



SOUTH DAKOTA DEPARTMENT OF HEALTH

Firearm Injuries in South Dakota

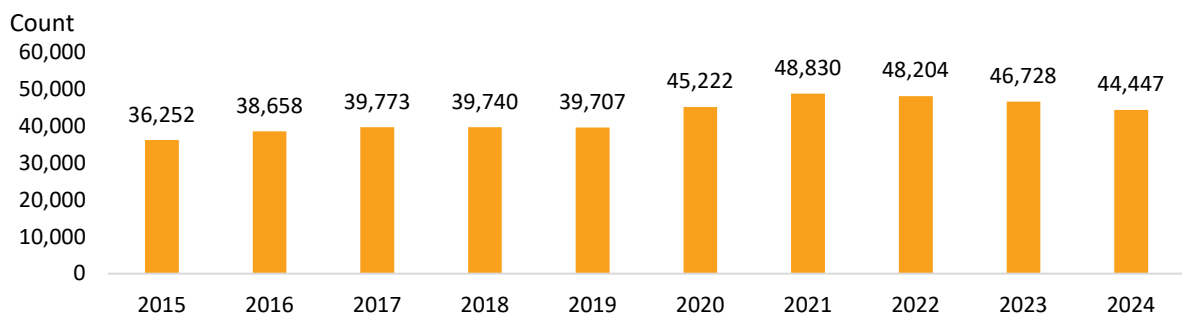
Introduction

Over 44,000 people died from firearm injuries in the United States in 2024, which is an average of 122 people dying from firearms every day. Firearm-related deaths and injuries are a public health concern that has substantial impacts on victims, families, and communities. This report examines firearm-related deaths and nonfatal injuries in the United States and in South Dakota.

Firearm-Related Deaths in the United States

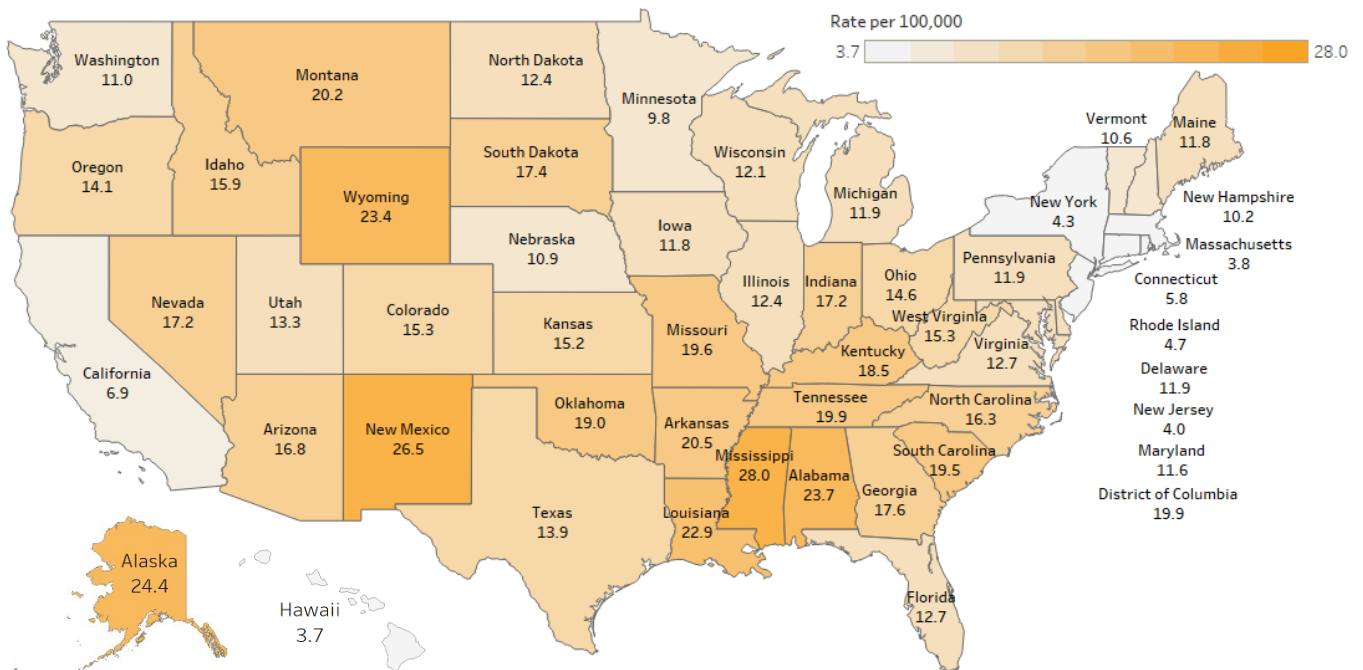
In 2024, there were 44,447 firearm-related deaths in the United States, which is a 5% decrease from 46,728 deaths in 2023. More than half of firearm-related deaths in the United States were suicides (57%) and 40% were homicides.

Figure 1: Firearm-Related Deaths by Year, United States



States with the highest age-adjusted rates of firearm-related deaths include Mississippi, New Mexico, Alaska, Alabama, and Wyoming. South Dakota had the 16th highest age-adjusted rate of firearm-related deaths (2024).

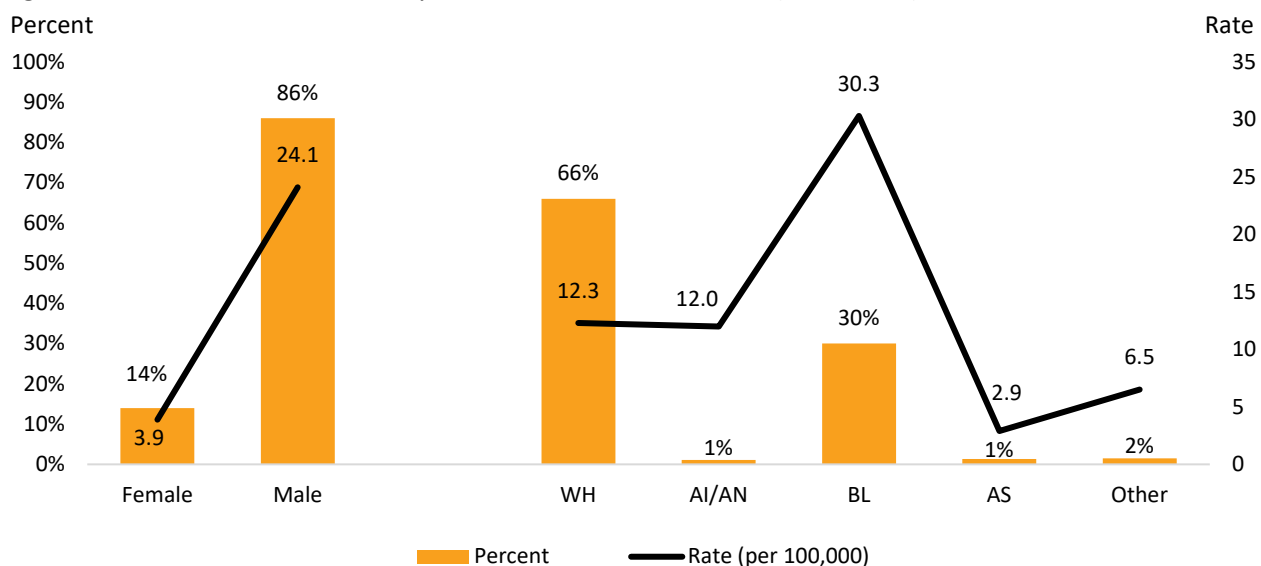
Figure 2: Firearm-Related Death Rates (per 100,000) by State (2024)



Firearm-Related Deaths by Demographic Groups

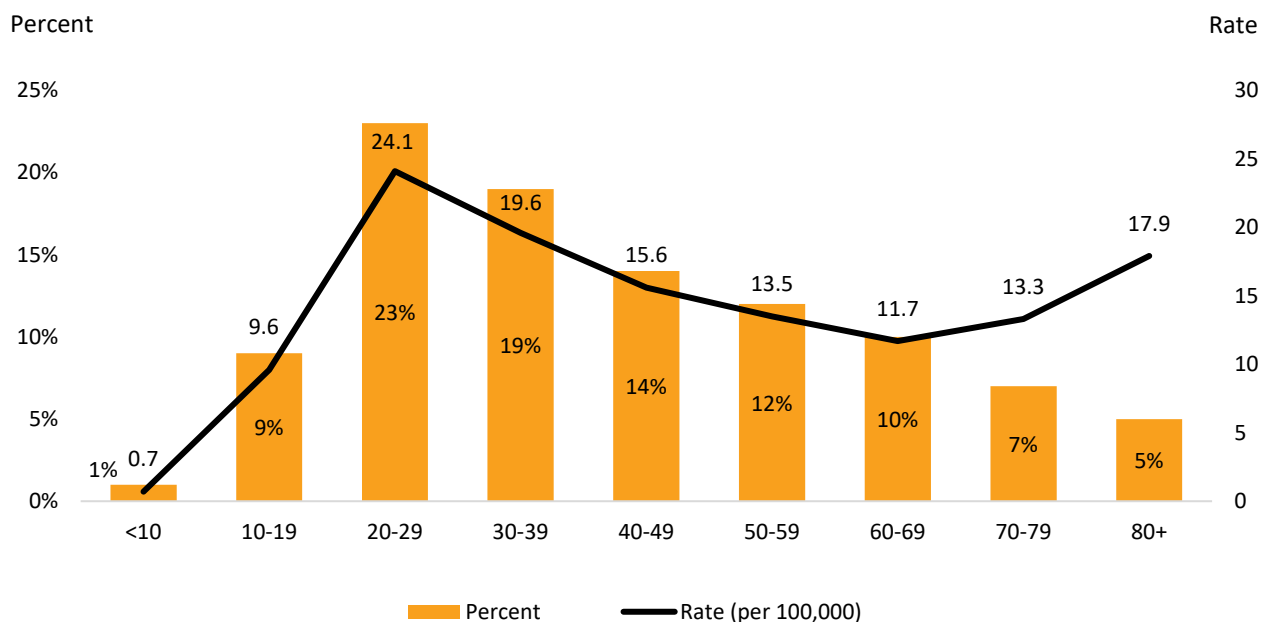
Some populations have higher rates of firearm-related deaths than others. Males made up 86% of firearm-related deaths and the rate among males was 6.2 times higher than females (24.1 vs 3.9 per 100,000) (2020-2024). By race, the largest proportion of deaths were among White persons (66%), followed by Black persons (30%), but the Black death rate was the highest among all races at 30.3 per 100,000 (2020-2024). (Note: WH= White, AI/AN= American Indian/Alaska Native, BL= Black, AS= Asian)

Figure 3: Firearm-Related Deaths by Sex and Race, United States (2020-2024).



Firearm-related deaths can affect people in all stages of life. The largest proportion of firearm-related deaths in the United States were among adults aged 20-29 years.

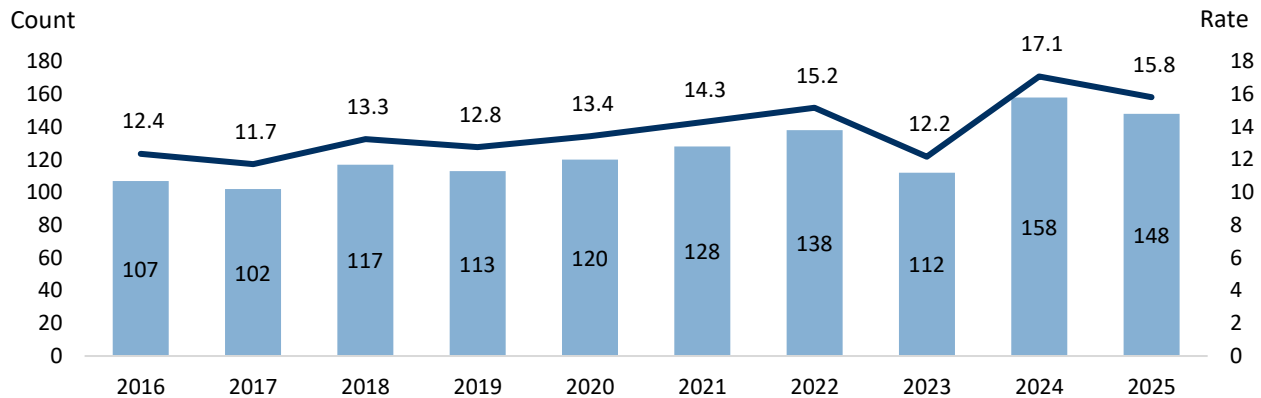
Figure 4: Firearm-Related Deaths by Age Group, United States (2020-2024)



Firearm-Related Deaths in South Dakota

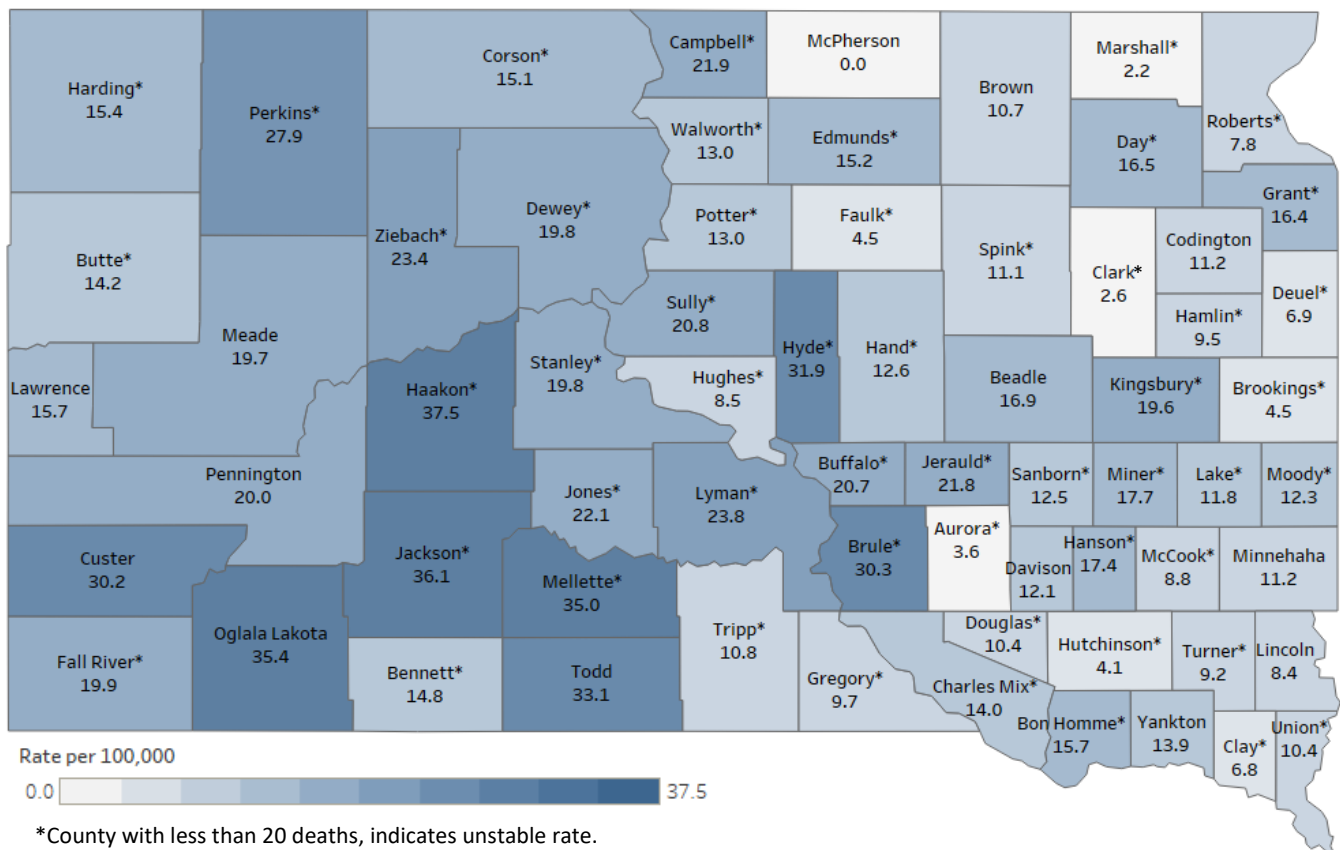
From 2016 to 2025, there were 1,243 firearm-related deaths in South Dakota. There were 148 firearm-related deaths in 2025, which was a 6% decrease from 158 deaths in 2024.

Figure 5: Firearm-Related Deaths by Year, South Dakota



The figure below shows firearm-related death rates by county. Among counties with stable rates for comparison (≥ 20 deaths), the top five counties include Oglala Lakota (35.4 per 100,000), Todd (33.1 per 100,000), Custer (30.2 per 100,000), Pennington (20.0 per 100,000), and Meade (19.7 per 100,000).

Figure 6: Firearm-Related Death Rates (per 100,000) by County, 2016-2025



Firearm-Related Deaths by Demographic Groups

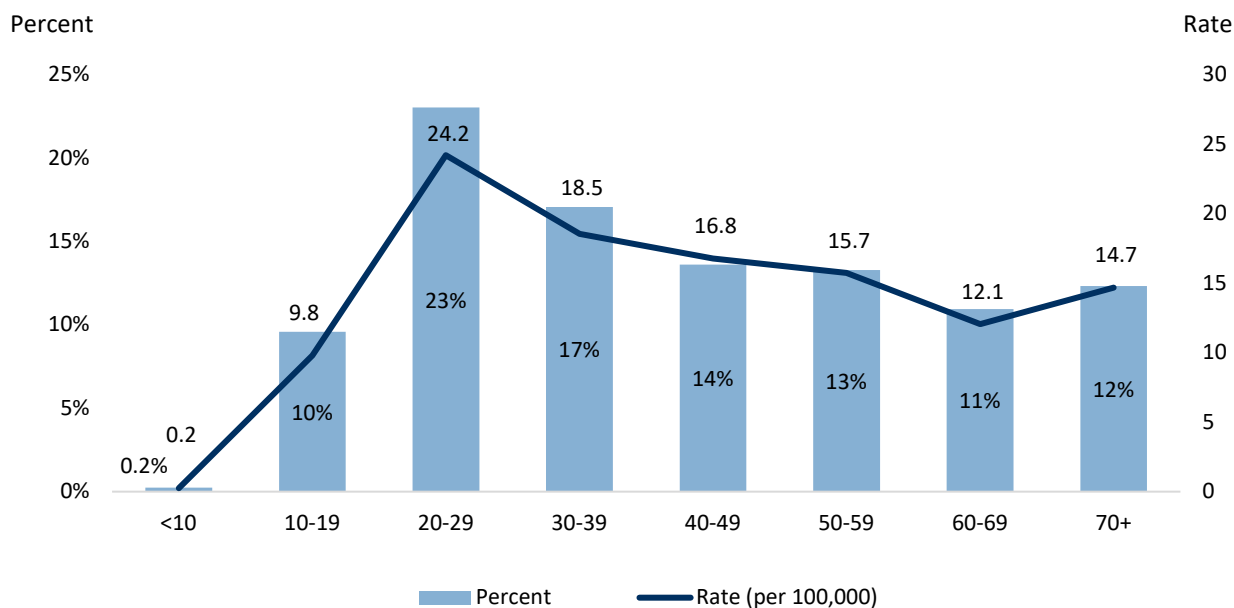
Males made up 88% of firearm-related deaths in South Dakota and had a rate 7.1 times higher than females (24.0 per 100,000 vs 3.4). By race, the largest proportion of firearm-related deaths were among the White population (77%). South Dakota American Indians accounted for 17% of deaths, but the American Indian death rate was 2.1 times higher than the White rate (27.1 per 100,000 vs 12.7).

Figure 7: Firearm-Related Deaths by Sex and Race, 2016-2025



In South Dakota, the age group with the highest proportion of firearm-related deaths are individuals aged 20-29 years, followed by 30-39 years.

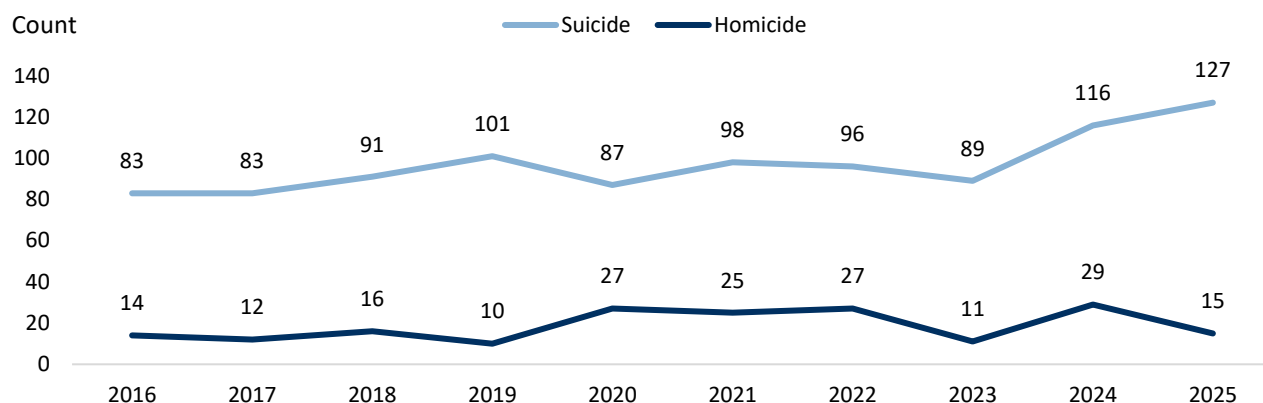
Figure 8: Firearm-Related Deaths by Age Group, 2016-2025



Firearm-Related Deaths by Intent

The largest proportion of firearm-related deaths were suicides (78%), 15% were homicides, 3% were unintentional, 3% were legal intervention, and 1% were undetermined. Firearm-related suicide deaths increased 9% from 116 deaths in 2024 to 127 deaths in 2025, which is the highest number of deaths reported in South Dakota. Firearm-related homicide deaths in South Dakota saw a 48% decrease from 29 deaths in 2024 to 15 deaths in 2025 (Figure 9).

Figure 9: Firearm-Related Suicide and Homicide Deaths by Year



Differences in populations can be seen when looking at the intent of firearm deaths (Table 1). The highest proportion of firearm-related suicide deaths was among 20–29-year-olds, Whites, and males. The highest proportion of firearm-related homicide deaths was among 20–29-year-olds, American Indians, and males. The American Indian homicide death rate was 10 times higher than the White death rate (10.8 per 100,000 vs 1.0).

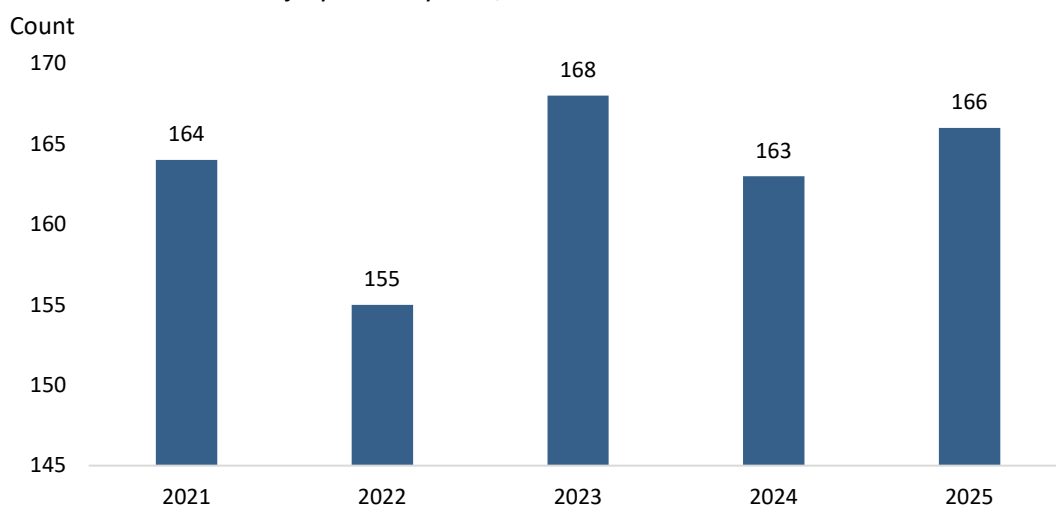
Table 1: Firearm Deaths by Intent and Demographic, 2016-2025

Demographic	Suicide Death Percent	Suicide Death Rate (per 100,000)	Homicide Death Percent	Homicide Death Rate (per 100,000)
Age Group				
<10	0%	0	1%	0.2
10-19	8%	6.1	15%	2.2
20-29	20%	16.6	33%	5.2
30-39	15%	12.9	26%	4.3
40-49	14%	13.5	13%	2.4
50-59	15%	14.2	4%	0.8
60-69	13%	11.0	5%	0.8
70+	15%	13.8	3%	0.5
Race				
White	87%	11.1	41%	1.0
Am. Indian	9%	11.1	46%	10.8
Other	4%	6.6	13%	3.9
Sex				
Female	11%	2.5	19%	0.8
Male	89%	18.9	81%	3.3

Nonfatal Firearm-Related Injuries in South Dakota

This section of the report will look at nonfatal firearm injury hospitalizations and emergency department (ED) visits among South Dakota residents. In 2025, there were 166 nonfatal firearm hospitalizations and ED visits, which was a 2% increase from 163 visits in 2024.

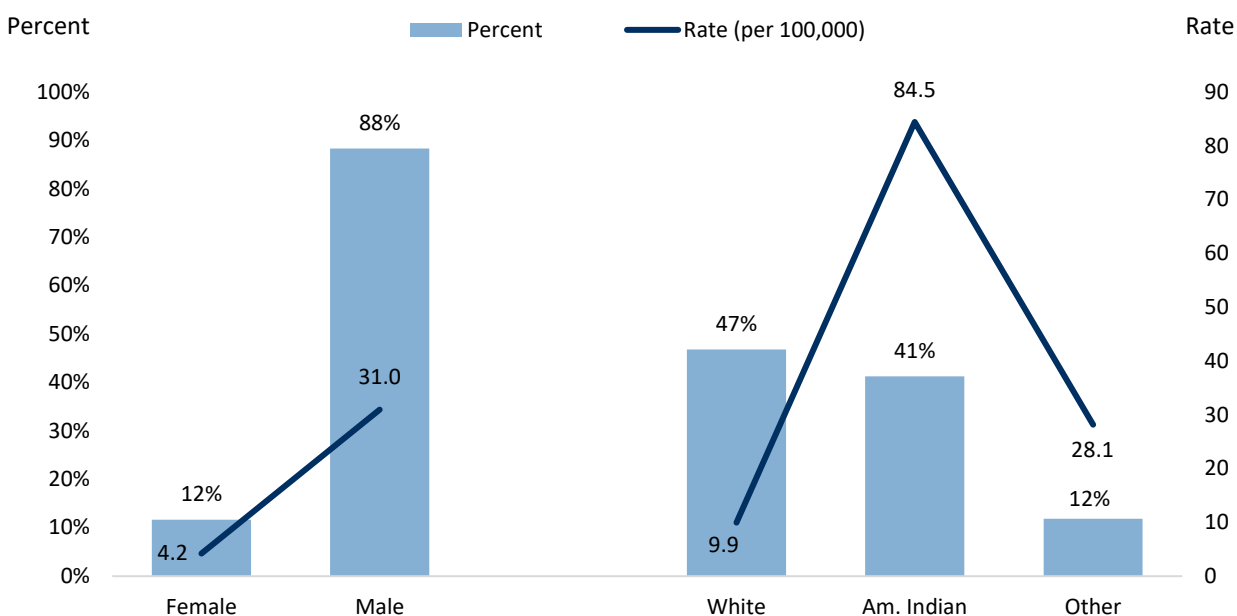
Figure 10: Nonfatal Firearm Injury Visits by Year, South Dakota



Nonfatal Firearm-Related Injuries by Demographic Groups

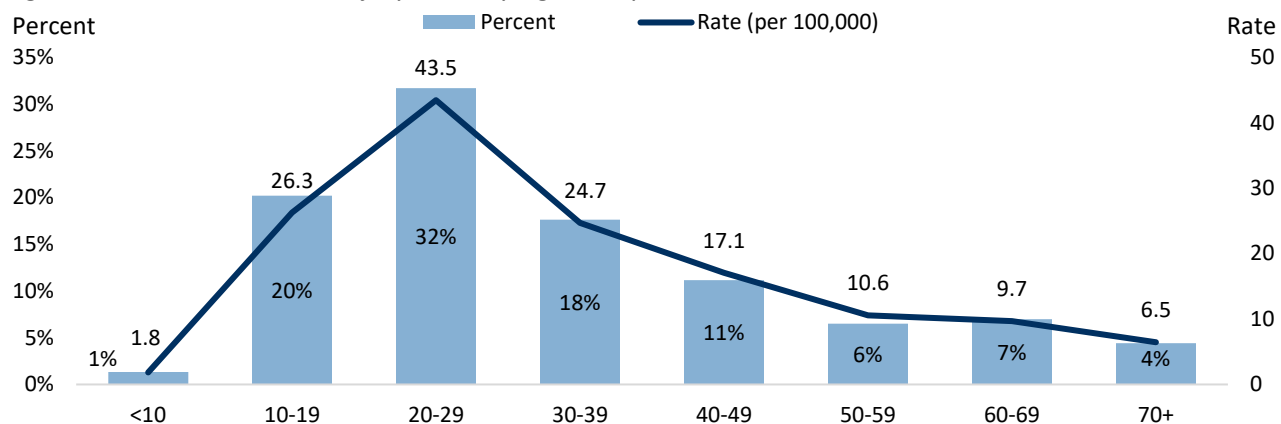
Males made up 88% of nonfatal firearm injuries and had a rate 7.4 times higher than females (31.0 per 100,000 vs 4.2). By race, the largest proportion of visits were among Whites (47%). American Indians made up 41% of visits and had a nonfatal rate 8.5 times higher than Whites (84.5 per 100,000 vs 9.9).

Figure 11: Nonfatal Firearm Injury Visits by Sex and Race, 2021-2025



By age group, South Dakotans aged 20-29 years made up the largest proportion of nonfatal firearm visits (32%), followed by 10-19 years (20%) and 30-39 years (18%).

Figure 12: Nonfatal Firearm Injury Visits by Age Group, 2021-2025



Nonfatal Firearm-Related Injuries by Intent

Most nonfatal firearm visits were unintentional (70%), followed by assault (18%), intentional self-harm (7%), undetermined intent (4%), and legal intervention (2%). Differences in populations can be seen when looking at intent of nonfatal firearm visits (Table 2). Males and individuals aged 20-29 years made up the largest proportion of unintentional, assault, and intentional self-harm firearm injury visits. Individuals who identified as White made up the largest proportion on unintentional and intentional self-harm firearm injury visits. Individuals who identified as American Indian made up the largest proportion of assault firearm visits and had the highest rates of unintentional, assault, and intentional self-harm firearm injury visits.

Table 2: Nonfatal Firearm Injuries by Intent and Demographic, 2021-2025

Demographic	Unintentional Percent	Unintentional Rate (per 100,000)	Assault Percent	Assault Rate (per 100,000)	Intentional Self-harm Percent	Intentional Self-harm Rate (per 100,000)
Age Group						
<10	2%	1.5	1%	0.3	0%	0
10-19	22%	19.9	17%	4.0	16%	1.4
20-29	30%	28.7	41%	10.1	29%	2.9
30-39	16%	15.6	26%	6.4	12%	1.2
40-49	11%	11.5	10%	2.8	12%	1.3
50-59	7%	8.0	3%	0.8	10%	1.2
60-69	8%	7.7	1%	0.3	12%	1.2
70+	5%	5.2	0%	0	9%	0.9
Race						
White	50%	7.5	19%	0.7	84%	1.3
Am. Indian	38%	54.4	65%	23.6	12%	1.8
Other	12%	19.4	17%	7.0	3%	0.6
Sex						
Female	12%	2.9	13%	0.8	10%	0.3
Male	88%	21.7	87%	5.4	90%	2.2

Firearm Injury Prevention

Firearm injuries and deaths are preventable, and everyone has a role to play in prevention. Here are some things you can do to keep yourself and your loved ones safe:

- Securely store firearms when not in use. Securing firearms in a safe or lock box, using gun locks, and storing firearms unloaded and locked with ammunition secured separately can help prevent unauthorized access and use of firearms, including by children and those at risk for harming themselves or others.
- If you or someone you know is experiencing mental health-related distress or suicide risk, call, text, or chat 988.
- For more information on means safety and secure storage resources, visit <https://www.sdsuicideprevention.org/help/secure-storage>
- For firearm and hunting safety information and resources, visit <https://doh.sd.gov/health-data-reports/injury-prevention/firearm-safety-resources-data/>

Data Sources and Methods

The numbers in this report may differ from other data reports due to the data sources used and how the data was analyzed. See below for data sources and analysis methods.

Mortality Data

National mortality data used in this report comes from the Centers for Disease Control and Prevention (CDC) WISQARS and WONDER data reporting systems. South Dakota mortality data comes from the South Dakota Department of Health (DOH) Office of Vital Statistics. South Dakota mortality data is representative of South Dakota residents.

Hospital and Emergency Department Data

South Dakota hospital and emergency department data comes from the South Dakota Association of Healthcare Organizations (SDAHO). South Dakota self-inflicted injury hospitalization and emergency department visit data in this report does not include deaths. South Dakota data reflects the number of inpatient and outpatient visits by South Dakota residents by year of discharge.

Data Analysis Methods

The State Injury Indicators Report was used as the standardized guide to measure firearm injury mortality and morbidity. Click the link below to view the guidance report.

<https://www.cdc.gov/injury-core-sipp/media/pdfs/2026/03/2024-Injury-Indicator-Instructions.pdf>