

ASSAULT-RELATED INJURY IN CONNECTICUT: A FACT SHEET – 2021 UPDATE

INJURY AND VIOLENCE SURVEILLANCE UNIT • OCTOBER 2022

What We Know About Assault-related Injury In Connecticut:

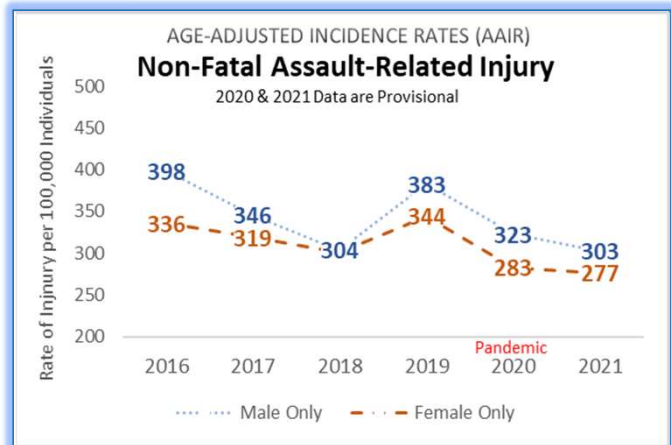
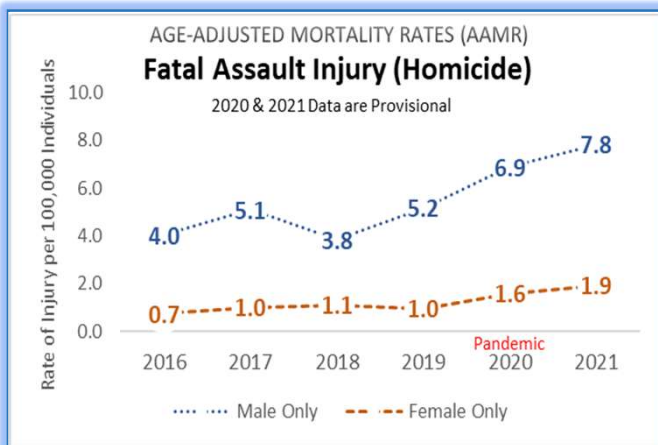
Assault-related injury often occurs by intentional acts of violence inflicted upon one person by another. However, emotional abuse, neglect, and bullying are also forms of assault that can cause injury.

The World Health Organization defines acts of violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community that either results in, or has a high likelihood of resulting in, injury, death, psychological harm, maldevelopment, or deprivation. This definition includes three broad types of violence: interpersonal violence (e.g., intimate partner violence, sexual violence, child maltreatment, elder maltreatment, and youth violence), self-directed violence (e.g., suicidal behavior), and collective violence (e.g., war, armed conflict, terrorism, and state-sponsored violence).

This fact sheet provides data on fatal and non-fatal injury from the physical manifestations of interpersonal assault. For additional information on specific categories of assault-related injury, please refer to fact sheets for Community Violence, Sexual Violence, Intimate Partner Violence, Elder Abuse, Self-Harm, or Adverse Childhood Experiences.

Key Points:

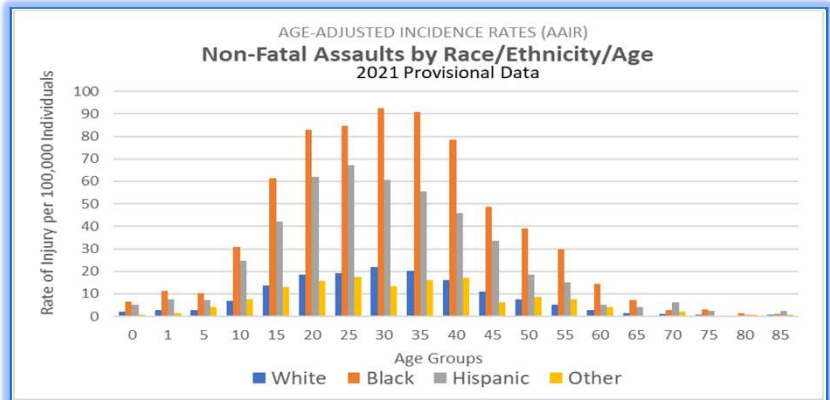
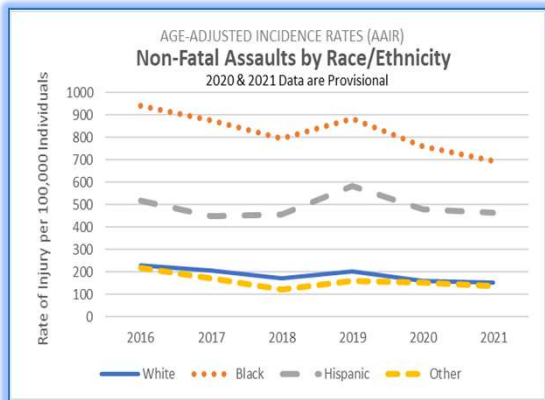
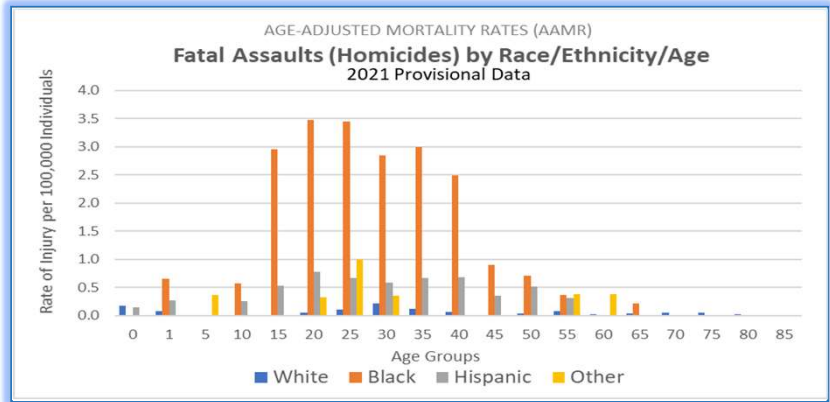
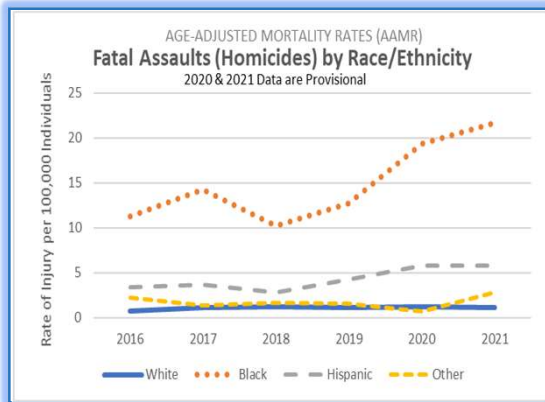
- The rate of fatal assault-related injury in Connecticut is on the rise, currently nearing 8 people per 100,000.
- The rate of non-fatal assault-related injury is seeming to decrease over time with a current rate of 289 people per 100,000.
- Abuse and bodily force are associated with 95% of all non-fatal assault-related injuries.
- Non-Hispanic Blacks carry the burden of risk for assault-related injuries, both fatal and non-fatal.
- It is too soon to tell how the pandemic years of 2020 and 2021 may have contributed to changes in current trends for assault-related injuries. We do know the total number of injury records reported by Connecticut hospitals dropped 24% from 2019 to 2020.
- CDC estimated the medical, work loss, and quality of life costs for assault-related injury in Connecticut at 134.5 billion dollars in 2020; \$1.5 billion from deaths, \$28 billion from hospital admissions, and \$105 billion from emergency department visits.



Data Sources: Fatalities reported from CT Vital Records data and Non-Fatalities reported from Connecticut Hospital Discharge data

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Strategies to Prevent Assault:

Primary prevention strategies strive to remove the causes or determinants of violence, prevent the development of risk factors associated with violence and /or enhance protective factors against violence before a violent act occurs.

Secondary prevention strategies focus on those individuals at high risk for either perpetration or victimization of assault by working to reduce the likelihood of further or subsequent experiences of assault.

Tertiary prevention is centered on responding after violence has occurred. Activities focus on minimizing the impact of violence and restoring health and safety to the survivors.

Bystander Intervention is a promising practice to decrease violent assault by mobilizing bystanders to take action, preventing or reducing violence or the situations and factors which increase the risk of violence taking place. Bystander-based violence prevention programs seek to prevent or mitigate violent events by empowering bystanders to intervene on acts of violence and social norms that promulgate violence. The use of in-person bystander training can make positive changes in attitudes and behaviors by increasing awareness of a problem and the responsibility of bystanders to help solve the problem.