video won an award at Awareness Film Festival and has been used for service organization and student trainings since.

**Conclusion** This work highlights the value of creative research strategies in exploring the healing journeys of survivors of sexual violence. This work also reveals the importance of research dissemination and how sharing survivor stories can build community and feelings of universality knowing that individuals are not alone in their experiences.

**Significance** This methodology will be tested as a potential intervention in the upcoming year and this event will be replicated in the Philadelphia community to further explore what sexual violence healing looks like within university institutions and their surrounding communities. This gives voice to those who do not have the privilege or desire to share their stories publicly themselves, but want to contribute to a larger group narrative to educate and advocate for survivors of sexual violence.

**Epidemiology of substance abuse and overdose**

**A MIXED METHODS COMPARISON OF A NATIONAL VS. STATE OPIOID OVERDOSE SURVEILLANCE DEFINITION**

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10.1136/injuryprev-2020-savir.69

**Statement of Purpose** In 2018, federal opioid epidemic funding doubled to $7.4 billion. National case definitions have been created to expand state-level surveillance efforts; we analyzed a CDC surveillance definition (Opioid V.1) to determine whether or not a state definition (NC DETECT) should be expanded to include additional ICD-10-CM codes and/or chief complaint keywords.

**Methods/Approach** Two clinically-trained independent reviewers retrospectively reviewed North Carolina (NC) ED visits to identify false positives generated by components of the Opioid V.1 definition not currently included in the NC DETECT definition. False positives were defined as any visit where available evidence, including triage notes and disposition diagnosis codes, supported an alternative explanation for patient presentation that reviewers deemed more likely than an opioid overdose. Following individual assessment, reviewers met to reconcile disagreements.

**Results** From 1/01/2018–7/31/2018, 2,296 ED visits were identified by Opioid V.1 but not NC DETECT criteria. Reviewers initially disagreed on 312 observations (13.6%); reconciliation led to 100% agreement. False positive rates ranged from 2.6%-41.4% for codes/keywords uniquely identifying at least 10 visits. Based on uniquely identifying 10+ visits and a false positive rate ≤10.0%, 4 of 16 (25.0%) ICD-10-CM codes evaluated were identified for NC DETECT definition inclusion. Only 2 of 25 (8%) keywords evaluated, ‘OD’ and ‘overdose’, met inclusion criteria.

**Conclusions** A detailed comparison of the CDC Opioid V.1 and NC DETECT opioid overdose case definitions showed significant variability in accuracy of keywords/diagnosis codes used in the federal surveillance definition.

**Mental health consequences of violence**

**VARIABLE TRAJECTORIES OF POSTTRAUMATIC STRESS SYMPTOMS AMONG VIOLENTLY INJURED YOUTH**

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**Statement of Purpose** It is common for posttraumatic stress symptoms (PTSS) to decline after a traumatic event; symptom distribution to areas most in need. Findings from this analysis show the importance of this type of investigation and may prove helpful for further state or national evaluations.