

**Statement of purpose** Due to cultural and psychosocial barriers, immigrant women prefer to exhaust informal resources, including religious leaders, before seeking professional help for intimate partner violence (IPV). Based on research and theory, we used Intervention Mapping to create a virtual simulation training (4 modules, 20 minutes each) for Korean American religious leaders on primary, secondary, and tertiary IPV prevention in their congregation. This presentation discusses the challenges that the COVID-19 pandemic presented to study participation and the evaluation of this intervention.

**Methods/Approach** During 2020, we evaluated the intervention in a randomized trial (n=100) using online surveys (baseline, 3-month, 6-month). When the first stay-at-home order was issued in mid-March, 95% of participants had finished the baseline survey. However, 53% of the intervention group was still completing the intervention with others at various study stages. The 6-month survey included questions about the impact of COVID-19.

**Results** The online survey and intervention facilitated participation in the study—47%, and some participants had extra time because church services were closed—27%. However, COVID-19 had numerous adverse effects on program participation and emotional functioning: difficulty answering application questions due to lack of interaction with parishioners—33%, being too busy to participate fully—11%, overwhelmed—23%, uncertain about their church's future—51%, financial strain—30%, unable to invite community organizations to educate the congregation on family violence—60%, reduced opportunities to apply new skills learned from the intervention—45%.

**Conclusions** The virtual simulation and online data collection facilitated the trial's completion, but the toll of the pandemic reduced opportunities to demonstrate new skills.

**Significance** Online interventions and evaluations are a safe way to deliver an intervention during a pandemic. The information gathered about the pandemic's emotional and practical impact was fundamental to understanding the program's impact.

## Youth violence

0065

### 'THEY ONLY COME AFTER THE BLACK KID': UNDERSTANDING THE PERCEPTIONS OF DISCIPLINE DISPARITIES AMONG SCHOOL STAFF, PARENTS, AND STUDENTS OF COLOR

<sup>1</sup>T Jahangir, <sup>1</sup>K Piper, <sup>1</sup>M Ash, <sup>1</sup>A Elder, <sup>1</sup>T Renfro, <sup>2</sup>M Ramirez, <sup>1</sup>B Woods-Jaeger. <sup>1</sup>Emory University Rollins School of Public Health, Atlanta, USA; <sup>2</sup>University of Minnesota School of Public Health, Minneapolis, USA

10.1136/injuryprev-2021-SAVIR.43

**Statement of purpose** Black, Hispanic/Latino, and Native American students are more likely than White students to face harsher disciplinary policies and practices in schools.<sup>1</sup> Such institutional-level policies interact with micro-level forces of racism, increasing the likelihood of race-related traumatic stress.<sup>2</sup> This study aimed to characterize the experiences of discipline disparities, based on the perspectives of parents/guardians, staff, and students of color. Findings informed the adaptation of a culturally-responsive school-based intervention to address race-related traumatic stress.

**Methods/Approach** Nine focus groups were conducted with parents/guardians (n=12), school staff (n=27), and students of color aged 11–14 years (n=24) from 12 schools to inform the adaptation of the intervention. Participants were asked open-ended questions about trauma, racism, school support, and intervention recommendations. For this study, transcripts were coded and thematically analyzed to identify factors related to racial disparities in discipline.

**Results** Racial disparities in disciplinary norms and policing in schools were the two primary themes identified. Parents discussed punitive disciplinary responses to typical behavior, and the resulting family mistrust. Students and staff identified and compared experiences in disciplinary action among students, noting that Black students were disciplined more harshly, relative to White students. Participants also recommended greater parental involvement in disciplinary decisions, conflict de-escalation in classrooms to prevent further disciplinary action, and mitigating interpersonal racism and stereotypes.

**Conclusion** Interventions aimed at reducing school violence among students of color should address race-based traumatic stress related to disparities in school disciplinary norms, expectations, and actions. Our findings suggest the need to prioritize cultural humility among teachers and staff, alongside stronger school and family relationships.

**Significance** Discipline disparities correlate with disparities in academic attrition, emotional/behavioral problems, violence victimization, delinquency, incarceration, and recidivism<sup>3</sup>. Understanding stakeholder perspectives and experiences surrounding discipline disparities can inform targeted interventions designed to address the consequences of race-based traumatic stress, discrimination, and violence disparities in schools.

## Firearms

0066

### FIREARM INJURY AMONG VA HEALTHCARE-USING VETERANS BY REGION AND RURALITY

R Hood, B Hooker, T Gilbert, S DeFrancesco, L Maxim, K Carlson. U.S. Department of Veterans Affairs, Portland, USA

10.1136/injuryprev-2021-SAVIR.44

**Statement of purpose** Veterans are more likely to own firearms and have a higher risk of fatal firearm injury than non-Veterans. The patterns of Veterans' fatal and nonfatal firearm injury may vary by region and by rural versus non-rural residence. Research is needed to inform the development of culturally-appropriate firearm risk reduction programs for Veterans who use Department of Veterans Affairs (VA) healthcare.

**Methods/Approach** Using VA administrative data, we examined firearm injury rates among VA healthcare-using Veterans from 2010–2019, comparing Veterans by state and by rural/non-rural residence (a single state, Oregon, is presented here). Firearm injuries were identified and categorized by intent using International Classification of Diseases diagnosis codes. We examined injury circumstances by conducting electronic health record chart reviews.

**Results** Among a national cohort of 9.8 million Veterans, 11,380 received care for firearm injuries, with 207 occurring among Veterans in Oregon. Rural Veterans had a higher rate of firearm injuries than non-rural Veterans in Oregon (30.2 versus 22.4 per 100,000 Veteran-years, respectively), but not nationally (24.0 versus 24.5). Unintentional firearm injuries

were treated more frequently than intentional injuries. In Oregon, rates of unintentional injury were higher among rural than among urban Veterans (23.7 and 15.6); nationally, rates were similar (16.4 and 15.5). Preliminary review of twenty-eight Oregon Veterans' (n=15 rural; n=13 non-rural) charts revealed that most of these injuries were caused by the patient unintentionally pulling the trigger or dropping their own handgun during cleaning/routine firearm maintenance.

**Conclusion** Patterns of firearm injury treated in the VA health-care system vary by region and rurality. Understanding these differences can aid prevention efforts.

**Significance** Analyses of rates, patterns, risk factors for, and circumstances surrounding firearm injuries among VA health-care-using Veterans by region and rurality can help reduce knowledge gaps and inform risk reduction efforts by the VA and other healthcare and public health systems.

## Domestic & intimate partner violence

### 0067 TEEN DATING VIOLENCE POLICIES WITHIN STATES, SUMMARY OF POLICY ELEMENT VARIATION

<sup>1</sup>H Rochford, <sup>1</sup>C Peek-Asa, <sup>2</sup>K Harland, <sup>2</sup>A Abbott. <sup>1</sup>University of Iowa, Iowa City, USA; <sup>2</sup>University of Iowa College of Public Health, Iowa City, USA

10.1136/injuryprev-2021-SAVIR.45

**Statement of purpose** We provide thorough description of Teen Dating Violence (TDV) policies' variation to position future research efforts to understand what is driving policy variation and how policy components impact outcomes.

**Methods/Approach** We developed and applied an abstraction form to measure 7 TDV policy components: (1) definitions, (2) requirements for district policy, (3) guidelines for review, (4) district policy content, (5) student dating violence curricula, (6) staff dating violence training, and (7) protections for victims. Descriptive figures and statistics were generated on all policy scores, and on individual policy score changes.

**Results** Krippendorff's alpha for inter-rater reliability was 0.88. Sixty-one related policies of 30 states were identified and abstracted. Thirty of these were original policies, 31 were revisions of previous policies enacted by 17 states. Out of a possible 63, the mean score of original policies was 15.4 (0.86 SE), median 16.1, range 4.0- 23.0. Of the 31 policy updates/revisions, 13 improved the state policy score, 3 reduced it, 15 were score neutral. The mean score of the currently active policies was 16.9 (0.71 standard error), median of 17.0. All section scores improved slightly relative to original policies except for section (5).

**Conclusions** While there has been slight collective improvement since the origin of TDV policies in 1992, there remains tremendous opportunity for improvement policy presence and component caliber amongst all TDV policies of US states.

**Significance** Despite TDV's status as a public health co, it is not understood why only select states have implemented supportive policy, why existing policies vary in terms of composition, nor what relationship exists between TDV policy presence/quality and outcomes. The findings of this work are necessary to position future research efforts to elucidate what is driving policy variation and what policy levers exist for promoting successful prevention of and response to instances of TDV.

## Drowning

### 0068 DROWNING KNOWLEDGE AND PERCEPTIONS ARE KEY FACTORS ASSOCIATED WITH REPORTED SWIMMING POOL SUPERVISION BEHAVIOR FOR CAREGIVERS OF TODDLERS IN THE U.S

<sup>1,2</sup>M Johnson, <sup>1</sup>E Boriack, <sup>1</sup>C McConnell, <sup>1</sup>S Williams, <sup>1</sup>J Naiditch, <sup>1,3</sup>K Lawson. <sup>1</sup>Dell Children's Medical Center, Austin, USA; <sup>2</sup>University of the Incarnate Word, San Antonio, USA; <sup>3</sup>University of Texas, Austin, USA

10.1136/injuryprev-2021-SAVIR.46

**Statement of purpose** Drowning is the leading cause of unintentional injury-related death for toddlers within the U.S. Caregiver supervision is an important layer of protection against drowning, yet supervision is often inadequate. The aim of this study is to understand factors associated with self-reported caregiver supervision behavior at the pool when confronted with distractions.

**Methods/Approach** A survey was conducted using the online Amazon MTurk platform. Participants were over 18 years old and were the caregiver for a 1-4 year old. The survey asked about demographics and background, assessed drowning knowledge, and rated agreement with statements about arm's reach supervision and distraction-related supervision behavior. Data were analyzed for 650 U.S. residents using a multivariate linear regression to identify predictors of distraction-related pool supervision behavior scores.

**Results** Caregivers with more drowning knowledge ( $p < 0.001$ ) and who showed the highest agreement with arm's reach supervision ( $p < 0.001$ ) were more likely to report attentive supervision behavior. Caregivers who reported always using a flotation device for their toddler reported more attentive supervision ( $p = 0.004$ ). Although toddler age was not a predictor, caregivers who reported fewer swim skills for their toddler reported more attentive supervision ( $p < 0.001$ ). Additional characteristics related to inattentive supervision were lower income ( $p = 0.032$ ), having received water safety advice from a pediatrician ( $p = 0.0001$ ), and having reported an impairment that could limit their ability to supervise a toddler ( $p = 0.006$ ). Caregivers with home pools were less likely to report attentive supervision ( $p = 0.019$ ).

**Conclusions** This study offers information about factors that impact caregiver supervision behavior. The results support the usefulness of drowning education initiatives.

**Significance** This study highlights how water safety knowledge and perceptions are drivers of supervision behavior and subsequent drowning risk.

## Youth violence

### 0069 'IT'S JUST REALLY TRICKY BUSINESS': CHALLENGES AND POSSIBILITIES ENCOUNTERED IN A QUALITATIVE STUDY OF BIAS-BASED BULLYING EXPERIENCES

<sup>1</sup>Y-S Nam, <sup>2</sup>C Brown, <sup>2</sup>A Gower, <sup>2</sup>M Eisenberg, <sup>3</sup>M Ramirez. <sup>1</sup>University of Minnesota School of Public Health, Minneapolis, USA; <sup>2</sup>University of Minnesota Department of Pediatrics, Minneapolis, USA; <sup>3</sup>University of Minnesota School of Public Health, Minneapolis, USA

10.1136/injuryprev-2021-SAVIR.47

**Statement of purpose** The purpose of this presentation is to describe the variety of qualitative approaches used to explore