

The Ramsey County Runaway Intervention Program

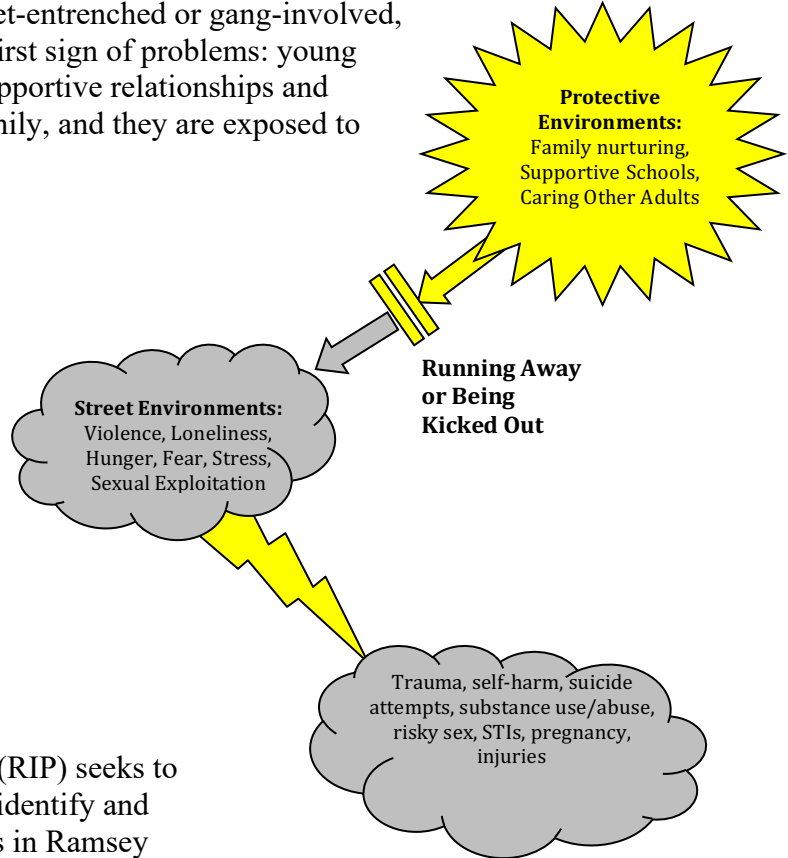
Evaluation Report for 2024

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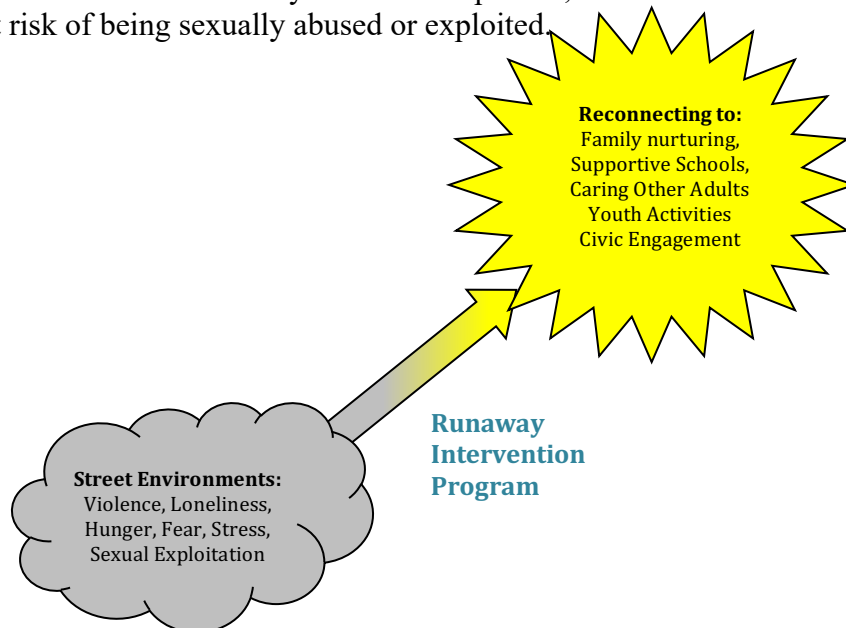
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ABOUT THE RUNAWAY INTERVENTION PROGRAM (RIP)

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.



Program Goals

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 between 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.

The Program partnership has been in place since 2006. Given the strong evidence of its effectiveness over the past 18 years, the 2024 report focuses on a less intensive set of tracking, with entry to program plus at least one other follow-up at 6 or 12 months.

This evaluation summarizes services provided during 2024, 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 over the years 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 high risk for negative outcomes. Research has shown that 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. We're using the 2010 MSS data as a baseline comparison to ensure we don't overlap cases, but also because more recent versions of the MSS have omitted or altered some of the wording of the questions we use, which changes the ability to compare them. Sexual abuse has had highly consistent negative effects documented in previous research worldwide, so the comparisons are still relevant for most issues.

Analyses within the RIP program draw on two sources: 1) summary data from RCAO of the number of runaway girls ages 12-17 in the county, and the number with repeated runaway episodes during 2024, to estimate the coverage of services by MCRC; and 2) data collected by MCRC from clinical assessments, clinical services, and youth report. Analyses are focused on those receiving RIP intensive services. For those receiving intensive services, we compare their assessments at 6 and/or 12 months to their assessment at enrolment to measure any changes over time. In order to capture the full scope of work during the year, we include all youth who received services during 2024, not just those who were first screened or enrolled during 2024, because many young people who were enrolled in the last half of 2023 are eligible to receive services through the first half of 2024, and their 6 month or 12 month follow-up occurred during 2024. Given the relatively modest number of youth enrolled in services and providing follow-up data during any one year, we would have limited statistical power to detect significant change over time if we were to evaluate only the youth enrolled in that year. Instead, as we have done in previous reports, we document outcomes for youth who were enrolled over the last 5 years of the program, from January 2020 to December 2024.

We also compare the group at baseline, 6 and 12 months to eight different groups of students in the Minnesota Student Survey (MSS):

1. Those who have run away in the past year and who have been sexually abused by someone outside their family
2. Runaways who have been sexually abused by family members
3. Runaways who have been sexually abused by both family members and non-family members
4. Runaways who report no abuse at all
5. Girls in the above 4 groups (abused or not) but who have not run away

Over the years RIP findings have documented that at baseline the girls have higher trauma symptoms and lower positive supports than runaways from most of the abused groups, but by 6 or 12 months, their improvement brings them closer to girls who have not runaway, and have not been abused. Therefore, for more efficient reporting, only one set of comparisons, to runaways who experience different types of abuse (or no abuse), will be included in most charts unless noted.

For clarity of presentation, bar charts and line graphs will show overall changes over time, but the actual statistics underlying the analyses involve repeated measures analyses, and within-case parametric and non-parametric tests of pre/post (i.e., T-tests, McNemar's Test, Wilcoxon Sign Rank). Technical details of the statistical analyses are available upon request. All results presented are statistically significant unless otherwise noted.

DISRUPTIONS IN SERVICES AND ASSESSMENTS DURING 2024 DUE TO THE CONTINUING RECOVERY FROM THE COVID19 PANDEMIC

The complexity of health care as well as disconnections of youth from school and social services due to disruptions in those services during the global pandemic has had a continued effect on the number of young people referred to and retained in the program in 2024, although MCRC noted improvements compared to the more acute pandemic years of 2020-2022. Compared to 2023, there are an increasing number of referrals from the various sources, but MCRC felt they still are not getting referrals for youth with as many substance use issues as previously. RCAO has documented a 25% increase in the number of runaways reported in the system compared to last year, and also for repeat runaways, although there were changes in the way repeat runaway episodes were reported by police that RCAO had to account for. There has been ongoing turnover in staffing and changes in roles at the county level, within schools, and at agencies that refer to RIP, and it is possible this turnover is still affecting referral patterns. The team is continuing work to engage with key stakeholders and present about RIP to ensure there is general knowledge about RIP as a resource, and that new staff know the concrete steps to take to refer a young person to RIP/MCRC.

However, among those who have enrolled in the intensive services, sustained relationships between the APRN nurses and the clients have been documented by follow-up assessments at 6 and/or 12 months, as well as the amount of services provided. This year has again included hybrid services – some visits have been provided virtually and others in person—but more in person than previous years. The decision on type of visit has been made based on safety as well as individual youth/family preference.

Girls' empowerment groups have also returned to in-person, but the program continues to struggle with enrolment and attendance. Currently, groups have been small – it takes a significant amount of time to build membership in groups and have a consistent cohort of attendees. On days when only one girl shows up for group, it becomes a 1:1 therapy session.

This year again RIP has found challenges in identifying available services for girls with longer-term mental health treatment needs: higher level care has been difficult to access. Regarding substance abuse issues in the region, they have heard from partners in the community about increasing use of opioids among youth, often fentanyl, but they are not seeing this among RIP clients; this has led the team to wonder if they might be missing this group at high risk, and they are exploring ways to identify and successfully enrol them in the program.

The program also experienced a higher than typical number of young people who were referred but did not connect to services. Some girls were enrolled but relatively soon after that moved out of state with their families and were lost to care. Others started in RIP in Ramsey County but moved to Hennepin services. Common reasons for delay in care include girls in residential or inpatient treatment at time of referral, or on the run at time of referral. Knowing the barriers many families face in engaging in services, especially with youth who are running frequently and may miss or need to reschedule appointments, RIP staff have a strong commitment in keeping referrals open and not requiring that a first appointment occurs within a specific time period. Some of these open referrals will convert to youth served in 2025.

CASE FINDING AND COVERAGE

In order to estimate the extent that RIP is reaching the majority of runaway girls who can benefit from the services, we need to know how many unique runaway girls ages 12 to 17 had a runaway report filed during 2024 in Ramsey County, as well as the subset of those girls who had repeat reports, since that is one of the criteria for eligibility for RIP (RIP is primarily focused on runaway girls who have been sexually assaulted or sexually exploited or are at risk of sexual assault/sexual exploitation). Ramsey County Attorney’s Office provided data about both the overall runaway girls group and the subset of those with multiple runaway episodes, in the tables below. The pandemic and other issues may still be affecting the number of runaway reports in Ramsey County, as the numbers are still a significant drop from 2020 (268) but unique cases are 25% higher than in 2023, and repeat runaways nearly doubled.

Total Unique Runaway Girls 12-17	
Age	Count of ID
12	14
13	20
14	37
15	33
16	37
17	39
Total in 2023	180
Total in 2022	135

Total Repeat Runaway Girls 12-17	
Age	Number of Girls
12	5
13	6
14	11
15	5
16	13
17	10
Total in 2023	50
Total in 2022	27

In pre-pandemic years of RIP, approximately 15-30% of runaways were assessed as high risk and eligible for intensive services, while another 40% would be moderate risk and potentially eligible for empowerment groups only, and 30-40% would be assessed as low risk or not eligible for RIP services. Some of the high risk girls would be those who had already started services the previous year and continued to have runaway episodes. Based on prior estimates applied to the RCAO reported number of runaway girls, we would anticipate between 25 and 50 runaway girls would be eligible for intensive RIP services this year, and 15-18 or more of these would have been enrolled in services the previous year and continuing to receive care.

In 2024, there were 29 girls who were newly enrolled in RIP intensive services, which was more than enrolled in 2023. Another 16 girls who had been enrolled during 2023 were provided ongoing care in 2024, which was also fewer than in previous years, but within the range predicted; for some of these cases, they were re-engaged to receive further services after being in JDC or a long-term runaway episode, or after a subsequent sexual assault. Thus, a total of 45 Ramsey County runaway girls received services from MCRC during 2024 as part of RIP. This was fewer than in 2023, which was a concern, especially since the number of runaways documented by RCAO increased, although it should be noted that the total of 50 repeat runaway cases is still only 40% of the 126 that were reported in 2020. The 29 newly enrolled cases were within the estimates of eligible high risk girls who would be enrolled pre-

pandemic, but on the lower end, and not fully meeting coverage estimates based on the number of girls with multiple runaway episodes as reported by RCAO (an estimated 58% coverage).

The 29 newly enrolled girls reported significant abuse histories, trauma symptoms, mental health challenges, and health-compromising risk behaviors:

- The majority have significant severe sexual abuse histories, including 48% who reported incest, and 57% who had been sexually assaulted by someone outside the family (24% of girls reported both types of abuse); there were also 2 who disclosed sexual exploitation, although girls seldom disclose this due to stigma.
- 36% reported intimate partner violence, including 22% who reported date rape.
- Of the 19 girls who completed the PHQ-9 depression assessment, 37% met the cut-off for moderately severe or severe depression, and all 19 girls reported one or more depressive symptoms.
- 76% of girls reported one or more PTSD symptoms, and most of them with high numbers and frequency of symptoms
- 48% reported one or more episodes of self-harm in the past year, including 20% who reported 10 or more episodes of self-harm.
- 54% reported suicidal ideation, and 64% reported prior suicide attempts, including 36% in the past year.
- 9% of those who completed the screening met the criteria for substance abuse disorder, just over half reported they used cannabis and one had used other drugs in the previous month before starting RIP.
- 79% of those who were sexually active said they never used contraception, and 55% had not used a condom the last time they had sex.
- At entry to the program, only 1 tested positive for chlamydia this year, 1 for trichomonas, and none for gonorrhea or syphilis.

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, does the program actually help connect them back to supportive environments and relationships? Then, analyses examine whether they experience reduced trauma symptoms and better mental health. Finally, does the increase in protective factors and reductions in trauma symptoms also leads to decreases in risky behaviors, including reductions in running away, problem substance use, and risky sexual behaviors?

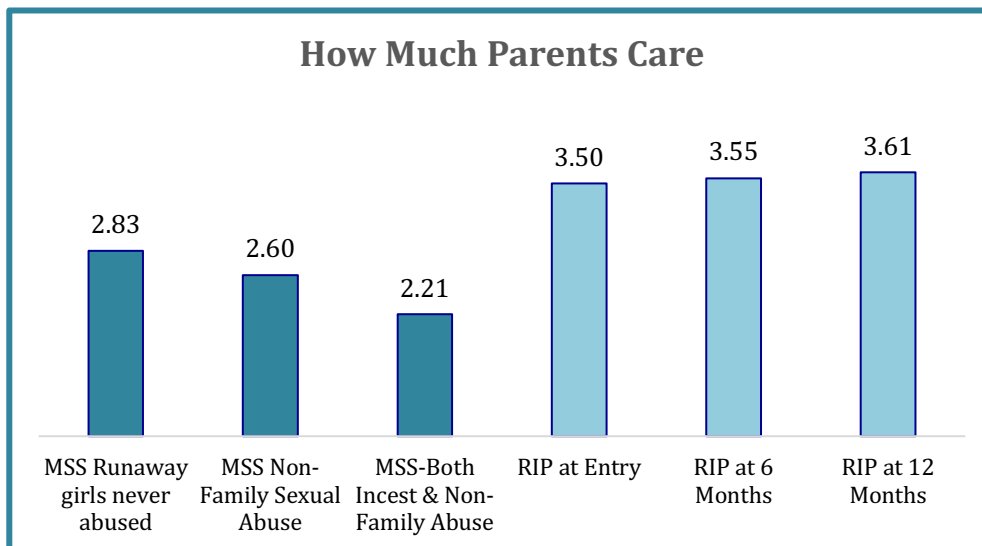
First Step:

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; analyses among those only receiving care during the pandemic did not show a notable drop in family connectedness.

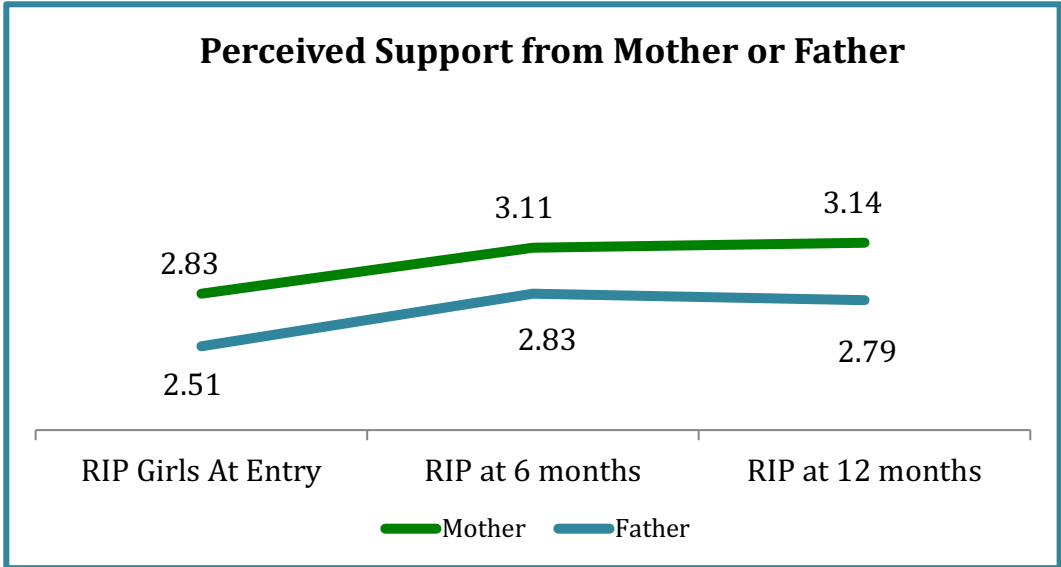
Improved Relationships with Parents and other Adults

On average, girls in RIP reported feeling more cared about by their parents as they continued in the program, although this year's higher baseline meant results were not statistically different over time. Compared to sexually active runaways in the MSS, at entry to the program, RIP girls feel more cared about than MSS runaway girls, regardless of type of abuse. By 6 months in the program, they still report much higher levels of feeling cared about by their parents than runaway girls who had never been abused in the MSS, and this also persists at 12 months.



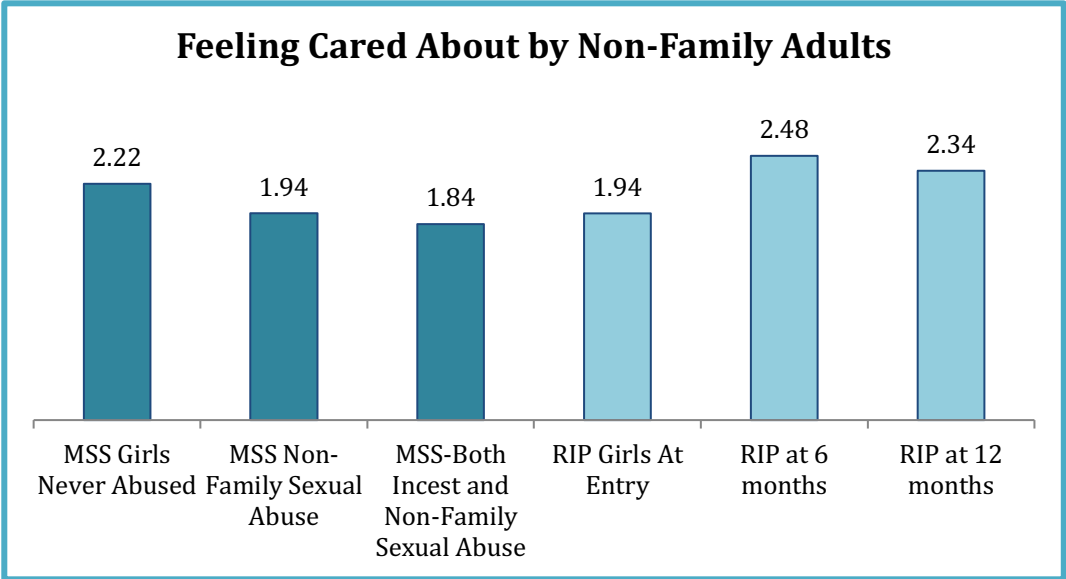
Among Runaway Girls, Scale of 0-4, with 0=not at all, and 4=very much.

RIP participants also report improved relationships with their mothers and their fathers over time in the program, although again this year support from fathers was slightly lower at 12 months. As with prior analyses that included the pandemic years, the improvement in perceived support from fathers was not significant at 6 or 12 months.



Scale of 0-5, higher number equals more support.

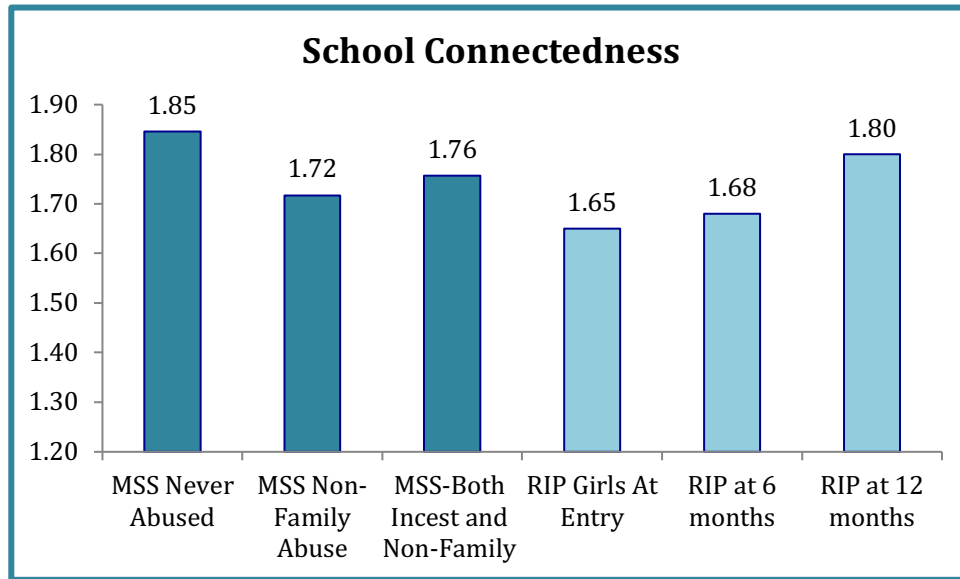
When they first enter the intensive services, most girls reported similar levels of feeling cared about by non-family adults as other runaway girls who have been abused, but lower than girls in the Minnesota Student Survey who have not run away. By 6 and 12 months, not only do they feel more cared about, their average score is higher than even non-runaways who have never been sexually abused. This year’s average scores are slightly higher than last year at baseline, but the improvement is similar to last year’s.



Note: Non-Runaways from MSS, 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, although this year's average was a bit higher than the 2023 average. By 12 months in the program, they are as connected as non-abused runaways.) and while there are improvements at 6 months and 12 months, they are not statistically significant differences.



Among Runaway Girls, Scale of 0-4, with higher number indicating higher connectedness

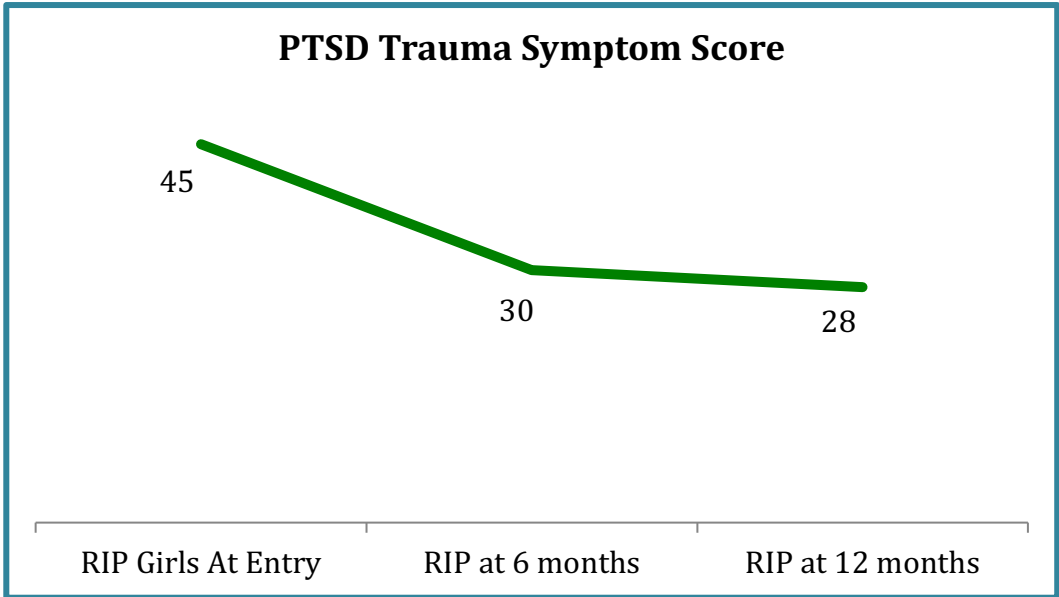
**Second Step:
Reducing Traumatic Responses**

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 2024, as with previous years, most had symptoms severe enough to qualify for a likely diagnosis of PTSD. Such severe symptoms can challenge a young person’s ability to manage in daily life, including at school.

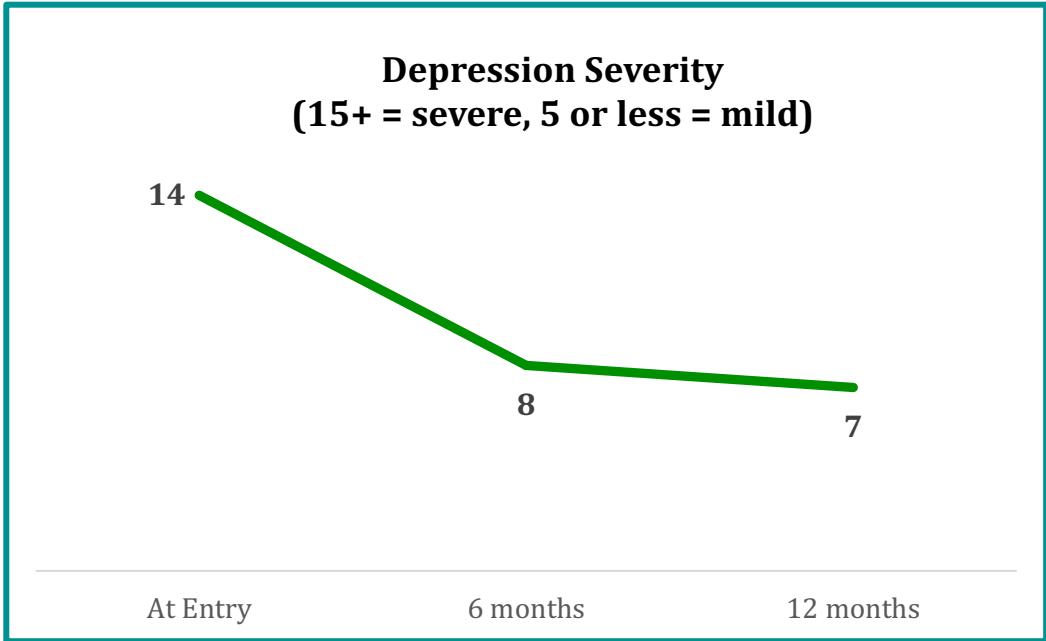
While in the program, trauma symptoms significantly declined for most participants over time, and many of them no longer meet the criteria for PTSD by 6 or 12 months. The levels of symptoms and improvements in 2024 were similar to those in 2023.



Improved Mental Health

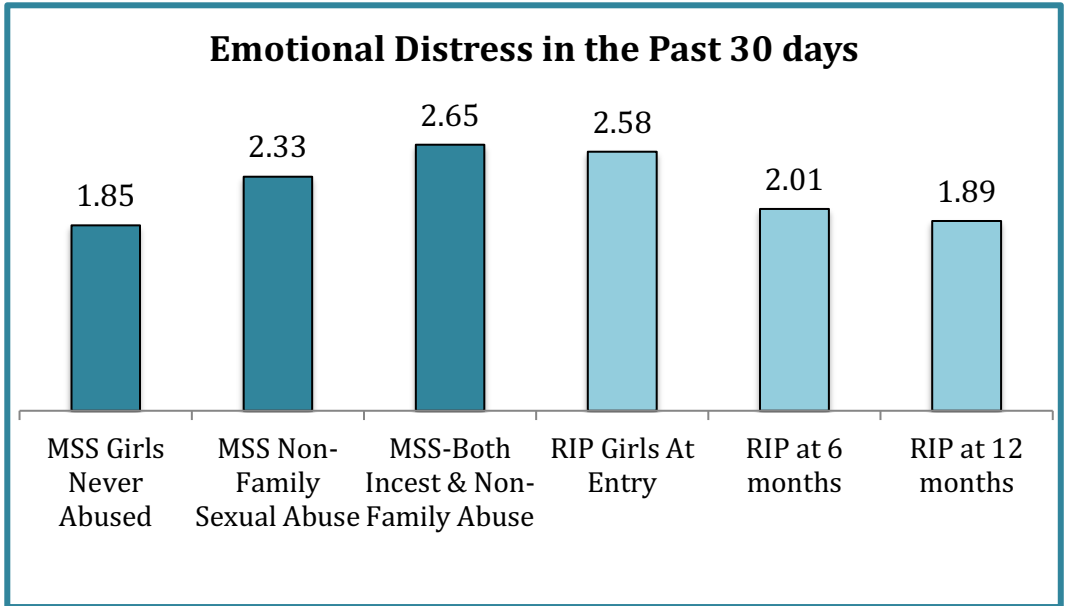
For 2024, MCRC continued to use the validated assessment of depression in their clinical practice, the PHQ-9, which has evidence-based cut-off scores that diagnose mild (5 or less) moderate (6-10), moderately severe (11-14), and severe depression (15+). This measure is sensitive to change over time, and for girls who had assessments in 2020 through 2024, there are highly promising results. At baseline, the average score for girls was 14, which is at the

upper end of moderately severe depression range, but by 12 months, the average score was only 7, near the lower end of moderate depression.



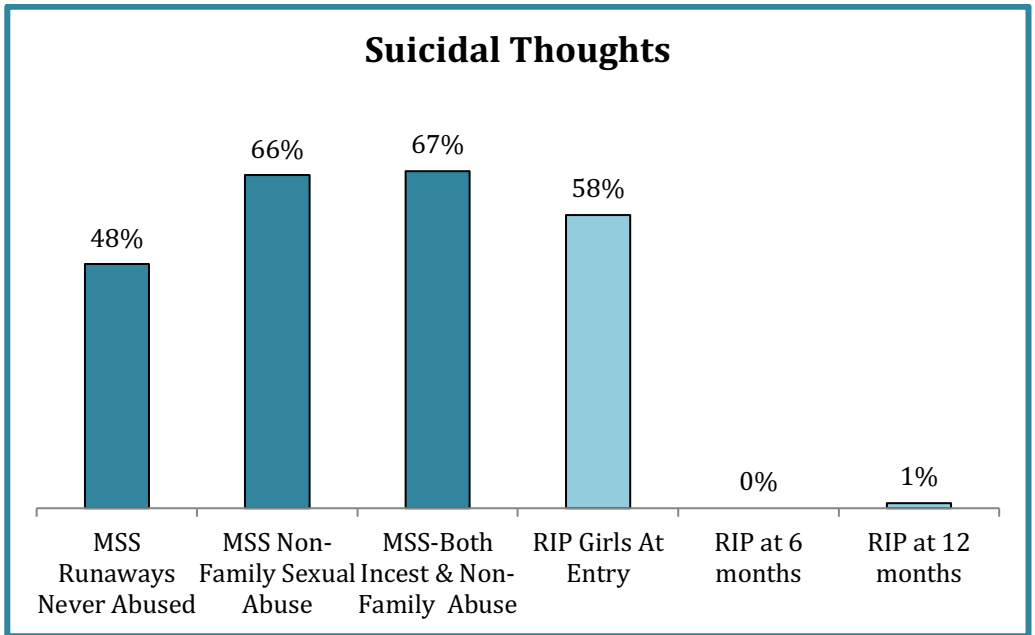
Self-harm is a common sign of distress among sexually abused or exploited youth. At entry to RIP, 68% of girls reported self-harm in the past year, including 16% who reported 20 or more episodes in the past year, which is similar to the rates of sexually active runaways in the MSS who have experienced both incest and abuse from non-family adults. For girls in RIP services, rates of self-harm declined significantly, and by 6 months, 84% of girls were no longer reporting self-harm, and the others had significantly reduced the number of episodes of self-harm. By 12 months, 91% of girls reported no self-harm in the past 3 months, and among the small number who were still self-harming, they were down to 1 or 2 episodes in the past 3 months.

Both the RIP assessments and the MSS ask several questions about stress, sadness, and other moods over the past month, to create a measure of emotional distress. At entry into the program, RIP girls have as high emotional distress as other runaways who have been sexually abused, but by 6 months, most have significantly lower emotional distress scores, and by 12 months, scores are almost as low as girls who have never been abused.

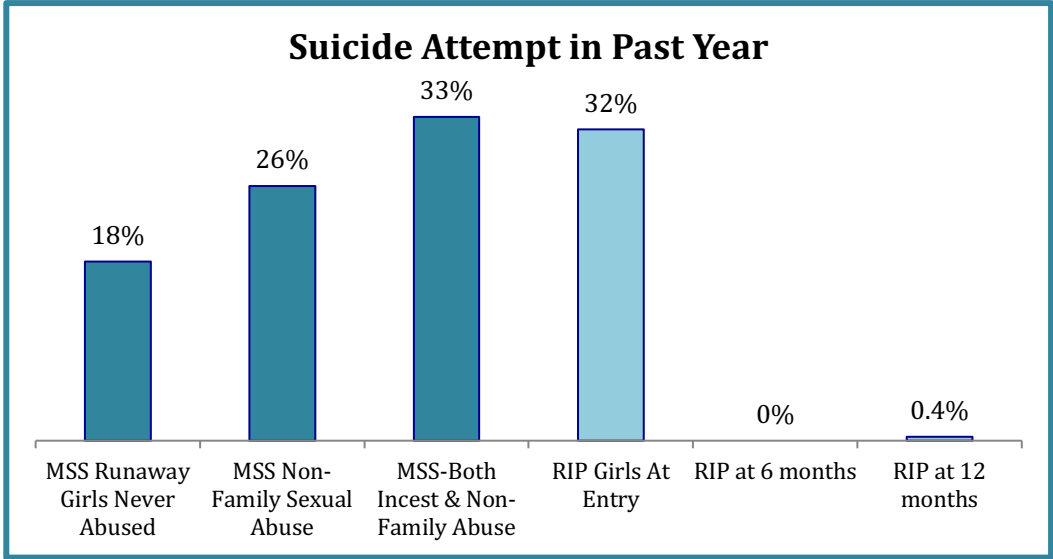


Note: Non-Runaway Girls from MSS, Score 0-4, higher score = greater emotional distress

More than half of girls reported suicidal thoughts at entry to RIP (58%). None of these reported current suicidal thoughts at 6 months (0) and only 1 did at 12 months (1%). This is lower than all other groups of girls, even sexually active girls in the general population who had never run away and had never been abused (32% reported suicidal thoughts).



Suicide attempts are high among runaways who have been sexually assaulted, and RIP girls are no exception. At entry to the program, a similar percent of RIP girls reported past year suicide attempts as runaways in the MSS who reported both incest and non-family sexual abuse. However, by 6 months, none had reported another attempt, and at 12 months, only 1 had reported another attempt (<1%).

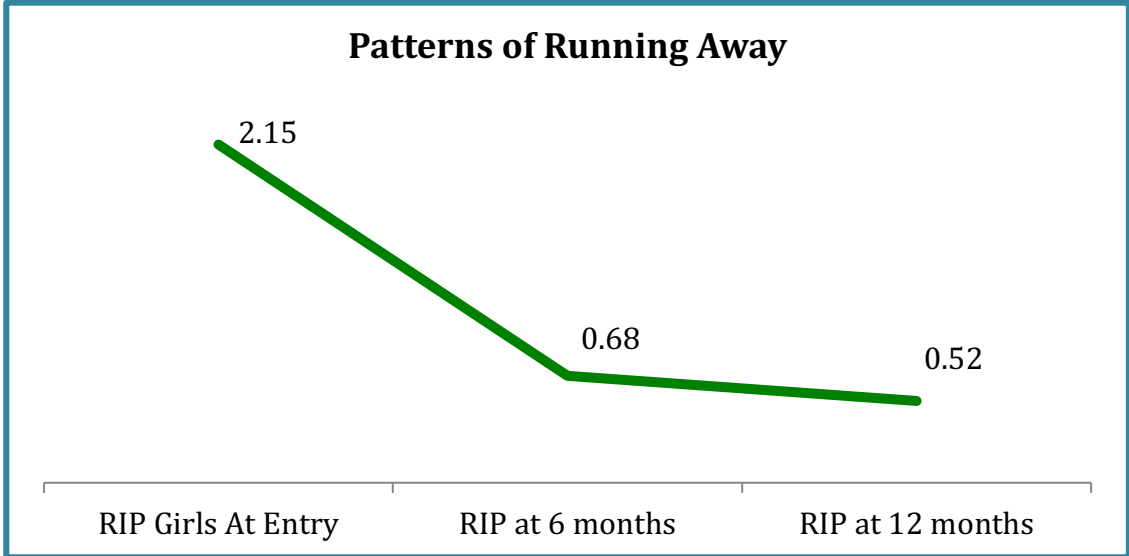


**Third Step:
Reducing Problem Behaviors**

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.

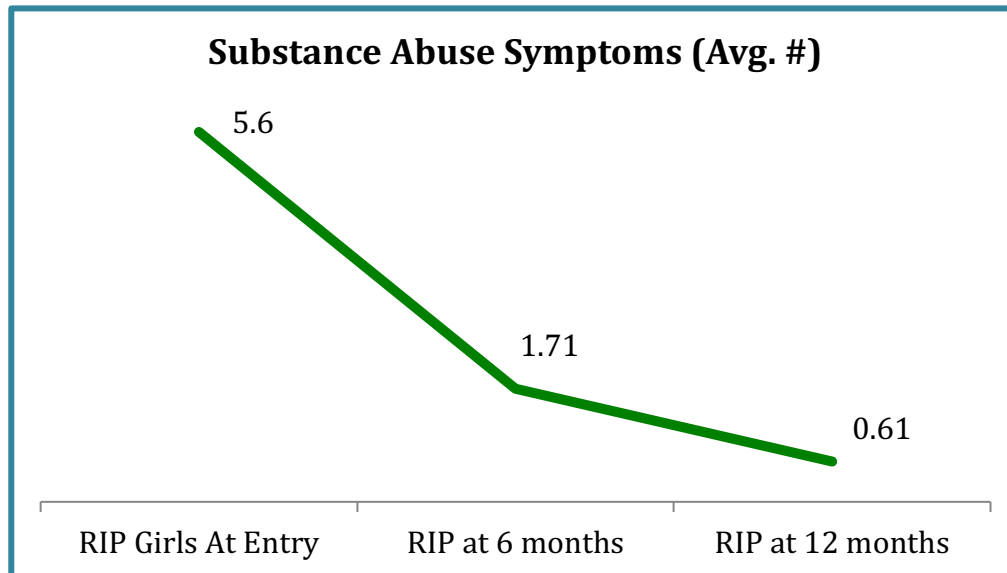
Fewer or No Episodes of Running Away

At entry to RIP, all girls have run away, with an average of at least 2 runaway episodes in the past year; and 11% had run away 6-10 times in the past year. Most girls reduced their runaway episodes sharply by 6 months, such that the average number of episodes is under 1. By 12 months, most have not run away for 3 to 6 months, although we note a fairly similar average as at 6 months. These declines were slightly greater than in 2023.



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 33). In 2024, 9% of the girls enrolled in RIP intensive services met the criteria for substance abuse at entry. By 6 and 12 months in the program, girls who had problem substance abuse symptoms reported sharp drops in the number of symptoms, and at 12 months, none still met the criteria for substance abuse.



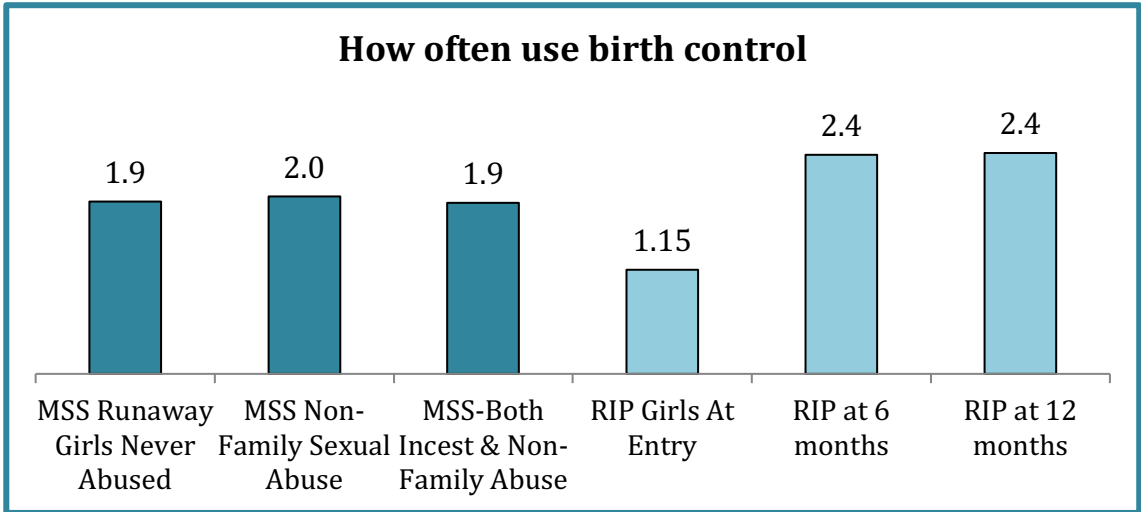
After participation in the program, girls also report improvements in substance use:

- Fewer episodes of drinking alcohol in the past month (at 6 and 12 months, though marginally significant)
- Also fewer episodes of binge drinking in the past month (marginally significant at 6 months, significant at 12 months)
- Significantly fewer occasions of cannabis use in the past month at 6 months
- A sharp drop in the number who use other drugs (significantly lower at both 6 and 12 months)

Improved Sexual Health

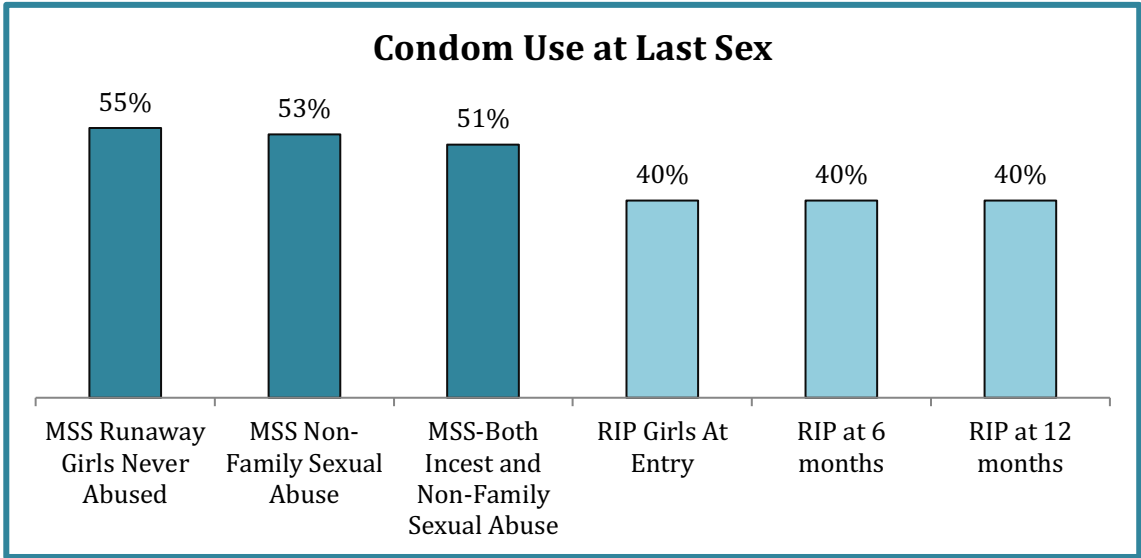
Some girls reported they were no longer sexually active at times during the program (43% at 12 months), but others did not respond at follow-ups about the number of sexual partners. Among those who were still sexually active, however, they reported a significant drop of sexual partners, and safer sex (improved condom use and/or birth control).

We asked how often they used birth control, ranging from 0 (never), 1 (rarely), 2 (sometimes), 3 (often), to 4 (always). At entry RIP girls had significantly lower use of birth control than runaway girls in the MSS, at 6 and 12 months they had significantly better birth control use.

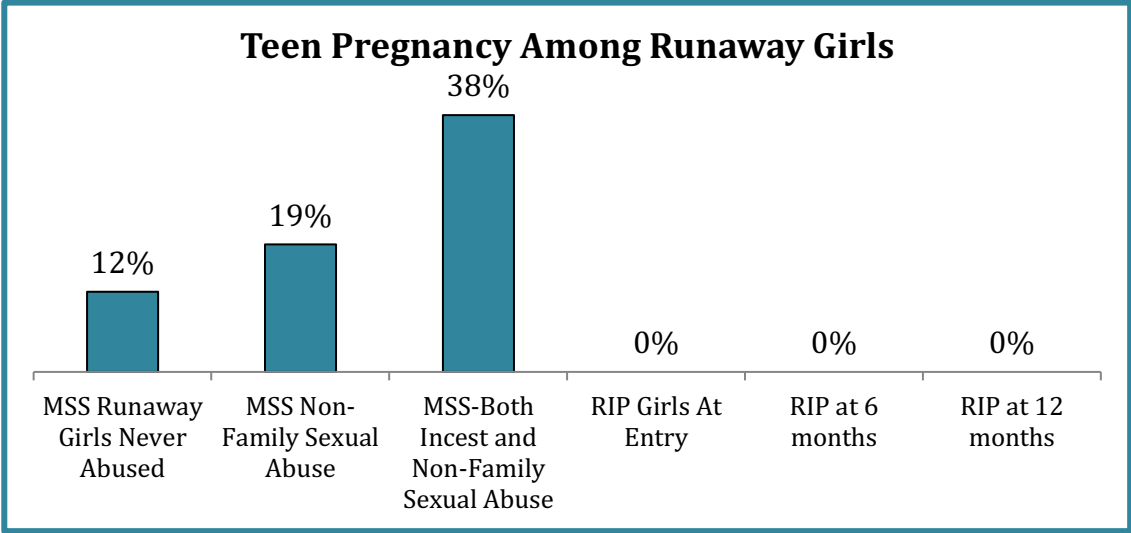


Among Runaway Girls, Scale 0=never, 1=rarely, 2=sometimes, 3=often, 4=always.

At entry to the program, fewer RIP girls reported using a condom at last sex than runaway girls in the MSS, and at 6 and 12 months, although 43% of them had stopped having sex, among girls who were still sexually active, the percent who used condoms at last sex was still low.



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), among those assessed at 6 or 12 months, none had gotten pregnant during their time in RIP (girls may be assessed at either 6 or 12 months). Since 19% and 38% of sexually abused runaways report being pregnant in the general population, this is a profound difference, and likely reflects their improvement in sexual health behaviors, and access to hormonal birth control, including long-acting Nexplanon, from the Advanced Practice RNs as part of the RIP nurse visits.



As might be expected based on the risk behaviors, sexually transmitted infections are a concern. Among those newly entered into the program in 2024, only 1 of the girls tested positive for chlamydia, compared to 3 from the previous year, and no one tested positive for gonorrhea or trichomonas, while at least 1 person did among those from 2023 who got services in 2024.

By 6 months, there were only a handful of new or repeat chlamydia, gonorrhea, or trichomonas infections, and many girls were not sexually active any more. By 12 months, there was only 1 repeat chlamydia infection, and no repeat gonorrhea or trichomonas infections.

CONCLUSIONS

As has been shown consistently in the 18 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. Even during a global pandemic, when many of the supportive resources for girls in the RIP program were suspended or offered through virtual approaches, and stressors in communities increased, girls who engaged with the nurses and were supported in attending school and accessing services reported promising signs of improvement. The program needs to work further to engage their referral networks to ensure they reach somewhat more of the most vulnerable runaway girls now, as runaway reports are increasing, and while RIP numbers are increasing, they are not quite keeping pace.

At entry into the program, youth have high levels of disconnection, trauma and health-compromising behaviors; they look similar to or even more distressed than other runaway, sexually abused girls in the 7-county metro area 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 runaways who have never been sexually abused, and in some areas, look indistinguishable from non-runaways in the general population. This is compelling continuing evidence for the effectiveness of the program, in helping to foster resilience among vulnerable sexually abused and exploited young adolescents.

OTHER PUBLICATIONS OR REPORTS ABOUT RIP

During the past year, we also created a lay report about the complex analyses that tested the underlying theory of RIP. This further study explored whether reconnecting sexually assaulted and exploited runaways to supportive health care and school environments, and helping parents with their relationships to their child, does reduce trauma responses, and improve health outcomes, including substance use through the mechanisms that are hypothesized to have these effects. Drawing on 11 years of RIP data (from 2008 to 2018) for all youth who had one or more follow-up assessments (666 participants) the study tested the links between the amount of intervention (nurse visits, empowerment groups, case management and parent visits) and two specific protective factors: school connectedness, and relationships with moms. Then the extent to which improvements in these two protective factors in turn were linked to improvements in emotional distress and in problem substance use. The analyses also explored outcomes for sexually exploited youth separately, since the data showed they started with greater distress and lower levels of school connectedness and family support. The results were highly promising, and showed the underlying mechanisms that were expected to lead to improvements in outcomes actually worked as theorized; it was the nurse visits with the runaway youth, the visits with parents, and the empowerment groups that had direct noticeable effects on the protective factors and in turn on the health outcomes, while the case management had indirect contributions. That work was presented at the Society for Adolescent Health and Medicine

meeting in March 2024 in San Diego, and a full paper is currently under review at the *Journal of Adolescent Health*.

The following published papers and abstracts report additional analyses of RIP, focused on more in-depth or specific topic areas, or drawing on more sophisticated statistical techniques. 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.

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