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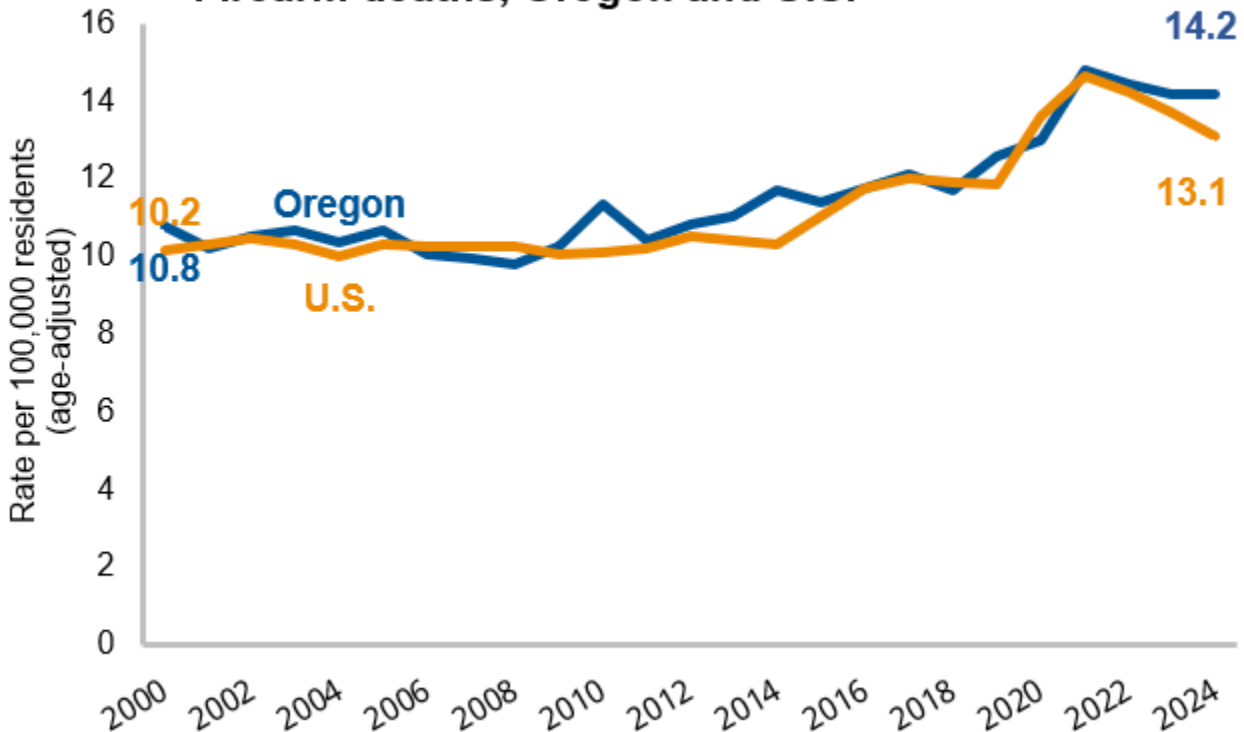
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## Firearm Deaths in Oregon

Firearm injury is one of the leading causes of injury death in Oregon. In 2024, 663 people in Oregon died from firearm injury. The rate remained unchanged from 2023 to 2024 at 14.2 deaths per 100,000 residents (Figure 1).

FIGURE 1

### Firearm deaths, Oregon and U.S.



Source: CDC's WONDER

Firearm deaths occur due to suicide, homicide, legal intervention and unintentional shooting. More than 75% of these deaths in Oregon are due to suicide (Table 1).

Table 1

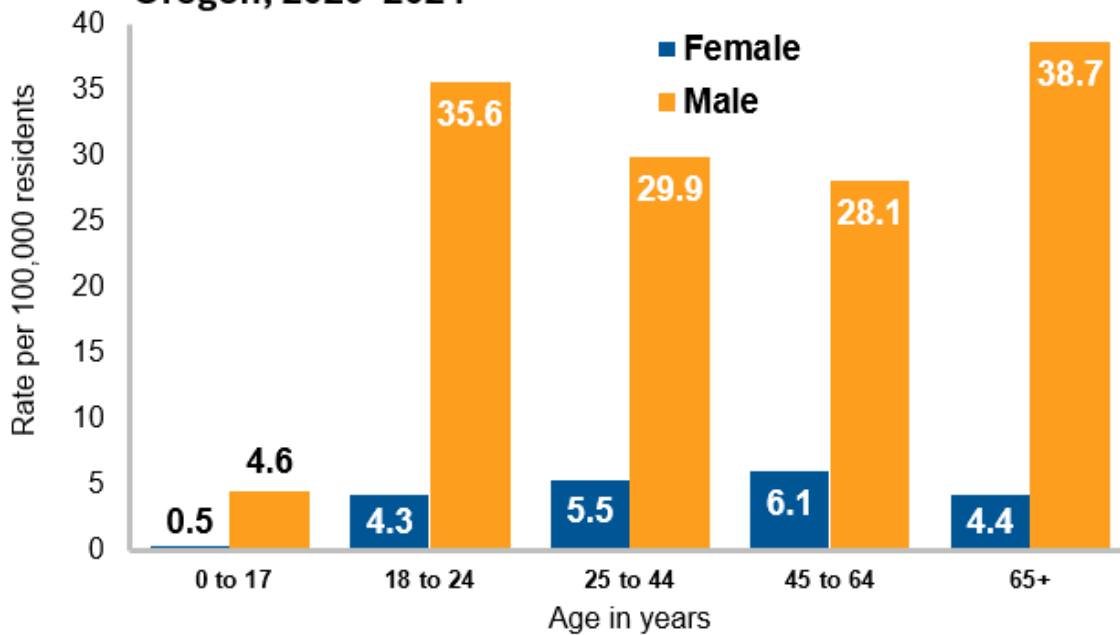
<b>Firearm deaths by sex and intent, 2020-2024</b>			
<b>Intent</b>	<b>% of Male deaths (N=2,759)</b>	<b>% of Female deaths (N=463)</b>	<b>% of Total deaths (N=3,222)</b>
Suicide	76.9%	70.6%	76.0%
Homicide	19.5%	27.4%	20.6%
Legal intervention	2.4%	0.0%	2.2%
Unintentional shootings	<1.0%	<1.0%	<1.0%
Undetermined shootings	<1.0%	<1.0%	<1.0%

Source: CDC's WONDER and OPHAT

Some groups experience higher rates of firearm death and injuries than others. Suicides by firearms are highest among the population age 65 and older while firearm homicides are highest among age 18 to 24. White men over the age of 65+ have the highest rates of firearm suicide. The suicide rate for veterans, largely due to firearm suicides, is significantly higher than the Oregon suicide rate. Overall, men were nearly six times more likely to die from firearm injury than women (Figure 2).

FIGURE 2

**Firearm deaths by sex and age,  
Oregon, 2020–2024**



Source: CDC's WISQARS and OPHAT

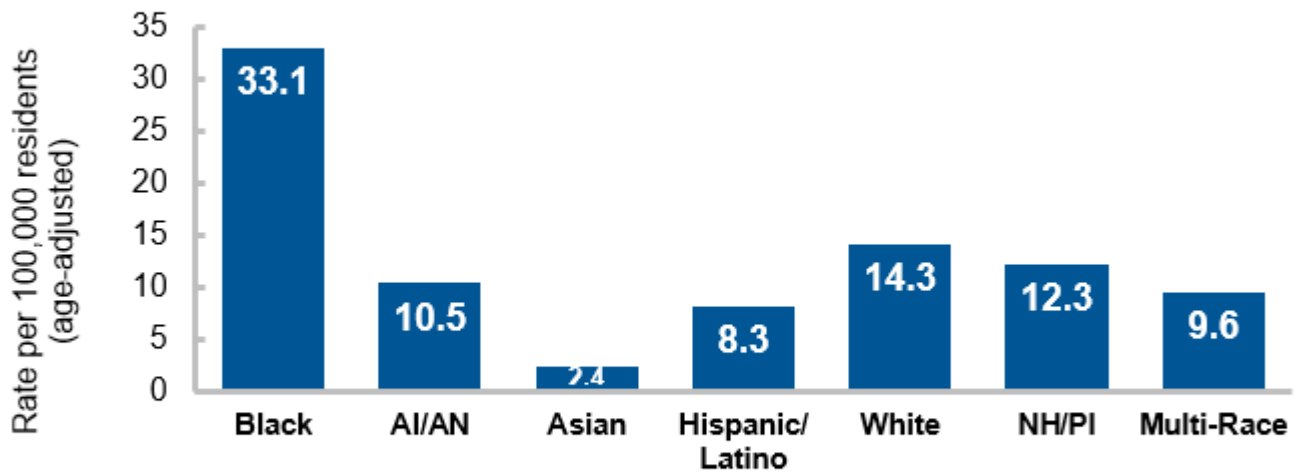
Compared to the rate of white Oregonians, Asian people, and people of Hispanic ethnicity have a lower rate of suicide (Figure 3). Older white males had the highest risk of death by firearm suicide and young African Americans had the highest risk of death by firearm homicide.

As a result of systemic racism, discrimination, and oppressive social structures, a disproportionate number of Oregon firearm homicides occur in urban areas and young men of color are at higher risk of becoming victims of homicide by firearm. Black and African American men are at higher risk of becoming victims of homicide by firearm. American Indian/Alaska Native communities are also disproportionately affected by both firearm homicides and suicides.

Firearm deaths may result from systemic racism, forced removal from Tribal lands and genocide.

FIGURE 3

### Firearm deaths by race/ethnicity, Oregon, 2020–2024



Note: All other groups exclude Hispanic ethnicity

Source: CDC's WISQARS and OPHAT

Based on the data from Oregon Violent Death Reporting System (ORVDRS), during 10-year period from 2014 to 2023, 158 incidents of gun violence in Oregon involved more than one death. Nearly 60 percent of them were classified as homicide-suicides. Firearms were the mechanism of injury for 90% of deaths in homicide-suicide events.

Firearm suicides accounted for 53% of suicides, 30% of people who died by firearm suicide had a depressed mood, 44% had a diagnosed mental illness, 19% had a problem with alcohol, 12% had a problem with non-alcohol substance, 18% were being treated for a mental illness, 13% had a history of suicide attempt, and 17% had disclosed intent to die by suicide. Firearm homicide occurs most often in the context of intimate partner violence (IPV) and gang violence. More than 67% of IPV-related homicide victims were injured by a firearm. Nearly 90% of homicides related to gang

violence had died of gunshot wound. Weapons used in firearm fatalities were handguns (75.9%), rifles (9.1%), shotguns (7.7%) and other/unknown type (7.2%).

Protective factors that need to be bolstered to reduce firearm deaths include economic and housing stability, healthy family relationships and feeling connected to others, increasing youth skills in problem solving, availability of consistent and high quality physical and behavioral health care, access to education, and addressing structural inequities such as racial discrimination and discriminatory policies.

**Additional Resources:** [Injury and Violence Prevention Program](#)

**About the Data:** Data sources are the Centers for Disease Control and Prevention WONDER Online Database and Oregon Public Health Assessment Tool. All rates are age-adjusted to the 2000 U.S. population. Population estimates used in calculating rates are from the National Center for Health Statistics (NCHS).

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