



172 Work-Related Assaults and Homicides, New York State (NYS), 2012-2014

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Eagle, Boise Centre

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BACKGROUND: Workplace violence is a significant cause of occupational fatalities and injuries. Nationwide, homicide is currently the fourth-leading cause of fatal occupational injuries and non-fatal workplace assaults accounted for approximately 6% of all non-fatal occupational injuries in 2014. The effects of workplace violence may include psychological issues, physical injury or death.

METHODS: Emergency discharge (ED) and hospital discharge (HD) data among those 16 years or older with external cause of injury codes E960-E969 were obtained from the New York State (NYS) Department of Health. Discharges were considered work-related if the primary payer was Workers Compensation or if they included codes suggesting a work location (E000.0, E000.1, E800-E807, E830-E838, E840-E845, E846, E849.1, E849.2, E849.3). Data on work-related homicides were obtained from the Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries (CFOI). Mechanisms and rates of assault and homicides were evaluated. Subgroup analyses evaluated risks by gender, age, race/ethnicity and occupation. The

impact of poverty (defined as 20% or more of the population living at or below the federal poverty level) on nonfatal work-related assault risk was also evaluated.

RESULTS: There were 10,502 nonfatal work-related assaults treated at a hospital and 66 work-related homicides between 2012 and 2014. Among all age groups, struck by/against was the leading mechanism of nonfatal workplace assault, followed by unspecified mechanism and firearms. Overall, the leading mechanism of workplace homicide was shooting by other person, followed by stabbing/cutting. Men 25-44 years old are at a greater risk for nonfatal work-related assault while men 65+ are at greater risk for workplace homicide. Black non-Hispanics had the greatest risk of nonfatal workplace assault and workplace homicide. Living in high poverty area was also associated with greater risk of work-related assault hospitalization and ED visits. When living in poverty is stratified by race and ethnicity, Hispanics had the greatest risk of nonfatal occupational assault.

CONCLUSIONS: Work-related homicide and assault is a prevalent problem in NYS and the disparities in risk emphasize the continued need to make NYS safer for all of its diverse workers. The surveillance of work related assault in NYS is part of a public health approach that will allow for informing policies and developing priorities to prevent workplace assault-related morbidity and mortality.

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