

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

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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

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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

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