

Indianapolis Metropolitan Police Department (IMPD) and linked to INPC using individual identifiers and deterministic and probabilistic linkage. Assault victims were identified based on ICD 9/10 diagnoses and police report title (Aggravated Assault-Gun, Armed Robbery). Keywords (gunshot, person shot, etc.) were searched in both INPC and IMPD text fields. Descriptive statistics of sociodemographic characteristics were calculated for all firearm assault victims. The overlap and non-overlap within the clinical and police data systems are described and multivariable analyses conducted.

**Results** The majority of firearm victims in both police and clinical systems were of minority race (84%) and male (89%). Results indicate that of the 1,469 firearm assaults identified in police data, 1,250 (85%) had an ED encounter within 24 hours. Of those 1,250 encounters, 1,076 (86%) included a diagnosis code indicating a gunshot wound mechanism, however, only 417 (33%) of these were coded as an assault-related diagnosis code.

**Conclusions** These findings indicate the need to use and link both police and clinical data to better identify firearm assault victims. These linked data allow us to measure a broader set of correlates among firearm assault victims.

**Significance and Contributions to Injury and Violence Prevention Science** This study links police and clinical data at the individual level and gives us an unprecedented ability to identify and describe characteristics of firearm assault victims in the police and clinical systems.

## Community and youth violence

### 78 FACTORS ASSOCIATED WITH SUCCESSFUL MENTOR MATCHING IN AN INTERVENTION STUDY OF YOUTH VIOLENCE

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**Statement of purpose** One challenge of conducting intervention studies is ensuring that study participants complete the intervention. For instance, in our randomized controlled trial of Take Charge!, an emergency department-based, mentor-implemented and research-informed violence prevention program that partners with one-on-one community-based mentoring agencies, only 50% of intervention youth were successfully matched with a mentor. Understanding differences between those who complete the intervention and those who do not can further inform the implementation of future studies.

**Methods/approach** Between June 2014-June 2016, we recruited 188 assault-injured youth aged 10–15 years from two urban pediatric emergency departments (Baltimore, MD; Philadelphia, PA). Participants were randomized to receive an intervention that included referral to Big Brothers Big Sisters for pairing with a mentor (n=98) or a comparison group that received usual care (n=90). Of the intervention group, 49 (50.0%) youth were successfully matched with a mentor. Using descriptive statistics, t-tests and chi-square analysis, we compared matched and unmatched youth with regard to demographics, time from injury to study enrollment, perceived seriousness of injury, willingness to change, risk behaviors, and a measure of household chaos.

**Results** Youth who were successfully matched with a mentor were more likely to perceive the injury as very serious or somewhat serious compared with unmatched youth (95.9% vs. 79.6%,  $p=0.028$ ). All other factors were not significantly associated with successful mentor matching.

**Conclusions** Youth perception of seriousness of injury was associated with successful mentor matching in our study population. This may be related to the youth's motivating factors for prevention of future injury.

**Significance and contributions to injury and violence prevention science** Ensuring that study participants complete an intervention can be challenging. Future violence prevention interventions should consider youth perceptions of injury severity or life threat as part of the motivation to complete desired interventions.

## Health disparities and violence

### 80 'HE'S NOT HELPING US, SO WE ARE NOT HELPING HIM': THE POLICE AS GATEKEEPERS TO VICTIM SERVICES FOR VICTIMS OF STREET VIOLENCE

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**Objective** The dynamics surrounding gunshot victimizations in urban areas may not embody the typical 'good' victim/'bad' offender dichotomy that has been the narrative in the fields of victimology and criminal justice. The characteristics of the incident may be different, as urban gun violence often includes offenders and victims who are acquainted with each other and involve victims who may have precipitated the crime incident. Given these differing dynamics, it becomes important to better understand how the victim-first responder interaction might influence the help-seeking behavior of victims of nonfatal shootings, as first responders are considered the gatekeepers to victim support services.

**Method** Perceptions of victim treatment by police first responders were examined through semi-structured interviews and surveys with 14 male and female victims of urban gun violence. Qualitative analyses were used to document themes describing victim sentiments toward the police response and how characteristics of the interaction and/or perceptions of the treatment victims received might be associated with the pursuit of and access to victim services.

**Results** Although three very different themes emerged that captured the variation in perceptions by the victims of the police response, the majority of victims reported that they believed police held either general prejudices or specific biases directed at the victim, with many victims indicating they believed police purposely withheld information on victim services.

**Conclusion** Study findings that victims view the police-victim interaction as being rife with biases that limit access to victim services information suggest that police agencies could benefit from implicit bias training and reviews of victim rights policies and practices to help increase access to social, legal and support services for victims of nonfatal shootings.