

Conclusion State MWLs are not associated with an increased risk of fatal occupational injuries. Concerns that raising the minimum wage will cause employers to cut back on workplace safety measures may be unfounded. Further research is needed to determine if the non-significance of the results is caused by a lack of statistical power.

Significance and Contributions to Injury and Violence Prevention Science This work builds on previous literature calling low wages an occupational health hazard. It can inform discussions on whether social policy can be used to help protect workers from injuries.

Violence research and prevention in healthcare settings

90 THE INCIDENCE AND RISK FACTORS OF CHILD MALTREATMENT-RELATED INJURIES RESULTING IN HOSPITALIZATIONS: A POPULATION-BASED STUDY

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Statement of Purpose Child maltreatment has lifelong impacts on health and well-being, which can result in serious injuries and death. The objective of this study was to identify the incidence and risk factors of child maltreatment-related injuries resulting in hospitalizations for children under three for the population of Washington State.

Methods/Approach A prospective cohort study utilizing retrospective linked administrative data for all children born in Washington State between 1999 and 2013 (N=1,271,419). The data set comprised of linked birth discharge and hospitalization records for the entire state. Child maltreatment-related hospitalizations were identified using ICD-9 codes, both specifically attributed to and suggestive of maltreatment. Incidence rates were calculated for the overall population, by year, sex, maltreatment type, and child age. Risk and protective factors were identified using hierarchical linear modeling to test community-level poverty/disadvantage simultaneously with sociodemographic variables from the birth record.

Results A total of 4,078 hospitalizations related to child maltreatment were identified for an incidence rate of 3.21 per 1,000 births. More than half of all hospitalizations were related to neglect. Children whose mother resided in a census tract with high concentrated disadvantage at the time of the child's birth experienced child maltreatment-related hospitalizations at 1.2 times the rate of children who did not reside in high concentrated disadvantage census tracts.

Conclusions Hospitalizations can be a useful source of population-based child maltreatment surveillance.

These population-based data suggest that the community context, in addition to individual-level factors, contributes to the risk of a child being hospitalized for child maltreatment-related reasons.

Significance and Contributions to Injury and Prevention Science The identification of neglect-related hospitalizations as the most common sub-type, and likely the result of supervisory

neglect, are important findings for the development and implementation of prevention programming.

Domestic and sexual violence

91 TECHNOLOGY-DELIVERED INTIMATE PARTNER VIOLENCE PERPETRATION AND VICTIMIZATION: PREVALENCE AND ASSOCIATIONS AMONG A NATIONALLY-REPRESENTATIVE SAMPLE OF YOUNG MEN

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Statement of Purpose Determine prevalence and associations of technology-delivered intimate partner violence (IPV) among a nationally-representative sample of young men, using IPV groups of perpetration only, both perpetration and victimization, and victimization only.

Methods/Approach 1,052 men age 18–35 years in nationally-representative sample completed surveys in September 2014. Validated measures examined demographics, health service use, mental health and substance use, and technology-delivered IPV (insulted partner, sent threatening messages, asked partner where they were at, checked partner's phone without permission, accessed partner's account without permission) perpetration and victimization. We conducted survey-weighted descriptive statistics and multinomial logistic regression.

Results Among men (mean age 26.5, 42.4% non-White), prevalence of technology-delivered IPV perpetration only was 4.1%, both perpetration and victimization was 25.6%, and victimization only was 8.0%. Technology-delivered IPV perpetration only was associated with prescription pain medication non-medical use (AOR 2.67, 95% CI 1.40–5.09); both perpetration and victimization was correlated with mental healthcare visits (AOR 1.89, 95% C.I. 1.18–3.05), alcohol misuse (AOR 1.11, 95% CI 1.05–1.17), and illicit drug use (AOR 1.48, 95% CI 1.00–2.19); and victimization only was associated with regular doctor for care (AOR 0.45, 95% C.I. 0.22–0.91), marijuana use (AOR 0.79, 95% C.I. 0.63–1.00), and prescription pain medication non-medical use (AOR 2.19, 95% CI 1.10–4.36).

Conclusions In the U.S. among young men, technology-delivered IPV was reported by 1 in 25 for perpetration only, 1 in 4 for both perpetration and victimization, and 1 in 12 for victimization only. Health service use, alcohol and substance use, and prescription opiate misuse correlates were similar for both perpetration and victimization, and victimization only groups.

Significance and Contributions to Injury and Violence Prevention Science Healthcare providers in primary care and mental health can consider clinical assessment of young men for technology-delivered IPV perpetration, victimization, or both, along with associated mental health and substance use.