

**Massachusetts  
Executive Office of Public Safety & Security  
Office of Grants & Research**



**Edward J. Byrne Memorial  
Justice Assistance Grant**

**Federal Fiscal Year 2025 Massachusetts Application  
Program Narrative**

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## **A. Description of the Issue/Priorities and Programs**

Massachusetts intends to utilize FFY 2025 JAG funds for specific activities to prevent and control crime and to improve the criminal justice system in keeping with the allowable JAG purposes and our identified JAG priorities. The Executive Office of Public Safety and Security's Office of Grants and Research (OGR) will utilize 10% of the funding for grant administration purposes, meet the required variable pass-through percentage (VPT) and less than \$10,000 jurisdictions, and allocate the remaining funds towards State initiatives which will primarily benefit our state criminal justice related enforcement agencies.

All JAG funded programs support the overall goal to improve public safety and the quality of life in Massachusetts. OGR is currently managing contracts to sub-recipients which support programs that focus on youth violence prevention, smart policing, gangs, substance abuse, reentry, victims of domestic violence and sexual assault, homeland security, highway safety, school safety, technology, and research. It is anticipated that JAG funding will continue to support evidence-based, innovative, and promising programs and practices statewide.

The Commonwealth will maintain focus on the following priorities identified through the strategic planning process:

- Reducing gun, gang and youth violence.
- Youth violence and gang membership.
- Supporting evidence-based reentry programs to reduce recidivism.
- Targeting domestic violence and sexual assault offenders.
- Combating heroin, opioids and other illegal drugs.
- Utilizing research to assess the effectiveness of JAG programs.

Ultimately, all JAG allocations will be based on an assessment of the relative public safety and criminal justice needs of the Commonwealth, as determined by the Governor and Secretary of Public Safety and Security and informed by the statewide strategic planning process undertaken in part by the JAG Strategic Planning Committee, Special Commission on Criminal Justice and local law enforcement officials that represent local units of government.

## **OGR PRIORITIES**

### **PRIORITY #1: REDUCING GUNS, GANG AND YOUTH VIOLENCE**

#### ***Goal***

Improve the quality of life for all citizens by reducing firearm related crime and preventing youth violence, in particular the formation of gang associations.

#### ***Purpose Areas Addressed***

- Law enforcement programs
- Prevention, intervention, and education programs
- Prosecution and court programs

#### ***Anticipated Activities***

- Continue community-oriented policing initiatives statewide in conjunction with innovative, community-based law enforcement programs.
- Promote and support programs that provide wrap-around services to high-risk youth, including faith-based and community-based efforts.
- Promote and support education and training, including curriculum development addressing youth violence prevention.
- Continue to support traditional law enforcement activities (apprehension, detention, deterrence, suppression).

#### ***Rationale***

Gun-related crimes, gang affiliation and youth violence in Massachusetts have received increased attention in recent years. Initiatives that target high-risk communities and youth such as the Shannon Community Safety Initiative (CSI) are yielding some positive results. For example, for FY 2024, OGR allotted \$11.9 million out of which \$10,883,351.60 were awarded to 15 Shannon CSI Grant Sites and \$796,106.07 to its Local Action Research Partners (LARPs) who assist funded sites by providing strategic, analytic, technical, and research support.<sup>1</sup> Positive results are evident by the substantial decline of youth arrests for violent crimes in the past ten years.<sup>2</sup> High school students self-reporting violent related experiences and behaviors also declined overtime among key indicators.<sup>3</sup> To sustain these trends, it is necessary to continue to fund and support the policy and program initiatives that have contributed to these outcomes.

#### ***Statement of the Problem***

Crime is an act that is harmful not only to individuals, but also to communities and society. Crime, committed by youth and adults, exists at all levels of society with wide-ranging degrees of seriousness. It may range from drug-related offenses, property crime, aggravated assault, or homicide. Crime prevention and reduction require resources for intervention, enforcement, and effective programming. The charts that follow reveal the trends that have emerged with each of the topics regarding firearms, gangs, and youth violence.

### **CRIMES INVOLVING FIREARMS**

Crime statistics and arrest statistics were compiled by utilizing National Incident Based Reporting System (NIBRS) data, which is voluntarily submitted to EOPSS and ultimately to the FBI by local, state, campus, and hospital police

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<sup>1</sup> State Fiscal Year 2023, Charles E. Shannon Jr. Community Safety Initiative, Report to the Massachusetts General Court Senate and House Committees on Ways and Means, March 2023

<sup>2</sup> See Figure 2, page 6

<sup>3</sup> See Figure 4, page 7

agencies. NIBRS data includes the nature and types of specific offenses in the incident, characteristics of the victim(s) and offender(s), types and value of property stolen and recovered, and characteristics of persons arrested in connection with a crime incident; not all police agencies submit crime data using NIBRS. While NIBRS reporting now covers more than 98% of the population of the Commonwealth, some smaller agencies still do not report. Figure 1 includes NIBRS data converted to UCR data to show the count of homicides, robberies and aggravated assaults with a firearm across the Commonwealth for all agencies that submitted NIBRS data. Please note the number of departments reporting NIBRS data has increased over time, which contributes to the substantial increases starting in 2019.<sup>4</sup> In 2024, a combined total of 3,063 homicides, robberies, and aggravated assaults in Massachusetts involved the use of firearms. This figure represents an 11.6% decline from the prior year (Figure 1).

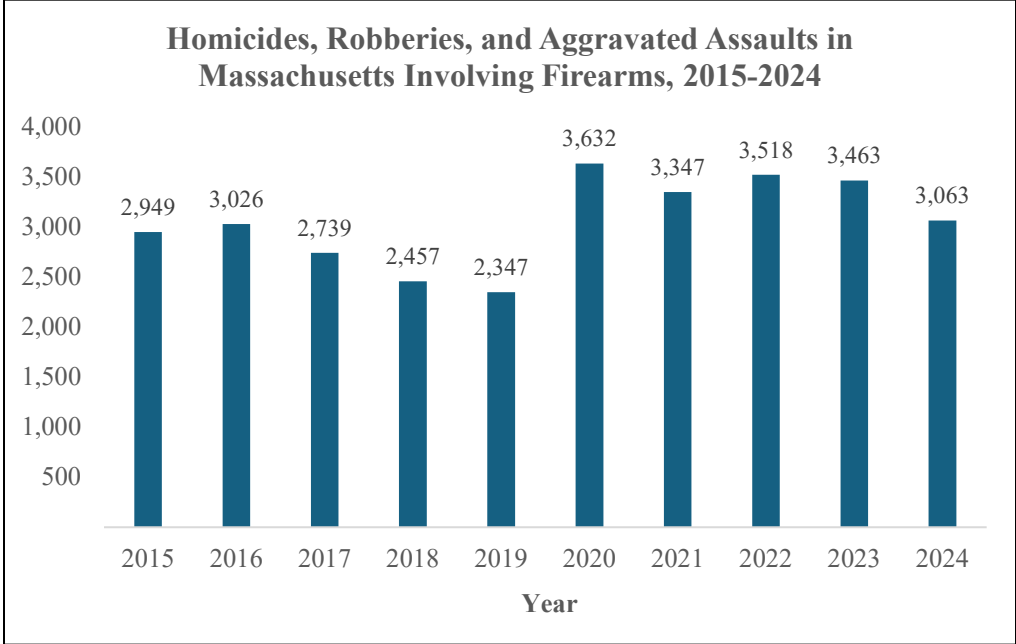


Figure 1. Source: NIBRS Data accessed via CrimeSOLV, August 2025.

YOUTH VIOLENCE AND GANG VIOLENCE

*Juvenile Part I Arrest Rates*

The eight offenses that comprise Part I Crimes or Index Crimes – criminal homicide, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson – are the most serious offenses against persons and property tracked by the Federal Bureau of Investigation (FBI).<sup>5</sup> For the past ten years, Massachusetts’ Part I juvenile arrest rate<sup>6</sup> has fluctuated with the highest rate in 2016 at 27.9 arrests per 100,000 persons. Compared to 2016, arrest rates were slightly lower in 2017 and considerably lower between 2018 to 2021 until an uptick in 2022. The juvenile arrest rate for Part I crimes in Massachusetts increased 52% from 2021 to 2022. In 2023, the arrest rate rose 15% from the previous year. In the most recent year, there was a slight decline, decreasing 5% from 2023 to 2024 (Figure 2).

<sup>4</sup> Approximately 50 additional jurisdictions were reporting NIBRS data in 2020-2021 compared to 2018-2019.

<sup>5</sup> FBI figures include only those agencies that voluntarily report their crime data on an annual basis.

<sup>6</sup> Juveniles are defined as individuals under the age of 18. All rates are calculated per 100,000 persons in the total population; population figures include both juveniles and adults within a given locale (Massachusetts and the United States, respectively).

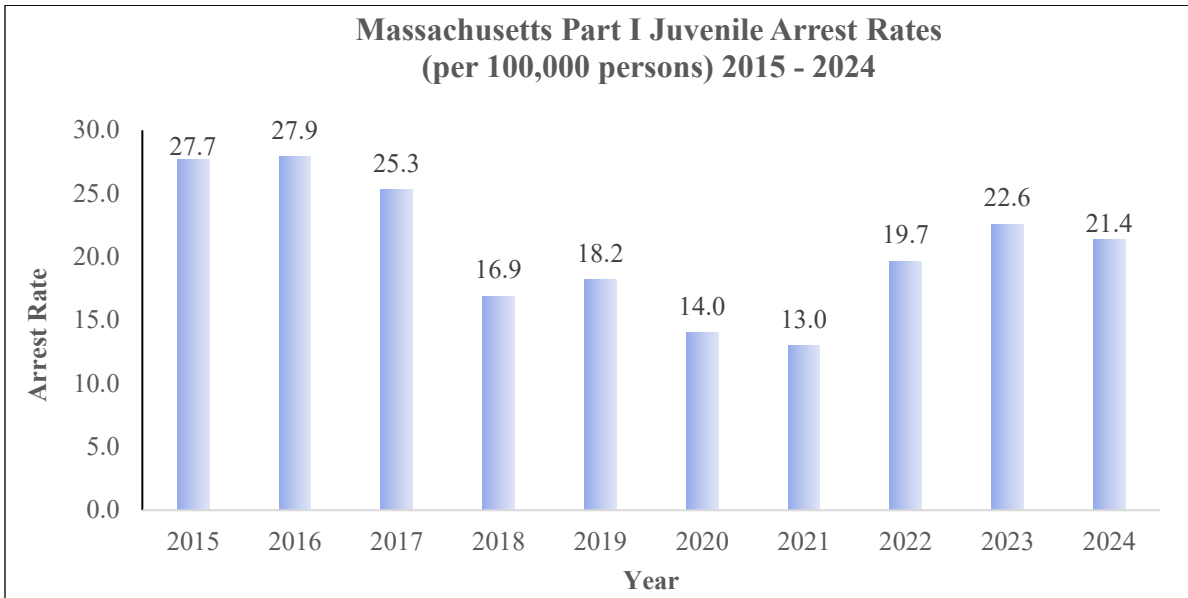


Figure 2. Source: NIBRS Data accessed via CrimeSOLV, Part I Juvenile Arrests (Summary and NIBRS), ages 12-17, August 2025.

Figure 3 shows further examination of the trends for Massachusetts juveniles arrested for crimes against persons and property. The patterns display an increased rate of violent crimes arrests and a decreased rate of property crimes arrests over a ten-year period. The property crime rate dropped 40% between 2015 and 2024, while the violent crime rate increased 9% over the same ten-year period.

The violent crime arrest rates were the lowest in the period between 2020 – 2021 followed by an increase in 2022 that continued to rise in 2023 with a 12.7% increase compared to 2022, and declining in 2024 by 7.8%. The property crime arrest rates were the highest in the period between 2015 – 2017 followed by a notable decrease between 2018 – 2021, until an uptick in 2022, that continued to rise 16.8% in 2023 compared to the previous year, before declining 2.7% in 2024.

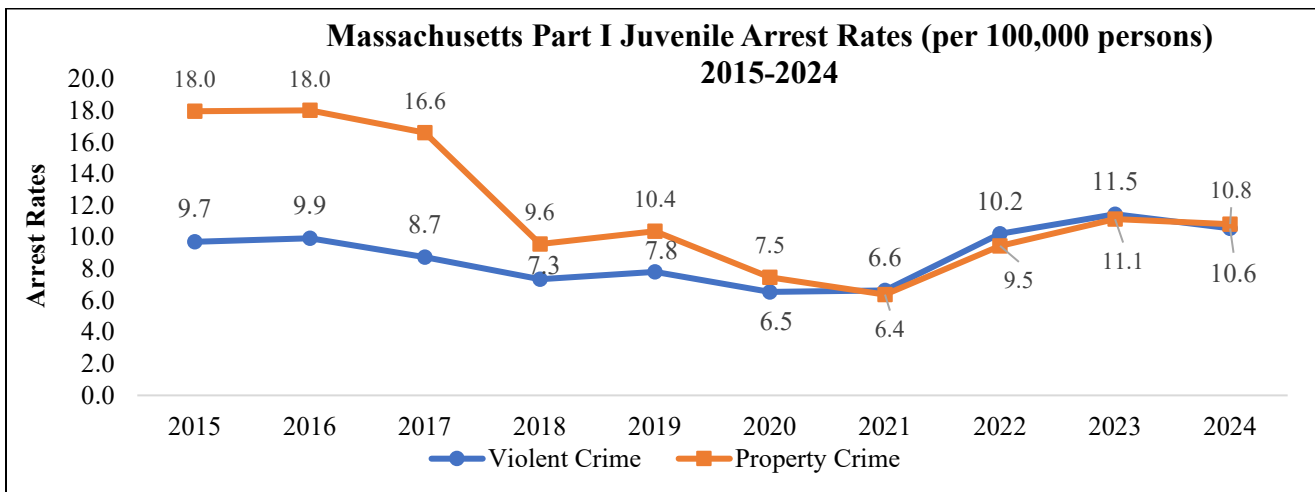


Figure 3. Source: NIBRS Data accessed via CrimeSOLV, Part I Juvenile Arrests (Summary and NIBRS), ages 12-17, August 2025

Ideally, school should be an environment that fosters teaching and learning, and not exposure to crime and violence. Crime and violence at school can lead to negative behaviors such as alcohol and drug use, and suicide. School victimization can have psychological effects such as loneliness, low self-esteem, isolation and depression that can

lead to poor academic performance and contribute to truancy and dropping out of school. Overall, delinquency, negative emotions and exposure to violence form the basis of school violence, whereas bullying, antisocial/aggressive behavior, suicidal thoughts and depressive symptoms are the most salient consequences.<sup>7</sup>

*Juvenile Violence-related Experiences and Gang Involvement*

The 2023 *Health and Risk Behaviors of Massachusetts Youth*<sup>8</sup> captures violence and school safety concerns reported by Massachusetts youth. Figure 4 depicts the violence-related experiences and behavior at Massachusetts high schools from 2015 through 2023:

- 16% of high school students reported being bullied at school in the past year – a large increase from 2021.
- 6% of high school students fought on school property in the past year – an increase since 2021.
- 7% skipped school because they felt unsafe in the past month – a decrease from 2021.
- 8% of students reported carrying a gun on school property in the past month – an increase from 2021 and the highest percentage since 2015; and
- 7% reported being injured or threatened with a weapon at school in the past year – an increase from 2021.

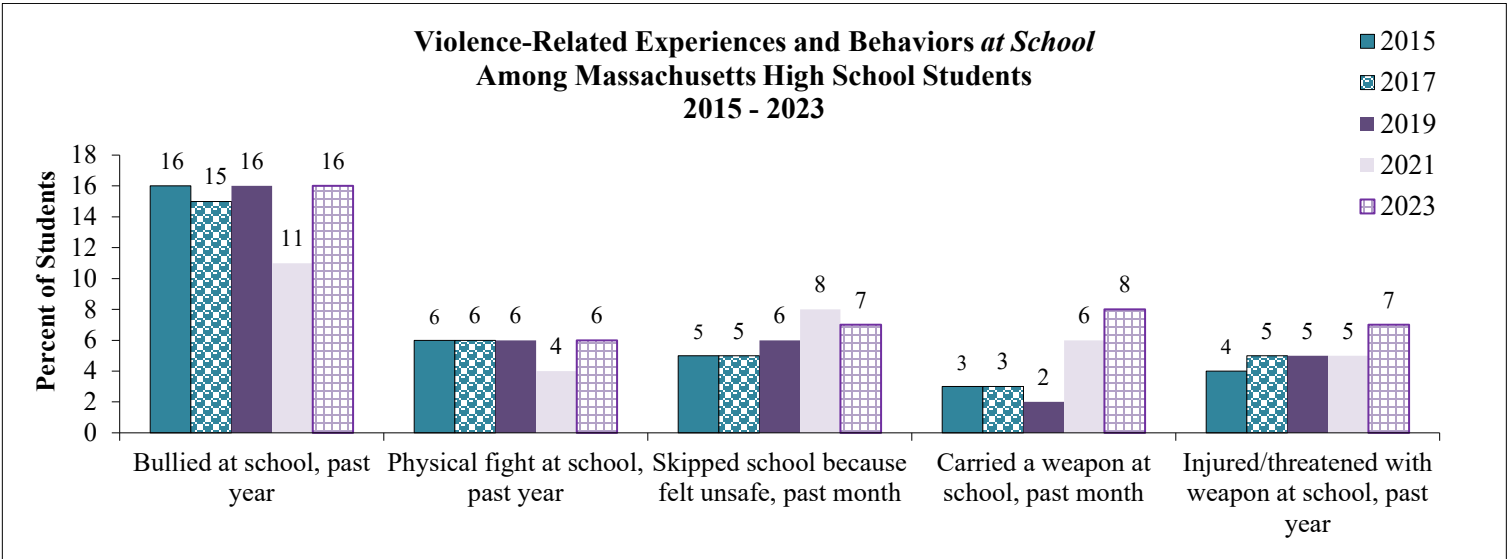


Figure 4. Centers for Disease Control and Prevention (CDC), *Massachusetts Youth Risk Behavior Surveillance System (MYRBSS)*, 2023

Figure 5 shows victimization experiences among Massachusetts high school students from 2015 to 2023.

- 15% reported being a victim of cyber bullying;
- 8% experienced physical dating violence;
- 15% experienced sexual dating violence; and
- 7% were physically forced to have sexual intercourse in their lifetime.

<sup>7</sup> Lewis, R. A., & Carlton, M. P. (2022, February 23). *What are Predictors of School Violence? What are Its Consequences?* National Institute of Justice. Retrieved August 19, 2024, from <https://nij.ojp.gov/topics/articles/what-are-predictors-school-violence-what-are-its-consequences>.

<sup>8</sup> Massachusetts Department of Elementary and Secondary Education and Department of Public Health. *MYRBS & MYHS Data Tables*. <https://www.doe.mass.edu/sfs/yrebs/>

Furthermore, an analysis of violence indicators by gender reveals the following statistics:

- 11% of male students and 5% of female students reported carrying a weapon in the past 30 days;
- 6% of males and 7% of females reported being injured or threatened with a weapon at school in the past year;
- 8% of males and 3% of females reported being in a physical fight in the past year;
- 7% of males and 9% of females experienced physical dating violence in the past year;
- 8% of males and 22% of females reported being a victim of sexual dating violence in the past year; and
- 4% of males and 12% females reported being physically forced to have sexual intercourse in their lifetime.

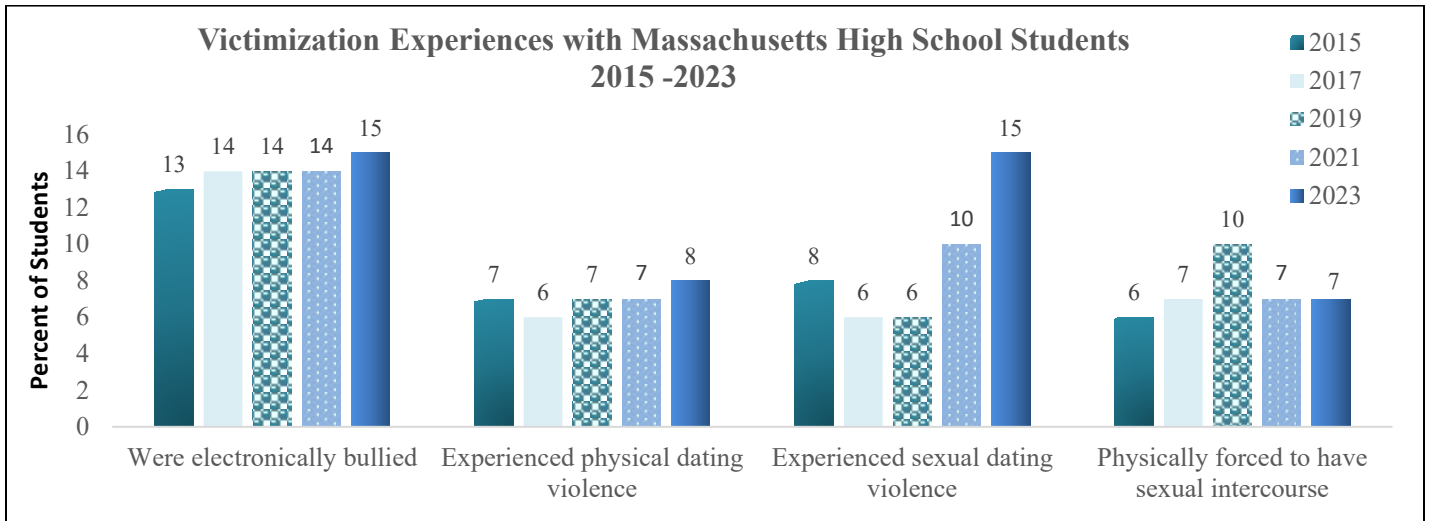


Figure 5. Centers for Disease Control and Prevention (CDC), *Massachusetts Youth Risk Behavior Surveillance System (MYRBSS)*, 2023

## **PRIORITY #2: SUPPORTING EVIDENCE-BASED REENTRY PROGRAMS TO REDUCE RECIDIVISM**

### ***Goal***

Reduce recidivism and future victimization, as well as increase the chances of success for offenders leaving incarceration and returning to our communities.

### ***Purpose Areas Addressed***

- Law enforcement programs
- Prosecution and court programs
- Education and training
- Job readiness, life skills, and housing support
- Corrections and community corrections programs
- Drug treatment

### ***Anticipated Activities***

- Revitalize neighborhoods by developing and supporting collaborative model projects that promote efforts of local agencies to provide and ensure comprehensive reintegration programs for juvenile and adult offenders reentering the community.
- Support expansion of rehabilitative and educational corrections programming in jails, prisons, and community-based facilities.

### ***Rationale***

Improving the reentry process for released prisoners is a critical public safety issue for Massachusetts, one that has received increasing attention in the last few years. Upon release to the community, prisoners face many challenges in successfully reentering society including securing employment, housing as well as addressing health and substance abuse issues within a community setting. A key factor that is a precursor to successful reintegration in the community is stable housing.

According to the Center for Justice Innovation, for individuals leaving prison or jail, housing is the critical first building block that will dictate everything else: proximity to family, positive support systems, health care and economic opportunities.<sup>9</sup> More so, based on a report published by the Crime and Justice Institute (CJI), formerly incarcerated individuals are nearly ten times more likely to be homeless compared to other members of the community. Therefore, stable housing reorients released prisoners to “life in the community, allows them to build a social network and helps them find employment through a permanent address”. Most importantly, it can be “psychologically beneficial, offering hope and commitment to change”<sup>10</sup>

In 2018, the Commonwealth of Massachusetts passed a landmark Criminal Justice Reform Bill that resulted in the largest and potentially most significant investment that has been made after the reform was passed totaling over \$33 million annually to support reentry services programs. Approximately, half of these reentry dollars are supporting housing and residential reentry services, because prior to the reform, “Massachusetts stood out compared to other states for having very limited transitional housing options” for returning citizens given the region’s high housing costs.<sup>11</sup>

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<sup>9</sup> Watkins, M., & Yager, J. (2023, August 1). *Policy brief: Reentry and the Social Compact*. Center for Justice Innovation.

<https://www.innovatingjustice.org/publications/reentry-social-compact>, Online accessed on: August 19, 2024

<sup>10</sup> *Successful Reentry Through Safe Housing Solutions*. (2024, July). Crime Justice Institute. <https://www.cjinitiative.org/assets/sites/2/2024/07/Successful-Reentry-Through-Safe-Housing-Solutions.pdf>

<sup>11</sup> Forman, B., Rapoza, E., Ciurczak, P., & Schuster, L. (2024, January 24). *Criminal Justice Reform in Massachusetts: a Five-Year Progress Assessment*, 25. MassINC & Boston Indicators. <https://www.bostonindicators.org/reports/report-detail-pages/criminal-justice-reform-in-massachusetts>

### *Statement of the Problem*

Despite the considerable post-reform progress made by state agencies and the communities in Massachusetts, reentering society after a period of confinement in jail or prison is still a difficult transition for most offenders as well as their families and communities. Many former offenders still struggle with substance abuse, mental health issues, inadequate education and job skills, and restrictive housing options. At the national level, in 2023, an estimated 1,254,200 prisoners were under state or federal jurisdiction, an increase of 2% or 24,100 persons from year end 2022 (1,230,100). This increase marked the second rise in the combined state and federal prison population since 2013.<sup>12</sup>

According to BJS, at the end of 2023, approximately 3,772,000 individuals were under community supervision (probation or parole) in the United States, an increase of 0.7% (up 27,900 persons) from January 1, 2023.<sup>13</sup> Increases in community supervision were largely due to the increase in the number of adults on probation. An estimated 3,103,400 adults were on probation by the end of 2023, a 1.3% increase from the 3,064,200 on probation at the beginning of 2023. In 2023, 1 in 70 adult U.S. residents were under community supervision, a rate of 1,433 per 100,000 persons. Additionally, 1 in 387 U.S. adults was supervised on parole.

At the state level, according to a recently published report by the Department of Correction's Research and Planning Division: *Prison Population Trends 2024*:<sup>14</sup>

#### *Releases to the Community by Supervision Type*

- There was a 36% decrease (n=702) in criminally sentenced releases to the community between 2020 and 2024.
- The largest decrease in releases occurred between 2020 and 2021 (about 24%).
- Releases to the community have experienced a consistent declining trend from a high of 1,925 in 2020 to a low of 1,223 in 2024.
- Parole Supervision increased from 26% in 2020 to 36% in 2024. Conversely, No Post Release Supervision decreased from 26% to 16%. Individuals placed under Probation Supervision only saw a 56% decrease between 2020 and 2024.
- The Massachusetts Crime Bill of 2018 instituted medical parole in which a terminally ill or permanently incapacitated person can be released on parole. In 2024, 12 individuals were released to the community using medical parole.

#### *Releases to the Community by Security Level*

- Overall, there was a 2% decline in criminally sentenced releases to the community from 1,244 releases in 2023 to 1,223 releases in 2024 from facilities of all security levels.
- Compared to the previous years, the criminally sentenced releases from medium security facilities exceeded the 50% mark with a total of 53% (n=650). Less than one-fourth (n=259) came from minimum security facilities, and slightly below one-fifth came from maximum security facilities (n=214).
- When comparing DOC facility of release in 2024, the greatest number of criminally sentenced individuals were released to the community from Souza-Baranowski Correctional Center (n=213), followed by MCI-Shirley (n=186), and MCI-Norfolk (n=130).

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<sup>12</sup> Mueller, D. Prisons Report Series: Preliminary Data Release, 2023. December 2024. U.S. Department of Justice, Bureau of Justice Statistics. [Prisons Report Series: Preliminary Data Release, 2023 | Bureau of Justice Statistics](#)

<sup>13</sup> D. Kaebler, (July 2025). *Probation and Parole in the United States, 2023*. U.S. Department of Justice, Bureau of Justice Statistics. [Search Publications | Bureau of Justice Statistics](#)

<sup>14</sup> Research and Planning Division. (April 2025). *Prison Population Trends 2024*. Massachusetts Department of Correction. Retrieved August 25, 2025, from <https://www.mass.gov/doc/prison-population-trends-2024/download>

- The most significant increase in releases is observed at NCCI-Gardner, with an increase from 64 in 2023 to 85 releases in 2024.

## RECIDIVISM

Recidivism refers to a person’s relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime. According to the National Institute of Justice, “recidivism is measured by criminal acts that result in rearrest, reconviction, or return to prison with or without a new sentence during a three-year period following the prisoner’s release.”<sup>15</sup> In 2018, a 10-year follow-up on recidivism<sup>16</sup> conducted by BJS illuminates the high reoccurrence of criminal behavior among released prisoners nationwide. The updated study found:<sup>17</sup>

- The 409,300 prisoners released in 2008 had an estimated 2,197,000 arrests during the 10-year follow up period, an average of 5 arrests per released prisoner.
- The largest portion (14%) of these arrests, 301,000 occurred in Year 1.
- Ten percent of all arrests happened in Year 5 (224,000) and 8% (169,000) were made in Year 10.
- About 8 in 10 violent offenders were arrested for any crime within 10 years of release from state prison.
- An estimated 66% of released prisoners released across 24 states in 2008, were arrested within 3 years, 69% within 5 years, and 82% within 10 years. Approximately 82% were arrested at least once during the 10 years following release.
- The annual arrest percentage decreased over the time period, with 43% of prisoners apprehended at least once in Year 1 of their release, 29% in Year 5 and 22% arrested in Year 10.

State level recidivism data is available from EOPSS through the state Cross-Tracking system, a statewide data initiative designed to provide a streamlined, 360-degree view of an individual’s engagement with the criminal justice system following them from the point of arrest to entry into a custodial institution and eventual release to Parole Supervision.<sup>18</sup> The fully integrated data framework is designed to enhance transparency, improve access to criminal justice data, and facilitate high-level analysis for the public, stakeholders, and researchers to inform public policy and improve public safety.<sup>19</sup>

Figures 6 and 7 below shows the cumulative three-year recidivism totals and rates<sup>20</sup> in Massachusetts using the Cross-Tracking, Recidivism CMR Model for inmates released between 2017 – 2021.<sup>21</sup> The data are composed of three release measures: **rearraignment**, **reconviction** and **reincarceration**. As illustrated below, in the period between 2017-2021, a total of 35,992 inmates were released from correctional facilities in Massachusetts, out of which 62% were

<sup>15</sup> National Institute of Justice. (n.d.). *Recidivism*. Retrieved August 13, 2024, from <https://nij.ojp.gov/topics/corrections/recidivism>

<sup>16</sup> The updated study by BJS analyzed the offending patterns of a sample of 73,600 prisoners who were among the 409,300 state prisoners released across 24 states in 2008.

<sup>17</sup> Antenangeli L., & Durose M. R. (2021, September). *Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008-2018)*, 4, 9, 16. Bureau of Justice Statistics. [https://bjs.ojp.gov/BJS\\_PUB/rpr24s0810yfup0818/Web%20content/508%20compliant%20PDFs](https://bjs.ojp.gov/BJS_PUB/rpr24s0810yfup0818/Web%20content/508%20compliant%20PDFs)

<sup>18</sup> Data were derived from the following systems: the Department of Correction (DOC) Inmate Management System (IMS), the County Sheriffs’ 12 independent Offender Management Systems (OMS) and Hampden County’s Jail Management System (JMS), the Trial Court and Probation Department’s Mass Courts System (including the BOP), the Parole Board’s Record Management System (SPIRIT II), and the State Police State Identification Section (One III).

<sup>19</sup> Executive Office of Public Safety and Security, Cross Tracking Recidivism Dashboard Frequently Asked Questions (FAQs), August 2022, retrieved from: <https://www.mass.gov/doc/cross-tracking-dashboard-faqs/download>, online accessed on: August 27, 2024

<sup>20</sup> The cumulative data shows the recidivism rates and totals after three years as each year includes the data that occurred in the year prior. This means that year one includes recidivistic events only from year one, year two includes recidivistic events from year one and year two, and year three includes recidivistic events from years one, two and three to ultimately show the total recidivism rate after three years. Note that the figures reflect a snapshot in time, and the data are periodically updated. The CMR data were last updated on August 19, 2025. Retrieved from: <https://www.mass.gov/doc/cross-tracking-dashboard-faqs/download>, online accessed on: March 19, 2026.

<sup>21</sup> Data reflect releases where three years have elapsed. The base data for the CMR Model is the date the individual has been released from custody, including parole supervision, if required. The CMR model is based off of 501 CMR 18, Data Collection and Reporting Standards, promulgated in December of 2021. Refer to <https://www.mass.gov/info-details/cross-tracking-system-recidivism> for additional information about the Cross Tracking system and the CMR model.

rearraigned, 36% were reconvicted and 30% were reincarcerated within a three-year period. As illustrated in Figure 6, the total number of releases each year maintained a similar trajectory between 2017-2019, and decreased in 2020 and 2021. The 2018 cohort had the highest number of releases (8,931) and 2021 had the lowest number of releases (4,094).

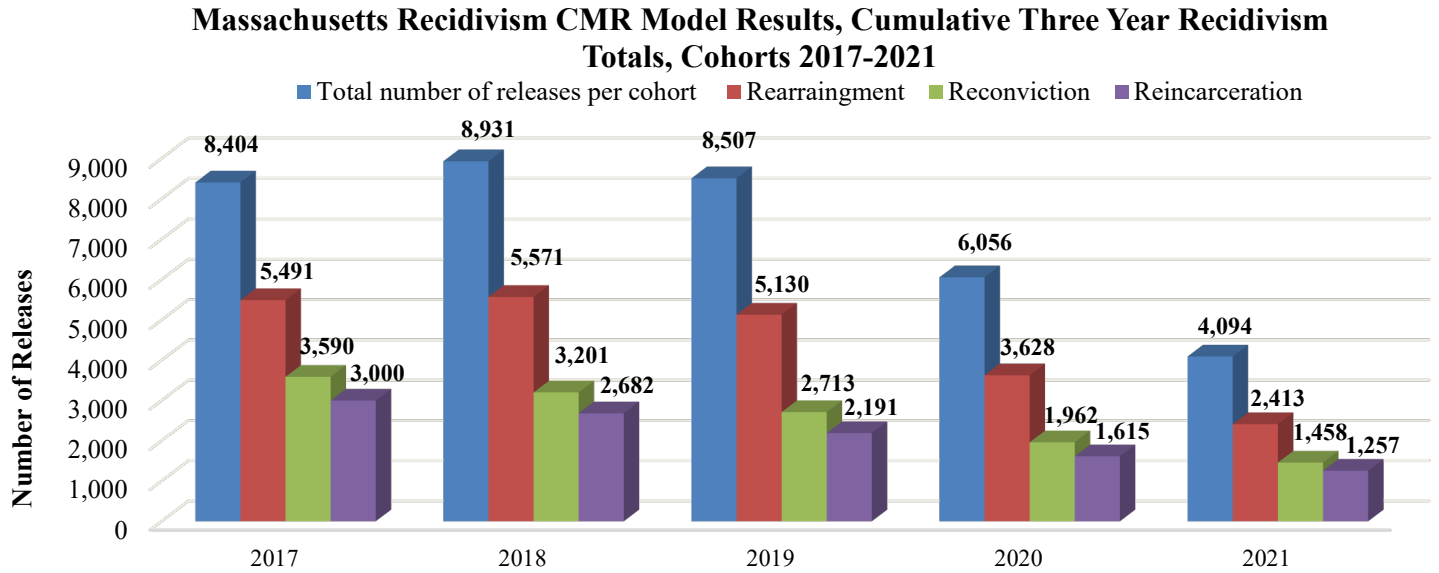


Figure 6. Massachusetts Recidivism CMR Model Results, Cumulative Three Year Recidivism Totals 2017-2021, retrieved from: Executive Office of Public Safety and Security, August 2025, retrieved from: <https://www.mass.gov/info-details/cross-tracking-system-recidivism-cmr-model>, online accessed on: March 19, 2025

As illustrated in Figure 7, recidivism rates varied per cohort year. For example, the 2017 cohort had the highest recidivism rates across all three release measures, with re-arraignment, reconviction and reincarceration rates of 65%, 43% and 36% respectively of the total number of releases in 2017. In comparison, the 2019 and 2021 cohorts experienced the lowest recidivism rates on the three recidivism measures compared to other cohorts: in 2019, 26% of the released inmates were reincarcerated and 32% reconvicted; in 2021, and 59% of the released inmates were rearraigned back to court.

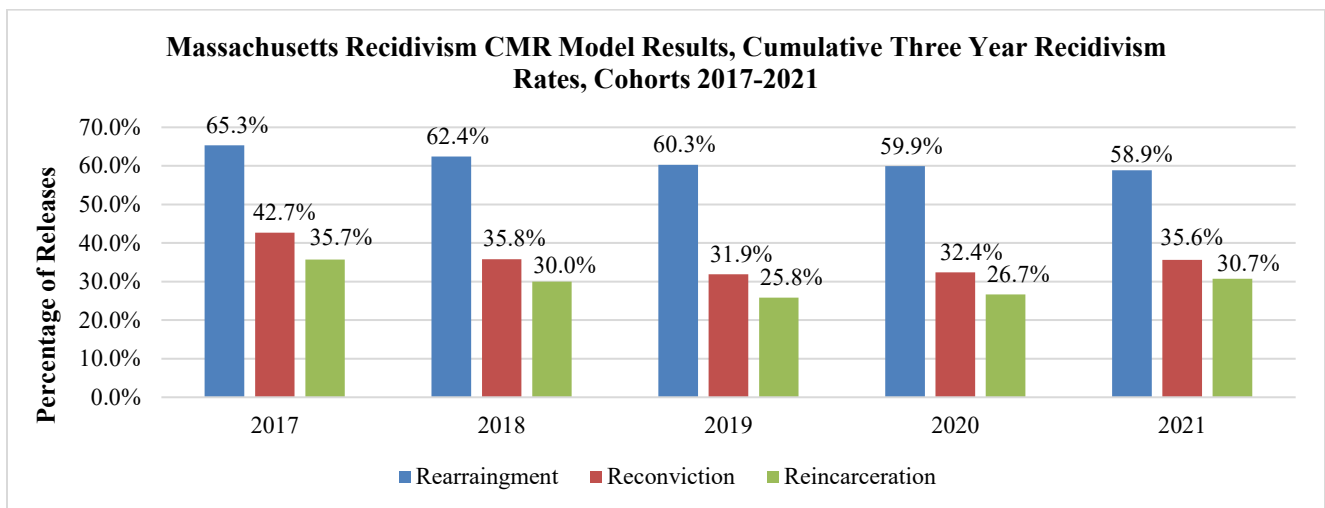


Figure 7. Massachusetts Recidivism CMR Model Results, Cumulative Three Year Recidivism Rates 2017-2021, retrieved from: Executive Office of Public Safety and Security, August 2025, retrieved from: <https://www.mass.gov/info-details/cross-tracking-system-recidivism-cmr-model>, online accessed on: March 19, 2026

## PRISONER REENTRY

According to the National Institute of Justice, reentry back to the community is very important. The BJS found that 44% of the individuals who left state prison facilities were arrested at least once in their first year after being released. Within nine years of release, 5 or 6 of those previously incarcerated in state prison had been rearrested. The number of individuals who will be in contact with the criminal justice system highlights the crucial significance of the reentry process.<sup>22</sup>

The Massachusetts Department of Correction (DOC) utilizes the COMPAS Risk/Needs assessment<sup>23</sup> to determine inmates' risk for recidivism and their programming needs. The assessment identifies the following areas: criminal history factors, criminal associates/peers, criminal attitudes, social environment, and needs assessment (e.g., substance abuse, financial deficits, vocational/ education needs/deficits). Properly assessing the risk and needs of offenders and providing the appropriate programming helps reduce recidivism.

Substance abuse treatment in correctional facilities is crucial to breaking the cycle of drug use and criminal involvement. Comprehensive intervention strategies enable inmates to participate in correctional programs designed to reduce recidivism and help prevent relapse upon release to their community. This is crucial as many ex-offenders return to the same community in which they were living prior to incarceration.

In 2024, 1,223 prisoners were released to the community, of which 739 (60%) reported a release address in one of the top ten cities listed in Table 1. Boston had the highest number of criminally sentenced inmates released to the community (262), followed by Worcester (116) and Springfield (92).

**TABLE 1. CRIMINALLY SENTENCED JURISDICTION RELEASES TO THE COMMUNITY, 2024<sup>24</sup>**

CITY	NUMBER	PERCENTAGE
Boston	262	21%
Worcester	116	9%
Springfield	92	8%
New Bedford	69	6%
Lowell	41	3%
Fall River	40	3%
Lynn	36	3%
Brockton	32	3%
Taunton	26	2%
Haverhill	25	2%

Source: Massachusetts DOC, Prison Population Trends 2024 April 2025  
<https://www.mass.gov/doc/prison-population-trends-2024/download>

<sup>22</sup> Martin, E., & Garcia, M. (2022). *Reentry Research at NIJ: Providing Robust Evidence for High - Stakes Decision-Making*, 1. Department of Justice, Office of Justice Programs. Retrieved from: <https://www.ojp.gov/pdffiles1/nij/300988.pdf>

<sup>23</sup> Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) is an automated risk/needs assessment tool utilized to inform the development of an incarcerated individual's personalized program plan. COMPAS has been normed and validated to the Massachusetts Department of Correction population. Retrieved from: <https://www.mass.gov/doc/one-year-recidivism-rates-of-male-releases-2013-2020>, online accessed on: August 27, 2024

<sup>24</sup> Percentage based on 1, 223 total releases to the community. Inmate self-reports releases to the community. Massachusetts Department of Corrections (DOC) Research and Planning Division, *Prison Population Trends 2024*, April 2025, retrieved from: <https://www.mass.gov/doc/prison-population-trends-2024/download>, online accessed on: August 21, 2025

Between 2015 and 2024, both criminal admissions and releases exhibited strong downward trends. There was a 41% decline in the number of admissions to the DOC and 54% decline in the number of releases (Figure 8). As shown, admissions experienced the largest decrease (57%) from 2019 to 2020. Releases showed the greatest declines from 2020 to 2021 (20%). In 2024, compared to the previous year, there was a 6% decrease in admissions and a .07% decline in releases, respectively.

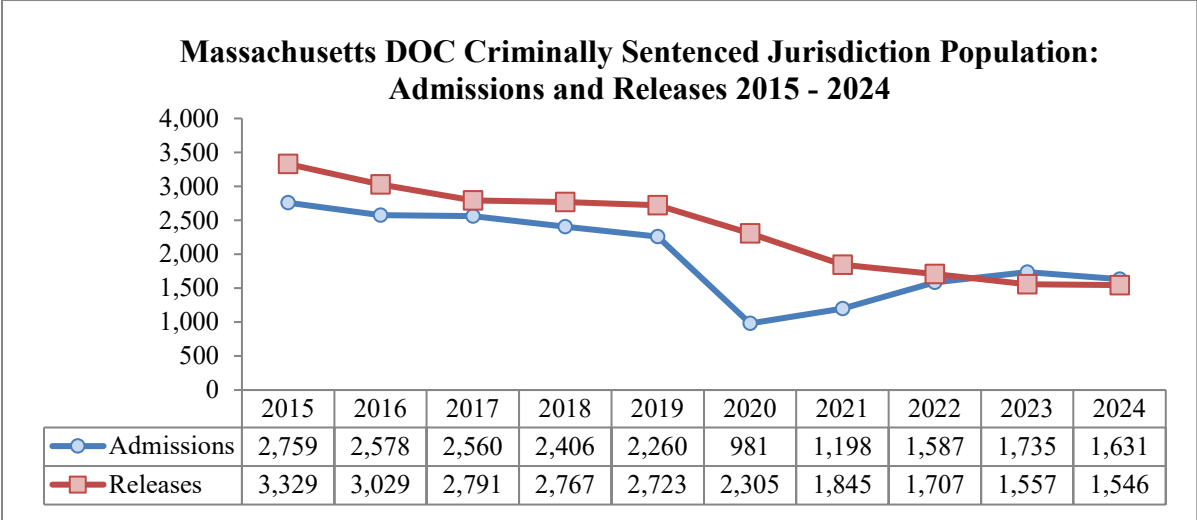


Figure 8. Source: Massachusetts DOC, Research and Planning Division *Prison Population Trends 2024* April 2025, retrieved from: <https://www.mass.gov/doc/prison-population-trends-2024/download>, online accessed on: August 21, 2025

Note: The criminally sentenced jurisdiction population includes inmates under jurisdiction of the Massachusetts DOC serving their sentence in the Massachusetts DOC and other non-DOC facilities.

The Massachusetts criminally sentenced inmate jurisdiction population declined for the nine straight years, decreasing 49% after a peak of 10,813 in 2015 to 5,507 inmates in 2023, before increasing 3% the next year (Figure 9).<sup>25</sup> Because nearly 95% of those sent to prison are eventually released and will return to their communities, families and friends, the incarcerated population has significant implications for prisoners returning to Massachusetts communities and the efforts to reduce recidivism.<sup>26</sup> In varying degrees, the communities to which former prisoners return have socioeconomic factors such as poverty, disenfranchisement, minimal social supports, and persistently high crime rates that present a variety of challenges which can hinder successful reintegration.

<sup>25</sup> Research and Planning Division. (2025, April). *Prison Population Trends 2024*. Massachusetts Department of Correction. Retrieved August 2025, from <https://www.mass.gov/doc/prison-population-trends-2024/download>

<sup>26</sup> Martin, E., & Garcia, M. (2022, April 11). *Reentry Research at NIJ: Providing Robust Evidence for High - Stakes Decision-Making*, 1. Department of Justice, Office of Justice Programs. <https://www.ojp.gov/pdffiles1/nij/300988.pdf>

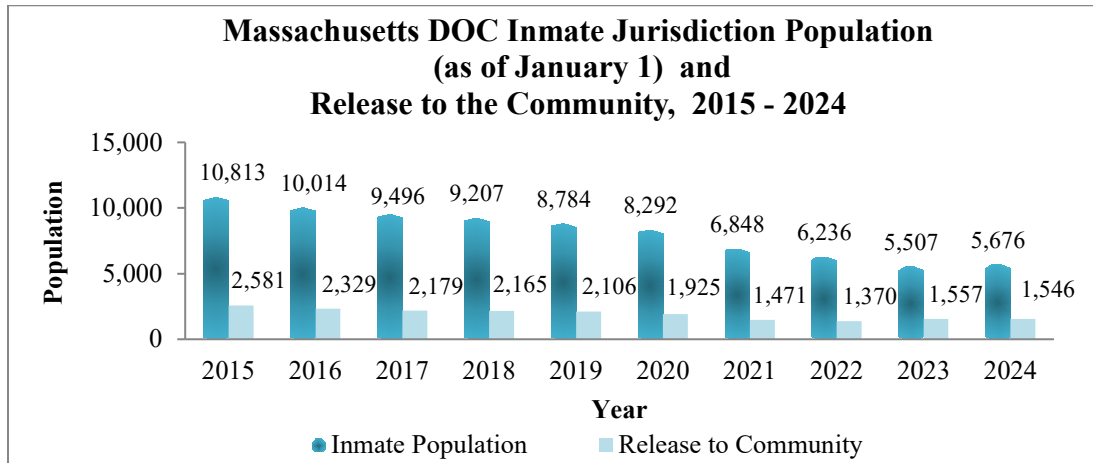


Figure 9. Source: Massachusetts DOC, Research and Planning Division *Prison Population Trends 2024*, April 2025, Retrieved from: <https://www.mass.gov/doc/prison-population-trends-2024/download> Online accessed on: August 21, 2025

As illustrated in Table 2, the trend of prisoners released to the community under supervision (both parole and probation) saw a 9.7% increase in released prisoners in 2024 compared to the previous year. The post release supervision increased 2% in 2024 compared to the supervision in 2023.

**TABLE 2. MASSACHUSETTS DOC POST RELEASE SUPERVISION TYPE, 2020-2024**

POST RELEASE SUPERVISION TYPE	2020		2021		2022		2023		2024	
Parole Supervision (only)	493	26%	419	28%	434	32%	421	34%	442	36%
Probation Supervision (only)	559	29%	403	27%	332	24%	278	22%	248	20%
Parole and Probation Supervision (both)	377	20%	292	20%	331	24%	309	25%	339	28%
No Post Release Supervision	496	26%	357	24%	273	20%	236	19%	194	16%
<b>TOTAL</b>	<b>1,925</b>	<b>100%</b>	<b>1,471</b>	<b>100%</b>	<b>1,370</b>	<b>100%</b>	<b>1,244</b>	<b>100%</b>	<b>1,223</b>	<b>100%</b>
POST RELEASE SUPERVISION	2020		2021		2022		2023		2024	
Supervision	1,429	74%	1,114	76%	1,097	80%	1,008	81%	1,029	84%
No Supervision	496	26%	357	24%	273	20%	236	19%	194	16%
<b>TOTAL</b>	<b>1,925</b>	<b>100%</b>	<b>1,471</b>	<b>100%</b>	<b>1,370</b>	<b>100%</b>	<b>1,244</b>	<b>100%</b>	<b>1,223</b>	<b>100%</b>

Source: Massachusetts DOC, Research and Planning Division *Prison Population Trends 2024*, April 2025 retrieved from: <https://www.mass.gov/doc/prison-population-trends-2024/download>, online accessed on: August 21, 2025

Table 3 provides the percentage of the Massachusetts population residing in each county in 2023 compared to the percentage of criminally sentenced DOC inmates released to each county in 2024.<sup>27</sup> Suffolk, Bristol, and Hampden counties had a disproportionately higher percentage of inmates released to communities in those counties (47% combined) than the population residing in those counties (26% combined).

<sup>27</sup> Information regarding release address is self-reported by inmates prior to their release.

**TABLE 3. MASSACHUSETTS DOC 2024 CRIMINALLY SENTENCED JURISDICTION RELEASES TO THE COMMUNITY BY COUNTIES COMPARED TO THE ESTIMATED POPULATION OF MA COUNTIES IN 2023**

COUNTY	NUMBER	% RELEASES TO THE COMMUNITY	PERCENTAGE OF MA POPULATION RESIDING IN COUNTY
Suffolk	275	22%	11%
Worcester	165	13%	12%
Bristol	162	13%	8%
Hampden	145	12%	7%
Essex	138	11%	12%
Middlesex	127	10%	23%
Plymouth	61	5%	8%
Norfolk	40	3%	10%
Barnstable	18	1%	3%
Berkshire	15	1%	2%
Hampshire	15	1%	2%
Franklin	8	1%	1%
Dukes	0	0%	<1%
Nantucket	0	0%	<1%
SUB-TOTAL	1,169	96%	100%
Outside MA	54	4%	0%
Unknown	0	0%	0%
<b>TOTAL</b>	<b>1,223</b>	<b>100%</b>	<b>100%</b>

Source: Massachusetts DOC, Research and Planning Division *Prison Population Trends 2024*, April 2025 retrieved from: <https://www.mass.gov/doc/prison-population-trends-2024/download>, online accessed on: August 21, 2025

## **PRIORITY #3: TARGETING DOMESTIC VIOLENCE AND SEXUAL ASSAULT OFFENDERS**

### ***Goal***

Reduce the incidents of domestic violence and sexual assault and increase the number of effective and appropriate services for survivors of these crimes.

### ***Purpose Areas Addressed***

- Law enforcement programs
- Prosecution and court programs
- Victim service programs
- Education and training

### ***Anticipated Activities***

- Develop and support projects that promote the collaboration of law enforcement, the courts, and local victim service agencies in responding to domestic violence and sexual assault incidents.
- Enhance domestic violence and sexual assault services.
- Promote regional and statewide approaches in the prevention of domestic and sexual assault.

### ***Rationale***

Domestic violence or sexual assault does not discriminate. Domestic violence can happen in different ways, so it is important to understand the behaviors that define it.<sup>28</sup> In the case of sexual assault, the perpetrator may be a stranger, acquaintance, friend, family member, or intimate partner.<sup>29</sup> Women, children, and men of all ages can be victims of sexual assault and domestic violence. Domestic violence and sexual assault cross all races and ethnicities, religions, and economic strata.

### ***Statement of the Problem***

According to the National Crime Victimization Survey:<sup>30</sup>

- In 2024, the rate of violent victimization<sup>31</sup> was 23.3 victimizations per 1,000 persons age 12 or older, higher than in 2021 (16.5 per 1,000) but not significantly different from 2022 and 2023.
- From 2023 to 2024, there were no significant changes in the rates of specific violent crime types (domestic violence, intimate partner violence, and stranger violence).
- There were 560,890 reports of rape or sexual assault in the United States in 2024, rising 20% from the previous year (481,020).
- There were 1,110,040 violent victimizations committed by current or former intimate partners or family members, a 4.7% decline from the previous year, at a rate of 3.9 per 1,000 persons in the population age 12 or older in 2024, of which 782,900 were intimate partner victimizations, and is 71% of the total number of domestic violence victimizations
- In 2024, 3,091,500 victimizations involved perpetrators that were strangers at a rate of 10.8 per 1,000 persons, declining 4.3% from the previous year
- There were statistically significant differences in the number of victimizations involving rape or sexual assault between 2021 and 2022 with an increase of 64% in 2022 compared to the previous year. However, the

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<sup>28</sup> National Domestic Violence Hotline. (n.d.). *Understanding Relationship Abuse*. Retrieved August 14, 2024, from <https://www.thehotline.org/identify-abuse/understand-relationship-abuse>

<sup>29</sup> The definition of an intimate partner is a current or former spouse, boyfriend, or girlfriend.

<sup>30</sup> Tapp, S. N., & E. Coen (2025, September). *Criminal Victimization, 2024*. Bureau of Justice Statistics. [Criminal Victimization, 2024 | Bureau of Justice Statistics](#)

<sup>31</sup> Violent victimization includes rape or sexual assault, robbery, aggravated assault, and simple assault.

number of victimizations declined 9.5% in 2023, and increased in 2024 by 17%.

- The percentage of rape or sexual assault victimizations reported to police decreased significantly, from 46% in 2023 to 24% in 2024.

The Centers for Disease Control (CDC) provide the following rape and sexual assault statistics:<sup>32</sup>

- More than half (54.3%) of women and one-third of men (30.7%) experienced some form of contact sexual violence during their lifetime.
- One in 4 women (26.8%) and nearly 1 in 26 men (3.8%) experienced completed or attempted rape at some point in their lives.
- About 1 in 9 men (10.7%) were forced to penetrate someone else at some point in their lives.
- Two percent of women and 0.3 percent of men reported rape victimization in the 12 months prior to the survey.
- More than 1 in 4 non-Hispanic Black (29.0%) and non-Hispanic White (28.1%), 1 in 5 Hispanic (19.7%), and 1 in 6 non-Hispanic Asian or Pacific Islander women (17.2%) were raped in their lifetime.
- Most female and male victims of sexual violence knew their perpetrators:
  - 56.1% of female rape victims were raped by an acquaintance, 39.3% by an intimate partner, and 16.0% by a family member; and
  - 57.3% of male victims were raped by an acquaintance (57.3%), 16.0% by a family member, and 12.5% by an intimate partner.

Although there has been a decline in domestic violence and sexual assault victimizations over the years, the above statistics highlight that these issues remain critical for the law enforcement community and victim service organizations.

### INTIMATE PARTNER AND FAMILY VIOLENCE

Intimate partner violence is a continuous public health problem that affects millions of Americans every year. The term, Intimate partner violence refers to any physical or sexual violence, stalking, and/or psychological aggression by a current or former dating partner or spouse. Nearly 1 in 2 women (47.3% or 59 million) and more than 40% of men (44.2 or 52.1 million) in the United States reported any sexual violence, physical violence, and/or stalking victimization by an intimate partner at some point in their lifetime.<sup>33</sup>

Data compiled via the National Incident-Based Reporting System (NIBRS) reveals that there were 261,061 victims of intimate partner and family violence in Massachusetts during the ten-year period from 2015 to 2024.<sup>34</sup> Over the course of the ten-year period, incidents of domestic violence in Massachusetts began increasing in 2020 to a high of 28,165 in 2023, before declining 2% in 2024.<sup>35</sup> Despite the reduction displayed in Figure 10, the need remains for accessible victim services and coordinated criminal justice policies to maintain this downward trend.

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<sup>32</sup> Leemis, R. W., Friar N., Khatiwada S., Chen M. S., Kresnow M., Smith S. G., Caslin S., & Basile K. C. (2022, June). *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence*, 4-7. Centers for Disease Control and Prevention (CDC).

<https://www.cdc.gov/nisvs/documentation/nisvsReportonSexualViolence.pdf>

<sup>33</sup> Leemis, R. W., Friar N., Khatiwada S., Chen M. S., Kresnow M., Smith S. G., Caslin S., & Basile K. C. (2022, October). *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence*, 1-14. Centers for Disease Control and Prevention (CDC).

[https://www.cdc.gov/nisvs/documentation/NISVSReportonIPV\\_2022.pdf](https://www.cdc.gov/nisvs/documentation/NISVSReportonIPV_2022.pdf)

<sup>34</sup> NIBRS reporting is voluntary and as such, this data does not include all agencies statewide; most notably, data from the cities of Boston and Lawrence are absent. Boston began reporting NIBRS in October 2019, and Lawrence completed NIBRS compliance in 2020. NIBRS data covers approximately 95% of the Massachusetts population.

<sup>35</sup> The number of victims of intimate partner and family violence were determined by examining data within the *Crimes against Persons* crime category in CrimeSOLV.

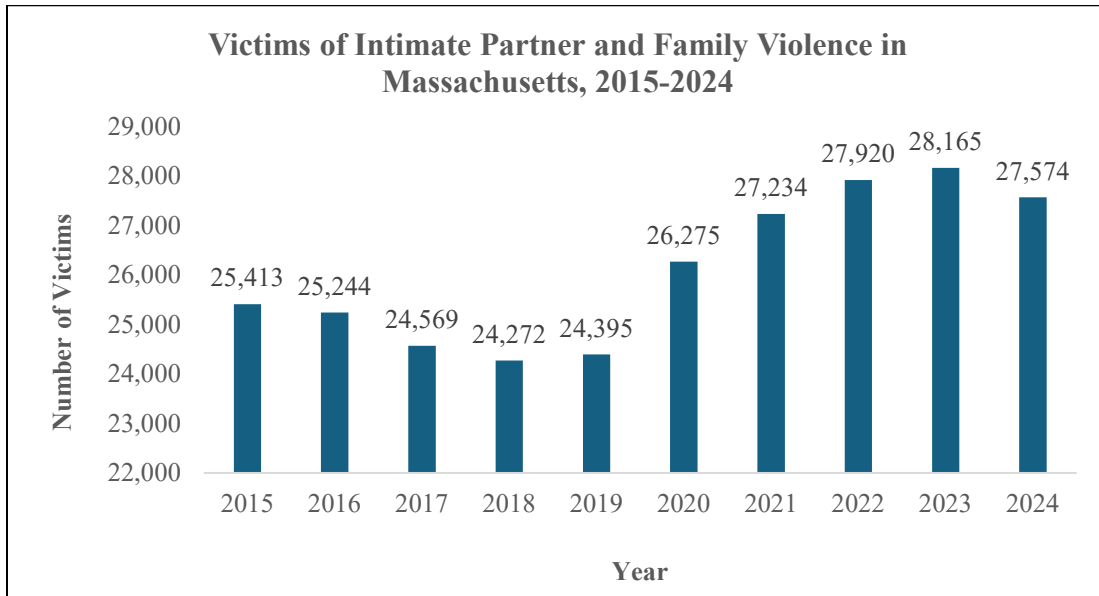


Figure 10. NIBRS Data accessed via CrimeSOLV, Crimes against Person, Number of Victims by Select Characteristics by Victim/Offender Relationship. Accessed August 2025.

### REPORTED SEXUAL ASSAULTS

According to NIBRS data obtained via CrimeSOLV, there were 39,083 incidents of sexual assault in Massachusetts from 2015 to 2024 (Figure 11). In 2024, the incidents of sexual assault increased 19% from 2015. The rate of reported sexual assaults in 2024 was 56.4 per 100,000 population.<sup>36</sup>

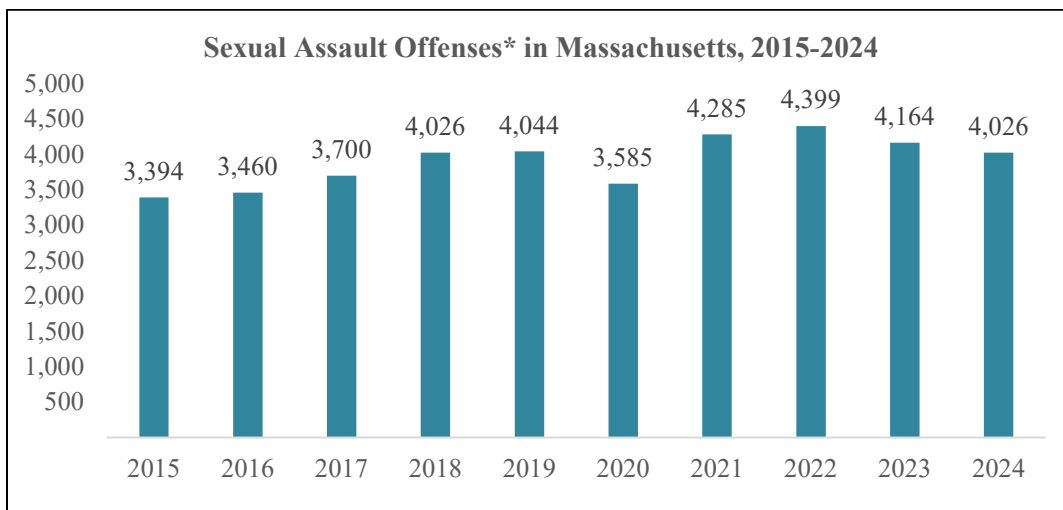


Figure 11. NIBRS Data accessed via CrimeSOLV, Crimes against Person and includes rape, sodomy, sexual assault with an object, and fondling. accessed August 2025.

\*Includes rape, sodomy, sexual assault with an object, criminal sexual assault, incest, statutory rape.

### SEXUAL ASSAULT REPORTING AND STATISTICS

Sexual assault is a serious problem that affects the lives of children and adults everywhere.

Generally, researchers are limited to statistics that estimate the prevalence or incidence of sexual assault. Separate

<sup>36</sup> Based on the Massachusetts 2024 population estimate of 7,136,171

from incidents reported to law enforcement or indicated through the National Crime Victimization Survey, few details are known about the specific nature and context of sexual assault. The Provider Sexual Crime Report (PSCR)<sup>37</sup> is both unique and significant because it allows for a more detailed analysis of both the nature and context of sexual assault in Massachusetts. The PSCR encompasses information collected by emergency medical professionals and submitted via Form 2A to EOPSS. Medical professionals conduct exams; however, victims are not required to report the crime to the police. Therefore, the PSCR captures cases that might go unreported to police.

In 2024, adults accounted for 783 or 92% of the total 855 sexual assault exams conducted. Between 2015 and 2024, 10,402 adult and 1,172 pediatric sexual assault exams were completed (Figure 12). From 2016 - 2018, the number of adult exams increased, before fluctuating beginning 2020. The number of pediatric exams fluctuated, followed by a decline in 2020 and stabilizing through 2024.

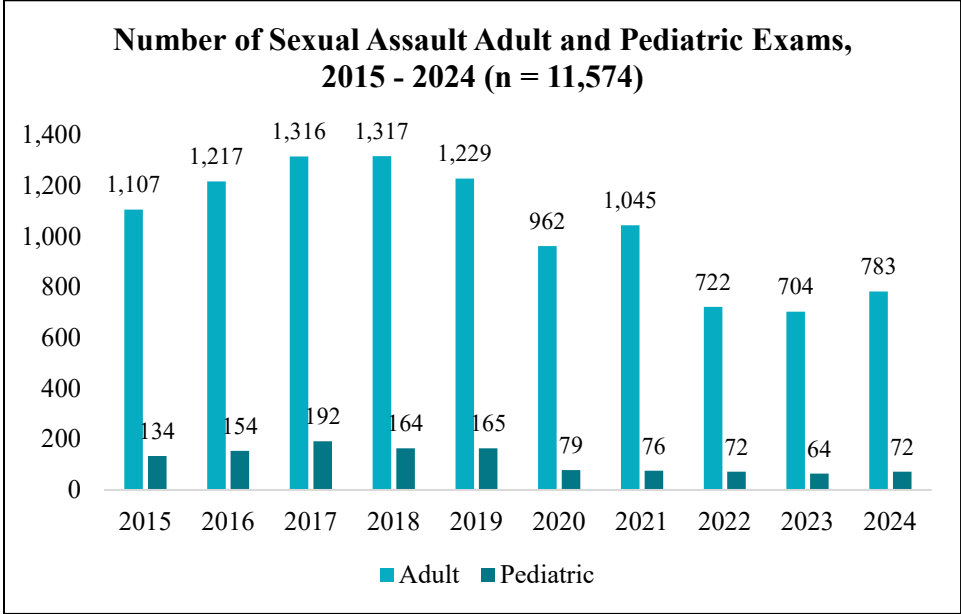


Figure 12. RPAD, EOPSS, PSCR database extract June 5, 2025.

Victims of sexual assault cross all age groups (Figure 13). The PSCR data for the ten-year period shows a 57% decrease in the number of survivors aged 12 or younger, 39% decrease in survivors ages 13-24 years, and 16% decrease in those 25 years or older. In 2024, 8% of the PSCR cohort were aged 12 or younger, 41% were ages 13-24, and 51% were 25 years or older.

<sup>37</sup> Massachusetts General Laws, Chapter 112, §12A½. Statute adopted in 1991 and amended in 1996. Massachusetts General Law requires the reporting of all cases of rape and sexual assault where the victim sought medical treatment, regardless of whether the case is reported to police. The PSCR Form is part of the Sexual Assault Evidence Collection Kit distributed on an annual basis to hospital emergency departments throughout the state by the Executive Office of Public Safety and Security (EOPSS). After a victim is seen in a medical facility, the care provider is required to complete the PSCR Form, which is then shared with local law enforcement and submitted via facsimile to EOPSS, where all information is recorded and maintained in a master database.

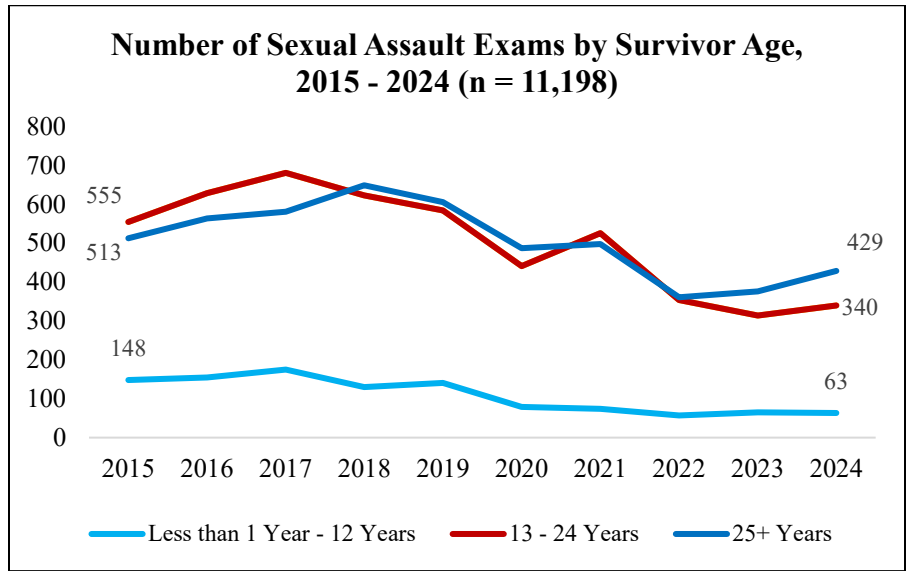


Figure 13. Source: RPAD, EOPSS, PSCR database extract June 5, 2025. Excludes approximately 3% of cases (n = 376) where information is missing.

According to the PSCR database, females represent the vast majority of survivors who sought medical attention because of a sexual assault; this is consistent for adult and pediatric survivors. During 2024, 89% of the adult exams were females, 8% males, and 3% transgender or transitioning. For pediatric exams, 83% were female survivors, and 17% male survivors. The pediatric form does not include a non-binary option.

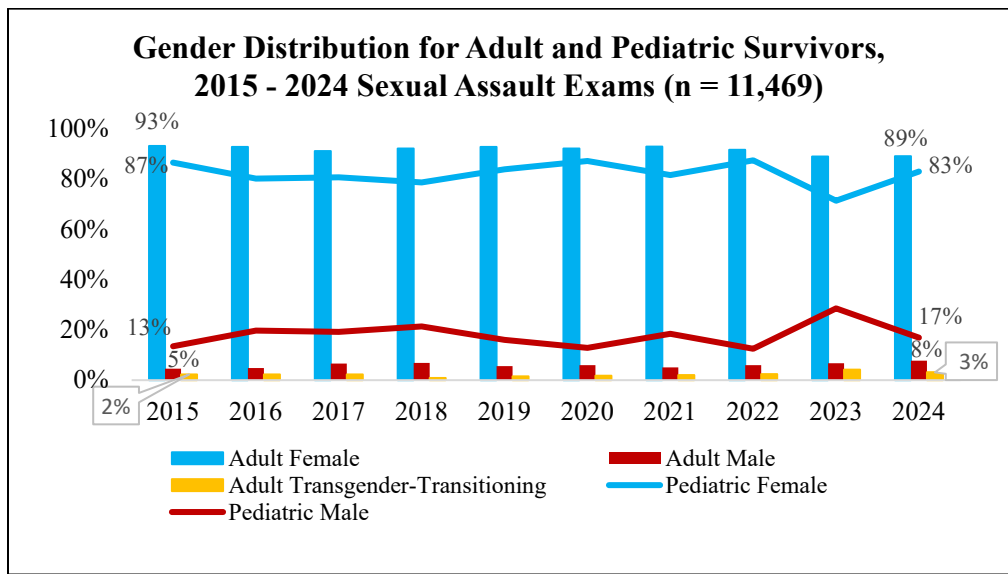


Figure 14. Source: RPAD, EOPSS, PSCR database extract June 5, 2025.

Unfortunately, rape and sexual assault remain highly underreported crimes. As noted, the PSCR provides an indication as to whether the survivor reported the sexual assault to law enforcement prior to the exam. It is possible that some survivors reported their assault to law enforcement officials after the exam. Figure 15 shows the percentage of sexual assaults/rapes reported to police by type of survivor. For adult survivors, the percentage of assaults reported to police decreased over the ten-year period from 64% to 56%, while for pediatric survivors, the percentage of assaults reported to police increased over the period from 80% to 89%.

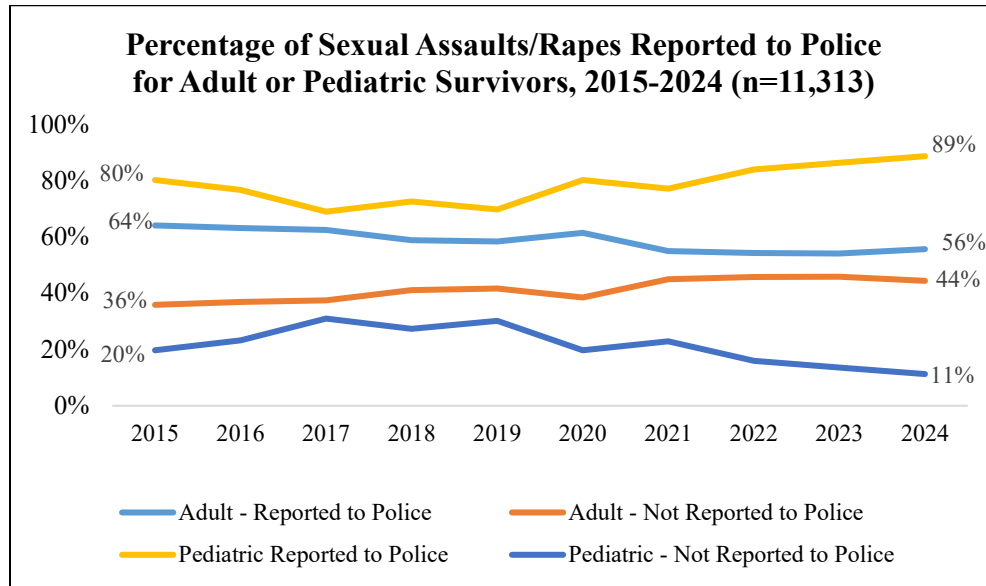


Figure 15. Source: RPAD, EOPSS, PSCR database extract June 5, 2025.

Note: Excludes cases where this information was not reported or not provided. (N=285 or 2.4%).

Analyzing the ten-year trend analysis in Table 4, based on the totals, survivors knew at least one of their assailants in 6 out of 10 of the sexual assault cases. About one-quarter of the time, the survivor reported all assailants were strangers. Strangers also include cases where the survivor could not see the assailant or could not remember if they knew the assailant. For 2024, the percent of missing or not reported is slightly lower than previous years at 12.3%. Victims are often selected based on the perpetrator's perception that he/she will be successful at sexually assaulting a particular individual, that the victim will not report or, if they do report, they will not be believed.<sup>38</sup>

TABLE 4. NUMBER OF SURVIVORS AND RELATIONSHIP TO ASSAILANTS, 2015 – 2024 ADULT EXAMS<sup>a</sup>

YEAR	STRANGER/ UNKNOWN <sup>b</sup>	%	KNOWN <sup>b</sup>	%	MULTIPLE RELATIONSHIPS <sup>b</sup>	%	NOT REPORTED <sup>b</sup>	%	SURVIVOR TOTAL
2015	241	21.8	766	69.2	30	2.7	70	6.3	1,107
2016	292	24.0	783	64.3	16	1.3	126	10.4	1,217
2017	300	22.8	772	58.7	24	1.8	220	16.7	1,316
2018	290	22.0	781	59.3	19	1.4	227	17.2	1,317
2019	263	21.4	724	58.9	28	2.3	214	17.4	1,229
2020	195	20.3	588	61.1	12	1.2	167	17.4	962
2021	226	21.6	642	61.4	15	1.4	162	15.5	1,045
2022	161	22.3	424	58.7	16	2.2	121	16.8	722
2023	163	23.2	416	59.1	7	1.0	118	16.8	704
2024	170	21.7	505	64.5	12	1.5	96	12.3	783
<b>Total</b>	<b>2,301</b>	<b>22.1</b>	<b>6,401</b>	<b>61.5</b>	<b>179</b>	<b>1.7</b>	<b>1,521</b>	<b>14.6</b>	<b>10,402</b>

Source: RPAD, EOPSS, PSCR database extract June 5, 2025.

<sup>a</sup> Individual sexual assault exams/cases can involve multiple assailants who have different relationships with the survivor. For cases where there are multiple assailants, only one relationship type is recorded, stranger/unknown, known, or multiple types of relationships.

<sup>b</sup> *Stranger/Unknown* - survivor reported the assailant was a stranger, or the survivor did not see the assailant or could not

<sup>38</sup> National Institute of Justice. (2010, October 26). *Victims and the Individuals Who Commit Sexual Violence*. <https://nij.ojp.gov/topics/articles/victims-and-individuals-who-commit-sexual-violence>

remember the assailant; *Known* – survivor reported the assailant was a friend, date, boyfriend/girlfriend or ex, spouse or ex, parent, or parents’ live-in partner, relative, acquaintance, or the relationship did not fit into one of the above response options. *Multiple Relationships* – the survivor reported that at least one assailant was in the stranger/unknown category and in the non-stranger category. *Not Reported* – relationship is missing or not reported.

The non-stranger category entails a cross-section of relationships – friends, boyfriend/girlfriend, exes, date, spouse, relative or parent. The survivor/assailant relationship ‘Acquaintance’ represents the highest percentage of non-stranger assailants (34.8%) for adults in the sexual assault exam cohort. The ‘Other’ category includes a variety of relationships where the survivor knew the assailant including work, group housing, or associations with friends/acquaintances, but the relationship did not fit precisely into one of the available categories (Table 5).

**TABLE 5. NON-STRANGER SURVIVOR/ASSAILANT RELATIONSHIP  
2024 ADULT SEXUAL ASSAULT EXAMS**

Survivor/Assailant Relationship	Number	Percent
Acquaintance	197	34.8%
Friend	81	14.3%
Ex-boyfriend/ex-girlfriend	49	8.7%
Boyfriend/girlfriend	41	7.2%
Date	39	6.9%
Relative	25	4.4%
Parent	24	4.2%
Spouse	21	3.7%
Parent’s Live-in Partner	4	0.7%
Other	72	12.7%
<b>TOTAL</b>	<b>566</b>	<b>100%</b>

Source: RPAD, EOPSS, PSCR database. Data obtained June 5, 2025.

<sup>a</sup> Individual sexual assault exams/cases can involve multiple assailants in multiple categories.

For the pediatric sexual assault exam cohort, the survivor/assailant relationship reported as ‘Father’ and ‘Other’ represents the highest percentage (19% and 16.7%, respectively) of assailants (n=15). Approximately 42% of the data on relationships with assailants are missing for pediatric cases (n=30) (Table 6).

**TABLE 6. RELATIONSHIP BETWEEN PEDIATRIC SURVIVOR AND THE ASSAILANT,  
2024**

Survivor/Assailant Relationship <sup>a</sup>	Number	Percent
Father	8	19.0%
Other <sup>b</sup>	7	16.7%
Unknown	6	14.3%
Mother’s boyfriend	4	9.5%
Other female	3	7.1%
Acquaintance	3	7.1%
Cousin	2	4.8%
Stepfather	2	4.8%
Half brother	2	4.8%
Family friend	2	4.8%
Uncle	1	2.4%
Babysitter	1	2.4%
Grandfather	1	2.4%
<b>Total</b>	<b>42</b>	<b>100%</b>

Source: RPAD, EOPSS, PSCR database. Data obtained June 5, 2025.

<sup>a</sup> Individual sexual assault cases can involve multiple assailants.

<sup>b</sup> Other – represents assailants where the relationship does not fall into one of the provided categories.

Because not all occurrences of sexual and domestic violence are reported to law enforcement, this data may not be an accurate or thorough depiction of the problem. Domestic violence can affect anyone, and the way in which it appears may manifest itself or be received differently depending on the setting in which it occurs.<sup>39</sup> For example, crime data is often more likely to be underreported in communities where large immigrant populations have settled.

Victims from refugee and immigrant populations may under-report sexual violence incidents to law enforcement for a variety of reasons (e.g., poor relationship between law enforcement and local communities, language barrier, fear of deportation, and negative experiences with law enforcement in their native countries). The lack of data specific to cultural communities hinders the ability to truly understand the prevalence of rape and sexual assault within these specific underserved populations.

**REGISTERED SEX OFFENDERS**

Since more than 95% of everyone sent to prison will eventually be released, this population has significant implications when returning to the community with respect to reducing recidivism, maintaining public safety, and monitoring those who may pose a risk due to prior criminal behavior<sup>40</sup>. Table 7 displays the top ten Massachusetts cities<sup>41</sup> with the highest number of registered sex offenders. These cities account for 37.9% of sex offenders registered throughout the Commonwealth. The city of Boston is the highest with 10.6% of registered sex offenders residing in the city.

City/Town	Number	Percent of Total
Boston	1,021	10.6%
Springfield	580	6.0%
Worcester	405	4.2%
New Bedford	330	3.4%
Brockton	257	2.7%
Fall River	253	2.6%
Lynn	251	2.6%
Lowell	234	2.4%
Pittsfield	170	1.8%
Lawrence	167	1.7%
<b>Subtotal</b>	<b>3,668</b>	<b>37.9%</b>
<b>Total</b>	<b>9,670</b>	

Source: Massachusetts Sex Offender Registry Board, data provided August 5, 2024, to the Executive Office of Public Safety and Security, Research and Policy Analysis Division.  
 Note: The results of registered sex offenders by city/town provides a result in current time. The results are not indicative of an entire fiscal year average.

The Massachusetts EOPSS is the Executive Branch agency responsible for overseeing the Sex Offender Registry Board (SORB) and their effort to substantially comply with and implement the requirements of the Sex Offender Registration and Notification Act (SORNA). The Commonwealth of Massachusetts has been faced with challenges in implementing SORNA, created primarily by State legal limitations imposed by judicial decisions and statutory

<sup>39</sup> National Domestic Violence Hotline. (n.d.). *Abuse and Cultural Context: Domestic violence may look different to different people*. Retrieved August 14, 2024, from <https://www.thehotline.org/identify-abuse/abuse-in-specific-communities/>  
<sup>40</sup> U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (March 2018), *Reentry Trends in the United States*, retrieved from: <https://www.bjs.gov/content/reentry/reentry.cfm>  
<sup>41</sup> The top ten communities in Massachusetts with the highest number of sex offenders are cities.

limitations.

Previously, the Commonwealth’s Sex Offender Registry Board (SORB) cited “capacity of information systems,” as a challenge, but database upgrades and system enhancements have enabled SORB to begin to maintain police reports, docket information, and some registration documents electronically for the purposes of quicker access by other jurisdictions. SORB continues to review ways to improve stronger communication with other jurisdictions and the public electronically. SORB has also moved forward with an enhancement to the Sex Offender Registration Information System (SORIS2), the database storing all sex offender information. Once implemented, this will allow level 2 and 3 offenders to register electronically with law enforcement.

Table 8 below provides the number of registered sex offenders at level 1 through 3 (n=9,413) currently under the jurisdiction of Massachusetts. As shown in the table, 70% of the sex offenders are Levels 2 or 3, where the risk of re-offense is moderate (47.3%) or high (21.5%).

<b>Classification Levels for Sex Offenders</b>	<b>Number</b>	<b>Percent</b>
<b>Level 1<sup>a</sup></b>	2,940	31.2%
<b>Level 2<sup>b</sup></b>	4,448	47.3%
<b>Level 3<sup>c</sup></b>	2,025	21.5%
<b>Total Level 1 – 3 Offenders</b>	<b>9,413</b>	<b>100%</b>

Source: Massachusetts Sex Offender Registry Board, data provided August 28, 2025, to the Executive Office of Public Safety and Security, Research and Policy Analysis Division.

<sup>a</sup> The risk of re-offense by an offender is low and the degree of dangerousness posed to the public by that offender is not such that a public safety interest is served by public availability, the Board shall give that offender a Level 1 designation. Information on Level 1 offenders will not be available to the public.

<sup>b</sup> The risk of re-offense is moderate, and the degree of dangerousness posed to the public is such that a public safety interest is served by public availability of registration information, it shall give a level 2 designation to the sex offender.

<sup>c</sup> The risk of re-offense is high, and the degree of dangerousness posed to the public is such that a substantial public safety interest is served by active dissemination, it shall give a level 3 designation to the sex offender.

## VICTIMIZATION AGAINST PERSONS WITH DISABILITIES

Anyone can be impacted by domestic violence. However, the challenges, resources and the support offered can considerably differ depending on the situation someone is in. Individuals with disabilities and domestic violence can intersect in many ways. It is important to be aware of the specific challenges they are faced with and why it matters to understand their unique experiences and ways to help.

According to the National Domestic Violence Hotline:<sup>42</sup>

- People with disabilities have a higher lifetime prevalence of experiencing abuse than people without disabilities.
- People with disabilities experience violent crime at twice the rate of people without disabilities.
- Police are less likely to respond to reported violence against victims with disabilities.
- Police respond to 90% of reports by victims without disabilities and to 77% of reports by victims with disabilities.
- A 2012 survey conducted by the Spectrum Institute Disability and Abuse Project found that 70% of respondents with disabilities experienced some form of abuse by an intimate partner, family member,

<sup>42</sup> National Domestic Violence Hotline. (n.d.). *People with Disabilities and Domestic Violence*. Retrieved August 15, 2024, from <https://www.thehotline.org/resources/people-with-disabilities-and-domestic-violence/>

caregiver, acquaintance or stranger.

According to the Equal Rights Center domestic violence can intersect with disability in four key ways:<sup>43</sup>

- Domestic violence can cause temporary or permanent disability.
- People with disabilities experience higher rates of domestic violence, sexual assault and abuse.
- Violence, assault, and abuse against a person with a disability often take on non-traditional forms; and
- People with disabilities face additional barriers when seeking help.

From 2017 to 2019:<sup>44</sup>

- Persons with disabilities were victims of 26% of all nonfatal violent crime, while accounting for about 12% of the population.
- The rate of violent victimization against persons with disabilities (46.2 per 1,000 age 12 or older) was almost four times the rate for persons without disabilities (12.3 per 1,000).
- One in three robbery victims (33%) had at least one disability.
- Persons with cognitive disabilities had the highest rate of violent victimization (83.3 per 1,000) among the disability types measured.
- Nineteen percent of rapes or sexual assaults against persons with disabilities were reported to police, compared to 36% of those against persons without disabilities.

More than one in four women and one in five men in the United States are impacted by a form of disability. The Center for Disease and Violence Prevention provided the following national data findings about Sexual Violence and Intimate Partner Violence among People with Disabilities:<sup>45</sup>

- Women with a disability are at a greater risk of experiencing rape than women without a disability. Approximately two in five (39%) female victims of rape had a disability at the time of the rape.
- Men with a disability are at a higher likelihood for experiencing sexual violence besides rape (e.g., being made to penetrate, sexual coercion, unwanted sexual contact and sexual experiences without consent).
- Almost one in four (24%) male victims who experienced sexual violence other than rape had a disability at the time of the victimization.
- Women with a disability are more likely than women without a disability to report experiencing rape, sexual violence other than rape, physical violence and stalking.
- Men with a disability are more likely than men without a disability to report experiencing stalking and psychological aggression by an intimate partner.

Additionally, the Massachusetts Behavioral Risk Factor Surveillance System (2022) reports that among adults, the percentage of women with disabilities who have experienced sexual violence is 33% versus 14% for women without disabilities. The percentages for men with and without disabilities are 18% and 7% respectively.<sup>46</sup>

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<sup>43</sup> National Domestic Violence Hotline. (n.d.). *Abuse in Disability Communities*. Retrieved August 27, 2024, from <https://www.thehotline.org/resources/abuse-in-disability-communities/>

<sup>44</sup> Harrell, E. (2021, November 4). *Crime Against Persons with Disabilities, 2009-2019 - Statistical Tables*. Bureau of Justice Statistics. <https://bjs.ojp.gov/library/publications/crime-against-persons-disabilities-2009-2019-statistical-tables>

<sup>45</sup> Centers for Disease Control and Prevention (CDC). (2024, April 23). *Sexual Violence and Intimate Partner Violence Among People with Disabilities*. Retrieved August 15, 2024, from <https://www.cdc.gov/sexual-violence/about/sexual-violence-and-intimate-partner-violence-among-people-with-disabilities.html>

<sup>46</sup> Office of Data Management and Outcomes Assessment. (2023, December). *A Profile of Health Among Massachusetts Adults, 2022*, 49. Massachusetts Department of Public Health. <https://www.mass.gov/doc/a-profile-of-health-among-massachusetts-adults-2022/download>

Sexual assault and domestic violence are public safety as well as public health issues that require collaboration among all stakeholders. To address this need, the Governor's Council to Address Sexual Assault and Domestic Violence (Council) is charged to advise the Governor on how to help residents of the Commonwealth live a life free of sexual assault and domestic violence by improving prevention for all, enhancing support for individuals and families affected by sexual assault and domestic violence, and insisting on accountability for perpetrators.

The Council created five committees in the following areas of priority: 1) Veterans/Military and Families, 2) Human Trafficking, 3) Prevention and Education, 4) Housing Stability and Self Sufficiency, and 5) Response and Assessment. Each committee sets and reports on annual goals and recommendations and informs the Commonwealth on improving prevention, enhancing supports for survivors, and increasing perpetrator accountability. The Council consists of 35 members representing providers, advocates, healthcare, the Attorney General's Office, law enforcement, the courts and higher education.

The Council, chaired by Lt. Governor Kim Driscoll, meets bi-monthly and conducts outreach and supports the committees to carry out their tasks. Supporting the Council, the Executive Director is responsible for coordinating the activities of the Council, including implementation of various components of Massachusetts General Law Ch. 260 Domestic Violence legislation, and reviewing programs aimed at reducing sexual assault and domestic violence in the Commonwealth.

## **PRIORITY #4: COMBATTING HEROIN, OPIOIDS & OTHER ILLEGAL DRUGS**

### ***Goal***

Prevent, enforce, and treat substance abuse (including illegal drugs, prescriptions drugs, and alcohol).

### ***Purpose Areas Addressed***

- Law enforcement programs
- Prosecution and court programs
- Prevention and education programs
- Corrections and community corrections programs

### ***Anticipated Activities***

- Continue proactive enforcement efforts to reduce drug and violent crime-related activities.
- Continue drug treatment intervention services including testing for illicit substances at all levels of the criminal and juvenile justice systems, from courts through probation and within the juvenile detention facilities, houses of correction and state prison system.
- Support residential substance abuse treatment programs in state and county correctional facilities.
- Reduce the demand for drugs including prescription drugs amongst youth by continuing support of drug diversion models, underage drinking programs, and community-based violence prevention programs.
- Reduce heroin and other opioid use through prevention, intervention, treatment, interdiction, and system readiness.
- Continue to support multi-jurisdictional crime fighting efforts and traditional law enforcement activities (apprehension, detention, deterrence, and suppression).

### ***Rationale***

Substance abuse is a serious and costly issue that affects all states, and Massachusetts is no exception. Addiction to and distribution of illicit drugs negatively impacts public safety and public health at the community level, including the families of those directly impacted by this disease. The use of synthetic drugs such as fentanyl and methamphetamine and its massive distribution primarily in Massachusetts, is of a major concern to the state of Massachusetts. In the past couple of years, the number of overdoses and deaths attributed to opioid abuse has been unprecedented in Massachusetts. Despite a decrease of DOC commitments for governing drug offenses between 2020 – 2022, there is a 25% increase for a governing drug offense in 2023. These trends demonstrate the continuing need for cost-effective substance abuse services.

### ***Statement of the Problem***

Statistics demonstrate that there is a direct relationship between the use of drugs and the volume of crime committed by drug users. Despite reforms, drug offenses are still a defining characteristic of the federal system in the United States. According to the Prison Policy Initiative (PPI), 1 in 5 people are incarcerated for drug offense. More specifically, 361,000 are incarcerated for a drug offense on any given day. More so, the police make over a million-drug possession arrests each year and that is 6 times as many arrests for drug possession as for drug sales.<sup>47</sup>

A revised August 2020 report issued by the BJS noted 42% of state inmates committed their offense under the influence of drugs. Furthermore, 7% of state inmates reported heroin/opiate use at the time of their offense, and 58%

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<sup>47</sup> Sawyer, W. & Wagner, P. (2024, March 14). *Mass Incarceration: The Whole Pie 2024*. Prison Policy Initiative. Retrieved August 15, 2024, from <https://www.prisonpolicy.org/reports/pie2024.html#datasection>

report drug dependence or abuse.<sup>48</sup> The ensuing statistics will demonstrate the need for substance abuse programming for incarcerated individuals, as many have experience with drug and alcohol abuse.

The Drug Enforcement Administration (DEA) released a report in 2024 entitled *National Drug Threat Assessment 2024*, which provides an in-depth analysis of the specific types of drugs and drug-abuse patterns nationally. The report identified opioid abuse, and in particular, fentanyl, and other synthetic drugs, as the primary drug concerns in the country. According to DEA's drug threat assessment, fentanyl is the deadliest drug threat the United States has ever faced, killing approximately 38,000 Americans in the first six months of 2023 alone.<sup>49</sup> The opioid crisis is a serious public health challenge that affects people throughout the society and claimed the lives of 109,000 Americans who died of drug overdose at the end of 2023.<sup>50</sup>

Specifically, in Massachusetts, opioid abuse remains a serious public health concern as drug-related overdoses and deaths remain very high despite a 9% decrease in the number of opioid related deaths in Massachusetts in 2023, compared to the previous year.

Noted in previous federal applications, the Massachusetts Legislature passed Chapter 55 of the Acts of 2015 (Chapter 55): "First-in-the-nation, this law permits the linkage and analysis of existing data across state government in order to better guide policy development and programmatic decision-making to successfully tackle the current opioid epidemic."<sup>51</sup> In the years since the release of the first Chapter 55 report in September 2016, approximately 17,007 Massachusetts residents have died of opioid-related overdoses.<sup>52</sup>

Compared to the rest of the Massachusetts adult population the opioid-related overdose death rate is:<sup>53</sup>

- 321 times higher for pregnant and postpartum mothers with opioid use disorder (OUD);
- 120 times higher for persons released from Massachusetts prisons and jails;
- Up to 30 times higher for homeless individuals; and
- Six times higher for individuals with serious mental illness (SMI).

The statistics in this section highlight the strong association between opioid abuse and violent crime, property crime, and recidivism.

## NUMBER OF PERSONS ARRESTED FOR DRUG ABUSE VIOLATIONS

Data extracted from CrimeSOLV, Massachusetts' crime data reporting application, shows the number of persons (all ages) arrested for drug abuse violations in Massachusetts in 2024 declined 3% from the previous year. In the ten-year period between 2015 and 2024, the number of persons (all ages) arrested peaked in 2016 (7,820) and declined 33% by 2024 (Figure 16).

<sup>48</sup> Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017, June). *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*. U.S. Department of Justice, Office of Justice Programs . <https://bjs.ojp.gov/content/pub/pdf/dudasppi0709.pdf>

<sup>49</sup> Drug Enforcement Administration (DEA), National Drug Threat Assessment, 2024, Retrieved from: [5.23.2024 NDTA-updated.pdf \(dea.gov\)](https://www.dea.gov/sites/default/files/2024-08/5.23.2024_NDTA_updated.pdf), online accessed on: August 15, 2024

<sup>50</sup> Irving, D. (2023, June 30). *America's Opioid Crisis: Adopting an Ecosystem Approach*. RAND. Retrieved August 19, 2024, from <https://www.rand.org/pubs/articles/2023/americas-opioid-crisis-adopting-an-ecosystem-approach.html>

<sup>51</sup> Chapter 55. Session Law - Acts of 2015 Chapter 55. (n.d.). <https://malegislature.gov/Laws/SessionLaws/Acts/2015/Chapter55>

<sup>52</sup> Massachusetts Department of Public Health. (2024, June). *Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents*. Commonwealth of Massachusetts. <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-june-2024-0/download#:~:text=Based%20on%20the%20data%20available%20as%20of%20April,23%20fewer%20confirmed%20and%20estimated%20deaths%20than%202022>

<sup>53</sup> Massachusetts Department of Public Health. (2017, August). *An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011-2015)*, 9. <https://www.mass.gov/files/documents/2017/08/31/legislative-report-chapter-55-aug-2017.pdf>

Likewise, there has been a dramatic reduction in the number of young people arrested for drug offenses during this period. Peaking at 203 in 2016, the number of juveniles under the age of 18 arrested for drug offenses declined 53% by 2024. Despite this downward trend, there is still a critical need to support substance abuse programming in county and state correctional facilities.

This is especially true given the waiting lists for substance abuse programming at many facilities. RSAT funding must continue not only to fund these programs, but also to accommodate in a timely manner those seeking treatment.

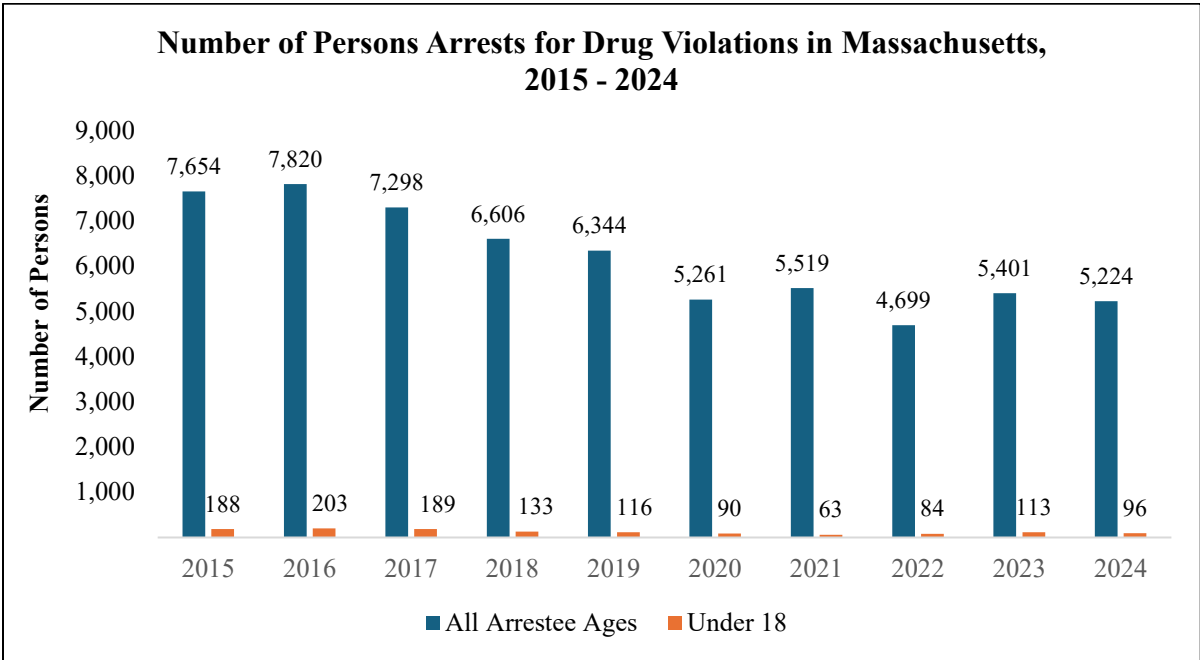


Figure 16. Source: Executive Office of Public Safety and Security, Research and Policy Analysis Division, CrimeSOLV, data obtained August 2025.

**NUMBER OF NEW COURT COMMITMENTS FOR GOVERNING DRUG OFFENSES**

The number of new court commitments to Massachusetts state correctional facilities dropped from 401 in 2023 to 358 in 2024, an 11% decrease (Figure 17).<sup>54</sup> Overall, the ten-year trend analysis reflects a 40% drop in DOC new court commitments for a governing drug offense.

<sup>54</sup> New commitments for governing drug offenses to the county House of Corrections (HOCs) have previously been obtained from the Massachusetts Sentencing Commission, *Survey of Sentencing Practices, SFY 2010 – SFY 2015*; however, data are not available beyond 2014.

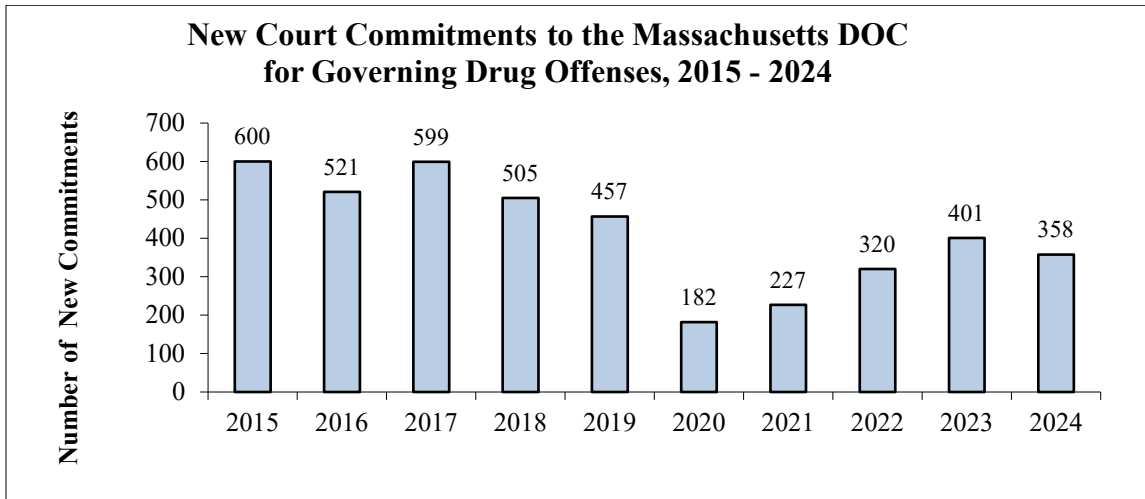


Figure 17. Massachusetts Department of Correction, *Prison Population Trends, 2015 – 2024*, April 2025, <https://www.mass.gov/doc/prison-population-trends-2025/download> Online accessed on: August 2025

#### MASSACHUSETTS DOC PRISON POPULATION JANUARY 1, 2024

A report published by the Massachusetts DOC in April 2025, *Prison Population Trends, 2024*, identified the following characteristics of the inmate population incarcerated for governing drug offenses on January 1, 2025:<sup>55</sup>

- 744 males and 36 females were serving a governing drug offense.
- 44% of drug offenders were serving a governing mandatory minimum sentence.
- Of the population sentenced for a governing offense, 13% were serving three years or more for a drug offense.
- Drug offenses were the third most prevalent governing offense category for offenders (14%), surpassed by crimes against person offenses (56%) and sex offenses (19%). The remaining governing offense categories, other and property, comprise 9% and 3%, respectively.

It is important to note that the numbers above are based on the governing drug offense and therefore undercounts the total number of drug offenses. For example, someone can be incarcerated for a more serious offense such as armed robbery with a less serious concurrent drug offense. In this example, the governing offense that would be counted is for armed robbery. The report also highlights that approximately one-quarter (26%) of the 1,387 new court commitments to the DOC during 2024 were for a governing drug offense.

#### ALCOHOL AND SUBSTANCE ABUSE CIVIL COMMITMENTS

One of the three types of civil commitments<sup>56</sup> to the DOC is "Alcohol and Substance Abuse Commitments" to the Massachusetts Alcohol and Substance Abuse Center (MASAC) at Plymouth. MASAC at Plymouth provides detoxification and substance abuse treatment for males for a period up to 90 days.<sup>57</sup> MASAC commitments (n=556) comprised 35% of the civil commitments to the DOC in 2024, compared to 38% in 2023. Table 9 below displays the number of Section 35 commitments beginning in 2015 and shows a 4% drop to MASAC commitments in 2024 over the previous year.

<sup>55</sup> MA DOC defines a drug offense as "offenses set forth in Massachusetts General Laws Chapter 94C, including offenses pertaining to the distribution or possession with intent to distribute, trafficking of drugs, and drug violations within proscribed distances from schools and parks". Massachusetts Department of Correction, April 2025, <https://www.mass.gov/doc/prison-population-trends-2024/download>

<sup>56</sup> Other two groups of civil commitments are: "Mental Health Commitments" and "Sexually Dangerous Person Commitments".

<sup>57</sup> M.G.L. Chapter 123, Section 35 (i.e., Section 35's). Section 35's provides a mechanism for a family member, police officer, physician, or court official to petition for a person whose alcohol or drug use puts themselves or others at risk to be involuntarily committed for substance abuse treatment.

**TABLE 9. CIVIL COMMITMENTS TO MASAC AT PLYMOUTH<sup>58</sup>**

2015 – 2024		
2015	2,126	24.7%
2016	2,459	16.0%
2017	2,237	-9.0%
2018	1,814	-18.9%
2019	1,548	-14.7%
2020	1,230	-20.5%
2021	1,541	25.2%
2022	1,259	-18.2%
2023	576	-54.2%
2024	556	-3.5%

Source: Massachusetts Department of Correction, Research and Planning Division *Prison Population Trends, 2015-2024*, April 2025,

### SUBSTANCE ABUSE IMPACT ON INMATE RELEASES TO THE COMMUNITY AND RECIDIVISM<sup>59</sup>

The DOC utilizes the COMPAS<sup>60</sup> Risk/Needs assessment to determine inmates’ risk for recidivism and their programming needs. The assessment identifies the following areas: criminal history factors, criminal associates/peers, criminal attitudes, social environment, and needs assessment (e.g., substance abuse, financial, vocational/education). Properly assessing the risk and needs of offenders and providing the appropriate programming will help reduce recidivism.

Substance abuse treatment in correctional facilities is crucial to breaking the cycle of drug use and criminal involvement. Comprehensive intervention strategies enable inmates to participate in correctional programs designed to reduce recidivism and help prevent relapse upon release to their community. This is critical as many ex-offenders return to the same community in which they were living prior to incarceration.

According to the DOC data, of the 1,223 criminally sentenced inmates released to the community in 2024, 739 (60%) inmates reported a release address in one of the top ten cities listed in Table 10. As illustrated in the table below, Boston had the highest number of criminally sentenced inmates released to the community (262), followed by Worcester (116) and Springfield (92).

<sup>58</sup> Detoxification & substance abuse treatment originally located at Southeastern Correctional Center (SECC). Upon closing of SECC and a mission change in 2002, these services were moved to MASAC on the grounds of the Bridgewater Complex. As of May 1, 2017, MASAC was relocated to the closed MCI-Plymouth facility.

<sup>59</sup> A recidivist is defined by DOC research as any criminally sentenced inmate released to the community from MA DOC jurisdiction who is re-incarcerated for a new sentence or violation of parole or probation to a Massachusetts state or county facility or to a federal facility within three years of his/her release.

<sup>60</sup> COMPAS [Criminal Offender Management Profiling for Alternative Sanctions] is a statistically based and validated risk assessment tool specifically designed to assess key risk and needs factors in correctional populations and to provide decision support for classification.

**TABLE 10. CRIMINALLY SENTENCED RELEASES TO THE COMMUNITY BY TOP TEN MASSACHUSETTS CITIES, 2024**

City/Town	Number	Percentage
Boston	262	21.4%
Worcester	116	9.5%
Springfield	92	7.5%
New Bedford	69	5.6%
Fall River	40	3.3%
Lowell	41	3.4%
Lynn	36	2.9%
Brockton	32	2.6%
Taunton	26	2.1%
Haverhill	25	2.0%

Source: Massachusetts Department of Correction, *Prison Population Trends, 2024*, April 2025 retrieved from: <https://www.mass.gov/doc/prison-population-trends-2023/download>

Note: Inmates self-report release address prior to release.

It is imperative that substance abuse treatment services in correctional facilities are provided with fidelity to yield meaningful reductions in drug use and recidivism. Substance use offenders who are untreated or receive substandard services have a higher propensity, than offenders treated with program fidelity, to relapse to substance abuse and criminal behavior. This can result in re-arrest and re-incarceration, jeopardizing public safety and public health.

The DOC offers substance abuse treatment programs at the institutions. Some, such as the Correctional Recovery Academy (CRA) are more intensive at targeting substance abuse and relapse prevention. For males with substance abuse identified as a need area, 18% participated in the CRA and 50% completed the program. This resulted in a 68% participation rate (sum of completed and participated).<sup>61</sup> To further support the need for substance abuse treatment and relapse prevention in a correctional setting, Massachusetts DOC three-year recidivism rates for 2019 releases to the community revealed:<sup>62</sup>

- After serving time for drug offenses, 18% were re-incarcerated within 3 years.
- The recidivism rate for those serving a mandatory minimum drug sentence was higher compared to those serving a non-mandatory drug sentence (19% vs. 18%).

## HEROIN AND OPIOID-RELATED DEATHS IN MASSACHUSETTS

Increased availability to opioids continues to affect the Commonwealth of Massachusetts as evidenced by an exponential growth in the number of opioid-related overdose deaths in recent years. Figure 18 shows the trend in annual number of opioid-related overdose deaths from State Fiscal Year (SFY) 2020 to 2024. As shown, there was a steady rise in deaths from 2020 to 2023, increasing nearly 10% from 2020 to 2023. Most recently, there was a notable decline in opioid-related overdose deaths, decreasing 24% from 2023 to 2024. Figure 19 shows a similar trajectory with a slightly different metric, displaying the opioid-related overdose death rate (per 100,000 residents) over the same 5-year period.

<sup>61</sup> Correctional Recovery Academy (CRA) is an intensive skill-based residential substance abuse treatment program located at four institutions. The CRA targets substance abuse and relapse prevention. The program utilizes rolling admissions and combines the elements of a therapeutic community’s social learning approach with an advanced cognitive behavioral curriculum. Massachusetts Department of Correction, Classification, Programs, and Reentry, Calendar Year 2023 Gap Analysis Report, May 2024.

<sup>62</sup> Massachusetts Department of Correction, *Prison Population Trends, 2024, Three-Year Recidivism Rates: 2019 Release Cohort Calendar Year 2019*, accessed [MA DOC Three-Year Recidivism Rates: 2019 Release Cohort](https://www.mass.gov/doc/prison-population-trends-2023/download)

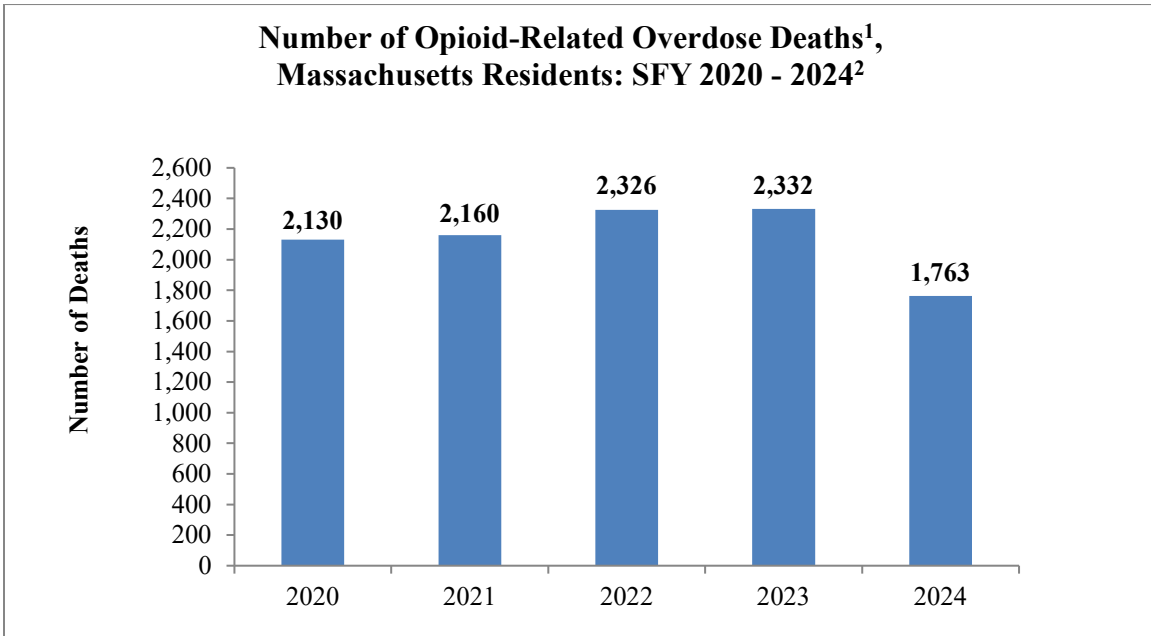


Figure 18. Source: Massachusetts Department of Public Health, Bureau of Substance Addiction Services Dashboard, Accessed July 25, 2025. [https://datavisualization.dph.mass.gov/views/BSAS\\_Dashboard\\_Phase\\_3\\_Community\\_Profile/CP\\_Overview?%3Aembed=y&%3Alinktarget=self](https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y&%3Alinktarget=self)

<sup>1</sup>Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related overdose death if the death record is classified as having an overdose injury ICD code and an opioid poisoning injury ICD code. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death.

<sup>2</sup>Data on deaths is sourced from the Registry of Vital Records and Statistics, which includes complete records of all deaths of MA residents. Data on deaths for all years is considered preliminary until it is officially released in the Annual Deaths Report for that year. The report can be found at the following link: <https://www.mass.gov/lists/annual-massachusetts-death-reports>.

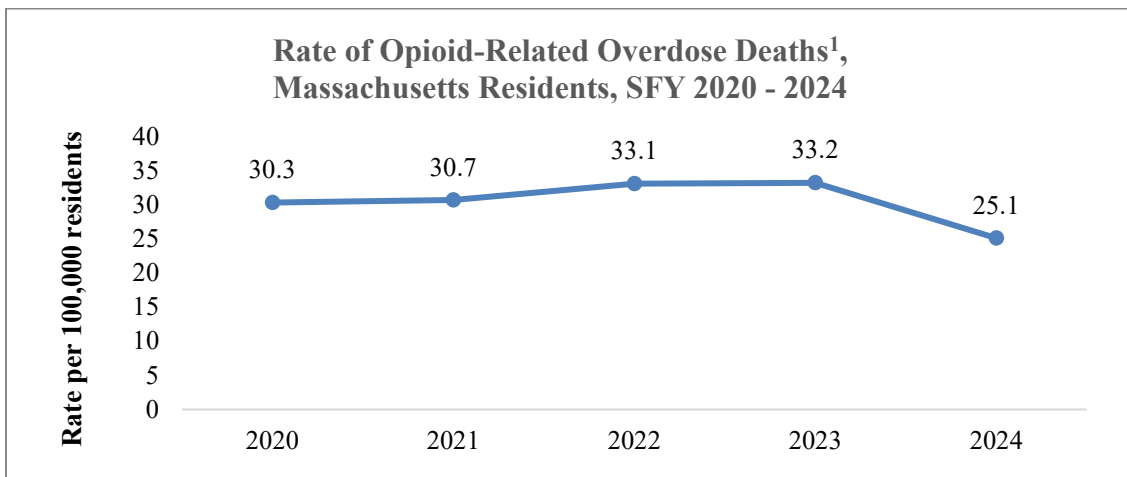


Figure 19. Source: Massachusetts Department of Public Health, Bureau of Substance Addiction Services Dashboard, Accessed July 25, 2025.

[https://datavisualization.dph.mass.gov/views/BSAS\\_Dashboard\\_Phase\\_3\\_Community\\_Profile/CP\\_Overview?%3Aembed=y&%3Alinktarget=self](https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y&%3Alinktarget=self)

<sup>1</sup>Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related overdose death if the death record is classified as having an overdose injury ICD code and an opioid poisoning injury ICD code. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death.

Tables 11 through 13 display demographic data from confirmed opioid-related overdose deaths from January 2024 to December 2024. Almost three-quarters (72%) of persons who died from confirmed opioid-related deaths were male (Table 11).

**TABLE 11. OPIOID-RELATED OVERDOSE DEATHS<sup>63</sup>, BY SEX:  
July 2023 - June 2024**

Gender	Number	Percent
Male	1,284	73%
Female	479	28%
Total	1,763	100%

Table 11. Source: Massachusetts Department of Public Health, Bureau of Substance Addiction Services Dashboard, Accessed July 25, 2025.  
[https://datavisualization.dph.mass.gov/views/BSAS\\_Dashboard\\_Phase\\_3\\_Community\\_Profile/CP\\_Overview?%3Aembed=y&%3Alinktarget=\\_self](https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y&%3Alinktarget=_self)

Displayed in Table 12, over half (52%) of opioid-related deaths in 2024 were among individuals between the ages of 30 and 49. However, this age group only accounts for 5% of all deaths in the Commonwealth. Adults aged 50 to 59 also had a high percentage of opioid-related deaths (22%) but only accounted for 7% of all deaths in the state. Among all age groups, individuals aged 30-39 had the highest percentage (35%) of opioid-related overdose deaths in 2024.

**TABLE 12. OPIOID-RELATED OVERDOSE DEATHS<sup>64</sup>,  
COMPARED TO ALL DEATHS BY AGE: July 2023 – June 2024**

Age	Under 20	20-29	30-39	40-49	50-59	60-69	70+	Unknown	Total
All Deaths <sup>65</sup>	486	574	1,305	1,941	4,152	8,675	44,165	--	61,298
Opioid-Related Overdose Deaths	12	152	453	467	386	249	44	1	1,763

Table 12. Source: Massachusetts Department of Public Health, Bureau of Substance Addiction Services Dashboard, Accessed July 25, 2025.  
[https://datavisualization.dph.mass.gov/views/BSAS\\_Dashboard\\_Phase\\_3\\_Community\\_Profile/CP\\_Overview?%3Aembed=y&%3Alinktarget=\\_self](https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y&%3Alinktarget=_self)

White non-Hispanic individuals comprise 69% of opioid-related overdose deaths and 86% of all deaths in 2024. Hispanic and Black non-Hispanic individuals were overrepresented in opioid-related overdose deaths compared to all deaths: 17% versus 5% for Hispanics and 11% versus 5% for Black non-Hispanics (Table 13).

<sup>63</sup> Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related overdose death if the death record is classified as having an overdose injury ICD code and an opioid poisoning injury ICD code. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death.

<sup>64</sup> Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related overdose death if the death record is classified as having an overdose injury ICD code and an opioid poisoning injury ICD code. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death.

<sup>65</sup> All death totals include two with case with unknown age of decedent

**TABLE 13. OPIOID-RELATED OVERDOSE DEATHS<sup>66</sup>,  
COMPARED TO ALL DEATHS BY RACE/ETHNICITY:  
JULY 2023 – JUNE 2024**

	White non-Hispanic	Black non-Hispanic	Asian non-Hispanic	Hispanic	American Indian non-Hispanic	Other/Unknown	Total
All Deaths	52,559	3,255	1,639	3,140	95	610	61,298
Opioid-Related Overdose Deaths	1,210	193	19	292	7	42	1,763

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*: December 2023, online accessed August 19, 2024.

Retrieved from: <https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-december-2024/download>

Figure 20 displays the increases in confirmed opioid-related deaths for race and ethnicity between 2020 and 2024. Black non-Hispanics and Hispanics experienced an increase in opioid-related deaths in recent years from 2020 to 2023. Conversely, rates for opioid-related death decreased for White non-Hispanic individuals during the same time period. The opioid-related overdose death rates decreased for all racial and ethnic groups in 2024, however, Black non-Hispanics and Hispanic individuals had higher rates compared to their White non-Hispanic counterparts.

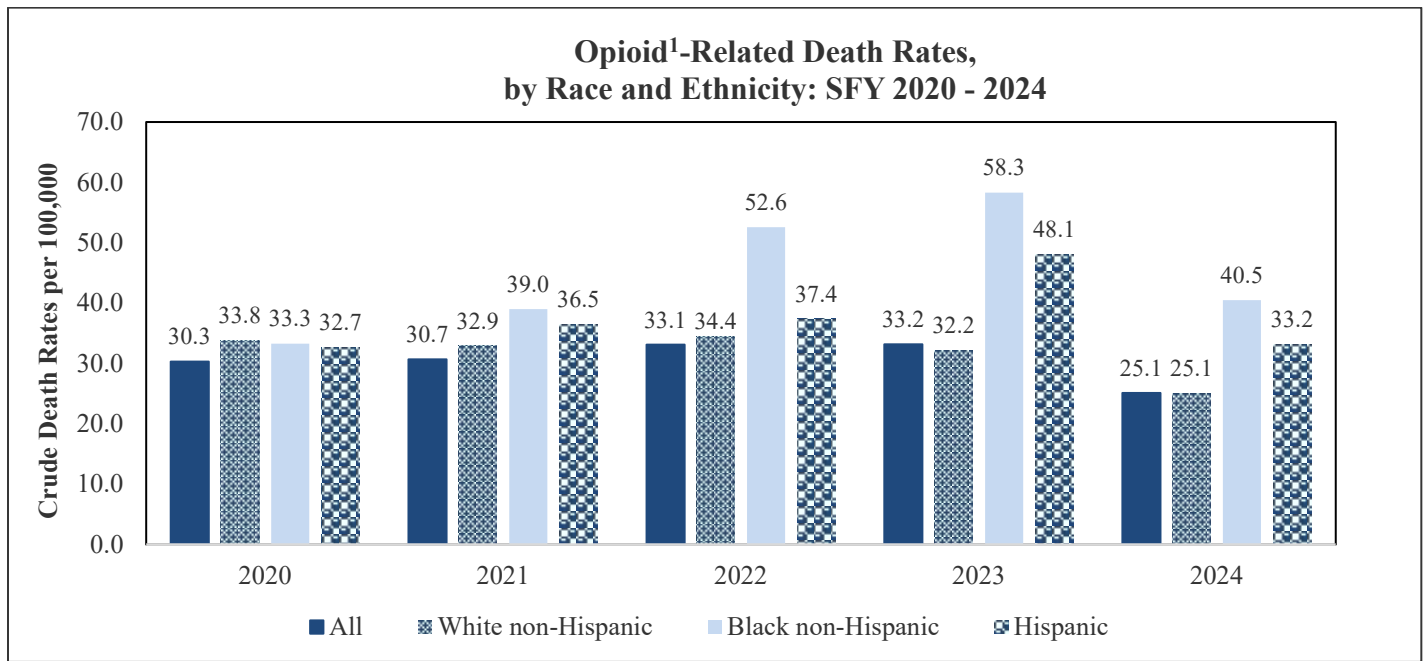


Figure 20. Source: Massachusetts Department of Public Health, Bureau of Substance Addiction Services Dashboard, Accessed July 25, 2025.

[https://datavisualization.dph.mass.gov/views/BSAS\\_Dashboard\\_Phase\\_3\\_Community\\_Profile/CP\\_Overview?%3Aembed=y%3Alinktarget= self](https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y%3Alinktarget= self)

<sup>1</sup> Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related overdose death if the death record is classified as having an overdose injury ICD code and an opioid poisoning injury ICD code. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death.

<sup>66</sup> Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related overdose death if the death record is classified as having an overdose injury ICD code and an opioid poisoning injury ICD code. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death.

Heroin is much deadlier as a result of high-purity and mixing with fentanyl and Carfentanil; often without the user’s knowledge. Table 14 displays the number of opioid-related deaths by Massachusetts city/town. For each community, the deaths shown represent deaths of residents of that community (rather than deaths that took place within that community). It is important to note that Table 14 and 15 display a slightly different metric “opioid-related deaths” compared to those in previous graphics “opioid-related *overdose* deaths”. See footnotes under the tables for further details.

As shown, there were 1,840 opioid-related death occurrences in 2024. Boston, Worcester, and Springfield had the highest percentage of opioid-related deaths (13%, 6%, and 5%, respectively) in 2024. When the rates of opioid-related deaths are further examined in Table 15, taking into consideration the population of the community, it becomes evident that selecting the top 15 based solely on the number of opioid-related deaths, as conducted in Table 14, is insufficient to fully understand the magnitude of the problem. Namely, seven of the cities/towns listed in Table 14: Boston, Brockton, Lowell, Lawrence, Quincy, Revere, and Taunton no longer appear in Table 15, whereas seven new communities Dennis, Dudley, Greenfield, Ipswich, Oak Bluffs, Palmer, and Ware now appear in the top 15. Dennis, Oak Bluffs, and Holyoke are at the top of the list with the highest opioid-related death rates per 100,000 in 2024.

**TABLE 14. NUMBER OF OPIOID-RELATED DEATHS<sup>1</sup>, BY THE TOP 15 MASSACHUSETTS CITY/TOWN<sup>2</sup> SFY 2024**

City/Town	Number of Deaths	% of 2024 Total (n=1,840)
Boston	230	12.5%
Worcester	113	6.1%
Springfield	99	5.4%
Fall River	59	3.2%
New Bedford	57	3.1%
Lynn	54	2.9%
Lowell	45	2.4%
Brockton	40	2.2%
Lawrence	40	2.2%
Quincy	38	2.1%
Chicopee	33	1.8%
Pittsfield	32	1.7%
Holyoke	30	1.6%
Revere	29	1.6%
Taunton	26	1.4%

Table 14. Source: Massachusetts Department of Public Health, Bureau of Substance Addiction Services Dashboard, Accessed July 25, 2025.

[https://datavisualization.dph.mass.gov/views/BSAS\\_Dashboard\\_Phase\\_3\\_Community\\_Profile/CP\\_Overview?%3Aembed=y&%3Alinktarget=\\_self](https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y&%3Alinktarget=_self)

<sup>1</sup> Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related death if the death record is classified as having a poisoning injury ICD code, psychiatric injury ICD code, or other ICD code for opioids. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death. In 2024, there were 1,840 opioid-related deaths in Massachusetts.

<sup>2</sup> Table 14 contains counts of opioid-related deaths by city/town of residence for the decedent.

**TABLE 15. RATE PER 100,000 RESIDENTS OF OPIOID-RELATED DEATHS<sup>1</sup>, BY THE TOP 15 MASSACHUSETTS CITY/TOWN<sup>2</sup>  
SFY 2024**

City/Town	Death Rate
Dennis	94.5
Oak Bluffs	87.4
Holyoke	82.8
Pittsfield	74.0
Springfield	68.5
Fall River	63.6
Greenfield	62.5
Chicopee	61.1
Ware	61.0
Palmer	60.0
New Bedford	57.7
Worcester	57.5
Lynn	56.0
Ipswich	55.9
Dudley	55.5

*Table 15.* Source: Massachusetts Department of Public Health, Bureau of Substance Addiction Services Dashboard, Accessed July 25, 2025.

[https://datavisualization.dph.mass.gov/views/BSAS\\_Dashboard\\_Phase\\_3\\_Community\\_Profile/CP\\_Overview?%3Aembed=y&%3Alinktarget=\\_self](https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y&%3Alinktarget=_self)

<sup>1</sup> Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related death if the death record is classified as having a poisoning injury ICD code, psychiatric injury ICD code, or other ICD code for opioids. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death. In 2024, there were 1,840 opioid-related deaths in Massachusetts.

<sup>2</sup> Table 15 contains counts of opioid-related deaths by city/town of residence for the decedent.

As previously noted, there were 1,763 confirmed opioid-related overdose deaths in 2024 in Massachusetts. When examining rates of opioid-related overdose deaths per 100,000 residents among the 14 counties in Massachusetts, the following five were the highest in 2024: Hampden (45.1), Berkshire (38.8), Suffolk (33.8), Bristol (32.5), and Franklin (31.0) (Table 16). Berkshire and Dukes were the only two counties that experienced increases in the opioid-related overdose deaths from 2023 to 2024.

**TABLE 16. RATE OF OPIOID-RELATED OVERDOSE DEATHS<sup>1</sup> PER 100,000 MA RESIDENTS, BY COUNTY SFY 2020 - 2024**

County	2020	2021	2022	2023	2024
Barnstable	29.7	34.1	41.0	33.6	24.9
Berkshire	39.5	39.5	45.7	34.9	38.8
Bristol	45.1	44.2	45.4	52.8	32.5
Dukes	24.3	*	34.0	24.3	29.1
Essex	34.2	31.1	35.3	31.9	23.8
Franklin	25.3	43.6	36.6	39.4	31.0
Hampden	51.7	43.6	44.9	51.5	45.1
Hampshire	24.6	22.2	27.7	23.4	14.8
Middlesex	19.7	19.8	23.4	19.9	16.4
Nantucket	*	*	*	*	*
Norfolk	20.0	24.4	21.2	22.2	17.6
Plymouth	33.7	34.1	33.3	36.5	22.8
Suffolk	31.1	38.6	38.0	41.2	33.8
Worcester	31.7	29.9	36.8	37.2	26.0
<b>Total</b>	<b>30.3</b>	<b>30.7</b>	<b>33.1</b>	<b>33.2</b>	<b>25.1</b>

Table 16. Source: Massachusetts Department of Public Health, Bureau of Substance Addiction Services Dashboard, Accessed July 25, 2025.

[https://datavisualization.dph.mass.gov/views/BSAS\\_Dashboard\\_Phase\\_3\\_Community\\_Profile/CP\\_Overview?%3Aembed=y&%3Alinktarget=self](https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aembed=y&%3Alinktarget=self)

<sup>1</sup> Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. A death can be tied to multiple substances, including opioids. A death is flagged as an opioid-related overdose death if the death record is classified as having an overdose injury ICD code and an opioid poisoning injury ICD code. Please note that the specific ICD codes included on the death record are only for the diseases determined to have contributed to the cause of death.

Note: Asterisks (\*) indicate that death rate data is unavailable for cities/towns or counties with death counts of 1-4 due to the high variability of rates with small numbers.

## **PRIORITY #5: COLLABORATIVE PROSECUTION AND PREVENTION PROGRAMS**

### ***Goal***

Maintain the quantity and quality of investigations, prosecutions, services for victims of crime, and other District Attorney-based programs.

### ***Purpose Areas Addressed***

- Prosecution and court programs
- Prevention and education programs

### ***Anticipated Activities***

- Investigate, prosecute, and provide services to victims and witnesses of crime.
- Collaborate with local, state, and federal criminal justice agencies to share information with relevant criminal justice entities to ensure the successful prosecution and conviction of criminals.
- Maintain or implement programming to support prosecution and enhance public safety in their local jurisdictions.

### ***Rationale***

There are eleven elected District Attorneys in Massachusetts and they have a combined staff of 1,500 employees, including 785 prosecutors and 260 victim-witness advocates.<sup>67</sup> Assistant District Attorneys assigned to Superior Court prosecute most felony crimes, such as murder, rape, armed robbery and motor vehicle homicide in the Superior Courts in each county. They also present these cases to the Grand Jury for indictment. The Assistant District Attorneys assigned to the District Court handle the vast majority of cases that come before the District Courts and Juvenile Courts in each county. The arraignment of criminal charges takes place in District Court. Felony crimes are presented to the Grand Jury for indictment and tried in the Superior Court.

Many District Attorneys have a multitude of prosecution and prevention programs to help vulnerable populations comply with treatment plans, maintain sobriety, and resolve low-level cases with intervention rather than incarceration. District Attorneys may assign staff to the Mental Health Court, Drug Court, Homeless Court, and Veterans' Treatment Court, if available in their jurisdictions. Many prosecutors who try to balance the factors of punishment, deterrence, and rehabilitation and effectively serve the victim often provide the same consideration to youth in the juvenile justice system as well.

Many District Attorneys have pre-trial diversion programs for first-time, non-violent juvenile offenders. Juvenile diversion programs offer certain eligible juvenile offenders an alternative to formal prosecution. The program diverts select juveniles into the program prior to arraignment in court, protecting them from having a criminal record. Diversion programs provide the juvenile an opportunity to participate in remedial programs, receive counseling, and/or perform community service in lieu of prosecution. The goal is to address the root causes of juvenile delinquency and to work with the juvenile to make better choices while also minimizing any life-altering negative consequences. The programs seek to treat juveniles not as criminals, but as children in need of aid, encouragement and guidance.

### ***Statement of the Problem***

While prosecution of crime is a District Attorney's primary function, the District Attorneys in Massachusetts also engage in prevention and intervention initiatives designed to enhance collaboration and services between the courts, service providers, victims, and assailants. The following statistics clearly support the need for prevention and

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<sup>67</sup> <https://www.mass.gov/orgs/massachusetts-district-attorneys-association>

intervention initiatives by the District Attorneys with regard to youth violence and juvenile crime in Massachusetts.

A youthful offender is a person who is indicted and subjected to an adult and/or juvenile sentence for having committed an offense while between the ages of 14 and 18 which, if he/she were an adult, would be punishable by imprisonment in the state prison [i.e., felonies] and has:

previously been committed to the Department of Youth Services (DYS); or committed an offense which involves the infliction or threat of serious bodily harm in violation of law; or committed a violation of [MGL, Chapter 269, §10(a)(c), (d), MGL, Chapter 269, §10E (firearm offenses)]<sup>68</sup>(MGL, Chapter 119, §58).<sup>69</sup>

In SFY 2024, 146 youthful offender cases were heard before the juvenile court involving young people between ages 14 and 18 (Figure 21). This is a 22% increase in cases from the previous year. Overall, within the 10-year period from SFY 2015 to 2024, there was a 32% decline in youthful offender cases heard before a juvenile court.

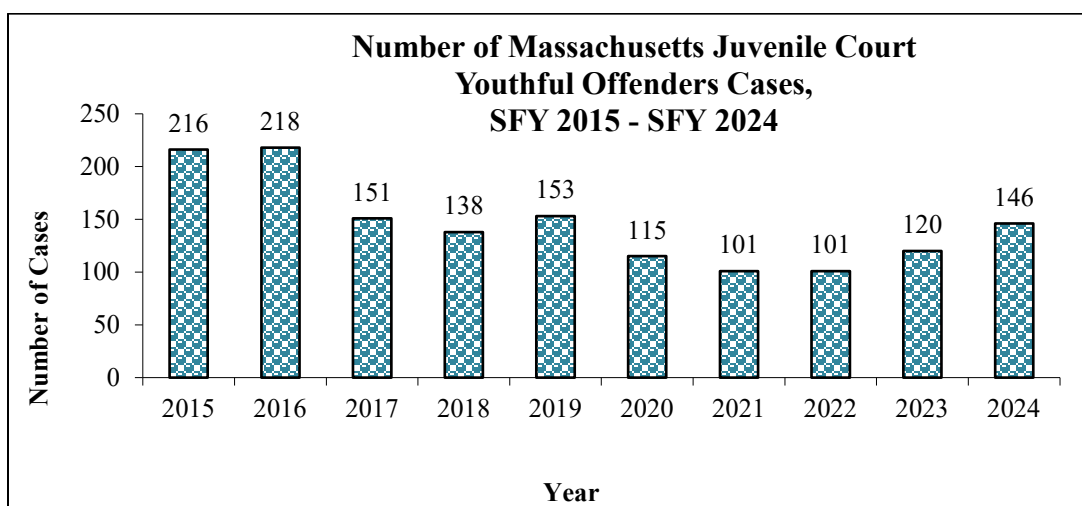


Figure 21. Executive Office of the Trial Court, Department of Research and Planning, Tableau Dashboard, Massachusetts Juvenile Court, Racial Ethnic Distribution of Children/Youth Subject to Juvenile Proceedings July 2025, Retrieved from: <https://public.tableau.com/app/profile/drap4687/viz/DemographicsofSelectedJuvenileMatters/JuvenileMattersbyRaceEthn>

In Massachusetts and other states across the country, there are racial disparities in the juvenile justice system, referred to as “Disproportionate Minority Contact” (DMC)<sup>70</sup> or “Racial and Ethnic Disparities” (R/ED).<sup>71</sup> Examining the race/ethnicity of individuals charged as a youthful offender in SFY 2024, Black/African American youth account for 21% of the cases, Hispanic/Latinx youth account for 47% of the cases, followed by White youth (23%), and Unknown/Not Reported (5%).<sup>72</sup>

Ideally, detention is for youth who are unlikely to appear in court if released or who committed a serious offense and present a danger to others and the community. The Commonwealth is actively working to minimize the use of

<sup>68</sup>The 193rd General Court of the Commonwealth of Massachusetts. General Laws, Chapter 269. (n.d.). <https://malegislature.gov/Laws/GeneralLaws/PartIV/TitleI/Chapter269>

<sup>69</sup> <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section52>

<sup>70</sup> Office of Juvenile Justice and Delinquency Prevention. (n.d.). *Disproportionate Minority Contact*. <https://ojjdp.ojp.gov/programs/disproportionate-minority-contact>

<sup>71</sup> Massachusetts Department of Youth Services. (n.d.). *Racial and ethnic disparities (R.E.D)*. Commonwealth of Massachusetts. <https://www.mass.gov/info-details/racial-and-ethnic-disparities-red>

<sup>72</sup> The race/ethnicity of individuals charged as Youthful Offenders is known in 139 of the 146 cases (95%).

detention through the Juvenile Detention Alternatives Initiative (JDAI).<sup>73</sup> The four strategic goals are:

1. Reduce detention rates of low-risk youth;
2. Identify opportunities to reduce lengths of stay in detention through case processing reforms;
3. Reduce racial and ethnic disparities; and
4. Replicate JDAI with fidelity at the local level.

Despite the Commonwealth's efforts to minimize the use of detention through JDAI, many low-level offenders, who are often Hispanic and/or African American, are placed in detention. Secure detention does more harm than good, particularly for those youth who are held for minor or nonviolent offenses. Detention further impedes a youth's healthy development, educational progress, and is likely to result in increased criminal activity and recidivism.<sup>74</sup>

For example, detained youth:<sup>75</sup>

- Have a suicide rate 2-4 times that of youth in the community;
- Are 19% less likely to graduate than non-incarcerated youth;
- Are 13.5 times more likely to return to the juvenile justice system in the future; and
- Are 3 times more likely to be committed than a youth who remained in the community pending the outcome of their case.

According to DYS, in 2024 there were 909 juveniles sent to pre-trial detention. The number of pre-trial detention admissions in 2024 increased 5% from the previous year but is 53% lower than the high of 1,919 in 2015 (Figure 22).

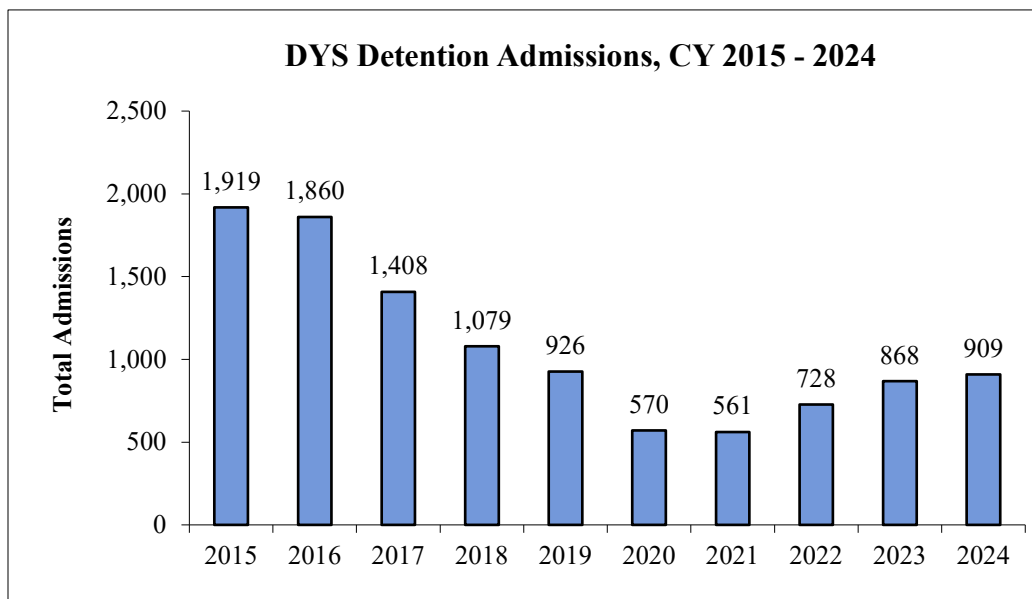


Figure 22. Massachusetts Department of Youth Services, August 2025.

Despite the Commonwealth's efforts to minimize the use of detention through JDAI, many low-level offenders, who are often Hispanic and/or African American, are placed in detention. Secure detention does more harm than good,

<sup>73</sup> According to Massachusetts' JDAI webpage, "[a] juvenile justice reform initiative [...] ensures that 'the right youth, is in the right place, for the right reasons.'" Retrieved May 20, 2020, from <https://www.mass.gov/info-details/juvenile-detention-alternatives-initiative-jdai>

<sup>74</sup> The Annie E. Casey Foundation. (2014, June 3). *Juvenile Detention Alternatives Initiative Progress Report*, 5. <https://www.aecf.org/resources/2014-juvenile-detention-alternatives-initiative-progress-report>.

<sup>75</sup> Detention: Research, Utilization and Trends JDAI Research and Policy Series. Commonwealth of Massachusetts. (n.d.). <https://www.mass.gov/doc/detention-research-utilization-and-trends/download>

particularly for those youth who are held for minor or nonviolent offenses. Detention further impedes a youth’s healthy development, educational progress, and is likely to result in increased criminal activity and recidivism.<sup>76</sup>

Minority youth were overrepresented in the 2024 DYS detainee population. As shown in Figure 23, minority youth comprise 78% (43% Hispanic and 35% Black/African American) of all DYS detentions.

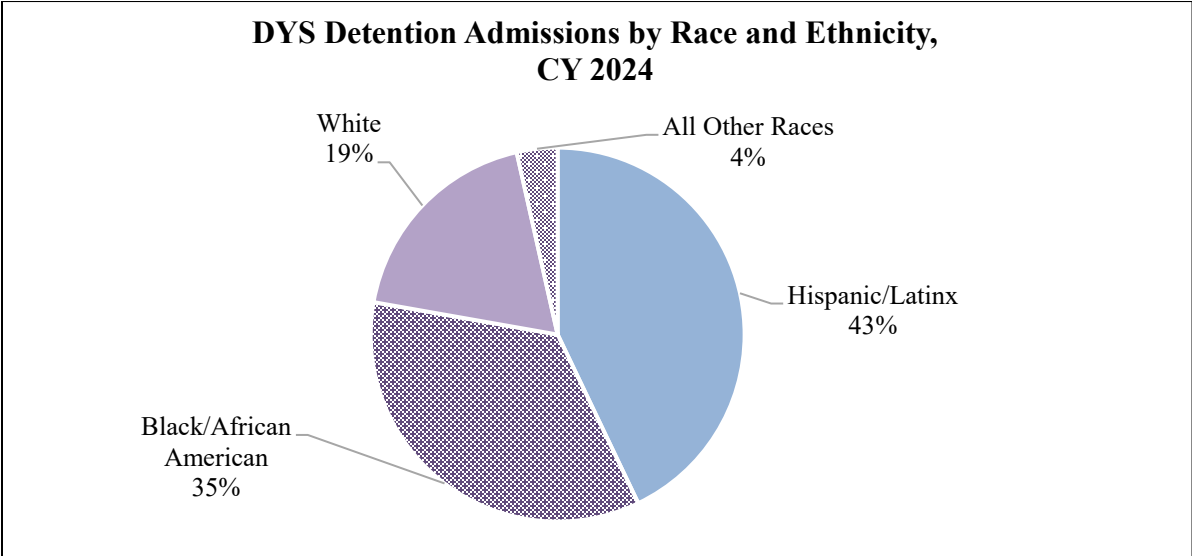


Figure 23. Massachusetts Department of Youth Services, Data obtained via email communication, June 2025.

In 2024, the DYS committed population totaled 287 youth, 185 of which are first time DYS commitments (Figure 24). The reduction in the committed population is 57% from a high of 675 in 2015, and may be attributed to the DYS “service continuum that engages youth, families and communities in strategies that support positive youth development”<sup>77</sup> The racial and ethnic composition of the first time DYS commitments is similar to the detention population as follows: 43% Hispanic/Latinx, 31% Black/African American, 16% White, and 10% youth of some other race/ethnicity.

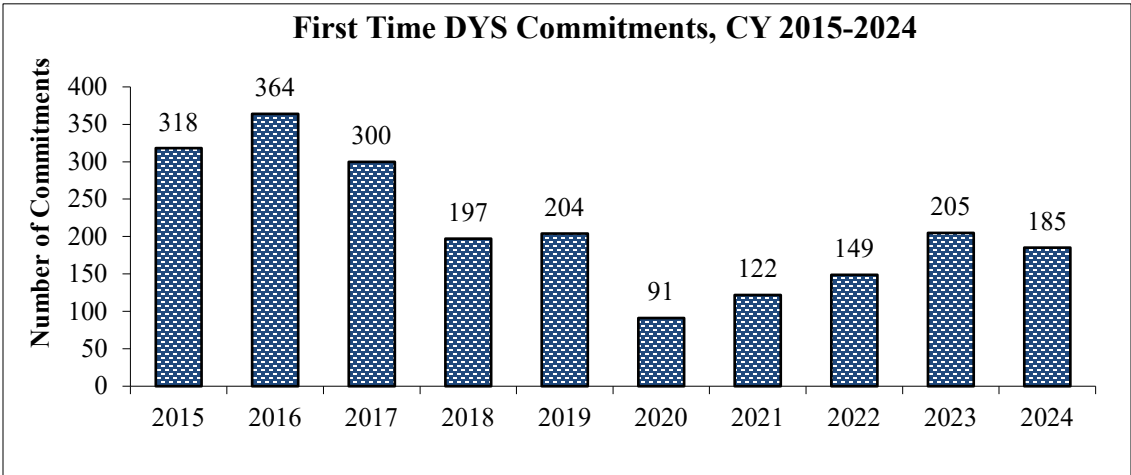


Figure 24. Massachusetts Department of Youth Services, Research Department, June 2025.

<sup>76</sup> The Annie E. Casey Foundation. (2014, June 3). *Juvenile Detention Alternatives Initiative Progress Report*, 5. <https://www.aacf.org/resources/2014-juvenile-detention-alternatives-initiative-progress-report>

<sup>77</sup> Department of Youth Services (DYS) Fact Sheet (2022, February). <https://www.mass.gov/info-details/dys-reports-and-resources>

Delinquency cases are almost exclusively heard before the Juvenile Court but under the Court Reorganization Act of 1992, the Brookline and Gloucester District Courts retained jurisdiction over juvenile cases (MGL, Chapter 218, §57). In SFY 2024, there are 6,609 juvenile delinquency cases filed in juvenile court, nearly unchanged from the prior year, but a 14% decrease from the high of juvenile delinquency cases filed in SFY 2018 (Figure 25). During SFY 2024, males represent 72% and females represent 26% of juvenile delinquency cases.<sup>78</sup> The race/ethnicity<sup>79</sup> of the individuals appearing before the juvenile court reveal White youth accounted for 30% of the population, followed by Hispanic/Latinx youth (29%), and Black/African American youth (25%).<sup>80</sup>

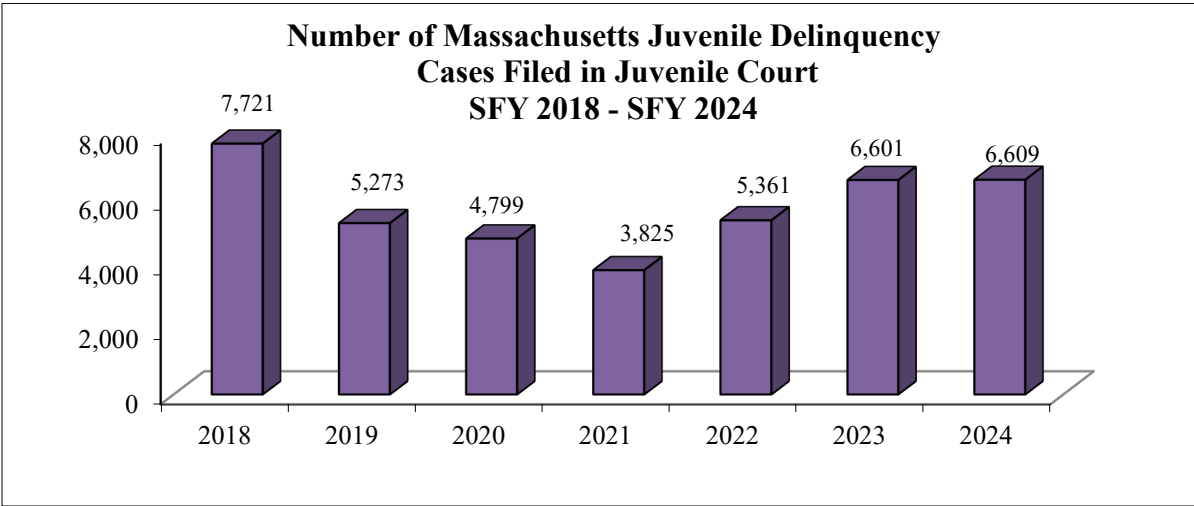


Figure 25. retrieved from: Delinquency Filings Data Trends, accessed online August 2025.

Almost 1-in-7 of youth with a delinquency case filed in juvenile court are ages 15-17 (69%) (Figure 26).

<sup>78</sup> The gender of youth appearing before the Juvenile Court in delinquency cases is known in 6,475 of the 6,609 cases (98%).

<sup>79</sup> The Trial Court updated its reporting structure for race and ethnicity to conform to federal best practices since the last time this report was compiled. Reported racial categories are defined as the following: Black or African American, and White. The reported ethnicity categories are Hispanic/Latino. For the purposes of this report, the Trial Court assigned the following racial / ethnic minority categories based on the information collected in the new reporting structure: White, Black, Hispanic, and Other. However, ethnicity information was missing or unknown in 11% of the sample, which could result in the undercounting of Hispanic individuals.

<sup>80</sup> The race/ethnicity of youth appearing before the Juvenile Court in delinquency cases is known in 5,857 of the 6,609 (89%).

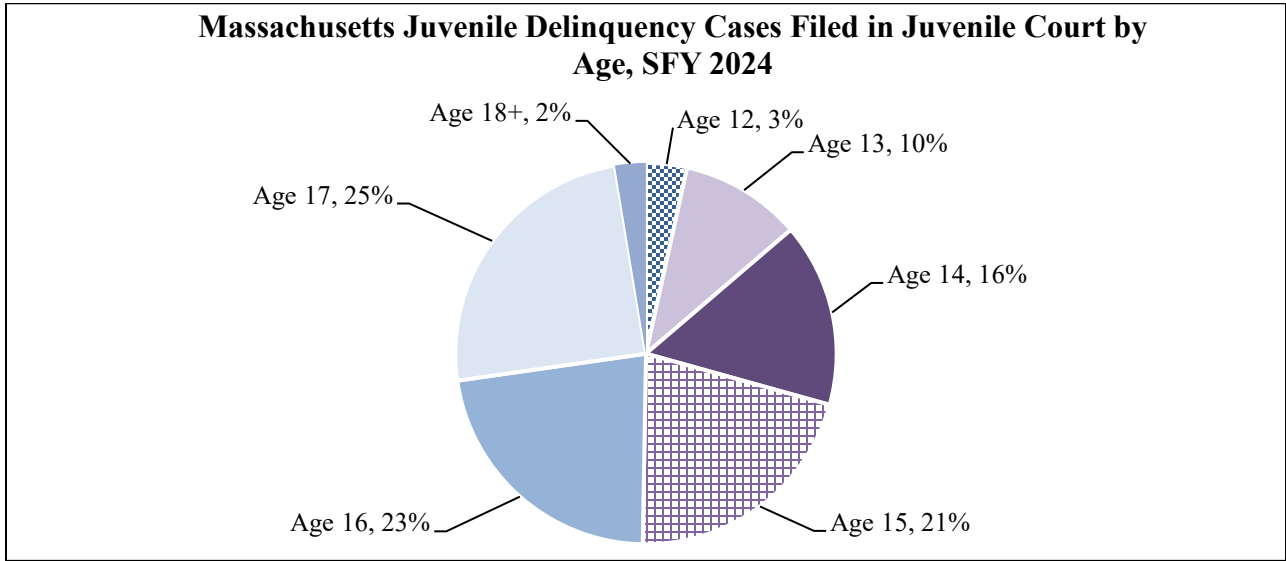


Figure 26. Executive Office of the Trial Court, Department of Research and Planning, Tableau Dashboard, Massachusetts Juvenile Court Demographics of Selected Juvenile Matters, Age Distribution of Children/Youth Subject to Juvenile Proceedings (Delinquency) August 2025, retrieved from: <https://public.tableau.com/app/profile/drap4687/viz/DemographicsofSelectedJuvenileMatters/JuvenileMattersbyRaceEthn>

## **PRIORITY #6: UTILIZING RESEARCH TO ASSESS THE EFFECTIVENESS OF JAG PROGRAMS**

### ***Goal***

Improve the quality of programs funded by directing grant dollars to support evidence-based, promising and/or best practices proving greatest need.

### ***Purpose Area(s) Addressed***

- Planning, research, data collection, and program evaluation

### ***Anticipated Activities***

- Support research and evaluation relative to JAG-funded projects.
- Provide benchmarking for public safety agencies, designing and implementing effective performance measurement strategies.
- Support external research partnerships that use cutting-edge analytical methods to describe emergent crime problems and apply rigorous evaluation methods to assess innovative crime policy interventions.
- Award projects targeting current criminal justice issues facing Massachusetts.
- Learn about how illegal guns move around the Commonwealth from in-state and out-of-state sources.
- How can we understand how to disrupt supply lines of opioids into Massachusetts.
- Prioritize funding for community-based programs with the greatest public safety needs using risk indicators.

### ***Rationale***

The allocation of resources for this priority will help inform decision-making. Research and evaluation will help OGR assess the effectiveness of criminal justice and public safety programs, JAG-funded or otherwise.

### ***Statement of the Problem***

Utilizing research and data in strategic planning, applying for funding, and recommending funding of subgrantees is essential in the grant administration field. Without data, decisions would not be well informed and there would be no way of knowing if the problem is being addressed in the proper manner.

For this reason, OGR relies on RPAD to provide research and analysis for its myriad of federal and state grant programs, enabling OGR to make evidence-based decisions when it comes to recommending funding decisions to the Secretary and Governor. RPAD plays an essential role in the strategic planning process, as well as:

- Providing research and data expertise on criminal and juvenile justice initiatives for federal grant applications, OGR and Secretariat to advance the use of evidence-based decision-making.
- Supporting OGR's administration of JAG funding, through planning, evaluation and technology improvements in concert with the key purpose areas of sexual assault, technology, youth violence, and substance abuse. Primarily focus on JAG programs and state committees and commissions that influence JAG's work.
- Compiling data and analyze trends on crime and other risk indicators, in comparison with regional and national trends to determine JAG need areas and develop solutions. Analyses are included in grant applications submitted to the U.S. Department of Justice: (1) Three-Year Plan for Title II Formula Grant Program, (2) Edward Byrne Memorial Justice Assistance Grant (JAG) Program, (3) Residential Substance Abuse Treatment (RSAT) Program, and (4) Violence Against Women Act Program (VAWA).

### ADDITIONAL ACTIVITIES:

- Participate in grant review teams for state and federal grant funding awarded by OGR.
- Contribute juvenile crime and victimization data for Juvenile Detention Alternatives Initiative (JDAI) dashboard and attend JDAI data subcommittee meetings.
- Educate program staff about opportunities to incorporate or strengthen evidence-based approaches (use of promising and evidence-based programs, implementation oversight, performance evaluation, program assessment, etc.), strongly encouraged by the U.S. Department of Justice and Bureau of Justice Statistics (BJS).
- Maintain databases and report on data to inform public safety and sexual assault programs.
- Offer technical assistance and expertise to develop new data collection systems or enhance ongoing collection processes.
- Participate in state and national committee and commission meetings that influence JAG's work, and regularly review criminal justice data to respond to requests as needed. For example, RPAD is equipped to respond to a request from a commission or committee about a specific interest or policy challenge. Using evidence and data to support the work of these bodies is critical to informed policy development. It is expected that RPAD will have input and responsibilities for the following entities: the Working Group for the Justice Reinvestment Initiative (coordinated by the Council for State Governments), and the annual Justice Research Statistics Association conference.

### STRENGTHEN USE OF NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS)

- Collaborate with staff at the Criminal Justice Training Council and EOPSS Legal division to respond to protocol and policy questions.
- Support police departments and Massachusetts Association of Crime Analysts to utilize NIBRS crime incident-based data and summary (UCR) arrest data for crime summaries and trends.
- Report data on violent crime to inform research, budgets, planning, and policy, such as the Shannon Community Safety Initiative (CSI) modeled after the OJJDP's Comprehensive Gang Model focused on regional and multi-disciplinary approaches to combat gang violence through coordinated prevention and intervention, law enforcement, prosecution, and reintegration programs.
- Write research briefs on violent and property crime trends, analyzing victim and offender demographics, city/town location of incidents, and per capita crime rates.

### ANALYSIS

Like other states, the Commonwealth of Massachusetts must expand its knowledge based on what works in addressing serious crime and justice problems. Analysis plays a key role in the successful adoption of evidence-based policies within criminal justice agencies in two related ways.

First, analysis aids implementation by tailoring proven tactics and strategies to local contexts and operational environments. Crime problems and organizational capacities can vary in important ways across jurisdictions and the crime prevention potency of proven programs can be undermined if implementers are not responsive to salient

differences. In turn, experimentation with evidence-based practices in varying settings contributes to our knowledge on the conditions and circumstances under which these interventions are successful in preventing crime.

Second, analysis can provide important descriptive evidence to guide and focus new approaches when police are faced with emergent crime issues and there is a lack of empirical evidence on effective strategies and tactics. Descriptive research evidence on crime problems provides criminal justice decision makers some much-needed information on innovative, and plausibly effective, ways to address new crime control challenges. Equally important, as new programs are launched to address evolving crime issues, scientific evidence must be developed to determine whether the implemented programs generated the desired outcomes.

## **B. Project Design and Implementation**

As part of this statewide planning effort, in 2024, when creating the updated Byrne JAG Strategic Plan, OGR invited a wide variety of stakeholders to become members of the JAG Strategic Planning Committee to assist in the design and implementation of the Commonwealth's FFY2024 - 2028 Byrne JAG Strategic Plan. This Committee includes stakeholders from throughout the criminal justice system, including law enforcement, prosecutors, providers of indigent defense services, judges, corrections personnel, victim services, juvenile justice and delinquency prevention programs, community corrections and reentry services.

The overall goal of the JAG strategic planning process was to set the state's priorities, coordinate efforts, and determine funding allocations within JAG.

In order to do this, OGR considered funding administered not only by OGR, but also the Executive Office of Health and Human Services (EOHHS), Office of Attorney General for Massachusetts, and the United States Attorney's Office for the District of Massachusetts. The grants taken into consideration, but not limited to, are below:

- a. Project Safe Neighborhoods (PSN)
- b. Victims of Crime Act (VOCA)
- c. Adam Walsh Act Implementation Program (AWA)
- d. National Criminal History Improvement Program (NCHIP)
- e. Safe and Successful Youth Initiative (SSYI)
- f. Shannon Community Safety Initiative
- g. Title II Formula Grant Program
- h. National Highway Traffic Safety Administration (NHTSA) Grant
- i. Residential Substance Abuse Treatment (RSAT)
- j. Violence Against Women Act (VAWA)
- k. Victim and Survivor Services (VSS)
- l. Public Health Excellence (PHE)
- m. Second Chance Act
- n. Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

Due to the research and collaboration, we engaged in during our strategic planning process, we are able to identify priority areas for our Byrne JAG funds that will not duplicate efforts from the initiatives and agencies listed above. If anything, some of our Byrne JAG funded initiatives will complement those initiatives.

## BYRNE JAG STAKEHOLDER SURVEY DEVELOPMENT/METHODOLOGY

OGR's RPAD developed a survey to capture information from traditional and non-traditional partners across the state to inform the strategic planning effort. The survey aimed to provide additional input and assist the SAA with: 1) prioritizing Byrne Justice Assistance Grant purpose areas for funding, 2) prioritizing initiatives within the eight Byrne JAG purpose areas, and 3) understanding respondents' experiences with previous Byrne JAG funding.

Given that a person's role and geography in the criminal justice system likely influences funding priorities, the survey was designed to capture information from each respondent about their agency's function within the criminal justice system and agency service area. This allows us to view results across a number of groups and dimensions, thus enhancing our understanding of the survey responses.

OGR strived to reach survey respondents that were not directly solicited through our email distribution and contact lists through snowball sampling, (asking survey recipients to pass along the survey link to others in their field). The survey and its results can be found in the 2024-2028 Strategic Plan.

Members of EOPSS and OGR attend regular meetings of the Massachusetts District Attorneys' Association, Massachusetts Sheriffs' Association, Massachusetts Chiefs of Police Association, and the Massachusetts Major Cities Police Chiefs' Association, and the Governor's Council to Address Sexual Assault and Domestic Violence.

OGR staff also attend ad-hoc meetings with the Governor's Council on Domestic Violence, Jane Doe, Boston Area Rape Crisis Center, and numerous other community-based victim services/reentry providers/social service providers on issues of mutual concern.

Furthermore, EOPSS has a number of advisory councils that include these and other groups that provide stakeholder input on policy and resource allocation, including the following:

- Forensic Sciences Advisory Board
- Criminal Justice Information Services
- Juvenile Justice Advisory Committee
- Municipal Police Training Committee
- State 911 Commission
- Regional Homeland Security Councils
- Byrne State Crisis Intervention Program Advisory Board

OGR will also continue to support the Governor's Council to Address Sexual Assault and Domestic Violence and the Research and Policy Analysis Division (RPAD). Both units are funded directly with Byrne JAG funds as they are programmatic in scope, and not part of the 10% administrative costs.

The Governor's Council to Address Sexual Assault and Domestic Violence (Council) consists of an Executive Director who is responsible for coordinating the activities of the Council, including implementation of various components of Massachusetts General Law Ch. 260, Domestic Violence legislation and reviewing programs aimed at reducing sexual assault and domestic violence in the Commonwealth.

JAG program funds support our RPAD to conduct research, planning, data collection, and evaluation of criminal justice policies and programs targeting priority areas as identified to include: gang and youth violence, juvenile justice, substance abuse and drug-related crime, crime prevention, crime trends, prisoner reentry, recidivism,

domestic violence and sexual assault, criminal justice technology, evidence-based programs, and performance management.

The OGR plans to competitively award out Byrne JAG funds throughout the duration of this award. Awards funded will be projects that align with our priorities as outlined above and dependent on the needs of the communities throughout the Commonwealth. We anticipate awards will include, but not be limited to projects focused on youth violence prevention, smart policing, gang intervention, substance use, reentry, victims of domestic violence and sexual assault, school safety, technology upgrades, and research.

### **C. Capabilities and Competencies**

The OGR is pleased to submit the Commonwealth of Massachusetts's FFY 2025 Byrne JAG application. The EOPSS is responsible for the policy development and budgetary oversight of the secretariat agencies, independent programs, and several boards and commissions which aid in crime prevention, homeland security preparedness, and ensuring the safety of residents and visitors in the Commonwealth. The agencies that fall under EOPSS are as follows:

- Massachusetts State Police and Crime Lab
- Massachusetts Emergency Management Agency
- Sex Offender Registry Board
- Department of Fire Services
- Department of Criminal Justice Information Services
- Department of Correction
- Parole Board
- Office of the Chief Medical Examiner
- State 911 Department
- Municipal Police Training Committee
- Massachusetts National Guard
- **OGR**

The OGR serves as the State Administering Agency (SAA) for federal funds received from the National Highway Traffic Safety Administration, Department of Homeland Security and Department of Justice. Annually, OGR also manages millions of dollars in funds appropriated from the Massachusetts State Legislature that support an array of criminal justice and public safety initiatives. In addition to securing, managing, and administering grant funding, the OGR has a Research Policy and Analysis Division that collects and analyzes data to inform priorities.

As the SAA for numerous federal and state grant initiatives, OGR personnel are well versed in the strategic planning process and the funding of evidence-based programs that have been implemented successfully over many years by Byrne JAG, VAWA, Formula, and RSAT subgrantees. EOPSS and OGR are engaged in numerous activities that promote multi-agency collaboration and program coordination. These collaborations range from partnerships with other federal, state, and local criminal justice agencies and coordination with state and federal grant programs:

- Byrne JAG Strategic Planning Committee
- Governor's Council to Address Sexual Assault and Domestic Violence
- Massachusetts Sheriffs' Association
- Juvenile Detention Alternatives Initiative
- Governor's Juvenile Justice Advisory Committee (OJJDP State Advisory Group).

The above collaborations, as well as many more not listed, are part of a much larger strategic plan that results in the funding and implementation of evidence-based, proven effective programs throughout the State of Massachusetts.

By fostering collaboration and program coordination, and through a combination of state and federal funding, OGR provides a comprehensive portfolio of grant programs for which public and private agencies and municipalities may apply. A primary example of this is the legislatively mandated and funded anti-gang, youth violence grant, Charles E. Shannon Jr. Community Safety Initiative (Shannon Grant), which has awarded approximately \$80 million to local communities and research partners since 2009. The grant requires collaborative relationships to be developed and strengthened among police, prosecutors, and community providers. OGR works closely with Action Research Partners and the Statewide Research partner to strengthen program delivery, share knowledge, and capture meaningful data.

The Commonwealth, through OGR, continues to engage in numerous activities designed to promote multi-agency collaboration and program coordination to address identified priorities. Annually, several million dollars in federal and state funds are disbursed statewide for public safety and criminal justice-related purposes. In line with the BJA priorities for evidence-based programming and strategic planning, OGR continually evaluates its current planning processes as it relates to the allocation of grant funding throughout all its awards.

OGR has consistently met the JAG requirements for **collecting and reporting the required performance measure data**. Through effective monitoring and evaluation, the JAG Program in Massachusetts aims to support both proven and innovative public safety projects to protect its citizens and improve the quality of life in the Commonwealth. Sub-recipients are required to report quarterly on programmatic progress and financial expenditures. In addition, the required performance metrics are reported quarterly by sub-recipients using the BJA Performance Measurement Tool. The OGR Byrne JAG Grants Manager works with our Research and Policy and Analysis Division to collect the data from our sub-recipients quarterly and upon receipt the data is reviewed and approved by the OGR Grants Manager.

The goal of the JAG Quarterly Progress Report is to understand the progress made by each organization receiving funding and to maximize the potential of JAG funded projects. The following definitions of Goals, Objectives, Activities, Collaborations, Performance Measures, Implementation Accomplishments and Successes, and Implementation Challenges are designed to help sub-recipients as they complete the following information on their JAG project.

**Goals:** statements of project intentions and desired outcomes.

**Objectives:** the intermediate effects to be achieved by the program in pursuing the goals. They are the steps that need to be taken to reach a goal. There are usually several objectives for any single goal. Objectives should be specific, measurable, action-oriented, realistic, and time-specific.

**Activities:** action-oriented operations. They are the steps through which objectives are achieved and programs are carried out. Multiple activities typically are required to accomplish a single objective.

**Collaborations:** describes all organizations and entities a sub-grantee will be in contact with or have formed partnerships with that will assist in meeting goals and objectives.

**Performance Measures:** explicit *quantitative* measures that indicate to what extent project goals are being met. Each of the goals will require at least one performance measure. Sub-recipients will provide dates and numbers

whenever possible.

**Implementation Accomplishments and Successes:** accomplishments and successes that may or may not be contained in the performance measure data spreadsheet.

**Implementation Challenges:** any problems that may have arisen that hindered the completion of a project activity and delayed overall project schedule.

Quarterly Financial Reports consist of an Excel file which includes five components, including the instructions and separate forms to be used for providing financial details, financial reports, tracking year-to-date expenditures, and requesting adjustments (e.g., budget revisions and grant period extensions).

All JAG funded programs support the overall goal to improve public safety and the quality of life in Massachusetts. OGR is currently managing contracts to sub-recipients which support programs that focus on youth violence prevention, smart policing, gangs, substance abuse, reentry, victims of domestic violence and sexual assault, technology, and research. It is anticipated that JAG funding will continue to support evidence-based, innovative, and promising programs and practices statewide. Application processes have recently been streamlined for subawarding JAG funds, using an online platform for submitting and reviewing applications. OGR plans to continue using this process for FY25 Byrne JAG funds.

**Project Evaluation:** Byrne JAG internal research activities conducted by the OGR's Research Policy and Analysis Division do not involve Human Subjects.