**Abstracts**

**ASSOCIATION BETWEEN GUN OWNER ATTITUDES AND THEIR BEHAVIOR IN PRIVATE FIREARM SALES**

Molly Merrill-Francis, Emma Beth McGinty, Colleen Barry, Danieal Webster, Cassandra Crifasi.
Johns Hopkins Bloomberg School of Public Health

Statement of Purpose

Federal government only regulates individuals ‘in the business’ of selling firearms, leaving private firearm sales unregulated unless action is taken at the state level. Private sellers are less likely than licensed dealers to conduct background checks and most guns used in crime originate from sales in unregulated markets. This study examines whether private sellers’ attitude that it is the responsibility of a seller to ensure buyers passed a background check prior to making a sale is associated with them checking purchasers for eligibility on their last sale.

Methods/Approach

This study uses data from a nationally representative, web-based survey of 1,444 individuals who personally owned guns. Respondents who self-reported participating in the private market (N=238) were asked whether they had ensured purchasers were eligible to buy a firearm on their last private sale. Respondents were also asked to rate the extent to which they agreed it was a seller’s responsibility to ensure purchasers had passed a background check. Logistic regression was used to test for differences in behaviors based on sellers’ perception of responsibility for ensuring purchaser eligibility.

Results

Just 44% of respondents checked purchasers for eligibility on their last private sale. Less than half (46%) of private sellers agreed that it is seller responsibility to ensure purchasers passed a background check. Agreement was significantly associated with reporting ensuring purchasers were eligible to own a firearm on their last private sale (58% to 36%).

Conclusion

A low number of background checks in the private market are occurring. Increasing sellers’ feelings of responsibility may increase background and permit checks in the private market.

**THE USE OF HOSPITAL DISCHARGE DATA TO COUNT SEXUALLY EXPLOITED YOUTH AND YOUNG ADULTS IN MINNESOTA**

Linzi Zhu, Jon Roesler, Beatriz Menanteau, Mark Kindemark.
Minnesota Department of Health; University of Minnesota

Statement of Purpose

The Minnesota Department of Health (MDH) human trafficking prevention Safe Harbor Program provides services to commercially sexually exploited youth and young adults through age 24 (SEY), as well as those at risk of being sexually exploited. SEY is a form of sexual violence and of human trafficking (HT). Hospitals can be an effective intervention point for violence prevention as well as a referral base for services, including the Safe Harbor Program. Child sexual violence (CSV) is an important risk factor for SEY. While there have been ICD-10-CM diagnostic codes for CSV, codes specific to HT, including SEY, were introduced in October of 2018. This research examines how these codes might be used to better identify, describe, serve, and possibly refer hospital-treated SEY and CSV victims for services.

Methods/Approach

Using statewide hospital discharge data and the Safe Harbor service data as a reference, MDH examined the ICD-10-CM diagnostic codes for CSV from 2016 to 2018, as well as the new HT codes from the start of FFY2019.

Results

The CSV codes identified 936 patients who were Minnesota residents ages 10–24: 63 males and 873 females. Preliminary data analysis of FFY2019 identified 23 HT patients, reported from 8 of Minnesota’s 130+ hospitals. These patients included three males and 20 females, including nine Safe Harbor service eligible cases.

Conclusion

Epidemiologists now have the opportunity to effectively partner with service providers, counting what they could not count before. Moreover, hospitals can directly refer hospital-treated SEY and CSV (at-risk for SEY) to resources, such as the Safe Harbor Program.

Significance

This is the first study using hospital discharge data with the new human trafficking ICD-10-CM codes to address SEY, as well as providing a descriptive epidemiology of hospital-treated CSV cases describing youth and young adults at risk for SEY.