The 10-Question Tool: A Novel Screening Instrument for Runaway Youth

Laurel Edinburgh, Midwest Children's Resource Center, Children's Hospital and Clinics of Minnesota, St. Paul, Minnesota
Emily Huemann, Sexual Offense Services, St. Paul, Minnesota
Elizabeth Saewyc, University of British Columbia, Vancouver, British Columbia

Laurel Edinburgh, Midwest Children's Resource Center, Children's Hospital and Clinics of Minnesota, St. Paul, Minnesota; Emily Huemann, Sexual Offense Services, St. Paul, Minnesota; Elizabeth Saewyc, School of Nursing, University of British Columbia, Vancouver, British Columbia, Canada

Correspondence concerning this article should be addressed to: Laurel Edinburgh, Children's Hospital and Clinics of Minnesota – Midwest Children's Resource Center, 347 N. Smith Avenue, Suite 401, St. Paul, Minnesota 55102; E-mail: laurel.edinburgh@childrensmn.org

Acknowledgements: This study was supported by grant #CPP 86374 from the Institute for Population and Public Health, Canadian Institutes for Health Research (Elizabeth Saewyc, Applied Public Health Research Chair).

The authors would like to thank the St. Paul Law Enforcement Department and especially the efforts of officers Benny Williams, Chris Nelson, and Lisa Cruz of the Missing Persons Unit.

Abstract

Adolescents who run away face high rates of sexual and physical assault, yet there are no established brief screening tools that police can use to determine adolescents' safety or that help police refer such youth to needed services when they are located. We developed the 10-Question Tool for law enforcement officers to screen runaway youth about issues related to their safety. We reviewed 300 10-Question forms completed by law enforcement officers in St. Paul, Minnesota. Our analyses explored demographic characteristics of runaway youth, including their reasons for leaving home, disclosure of injury, sexual assault, and their need for health care. This novel approach to screening by law enforcement officers appears to identify, locate, and refer runaway teens needing services as a result of myriad harms, including sexual assault.

Introduction

Running away is a relatively common experience, yet many youth who run away leave difficult home situations, and face becoming victims of crime while on the run (Tucker, Edelen, Ol, Elickson, & Klein, 2011). Once teens leave home, caretakers may or may not report their running away to the police (Malloch & Burgess, 2011). Regardless of whether anyone files a missing persons report, runaway teens may come into contact with law enforcement. Because there is no brief standard screening tool being used by police when they locate or encounter runaway youth, police may be missing a potentially important opportunity for assessing a teen's safety and possible victimization while away from home.

Background

A number of factors are associated with running away, such as a history of intra-familial physical or sexual abuse, the mental illness of a parent, teen-parent conflict, and social isolation (Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009; Tyler & Bersani, 2008; Sullivan & Knutson, 2000). Youth who have behavior disorders, communication disorders, and learning disabilities are more likely to run away than those who do not (Slesnick & Prestopnik, 2005). Tucker et al. (2011) found running away was predicted by school disengagement, depression, a lack of parental support, and heavy substance use. The long-term outcomes of running away are seldom studied, but in two prospective longitudinal studies, runaways were more likely to become sexually active (Thrane & Chen, 2010) and more likely to report symptoms of depression and problem substance use than non-runaways (Tucker et al. 2011). However, neither of these studies controlled for physical or sexual abuse, which have been linked to such outcomes in the general population.

Sexual abuse, whether by family members or those outside the family, can be a precipitating factor in a first runaway event. Researchers have found that up to 60% of boys and 45% of girls who reported sexual abuse have also run away from home (Saewyc, Magee & Pettingell, 2004). Tyler & Cauce (2002) noted more than one-third of runaway and homeless youth experienced sexual abuse by four or more different perpetrators, and 41% of the young men identified a female abuser. Unfortunately, running away to escape abuse may not protect them from further victimization. A 2006 survey of 762 street-involved youth in western Canada found more than 90% of sexually exploited boys and girls had run away at least once prior to being exploited (Saewyc, MacKay, Anderson, & Drozda, 2008). The average age of first involvement in prostitution among runaway youth has been estimated at 13 or 14 years old (Friedman, 2005; Saewyc et al., 2008).

Runaway youth, and particularly those who have been sexually abused or assaulted, have a greater likelihood of physical and mental health problems than those who do not run away (Tyler, Whitbeck, Hoyt & Johnson, 2003). Mental health problems include post-traumatic stress disorder, depression, anxiety, and substance abuse (Rotheram-Borus, Mahler, Koopman, Langabeer 1996). Self-mutilation by cutting or burning is also more common among runaway teens than others (Tyler, et al., 2003). While existing research documents the risks and health problems of runaways, clear points for potential intervention are seldom identified in the literature.

Encounters between runaway youth and law enforcement may offer one such point of intervention. Running away is a status offense in most regions of the United States Depending on the state, a runaway is classified as either a child in need of protective services (for an example, see Fla. Stat. §984.03, 2010) or as a status offender (see Idaho Code Ann. §20-516, 2010). In either case, states specifically authorize law enforcement officers to take the runaway into custody and bring the youth home, or place the youth in a shelter or other appropriate facility (see Minn. Stat. §260C.175, 2010). Nowhere in this sequence is safety necessarily assessed, despite evidence that runaways have a high incidence of being victims of crimes, and may have co-occurring physical and mental health needs (Halter, 2010). Some have called for collaboration between law enforcement and social service agencies to coordinate care, but there are few existing tools police can use to assess the safety and service needs of runaway teens (Halter, 2010; Dedel, 2006).

A pilot intervention in Scotland introduced Return Home Welfare Interviews (RHWIs) to ensure better outcomes for youth who had run away (Burgess et al., 2010). In this intervention, police officers or social workers interviewed youth five days after returning home to gather relevant information about the incident, and to identify factors that prompted the teen to leave home. It appeared

that the interviewer's ability to relate to the young person determined the interviewer's effectiveness. Community service providers believed the police were the most appropriate agency to conduct these interviews because police had the greatest access to the youth and the authority to investigate crimes. Community service providers also thought police had access to other information that community providers would not know. The interviews appeared to be effective for intervening with high-risk runaway teens who had been found by law enforcement. A potential weakness of the intervention is the delay; it takes place five or more days after the runaway returns home. Teens who leave home frequently and repeatedly may not stay home for this screening; it may not occur soon enough if the family is in crisis. Screening teens for safety when they first encounter police could be more effective for identifying acute safety needs; screening teens for sexual assault at this point, when police might still obtain biologic evidence, could reveal teens' additional needs for services and referral.

Researchers have developed a number of tools to assess teens' symptoms of distress, substance abuse, traumatic experiences, and family relationships (for an extensive list, see the National Clearing House on Family and Youth). Most of these measures have been designed to provide assessments as part of planning and intervention by professionals, such as case managers and counselors. These tools have not been designed as brief screening instruments for outreach, case-finding, or referrals to services. Assessment tools tend to be longer than screening instruments, with as many as 50 to 100 items for each content area, taking from 15 to 60 minutes or more to complete. Most of the available assessment tools focus on a single topic area, such as mental health issues, violence and aggression, or substance abuse, and few include measures to screen for acute physical or sexual abuse. Many of these tools are proprietary or copyrighted and require a fee for use. Those that do not require specialized training to administer are often to be completed by the youth, and so may require certain levels of literacy, access to the Internet, or completion of several pages of questions on a paper survey. All of these issues make it difficult to use most assessment tools in a street setting, where law enforcement first encounter a runaway youth.

Two of the more commonly-used assessment or screening tools in the criminal justice system are the Youth Assessment & Screening Instrument (YASI; Orbis Partners, Inc., 2010) and the Massachusetts Youth Screening Instrument: Second Version (MAYSI-2; Grisso & Barnum, 2000). These tools are used primarily by probation officers, case managers, or by the staff of detention facilities at intake. While neither of these tools requires special training to administer, they are long, with approximately 30 items in the pre-screening portion of the YASI, and 52 items in the MAYSI-2. Both require fees for use. Neither of these tools screens for recent injury or sexual assault—issues that would be important in police encounters with runaways, but potentially less relevant for case manager or probation officers.

The development of the brief 10-Question screening tool (see Table 1) began in 2006 with discussions between an Advanced Practice Nurse (Edinburgh) in the Child Advocacy Center and a Commander in the Juvenile Unit of the St. Paul Police Department. These individuals consulted a university adolescent health researcher (Saewyc) to help word questions about abuse and resiliency. The aim was to identify teens who had been sexually or physically victimized during the runaway episode, and those being abused at home, in order to help them access health care. A secondary aim was to help teens with substance abuse or gang involvement receive referrals to appropriate community agencies to reduce future law enforcement contact. The 10-Question Tool was pilot tested with a few officers in the St. Paul Missing Persons Department in 2007, and refined to ensure it was brief, clear, and useable. The Police Chief issued an order in April 2008 directing all law enforcement officers who had contact with runaway juveniles to use the 10-Question

Table 1. **The 10-Question Screening Tool Used by Law Enforcement with Runaway Youth**

Instructions: **Write the youth's answers to the following 10 questions in narrative form:**

1. Why did you leave home?
2. How long have you been away from home?
3. Who have you been staying with while away from home?
4. Did someone touch you in a way you did not like or sexually assault you when you were away from home?
5. Do you have health issues that you need medical care for now?
6. Has anyone hurt you or tried to hurt you while you were away from home?
7. Are you afraid at home? If yes, why? Will you be safe at home? *Use a 0–10 scale to quantify safe feeling (In this scale, 0 is safest and 10 is least safe).*
8. Do you have someone you can talk to at home or school?
9. Do you drink or do drugs?
10. Are you a member of a gang?

Tool prior to returning youth home; in May 2008, officers in these departments received training to implement the tool.

The 10-Question Tool is a paper-and-pencil form, easily copied and available on the police department's Intranet. Completed 10-Question Tool forms were reviewed weekly by a runaway youth coordinator in the County Attorney's office; if youth were already involved in the County's Truancy Intervention Program, case management and referrals for services were made by the truancy coordinator. Younger runaways who disclosed sexual abuse or high risk for abuse were also referred for case management and health services in a specialized program at the Child Advocacy Center.

The purpose of this research study was to evaluate the use of this 10-Question Tool as it was implemented during the first two years, in order to understand: 1) whether teens would disclose sensitive information to the police, 2) whether there are gender differences in the pattern of responses to the 10 Questions, and 3) whether disclosure to the police results in appropriate referrals. We also wanted to know whether teens who were referred to services after disclosing a sexual assault or abuse actually received those services.

Methods

We reviewed all 10-Question Tools completed from September 2008 through September 2010 (N = 300). Youth were asked the 10 Questions

wherever they were located, such as in malls, private homes, at school, or on the street. Law enforcement officers encountered youth in these locations due to a variety of circumstances. For example, private citizens may have identified a young person staying in their home as a runaway. School liaison officers encountered some runaways who had been reported missing but who were still attending school. Officers also identified some runaways in cars stopped by the police for other reasons, as well as when police were called to a private home for a domestic dispute, a drugs bust, or other situations. Many of the teens were also located by missing persons officers specifically assigned to locate youth who had been reported missing. Sometimes youth were brought to the police station to speak with missing persons officers and were asked the 10 Questions prior to placement in a shelter, the juvenile detention center, or being returned home. Runaways were not placed in detention facilities unless they had an outstanding warrant. Some teens ran away more than once during this time period, and had multiple 10-Question forms completed; therefore, the data represent 269 individual runaways. Cases were excluded if the youth was younger than age nine or older than age 17.

Two researchers (Edinburgh and Huemann) abstracted the data from the 10-Question forms and coded them for statistical analyses. The researchers assigned narrative answers a numerical code; they reviewed items to ensure consensus, and often coded the responses simultaneously to ensure consistency. A third researcher (Saewyc) audited the coding decisions after data entry. Researchers supplemented data from the 10-Question forms with information from previous police runaway reports to assess the number of discrete runaway events; they included results of forensic exams for runaways who were seen by the local hospital-based Child Advocacy Center. The Child Advocacy Center evaluates children and teens when law enforcement, child protection, parents, or medical providers express concerns of physical or sexual abuse, and offers a specialized program for assessing runaway youth for such abuse. To comply with the Health Insurace Portability and Accountability Act (HIPAA) regulations, Ms. Edinburgh, the research team member who is also a clinician in the Child Advocacy Center, was the only person to collect Child Advocacy Center information; she de-identified this information before linking it to the 10-Questions reports for analyses.

As part of validating the measures, we used data collected from the Child Advocacy Center to assess the concordance between the responses elicited from law enforcement officers' use of the 10-Question Tool, and sexual abuse as documented by the forensic exam. Because the 10 Questions are primarily a set of categorical screening questions focusing on several different issues, typical psychometric assessments for scales (i.e., internal consistency reliability, split-half reliability, exploratory or confirmatory factor analysis, and inter-item correlations) are inappropriate. Instead, our psychometric evaluation focused on analyses of missing responses and triangulation with other data from the Child Advocacy Center and other runaway reports.

Analyses explored response rates, demographic characteristics, reasons for leaving home, disclosure of injury, sexual assault, substance use, feelings of safety at home, and referrals. Cross tabulations with chi-square analyses examined differences between male and female runaways' responses, and whether there were differences in responses to the 10 Questions by members of the different specialty sections of the law enforcement department. Among the subset of teens who disclosed sexual assault while on the run, further analyses documented the percentage who either were taken to an emergency room or referred to the hospital-based Child Advocacy Center. In addition, a subset of teens who did not disclose abuse or the need for medical care to the police were nevertheless referred to the Child Advocacy Center; we included their responses to questions about sexual abuse from the Child Advocacy Center's forensic exam.

Results

The runaway sample was primarily female and ranged in age from 9 to 17 years. Girls were significantly older on average than boys (see Table 2). More than one-half of the teens identified as African American (52.4%), followed by 15.2% Hmong/Asian, 13.8% White, 6.7% Hispanic, 4.5% American Indian, 4.8% multi-ethnic, and 2.6% said they did not know their ethnicity. Boys were more likely to be African American or American Indian, while girls were more likely to be White or Hmong/Asian.

Table 2. **Demographic characteristics of runaways ($N = 269$)**

Demographics	Females ($n = 163$)	Males ($n = 106$)	χ^2 or t, (df), p
Sex	60.6%	39.4%	
Mean age in years (SD)	15.00 (1.44)	14.43 (1.77)	$t = 2.87$ (266) $p = 0.004$
Ethnicity:			
African American	42.9%	67.0%	
Hmong/Asian	19.0%	9.4%	
White	17.8%	7.5%	
Hispanic	9.2%	2.8%	
Native American	1.8%	8.5%	
Multi-ethnic	4.9%	4.7%	
Do not know	4.3%	0	$\chi^2 = 30.67$ (6), $p = 0.000$

The 10-Question Tool was intended to be used by any law enforcement officer who came into contact with a reported runaway. More than one-half of the 10-Question Tool responses were recorded by the three officers in the Missing Persons Unit ($n = 155$, or 51.7%), and 38.6% were obtained by law enforcement officers working on patrol. An additional 21 reports (7%) were obtained by School Liaison Officers; there was no record of who collected 2.7% of 10-Question Tool reports. There were no significant differences in response rates or response patterns among those administering the tools.

Nearly all teens provided answers to some of the 10-Question screening items (99.98%); only three refused to answer any questions. Data are missing for some questions either because the police did not ask a specific question or the teen chose not to answer a question. In general, only 2% to 4% of data were missing from any of the 10-Question Tools administered, even when the questions were about substance abuse, physical or sexual abuse, or gang involvement. The highest rate of missing responses related to the youth's need for medical care, with 10.3% missing an answer on the form. Responses to each item in the 10-Question Tool are described below; gender comparisons are shown in Table 3. In general, there were no reported differences in most responses for youth of different ethnicities, but where there were differences, these are noted below.

Question 1. Why did you leave home?

The most common reason for leaving home was conflict with parents, followed by conflict with other family members, and being abused. Boys were more likely to report being kicked out of their home than girls, while girls were more likely to say they left to "get freedom." Relatively few left home because they were bored or had nothing to do. In one of the few responses revealing ethnic differences, Asian teens were more likely than others to report leaving home to "get freedom" (36.4% of Asians vs. 5.9% of all other ethnic groups, $\chi^2 = 36.2$, $df = 1$, $p < .001$). An additional 6.3% either did not answer this question, or their responses were not recorded.

Question 2. How long have you been away from home?

There was a wide range of lengths of time teens said they were away, from a single day to 210 days. The median length of time being away from home was three days (54.8% of teens had been away from home 3 days or less) and nearly 80% had been away for one week or less. Very few teens reported being gone longer than one month. There was no correlation between the length of time youth reported being on the

Table 3. **Gender differences in answers provided by youth to the 10-Questions ($N = 300$ episodes)**

Questions asked		Girls (%)	Boys (%)	χ^2, *df*, *p*-value
1. Why did you leave home?	Conflict with parent	45.0	47.3	ns
	Conflict with other family members	26.3	21.8	ns
	Abused	13.5	24.3	5.46, $df = 1$, $p < 0.05$
	Kicked out	7.0	15.5	5.14, $df = 1$, $p < 0.05$
	Boredom	9.9	4.4	ns
	"Freedom"	15.2	3.6	9.39, $df = 1$, $p < 0.01$
2. How long have you been away from home?	1- 3 days	24.6	32.2	ns
	4 - 7 days	17.2	11.3	ns
	8 - 14 days	6.1	6.1	ns
	15 - 30 days	3.9	1.8	ns
	> 31 days	1.7	8.7	8.23, $df = 1$, $p < 0.01$
	Multiple short episodes (< 5 days)	23.9	13.9	4.36, $df = 1$, $p = 0.05$
	6 - 14 days, multiple episodes	22.2	21.7	ns
	>15 days, multiple episodes	3.3	3.5	ns
3. Who have you been staying with while away from home?	Non-relative adult	35.0	28.3	ns
	Same-gender peer close in age	33.9	24.8	ns
	Couch surfing	30.0	23.9	ns
	Relative	14.4	22.1	ns
	Live on the streets	5.6	14.2	6.35, $df = 1$, $p < 0.05$
	Abandoned building	1.7	7.1	5.69, $df = 1$, $p < 0.05$
4. Did someone touch you in a way you did not like or sexually assault you while away from home?	Yes	15.3	1.8	13.9, $df = 1$, $p < 0.001$
5. Do you have health issues that you need medical care for now?	Yes	24.2	14.4	ns
6. Has anyone hurt you or tried to hurt you while you were away from home?	Yes	6.5	6.6	ns
7. Are you afraid at home?	Yes	55.2	43.2	3.86, $df = 1$, $p < .05$
	On 1 – 10 scale rate level of safety (1=safest) mean, SD	3.60 (3.72)	3.28 (3.98)	ns
8. Do you have someone you can talk to at home or school?	Yes, family member at home	14.9	15.2	ns
	Yes, at school	29.7	17.9	4.56, $df = 1$, $p < .05$
	Yes, other adult or relative	33.1	14.0	12.69, $df = 1$, $p < .001$
	No one	28.6	57.1	23.8, $df = 1$, $p < .001$
9. Do you drink or do drugs?	Yes, alcohol only	11.5	5.3	ns
	Yes, marijuana only	17.8	22.1	ns
	Yes, alcohol and marijuana	12.6	20.4	ns
	Yes, other drugs	7.5	8.8	ns
10. Are you a member of a gang?	Yes, gang member	9.2	12.3	ns
	Yes, associate with gang members	31.4	22.2	ns

ns = not significant

streets and their disclosure of sexual assault or abuse at home.

Question 3. Who have you been staying with while away from home?

The largest proportion of teens said they were staying with a non-relative, coded as an adult not identified as a relative (32.4%), followed by staying with a friend of the same gender who is close in age, defined as being within a few years of the runaway teen's age (see Table 3). In 27.6% of the runaway episodes overall, teens reported couch-surfing (staying with a series of friends and sometimes gang members). A smaller percentage reported staying with a relative, with only five teens reportedly staying with a non-custodial biological parent. Boys were more like than girls to report living in the most precarious and risky situations, such as staying on the street, and living in an abandoned building. Two youth specifically told law enforcement officers they were living with a pimp.

Questions 4: Did someone touch you in a way you did not like or sexually assault you when you were away from home?

One in 10 youth reported being sexually touched or assaulted while a runaway, but there were significant gender differences (1.8% boys vs. 15.3% of girls). When asked follow-up questions about who had touched them, 89.6% reported an unrelated adult, 6.8% multiple adults, and 3.4% multiple juveniles. There was no relationship between length of time away from home and whether a teen disclosed being physically hurt or sexually touched while away from home.

Question 5: Do you have health issues that you need medical care for now?

Youth were asked if they wanted to see a doctor or nurse, and 55 teens indicated they wanted health care. Girls were more likely to report needing health care (24.2% vs 14.4%). Youth sought treatment for dog bites, infected piercings, suicidal ideation, intoxication, fractures, asthma, injuries that needed stitches, and pregnancy.

Question 6: Has anyone hurt you or tried to hurt you while you were away from home?

In contrast to the question about sexual assault while away from home, only 18 teens reported being hurt while on the run (fewer than one in 10) and there were no statistical differences between males and females (shown in Table 3), or between racial groups (data not shown).

Question 7: Are you ever afraid at home? If yes, why? Will you be safe at home? Use a 0–10 scale to quantify safe feeling (in this scale, 0 is safest and 10 is least safe).

In order to prevent youth from being returned to an abusive home, teens were asked if they ever felt afraid at home and, if so, how afraid, they were on a scale from 0–10. Fully one-half of the teens indicated they were afraid at home and there were no statistical differences between gender or racial groups. Being afraid at home was highly correlated with the score on perceived safety ($r = .89$, $p < .001$); among those who said they were not afraid at home, all but two teens indicated a 0 (mean, .04, $sd = 0.43$), while the mean response among those who said they were afraid at home was 6.86 ($sd = 2.39$). Of the teens who indicated they were very afraid—that is, those who reported 8–10 on the scale—only 21.8% went to a shelter and 40% were returned home to parents. Similarly, of those who disclosed they ran away because they were being abused at home, 30% were brought to a shelter, 11.6% were taken to a hospital, and 27.8% were returned home. In many of the 10-Question Tools, the reason for not being safe at home was not collected; however, as reported above, boys were more likely to report they left home because of physical abuse than girls (24.3% boys vs. 13.5% girls).

Question 8. Do you have someone to talk to at home or school?

The majority of boys and girls said they had no one to talk to at home (85.7%). Girls were more likely than boys to say that they had someone to talk to at school (29.7% vs. 17.9), and to identify someone else they could talk to about problems

(33.1% girls vs. 14.0% boys). Boys were twice as likely as girls to report that they had no one to talk to either at home, school, or anywhere else (57.1% of boys vs. 28.6% of girls).

Question 9: Do you drink or use drugs?

Teens were asked two questions about topics that could be perceived as having a potential legal consequence. The goal of asking the question, however, was to identify risk, and not to arrest teens. The questions asked focused on substance abuse and gang involvement. Surprisingly, more than one-half of the teens disclosed alcohol and drug use to law enforcement (52.3% answered yes to any kind of use). There were no significant differences between boys and girls in the type of substances they disclosed. Nearly one in 10 overall reported alcohol use only; one in five reported marijuana use only; about the same reported both alcohol and marijuana use; less than one in 10 reported alcohol, marijuana, plus other drug use; and only one teen disclosed injection drug use.

Question 10: Are you a member or involved with a gang?

Unexpectedly, about one in 10 disclosed they were gang members and just over one in four said they associated with gang members. There were no gender differences in gang membership or having gang-involved friends.

Use as a screening tool for sexual assault or medical care

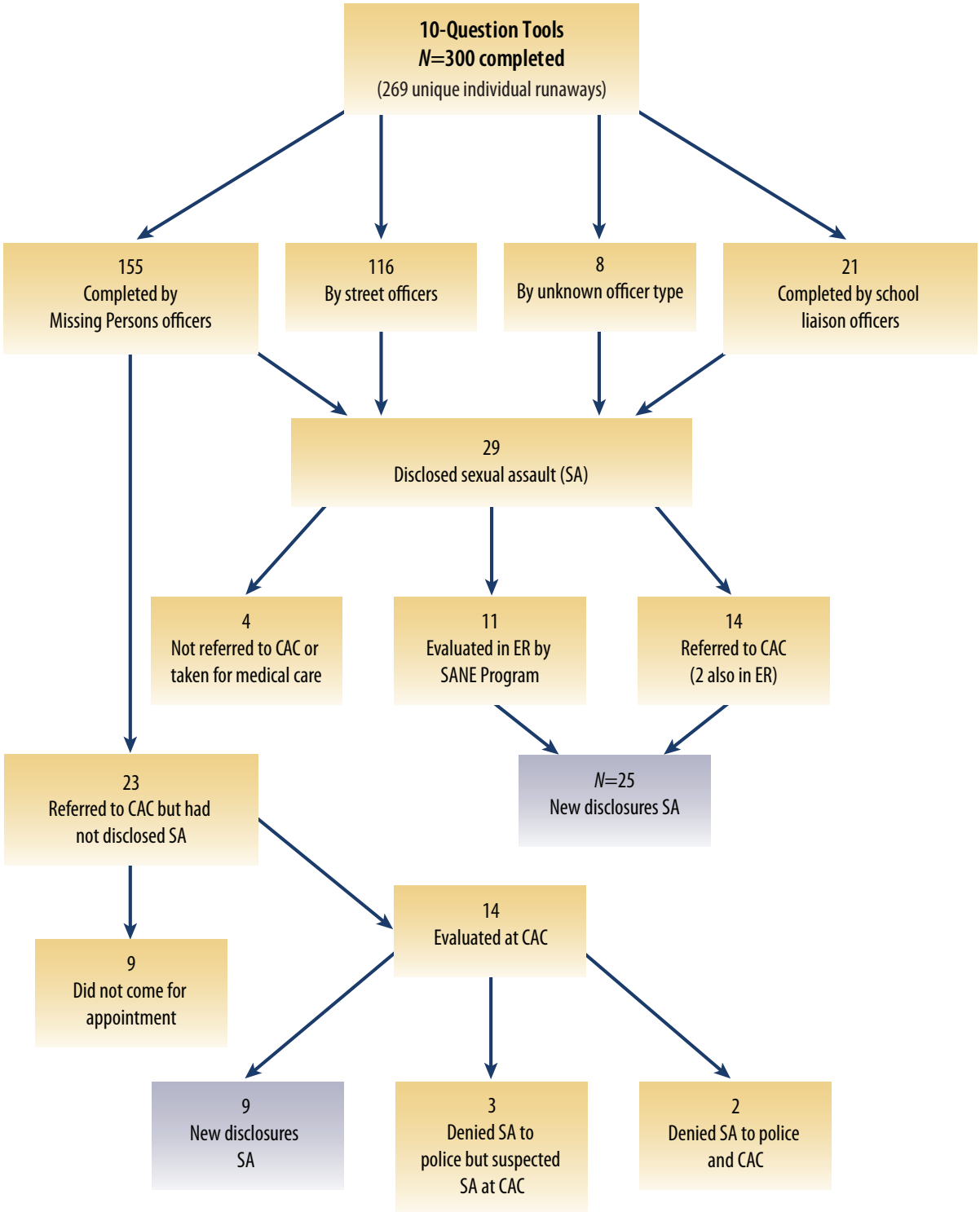
An important outcome of implementing the 10-Question Tool was to learn whether asking teens about sexual assault or needing medical care would lead to referrals to appropriate community resources. Figure 1 depicts the sexual assault disclosure, referral, and treatment results. Nearly one in 10 teens were transported by law enforcement to hospital emergency departments for medical care. Girls were more likely than boys to be referred to a Child Advocacy Center for further assessment of possible abuse, and to undergo a comprehensive evaluation developed for assessing health issues and resiliency of runaway youth. This program of the Child Advocacy Center, when first implemented, focused only on girls, which may explain the gender difference in referral patterns (18.8% girls, 1.7% boys). For the 29 teens who disclosed sexual assault, 25 (86.2%) were referred to appropriate services by law enforcement (Emergency Room Sexual Assault Nurse Examiner programs, the Children's Hospital, or the Child Advocacy Center) while four were not (13.8%). All teens who disclosed sexual abuse to police and were seen for a health examination received a medical diagnosis of sexual abuse.

Part of the purpose of this study was to determine whether the 10-Question Tool could be used for case finding. In addition to the youth who disclosed sexual assault, police referred another 23 teens to the Child Advocacy Center who had not told the police they had been assaulted; police believed these youth to be at high risk for sexual assault or physical abuse due to their answers to questions about substance abuse, gang involvement, perceived safety at home, or a combination of these. Only 14 of the teens referred to the Child Advocacy Center (60.9%) came to an appointment. Of the nine teens (39.1%) who did not come for an appointment, no information is known. Nine of the 14 youth who were seen at the Child Advocacy Center disclosed sexual assaults, and an additional two were suspected of having been sexually assaulted after clinic staff obtained additional information in the guardian interview. Four teens denied abuse both to the police and at the Child Advocacy Center. Thus, of the 52 teens referred to the Child Advocacy Center or emergency department for evaluation of possible sexual abuse or assault, 39 (75%) received care; the referrals resulted in 34 newly identified cases of sexual abuse or assault.

Discussion

Nearly all youth answered the 10-Question Tool when asked by law enforcement officers. This tool proved to be a feasible intervention that was easily incorporated into continuing education within the law enforcement community. The questions focused on assessing reasons a teen ran away

Figure 1. **Results of Screening for Sexual Assault during the Runaway Episode**



from home, safety at home, and risk during the runaway event. Most teens ran away from home because of conflict with their parents and were either located by the police or returned home on their own in less than one week. There was no correlation between the length of time away from home and self-reports of prior intra-familial abuse or sexual assault. Even when police asked sensitive questions about abuse, girls disclosed sexual assault; boys were less likely to disclose sexual assault, although it is unclear whether this was because they were less likely to experience sexual assaults as runaways, or whether boys were more reluctant than girls to disclose sexual assaults to police.

Unexpectedly, this study found high rates of youth told law enforcement officers about alcohol or drug use. If teens are indeed willing to talk with police about substance use, this is a timely opportunity to provide referrals to help teens get the help they need to ensure they do not remain in a cycle of problem substance use, running away, and truancy. We were unable to track whether this disclosure resulted in referrals to appropriate services, however; in addition, more research is needed to determine whether teens would follow through and seek treatment if provided a referral. It is still unknown whether runaway youth who report substance abuse issues to police would receive interventions and follow-up at the appropriate level and for the right duration.

A number of the youth who said they ran away because of abuse at home were nevertheless returned home by police to their parents or guardians. Because this is a brief screening tool, police did not document parents' responses when their children were returned (or document whether the parents or guardians were present when they dropped the teens off at home). We were also unable to learn whether police notified Child Protective Services or followed up with any further investigations. Additional research is needed to track parental responses and youth's long-term safety after returning home following a runaway episode, in order to determine whether this aspect of the screening, i.e., police asking why a teen ran away, improves future safety for runaways.

Receiving health care after a sexual assault is important to help prevent or reduce the negative consequences of such trauma (Edinburgh, Saewyc, & Levitt, 2008; Adams et al., 2007). In most instances, the teens who disclosed sexual assault to the police during this study had never reported this sexual assault before. This would suggest the 10-Question Tool could be used for case finding youth who have been sexually assaulted. Most youth who disclosed sexual assault in this study received health care. These youth benefited from an established sexual assault response protocol outlining when and where police should take youth for further assessment in the community. The health care evaluations were an opportunity to assess for sexually transmitted infections, symptoms of mental distress, prevent pregnancy, provide health education, and provide referrals for ongoing medical and counseling services. Research suggests that teens evaluated in a hospital-based Child Advocacy Center receive more comprehensive health care than those seen by community providers (Edinburgh et al., 2008). The screening and case-finding ability of the 10-Question Tool can help to ensure previously unreported crimes are reported, and may also help sexually assaulted teens get appropriate health and mental health care.

Unfortunately, some teens who disclosed sexual assault were not referred to services, and some who were referred did not actually go to those services. Because this was a retrospective audit of the forms, there was no way to determine why some teens were not referred, or to learn why some teens did not receive services after referral. In Minnesota, youth 13 years old or older can decide whether to report a non-familial or custodial sexual assault; if the teen does not wish to report the abuse or seek health care, there is no legal way to address this issue. Further strategies may be needed to help teens and their families

reach needed services, but it should be noted that without the screening, it is likely none of the 34 additional cases of sexual assault among these runaways would have been identified in a timely way.

Police implemented the 10-Questions Tool after its use was mandated by the Chief of Police for all officers to use with runaways. Training was provided for all police officers by the local Child Advocacy Center, Sexual Offense Services (SOS), the local sexual violence advocacy group, the County Attorney's office, and officers from the Missing Persons Unit of the police department. The broad coalition of support for changes in current practice helped to change the manner in which police handle runaways. Some research indicates that the ways in which law enforcement officers and social service providers respond to runaways varies depending upon whether they identify the youth as a victim or a delinquent (Malloch & Burgess, 2011). Our discussions with police who have used the 10-Question Tool over the past two years suggests that the process of asking these questions has shifted their perspectives about young runaways: after using this tool, police are more likely to perceive runaways as vulnerable youth rather than status offenders.

Using the 10-Question Tool provides the police with structured questions around which to assess risk. The tool provides consistency in terms of which questions are asked and how they are asked. How the questions are asked is vital to helping a youth feel safe, cared for, and believed. The youth's answers to the 10-Question Tool may necessitate a variety of interventions, all of which require critical thinking. The police need to determine whether a youth who requests medical care needs to receive this care immediately, or whether it is a health issue that the youth's guardian can attend to at a later time. Furthermore, youth who say they feel unsafe in their home often need further assessment to determine whether and why they would be unsafe if returned home.

There are limitations to this study that should be considered. This is a retrospective study; if there were 10-Question Tools that were administered by law enforcement officers but were not given to the Missing Persons Department, those responses could not be included in this study. In addition, the 10-Question Tool was administered only to youth who were found by law enforcement officers, and not to runaways who returned home on their own (except when a missing persons report was not cancelled and school liaison police located the teen at school). Neither was the 10-Question Tool administered to youth who had left home but were not reported to law enforcement.

Recommendations

Early identification of and intervention for runaway youth can decrease the risk of harm that may result from sexual assault while the teen is away from home (Saewyc & Edinburgh, 2010). Training in use of the 10-Question Tool should be offered to law enforcement leadership and to front-line officers. Training should include information on the following topics: 1) reasons why youth run away from home; 2) child abuse reporting laws; 3) health care workers' reasons and responsibility for providing confidential health care for youth; 4) situations in which secure detention may be required to protect youth from harm; 5) resources and services available in the community; and 6) laws and procedures for interagency communication (Dedel, 2006). The information obtained from the 10-Question Tool should be monitored and shared between multiple units within a police department, including specialized units responsible for gangs, computer crime, sex crimes, and child abuse.

Beyond sharing information among law enforcement units, information collected using the 10-Question Tool could also be shared with health and social service agencies that support youth at risk. Such referrals, however, usually require explicit data-sharing agreements between the

sectors. The legal data-sharing agreements created between the police and other juvenile justice services in this region—including the Child Advocacy Center, Child Protection Services, youth shelters, and victim support services—may have helped to increase the effectiveness of this screening tool. Implementing the 10-Question Tool within a joint data-sharing framework may help to ensure effective referrals and follow-up.

Although this appears to be a promising approach for screening youth, it is a first study, in one Midwestern police department. This study should be replicated in other law enforcement jurisdictions to assess whether it is an equally effective safety screening tool in different geographic regions, under different legal circumstances, and with other types of police officers. A prospective study monitoring the use of the 10-Question Tool may also allow for better tracking of teens who are not referred, and better follow-up of those who are referred but who do not access services, to better understand who is falling through the cracks. Qualitative studies with police officers who are using the 10-Question Tool would help us to better understand their experiences in administering the tool, and what goes into their decisions about whether to refer youth who either disclose or do not disclose sexual abuse. Such understanding would provide additional information that could result in wider implementation of this screening tool.

Conclusions

This is a novel intersectoral approach to brief screening of runaway youth by law enforcement that identifies youth at risk and connects them to needed resources. Police officers' use of the 10-Question Tool appears to locate significant numbers of newly assaulted runaways and connects them to needed health care. Partnerships with local Child Advocacy Centers and other services can help to ensure that such screening and referral meets the myriad needs of runaway youth.

About the Authors

Laurel Edinburgh, MSN, is a Nurse Practitioner at Children's Hospital and Clinics of Minnesota, St. Paul, Minnesota.

Emily Huemann has the degree of Master in Science Criminal Justice and works in Sexual Offenses Services, St. Paul, Minnesota.

Elizabeth Saewyc, PhD, is Professor, University of British Columbia School of Nursing, Vancouver, British Columbia.

References

Adams, J. A., Kaplan, R. A., Starling, S. P., Mehta, N. H., Finkel, M. A., Botash, A. S., Kellogg, N. D., & Shapiro, R. A. (2007). Guidelines for medical care of children who may have been sexually abused. *Journal of Pediatric & Adolescent Gynecology, 20,* 163–172.

Burgess, C., Malloch, M., Mitchell, F., Chan, V., Eunson, J., Murray. L., & the Grampian Police (2010). *Return Home Welfare. Interview Pilot for Young Runaways. Pilot Evaluation.* University of Stirling and Ipsos MORI Scotland Final Report. Retrieved January 26, 2011, from http://www.scotland.gov.uk/Publications/2010/07/07091645

Dedel, K. (2006). *Juvenile runaways. Problem-Oriented Guides for Police, Problem-Specific Guides Series, Guide No. 37.* Washington, DC: Office of Community-Oriented Policing Services, U.S. Department of Justice. Retrieved January 4, 2011, from http://www.popcenter.org/problems/pdfs/JuvenileRunaways.pdf

Edinburgh, L., Saewyc, E.M., Levitt, C. (2008). Caring for young sexual abuse victims in a hospital-based children's advocacy center. *Child Abuse & Neglect: the International Journal, 32,* 1119–1126.

Florida Statutes, Title XLVII. Criminal procedure and corrections, chapter 984. Children and Families in Need of Services, §984.03. 2010.

Friedman, S. (2005). *Who is there to help us?: How the system fails sexually exploited girls in the United States; examples from four American cities,* Brooklyn, NY: ECPAT-USA. Retrieved December 13, 2010 from http://www.ecpatusa.org/EcpatUSA_PDF/whoIsTheretoHelpUs3.pdf

Grisso, T., & Barnum, R. (2000). Massachusetts Youth Screening Instrument-2 (MAYSI-2): User's manual and technical report. Worschester, MA: University of Massachusetts Medical School.

Halter, S. (2010). Factors that influence police conceptualizations of girls involved in prostitution in the six U.S. cities: Child sexual exploitation victims or delinquents. *Child Maltreatment 15*(2), 152–160.

Idaho Code Annotated, Title 20, Chapter 5, Juvenile Corrections Act, §20-516, Apprehension and release of juveniles—Detention. 2010.

Malloch M.S., & Burgess C. (2011). Responding to young runaways: Problems of risk and responsibility. *Youth Justice, 11,* 61–76.

Minnesota Statutes, Chapter 260C. Child Protection, §260C.007, Child Protection General Provisions. 2010.

National Clearing House on Family and Youth. Table 1. Assessment and screening tools for mental health, substance abuse, and independent living skills in adolescents. Accessed at: http://ncfy.acf.hhs.gov/publications/assessment-screening/table1

Orbis Partners (2010). The Youth Assessment and Screening Instrument. Accessed at: http://www.orbispartners.com/frame.htm

Rotheram-Borus M., Mahler K., Koopman C., & Langabeer K. (1996). Sexual abuse history and associated multiple risk behavior in adolescent runaways. *American Journal of Orthopsychiatry, 66*(3), 390–400.

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.

Saewyc, E. M., Magee, L. L. & Pettingell, S. E. (2004). Teen pregnancy and associated risk behavior among sexually abused adolescents. *Perspectives on Sexual and Reproductive Health, 36*(3), 98–105.

Saewyc, E. M., MacKay, L., Anderson, J., & Drozda, C. (2008). *It's not what you think: Sexually exploited youth in British Columbia.* Vancouver, Canada: University of British Columbia. Retrieved May 31, 2008 from http://www.nursing.ubc.ca/PDFs/ItsNotWhatYouThink.pdf

Slesnick, N., & Prestopnik, J. L. (2005). Dual and multiple diagnosis among substance abusing runaway and homeless youth. *American Journal of Drug and Alcohol Abuse, 31*(1), 179–201.

Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. M. (2009). A review of services and interventions for runaway and homeless youth: Moving forward. *Children and Youth Services Review, 31,* 732–742.

Sullivan, P., & Knutson JF. (2000). The prevalence of disabilities and maltreatment among runaway children. *Child Abuse & Neglect, 24,* 1275–1288.

Thrane, L. & Chen, X. (2010). Impact of running away on girls' sexual onset. *Journal of Adolescent Health, 46*(1), 32–6.

Tucker, J. S., Edelen, M. O., Ellickson, P. L. & Klein, D. J. (2011). Running away from home: A longitudinal study of adolescent risk factors and young adult outcomes. *Journal of Youth & Adolescence, 40*(5), 507–518.

Tyler, K. A., & Cauce, A. M. (2002). Perpetrators of early physical and sexual abuse among homeless and runaway adolescents. *Child Abuse and Neglect, 26,* 1261–1274.

Tyler, K. A., Hoyt, D. R., Whitbeck, L. B., & Johnson, K.A. (2003). Self-mutilation and homeless youth: The role of family abuse, street experiences, and mental disorders. *Journal of Research on Adolescence, 13,* 457–474.

Tyler, K. A., & Bersani, B. E. (2008) A longitudinal study of early adolescent precursors to running away. *The Journal of Early Adolescence, 28,* 230–251.