

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

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

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**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  $\leq 10.0\%$ , 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.

**Significance and Contributions to Injury and Violence Prevention Science** The human and financial toll of the opioid epidemic produces an urgent need to ensure appropriate resource

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.

## Motor vehicle injuries and policy

### 174 THE ENFORCEMENT OF TEXTING WHILE DRIVING LAWS: A NATIONAL SURVEY OF POLICE

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**Statement of Purpose** While virtually all states have passed testing while driving (TWD) legislation, there is evidence that these laws may be difficult for police to enforce. Thus, a national survey of police was conducted to determine if barriers to cellphone law enforcement exist.

**Methods/Approach** A web-based survey was developed using Qualtrics software. The survey was assessed for content validity, pilot-tested, and verified for test-retest reliability prior to its release. Police departments from all 50 states were randomly selected and sent an electronic link to the survey via the department’s email or social media pages beginning in mid-November 2019. Frequencies and percentages of responses were assessed.

**Results** Despite its recent release, several officers (N=27) from numerous states (N=9) have responded. Among respondents, 85% (N=23) claimed that TWD is a serious threat to road user safety. Several officers (44%) report that they issue citations for TWD less than they issue speeding tickets. Nearly 48% reported that TWD citations are difficult to adjudicate (N=13). The largest barriers to enforcement are: narrowly focused laws (56%), laws which permit drivers to engage in some behaviors but not others (85%; e.g. driver is not permitted to text, but allowed to dial a phone number). Many officers (70%) felt drivers do not understand current distracted driving laws. The officers felt that making laws applicable to all licensed drivers (96%), a primary offense (93%), eliminating legal loop holes which permit some behaviors but not others (85%), and making one general law that eliminates any type of hand-held cell phone use could improve TWD enforcement (89%).

**Conclusions** Numerous barriers to TWD enforcement exist among police. Current legislation could be improved to facilitate enforcement.

**Significance and Contribution to Injury and Prevention Science** These findings may help direct future policy or interventional efforts to mitigate TWD.

## Mental health consequences of violence

### 175 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

persistence can herald the development of PTSD. Understanding factors related to the PTSS trajectory for violently injured youth may provide novel opportunities for early intervention. We describe the change in PTSS over the first few weeks following a violence-related injury, and explore characteristics associated with these changes.

**Methods** At two time points following interpersonal assault (T0 and T1), violently injured youth ages 8–18 completed either a self- or telephone-administered survey that included demographics and the Child PTSD Symptom Scale-5, CPSS. We summarized changes in CPSS scores between T0 and T1, and examined bivariate associations between demographics and PTSS change.

**Results** We assessed 75 youth seen in the ED for a violent injury soon after the event and again within 2 months of the ED visit. Mean participant age was  $14 \pm 2$  years, 51% were female, 92% African-American. Youth completed the initial CPSS (T0) an average of 6(+6) days after ED visit and youth completed the follow-up CPSS (T1) an average of 15(+11) days after T0. Median CPSS scores were 22 at T0 and 18 at T1 (NS), with half of youth reporting a higher PTSS score (median change=+7) and half either unchanged or lower (median change=-8) at T1. Age or gender, did not differ between youth whose PTSS worsened and those who improved.

**Conclusions** Youth who experience violent injury exhibit moderate levels of PTSS; whether these improve or worsen in the weeks following injury is not associated with age or gender.

**Significance and Contributions to Injury and Violence Prevention** A large proportion of violently injured youth report worsening PTSS over time suggesting a need for early intervention. Future efforts are needed to identify youth at greatest risk for escalation of PTSS.

## Sports injury

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### SOURCE OF SOCIAL SUPPORT AND POST-INJURY DEPRESSION AND ANXIETY AMONG COLLEGE STUDENT-ATHLETES

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**Purpose** To examine the effects of different sources of social support (team vs. family/friends) during recovery from injury on post-injury depression and anxiety symptoms among college student-athletes.

**Methods** College student-athletes from two Big 10 universities were prospectively enrolled at the beginning of the 2007–2008 through 2011–2012 sport seasons and followed for injury. Depression and anxiety scores were assessed at baseline and at multiple time points post-injury until return-to-play. Linear mixed models were used to examine the effects of social support from family/friends or from the team (coaches, athletic trainers, and teammates) during recovery, along with satisfaction with the support received, on changes in post-injury depression and anxiety scores.

**Results** A total of 597 injuries (sustained by 397 athletes) were included in the analysis. Of these injuries, 67% occurred in males, 39.9% occurred during football, and 11.9% were

concussions. Average depression and anxiety scores at baseline were 10.7 and 41.3, respectively. Results showed that the quantity of social support received from family/friends during recovery significantly influenced post-injury depression scores ( $\beta=0.60$ ,  $p=0.028$ ). No such relationship was found between social support received from the team and depression scores. Furthermore, overall satisfaction with social support received during recovery, regardless of the source of social support, was negatively associated with post-injury scores in depression ( $p<0.01$ ) and anxiety ( $p<0.01$ ).

**Conclusion** College student-athletes' satisfaction with the social support received from both family/friends and one's team post-injury was negatively associated with post-injury depression and anxiety scores. Although family/friends are often a major source of social support post-injury, future efforts are needed to increase social support from one's team, which in turn may help mitigate the risk of depression and anxiety post-injury.

**Significance** Social support from family/friends or one's team post-injury may help college student-athletes cope with the psychological impact of injury, reducing post-injury depression and anxiety symptoms.

## Violence prevention policy and advocacy

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### MOVING BEYOND 'SO WHAT?' INTO ACTION

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National conversations about gun deaths are largely framed as community violence or mass shootings. However, gun suicides disproportionately contribute to the increase of gun deaths. Pennsylvania's gun deaths and suicides outpace national rates, with rural communities disproportionately bearing the burden. Laws reducing gun access (e.g., ERPOS and Child Access Prevention) reduce gun suicides and overall gun deaths. Despite the evidence, Pennsylvania lawmakers fail to pass gun safety laws due to special interest pressures, ideology, and incorrect perceptions of the problem and corresponding solutions. The purpose of the study was to explore Pennsylvania lawmakers' perceptions and understanding of gun suicides, if/how they use science to identify solutions, and their perceptions of legislative impasse. We conducted semi-structured interviews with a sample ( $n=9$ ) of members of the Judiciary Committees from the Pennsylvania House of Representatives and Senate. Rural and suburban lawmakers identified suicide as a top concern in their districts. Few lawmakers relied on injury scientists to identify solutions or use it for framing the issue to colleagues and constituents. Some lawmakers relied on news stories or special interest groups, very few reported contacting researchers, despite robust local/regional expertise. Participants identified two roadblocks to law passage: 1) key colleagues captured by the NRA, and 2) rural constituents' lack of understanding of the issue. They identified the need to message to constituents on gun suicides. Regardless of party, all lawmakers wanted to address this pressing health issue, with Republicans searching for answers outside of scientific communities due to fears of bias. Moving the impact out of journals and into the hands of constituents and lawmakers is critical.