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

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

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 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 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 Violence 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.