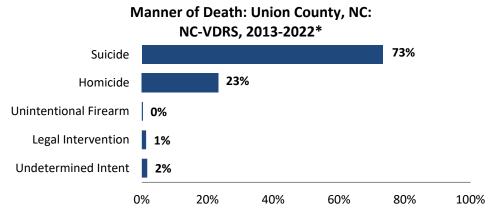
NC Violent Death Reporting System

VIOLENT DEATH IN NORTH CAROLINA: UNION COUNTY INCIDENTS, 2013-2022

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded statewide surveillance system that collects detailed information on violent deaths that occur in North Carolina, including: homicide, suicide, unintentional firearm deaths, legal intervention, and deaths of undetermined intent. NC-VDRS triangulates information from death certificates, medical examiner reports, and law enforcement reports to understand and aid in the prevention of violent deaths. Data reported in this document are based on the county where the death occurred rather than county residence. For more information, please visit https://www.injuryfreenc.ncdhhs.gov/About/ncVDRS.htm.

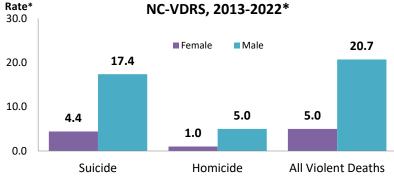
¹The occurrent ratio is used instead of the rate. This statistic is derived from the total number of violent deaths resulting from injuries in a specified geographic region divided by the number of residents in the region.



- For the years 2013-2022, there were 296 violent deaths from injuries sustained in Union County. Of these 296 deaths, 284 were NC residents (95.9%) and 264 were Union County residents (89.2%).
- There were 217 suicides (73.3%), 69 homicides (23.3%), one unintentional firearm death (0.3%), four deaths from legal intervention (1.4%), and five deaths of undetermined intent (1.7%).

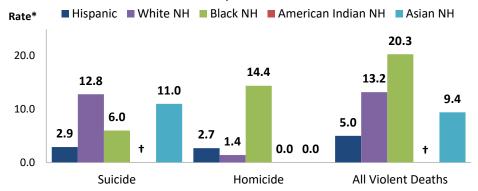
• In Union County, the suicide ratio was 4.0 times higher in males than in females, and the homicide ratio was 5.0 times higher in males than in females.

Manner of Death by Sex: Union County, NC: NC-VDRS, 2013-2022*



*Rate per 100.000, based on the county of injury occurrence.

Manner of Death by Race/Ethnicity: Union County, NC: NC-VDRS, 2013-2022*

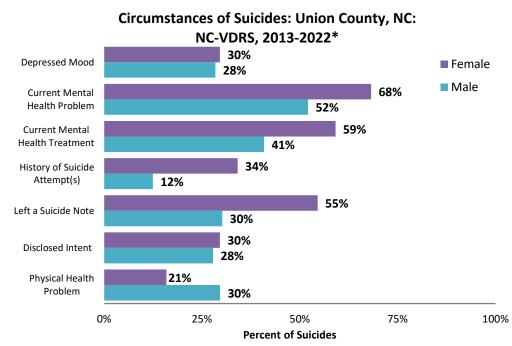


- The suicide rate was highest for non-Hispanic (NH) White victims (12.8) suicides per 100,000 population) followed by NH Asian victims (11.0 per 100,000).
- In contrast, the homicide rate was highest among NH Black victims (14.4 per 100,000 population) followed by Hispanic victims (2.7 per 100,000).

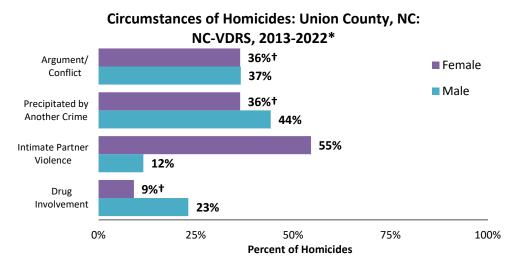
^{*}Based on the county of injury occurrence.

^{*}Rate per 100,000 based on the county of injury occurrence. † Rate suppresed, 1-4 deaths. Chart excludes one death of unknown or other race/ethnicity.

- Suicides and homicides displayed dissimilar age patterns. Homicide rates peaked among those aged 25-34 with 8.9 homicides per 100,000, while suicide rates peaked among those aged 85 and older with 31.2 suicides per 100,000.
- More than two-thirds of homicides (71.0%) and over half of suicides (60.4%) involved firearms.
- Suspicion of intoxication was reported in 17.4% of homicides and 19.8% of suicides.
- For homicide incidents where one or more suspects were identified, the relationship of the victim to the suspect was known (current or former spouse/boyfriend/girlfriend, family, friend or acquaintance) more frequently for female (66.7%) than for male (64.9%) victims.



- Twenty-eight percent (28.4%) of male and 29.6% of female Union County suicide victims with circumstance information were characterized as being currently depressed when they died by suicide.
- Sixty-eight percent (68.2%) of female and 52.1% of male suicide victims were characterized as having a current mental health problem.
- Females (34.1%) were more likely to have attempted suicide in the past as compared to males (12.4%).
- *Based on the county of injury occurrence, 98.2% of cases had circumstance information. One female and three males were missing circumstance information.



- Arguments or conflicts were a contributing factor for male homicides (36.5%), this was similar to female homicides (36.4%).
- Thirty-six percent (36.4%) of female homicides and 44.2% of male homicides were precipitated by another crime such as robbery, burglary, or drug trafficking.
- Intimate partner violence was a contributing factor in 54.6% of female homicides, but only 11.5% of male homicides.
- *Based on the county of injury occurrence, 91.3% of cases had circumstance information. One female and five males were missing circumstance information.

† There were fewer than 5 deaths

The North Carolina Violent Death Reporting System is supported by Cooperative Agreement 5NU17/CE924955-02-00 with the Centers for Disease Control and Prevention (CDC).





NC Violent Death Reporting System / 919-707-5432
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2022 FINAL DATA 7/11/24

Please see the NC-VDRS 2022 Annual Report for additional data and technical information.

NCDHHS Division of Public Health / www.publichealth.nc.gov / Injury Epidemiology & Surveillance Unit/ 919-707-5425