

The Ramsey County Runaway Intervention Program

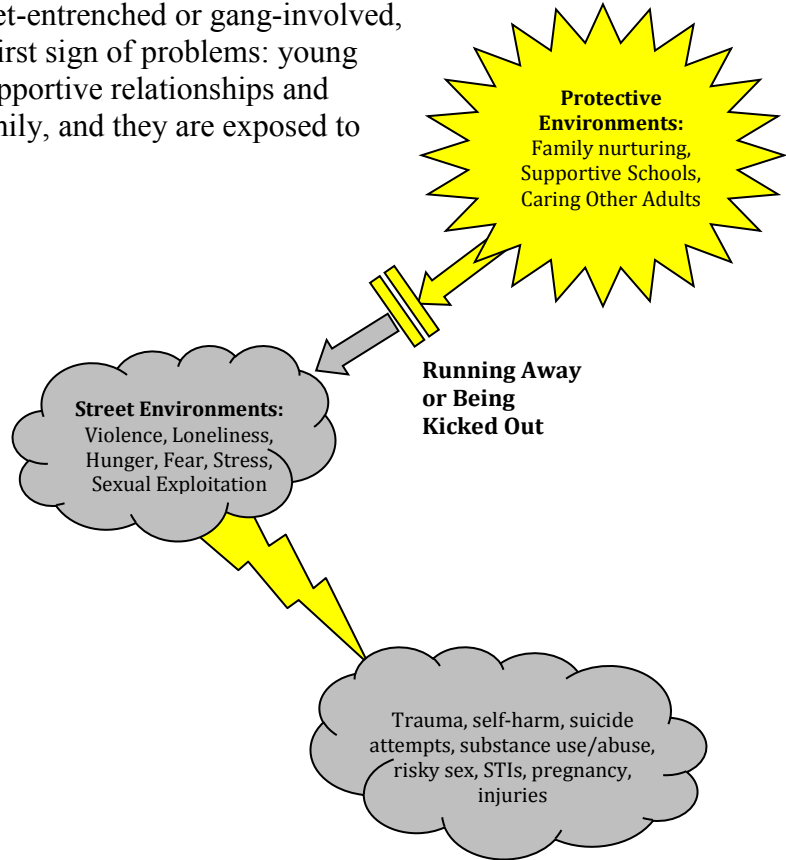
Evaluation Report for 2018

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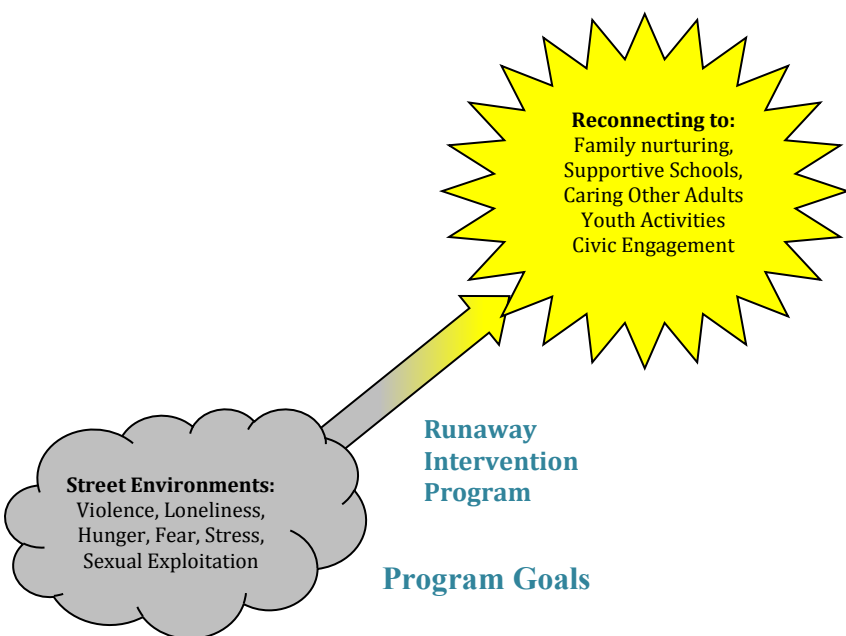
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ABOUT RIP

Research has shown that runaways are at heightened risk for being sexually abused or exploited while they are on the run. Adolescents who have experienced sexual violence face a number of health and behavioral challenges as a result of this trauma. Long before teens become persistently homeless or street-entrenched or gang-involved, running away behaviors may be the first sign of problems: young people become disconnected from supportive relationships and environments, such as school and family, and they are exposed to more dangerous environments.



The Runaway Intervention Program (RIP) seeks to intervene earlier in the trajectory, to identify and address the needs of young runaways in Ramsey County who have been sexually abused or exploited, or are at risk of being sexually abused or exploited.



The program has a number of goals:

- Screening runaways for exposure to sexual abuse/exploitation or risk for such violence
- Offering specially focused health care and social services to:
 - Reduce their trauma responses and risk behaviors
 - Reconnect them to supportive relationships with family and school
 - Support healthy self-care behaviors
 - Connect them to mental health and substance abuse treatment services when necessary
 - Connect them to truancy intervention services and advocate in the juvenile justice system, when necessary
 - Help parents better understand the risks for their runaway youth, improve the parent-child relationship, and access relevant community supports

RIP achieves these goals through a partnership among the Ramsey County Attorney's Office (RCAO), Social Services Youth Engagement Program (YEP) and the Midwest Children's Resource Center (MCRC) of Minnesota Children's Hospitals. Together, they screen runaways and provide them with appropriate referrals to services. For those who have been sexually abused or exploited, the program itself offers intensive services for up to one year, including:

- Home visiting and case management by an Advanced Practice Registered Nurse
- Weekly empowerment/therapy groups by a licensed therapist
- Truancy and juvenile justice monitoring from RCAO, Ramsey County Community Human Services youth workers, staff from school and/or community-based agencies.

For those runaways who are at risk, but have not yet reported experiencing sexual violence, the program offers the weekly empowerment groups for up to 6 months.

The Program partnership has been in place since 2006. This evaluation summarizes services provided during 2018, and select health and behavior outcomes for those who have received intensive services over the past few years. References to additional analyses or reports that

have been published about this program can be found at the end of this report, and are available by request.

Evaluation methods

The strongest evaluation designs involve randomly assigning some young people to get the service and some not, or to delay services for some youth so they can serve as a comparison group for those getting care. However, these young people are highly traumatized and at strong risk for negative outcomes. Research has shown that even putting sexually abused youth on waiting lists to get services can cause worsening levels of trauma while they wait, so it is not ethical to randomly assign some youth to not get services, or to delay their access to services.

Instead, we are drawing on the Minnesota Student Survey (MSS) 7-county Metro area data for a comparison group, as that survey asks many of the same questions as the RIP clinical assessment. To ensure we don't have overlap in current cases (girls in school who took the survey may also be in the RIP program) we're using the 2010 MSS data. Sexual abuse has had highly consistent negative effects documented in previous research, so the comparisons are still relevant.

Analyses within the RIP program draw on data collected by RCAO from weekly police runaway reports and juvenile justice data, and from data collected by MCRC from clinical assessments and tracking. There are analyses focused on those screened within the program, and further analyses focused on those receiving intensive services. For those receiving intensive services, we compare their assessments at 3, 6, and/or 12 months to their assessment at enrolment to measure any changes. In order to capture the full scope of work during the year, we include all youth who received services during 2018, not just those who were first screened or enrolled during 2018. Given the relatively modest number of youth enrolled in services and providing follow-up data during 2018, we would not have enough statistical power if we evaluated only those youth; instead, as we have done in previous reports, we will document outcomes for youth who were enrolled over the last 5 years of the program.

We also compare the group at baseline and at 6 or 12 months to 3 different groups of students in the MSS:

- Those who have run away in the past year and who have been sexually abused by someone outside their family
- Runaways who have been sexually abused by family members and non-family members
- Runaways who report no abuse at all

For clarity of presentation, we will use bar charts and line graphs showing overall changes over time, but the actual statistics underlying the analyses involve repeated measures analyses, and within-case non-parametric tests of pre/post (i.e., McNemar's Test, Wilcoxon Sign Rank). Technical details of the statistical analyses are available upon request. All results presented are statistically significant unless otherwise mentioned.

SCREENING AND CASE FINDING

During 2017 and going forward, the screening and case-tracking process changed slightly at the request of the Ramsey County Attorney's Office. The Runaway Intervention Program (RIP) Coordinator extracted data from the weekly St. Paul Police Department reports of run away and missing persons for girls between ages 12 and 15, then documented some of the services the girls were referred to, in terms of court services, probation, and the youth engagement program. The coordinator no longer identifies whether cases are referred to CPS. The risk screening to identify whether girls were low, moderate or high risk also changed, as the availability of data about issues such as reported sexual exploitation, substance use or gang involvement were inconsistent and potentially unreliable. Instead, risk levels were categorized based on the number of times youth had run away, the age of first running away, and length of time of most recent runaway episode, to identify those who had run away first at age 13 or younger, those who had run away multiple times, and/or those who were on the run for more than two weeks as high risk (must have 2 of the 3), and those who were first age 13 or younger but no other risk factors as moderate risk, or those age 14 or 15 who had run more than once, or had run for longer than two weeks, as moderate risk, and those age 14 or 15 who ran away only once as low risk. This change in criteria for determining risk level, which began in 2017, means comparisons to previous years should be considered with caution.

During 2018, the Ramsey County Attorney's Office RIP Coordinator screened 229 individual runaways. Of these, 159 were screened for the first time in 2018, 148 first by RCAO, and 11 first by MCRC. RCAO re-screened 70 runaways from previous years. Among all these runaways, 91 were screened multiple times during the year because they had more than one runaway report. The number of runaway reports ranged from 1 to 22 reports per youth in 2018.

MCRC also receives referrals for screening runaways from various sources, including police, the RCAO's truancy program, probation officers, and school social workers. An additional 350 cases were screened only by Midwest Children's Resource Center (MCRC) during 2018, for a total of 579 unique cases screened by RCAO or MCRC for potential enrolment in services, and increase of 45 cases over 2017.

The figure on the next page provides a summary of the risk levels of screened cases, and many of the services to which they were referred. With changes in services during 2017 at RCAO, all girls were referred to the Ramsey County Social Services Department's Youth Engagement Program (YEP). Some received case management services voluntarily and some received supervision services through court proceedings following the filing of a petition. Among the 579 youth screened by RCAO or MCRC, 452 or 78% received one or more ongoing services. An additional 165 or 28% screened were not eligible for Ramsey county services, and 17 or 3% refused intensive services.

In terms of those eligible for intensive services, it is difficult to identify them clearly from the data provided, because of differing kinds of screening. Sometimes the original screening by RCAO would consider a case moderate risk, but then when they were examined at MCRC, more information was disclosed, and they were recognized as high risk. Alternately, some cases were identified as high risk by RCAO and referred to MCRC, but may not have shown

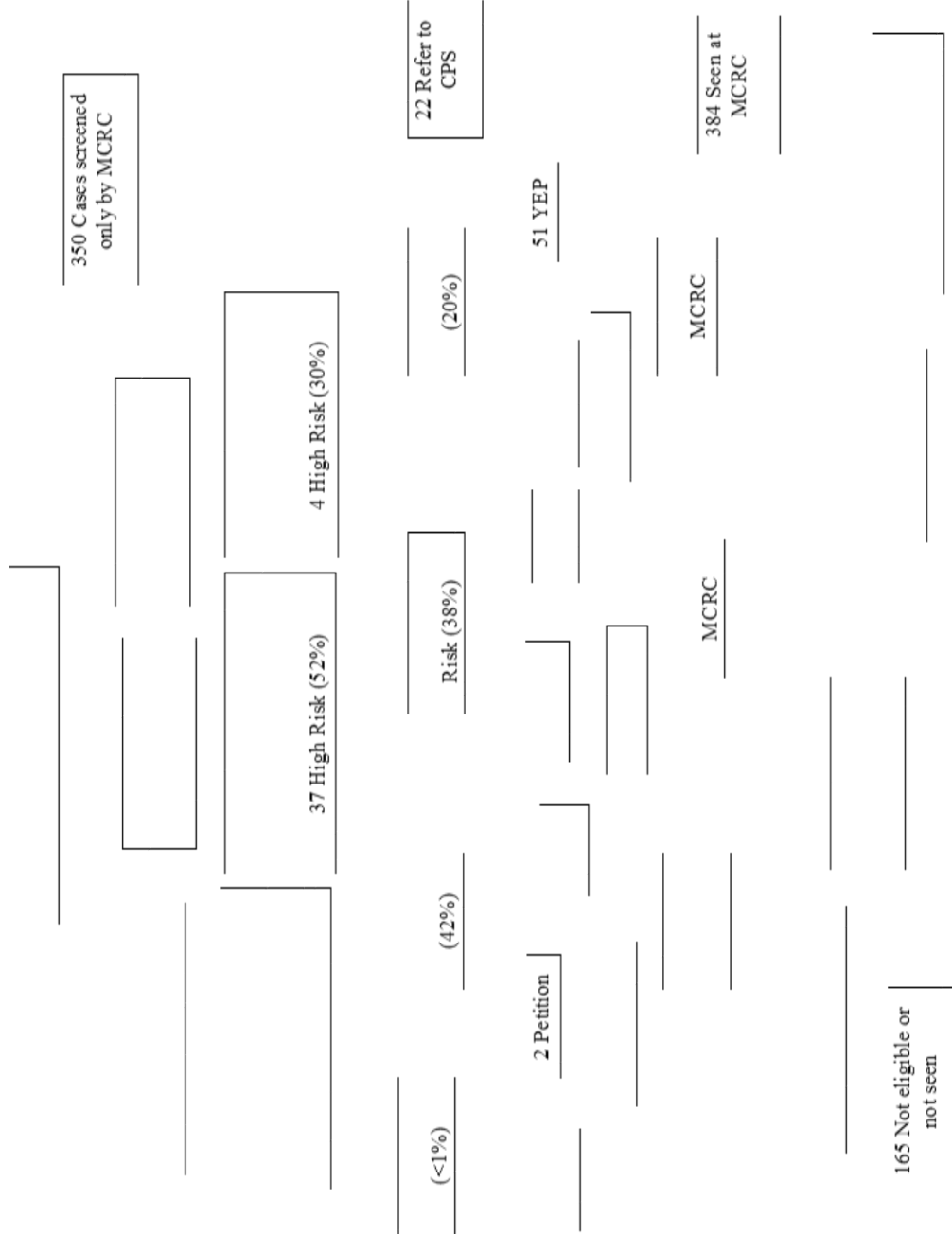
up for assessment, or in the time between referral and assessment they may have been placed outside of Ramsey County for treatment or justice issues, or they have become pregnant, or they may deny sexual abuse, so they are no longer eligible for RIP. As a result, the estimate of who is eligible and how many actually are enrolled should be considered with caution.

During 2018, 51 youth screened by RCAO appeared to be high risk and eligible for enrolment in intensive services, and 27 of these were seen by MCRC. Of the 86 moderate risk cases, 19 were referred to and seen by MCRC for evaluation, and so were 18 of the 91 low risk cases (not all of these would be enrolled in services, however, just evaluated).

Whether referred by RCAO or seen only by MCRC, 73 were enrolled in intensive services and an additional 50 were enrolled in the empowerment groups. Another 123 had been enrolled during 2017 and were provided ongoing care in 2018. Thus, a total of 196 youth received services from MCRC during 2018 as part of Ramsey County RIP. This included 666 nurse visits, 1,378 nurse case management contacts, 98 parent meetings, and 121 of the youth participating in up to 26 empowerment group sessions each, for more than 2000 empowerment group participation sessions.

2018 Runaway Intervention Program Screening and Referral Patterns

2018 Runaway Intervention Program Screening and Referral Patterns



OUTCOMES FOR GIRLS ENROLLED IN INTENSIVE RIP SERVICES

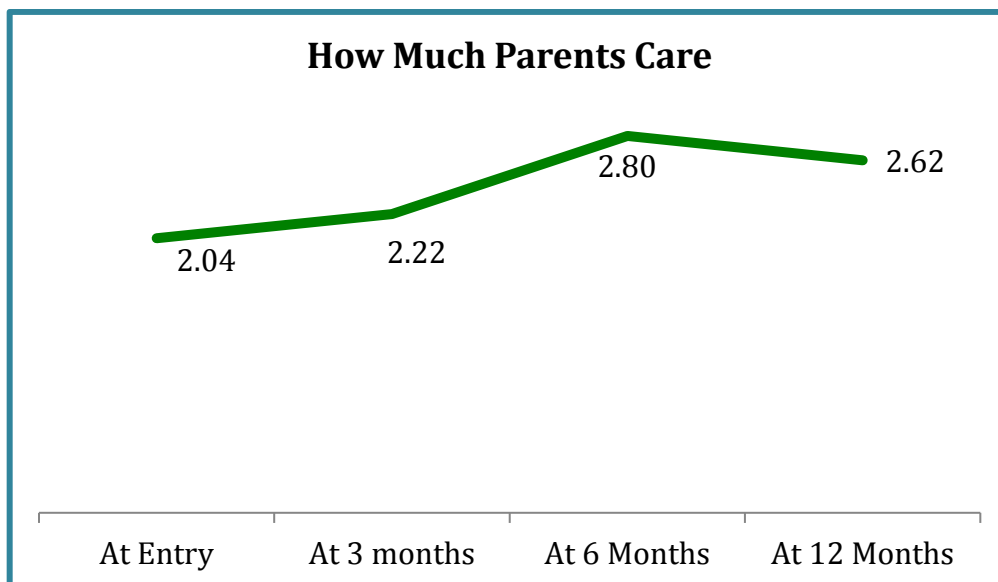
Given the model of care within the Runaway Intervention Program, there are a number of different outcomes to evaluate. First, we look at whether the program actually helps connect them back to supportive environments and relationships. Then, we look at whether they experience reduced trauma symptoms, better mental health, and self-esteem. Finally, we consider whether the increase in protective factors and reductions in trauma symptoms also leads to decreases in risky behaviors, including reductions in running away, truancy, problem substance use, and risky sexual behaviors.

First Step: Reconnecting to Supportive Relationships and Protective Factors

RIP works with the girls and their parents, teachers, and others to improve connections to caring adults. As you can see below, girls in the program demonstrate significant improvement in connected relationships over time.

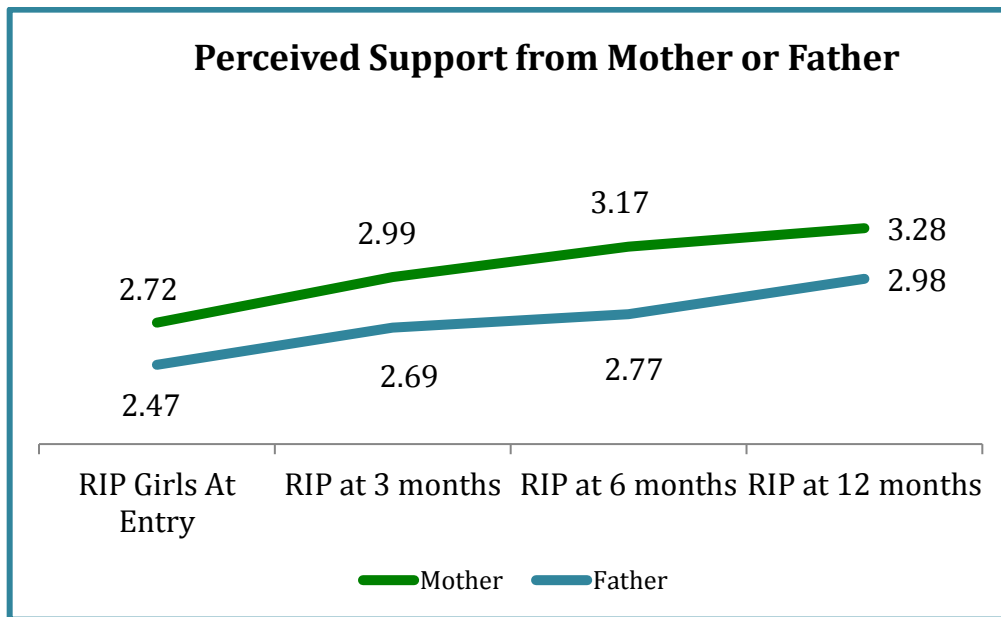
Improved Relationships with Parents and other Adults

On average, girls in RIP reported feeling significantly more cared about by their parents as they continued in the program. Compared to sexually active runaways in the MSS, at entry to the program the RIP girls feel less cared about than non-abused girls, but similar to those who have experienced incest or non-family abuse. By 6 months in the program, they report similar levels of feeling cared about by their parents as runaway girls who had never been abused in the MSS, and this persists at 12 months.



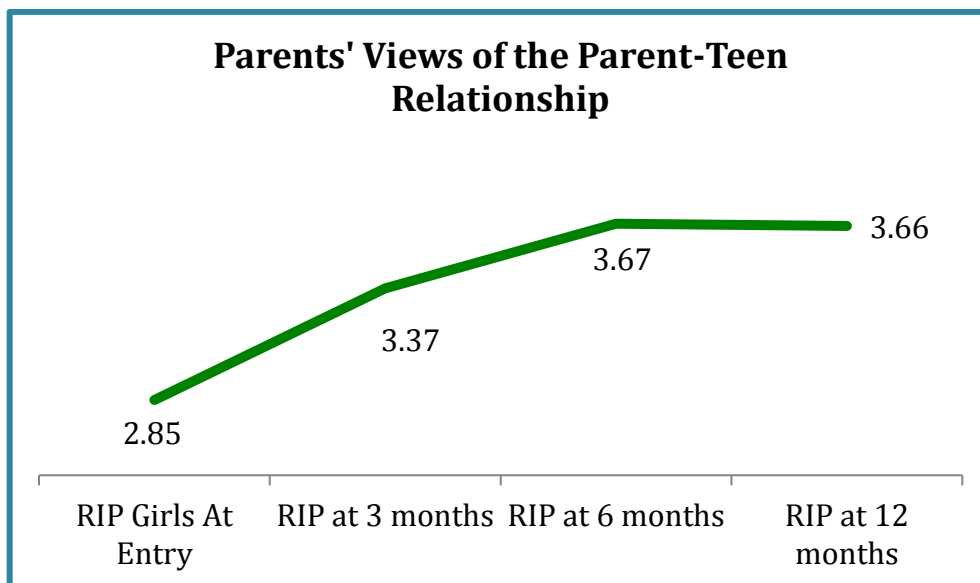
Scale of 0-4, with 0=not at all, and 4=very much.

RIP participants also report significantly improved relationships with their mothers and their fathers over time in the program.



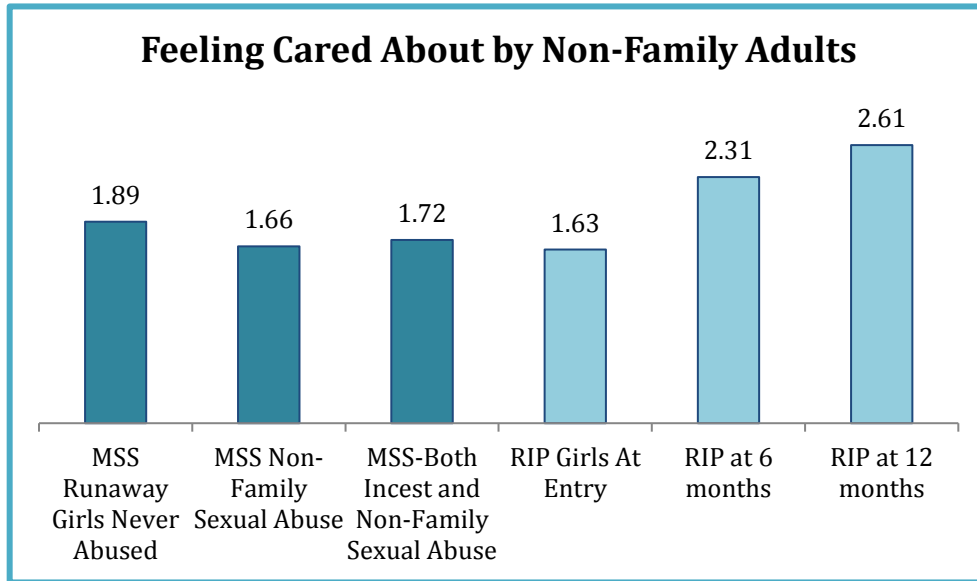
Scale of 0-5, with higher number equal more frequent support.

The program also engages with parents, and as a result, also asks them to rate their relationship with their child at entry into the program and at regular intervals while they are participating. While parents generally view the relationship a bit more positively than their teen does, their rating also increases significantly over the time in the program.



Scale of 0-5, with higher number equal more frequent support

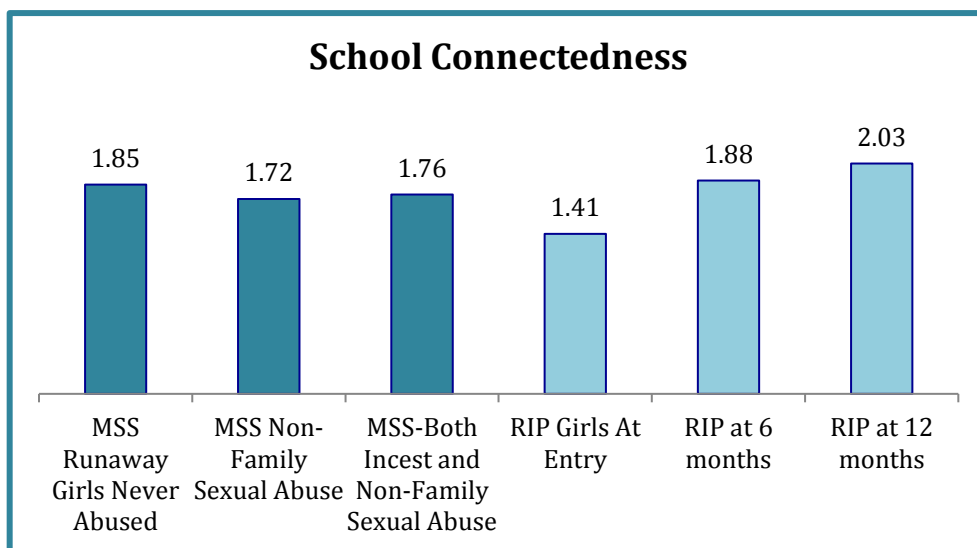
When they first enter the intensive services, most girls report the same levels of feeling cared about by non-family adults as other runaway girls in the Minnesota Student Survey. However, at 6 and 12 months, not only do they feel more cared about, their average score is higher than even runaways who have never been sexually abused.



Scale of 0-4, with 0=not at all, and 4=very much.

Reconnecting to School

Family is important as a nurturing environment, but so is school. The program helps to reconnect participants to school environments. At entry to the program, RIP girls' levels of school connectedness are significantly lower than those of other runaways in the MSS. However, by 6 and 12 months, they are as or more connected than non-abused runaways.



Scale of 0-4, with higher number indicating higher connectedness

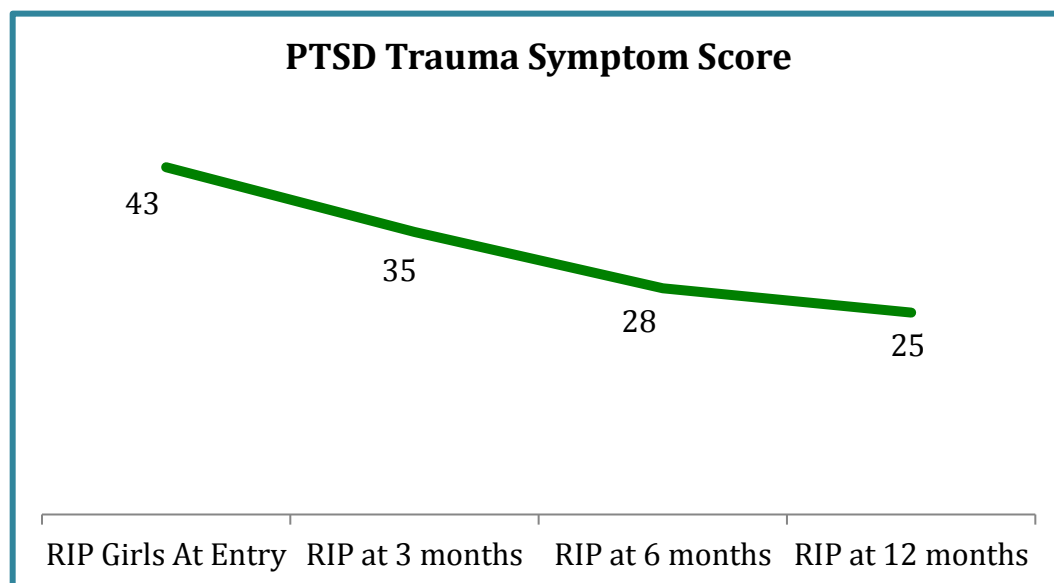
Second Step: Reducing Traumatic Responses

The next element in the program is to help reduce their traumatic responses.

Reduced PTSD Symptoms

Runaways who have been sexually exploited or sexually abused have a very high risk for developing posts-traumatic stress disorder (PTSD). Nurses in RIP assess for PTSD at entry into the program, and regularly while girls are receiving services. Among those who were enrolled in the programs in 2018, more than 85% had symptoms severe enough to qualify for a likely diagnosis of PTSD, and another 8% were assessed with partial PTSD. Such severe symptoms can challenge a young person's ability to manage in daily life, including at school.

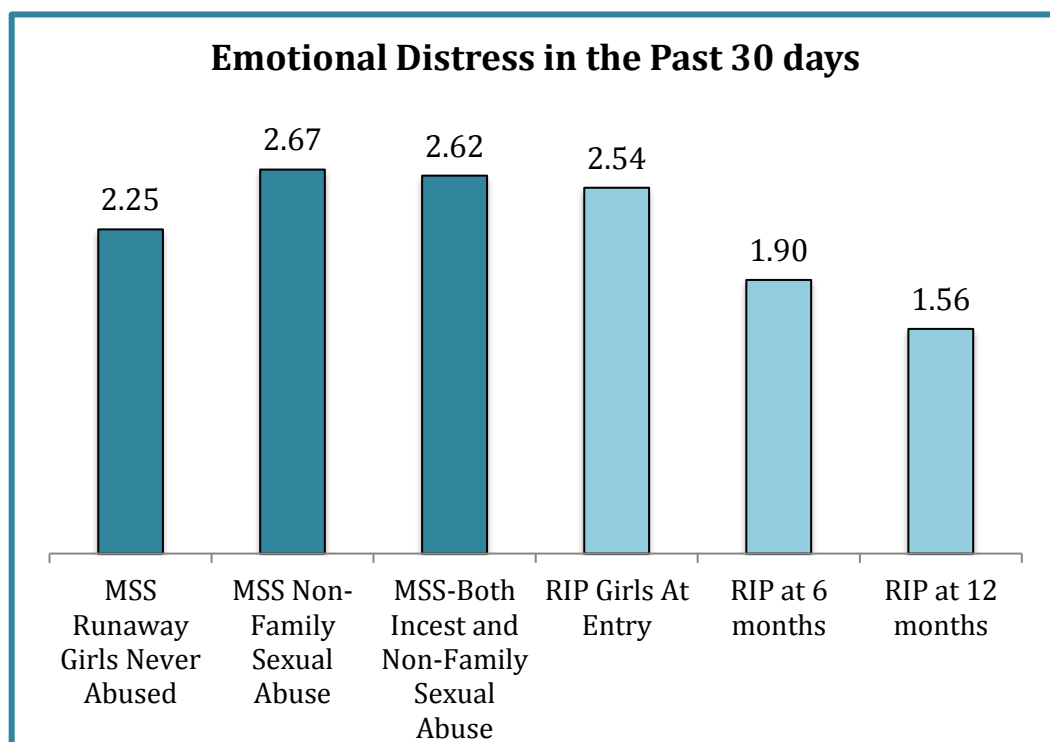
While in the program, trauma symptoms significantly declined for most participants over time, and many of them no longer meet the criteria for PTSD by 6 or 12 months.



Improved Mental Health

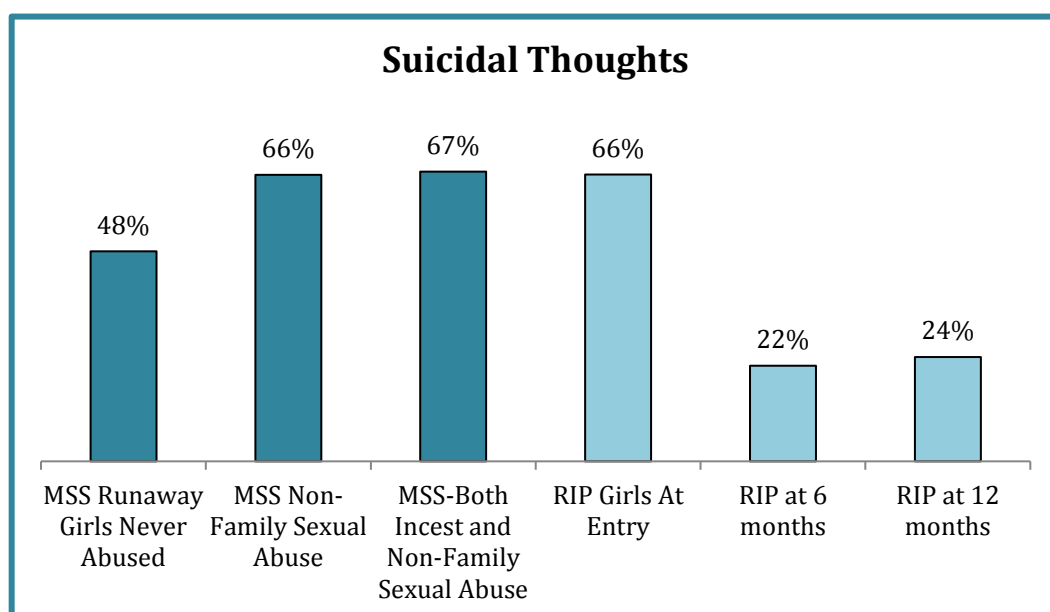
Self-harm is a common sign of distress among sexually abused or exploited youth. At entry to RIP, 70% of girls reported self-harm in the past year. But rates of self-harm declined steadily, and by 6 months, more than 70% of girls were no longer reporting self-harm.

Both the RIP assessments and the MSS ask several questions about stress, sadness, and other moods over the past month, which together create a measure of emotional distress. At entry into the program, RIP girls have just as high an emotional distress score as other runaways who have been sexually abused, but by 3 months 66% of them have lower emotional distress scores, and by 12 months, 75% had lower scores, lower even than runaway girls who have never been abused, and no longer different from girls who have not runaway and have never been abused.

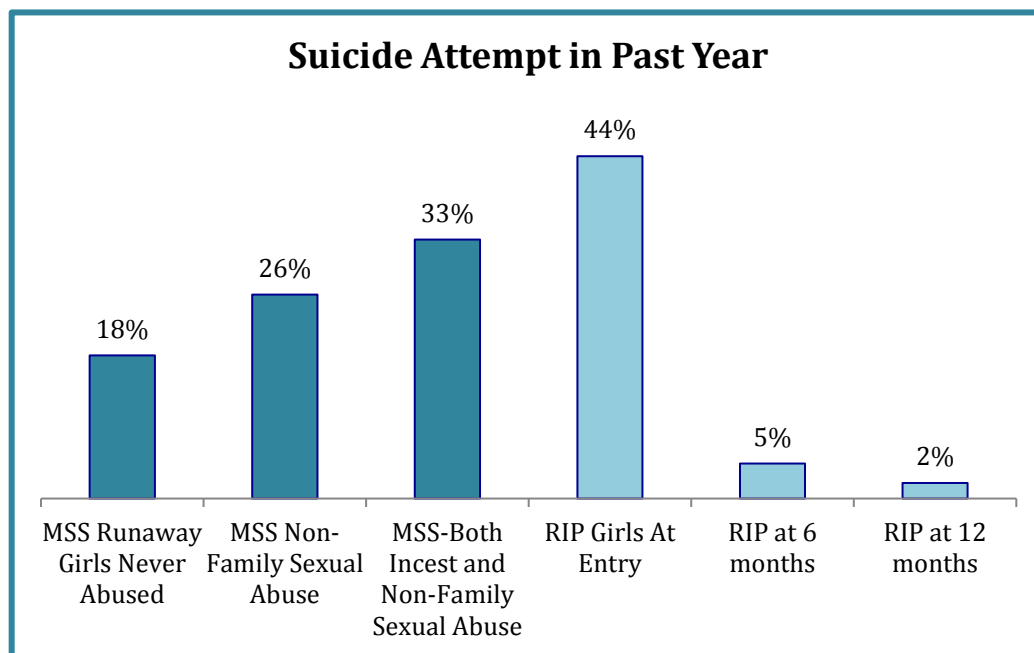


Score 0-4, higher score = greater emotional distress

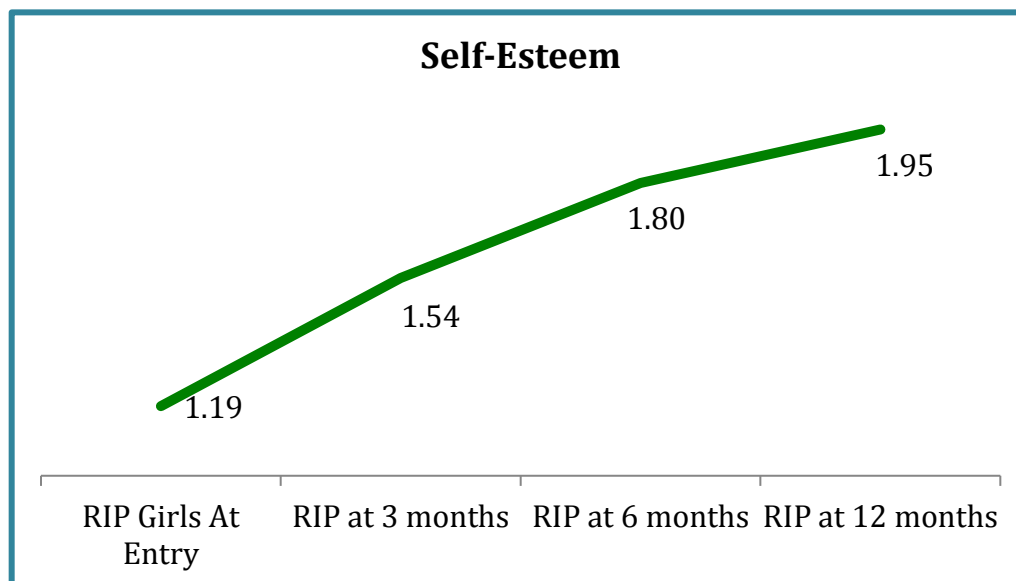
Two-thirds of girls reported suicidal thoughts at entry to RIP (66%). Most of these reported no current suicidal thoughts at 6 or 12 months. But at 6 or 12 months, RIP girls were less likely to have suicidal thoughts than even non-runaway sexually active girls in the general population who had never been abused (32% of these reported suicidal thoughts).



Suicide attempts are high among runaways, especially those who have been sexually assaulted, and RIP girls are no exception. At entry to the program, a greater percent of RIP girls reported a past year suicide attempt than abused and non-abused runaways in the MSS. However, by 6 and 12 months, almost 90% had not had another suicide attempt over that same time period.



The girls who received intensive services also report improved self-esteem (scale from 0-3, with higher score meaning higher self-esteem). (This is not measured on the MSS).



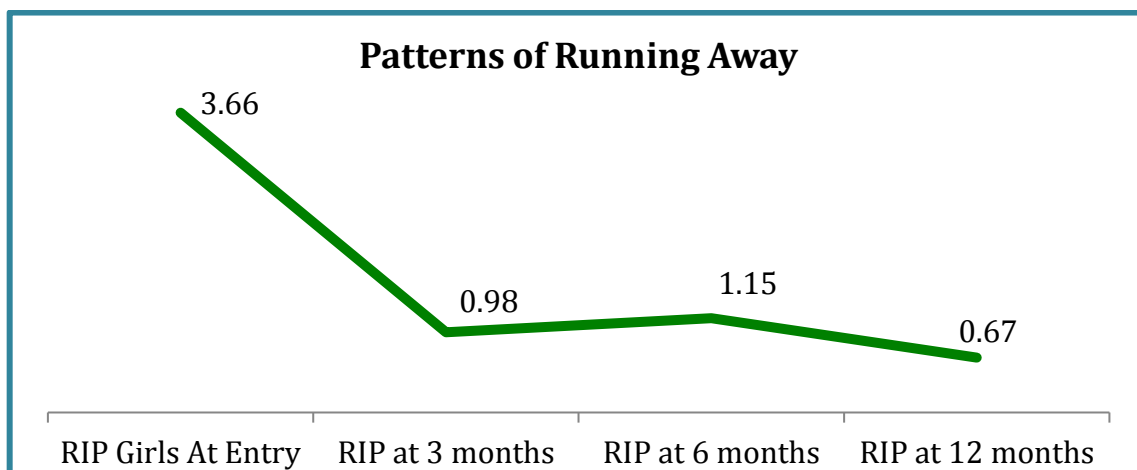
Scale 0 to 3, higher score = higher self-esteem.

Third Step: Reducing Problem Behaviors

RIP also aims to reduce problem behaviors among participants as a result of improved relationships and better coping. Here too, RIP shows definite improvements among participants.

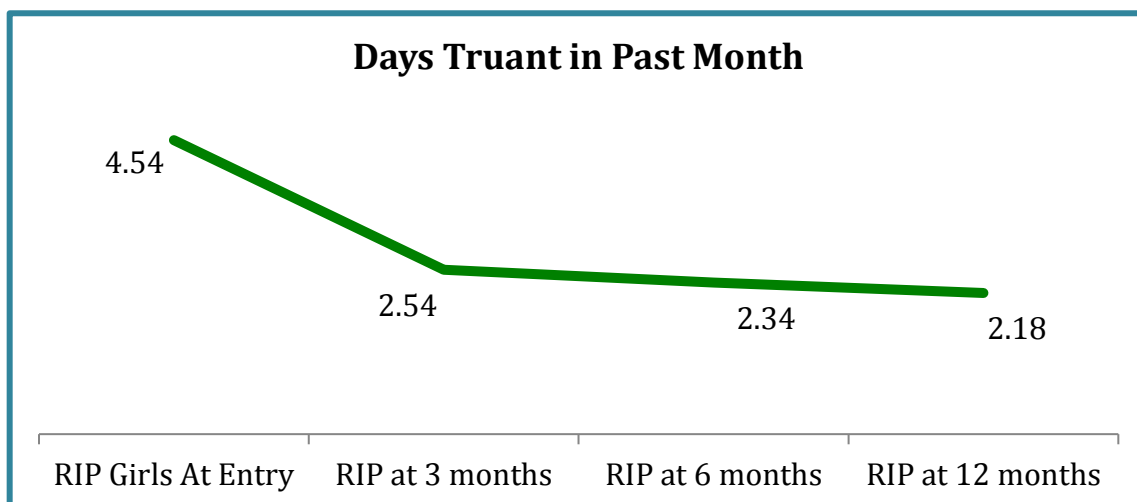
Fewer or No Episodes of Running Away

At entry to RIP, all girls have run away, and 1 in 5 girls (22%) had run away 10+ times in the past year. Most girls reduce their runaway episodes sharply; by 12 months, most have not run away for 3 to 6 months.



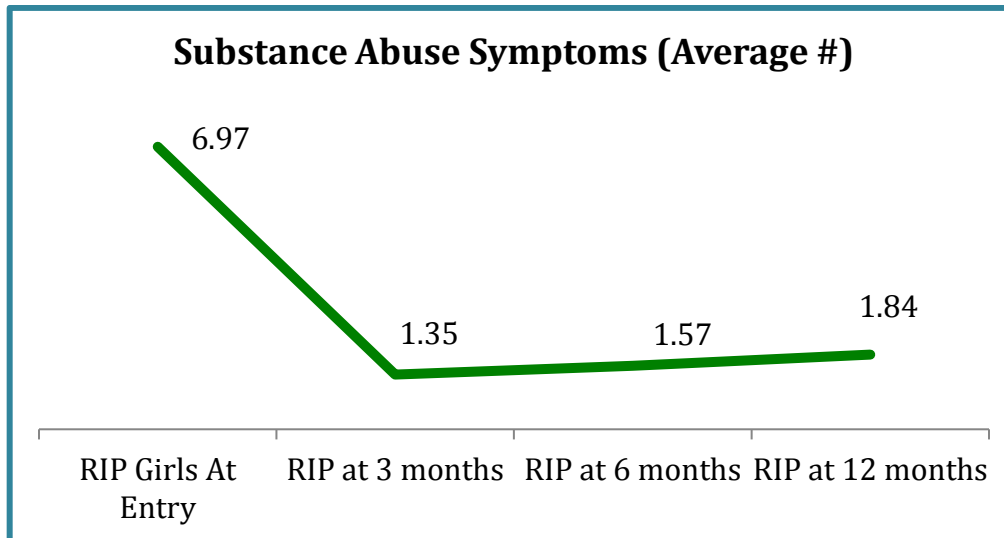
Lower Levels of Truancy

Most girls in RIP improve their school attendance significantly within the first few months after entry and continue this improvement at 6 and 12 months.



Lower Levels of Problem Substance Use

Adolescents who have experienced sexual abuse often develop problem substance use. The RIP assessment asks a series of questions about 11 different symptoms and their frequency that together can diagnose substance abuse (score range, 0 to 39). In 2018, 28% of girls enrolled in RIP intensive services met the criteria for substance abuse at entry. By 3, 6, and 12 months in the program, however, girls who have participated in intensive services report sharp drops in substance abuse symptoms, and at 6 months, only 4% still met the criteria for substance abuse.



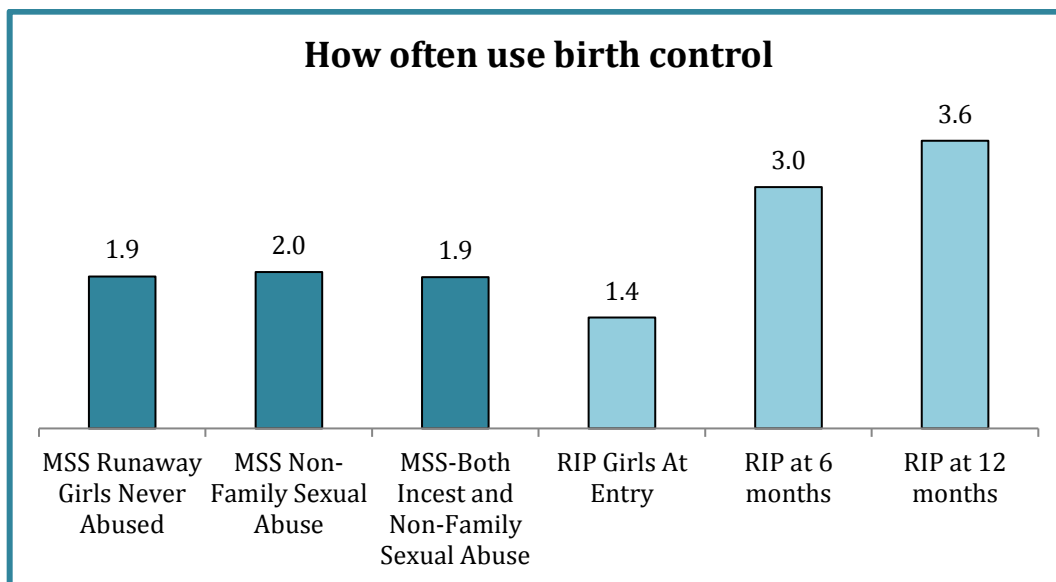
After participation in the program, girls also report significant improvements in substance use:

- Fewer episodes of binge drinking in the past month (at 3, 6 and 12 months)
- Fewer occasions of marijuana use in the past month (at 3 and 12 months)
- Fewer days using other drugs in the past month (at 3 months)
- A sharp drop in the number of different kinds of drugs used (at 3, 6 and 12 months)

Improved Sexual Health

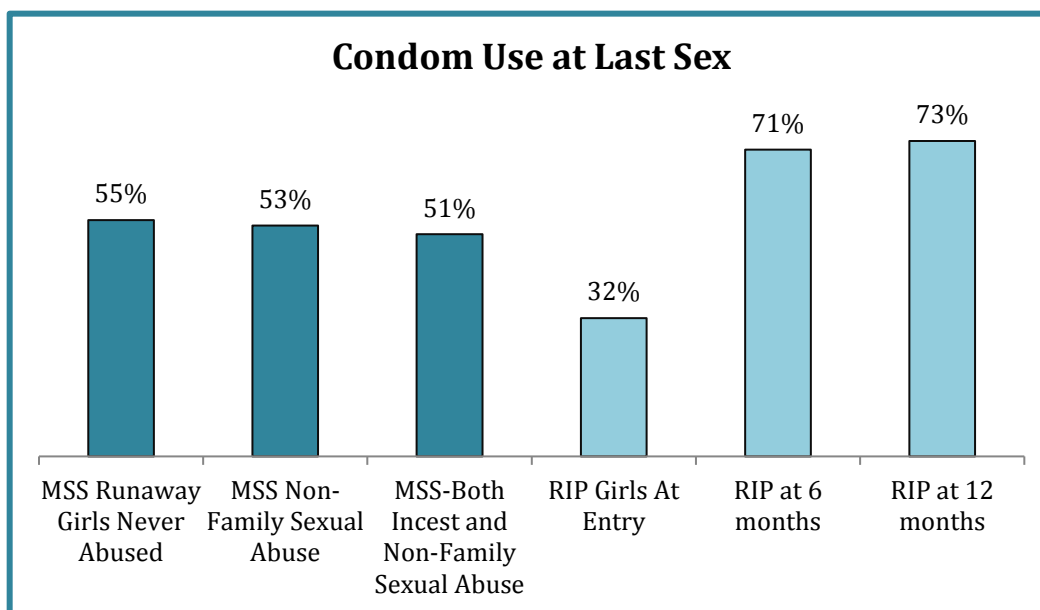
Just over 1 in 3 girls reported that they were no longer sexually active at 3 months, and similar percents reported no sexual partners at 6 and 12 months. Among those who were still sexually active, however, they reported a significant drop in their number of sexual partners, and safer sex (improved condom use and/or birth control).

We asked how often people reported using birth control, ranging from 0 (never), 1 (rarely), 2 (sometimes), 3 (often), to 4 (always). Although at entry RIP girls had reportedly lower use of birth control than other runaway girls in the MSS, at 6 and 12 months, they had significantly more frequent birth control—even better than runaway girls who had never been abused.

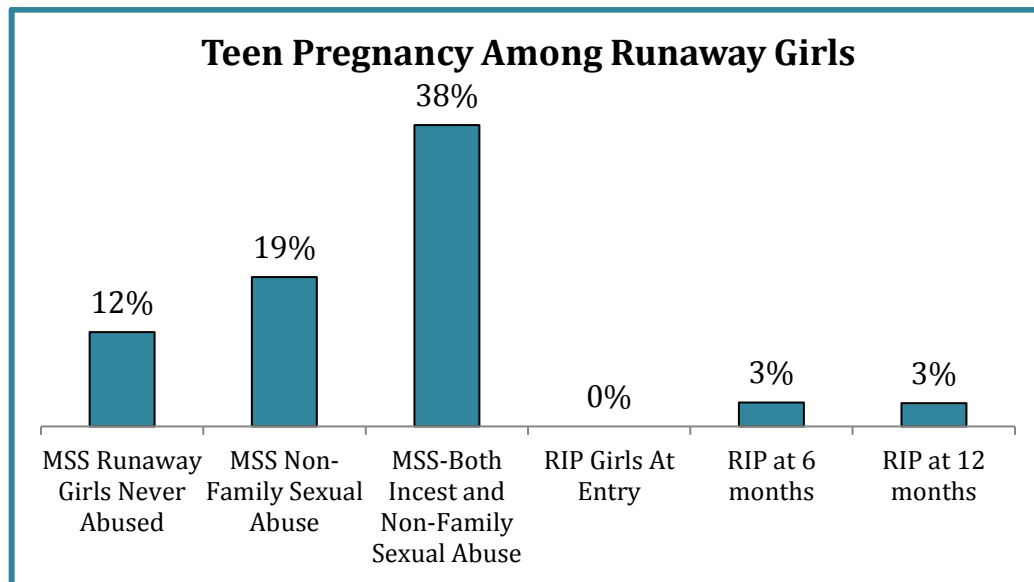


Scale 0=never, 1=rarely, 2=sometimes, 3=often, 4=always.

At entry to the program, far fewer RIP girls reported using a condom the last time they had sex than did other runaway girls in the MSS, but at 6 months and 12 months, they were significantly more likely to report condom use.



Although the small number of girls who are pregnant at the first assessment are not enrolled in RIP (they are referred to public health nursing services instead), even at 6 and 12 months, just a handful of RIP girls became pregnant after being enrolled. Since 19% and 38% of sexually abused runaways report ever being pregnant in the general population, this is a profound difference, and likely reflects the improvement in sexual health behaviors.



As might be expected based on the risk behaviors, sexually transmitted infections are a serious issue. At entry to the RIP program, 40% of girls tested positive for chlamydia, 11% tested positive for gonorrhoea, and 12% for trichomonas. However, by 6 months, 82% of those infected with Chlamydia did not have a repeat infection, and at 12 months, 94% of those who had Chlamydia did not have a repeat infection. Similar results were found for gonorrhoea and trichomonas.

CONCLUSIONS

As has been shown consistently in more than 10 years of the program, this partnership between the justice system and health care in the Runaway Intervention Program creates pathways by which highly vulnerable and traumatized youth can be supported with services to help change their trajectory, reconnecting them to supportive resources and relationships, reducing their trauma, and improving their health and risk behaviors. Our recent paper published in *Child Abuse & Neglect* (January 2019), which used multivariate growth curve modelling to help identify which aspects of RIP contribute to mental health outcomes, showed that the RIP nurse visits, case management, and empowerment groups each contribute to reduced PTSD symptoms and suicidality.

At entry into the program, youth have high levels of disconnection, trauma and health-compromising behaviors; they look remarkably similar to other runaway, sexually abused girls in the 7-county metro area as assessed on the Minnesota Student Survey. After enrolment in the program, however, not only do most participants improve across a range of protective factors and problem behaviors, but they improve so much that by 6 and 12 months, they look significantly better than urban runaways who have never been abused, and in some areas, look indistinguishable from non-runaways in the general population. This is compelling evidence for the effectiveness of the program, in helping to foster resilience among vulnerable sexually abused and exploited young adolescents.

OTHER REPORTS ABOUT RIP

The following published papers and abstracts report additional analyses of RIP data, focused on more in-depth or specific topic areas, and occasionally drawing on more sophisticated statistical techniques. PMC numbers indicate articles that are now publicly available through PubMedCentral and can be found via that number. Otherwise, publications available at request from elizabeth.saewyc@ubc.ca.

Edinburgh LD, & Saewyc EM. (2009). A novel, intensive home visiting intervention for runaway sexually exploited girls. *Journal of Pediatric Specialists in Nursing*, 14(1), 41-48. PMC2874576.

Saewyc E & Edinburgh L. (2010). Restoring healthy developmental trajectories for sexually-exploited young runaways: Fostering protective factors and reducing risk behaviors. *Journal of Adolescent Health*, 46, 180-188. doi:10.1016/j.jadohealth.2009.06.010. PMC4709168.

Edinburgh L, Huemann E, Richtman K, Marboe AM, & Saewyc EM. (2012). The Safe Harbors Youth Intervention Project: Intersectoral collaboration to address sexual exploitation in Minnesota. *Nursing Reports*, 2(1), 18-24. doi: 10.4081/171.

Edinburgh L., Saewyc E., Huemann E. (2012). The 10-Question Tool for police officers: A novel health and psychosocial screening instrument for runaway youth. *OJJDP: Journal of Juvenile Justice*, 1(2), 80-94. Accessible at www.journalofjuvjustice.org.

Edinburgh LD, Garcia C, Harpin S, Saewyc EM. (2013). Differences in abuse and related risk and protective factors by runaway status for adolescents seen at a U.S. Child Advocacy Center. *International Journal of Child and Adolescent Resilience*, 1(1), 3-14. Available <http://www.is-car.ca/ijcar/issues/vol1/jan2013/7.html>. PMC4709168.

Edinburgh LD, Pape-Blabolil J, Harpin S, Saewyc E. (2014). Multiple perpetrator rape among girls evaluated at a hospital-based Child Advocacy Center: Seven years of reviewed cases. *Child Abuse and Neglect*, 38 (9), 1540-1551. doi: <http://dx.doi.org/10.1016/j.chiabu.2014.05.008>. PMC4709168.

Edinburgh LD, Harpin S, Pape-Blabolil J, Saewyc E (2015). Assessing exploitation experiences of girls and boys seen at a Child Advocacy Center. *Child Abuse & Neglect*, 46, 47-59. doi: 10.1016/j.chiabu.2015.04.016. PMC4709168.

Bounds D., Edinburgh L., Fogg L., & Saewyc E. (2017). The Minnesota Runaway Intervention Program's influence on sexually exploited youth's trauma responses. *Journal of Adolescent Health*, 60(2) Suppl1, S22-S23. Doi: [10.1016/j.jadohealth.2016.10.063](https://doi.org/10.1016/j.jadohealth.2016.10.063).

Bounds D, Edinburgh L, Fogg L, Saewyc E. (2019). A nurse practitioner-led intervention for runaway adolescents who have been sexually assaulted or sexually exploited: Effects on trauma symptoms, suicidality, and self-injury. *Child Abuse and Neglect*, 90, 99-107. doi:10.1016/j.chiabu.2019.01.023.