Homicide

and Assault Injuries 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 whether or not they were South Carolina residents. South Carolina residents who were fatally injured or died outside of South Carolina are not included in this report. Therefore, SCVDRS death counts and rates may differ from South Carolina DHEC Vital Statistics and other death sources.

Homicide is an assault-related death in which a person is killed by another person. Homicide is a serious public health and public safety problem. Homicide rates continue to increase nationally and within South Carolina. In the United States in 2021, South Carolina ranked 6th for highest homicide rate and 6th for highest rate of homicides that are caused by firearms (CDC WISQARS - NVSS, 2021).



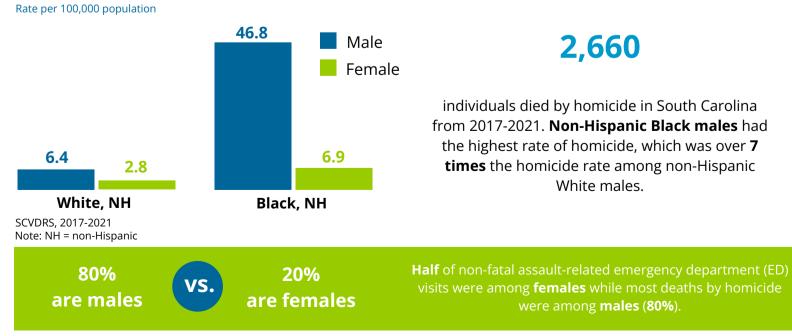
In 2021, there were 641 homicides in South Carolina. The rate of homicide has increased by 56% over the last 10 years.

Homicide, by Year Rate per 100,000 population 14.0 12.0 12.3 10.0 8.0 6.0 7.9 4.0 2.0 0.0 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

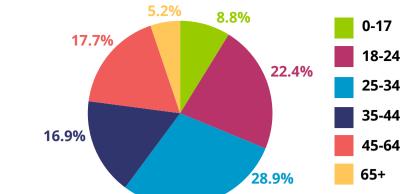
SCVDRS

Homicide by Demographics

Homicide, by Race/Ethnicity and Sex



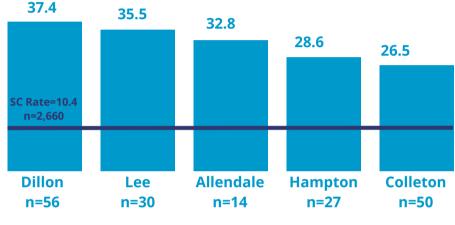
Homicide, by Age Group



SCVDRS, 2017-2021

Counties with the Highest Homicide Rates

Rate per 100,000 population





From 2017-2021, **18 to 34 year olds** made up **51.4%** of the homicides, but only made up 22.3% of the SC population.

South Carolina's most populated and urban counties, **Richland**, **Charleston**, and **Greenville** had the **highest number** of homicides (n= 283, 276, and 178, respectively) from 2017 to 2021, but the counties with the top 5 highest homicide rates per 100,000 population included rural counties in the Pee Dee and Lowcountry regions.

SCVDRS, 2017-2021

The Impact of Homicides and Assault Injuries

Each day in South Carolina, on average, 43 emergency department visits and 3 inpatient hospitalizations occur for non-fatal assaultrelated injuries, and 2 people die by homicide.

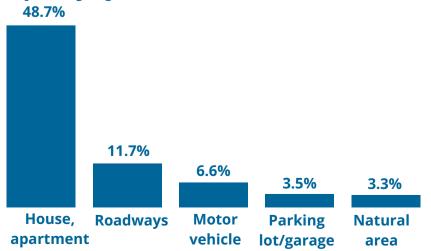


Hospital and ED charges for non-fatal assault-related injuries in 2021 included: \$113 million in hospital inpatient charges with an average of \$110,300 \$105 million in ED charges with an average of \$6,730

SCVDRS, 2021; SC RFA, 2021

Incident Characteristics of Homicides

Top 5 Injury Locations of Homicides

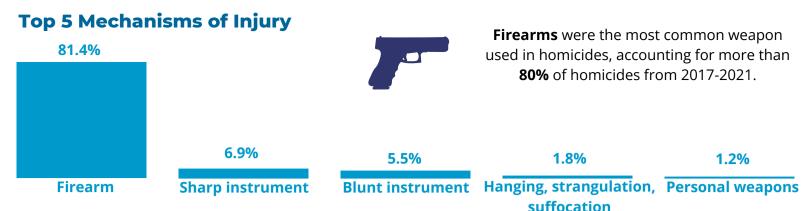




Almost **half** of homicide decedents were injured in a **house or apartment**.

SCVDRS, 2017-2021

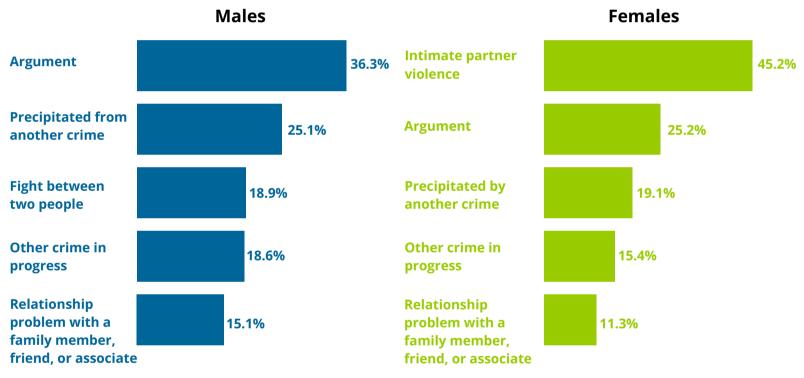
Note: Injury location type was unknown for 13.9% of homicide decedents.



SCVDRS, 2017-2021

Top 5 Circumstances Related to Homicide, by Sex

Among **males**, an **argument** is the most common circumstance preceding homicides, however, among **females**, it is **intimate partner violence**. Almost half of homicides among females had intimate partner violence as a related circumstance.



SCVDRS, 2017-2021

Note: Among homicide decedents with at least 1 known circumstance; circumstances were known for 54.0% of decedents. Decedents may have more than one known circumstance. Known crimes that precipitated the death included robbery, burglary, drug trade, motor vehicle theft, and assault/homicide (decedent role in the crime may be victim, perpetrator, or bystander).

SCVDRS Data Limitations

- Known circumstances leading to the violent death 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 NU17CE010146-02-00. 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), 2021 South Carolina Violent Death Reporting System (SCVDRS), 2012-2021 South Carolina Revenue and Fiscal Affairs Office (SC RFA) Emergency Department Visit and Hospital Discharge Data, 2017-2021