



SUMMIT COUNTY PUBLIC HEALTH

ASSAULT-RELATED DEATHS AND ER VISITS, 2007-2025



QR code link to SCPH
Dashboards

**POPULATION HEALTH VITAL STATISTICS DATA BRIEF,
MAY 2026**

The *Population Health Vital Statistics Data Brief* series was created to provide regular updates to the Community Health Assessment and to provide the community with additional important information about population health. For more information on the Community Health Assessment and to access other reports in the *Vital Statistics Data Brief* series, please visit scph.org/assessments-reports



Public Health
Prevent. Promote. Protect.

CRIME REPORTING TRENDS



EXPLORING THE EVOLVING
LANDSCAPE

INTRODUCTION


This is one of a series of several reports produced by the Summit County Public Health Population Health Division's Vital Statistics Brief report series. These reports provide the citizens of Summit County with regular updates on several key topics related to health and health outcomes. Additional volumes in the series will also be released from time to time, updating the community on other topics of interest.

For those interested in obtaining detailed data and statistics, please visit our website, <https://www.scph.org/assessments-reports>. There, visitors can access our interactive Data Dashboards, which allows users to design customized graphics and tables for their own use. mes (10%), or 4-5 times

ASSAULT

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TION AND CURRENT
CAPE

ASSAULT-RELATED DEATHS (HOMICIDES) IN SUMMIT COUNTY, 2007-2024

There were a total of 45 assault-related deaths reported in 2024 in Summit County (as of March 2025). Of those, 32 were caused by a firearm. Since 2007, there have been 700 confirmed assault-related deaths.

Assault-related deaths in Summit County have been trending upward since 2014, driven primarily by assault with firearms. Firearm-related deaths rose from 5.0 per 100,000 people in 2014 to a peak of 12.0 per 100,000 in 2020. Firearm-related deaths dropped to 9.1 to 5.9 per 100,000 from 2022-2024.

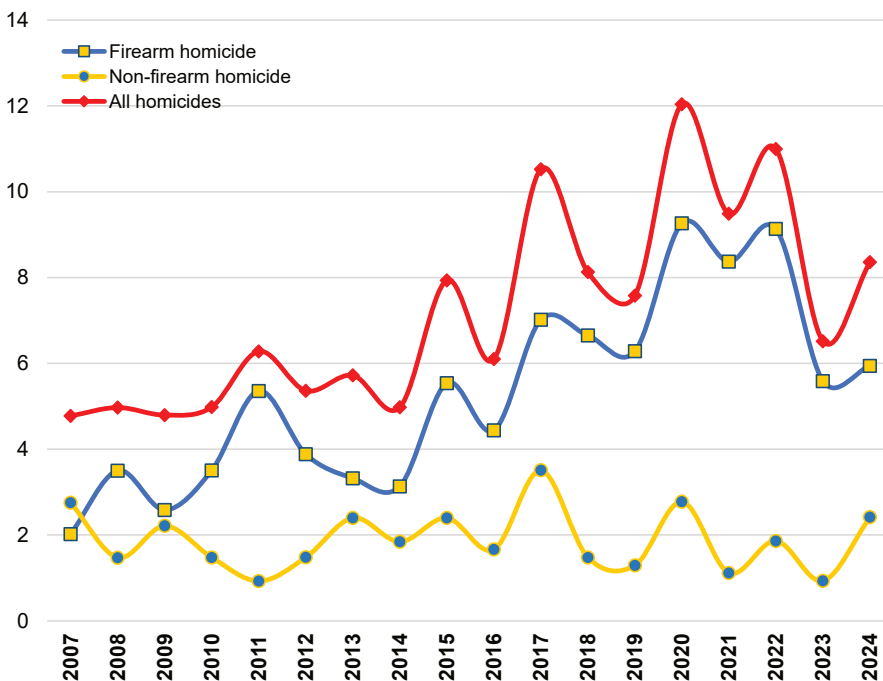


FIGURE 1: ASSAULT-RELATED DEATH RATES IN SUMMIT COUNTY, 2007-2024: SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

Figure 2 shows that firearm-related deaths as a percent of deaths from all causes has been growing since 2013. Firearm deaths as a percent of all assault deaths peaked at nearly 90% in 2021, then declined to just over 70% by 2025.

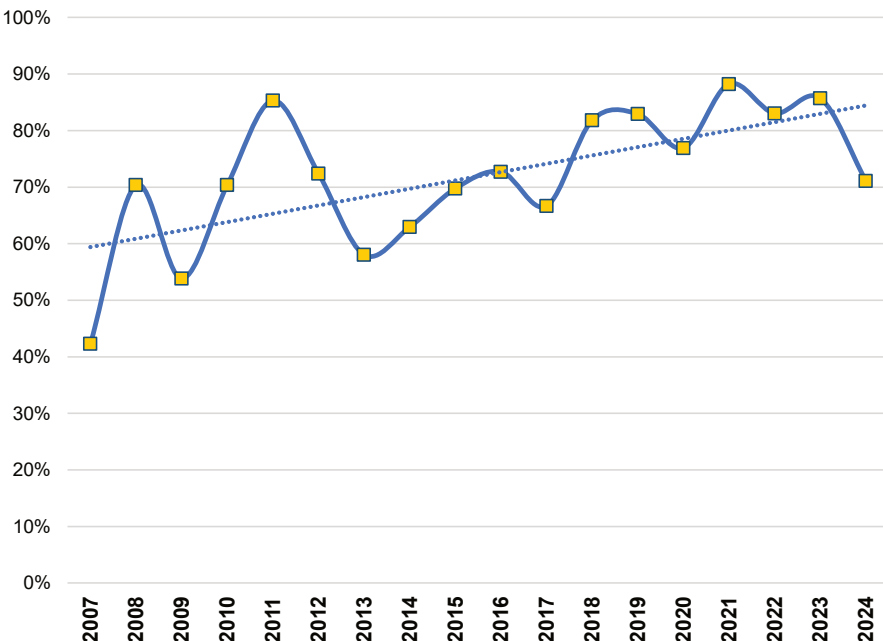


FIGURE 2: FIREARM-RELATED ASSAULT DEATHS AS A PERCENT OF TOTAL ASSAULT DEATHS, SUMMIT CO. 2007-2024: SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

AGE-ADJUSTED ASSAULT-RELATED DEATH RATES BY TYPE

Figures 3 and 4 present age-adjusted death rates for the last three five-year periods. Age-adjusted death rates remove bias caused by the fact that older age groups in a population die at greater rates than younger ones. Age-adjusting controls for these differences and provides a more reliable way of comparing different groups, or comparing the same groups over time.

Figure 3 shows the age-adjusted death rates for deaths due to assault involving a firearm since 2010. These rates rose from 4.1 per 100,000 between 2010-2014 to 8.4 per 100,000 between 2020-2024; a 107% increase.

Figure 4 shows that age-adjusted death rates for assault deaths not involving a firearm are significantly lower, and declined by 9% between the 2010-2014 and 2020-2024 periods.

Type of Assault Death, 2010-2024	Number	Percent
Firearm	457	77%
Other means not specified	61	10%
Sharp object	51	9%
Drugs, biological / other substances	12	2%
Hanging, strangulation and suffocation	11	2%
Neglect / abandonment / maltreatment	3	1%
Blunt object	1	0%
Bodily force	1	0%
Total	597	100%

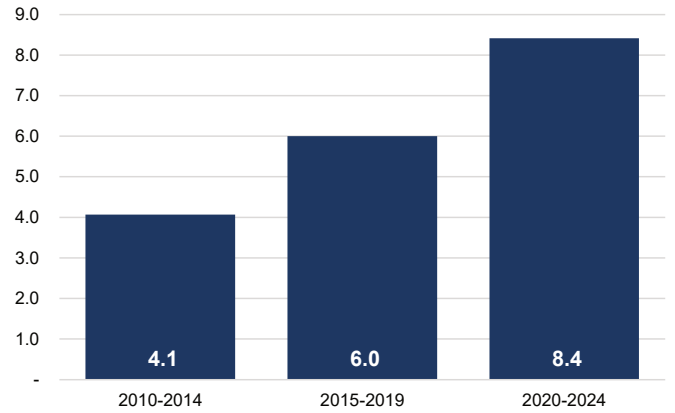


FIGURE 3: AGE-ADJUSTED DEATH RATE - FIREARM-RELATED ASSAULT DEATHS, SUMMIT CO. 2010-2024; SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

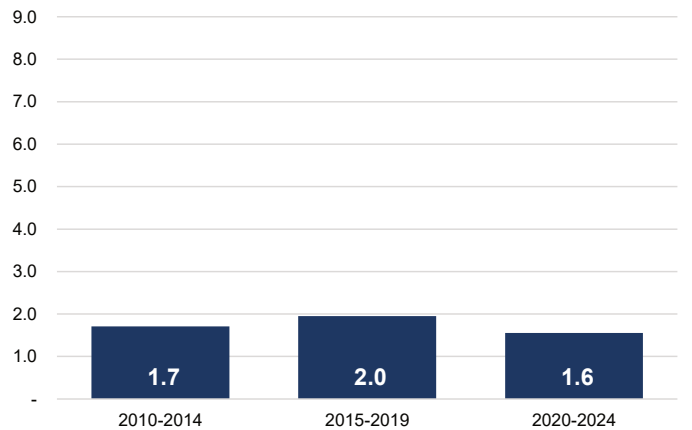


FIGURE 4: AGE-ADJUSTED DEATH RATE - NON-FIREARM-RELATED ASSAULT DEATHS, SUMMIT CO. 2010-2024; SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

Demographic Differences In Assault-Related Deaths

Age -- Nearly three-quarters (73%) of all assault-related deaths were between the ages of 15 and 44. Just under 4% of assault-related deaths are under age 15, while just under 3% occur among people age 65 or

older. The 15-24 and 25-34 age groups had the highest percentage, with a combined 55% of assault deaths occurring among these two age groups.

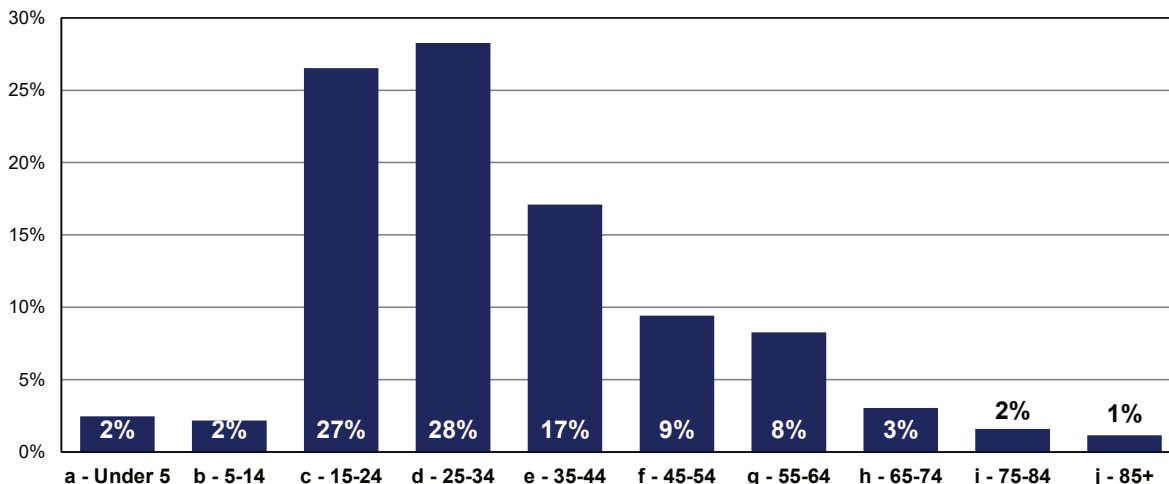


FIGURE 5: ASSAULT-RELATED DEATHS BY AGE GROUP, SUMMIT CO. 2007-2024: SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

Race and Sex -- Black individuals made up nearly two-thirds (62%) of all assault-related deaths between 2007 and 2021 (Figure 6a). Black individuals are nearly three times as likely to be involved in a firearm-related

assault death than White individuals. For Black individuals, more than two-thirds of assault-related deaths are by firearm, vs. one-quarter of all assault-related deaths for White individuals (Figure 6b).

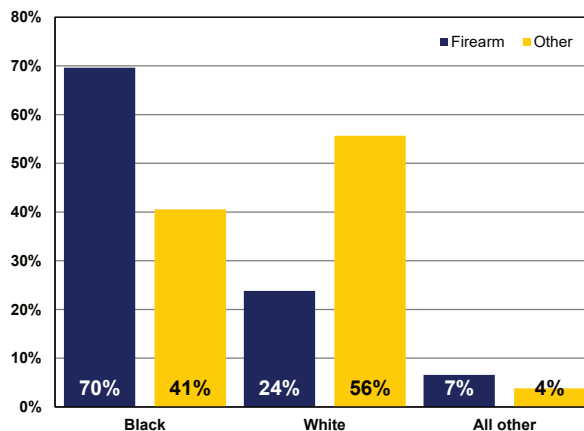
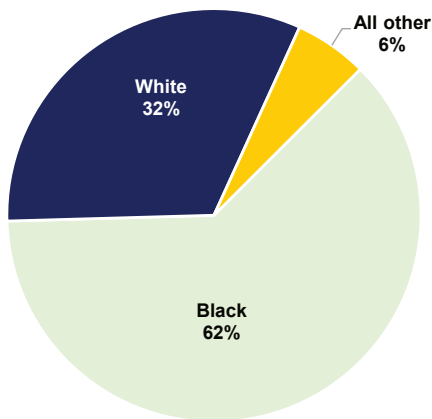
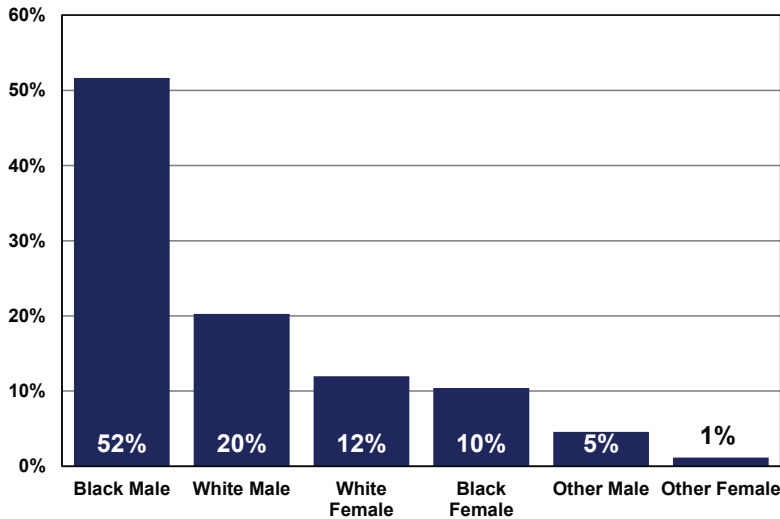


FIGURE 6A AND 6B: PERCENT OF ASSAULT-RELATED DEATHS BY RACE, SUMMIT CO. 2007-2024 (6A), PERCENT OF FIREARM AND OTHER MEANS OF ASSAULT DEATHS, 2007-2024 (6B): SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

More than three-quarters (77%) of all assault-related deaths were male.

Over half of all assault-related deaths are Black males (52%), while White males make up one-fifth of all assault-related deaths (20%). White females make up

the next largest percentage at just over 12%, while Black women make up 10% of all assault-related deaths. Males and females in the other / unknown race categories make up about 2.4% of all assault-related deaths combined.



38.3 Black Firearm Homicide Rate



1.8 White Firearm Homicide Rate



The age-adjusted assault-related death rate per 100,000 people is significantly higher for Black individuals than for White individuals.

FIGURE 7: ASSAULT-RELATED DEATHS BY RACE AND SEX, SUMMIT CO. 2007-2024:

SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

Educational Attainment -- The vast majority of assault-related deaths are among people with a high school diploma or lower education level (82%). Of that group, those with only a high school diploma or GED were the most likely to be the victim of an assault-related death (47%), closely followed by those with a 9th grade-12th grade education (without a diploma or

GED) and those with some college. Together, these three categories accounted for 91% of all assault-related deaths. For those with any college degree, the percentage of people with an assault-related death declines as educational attainment rises, dropping from just under 5% for those with a 2-year degree to just 2% for those with a 4-year or professional degree.

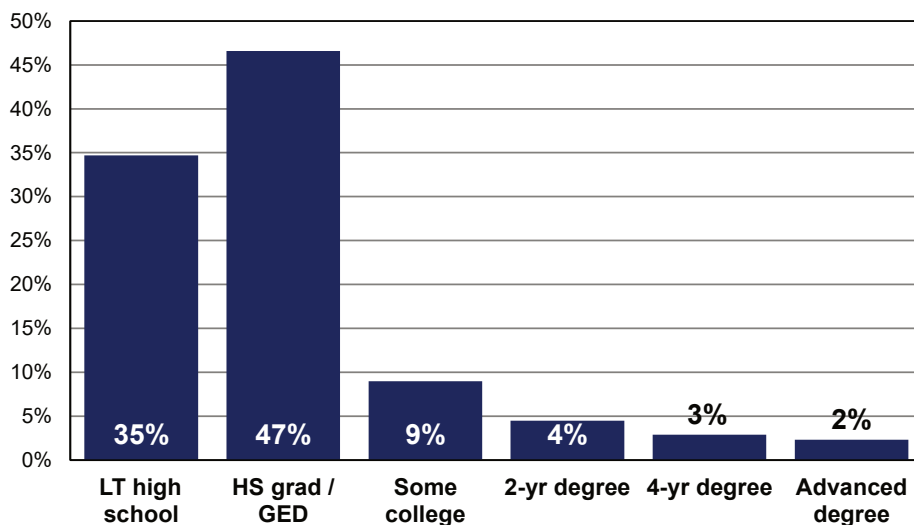


FIGURE 8: ASSAULT-RELATED DEATHS BY EDUCATIONAL ATTAINMENT, SUMMIT CO. 2007-2024: SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

Marital Status -- Three-quarters of all assault-related deaths were among those who were single and never married (74%), while 12% were divorced or separated, and a further 13% of victims were married. The average age of single victims was just under 28; for

married, divorced / separated, and widowed victims, the average ages ran between 40 and 51. Those who were single were much more likely to have died by firearm than those who were married (81% and 61%, respectively).

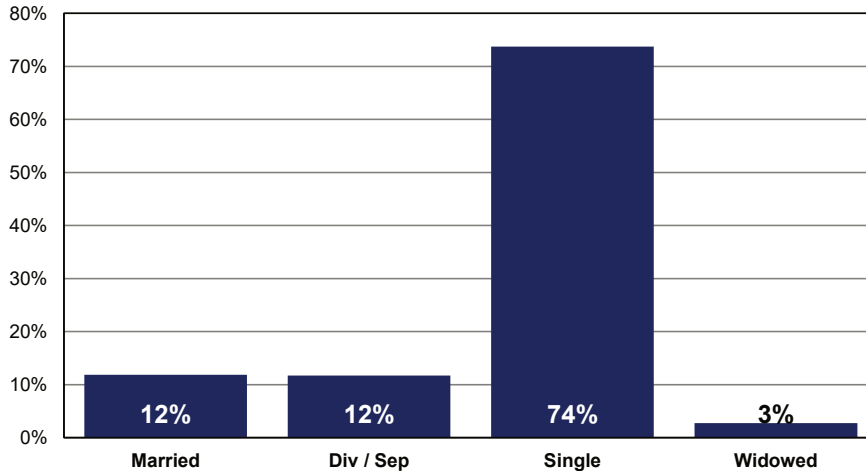


FIGURE 9: ASSAULT-RELATED DEATHS BY MARITAL STATUS, SUMMIT CO. 2007-2024: SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

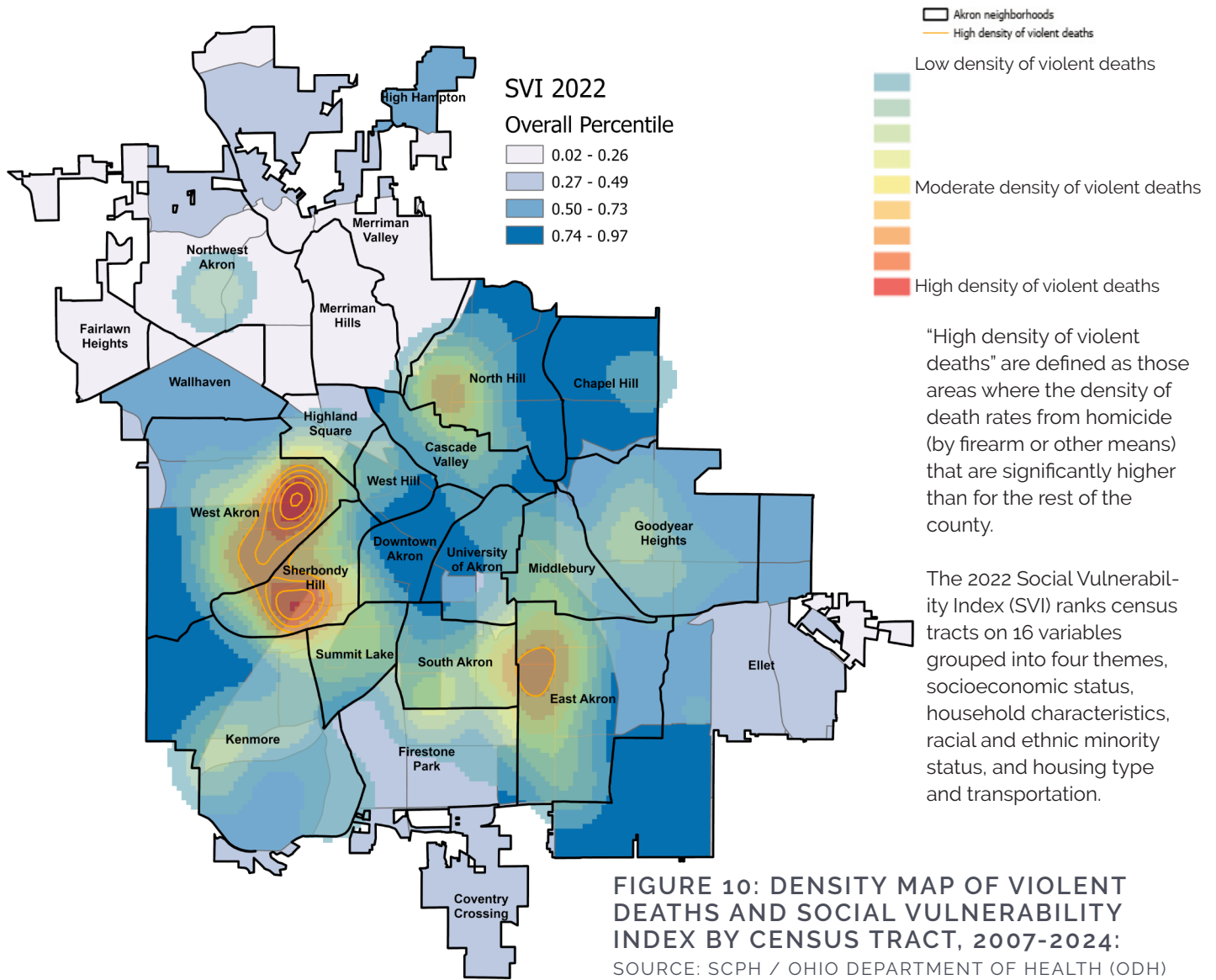
The Geography of Violent Deaths

Figure 10 presents a density map of all homicide deaths between 2007 and 2024. The map is laid over a map of Summit County's most vulnerable census tracts as defined by the CDC's Social Vulnerability Index.

Based on the map, SCPH identified 16 census tracts where the density of violent deaths was significantly higher than the rest of the county. As the map shows, the areas of highest violent deaths are all in areas of the county which are the most socially vulnerable. An analysis of American Community Survey data from 2020-2024 reveals some demographic traits these tracts have in common. Residents of census tracts with significantly higher rates of firearm fatalities...

- ...have higher divorce rates and rates of those who were never married (66% combined) than the rest of the county (46%).
- ...are one-third as likely to have a 4-year or advanced college degree (12% vs. 36%).

- ...are more likely to be unemployed (11% vs. 5%).
- ...have family and individual poverty rates that are significantly higher (28% and 32% vs. 9% and 13%, respectively).
- ...are twice as likely to have a household income of less than \$25,000 than the remainder of the county (35% vs. 16%).
- ...have significantly higher percentages of the population identify as Black or African-American (60% vs. 14%).
- ...are more likely to have no health insurance (8% vs. 6%) and 2.5 times as likely to have public health insurance (37% vs. 15%).
- ...are 1.7 times more likely to rent their home than own it (54% vs. 32% for the rest of the county).
- ...are more likely to have overburdened renters (those paying more than 30% of their income for rent; 62% vs. 48% for the rest of the county).
- ...are more likely to live in housing that was built before 1940 (34% vs. 18%).



Violence and the Social Vulnerability Index, 2007-2024

There is a strong link between the density of violent deaths in Summit County and the county's SVI rankings by census tract. The county's 138 census tracts were split into three groups: 1) tracts that share a significant overlap with high density areas for violent deaths (outlined in gold on the map above); 2) tracts that are adjacent to those tracts but do not significantly overlap those areas; and 3) all remaining tracts. The table below presents the percentile ranking of all census tract groups by each major SVI theme and the overall percentile ranking, with higher rankings representing worse health, social, and economic conditions.

As the table clearly shows, tracts that contain the highest density of violent deaths also have the highest vulnerability scores relative to the other two groups. The overall vulnerability score of these high violence tracts is more than twice that of the remainder of the county, and 20% higher than those tracts that are immediate adjacent to them.

SVI and Violence	SES	Household	Race / Ethnicity	Housing / Transp.	Overall
High violence tracts	78.2	73.9	81.9	48.5	75.1
Adjacent tracts	70.2	46.8	50.9	51.3	60.6
All other tracts	34.5	43.6	29.4	34.9	32.5

Emergency Room Visits for Gun Shot Wounds (GSW) and Accidental Discharge (AD)

Between 2016 and the end of 2025, nearly 1,800 Summit County residents were treated in emergency rooms for a firearm-inflicted wound. Trends in emergency room (ER) visits for GSW mirror those for firearm-related fatalities. The 60-day average number of GSW visits rose from 0.2 per day (about one visit every five days) in 2016 to 0.37 per day (about one visit every 2.5 days) by the end of 2025.

GSW by Age - 59% of all victims were ages 18-34. The median age of a GSW-related visitor to an ER was 26.5.

GSW by Gender - The vast majority of GSW-related visits to the ER were male.

GSW by Race - Forty-two percent of GSW-related ER visits were by Black individuals, while 45% were White individuals. The White individual rate was lower than the percentage of the White population (45% of GSW visits, 78% of Summit County's population, while the Black individual rate was higher (42% of GSW visits, 14% of the county's population).

GSW by Zip Code - More than half of all GSW visits (54%), came from the zip codes of 44306, 44320, 44310, 44301, 44305.

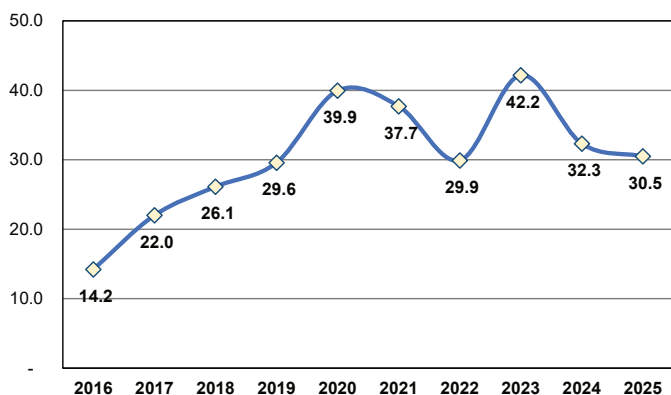
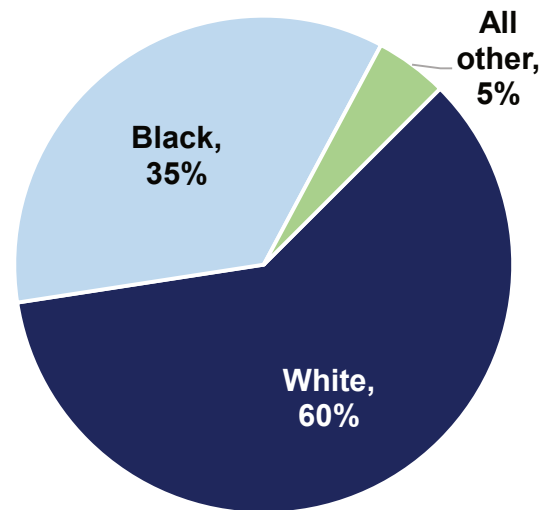
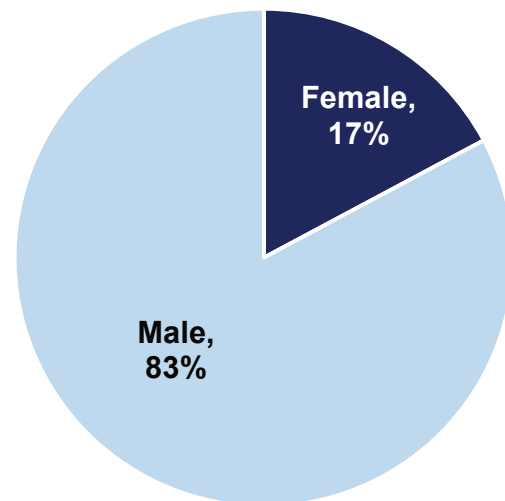
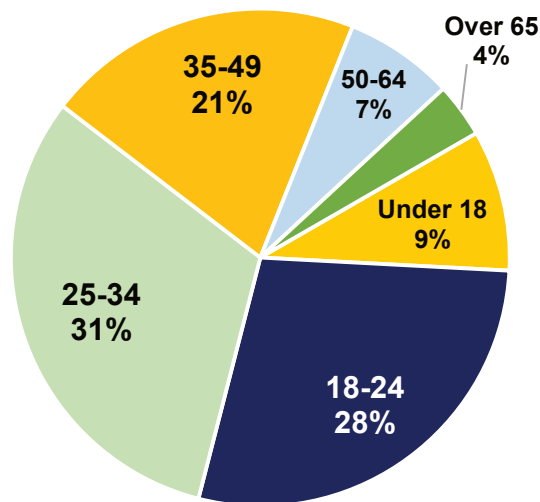


FIGURE 12: ER VISITS FOR GSW PER 100,000 POPULATION, 2016-2025: SOURCE: EPICENTER / SCPH

FIGURE 13: A-C: GSW-RELATED ER VISITS BY - AGE (13A), SEX (13B), RACE (13C), 2016-2025: SOURCE: EPICENTER / SCPH

Accidental Discharge* - There have been 981 ER visits caused by an accidental firearm discharge (about one visit every 4.5 days) since 2016. In 11% of these visits, the injured was someone under age 18 (90 visits). The median age of a minor visiting an ER for an accidental firearm discharge is 15. The median age of an adult visiting an ER for an accidental discharge was just under 30. Most of these visits (83%) were male.

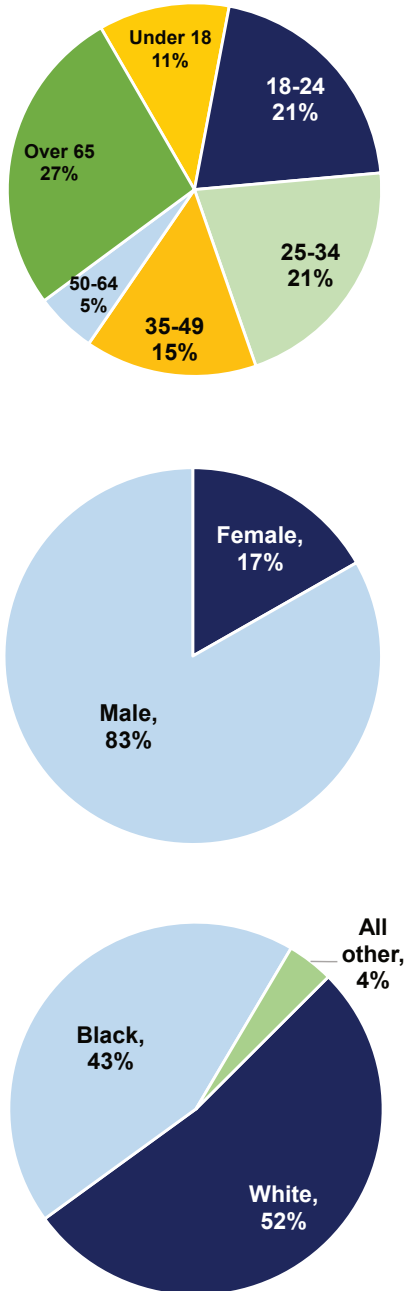


FIGURE 14: A-C: ACCIDENTAL-DISCHARGE RELATED ER VISITS BY - AGE (14A), SEX (14B), RACE (14C), 2016-2025:
SOURCE: EPICENTER / SCPH

Zip code	Percent of Accidental Discharges
44306	15.5%
44320	13.7%
44310	9.5%
44307	7.8%
44301	6.8%
44314	6.8%
44305	6.5%
44311	5.2%
44203	3.4%
44312	3.2%
44313	3.0%
44302	3.0%
44304	2.1%
44087	1.6%
44221	1.5%
44278	1.4%
44224	1.3%
44067	1.2%
44319	0.8%
44223	0.8%
44303	0.8%
44321	0.7%
44308	0.7%
44333	0.6%
44236	0.5%
44216	0.5%
44685	0.4%
44056	0.4%
44286	0.2%
44262	0.0%
Total	100.0%

* It should be noted that the classification of accidental firearm injury intent needs to be interpreted with some caution. This is because there are no common standards across the country about what gets classified as either accidental or intentional firearm injury. It can also be difficult to determine intent from information available at admission. See the link below for details on the issue.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9299533/>

FIGURE 15D: ACCIDENTAL-DISCHARGE RELATED ER VISITS BY ZIP CODE), 2016-2025: SOURCE: EPICENTER / SCPH

Other Violence-Related Emergency Room Visits (not GSW)

Between 2016 and 2025, over 14,000 Summit County residents were treated in emergency rooms for a violence-related reason (not related to gunshots), averaging 3.1 visits per day). A total of 1,129 violence-related visits involved a child, with another 556 involving seniors. Other violence demographics include:

Violence by Age - More than half (56%) of violence-related visits to the ER were under age 35.

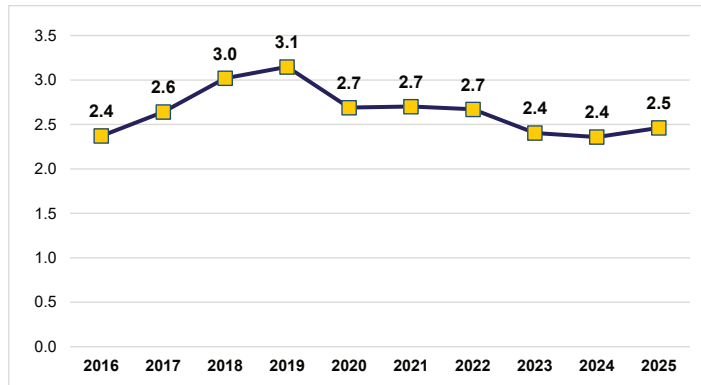


FIGURE 16: OTHER VIOLENCE / ASSAULT - RELATED ER VISITS PER 1,000 POPULATION, 2016-2025: SOURCE: EPICENTER / SCPH

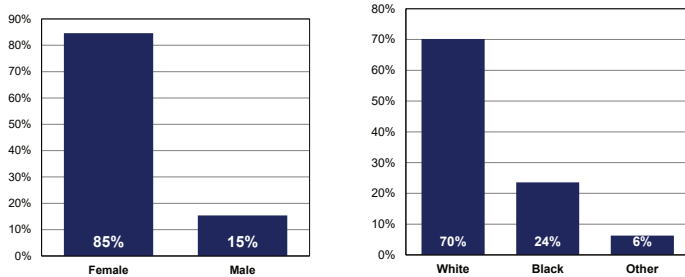
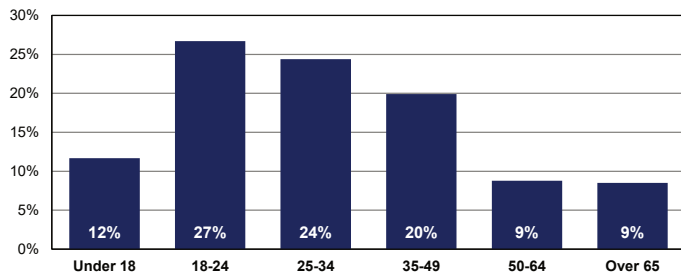


FIGURE 17 A-C: VIOLENCE / ASSAULT-RELATED ER VISITS BY - AGE (16), SEX (16B), RACE (16C), 2016-2025: SOURCE: EPICENTER / SCPH

Violence by Gender - Sixty-two percent of all violence-related ER visits were female.

Violence by race - White individuals make up about 69% of violence-related visits.

Rape / Sexual Assault - Since 2016, there were over 1,800 ER visits related to rape or sexual assault. The majority of rape and sexual assault cases visiting an ER are female (85%), with an average age of 46. About 12% of rape and sexual assault visits were among children (211 visits), with another 9% among those age 65 and older (154 visits).

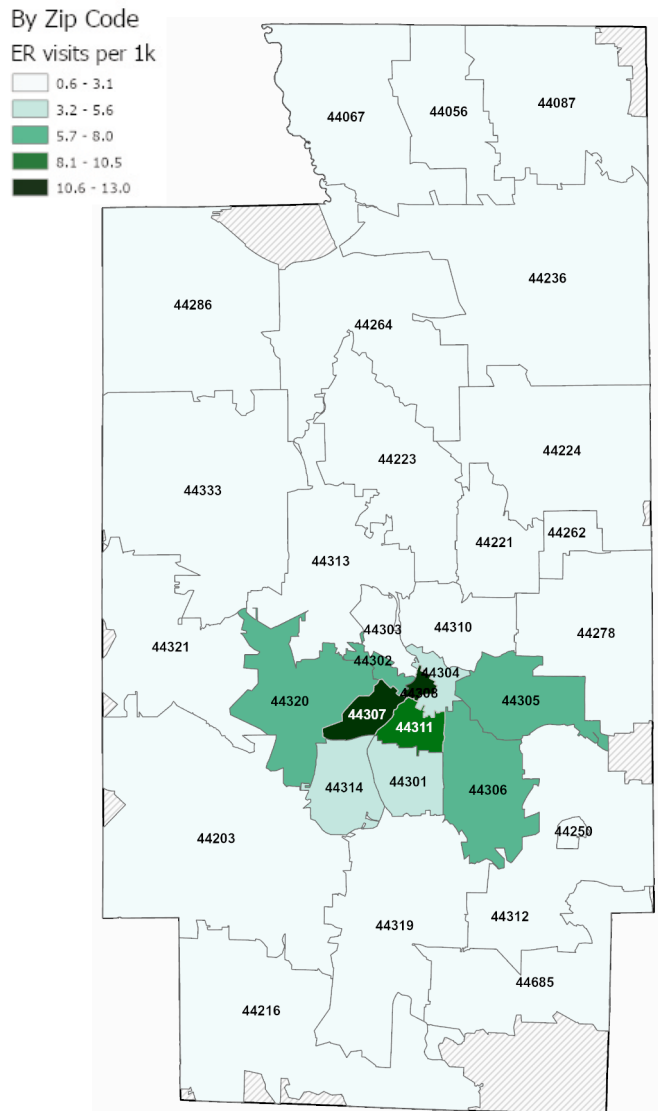


FIGURE 18: ER VISITS FOR RAPE / SEXUAL ASSAULT PER 1,000 POPULATION, 2016-2025: SOURCE: EPICENTER / SCPH