

Connecticut Violent Death Reporting System, 2015 to 2017



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Suggested Citation: Injury and Violence Surveillance Unit (2019). 2015-2017 Connecticut Violent Death Reporting System Annual Report. Hartford, CT: Connecticut Department of Public Health

This annual report was funded by CDC NVDRS (Grant Number 1U17CE002594) from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or other state or federal agencies.



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Introduction

The National Violent Death Reporting System (NVDRS) is a state-based federal surveillance system that aggregates data on the characteristics and circumstances associated with violent deaths from multiple sources into one anonymous database. The purpose of the NVDRS is “to assist the development, implementation, and evaluation of programs and strategies designed to reduce and prevent violent deaths at the national, state and local levels” (Fowler et al., 2018).

In 2002, Centers for Disease Control and Prevention (CDC) initiated the NVDRS with its first appropriation from Congress. The states of Massachusetts, Maryland, New Jersey, Oregon, South Carolina and Virginia were chosen to begin collecting data for entry into the reporting system. Since 2002, NVDRS has expanded several times to include new states. In 2014, the Connecticut Department of Public Health (CT DPH) was awarded CDC funds for a five-year period to establish the Connecticut Violent Death Reporting System (CTVDRS). In 2015, CT DPH began collecting data on violent deaths. The current report presents CTVDRS results for 2015 to 2017.

According to NVDRS specifications, the definition of a violent death is “a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community. The person using the force or power need only have intended to use force or power; they need not have intended to produce the consequence that actually occurred” (CDC, 2015). Based on this definition, violent deaths include homicides, suicides, legal intervention deaths, unintentional firearm deaths, and deaths of undetermined intent.

The major sources of violent death data for the CTVDRS are the Office of the Chief Medical Examiner (OCME) (autopsy, investigator, and toxicology data), death certificates from the CT DPH Office of Vital Records, and law enforcement reports that include Supplementary Homicide Reports. Participating NVDRS states are required to collect data on all violent deaths occurring within their boundaries irrespective of the decedent’s place of residence.

The NVDRS includes over 600 unique data elements that provide valuable context about violent deaths. Categories of variables analyzed in the NVDRS include: manner of death, mechanism of injury, toxicology findings, whether the decedent was a victim, information about any known suspect, incident, and type of incident, and circumstances preceding injury. Circumstances variables are categorized by manner of death: all manners of death; homicide/legal intervention deaths; suicide and undetermined intent deaths; and unintentional firearm deaths. Circumstances are events that precede, or are determined to be related to, a person’s death. Circumstances provide a context for the violent death and help to inform prevention activities. In general, the vast majority of suicides reported in the CTVDRS have circumstances of death, but a smaller proportion of homicides have circumstances listed. Note that if a circumstance is not endorsed, it does not mean that the circumstance was not present. It means that circumstances were not listed in at least one of the required source documents (i.e., law enforcement report or coroner/medical examiner report). Reasons why circumstances may be unknown vary. For example, circumstances may be unavailable because the investigating agencies chose not to share information or the investigating agency was unable to determine the circumstances surrounding the death.

Violent Deaths in Connecticut

As presented in Table 1, from 2015 to 2017, Connecticut had 1,589 violent death cases, 14.8 deaths per 100,000 Connecticut population. These included 1,176 suicides, 332 homicides, 70 deaths of undetermined intent, 7 legal interventions, and 4 unintentional firearm deaths. For all three years--2015, 2016 and 2017--death by suicide was the most prevalent type of violent death in Connecticut, accounting for over 70% of violent deaths. Most of the remaining violent deaths were homicides. For 2015, 2016 and 2017, less than 10% of violent deaths had undetermined intent (6.7%, 3.4%, and 2.9%, respectively) and less than 1% were caused by legal intervention (0.4%, 0.2% and 0.7%, respectively) or unintentional firearms (0.2% 0.2%, and 0.4%, respectively). For the years with public NVDRS data (2015 and 2016), Connecticut's overall crude violent death rates were lower than crude rates for combined NVDRS states for every type of violent manner of injury except legal intervention.

Crude rates of violent deaths per 100,000 Connecticut population varied significantly by demographic characteristics. Males were two to three times more likely than females to be victims of a violent death all three years. Non-Hispanic Blacks had the highest crude rate of violent death when compared to all other race/ethnicity groups. Connecticut's crude rates of violent death in all demographic categories in 2015 and 2016 were lower than those of combined NVDRS states.

Table 1

Violent Deaths in Connecticut, 2015 to 2017

	2015			2016			2017			2015 – 2017		
	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ¹	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ²	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ³	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ³
Manner of Death												
Suicide	384 (69.7)	10.7	13.0	389 (78.9)	10.9	13.1	403 (73.9)	11.2	***	1176 (74.0)	10.9	***
Homicide	127 (23)	3.5	4.7	85 (17.2)	2.4	5.3	120 (22)	3.3	***	332 (20.9)	3.1	***
Legal intervention	2 (0.4)	0.1	0.3	1 (0.2)	0.0	0.3	4 (0.7)	0.1	***	7 (0.4)	0.1	***
Undetermined	37 (6.7)	1.0	1.9	17 (3.4)	0.5	2.3	16 (2.9)	0.5	***	70 (4.4)	0.7	***
Unintentional firearm	1 (0.2)	0.0	0.1	1 (0.2)	0.0	0.2	2 (0.4)	0.1	***	4 (0.3)	0.0	***
Sex												
Male	406 (73.7)	23.2	31.3	349 (70.8)	20.0	33.2	417 (76.5)	23.8	***	1172 (73.8)	22.3	***
Female	145 (26.3)	7.9	9.5	144 (29.2)	7.9	9.8	128 (23.5)	7.0	***	417 (26.2)	7.6	***
Race/Ethnicity												
Non-Hispanic White	407 (73.9)	16.4	20.6	375 (76.1)	15.3	20.9	401 (73.6)	16.5	***	1183 (74.6)	16.1	***
Hispanic	58 (10.5)	10.5	11.6	40 (8.1)	7.1	13.0	43 (7.9)	7.4	***	141 (8.9)	8.3	***
Non-Hispanic Black	71 (12.9)	18.7	26.9	68 (13.8)	17.8	31.5	92 (16.9)	23.8	***	231 (14.6)	20.1	***
Non-Hispanic Asian	13 (2.4)	7.6	7.3	9 (1.8)	5.2	9.2	9 (1.7)	5.1	***	31 (2.0)	6.0	***
Total	551	15.3	20.2	493	13.8	21.3	545	15.2	***	1589	14.8	***

*When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates. NVDRS States' numbers obtained on 10/23/19 from <https://wisqars.cdc.gov:8443/nvdrs/nvdrsDisplay.jsp>; NVDRS data for 2017 is not available

¹ AK, AZ, CO, CT, GA, HI, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, RI, SC, UT, VA, VT, WI;

² AK, AZ, CO, CT, GA, HI, IA, IL, IN, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, UT, VA, VT, WA, WI

³ NVDRS data is not available

Crude rates of violent deaths by age groups are presented in Table 2. For the three years from 2015 to 2017, decedents ranged in age from 1 year old to 96 years old. The average age for violent death was 45.3 years old, with averages ranging from 45.1 (2017) to 46.8 (2016). The median (middle of ranked order age) ages of violent death in Connecticut ranged from 46 (2017) to 49 (2016) years old. The 50-59 year old age group had the highest crude rate of violent death. Connecticut's crude rates were lower than NDVRS states' crude rates in every age category.

Table 2
Violent Deaths in Connecticut - Age-Specific, 2015 to 2017

Age Group	2015			2016			2017			2015 – 2017	
	n (%)	CT Crude Rate	NVDRS States Crude Rate ¹	n (%)	CT Crude Rate	NVDRS States Crude Rate ²	n (%)	CT Crude Rate	NVDRS States Crude Rate ³	n (%)	CT Crude Rate ³
< 20	35 (6.4)	4.0	6.3	30 (6.1)	3.5	6.8	50 (9.2)	5.9	***	115 (7.2)	4.5
20-29	80 (14.5)	17.1	28.9	81 (16.4)	17.3	32.1	89 (16.3)	18.9	***	250 (15.7)	17.8
30-39	88 (16)	20.4	27.0	81 (16.4)	18.6	29.4	95 (17.4)	21.7	***	264 (16.6)	20.2
40-49	101 (18.3)	21.2	26.4	57 (11.6)	12.4	26.6	73 (13.4)	16.2	***	231 (14.5)	16.6
50-59	132 (24)	23.9	26.6	119 (24.1)	21.7	27.0	115 (21.1)	21.3	***	366 (23.0)	22.3
60-69	66 (12)	16.2	19.4	73 (14.8)	17.4	20.0	63 (11.6)	14.8	***	202 (12.7)	16.1
70+	49 (8.9)	12.8	18.3	52 (10.5)	13.4	18.7	60 (11)	14.5	***	161 (10.1)	13.5
Total	551			493			545			1589	

Population estimates obtained on 10/23/19 from:

<https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut>

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

NVDRS States' numbers obtained from <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

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³ NVDRS data is not available

*** NVDRS data is not available

Thirty-five decedents were reported to have served in the military. However, military service was not consistently collected on all decedents and, therefore, it is difficult to verify whether these deaths represent all possible military personnel who died by violent death from 2015 to 2017.

In 2016, the five most frequent places in Connecticut where a fatal injury occurred were: within a home or apartment (n=983), street/road (n=122), natural areas (e.g., field, river, beaches, woods; n=103), motor vehicles (excluding buses, public transportation; n=91), and parking lot/public garage (n=41).

Suicide

From 2015 to 2017, 1176 individuals died by suicide in Connecticut. Suicides were the primary cause of violent death in Connecticut each year, ranging between 70-79% of violent deaths. There were 10.9 suicides per 100,000 Connecticut population, ranging from 10.7 in 2015 to 11.2 in 2017, which is a slightly increasing trend over the three years.

Characteristics of Individuals Who Died by Suicide

Table 3 presents numbers and crude rates of suicide by race/ethnicity and sex. From 2015 to 2017, 87% of the people who died by suicide were non-Hispanic White, approximately 5% were non-Hispanic Black, 5% were Hispanic, and 2% were non-Hispanic Asian (Table 3). Crude rates of suicide per 100,000 Connecticut population increased slightly for non-Hispanic Whites and more sharply for non-Hispanic Blacks from 2015 to 2017. The crude rate for non-Hispanic Blacks increased from less than a third of the crude rate for non-Hispanic Whites in 2015 (4.0 vs. 13.4) to almost half in 2017 (6.7 vs. 14.6). By contrast, crude rates trended lower for non-Hispanic Asians and Hispanics over the three years. However, because both groups had relatively small numbers of suicides, the reliability of these trends for both of these groups, and especially for non-Hispanic Asians, is weak.

In 2015 and 2016, crude suicide rates in Connecticut were lower than crude rates of the NVDRS states in most sex and race categories. Exceptions were crude rates for females and non-Hispanic Blacks in 2016, in which Connecticut's crude rates were comparable to NVDRS rates. In addition, in 2015, Connecticut crude rates for non-Hispanic Asians were 20% higher than NVDRS crude rates.

Table 3
Suicide Deaths in Connecticut, 2015 to 2017

	2015			2016			2017			2015 – 2017	
	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ¹	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ²	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ³	<i>n</i> (%)	CT Crude Rate
Sex											
Male	281 (73.2)	16.0	20.2	271 (69.7)	15.5	20.5	304 (75.4)	17.4	***	856 (72.8)	16.3
Female	103 (26.8)	5.6	6.0	118 (30.3)	6.5	6.0	99 (24.6)	5.4	***	320 (27.2)	5.8
Race/Ethnicity											
Non-Hispanic White	333 (87.2)	13.4	16.0	338 (86.9)	13.8	16.0	357 (88.6)	14.7	***	1028 (87.6)	14.0
Hispanic	23 (6.0)	4.2	5.7	21 (5.4)	3.8	6.3	14 (3.5)	2.4	***	58 (4.9)	3.5
Non-Hispanic Black	15 (3.9)	4.0	5.3	22 (5.7)	5.8	5.8	26 (6.5)	6.7	***	63 (5.4)	5.5
Non-Hispanic Asian	11 (2.9)	6.5	5.3	8 (2.1)	4.7	6.7	6 (1.5)	3.4	***	25 (2.1)	4.8
Total	384	10.7	13.0	389	10.9	13.1	403	11.2	***	1176	10.9

*When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates. NVDRS States' numbers obtained on 10/23/19 from <https://wisqars.cdc.gov:8443/nvdrs/nvdrsDisplay.jsp>; NVDRS data for 2017 not available

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³ NVDRS data is not available

From 2015 to 2017, the median age of people who died by suicide was 51; the most frequent age was 53. Males who died by suicide from 2015 to 2017 ranged in age from 13 to 96; the median age of males was 52 and the most frequent age was 54. Females who died by suicide ranged in age from 12 to 92; the median age was 49 and the most frequent age was 53.

Seventy-three percent (n = 856) of those who died by suicide were males, and 27% (n = 320) were females. Compared to 2015, crude rates for males remained about the same in 2016 but then increased slightly in 2017, whereas rates for females increased by about 20% in 2016 but then decreased to approximately 2015 levels in 2017. Eighty-eight percent of the male decedents were non-Hispanic White, 5% were Hispanic, 5% were non-Hispanic Black and 2% were non-Hispanic Asian. Eighty-six percent of the female decedents were non-Hispanic White, 6% were non-Hispanic Black, 5% were Hispanic, and 3% were non-Hispanic Asian.

Table 4 presents numbers and crude rates of suicide by age categories. Among all suicides for all years, the highest crude rate occurred in the 50-59 year old age group (average of almost 19 per 100,000). The crude rates in the two adjoining age groups were the next highest: 23% lower for 60-69 year-olds (14.4) and 30% lower for 40-49 year-olds (13.1). Among people under 50 and people 70+, crude suicide rates in Connecticut were lower than the average of the NVDRS states. However, among people aged 50-69, crude rates in Connecticut were similar to NVDRS crude rates.

From 2015 to 2017, the median age of people who died by suicide was 51; the most frequent age was 53. Males who died by suicide from 2015 to 2017 ranged in age from 13 to 96; the median age of males was 52 and the most frequent age was 54. Females who died by suicide ranged in age from 12 to 92; the median age was 49 and the most frequent age was 53.

Table 4
Suicide Deaths in Connecticut - Age-Specific, 2015 to 2017

Age Group	2015			2016			2017			Total	
	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ¹	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ²	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ³	<i>n</i> (%)	CT Crude Rate ³
< 20	16 (4.17)	1.8	3.0	13 (3.3)	1.5	3.0	27 (6.7)	3.2	***	56 (4.8)	2.2
20-29	43 (11.2)	9.2	14.7	47 (12.1)	10.0	15.6	47 (11.7)	10.0	***	137 (11.6)	9.7
30-39	47 (12.2)	10.9	15.3	60 (15.4)	13.8	15.9	62 (15.4)	14.2	***	169 (14.4)	13.0
40-49	74 (19.3)	15.5	17.7	49 (12.6)	10.7	17.0	59 (14.6)	13.1	***	182 (15.5)	13.1
50-59	103 (26.8)	18.6	19.4	105 (27.0)	19.2	19.3	100 (24.8)	18.5	***	308 (26.2)	18.8
60-69	58 (15.1)	14.2	15.2	69 (17.7)	16.4	15.3	54 (13.4)	12.7	***	181 (15.4)	14.4
70+	43 (11.2)	11.2	15.5	46 (11.8)	11.8	15.6	54 (13.4)	13.0	***	143 (12.2)	12.0
Total	384	10.7		389	10.9		403	11.2		1176	10.9

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates. NVDRS States' numbers obtained on 10/23/19 from <https://wisqars.cdc.gov:8443/nvdrs/nvdrsDisplay.jsp>; NVDRS data for 2017 is not available

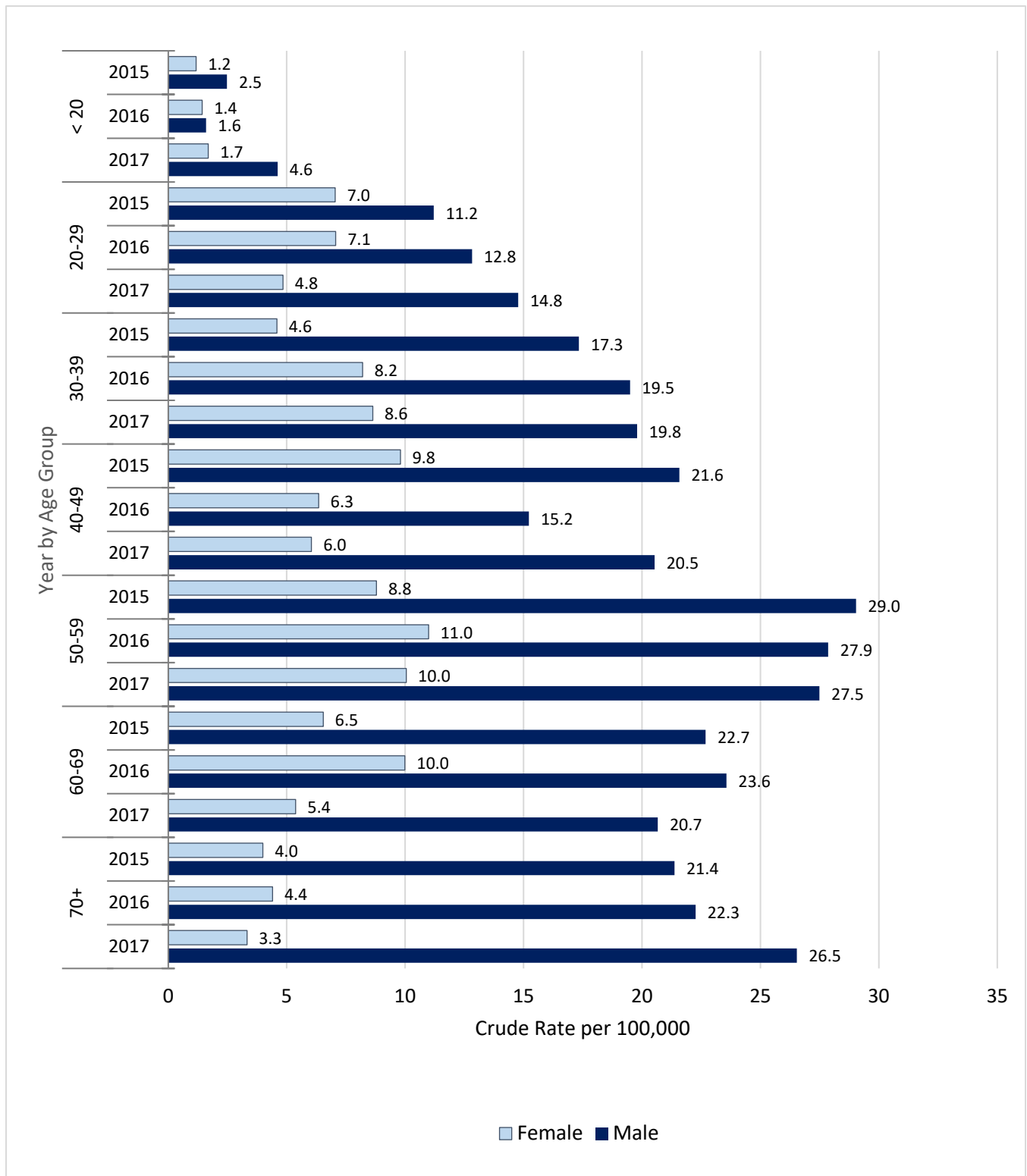
¹ AK, AZ, CO, CT, GA, HI, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, RI, SC, UT, VA, VT, WI

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³ NVDRS data is not available

Figure 1 presents crude suicide rates by sex for each age group. The crude rates for males were higher than for females in each age group except for persons younger than 20; persons in this age group had identical (very low) crude rates for 2015 and 2016, but the crude rates doubled in 2017 for females (from 1 to 2) and more than doubled in males (from 2 to 5). Females had lower crude rates of suicide in every age group compared to males (Figure 1). There was a slight increasing trend in the crude rate of suicides among both males and females in their thirties, and a more substantial increasing trend in the crude rate of suicides among males, but not females, in their seventies. Although notable, given such small baseline rates, these crude rate increases may only be random fluctuations. Suicide rates were lower for females compared to males in each age group over 20. Male to female ratios are about 2:1 from ages 20-49 and then increase to 2.5:1 from 50 to 69. By age 70+, the ratio of male to female suicides increases from over 5:1 in 2015 and 2016, to almost 9:1 in 2017.

Figure 1
Crude Rate per 100,000 of Suicide in Connecticut by Sex and Age Group, 2015 to 2017



Leading Circumstances of Suicide Deaths

Medical examiner and law enforcement officials record circumstances surrounding deaths in their investigative reports. More than one reported circumstance is possible for each suicide. From 2015 to 2017, 95% (n=1,120) of those who died by suicide had known circumstances surrounding the incident. The percentage of suicides with known circumstances trended up over the three years, ranging from 92% in 2015 to over 99% in 2017. Figure 2 shows the leading circumstances for suicide by year; Table A3 in the Appendix includes a more extensive list of circumstances. The top circumstances recorded for people who died by suicide in Connecticut (all ages) from 2015 to 2017 were: 1) a depressed mood (59.2%), 2) a mental health problem (46.1%), 3) history of mental illness treatment (40.0%), 4) suicide note (31.3%), and 5) current mental health treatment (28.5%). Individuals had between 1 and 15 circumstances, with an average of 5.2 (SD=2.2), circumstances associated with suicides.

Figure 2

*Eight Most Frequent Known Circumstances of Suicide in Connecticut, by Percentage of All Suicides, 2015 to 2017**

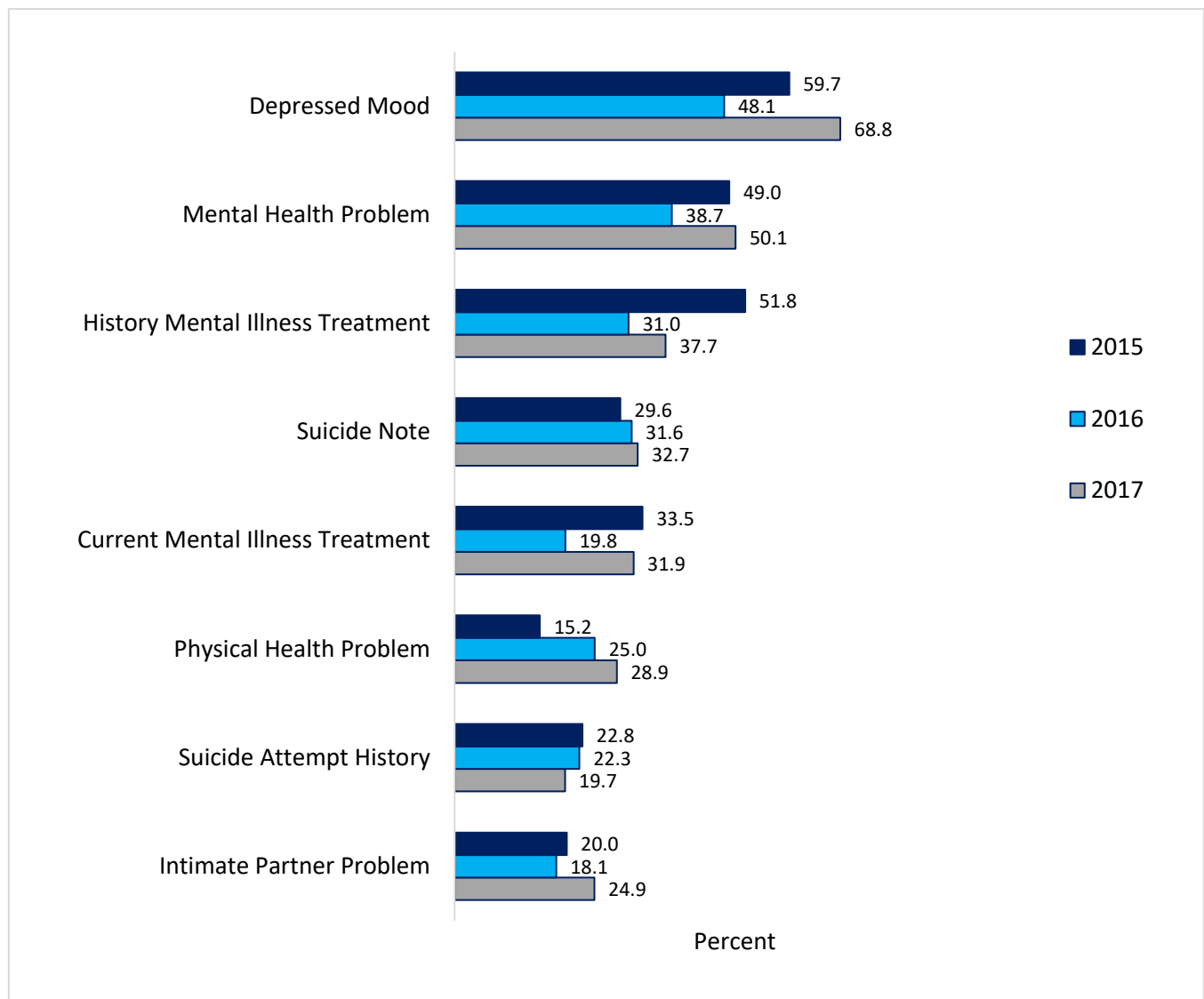
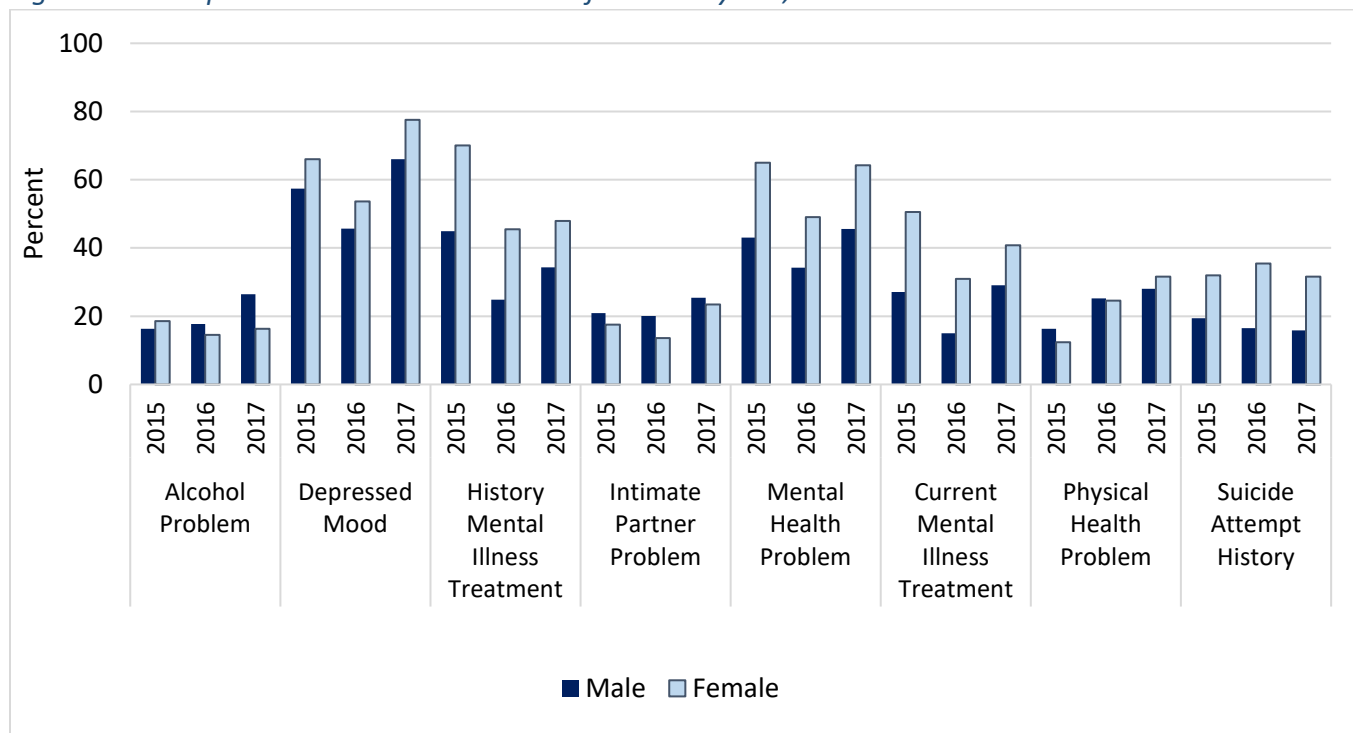


Figure 3 shows the circumstances of suicide death by sex and year. For all years, depressed mood was the most common circumstance (59.2%) among both males and females of all ages. Females had a higher crude rate of mental health circumstances (depressed mood (65.3%), mental illness (59.0%), current or history of mental illness treatment (40.3%)) than males (depressed mood (56.9%), mental illness (41.2%), current or history of mental illness treatment (24.1%)). In each year, more females (33.1%) than males (17.2%) had a history of suicide attempts. More males compared to females had intimate partner problems such as separation or divorce (22.3% vs. 18.0%), and alcohol problems (20.5% vs. 16.4%). Differences between sexes in the most frequent circumstances remained consistent from 2015 to 2017.

Figure 3
*Eight Most Frequent Known Circumstances of Suicide by Sex, 2015 to 2017**

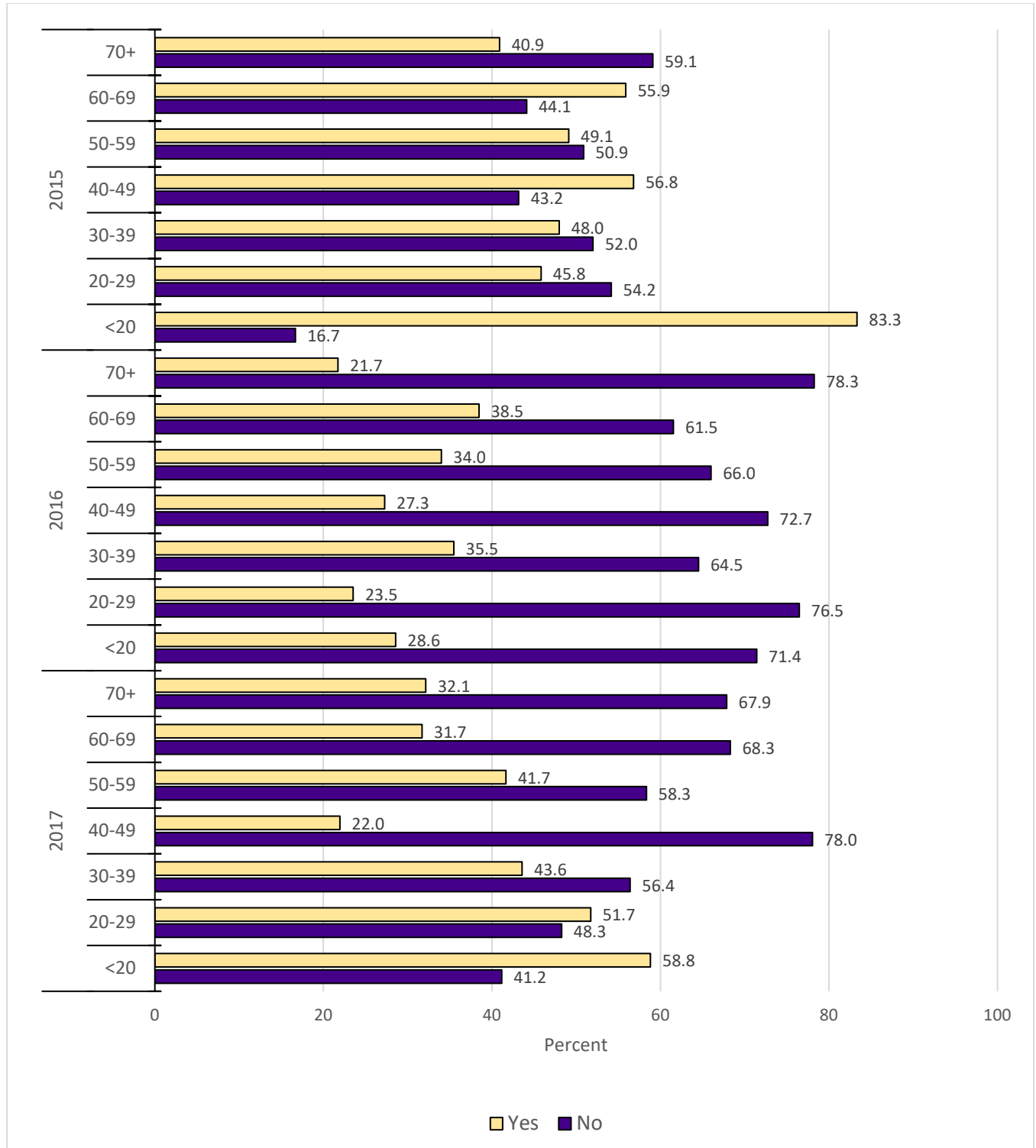


* In some instances, decedents were reported to have multiple circumstances.

Figure 4 shows the percentage of persons with depressed mood who received mental health treatment at the time of their suicide by age group. There are notable differences across years. In 2015, with the exception of the oldest age group (70+), the proportions of people who were in mental health treatment at the time of the suicide were similar, or greater, than the proportions not in treatment. However, in all age groups in 2016, 60% or more of decedents were not receiving mental health treatment at the time of their death. This pattern continued in 2017 for persons 40 and older. For persons younger than 40, the proportion of decedents who were receiving mental health treatment at the time of their death rebounded to levels similar to those in 2015.

Figure 4

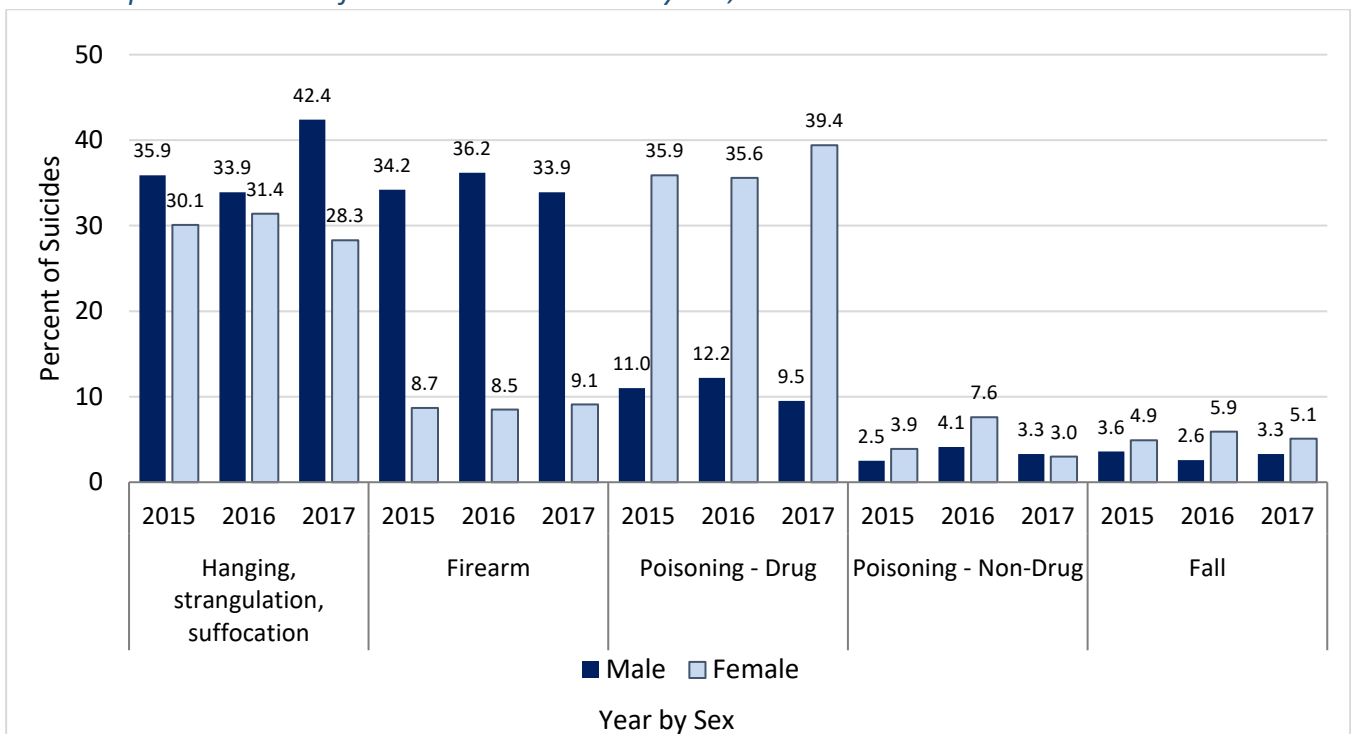
Decedents with Depressed Mood who have Current Mental Health Treatment, by Age Group, 2015 to 2017



Methods of Suicide Deaths

Figure 5 presents the five most common methods of suicide for years 2015 to 2017 by sex. Asphyxia due to hanging/suffocation was the leading method (36%) of suicide among all Connecticut decedents, followed by firearms (28%), and poisonings by drug overdose (18%). Among all decedents, the prevalence of these methods remained steady from 2015 to 2017. The relative frequency of method varied by sex, however. The top three methods of suicide among males were consistent with those of combined sexes. However, the top three methods among females in descending order of prevalence were poisoning by drug overdose, hanging/suffocation, and firearms. The percentage of suicide deaths that involved firearms and poisonings by drug overdose remained steady from 2015 to 2017 for both males and females. However, the percentage of hanging/suffocation deaths remained steady from 2015 to 2016 for males and females, but increased in 2017 by over 15% among males (from 35.9% in 2015 and 33.9% in 2016, to 42.4% in 2017), but decreased slightly among females. The fourth and fifth most common methods of suicide for both sexes were non-drug poisonings and falls in 2015 to 2017. These methods remained at 5% or lower for combined sexes for all years.

Figure 5
Most Frequent Methods of Suicide in Connecticut by Sex, 2015 to 2017



Location of Injury Leading to Suicide Death

Table 5 presents the numbers and crude rates of suicides by county from 2015 to 2017. New Haven County had the highest number of suicides in each of the three years. The county rankings of crude rates of suicides per 100,000 population varied by year with the highest crude rates reported by New London County (17.7) in 2015, Windham County (18.1) in 2016, and Litchfield County (14.8) in 2017. Changes in the crude rates from 2015 to 2017 also varied within each county. Windham's crude rate was 50% higher in 2016 (18.1) than in 2015 or 2017 (12.9). In 2015, Tolland County's crude rate (6.6) was the lowest of any county but then almost tripled in 2016 to the second highest crude rate; in 2017, the crude rate decreased somewhat to 13.9, the third highest. New London County crude rates decreased monotonically over the three years from the highest in 2015 (17.7) to the third lowest in 2017 (11.9). The crude rates of suicide in Fairfield County and Hartford County were among the lowest crude rates for the three-year period. Litchfield County's crude suicide rate increased over the three years (11.4 to 13.1 to 14.8).

Table 5
Connecticut Counties with Suicide Deaths, 2015 to 2017

County of Injury	Number of suicides			Crude rate per 100,000 ¹		
	2015	2016	2017	2015	2016	2017
Fairfield	68	86	74	7.2	9.1	7.8
Hartford	91	83	92	10.2	9.3	10.3
Litchfield	21	24	27	11.4	13.1	14.8
Middlesex	18	15	23	11.0	9.2	14.1
New Haven	103	95	108	12.0	11.1	12.6
New London	48	36	32	17.7	13.3	11.9
Tolland	10	26	21	6.6	17.2	13.9
Windham	15	21	15	12.9	18.1	12.9

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

¹ Three sites of injury leading to suicide death occurred outside of Connecticut (Dutchess NY (2015, 2016), Hampden MA (2016, 2017), and Westchester NY (2015, 2016, 2017)).

² County population estimates used to calculate rates were obtained from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual1Town-and-County-Population-for-Connecticut>. Accessed 9/12/19

Table 6 presents the numbers and crude rates of suicide by city from 2015 to 2017. From 2015 to 2017, 90 cities in Connecticut had average crude suicide rates over 10 per 100,000. (Table A4 in the Appendix includes all cities with a population of at least 10,000 that had an average crude rate of 10 or more suicides per 100,000 from 2015 to 2017.) Because the crude rate depends on the numbers of suicides and the city population, Table 6 only includes cities that had at least one suicide per year, and crude rates of at least 10 each year. There were 25 such cities. All cities with an average crude suicide rate above 21 had populations under 10,000. Roxbury, with one suicide per year but a population of only about 2,000 persons, had the highest average crude rate of suicide (46 per 100,000) from 2015 to 2017. Vernon’s crude rate of 20.57 was the highest for cities above 10,000 in population.

Table 6
Connecticut Towns with Average Crude Suicide Rates >10 per 100,000, 2015 to 2017

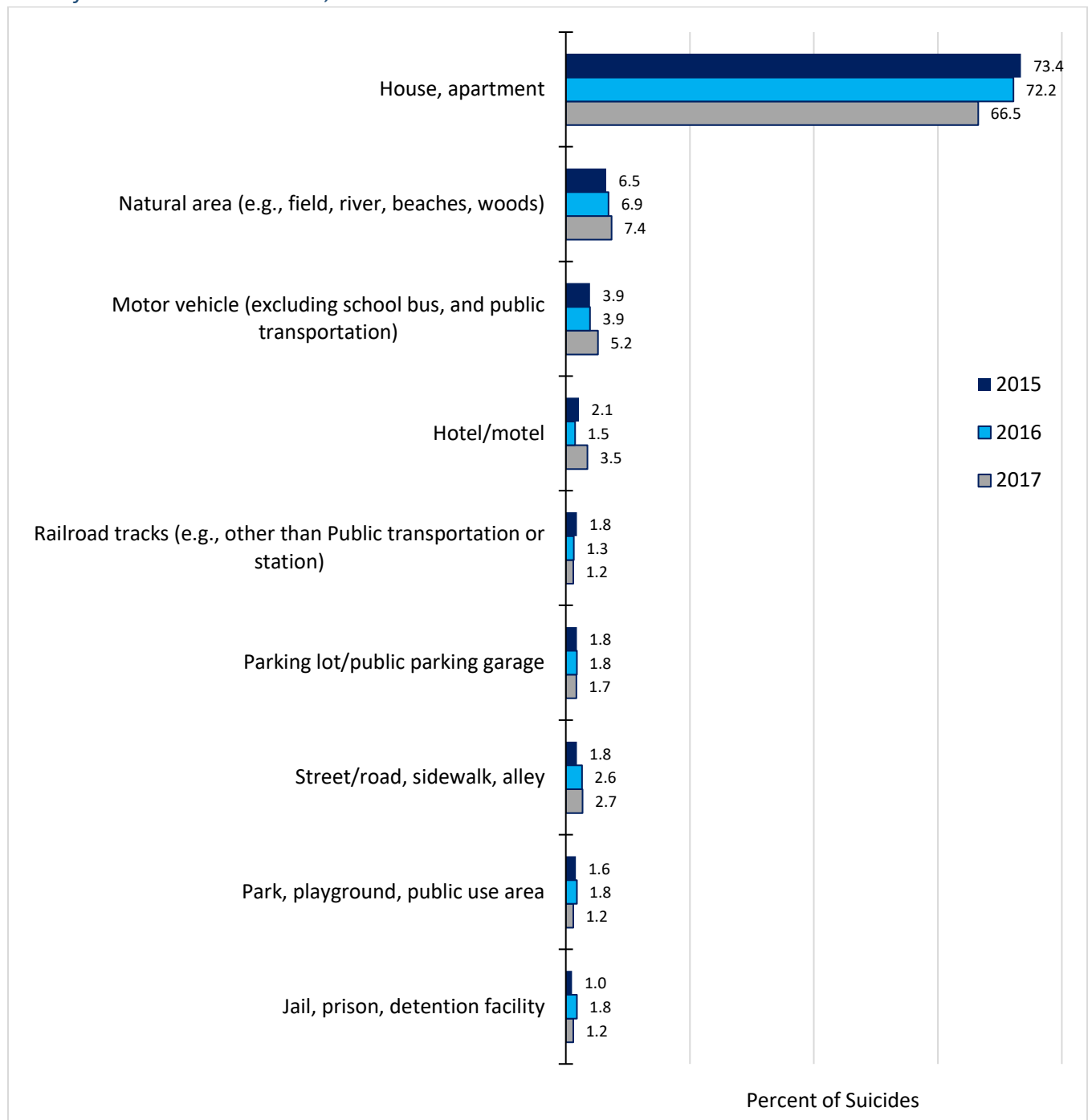
Injury City	Number of Suicides ^{1*}			Town Population ²			Crude Rate per 100,000			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015-2017
Roxbury	1	1	1	2,187	2,176	2,171	45.7	46.0	46.1	45.9
Ashford	3	1	1	4,251	4,236	4,244	70.6	23.6	23.6	39.3
North Stonington	3	1	1	5,256	5,271	5,270	57.1	19.0	19.0	31.7
Barkhamsted	1	1	1	3,685	3,664	3,651	27.1	27.3	27.4	27.3
Thomaston	2	2	2	7,621	7,595	7,602	26.2	26.3	26.3	26.3
Lisbon	1	1	1	4,310	4,281	4,274	23.2	23.4	23.4	23.3
Burlington	3	2	1	9,623	9,614	9,640	31.2	20.8	10.4	20.8
Vernon	4	6	8	28,959	29,148	29,289	13.8	20.6	27.3	20.6
Litchfield	1	2	2	8,212	8,175	8,168	12.2	24.5	24.5	20.4
Wallingford	10	7	7	44,893	44,660	44,741	22.3	15.7	15.7	17.9
Putnam	2	2	1	9,372	9,333	9,357	21.3	21.4	10.7	17.8
Branford	4	4	7	28,145	28,028	28,111	14.2	14.3	24.9	17.8
Bristol	17	9	5	60,452	60,147	60,223	28.1	15.0	8.3	17.1
Southbury	4	2	4	19,675	19,572	19,571	20.3	10.2	20.4	17.0
Milford	9	9	9	53,592	54,054	54,508	16.8	16.7	16.5	16.7
Colchester	3	3	2	16,130	16,061	16,029	18.6	18.7	12.5	16.6
Enfield	6	7	9	44,323	44,368	44,585	13.5	15.8	20.2	16.5
Windsor	6	4	4	29,016	28,875	28,898	20.7	13.9	13.8	16.1
Southington	9	6	6	43,817	43,685	43,863	20.5	13.7	13.7	16.0
East Haddam	2	1	1	9,081	9,023	9,036	22.0	11.1	11.1	14.7
Shelton	6	6	5	41,296	41,334	41,397	14.5	14.5	12.1	13.7
Bethel	3	3	2	19,529	19,627	19,802	15.4	15.3	10.1	13.6
Waterbury	13	15	12	108,802	108,272	108,629	12.0	13.9	11.1	12.3
New Milford	3	3	4	27,276	27,151	27,099	11.0	11.1	14.8	12.3
Seymour	2	2	2	16,475	16,553	16,583	12.1	12.1	12.1	12.1

¹When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

²County population estimates obtained from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut>. Accessed 9/12/19

Figure 6 presents sites where suicides occurred and the corresponding percent of suicides that occurred in each location. For all three years, a residence (house or apartment) was by far the most frequent site of suicides in Connecticut. There was a slight downward trend in the prevalence of this site from 2015 to 2017 (73.4% in 2015 to 66.5% in 2017). The next most frequent location was a natural area, which, along with motor vehicle and hotel/motel, demonstrated a slight increase in 2017 compared to 2015 and 2016. Other sites did not involve more than 3% of suicides in any year.

Figure 6
Sites of Suicides in Connecticut, 2015 to 2017



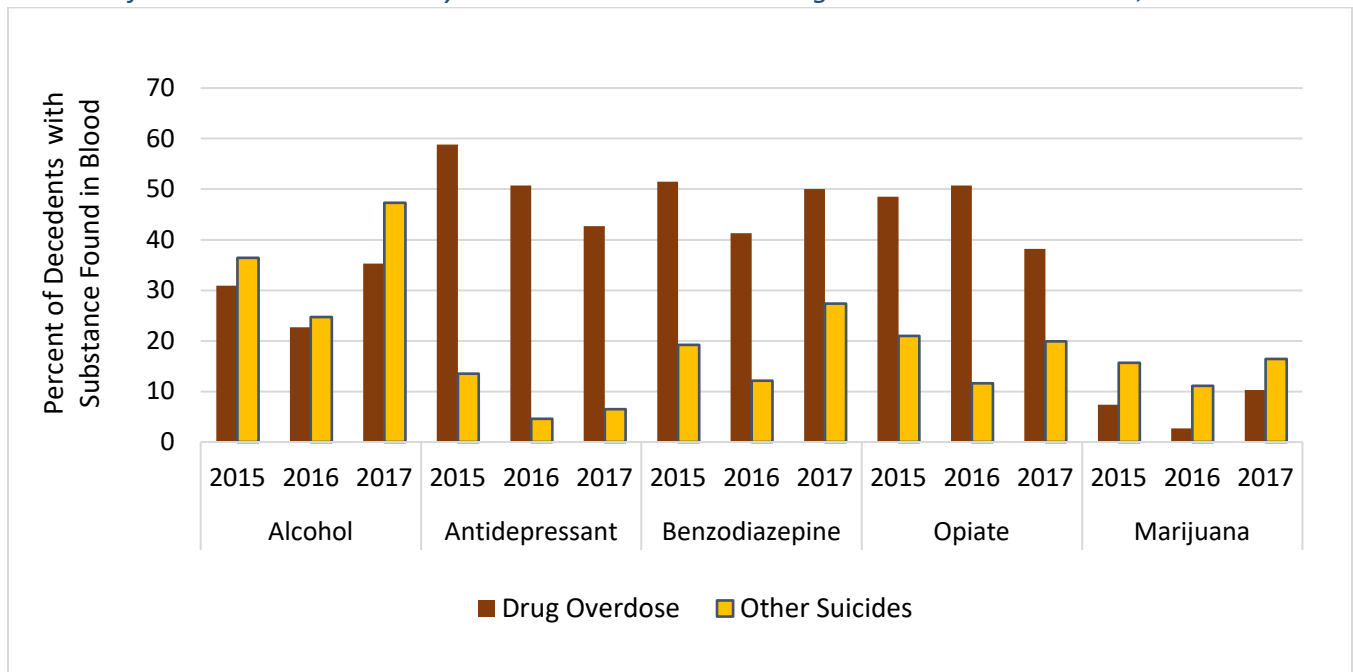
Toxicology of Individuals Who Died by Suicide

Of the 1,176 suicides, toxicology reports were available for 839 deaths. All of the deaths from poisoning by drug overdose (n=211) had toxicology reports but only 628 (65%) of the 965 remaining suicide deaths had toxicology reports. Figure 7 shows the percent of suicide decedents who tested positive for each substance. During 2015 to 2017, opiates, benzodiazepines, and antidepressants were the most common substances present in suicide decedents who died by drug overdose poisoning, varying from 40% to 60%. These substances were much more common among suicide decedents who died by drug overdose poisoning, compared to those who died by other means. The pattern across the three years varied by type of substance. Antidepressants decreased almost 10% a year from almost 60% in 2015 to approximately 40% in 2016. The presence of benzodiazepines decreased to 40% in 2016 from approximately 50% in 2015, but then rebounded in 2017. Opiates were detected in approximately half of suicide decedents who died by drug overdose in 2015 and 2016, but decreased to under 40% in 2017.

In contrast, alcohol was the most common substance found in those who died by other means. Alcohol was present in similar percentages among those dying by drug overdose and those dying by other means, varying from 35%, 24% and 44% in 2015, 2016 and 2017, respectively, of decedents in the combined groups. In each year, alcohol was present slightly more among decedents who died by other means, but the pattern across years was similar. Of the 289 decedents with alcohol present, 194 (67%) were over the legal limit of 0.08. In all years, marijuana was present in less than 20% of decedents who died by other means and less than 11% of those who died by drug overdose. The pattern across the three years was similar to that of alcohol, with fewer occurring in 2016. Among decedents who died by means other than a drug overdose, a decrease in the presence of all substances in Figure 7 occurred in 2016.

Figure 7

Percent of Individuals Who Died by Suicide with Alcohol or Drugs Present in Connecticut, 2015 to 2017



Homicide

In 2015 to 2017, there were 339 homicides (including 7 legal interventions) accounting for 21.3% of the violent deaths in Connecticut. There were, on average, 3.16 homicides per 100,000 CT population from 2015 to 2017. The proportion of violent deaths in Connecticut was comparable for 2015 and 2017, 23% and 22%, respectively; the proportion was lower in 2016, with homicides accounting for 17% of violent deaths.

Characteristics of Individuals Who Died By Homicide

Table 7 presents crude rates of homicide by sex and race. From 2015 to 2017, 47% of the people who died by homicide were non-Hispanic Black and 29% were non-Hispanic White, 23% were Hispanic, and 1.2% were non-Hispanic Asian. Seventy-eight percent (n=266) of homicide decedents were males, with an average crude rate of 5.1 deaths per 100,000 males. Twenty-two percent (n=73) of the homicide decedents were females, with an average crude rate of 1.3 deaths per 100,000 females. For both males and females, the crude homicide rate was lower in 2016 than in 2015. For 2015 to 2017, crude rates were 5.8, 3.8, 5.6 for males, and 1.5, 1.1, 1.4 for females, respectively. In 2015 and 2016, crude homicide rates in Connecticut were consistently lower than NVDRS crude rates in all sex and race categories. Crude rates for males were most notably lower.

From 2015 through 2017, 78% (n=266) of homicide decedents were males. The median age for males was 31 years old and the most frequent age was 22 years old. The ages for the male decedents ranged from 1 year old to 94 years old. Twenty-two percent of the male decedents were non-Hispanic White, 24% were Hispanic, 52% were non-Hispanic Black, and 1% were non-Hispanic Asian.

From 2015 through 2017, 22% (n=73) of the homicide decedents were females. The median age for females was 40 years old and the most frequent age was 25 years old. The ages of the female decedents ranged from 2 years old to 95 years old. Of the female victims, 53% were non-Hispanic White, 27% were non-Hispanic Black, 18% were Hispanic and 1% were non-Hispanic Asian.

Table 8 presents homicide numbers and crude rates by age group from 2015 to 2017. The median age of homicide decedents was 32 for all three years: 34 in 2015, 30.5 in 2016 and 30 in 2017. The highest crude rate of homicide occurred in the 20-29 year-old age group, followed closely by the 30-39 year old age group. This age group also represented the highest proportion of homicides (29.5%). There were fewer homicides in 2016 compared to 2015 and 2017 for age groups younger than 60. There were 52 decedents under the age of 20 that died by homicide from 2015 to 2017, with the crude rate increasing to 3 per 100,000 in 2017 compared to 2 and 1.5 in 2015 and 2016. For age group 60-69, the crude homicide rate increased from 2015 to 2017, with the crude rate in 2017 (5.6) being double the 2016 crude rate (3.5) and triple the 2015 crude rate (1.5). Compared to NVDRS states, Connecticut's crude rates of homicide were lower in all age categories, except for ages 30-39 and 50-59 where they were comparable in 2015.

Table 7

Deaths from Homicide and Legal Intervention in Connecticut, 2015 to 2017

	2015			2016			2017			2015 - 2017	
	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ¹	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ²	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ³	<i>n</i> (%)	CT Crude Rate
Sex											
Male	101 (78.3)	5.8	8.1	66 (76.7)	3.8	9.0	99 (79.7)	5.6	***	266 (78.4)	5.1
Female	28 (21.7)	1.5	2.0	20 (23.3)	1.1	2.2	25 (20.3)	1.4	***	73 (21.6)	1.3
Race/Ethnicity											
Non-Hispanic White	43 (33.3)	1.7	2.3	26 (29.9)	1.0	2.4	29 (23.4)	1.2	***	98 (28.9)	1.3
Hispanic	32 (24.8)	4.2	4.8	17 (19.5)	3.1	5.5	28 (22.6)	4.8	***	77 (22.7)	4.0
Non-Hispanic Black	53 (41.1)	14.0	18.7	42 (48.3)	11.0	22.1	65 (52.4)	16.6	***	160 (47.2)	13.9
Non-Hispanic Asian	1 (0.8)	0.6	1.3	1 (1.2)	0.6	1.7	2 (1.6)	1.1	***	4 (1.2)	0.8
Total	129	3.6	5.0	86	2.4	5.5	124	3.5	***	339	3.2

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

NVDRS States' numbers obtained on 10/23/19 from <https://wisqars.cdc.gov:8443/nvdrs/nvdrsDisplay.jsp>; NVDRS data for 2017 is not available

¹ AK, AZ, CO, CT, GA, HI, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, RI, SC, UT, VA, VT, WI

² AK, AZ, CO, CT, GA, HI, IA, IL, IN, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, UT, VA, VT, WA, WI

³ NVDRS data is not available

Table 8

Deaths from Homicide in Connecticut – Age-Specific, 2015 to 2017

Age Group	2015 ¹			2016 ²			2017 ³			2015 to 2017	
	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ¹	<i>n</i> (%)	CT Crude Rate	NVDRS States Crude Rate ²	<i>n</i> (%)	CT Crude Rate ³	NVDRS States Crude Rate	<i>n</i> (%)	CT Crude Rate ³
< 20	17 (13.2)	2.0	2.7	13 (15.1)	1.5	3.1	22 (17.7)	2.6	***	52 (15.3)	2.0
20-29	32 (24.8)	6.8	11.6	29 (33.7)	6.2	13.2	39 (31.4)	8.3	***	100 (29.5)	7.1
30-39	35 (27.1)	8.1	8.4	18 (20.9)	4.1	9.4	27 (21.8)	6.2	***	80 (23.6)	6.1
40-49	18 (14.0)	3.8	5.1	8 (9.3)	1.7	5.7	11 (8.9)	2.4	***	37 (10.9)	2.7
50-59	21 (16.3)	3.8	3.6	9 (10.5)	1.6	3.7	13 (10.5)	2.4	***	43 (12.7)	2.6
60-69	2 (1.5)	0.5	2.4	3 (3.5)	0.7	2.4	7 (5.6)	1.6	***	12 (3.5)	1.0
70+	4 (3.1)	1.0	1.9	6 (7.0)	1.5	1.8	5 (4.0)	1.2	***	15 (4.4)	1.3
Total	129	3.6		86	2.4		124	3.5		339	3.2

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

NVDRS States' numbers obtained on 10/23/19 from <https://wisqars.cdc.gov:8443/nvdrs/nvdrsDisplay.jsp>; NVDRS data for 2017 not available.

¹AK, AZ, CO, CT, GA, HI, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, RI, SC, UT, VA, VT, WI

²AK, AZ, CO, CT, GA, HI, IA, IL, IN, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, UT, VA, VT, WA, WI

³NVDRS data is not available

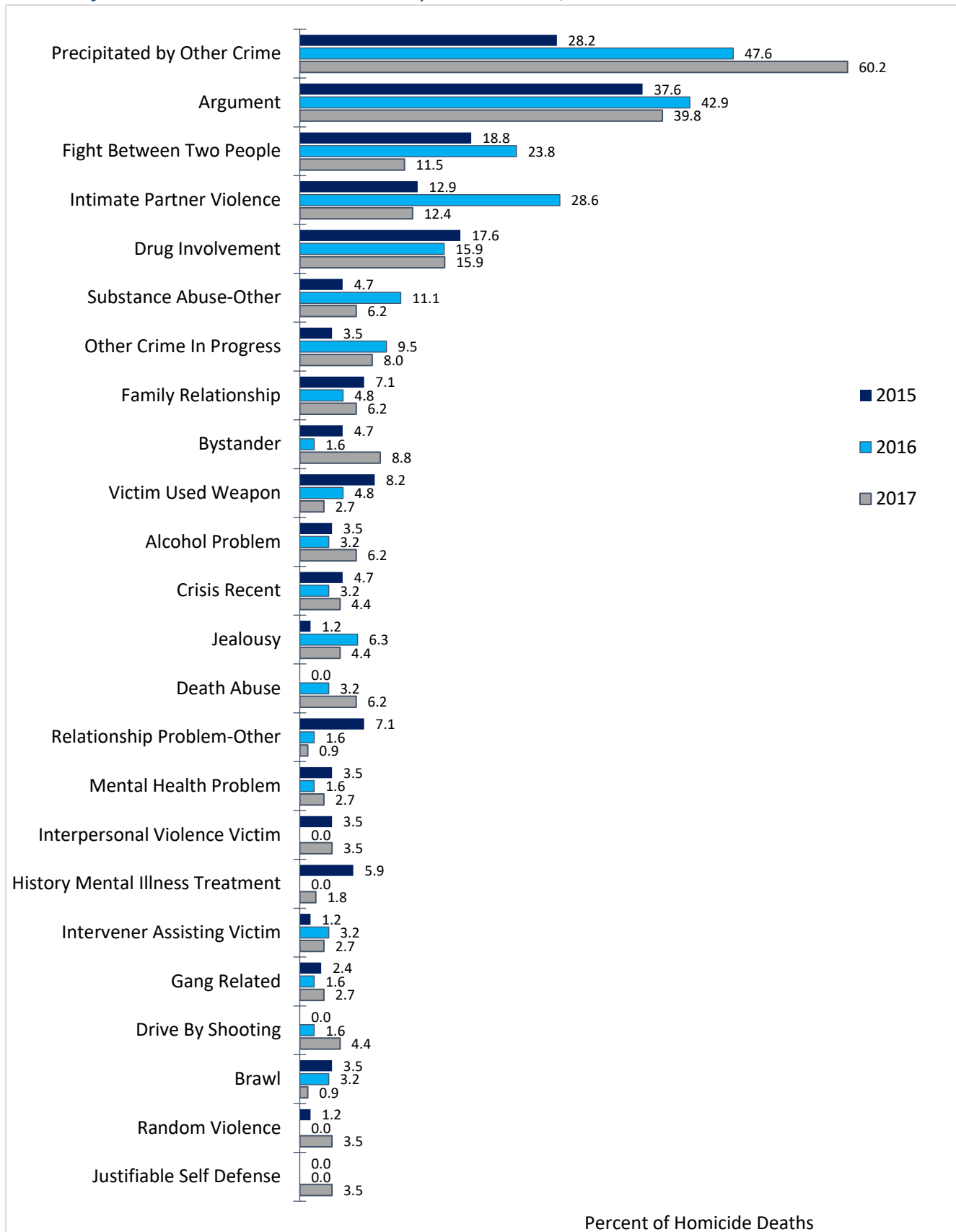
Circumstances for Homicide Deaths

Seventy-seven percent (n = 261) of those who died by homicide had known circumstances surrounding their deaths. Figure 8 presents the prevalence of types of circumstances related to homicides from 2015 to 2017; Table A5 in the appendix includes a more extensive list of circumstances.

The five leading circumstances from 2015 to 2017 were: commission of another crime such as an assault or robbery (47%), an argument or dispute (40%), physical fight that escalated to a homicide (17%), drug involvement (e.g., drug transaction gone wrong) (16%), and intimate partner violence (16%). The prevalence of most circumstances remained fairly stable from 2015 to 2017. A notable exception was homicide that occurred during the commission of another crime such as assault or robbery, which increased from 28% of homicides in 2015 to 48% in 2016 to 60% in 2017. In addition, in 2016, compared to 2015 and 2017, there were spikes in the crude rates of intimate partner violence and physical fights that escalated to homicide.

Figure 8

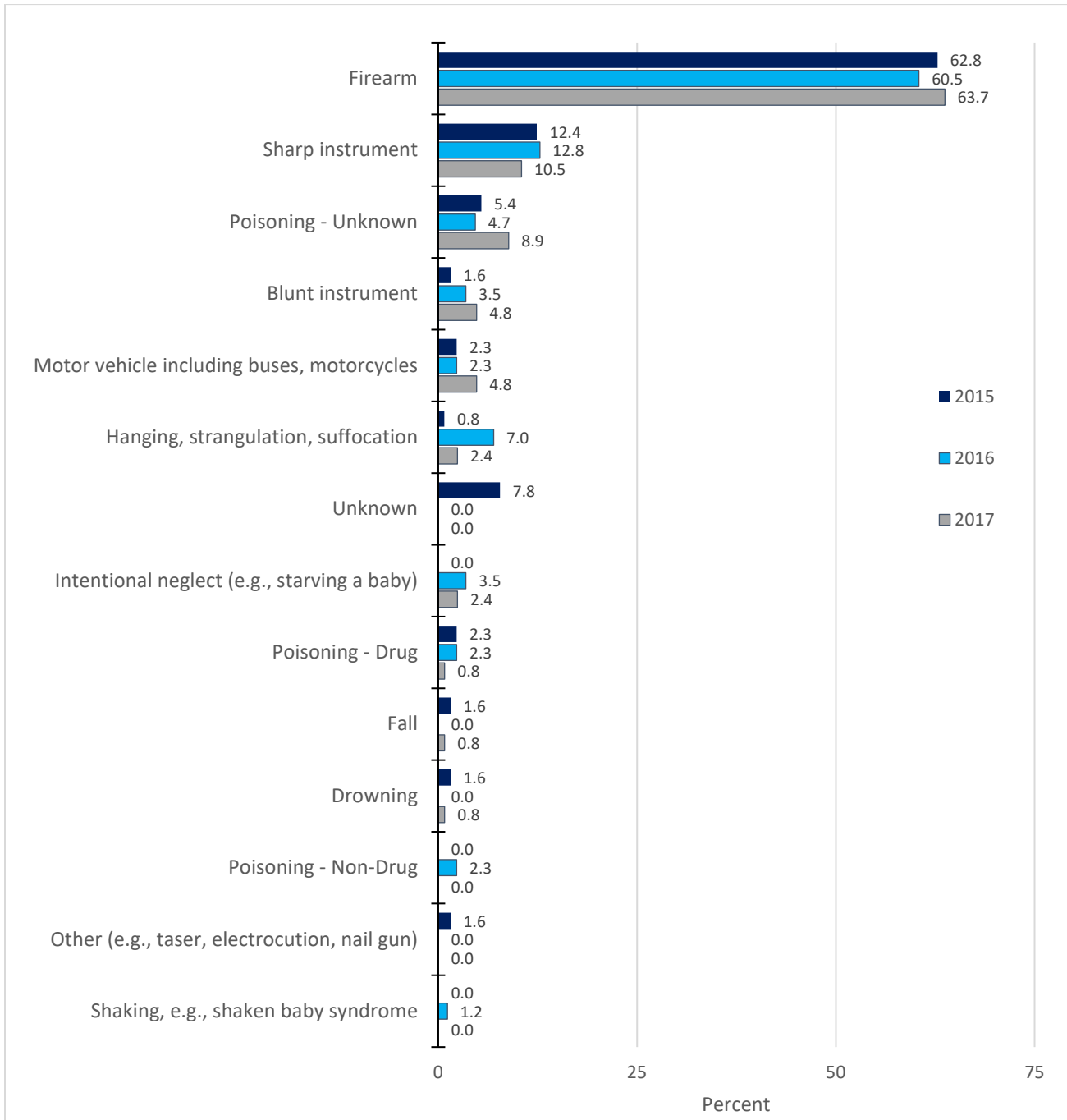
Percent of Homicide Deaths in Connecticut by Circumstance, 2015 to 2017



Methods of Homicide Deaths

Figure 9 shows the percent of homicides by weapon for 2015 to 2017. Firearms were the leading type of weapon used in homicides (62.5%, n=212), followed by sharp instruments (11.8%, n=40) and poisoning (6%, n=22). The proportion of homicides by poisoning - unknown almost doubled in 2017 (9%) compared to 2015-2016 (5% each year). Unknown causes decreased from 8% in 2015 to 0% in 2016 and 2017.

Figure 9
Homicide in Connecticut by Weapon Type, 2015 to 2017



*Personal weapons include – physical assault with hands and feet

Location of Injury Leading to Homicide

Table 9 presents numbers and crude rates of homicides in Connecticut counties for 2015 to 2017. Hartford County averaged the highest number (n=118) and highest crude rate (4.4 per 100,000) of homicide in Connecticut from 2015 to 2017. New Haven County had the next highest number (n=93) and average crude rate (n=3.6). Middlesex County (n=5), Tolland County (n=5), and Litchfield County (n=6) averaged the lowest crude rates of 1.0, 1.1, and 1.1, respectively. For counties with average crude rates of 2 or greater, crude homicide rates were fairly consistent for 2015 and 2017, but lower in 2016 for all counties except New Haven County and Windham County.

Table 9

Connecticut Counties with Homicide Deaths, 2015 to 2017

Injury County	Number of Homicides			County Population			Crude Rate per 100,000			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015-2017
Fairfield	24	15	33	948,053	944,177	949,921	2.5	1.6	3.5	2.5
Hartford	46	26	46	895,841	892,389	895,388	5.1	2.9	5.1	4.4
Litchfield	2	1	3	183,603	182,571	182,177	1.1	0.6	1.7	1.1
Middlesex	5	0	0	164,063	163,329	163,410	3.1	0.0	0.0	1.0
New Haven	32	35	26	859,470	856,875	860,435	3.7	4.1	3.0	3.6
New London	8	4	11	271,863	269,801	269,033	2.9	1.5	4.1	2.8
Tolland	3	1	1	151,420	151,118	151,461	2.0	0.7	0.7	1.1
Windham	3	3	1	116,573	116,192	116,359	2.6	2.6	0.9	2.0

County population estimates obtained from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut>. Accessed 9/12/19

Tables 10 and 10b present numbers and crude rates of homicides in Connecticut cities for 2015 to 2017. Table 10 includes Connecticut cities which had a least one homicide every year from 2015 to 2017. Table 10b includes Connecticut cities with a three-year crude homicide rate of at least 5 per 100,000. The City of Hartford had the highest number and highest crude homicide rate, 21.3 per 100,000 (n=79). Among cities that had at least five decedents, the next highest crude rate occurred in Bridgeport, 11.4 per 100,000 (n=50). These were the only cities that had at least one homicide in each year and an average crude rate greater than 10. New London (n=8), New Haven (n=37) and Waterbury (n=28) had at least 1 homicide each year and crude rates that exceeded 8 per 100,000. Among cities with average crude rates greater than 5 (Table 10b), except for Waterbury and New Haven, crude homicide rates were lower in 2016 compared to 2015 and 2017. Waterbury's crude rate almost doubled from 5.5 in 2015 to 10 in 2016 and 2017. New Haven's crude rate decreased over the three years from 11.5 (n=15) in 2015 to 10.1 (n=14) in 2016 to 6.1 (n=8) in 2017.

Table 10

Connecticut Cities Where Homicides Occurred Each Year, 2015 to 2017

Injury City	Number of Homicides			City Population			Crude Rate per 100,000			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015-2017
Hartford	34	16	29	124,006	123,243	123,400	27.4	13.0	23.5	21.3
Bridgeport	16	9	25	147,629	145,936	146,579	10.8	6.2	17.1	11.4
New London	3	1	4	27,179	26,984	27,072	11.0	3.7	14.8	9.8
New Haven	15	14	8	130,322	129,934	131,014	11.5	10.8	6.1	9.5
Waterbury	6	11	11	108,802	108,272	108,629	5.5	10.2	10.1	8.6
New Britain	7	1	6	72,808	72,558	72,710	9.6	1.4	8.3	6.4
East Hartford	2	4	1	50,821	50,237	50,319	3.9	8.0	2.0	4.6
Meriden	1	3	2	59,988	59,622	59,927	1.7	5.0	3.3	3.4
West Haven	1	2	2	54,927	54,516	54,843	1.8	3.7	3.7	3.1

County population estimates obtained from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut>. Accessed 9/12/19

Table 10b

Connecticut Cities with Three-year Crude Homicide Rate of 5 per 100,000 or Greater, 2015 to 2017

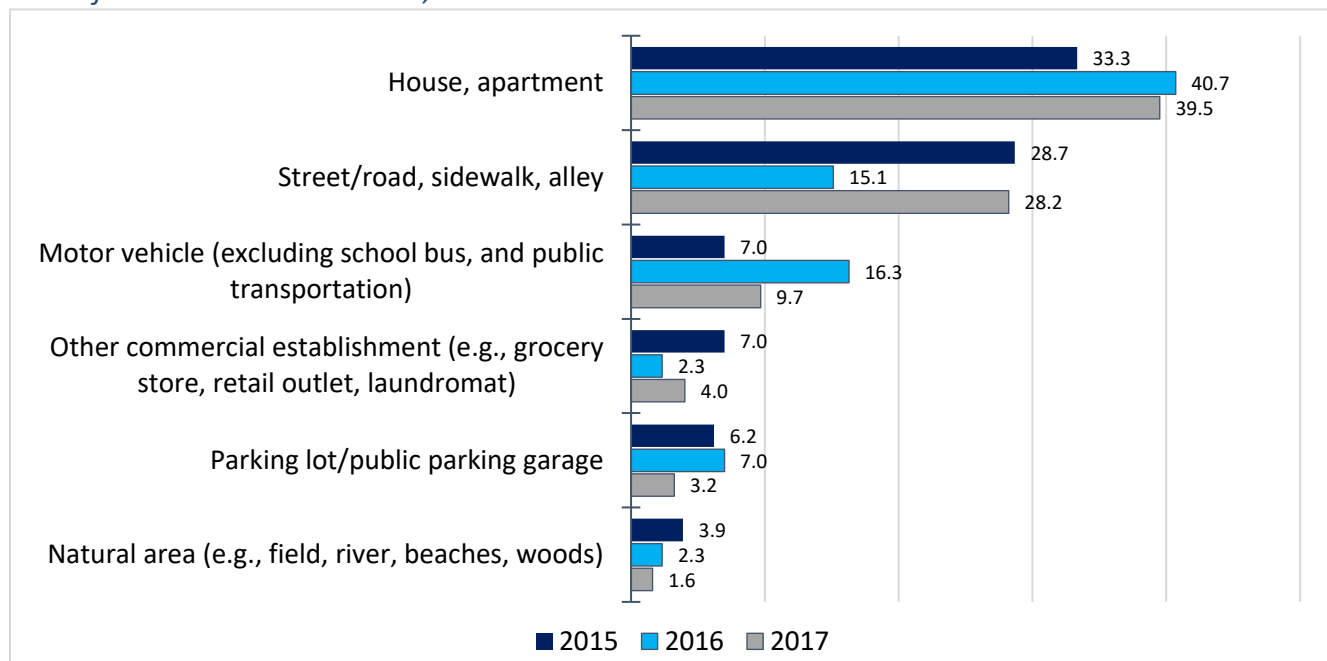
Injury City	Number of Homicides			City Population			Crude Rate per 100,000			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015-2017
Hartford	34	16	29	124,006	123,243	123,400	27.4	13.0	23.5	21.3
Kent	0	0	1	2,869	2,819	2,800	0.0	0.0	35.7	11.9
Sprague	0	0	1	2,951	2,921	2,914	0.0	0.0	34.3	11.4
Bridgeport	16	9	25	147,629	145,936	146,579	10.8	6.2	17.1	11.4
North Canaan	1	0	0	3,194	3,186	3,279	31.3	0.0	0.0	10.4
Andover	1	0	0	3,262	3,252	3,248	30.7	0.0	0.0	10.2
New London	3	1	4	27,179	26,984	27,072	11.0	3.7	14.8	9.8
New Haven	15	14	8	130,322	129,934	131,014	11.5	10.8	6.1	9.5
Lebanon	1	0	1	7,259	7,197	7,209	13.8	0.0	13.9	9.2
Sterling	0	0	1	3,764	3,741	3,742	0.0	0.0	26.7	8.9
Waterbury	6	11	11	108,802	108,272	108,629	5.5	10.2	10.1	8.6
Brooklyn	2	0	0	8,259	8,205	8,208	24.2	0.0	0.0	8.1
Ashford	0	1	0	4,251	4,236	4,244	0.0	23.6	0.0	7.9
Bolton	1	0	0	4,947	4,930	4,916	20.2	0.0	0.0	6.7
Old Saybrook	2	0	0	10,160	10,093	10,132	19.7	0.0	0.0	6.6
Weston	2	0	0	10,387	10,302	10,331	19.3	0.0	0.0	6.4
New Britain	7	1	6	72,808	72,558	72,710	9.6	1.4	8.3	6.4
North Stonington	0	0	1	5,256	5,271	5,270	0.0	0.0	19.0	6.3
Bethany	1	0	0	5,510	5,488	5,497	18.2	0.0	0.0	6.1
Griswold	0	0	2	11,830	11,719	11,687	0.0	0.0	17.1	5.7
Killingworth	1	0	0	6,455	6,419	6,401	15.5	0.0	0.0	5.2

When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

County population estimates obtained from <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut>. Accessed 9/12/19

Figure 10 presents numbers and percentages of the location of homicides in Connecticut for 2015 through 2017. From 2015 through 2017, the most frequent site of homicide occurred at a residence (n=127, 37.5%), followed by a street/road, sidewalk, alley (n=85, 25.1%) and within a motor vehicle excluding school bus and public transportation (n=35, 10.3%). Residences were the site of homicides in similar proportions during 2015 through 2017 (33.3%, 40.7%, 39.5%, respectively). Fewer homicides occurred in street/road locations in 2016 compared to 2015 and 2017. Motor vehicles were slightly more frequent sites of homicides in 2016 (n=14, 16.3%) compared to 2017 (n=12, 9.7%) and 50% more frequent than 2015 (n=9, 7.0%).

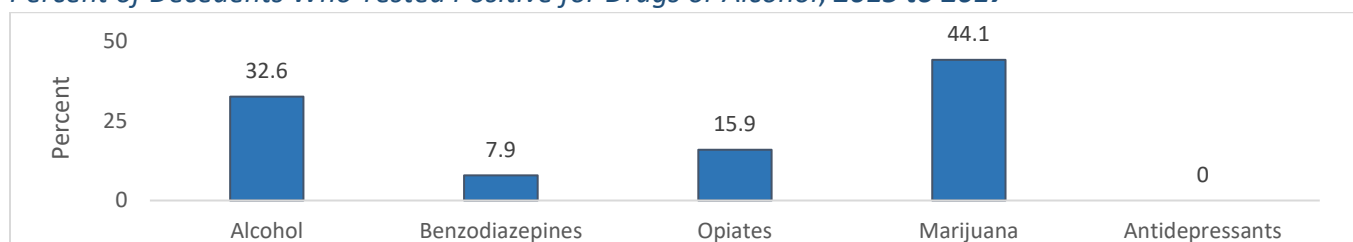
Figure 10
Sites of Homicide in Connecticut, 2015 to 2017



Toxicology of Those Who Died by Homicide

Of the 339 homicides that occurred from 2015 to 2017, toxicology reports were available for 227. Figure 11 presents the percentage of homicides for which toxicology reports were available in which the decedents tested positive for drugs or alcohol. Among the 227 people, 74 (32.6%) tested positive for alcohol, 18 (7.9%) for benzodiazepines, 36 (15.9%) for opiates, and 100 (44.1%) for marijuana. None of the 227 tested positive for antidepressants. Almost none of the decedents who tested positive for drugs died of a drug overdose. Of those who died of a drug overdose from 2015 to 2017, two tested positive for alcohol and two tested positive for opiates.

Figure 11
Percent of Decedents Who Tested Positive for Drugs or Alcohol, 2015 to 2017



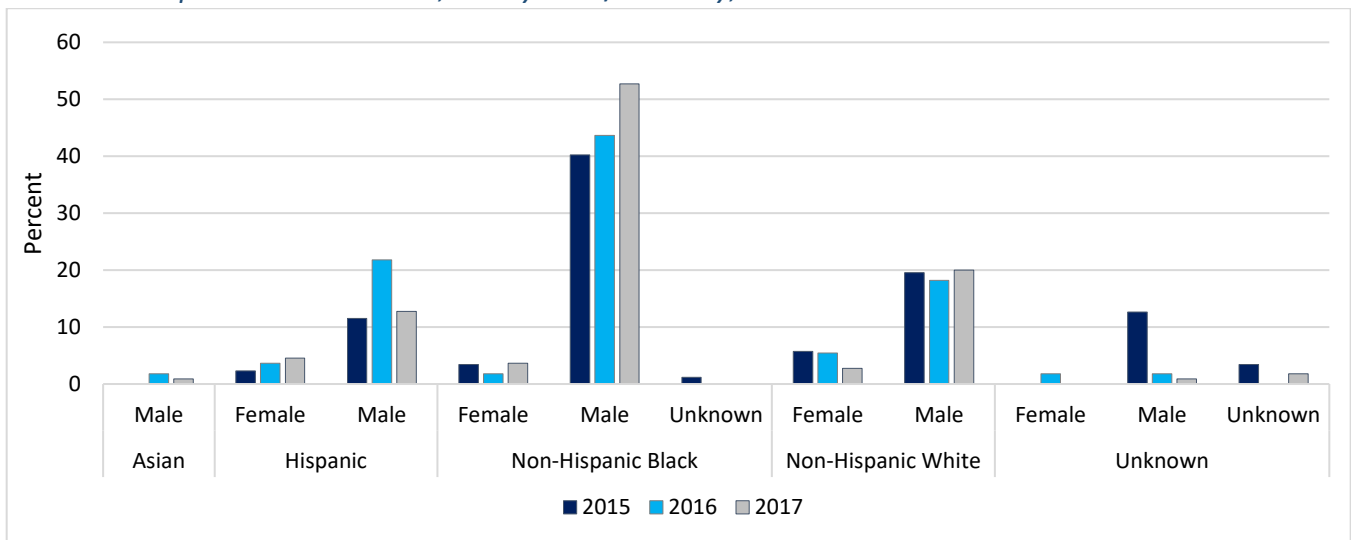
Suspects Involved in Homicide

Figure 12 presents the percentage of suspects by race/ethnicity and sex (all percentages in Figure 11 add up to 100% within year). There were 252 suspects apprehended for homicide from 2015 to 2017. Eighty-six percent (n=217) were male and 11.5% (n=29) were female. Non-Hispanic Black males represented almost half (n=117, 46.4%) of all suspects of homicides that occurred in the three years. Among female suspects, 11 (37.9%) were non-Hispanic White, 9 (31.0%) were Hispanic, and 8 (27.6%) were non-Hispanic Black. Among male suspects, 117 (54%) of the were non-Hispanic Black, 36 (16.6%) were Hispanic, 49 (22.6%) were non-Hispanic White, and 2 (0.9%) were non-Hispanic Asian The proportion of male suspects who were non-Hispanic Black increased from approximately 50% of homicides committed by males in 2015 and 2016 to 60% in 2017 (and 50% of all homicides).

Ages for male suspects ranged from 15 to 72. The median age of male suspects was 29 and the most frequent age was 20. Ages for female suspects ranged from 15 to 59. The median age of female suspects was 28 and the most frequent age was 23.

Figure 12

*Homicide Suspects in Connecticut, Sex by Race/Ethnicity, 2015 to 2017**

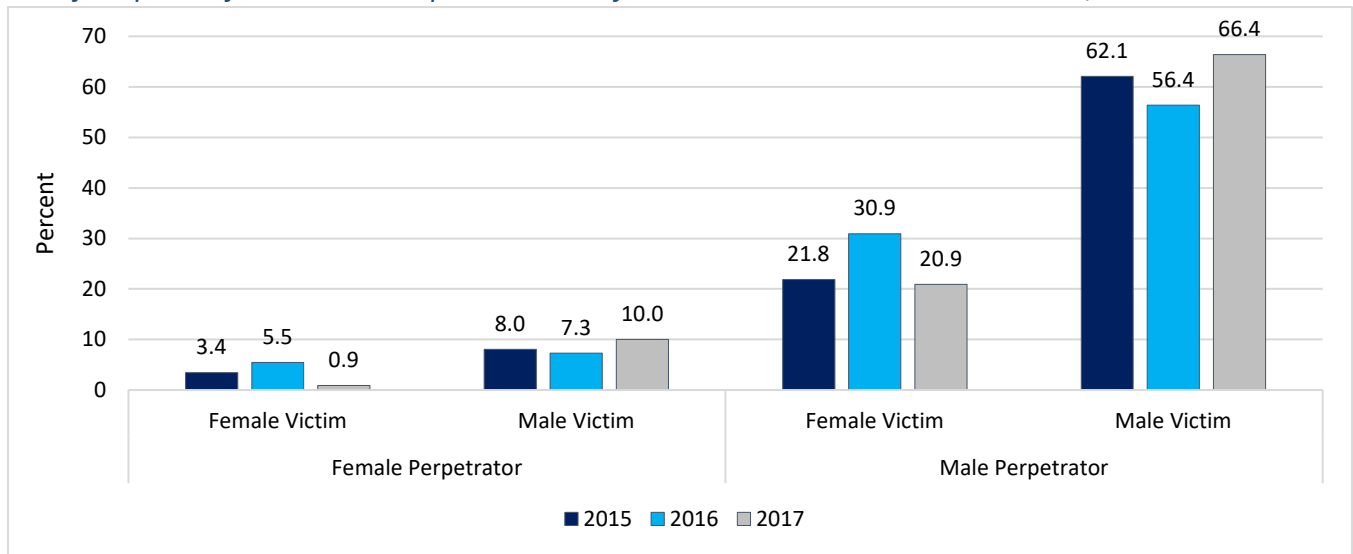


*Note: The percentages add up to 100% within year

Figure 13 presents the relationship between the sex of the suspect and the sex of the victim. From 2015 through 2017, in homicidal incidents where law enforcement apprehended suspects, males were perpetrators of homicide in 88% of those incidents where a male died and in 89% of the homicides of females. A female was the perpetrator of a male’s death in 22 cases (12%) and the perpetrator of a female’s death in 7 cases (11%). The relationship between sex of suspect and sex of victim remained fairly stable across the three years.

Figure 13

Sex of Suspects of Homicide Compared to Sex of Homicide Decedents in Connecticut, 2015 to 2017



*Perpetrator Sex Missing/Unknown for 4 homicides in 2015, and 2 in 2017

Deaths of Undetermined Intent

From 2015 to 2017, there were 70 deaths of undetermined intent accounting for 4.4% of all violent deaths in Connecticut. All 70 deaths had a known cause, but the medical examiner, after weighing all the evidence from law enforcement, and the medical examiner investigators, could not determine the manner of death (e.g., suicide, homicide, accidental, or natural). There were 0.65 undetermined deaths per 100,000 Connecticut population.

Characteristics of Deaths of Undetermined Intent

Table 11 presents numbers and crude rates of deaths of undetermined intent that occurred from 2015 to 2017. During these three years, ages ranged from 3 to 81, with a mean age of 42.9 years. Seventy-seven percent (n=54) of the individuals who died by undetermined intent were non-Hispanic Whites, approximately 11% (n=8) were non-Hispanic Black, 9% (n=6) were Hispanic, and 3% (n=2) were non-Hispanic Asian.

Sixty-six percent (n=46) of those who died by undetermined intent were males. The median age for males was 46 years old and the most frequent age was 60 years old. The ages for males ranged from 14 to 81 years old. Seventy-eight percent (n=36) of the male decedents were non-Hispanic White, 11% (n=5) were Hispanic, 7% (n=3) were non-Hispanic Black, and 4% were non-Hispanic Asian.

Thirty-four percent (n=24) of those who died with undetermined intent were females. The median age for females was 43 years old, and the most frequent age was 19 years old. The ages for females ranged from 3 to 78 years old. Seventy-five percent (n=18) of the female decedents were non-Hispanic White, and 21% (n=5) were non-Hispanic Black, and 4% (n=1) were Hispanic, and none were non-Hispanic Asian.

Table 11

Deaths of Undetermined Intent by Sex and Race/Ethnicity in Connecticut, 2015 to 2017

	2015			2016			2017			2015 - 2017		
	n (%)	CT Crude Rate	NVDRS States Crude Rate ¹	n (%)	CT Crude Rate	NVDRS States Crude Rate ²	n (%)	CT Crude Rate	NVDRS States Crude Rate ³	n (%)	CT Crude Rate	NVDRS States Crude Rate ³
Sex												
Male	23 (62.2)	1.3	2.4	11 (64.7)	0.6	2.98	12 (75.0)	0.7	***	46 (65.7)	0.9	***
Female	14 (37.8)	0.8	1.4	6 (35.3)	0.3	1.56	4 (24.0)	0.2	***	24 (34.3)	0.4	***
Ethnicity												
Non-Hispanic												
White	30 (81.1)	1.2	1.9	11 (64.7)	0.5	2.27	13 (81.3)	0.5	***	54 (77.1)	0.7	***
Hispanic	3 (8.1)	0.5	0.9	2 (11.8)	0.4	0.93	1 (6.3)	0.2	***	6 (8.6)	0.4	***
Non-Hispanic Black	3 (8.1)	0.8	2.4	4 (23.5)	1.1	3.01	1 (6.3)	0.3	***	8 (11.4)	0.7	***
Non-Hispanic												
Asian	1 (2.7)	0.6	0.5	0	0.0	0.68	1 (6.3)	0.6	***	2 (2.9)	0.4	***
Total	37	1.0	1.9	17	0.5	2.26	16	0.5	***	70	0.7	***

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

NVDRS States' numbers obtained from <https://wisgars.cdc.gov:8443/nvdrs/nvdrsDisplay.jsp>; NVDRS data for 2017 is not available

¹ AK, AZ, CO, CT, GA, HI, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, RI, SC, UT, VA, VT, WI;

² AK, AZ, CO, CT, GA, HI, IA, IL, IN, KS, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, UT, VA, VT, WA, WI

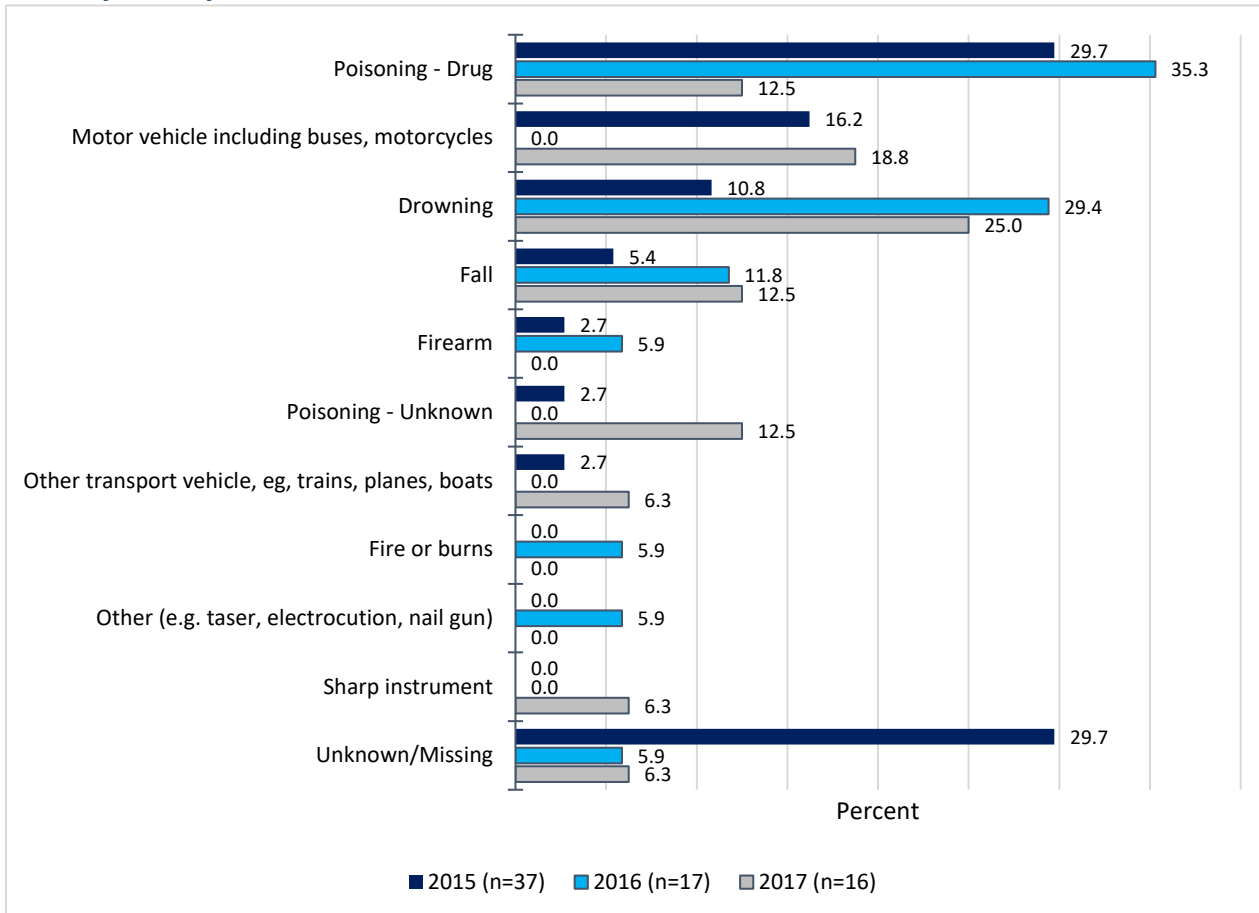
³ NVDRS data is not available

Methods of Undetermined Intent Deaths

Figure 14 presents the cause of death for 70 undetermined intent deaths. The leading causes of death from 2015 through 2017 were poisoning by drug overdose (27%, n=19) and drowning (19%, n=13). The proportion of death of undetermined intent, which had unknown cause, fell sharply after 2015 (from 30% in 2015 to 6% in 2016 and 2017).

Figure 14

Cause of Death for Undetermined Intent Deaths in Connecticut, 2015 to 2017



Toxicology for Deaths of Undetermined Intent

Toxicology data was available for 50 of the 70 decedents. Among the 50 decedents, 20 tested positive for alcohol (14 of them over the legal limit of 0.08), 17 for benzodiazepines, 23 for opiates, 8 for marijuana, and 10 for antidepressants. Nineteen (38%) died from poisoning by drug overdose.

Location of Injury for Deaths of Undetermined Intent

From 2015 through 2017, the number of deaths of undetermined intent per county ranged from 1 (Tolland) to 18 (New Haven). In cities that had a death of undetermined intent, the number of deaths ranged from one to six (New Haven). The site of death was known for 59 of the 70 (84%) deaths; the most common locations were a home/residence (n=23), and a natural area (n=12).

Summary of Results

Every violent death is a tragedy. From 2015 to 2017, Connecticut had 1,589 violent deaths: 1176 suicides, 332 homicides, 70 deaths of undetermined intent, 7 legal interventions, and 4 unintentional firearm deaths. Connecticut had lower crude rates per 100,000 Connecticut population (14.8) for overall violent deaths compared to NVDRS states that had crude rates of 20.2 in 2015 and 21.3 in 2016 per 100,000 population. Similarly, from 2015 to 2017, Connecticut crude rates for suicide (10.9 per 100,000 population) and homicide (3.1 deaths per 100,000 population) were below the 2015 and 2016 NVDRS states' crude rates (13.0 and 13.1 suicides, and 4.7 and 5.3 homicides, respectively, per 100,000 population).

From 2015 to 2017, the most frequent cause of violent death in Connecticut was suicide (n=1,176), accounting for 74% of the violent deaths in the state. Individuals in their fifties accounted for more than a quarter (26%, n = 308) of suicide deaths. Males accounted for almost three-quarters (73%, n=856) of suicides. In addition, the crude suicide rate increased over the three years for males aged 30-39 and 70 and older. Overall, hanging was the most frequent method of death by suicide (36%). Males were more likely to die by firearms and hanging while females were more likely to die by drug poisoning. For both sexes and all three years, feeling depressed, having a mental health problem, and having a history of mental illness treatment were most frequently associated with death by suicide.

From 2015 to 2017, there were 332 homicide deaths and 7 deaths by legal intervention in Connecticut accounting for 21% of violent deaths. Individuals who died by homicide or legal intervention were more likely to be male (n=266, 78%), non-Hispanic Black (n=160, 47%), in their twenties (n=100, 30%), and to die by a firearm (n=212, 63%). When circumstances were known, the leading circumstances for homicides were commission of another crime such as an assault or robbery (n=122, 47%), an argument or dispute (n=104, 40%), a physical fight that escalated to a homicide (n=44, 17%) and intimate partner violence (n=43, 16%). Of the suspects apprehended for homicide from 2015 to 2017, 86% (n=217) were male and 11.5% (n=29) were female. Further, males were suspects of homicide in 88% of those incidents where a male died and in 89% of the homicides of females. A female was the suspect of a male's death in 22 cases (12%) and the suspect of a female's death in seven cases (11%). Finally, firearms (n=212, 63%) were the leading type of weapon used in homicides among males and females.

This report of violent deaths in CT from 2015 to 2017 provides communities with a better understanding of the serious nature of suicide and homicide. From an intervention standpoint, the 2015-2017 CTVDRS data highlight the importance of addressing mental health issues, and limiting access to lethal means including alcohol and other drugs (e.g., opioids, antidepressants and benzodiazepines).

References

Centers for Disease Control and Prevention. National Violent Death Reporting System (NVDRS) Coding Manual Revised [Online] 2015 National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Available from URL: www.cdc.gov/injury

Fowler KA, Jack SP, Lyons BH, Betz CJ, Petrosky E. Surveillance for Violent Deaths — National Violent Death Reporting System, 18 States, 2014. *MMWR Surveill Summ* 2018;67(No. SS-2):1–36.

DOI: <http://dx.doi.org/10.15585/mmwr.ss6702a1>

Appendix

Table A1

Violent Deaths in Connecticut – Age Specific, 2015 to 2017

Age group (years)	Number			Percent*			Age-Specific rate/ 100,000*		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
0-4	6	5	6	1.1	1.0	1.1	3.2	2.7	3.3
5-9	2	2	1	0.4	0.4	0.2	1.0	1.0	0.5
10-14	3	5	5	0.5	1.0	0.9	1.3	2.2	2.3
15-19	24	18	37	4.4	3.7	6.8	9.6	7.3	15.1
20-24	33	41	45	6.0	8.3	8.3	13.4	16.5	18.1
25-29	47	40	44	8.5	8.1	8.1	21.3	18.2	19.8
30-34	49	37	50	8.9	7.5	9.2	22.2	16.7	22.6
35-39	39	44	45	7.1	8.9	8.3	18.5	20.7	20.9
40-44	41	19	28	7.4	3.9	5.1	18.6	9.0	13.5
45-49	60	38	45	10.9	7.7	8.3	23.4	15.2	18.4
50-54	72	58	60	13.1	11.8	11	25.6	21.1	22.4
55-59	60	61	55	10.9	12.4	10.1	22.1	22.3	20.2
60-64	48	45	39	8.7	9.1	7.2	21.3	19.4	16.4
65-69	18	28	24	3.3	5.7	4.4	9.9	14.9	12.7
70-74	17	17	15	3.1	3.4	2.8	12.9	12.5	10.0
75-79	10	12	17	1.8	2.4	3.1	11.0	12.8	17.0
80-84	12	11	13	2.2	2.2	2.4	16.9	15.7	18.2
85+	10	12	15	1.8	2.4	2.8	11.1	13.3	16.2
Total	551	493	544	100	100	100	n/a	n/a	n/a

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

Table A2

Suicide Deaths in Connecticut – Age Specific, 2015 to 2017

Age group (years)	Number			Percent*			Age-Specific rate/ 100,000*		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
0-4	0	0	0	0	0	0	0.0	0.0	0.0
5-9	0	0	0	0	0	0	0.0	0.0	0.0
10-14	2	3	4	0.5	0.8	1	0.9	1.4	1.8
15-19	14	10	23	3.6	2.6	5.7	5.6	4.0	9.4
20-24	18	18	31	4.7	4.6	7.7	7.3	7.3	12.5
25-29	25	29	16	6.5	7.5	4.0	11.3	13.2	7.2
30-34	28	26	29	7.3	6.7	7.2	12.7	11.7	13.1
35-39	19	34	33	4.9	8.7	8.2	9.0	16.0	15.3
40-44	30	11	25	7.8	2.8	6.2	13.6	5.2	12.1
45-49	44	38	34	11.5	9.8	8.4	17.2	15.2	13.9
50-54	59	50	53	15.4	12.9	13.2	21.0	18.2	19.8
55-59	44	55	47	11.5	14.1	11.7	16.2	20.1	17.3
60-64	42	42	31	10.9	10.8	7.7	18.6	18.2	13.0
65-69	16	27	23	4.2	6.9	5.7	8.8	14.3	12.2
70-74	15	13	14	3.9	3.3	3.5	11.4	9.6	9.3
75-79	7	11	15	1.8	2.8	3.7	7.7	11.8	15.0
80-84	11	11	11	2.9	2.8	2.7	15.5	15.7	15.4
85+	10	11	14	2.6	2.8	3.5	11.1	12.2	15.1
Total	384	389	403	100	100	100	n/a	n/a	n/a

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

Table A3

Suicide Deaths in Connecticut by Circumstance, 2015 to 2017

Circumstance	2015 n (%)	2016 n (%)	2017 n (%)
Depressed Mood	212 (59.7)	175 (48.1)	276 (68.8)
History of Mental Illness Treatment	184 (51.8)	113 (31.0)	151 (37.7)
Mental Health Problem	174 (49.0)	141 (38.7)	201 (50.1)
Mental Illness Treatment Current	119 (33.5)	72 (19.8)	128 (31.9)
Suicide Note	105 (29.6)	115 (31.6)	131 (32.7)
Suicide Attempt History	81 (22.8)	81 (22.3)	79 (19.7)
Intimate Partner Problem	71 (20.0)	66 (18.1)	100 (24.9)
Suicide Thought History	63 (17.7)	54 (14.8)	103 (25.7)
Alcohol Problem	60 (16.9)	61 (16.8)	96 (23.9)
Physical Health Problem	54 (15.2)	91 (25.0)	116 (28.9)
Substance Abuse Other	49 (13.8)	44 (12.1)	71 (17.7)
Suicide Intent Disclosed	42 (11.8)	48 (13.2)	84 (20.9)
Crisis Recent	42 (11.8)	21 (5.8)	86 (21.4)
Recent Criminal Legal Problem	35 (9.9)	34 (9.3)	49 (12.2)
Financial Problem	28 (7.9)	16 (4.4)	59 (14.7)
Argument	26 (7.3)	34 (9.3)	43 (10.7)
Legal Problem Other	21 (5.9)	4 (1.1)	14 (3.5)
Job Problem	19 (5.4)	11 (3.0)	45 (11.2)
Death of Friend or Family -Other	17 (4.8)	20 (5.5)	20 (5.0)
Family Relationship	14 (3.9)	10 (2.7)	21 (5.2)
Precipitated by Other Crime	13 (3.7)	16 (4.4)	17 (4.2)
Eviction or Loss of Home	11 (3.1)	9 (2.5)	23 (5.7)
Fight Between Two People	7 (2.0)	5 (1.4)	3 (0.7)
Recent Suicide Friend Family	6 (1.7)	8 (2.2)	10 (2.5)
Relationship Problem = Other	5 (1.4)	4 (1.1)	1 (0.2)
Intimate Partner Violence	3 (0.8)	3 (0.8)	1 (0.2)
School Problem	2 (0.6)	1 (0.3)	5 (1.2)
Traumatic Anniversary	2 (0.6)	0 (0)	3 (0.7)
Interpersonal Violence Perpetration	1 (0.3)	4 (1.1)	9 (2.2)
Jealously	1 (0.3)	1 (0.3)	0 (0)
Victim Used Weapon	1 (0.3)	1 (0.3)	0 (0)
Other Crime In Progress	0 (0)	2 (0.5)	0 (0)
Interpersonal Violence Victim	0 (0)	1 (0.3)	2 (0.5)
Abused As Child	0 (0)	1 (0.3)	0 (0)
Disaster Exposure	0 (0)	1 (0.3)	0 (0)
Prostitution	0 (0)	1 (0.3)	0 (0)
Other Addiction	0 (0)	0 (0)	2 (0.5)
Total Known	355 (100)	364 (100)	401 (100)

Table A4

Homicide Deaths in Connecticut – Age Specific, 2015 to 2017

Age group (years)	Number			Percent*			Age-Specific rate/ 100,000*		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
0-4	4	5	5	3.1	5.8	4.1	2.1	2.7	2.7
5-9	2	1	1	1.6	1.2	0.8	1.0	0.5	0.5
10-14	1	1	1	0.8	1.2	0.8	0.4	0.5	0.5
15-19	10	6	14	7.8	7.0	11.4	4.0	2.4	5.7
20-24	14	21	12	10.9	24.4	9.8	5.7	8.5	4.8
25-29	18	8	27	14.0	9.3	22.0	8.1	3.6	12.1
30-34	18	9	18	14.0	10.5	14.6	8.2	4.1	8.1
35-39	17	9	9	13.2	10.5	7.3	8.1	4.2	4.2
40-44	8	8	3	6.2	9.3	2.4	3.6	3.8	1.5
45-49	10	0	8	7.8	0	6.5	3.9	0.0	3.3
50-54	9	4	7	7.0	4.7	5.7	3.2	1.5	2.6
55-59	12	5	6	9.3	5.8	4.9	4.4	1.8	2.2
60-64	1	2	6	0.8	2.3	4.9	0.4	0.9	2.5
65-69	1	1	1	0.8	1.2	0.8	0.6	0.5	0.5
70-74	2	4	1	1.6	4.7	0.8	1.5	3.0	0.7
75-79	2	1	2	1.6	1.2	1.6	2.2	1.1	2.0
80-84	0	0	1	0	0	0.8	0.0	0.0	1.4
85+	0	1	1	0	1.2	0.8	0.0	1.1	1.1
Total	129	86	123	100	100	100	n/a	n/a	n/a

* When the numerator is less than 20, the rates should be interpreted with caution due to the instability of rates.

Table A5

Homicide Deaths in Connecticut by Circumstance, 2015 to 2017*

Circumstance	2015 n (%)	2016 n (%)	2017 n (%)
Precipitated by Other Crime	24 (28.2)	30 (47.6)	68 (60.2)
Argument	32 (37.7)	27 (42.9)	45 (39.8)
Fight Between Two People	16 (18.8)	15 (23.8)	13 (11.5)
Drug Involvement	15 (17.6)	10 (15.9)	18 (15.9)
Intimate Partner Violence	11 (12.9)	18 (28.6)	14 (12.4)
Other Crime In Progress	3 (3.5)	6 (9.5)	9 (8.0)
Substance Abuse - Other	4 (4.7)	7 (11.1)	7 (6.2)
Family Relationship	6 (7.1)	3 (4.8)	7 (6.2)
Bystander	4 (4.7)	1 (1.6)	10 (8.8)
Victim Used Weapon	7 (8.2)	3 (4.8)	3 (2.7)
Alcohol Problem	3 (3.5)	2 (3.2)	7 (6.2)
Crisis Recent	4 (4.7)	2 (3.2)	5 (4.4)
Jealously	1 (1.2)	4 (6.3)	5 (4.4)
Death Abuse	0 (0.0)	2 (3.2)	7 (6.2)
Relationship Problem Other	6 (7.1)	1 (1.6)	1 (0.9)
History Mental Illness Treatment	5 (5.9)	0 (0.0)	2 (1.8)
Interpersonal Violence Victim	3 (3.5)	0 (0.0)	4 (3.5)
Mental Health Problem	3 (3.5)	1 (1.6)	3 (2.7)
Brawl	3 (3.5)	2 (3.2)	1 (0.9)
Drive By Shooting	0 (0.0)	1 (1.6)	5 (4.4)
Gang Related	2 (2.4)	1 (1.6)	3 (2.7)
Intervener Assisting Victim	1 (1.2)	2 (3.2)	3 (2.7)
Random Violence	1 (1.2)	0 (0.0)	4 (3.5)
Justifiable Self-Defense	0 (0.0)	0 (0.0)	4 (3.5)
Interpersonal Violence Perpetrator	1 (1.2)	1 (1.6)	1 (0.9)
Mental Illness Treatment Current	1 (1.2)	0 (0.0)	2 (1.8)
Prostitution	1 (1.2)	0 (0.0)	2 (1.8)
Abused As Child	0 (0.0)	0 (0.0)	1 (0.9)
Financial Problem	0 (0.0)	1 (1.6)	0 (0.0)
Hate Crime	0 (0.0)	1 (1.6)	0 (0.0)
Physical Health Problem	0 (0.0)	1 (1.6)	0 (0.0)
Recent Criminal Legal Problem	0 (0.0)	1 (1.6)	0 (0.0)
Walk-By Assault	0 (0.0)	0 (0.0)	1 (0.9)
Total Known	85 (100)	63 (100)	113(100)

*Circumstance has at least one death in one of the three years

Table A6

Connecticut Towns with Average Suicide Crude Rates >10 per 100,000, 2015 to 2017

Injury Town	Number of Suicides*			Town Population			Crude Rate per 100,000			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015-2017
Roxbury	1	1	1	2,187	2,176	2,171	45.7	46.0	46.1	45.9
Ashford	3	1	1	4,251	4,236	4,244	70.6	23.6	23.6	39.3
Hampton	0	0	2	1,849	1,837	1,844	0.0	0.0	108.5	36.2
North Stonington	3	1	1	5,256	5,271	5,270	57.1	19.0	19.0	31.7
Canaan	0	0	1	1,185	1,177	1,062	0.0	0.0	94.2	31.4
Lyme	1	1	0	2,374	2,355	2,354	42.1	42.5	0.0	28.2
Lebanon	1	0	5	7,259	7,197	7,209	13.8	0.0	69.4	27.7
Barkhamsted	1	1	1	3,685	3,664	3,651	27.1	27.3	27.4	27.3
Thomaston	2	2	2	7,621	7,595	7,602	26.2	26.3	26.3	26.3
Voluntown	1	0	1	2,579	2,565	2,558	38.8	0.0	39.1	26.0
Cornwall Bridge	0	0	1	1,387	1,380	1,376	0.0	0.0	72.7	24.2
Kent	0	1	1	2,869	2,819	2,800	0.0	35.5	35.7	23.7
Lisbon	1	1	1	4,310	4,281	4,274	23.2	23.4	23.4	23.3
Colebrook	0	1	0	1,436	1,430	1,413	0.0	69.9	0.0	23.3
Middlefield	1	2	0	4,407	4,387	4,393	22.7	45.6	0.0	22.8
Woodstock	1	4	0	7,838	7,823	7,809	12.8	51.1	0.0	21.3
Preston	3	0	0	4,707	4,685	4,666	63.7	0.0	0.0	21.2
Burlington	3	2	1	9,623	9,614	9,640	31.2	20.8	10.4	20.8
Vernon	4	6	8	28,959	29,148	29,289	13.8	20.6	27.3	20.6
Litchfield	1	2	2	8,212	8,175	8,168	12.2	24.5	24.5	20.4
Norfolk	1	0	0	1,643	1,632	1,642	60.9	0.0	0.0	20.3
Bridgewater	0	1	0	1,659	1,648	1,644	0.0	60.7	0.0	20.2
Plainville	1	1	5	11,813	11,749	11,718	8.5	8.5	42.7	19.9
Eastford	0	1	0	1,750	1,750	1,756	0.0	57.1	0.0	19.1
Bethany	1	2	0	5,510	5,488	5,497	18.2	36.4	0.0	18.2
Wallingford	10	7	7	44,893	44,660	44,741	22.3	15.7	15.7	17.9
Putnam	2	2	1	9,372	9,333	9,357	21.3	21.4	10.7	17.8
Ledyard	5	3	0	15,025	14,911	14,837	33.3	20.1	0.0	17.8
Branford	4	4	7	28,145	28,028	28,111	14.2	14.3	24.9	17.8
Bristol	17	9	5	60,452	60,147	60,223	28.1	15.0	8.3	17.1
Suffield	3	0	5	15,662	15,625	15,698	19.2	0.0	31.9	17.0
Southbury	4	2	4	19,675	19,572	19,571	20.3	10.2	20.4	17.0
Willington	0	2	1	5,908	5,872	5,921	0.0	34.1	16.9	17.0
Franklin	1	0	0	1,975	1,955	1,944	50.6	0.0	0.0	16.9
Milford	9	9	9	53,592	54,054	54,508	16.8	16.7	16.5	16.7
Ellington	1	6	1	15,916	16,071	16,195	6.3	37.3	6.2	16.6
Colchester	3	3	2	16,130	16,061	16,029	18.6	18.7	12.5	16.6
Enfield	6	7	9	44,323	44,368	44,585	13.5	15.8	20.2	16.5
Canton	0	3	2	10,330	10,287	10,298	0.0	29.2	19.4	16.2
Windsor	6	4	4	29,016	28,875	28,898	20.7	13.9	13.8	16.1
Plymouth	1	1	0	4,163	4,149	4,167	24.0	24.1	0.0	16.0

Table A6 (continued)

Injury Town	Number of Suicides*			Town Population			Crude Rate per 100,000			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015-2017
Southington	9	6	6	43,817	43,685	43,863	20.5	13.7	13.7	16.0
Chester	0	0	2	4,277	4,255	4,254	0.0	0.0	47.0	15.7
East Hampton	3	2	1	12,858	12,869	12,901	23.3	15.5	7.8	15.5
Killingworth	3	0	0	6,455	6,419	6,401	46.5	0.0	0.0	15.5
Clinton	0	1	5	13,047	12,961	12,957	0.0	7.7	38.6	15.4
Deep River	1	1	0	4,516	4,482	4,494	22.1	22.3	0.0	14.8
Chaplin	1	0	0	2,255	2,246	2,241	44.4	0.0	0.0	14.8
Granby	1	2	2	11,298	11,247	11,357	8.9	17.8	17.6	14.8
East Haddam	2	1	1	9,081	9,023	9,036	22.0	11.1	11.1	14.7
Thompson	2	0	2	9,290	9,266	9,288	21.5	0.0	21.5	14.4
New Fairfield	0	5	1	14,126	14,005	14,017	0.0	35.7	7.1	14.3
Griswold	3	2	0	11,830	11,719	11,687	25.4	17.1	0.0	14.1
Wolcott	4	0	3	16,673	16,643	16,672	24.0	0.0	18.0	14.0
Meriden	9	5	11	59,988	59,622	59,927	15.0	8.4	18.4	13.9
Shelton	6	6	5	41,296	41,334	41,397	14.5	14.5	12.1	13.7
Bethel	3	3	2	19,529	19,627	19,802	15.4	15.3	10.1	13.6
Bolton	0	2	0	4,947	4,930	4,916	0.0	40.6	0.0	13.5
Torrington	2	5	7	34,906	34,646	34,538	5.7	14.4	20.3	13.5
Canterbury	0	2	0	5,089	5,065	5,075	0.0	39.5	0.0	13.2
Old Saybrook	1	0	3	10,160	10,093	10,132	9.8	0.0	29.6	13.2
Middlebury	0	0	3	7,634	7,641	7,725	0.0	0.0	38.8	12.9
Bozrah	0	1	0	2,603	2,578	2,563	0.0	38.8	0.0	12.9
Naugatuck	4	6	2	31,538	31,392	31,461	12.7	19.1	6.4	12.7
East Haven	4	6	1	28,935	28,807	28,857	13.8	20.8	3.5	12.7
Ansonia	3	1	3	18,854	18,732	18,813	15.9	5.3	16.0	12.4
Waterbury	13	15	12	108,802	108,272	108,629	12.0	13.9	11.1	12.3
New Milford	3	3	4	27,276	27,151	27,099	11.0	11.1	14.8	12.3
Sharon	0	0	1	2,706	2,714	2,718	0.0	0.0	36.8	12.3
Waterford	1	2	4	19,281	19,101	19,007	5.2	10.5	21.0	12.2
Brooklyn	2	0	1	8,259	8,205	8,208	24.2	0.0	12.2	12.1
Seymour	2	2	2	16,475	16,553	16,583	12.1	12.1	12.1	12.1
Guilford	3	3	2	22,350	22,277	22,283	13.4	13.5	9.0	12.0
Norwich	7	3	4	39,899	39,556	39,470	17.5	7.6	10.1	11.8
Goshen	0	0	1	2,904	2,891	2,888	0.0	0.0	34.6	11.5
New Canaan	1	4	2	20,387	20,280	20,376	4.9	19.7	9.8	11.5
North Haven	1	2	5	23,828	23,709	23,751	4.2	8.4	21.1	11.2
Bloomfield	2	2	3	20,749	20,642	21,406	9.6	9.7	14.0	11.1
West Haven	4	5	9	54,927	54,516	54,843	7.3	9.2	16.4	11.0
Stratford	5	5	7	52,609	52,148	52,345	9.5	9.6	13.4	10.8
Westport	4	1	4	27,899	27,840	28,042	14.3	3.6	14.3	10.7
Coventry	1	2	1	12,438	12,433	12,439	8.0	16.1	8.0	10.7
Windsor Locks	2	1	1	12,537	12,512	12,554	16.0	8.0	8.0	10.6

Table A6 (continued)

Injury Town	Number of Suicides*			Town Population			Crude Rate per 100,000			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015-2017
New Britain	5	10	8	72,808	72,558	72,710	6.9	13.8	11.0	10.6
Derby	2	0	2	12,700	12,631	12,581	15.8	0.0	15.9	10.6
North Canaan	1	0	0	3,194	3,186	3,279	31.3	0.0	0.0	10.4
Woodbury	2	1	0	9,636	9,591	9,557	20.8	10.4	0.0	10.4
Manchester	4	9	5	58,007	57,873	57,932	6.9	15.6	8.6	10.4
Andover	0	0	1	3,262	3,252	3,248	0.0	0.0	30.8	10.3
Oxford	1	1	2	13,013	12,984	13,035	7.7	7.7	15.3	10.2

*When the numerator is less 20, the result should be interpreted with caution due to the instability of rates.