

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 ± 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.