



DATA BRIEF: VIOLENT DEATHS IN MASSACHUSETTS

Surveillance Update, 2012

Massachusetts Violent Death Reporting System – MAVDRS
Massachusetts Department of Public Health

Winter 2017

Violent deaths in Massachusetts represent a serious, but preventable public health problem.

In 2012, there were 833 violent deaths that occurred in Massachusetts. The majority of these deaths were suicides (75%), followed by homicides (16%), and deaths of undetermined intent (8%). This information was collected by the Massachusetts Violent Death Reporting System (MAVDRS) at the MA Department of Public Health. Included in the 833 violent deaths were several multi-victim incidents, such as five double-homicides, five homicide-suicide incidents, and one triple homicide in 2012. MAVDRS provides additional information including circumstances surrounding each death or incident, toxicology of the victims, weapon information, and many other pertinent variables. This Surveillance Update of the 2012 violent deaths in Massachusetts provides communities with a clearer understanding of these serious, but preventable deaths.

Table 1. Violent Deaths in MA (Number and Rate) and US Rates, 2012

Intent	MA N	MA Rate/100,000 ¹	US Rate/100,000 ²
Suicide	624	9.4	12.9
Homicide	135	2.0	5.3
Undetermined	69	1.0	1.5
Legal Intervention ³	5	--	0.18
Unintentional Firearm	0	0.0	0.17
Total	833	12.5	18.4

¹ Rates are not calculated on numbers less than six and are considered unstable for counts less than 20.

² The U.S. Rate was accessed from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control's Web-based Injury Statistics Query and Reporting System (WISQARS).

³ There were four additional deaths that were identified as legal intervention by abstractor-assigned manner, but were not assigned a legal intervention ICD-10 code. These four cases are included in the total number of homicides.

The CDC defines a violent death as a death that results from the intentional use of physical force or power against oneself, another person, or a group or community. Violent deaths include suicides, homicides, deaths due to legal intervention (excluding executions), deaths of undetermined intent, and firearm-related deaths regardless of intent.

Of the 833 Violent Deaths in MA in 2012:

- 75% were suicides.
- 16% were homicides.
- 8% were deaths of undetermined intent.
- Less than 1% were legal intervention deaths.
- No unintentional firearm deaths occurred.

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MAVDRS INFORMATION: <http://www.mass.gov/dph/isp>

CDC INFORMATION: www.cdc.gov/ViolencePrevention/NVDRS/index.html

VIOLENT DEATHS IN MASSACHUSETTS 2012

OVERVIEW

Table 2. Violent Death Demographics, MA 2012

	N	Percent	Rate per 100,000 ¹
Intent			
Suicide	624	74.9	9.4
Homicide	135	16.2	2.0
Undetermined	69	8.3	1.0
Legal Intervention ²	5	0.06	--
Unintentional Firearm	0	0.0	0.0
Sex			
Male	621	74.5	19.3
Female	212	25.5	6.2
Race/Ethnicity			
White, non-Hispanic	643	77.2	12.6
Black, non-Hispanic	90	10.8	19.5
Asian, non-Hispanic	26	3.1	6.5
Hispanic	68	8.2	10.1
Other/mixed/unknown race/ethnicity ³	6	0.7	--
Age Group			
0-14	11	1.3	1.0
15-24	132	15.8	14.1
25-34	141	16.9	15.8
35-44	145	17.4	17.0
45-54	190	22.8	18.9
55-64	129	15.5	15.2
65-74	44	5.3	8.7
75-84	23	2.8	7.7
85+	18	2.2	11.8
Total	833	100.0	12.5

- The youngest victim of a violent death was 6 months old and the oldest victim was 99 years old.
- The mean age of all victims was 43.4 years old and the median age was 43 years old.
- Ten victims of a violent death were homeless.
- Twenty-eight victims were fatally injured while in custody, such as in a jail or prison. A victim is also considered "in custody" if he or she is under arrest or injured prior to arrest, in foster care, or remanded to an institution such as a juvenile detention facility, or psychiatric hospital. It does not include voluntary commitments.
- There were 57 war veterans who were victims of a violent death.⁴
- Thirteen victims of a violent death were fatally injured at their workplace.

The National Violent Death Reporting System

To understand the complex circumstances surrounding violent deaths, the Centers for Disease Control and Prevention (CDC) developed a standardized database: the National Violent Death Reporting System (NVDRS). This unique system includes data not captured in other databases by linking information from multiple sources such as death certificates, medical examiner records, toxicology reports, and law enforcement records. Individually, these sources explain violence only in a narrow context; but together, they provide comprehensive answers to the questions that surround violent death. MAVDRS has been collecting data on violent deaths since 2003.

¹ Rates were not calculated for counts less than six and are considered unstable for counts less than 20.

² There were four additional deaths that were identified as legal intervention deaths by abstractor-assigned manner but were not assigned a legal intervention ICD-10 code. These cases are included in the total number of homicides.

³ Rates for other/mixed/unknown race/ethnicity were not calculated due to lack of denominator information.

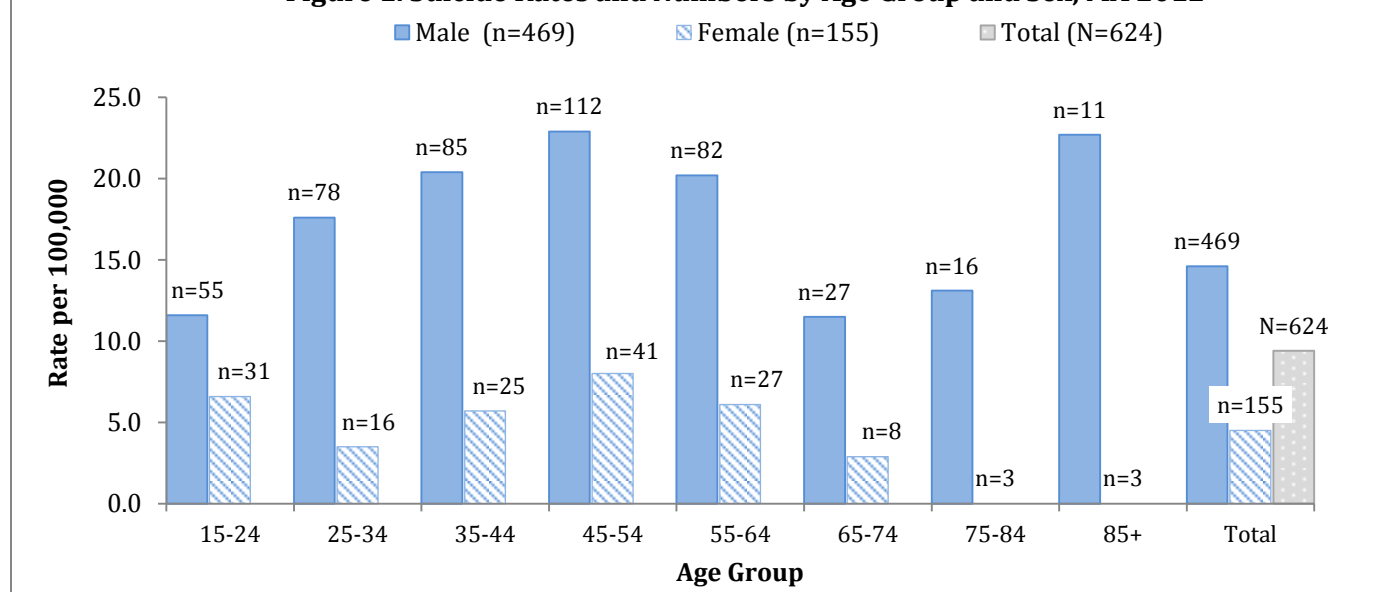
⁴ This Data Brief only includes information where the decedent was a U.S. veteran and the war in which they served was specified on the death certificate.

Table 3. Suicide Demographics, MA 2012

	N	Percent	Rate per 100,000 ¹
Sex			
Male	469	75.2	14.6
Female	155	24.8	4.5
Race/Ethnicity			
White, non-Hispanic	540	86.5	10.6
Black, non-Hispanic	29	4.6	6.3
Asian, non-Hispanic	20	3.2	5.0
Hispanic	30	4.8	4.5
Other/mixed/unknown race/ethnicity ²	5	0.8	--
Age Group			
0-14 ³	4	0.6	--
15-24	86	13.8	9.2
25-34	94	15.1	10.5
35-44	110	17.6	12.9
45-54	153	24.5	15.2
55-64	109	17.5	12.8
65-74	35	5.6	6.9
75-84	19	3.0	6.4
85+	14	2.2	9.1
Total	624	100.0	9.4

- Male rates of suicides were three times higher than female rates.
- The youngest victim of suicide was nine years old and the oldest victim was 99 years old.
- The mean age was 45.1 and the median age was 46 years old.
- Sixty percent of suicides were among individuals aged 35 to 64 years old (n=372).
- Forty-nine war veterans died by suicide. This accounted for 86% of the total violent deaths among war veterans (n=57).³
- Seventeen victims were in custody, such as a jail or prison. A victim is also considered “in custody” if he or she is under arrest or injured prior to arrest, in foster care (i.e., out of home placement), or remanded to an institution such as a juvenile detention facility, psychiatric hospital or ward, or other institution. It does not include voluntary commitments.
- Twelve suicide victims were fatally injured at their workplace.

Figure 1. Suicide Rates and Numbers by Age Group and Sex, MA 2012 ⁴



¹ Rates were not calculated for counts less than six and are considered unstable for counts less than 20.

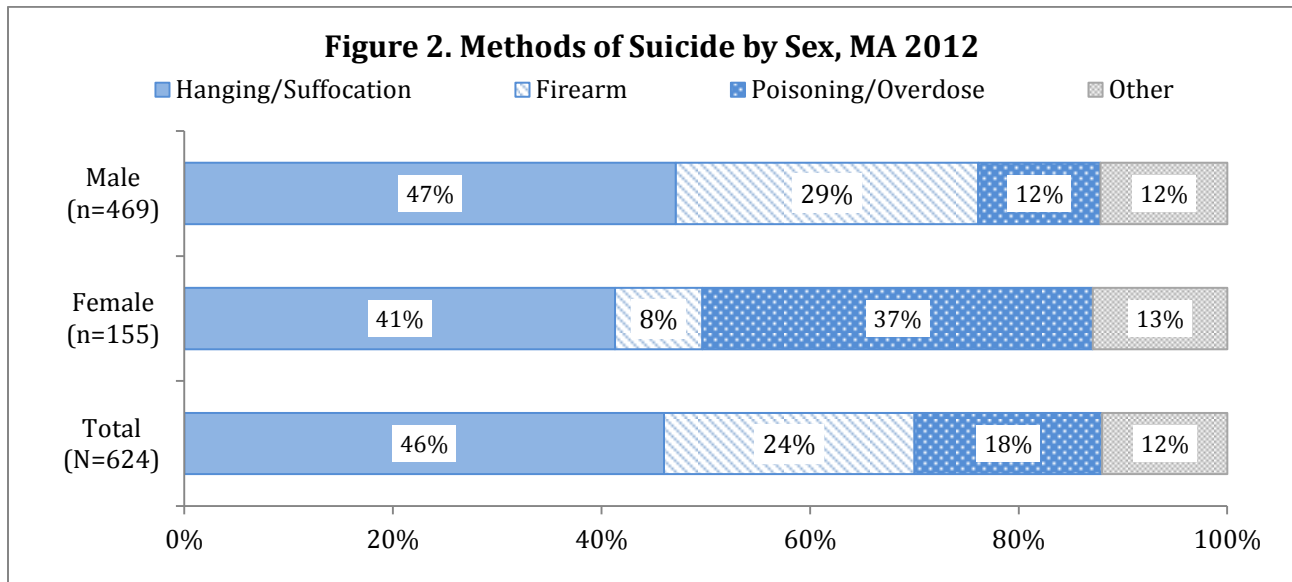
² Rates for other/mixed/unknown race/ethnicity were not calculated due to lack of denominator information.

³ This Data Brief only includes information where the decedent was a U.S. veteran and the war in which they served was specified on the death certificate.

⁴ The 0-14 age group (n=4) is not depicted on Figure 1, but is included in the total number and rate.

SUICIDES

METHODS USED IN SUICIDES



- The most common method of suicide was hanging/suffocation (46%, n=285).
- The second leading method of suicide was firearm (24%, n=149).
- Methods of suicide also varied by age group: hanging/suffocation was the most common method through age 64. Firearm was the most common method used among those 65 and over.

LOCATIONS WHERE SUICIDES OCCUR

County of Injury

These counties had the highest **rates** of suicide:

Franklin (19.6/100,000, n=14)
Barnstable (14.9/100,000, n=32)
Berkshire (13.1/100,000, n=17)

These counties had the highest **numbers** of suicide:

Middlesex (n=119, 7.7/100,000)
Worcester (n=96, 11.9/100,000)
Norfolk (n=63, 9.2/100,000)

City of Injury

Of the cities with a population more than 50,000, the highest **rates** of suicides were in:

Springfield (15.0/100,000, n=23)
Haverhill (14.6/100,000, n=9)
New Bedford (13.7/100,000, n=13)

These cities had the highest **numbers** of suicide:

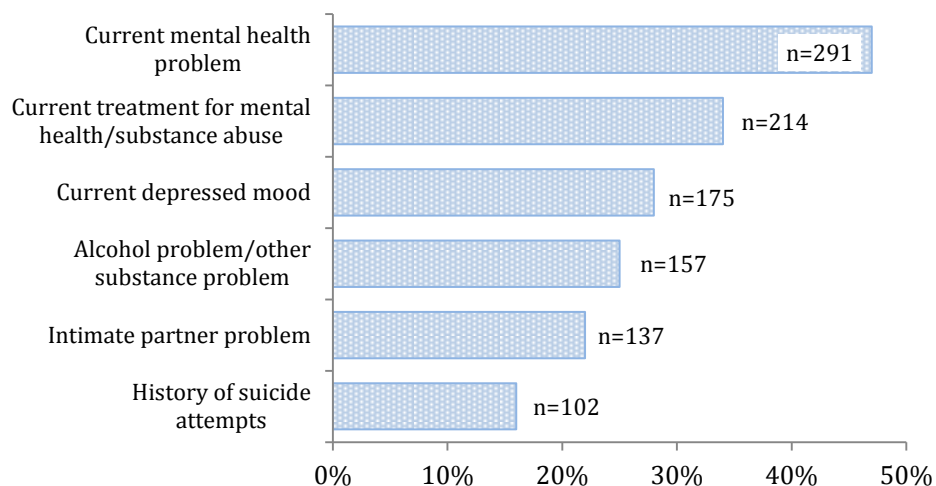
Boston (n=47, 7.4/100,000)
Springfield (n=23, 15.0/100,000)
Worcester (n=17, 9.3/100,000)

Places Where Suicides Occur

Of the 610 suicides where location of injury was reported:

- The majority of suicides (73%, n=443) occurred in a house, apartment, or in its surroundings (yard, porch, driveway).
- Approximately 7% (n=41) of suicides occurred in a natural area (e.g., field, river, beaches, woods).
- Approximately 4% (n=27) of suicides occurred in a motor vehicle. Location type is classified as motor vehicle regardless of where the motor vehicle is located.

Figure 3. Suicide Victims with Known Circumstances, MA 2012

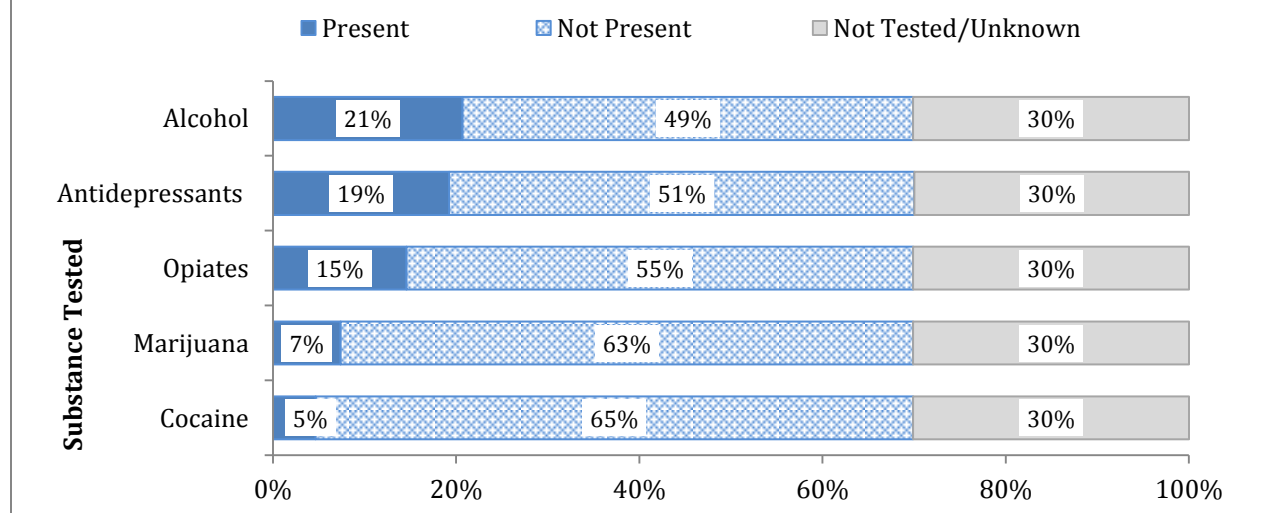


Of the 624 suicides in 2012, circumstance information was available for 91% of victims (n=569). Of these victims:

- 47% were known to have a current mental health problem.
- 34% were currently being treated for a mental health or substance abuse problem.
- Females were more likely than males to have a history of suicide attempts, a current mental health problem, and/or treatment for a mental health disorder noted.
- A larger percentage of males than females were reported to have a financial/job problem.

TOXICOLOGY OF SUICIDE VICTIMS

Figure 4. Toxicology Results of Suicide Victims, MA 2012



Of the 624 suicide victims, approximately 70% (n=438) were tested for alcohol, antidepressants, cocaine, opiates, and/or marijuana; 66% (n=289) of suicide victims tested positive for at least one of those substances.

- Of those suicide victims who were tested, 27% were positive for an antidepressant at the time of death (n=120).
- Among the suicide victims who had a positive test result for alcohol (n=131), 77% had a blood alcohol concentration (BAC) of 0.041 or higher (n=101).¹
- Of the suicide victims who tested positive for alcohol (n=131), 68% (n=89) had a BAC greater than .08 (which is over the legal limit for operating a motor vehicle in MA).

¹ Caution should be used when interpreting BAC due to variation in time among ingestion of alcohol, time of death, and drawing of blood for testing which will affect the outcome of the test. BAC of 0.04% or less could be due to decomposition rather than ingestion of alcohol.

HOMICIDES

DEMOGRAPHICS OF HOMICIDE VICTIMS

Table 4. Homicide Demographics, MA 2012

	N	Percent	Rate/ 100,000 ¹
Sex			
Male	103	76.3	3.2
Female	32	23.7	0.9
Race/Ethnicity			
White, non-Hispanic	48	35.6	0.9
Black, non-Hispanic	53	39.3	11.4
Asian, non-Hispanic	4	3.0	--
Hispanic	30	22.2	4.4
Age Group			
0-14	3	2.2	0.3
15-24	42	31.1	4.5
25-34	40	29.6	4.5
35-44	19	14.1	2.2
45-54	14	10.4	1.4
55-64	7	5.2	0.8
65-74	5	3.7	--
75-84	3	2.2	--
85+	2	1.5	--
Total	135	100.0	2.0

- Male rates of homicide were 3.2 times higher than female rates.
- The youngest victim of a homicide was 6 months old and the oldest victim was 88 years old.
- The mean age was 34.3 and the median age was 29 years old for homicide victims.
- There were six war veterans who were victims of homicide.²
- Additionally, six victims were fatally injured while in custody, such as in a jail or prison. A victim is also considered "in custody" if he or she is under arrest, injured prior to arrest, in foster care, or remanded to an institution such as a juvenile detention facility, or psychiatric hospital.
- Black, non-Hispanics accounted for 39% of homicide victims (n=53), although they make up 7% of the Massachusetts population.
- Hispanics accounted for approximately 22% of homicide victims (n=30) although they make up 10% of the Massachusetts population.

Table 5. Homicides by Race/Ethnicity and Sex, MA 2012

	Male			Female		
	N	Percent	Rate per 100,000 ¹	N	Percent	Rate per 100,000 ¹
White, non-Hispanic	33	32.0	1.3	15	46.9	0.6
Black, non-Hispanic	46	44.7	20.4	7	21.9	2.9
Asian, non-Hispanic	1	1.0	--	3	9.4	--
Hispanic	23	22.3	6.9	7	21.9	2.0
Total	103	100.0	3.2	32	100.0	0.9

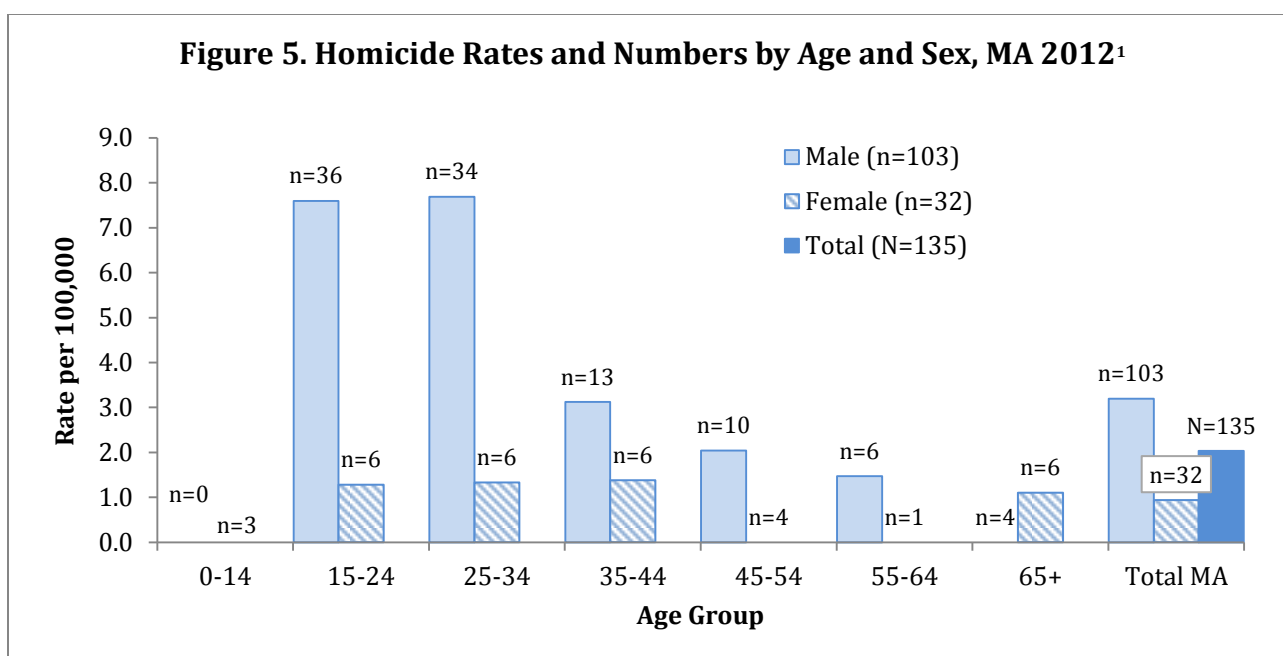
- Black, non-Hispanics had the **highest** homicide rate for both males and females at 20.4/100,000 and 2.9/100,000, respectively.
- White, non-Hispanics had the **lowest** homicide rate for both males and females at 1.3/100,000 and 0.6/100,000, respectively.

¹ Rates were not calculated for counts less than six and are considered unstable for counts less than 20.

² This Data Brief only includes information where the decedent was a U.S. veteran and the war in which they served was specified on the death certificate.

HOMICIDES

AGE GROUP AND SEX OF HOMICIDES



- The highest homicide rate by age group was among 15-24 year olds (4.5/100,000, n=42) and 25-34 year olds (4.5/100,000, n=40). The rate for both of these age groups was **over twice** the overall statewide rate of 2.0/100,000.
- The highest **male** homicide rate by age group were among 25-34 (7.7/100,00, n=34) and 15-24 year olds (7.6/100,00, n=36). The rates for both of these age groups was over **twice** the male statewide rate of 3.2/100,000 and almost **four times higher** than the overall statewide rate of 2.0/100,000.
- Female homicide rates were similar across age groups: 35-44 (1.4/100,000), 15-24 (1.3/100,000), and 24-34 year olds (1.3/100,000); each age group had six homicides.
- For the 15-24 age group, the homicide rate for black males (52.6/100,000) was 35 times higher than the rate for white males (1.5/100,000) and the rate for Hispanic males (12.0/100,000) was eight times greater than white males (not depicted).

BIRTH COUNTRY OF HOMICIDE VICTIMS

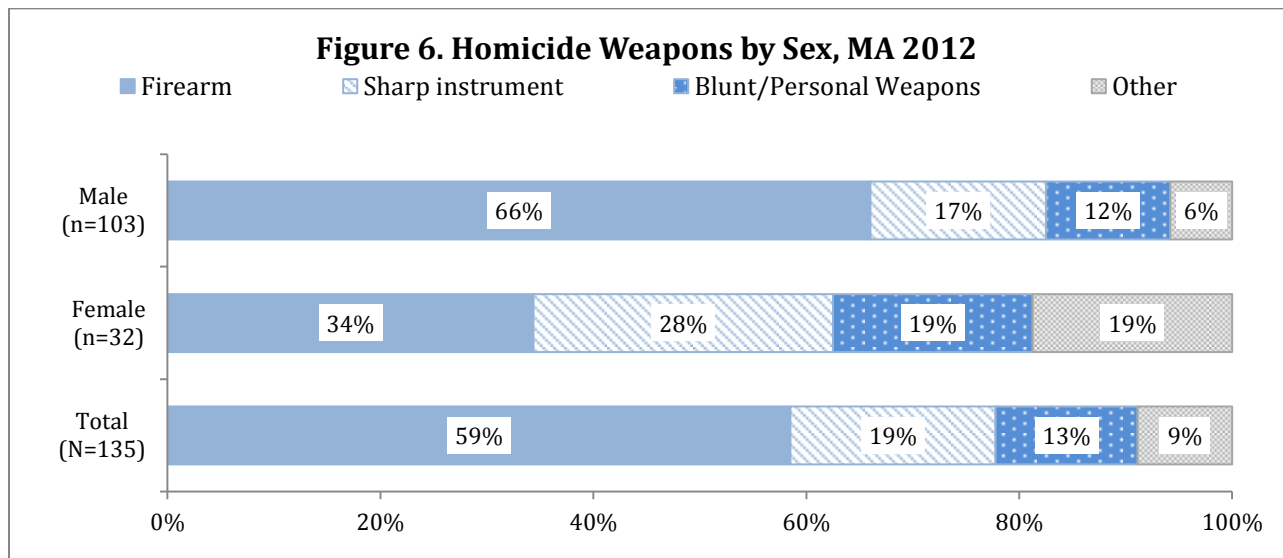
- 87% of victims were born in the U.S.
- 66% of victims were born in MA.
- 8% of victims were born in Mexico, Central America, South America, or the Caribbean.
- 5% of victims were born in other countries including China, Cape Verde, India, and the Philippines.

Table 6. Birth Country of Homicide Victims, MA 2012		
Victim's Country of Birth	N	Percent
U.S. States and Territories	117	87%
Mexico, Central America, South America, and the Caribbean	11	8%
Other countries	7	5%

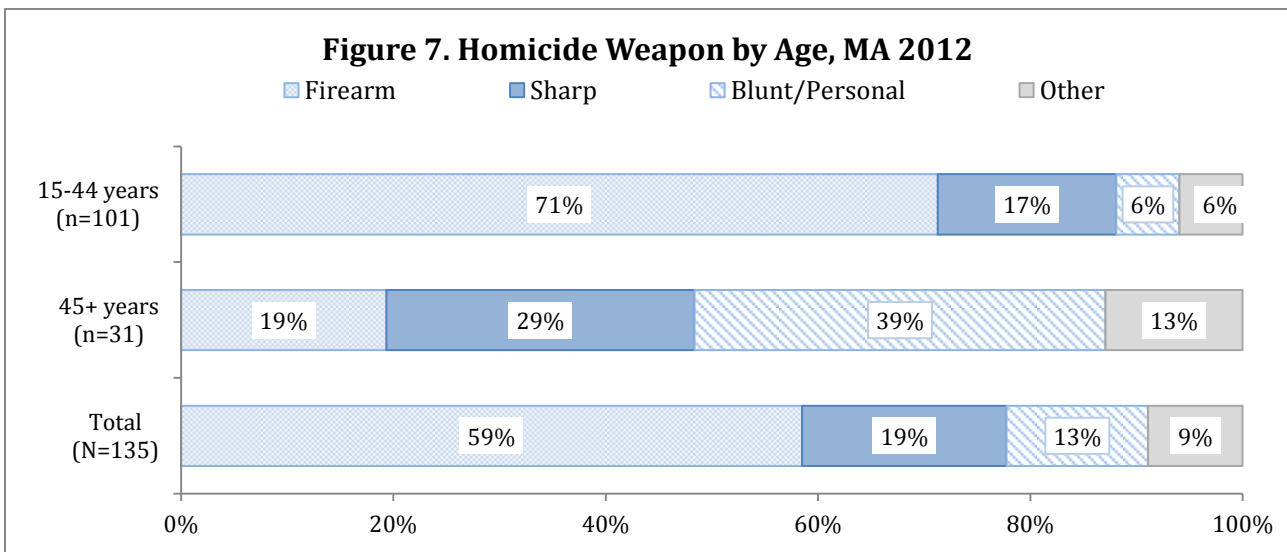
¹ Rates were not calculated for counts less than six and are considered unstable for counts less than 20.

HOMICIDES

WEAPONS USED IN HOMICIDES



- Across the state, firearms were the most commonly used weapon in homicides (59%, n=79).
- Of firearm homicides, over half (56%, n=44) had information regarding the type of firearm. Of these homicides, handguns were the most prevalent type used (95%). Handguns include semi-automatic pistols, revolvers, and other types.
- “Other” weapons include hanging/suffocation, motor vehicles, drowning, and falls.
- “Personal weapons” refer to the use of hands and feet.



- Firearms are the most commonly used weapon in homicides (n=135) among those ages 15-44 (71%, n=101).
- In the age range of 0-14 (not depicted on Figure 7), there were three homicides.
- 50% of homicides by personal weapons occurred in the age range of 45-54 (n=5), which is not depicted on Figure 7.

HOMICIDES

WHERE HOMICIDES OCCUR

Table 7. Homicides by County of Injury, MA 2012

County	N	Percent	Rate/ 100,000 ²
Barnstable	4	3.1	--
Berkshire	0	0.0	0.0
Bristol	7	5.4	1.3
Dukes	1	0.8	--
Essex	9	6.9	1.2
Franklin	1	0.8	--
Hampden	14	10.8	3.0
Hampshire	2	1.5	--
Middlesex	11	8.5	0.7
Nantucket	0	0.0	0.0
Norfolk	0	0.0	0.0
Plymouth	6	4.6	1.2
Suffolk	59	45.4	7.9
Worcester	16	12.3	2.0
Total MA	130	100.0	2.0
Out of State	2	--	--
Unknown	3	--	--
Total	135	--	--

- Accounting for 45% of homicides, Suffolk County, which includes Boston, had the highest number (n=59) and the highest rate (7.9/100,000). This rate is almost four times higher than the state rate of 2.0/100,000.
- Two counties' rates were higher than the state rate: Suffolk and Hampden. These counties include the two cities with the highest homicide rates: Boston (8.8/100,000, n=56), and Springfield (7.8/100,000, n=12).
- Other cities with high rates of homicide were Brockton (6.4/100,000, n=6) and Worcester (4.9/100,000, n=9).

Of the 126 homicides where location of injury was reported:

- The majority of homicides (41%, n=51) occurred in a place of residence.¹
- Thirty-five percent (n=44) occurred on a street/road, sidewalk, or alley.

HOMICIDE CIRCUMSTANCES

Table 8. Known Circumstances Associated with Homicide Victims, MA 2012

Total Number of Homicides	135	
Number of Homicides with Circumstance Information	106	
Circumstances	N	Percent
Precipitated by another crime	41	30.4
<i>Precipitated crime was in progress at time of homicide</i>	30	
Argument/conflict	31	23.0
Gang-related	20	14.8
Drug-related	19	14.1
Intimate partner violence-related	16	11.9

Of the homicide incidents, at least one circumstance was known for 79% of victims (n=106).

- Twenty-three percent of homicides were precipitated by an argument/conflict.
- Thirty percent were precipitated by another crime. These crimes include:
 - robbery/burglary (n=15)
 - drug trade (n=14)
 - assault/homicide (n=11)
- The most frequently noted circumstance for **males** was argument/conflict (28%, n=29).
- The most frequently noted circumstance for **females** was intimate partner violence-related (34%, n=11).

¹ "Residence" refers to a house or apartment, including the surrounding areas: driveway, porch, yard, and garage.

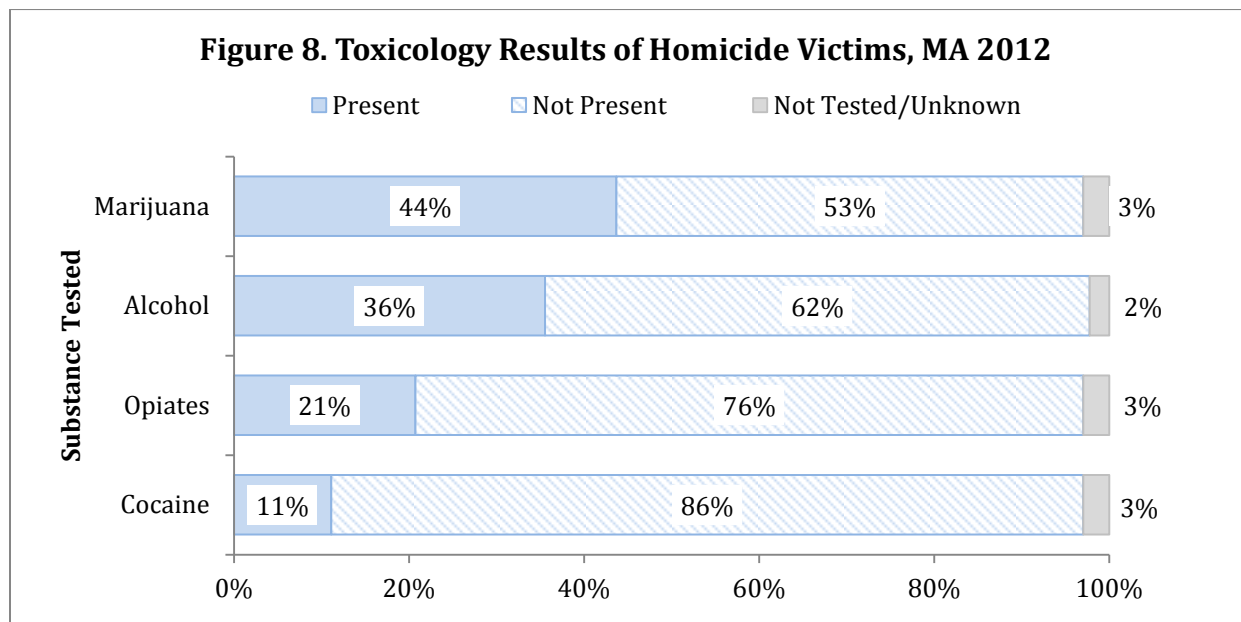
² Rates were not calculated for counts less than six and are considered unstable for counts less than 20.

HOMICIDES

VICTIM-SUSPECT RELATIONSHIP IN HOMICIDE INCIDENTS

- Among homicide victims, 69% (n=93) had suspect information available, such as suspect demographics. Of those victims, 80% (n=74) had **one** suspect associated with the homicide and 20% (n=19) had **multiple** suspects.
- There were 85 known relationships between the victim and suspect. *In the majority of these cases, the victim and suspect were known to each other.* Of these identified suspects:
 - 14% (n=12) were a current or former intimate partner.
 - 12% (n=10) of suspects were a family member or a caregiver of the victim (including the boyfriend of a child's mother, but not the father of the child).
 - 51% (n=43) of suspects were someone else known to the victim.

TOXICOLOGY OF HOMICIDE VICTIMS



- Among the 135 homicide victims, approximately 97% of victims (n=132) were tested for marijuana, opiates, cocaine, and/or alcohol (blood alcohol concentration - BAC).¹
- Of the victims who were tested, 45% of homicide victims had marijuana in their system at their time of death (n=59), 36% tested positive for alcohol (n=48), 21% tested positive for opiates (n=28), and 11% of homicide victims (n=15) tested positive for cocaine.
- Among the homicide victims who tested positive for alcohol, 81% had a BAC of 0.041 or higher (n=39).
- Sixty percent of homicide victims who were positive for alcohol had a BAC result of 0.08 or over (N=29), which is over the legal limit for operating a motor vehicle in Massachusetts. Of those, the majority of victims (69%) were between the ages of 21 and 44 (n=20).

¹ Caution should be used when interpreting BAC due to variation in time among ingestion of alcohol, time of death, and drawing of blood for testing which will affect the outcome of the test. BAC of 0.04% or less could be due to decomposition rather than ingestion of alcohol.

DEATHS OF UNDETERMINED INTENT

DEMOGRAPHICS OF UNDETERMINED INTENT VICTIMS

**Table 9. Deaths of Undetermined Intent
Demographics, MA 2012**

	N	Percent	Rate/ 100,000 ²
Sex			
Male	44	63.8	1.4
Female	25	36.2	0.7
Race/Ethnicity			
White, non-Hispanic	53	76.8	1.0
Black, non-Hispanic	6	8.7	1.3
Asian, non-Hispanic	2	2.9	--
Hispanic	7	10.1	1.0
Other/mixed/unknown race/ethnicity ³	1	1.4	--
Age Group			
0-14	4	5.8	--
15-24	3	4.3	--
25-34	5	7.2	--
35-44	14	20.3	1.6
45-54	23	33.3	2.3
55-64	13	18.8	1.5
65-74	4	5.8	--
75-84	1	1.4	--
85+	2	2.9	--
Total	69	100.0	1.0

- The youngest undetermined intent victim was seven months old and the oldest victim was 88 years old.
- The mean age was 47 years old and the median age was 50 years old.
- There were two war veterans whose deaths were of undetermined intent.¹
- Approximately 73% (n=32) of male victims and 72% (n=18) of female victims were between the ages of 35-64 years old.

WEAPONS OF UNDETERMINED INTENT VICTIMS

- Poisonings (drug overdoses) accounted for the most (41%) deaths of undetermined intent across the state (n=28). It was the leading weapon type for both males (36%, n=16) and females (48%, n=12).
- The next two most commonly used weapons among both sexes were blunt instruments (19%, n=13) and drownings (17%, n=12). Other weapons for undetermined intent deaths are falls, motor vehicles, firearms, sharp instruments, fire/burns, hanging/suffocation, explosives, and other (combined 23%, n=16).

TOXICOLOGY OF UNDETERMINED INTENT VICTIMS

- Of the 69 undetermined intent victims, 84% (n=58) were tested for alcohol, cocaine, opiates, marijuana, and/or antidepressants. Of those victims who were tested, 36% of victims tested positive for antidepressants (n=21) and 26% were positive for opiates (n=15).
- Of undetermined intent victims who were tested, 51% were positive for alcohol (n=30). Of these victims, 83% (n=25) had a BAC of 0.041 or higher. The majority of victims ages 21-44 years had a BAC of 0.08 or higher (83%, n=10).

¹ This Data Brief only includes information where the decedent was a U.S. veteran and the war in which they served was specified on the death certificate.

² Rates were not calculated for counts less than six and are considered unstable for counts less than 20.

³ Rates for other/mixed/unknown race/ethnicity were not calculated due to lack of denominator information.

MAVDRS METHODOLOGY

The National Violent Death Reporting System (NVDRS) is a CDC-funded system in 32 states that links data from death certificates, medical examiner files, and police reports to provide a more complete picture of the circumstances surrounding violent deaths. MAVDRS operates within the Injury Surveillance Program (ISP) at the MA Department of Public Health (DPH). MAVDRS captures all violent deaths (homicides, suicides, deaths of undetermined intent, and all firearm deaths) occurring in MA and has been collecting data since 2003. Data reported are for calendar year and were analyzed by ICD-10 code and is used to establish the final database for all cases meeting the NVDRS case definition.

RATES

Rates were not calculated for counts less than six and are considered unstable for counts less than 20. Rates for other/mixed race were not calculated due to lack of denominator information.

National Center for Health Statistics. Vintage 2013 postcensal estimates of the resident population of the United States (April 1, 2010, July 1, 2010-July 1, 2013), by year, county, single-year of age (0, 1, 2, ..., 85 years and over), bridged race, Hispanic origin, and sex. Prepared under a collaborative arrangement with the U.S. Census Bureau. Available from:

http://www.cdc.gov/nchs/nvss/bridged_race.htm as of June 26, 2014, following release by the U.S. Census Bureau of the unabridged Vintage 2013 postcensal estimates by 5-year age group on June 26, 2014.

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013; Source: U.S. Census Bureau, Population Division Release Dates: For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2013. For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, March 2014. For Cities and Towns (Incorporated Places and Minor Civil Divisions), May 2014. Release Date: May 2014

U.S. injury rates and U.S. population were accessed from Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) available from:

<http://www.cdc.gov/injury/wisqars/index.html>

LOCATION WHERE FATAL INJURIES OCCUR

MAVDRS collects detailed information regarding the location of where the fatal injury occurred: the place (such as home, street, etc), the street address, city, county, and state. MAVDRS also collects data on place of death (such as emergency room, home, etc) but not the city where the actual death occurred. For purposes of this report, all tables, figures, and bullets that mentions any location refers to the location where the fatal injury occurred.

MAVDRS

MASSACHUSETTS VIOLENT DEATH REPORTING SYSTEM

Injury Surveillance Program (ISP)

Bureau of Community Health and Prevention (BCHAP)

Massachusetts Department of Public Health (DPH)

250 Washington Street, 4th Floor

Boston, MA 02108

(617) 624 – 5664

For general injury information: (617) 624 – 5648

<http://www.mass.gov/dph/isp>

More information regarding NVDRS and the CDC can be found at:

www.cdc.gov/ViolencePrevention/NVDRS/index.html

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