

Collateral Damage on the Home Front:

The Trend of Homicide by Parent/Caregiver in North Carolina and in its Active Duty Military Families

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Opening Commentary

Over the course of my career, I participated in two studies of Homicide by Parent/Caregiver (HPC) in North Carolina, with a special emphasis on active-duty military families. The first was in 2002. The second, in 2012, found a moderation and decline in HPC rates from the first study. Another decade later, now in retirement, I began to wonder if the decline in HPC rates had continued. Working alone, not within a supportive organization, has been a new experience for me. I would not have gotten anywhere without kind assistance from former colleagues within the *State Child Fatality Prevention System*. This brief study report confirms that the trends in HPC rates in our state have continued to decline. The hope, however, is that the report will encourage younger folks with greater access to study resources to both refine the current study and put in place systems that will monitor the HPC phenomenon more closely over time.

Introduction

Perhaps the most tragic of all human tragedies is the homicide of a child by the child's parent or a caregiver entrusted with the child's health and welfare. It wasn't long ago that this phenomenon went unstudied. That began to change in the early 1990s when North Carolina became one of the first states to implement a *State Child Fatality Prevention System*. Under the leadership of the Office of the Chief Medical Examiner, larger data sets became available regarding the causes of child deaths. With a strong State Center for Health Statistics already in place, it became possible to create more in-depth studies of causes and trends in children's deaths.

The First Study

One of the first large studies of homicide by parent/caregiver (HPC) was led by Dr. Marcia Herman-Giddens, who was director of the State Child Fatality Prevention Team. The study covered the period 1985-2000, and focused on HPC of children ages 0 thru 10. (This age range was chosen because it included the vast majority of HPCs, and because the dynamics surrounding the homicide of a 16 year-old are quite different from the homicide of a young child.) The highlight results of that 2002 study include:

- 378 resident children (ages 0 thru 10) were killed by parents/caregivers.
- The overall state HPC rate was 2.2 per 100,000 children ages 0 thru 10.
- The highest HPC rates – about twice the state rate- occurred in Cumberland and Onslow counties.
- A further study of these counties, home to four major military installations, found that the HPC rate in active duty military families was about 5.0 per 100,000 children ages 0 thru 10, more than twice the state rate.

The startling result regarding military families led to meetings with local health and social services officials, as well as military representatives. Discussions focused on risk factors for child maltreatment and family violence. These factors include younger families (and younger children), those with economic stress, often a lower level of education, and isolation from family supports. It was noted that a large number of military families have all these risk factors. To those, add deployment (perhaps more than one), and the perfect storm for family violence is created.

This led to the implementation of several family support strategies. The military and local agencies established high levels of coordination and collaboration. County-sponsored services, such as Family Development Centers and Child Advocacy Centers, became available to both civilian and military families alike.

The Department of Defense expanded its Family Advocacy Programs at installations to include parenting education, home visiting for parents of newborns, family violence prevention and interventions, and many others. Finally, a growing group of Family Readiness Officers were specifically assigned to this effort.

The Second Study

In 2012, recognizing that many interventions had been put in place, Action for Children North Carolina (now NC Child), decided to replicate the original study, especially to determine the status of HPCs in military families. The study covered the period 2001-2010. The highlights of that study report were:

- There were 251 HPCs of children ages 0 thru 10 in North Carolina, computing to an overall state rate of 1.9 deaths per 100,000 children.
- That rate was a 13.6% decline from the overall rate during the period 1985-2000.
- The HPC rate in Cumberland was 4.08 per 100,000, an encouraging 11.3% decline from the rate of 4.6 during the period 1985-2000. The rate in Onslow was 4.07 per 100,000, a 5.4% decline from the rate of 4.3 in the period 1985-2000. However, the rates for these counties remained the highest in the state.
- There were a total of 18 HPCs in active duty military families during the period 2001-2010, computing to a rate of 4.3 per 100,000 children. This was a somewhat comforting 14% decline from the rate of 5.0 in the period 1985-2000 – a decline slightly better than the overall state rate decline!

The encouraging decline in the military HPC rate was of course not happenstance. The collaboration between the military and local agencies, as well as the almost exponential growth in family support services available to military families was obviously having a positive effect.

The Current Study (Spoiler Alert: There's Good News)

Recent reports indicate that the homicide rate of children under the age of 18 in North Carolina may be trending upward during the past decade. This piqued interest in determining whether the HPC subset, as traditionally defined, was also trending upward. Having retired, I set out to replicate the prior studies using the two data sources (State Child Fatality Prevention Team and State Center for Health Statistics) noted above. The current study covers the period 2011-2022. The findings include:

- There were a total of 255 HPCs in children ages 0 through 10 in the period 2011-2022. This computes to a rate of 1.55 HPCs per 100,000. This represents an 18% decline during the period!
- During the period, 31 counties had no HPC occurrences. Another 27 counties had one occurrence.
- Nine counties had 9 or more HPC occurrences. On Chart 1, the counties are listed by HPC rate, compared to the state rate.
- The HPC rates for both Cumberland and Onslow declined during the study period, but both remain well above the state rate,

The news gets even better when the focus is on active duty military families. Using the two state data sources, complemented by the Defense Manpower Data System (used for all three studies), the findings include:

- There were 7 HPCs of children ages 0 thru 10 in active duty military families during the period 2011-2022. (3 in Cumberland; 3 in Onslow; 1 in Pender, which borders Onslow).
- This computes to a rate of 1.29 per 100,000 children. This is a remarkable 70% decline over the prior study period, and for the first time is below the state rate!

As noted above, one needs only to search online for DOD Family Advocacy Programs to note the breadth and depth of the support services available to military families. It is this response by the Defense Department and the installations themselves that is clearly associated with the remarkable reduction in the HPC rate in active duty military families over the past three decades. One hopes that these support services will both grow and evolve to meet the ever-changing needs of military families.

Review of the Trends

As depicted in Chart 2, over the past three+ decades, the overall HPC rate in North Carolina declined by 30%. During the same period the HPC rate in active duty military families declined by a remarkable 74%.

It should be noted, however, that there were 884 HPCs in North Carolina during the period 1985-2022. That represents an entire elementary school enrollment. This highlights the importance of being vigilant of the HPC phenomenon, and equally attentive to the need for the continued preventive measures.

Closing Commentary

In one of humanity's oldest stories, an angel appears to Abraham to tell him not to slay his son Isaac. This is arguably the first recorded instance of the prevention of homicide by parent/caregiver. Though the problem is not new, the problem went unmeasured until recent decades. Thankfully, recognition gave rise to an array of interventions.

We know today's "angels" as nurses, social workers, psychologists, extended family members, and others who offer family supports to prevent the occurrence of HPC. They cannot do the job alone; they themselves need the support of society as a whole. And that means supporting families through higher wages, paid family leave, access to reproductive health care, and a greater

attentiveness to our neighbors in stress. This is an example of the philosophic notion of the connectedness of all things. We need to develop an “HPC filter” to reflect whether a proposed law, policy, program or budget allocation will enhance family supports, or add to the special stresses that put their children in jeopardy. That is an awesome responsibility that we need to assume collectively.



