

North Carolina Medical Examiner Jurisdiction Child Fatality Data Overview, 2021-2022

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Background

Data reporting on child fatalities provides essential insights into the circumstances surrounding children's deaths. Understanding this data is crucial for public health initiatives, policy development, and targeted interventions. This information helps to:

- identify patterns and trendlines,
- assess risk factors,
- accurately allow for specific challenges to be seen and later addressed with the goal of prioritizing resources effectively.

Upon the finalization of cases within the Office of the Chief Medical Examiner (OCME), the Data & Information Unit undertakes a comprehensive assessment of all child fatalities, ages 0 through 17, investigated through the ME system statewide. Recent figures for child fatality cases reveal 614 cases in 2021, followed by an increase to 661 cases in 2022. It is important to note 2023 ME child fatality data cannot yet be accurately represented due to a higher volume of cases pending case finalization. **Data included is up-to-date as of January 24, 2024.**

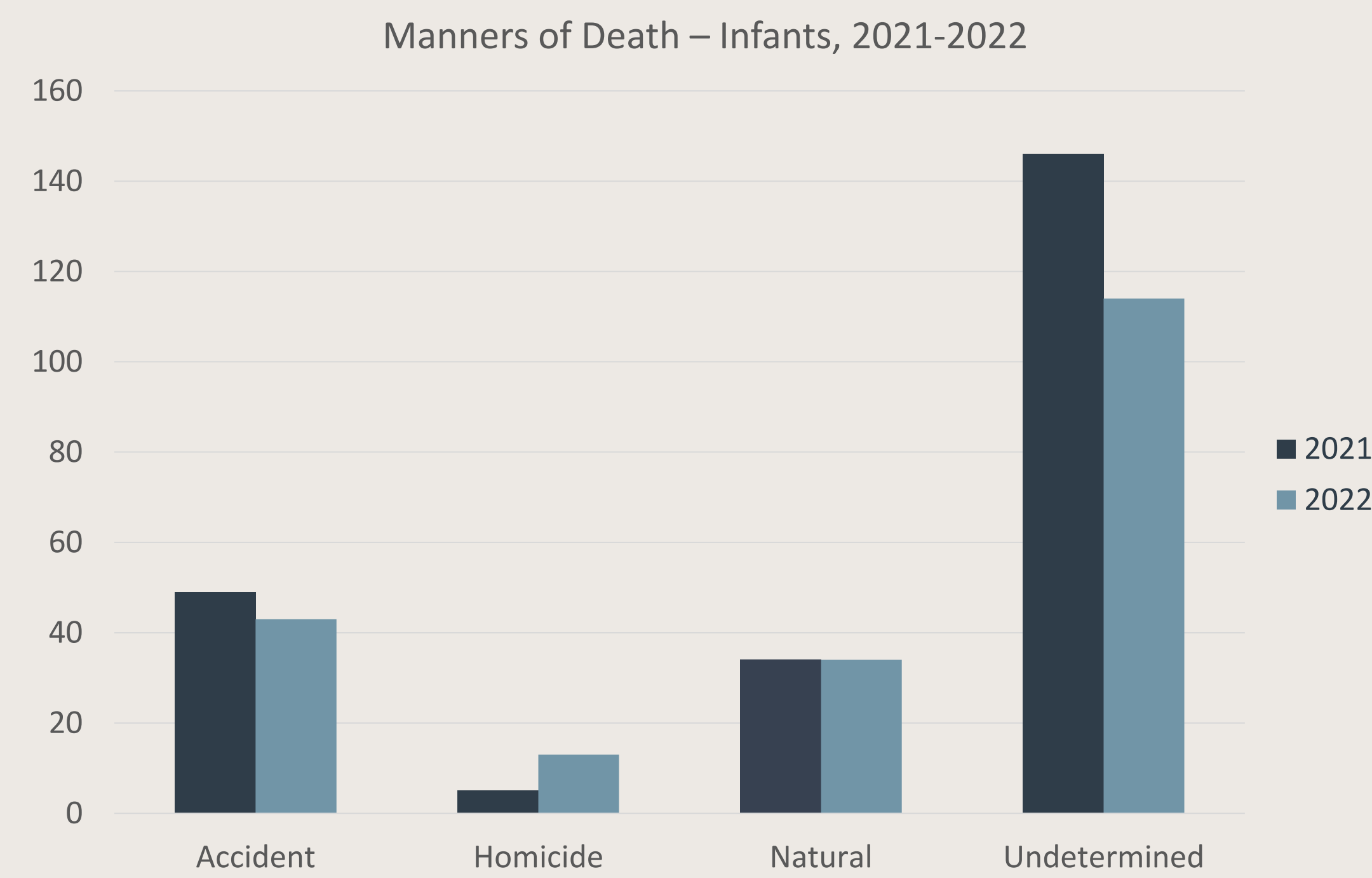
Objectives: To provide a comprehensive and accurate understanding of the circumstances surrounding child deaths with an aim to **identify patterns & trends, inform prevention strategies, guide policy & legislation, enhance public awareness, and to support research**

Spotlight on Infant Death

Children under one year of age are classified as infants. Within the NC Medical Examiner System, in 2021, there were 245 infant deaths, with 235 currently* finalized. In 2022, there were 227 infant deaths with 204 currently* finalized.

MANNERS OF INFANT DEATH – 2021-2022

The bar graph below presents a data comparison for both 2021 and 2022 ME jurisdiction infant deaths categorized by manner of death. Due to unfinalized/pending cases, numbers are subject to change.



Toxin/Poisoning

In 2021, 29 ME jurisdiction child fatalities were attributed to toxin/poisoning, while in 2022, there were 43 ME jurisdiction child fatalities linked to toxin/poisoning.

2021

In recent years, fentanyl-related child fatalities have increased. In 2021, fentanyl largely affected the 15–17 age group within ME jurisdiction child fatalities. Significant risk of overdoses and fatalities are continually identified in at-risk teens. This underscores the urgent necessity for finding suitable harm minimization approaches, including the implementation of surveillance for early detection, employing pill testing technology to detect fentanyl and other substances, and providing education on overdose prevention strategies¹.

2022

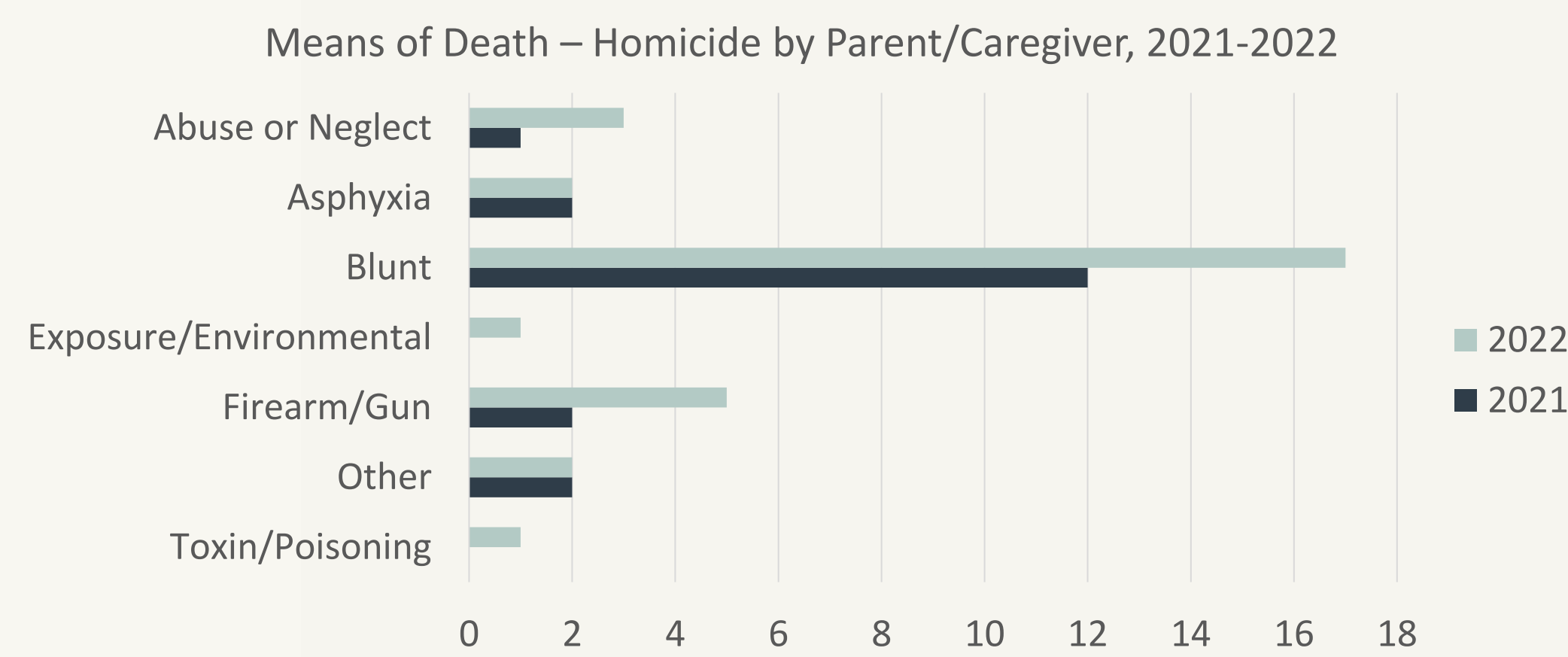
Of the 43 toxin/poisoning child fatalities within the ME system in 2022, 35 of these fatalities were linked to fentanyl. Of the 35 fatalities, 11 were under the age of 5 with the youngest being 8 months. The opioid crisis originates from various sources, such as shifting socio-economic conditions, inadequate access to safe and effective alternatives, insufficient treatment capacity for opioid use disorder (OUD), and legal strategies that prioritize criminalization over treatment².

Parent/Caregiver Homicide

Homicide by parent or caregiver is a subset of homicides defined as a death that is the direct result of the action(s) of the person/people responsible for the child's well-being at the time of the death. This classification is based on the injuries and circumstances surrounding the death.

Homicide by Parent/Caregiver deaths accounted for 19 of the 86 finalized ME jurisdiction child homicides in 2021, and 31 of the 103 for 2022.

The right-side chart illustrates ME jurisdiction child fatalities categorized by parent/caregiver.



GENDER, 2021

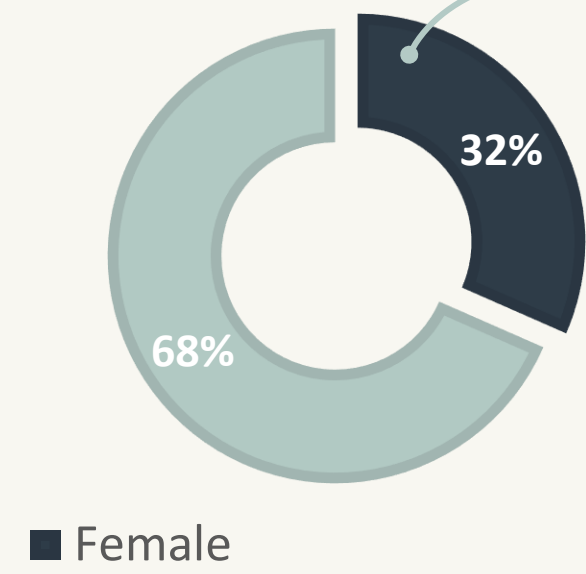


Figure A: 32% of Parent/Caregiver Homicide victims within the ME system for 2021 were female.

GENDER, 2022

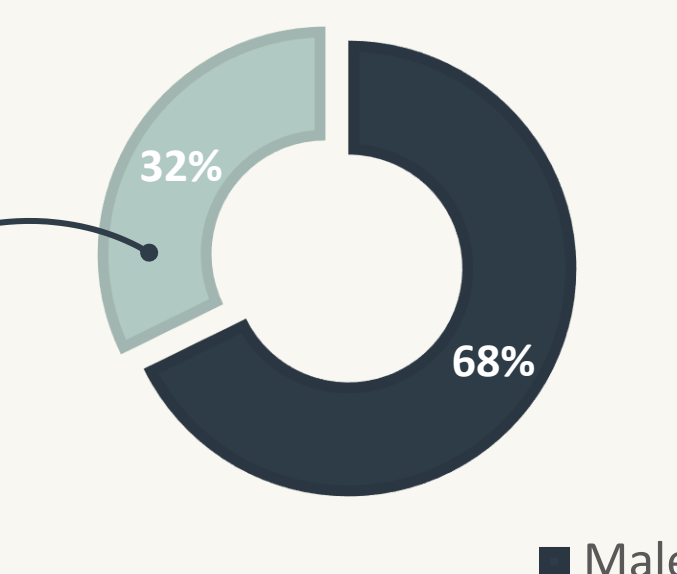
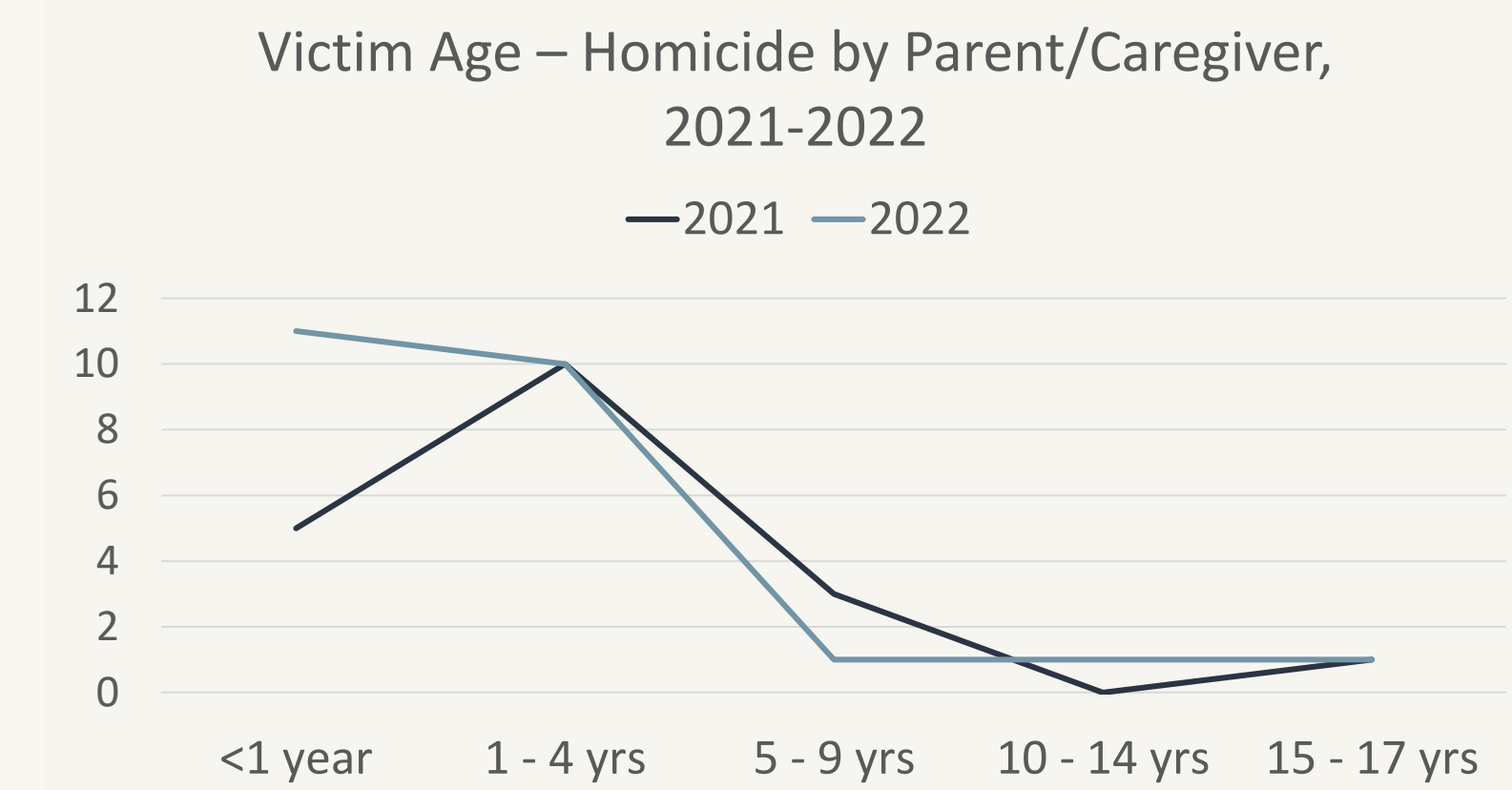


Figure B: 32% of Parent/Caregiver Homicide victims within the ME system for 2022 were also female.

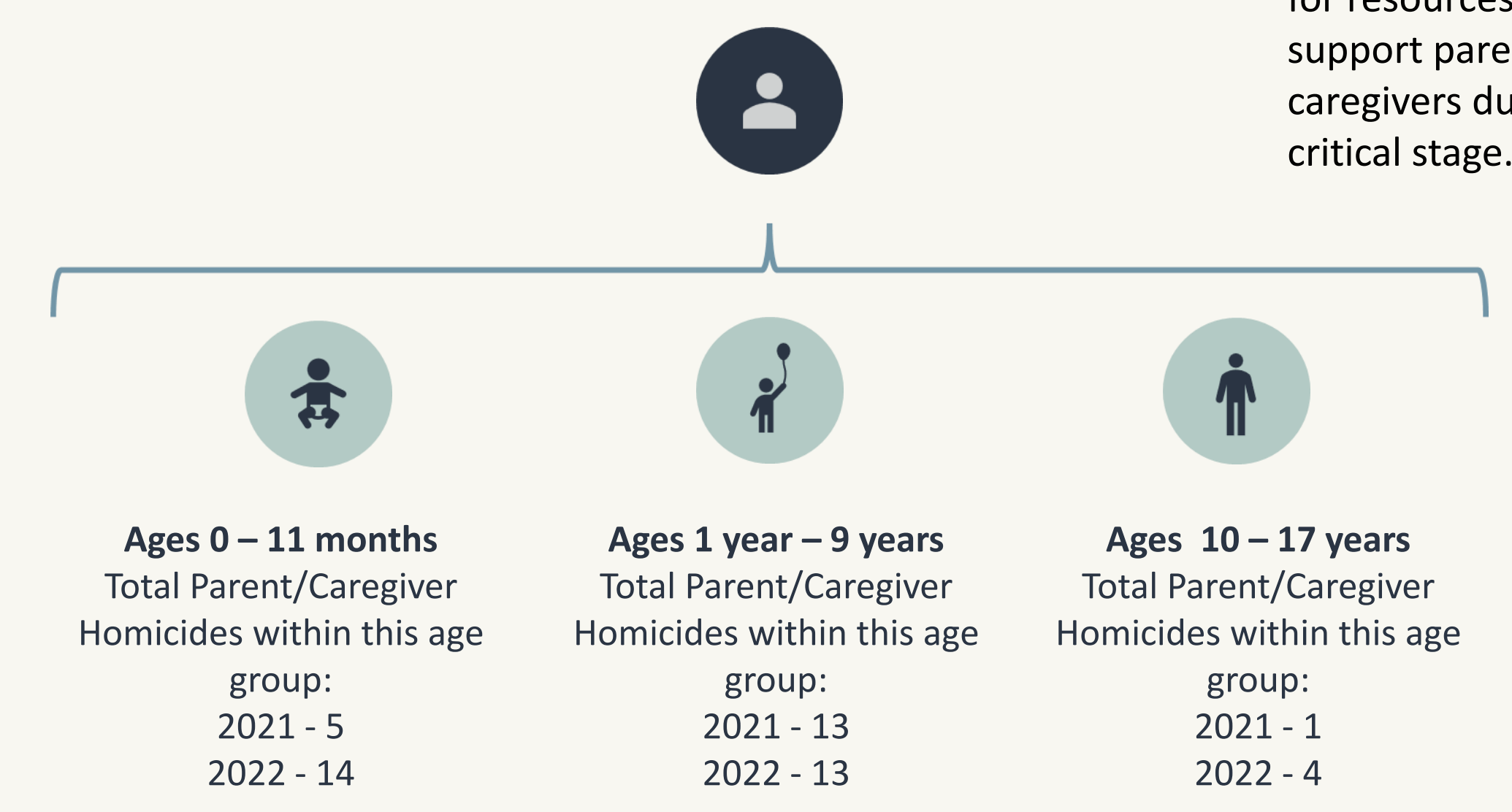


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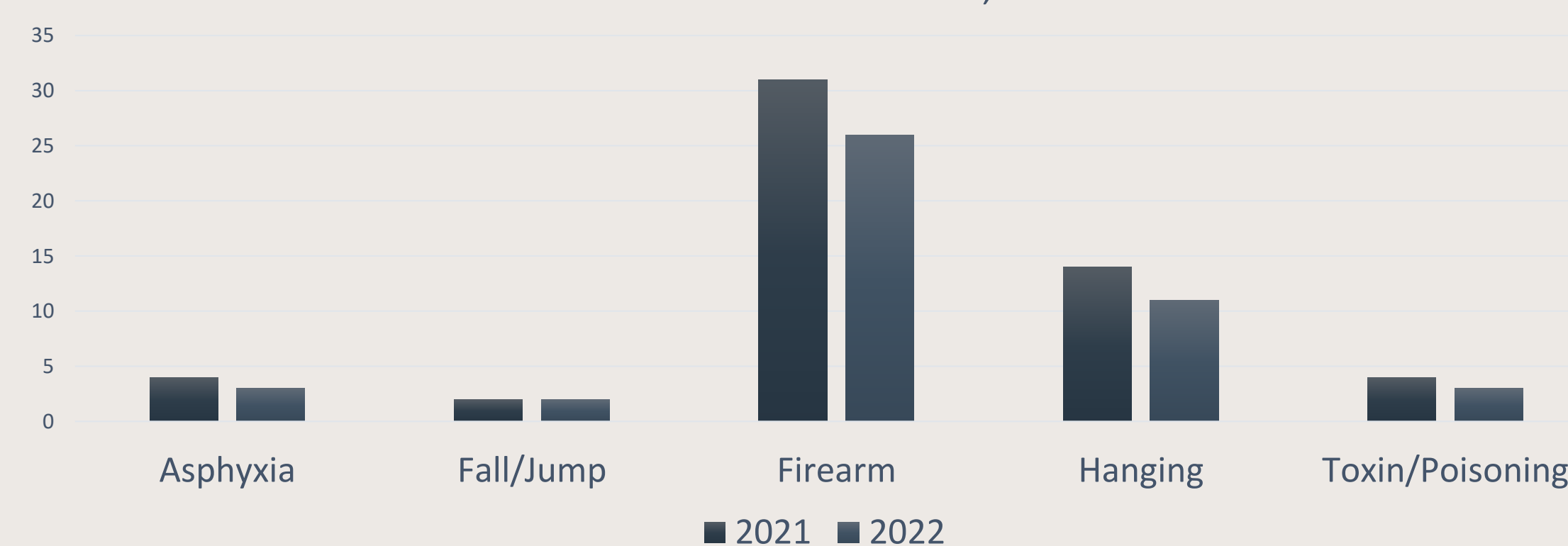
Actively addressing factors that perpetuate racial, ethnic, and financial disparities, such as poverty and access to affordable, quality childcare, while also addressing child violence through various policies and initiatives, could serve as crucial steps in reducing child mortalities³.

The number of parent/caregiver homicides within the 0-11 months age group has doubled from 2021 to 2022. This highlights the increased necessity for resources to support parents and caregivers during this critical stage.



Suicide

Means of Suicide-related Deaths, 2021 - 2022



References

1. Han, Y., Yan, W., Zheng, Y., Khan, M. Z., Yuan, K., & Lu, L. (2019). The rising crisis of illicit fentanyl use, overdose, and potential therapeutic strategies. *Translational psychiatry*, 9(1), 282. <https://doi.org/10.1038/s41398-019-0625-0>
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3. Wilson, R. F., Afifi, T. O., Yuan, K., Lyons, B. H., Fortson, B. L., Oliver, C., Watson, A., & Self-Brown, S. (2023). Child abuse-related homicides precipitated by caregiver use of harsh physical punishment. *Child Abuse & Neglect*, 135, 105953. <https://doi.org/10.1016/j.chiabu.2022.105953>

*Data included is up-to-date as of January 24, 2024.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
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