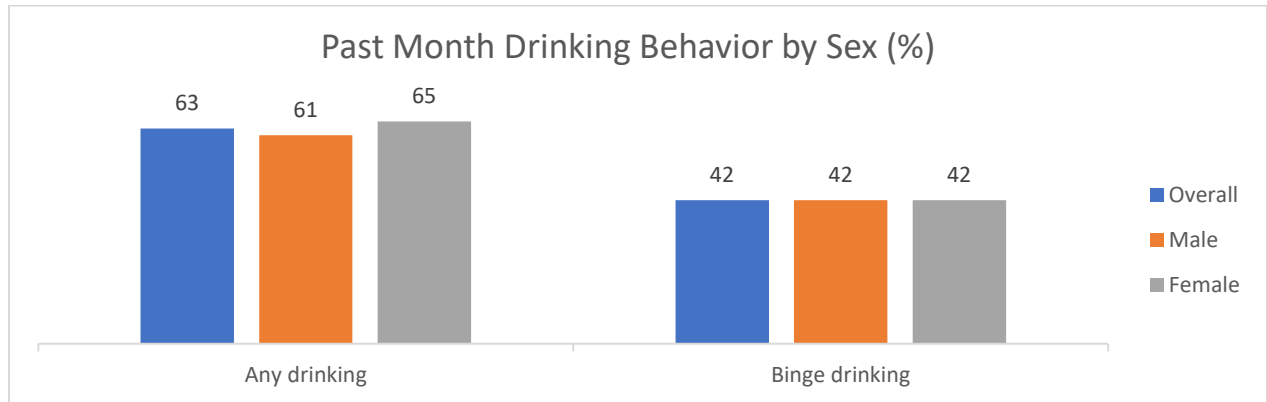


Figure 9: Past month drinking behaviors by sex¹², in percentages

¹⁰ The correlation between binge drinking and sex or past month alcohol use and sex was not statistically significant at the $p < .05$ level.

¹¹ 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.

When looking at drinking patterns by age, 21-year-old students reported the highest frequency of past month binge drinking and any drinking in the past month, followed by students 22 and older.

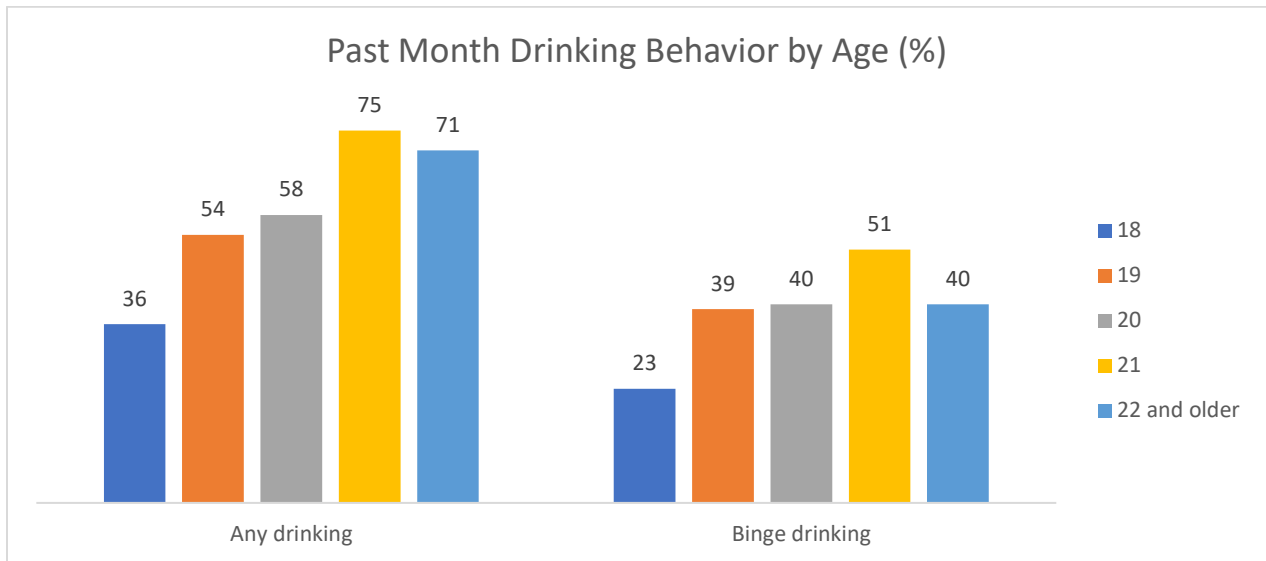


Figure 10: Past month drinking behavior by age

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 one-fifth of surveyed students reporting that they used marijuana in the past month. Marijuana use is more common among male students than female students, with 27% of male students reporting past month marijuana use compared to only 17% of female students.

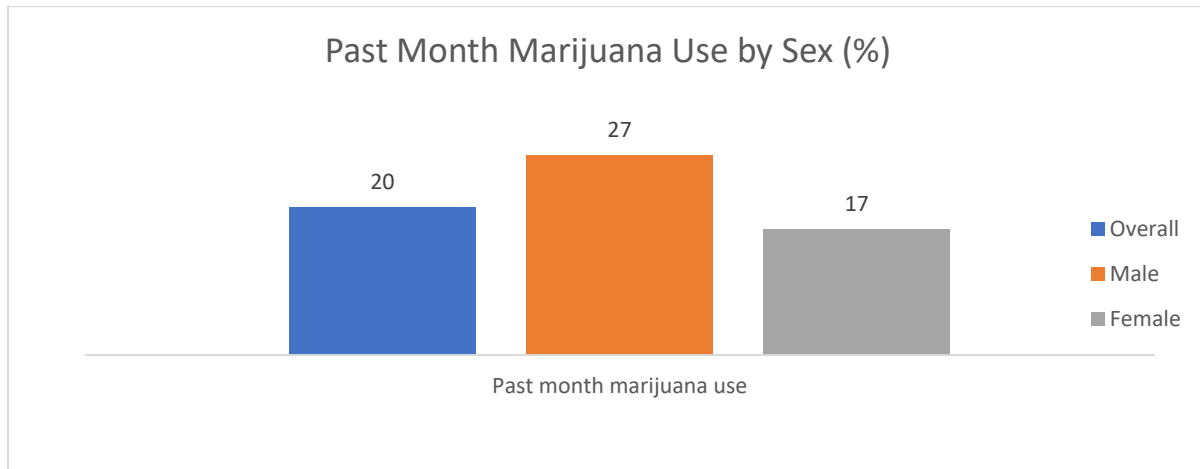


Figure 11: Past month marijuana use by sex

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 also reported ingesting cannabis edibles.

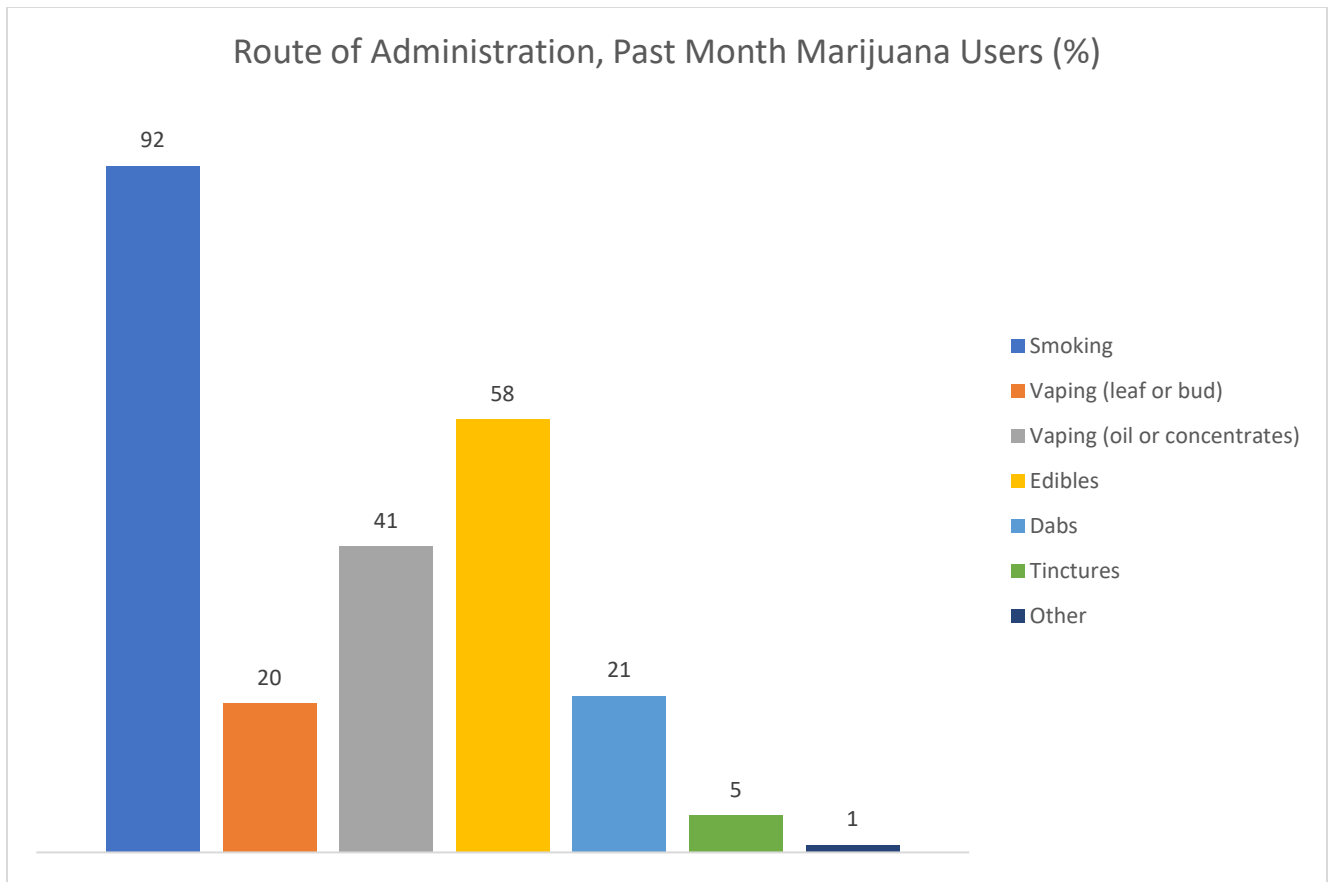


Figure 12: Most common routes of administration reported by past-month marijuana users

Students were also asked, if they used marijuana, to provide their reason for using. The vast majority (87%) of students who were current marijuana users responded that they used marijuana to get high. A small number (roughly 5%) of students used marijuana legally and medicinally with a medical marijuana card, and more than a third of students used marijuana to self-medicate for another reason even without access to medical marijuana.

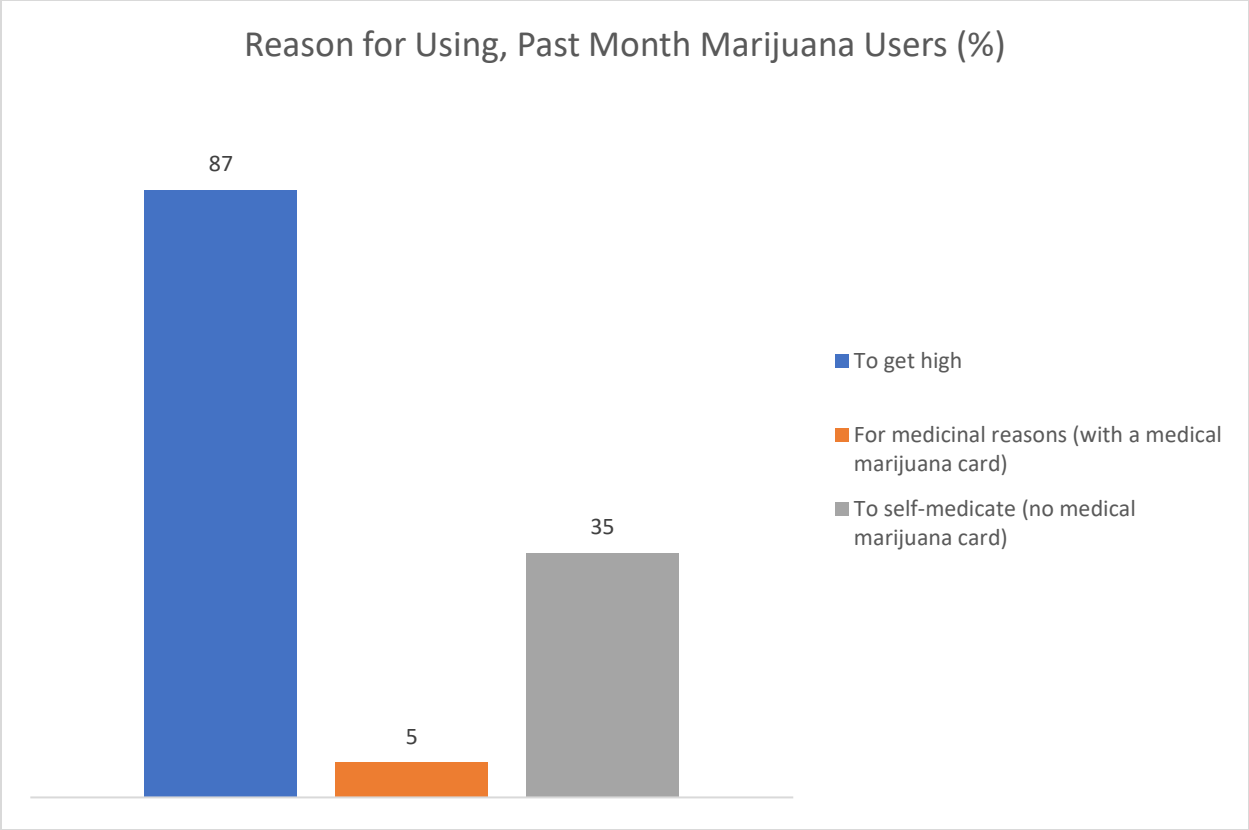


Figure 13: Reason for using among past month marijuana users

After marijuana, the use of prescription drugs without a prescription is the next most common substance used. Approximately 11% of students report ever using a prescription drug¹³ not prescribed to them in their lifetime¹⁴. Students were also asked their reasons for misusing prescriptions; roughly half of students who report ever misusing a prescription medication say that they used the drug to help them study, which is a decline from previous years where nearly two-thirds of students reporting using these drugs to help study. Other responses include “to feel better” and “to get high”.

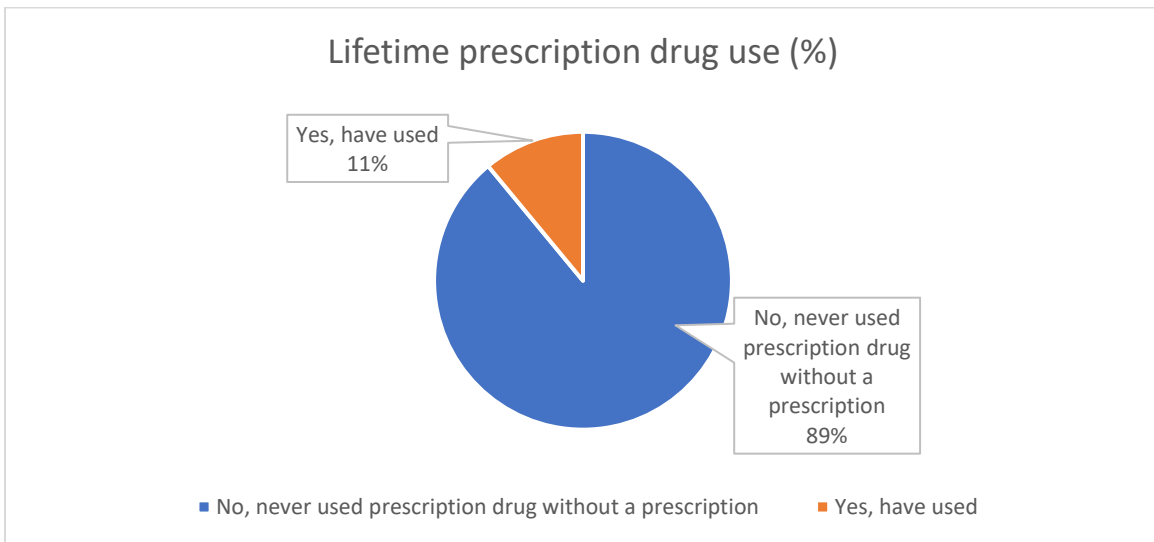


Figure 14: Lifetime prescription drug use without a prescription

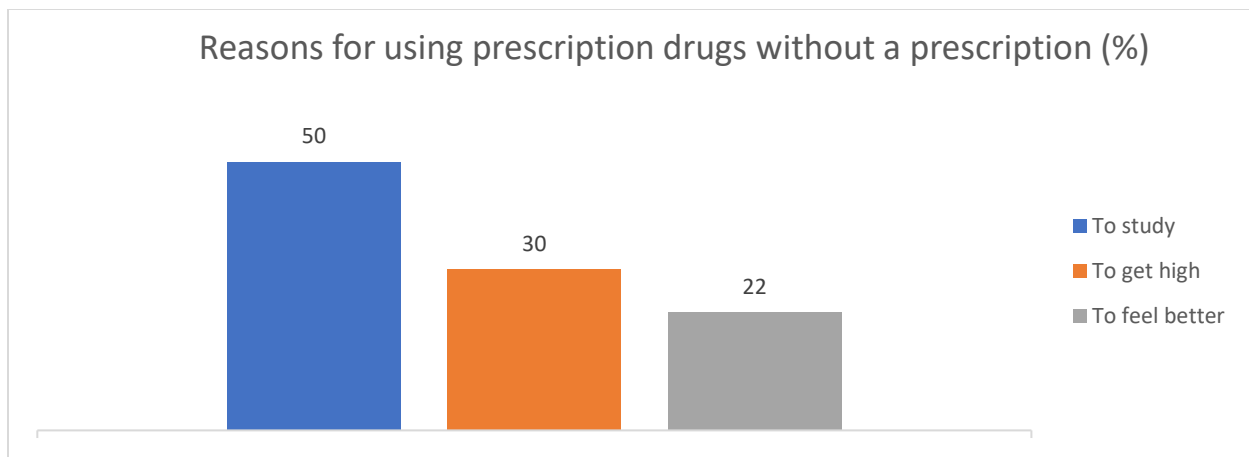


Figure 15: Reasons for using prescription drugs without a prescription¹⁵

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 stimulant ADHD medications such as Ritalin, Concerta, or Adderall. Close the three-quarters of all prescription drug misuse fell into this category of stimulant medications. This finding is unsurprising given the previous findings that half 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, and a quarter have used painkillers without a prescription.

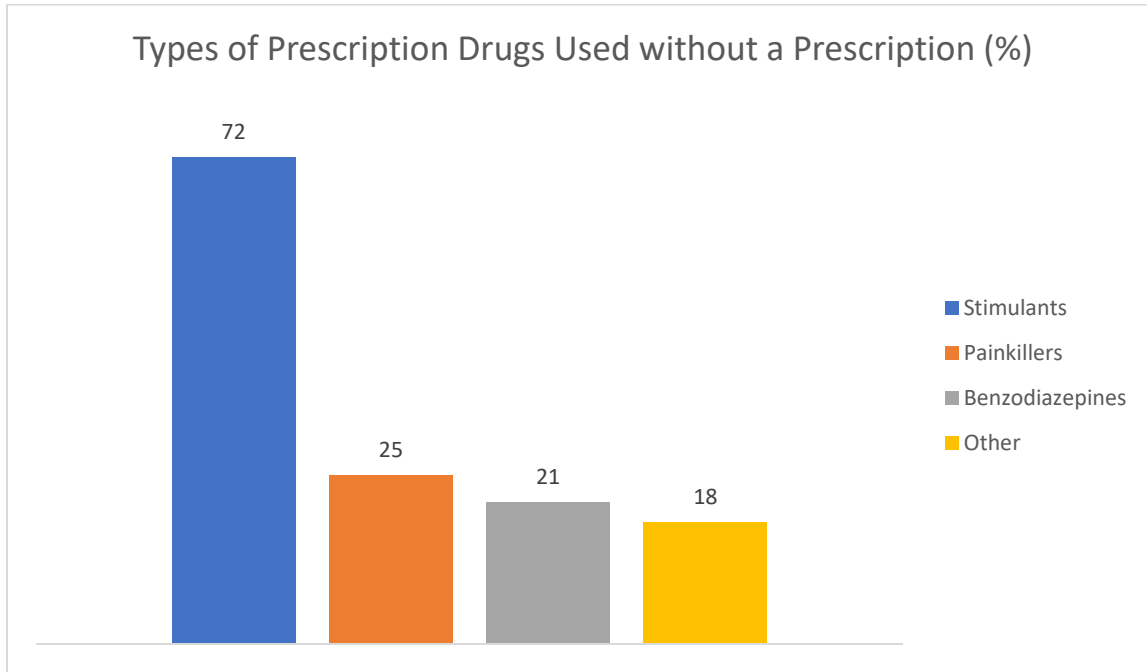


Figure 16: Types of prescriptions drugs used without a prescription¹⁶

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 in 2013. 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 the national [Monitoring the Future](#) survey: 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.

At the University of Delaware, just over a third of the respondents to the 2021CRBS reported having vaped at some point in their life, about a quarter reported vaping in the past year, and about 15% reported past month vaping. When comparing prevalence rates by sex, men reported a higher rate of past month vaping than women, though overall self-reported vaping is down from recent years.

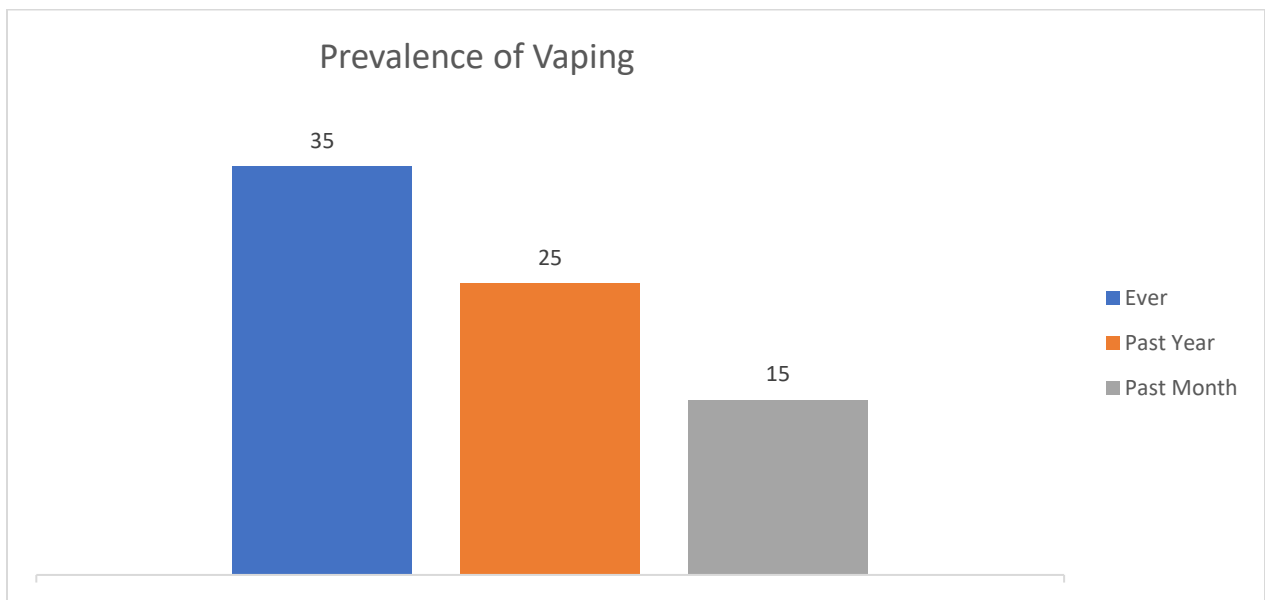


Figure 17: Vaping prevalence rates, in percentages

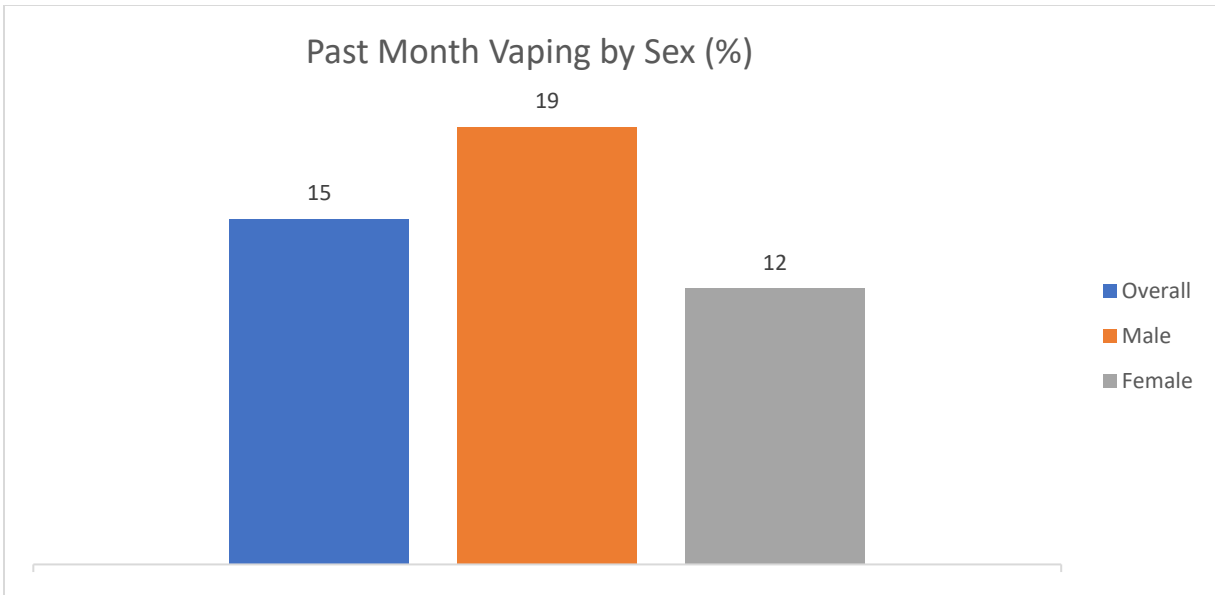


Figure 18: Past month vaping by sex¹⁷, in percentages

When looking at vaping use in the past month by age, vaping was at its highest among 19-year-old students, followed by 21-year-old students¹⁸. Vaping seems to be less common among the oldest students ages 22 and up.

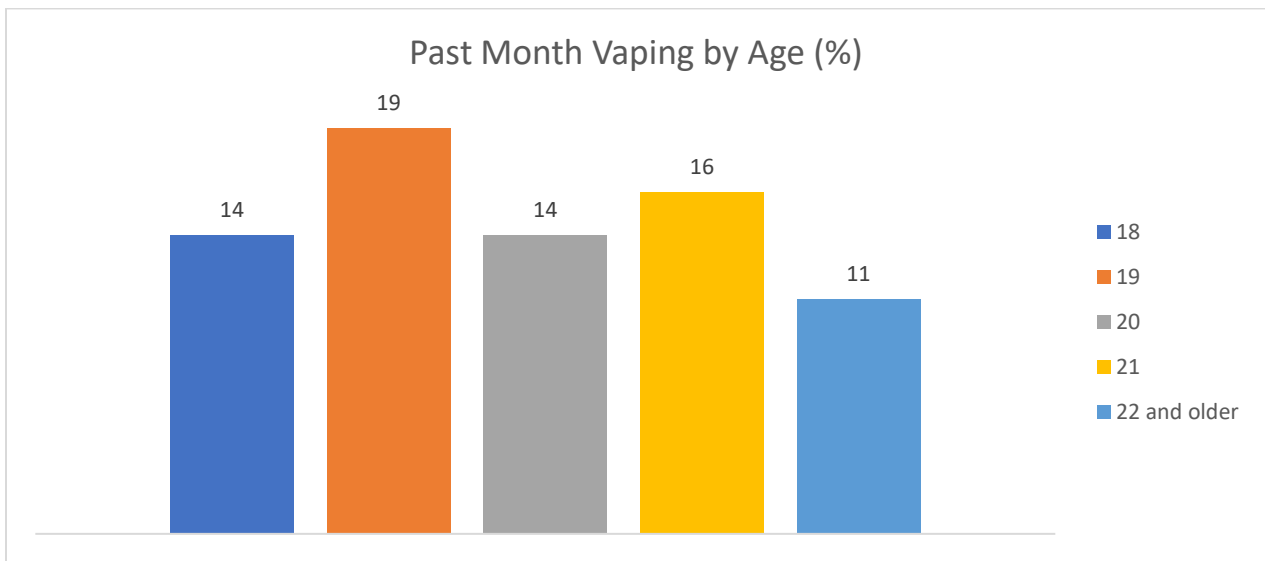


Figure 19: Past month vaping by age

¹⁸ The relationship between age and past month vaping was not statistically significant at the $p < .05$ level.

Cigarettes and Vaping: A Continuum of Tobacco Use

It has been noted in past CRBS reports that cigarette use had fallen in recent years, while the use of vaping devices has risen sharply. What has not been considered to this point is the relationship between these changes in behaviors. The above figure plots past year use of cigarettes and nicotine vaping against the percentage of individuals who used either substance. Initially, the line indicating use of either substance closely matches that of cigarette use – in 2018, vaping use rises sharply, and the line indicating use of either comes to match that of vaping. While cigarette use has fallen, overall use of nicotine products has actually risen since 2013 due to the significant increases in nicotine vaping. It should also be noted that up until 2018, the percentage of students who used either substance was close to the percentage of students who used cigarettes, suggesting that most students who vaped were also smoking cigarettes. This pattern flips in 2018 onward – the percentage of students who used either becomes closer to the percentage of students who vaped, suggesting that the majority of students who smoked cigarettes in the past year were also vaping.

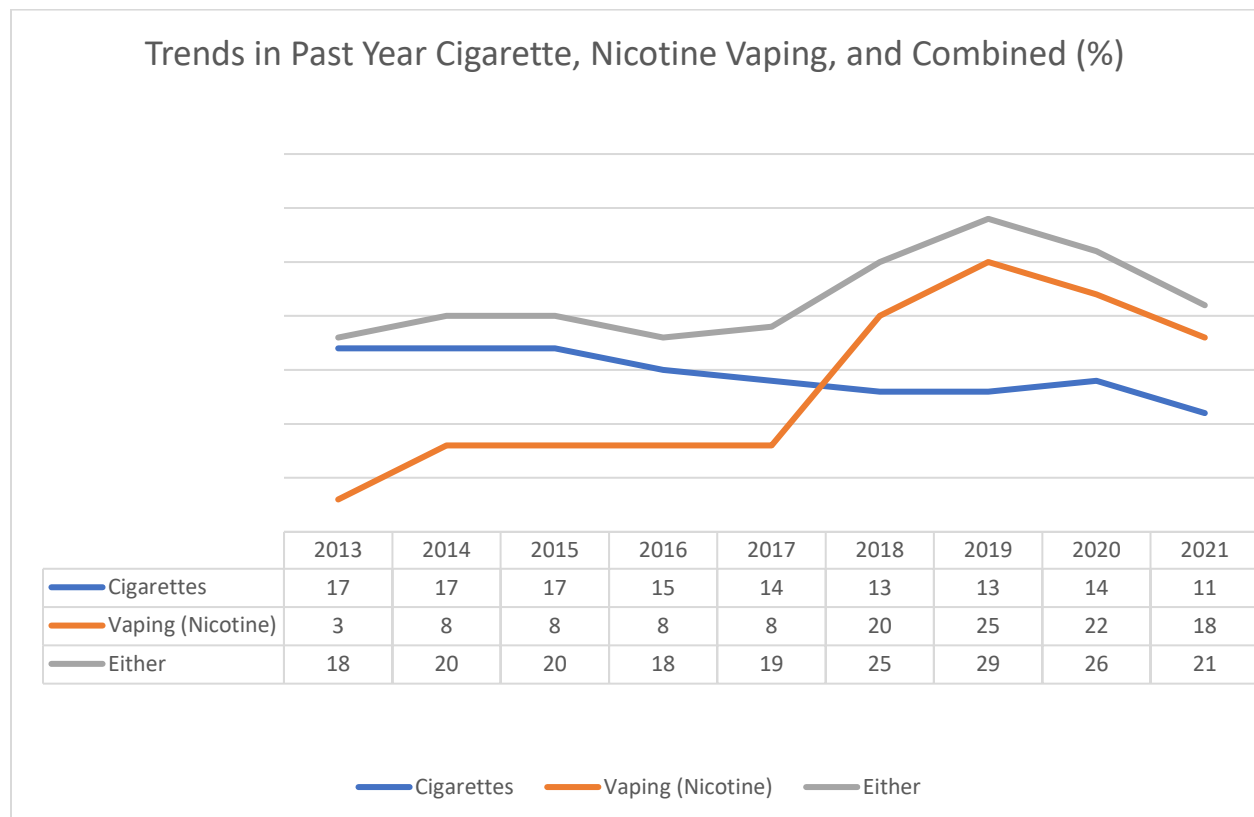


Figure 20: Trends in past year cigarette, nicotine vaping, and combined use

Students Who Vape: A Closer Look

In response to the growing rate of vaping among UD students, the CRBS also includes 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 (85%) 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.

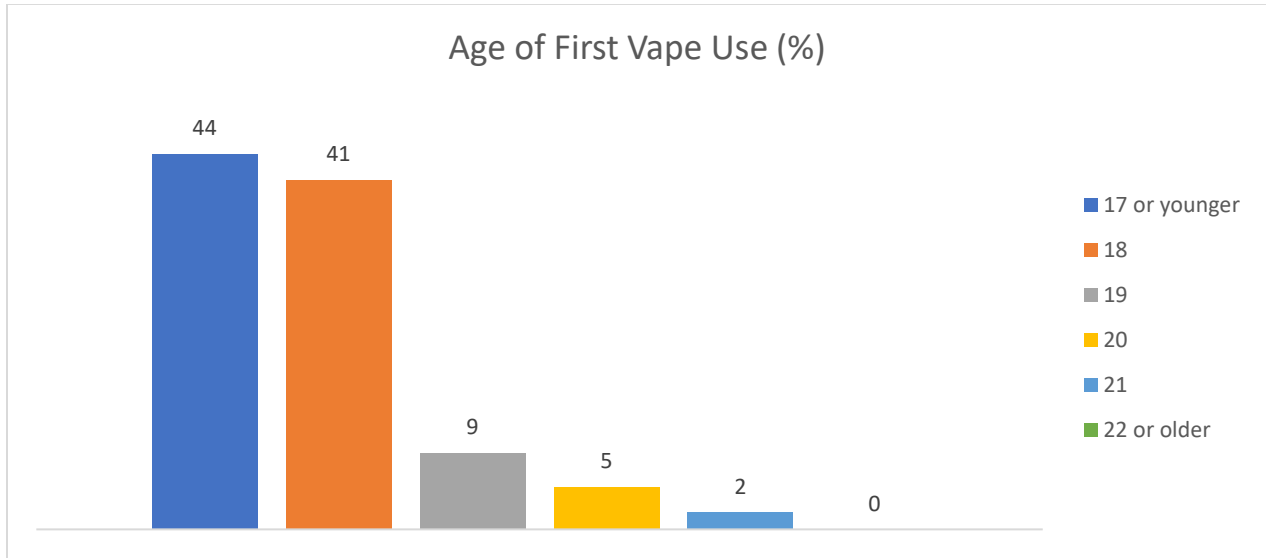


Figure 21: Age of first vape use

Students were also asked what they vaped in the past month. Roughly 60% of students who reported ever vaping in their lifetime were not currently vaping at the time of this survey (“currently” being considered past month use). One in five students who ever vaped used marijuana in a vaping device in the past month. Nicotine was the most common substance used in vapes (30%), while 15% of students who ever vaped reported using some form of e-liquid in their vaping device in the past month. Notably, there are overlaps in the types of substances used by students who vape: while about 10% of these students only vaped marijuana, roughly 4% of students used both marijuana and nicotine and about 6% of these students use all three types in their vapes.

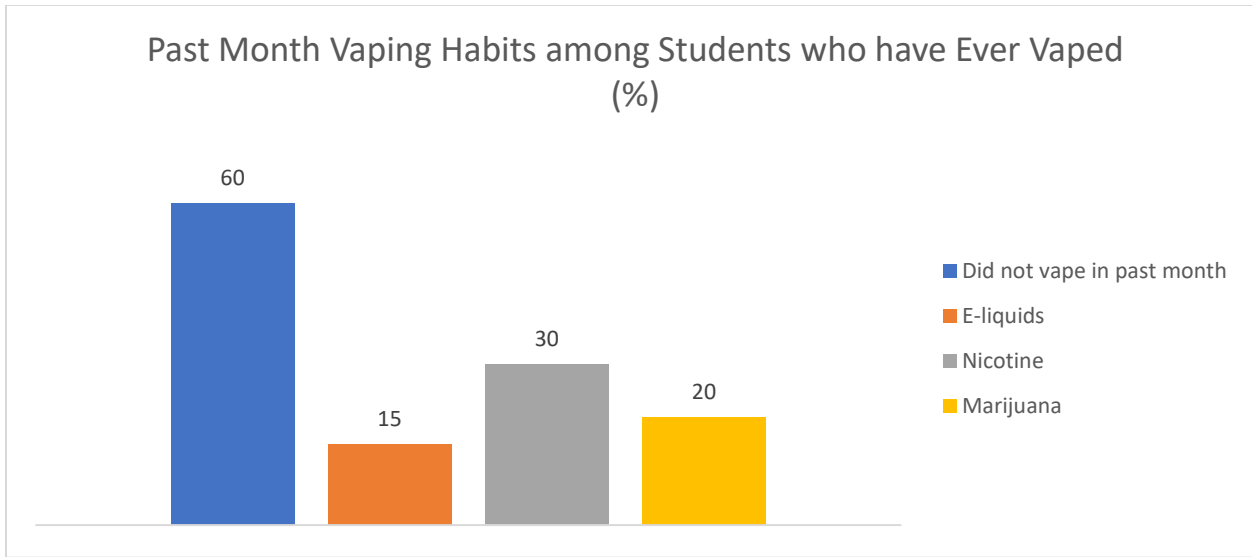


Figure 22: Past month vaping habits

Using questions adapted from Monitoring the Future, respondents were asked why they vape. The most common reasons for vaping reported by students were “to see what it’s like” and “to relax or relieve tension”. More than 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” wrote in that they vaped to help with their anxiety or other pain, or that they don’t remember why they started before they were addicted.

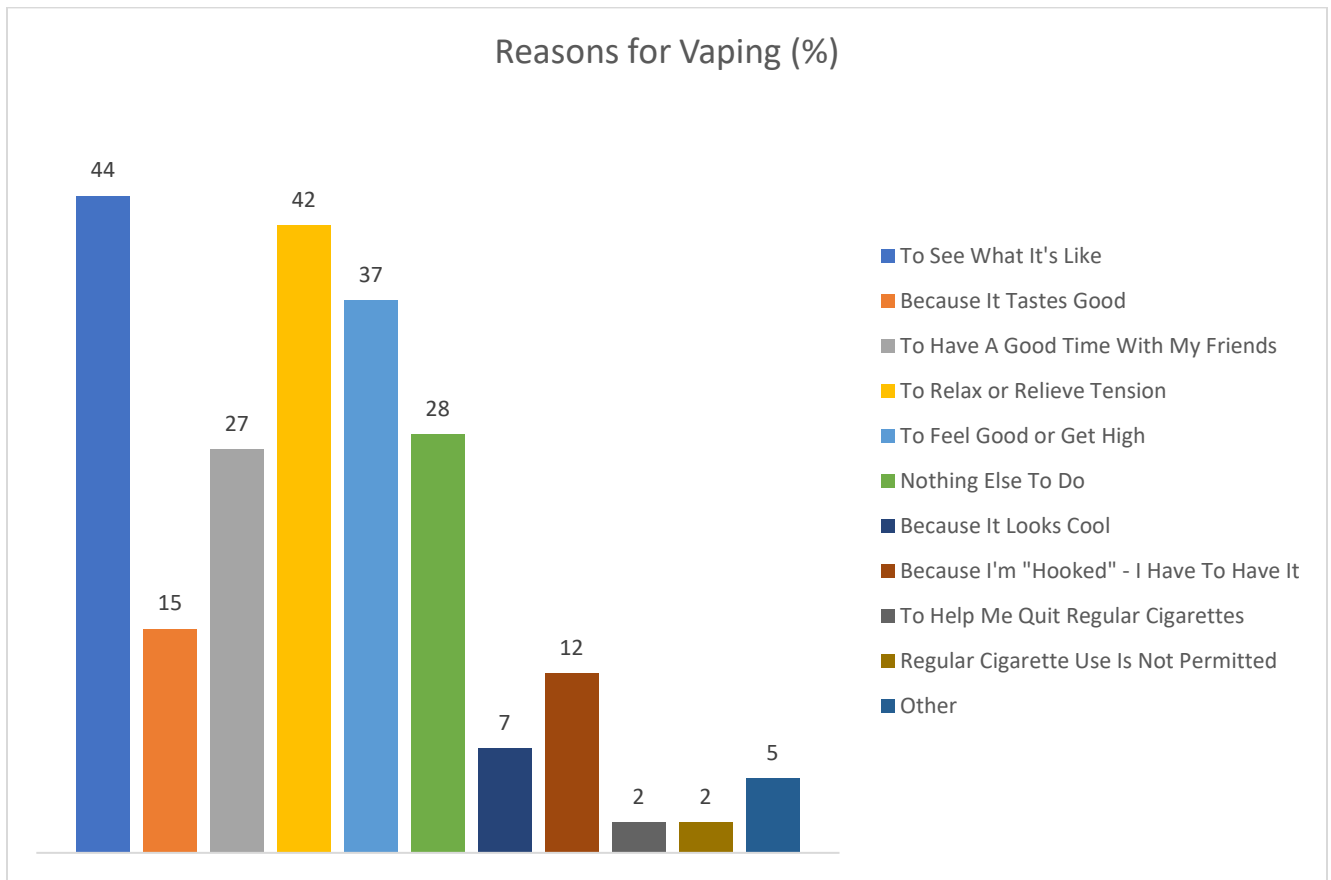


Figure 23: Reasons for vaping

Respondents were also asked where they would go to get e-liquids containing nicotine or marijuana. The most commonly reported way from students to obtain e-liquids containing nicotine was from the store, while students were most likely to get their e-liquids containing marijuana from a friend, acquaintance, or peer who sold it to them.

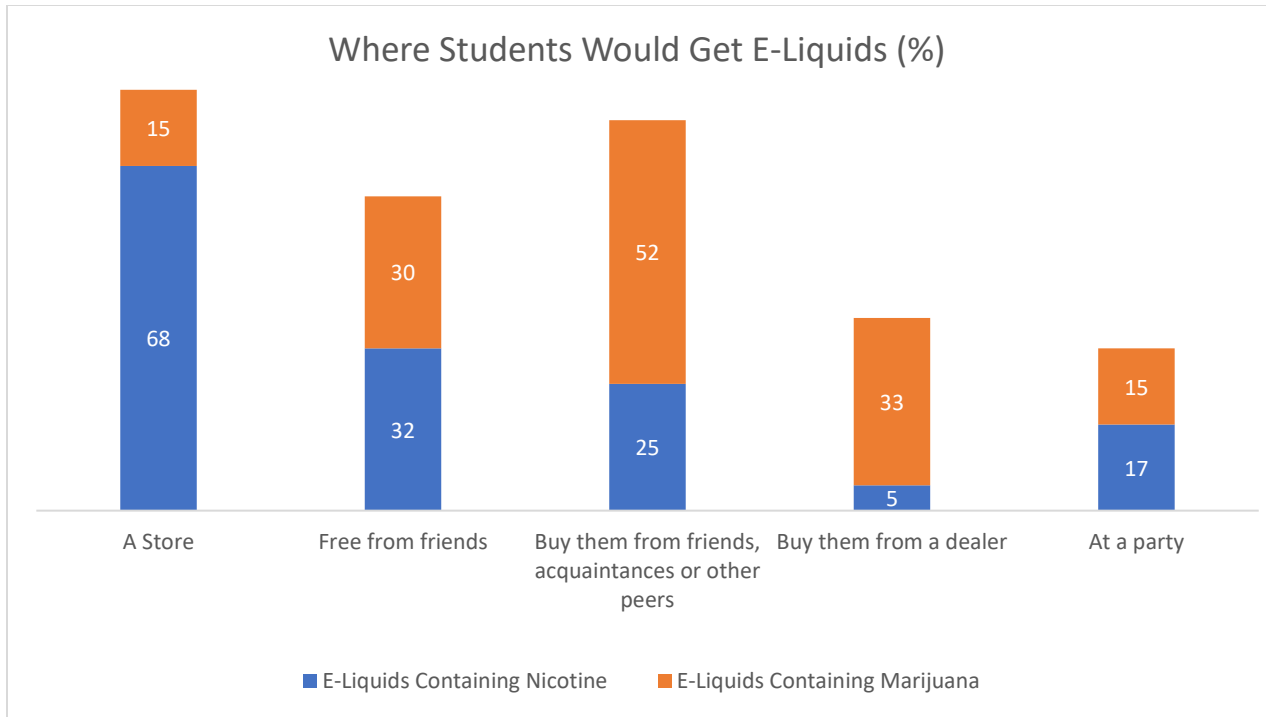


Figure 24: Where students get e-liquids

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, 2015 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 historically tracked self-reported victimization and starting in 2020 added additional questions about experiences of interpersonal violence and sexual assault. These questions were designed to capture the range of possible experiences and drawn from a variety of existing research (Raghavan, Cohen, & Tamborra, 2015; Lehmann, Simmons, & Pillai, 2012; Camilleri, Quinsey, & Tapscott, 2009). The following subsections report in more detail the specific questions, including coercive and more subtle tactics not previously operationalized in the CRBS.

Interpersonal Violence

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/DMs¹⁹
- Approached you when you didn't want
- Acted angry towards you in a dangerous way
- Insulted you, called names, etc. alone or in front of others
- Tried to keep you from family or friends
- Made threats to harm themselves or take their own life
- Refused to use a condom when you wanted them to

More than one-third of surveyed students (39%) reported experiencing at least one of the above forms of interpersonal violence since starting college. The most frequently reported type was receiving unwanted texts/emails/direct messages (31%), and the second most reported form was being insulted and called names (17%). The next three most commonly reported were when a person: approached you when you didn't want to be approached (9.2%); acted angry towards you in a dangerous way (9%); and made threats to harm themselves or take their own life (8%). About 5% of students reported that someone had tried to keep them away from family or friends, and roughly 4% reported that a partner had refused to wear a condom when they wanted them to.

¹⁹ DMs refer to Direct Messages on social media platforms or other online accounts.



Figure 25: Most common forms of interpersonal violence reported

There are differences in experiences of interpersonal violence by gender, sexual orientation, and disability status as well. While approximately 39% of students report experiencing at least one of these types, that figure varies widely when disaggregating into these demographic subgroups. Approximately 45% of female students report at least one of seven responses from the interpersonal violence module, compared with less than a third 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. Roughly half of students with a disability report experiencing interpersonal violence, compared to just over one-third of students who did not report having a disability. Similarly, more than half of LGBTQ students had experienced a form of interpersonal violence, compared to a little more than a third of their cisgender and heterosexual peers.

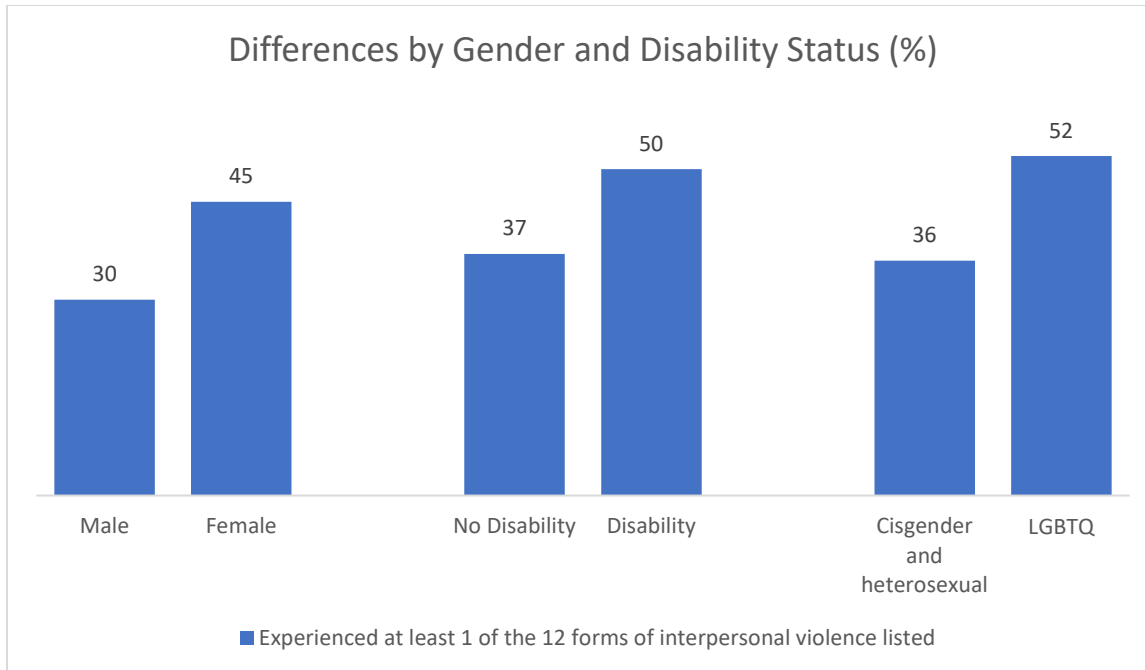


Figure 26: Differences in interpersonal violence experiences by sex, disability, and LGBTQ status

Among the students who experienced some sort of interpersonal violence, approximately a quarter identified their harasser as an intimate partner, more than a third identified an acquaintance or classmate not well known to them, and a little more than a quarter identified the person as someone well known to them but never in an intimate relationship. Among the 15% of students who reported “Other”, the most common write-in response was either strangers in person or strangers online.

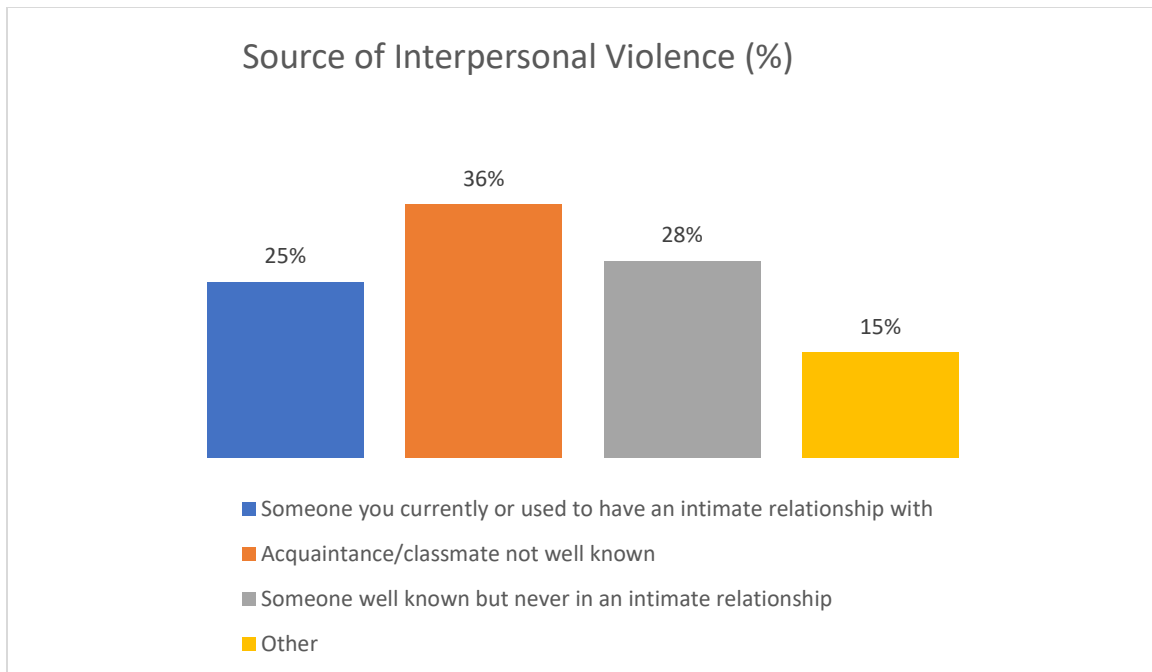


Figure 27: Perpetrators of interpersonal violence

Sexual Assault

When asked if, in the past year, they have been forced or coerced into having unwanted sex, approximately 3% of surveyed students in 2021 responded yes. Coercion is a primary tactic used to obtain sex with a non-consenting person (Pugh & Becker 2018), but common survey questions measuring sexual assault prevalence often do not go into greater detail about coercion and what can be categorized as sexual assault. The team added a specific set of questions to the CRBS starting in 2020 to better capture the range of sexual assault experiences among students. These questions emphasize that a person may express non-consent in a variety of ways, both verbal and non-verbal. 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 made at you
- Waited until you were asleep
- Used physical means to hold you down, block your exit, or harm you

Students were also asked whether sexual activity occurred following any of the above forms of coercion. More than 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, roughly 17% of students reported experiencing at least one coercion tactic that was followed by sexual activity, while one in five students reported experiencing a tactic that was not followed by sexual activity.

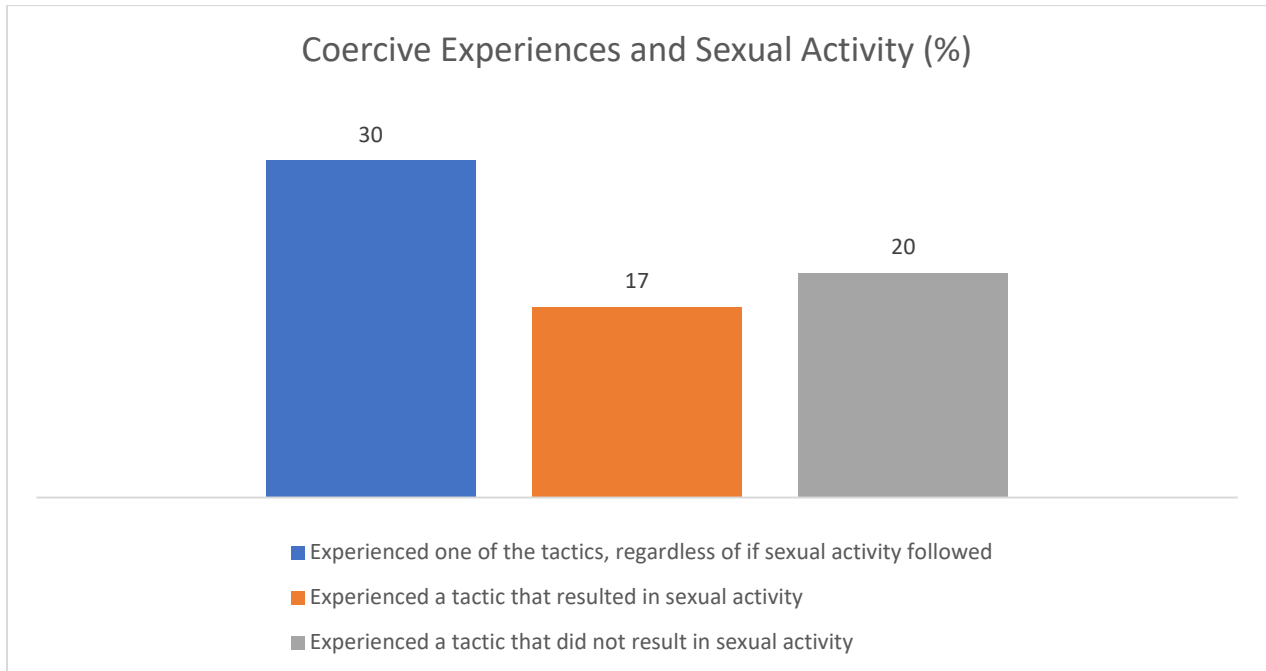


Figure 28: Coercive experiences and sexual activity

Students most commonly reported experiencing: someone trying to get them to change their mind by repeatedly asking (23%); someone trying to make them feel bad for saying “no” (21%); and someone making them feel like they couldn’t say no because they had invited that person over or had willingly gone to their place (15%). Least common, a little more than 3% of students reported that someone had waited until they fell asleep and just over 2% said that they had used physical means to hold them down, harm them, or prevent them from leaving.

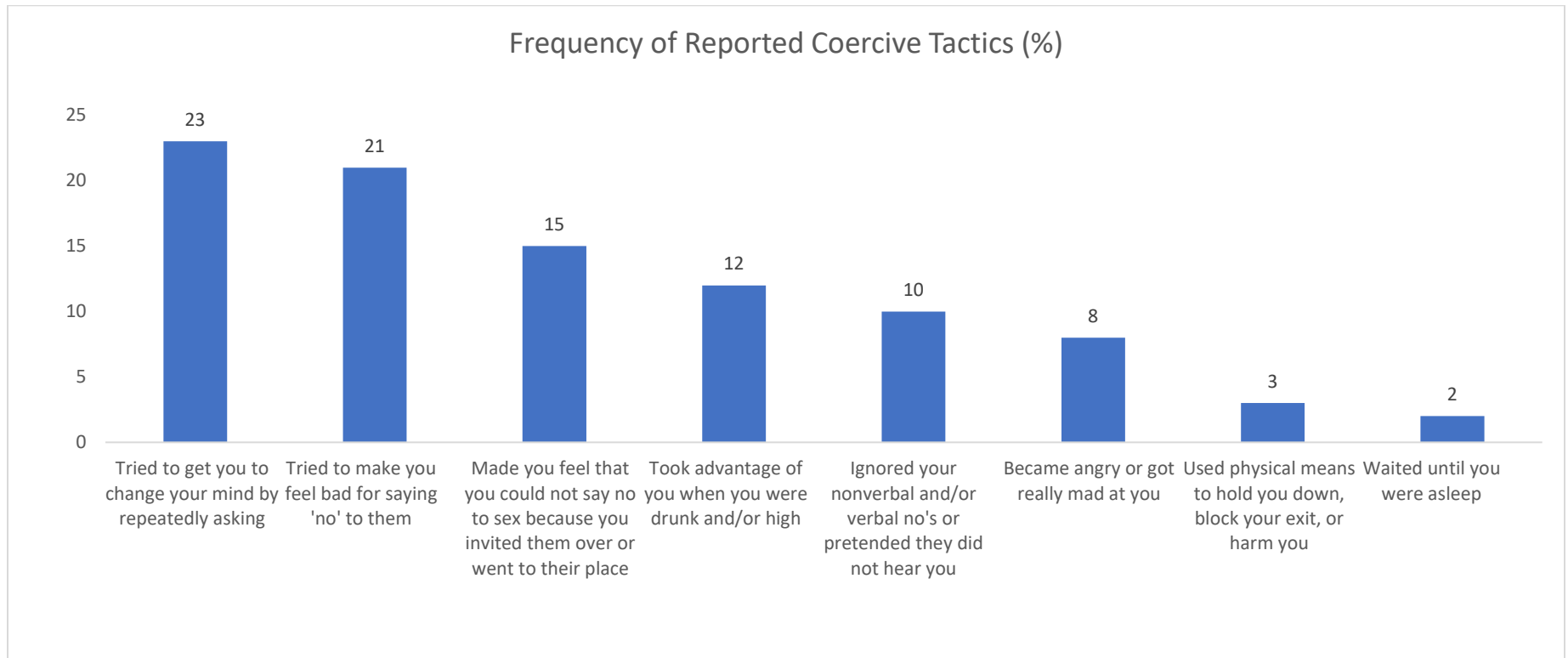


Figure 29: Most commonly reported coercive tactics

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 these eight forms of coercion at more than double the rate of male students. Students with disabilities report experiencing coercive tactics almost twice as often as students without disabilities. More than a third of LGBTQ students also report experiencing coercion, compared to a little more than a quarter of cisgender and heterosexual students.

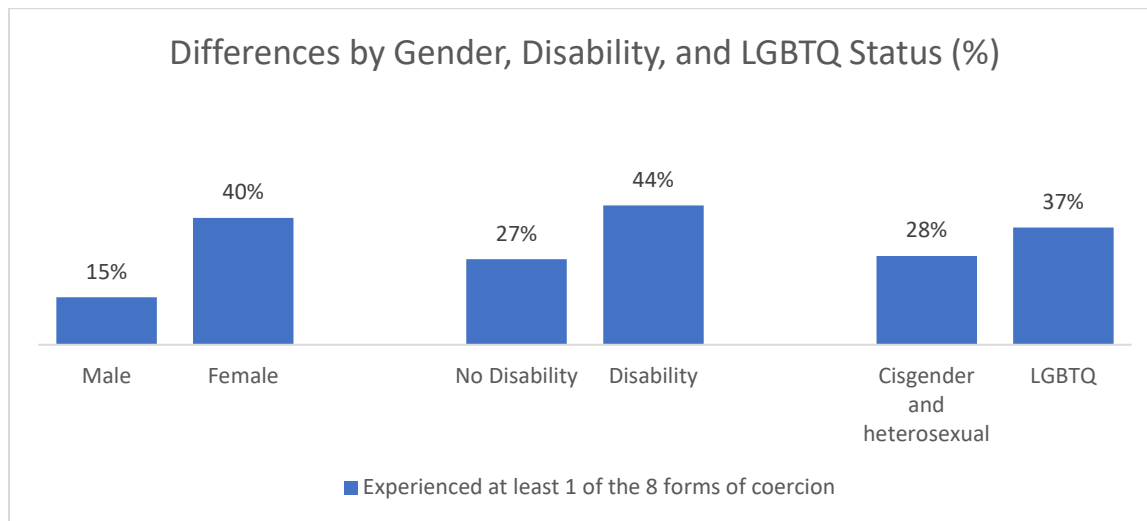


Figure 30: Differences in coercion prevalence by sex and disability status

Health and Safety

In this last section of the report, we highlight behaviors related to the health and safety of University of Delaware undergraduate students. This includes other behavioral health indicators such as suicide prevalence, disordered eating, gambling, sleep habits, and self-reported health concerns of students. We also present data on help-seeking behaviors of students in case of a medical emergency and their sexual health and contraceptive knowledge. This year's report also has a special subsection devoted to student responses to COVID-19 public health safety measures on and off campus.

Behavioral Health Concerns

Among students who responded to the CRBS this year, more than 8% 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. Compared to 2020 data at the start of the pandemic, there was a slight increase in the percentage of students who report considering suicide, but no increase in reported plans or attempts.

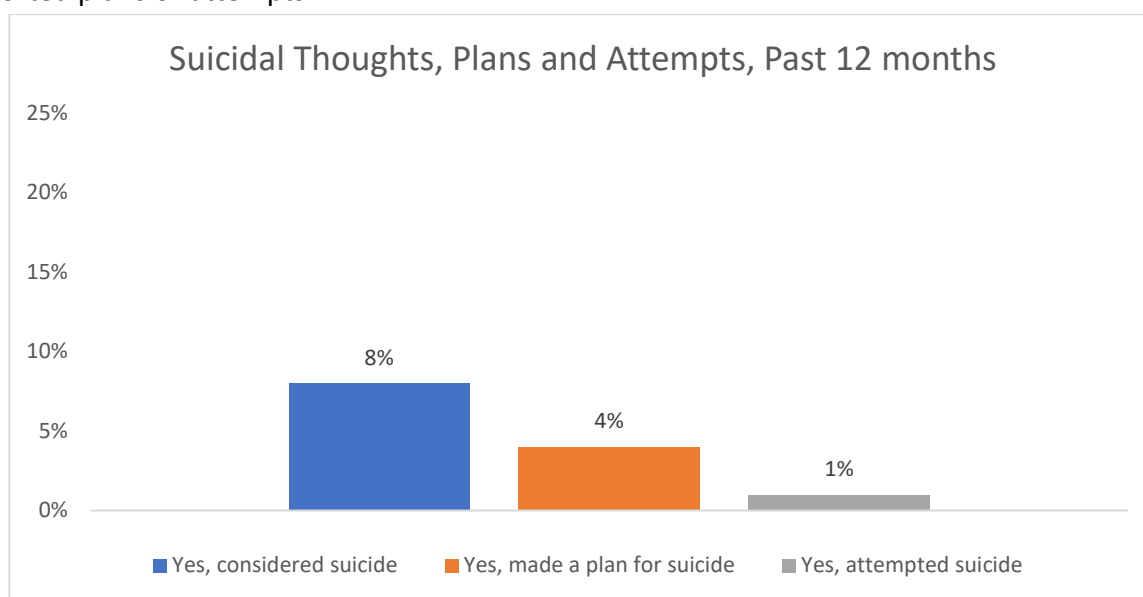


Figure 31: Suicidal thoughts, plans, and attempts, past 12 months

Students were also asked if they were concerned about their health and behavior related to a variety of topics, including the following: sleeping; anxiety; depression; stress; general wellbeing; drug use; alcohol use; eating; video games; gambling; social media use; and spending too much money. Notably, stress (51%), anxiety (46%) and sleeping (37%) were the most commonly reported concerns among students. Less than 1% of students reported gambling as a concern; as such it is not represented on the figure below.

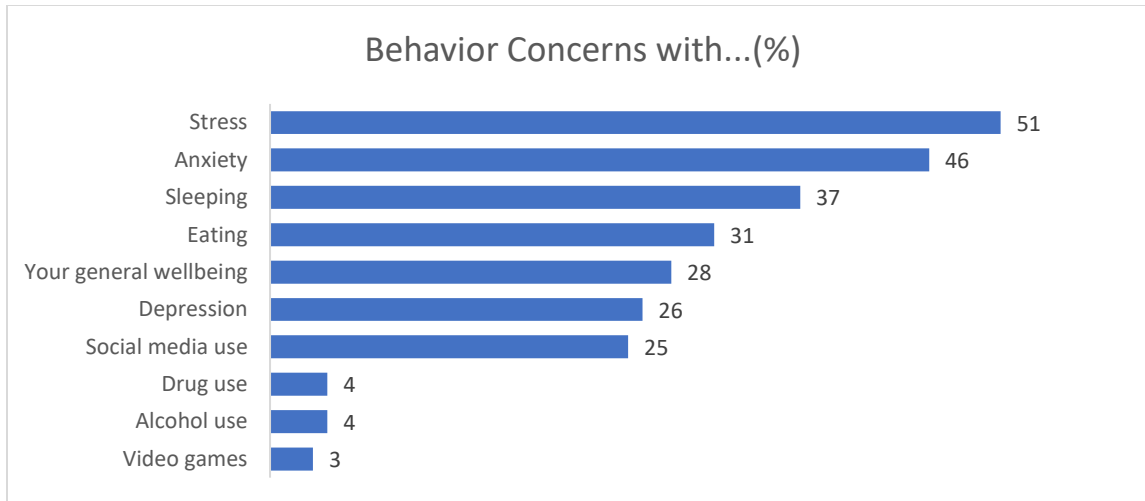


Figure 32: Self-reported health concerns of students

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 emergency²⁰, someone becoming a threat to themselves or others, or someone making harmful decisions or being unable to think clearly, all while having used alcohol or other drugs. In all three scenarios, students reported that they would be most likely to call 911 or the police, a friend or parent, or utilize a UD Resource like the helpline. Students were more likely to utilize 911 or the police in the case of a medical emergency (77%), whereas if someone was too intoxicated to think clearly or make good decisions, they were more likely to seek help from a friend or parent rather than official channels. There were slight differences in reporting based on place of residence: in some cases, students who lived on-campus in the dorms were more likely to utilize their Resident Assistant (RA) instead of other UD Resources like the UD Hotline.

²⁰ A medical emergency is specifically defined in this context as experiencing one or more of the following: throwing up, change in skin color, irregular heart rate, irregular breathing, passed out, fell, seizure, or any other injury.

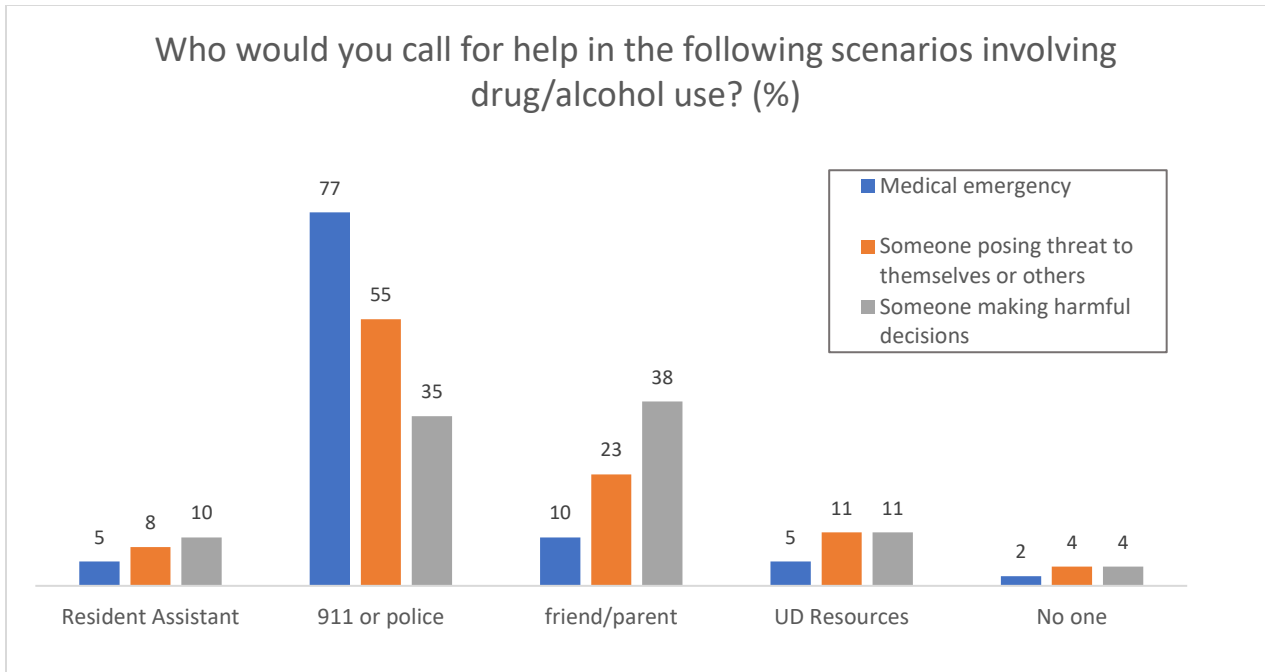


Figure 33: Who would you call for help in emergency situations involving alcohol/drugs

Furthermore, nearly three-quarters of students reported that they would not be afraid of getting in trouble if they were to seek help in any of the above scenarios where drugs or alcohol were involved. This is good evidence that the majority of students at UD are aware of the University’s amnesty policy.

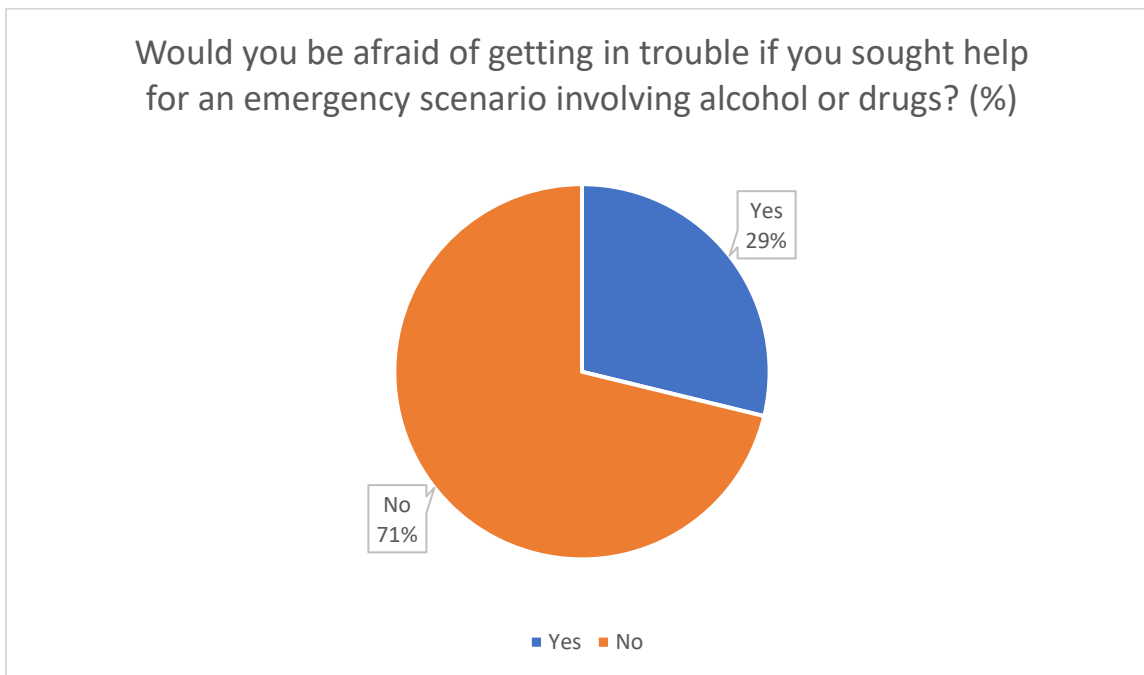


Figure 34: Would you be afraid of getting in trouble if you sought help?

Students were also asked who they would talk to if they were concerned about their relationship experiences. Students were provided 15 response options and allowed to select multiple answers. The vast majority of students reported that they would talk to their friends (94%), partner or significant other (85%), or someone in their family (78%). Roughly half of students reported that they would talk to medical personnel off campus (53%), someone else (57%), or the Center for Counseling and Student Development (51%). Less than a quarter of students (22%) reported that they would talk to a family religious or spiritual leader, which was the least common response.

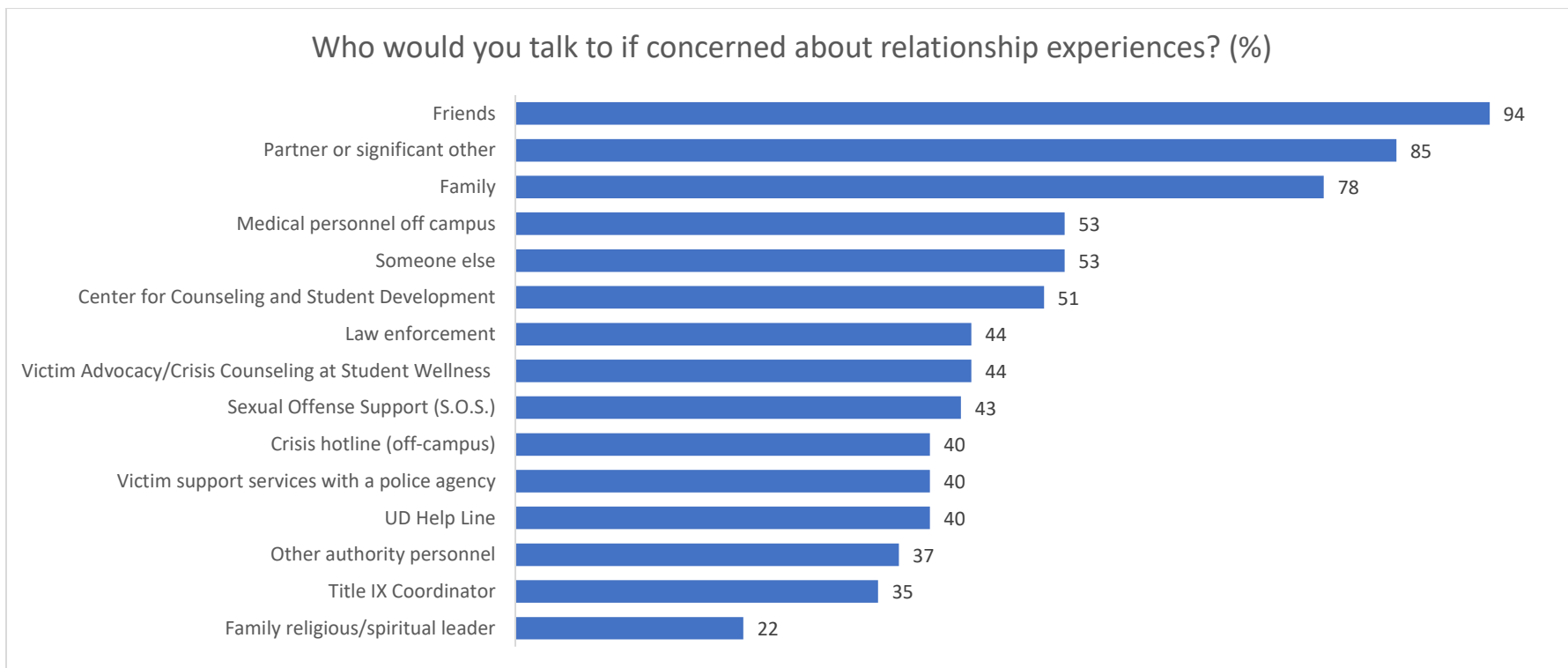


Figure 35: Who would talk to if concerned about relationships

Sexual Health and Contraceptive Knowledge

More than a quarter of students (29%) report that they have never had sexual intercourse. Among those who have had sexual intercourse, 97% 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 only, nearly a third of students reported that they did not use any methods the last time they had sexual intercourse.

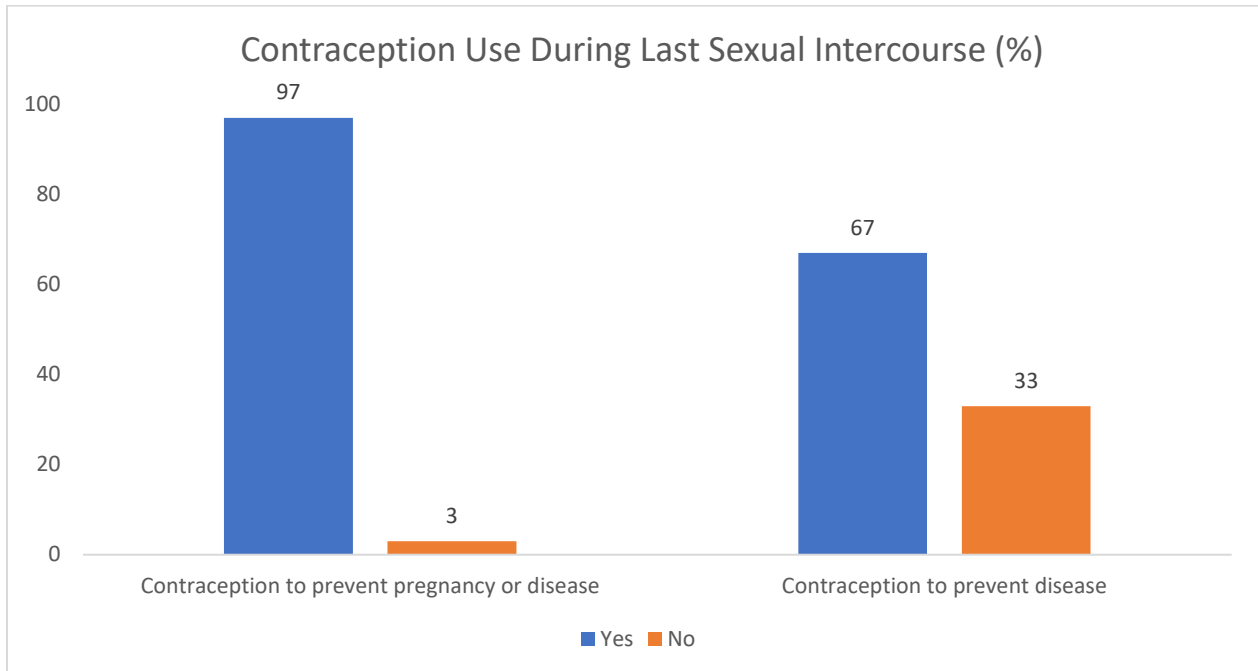


Figure 36: Contraception use during last sexual intercourse

The most popular reported methods of pregnancy prevention used by students who ever had sexual intercourse were birth control pills and condoms, followed by the withdrawal method. Roughly a quarter of students used withdrawal. 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. Some respondents also wrote in that they did not use any method of pregnancy prevention because they had a same-sex partner.

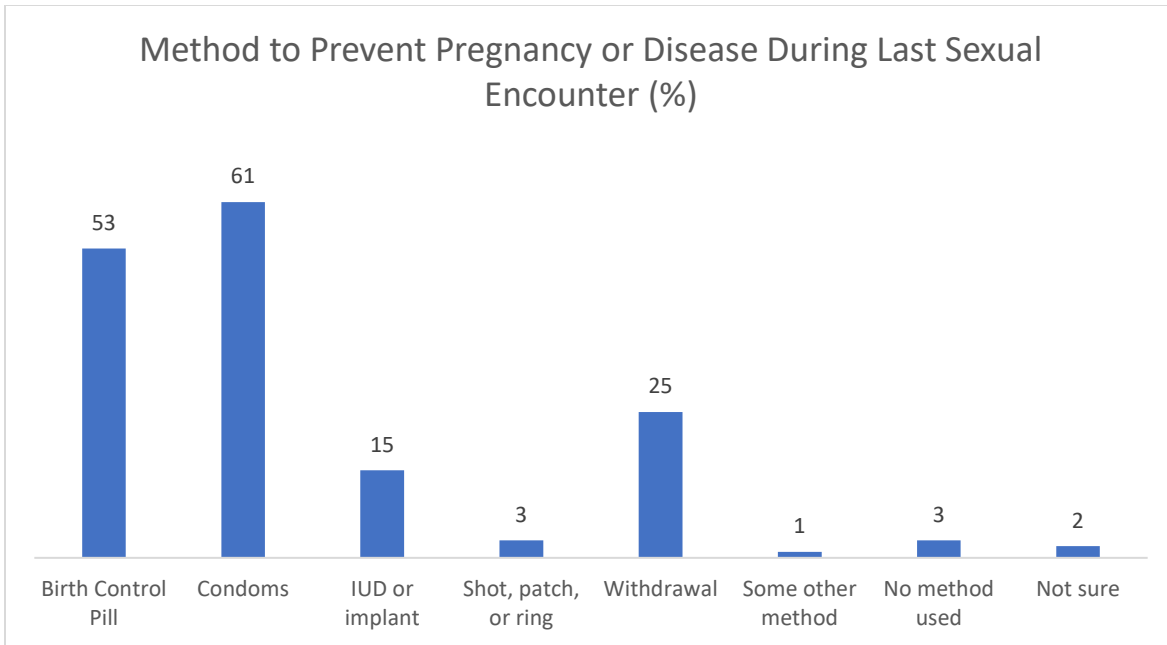


Figure 37: Pregnancy/disease prevention method used during last sexual encounter

Students less frequently report using contraceptive methods solely to prevent disease. Among students 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.

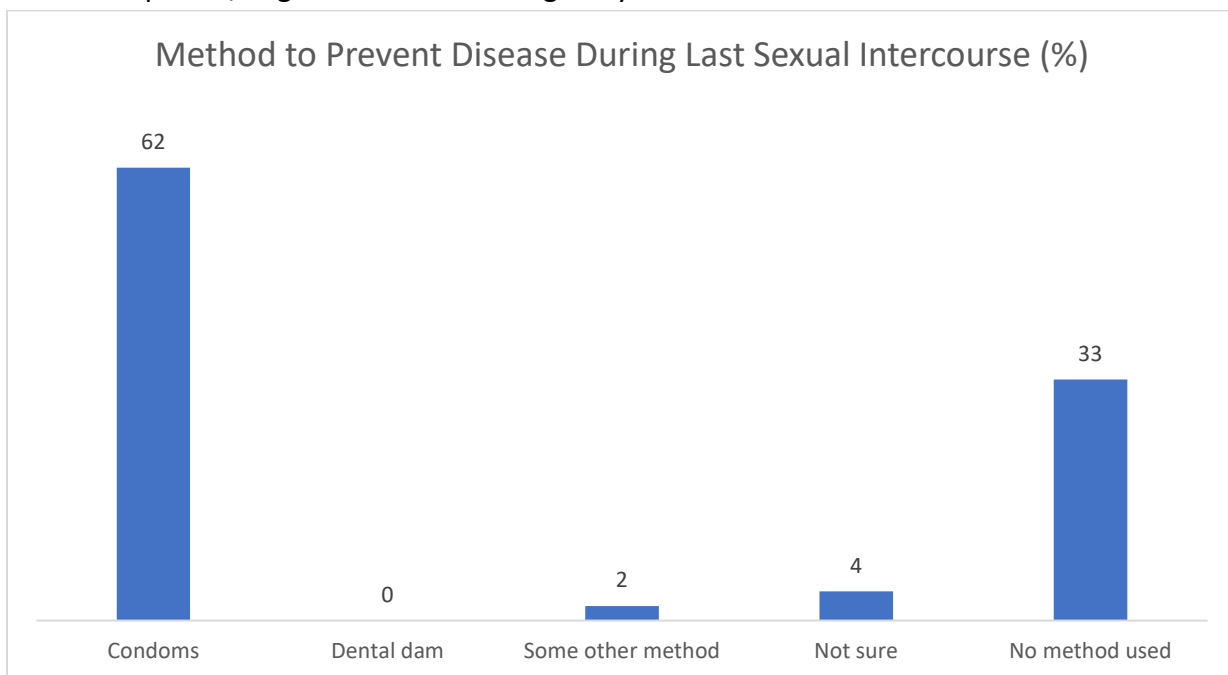


Figure 38: Method to prevent disease during last sexual intercourse

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. Approximately 18% 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.

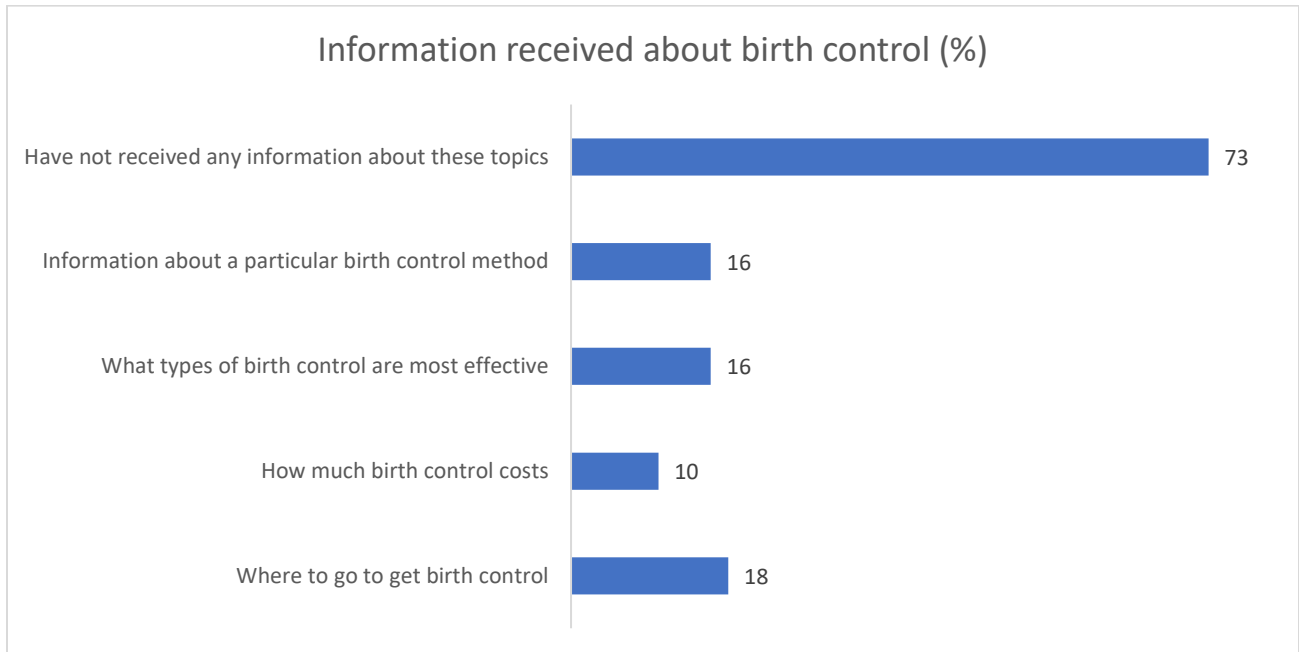


Figure 39: Information received about birth control

Response to the COVID-19 Pandemic Public Health Measures

The University of Delaware and the City of Newark issued a number of safety messages, recommendations, and ordinances in response to the COVID-19 pandemic in 2020 and 2021. The “Protect the Flock” messaging campaign was launched to encourage students to follow public health guidance in order to keep campus a safe place for members of the UD community, and both the University and the City of Newark placed restrictions on in-person gathering sizes and enforced mask mandates. After widespread vaccine rollout, the University enacted a COVID vaccine requirement for all staff and students returning to campus in-person for the 2021-2022 academic year. A number of questions related to student’s responses to the pandemic were added to the CRBS survey for the spring 2021 administration. This included asking about students’ attendance at in-person gatherings of various sizes, their willingness to wear masks and get vaccinated, and their perceptions of how the pandemic had impacted their ability to successfully participate in school.

Across the country and throughout the pandemic, preventing large gatherings of students on college campuses became a major concern in order to slow the spread of infection, particularly at the start of each semester when many students returned to campuses. While a minority of surveyed UD students (7%) reported attending large gatherings of more than 20 people,

students did commonly report attending gatherings with between 10-20 people (18%) or with less than 10 people (44%). Roughly 40% of students did not attend any gatherings in the past month.

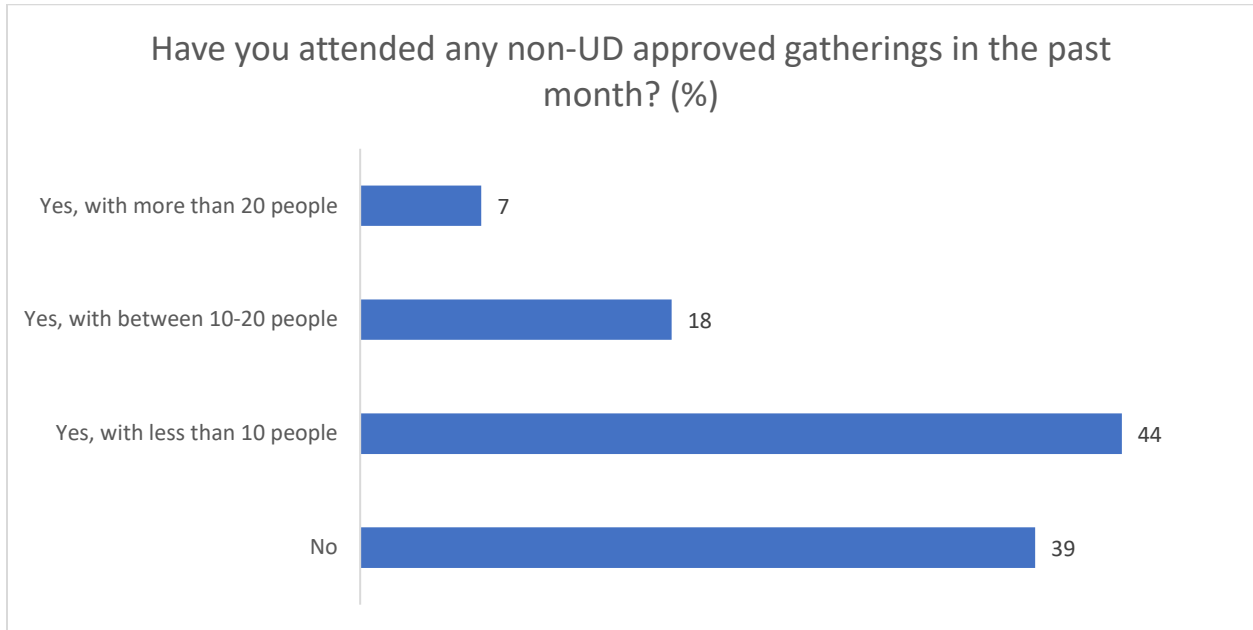


Figure 40: Attending non-UD approved gatherings

Among students who did attend such gatherings, only about one-third reported that they wore a mask the entire time, except for when eating or drinking.

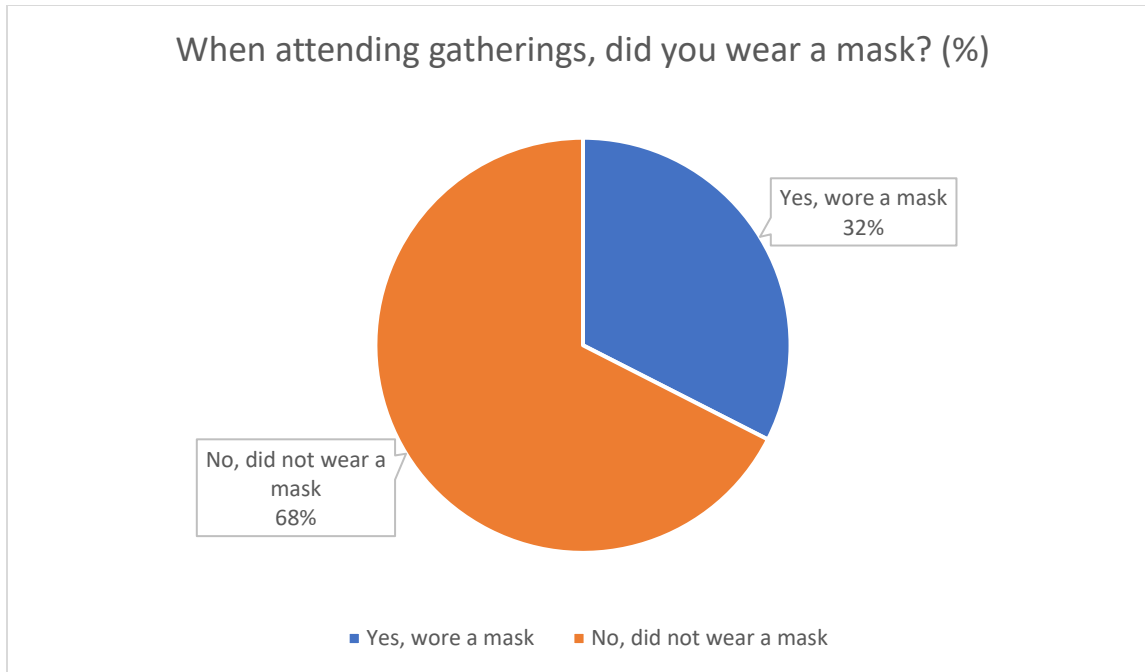


Figure 41: Wearing masks when attending gatherings

Students were also asked about the extent to which they felt the pandemic had impacted their ability to do schoolwork, their timeline for degree completion, and their mental health. More than three-quarters of students (77%) either agreed or strongly agreed that their schoolwork was more difficult during the pandemic than prior to the pandemic. Nearly one quarter of students (23%) felt that it was likely or very likely that the pandemic would negatively impact their degree completion. More than a third of students (36%) reported that their mental health was not good most of the time during the pandemic, and a smaller percent (9%) reported that their mental health was not good always. Poor mental health in the context of this question was defined as including feelings of stress, anxiety, and depression.

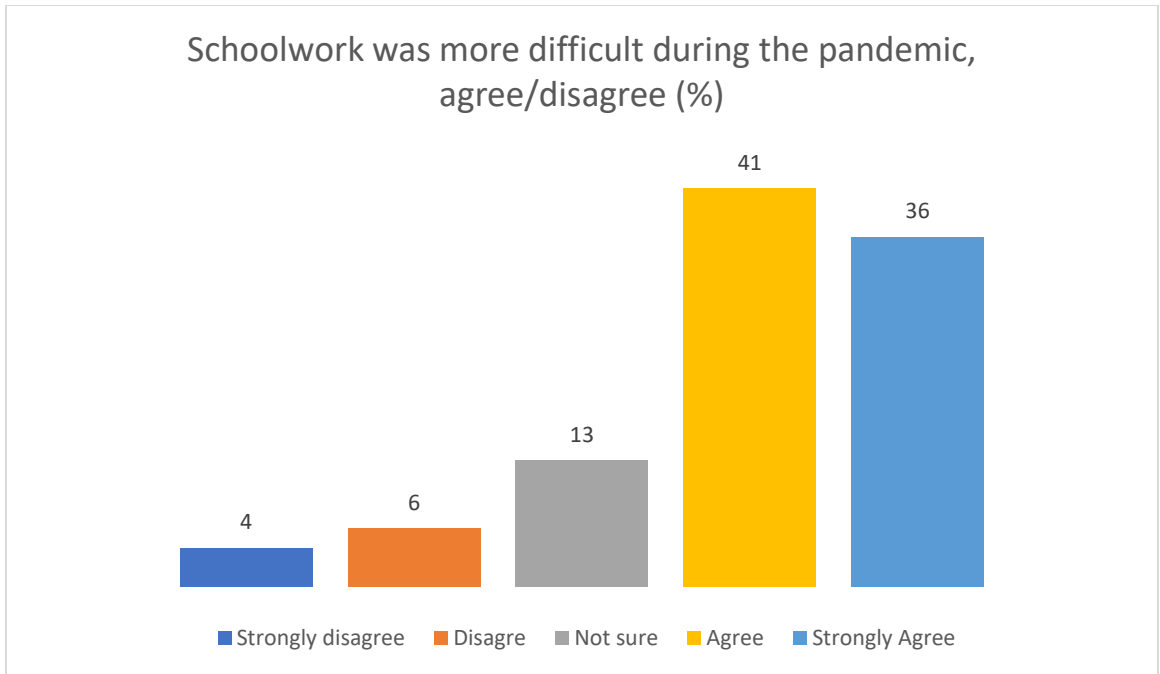


Figure 42: Schoolwork was more difficult during the pandemic

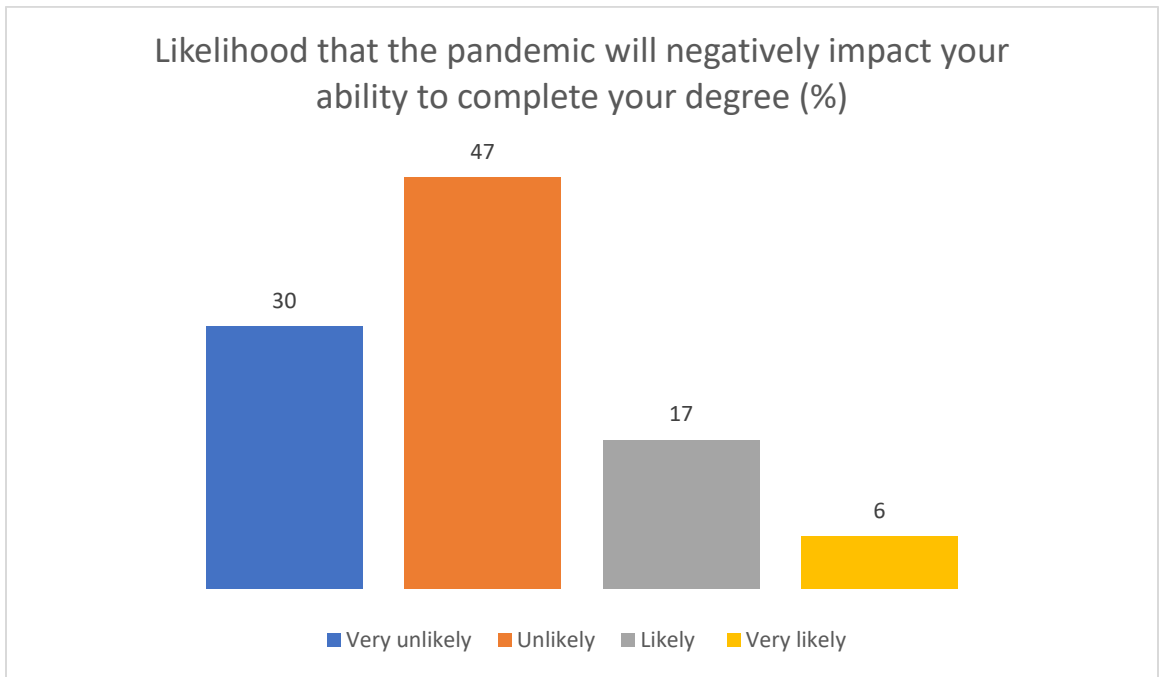


Figure 43: Likelihood that pandemic will impact degree completion

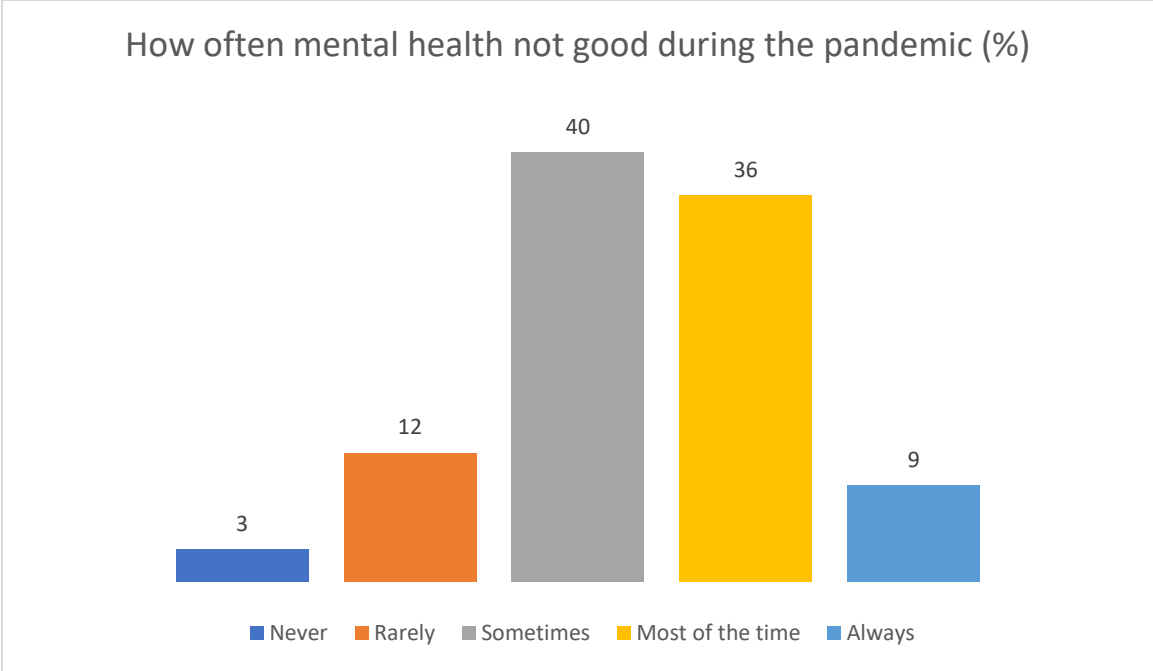


Figure 44: How often mental health was not good during the pandemic

Key Takeaways from the 2021 CRBS

The 2021 College Risk Behavior Survey was administered in an academic year that was marked by uncertainty for many students. Similar to the 2020 survey, the overall student response rate to the survey was significantly lower than typical for pre-pandemic 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.

What we do know about this year's sample, based on the demographics captured by the survey, is that we collected data from a student population that is older on average and more likely to live off-campus than in previous years. Colleges and universities across the country experienced declines in new student enrollment in the 2020-2021 academic year and UD was no exception. Keeping this in mind, it is quite possible that student responses to questions related to topics such as lifetime substance use and accessing resources on campus may be different this year, as older students and students not living on campus will likely have different experiences than younger students living in dorms.

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. However, binge drinking and cigarette use have continued to gradually decline. After peaking in 2019, marijuana use and vaping among students has also begun to slowly decline. It remains to be seen if this downward trend will hold as pandemic-related restrictions continue to loosen. New to this year's report also is a graph illustrating trends in cigarette use and nicotine vaping, highlighting that even as cigarette use has decreased and vaping has begun to come down as well, the overall prevalence of nicotine consumption among students remains substantial.

The CRBS continues to evolve to take a more comprehensive look at risks and behaviors of students beyond substance use. In recent years we have expanded how we capture information about sexual assault and interpersonal violence, as well as two important but historically marginalized demographic categories, disabled and LGBTQ students. In 2021, we found that students who were female, disabled, or LGBTQ reported higher rates of experiencing interpersonal violence as well as higher rates of coercive sexual experiences.

Finally, the survey team in collaboration with Student Wellness and Health Promotion endeavored to collect more data about student experiences specific to the COVID-19 pandemic. National reports indicate that young people and college students across the country have faced profound difficulties with mental health and academic success during this time. Students at the University of Delaware are no different. Most students surveyed reported that they had more

trouble with their schoolwork now than prior to the pandemic, and almost a quarter of students thought that this was likely to negatively impact their ability to complete their degree on time. Students also widely reported struggling with their mental health due to the pandemic. At this crucial point in time, the CRBS continues to be a valuable tool for measuring the well-being of students and identifying areas where there are opportunities for greater intervention and support to enhance student success.

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