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.

Researchers can build relationships with news agencies and lawmakers to translate the science and build trust. Additionally, targeting messaging to rural lawmakers and constituents is critical to build support for evidence-based laws.

Health disparities and violence

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SHARED RISK AND PROTECTIVE FACTORS FOR CRIME AND POOR HEALTH ON THE STREET

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Statement of Purpose Geographic areas with high rates of crime and violence are often the same places that evidence concentrated, chronic diseases and high morbidity and mortality rates. Yet, little is known about whether and how strategies that target crime and violence can also enhance health outcomes. We aimed to identify the shared risk and protective factors for crime and ill health on the street.

Methods We used survey data from 3,738 respondents living on 449 street segments and physical observation data in Baltimore, Maryland. Mixed effects models were used to partition the variabilities of crime (i.e., general offending, violent offending, and violent victimization) and health outcomes (i.e., general perception of personal health, health limitations, and diagnoses of diseases) at the street versus community level and to identify the shared risk and protective factors on the street while controlling for sociodemographic characteristics.

Results Between 3.8% and 8.3% of the total variabilities of crime outcomes are at the community level, whereas between 11.4% and 12.0% of the total variabilities of health outcomes are at the community level. Results from regression analyses (i.e., mixed effects model for each of the aforementioned outcomes) indicated that collective efficacy and police legitimacy are two of the most important shared factors when mitigating the undesirable co-occurrence of crime and ill health on the street.

Conclusion The variabilities of crime and health outcomes are more at the street-segment than community level. Shared risk and protective factors exist for reducing the co-occurrence of crime and ill health on the street.

Contributions to Injury and Violence Prevention Science: As members of the criminal justice and public health disciplines often work collaboratively with marginalized populations, it is imperative to address the shared risk and protective factors for public safety and health.

Violence research and prevention in healthcare settings

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DO PARENTS AND KIDS AGREE WHEN REPORTING THE CHILD'S POTENTIALLY TRAUMATIC EVENTS AFTER A VIOLENT INJURY?

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Statement of Purpose Ascertaining an accurate and cumulative history of exposure to potentially traumatic events (PTE) can be valuable in identifying violently-injured youth's recovery needs. It is unclear how youth and caregiver report of youth's PTEs relate to each other. We examined agreement between youth and caregiver self-report of 23 different PTEs following the youth's recent violent injury.

Methods As part of a larger survey, 48 youth ages 8–18 and their caregiver independently completed a self-administered Trauma History Questionnaire (THQ) within approximately 20 days following the youth's Emergency Department visit for a violent injury. We compare youth and caregiver reports of youth PTEs and identify PTEs with the greatest and least agreement.

Results Mean youth participant age was 13.8 ± 2.2 years; 42% were female, 96% reported nonpenetrating injuries. The average number of PTEs was 9 ± 4 by youth report and 8 ± 4 by caregiver report. For 13 of the PTEs there was >50% youth-parent discordance, wherein the youth reported the PTE and the caregiver did not. Youth and caregiver agreement exceeded 80% for three PTEs, the highest of which reported someone physically hurting or threatening the child.

Conclusion Although youth and parents are reporting a similar number of youth PTEs, there are a substantial number of PTEs for which youth report but parents do not and a small number of PTEs where they usually agree.

Significance and Contributions to Injury and Violence Prevention Science Violently injured youth and their parents often disagree about the youth's exposure to PTEs. This could reflect a youth's failure to disclose the PTEs to their parent, or a difference in their respective appraisals of what events are considered potentially traumatic. Further research will explore how these discrepancies may inform mental health treatment of violently injured youth in the peri-traumatic recovery period.

Health disparities and violence

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'THE TOLL THAT IT'S TAKEN:' PERSPECTIVES OF BLACK MEN RECOVERING FROM TRAUMATIC INJURY IN PHILADELPHIA

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Statement of Purpose For the majority of individuals who will survive trauma, healing and restoration is often a long-term process shaped by everyday socio-ecological exposures. The purpose of this analysis was to describe how Black men in Philadelphia perceived the long-term sequelae of their injuries and the influence of environmental and structural factors on recovery.

Methods 26 individuals, 12–36 months after injury, were recruited from a concluded cohort study which followed over 600 seriously injured Black men from admission to a trauma center in Philadelphia to three months after hospitalization. This sub-sample was generally representative of larger cohort by age, mechanism of injury, insurance status, income, and education. Focus group and individual qualitative interviews