Results A modest negative association between increased state EITC generosity and IPH rates was found. In the fully-adjusted models, a 10% increase in refundable state EITC (as percentage of federal) was associated with a reduction of 0.12 IPH events per 100,000 female-years (95% CI:-0.23,-0.01).

Conclusions Increased state EITC generosity was associated with a small but significant reduction in IPH rates. The modest effects may relate to current EITC eligibility rules which typically preclude people who are married but separated from receiving benefits.

Significance Cash assistance to low-income families may be an important policy to prevent IPH, but the mechanisms through which cash transfers are meted out may affect their impact. Creating state EITCs, increasing their generosity, and changing eligibility rules for married individuals filing separately (as Massachusetts is exploring) may protect against IPH.

State policy and violence prevention

73 EXTREME RISK PROTECTION ORDERS IN WASHINGTON: A STATEWIDE STUDY

Ali Rowhani-Rahbar. *University of Washington*

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Statement of Purpose Extreme Risk Protection Orders (ERPOs) restrict an individual's access to firearms if they pose a danger to themselves or others. We conducted a statewide study to examine the current uptake of this law and describe characteristics of petitioners and respondents.

Approach We requested all ERPO records from Washington Administrative Office of the Courts since the law implementation on January 1, 2017 to May 15, 2019. We traveled to county courthouses throughout the state to extract further information from each case file.

Results 243 ERPOs for 239 respondents were filed. There was wide variation in the rate of filing ERPOs by county ranging from 0 (in 16 counties) to 22 cases per 100,000 population. County-level correlation between ERPO filing and firearm violent death rates was weak (correlation coefficient=0.18; $p=0.45$). 81% of respondents were male and 86% of petitioners were law enforcement agents. The ERPO filing reason was potential for harm to self (28%), others (36%), or both self and others (35%). 11% of petitions were denied or dismissed. 39% of respondents had unlawfully or recklessly used, displayed, or brandished a firearm (39%), 36% had expressed an intent to obtain a firearm, 12% had recently acquired a firearm, and 10% had access to someone else's firearm. Several respondents had a documented history of mental or behavioral health issues (40%), substance abuse (35%), and criminal behavior (30%). 614 firearms including 316 handguns and 298 long-guns were removed from 161 respondents.

Conclusions ERPOs are predominantly petitioned by law enforcement. We need to promote education and awareness on the purpose and process of filing ERPOs to increase their utilization.

Significance ERPOs can create safer circumstances for both petitioners and respondents by removing firearms from high-risk situations and engaging resources to provide treatment or address the underlying causes of the dangerous behaviors.

Epidemiology of TBI

76 TRAUMATIC BRAIN INJURY SURVEILLANCE IN THREE LOW-MIDDLE INCOME COUNTRIES

Corinne Peek-Asa. *University of Iowa, Injury Prevention Research Center*

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Traumatic Brain Injury (TBI) disproportionately affects Low and Middle-Income Countries (LMICs), which have higher incidence and poorer outcomes than high-income countries. TBI disproportionately affects the young, who have potential life-long disability from neurological deficits. Gaps in TBI data were identified by the World Health Organization as a priority in global TBI research. We report findings from the NIH-funded project, INITIatE: International Collaboration to increase Traumatic Brain Injury Surveillance in Europe, which established prospective TBI registries in eight hospitals in Armenia, Georgia and Moldova. These countries are in transition with improving health infrastructure but with acute care systems that lag behind international standards. A census of hospitals treating TBI patients was established, and the two highest volume hospitals treating adult and pediatric TBI in each country were selected. Prospective TBI registries in these six hospitals collected data from January 1 through June 30, 2019 for patients admitted with a TBI. The average age was 22 years and 66% were male. Falls (46%) were the most frequent mechanism of TBI, followed by road traffic injury (23%), struck by object (19%) and assault (7%). Emergency Department Glasgow Coma Scale (GSC) indicated severe injury (GCS 1 – 8) in 5% of patients, moderate injury (GCS 9 – 12) in 11%, and mild injury (GCS 13 – 15) in 84%. Over 74% of patients arrived at the hospital more than one hour after injury and 19% arrived after more than four hours. Moderate and severe TBI was associated with an increased time to definitive care. Discharge status measured by the EQ-5D indicated problems with mobility (9%), self-care (13%), unable to engage in usual activities (25%) pain/discomfort (50%), and anxiety (37%). Future efforts to improve pre-hospital care with a focus on reducing time to definitive care and increased rehabilitation services are priorities for these three LMICs.

Innovation methods

77 IDENTIFYING VICTIMS OF FIREARM ASSAULT IN INDIANAPOLIS THROUGH POLICE AND CLINICAL DATA

Lauren Magee. *Indiana University School of Medicine*

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Statement of Purpose The largest obstacle to advancing the scientific understanding of firearm assault is the lack of integrated and reliable data. This study links police and clinical data to fill this gap.

Methods/Approach A descriptive study of firearm assault victims; Indianapolis, Indiana between 2014 – 2016 (N=1469). Clinical data were accessed from Indiana Network for Patient Care (INPC) that captures ER visit data from all hospital systems within Indianapolis. Police data were obtained from the

Indianapolis Metropolitan Police Department (IMPD) and linked to INPC using individual identifiers and deterministic and probabilistic linkage. Assault victims were identified based on ICD 9/10 diagnoses and police report title (Aggravated Assault-Gun, Armed Robbery). Keywords (gunshot, person shot, etc.) were searched in both INPC and IMPD text fields. Descriptive statistics of sociodemographic characteristics were calculated for all firearm assault victims. The overlap and non-overlap within the clinical and police data systems are described and multivariable analyses conducted.

Results The majority of firearm victims in both police and clinical systems were of minority race (84%) and male (89%). Results indicate that of the 1,469 firearm assaults identified in police data, 1,250 (85%) had an ED encounter within 24 hours. Of those 1,250 encounters, 1,076 (86%) included a diagnosis code indicating a gunshot wound mechanism, however, only 417 (33%) of these were coded as an assault-related diagnosis code.

Conclusions These findings indicate the need to use and link both police and clinical data to better identify firearm assault victims. These linked data allow us to measure a broader set of correlates among firearm assault victims.

Significance and Contributions to Injury and Violence Prevention Science This study links police and clinical data at the individual level and gives us an unprecedented ability to identify and describe characteristics of firearm assault victims in the police and clinical systems.

Community and youth violence

78 FACTORS ASSOCIATED WITH SUCCESSFUL MENTOR MATCHING IN AN INTERVENTION STUDY OF YOUTH VIOLENCE

Tyler Lennon. *Johns Hopkins University School of Medicine*

10.1136/injuryprev-2020-savir.20

Statement of purpose One challenge of conducting intervention studies is ensuring that study participants complete the intervention. For instance, in our randomized controlled trial of Take Charge!, an emergency department-based, mentor-implemented and research-informed violence prevention program that partners with one-on-one community-based mentoring agencies, only 50% of intervention youth were successfully matched with a mentor. Understanding differences between those who complete the intervention and those who do not can further inform the implementation of future studies.

Methods/approach Between June 2014-June 2016, we recruited 188 assault-injured youth aged 10–15 years from two urban pediatric emergency departments (Baltimore, MD; Philadelphia, PA). Participants were randomized to receive an intervention that included referral to Big Brothers Big Sisters for pairing with a mentor (n=98) or a comparison group that received usual care (n=90). Of the intervention group, 49 (50.0%) youth were successfully matched with a mentor. Using descriptive statistics, t-tests and chi-square analysis, we compared matched and unmatched youth with regard to demographics, time from injury to study enrollment, perceived seriousness of injury, willingness to change, risk behaviors, and a measure of household chaos.

Results Youth who were successfully matched with a mentor were more likely to perceive the injury as very serious or somewhat serious compared with unmatched youth (95.9% vs. 79.6%, $p=0.028$). All other factors were not significantly associated with successful mentor matching.

Conclusions Youth perception of seriousness of injury was associated with successful mentor matching in our study population. This may be related to the youth's motivating factors for prevention of future injury.

Significance and contributions to injury and violence prevention science Ensuring that study participants complete an intervention can be challenging. Future violence prevention interventions should consider youth perceptions of injury severity or life threat as part of the motivation to complete desired interventions.

Health disparities and violence

80 'HE'S NOT HELPING US, SO WE ARE NOT HELPING HIM': THE POLICE AS GATEKEEPERS TO VICTIM SERVICES FOR VICTIMS OF STREET VIOLENCE

Caterina Roman. *Temple University*

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Objective The dynamics surrounding gunshot victimizations in urban areas may not embody the typical 'good' victim/'bad' offender dichotomy that has been the narrative in the fields of victimology and criminal justice. The characteristics of the incident may be different, as urban gun violence often includes offenders and victims who are acquainted with each other and involve victims who may have precipitated the crime incident. Given these differing dynamics, it becomes important to better understand how the victim-first responder interaction might influence the help-seeking behavior of victims of nonfatal shootings, as first responders are considered the gatekeepers to victim support services.

Method Perceptions of victim treatment by police first responders were examined through semi-structured interviews and surveys with 14 male and female victims of urban gun violence. Qualitative analyses were used to document themes describing victim sentiments toward the police response and how characteristics of the interaction and/or perceptions of the treatment victims received might be associated with the pursuit of and access to victim services.

Results Although three very different themes emerged that captured the variation in perceptions by the victims of the police response, the majority of victims reported that they believed police held either general prejudices or specific biases directed at the victim, with many victims indicating they believed police purposely withheld information on victim services.

Conclusion Study findings that victims view the police-victim interaction as being rife with biases that limit access to victim services information suggest that police agencies could benefit from implicit bias training and reviews of victim rights policies and practices to help increase access to social, legal and support services for victims of nonfatal shootings.