



SOUTH DAKOTA DEPARTMENT OF HEALTH

Firearm Injuries in South Dakota

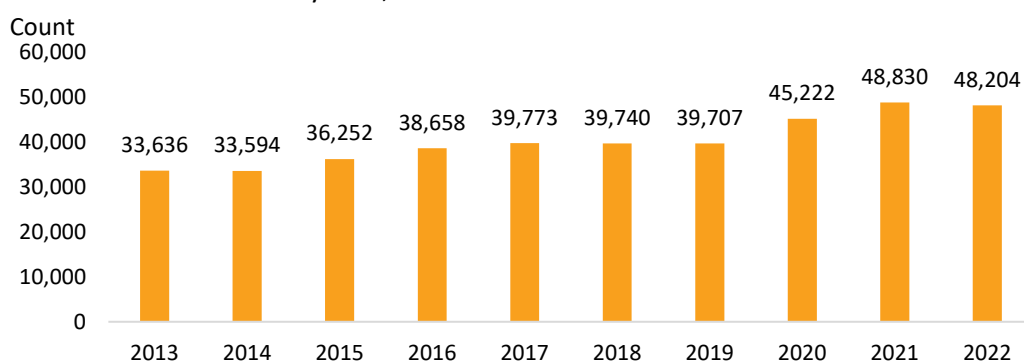
Introduction

Over 48,000 people died from firearm injuries in the United States in 2022, which is an average of 132 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

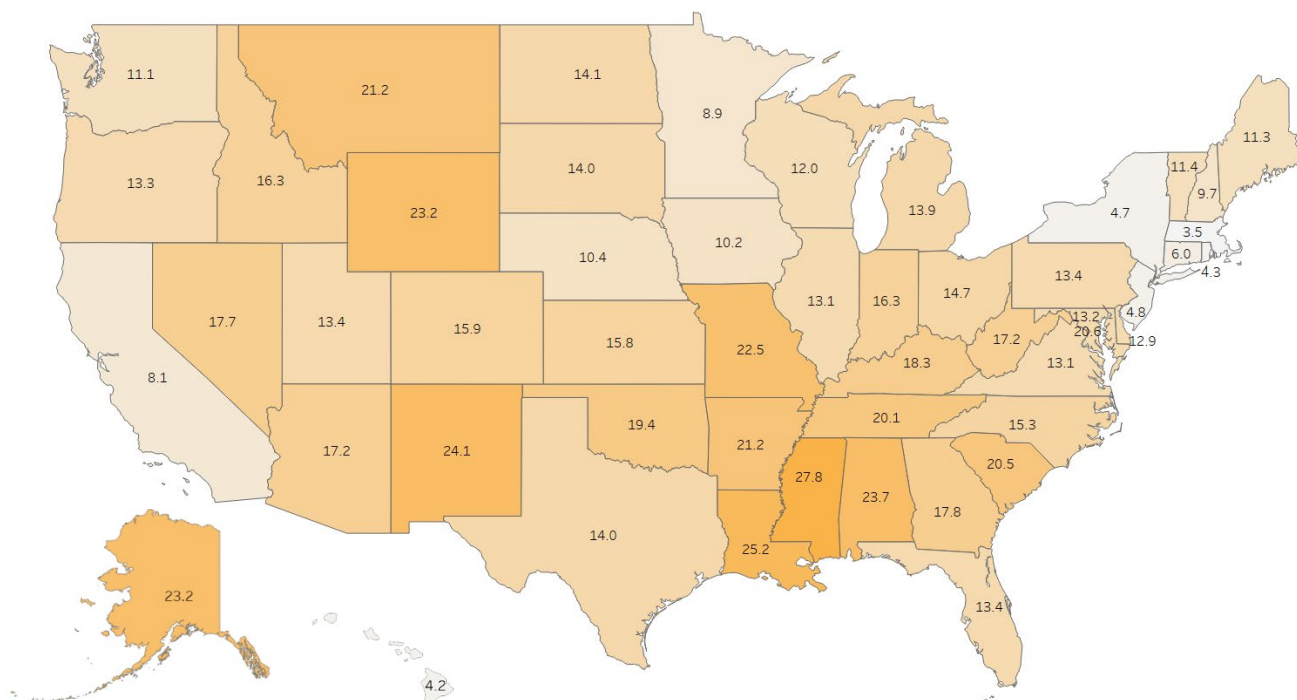
In 2022, there were 48,204 firearm-related deaths in the United States, the second-highest total ever recorded. Firearm-related deaths increased 43% from 33,636 deaths in 2013 to 48,204 deaths in 2022. More than half of firearm-related deaths were suicides (57%) and 40% were homicides.

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



States with the highest rates of firearm-related deaths include Mississippi, Louisiana, New Mexico, Alabama, and Wyoming (Figure 2).

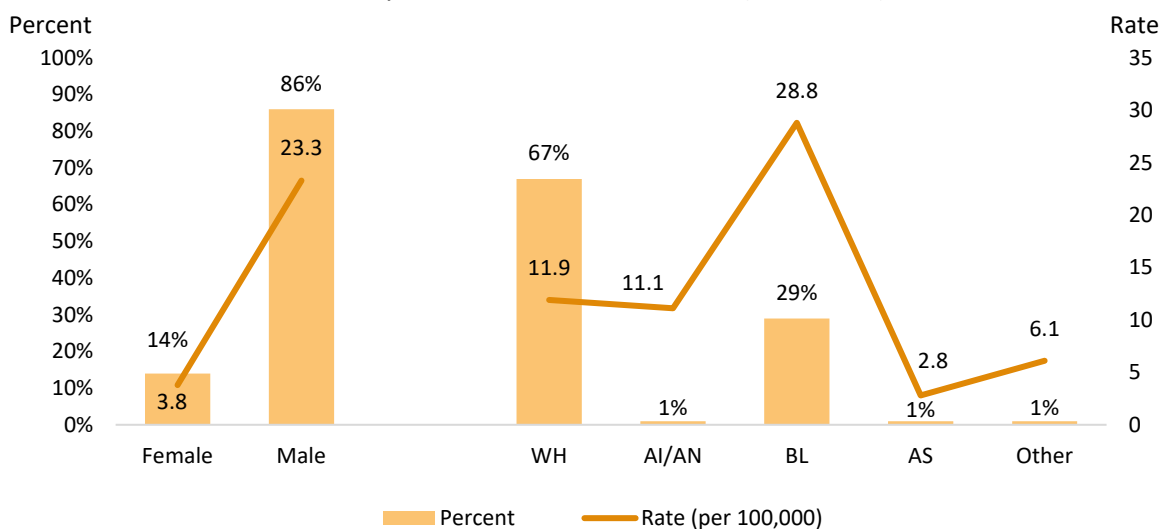
Figure 2: Firearm-Related Death Rates by State (2018-2022)



Firearm-Related Deaths by Demographic Groups

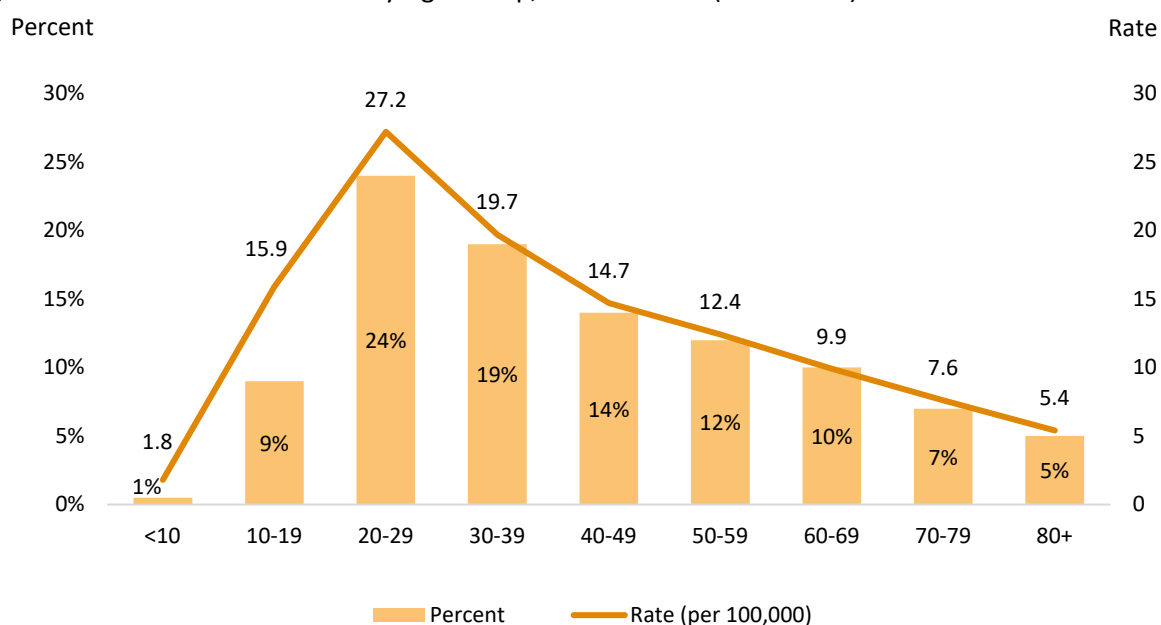
Some populations have higher rates of firearm-related deaths than others. Males made up 86% of firearm-related deaths and the rate among males was six times higher than females (23.3 vs 3.8 per 100,000) (2018-2022). By race, the largest proportion of deaths were among White persons (67%), followed by Black persons (29%), but the Black death rate was the highest among all races at 28.8 per 100,000 (2018-2022). Note: AI/AN = American Indian/Alaska Native.

Figure 3: Firearm-Related Deaths by Sex and Race, United States (2018-2022).



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

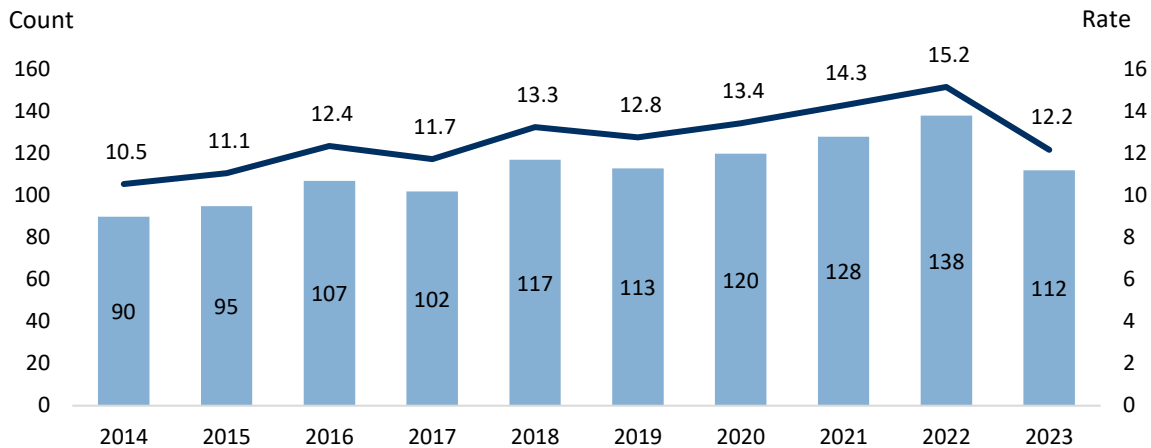
Figure 4: Firearm-Related Deaths by Age Group, United States (2018-2022)



Firearm-Related Deaths in South Dakota

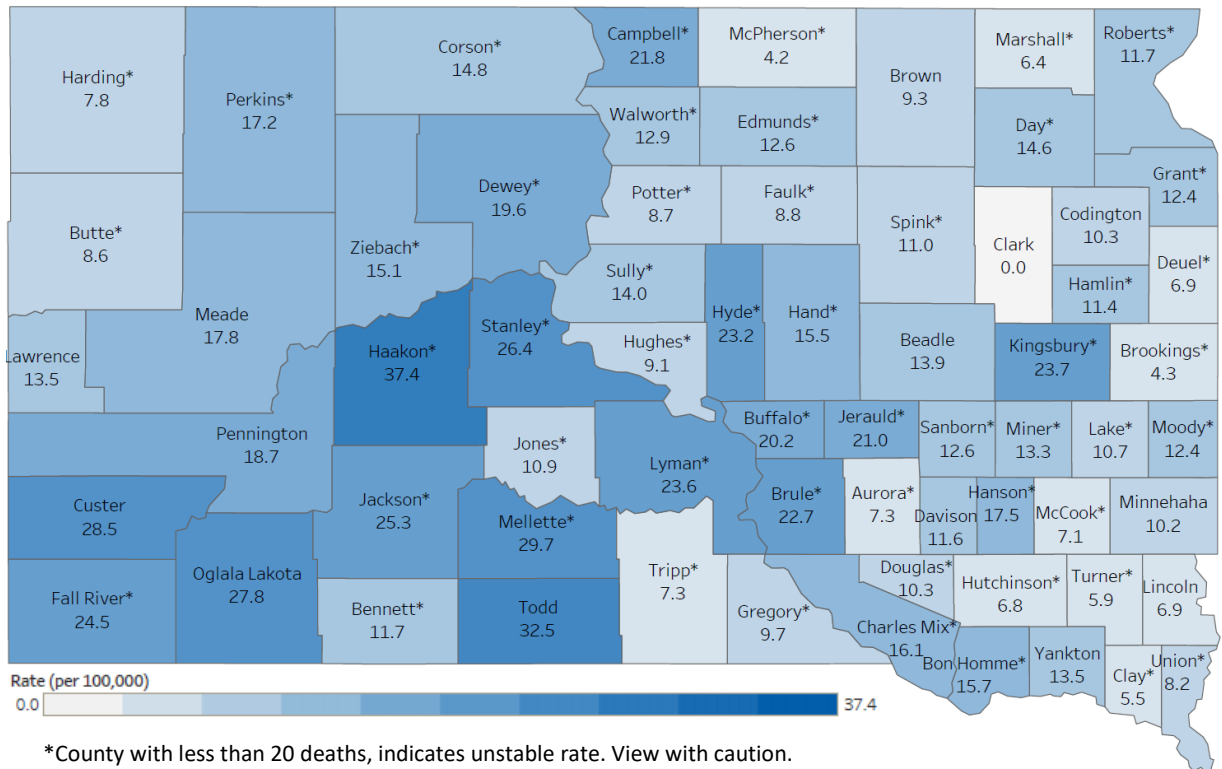
Firearm-related deaths have been increasing in South Dakota, with a 24% increase from 90 deaths in 2014 to 112 deaths in 2023. In 2023, South Dakota saw the first decrease in firearm deaths since 2019 (Figure 5).

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 Todd (32.5 per 100,000), Custer (28.5), Oglala Lakota (27.8), Pennington (18.7), and Meade (17.8).

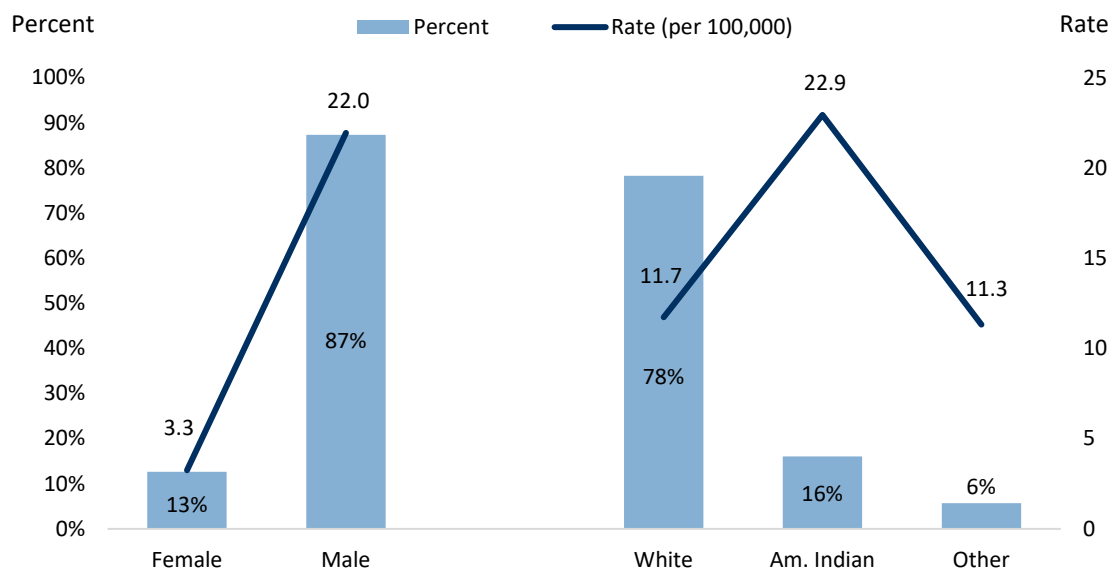
Figure 6: Firearm-Related Death Rates (per 100,000) by County, 2014-2023



Firearm-Related Deaths by Demographic Groups

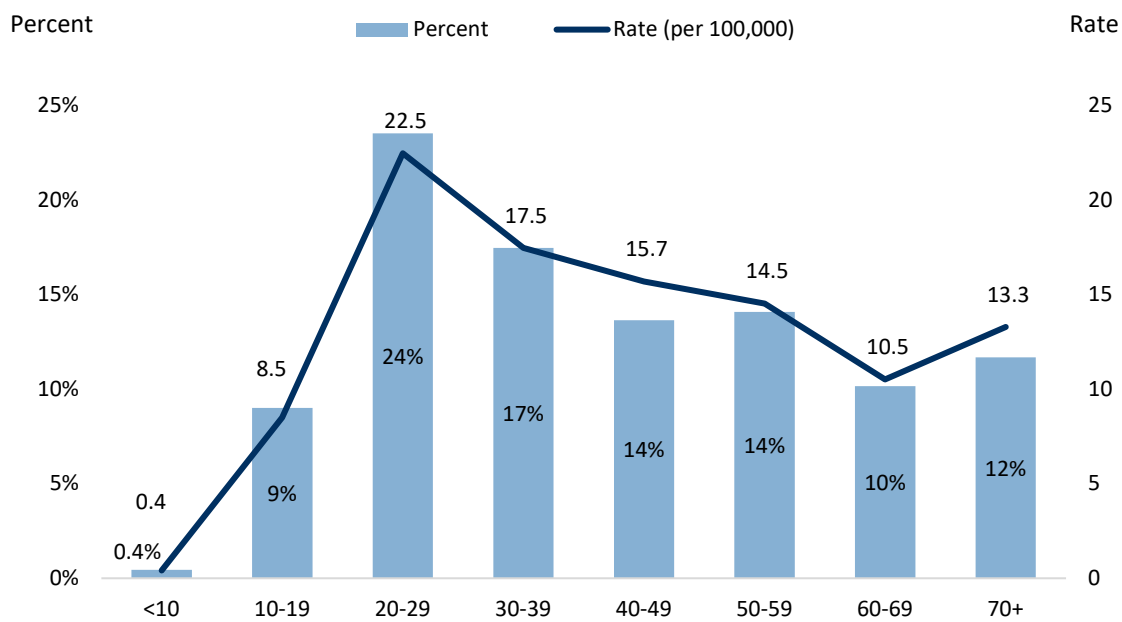
Males made up 87% of firearm-related deaths in South Dakota and had a rate 6.7 times higher than females (22.0 per 100,000 vs 3.3). By race, the largest proportion of firearm-related deaths were among the White population (78%). South Dakota American Indians accounted for 16% of deaths, but the American Indian death rate was 2 times higher than the White rate (22.9 per 100,000 vs 11.7).

Figure 7: Firearm-Related Deaths by Sex and Race, 2014-2023



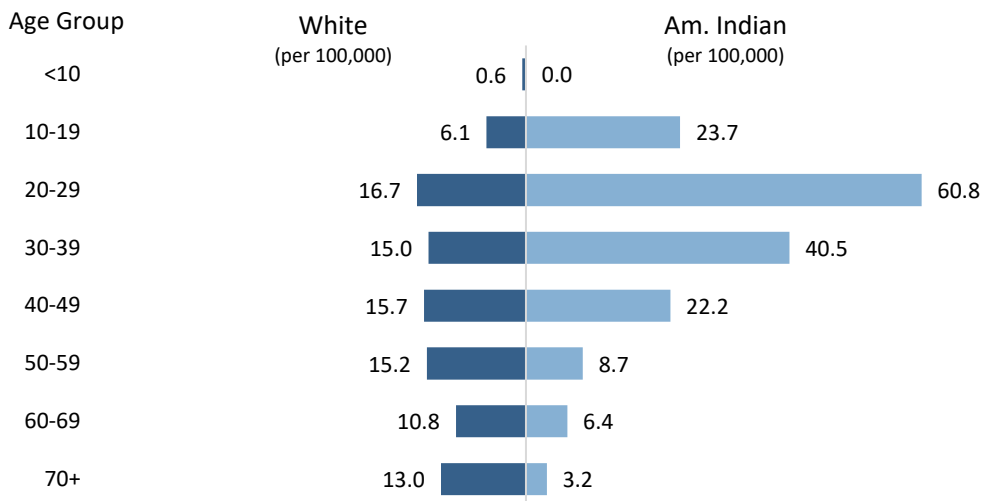
In South Dakota, the age group with the highest proportion of firearm-related deaths are individuals aged 20-29 years, followed by 30-39 years.

Figure 8: Firearm-Related Deaths by Age Group, 2014-2023



Differences in risk can also be seen when comparing populations by age and racial group. American Indians aged 10-49 years were at higher risk of dying from firearms than White individuals of the same age groups.

Figure 9: Firearm-Related Death Rates by Age Group and Race, 2014-2023

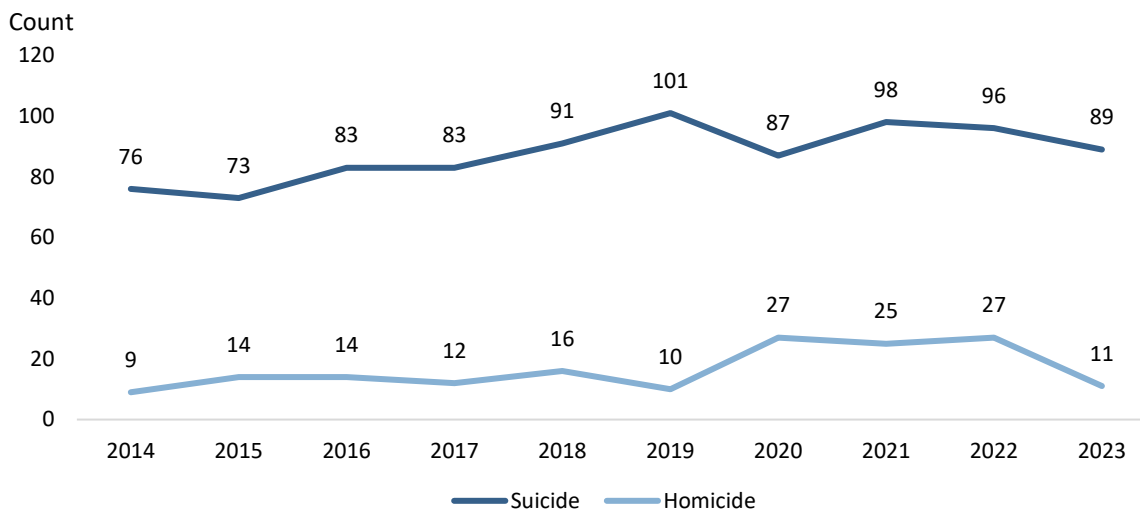


Firearm-Related Deaths by Intent

The largest proportion of firearm-related deaths were suicides (78%), 15% were homicide, 3% unintentional, 3% legal intervention, and <1% were undetermined. Due to their lethality, firearms account for a large proportion of suicide and homicide deaths in South Dakota. From 2014-2023, 49% of suicide deaths and 42% of homicide deaths were firearm related in South Dakota.

Firearm-related suicide deaths increased 17% from 76 deaths in 2014 to 89 deaths in 2023, with the highest number of firearm-related suicide deaths in 2019 (101 deaths). Firearm-related homicide deaths in South Dakota saw a 22% increase from 9 deaths in 2014 to 11 deaths in 2023, but decreased 59% from 2022 to 2023 (Figure 10).

Figure 10: Firearm-Related Suicide and Homicide Deaths by Year



Differences in populations can be seen when looking at intent of firearm deaths (table 1). The risk for firearm suicide deaths was highest among 20–29-year-olds, Whites, and males. The risk for firearm homicide deaths was highest among 20–29-year-olds, Whites and American Indians, and males.

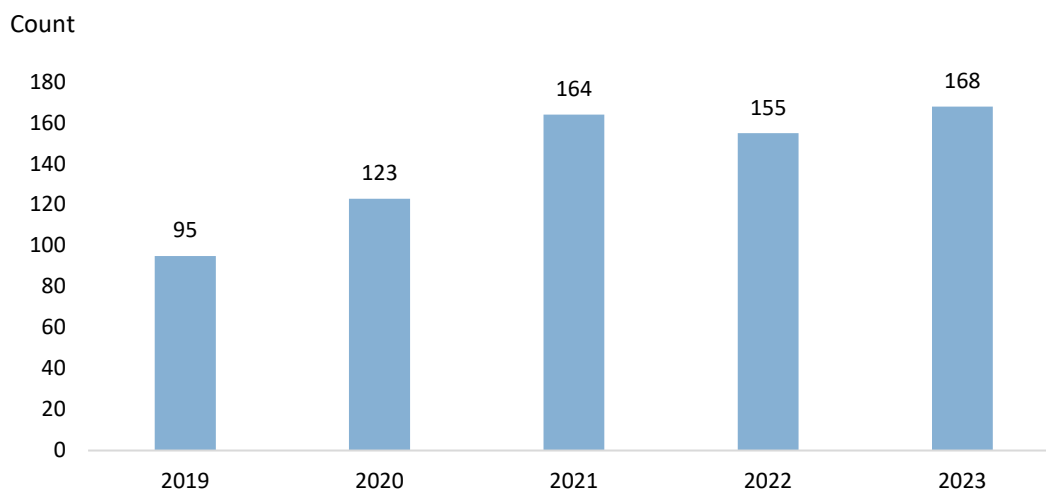
Table 1: Firearm Deaths by Intent and Demographic, 2014-2023

Demographic	Suicide Death Percent	Suicide Death Rate (per 100,000)	Homicide Death Percent	Homicide Death Rate (per 100,000)
Age Group				
<10	0%	0	2%	0.2
10-19	7%	5.3	16%	2.3
20-29	21%	15.7	32%	4.4
30-39	16%	12.1	27%	4.0
40-49	14%	12.6	12%	2.1
50-59	16%	13.2	3%	0.5
60-69	12%	9.6	4%	0.6
70+	14%	12.4	4%	0.6
Race				
White	87%	10.2	45%	1.0
Am. Indian	8%	9.4	43%	9.0
Other	4%	6.7	12%	3.5
Sex				
Female	12%	2.4	20%	0.8
Male	88%	17.3	80%	3.0

Nonfatal Firearm-Related Injuries in South Dakota

Nonfatal firearm injuries increased 77% from 95 hospitalizations and emergency department visits in 2019 to 168 visits in 2023.

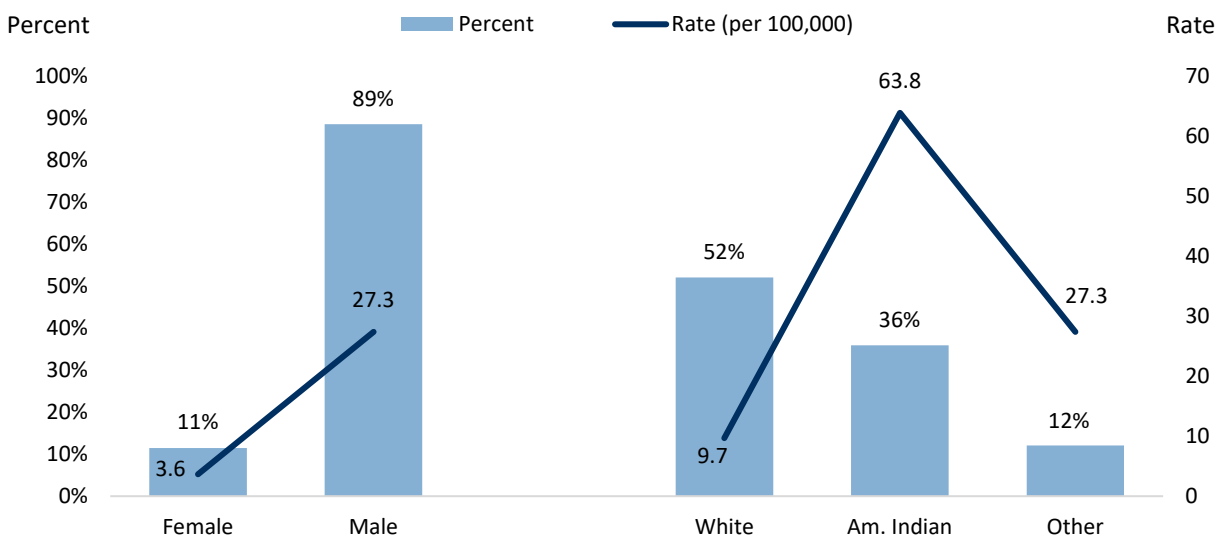
Figure 11: Nonfatal Firearm Injury Visits by Year, South Dakota



Nonfatal Firearm-Related Injuries by Demographic Groups

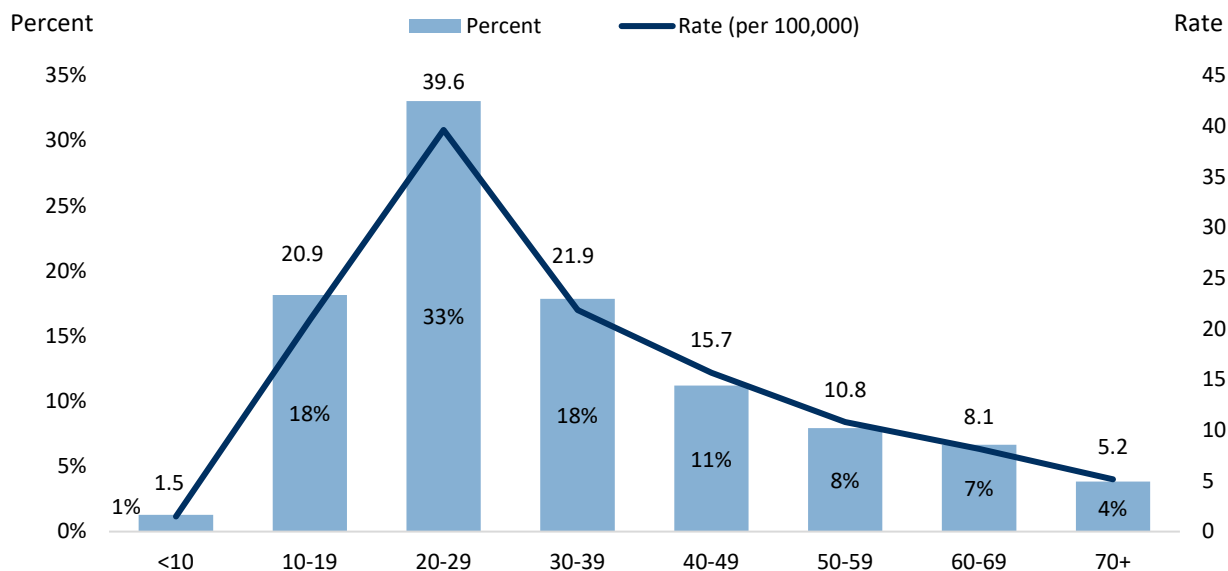
Males made up 89% of nonfatal firearm injuries and had a rate 7.6 times higher than females (27.3 per 100,000 vs 3.6). By race, the largest proportion of visits were among Whites (52%). American Indians made up 36% of visits and had a nonfatal rate 6.6 times higher than Whites (63.8 per 100,000 vs 9.7).

Figure 12: Nonfatal Firearm Injury Visits by Sex and Race, 2019-2023



By age group, South Dakotans aged 20-29 years made up the largest proportion of nonfatal firearm visits (33%), followed by 10-19 years (18%) and 30-39 years (18%).

Figure 13: Nonfatal Firearm Injury Visits by Age Group, 2019-2023



Nonfatal Firearm-Related Injuries by Intent

Most nonfatal firearm visits were unintentional (70%), followed by assault (16%), intentional self-harm (8%), undetermined intent (3%), and legal intervention (3%).

Differences in populations can be seen when looking at intent of firearm deaths (table 2). The risk for nonfatal unintentional firearm injuries was highest among 20–29-year-olds, Whites and American Indians, and males. The risk for nonfatal firearm assault injuries was highest among 20–29-year-olds, American Indians, and males. For nonfatal firearm intentional self-harm injuries, the risk was highest among 20–29-year-olds, Whites, and males.

Table 2: Nonfatal Firearm Injuries by Intent and Demographic, 2019-2023

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	1%	1.2	2%	0.3	0%	0
10-19	18%	14.9	17%	3.3	21%	2.0
20-29	33%	27.9	38%	7.5	25%	2.4
30-39	16%	13.9	24%	4.9	12%	1.2
40-49	12%	11.5	11%	2.6	9%	1.0
50-59	7%	6.7	6%	1.3	19%	2.1
60-69	7%	6.2	2%	0.3	12%	1.2
70+	5%	4.8	0%	0	2%	0.2
Race						
White	57%	7.4	22%	0.7	79%	1.2
Am. Indian	33%	41.4	56%	16.4	16%	2.3
Other	10%	16.1	22%	8	5%	1.0
Sex						
Female	12%	2.7	13%	0.7	5%	0.1
Male	88%	19.1	87%	4.4	95%	2.4

Firearm Injury Prevention

Firearm injuries and deaths are preventable, and everyone has a role to play in prevention. What can you 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 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>

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) 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 reports.

- State Injury Indicators Report: <https://www.cdc.gov/injury-core-sipp/media/pdfs/2024/06/CORRECTED-2022-Injury-Indicator-Instructions.pdf>