

# Firearms & Safety

## Pediatric Firearm Deaths in South Carolina

South Carolina Violent Death Reporting System



The South Carolina Violent Death Reporting System (SCVDRS) combines data from law enforcement reports, death certificates, and coroner/medical examiner reports (including toxicology) to pool data on violent deaths and their circumstances into one anonymous database. SCVDRS data includes decedents who were fatally injured and died within South Carolina (SC) whether or not they were SC residents. SC residents who were fatally injured or died outside of SC are not included in this report. Therefore, SCVDRS death counts and rates may differ from SC DPH Vital Statistics and other data sources.

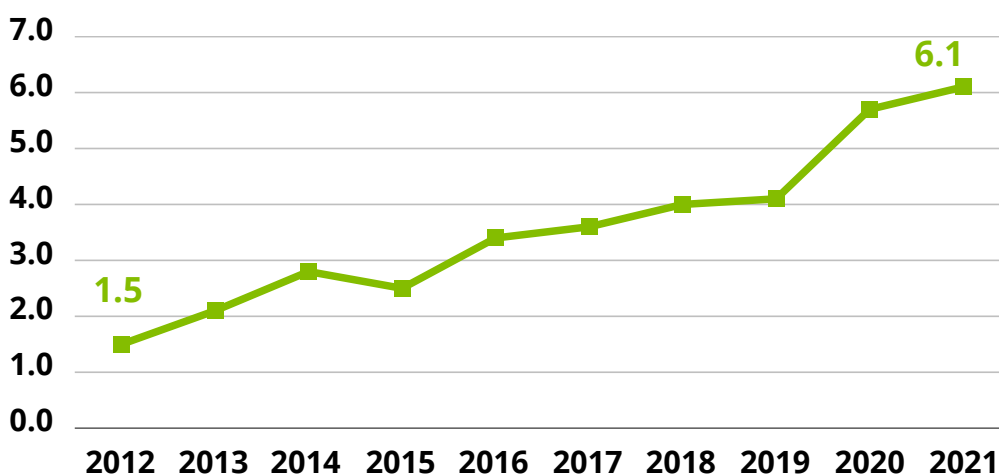
**Firearm deaths are a leading cause of death among children and teens in the United States and South Carolina (SC). From 2017-2021, SC ranked 6th in the nation for the rate of firearm deaths among children and teens ages 0 to 17.<sup>1</sup>**



In 2021, there were **68** firearm deaths among those aged 17 and under. The rate of firearm deaths in 2021 was **4 times higher** than in 2012.

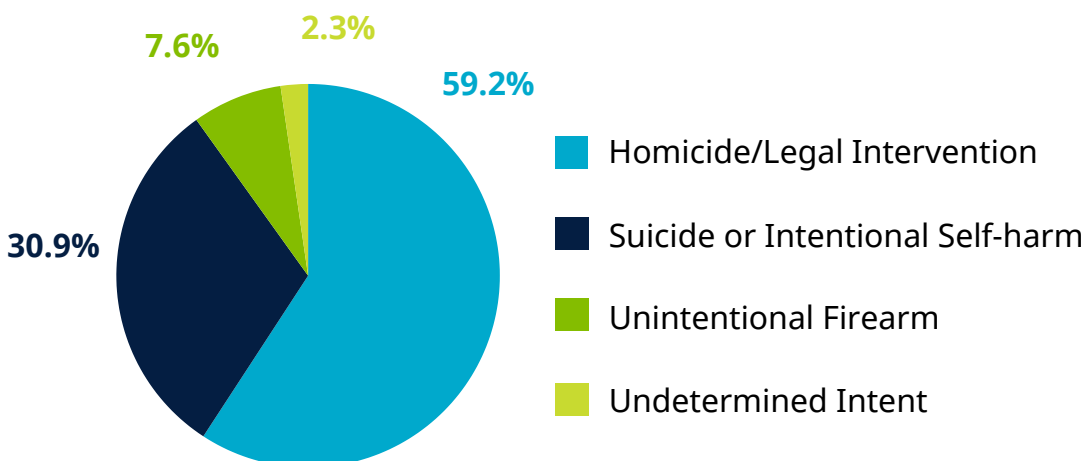
### Pediatric Firearm Deaths, by Year<sup>2</sup>

Rate per 100,000 population



### Pediatric Firearm Deaths by Manner of Death, 2017-2021<sup>2</sup>

Percent



**262**

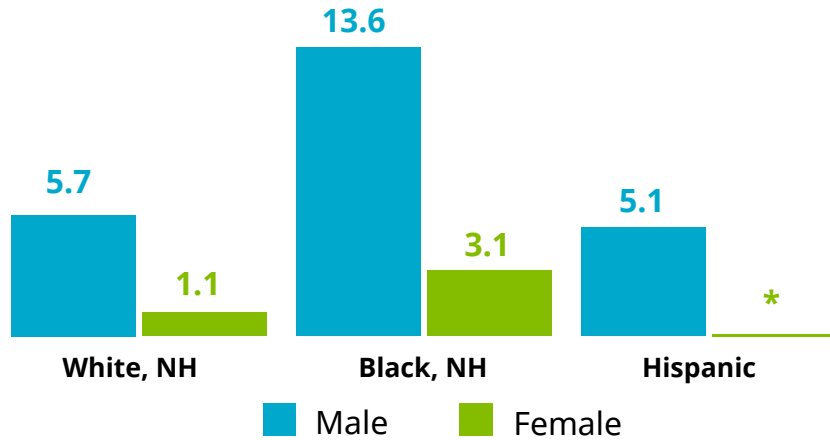
Children and teens died in a firearm related death from 2017-2021.

Nearly **60%** of pediatric firearm deaths in SC were homicides.

# Pediatric Firearm Deaths by Demographics <sup>2</sup>

## Pediatric Firearm Deaths by Sex and Race/Ethnicity, 2017-2021

Rate per 100,000 population



Among pediatric firearm decedents, non-Hispanic Black males had a rate **2.4x** higher than non-Hispanic White males and **4.4x** higher than non-Hispanic Black females.

Note: "NH" = Non-Hispanic. Rates with a count <5 are suppressed

**83%**  
are males

**vs.**

**17%**  
are females

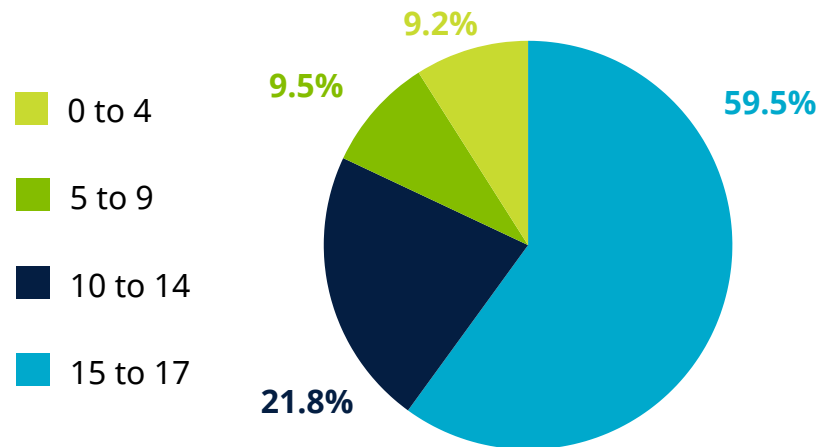
From 2017-2021, 4 out of 5 pediatric firearm deaths were among males.

## Pediatric Firearm Deaths by Age Group, 2017-2021

Percent

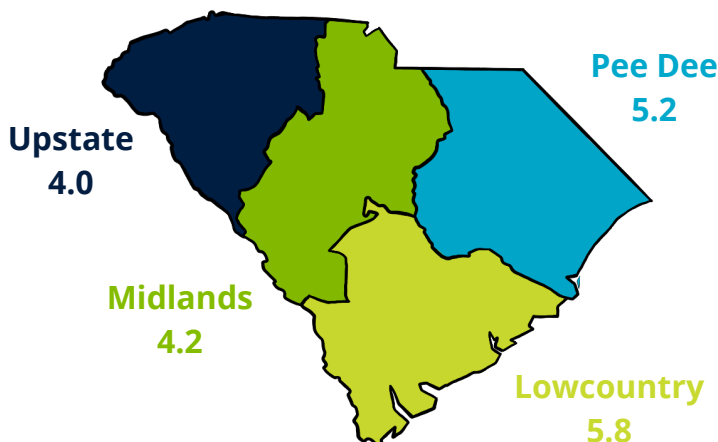
Nearly **60%** of pediatric firearm decedents were teens aged 15 to 17.

Compared to their younger counterparts, decedents aged 15 to 17 also had the highest rate (16.3 per 100,000 population)



## Pediatric Firearm Deaths by Region, 2017-2021

Rate per 100,000 population

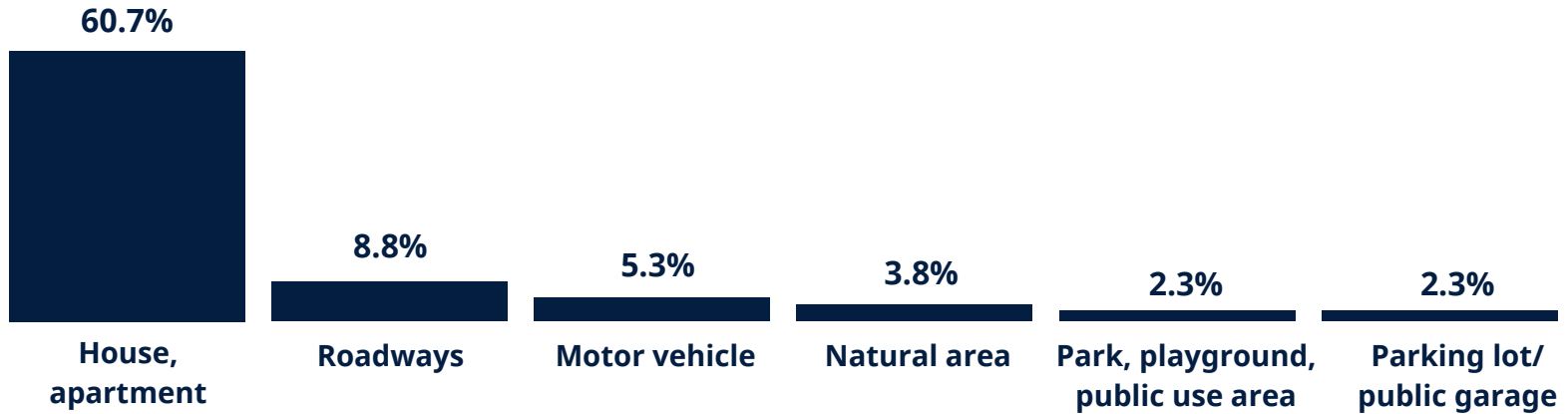


From 2017-2021, the Lowcountry region showed the highest rate of pediatric firearm deaths (5.8 per 100,000 population) and the highest number of deaths (n = 73). The counties with the highest number of pediatric firearm deaths in SC were Richland (n = 27), Charleston (n = 24), and Greenville (n = 23).

# Incident Characteristics of Pediatric Firearm Decedents <sup>2</sup>

## Pediatric Firearm Deaths by Injury Location Type, 2017-2021

Percent



Note: 13.0% of pediatric firearm decedents had an unknown location of injury.

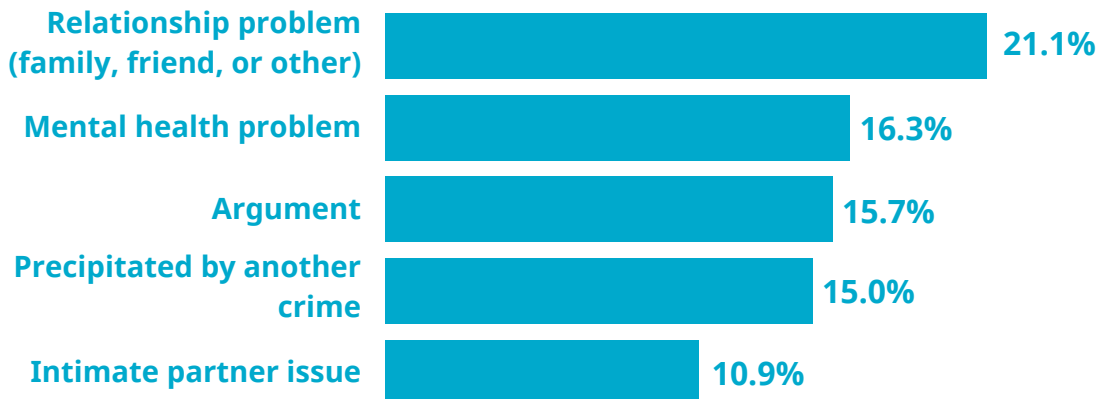
**60.7%** of pediatric firearm decedents were injured in a **house or apartment**.

From 2017-2021, a **handgun** was the firearm type in **42.4%** of pediatric firearm deaths. The firearm type was unknown in **51.5%** of deaths.



## Circumstances Related to Pediatric Firearm Deaths, 2017-2021

Percent



Over **1/5th** of pediatric firearm deaths were related to a relationship problem with a family member, a friend, or another type of relationship (not including an intimate partner).

Note: Among pediatric firearm decedents with at least 1 known circumstance, circumstances were known for 56.1% of decedents. Decedents may have more than one known circumstance.

## SCVDRS Data Limitations

- Known circumstances leading to the suicide event are subject to the knowledge of family members, friends, and others who report to coroners and law enforcement during investigations.
- Availability of law enforcement and coroner reports for 2020 and 2021 were impacted by the pandemic, therefore, known circumstances may be underreported.

### Support:

SCVDRS is supported by funds from the National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS) under Cooperative Agreement 5 NU17CE010146-03-00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the NCIPC, CDC, DHHS, or the U.S. Government.

### Sources:

- Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Data, National Vital Statistics System (NVSS), 2017-2021
- South Carolina Violent Death Reporting System (SCVDRS), 2012-2021