

estimated the relationship between participants' perception of racism in a space and feelings associated with stress, PTS symptoms, and perceptions of safety. Models included both overall and momentary perceptions of racism in place to examine both time-dependent and time varying perception of racism.

Results: Overall, 76% of youth reported at least one experience of discrimination, with 36% reporting being called racially insulting names and 32% being hassled by the police. One third (36%) endorsed moderate to severe PTS symptoms. In multilevel models, youth who reported higher overall levels of perceived racism also reported higher levels of stress ($B=.50$, $p=.001$), PTS symptoms ($B=.52$, $p=.001$), and lower levels of perceived safety ($B=-.50$, $p=.000$). Youth's momentary perception of racism in a space was associated with lower levels of perceived safety in that space ($B=-.09$, $p<.01$).

Conclusions: There is sparse research on moment-to-moment experiences of racism and its consequences among Black youth who experienced violent events. Using an innovative intensive longitudinal design, we identified how being in spaces that youth perceive as discriminatory impacts feelings of stress, post-traumatic stress, and safety following a violent event. Interventions attuned to place-based experiences of discrimination may help to support recovery among Black youth exposed to violence.

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27.

EMERGENCY CARE UTILIZATION FOR MENTAL AND SEXUAL HEALTH CONCERNS AMONG ADOLESCENTS FOLLOWING SEXUAL ASSAULT: A RETROSPECTIVE COHORT STUDY

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Purpose: Sexual assault (SA) is a prevalent public health issue that involves the violation of human rights and has various short-term and long-term impacts on health. Adolescents and young adults have the highest rates of SA victimization of any age group. Adolescent survivors of SA often present to the pediatric Emergency Department (ED), where the care they receive may impact their future mental and physical health trajectories. This study aimed to explore the health outcomes of adolescent survivors of SA, as measured by their subsequent emergency healthcare utilization for mental and sexual health concerns following an initial visit for SA.

Methods: This retrospective cohort study utilized the Pediatric Health Information System (PHIS) database, which contains clinical data from 49 children's hospitals. Thirty hospitals reported complete data during the study period and were included. The cohort population included adolescents aged 11-18 years old seen at a PHIS hospital with a primary diagnosis of SA between 2010-2017. The control population included age-matched, biological sex-matched adolescents seen at the same hospital during the same time-frame for a minor injury, including sprain or contusion. Participants were followed prospectively in the PHIS database through 2020 (or until age 22); subsequent ED visits during the follow-up period for suicidal ideation/attempt, sexually transmitted infection (STI), pelvic

inflammatory disease (PID), or pregnancy were identified by billing diagnosis codes. The risk of each outcome was compared between the SA and control populations using Cox proportional hazards models, with calculation of hazard ratios (HR) with 95% confidence intervals (95% CI).

Results: The study population consisted of 20,434 adolescents (10,217 SA cohort patients and 10,217 controls). The majority (91.7%) were female. During the study period, 8.2% of participants initially seen for SA returned to the ED due to suicidal ideation/attempt, compared to 4.6% of controls. ED return visit rates for sexual health concerns in the SA versus control groups were 1.9% versus 1.5% for STI, 2.3% versus 0.9% for PID, and 1.7% versus 1.1% for pregnancy. Adolescents in the SA cohort had a significantly higher risk of returning to the ED for suicidal ideation/attempt (HR 3.49, 95% CI 3.05-4.00), STI (HR 1.89, 95% CI 1.48-2.43), PID (HR 3.86, 95% CI 3.11-7.79) and pregnancy (HR 2.31, 95% CI 1.76-3.03), compared to controls.

Conclusions: In this retrospective cohort study of over 20,000 patients, adolescents evaluated in the ED for SA were at significantly greater risk for returning to the ED for suicidality and sexual health concerns, compared to controls. This is the first large-scale study to use healthcare systems data to demonstrate an increased frequency of adverse health outcomes requiring emergency care among adolescent survivors of SA across multiple hospitals. These findings highlight that adolescent survivors of SA experience health-related disparities, underscoring the need for increased allocation of both research funding and clinical resources to improve their emergency and follow-up care, as well as emphasizing the importance of advocating to bolster sexual violence prevention efforts.

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28.

EXAMINING LONGITUDINAL ASSOCIATIONS BETWEEN FUTURE ORIENTATION AND MULTIPLE FORMS OF YOUTH VIOLENCE PERPETRATION

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Purpose: Future orientation, defined as hopes and aspirations for the future, is gaining promise as a cross-cutting protective factor against youth violence. Much of the research on future orientation and violence to date has used cross-sectional designs, assessed limited violence outcomes, and focused on youth in suburban settings. Seeking to better characterize associations between future orientation and interpersonal violence over time, we assessed how baseline future orientation longitudinally predicted multiple forms of violence among a sample of male youth residing in neighborhoods with concentrated disadvantage across Pittsburgh, PA.

Methods: Data were drawn from a recently completed sexual violence prevention trial among a sample of predominantly African American male adolescents, ages 13 to 19, living in areas with high levels of community violence. Future orientation was measured using seven items that encompassed excitement about one's future, aspirational goal setting, and contributions to one's community, with each item rated on a 5-point Likert scale. Youth and community violence measures included a past 9-month history of weapon violence, 3-month history of bullying, and lifetime history of gang

involvement. Sexual/relationship violence measures included a past 9-month history of sexual harassment, non-partner sexual violence (SV), and intimate partner SV. We first performed a latent class analysis (LCA) to create baseline future orientation profiles of participants. Mixed effects logistic regression then assessed how baseline future orientation class related to each form of violence perpetration over time (baseline to follow-up). Models were adjusted for age, intervention group, race/ethnicity, and parental education.

Results: There were 817 participants included in the analysis, with a mean age of 15.5 years (SD = 1.6 years). Most participants identified as Black, Non-Hispanic (74%). Nearly half of participants' parents/caregivers did not graduate from high school (43%). Our LCA yielded four classes ranging from low to high future orientation, with nearly 80% of youth belonging to moderately-high and high future orientation classes. Levels of violence perpetration among youth were high, ranging from 4.8% perpetrating intimate partner SV to half (50.7%) bullying someone else. Future orientation latent class was significantly associated with weapon violence, bullying, sexual harassment, non-partner SV, and intimate-partner SV in adjusted models (all $p < 0.01$). Compared to the low future orientation class, youth belonging to moderate-high and high future orientation classes were less likely to perpetrate weapon violence (Moderate-High: adjusted odds ratio [aOR]=0.45, 95% CI:[0.20, 1.13]; High: aOR=0.41, 95% CI:[0.18, 0.99]). Use of violence was consistently highest among youth in the low-moderate future orientation class.

Conclusions: This LCA identified several unique profiles of future orientation among male adolescents from disadvantaged neighborhoods with differing patterns of association with multiple forms of violence. Identifying modifiable factors that contribute to lower future orientation and mechanisms for how future orientation influences use of violence is needed in youth violence prevention interventions.

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29.

USE OF BUPRENORPHINE FOR OPIOID USE DISORDER AMONG US ADOLESCENTS AND YOUNG ADULTS DURING THE COVID-19 PANDEMIC

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Purpose: Opioid overdose deaths increased substantially during the COVID-19 pandemic, even as policy changes were implemented to facilitate better access to medications for opioid use disorder (MOUD). While prior work has suggested relatively stable sales volume of buprenorphine, a safe and effective FDA-approved MOUD, among adults during 2020-2021, less is known regarding whether the pandemic has been associated with changes in the use of buprenorphine to treat opioid use disorder among adolescents and young adults (AYA). AYA comprise 10% of annual opioid overdose fatalities in the US, yet are less likely than older adults to receive addiction treatment, and specifically MOUD such as buprenorphine.

Methods: We licensed IQVIA LifenLink, which represents anonymized patient-level prescription data throughout the US to characterize

changes in buprenorphine utilization during the COVID-19 pandemic. We included AYA ages 12-29 with at least one buprenorphine prescription fill between January 2018 through August 2020. We stratified analyses by patient age group and insurance to evaluate whether insurance served as an effect moderator. We used descriptive statistics to estimate the effect of the COVID-19 pandemic on AYA buprenorphine utilization by comparing March-August of 2019 with March-August of 2020. Data analysis was conducted with Stata, version 15 (StataCorp), using 2-sided t tests with significance set at $P < 0.05$. The study was exempted from review by the Johns Hopkins Bloomberg School of Public Health IRB.

Results: A total of 413,152 AYA age 12-29 filled at least one buprenorphine prescription between January 2018 and August 2020; prescriptions per month ranged between 90,932-120,740. Among young AYA age 12-17, the overall monthly rate increased by 8.3%, with small absolute increases in Medicaid and commercial insurance prescriptions, and a decrease in prescriptions filled with cash. Buprenorphine prescriptions per 100,000 decreased 7.5% during the pandemic among AYA age 18-24 and decreased 5.1% among AYA age 25-29. Among AYA age 18-24 and 25-29, monthly Medicaid prescription rates did not significantly change from the pre-COVID-19 period (March-August 2019) to the during-COVID-19 period (March-August 2020). In contrast, commercial insurance prescriptions during-COVID-19 decreased 12.9% among AYA age 18-24 and 11.8% in 25-29 year olds, and cash/other prescriptions decreased 18.7% among 18-24 year olds and 19.9% in 25-29 year olds.

Conclusions: Our findings suggest that during the COVID-19 pandemic, buprenorphine prescriptions paid with commercial insurance or cash among young adults significantly decreased, suggesting a possible unmet need among this group. The stable Medicaid prescription rate during the COVID-19 pandemic demonstrates the safety net role Medicaid has played in providing access to substance use disorder treatment. Our findings contrast with a study among all adults which found no significant change in buprenorphine prescriptions paid by commercial insurance. Young adults in particular may be more susceptible to the health consequences of COVID-19's economic impact, such as interruptions in employer-sponsored commercial insurance and financial hardship limiting individuals' ability to pay cash for prescriptions. Further research is needed to assess the potential impact of disruptions in buprenorphine access on health disparities and overdose, and to design interventions to improve treatment of OUD among AYA in the post-COVID era.

Sources of Support: RAND OPTIC.

RESEARCH POSTER SYMPOSIA III: PREDICTORS OF ADOLESCENT HEALTH-RELATED BEHAVIORS AND OUTCOMES

30.

EXAMINING AND CHARACTERIZING ADOLESCENT-ADULT SOCIAL NETWORKS, ATTITUDES TOWARDS VIOLENCE AND RETALIATION, AND VIOLENCE EXPOSURE

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Purpose: Social network-based studies demonstrate that peer connections influence youth violence, yet less is known about the