

ASSAULT-RELATED INJURY IN CONNECTICUT: A FACT SHEET – 2023 UPDATE

INJURY AND VIOLENCE SURVEILLANCE UNIT • OCTOBER 2024

What We Know About Assault-related Injury In Connecticut:

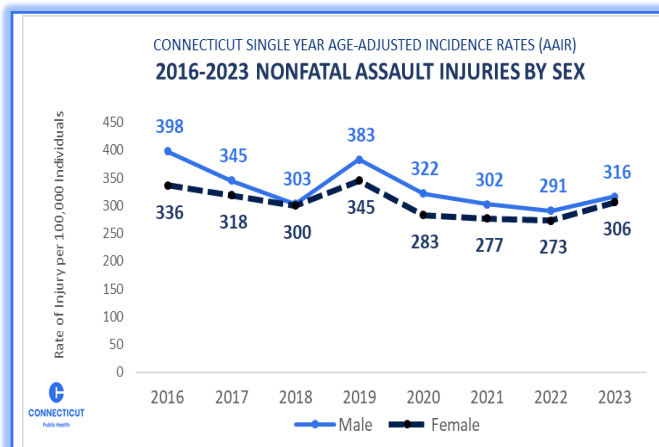
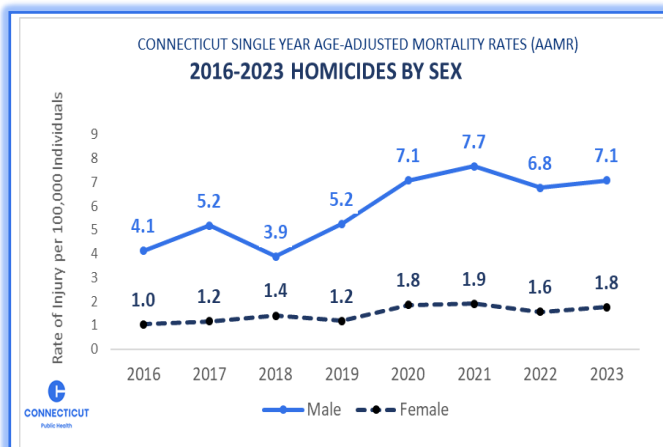
Assault-related injury often occurs by intentional acts of violence inflicted upon one person by another. However, emotional abuse, neglect, and bullying are also forms of assault that can cause injury.

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 nonfatal 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, Child Abuse, or Self-directed Harm.

Key Points:

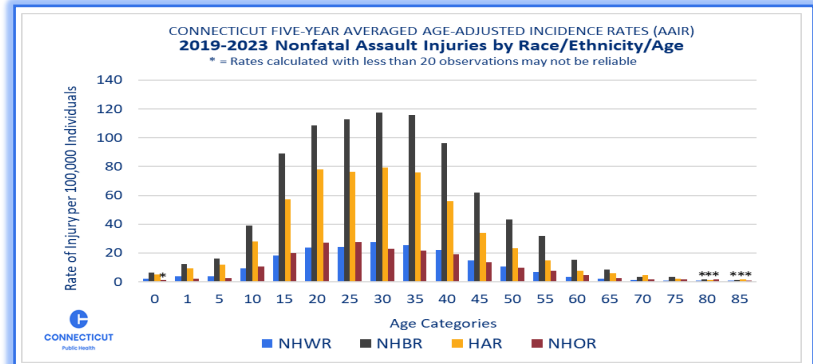
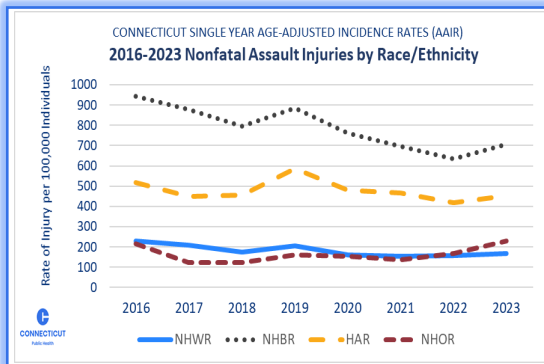
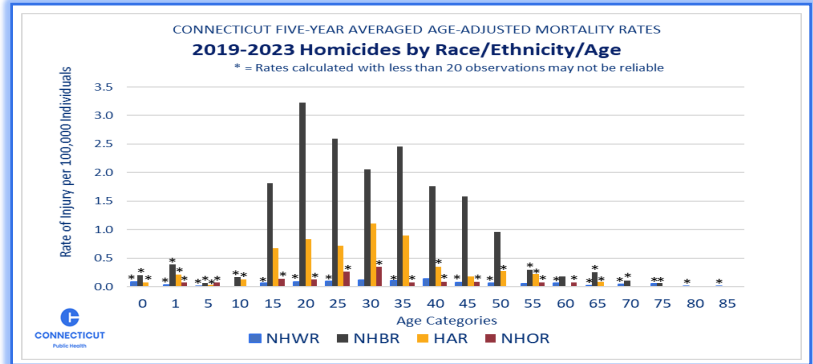
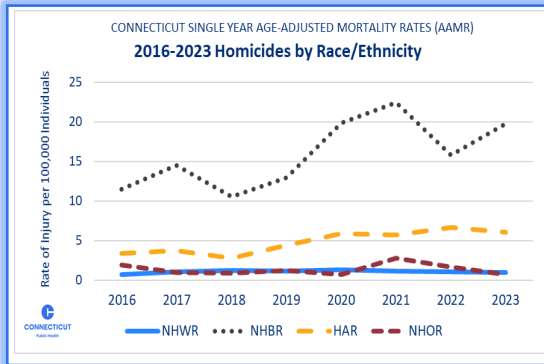
- In 2023, **10,040** Connecticut residents were treated in the emergency department for assault-related injuries, another **350** were admitted to the hospital for care, and an additional **149** died from their assault¹.
- Connecticut hospitals billed nearly \$90 million for treating assault victims; \$69.9 million for emergency department treat and release cases and \$19.6 million for hospital admissions.
- The Connecticut rate of fatal assault in males has nearly doubled since 2018 (3.9/100,000) and is currently at 7.1 per 100,000.
- Non-Hispanic Blacks carry the highest burden of risk for assault-related injuries, both fatal and non-fatal.
- The rate of non-fatal assault-related injury is 306 per 100,000 females and 316 per 100,000 males. Both rates have significant increases from 2022.



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

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NHWR=non-Hispanic white race, NHBR=non-Hispanic black race, HAR=Hispanic (all races), NHOR=non-Hispanic other races

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

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.

References

1 Death data from the Connecticut State Vital Records Office and Hospital Discharge data from the Connecticut Hospital Association