



DATA BRIEF: VIOLENT DEATHS IN MASSACHUSETTS

Surveillance Update, 2014

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

Fall 2018

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

In 2014, there were 818 violent deaths that occurred in Massachusetts. The majority of these deaths were suicides (74%), followed by homicides (18%), and deaths of undetermined intent (7%). This information was collected by the Massachusetts Violent Death Reporting System (MAVDRS) at the MA Department of Public Health. The data not only identifies the 818 individual violent deaths, but multi-victim incidents as well. These include four homicide-suicide incidents, three double homicide incidents, one double suicide, and one incident with two victims who died of undetermined intent. Other unique characteristics provided by MAVDRS include circumstances surrounding each death or incident, toxicology of the victims, weapons used, and many other pertinent variables. This Surveillance Update of the 2014 violent deaths in Massachusetts provides communities with a clearer understanding of these serious and preventable deaths.

Table 1. Violent Death Number and Age-adjusted Rate in MA and U.S. Age-adjusted Rate, 2014

Intent	MA N	MA Rate/ 100,000 ¹	US Rate/ 100,000 ²
Suicide	608	8.3	12.9
Homicide	147	2.2	5.1
Undetermined ³	58	0.8	1.4
Legal Intervention ⁴	3	--	0.2
Unintentional Firearm	2	--	0.1
Total	818	11.4	19.8

¹Rates are not calculated on numbers less than six and are considered unstable for counts less than 20. Rates are age-adjusted on this table only.

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

³Undetermined death is a death resulting from the use of force or power for which the evidence indicating manner of death is no more compelling than the evidence indicating another manner of death.

⁴There were two additional deaths that were identified as legal intervention by abstractor-assigned manner, but were not assigned a legal invention ICD-10 code. These two cases are included in the total number and rate of homicides.

Of the 818 Violent Deaths in MA in 2014:

- 74% were suicides.
- 18% were homicides.
- 7% were deaths of undetermined intent.
- Less than 1% were legal intervention deaths.
- Less than 1% were unintentional firearm deaths.

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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.

VIOLENT DEATHS IN MASSACHUSETTS 2014

OVERVIEW

Table 2: Violent Death Demographics, MA 2014

	N	Percent ¹	Rate per 100,000 ²
Intent			
Suicide	608	74.3	9.0
Homicide	147	18.0	2.2
Undetermined	58	7.1	0.9
Legal Intervention ³	3	0.4	--
Unintentional Firearm	2	0.2	--
Sex			
Male	623	76.2	19.0
Female	195	23.8	5.6
Race/Ethnicity			
White, non-Hispanic	628	76.8	12.4
Black, non-Hispanic	72	8.8	14.7
Asian, non-Hispanic	24	2.9	5.5
Hispanic	69	8.4	9.4
Other/unknown race/ethnicity ⁴	25	3.1	--
Age Group			
0-14	8	1.0	0.7
15-24	123	15.0	13.0
25-34	155	18.9	16.7
35-44	97	11.9	11.6
45-54	193	23.6	19.6
55-64	131	16.0	14.8
65-74	66	8.1	11.7
75-84	25	3.1	8.4
85+	19	2.3	12.1
Unknown	1	0.1	0.7
Total	818	100.0	12.1

- The youngest victim of a violent death was six months old and the oldest victim was 94 years old.
- The mean age of all victims was 44.5 years old and the median age was 46 years old.
- Nine victims of a violent death were known to be homeless.
- Twenty-nine 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.
- There were three deaths that were identified as legal intervention by ICD-10 code (depicted on Table 2). However, there were two additional deaths classified as legal intervention by abstractor- assigned manner.⁵ These two deaths are included in the total number and rate of homicides.

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 Percents may not add up to 100 due to rounding.

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

³ There were three deaths that were identified as legal intervention by ICD-10 code (depicted on table). However, there were two additional deaths classified as legal intervention by abstractor- assigned manner. These two deaths are included in the total number and rate of homicides.

⁴ Rates for other/unknown race/ethnicity were not calculated due to lack of denominator information.

⁵ The "abstractor-assigned" manner is a manner of death that is assigned by the abstractor based on reading the death certificate, medical examiner reports, and law enforcement information about the death, as well as applying the NVDRS definition.

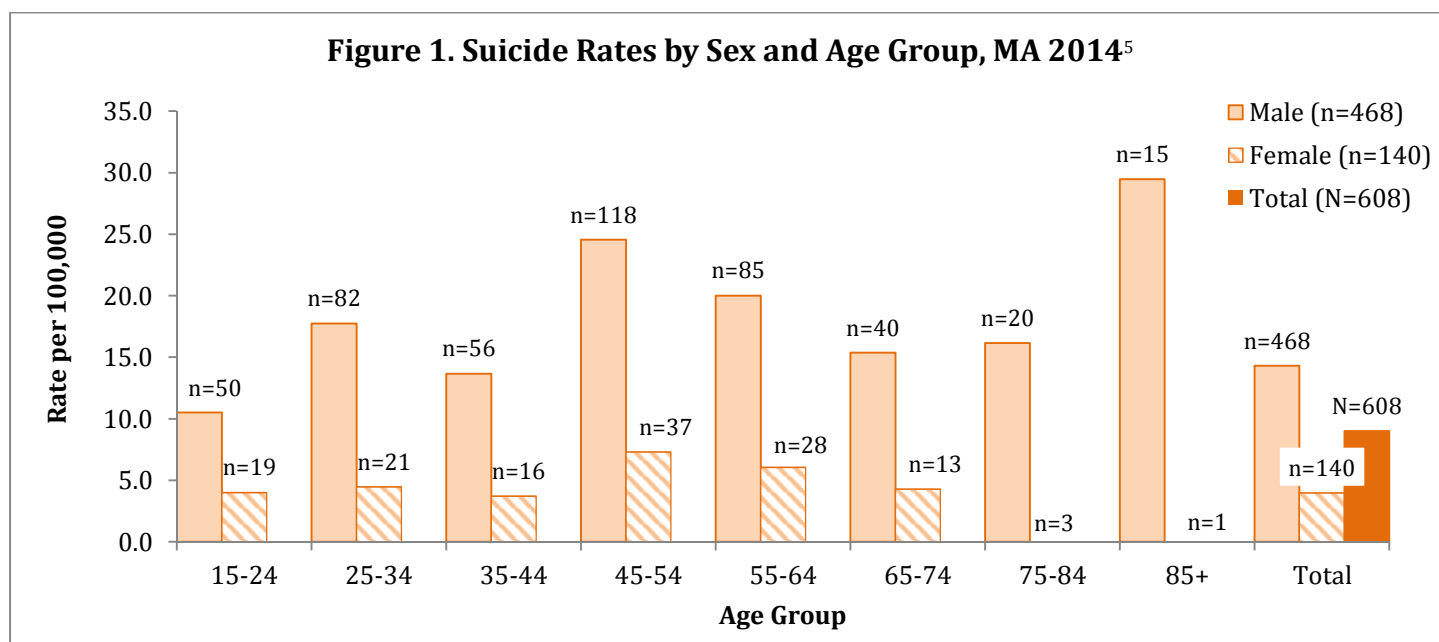
⁶ This Data Brief only includes information where the decedent was a U.S. veteran and the war in which they served was specified on the death certificate.

Table 3: Suicide Demographics, MA 2014

	N	Percent ¹	Rate per 100,000 ²
Sex			
Male	468	77.0	14.3
Female	140	23.0	4.0
Race/Ethnicity			
White, non-Hispanic	538	88.5	10.6
Black, non-Hispanic	15	2.5	3.1
Asian, non-Hispanic	17	2.8	3.9
Hispanic	26	4.3	3.6
Other/unknown race/ethnicity ³	12	2.0	--
Age Group			
0-14	4	0.7	--
15-24	69	11.3	7.3
25-34	103	16.9	11.1
35-44	72	11.8	8.6
45-54	155	25.5	15.7
55-64	113	18.6	12.8
65-74	53	8.7	9.4
75-84	23	3.8	7.8
85+	16	2.6	10.2
Total	608	100.0	9.0

- Male rates of suicides were 3.5 times higher than female rates.
- The youngest victim of suicide was 12 years old and the oldest victim was 94 years old.
- The mean age was 46.9 and the median age was 49 years old.
- Fifty-six percent of suicides were among individuals aged 35 to 64 years old (n=340).
- Fifty-seven war veterans died by suicide. This accounted for 95% of the total violent deaths among war veterans.⁴
- Twenty-three 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.
- Eleven suicide victims were fatally injured at their workplace.

Figure 1. Suicide Rates by Sex and Age Group, MA 2014⁵



¹ Percents may not add up to 100 due to rounding.

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

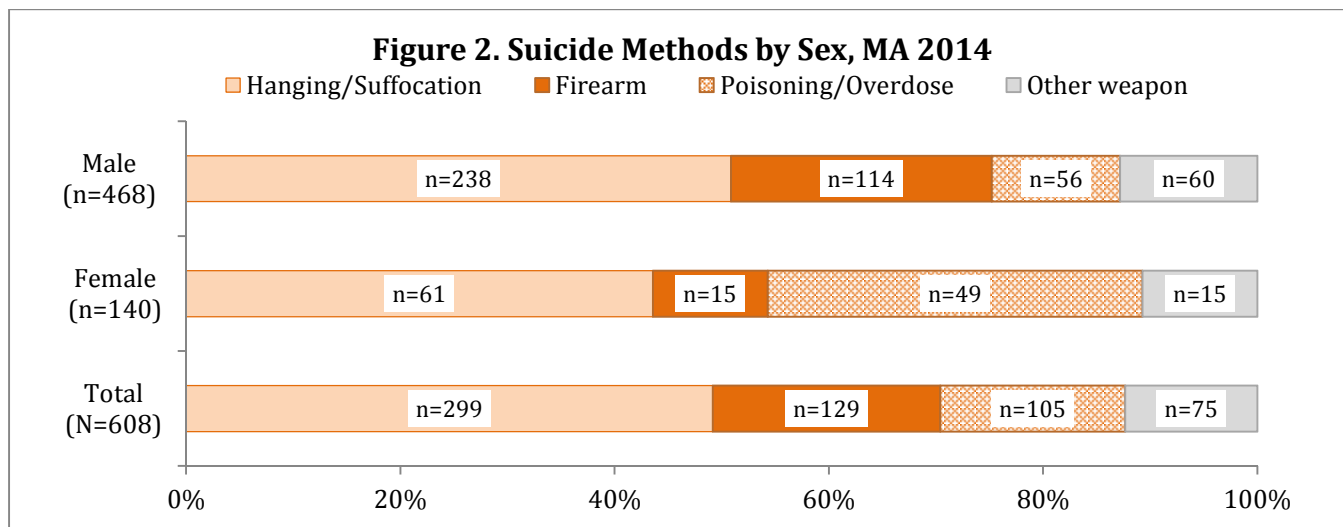
³ Rates for other/unknown race/ethnicity were not calculated due to lack of denominator information.

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.

⁵ The 0-14 age group (n=4) is not depicted in 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 (49%, n=299).
- The second and third leading methods of suicide were firearm (21%, n=129) and poisoning/drug overdoses (17%, n=105).
- Methods of suicide also varied by age group: hanging/suffocation was the most common method through age 64. Firearm was the most common method among those 65 and over.

LOCATIONS WHERE SUICIDES OCCUR

County of Injury

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

Franklin (16.9/100,000, n=12)
Bristol (12.8/100,000, n=71)
Barnstable (12.1/100,000, n=26)

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

Middlesex (n=115, 7.3/100,000)
Bristol (n=71, 12.8/100,000)
Essex (n=68, 8.8/100,000)

City of Injury

The cities (50,000+) with the highest **rates** of suicides were:

Plymouth (18.9/100,000, n=11)
Fall River (16.9/100,000, n=15)
Peabody (15.3/100,000, n=8)

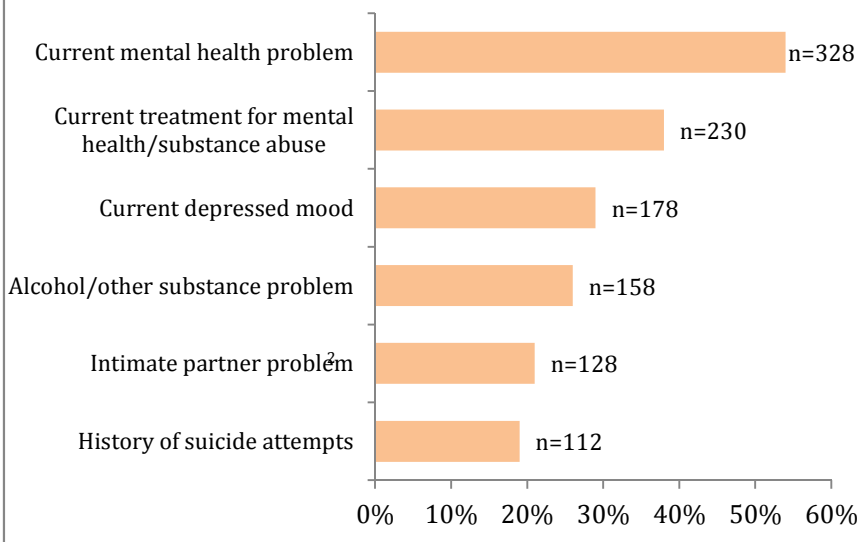
These cities had the highest **numbers** of suicide:

Boston (n=38, 5.8 /100,000)
Fall River (n=15, 16.9/100,000)
Lowell (n=13, 11.8/100,000)

Places Where Suicides Occur

- 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=22) 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 2014¹

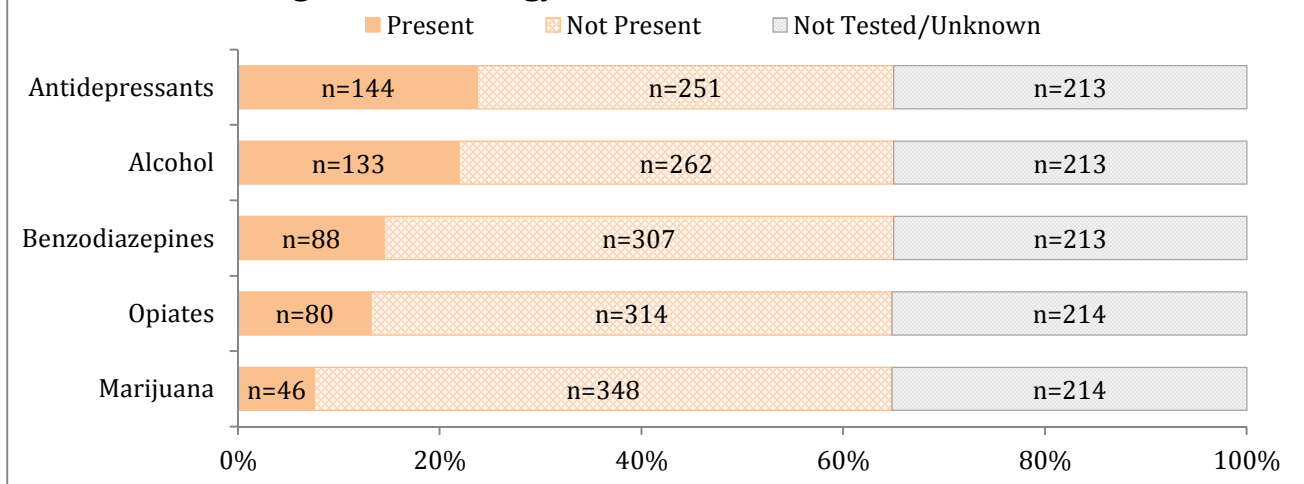


Of the 608 suicides, circumstance information was available for 95% (n=577) of victims. Of these victims:

- 54% were known to have a current mental health problem.
- 38% were currently being treated for a mental health or substance abuse problem.
- A larger percentage of females than males were reported to have the following circumstances: history of suicide attempts, a current mental health problem, treatment for a mental health disorder, or a physical health problem.
- A larger percentage of males than females were reported to have the following circumstances: financial/job problem or an intimate partner problem.²

TOXICOLOGY OF SUICIDE VICTIMS

Figure 4. Toxicology Results of Suicide Victims, MA 2014



Of the 608 suicide victims, approximately 65% (n=396) were tested for alcohol, antidepressants, cocaine, opiates, and/or marijuana; of those tested, 70% (n=277) had positive results for at least one of those substances.

- Of the suicide victims who were tested, 36% tested positive for an antidepressant at the time of their death (n=144).
- Among the suicide victims who had a positive test result for alcohol, 80% had a blood alcohol concentration (BAC) of 0.041 or higher (n=107). Seventy-eight (n=83) percent of those victims had a BAC of 0.08.³

¹ Circumstances are not mutually exclusive and will not add up to 100%.

² Intimate partner problem refers to problems with a current or former intimate partners which appear to have contributed to the suicide such as a divorce, break-up, argument, jealousy, violence in the relationship, etc.

³ 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

Table 4. Homicide Demographics, MA 2014

	N	Percent ¹	Rate/ 100,000 ²
Sex			
Male	121	82.3	3.7
Female	26	17.7	0.7
Race/Ethnicity			
White, non-Hispanic	38	25.9	0.7
Black, non-Hispanic	53	36.1	10.9
Asian, non-Hispanic	5	3.4	--
Hispanic	40	27.2	5.5
Other/unknown race/ethnicity ³	11	7.5	--
Age Group			
0-14	4	2.7	--
15-24	46	31.3	4.8
25-34	43	29.3	4.6
35-44	18	12.2	2.1
45-54	21	14.3	2.1
55-64	4	2.7	--
65-74	7	4.8	1.2
75-84	2	1.4	--
85+	1	0.7	--
Unknown	1	0.7	--
Total	147	100.0	2.2

- The male rate of homicide was 5.3 times higher than the female homicide rate.
- The youngest victim of a homicide was six months old and the oldest victim was 88 years old.
- The mean age was 33.4 and the median age was 29 years old for homicide victims.
- There were three war veterans who were victims of homicide.⁴
- Three 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.
- Black, non-Hispanics accounted for 36% of homicide victims (n=53) although they make up only 7% of the Massachusetts population.
- Hispanics accounted for approximately 27% of homicide victims (n=40) although they make up only 11% of the Massachusetts population.

Table 5. Homicide Victims by Race/Ethnicity and Sex, MA 2014

	Male			Female		
	N	Percent ¹	Rate per 100,000 ²	N	Percent ¹	Rate per 100,000 ²
White, non-Hispanic	28	23.1	1.1	10	38.5	0.4
Black, non-Hispanic	47	38.8	19.8	6	23.1	2.4
Asian, non-Hispanic	2	1.7	--	3	11.5	--
Hispanic	34	28.1	9.4	6	23.1	1.6
Other/unknown race/ethnicity ³	10	8.3	--	1	3.9	--
Total	121	100.0	3.7	26	100.0	0.7

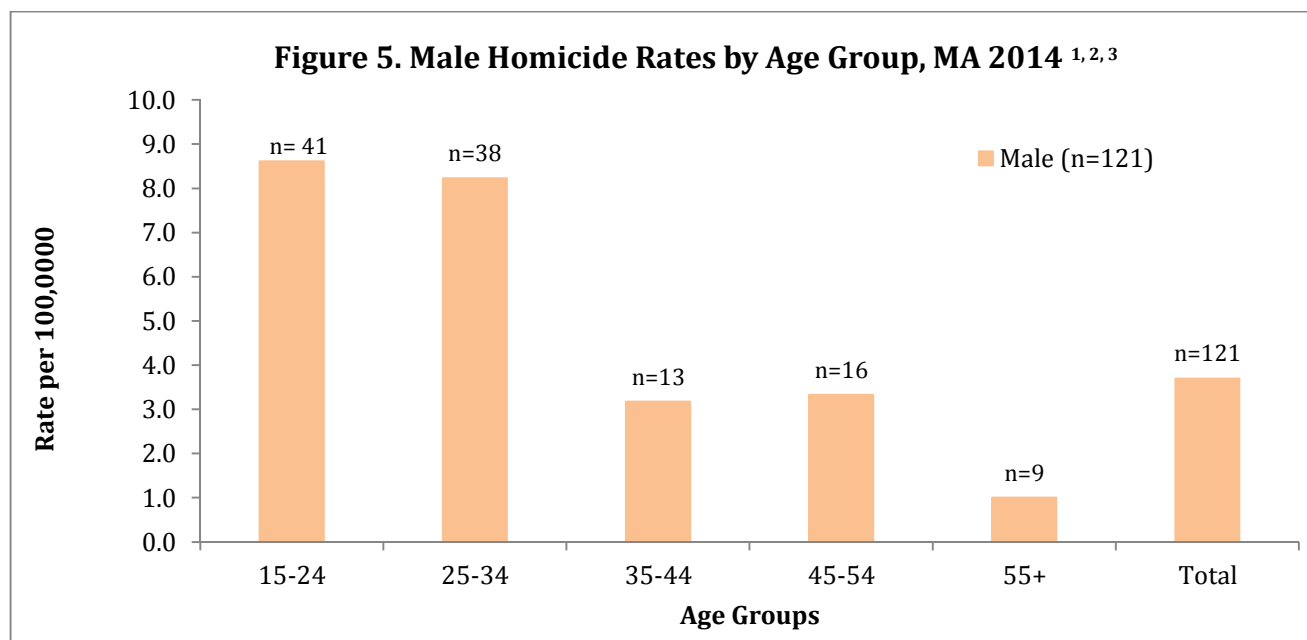
- Black, non-Hispanics had the **highest** homicide victimization rate among males (19.8/100,000).
- White, non-Hispanics had the **lowest** homicide victimization rate for both males and females (1.1/100,000 and 0.4/100,000, respectively).

¹ Percents may not add up to 100 due to rounding.

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

³ Rates for other/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.



- The highest homicide rates for both sexes combined was among 15-24 year olds (4.8/100,000, n=46) and 25-34 year olds (4.6/100,000, n=43). The rate for both these age groups was **twice** the overall statewide rate of 2.2/100,000.
- The highest **male** homicide rates by age group were among 15-24 year olds (8.6/100,00, n=41) and 25-34 year olds (8.2/100,00, n=38). The rates for both these age groups was over **twice** the male statewide rate of 3.7/100,000 and over **three and a half times higher** than the overall statewide rate of 2.2/100,000.
- Female homicide rates (not depicted on Figure 5) were only able to be calculated for all ages combined, which was 0.7/100,000, n=26.

BIRTH COUNTRY OF HOMICIDE VICTIMS

- 81% of victims were born in the U.S.
- 60% of victims were born in Massachusetts.
- 12% of victims were born in Mexico, Central America, South America, or the Caribbean.
- 8% of victims were born in other countries including Cape Verde, India, Italy, Liberia, and Vietnam.

Table 6. Birth Country of Homicide Victims, MA 2014		
Victim's country of birth	N	Percent ⁴
U.S. States and Territories	119	81%
Mexico, Central America, South America, and the Caribbean	17	12%
Other countries/unknown	11	8%

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

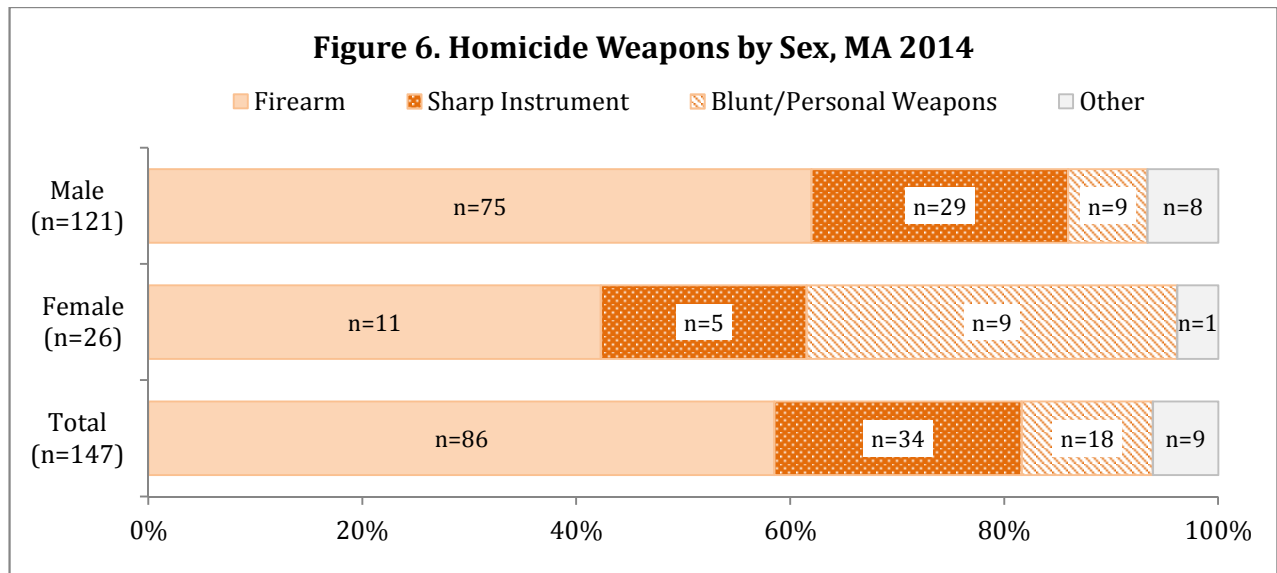
² The 0-14 age group (n=4) is not depicted in Figure 5, but is included in the total number and rate. Ages 55 and over were combined due to low numbers.

³ There was one homicide victim whose age was unknown; this number is included in the total number and rate.

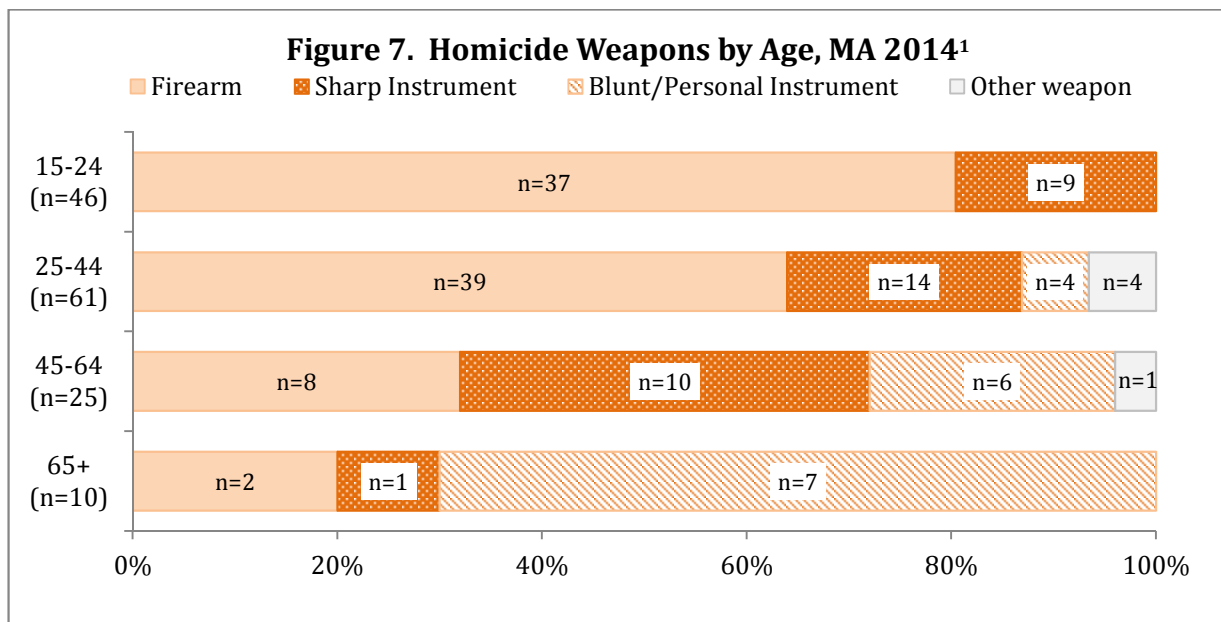
⁴ Percents may not add up to 100 due to rounding.

HOMICIDES

WEAPONS USED IN HOMICIDES



- Across the state, firearms were the most commonly used weapon in homicides (59%, n=86).
- Of those firearm deaths, most (84%, n=72) had information regarding the type of firearm. Handguns (which include semi-automatic pistols and revolvers) were the most prevalent type of firearm used (96%, n=69).
- Other weapons include hanging/strangulation/suffocation, motor vehicles, poisoning, fall, and unknown weapons.



- A majority of the homicide victims in the 15-24 age group (80%) and 25-44 age group (64%) were killed by a firearm.

¹ There were four homicides in the 0-14 age range and one homicide victim whose age is unknown, which are not depicted on Figure 7, but are included in the total number.

HOMICIDES

WHERE HOMICIDES OCCUR

Table 7: Homicides by County of Injury, MA 2014

County	N	Percent ¹	Rate/ 100,000 ²
Barnstable	2	1.4	--
Berkshire	0	0.0	0.0
Bristol	7	4.9	1.3
Dukes	0	0.0	0.0
Essex	14	9.8	1.8
Franklin	0	0.0	0.0
Hampden	17	11.9	3.6
Hampshire	0	0.0	0.0
Middlesex	16	11.2	1.0
Nantucket	0	0.0	0.0
Norfolk	2	1.4	--
Plymouth	14	9.8	2.8
Suffolk	61	42.7	8.0
Worcester	9	6.3	1.1
Unknown County	1	0.7	--
Total MA	143	100.0	2.1
Out of State	2	--	--
Unknown State	2	--	--
Total	147	--	--

- Accounting for 43% of homicides, Suffolk County had the highest number (n=61) as well as the highest rate (8.0/100,000). This rate is **3.6 times higher** than the state rate of 2.2/100,000.
- Two counties' rates were higher than the state rate: Suffolk and Hampden.
- The cities with the highest rates of homicide were Brockton (11.6/100,000, n=11), Springfield (9.1/100,000, n=14), and Boston (8.4/100,000, n=55).
- The majority of homicides (44%, n=65) occurred in a place of residence.
- Thirty-one percent (n=46) occurred on a street/road, sidewalk, or alley.

HOMICIDE CIRCUMSTANCES

Table 8: Known Circumstances associated with Homicide Victims, MA 2014

Total Number of Homicides	147	
Number of Homicides with Circumstance Information	120	
Circumstances	N	Percent³
Precipitated by another crime	35	23.8
<i>Precipitated crime was in progress at time of homicide</i>	23	
Argument/conflict	32	21.8
Gang-related	20	13.6
Drug-related ⁴	19	12.9
Intimate partner violence-related	17	11.6

Of the homicide victims, at least one circumstance was known for 82% of victims (n=120).

- Twenty-two percent of homicides were precipitated by an argument/conflict.
- Twenty-four percent were precipitated by another crime. These crimes include:
 - robbery/burglary (n=14)
 - drug trade (n=14)⁴
 - other (n=7)
- The most frequently noted circumstance for **males** was precipitated by another crime (25%, n=30).
- The most frequently noted circumstance for **females** was intimate partner violence-related (38%, n=10).

¹ Percents may not add up to 100 due to rounding.

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

³ Circumstances are not mutually exclusive and will not add up to 100%.

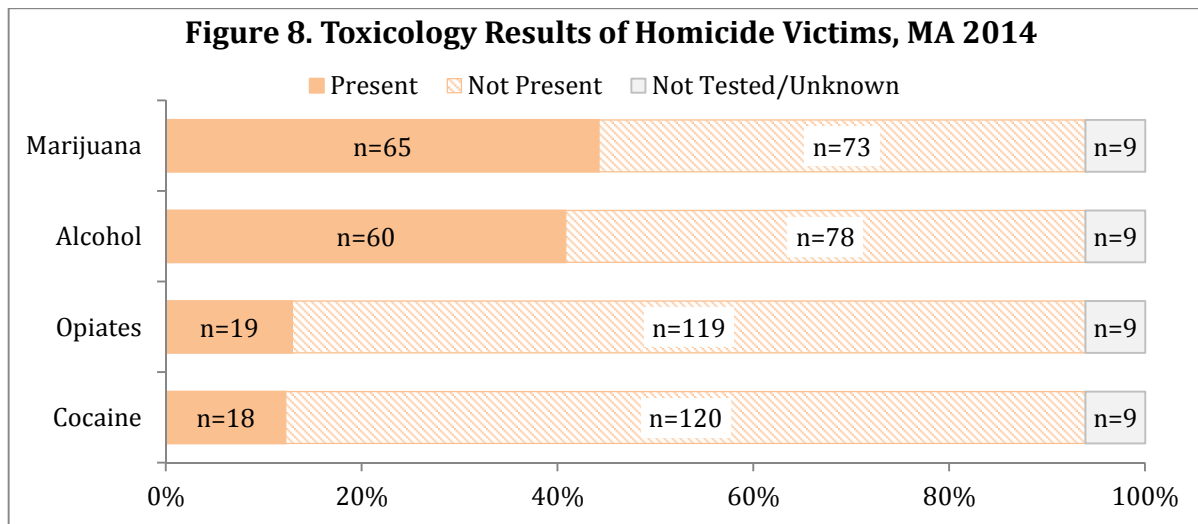
⁴ **Drug trade** specifically refers to the buying, selling, or passing of drugs from person to another in exchange for goods or money. **Drug-related** homicides include all drug trade homicides, in addition to homicides that have a drug element to it, e.g. a person committing robbery to obtain money for drugs, arguments over drugs, etc.

HOMICIDES

VICTIM-SUSPECT RELATIONSHIP IN HOMICIDE INCIDENTS

- Among homicide victims, there were 106 homicide victims with suspect information available such as suspect demographics. Of these victims, 80% (n=85) involved one suspect and 20% (n=21) involved multiple suspects.
- There were 78 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:
 - 15% (n=12) were a current or former intimate partner.
 - 14% (n=11) were a family member or a caregiver of the victim (including the boyfriend of a child's mother but is not the father of the child).
 - 60% (n=47) were someone else known to the victim.

TOXICOLOGY OF HOMICIDE VICTIMS



- Among the 147 homicide victims, approximately 94% of victims (n=138) were tested for marijuana, opiates, cocaine, and/or alcohol (blood alcohol concentration- BAC).
- Forty-seven percent (n=65) of homicide victims had marijuana in their system at their time of death, 43% (n=60) tested positive for alcohol, 14% (n=19) tested positive for opiates, and 13% of homicide victims (n=18) tested positive for cocaine.
- Among the homicide victims who tested positive for alcohol, 70% had a BAC of 0.041 or higher.¹
- Fifty-eight percent of homicide victims who were positive for alcohol had a BAC result of 0.08 or over (n=35). Of those, the majority of victims (57%) 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

Table 9: Deaths of Undetermined Intent Demographics, MA 2014

	N	Percent ¹	Rate/ 100,000 ²
Sex			
Male	29	50.0	0.9
Female	29	50.0	0.8
Race/Ethnicity			
White, non-Hispanic	49	84.5	1.0
Black, non-Hispanic	3	5.2	--
Asian, non-Hispanic	2	3.4	--
Hispanic	2	3.4	--
Other/unknown race/ethnicity ³	2	3.4	--
Age Group			
0-14	0	0.0	0.0
15-24	8	13.8	0.8
25-34	6	10.3	0.6
35-44	6	10.3	0.7
45-54	17	29.3	1.7
55-64	14	24.1	1.6
65-74	5	8.6	--
75-84	0	0.0	0.0
85+	2	3.4	--
Total	58	100.0	0.9

- The youngest undetermined intent victim was 17 years old and the oldest victim was 88 years old.
- The mean age was 47.9 years old and the median age was 49 years old.
- Approximately 74% (n=43) victims were between the ages of 25-64 years old.

WEAPON TYPES OF UNDETERMINED INTENT DEATH VICTIMS

- Poisonings (drug overdoses) accounted for the most (53%) deaths of undetermined intent across the state (n=31). It was the leading weapon type for both males (45%, n=13) and females (62%, n=18).
- Other weapons for undetermined intent deaths include blunt instrument (21%, n=8) and drowning (16%, n=8). Fall, fire/burn, hanging/suffocation/strangulation, motor vehicle, and other transport vehicles were also weapons involved in deaths of undetermined intent.

TOXICOLOGY OF UNDETERMINED INTENT DEATH VICTIMS

- Of the 58 undetermined intent victims, 90% (n=52) were tested for alcohol, cocaine, opiates, marijuana, and/or antidepressants.
- Approximately 42% of victims had positive test results for alcohol (n=22), 42% for opiates (n=22), 40% for antidepressants (n=21), and 29% for benzodiazepines (n=15).
- Of the victims who tested positive for alcohol, 77% had a BAC of 0.041 or higher (n=17).⁴

¹ Percents may not add up to 100 due to rounding.

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

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

⁴ 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.

MAVDRS METHODOLOGY

The National Violent Death Reporting System (NVDRS) is a CDC-funded system in 40 states, the District of Columbia, and Puerto Rico 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/unknown race were not calculated due to lack of denominator information. In calculating rates for race, Hispanic origin, sex, age group, and county, 2014 population estimates were used from the National Center for Health Statistics vintage 2014 postcensal estimates of the resident population of the United States (April 1, 2010, July 1, 2010-July 1, 2014), 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.html as of June 8, 2015, following release by the U.S. Census Bureau of the unbridged Vintage 2014 postcensal estimates by 5-year age group on June 8, 2015.

City/town rates are calculated using Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014 U.S. Census Bureau, Population Division, Release Dates: For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2014. For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, March 2015. For Cities and Towns (Incorporated Places and Minor Civil Divisions), May 2015.

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmm>

Rate for educational attainment and marital status were calculated using the American Community Survey:

https://factfinder.census.gov/bkmm/table/1.0/en/ACS/14_5YR/B15002/0100000US|0400000US25

https://factfinder.census.gov/bkmm/table/1.0/en/ACS/14_5YR/B12001/0100000US|0400000US25

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>

LOCATIONS WHERE FATAL INJURIES OCCUR

MAVDRS collects detailed information regarding the location of where the fatal injury occurred: the place (such as home, street, etc), 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

<https://www.mass.gov/injury-surveillance-program>

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

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