



2023 Data Report

South Dakota Department of Health

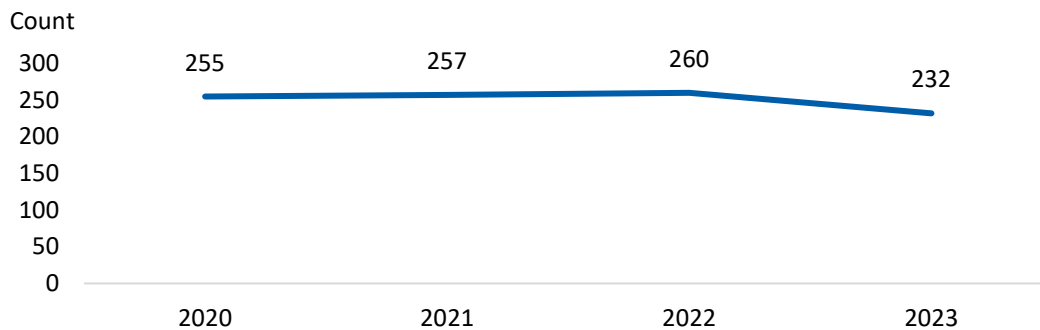
South Dakota Violent Death Reporting System

The South Dakota Violent Death Reporting System (SD-VDRS) is a Centers for Disease Control and Prevention (CDC)-funded, anonymous surveillance system that collects information on suicides, homicides, legal intervention deaths, deaths of undetermined intent, unintentional firearm-related deaths, and terrorism-related deaths. SD-VDRS collects information from death certificates, coroner reports and law enforcement reports. The goal of this system is to understand and aid in the prevention of violent deaths. This report summarizes the occurrence of violent deaths where the injury occurred in South Dakota, regardless of residency, from 2020 to 2023.

Violent Deaths

In South Dakota, there were 1,004 people who died as a result of violence from 2020 to 2023. In 2023 alone, there were 232 injuries in South Dakota that resulted in a violent death.

Figure 1: Violent Deaths by Year



Of the 1,004 violent deaths, 77% were suicide, 19% homicide, 3% undetermined intent, and 2% were an unintentional firearm death (Figure 2). Firearms were the leading mechanism of violent deaths in South Dakota (50%), followed by strangulation/suffocation (29%), and poisoning (8%) (Figure 3).

Figure 2: Violent Deaths by Manner, 2020-2023

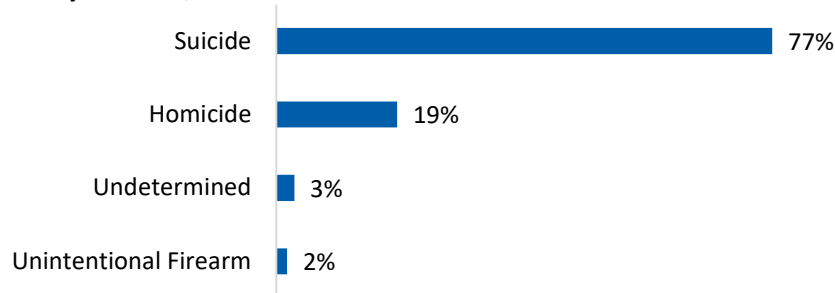
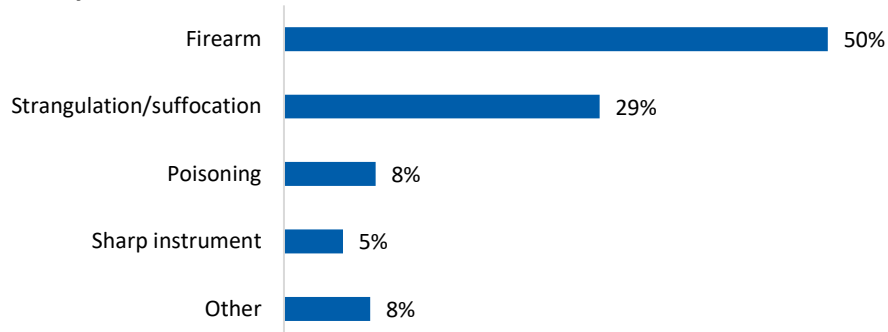


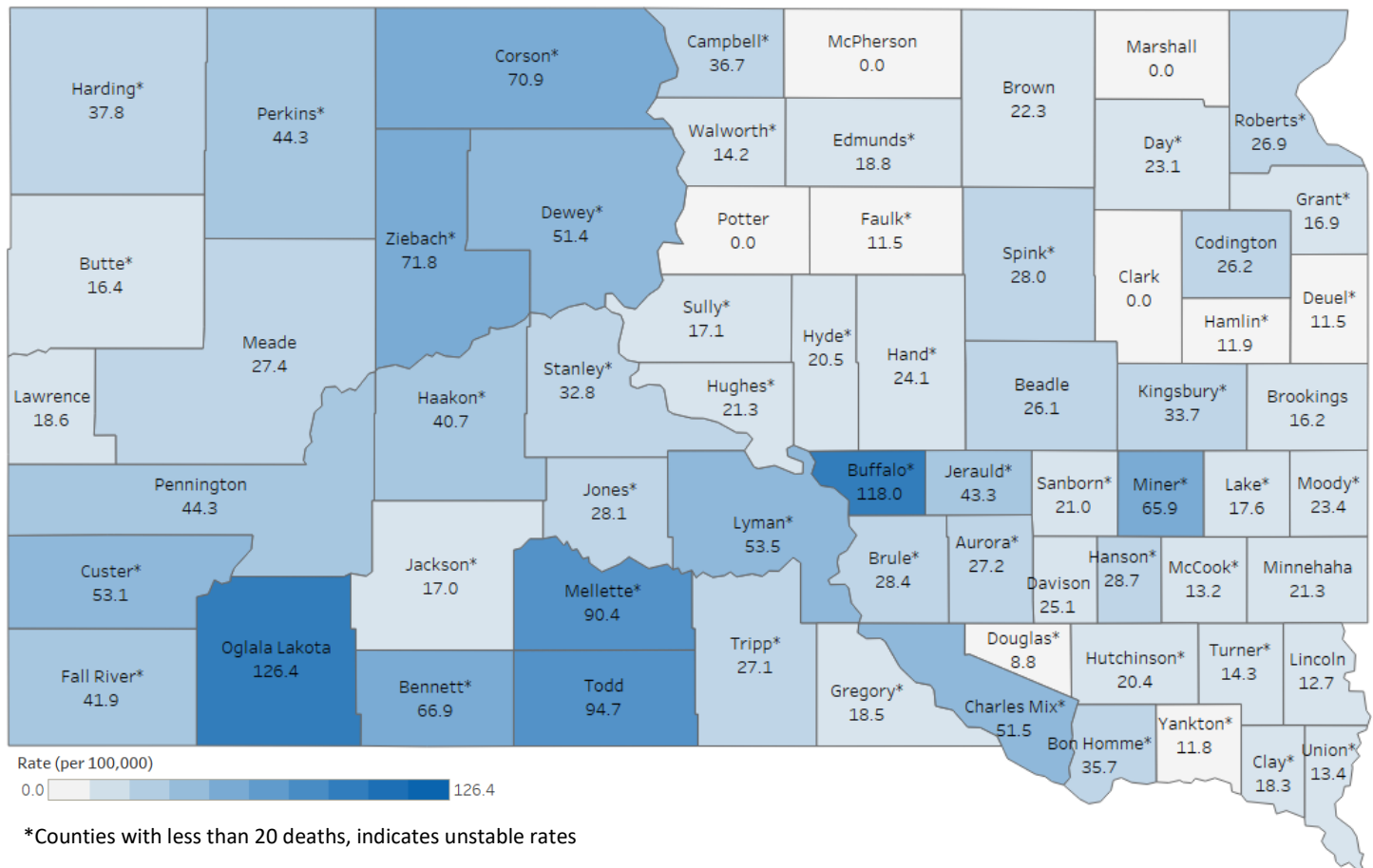
Figure 3: Violent Deaths by Mechanism, 2020-2023



Violent Deaths by County of Injury

The figure below shows violent death rates by county of injury. Among counties with stable rates for comparison (≥ 20 deaths), the top 5 counties with the highest rates of violent deaths included Oglala Lakota (126.4 per 100,000), Todd (94.7 per 100,000), Pennington (44.3 per 100,000), Meade (27.4 per 100,000), and Codington (26.2 per 100,000).

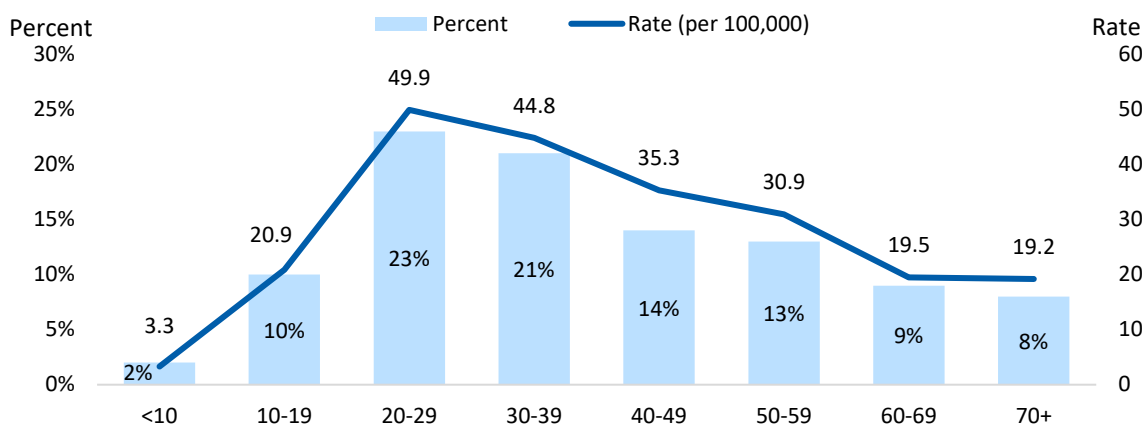
Figure 4: Violent Deaths by County, 2020-2023



Violent Death Demographics

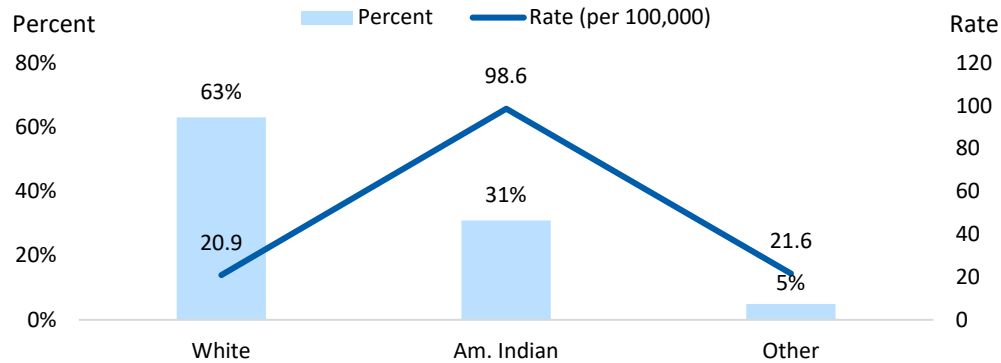
Males made up 77% of violent deaths and were 3.2 times more likely to die from violence as females (42.1 vs 13.0 per 100,000, respectively). Individuals aged 20-29 years made up the highest proportion of violent deaths and had the highest violent death rate (49.9 per 100,000) (Figure 5).

Figure 5: Violent Deaths by Age Group, 2020-2023



The largest proportion of violent deaths were among individuals who identified as White (63%), followed by the American Indian population (31%). The American Indian violent death rate was 4.7 times higher than the White death rate (98.6 vs 20.9 per 100,000, respectively).

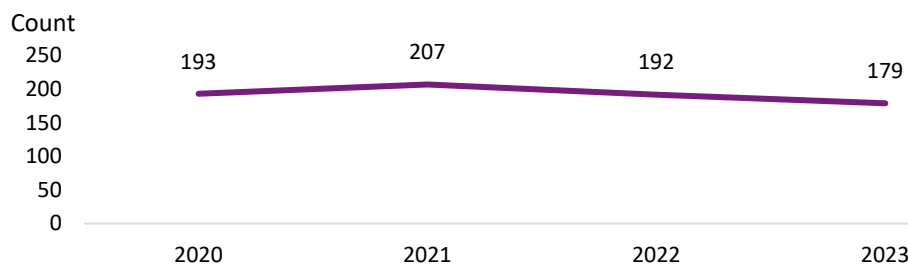
Figure 6: Violent Deaths by Race, 2020-2023



Suicide Deaths

Suicide deaths make up the largest proportion of violent deaths in South Dakota. From 2020 to 2023, there were 771 suicide deaths that were captured in SD-VDRS. Of the 771 suicide deaths, the most common mechanisms were firearms (50%), followed by strangulation/suffocation (37%), and poisoning (10%).

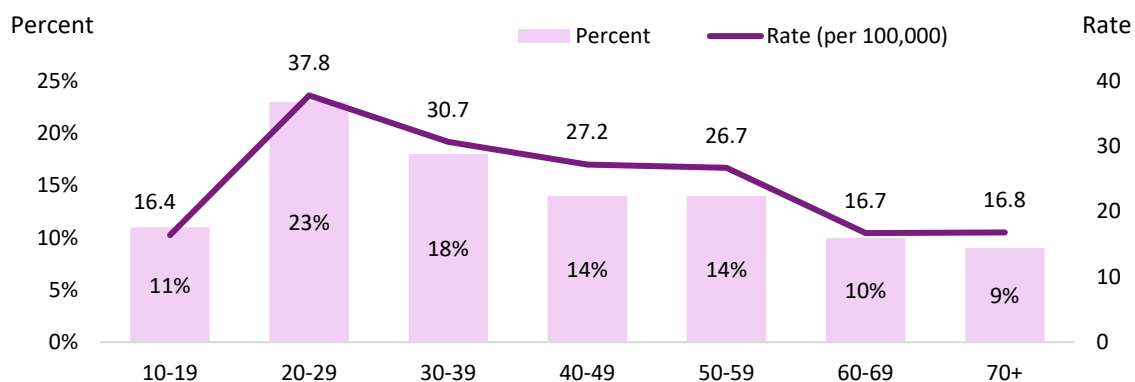
Figure 7: Suicide Deaths by Year, 2020-2023



Suicide Demographics

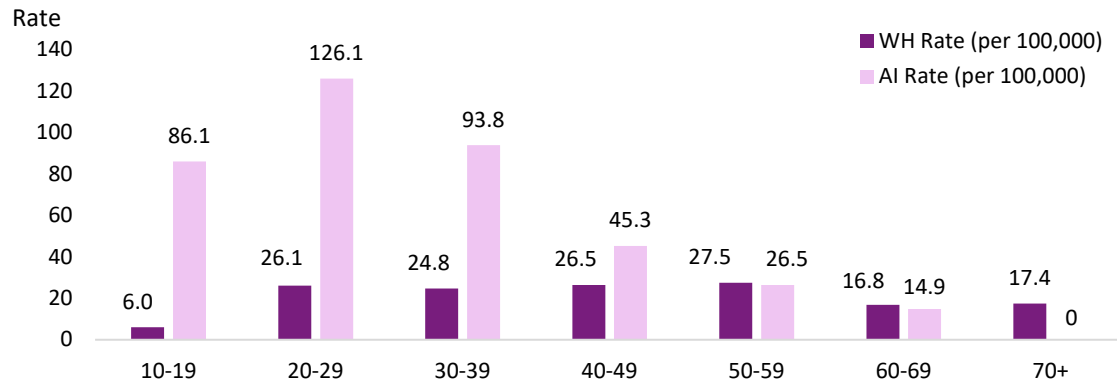
Males made up 78% of suicide deaths and were 3.4 times more likely than females to die by suicide (32.7 vs 9.5 per 100,000, respectively). The age group with the highest rate of suicide deaths were adults aged 20-29 years (37.8 per 100,000).

Figure 8: Suicide Deaths by Age Group, 2020-2023



The largest proportion of suicide deaths were among the individuals who identified as White (72%), followed by American Indians (23%). The American Indian suicide death rate was 3.1 times higher than the White death rate (56.6 vs 18.1 per 100,000, respectively). Within the American Indian population, 87% of suicide deaths were among individuals aged 39 years and younger and the highest suicide rates were among ages 10-39 years (Figure 9).

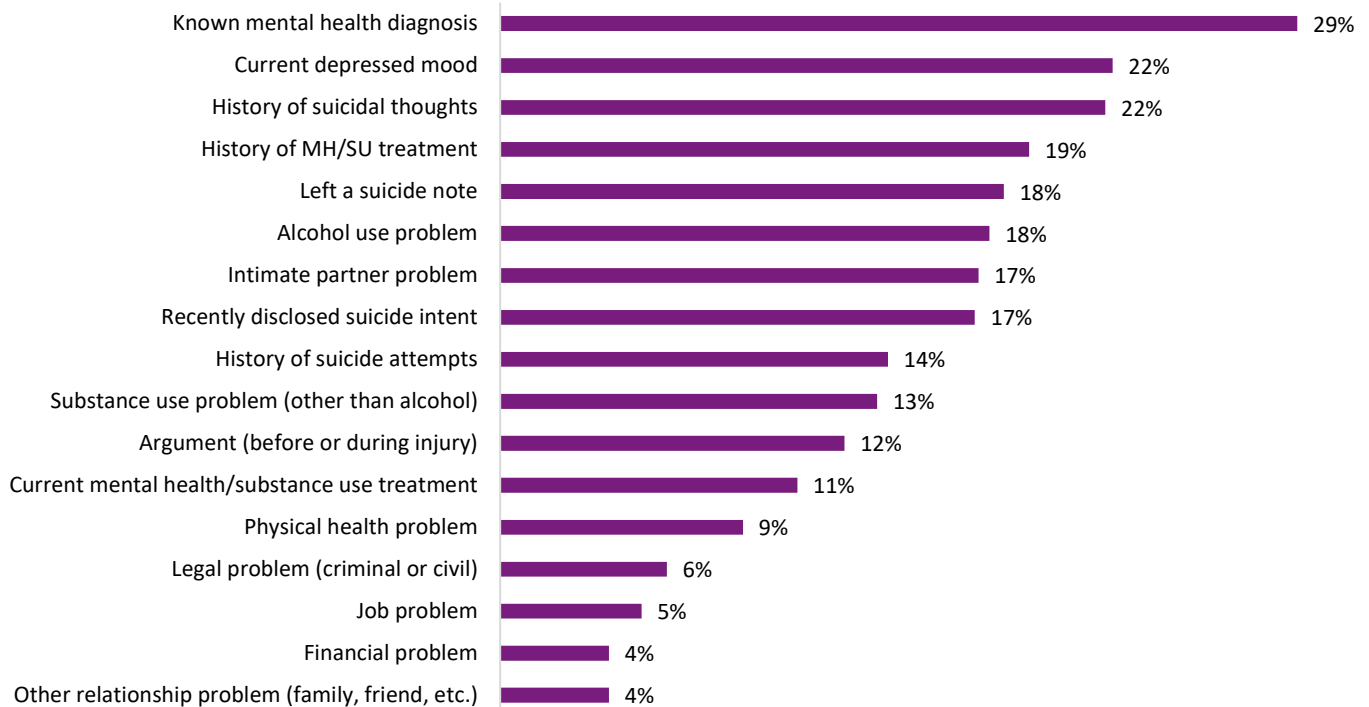
Figure 9: Age-Specific Suicide Rates (per 100,000) by Race, 2020-2023



Circumstances

SD-VDRS collects information about circumstances that are reported or perceived in the investigative reports as being related to the violent death. Of the 771 suicide deaths, 70% had a circumstance documented by coroners and/or law enforcement. The most common circumstances documented were a known mental health diagnosis (29%), current depressed mood (22%), and a history of suicidal thoughts (22%) (Figure 10). *Please note that persons who died by suicide may have had multiple circumstances and it is possible that circumstances could have been present and not diagnosed, known, or reported.*

Figure 10: Suicide Circumstances, 2020-2023



Differences in circumstances reported by demographics can be seen in Table 1. When examining circumstance by sex, a larger percentage of female decedents (46%) had a known mental health diagnosis than male decedents. A larger percentage of female decedents (33%) than male decedents (15%) were known to have received mental health or substance use treatment at some point in their life.

When examining circumstances by race, a larger percentage of White decedents (34%) had a known mental health diagnosis at time of death. American Indians had a larger percentage of substance use problems reported (20%).

By age group, decedents aged 20-29 years had a larger percentage of substance use problems and legal problems. Decedents aged 30-39 age years had a slightly higher percentage of suicide attempt history. Decedents aged 40-49 years had a larger percentage of intimate partner problems reported and known alcohol use problems. Decedents aged 50-59 years had a larger percentage of current depressed mood reported, history of mental health and/or substance use treatment, and a known mental health diagnosis. Decedents aged 60 years and older had a larger percentage of physical health problems reported compared to all other age groups. *Please note that persons who died by suicide may have had multiple circumstances and it is possible that circumstances could have been present and not diagnosed, known, or reported.*

Table 1: Suicide Circumstances by Demographics, 2020-2023

Circumstance	Female	Male	White	Am. Indian	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60+ Years
Known mental health diagnosis	46%	23%	34%	14%	19%	26%	31%	31%	41%	24%
History of mental health/substance use treatment	33%	15%	23%	7%	19%	19%	18%	20%	27%	13%
Current mental health/substance use treatment	21%	8%	14%	2%	7%	10%	12%	10%	19%	7%
Current depressed mood	24%	21%	26%	10%	14%	22%	24%	24%	29%	17%
Alcohol use problem	17%	18%	19%	14%	11%	14%	16%	26%	23%	16%
Substance use problem (other than alcohol)	19%	12%	12%	20%	14%	22%	18%	16%	7%	1%
History of suicidal thoughts	26%	20%	24%	15%	20%	24%	24%	20%	24%	18%
History of suicide attempts	28%	10%	15%	11%	16%	16%	17%	15%	15%	5%
Recently disclosed suicide intent	20%	16%	19%	12%	14%	21%	12%	22%	20%	13%
Left a suicide note	20%	17%	22%	4%	11%	16%	19%	23%	20%	17%
Financial problem	4%	4%	5%	1%	1%	2%	6%	6%	6%	2%
Job problem	5%	5%	7%	1%	1%	3%	7%	10%	9%	1%
Legal problem (criminal or civil)	2%	7%	6%	4%	1%	10%	7%	7%	5%	3%
Physical health problem	8%	9%	12%	1%	1%	1%	1%	11%	15%	23%
Argument (before or during injury)	13%	12%	13%	9%	4%	13%	18%	20%	14%	5%
Intimate partner problem	19%	16%	19%	8%	11%	20%	22%	29%	13%	7%
Other relationship problem (family, friend, etc.)	9%	2%	5%	2%	4%	2%	6%	7%	5%	2%

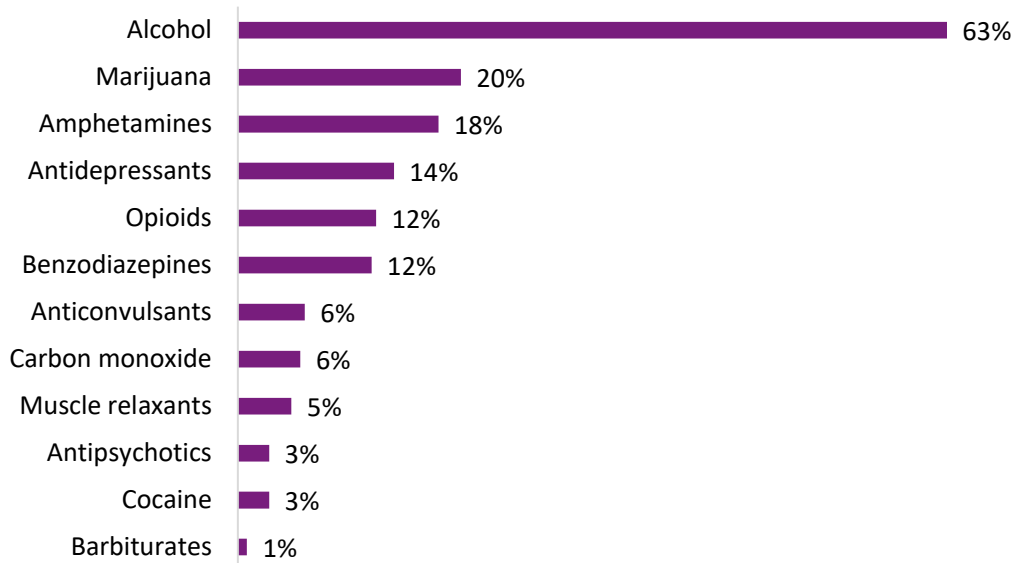
Mental Health Diagnosis

Of the 771 suicide deaths, 29% had a known mental health diagnosis reported at the time of death. Of the decedents with a known mental health diagnosis, the most common diagnoses were depression (80%), anxiety (19%), bipolar disorder (9%), post-traumatic stress disorder (9%), schizophrenia (7%), and other diagnosis (12%). Please note that individuals could have had multiple diagnosis.

Toxicology Results

Of the 771 suicide deaths, 52% had an available toxicology report. Of the 400 suicide deaths that had an available toxicology report, 63% had a positive toxicology result for one or more substances. The graph below shows the most common substances present at the time of death for decedents with a positive toxicology (N=252). *Please note that an individual could have more than one substance present.*

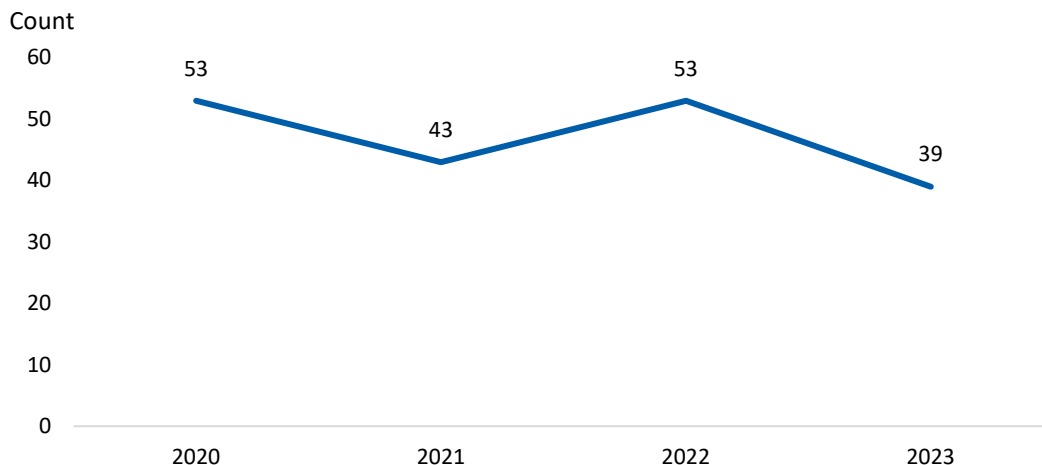
Figure 11: Positive Toxicology Results, 2020-2023



Homicide Deaths

From 2020-2023, there were 188 homicide deaths that were captured in SD-VDRS. In South Dakota, 94% of homicide cases were a single homicide event, 4% were a multiple homicide event, and 3% were a single homicide followed by suicide. Among homicide deaths, the most common weapons used were firearms (47%), sharp instruments (such as knives, razors, and other pointed instruments) (22%), blunt instruments (such as clubs, bats, etc.) (10%), and personal weapons (such as fists, feet, and hands) (10%).

Figure 12: Homicide Deaths by Year, 2020-2023

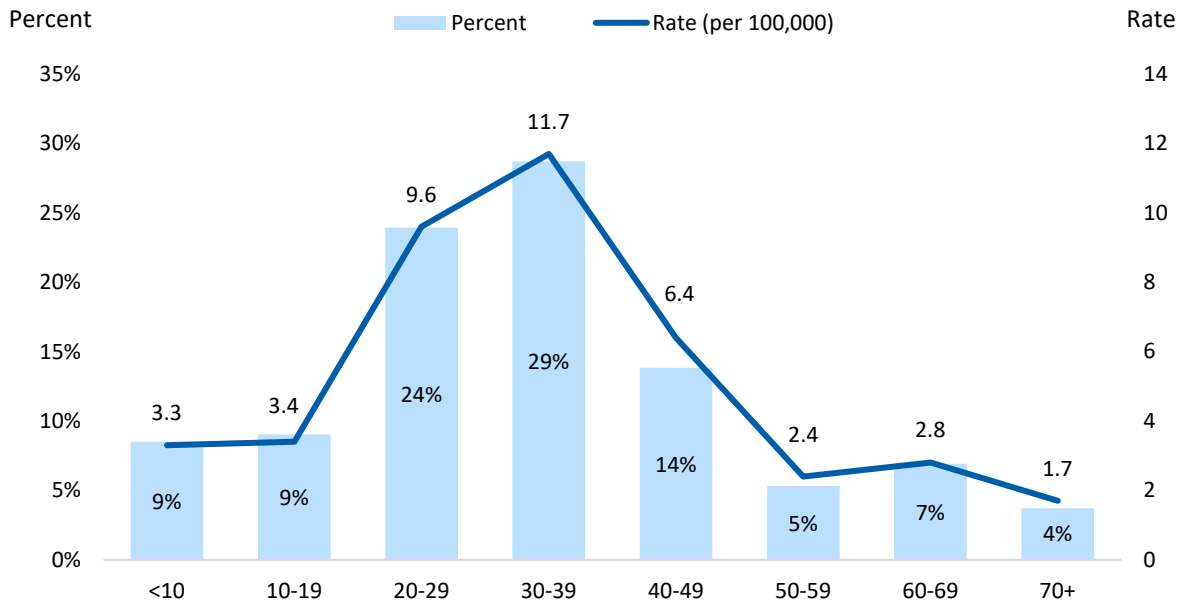


Homicide Demographics

Males made up 73% of homicide deaths and were 2.7 times more likely than females to die by homicide (7.5 vs 2.8 per 100,000, respectively).

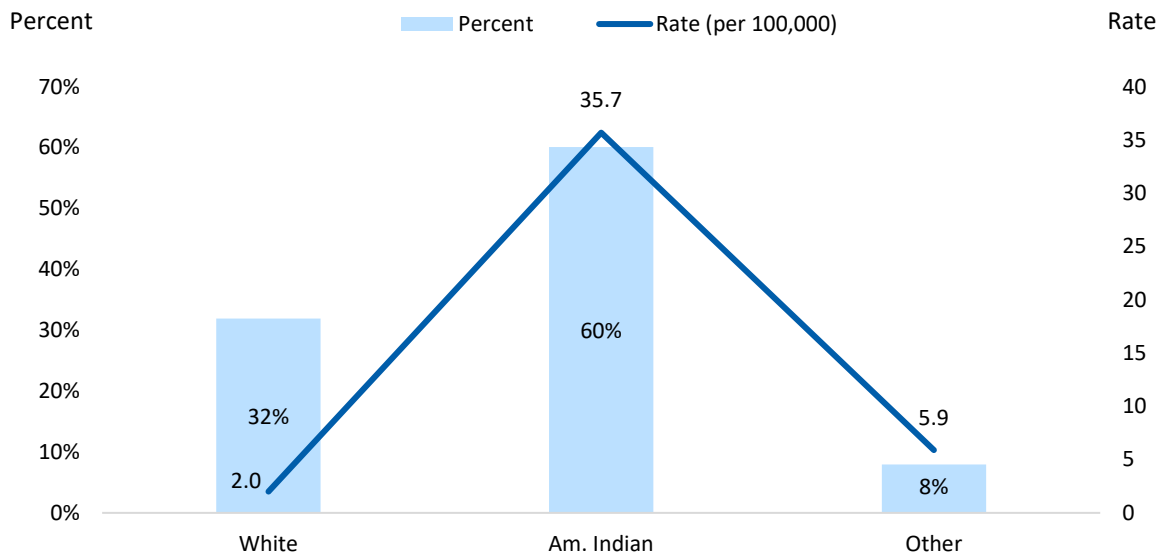
Homicide affects all ages in South Dakota. The largest proportion and highest homicide rates were among individuals aged 30-39-year-olds (11.7 per 100,000) and 20-29-year-olds (9.6 per 100,000) (Figure 13).

Figure 13: Homicide Deaths by Age Group, 2020-2023



The largest proportion of homicides were among individuals who identified as American Indian (60%), followed by the White population (32%). American Indian homicide rates were 18.1 times higher than White homicide rates (35.7 vs 2.0 per 100,000).

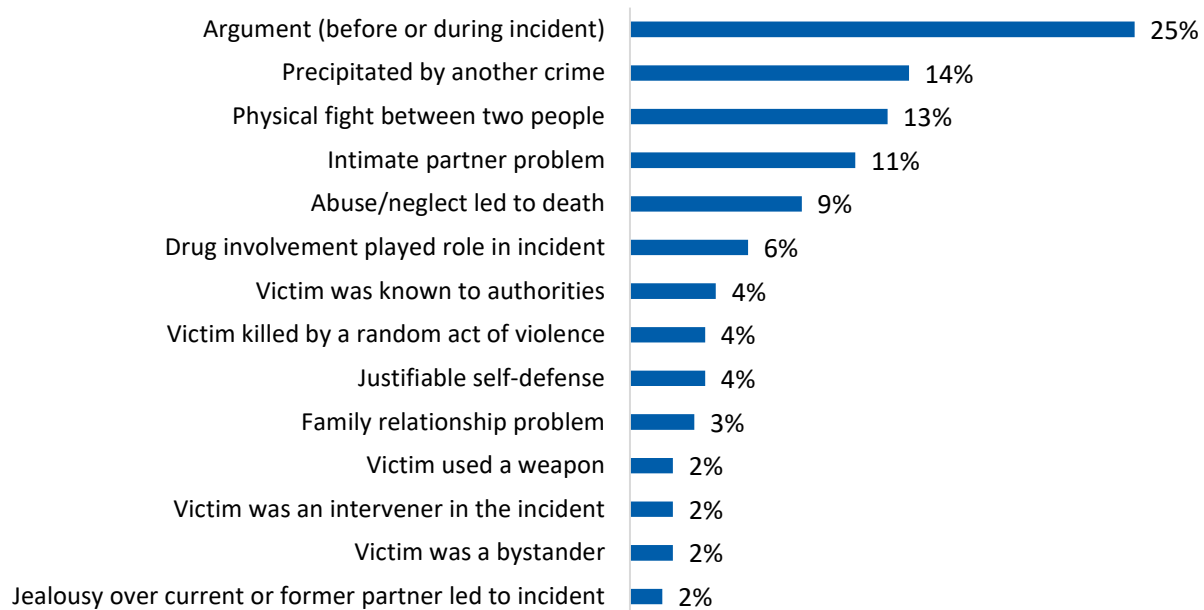
Figure 14: Homicide Deaths by Race, 2020-2023



Circumstances

Of the 188 homicide deaths, 64% had a circumstance documented by coroners and/or law enforcement. The most common circumstances documented were arguments (before or during the incident) (25%), precipitated by another crime (14%), physical fight between two people (13%), intimate partner problem (11%), and abuse/neglect led to death (9%). Precipitated by another crime can include gang-related, robbery, drug trade, stalking, assault/homicide. *Please note that persons who died by homicide may have had multiple circumstances and it is possible that circumstances could have been present and not diagnosed, known, or reported.*

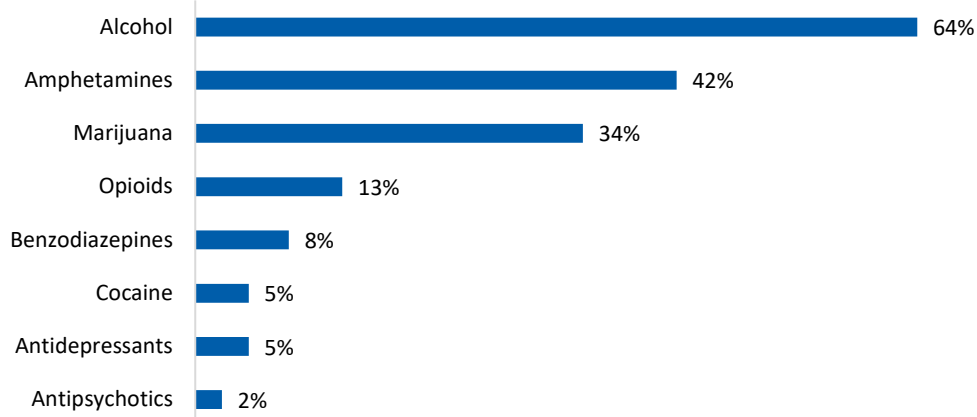
Figure 15: Homicide Circumstances, 2020-2023



Toxicology Results

Of the 188 homicide deaths, 59% had an available toxicology report. Of the 111 homicide deaths that had an available toxicology report, 77% had a positive toxicology result for one or more substance. The graph below shows the most common substances present at the time of death for decedents with a positive toxicology (N=85). *Please note that an individual could have more than one substance present.*

Figure 16: Positive Toxicology Results: Homicide Victim, 2020-2023



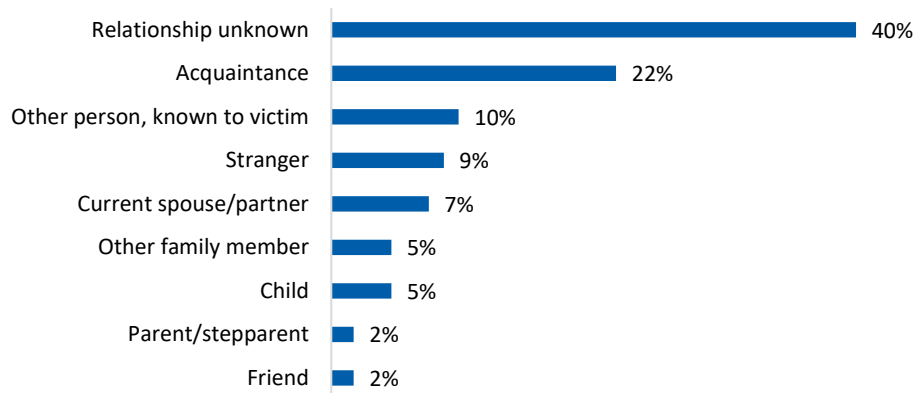
Suspect Information

Suspect is defined as a person believed to have committed a crime and who was, therefore, being investigated by police. The data in this section represents the 175 homicide suspects that had information available for homicide cases between 2020 and 2023. *Please note that homicide cases can include more than one suspect and for some homicide cases there was no information available.*

When the suspect-victim relationship was examined, most homicide suspects knew their victim (51%), whereas only 9% were strangers, and 40% were an unknown relationship or the relationship was not specified in reports received.

Figure 17 shows the victim to suspect relationship, use the following sentence for understanding the description of the relationship: **"The victim is a/the _____ of the suspect."**

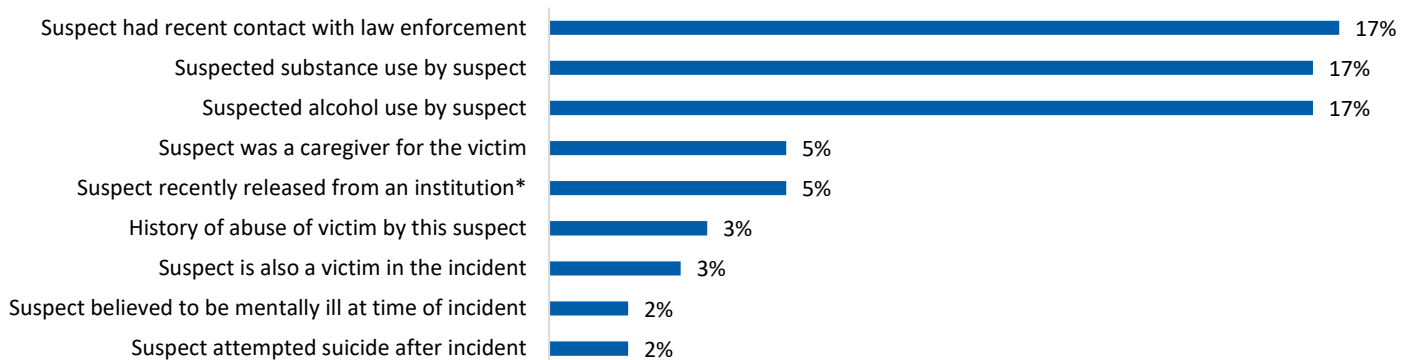
Figure 17: Victim to Suspect Relationship, 2020-2023



Of the 188 homicide suspects, 65% were male, 10% were female, and 25% were unknown. By race, 44% of homicide suspects were of other or unknown race, 25% were American Indian, 21% were White, and 10% were Black. And almost 50% of suspects were aged 20-39 years (47%).

Additional information was collected around the suspect, which is referred to as suspect circumstances. Some of the most common suspect circumstances were recent contact with law enforcement (in the past 12 months) (17%), suspected substance use by suspect (17%), and suspected alcohol use by suspect (17%). *Please note that suspects may have had multiple circumstances, and it is possible that circumstances could have been present and not diagnosed, known, or reported.*

Figure 19: Homicide Suspect Circumstances, 2020-2023



*Institution can include jail, prison, detention facility, hospital, psychiatric hospital/institution, or a supervised residential facility (long term health, treatment facility, halfway house, work-release homes, etc.).

Methods

This report presents statistics on violent deaths during the period 2020 to 2023. The data set used in this report was generated in July 2025 and reflects the data at that point in time. Changes made to the data set after this time could change the data reported in future reports.

Case Identification

Violent deaths are identified according to International Classification of Diseases, Tenth Revision (ICD-10) codes and categorized as suicide, homicide, undetermined, unintentional firearm, legal intervention, or terrorism-related death (Table 2). For a violent death to meet case criteria, the initial injury must have occurred in South Dakota, regardless of decedent residency or location of death.

Table 2: ICD-10 Codes that Define Violent Death Cases

Manner of Death	ICD-10 Code
Suicide	X60-X84, Y87.0
Homicide	X85-X99, Y00-Y09, Y87.1
Undetermined Intent	Y10-Y34, Y87.2, Y89.9
Unintentional Firearm	W32-W34, Y86
Legal Intervention	Y35.0-Y35.4, Y35.6-Y35.7, Y89.0
Terrorism	U01-U03

Data Collection and Abstraction

Violent death data are captured by a data abstractor using multiple data sources that include:

- Death Certificates – obtained from the South Dakota Electronic Vital Records System
- Coroner Reports – obtained from the coroner assigned to the death
- Law Enforcement Reports – obtained from the responding law enforcement agencies across the state

Data is requested and received electronically, or a hard copy is obtained. Data is then de-identified and manually entered into the National Violent Death Reporting System (NVDRS) by the abstraction team.

Data Limitations

The SD-VDRS strives to collect comprehensive and quality data, but there are data collection challenges. These various challenges might result in incomplete information surrounding deaths. Therefore, this report may underestimate some given circumstances or information may be missing/unknown.

Acknowledgements

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We deeply appreciate the contributions of coroners and law enforcement professionals throughout South Dakota that have provided information to the SD-VDRS. This work would not be possible without these key partners.

For more information on SD-VDRS and to view resources, visit <https://doh.sd.gov/health-data-reports/injury-prevention/violent-death-reporting-system/>.