

# SELF-DIRECTED VIOLENCE IN CONNECTICUT: A FACT SHEET – 2023 UPDATE

### INJURY AND VIOLENCE SURVEILLANCE UNIT • OCTOBER 2024

#### What We Know About Self-Directed Violence In Connecticut:

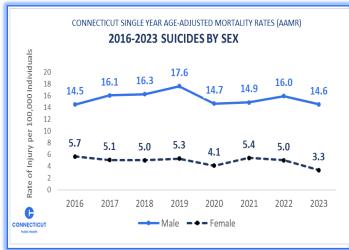
The Centers for Disease Control and Prevention defines self-directed violence as **anything a person does intentionally that can cause injury to self, including death.**¹ Often referred to as intentional self-harm, this type of injury may or may not co-occur with the intention to die from the self-directed injury. Forms of self-directed violence include cutting, head-banging, self-biting, and self-scratching.

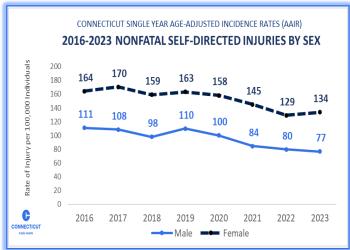
**Suicide** or a **suicide attempt is self-directed violence** that does cooccur with an intent to die from intentional self-harm. However, suicide attempts may not result in a physical injury. **Suicidal ideation** is not considered an injury, **but** a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide and may not co-occur with intentional self-harm. The subject matter of self-directed violence is complex and often uniquely individual.<sup>2</sup>

Self-directed violence is rarely considered to occur from a single circumstance or event. Intentional self-harm and suicidal thoughts often occur from a range of factors that may accumulate over time at an individual, relational, or society level.<sup>2</sup> People who have experienced interpersonal trauma such as abandonment, abuse, loss of a primary caregiver, sexual violence, chronic bullying, or discrimination have a higher risk for engaging in self-directed violence.<sup>3</sup> Reducing access to lethal means and connection with a trusted adult, friend, or family member are considered protective factors for preventing the escalation of self-directed violence, thus helping to prevent suicide.

### **Key Points:**

- In 2023, 2,367 Connecticut residents were treated in the emergency department for self-directed violence, another 1,180 were admitted to the hospital for care, and an additional 347 died by suicide.
- Connecticut hospitals billed over \$113
  million for treating victims of self-directed
  violence; \$58.9 million for emergency
  department treat and release cases and
  \$54.5 million for hospital admissions.
- Though 95% of fatal and 70% of nonfatal injuries occurred in those over 19 years of age, 2023 survey results indicate 14.2% of high school students seriously considered suicide with 6.0% making a suicide attempt. These percentages were higher in students who identified as queer at 31.8% and 12.6%, respectively<sup>4</sup>.
- Some factors increasing the risk of youth suicide include a) history of previous suicide attempts, b) family history of suicide, c) history of depression or other mental illness, d) alcohol or drug misuse, e) stressful life event, f) easy access to lethal methods, and g) exposure to the suicidal behavior of others.



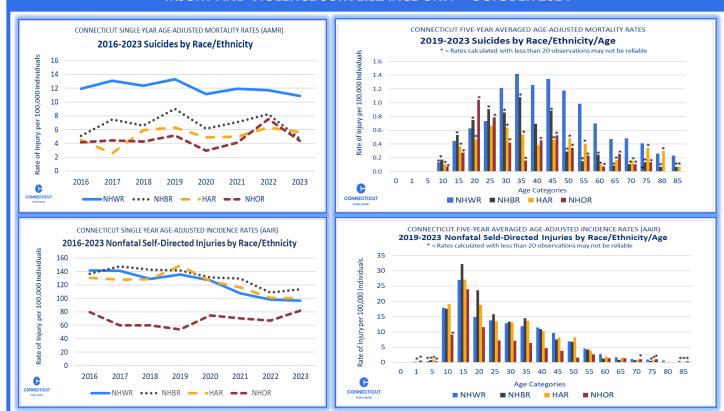


Data Sources: Fatalities reported from CT Vital Records data and Non-Fatalities reported from Connecticut Hospital Discharge data



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NWHR=non-Hispanic White Race, NHBR=non-Hispanic Black Race, HAR=Hispanic All Races, NHOR=non-Hispanic Other Races

To learn more about self-directed violence, visit

www.preventsuicidect.org



# **Need support?**

Call 211 and press 1, or

Call or text 988, or

Chat <a href="http://www.988lifeline.org/">http://www.988lifeline.org/</a> for the National Suicide and Crisis Lifeline In an emergency, call or text 911

#### References

- 1 https://www.cdc.gov/ncbddd/disabilityandsafety/self-injury.html
- 2 file:///H:/CHIME/Injury/CHIMEData\_ICD10/Self-Directed%20Violence%20(SDV)/self-directed-violence-a.pdf
- 3 Bryan, C.J. (2015). PTSD and Self-Directed Violence. In: Martin, C., Preedy, V., Patel, V. (eds) Comprehensive Guide to Post-Traumatic Stress Disorder. Springer, Cham. https://doi.org/10.1007/978-3-319-08613-2\_2-1
- 4 https://portal.ct.gov/dph/health-information-systems--reporting/hisrhome/connecticut-school-health-survey

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