

State of South Carolina



State Child Fatality Advisory Committee

2016 Report

Cases from data years 2008 -2015 included

(201 case reviews completed of 240 total deaths reported to SLED)

The Honorable Nikki R. Haley

Governor of the State of South Carolina

and the 120th South Carolina General Assembly

This report is supported by the State Child Fatality Advisory Committee as appointed by the South Carolina Law Enforcement Division, Department of Child Fatalities, Revenue and Fiscal Affairs Office, Division of Research and Statistics and the South Carolina Department of Health and Environmental Control. Annual report development is funded by the South Carolina Department of Social Services. All opinions and recommendations are those of the State Child Fatality Advisory Committee (SCFAC).

Table of Contents

Introduction	1
Dedication and Acknowledgements.....	3
Executive Summary	4
SCFAC 2016 Recommendations	6
Unsafe Sleeping Conditions.....	6
Water Safety.....	6
Unsecured Firearm.....	7
Transportation Safety.....	7
SFY2016 Cases Reviewed and Completed	8
Cases Completed by Manner and Cause.....	8
Age Group 0-12 Months	8
Age Group 1-4 Years	11
Age group 5-10 years.....	13
Age group 11-14 years.....	13
Age group 15-17 years.....	14
Appendices	16
Child Maltreatment	16
Suicide.....	17
Motor Vehicle Accident.....	18
Infographic by Prevention Area	19

Introduction

Dedication:

This report reflects the work of numerous dedicated professionals from every community throughout the State of South Carolina who have committed themselves to gaining a better understanding of how and why children die. Their work is driven by a desire to protect and improve the lives of young South Carolinians. Each child's death represents a tragic loss for the family as well as the community. We dedicate this report to the memory of these children and to their families.

Acknowledgements:

The members of State Child Fatality Advisory Committee (SCFAC) recognize that without the participation and support of numerous organizations, agencies and individuals, committee activities and reports would not be possible. These acknowledgements represent a small part of the unified effort in South Carolina to protect the health and safety of children. The SCFAC membership wishes to thank the following organizations and individuals for their assistance and cooperation in compiling this report by providing data, statistical analysis or other pertinent information and support:

- South Carolina Law Enforcement Division (SLED), Special Victims Unit
- South Carolina Coroners Association
- South Carolina Department of Health and Environmental Control (DHEC)

Report Edited by:

Dr. Susan Luberoff SCFAC Chairperson, SC Chapter, American Academy of Pediatrics
Ms. Jennifer Buster SCFAC Member, Director of Children's Services, SC DDSN
Ms. Lucy Gibson SCFAC Alternate Member, SC DHEC
Ms. Bett Williams SCFAC Alternate Member, Chief Communications Officer, Children's Trust of SC

Report Prepared by:

Mr. Owens Goff, DHEC, Program Manager
Patsy Myers, DrPH, DHEC, Epidemiologist
Ms. Shannon Palm, SCFAC, Graduate Assistant

To review this report, please visit the State Child Fatality Advisory Committee website:
Scfac-sc.org

Please address any questions in writing to the following address:

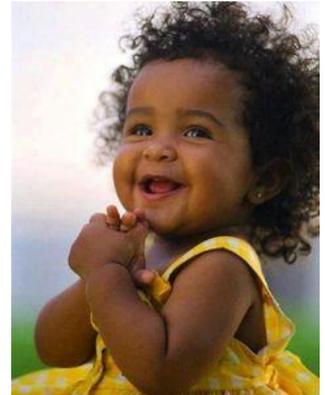
SCFAC
Dr. Susan Luberoff, Chairperson
PO Box 21398
Columbia, SC 29221
Attn: Virginia Simons, Admin Assistant,
SLED, Special Victims Unit



Executive Summary

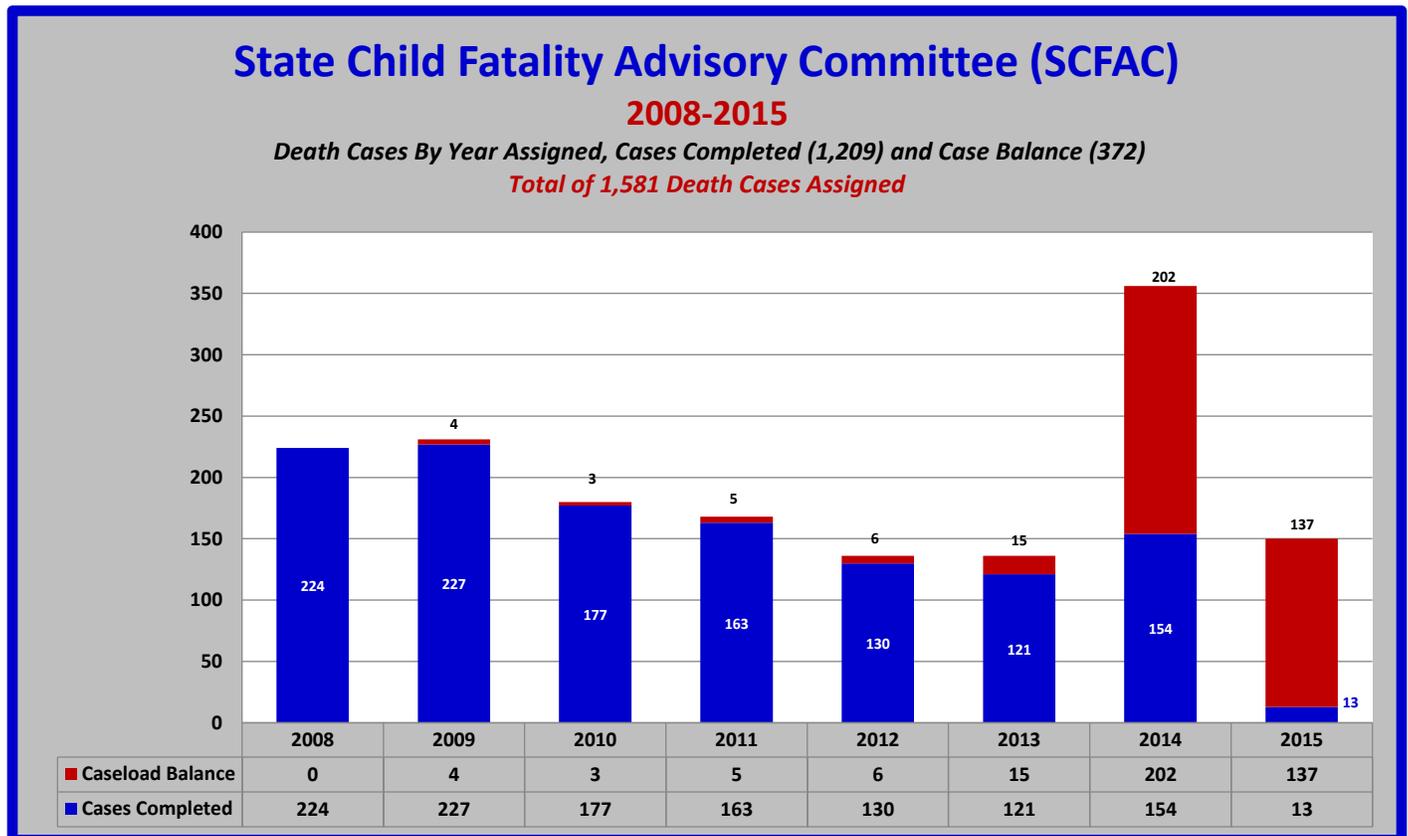
When a child dies unexpectedly, the response by the state and the community about the death must include an accurate and complete determination of the cause of death to include a thorough scene investigation and a complete autopsy. Lack of adequate investigations of child deaths impedes the effort to prevent future deaths from similar causes.

S.C. Code 63-11-1950 mandates the State Child Fatality Advisory Committee (SCFAC) review completed investigations of deaths involving children age 17-years and younger that are unexpected, unexplained, suspicious or criminal in nature. The SCFAC regularly schedules six (6) meetings each state fiscal year (July 1st to June 30th).



Between the years of 2008 and 2015, the SCFAC has been assigned 1,581 child death cases for review and has completed reviews of 1,209 cases, or 76.5% of its caseload; see chart below. There is a caseload balance of 372 or 23.5% remaining. The 2014 uptick in assigned cases was an abnormal occurrence with the causal system factors now corrected through case completion. Following an internal review, a relationship between SLED and the Office of Public Health Information Statistics and Information Services was developed to help ensure all cases meeting SCFAC criteria are reviewed.

Figure 1. Child Death Review Cases Completed & Case Load Balance



During SFY2016, the SCFAC membership completed a total of **201 case reviews** from the 2008-2015 data years. This report includes only the results of these 201 case reviews. It is not a summary of all child deaths during the time period of 2008-2015.

Of the cases reviewed and completed, 13 of the victims (or 6.5 %) had an open child protective services (CPS) case at the time of their death. The number of completed case reviews during SFY2016 included 2008 (2), 2009 (1), 2010 (13), 2011 (18), 2012 (29), 2013 (41), 2014 (86), 2015 (11).

A review by SCFAC determined manner of death: Accidental (87 cases), Homicide (15 cases), Natural (23 cases), and Undetermined (76 cases). All Suicide cases are currently under further review, pending receipt of additional information, and should be included in the next years' statistics.

During SFY2016, DHEC worked with SCFAC chair and co-chair to place a graduate assistant (GA) student to help coordinate efforts. The GA has established a SCFAC web page, Facebook page and Twitter account to help facilitate future SCFAC statewide health communication messaging.

The SCFAC continues to identify unsafe sleep as being a major causal factor in child deaths with **127** deaths or 64% of the total deaths reviewed during SFY2016 attributable to unsafe sleeping conditions. The issue of unsafe sleeping conditions was a factor among 92.5% (123 out of 133) of children under the age of 12 months. SFY2016, the SCFAC began review of thirty-five (35) or 9.4% of these child death cases and will continue in-depth review during SFY2017.

SFY2017 Plans:

The SCFAC will **(a)** conduct 6 meetings, **(b)** develop and publish an Annual Report based on committee efforts/findings, **(c)** use identified trends and themes emerging from child death review meetings to recommend specific areas that could be improved by state government, community, and/or non-profit actions, **(d)** ensure primary prevention messages developed in the meetings are included in annual reporting, **(e)** enhance health communication messaging while engaging the SCFAC membership in the process, and **(f)** enhance coordination, collaboration and communication with local child fatality efforts.



SCFAC 2016 Recommendations

It is the intent of the SCFAC to help ensure every child can and will wake up from sleeping, and for them to have a safe and healthy environment in which they can live, learn, travel, and play.

Recommendation 1: Unsafe sleeping conditions

Due to the high percentage (92%) of fatalities due to unsafe sleeping conditions among infants (less than 12 months), we recommend that the S.C. General Assembly make unsafe sleep a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to reinforce a common, clear and unified message around safe sleep, including ABC (alone, on their back and in a crib) messaging, and
- b) Primary prevention strategies designed to reach parents, grandparents, family members, caregivers, and healthcare professional with current evidence-based information on safe sleeping practices to mitigate misinformation leading to death. Common themes of misinformation include elevating the head for reflux, recommending cold medication to children too young for the packaged instructions and positioning recommendations conflicting with safe sleeping practices.
- c) Collaboration with the safe sleep coalition through Children's Trust of South Carolina and the South Carolina Birth Outcomes Initiative.

To aid in this effort, beginning in SFY2017, the SCFAC will beginning documenting information related to various classes of unsafe sleep (e.g., surface, bedding, position, co-sleeping and use of commercial positioning products) during its case review process.

Among the total 201 cases, 74 of the child fatalities were related to factors other than unsafe sleeping conditions. The majority of these 74 deaths represented children over 12 months of age.

Recommendation 2: Water safety

Given that the SCFAC has found 24 of the 74 child fatalities are due to drowning, it recommends that the S.C. General Assembly make water safety a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness of the importance of water safety, especially the prevention of unintended drowning/submersions,
- b) Primary prevention strategies, including swim and water survival classes, life jacket loaner boards and boating safety instruction designed to reach children, youth, parents, grandparents, and family members, and
- c) Allocate fines from unsatisfactory public pool inspections to strengthen primary prevention efforts, including the South Carolina Water Safety Coalition.

Recommendation 3: Unsecured firearms

Given that the SCFAC has found that 11 of the 74 child fatalities are due to non-secured firearms, it recommends that the S.C. General Assembly make firearm security a legislative priority by allocating fiscal resources to support;

- a) A coordinated media campaign designed to help raise public consciousness regarding safe firearm handling and storage messaging, and
- b) Primary prevention strategies designed to reach children, youth, teenagers, parents, grandparents, and family members and that encourage firearm owners to embrace the importance of proper firearm handling, use of cable-style gunlocks, and adequate storage that is out of sight and out of reach.

Recommendation 4: Transportation safety

Based on the information shared by the SC Department of Public Safety related to 21 motor vehicle fatalities among individuals 17 years and younger, the SCFAC recommends that the S.C. General Assembly make the issue of motor vehicle injuries involving children a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness of best practices and various transportation safety-related laws,
- b) Expanding primary prevention strategies designed to reach teenagers, parents and caregivers, such as School Transportation Safety Observations to improve safety and child safety restraint utilization and Alive at 25 to educate youth about the dangers of driving, and;
- c) Adoption of the CDC's recommendations found in the Prevention Status Report (PSR) related to best practices for a child passenger restraint law, graduated drivers licensing, learner permit age, learner's permit holding period, young passenger restrictions, unrestricted licensure age, and ignition interlock system.

SFY16 Cases Reviewed and Completed

Manner and Cause of Death

Many of the cases reviewed (87 cases, 43%) were accidental deaths, with about 8% being homicides, and 4.5% determined as natural causes. For the remaining 90 cases (45%), the manner of death was designated as undetermined.

Table 1. Manner of Death Among Children Aged 17 and Under

Manner of Death* (N=201)	Number of Deaths	Percent
Natural	9	4.5%
Accident	87	43.3%
Homicide	15	7.5%
Undetermined	90	44.8%
Total	201	100.0%

Table 2. Cause of Death Among Children Aged 17 and Under

Cause of Death (N=201)	Number of Deaths	Percent
From an external cause of injury	108	53.7%
From a medical condition	14	7.0%
Undetermined if injury or medical cause	75	37.3%
Unknown	4	2.0%
Total	201	100.0%

*Based on updated manner of death as designated by the SCFAC

SFY16 Age Group Breakouts

Each breakout highlights the most common cause(s) of death within the specific age group.

(1) Age Group: 0-12 months

During SFY16, 133 out of 201 cases reviewed were infant deaths. Infant is defined as a child less than 12 months.

Table 3. Cause of Death Among Children Aged Less than 12 Months

Cause of Death (N=133)	Frequency	Percent*
Unsafe sleep	123	92.5%
Drowning	1	0.8%
SIDS	1	0.8%
Weapon	1	0.8%
Other medical condition	1	0.8%
Unknown	6	4.5%
Total Infant Deaths	133	100.0%

*Percent of 133 total infant death cases reviewed in SFY16

Cause: Unsafe Sleep
 Manner(s): Accidental, Unknown

Sudden unexplained infant death is one of the leading cause of death for infants in South Carolina and nationally. In the United States, there are about 3,500 sleep-related infant deaths every year.¹ Many of these deaths involve accidental suffocation or strangulation, which is caused by suffocation on soft surfaces and bedding, overlay of another person over the infant, wedging or entrapment between two objects, or strangulation by sheets or crib railings.² Within the reviewed and completed SCFAC cases for SFY2016, approximately 93% of all infant deaths were related to unsafe sleeping conditions.

Patti had just started smiling. At two months old, she was the picture of health, and her parents were already starting to plan for her first Christmas. Exhausted after her long day at work, Patti’s mother fed Patti and lay down with her on the queen-sized bed for a quick nap. One hour later, her husband came in and found Patti on her stomach, blue and lifeless beside her mother. The empty crib was just a few steps away, in the same room.

Sleeping position is critical to safe sleeping environments for infants. It is recommended that babies

be put to sleep on their backs. Of the infant death cases reviewed that were due to unsafe sleeping conditions, only 23% were put to sleep on their backs and only 6% were found still on their back by first responders.

Table 4. Child's Sleeping Position

Sleeping Position	Child put to sleep (N=127)		Child found (N=127)	
	Number of Deaths	Percent	Number of Deaths	Percent
Unknown position	65	51.2%	68	53.5%
On back	29	22.8%	7	5.5%
On stomach	21	16.5%	43	33.9%
On side	9	7.1%	6	4.7%
Missing	3	2.4%	3	2.4%
Total	127	100%	127	100%

Sleep location is an important factor in unsafe sleep-related deaths. Many of the infants whose death was related to unsafe sleep were sleeping in an adult bed (42%). Only 33% were sleeping in a crib or bassinette. Others were put to sleep on a couch or futon, in a playpen, car seat, or on the floor.

¹ American Academy of Pediatrics. (2016). American Academy of Pediatrics announces new safe sleep recommendations to protect against SIDS. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Announces-New-Safe-Sleep-Recommendations-to-Protect-Against-SIDS.aspx>

² Centers for Disease Control and Prevention. <http://www.cdc.gov/sids/aboutsuidandsids.htm>

Table 5. Child's Sleeping Location

Sleep Location (N=127)	Frequency	Percent
Adult bed	53	41.7%
Crib	29	22.8%
Bassinet	13	10.2%
Couch	12	9.4%
Other	12	9.4%
Floor	3	2.4%
Playpen/Other play structure (not portable crib)	2	1.6%
Futon	2	1.6%
Car seat	1	0.8%
Total	127	100.0%

Opportunities for Prevention

Safe Sleeping³

To decrease the risk of Sudden Infant Deaths;

- Do not smoke near or around your child
- Always place your infant alone, on her back and in a crib to keep her safe while they sleep
- Sleep separately with the crib in in the same room.
- Remove all items from the crib including bedding, toys, bumpers, clothing, etc.
- One infant at a time should be the only occupant of a crib.



Water Safety*

Actively supervise your baby in and around water at all times. Children less than 12 months old are more likely to drown at home in the bathroom or a bucket.

*Please refer to drowning recommendations in age group 1 to 4 years and Table 7 for more information.

³ American Academy of Pediatrics. (2016). American Academy of Pediatrics announces new safe sleep recommendations to protect against SIDS. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Announces-New-Safe-Sleep-Recommendations-to-Protect-Against-SIDS.aspx>

(2) Age Group: 1-4 Years

During SFY16, 37 out of 201 child death cases were reviewed among children between 1 and 4 years of age.



Table 6. Cause of Death Among Children Ages 1 to 4 Years

Cause of Death (N=37)	Frequency	Percent
Drowning	10	27.0
Weapon	5	13.5
Unsafe sleep	4	10.8
Fire, burn, or electrocution	4	10.8
Asphyxia	3	8.1
Exposure (hyperthermia, weather)	2	5.4
Animal bite or attack	1	2.7
Fall or crush	1	2.7
Malnutrition/ dehydration	1	2.7
Other medical condition	1	2.7
Unknown	5	13.5
Total	37	100%

Cause: Drowning
Manner: Accidental

Weekly, approximately one (1) resident of South Carolina dies (an average of 66 deaths annually) from a preventable drowning and submersion related event. Males account for 81.9% of these type fatalities (54). Fifty-seven percent of the drowning-related deaths (about 38 annually) occur among Whites and 43% (about 28 annually) occur among Blacks. Drowning-related deaths among males account for 73.1% (28) of the fatalities among Whites and 93.8% (26) of the fatalities among Blacks.

Monthly, approximately one (1) resident of South Carolina age 17 years of age and younger dies (average of 14 deaths annually) from a preventable drowning and submersion related event with the age-adjusted death rate slightly lower than the state rate: 1.3 per 100,000 versus 1.4 per 100,000. Within this age group, males account for 75.7% of the drowning or submersion related fatalities (10).

During SFY 2016, the SCFAC completed reviews of (24) child fatality cases with a manner of death listed as accidental and having a drowning or submersion related cause. Drowning was the most common cause of death in cases reviewed of children over age 12 months. The types of locations of drownings vary widely by age group. In all age groups the most common location was a swimming pool or spa. A few children drowned in bathtubs. In older children, drownings were more likely to occur in the ocean, lakes and rivers.

Shayla was three years old and running around with her cousins at a family reunion. When the children were called for lunch, the adults noticed that Shayla was missing. Her family began searching for her and called 911. Shayla was found at the bottom of the swimming pool. No one had heard her drowning because drowning is a silent event.

Table 7. Drowning Location by Age

	Number of Drownings (N=24)
Less than 12 Months (N=1)	
Bathtub	1
1 to 4 years (N=10)	
Pool, hot tub, spa	9
Bathtub	1
5 to 10 years (N=3)	
Pool, hot tub, spa	2
Bathtub	1
11 to 14 years (N=2)	
Ocean	1
Bathtub	1
15 to 17 years (N=8)	
Lake	1
River	2
Ocean	4
Bathtub	1
Total	24

Opportunities for Prevention

Water Safety

Drowning is the leading cause of deaths for children 1-4 years of age. This is a time when active supervision and basic childproofing is critical – no exceptions.

Firearm Safety

Gun locking devices render firearms inoperable and can be used in addition to locked storage. When firearms are disassembled, parts should be securely stored in separate locations.

Hyperthermia Prevention

Remember to check the back seat before exiting a vehicle and always supervise children around vehicles, especially when a vehicle is unlocked.

Transportation Safety

Car seat check events can help parents and care givers to ensure car seats are properly installed, and that they are using the most appropriate car seat restraint for the child’s height and weight.

(3) Age Group: 5-10 Years

During SFY16, 10 out of 201 child death cases reviewed in the 5-10 years of age.

Table 8. Cause of Death Among Children Ages 5 to 10 Years

Cause of Death (N=9)	Frequency	Percent
Drowning	3	30%
Fire, burn or electrocution	2	20%
Asphyxia	1	10%
Weapon	1	10%
Poisoning, overdose or acute intoxication	1	10%
Cardiovascular	1	10%
Other medical condition	1	10%
Total	10	100%

Note: Drowning is the most frequent cause of death among this age group and the issue is covered above.

Opportunities for Prevention

Water Safety

Teach kids never to go near or in water without an adult present. Remember that things such as water wings, noodles and other items can create a false sense of security for children and should not be used in place of life jackets. (See Opportunities for Prevention for Ages 1-4).

Fire, burn, electrocution⁴

Teach children which objects in the home they should never touch.

Firearm Safety

Thoroughly check firearms to confirm that they are unloaded when you return them to or remove them from storage.

(4) Age Group: 11-14 years

During SFY16, 6 out of 201 child death cases reviewed were in the 11-14 years of age.

Table 9. Cause of Death Among Children Ages 11 to 14

Cause of Death (N=6)	Frequency	Percent
Fire, burn or electrocution	2	33.33%
Drowning	2	33.33%
Weapon	2	33.33%
Total	6	100%

⁴ Safe Kids Foundation. (2015). How safe is your home? Retrieved from <https://www.safekids.org/sites/default/files/skf-repo-final10.pdf>

Opportunities for Prevention

Fire, burn, electrocution⁵

Always monitor children in the kitchen, where many home hazards such as hot liquid, hot stove and electrical dangers exist.

Water Safety

Whether you are swimming in a backyard pool or in a lake, teach children to swim with a partner every time. Do not allow children to swim alone.

Firearm Safety

Accidents could occur if a family member borrows a gun and returns it to storage while still loaded. Thoroughly check firearms to confirm that they are unloaded when you remove them from storage. Double checking each firearm is highly recommended.

Transportation Safety

Promote and encourage friends and family members to adopt safe driving behaviors, such as: (1) avoiding drunk, drugged, drowsy, or distracted driving; (2) showing respect for and sharing the road safely with all other users; (3) always using age- and size-appropriate car seats, booster seats, and seat belts; and (4) obeying the rules of the road.

(5) Age Group: 15-17 years

During SFY16 (15) out of 201 child death cases reviewed were in the 15-17 years of age.

Table 10. Cause of Death Among Children Ages 15 to 17 Years

Cause of Death (N=15)	Frequency	Percent
Drowning	8	53.3%
Weapon	5	33.3%
Unknown	1	6.7%
Poisoning, overdose, or acute intoxication	1	6.7%
Total	15	100%

Cause: Firearm

Anthony was 14 years old, having fun with his friends in the local lake. He was embarrassed that he was not a good swimmer, so he told his friends that he could swim. He wandered in a little too deep, and started calling for help. Since he had told his friends he could swim, they thought he was joking. After he slipped under the water, it took over thirty minutes to find his body.

⁵ Safe Kids Foundation. (2015). How safe is your home? Retrieved from <https://www.safekids.org/sites/default/files/skf-repo-final10.pdf>

Manner(s): Accidental, Homicide, Suicide

Nationally, close to 10,000 children are hospitalized or killed due to firearm-related causes. The incidence of unintentional firearm related deaths among children is characteristically during late afternoons, weekends, summer months, or during the holiday season.

Each day approximately two South Carolinians (an average of 711 incidents annually) die from a preventable incident involving an unsecured firearm. The numbers of deaths by manner are as follows: accidental discharge (20), homicide (253) or suicide (438) fatalities. Many of these incidents involve children age 17 years and younger.⁶

Marcus was upstairs. He had been sent home from school for disruptive behavior. When Marcus did not appear for supper, his grandfather found him in the closet, hanging from the clothing rod, dead. Marcus's phone contained a text message from his girlfriend, who broke up with him that same day.

The South Carolina Victim Assistance Network data⁷ shows approximately one third of households with children ages 18 and younger have a gun in the home. Further, more than half of these firearm owners keep their firearms loaded and accessible. During SFY16, (13) completed child fatality cases were due to preventable unsecured firearms.

During SFY 2016, the SCFAC completed reviews of (11) child fatalities involving an unsecured firearm resulting in (9) homicide events and (2) accidental discharge incidents. The SCFAC also began reviews of (26) child suicide fatalities with (9) of these incidents involving an unsecured firearm.

Table 11. Type of Weapon used in Homicides

Weapon (N=14)	Number	Percent
Firearm	9	64.3%
Sharp instrument	1	7.1%
Persons body part	1	7.1%
Unknown	3	21.4%
Total	14	100.0%

Opportunities for Prevention

Firearm Safety

If you choose to keep a firearm for home security, your objective should be to create a situation in which the firearm is readily available to you, yet inaccessible or inoperative to others. Special lockable cases that open only by authorized individuals are options to consider.

Suicide Prevention

Being aware is the best way to help prevent a suicide. If you suspect someone you love is contemplating taking their own life, it is your obligation to get them help.

Water Safety

Learning CPR is a skill that will last children a lifetime.

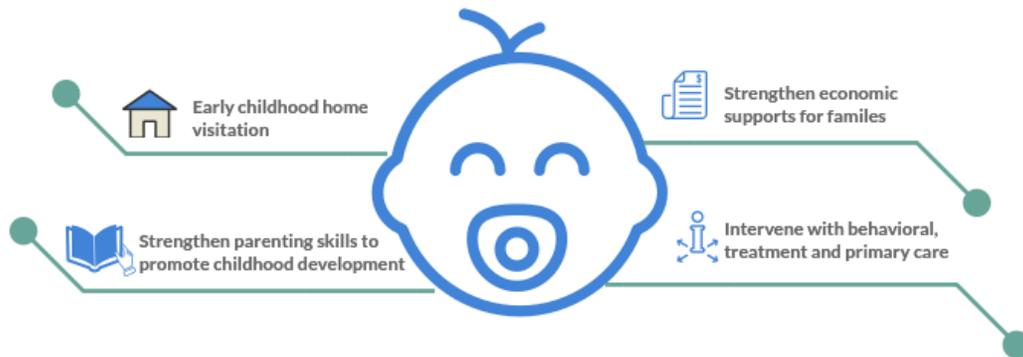
⁶ DHEC, SCAN. Accessed October 18, 2016. Retrieved from <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx>

⁷ Gun Sense SC. Danger within. Accessed October 28, 2016. Retrieved from <http://gunsensesc.org/wp-content/uploads/2015/11/DANGER-WITHIN-ARTICLE.pdf>

Appendices

Appendix 1. Child Maltreatment

In the United States, there were 702,000 child victims of nonfatal child abuse and neglect in 2014.⁸ Sadly, over a quarter of these children are under the age of five. Child abuse includes physical, sexual and emotional abuse, as well as exposure to domestic violence. Child neglect may be defined as when a child's needs are not being met, including basic needs, supervision, education, medical needs and emotional needs. In 2015, South Carolina had 18,848 reported investigations of child abuse and neglect and 8,192 confirmed cases.⁹ Of cases reported 43.5% of investigations were confirmed for child abuse and neglect. The SCFAC found (13) cases with child maltreatment present via acts of omission or commission (i.e. child abuse or neglect).



Opportunities for Prevention

Abuse & Neglect Prevention¹⁰

Implement family friendly work policies to strengthen economic supports for families.
Change social norms to support positive parenting and increase parent support.

⁸ Centers for Disease Control and Prevention. (2016). Child abuse and neglect prevention. Retrieved from <http://www.cdc.gov/violenceprevention/childmaltreatment/>

⁹ Children's Trust of South Carolina. (2016). Child abuse and neglect data from South Carolina. Retrieved from https://scchildren.org/prevention_learning_center/child_abuse_and_neglect_data/

¹⁰ Centers for Disease Control and Prevention. (2016). Child abuse and neglect: Prevention strategies. Retrieved from <http://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html>

Appendix 2. Suicide

Each week more than thirteen (13) South Carolina residents die (an average of 680 deaths annually) from a preventable suicide-related fatality. Non-secured firearms are the selected tool in 64.3% (437 deaths) of these intentional deaths. On average, the largest percentages of suicide deaths in South Carolina are White with 89% or 605 deaths and males with 76.9% or 523 deaths. However, suicide-related fatalities adversely impacts South Carolina residents of all ages (age 10 through age 85 plus) with there being a severe issue among individuals age 25 years through 64 years of age (71% or 482 deaths annually).

Each month approximately one (1) South Carolina resident age 17 years of age and younger dies (average of 19 deaths annually) from a preventable suicide-related event with a non-secured firearm the selected tool in 55.7% (10 deaths) of these intentional fatalities. Among, children age 17 and younger, 69% (13 deaths) occurred among children age 15 to 17 years, and 31% (6 deaths) among children age 10 to 14 years. On average, the white population group accounts for 75.8% (14 deaths) of the state's suicide-related fatalities among children with this public health issue a particularly a problem among young males.

During SFY 2016 (July 1, 2015 through June 30, 2016), the SCFAC did not complete any reviews of child fatality cases with a manner of deaths listed as suicide. However, the SCFAC did begin reviews of (26) child fatality cases where intentional self-harm was suspected, (1) death in 2013, (21) deaths in 2014 and (4) deaths in 2015.

Opportunities for Prevention

Restrict access to highly lethal methods of suicide such as unsecured firearms and medication. Make your child aware of crisis hotline resources where they can call 1800-273-TALK to have a listening ear, resources and 24 hour support, 7 days a week.¹¹

¹¹ South Carolina Youth Suicide Prevention Initiative. (2016). 24 hour crisis hotlines. Retrieved from <http://www.scyspi.org/national>

Appendix 3. Motor Vehicle Deaths

The U.S. Department of Transportation shares that Motor vehicle collisions are one of the leading causes of unintentional death in the United States. In 2013, more than 32,000 people died in motor vehicle collisions, including 4,735 pedestrians and 743 cyclists. That year more than 2.3 million people were injured in motor vehicle collisions, including 66,000 pedestrians and 48,000 cyclists.

Each day approximately two (2) South Carolina residents (average of 855 incidents annually) die from a preventable transportation-related incident: motor vehicle fatalities (810), other land transportation fatalities (16) or other types, to include water, air, etc. (29). Many of these incidents involve children age 17 years and younger.¹²

Each week approximately one (1) South Carolina child age 17 years and younger (average of 57 incidents annually) dies from a preventable transportation-related incident: motor vehicle fatalities (55 deaths), and other land transportation or other types, to include water, air, etc. (2 deaths). A breakout by age details: age 0 to 1 (2 deaths), age 1 to 4 (8 deaths), age 5 to 9 (8 deaths), age 10 to 14 (9 deaths) and age 15 to 17 (28 deaths).

During SFY 2016, a representative from the South Carolina Department of Public Safety¹³ presented to the SCFAC child death information from (21) child motor vehicle fatality incidents. Of these, (7) children were restrained passengers of a vehicle, (4) children were unrestrained passengers, (2) children were restrained drivers, 1 child was an unrestrained driver, (2) children were pedestrians, (1) child was riding a bicycle and (4) non-vehicle locations were unaccounted for.

Opportunities for Prevention

Enroll your teens in driver's education and programs such as Alive at 25 to educate them about their responsibility to avoid the dangers and risks of driving.

¹² DHEC, SCAN. Accessed October 30, 2016. Retrieved from <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx>

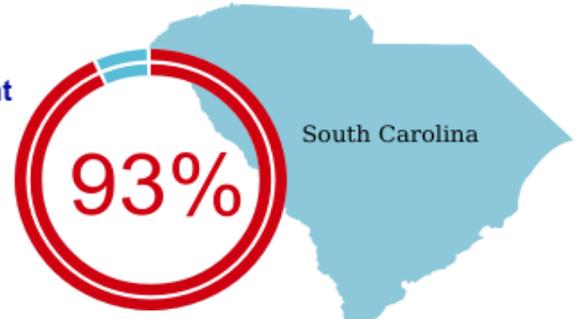
¹³ SC Department of Public Safety, Office of Highway Safety and Justice Programs, State Fatality Database

Unsafe Sleeping

SFY 2016

123

unsafe sleep related infant deaths in SFY2016 OR...



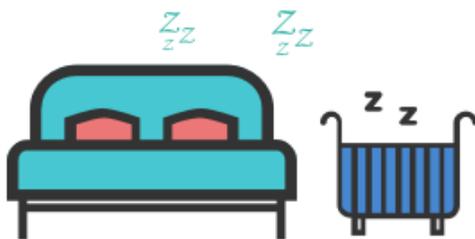
of 133 total infant deaths reviewed in SFY 2016

Factors involved in unsafe sleep related child death

- ★ #1 Baby not sleeping in crib or bassinet
- ★ #2 Baby not sleeping on back
- ★ #3 Adult caregiver or parent alcohol and/or drug impaired
- ★ Other factors: Unsafe bedding or toys, caregiver fell asleep while breast or bottle feeding



Unsafe sleep related deaths are 100% preventable



Room sharing without bed sharing is highly recommended.

Know the ABC's of Safe Sleep

- A**- Babies ALWAYS sleep **ALONE**, without people, pets, blankets, pillows, or toys.
- B**- Always place babies to sleep on their **BACK**.
- C**- **CRIBS** are the only safe sleeping place for babies.

SOURCES

National Child Death Review Case Reporting System (NCDRCS)
American Academy of Pediatrics
2016 Safe Sleep Guidelines
Visit us at sc-scfac.org





Drowning-related Child Fatalities

Manner:
Accidental

FY2016



Drowning by Age Group

All children must be supervised at all times in or around water.

Adults should take turns providing full attention to supervising children.

0-12 Months



1-4 Years



5-10 Years



11-14 Years



15-17 Years



Lake and ocean swimming are no different. Constant supervision and wearing a Personal Flotation Device (PFD) can save a child's life.

At Home Risks



Empty all buckets and store upside down & out of reach, close the toilet lid and drain all water from bathtubs after bathing. **Always supervise children in or around the bathtub.**

Pool Risks



Empty portable or inflatable pools immediately after use. Backyard pools must have 4 ft. high, four-sided fencing & a self-closing, self-latching gate.

Boating Risks



Children should always wear a Personal Flotation Device (PFD) when on a watercraft. Ensure that all children on a watercraft know how to swim and survive in the water.

SOURCES

National Child Death Review Case Reporting System (NCDRCS)
Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention

CREATED BY

State Child Fatality Advisory Committee
scfac-sc.org



@SC_SCFAC



Facebook.com/SC.SCFAC

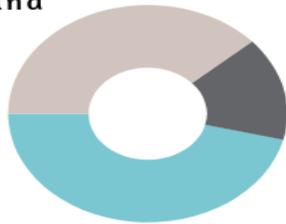


Save a life, learn CPR

Unsecured Firearm-related Child Fatalities in South Carolina FY16

Manner of Death: Homicide & Accidental

11 child fatalities related to unsecured firearm in South Carolina



Handgun (38%) Shotgun (15%) Unknown (46%)



Approximately 1 in 3 homes with children have a firearm. Many are accessible and loaded.



- Unloaded
- Locked
- Ammunition Stored Separately

Leading use of firearm at time of death

- Gang related
- Showing gun to others
- Playing with weapon
- Commission of crime
- Drive by shooting
- Other



Prevention Points

Learn about free gun locks from local Project ChildSafe® efforts offered through many of South Carolina's local police departments.

Educate all family members about firearm safety.

Safe storage is employing precautions and multiple safeguards that provide an additional barrier against unauthorized use.

SOURCES

<http://www.projectchildsafe.org/about>
National Child Death Review Case Reporting System (NCDRC)

CREATED BY

State Child Fatality Advisory Committee
scfac-sc.org

/SC.SCFAC @SC_SCFAC





State Child Fatality Advisory Committee

South Carolina

YOUTH SUICIDE PREVENTION

There is one death by suicide every 12.3 minutes in the U.S.



IN SOUTH CAROLINA

1ST

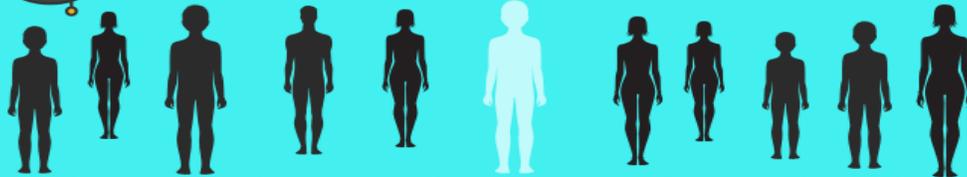
LEADING CAUSE OF DEATH FOR CHILDREN AGES 10-14

3RD

LEADING CAUSE OF DEATH FOR TEENAGERS AGES 15-24



1 in 11 high school students attempts suicide



Fatality Causes



Know the Signs

- Break ups, bullying abuse, suicide of a peer
- Risky sexual behavior, alcohol or drug use, aggressive/ violent behavior
- Family history of suicide, parental divorce, death of a parent or relative
- Depressive behaviors: feeling blue, down, lonely, hopeless etc.
- Low self esteem, self injury, risk taking, recklessness, impulsivity, thinking they are a burden to friends or family

What Can We Do?

Caregivers



Keep lethal firearms, poisons and medications secured, out of sight and out of reach.

Restrict access to guns. Get a free trigger lock from your local police department. Always store guns and ammunition separately.

Talking about suicide with your children lets them know you are a safe adult to talk about suicide when they are having suicidal thoughts.

Teachers



Refer students at risk and respond to suicide and other crises in the school.

Increase education targeted toward teens and help them understand the signs of suicide.

Talk about the stigma, shame and the who what when and how. It could save a child's life.

Community



The whole village can get trained in the right tools. The more you know the more you can do.

Talk about the stigma, shame, and the who, what, when and how. It could save a child's life.

Call the suicide hotline below.



Teenline - Toll Free Statewide
1-800-273-8255
National and Local



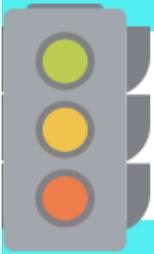
SC Youth Suicide Prevention Initiative
Aiken County Help Line, Inc.
United Way 24/7 Crisis Services
Greenville Crisis Line

(803) 896-4352
(803) 648-9900
2-1-1
(864) 271-8888

Source: National Child Death Review Case Reporting System (NCDRC)

Visit Us: scfac-sc.org Like Us: [/SCFAC.SC](https://www.facebook.com/SCFAC.SC) Follow Us: [@SC_SCFAC](https://twitter.com/SC_SCFAC)

Child Traffic Deaths FY2016

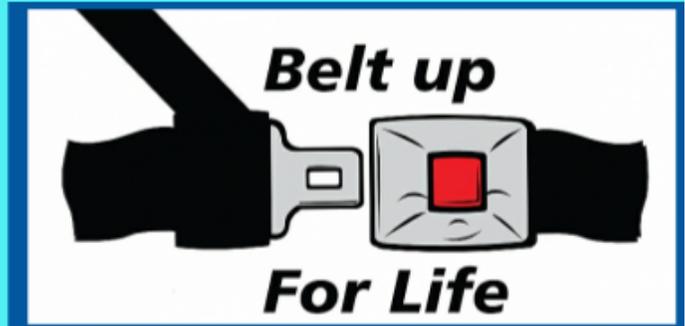


21 total child (ages 0-17) traffic deaths

	Restrained	Unrestrained
Passenger	7	4
Driver	2	1
	2	
	1	
	4	

Prevention

- Strengthen policies and programs to enhance transportation safety
- Strengthen policies that reduce driving while under the influence of alcohol or drugs or while drowsy or distracted
- Implement motorcycle and bicycle helmet laws
- Implement pedestrian safety education, and other safety regulations.



SOURCES

SC Department of Public Safety, Office of Highway Safety and Justice Programs, State Fatality Database

National Child Death Review Case Reporting System (NCDRCS)

CREATED BY

State Child Fatality Advisory Committee

scfac-sc.org

