advocacy center. We also sought to identify risk behaviors, attributes of resiliency, laboratory results for sexually transmitted infection (STI) screens, and acute and non-acute genital injuries from video-colposcopic exams.

**Methods:** This study used a retrospective mixed-methods design with in-depth forensic interviews of sexually exploited adolescents, together with their responses on a modified Minnesota Student Survey screening tool, physical exams with video-colposcopy and STI laboratory results (N = 57, 50 girls and 7 boys). Forensic interview transcripts were analyzed using content analysis methods along domains of experience and meaning of sexual exploitation events. Univariate descriptive statistics characterized trauma responses and health risks.

**Results:** Patients ranged in age from 12-19, 25% were African American, 25% White, 21% multi-ethnic, 19% American Indian, and 4% were Latino. Qualitative analysis identified that the first sexual exploitation events for many victims occurred as part of seemingly random encounters with procurers when youth needed money, a cell phone, transportation, drugs or shelter. Many were asked “Are you interested?” brief moments after meeting someone. Some youth initially refused solicitation stating, “I’m not that sort of girl.” Older adolescent or adult women recruited some youth working for a pimp, and their loyalty was to this intermediate recruiter. However, half the youth did not report a pimp/boyfriend/trafficker involved in setting up their exchange of sex for money, substances, or other types of consideration; some described purposefully being “independent” and marketing themselves by posting their own ads to exchange sex for money: “I felt rich like it was a good quick way to make money. It was my idea; no one talked me into it.” Many youth used avoidance strategies to cope, such as “just not thinking about it” or “wanting to forget this whole thing...it just makes me angry.” However, 78% scored positive on the UCLA PTSD tool; 57% reported DSM IV criteria for problem substance use; 71% reported cutting behaviors, 75% suicidal ideation, and 50% had attempted suicide. 18% had signs of penetrating traumatic genital injury, 37% tested positive for Chlamydia, while only 32% reported condom use at last intercourse. Most youth were still attending school but had extensive truancy, and 40% had an individualized education plan.

**Conclusions:** Contrary to common depictions, sexual exploitation may occur when youth are still attending school; they may be solicited relatively quickly as runaways, yet exploitation is not always linked having a pimp. Avoidant coping does not appear effective, as most patients exhibited significant symptoms of trauma. Awareness of variations in youth’s sexual exploitation experiences may help researchers and clinicians understand potential differences in sequelae, design effective treatment plans, and develop community prevention programs.

**Sources of Support:** Children’s Hospitals and Clinics of Minnesota Educational and Research Committee and the Canadian Institutes of Health.

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**EVIDENCE OF REDUCTION OF AGGRESSION AND VIOLENT BEHAVIORS AFTER THE POSITIVE YOUTH POTENTIAL CURRICULUM INTERVENTION IN THE SIXTH GRADE: A 12-MONTH FOLLOW-UP IN A RURAL INDIANA MIDDLE SCHOOL CLUSTER RANDOMIZED CONTROLLED TRIAL**

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**Purpose:** There is a need for evidence-based violence prevention programs for middle schools, where students experience one of the highest rates of school-based violence relative to students in other grades. We describe promising results from Grade 6 three-year middle school curriculum emphasizing positive youth potential and is responsive to parents in rural northwest Indiana.

**Methods:** Northwest Indiana rural communities, white population, public middle schools. Positive Youth Potential curriculum; engaging, participatory; multi-media, in the classroom with male-female team; theory-based - positive youth development; future self, goal orientation; parent-adolescent communication; school success; and, healthy choices, risk avoidance decisions. Topics include sexual activity, alcohol, drugs, tobacco, violence, and pornography. 6th grade curriculum is 5 50 min and one multimedia booster assembly session. School-cluster randomized design, pair-blocked by size, Treatment (Tx), usual instruction Control (Co), 6th grade recruitment; 2/16 schools dropped out. Results are from Cohort 1, 407 Co, 419 Tx. Students completed PRE6, PUP6 survey 3-months after instruction and PRE7 Grade 7 survey, 12-month follow-up. We report (A) demographics, (B) one ecologic home environment indicator question (student’s opinion of parent(s) belief about teen sex before marriage (yes, don’t know, no)) and (C) Violence score from mean on 4 questions, 1=yes or 0:no; if in the past year (1) “cyber bullied someone”, (2) “physically bullied someone”, (3) “have been in a physical fight”, and (4) “hurt someone in a physical fight”. Consent rate was 66% Co and 73% Tx. Time of survey administration was matched between Tx and Co.

**Results:** Analysis and Results: Four level mixed effects regression models (PROC MIXED, SAS) were examined: random effects; time (3), student (1775), classroom (104 [median 15]), school (14); fixed effects covariates: gender, Hispanic, race, age, administration, groups, home environment indicator; p < .05 significance level. Cronbach alpha was .67 for 4 items. Independent observer assessments, educator self-assessments, student feedback, school teacher ratings, and attendance tracking indicated implementation with high fidelity. Demographics: female 48%, Hispanic 11%, white 92%; predominantly 11 (40%), 12 (54%) years of age; 6% reported parent(s) OK with sex before marriage; 47% did not know their parent(s) opinion; 48% reported “my parents believe is that I should not have sex before marriage.” Prevalence of reported youth violence before instruction was: cyber bullied, 9.6%, physical bullied 10.8%, physical fight 31.1%, hurt someone in a fight, 23.0%. Mean PRE6, 12-month Violence scores: CO 0.179 and 0.138; Tx 0.192 and 0.130. School and classroom ICCs were under 5%. Interaction of time and group indicated statistically significant reduction and lower Violence score (F 4.24, p < .0397) in the Tx group when compared to the Co group. Youth characteristics were also significant - violence score lower for girls (F 88.88, p < .0001); higher for Hispanic youth (F 5.68, p < .0174); higher when reporting parent(s) belief about sex as OK/I don’t know (F13.1, p < .0001).

**Conclusions:** Positive Youth Potential Curriculum with multiple and diverse learning objectives for 6th graders made a positive impact 12-months after instruction. Student violence behaviors were lower in the treatment instruction group.

**Sources of Support:** HHS, Office of Adolescent Health.