

# VIOLENT DEATHS AMONG CHILDREN

0-17 YEARS OF AGE | 2016-2020

From 2016-2020, there were more than 17,500 deaths in the United States among children 0-17 years of age that resulted from violence or unintentional firearm injuries. This equates to more than nine deaths each day. Data from the Oklahoma Violent Death Reporting System (OKVDRS) were used to determine the extent of violent deaths among Oklahoma's infants and children.

From 2016-2020, 317 children 17 years of age and younger died as a result of violence, an average of 63 deaths per year.

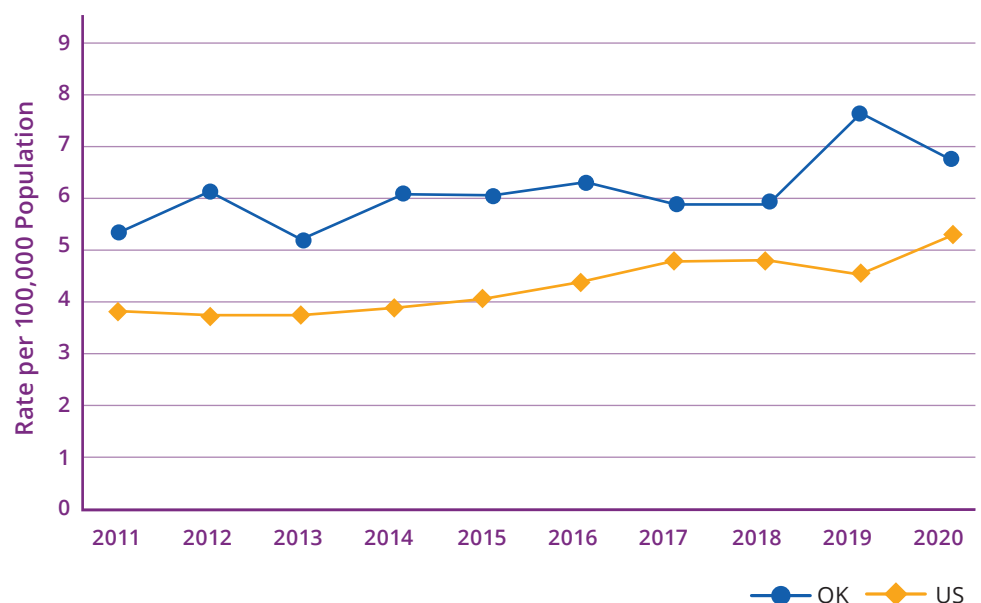
Fifty-one percent (163) died by suicide, 44% (139) died by homicide, 3% (10) were unintentional firearm injury deaths, and 2% (5) were legal intervention deaths.

Seventy-one percent of the children were males and 29% were females.

Nineteen percent were age 4 or younger, 8% were ages 5-11, 21% were ages 12-14, and 52% were ages 15-17.



**Figure 1. Violent Death<sup>1</sup> Rates among Children 0-17 Years of Age by Year, U.S. and Oklahoma, 2011-2020**



<sup>1</sup>Violent deaths include homicides, suicides and unintentional firearm injuries

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [22 July 2022]. Available from URL: [www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars)

**Table 1. Violent Death Rates<sup>1</sup> among Children 0-17 Years by Age, Gender, Race, and Ethnicity, Oklahoma, 2016-2020**

	White, NH		American Indian/ Alaskan Native, NH		Black, NH		Hispanic**	
	N	Rate	N	Rate	N	Rate	N	Rate
<b>Males</b>								
0-4	18	4.9	§	§	9	12.7	7	5.4
5-11	8	1.5	§	§	§	§	§	§
12-14	31	12.9	5	10.1	6	14.2	5	7.4
15-17	58	23.9	21	41.8	24	59.5	16	25.8
<b>Females</b>								
0-4	8	2.3	§	§	7	10.3	§	§
5-11	§	§	§	§	§	§	§	§
12-14	12	5.2	§	§	§	§	§	§
15-17	44	3.3	7	14.6	§	§	7	11.6

<sup>1</sup>Rates per 100,000 population. Deaths among Asian/Pacific Islander children were too low to report. Race was Asian/Pacific Islander, mixed, other, or unknown for 13 persons. NH is Non-Hispanic

\*\*Hispanic ethnicity is counted separately from race and is not a racial category.

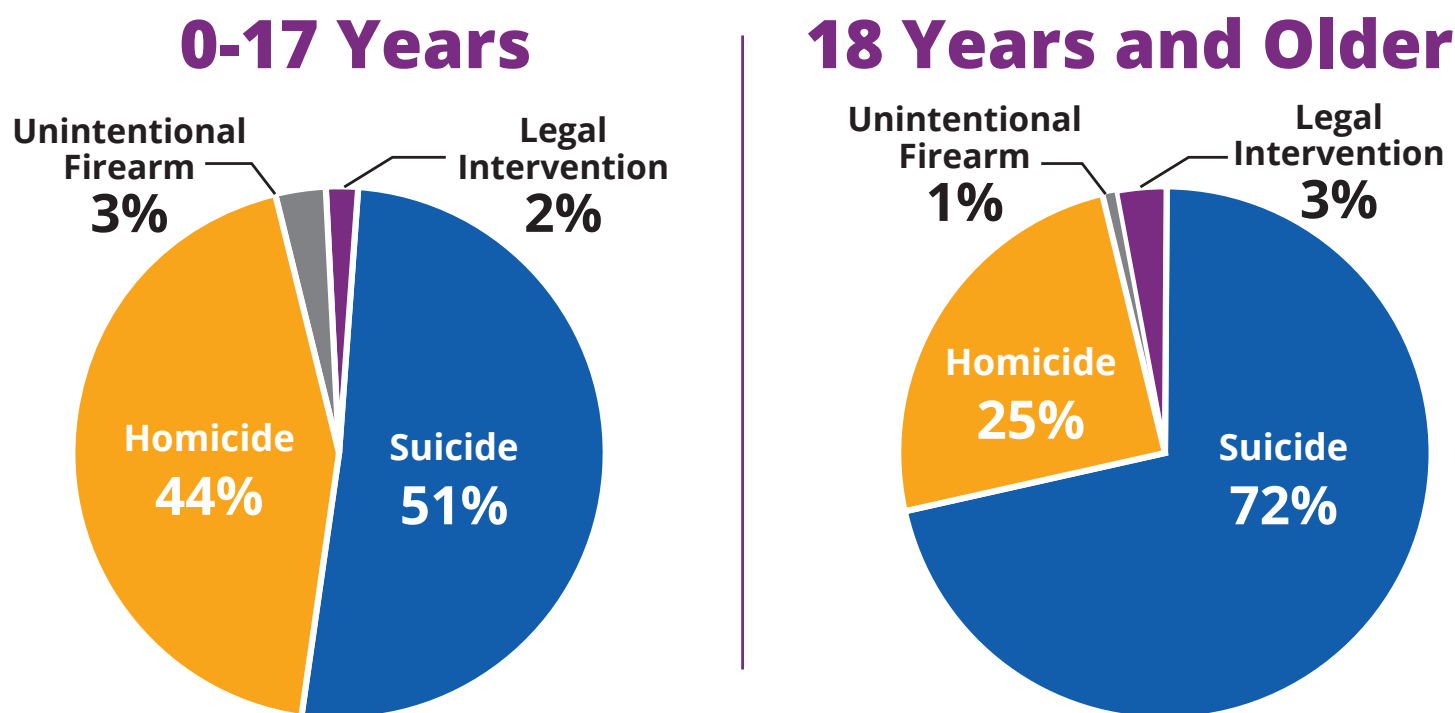
§Data have been suppressed due to small numbers.

- The highest violent death rate was among Black, non-Hispanic children (10.7 per 100,000 population), followed by American Indian/Alaskan Native, non-Hispanic (7.9) and white, non-Hispanic youth (5.8). Among children of Hispanic ethnicity, the violent death rate was 5.4 per 100,000 population.
- Violent death rates were highest among children 15-17 years of age in nearly all racial and gender groups. Among Black, non-Hispanic females, violent death rates were highest among females 0-4 years of age (**Table 1**).
- Black males 15-17 years of age had the highest rate of violent death among all racial and gender groups, followed by Native American males 15-17 years of age (59.5 and 41.8, respectively) (**Table 1**).
- Among children 15-17 years of age, 62% of the deaths were suicides, 34% were homicides, and 4% were legal intervention or unintentional firearm injury deaths.
- Children 3-11 years of age had the lowest number of violent deaths; the number of violent deaths peaked at age 16.
- Among persons 15-17 years of age, the suicide rate among males (18.5) was over 2.6 times higher than the rate among females (7.0), and the homicide rate among males in this age group (10.4) was over 2.8 times higher than the rate among females (3.6).
- Among infants (less than one year of age), the homicide rate among males (15.6) was 1.3 times that of the rate among infant females (11.4).
- Among children 1-4 years of age, the homicide rate among males was two times the rate among females (3.2 and 1.6, respectively).
- Compared to violent deaths among adults 18 years of age and older, children 0-17 years of age had a higher percentage of homicides (44% vs. 25%) and unintentional firearm deaths (3% vs. 1%) (**Figure 2**).
- Weapons most commonly used in homicides of children 0-17 years of age were firearms (53%), personal weapons (*fists, feet, and hands*, 23%) and blunt instruments (7%).

■ **Table 2. Top 5 Circumstances Related to Violent Deaths among Children 0-17 Years of Age by Death Type, Oklahoma, 2016-2020**

Homicide		Unintentional Firearm Death		Suicide	
Abuse or neglect led to death	44%	Playing with gun	60%	Mental health diagnosis	41%
Precipitated by another crime	33%	Showing the gun to another	60%	Depressed mood	32%
Gang related	15%	Thought gun was unloaded	30%	School problem	25%
Argument	14%	Gun fired loading/unloading	20%	Intimate partner problem	21%
Intimate partner violence	9%	Dropped the gun	20%	Argument	21%

■ **Figure 2. Manner of Death by Age Group, Oklahoma, 2016-2020**



■ The top three relationships of perpetrators of homicides to child homicide victims were parent figures (*biological, step, foster*, 41%), parent’s boyfriend/girlfriend (11%), and friend of the victim (9%). Other perpetrators included current and ex boyfriend/girlfriend, siblings, grandparents, other family members, babysitters, acquaintances and other known persons, work colleagues and strangers.

■ Suicide accounted for 72% of violent deaths among adults and 51% of violent deaths among children (**Figure 2**).

■ Weapons most commonly used in suicides of children 0-17 years of age were firearms (54%), hanging/suffocation (36%), and sharp instruments (6%).

■ Firearms were the leading weapon used across all manners of death for children 0-17 years of age.

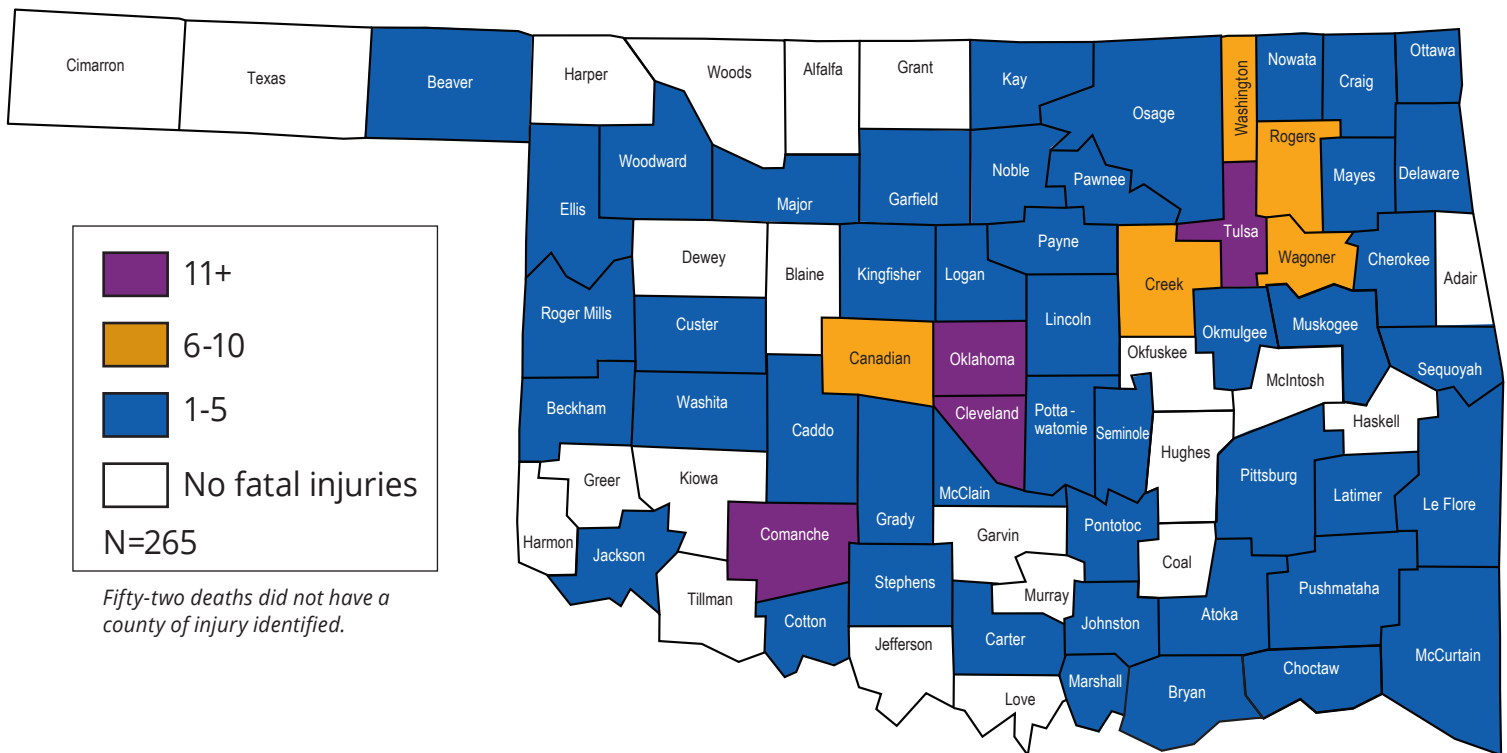
■ Of the children who died by suicide, 33% left a note or other communication, 27% had a history of suicidal ideation, 26% disclosed intent to die by suicide to someone, and 8% had a history of suicide attempts.

Violent deaths of children occurred at a 25% – 32% higher rate in rural counties (8.6 per 100,000 population) versus metropolitan and micropolitan counties (6.9 and 6.5, respectively).

Fifty-five counties had one or more violent injuries leading to the death of a child, with 41% of the injuries occurring in Oklahoma and Tulsa counties (**Figure 3**).

There were no violent injuries leading to the death of infants and children during this period in 22 counties (**Figure 3**).

**Figure 3. Violent Deaths among Children 0-17 Years of Age by County of Injury, Oklahoma, 2016-2020**



For this brief, Atoka, Beaver, Caddo, Choctaw, Craig, Delaware, Johnston, Kingfisher, Latimer, LeFlore, Major, Marshall, Mayes, McCurtain, Noble, Nowata, Pushmataha, Roger Mills, Seminole, and Washita Counties were identified as rural.

**Metropolitan Statistical Area:** A geographic entity delineated by the Office of Management and Budget for use by federal statistical agencies. Metropolitan statistical areas consist of the county or counties (or equivalent entities) associated with at least one urbanized area of at least 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties. For this brief, Canadian, Cleveland, Comanche, Cotton, Creek, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, Okmulgee, Osage, Pawnee, Rogers, Sequoyah, Tulsa, and Wagoner Counties were designated Metropolitan Statistical Areas.

**Micropolitan Statistical Area:** A geographic entity delineated by the Office of Management and Budget for use by federal statistical agencies. Micropolitan statistical areas consist of the county or counties (or equivalent entities) associated with at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties. For this brief, Beckham, Bryan, Carter, Cherokee, Custer, Ellis, Jackson, Kay, Muskogee, Ottawa, Payne, Pittsburg, Pontotoc, Pottawatomie, Stephens, Washington, and Woodward Counties were designated Micropolitan Statistical Areas.



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The Oklahoma Violent Death Reporting System (OKVDRS) is a statewide surveillance system for suicides, homicides, undetermined manner deaths, unintentional firearm injury deaths and legal intervention deaths. Data are collected from medical examiner reports, death certificates, and law enforcement reports. The data are included in the National Violent Death Reporting System and can be accessed at <http://www.cdc.gov/injury/wisqars/>.

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