

The Absent from Supervision/Runaway Event Survey-Child Placing

Youth's Name: _____ Date of Event: _____

We at _____ would really like for you to take a few moments to help us become more informed about why you decided to runaway and what situations or events occurred while you were away. We are very concerned when a youth decides to run away and we would like for you to help us understand why you made this decision, so we can look at ways to improve our program and your experience while in placement here. We are very happy that you have returned. Thank you very much for your assistance.

1. When did you first realize that you wanted to run away?

2. Did you tell anyone that you were going to leave? _____ Yes _____ No
Who did you tell? _____

3. Please answer the following questions:

- a. Where did you leave from? _____
- b. Why did you decide to leave? _____
- c. Did you tell anyone you were going to leave? _____

4. Where did you go when you ran? _____

5. Who were you with while you were gone? _____

6. While you were gone, did anyone or anything scare you or bother you? If yes, explain

7. Did you engage in any sexual activity while you were gone? _____ Yes _____ No

If yes, please answer the following questions:

- a. Did anyone force or threaten you into performing a sexual activity for money, food, drugs, shelter, clothes, etc.? _____ Yes _____ No
- b. Did anyone give you anything (items listed above) to get you to perform a sexual activity _____ Yes _____ No
- c. Did anyone else get something (items listed above) because you performed a sexual activity _____ Yes _____ No
- d. Did you have sex with anyone that you did not want to have sex with to receive items like money, food, clothing, shelter, drugs, etc.? _____ Yes _____ No

8. Did anyone force you or bribe you into performing a work function for them while you were gone? ____ Yes ____ No
9. Do you wish you would have made a different decision other than running away?
____ Yes ____ No
10. Is there something you wish you had done differently? If so, what? _____

11. What can we do to keep you from running in the future? _____
12. Is there anything else you would like to share with us concerning your experience?

Client Signature: _____

Foster Parent/Agency Worker: _____

***Reminder: Please contact the DHHR case worker or Central Intake within 24 hours when a youth is identified as a Trafficked Victim.**

*** Reminder: Contact local law enforcement to have the child removed from the NCIC registry.**